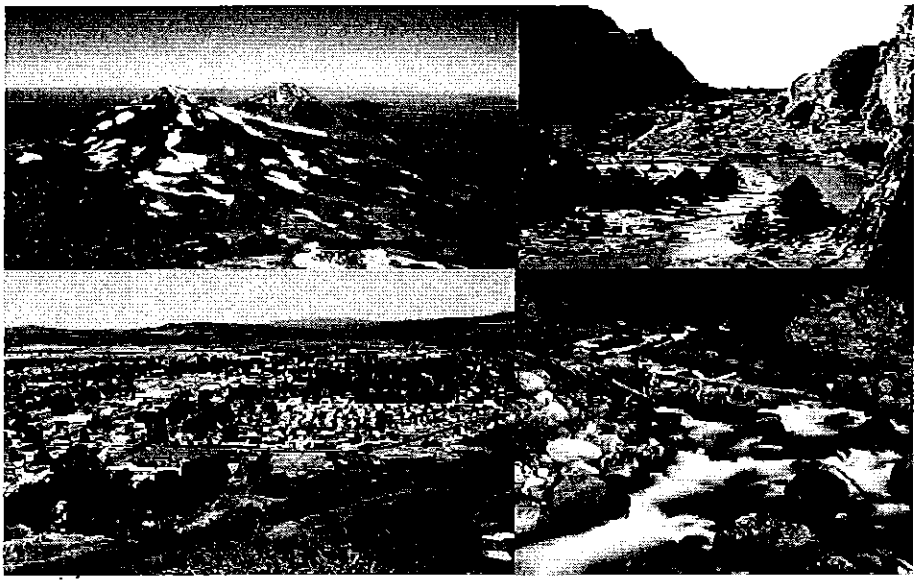
2012-2015

CENTRAL OREGON

HEALTH IMPROVEMENT PLAN



Central Oregon Health Council

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EXECUTIVE SUMMARY

The Central Oregon Health Council and the Central Oregon Health Board see the Triple Aim as the key part of the new vision for a healthy Central Oregon, with the long term goal of making it the healthiest region in the nation. It involves better health care for people, greater satisfaction with care and the reduced cost of care. In order to accomplish this vision, collective effort in the region must occur. The Central Oregon Regional Health Improvement Plan (RHIP) is an effort to collectively look for common directions and common measures that can guide the system and improve the health of the region.

The plan addresses the broad issue of health and the specifics of health care. Health is the state of complete physical, mental and social well-being; reduction in mortality, morbidity, and disability due to detectable disease or disorder; an increase in the perceived level of health and the capacity to adapt to, respond to or control life's challenges and changes. Health care (or healthcare) is the diagnosis, treatment, and prevention of disease, illness, injury, and other physical and mental impairments in humans. Health care is delivered by practitioners in medicine, chiropractic, dentistry, nursing, pharmacy, allied health, and other care providers. It refers to the work done in providing primary care, secondary care and tertiary care, as well as in public health.

Strategic Framework

The outline or framework for the regional plan was based on the nine strategies established and agreed upon by the three counties and the Central Oregon Health Board for the county-specific strategic plans (which tie into the RHIP). The RHIP strategies emphasize efforts to approach changes in the health care system in a coordinated and collective manner. The approach also recognizes that all health care and social service interests must work collaboratively in order to accomplish the goals of health care reform. The nine strategies are:

1. Improve health equity and access to care and services
2. Improve Health
3. Improve health care and service delivery
4. Reduce cost and increase effectiveness
5. Strengthen health integration and system collaboration
6. Pursue excellence in health care and service delivery
7. Promote regional efforts

8. Strengthen health service organizations
9. Promote sound health policy

Within each of the nine strategies are goals and identified actions that will be taken toward achieving those goals. The plan is a broad picture of the direction health care changes will take in Central Oregon.

Ten Focus Areas

Preparation for the first two strategies in the framework (improve equity and access, better health and well-being) required a thorough review of existing health data. Qualitative and quantitative data was reviewed to determine which issues or areas of concern required attention and which were common to all three counties. The top ten issues were prioritized and recommended as the primary focus areas for the first two sections of the 2012-2015 Regional Health Improvement Plan. The ten prioritized focus areas of need were: disparity/inequity, isolation and access to resources, food insecurity, early childhood wellness, safety, crime and violence, chronic disease and preventive care, alcohol, drug and tobacco use, behavioral health and suicide, oral health, and healthy environments.

Socio-Ecological Model

In preparing for the work plan development, the Steering Committee decided to use a socio-ecological planning model, which is a comprehensive approach that includes strategies impacting five levels necessary for broad-based change: individual, interpersonal, organizational, community and public policy. This model utilizes a collective impact approach and provides a more comprehensive perspective, even though not every level may be necessary for each of the ten focus areas in the final work plan.

Work Plans

Once the plan is approved, annual work plans will be developed to identify the lead entity responsible for the implementation, the goal and targeted outcomes, the specific strategies and actions to be taken to achieve the identified goals and outcomes, and the source and/or tools that will used to measure and evaluate progress and effectiveness. The work plans will also be used to help monitor and assess where changes are needed when the targeted results or outcomes are not being achieved.

INTRODUCTION

Senate Bill 204, now Administrative Rule 309-014-0330 through 309-014-0340, established a Regional Health Improvement Plan (RHIP) for Central Oregon creating a four year comprehensive, coordinated plan for the tri-county area that would incorporate and replace all health and human service plans prescribed by the Oregon Health Authority, including but not limited to plans required by the State 430.640, 431.385 and 624.510 and plans required by the State Commission on Children and Families under ORS 417.705-417.801.

The Central Oregon Health Board, in a delegated capacity, will function as the regional public health and behavioral health board for Crook, Jefferson and Deschutes Counties. This will facilitate the public health and behavioral health services being efficiently and effectively coordinate with the new Comprehensive Care Organization which will be connected to the Central Oregon Health Council.

The Central Oregon Health Council through the Central Oregon Health Board has been directed to conduct a regional health assessment and to adopt a RHIP to serve as the strategic population health and health care system plan for the region. The plan must define the scope of the activities, services and responsibilities that the Council proposes to assume upon implementation of the plan.

The activities and services under this plan may include, but are not limited to:

A. Analysis of public and private resources
B. Health Policy
C. System Design
D. Outcome and quality improvement
E. Integration of service delivery
F. Workforce Development

MISSION

The mission is to transform the health of our region's residents, making Central Oregon the healthiest region in the nation. The Central Oregon Health Council creates community alignment in pursuit of better health, better care and lower cost.

GUIDING PRINCIPLES

1. Creation of efficient organizations
2. Assurance of financial sustainability
3. Reinvestment of shared savings
4. High levels of transparency and accountability
5. Flexibility and responsiveness
6. Use of outcomes-based decision making principles
7. Orientation toward whole person health

In order to create a healthy Central Oregon, we must involve a broad group of stakeholders:

- Chambers of Commerce and business community
- School Districts
- City and County Government
- Community Colleges and Universities
- Insurance companies
- Consumers or customers
- Hospitals and medical providers
- Health and Human Service Organizations

Triple Aim:

A POPULATION HEALTH PERFORMANCE SYSTEM

The Triple Aim is a key part of the vision for a healthy Central Oregon, with the long term goal of making it the healthiest region in the nation. The Aims are:

- Improve health of the population
- Enhance the patient experience of care (including quality, access and reliability); and
- Reduce or at least control the per capita cost of care

To start this process, we completed a regional assessment to identify the critical areas of need to move toward achieving a healthy community.

ASSESSMENT PROCESS (Full Health Assessment is on COHC Website)

Compiling and using 150 pages of quantitative and qualitative data from a variety of Central Oregon Health and Community sources, the Regional Health Improvement Plan (RHIP) Data and Assessment Work Group met to review the data and to determine the critical issues impacting the tri-county area. The work group initially identified nine priority areas in which to focus and recommended those to the RHIP Steering Committee. The Committee accepted the nine and added a tenth area, healthy environment, to the list. These ten priority focus areas will be the focus of the first 2012-2015 RHIP, and are listed in the blue box below. The following sections also provide a brief tri-county data summary and overview for each of the ten focus areas.

There will be ongoing monitoring and assessment of the RHIP and related work plans to ensure progress is being made, to determine the effectiveness of the strategies used and to make adjustments as needed. Health statistics will also be monitored through the Healthy Community Institute web site that will be fully operational by the summer of 2012. The RHIP Steering Committee, with representation from the tri-county area, will meet on an annual basis to review and evaluate any changes in health statistics, to check on the status of the plan, and to make adjustments and updates when necessary. The RHIP plan is posted on the Central Oregon Health Council (COHC) web site www.cohealthcouncil.org.

Priority Focus Areas

1. Health Disparity and Inequities
2. Access to Resources and Quality Services
3. Early Childhood Wellness
4. Safety, Crime and Violence
5. Preventive Care and Services
6. Chronic Disease Prevention
7. Alcohol, Drug and Tobacco Use
8. Behavioral Health and Suicide Prevention
9. Oral Health
10. Healthy Environments

1. Health Disparity and Inequities

Comparative mortality rates in areas of southern Deschutes County and northern Jefferson County are significantly higher than the state average and are considered a disparity (or difference) in health. Mortality in this case is related to geographic area, but the disparity is also inequitable as it is avoidable and unjust. It is no surprise that our rural areas have high rates of poverty, less access to services, and greater distances to travel for needed care, or that many individuals

struggle to meet basic needs. These systematic barriers needlessly impact individuals' health. This is one example of disparity and inequity in our region. Many other disparities exist, warranting investigation to determine if these differences are equitable and just or not.

Improving public health will require work toward health equity—aiming for communities where all individuals have the opportunity to attain their full health potential, and where no one is disadvantaged from achieving this potential due to socially determined circumstance.

Crook and Jefferson counties are consistently among the top 5 Oregon counties with highest food insecurity. Deschutes County has the largest total number of food insecure individuals in Central Oregon. In Crook County, the average cost per meal is nearly $1 higher than the rest of Oregon. It is estimated that more than 37% of children in Jefferson and Crook Counties may be food insecure. In Deschutes County, of all the food insecure adults and children, 45% are not eligible for SNAP or other federal food programs—a sizeable number of children and adults who may not be able to access much needed assistance.

2. Access to Resources and Quality Services

The ability to access resources, services or assistance is impacted by numerous factors, including transportation, travel distance and time, finances, social and cultural barriers, clinic flow, and the systems of care in place. An elderly person living alone and unable to drive may have financial means, but limited access to care. Similarly, a working single mother with no car may have access to public transportation, but can't afford the cost of unpaid leave from work to access resources. More than 41% of Central Oregonians live in unincorporated areas and towns with less than 2,500 people.

3. Early Childhood Wellness

A child's growth begins in pregnancy and continues into adulthood. Many factors impact childhood wellness: social, environmental, physical, and cognitive. Children in environments unable to meet these needs are at increased risk for poorer health, safety, development, and the ability to learn. These unmet needs during childhood pose threats to health long into adult and later life. Early childhood wellness is a short-term

investment for today and a long-term investment for the business, health, education and social sectors for decades to come, and can result in millions in long term savings to the social services and health system.

4. Safety, Crime, and Violence

Central Oregon counties have higher rates of confirmed child abuse and neglect than the rest of Oregon. This may be due to differences in reporting and resources in the system of care or it may be an actual higher rate of abuse/neglect. In 2009, Deschutes and Crook Counties were ranked in the top ten Oregon Counties with highest crude rate of total violent crimes reported. In the same year, Jefferson County was in the bottom ten Oregon counties for number of police per 1,000. Last year, more than 1,450 individuals in Central Oregon called an emergency crisis line about domestic violence alone.

5. Preventive Care and Services

"To prevent" literally means "to keep something from happening". The term "prevention" is reserved for those interventions that occur before the initial onset of disorder. The improvements in health status are the result of a health system that influences health status through a variety of intervention strategies and services. Health and illness are dynamic states that are influenced by a wide variety of biologic, environmental, behavioral, social and health service factors acting through an ecological model. Preventive services and health promotion involve activities that alter the interaction of the various health influencing factors in ways that contribute to either averting or altering the likelihood of occurrence of disease or injury. In Central Oregon, prevention activities can play a role in creating a healthier region. Preventive services include immunization rates, teen pregnancy prevention, and screening mammograms along with other interventions.

6. Chronic Disease Prevention

In the last 65 years, adult chronic disease has grown to be the main health problem for industrialized nations. Cardiovascular disease, cancers, diabetes and chronic obstructive pulmonary disease account for at least 50% of the global mortality burden. In Central Oregon, chronic diseases, including heart disease and cancer, are the leading causes of

death for each county. Crook County's age-adjusted prevalence of adults with high blood pressure is 46.2%, significantly higher than 25.8% of adults for all of Oregon. Exposures, modifiable behaviors, and risk factors all play a role in the development of chronic disease in later life. When exacerbated by a mental health condition, the cost of chronic disease management grows exponentially, often two to five times more than someone without a mental health condition.

7. Alcohol, Drug & Tobacco Use

Death, disability and injury due to drug use take a significant toll on the lives of Oregonians each year. In fact, Oregon's death rate from alcohol–induced disease alone is 80% higher than the US rate. A closer look at chronic disease death in Oregon discovers that 50% can be attributed to tobacco use, alcohol abuse and obesity directly.

Central Oregon continues to see increasing rates from Alcohol, Tobacco and Other Drug use/abuse, and in some cases statistics show as significantly higher than State rates (death from alcohol-induced disease, adult 30-day alcohol use, and 8th grade 30-day alcohol use). Of particular concern are high risk drinking (underage, heavy and binge consumption), marijuana use, prescription drug abuse and tobacco use.

The region agrees that in order to improve long term health, prevention efforts should focus on making population-based community change. In order for healthy-decision making to occur, prevention efforts should target alcohol, tobacco and other drug prevention specifically, as well as the issues associated with such use, including but not limited to: suicide, bullying, teen pregnancy, violence, problem gambling, mental health, physical health and nutrition. Communities throughout the region will develop plans with specific prevention strategies and projects that address the unique concerns and needs of each community.

8. Behavioral Health and Suicide Prevention

Oregon suicide rates have been higher than national rates for two decades. It is estimated more than 9,000 adults in the tri-county region have serious mental illness. Roughly 1/3 of Central Oregon 11th graders reported having a depressive episode in the last year. High depression scores are associated with poor academic achievement, anxiety, and poor peer and teacher relationships.

The extent of the need for behavioral health services and the capacity to provide services should be included and studied as part of the Access focus area work. Early risk factors and prevention data also needs to be investigated as related to behavioral health.

9. Oral Health

Though frequently identified by providers and community members as a problem in Central Oregon, there is little recent data to estimate total burden of poor oral health in the region. Poor oral health can cause pain, discomfort, and disfigurement; it can affect an individual's quality of life, ability to eat and to speak, and can interfere with opportunities to learn, work, participate, engage and contribute. What's more, oral health is related to chronic disease in later life, and results in increased avoidable emergency department usage, further increasing regional healthcare costs.

10. Healthy Environments

There is much to learn about the specific environmental health characteristics of Central Oregon's communities. The ecological surroundings of individuals, families, communities and regions impact the options available to individuals to reach their full potential for health. Environments—on any scale—simultaneously impact and are impacted by those within them. Built and natural environment directly impact human health, and humans directly impact the built and natural environment.

Current and relevant data on all scales of environment is lacking in the Central Oregon region. Locations of stores to purchase affordable fresh fruits and vegetables impact healthy choices. Promoting and encouraging the safe and affordable alternative commute options impacts the behaviors of individuals to choose alternatives to driving, thus impacting the environment. Safe and easily accessible places to play outdoors impacts the ability of children to play outside.

SOCIO-ECOLOGICAL PLANNING MODEL (Attachment 2)

This model looks at planning in a connected approach. It recognizes there are small units for planning and large units for planning. It is understood that small moves contribute to

large moves and large moves, and the large in turn contribute to the small. There is ecological synergy in how we address health issues promoting more holistic, coordinated and population based planning structure.

This model includes the following five areas:

- ***Individual*** – Enhancing skills, knowledge, attitudes and motivation
- ***Interpersonal*** – Increasing support from friends, family and peers
- ***Organizational*** – Changing policies and practices of an organization
- ***Community*** – Collaborating and creating partnership to effect change in the community and increase the efficiency and effectiveness of care
- ***Public Policy*** – Developing, influencing and enforcing local, state and national laws which promote health and create safe and healthy environments

Improve Equity and Increase Access (Attachment 3 for definitions)

Improve Health Equity and Population Health

Indicators and Metrics for Health Inequities (SES)

Social Determinants – a primary approach to achieving health equity (CDC)

Social Status (education, ethnicity, race)

- Kindergarten readiness assessment
- Academic progress over time
- Absenteeism – specifically fewer than 18 days in 6th grade
- 3rd grade reading and math scores
- 8th grade algebra (and/or other standardized test scores?)
- Credits earned in 9th grade
- High School graduation or completion rates (including GEDs)
- College credits earned in high school
- Work skills, attitudes and/or behavior
- Life skills and problem solving skills

Economic Status and Environment

- Number of children in free and reduced lunch program
- Median household income, per capita income, SES, SAIPE
- Poverty rates (TANF, Food Stamps, Child Care Subsidies)
- Food insecurity, free and reduced lunch rates, other (NI)
- One day homeless count, school age homelessness
- Housing conditions

Work Status (occupations and, jobs per capita)

- Employment opportunities for living wage jobs

Data Snapshot

- The number of school districts meeting or exceeding the state benchmarks in reading and math varies by county. All school districts met or exceeded the 3rd grade reading benchmark. Only Bend-La Pine and Sisters school districts met or

exceeded 3rd grade math benchmark. Bend-La Pine, Sisters, and Culver met or exceeded the 8th grade math benchmark. Jefferson County SD was well below the Oregon target of 70% for both 3rd and 8th grade math (2010-2011)

- Graduation rates (4 year cohort) for Central Oregon school districts were as follows: Crook County 67%, Jefferson County 57%, Bend – La Pine 68%, Redmond 49%, and Sisters 80% *Redmond School district 4 year graduation rate may be low due to participation in the Advanced Diploma
- The percentage of children living at or below the federal poverty level for Crook, Deschutes, and Jefferson Counties are 29%, 22% and 34%, respectively
- The percentage of children qualifying for free and reduced lunch for Crook, Deschutes, and Jefferson Counties are 61%, 52% and 80%, respectively
- Jefferson County has the highest percentage of children on free or reduced lunches in the state, while having the lowest percent (72%) of 3rd graders meeting the state benchmark (in 2009-2010)
- 2,271 people were reported homeless during the tri-county One Day Homeless count on January 27, 2011 (down from 2,401 in 2010)
- Nearly half of those experiencing homelessness during the 2011 count were under age 18 (significantly higher than 2010)
- The number of homeless pregnant and parenting teens under 18 decreased significantly from 19 to 7 between 2010 and 2011
- 20% of those experiencing homelessness report as disabled, a majority of whom stated that they suffer from a psychiatric disability
- In nearly all categories, Hispanic and Native America populations were over-represented

Goal 1: Improve Education Success for all Central Oregon Students (with emphasis on those experiencing disparities)

Organizational Strategies

- Provide training to develop a community and education workforce, working together, that is not only more aware of the social determinants of health and what they can do to address inequities

Community Strategies

- Convene and/or support local partnerships among tri-county region public health agencies, community-based organizations, ESDs, and local school districts to support health improvement strategies for students

Public Policy Strategies

- Support educational success as a primary means of reducing child poverty and improving children's health (e.g. through School Based Health Centers, OHP application assistance for qualified uninsured children and Community Schools)

Goal 2: Address Basic Needs, Living conditions and Environments

Organizational Strategies

- Develop a simple tool that quickly gathers basic needs and living conditions
- Use community health workers or other supports to help patients connect with organizations to meet basic living needs

Community Strategies

- Continue to let the community know about food insecurity needs through media
- Support food banks and other food distribution centers to assist people meeting some of their food needs
- Promote healthy environments for local income housing
- Find ways to support people in housing to reduce homelessness

Public Policy Strategies

- Public and non-public organizational policies must take into consideration the basic needs and healthy environment for the residents

Goal 3: Increase Number of Living Wage Jobs in the Region

Organizational Strategies

- Organizations should evaluate their salary and benefits to see if it meets the living wage standard

Community Strategies

- Encourage the economic development of living wage jobs
- Economic development organizations and groups must addressing living wages in their establishment and recruitment of new businesses

Public Policy Strategies

- Promote livable wage jobs as a part of economic development plans

- Counties, cities and chamber of commerce's must continue to collaborate and where appropriate consolidate their efforts in pursuing business that provide living wage jobs

Increase Access

Indicators and Metrics

Health services, medical care

- Number and percentage of population with medical insurance
- Number and percentage of population with a primary care provider
- Under and uninsured
- Capacity and availability of care, services and resources
- Hours of operation, wait time, wait lists
- Challenges for specific populations: adults/seniors, multicultural
- Well trained work force (including cultural awareness training
- Outpatient utilization
- Emergency room utilization

Physical environment

- Geographic isolation
- Transportation challenges

Data Snapshot

- In Crook and Jefferson Counties, an estimated 12.3 to 19.1% of all residents are uninsured. In Deschutes County an estimated 12.2 to 18.6% of all residents are uninsured
- Those individuals (ages 19-64) who make two times the Federal Poverty Limit or less have the highest rates of uninsured
- The percent of uninsured children (18 years and younger) in Crook and Jefferson Counties is estimated to be 9.7%, while percent in Deschutes County is 4.1%

Goal 1: Increase Access to Quality Health Care (with emphasis on those experiencing disparities)

Individual Strategies

- Address geographical barriers (transportation, bringing services to isolated individuals)

- Promote individual utilization of self-management approaches to health care conditions

Organizational Strategies

- Make services available outside of normal work hours, including weekends
- Implement Patient Centered Medical Homes in Primary Care settings and increase use of Health Engagement Team to support primary care
- Evaluate the need for and access to primary care providers
- Increase use of telehealth to make use of specialty care more efficient and effective and increase access to such care in rural areas
- Use community outreach workers, peer support mentors or community health workers to identify and intervene on barriers to accessing medical and behavioral health Services
- Assure quality, timely access to reproductive health services as a part of implementing healthcare reform

Community Strategies

- Safety Net services engaged in collaborating with health care services.
- Identification of and intervention with barriers to accessing medical and behavioral health services
- Increase community wide development of population self-management programs like the Living Well Program
- Seek funding for uninsured that would help fund a primary care provider position, like at Volunteers in Medicine (VIM)
- For uninsured, recommend providers, hospital and others explore joint fund financial contribution to strengthen ShareCare Program
- Develop a system to assure Oregon Health Plan (OHP) members have access to needed behavioral health services
- For OHP, embed access improvements and incentives with individual Central Oregon Independent Practice Association (COIPA) provider agreements and improvements with other providers such as St. Charles, Bend Memorial Clinic and others
- Promote access and support School Based Health Centers

Public Policy Strategies

- Support maintenance of current funding for access to health care coverage through Oregon Health Plan and School Based Health Centers

Improve Health

Early Childhood Wellness (prenatal through age 6)

Indicators and Metrics (within five domains)

Maternal and Child Health: Prenatal care, smoking during pregnancy, post-partum depression, birth weight, breastfeeding rates, immunization rates, child abuse

Language and Literacy: Age appropriate vocabulary, key literacy measures

Social/Emotional Development: Quality early childhood care and education settings including child care and preschool, healthy attachment, behavioral indicators for school readiness, cultural identity

Parent and Family Support: Family and parent involvement, realistic parental expectations and interactions, family stability, role and engagement of father figure

Cognitive Development: Problem solving abilities, age appropriate cognitive ability, adaptability

Data Snapshot

- Over the past ten years, the rates of low and very low birth weights in the tri-counties have usually exceeded the state rate. From 2000-2009, these rates were as follows: Crook County 51.05, Deschutes 57.93, Jefferson County 66.24, per 1,000 live births
- The percent of live births with adequate prenatal care is better than the state rate in Crook and Deschutes Counties. In Jefferson County, the percent of live births with inadequate, late, or no prenatal care is well above the state rate, indicating a problem area
- The percentage of births to unwed mothers in 2009 in Oregon, Crook, Deschutes, and Jefferson Counties were 35%, 34%, 30%, 49%, respectively
- Percent of WIC moms who started out breastfeeding was as follows: Crook County 83%, Jefferson County 90%, and Deschutes County 94% (2010)
- The percent of live births with maternal alcohol, tobacco, or illicit drug use varies by county. In Crook County, maternal tobacco use is problematic, while Jefferson County struggles with maternal alcohol use. Deschutes County

numbers are similar or better than the state rates with regard to all three behaviors

- The 2010 rate of teen pregnancy (per 1,000 females ages 10-17) is higher than the state rate (7.3) in Jefferson County (13.4), but lower than the state rate in Deschutes County (6.1). Due to privacy regarding small numbers, Crook County rates are not reported, however health professionals in that area have identified this as a concern
- The prevalence of childhood serious mental illness (< age 18) is 13% in Warm Springs, 12% in Jefferson County, 11% in Crook County, and 10% in Deschutes County (2008)
- The two year old immunization rates were as follows: Crook County 76%, Deschutes County 69%, and Jefferson County 77%. The state rate is 73%. There is a public health concern in Deschutes County due to the growing number of parents who are opting out of some or all immunizations for their children
- The state is in the process of developing assessment tools that will measure language/literacy development, cognitive development, and social emotional health, and family support
- The state is in the process of developing a tiered quality rating and improvement system that will help assess quality in early care and education settings

Goal 1: Develop and Coordinate Early Childhood System Data Collection and Services

Organizational Strategies

- Develop universal screening and data collection systems for prenatal through six year olds that integrate with regional system(s) including recommendations for a unified and coordinated system for tracking, compiling, analyzing, and summarizing data
- All children 0-5 years of age will be screened in all five domains at pre-determined intervals (tools and intervals defined by the state) through well baby checks

> *"Providing developmental assessments and intervention services for young children experiencing significant adversity before they exhibit problems in their behavior or development will increase their chance for more positive life outcomes."*
>
> ***National Scientific Council on the Developing Child***

Community Strategies

- Support early childhood programs which implement and evaluate early childhood wellness media campaigns

- Coordinate support for families across Early Learning and Health Care Systems through Family Resource managers and Community Health Workers
- Need a demographic picture, using data, of enrollment in early childhood programs (ECP)
- Need data to address location and accessibility to ECP
- Make sure, based on the data, that the ECP are culturally competent
- Conduct assessment to determine whether evidence based curriculum being used and whether ECPs are effective in preparing children for school

Goal 2: Improve Coordination and Quality in Early Childhood Care and Education (ECE) Settings

Interpersonal Strategies

- Educate parents about the importance of quality in ECE settings and what standards to look for so they will expect and demand quality

Organizational Strategies

- Implement best practices in ECE settings
- Pursue continuing education or accreditation for ECE providers

> *"High quality care is associated with children's positive development of language and cognitive function, social skills, and emotional well being."*
>
> ***The Economic Impact of Oregon's Child Care Industry, 2010***

Community Strategies

- Increase involvement from the business community in supporting early childhood programs as an economic development strategy
- When available, utilize Kindergarten Readiness data to identify origin of children who arrive "not ready"; offer and/or require remediation (and technical support) for providers with children from their facility that are arriving unprepared or not meeting standards
- When available, utilize the Tiered Quality and Improvement Rating System to monitor and assess quality in ECE settings
- Continue to incorporate integration of WIC services as a part of the health and education transformation framework and planning

Public Policy Strategies

- Promote policies to increase quality standards for providers. Support and monitor development and implementation of improved quality child care standards

- Provide comparative data on facilities
- Fund child care assistance programs adequately such as Employment Related Day Care (ERDC)

Safety, Crime and Violence Prevention

Indicators and Metrics

Child (0-18)

- Child abuse rates
- Elder abuse rates
- Assault and violent crime rates
- Runaway and homeless youth
- Bullying incidents
- Pro-social skills and behaviors
- Life skills and problem-solving skills
- Juvenile crime rates and indicators (recidivism rates, referrals and/or suspensions for delinquent behavior)
- % of youth not entering or moving further into the juvenile justice system at 6 month and 1 year assessments
- % of youth with reduced risk factors as measured by the JCP Risk assessment at 6 mo. and 1 year assessments
- Foster care rates

Adult

- Domestic/interpersonal violence
- Assault

Data Snapshot

- The total crimes rate (per 10,000 population) was lower in each county than the state rate of 338, although by county ranking Deschutes ranked 3rd with 337, Jefferson ranked 12th with 268, and Crook ranked 31st with 68 (2010)
- The violent crimes rate (per 10,000 population) was lower for each county than the state rate during 2008-2009. Deschutes County exceeded the state rate in 2010. County ranking indicate Deschutes ranked 4th with 31, Jefferson ranked 24th with 7, and Crook ranked 21st with 10 (2010). The state rate was approximately 23.

- The juvenile arrest rate was higher in all three counties as compared to the state rate between the years 1990-2008. In 2008 and 2009, however, the county rates were the same or better than the state rate. County ranking indicate Deschutes ranked 9th with 203, Jefferson ranked 16th with 155, and Crook ranked 14th with 172. The state rate was 200 (2009)
- 2010 reversed a five year downward trend in child abuse and neglect victim rates in Deschutes County. Crook and Jefferson Counties have also experienced increased rates in the past two years. The rate per 1,000 children was 9.5 in Crook County, 8.1 in Deschutes County, and 13.3 in Jefferson County. The state rate was 12.7 (2010).
- The foster care rate per 1,000 children was 5.0 in Crook County, 3.6 in Deschutes County, and 7.5 in Jefferson County. Deschutes and Jefferson Counties experienced an increase in point in time rates from 2009-2010 while at the same time experiencing an increase child victim rates
- Nearly half of the people identified at last year's Regional One Night Count were under the age of 18. Out of those 1,032 youth, 189 were unaccompanied youth or not living in the physical or financial care of their parent or guardian. In this region there are 49 beds that are youth specific. That is 140-bed discrepancy from the count
- Current 30 day waiting list for only homeless shelter serving youth in the region. A $50,000 federal grant for staffing and basic needs supplies for the Street Outreach Program was not renewed resulting in further decline in capacity to serve runaway and homeless youth at time when need has increased

Regional Homeless Student Count by School District 2010-2011

Bend La Pine	726	4.6%
Crook County	40	1.4%
Culver	47	7.4%
Jefferson	94	3.4%
Redmond	235	3.4%
Sisters	35	2.7%

- Average age of runaway and unaccompanied youth served at Cascade Youth and Family Center is age 15, 53% are female, 46% male and 1% transgendered
- Top Problems (self reported by youth): parent/ youth conflict, neglect, substance abuse by the adult caregiver and/or poor school attendance and behind in credits to graduate

Goal 1: Decrease Child Abuse and Neglect

Community Strategies

- In Spring/Summer of 2012, convene Central Oregon child abuse prevention teams and regional partners to review current data trends, issues and barriers related to child abuse in the tri-county area. Develop local and regional plan and strategies to reduce child abuse and neglect in Central Oregon
- Continue to identify resource development opportunities to fund and address identified needs and service providers working to decrease child abuse
- Community and providers in the region engage in child abuse prevention training, such as Darkness to Light Training

Public Policy Strategies

- Enforce policies, such as mandatory reporting and safety protocols, in order to decrease child abuse
- Enforce staff background checks for "recorded" facilities
- Change zoning and / or licensing regulations to meet the needs of providers
- Work with policy makers in the tri-county area to advance the awareness of the lifetime social and economic impact of child maltreatment, to ensure support for programs proven to reduce child maltreatment (i.e. Nurse Family Partnership, Healthy Families)

Goal 2: Reduce Incidence of Domestic and Interpersonal Violence (including elder abuse)

Community Strategies

- In Spring/Summer of 2012, convene the tri-county domestic and interpersonal violence prevention partners and service providers to review current data trends, issues and barriers related to interpersonal violence in the tri-county area. Develop local and regional plan and strategies to reduce interpersonal violence in Central Oregon
- Continue to identify resource development opportunities to fund and address identified needs and service providers working to decrease interpersonal violence and elder abuse

Goal 3: Improve Safety for Runaway and Homeless Youth

Individual Strategies

- Provide emergency and transitional shelter
- Promote and make available evidence-based Life Skills training

- Provide needed educational and social services (e.g. drug and alcohol assessment and treatment, tutoring, medical and dental care)

Community Strategies

- Create a drop-in center for homeless, independent youth or youth who are on the verge of becoming homeless
- Continue to promote, support and expand Community School initiatives as a poverty prevention strategy that provides supervision during non-school hours and as a strategy proven to improve academic achievement

Goal 4: Develop Regional Strategies to Reduce Juvenile Crime

Individual Strategies

- Provide individual group opportunities in skill development for youth 11-17, to include Girls Circle, Boys Council, etc.
- Provide individualized case management to youth 11-17 with three or more risk factors to decrease further involvement in juvenile justice system

Community Strategies

- Provide community service/involvement opportunities for youth 11-17 involved in Juvenile Crime Prevention Programming

Public Policy Strategies

- Development of regional Youth Council structure to provide accountability and advocacy for JCP and Youth Investment funding for region

Improve Preventive Care and Services

Prevention services are both individual based and population based and must recognize the cultural uniqueness of an individual and community, must be based on data and must engage youth, parents, adults, other community members, providers and other community partners.

Indicators and Metrics

- 2 year old immunization rates
- Influenza Immunization Rates
- Pneumonia Immunization Rates
- Teen pregnancy rate

- Chlamydia rates
- HIV rates
- Percentage of reproductive age women using effective contraceptive method

Data Snapshot

- The two year old immunization rates were as follows: Crook County 76%, Deschutes County 69%, and Jefferson County 77%. The state rate is 73%. (2010). There is a public health concern in Deschutes County due to the growing number of parents who are opting out of some or all immunizations for their children. Deschutes County's kindergarten religious exemption orate of 9% for the 2010-2011 school year is substantially higher than the state average of 5.6%
- The 2010 rate of teen pregnancy (per 1,000 females ages 10-17) is higher than the state rate (7.3) in Jefferson County (13.4), but lower than the state rate in Deschutes County (6.1). Due to privacy regarding small numbers, Crook County rates are not reported, however health professionals in that area have identified this as a concern
- The aggregated incidence rate (per 10,000 population) for chlamydiosis, 2005-2010, is 21.67 for Crook County, 25.7 for Deschutes County, and 42.81 for Jefferson County
- The aggregated incidence rate (per 10,000 population) for gonorrhea, 2005-2010, is .97 for Crook County, .54 for Deschutes County, and 2.66 for Jefferson County
- The number of cases (per 100,000 population) of persons living with HIV or AIDS in 2010 were as follows: Crook County 0-26.4; Deschutes County 26.5-53.9; Jefferson County 26.5-53.9

Goal 1: Improve Immunization rates in Central Oregon

Individual Strategies

- Provide education to new parents about the benefits of immunizations (in the hospital through Healthy Start or NFP, at the pediatrician's office, at WIC)
- Provide education and training to clinic staff on quality improvement activities to increase clinic immunization rates

Organizational Strategies

- Require immunizations for enrollment in childcare and preschool settings
- Mitigate refusal rates for immunizations for education setting (K-12)
- Ensure easy and affordable access to immunizations through school based health centers and private clinics

- Promote adult vaccination for flu, pneumonia, and shingles
- Provide education about the benefits of immunizations (in the hospital through Healthy Start or NFP, at the pediatrician's office, at WIC) and through primary care provider
- Leverage electronic medical record (EMR) reporting capabilities to allow for better tracking and outreach within the primary care setting and could EMR be integrated with ALERT system

Community Strategies

- Inform the public, through traditional media, social media, school newsletters, and tabling at children focused events about importance of immunizations
- Maintain a strong immunization coalition that includes representatives from private and public clinics
- Clear provider consensus on communication with patient on recommended immunizations

Public Policy Strategies

- Enforce policies to ensure immunizations
- Partner with Oregon Health Authority to strengthen immunization laws

Goal 2: Communicable Disease (CD) Prevention – Seven days per week response for CD investigation, community education and intervention

- Maintain practice and standard of a seven day a week response capability for communicable disease investigation, responding and implementing control measures for reportable diseases
- Maintain Tuberculosis case management to provide care and service management and to assure communication with the patient's primary care physician
- Make available, through multiple media sources, information to the public about communicable diseases and their prevention
- Increase testing of Chlamydia
- Increase HIV testing – standard screening

Goal 3: Strengthen Family Planning Services and Reduce Teen Pregnancy

Organizational Strategies

- Use the public health referral cheat sheet for family planning
- Develop guidelines for prescribers in public health services

- Maintain the family planning services, primarily through public health, for sexually active teens
- Maximize resources for family planning medications to increase access
- Increase outreach for women in need for reproductive health services

Public Policy Strategies

- Evaluate our drug prior authorization policy

Chronic Disease Prevention

Indicators and Metrics

- Obesity rates
- Physical activity rates
- Controlling high blood pressure
- Cholesterol percentages
- Asthma rates
- Death rates
- Living Well participants
- Breast and cervical cancer screening
- Breast cancer rates
- Diabetes rates
- A1C checked annually
- Pulmonologists, or Allergists-Controller/Rescue Ration>=.45% among asthmatic patients
- Number of patients participating in colorectal and mammogram cancer screenings
- Primary Care sensitive hospital admission for chronic conditions (diabetes, asthma, Congestive Heart Failure, and Chronic Obstructive Pulmonary Disease)

Data Snapshot

In the last 65 years, adult chronic disease has grown into the main health problem for industrialized nations. Cardiovascular disease, cancers, diabetes and chronic obstructive pulmonary disease account for at least 50 % of the global mortality burden. In Central Oregon, chronic diseases are the leading causes of death for each county. Crook County's age-adjusted prevalence of adults with high blood pressure is 46.2%,

significantly higher than 25.8% of adults for all of Oregon. Exposures, modifiable behaviors, and risk factors all play a role in the development of chronic disease in later life.

Goal 1: Improve community health and wellness

Individual

- Access information resource Centers Wellness media campaigns through print, radio, or television

Community Strategies

- Public education on mental health, suicide prevention & intervention, and physical health (i.e. workshops, seminars, classes)
- Promote and raise awareness for healthy decision-making (i.e. activities supporting bullying prevention, suicide prevention, problem gambling prevention, obesity prevention, gender specific activities, cultural diversity activities, and health & wellness activities)

Organizational Policy Strategies

- Consider organizational policy strategies that promote health and wellness of employees

Public Policy Strategies

- Assess, promote and improve access to healthy lifestyle choices (i.e. biking to school/work, healthy food options at school/work/community)
- Consider other public policies that will contribute to improving mental health and physical health
- Promote safe fund in the public arena to maintain wellness

Goal 2: Cardiovascular Disease Prevention

Individual Strategies

- Promote exercise and healthy diet
- Monitor to see that lab screening is done
- Annual physical exams with Primary care Provider for risk management as well as early identification and treatment of hypertension and hyperlipidemia

Organizational Strategies

- Complex Care and Advanced medical management

- Care coordination
- Promote individual prevention or self-management of cardiovascular disease through patient education, like the "Living Well Program", and through engaging patients as active participants in the development of their treatment plan
- Assure that appropriate lab screening is completed and reviewed with the patient

Community Strategies

- Community education and prevention that focus on healthy diets at all ages and the value of exercise
- Accessible, affordable smoking cessation programs
- Community education, with cultural considerations, focusing on nutrition and healthy food choices

Public Policy Strategies

- Promote policies that make walking easier and safer
- Explore the possibilities of other environmental factors that may contribute to cardiovascular disease

Goal 3: Cancer Prevention

Individual Strategies

- Promote reminders and ease of access to follow up care
- Promote the use of sun screen and other protectors from over sun exposure
- Annual physical exam with Primary Care Provider

Organizational Strategies

- Care coordination and use of community health workers
- Develop and promote good electronic health information exchange that promotes collaboration and coordination of care
- Leverage electronic medical record systems within the primary care setting for tracking and reminder/outreach to patients for timely screening and exams

Community Strategies

- Promote community prevention and early intervention through community education
- Promote mammograms and Pap smears as good preventive screening
- Develop a Task Force to consider focused project(s) to improve colon cancer screening

- Provide known care gaps to PCPs regarding breast cancer

Public Policy Strategies

- Examine policies that may contribute to environmental factors that contribute to cancer
- Coordinate and enhance Media Blast

Goal 4: Complex Care

Community Strategies

- Develop a comprehensive complex care strategy (CCCS)
- Develop a detailed business and operations plan, as a part of the CCCS, for a freestanding complex care center
- Develop short term opportunities into successes of a comprehensive complex care strategy for Central Oregon
- Self-Management skills is a part of complex care strategy, Living Well is an example a evidence based program

ALCOHOL, TOBACCO AND OTHER DRUGS

Indicators and Metrics

- Youth 30-day marijuana, tobacco, alcohol and prescription drug use
- Adult current tobacco use (including prenatal tobacco use)
- Prenatal tobacco use
- Tobacco use in Coordinated Care Organization members
- Tobacco use in general population
- Use of SBIRT
- Death from alcohol induced disease

Data Snapshot

- Central Oregon has the highest rate of current alcohol consumption, teen consumption and overall alcohol dependence, as compared to the State

- Rate of death from alcohol induced disease is of particular concern. Jefferson County is statistically significantly higher than the State rate and has been for several years.
- Central Oregon youth have a high rate of "new" users of marijuana smoking
- Amongst youth, prescription drug use trend has had a notable increase
- The chart displays 30-day use rates by drug category for 8th and 11th graders in each respective County. As noted in yellow some rates are statistically significantly higher than the State of Oregon.

30-day Use by Drug Type - 2010 Oregon Student Wellness Survey

	Crook		Deschutes		Jefferson	
	8th	11th	8th	11th	8th	11th
Alcohol	*	43.4	24	41.6	20.9	39.4
Marijuana	*	21.4	13.2	25	14.3	16.1
Prescription Drugs	*	12.7	4.9	6	2.7	9.6
Cigarettes	*	22.4	8.8	12.5	9.3	19.7
Other tobacco	*	24.3	5.2	13.3	10	23.4

*sample size too small to report

statistically significantly higher than State

Goal 1: Reduce Alcohol / Tobacco / Other Drug Use

Individual

- Access to information resource centers
- Media Campaigns through print, radio, or television

Community Strategies

- Central Oregon will actively engage and support coalitions through facilitation and technical assistance to implement the Strategic Prevention Framework model and evidenced based strategies as well as support resource development (i.e. enforcement of underage drinking laws such as minor compliance checks)
- Public education and training on substance use/abuse (i.e. workshops, seminars, classes)
- ATOD-Free activities support (i.e. ATOD-free activities, events, Fair, Red Ribbon, after school activities)
- Youth education & involvement (i.e. drug prevention curriculum in schools, youth leadership, youth coalition efforts)

Public Policy Strategies

- Policy leaders will coordinate implementation and enforcement of consequences as outlined in alcohol, tobacco, and other drug (ATOD) protocol
- Develop a regional approach to comprehensive prescription drug drop off sites in every county

- Resource and referral development (i.e. Tip Box, Tip Line, Text Line, CRT)
- Work with regional partners to establish 100% tobacco free policies at all educational centers and government properties (state and local)
- Resource and referral development (i.e. Tip Box, Tip Line, Text Line, etc.)
- Increase policy efforts to reduce exposure to secondhand smoke where community members live by working with all multi-unit housing properties in the tri-county region to voluntarily go smoke free, with a priority on the local housing authority
- Consider other public policies that will reduce ATOD use and related issues

BEHAVIORAL HEALTH AND SUICIDE PREVENTION

Indicators and Metrics

- All-age suicide death rate
- Suicide ideation measures (Oregon Student Wellness Survey)

Data Snapshot

- Oregon suicide rates have been higher than national rates for two decades in tri-county region
- Total number of suicides from 1993-2010 have been 69 for Crook, 398 for Deschutes, and 66 for Jefferson counties respectively

Goal 1: Utilize Evidence Based Strategies to Reduce Suicide Risk Factors

Individual Strategies

- Increase the public's awareness of how to help someone at-risk for suicide by providing suicide prevention presentations

Community Strategies

- Develop a regional approach to suicide education using evidenced based strategies in order to prevent and reduce suicide attempts and completions

Oral Health

Indicators and Metrics

- Number of children K-5 with untreated tooth decay

- Number of emergency department visits showing dental codes
- Number people treated in hospital operating room for dental diagnosis
- Students graduating from high school with no tooth decay

Data Snapshot

- 2010 29% of K-5 children in Crook County has untreated decay
- Less than 50% of Oregonians have at least one dental visit a year let alone a preventive visit
- Fee for service dentistry leads to focusing on "sick care" service delivery model
- Upwards of 40% of Oregonians either do not have the ability or the resources to access traditional restorative/replacement dental care
- Access to dental care is challenging due to the limited number of providers who participate in the Medicaid Program

Goal 1: Improve the Dental Health of Children, Youth, and Adults

Individual Strategies

- Care of teeth through brushing, eating right and regular preventive check ups
- Teeth varnish on 12 month old
- 1st grade and 6th grade students get sealants

Organizational Strategies

- Create dental homes in every community
- Conduct primary care provider (PCP) education so that fluoride varnish could be done in the PCP office
- Improve education and coordination between dentists and medical care providers regarding importance of dental care during

Community Strategies

- Promote values of children getting good care of teeth through preventive strategies including fluoride varnish and distribution of Tooth Tool Kits to K-8.
- Provide community education on the need for pregnant women to care for their teeth which in turn helps their unborn child

Public Policy Strategies

- Promote healthy access to school snacks

Healthy Environments

Indicators or metrics

- Number of food borne disease outbreaks
- Air Quality Index Exceeding 100
- Number of water borne disease outbreaks
- Number of times land use plans and housing developments address health issues in their plans

Data Snapshot

- One in six Americans get a food borne sickness
- 3000 Americans die each year from food borne infections
- Food borne infections caused by bacteria, viruses and parasites not toxic substances
- Built environments can include in the design physical activity components that because of the activity will prevent diseases and prolong life
- Physical inactivity and poor diet cause estimated 400,000 deaths annually from chronic diseases in the United States in 2000

Goal 1: Improve the Quality of Air, Water, and Food

Individual Strategies

- Promote carbon monoxide dictators in all homes to protect and improve health
- Encourage radon testing in all homes where geology indicates there is a threat

Community Strategies

- Protect the quality and quantity of drinking and sub-surface water
- Reduce exposure to food to air, water and hand borne-contaminants
- Built environments, land use planning and housing plans must include the health impact of the plan and include it in the decision making processes for permits
- Maintain public health food inspection programs to aid in safe food for public consumption assuring adequate and trained sanitarians for licensure, inspection and enforcement
- Maintain current practice of investigating complaints and cases of foodborne illness
- Support use and sale of locally grown fruit and vegetables as a means of promoting freshness and quality

Improve Health Care and Service Delivery

Indicators or Metrics

- Number and growth of patient centered homes
- Number of Integrated quality councils promoting collaborative quality improvement
- Use of telehealth in chronic care cases
- Rural areas with telehealth care being provided
- Quality and efficiency in service delivery
- Consumers being actively involved in their care
- Customer feedback on satisfaction with service

Data Snapshot

- Telehealth can improve the care for persons with chronic health conditions living in isolated areas
- Patient centered homes provide coordinated care for the whole person
- Consumer input and involvement in their care will improve care and their attitude about their care
- Joint stakeholder quality groups or councils can be effective in identifying systematic issues that impact deliver of quality care and quality educational services

Goal 1: Promote and Develop Systems for Consumers or Customers to Express Their View on Their Care Experiences

Individual Strategies

- Collect quarterly feedback on consumer/customer perception of care from across the system with leadership provided by the Coordinated Care Organization (CCO)
- Encourage consumer/customers to submit grievances about the care they have received to the CCO
- Develop electronic reminders to consumers/customers of needed action and appointments to improve engagement in care

Goal 2: Support and Encourage Family, Friends and Peers to Participate and Support Care Being Given to a Consumer/Customer

Interpersonal Strategies

- Encourage and simplify confidentiality releases that support and encourage family, friends and peers to be present with medical providers and others in the treatment of an individual
- Provide immunization clinics that are convenient for families

Organizational Strategies

- Promote care that is patient and family-centered, meaning that patients and families are active participants in their care
- Use quality councils to continuously improve care

Goal 3: Promote Best Practices and Safe Practices in the Delivery of Health Care in Community, Public and Private Agencies

Organizational Strategies

- Assure there are quality standards that are available and used to evaluate the delivery of safe practices
- Assure that organizations have internal policies and practices that review best and safe practices
- Utilize system wide quality care councils to review practices throughout the system
- Sustain and continue to report on essential public safety programs and services throughout the region including 24/7 crisis services, Crisis Intervention Training, work with treatment and drug courts, support, where feasible, addiction treatment in jails and correction programs, and civil commitment processes
- Build community resilience through emergency preparedness planning and practice in the region
- Promote the use of Patient Centered Home
- Recognized the value of telehealth in improving care and service delivery for persons with chronic care conditions
- Promote coordination of care throughout the system to assure comprehensive care within the medical care community and between medical care, behavioral health and other safety net providers

Goal 4: Promote and Develop Quality Review Groups that Utilize Consumers/Customers in the Evaluation of Care

Community Strategies

- Coordinated Care Organization will appoint a consumer/customer advisory committee to help assess and improve care
- Behavioral Health Organization will work with a citizen advisory group including consumers/customers to help assess and improve the delivery of mental health, developmental disability and substance abuse services
- The needs of long term care consumers will be integrated in the comprehensive system of care for Central Oregon
- Create an Integrated Regional Quality Care Council through the Central Oregon Health Board (COHB) to enhance regional quality improvements
- Work to implement electronic health records across the region in all health care providers and other social service or safety net providers as appropriate
- Create an Early Learning Council on a regional basis through the COHB to better integrate early education and improved health of children

Goal 5: Health Council and Health Board will Monitor Compliance and Manage Risk in Collaboration with the Coordinated Care Organization

Public Policy Strategies

- Council and Board will utilizes professional and clinical advisory committees to assist them in compliance and managing risk

Reduce Cost and Increase Effectiveness

Indicators and Metrics

- Decrease in per patient care costs
- Patients return to hospital with 30 days
- Inappropriate use of emergency room
- The development of a new payment model
- Number of preventable hospital stays
- Percentage reduction in inappropriate use of emergency room by persons with a chronic health problem and mental illness
- Reduction in Oregon Health Plan (OHP) per patient cost of care

Data Snapshot

- Individuals with a chronic health problem and mental illness use the emergency room inappropriately
- The OHP per patient cost in Central Oregon is the highest in the State
- Fee for service payment system is a disincentive to providing whole person health care leading to fragmented care
- Early intervention in cases of early psychosis reduces the long term disability

Goal 1: Engage Consumers in Manner that Improves Their Satisfaction with Care and in Turn Encourages Them to Follow the Care Plan

Individual Strategies

- Educational efforts through the primary care provider and other educational media will provide guidance to consumer/customer in helping reduce cost and make their primary care more effective

Organizational Strategies

- Organizations will engage their customers in ways that help them reduce their health care costs and promote effective use of the care being provided
- Connect with consumer/customer in a manner that engages the individual in care to reduce inappropriate use of the emergency room

Community Strategies

- When screening tools are developed by the state, work with tri-county providers to develop a system to coordinate and ensure universal screenings of all pregnant women and children 0-5

- Use coordinated care strategies to engage individuals in the emergency room that have a wide range of needs that are not being met and contribute to their inappropriate use of ER
- Develop and strengthen Assertive Community Treatment teams to address the support and structure needs of chronic behavioral health clients in collaboration and coordination with community health workers
- Reduce symptoms of psychosis, mental health crises and hospitalizations by maintaining and expanding the Early Assessment and Support Alliance throughout the region

Goal 2: Develop New Funding and Payment Structures that Support and Address the Whole Person Thus Increasing Satisfaction, Reducing Cost, and Improving Care

Community Strategies

- Establish a reimbursement model, new payment structure in a manner that supports the Health Engagement Team deployment and allows its partners to realize administrative simplifications

Public Policy Strategies

- Promote the key components of the Triple Aim which are reduce per-capita health costs, improved consumer/customer satisfaction and improved care

Increase Health Integration and System Collaboration

Indicators and Metrics

- Oregon Health Plan members are able to access a wide range of services
- Use of social media to communicate health information
- Use of technology to communicate with consumers about care issues or reminder appointments
- Advanced Illness Management Task Force activity
- Youth at Risk Task Force developed and meeting
- Communication system between care providers regarding consumer care and treatment is in place and efficient
- Percentage of primary care providers who report no difficulty in obtaining specialty care, including behavioral health, for members

Data Snapshot

- Care is fragmented and not coordinated
- Consumers not having a primary care provider
- Social Media is becoming a ready source of information for consumers
- Coordination of care hindered by challenges of technology not protecting privacy
- Services to youth at risk and runaway youth need improved coordination and better collaboration
- Long term care is growing but is not coordinated as effectively with the health delivery system and as a part of the Advanced Illness Management process

Goal 1: Develop Task Groups that Look at Combining Activities, Services and Care by Promoting Coordinated Care and Resource Development

Interpersonal Strategies

- Utilize the social media to improve health integration of treatment and service plans with the consumer/client

Organizational Strategies

- Develop ways of communicating electronically with clients and community providers to improve integration and collaboration in consumer and client care

Community Strategies

- Identify, develop and pursue public and private resources to address needs of runaway and homeless youth
- Reconvene prevention task force to coordinate efforts between social service organizations and public and private providers
- Develop and implement a task group to develop a coordinated, early identification and intervention system for students identified as at-risk and include addressing runaway and homeless youth
- Convene the Child Abuse System Task Force and regional partners to develop strategies to reduce child abuse and neglect in Central Oregon
- Regional participation in the Advanced Illness Management Workgroup in Bend to develop practice and program recommendations around primary, specialty, palliative, hospice and in-home care
- Continue and further collaborative efforts to provide needed food to residents in the region

Goal 2: Develop Improved Integration and Collaboration Between Behavioral Health and Primary Care

Organizational Strategies

- Timely access to behavioral health and substance abuse treatment/services regardless of payer type or insured status
- Open communication between BH providers and Primary Care Providers to ensure a collaborative approach to patient treatment, appropriate medication management, and continuity of care
- Promote cost-effective treatment through use of generic medications when clinically appropriate
- Collaborate with community partners to develop a maternal mental health system which provides prevention, screening and treatment for women at risk

Goal 3: Develop Supports that Aid Schools in Addressing, with the Support of the Community and Parents, the Physical, Social and Environmental Barriers that Create Health Disparities

Public Policy Strategies

- Support passage of legislation that funds districts and schools to assess and address physical, social and environmental health barriers that impede learning (must include funding)

Goal 4: Engage the Community in Understanding, Acknowledging, and Collaborating in Promoting Health Equity

Public Policy Strategies

- Better use of a variety of public and social media to not only broadcast health information, but to engage the community in understanding and addressing health issues in a means of community collaboration to improve health equity and improve health outcomes

Pursue Excellence

Indicators and Metrics

- Health Assessment process is in place and updated annually
- Health data is available
- Web based data system for public to use
- Timely Clinical and other social data is readily available to providers
- Local data is used to guide local quality of care
- Accreditation standards of providers met
- Community standards for managing disease states is established

Data Snapshot

- Accreditation is a marketing sign of quality
- Accreditation could be tied to funding
- Safety and quality of care are major issues of focus both in hospitals and in community care settings
- Data driven decisions regarding care
- Development of Comprehensive Care Organizations
- Development of Accountable Care Organizations

Goal 1: Develop Systems that Support, Promote and Monitor the Quality of Healthcare and Service Delivery

Organizational Strategies

- Some funders want some form of accreditation to assure that services are delivered in accordance with standards of care and best practices
- The Joint Commission is a standard for hospital accreditation. Public Health accreditation is moving forward as the measurement of health department's performance against a nationally recognized set of practice standards, evidence-based standards
- National Accreditation: Receive accreditation from Public Health Accreditation Board for all three Central Oregon public health agencies
- Collaboratively, align behavioral health measureable outcomes and clinical and system improvements
- Assure providers have timely accurate data that can draw assessments and lead to conclusions that will improve care and service delivery

- Standards of practice should be a result of evidenced-based medicine or other evidence based practices of care

Community Strategies

- Promote through the COHB an on-going Health Assessment Capacity to guide program decisions and resources allocation
- Create a regional hub for the collection, analysis, interpretation and dissemination of primary and secondary health related data to guide programmatic decisions, resource distribution and gauge outcomes
- Launch a web-based regional and community health data site with shared investment and public health leadership. Develop as an initiative of the Central Oregon Health Board
- Maintain excellence in epidemiological education, surveillance and coordinated intervention

Public Policy Strategies

- Central Oregon Health Council will promote, along with the Central Oregon Health Board the importance of excellence through accreditation and the use of evidence based medicine and evidence based services
- Promote health in all important policies in the region
- Promote the development of community standards for managing disease states

Promote Regional Efforts

Indicators and Metrics

- Number of regional programs
- Health Information Exchange operational
- Specific MOU between three counties for emergency preparedness
- Behavioral Health Organization for Central Oregon in place and operating
- Regional reduction in inappropriate use of emergency rooms by individuals with a mental illness
- Improved prenatal and early childhood outcomes in the region, including low birth weight and adequate prenatal care
- Regional HUB Administrative structure for Early Childhood System in place and operating
- Regional MOU/Formal Agreements in place with public and private partners for Early Childhood System Administration and Implementation

Data Snapshot

- Regional programs, where appropriate, create efficiencies and permit sharing of best practices and technology
- Improving collaboration in areas where there is joint planning, joint funding and interagency agreements which value and promote regionalization
- Regional training saves time and creates system consistency
- Some behavioral health services have been regionalized and work efficiently and effectively

Goal 1: Create Incentives and Systems to expand Care and Services

Organizational Strategies

- Regionally, collaborate with local agencies to reduce the burden of chronic disease by way of policy, systems and environmental change
- Use data to develop and implement health related policies to address priority population health needs and disparities using the HIE and the Health Assessment Capacity Hub
- Inform decision makers and stakeholders about potential health impacts of proposed plans, projects or policies wherein health is not a consideration
- Promote no and low cost community resources that support health related policies

- Collaborate with land use and transportation agencies on projects that impact population health (i.e.; Health Impact Assessments, membership on Regional Transportation Planning steering committee and active transportation initiatives)
- Maintaining a local presence, promote and incentivize regional services that are cost-effective and add to service delivery (including early childhood learning)
- Collaborate regionally with local services, education and health partners to develop a system of early childhood care and education that together addresses health and education outcomes

Community Strategies

- Develop a new Behavioral Health Organization Partnership to coordinate and improve the system and benefits of Behavioral Health (BH) in the region
- Work to provide BH Services to indigent residents in the region
- Develop annual work plans tied to the Regional Health Improvement Plan (RHIP) to improve health care, increase effectiveness of services and increase the efficient delivery of services
- Support and expand the emergency room diversion programs to reduce the inappropriate use of emergency rooms in the region
- Develop a regional complex system of care, in conjunction with other stakeholders that will improve quality of care for patients and reduce the costs of delivering chronic health care
- Coordinate and develop a regional system of home visiting programs that will improve prenatal and early childhood outcomes in the region
- Develop local and regional maternal mental health programs to support the health and wellness of the mother and new born child
- Develop regional early childhood system of supports that ensures "no wrong door" for family access to appropriate services
- Develop and implement regional strategies for quality care of children with public and private child care providers

Public Policy Strategies

- Ensure public private partnerships will promote regional efforts of quality care and service delivery
- Pursue policies (or variances to current policy) to allow sharing of information, better coordination of services and supports, and more effective, cost-efficient service delivery between education and health service delivery systems

Strengthen Health Service Organizations

Indicators and Metrics

- Clinical information system is timely and efficient
- Number of collaboratives around special health issues
- Number of existing workers whose skills have been upgraded
- Data collection systems are compatible
- Workforce development programs in place
- Number of training programs that are coordinating training with Central Oregon health community

Data Snapshot

- Addressing social determinants is a critical need in the tri-county area hit hard by the current economic conditions in the region. Addressing social determinants is challenging but necessary to improve personal and population health
- Improving clinical practice comes when data is collected and timely disseminated to providers
- Comprehensive and coordinated care only comes when information is shared quickly among providers
- The new healthcare environment will require current workforce member's skills to be upgraded and training to be developed to meet the new job and skill requirements

Goal 1: Develop and Coordinate Data Collection Systems and Services

Community Strategies

- Refine mission and guiding principles for a Community Health Information Exchange (HIE)
- Develop an organization, new or existing, to provide governance and operation of a Community HIE
- Develop a selection process for a Community HIE
- Define and develop the financial model necessary to support a Community HIE
- Develop a system for collecting and tracking of screening and assessment data from all participating providers including schools that could be entered into a Community HIE
- Use the data collection to continuously improve the Regional Health Improvement Plan and its corresponding annual work plan

Goal 2: Provide Training to Develop and Promote Progressive Collaborative Regional Service Delivery via Information Technology

Community Strategies

- Develop a data collection system for the region through the Healthy Communities Imitative
- Pilot and special projects should be collecting and analyzing data on health. disparities with focus on diabetes
- Implement coordinate regional media campaigns on areas of prevention with focus on suicide and alcohol abuse prevention
- Develop means of promoting coordination and collaboration using video conferencing
- Create relevant metrics for social determinants of health that would be monitored by subject matter experts; ensure inclusion of social determinants of health in data collection systems; and share, link, integrate data to the greatest extent possible to facilitate analysis
- Develop internal screening and data collection systems that integrate with regional system(s) to compile, track, analyze, and summarize data
- Deploy Clara a VistaLogic software program, which is an integrated, client-centered uniform information management system, throughout the region as appropriate and needed

Goal 3: Develop Strategies to Increase and Enhance the Health Care Workforce in Central Oregon

Organizational Strategies

- Develop and deploy a comprehensive workforce training and retraining strategy with focus on multidisciplinary teams
- Collaborate with academic partners to provide the needed training and certification for existing workers and recruit from the same programs the additional workers required to support the workforce needs and promotes cultural competency
- Develop an internal Health Engagement Teams (HET) training program
- Contract with a group to train a local practice coaches who will work directly with targeted primary care clinics to optimize the care team and its role in care delivery and assist clinics in patient engagement strategies that will be developed into self-management support that will complement the HET strategies

- Provide training to develop a workforce that is not only more aware of the social determinants of health but what they can do to more effectively address inequities that involves understanding cultures
- Expand the use of community health workers including peer support, peer mentors, and family resource managers
- Promote the development and sharing of specialists throughout the region

Goal 4: Create and Build a Regional Robust Infrastructure that Supports and Strengthens the Partnering Organizations

Community Strategies

- Coordinate funding to create regional infrastructure for partnering organizations
- Collaborate with local hospitals, through the Central Oregon Health Council, in the development of a regional assessment and regional health improvement plan
- Promote and support health collaboratives on areas of need, for example oral health or diabetes

Goal 5: Develop Strategies that Integrate Care and Solutions for Families, Youth and Children

Interpersonal Strategies

- Support educational success as a primary means of reducing child poverty and improving children's health
- Promote community dialogue, engagement and accountability in efforts to reduce child poverty and improve children's health

Community Strategies

- Develop and use school based health centers to coordinate, collaborate and integrate urgent care for school age children with primary care providers
- Maintain intensive, collaborative and coordinated community based mental intervention services for youth and adolescents with the goal of keeping them home and in their community

Goal 6: Align Workforce Development, Housing, Human Service and Education Investments Through Policy Development that Promotes Collaborative Planning, Implementation and Data Sharing

Community Strategies

- Implement policies adopted in Central Oregon 10-year Homelessness Plan

Public Policy Strategies

- Regional county policies will align the efforts of local county departments
- Continue aligning community efforts between the public and private sector

Promote Sound Health Policy

Indicators and Metrics

- Number of bike commuters and miles of walking paths
- Communities built with walking, biking, parks and closeness to fresh vegetables
- Workforce with cultural competency skills
- Cultural competency care policies in place
- Protocols and Policies in place to coordinate work of Family Resource Managers, Community Health Workers and family advocate functions in existing early childhood education and health care programs
- Percent of early childhood education and health care programs that are utilizing best or effective practices
- Policies for and development of parent advisory role and function for early childhood education and health programs

Data Snapshot

- More consideration being given to integrating health into comprehensive planning
- Transportation planners are considering biking and walking in their transportation plans
- Early education focus and its impact on poverty and health
- Demographic changes requiring cultural competency to deliver quality care

Goal 1: Engage Community Leaders and Community in Early Childhood Policy Development and Importance for Long Term Health and Productivity

Interpersonal Strategies

- Promote and support parent and service providers' understanding of the value and impact quality early childhood services have on long term health and academic achievement goals
- Promote use of best practices in early childhood health and education services, program implementation and workforce development

Organizational Strategies

- Promote and implement policy that supports universal screening tools and standardized process across all early childhood health and education services and allows for effective, efficient and consistent referral to services

- Develop, promote and implement policy that supports "no wrong door" for child and family access to early childhood health and educational services
- Develop and implement regional protocol and procedures to ensure coordination of services provided by Family Resource Managers (Early Childhood Education System), Community Health Workers (Health Care System) and existing family advocate in early care and education programs

Community Strategies

- Develop and implement policy to support, encourage and allow for parent involvement and input to the development of and maintenance of early childhood health and education services

Public Policy Strategies

- Pursue policies (or variations in current policy) to allow sharing of information and better coordination of supports and services between education and health care systems to improve effectiveness and efficiencies

Goal 2: Public Policies Will Recognize and Promote Cultural Awareness and Competencies as it Relates to Workforce and Service Delivery

Interpersonal Strategies

- Promote community and service providers' understanding of cultural differences, priorities, traditions and practices that may impact an individual's ability to access health care, succeed in school and/or in the work place

Organizational Strategies

- Organizations will have policies that recognized the need for their workforce to have the cultural competency to service their consumer/client population

Community Strategies

- Communities, through consumer and citizens advisory groups, will insist on the system will develop policies for and assure that organizations and providers will provide culturally competent care

Goal 3: Create a Safe and Healthy Environment for Children in their Family and in the Community

Community Strategies

- Land use planning and urban planning will integrate built environment policies which encourage walking, and biking

- Land use planning and urban planning will consider safe play areas for children in the development

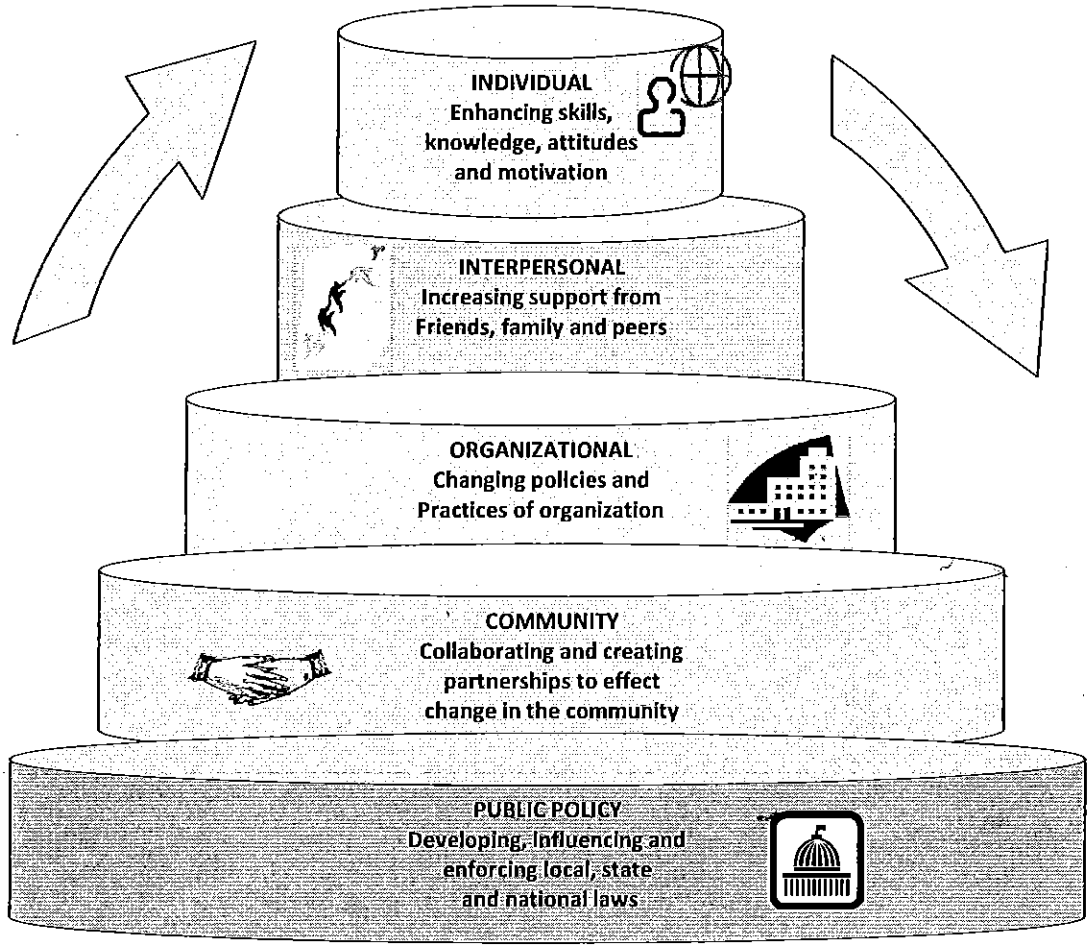
Public Policy Strategies

- Enforce policies, such as mandatory reporting and safety protocols, in order to decrease child abuse
- Support passage of legislation that funds districts and schools to assess and address physical, social and environmental health barriers that impede learning (must include funding).
- Principles of such legislations should include specific student health measures and routine reporting on these measures (e.g. annual community report card)
- Creating mechanism for training and technical assistance to support school districts in developing and implementing plans
- Ensuring all actions are based on student health data and are connected to measurable outcomes
- Utilize best available evidence including emerging practices

APPENDICES

Attachment 1

Socio-Ecological Model



Attachment 2 – Health Data Summary Page

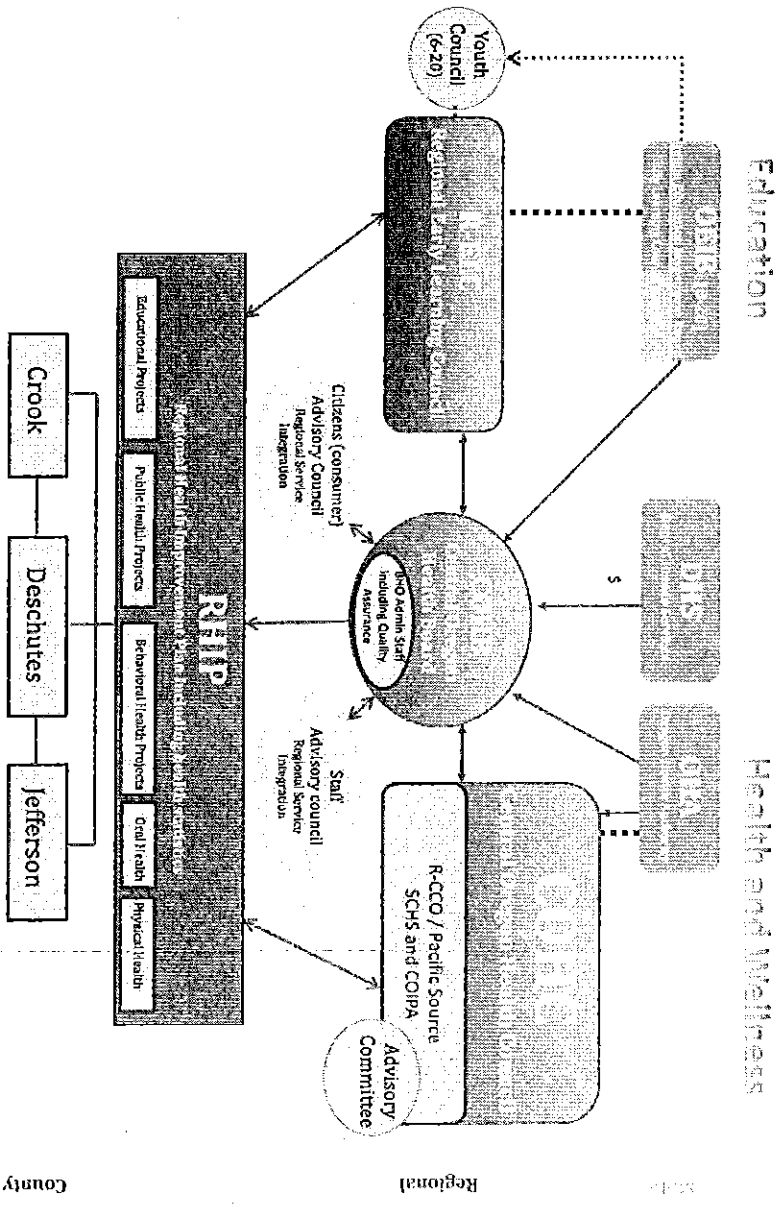
The data/assessment workgroup met January 3, 2012. Available data to date were reviewed and discussed incorporating experiential and professional knowledge. From that meeting, nine priority areas for the Central Oregon Region were identified. Within priorities, sub-categories of interest were called out and listed where appropriate.

Disparity / Inequity	Access and Isolation	Early Childhood Wellness
• Adults / seniors • Multicultural • Poverty, SES • Food Insecurity / Housing • Education / Graduation rates • Employment Opportunities	• Location of services • Hours of operation • Capacity / Availability of resources and safety net • Transportation issues • Workforce development	• Maternal / Child health • Language and Literacy development • Cognitive development • Social / Emotional development • Parent and family stability
Safety, Crime and Violence	**Preventive Care and Services**	**Chronic Disease Prevention**
• Child abuse • Domestic / Interpersonal violence • Juvenile crime prevention • Runaway and Homeless Youth	• Immunizations • Communicable disease • Teen pregnancy	• Cancer • Heart disease • Diabetes • Obesity (adult and child) • Health Behaviors • Screening
Alcohol, Drug and Tobacco Use	**Behavioral Health**	**Oral Health**
• Adolescent drinking • Young adult binge drinking • Tobacco use	• Suicide prevention • Access to and availability of services (see access)	• Adult and child • Prevention
	Healthy Environments	
	• Built Environment • Physical Environment • Transportation • Micro and Macro-level	

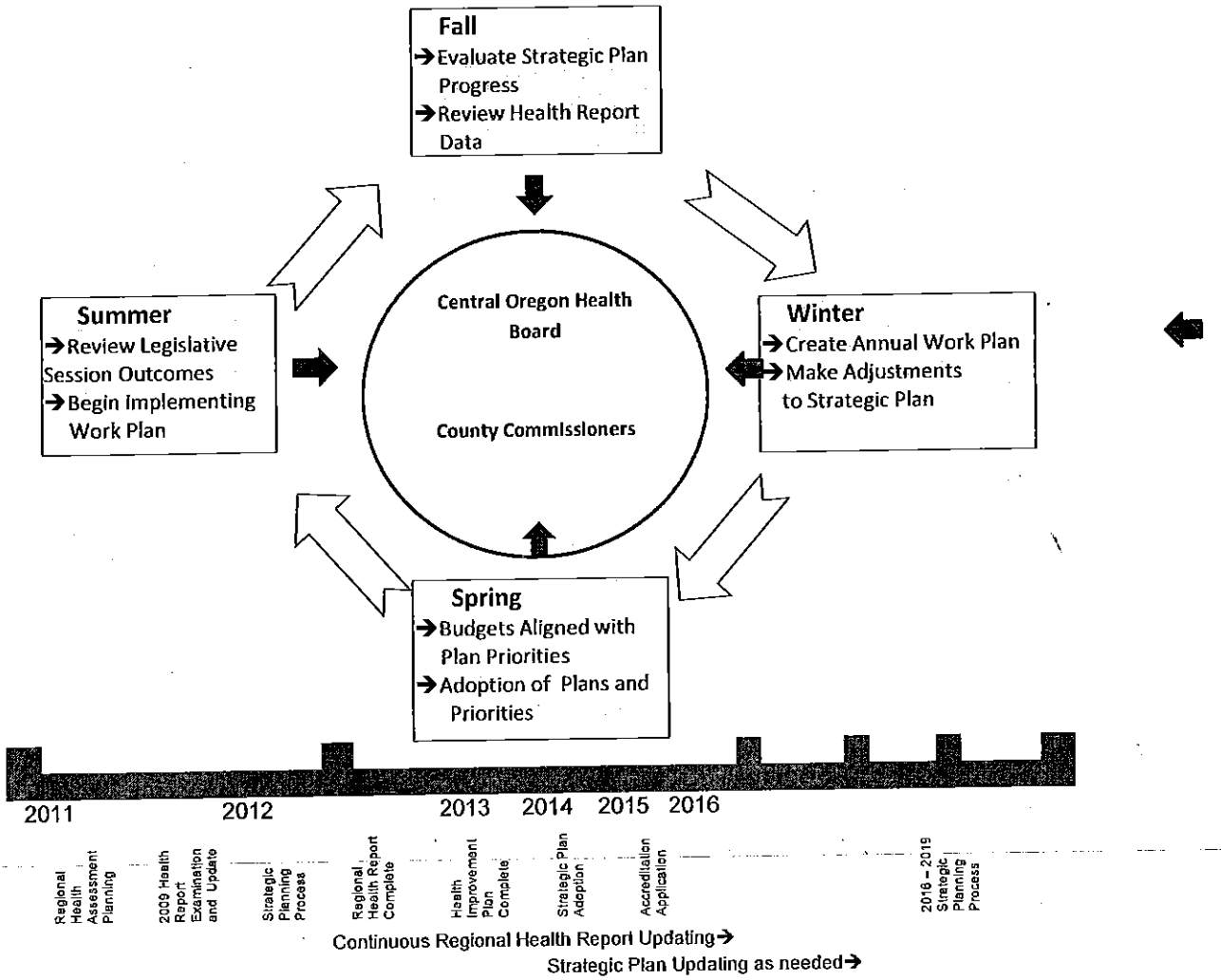
This document has been prepared to assist the work of RHIP workgroups. For additional web-based resources and data, visit:

Indicators Northwest	http://www.indicatorsnorthwest.org/
OR Rural communities Explorer:	http://oe.oregonexplorer.info/rural/CommunitesReporter/
County Health Rankings	http://www.countyhealthrankings.org
Atlas of Rural & Small Town America	http://www.ers.usda.ovg/data/ruralatlas/atlas.htm#map
US Census:	http://2010.census.gov/2010census/data/

Attachment 3 – Organizational Chart



Attachment 4 – Annual Regional Strategic Planning Cycle



Attachment 5 – Definitions

Health Equity

When all people have the opportunity to attain their full health potential and no one is disadvantaged from achieving their potential because of their social position or other socially determined circumstance (Journal of Health, Population and Nutrition, 2003. 21[3]: p. 181). Addressing social determinants of health is a primary approach to achieving health equity. The Centers for Disease Control and Prevention (CDC) recommends that health organizations and education programs look beyond behavioral factors and address underlying factors related to social determinants of health.

Social Determinants of Health

Social determinants are the economic and social conditions that influence the health of people and communities. These conditions are shaped by the amount of money, power and resources that people have, all of which are influenced by policy choices. Scientists generally recognize five determinants of health of a population:

1. Genes and biology (e.g. gender, age)
2. Health behaviors (e.g. alcohol use, unprotected sex, tobacco use)
3. Social environment and social characteristics (e.g. income, discrimination, education)
4. Physical environment (e.g. where a person lives, crowding conditions)
5. Health services/medical care (e.g. access to quality health care, having or not having insurance)

Socioeconomic Status (SES)

A composite measure that typically includes economic, social, and work status:

1. Economic status is measured by income
2. Social status is measured by education
3. Work status is measured by occupation

Attachment 6 – Family Planning

Crook County FAMILY PLANNING PROGRAM ANNUAL PLAN

FOR FY 2013

July 1, 2012 to June 30, 2013

As a condition of Title X, funding agencies are required to have a plan for their Family Planning Program, which includes objectives that meet SMART requirements (Specific, Measurable, Achievable, Realistic, and Time-Bound). In order to address state goals in the Title X grant application, we are asking each agency to choose two of the following four goals and identify how they will be addressed in the coming fiscal year:

Goal 1: Move forward with adapting family planning and reproductive health services to the requirements of state and national heath care reform, including the use of electronic health records, partnering with Coordinated Care Organizations (CCOs), investigating participation in health insurance exchanges, etc.

Goal 2: Assure ongoing access to a broad range of effective family planning methods and related preventive health services, including access to EC for current and future use.

Goal 3: Promote awareness and access to long acting reversible contraceptives (LARCs).

Goal 4: Address the reproductive health disparities of individuals, families, and communities through outreach to Oregon's high priority and underserved populations (including Hispanics, limited English proficient (LEP), Native Americans, African Americans, Asian Americans, rural communities, men, uninsured and persons with disabilities) and by partnering with other community-based health and social service providers.

The format to use for submitting the annual plan is provided below. Please include the following four components in addressing these goals:

1. **Problem Statement** – For each of two chosen goals, briefly describe the current situation in your county to be addressed by that particular goal. The data provided may be helpful with this.

2. **Objective(s)** – Write one or more objectives for each goal. The objective(s) should be realistic for the resources you have available and measurable in some way. An objective checklist has been provided for your reference.

3. **Planned Activities** – Briefly describe one or more activities you plan to conduct in order to achieve your objective(s).

4. **Evaluation** – Briefly describe how you will evaluate the success of your activities and objectives, including data collection and sources.

Specific agency data is also provided to help with local agency planning. If you have any questions, please contact Carol Elliot (971 673-0362) or Connie Clark (541 386-3199 x200).

FAMILY PLANNING PROGRAM ANNUAL PLAN FOR

COUNTY PUBLIC HEALTH DEPARTMENT

FY 2013

July 1, 2012 to June 30, 2013

Agency: Crook County Health Department **Contact: Nelda Grymes, RN**

Goal #1 – Move forward with adapting family planning and reproductive health services to the requirements of state and national health care reform, including the use of electronic health records, partnering with Coordinated Care Organizations (CCO's), investigating participation in health insurance exchanges, etc.

Problem Statement	Objective(s)	Planned Activities	Evaluation
Crook County Health Department implemented electronic health records June 22, 2011. The department continues to work with EPIC/OCHIN to improve processes with the EHR system. In addition, the county is involved with health care partners in the region forming the Central Oregon Health Council made up of private/public partners and the Central Oregon Health Board, made of the Crook, Jefferson,	Crook County Health Department staff will create a family planning fact sheet explaining the family planning program in the tri-county area for private practitioners understanding of the program by February 1, 2012.	-Completion of fact sheet -Share with Jefferson and Deschutes County to create buy-in. -Provide to Pacific Source Health Plans and Central Oregon Independent Physicians association for distribution.	-Distribution number of flyers. -Increase in # of clients in family planning program.

and Deschutes County. In this process, the department is working with Pacific Source Health Plans to implement preventive strategies in their plans for physicians. This includes family planning.	Crook County Health Department Director will attend quarterly meetings with the medical director of Pacific Source to continue education of the medical staff in the region about the Family Planning program.	-Attend quarterly meetings and provide input to medical staff about the family planning program.	-Attendance at meetings, meeting minutes.

Goal # 4 – Address the reproductive health disparities of individuals, families, and communities through outreach to Oregon's high priority and underserved populations (including Hispanics, limited English proficient (LEP), Native Americans, African Americans, Asian Americans, rural communities, men, uninsured and persons with disabilities) and by partnering with other community-based health and social service providers.

Problem Statement	Objective(s)	Planned Activities	Evaluation
Crook County Health Department is seeing a low number of women in need, 22.7% currently compared to 20.5% statewide. Even though the number is higher than the state average we would like to serve a higher number of that population.	To increase the number of women in need served, including teens and Hispanic populations.	1. Place ads in local media including Hispanic radio program and high school newspaper. 2. Utilize our Americorp volunteer to provide reproductive health education in the High school to increase awareness of our program.	An increase in percentage of women in need,

Objectives checklist:

- ☑ Does the objective relate to the goal and needs assessment findings?
- ☐ Is the objective clear in terms of what, how, when and where the situation will be changed?
- ☐ Are the targets measurable?
- ☐ Is the objective feasible within the stated time frame and appropriately limited in scope?

Progress on Goals / Activities for FY 2012

(Currently in Progress)

The annual plan that was submitted for your agency last year is included in this mailing. Please review it and report on progress meeting your objectives so far this Fiscal Year.

Time Period : July 1, 2011 – June 30, 2012

GOAL 1: Assure continued high quality clinical family planning and related preventive health services to improve overall individual and community health.

Problem Statement	Objectives	Planned Activities	Evaluation	Progress on activities
There is an increased need for family planning services in Crook County and as Noted above we have improved no-show rates and want continue to see improvement.	-Complete monthly time studies monthly to monitor clinic flow and decrease the wait time by 10% by June 2012.	-Monthly time studies. -Continue progress through RPI process. -Monitor information from the client satisfaction survey. -Set time standards for clinical services. -Research new client scheduling system. -Implement new practice management and EHR system in May 2011.	Improved client show rate and client process through clinic reports. -Improved efficiency and decreased no-show rate based on time study.	-The wait time objective was met through time study monitoring -The no-show rate decreased from 20% to 17%. -We implemented EHR in June 2011.

Time Period : July 1, 2011 – June 30, 2012

GOAL 1: Assure continued high quality clinical family planning and related preventive health services to improve overall individual and community health.

Need to gather client information to document client satisfaction and way to improve the clinical services.	Client satisfaction survey will be provided to clients quarterly through the 2011-2012 fiscal year.	-Update and print client satisfaction surveys. -Reception staff will hand out to clients quarterly for a one week period.	-Customer feedback -Staff feedback	We created a client satisfaction survey and continue to use in the programs. Staff is provided the information for feedback.
The Women in Need % served in the county is slightly less than the state average and needs improvement.	-The WIN in Crook County percentage will increase from 24.2% to 30% by July 2012.	-Increase outreach for family planning services in the community through outreach cards. -Increase the women referred to FP through other health department programs.	-Increased WIN percentage of women served in the county.	We had a slight decrease in this area from 24.2% to 23.1%. We will continue to work on this area.
Increase the # of male clients attending the client for services.	-The # of male clients attending the clinic will increase by 3% in the 2011-2012 fiscal year.	-Continue outreach for males through the male reproductive health program grant.	-Increased % of males attending the reproductive health clinics.	We continue to see increased #'s of males in the clinic. 7.5% currently.

Time Period : July 1, 2011 – June 30, 2012 **GOAL 1: Assure continued high quality clinical family planning and related preventive health services to improve overall individual and community health.**				
There is not a consistent educational component to the schools provided by the health department. We will continue to utilize AmeriCorps for this purpose.	-The department will provide 10 presentations to schools throughout the 2011-2012 fiscal year in Crook County by June 2012.	-Apply for an Americorp volunteer to assist with outreach and education in the schools for the Reproductive Health Program. -Train additional staff to provide community outreach – including volunteers.	-10 presentations completed in the community and the schools. -Increase in #'s of clients to the department.	-The AmeriCorp Members continue to complete this work for the health department.

Time Period : July 1, 2011 – June 30, 2012

GOAL 1: Assure continued high quality clinical family planning and related preventive health services to improve overall individual and community health.

There is not a consistent family planning advisory process in place. This has been resolved.	-The Crook County Health Department will utilize the current CCF and C4 boards to assist with this process.	-Create bylaws -Recruit for positions -Ongoing Meetings	-Advisory process for family planning materials.	-We have assigned this process to the CCF Board of which there are community members. The Public Health Director is part of this board and will guide the process. We will also use the expertise of the My Future My Choice students to assess brochure. This process has been positive and works when the program needs assistance.

Time Period: July 1, 2011 – June 30, 2012

GOAL 2: Assure ongoing access to a broad range of effective family planning methods and related preventative health services.

Problem Statement	Objectives	Planned Activities	Evaluation	Progress on Activities

Time Period: July 1, 2011 – June 30, 2012 GOAL 2: Assure ongoing access to a broad range of effective family planning methods and related preventative health services.				
Unable to offer Implanon Clients in Crook County. The new nurse practitioner is very experienced and offering to clients in regularly.	Increase the # of clients using Implanon in Crook County.	-New nurse practitioner is offering to clients. -Family Planning Coordinator will order necessary items for insertion/removal of Implanon.	-Increased # of clients with Implanon -Supplies in stock and NP begin use of Implanon in the clinical services.	We are now offering Implanon.
The % of visits where clients received equally or more effective method is at 86.8% compared to 91% statewide. This is an area for improvement.	Each client will be evaluated for an appropriate birth control method at each visit by July 2012.	-Family Planning Coordinator will meet with FP staff and update as needed to improve this measure. -New nurse practitioner will implement best practice approaches	-Measure for % of visits where clients received equally or more effective method will improve by 2012.	Our % increased from 86.8% to 87.1%. The addition of a new nurse practitioner has addressed this area of concern.

Time Period: July 1, 2011 – June 30, 2012 GOAL 2: Assure ongoing access to a broad range of effective family planning methods and related preventative health services.				
Proportion of visits at which female client received EC for future use (2008) was documented as a total of 3.7% compared to 18.7% Statewide and could use improvement. It improved in 2009 to 13.5% and still needs additional improvement.	The % of women receiving EC for future use will increase from 13.5% to the statewide average of 23.8%.	-Research the data entry for FP to see if the lack of information is a data entry issue. -Family Planning Coordinator will work with staff to make sure EC is dispensed appropriately.	-Proportion of visits at which female client will received EC for future use will increase by 2012.	Our current numbers decreased from 22.5 to 18.9% for teens and increased for adults from 2.6 to 6.5%. We will continue to work in this area.

FAMILY PLANNING PROGRAM ANNUAL PLAN FOR

COUNTY PUBLIC HEALTH DEPARTMENT

FY 2012

July 1, 2011 to June 30, 2012

Remains same for 2012-2013

Agency: Deschutes County Health Services **Contact:** Kathleen Christensen

Goal #1 Assure continued high quality clinical family planning and related preventive health services to improve overall individual and community health.

Problem Statement	Objective(s)	Planned Activities	Evaluation
With budget shortfalls and potential public health funding decreases this next fiscal year we want to assure the same level of clinical services or increase clinical services by improving clinic efficiency.	The Clinic Supervisor, Clinic Coordinator and Office Supervisor are all participating in the Clinic Efficiency Project through the Center for Health Training, which is funded by a grant from the Center for Disease Control. Through participation in this project we have set new goals and objectives for our program and plan to make positive efficiency and quality changes within the next year.	• Continued monitoring of no-show rates and evaluation of trends throughout the next year. • Implement text messaging for clients who prefer communication through text by 6/11. • Identify needed triage and practice protocols and procedures and create staff resource by 7/11. • Reorganize clinic structure and schedules so that providers are always working at their highest level by 7/11. • Conduct a Clinic Flow Analysis and Cycle Time Analysis two time within the next year. • Research and prepare charting area and exam rooms for EMR system. • Involve clinic staff in the preparation process and provide available training	• Monthly no-show data • Text messaging implemented. Client satisfaction increased. • Resource completed. Staff reports increased efficiency. • Reorganization complete. • Analysis complete. • Preparation complete.

		for an smoother transition to EMR with the least amount of decreased productivity possible.	• Ahlers data.
In Deschutes County we are unaware of the true need for Family Planning Services due to the lack of data and information. We are currently serving about 31.5% of the Women in Need within our county.	To conduct a Family Planning (reproductive health) needs assessment in Deschutes County to assess and assure services for adolescents, women, men and families.	• Conduct needs assessment with all Title X Family Planning components included during spring and summer 2011. • New program goals and objectives set based on the findings from the needs assessment by 12/2011.	• Needs assessment completed by 9/2011.

Goal #2 Assure ongoing access to a broad range of effective family planning methods and related preventive health services.

Problem Statement	Objective(s)	Planned Activities	Evaluation
With current budgets and resources it is challenging to maintain a broad range of birth control methods.	Maintain all birth control methods we are currently offering, including Title X IUDs and Implanons.	• Update pricing monthly for billing and clinical staff. • Monthly monitoring of the medication budget. • Tight inventory control. • Thorough counseling with clients on side effects and use of methods making sure to find the right method for the client.	• Fee schedule updated. • Medications budget on target. • No wasted medications • Decreased number of clients changing methods.

Progress on Goals / Activities for FY 10

(Currently in Progress)

Goal / Objective	Progress on Activities
Assure continued high quality clinical family planning and related preventive health services to improve overall individual and community health.	
Goal 1, Objectives 1-2 The clinic supervisor and office supervisor are currently participating in the Clinic Efficiency Learning Group through the Center for Health Training and the Center for Disease Control. We will continue to participate in the Learning Group throughout the year completing projects that include; production estimates, monitoring, goal setting and training.	• Through the Clinic Efficiency Project we have established monthly monitoring of the no-show rates. By rearranging schedules (based on days with the best show rates) and implementing consistent reminder calls 2 days ahead of time we have been able to reduce our no-show rates significantly. • With staff participation we increased provider productivity by decreasing meeting times from weekly to monthly. The monthly meeting that we have is more organized, efficient and valuable. We also rearranged clinician schedules to increase available clinic time. • We conducted a "Clinic Flow Analysis" and set some goals based on the outcome. • The clinic and office supervisor attended the two day meeting in Seattle for the Clinic Efficiency Learning Group.
Goal 1, Objective 2 To increase the number of teens in need of birth control services who are seen at our clinics within the coming year.	• The rate of teens we are serving has stayed the same, however preliminary data shows our teen pregnancy rate at 5.4 per 1,000 females aged 10-17. • Our Health Educator and AmeriCorps presented classes on birth control, communication, healthy relationships and STIs to 4803 students during school year 09/10. Every student was given information about all services they could access, if needed. • All teachers and counselors have received information resource information for our services. • A teen walk-in / same-day schedule has been implemented in Redmond.
Assure ongoing access to a broad range of effective family planning methods and related preventive health services.	

Goal 2, Objective 1	
During the next fiscal year we will continue to provide a broad range of birth control methods, while monitoring costs and being thoughtful of how medications are being dispensed.	• We were able to stay within budget on medications this past year, which was partially due to adopting a practice of more thorough counseling with clients on all possible side effects especially with the longer acting, more expensive methods. • We were able to reduce our medical and lab supply costs by having all programs purchase their own supplies. We are also keeping a much tighter inventory.
Goal 2, Objective 2	
All women with abnormal pap results will receive appropriate and timely follow-up recommendations and will be referred to colposcopy clinic as needed within the next fiscal year.	• We completed our evaluation of the current pap tracking system and implemented some more efficient processes. • Dr. Norburg increased the number of colposcopy appts. we could make available to clients and we have greatly reduced our waiting list. • Through a partnership we established with Mosaic Medical Clinic (our local FQHC), we were able to refer all clients with a HGSIL pap to their clinic for colposcopy and related f/u care like LEEP procedures. Within the past year all of our clients except one, who we lost contact with, received all needed follow-up services at a reduced or affordable rate.

1. Assure access to birth control services for Women in Need, reducing unplanned pregnancies. During FY 2010, an estimated 658 unintended pregnancies were averted. 5,000 client visits will be made for family planning services in FY 2012.

2. Increase collaboration and client referral between the Family Planning and Maternal Child Health programs (MCH). 100% of all low-income, first time moms who are seen in a Family Planning Clinic will be referred to Maternal Child Health. 95% of MCH clients needing family planning services will be referred to the Family Planning Program. 95% of the clients referred to the Family Planning Program will have follow-up contact.

3. The Reproductive Health Program will conduct a county-wide needs assessment for family planning and other related reproductive health services. New program goals and objectives will be set based on the findings from the needs assessment by December 2011.

FAMILY PLANNING PROGRAM ANNUAL PLAN FOR COUNTY PUBLIC HEALTH DEPARTMENT FY 2013

July 1, 2012 to June 30, 2013

Agency: Jefferson County Public Health **Contact:** Joy Harvey

Goal #_2__

Problem Statement	Objective(s)	Planned Activities	Evaluation
Assure ongoing access to a broad range of effective FP methods and related preventative health services, including access to EC for current and future use. Jefferson County has one of the highest number of teen pregnancies; our percentage of teen client visits is low (18.1%).	1. Increase # of teen clients by 2-3% from current 18.1%. 2. Increase proportion of visits where female clients receive EC for future use 2-3% from current % of 21.7.	1. Full time clinic RN available to provide FP services including EC. 2. Provide education at local schools re: services available at JCHD. 3. Continue with current range of FP methods offered at the health dept. 4. Implement social marketing to enhance teen awareness	1. Percentage of FP clients represented by teens on 2012 annual report. 2. Measurement of proportion of visits where female clients received EC for future use on 2012 annual report.

Goal #_4__

Problem Statement	Objective(s)	Planned Activities	Evaluation

Address the reproductive health disparities of individuals, families and communities through outreach to Oregon's high priority and underserved populations (including Hispanics, limited English proficient (LEP), Native Americans, African Americans, Asian Americans, rural communities, men, uninsured and persons with disabilities) and by partnering with other community-based health and social service providers. Jefferson County has a high population of Hispanics and Native Americans. Health care is provided on the reservation for Native Americans, but they are always welcome at the health department. Our current percentage of WIN served at the health department this year was down from previous years.	1. Increase # of WIN clients by 2-5% from the current 32.4%.	1. Send reminders to clients when annual WH assessment is due. 2. Coordination of care with Mosaic Medical Clinic, Best Care and BCC program for preventative health care and further evaluation or services not provided at JCHD. 3. Maintain adequate bi-lingual staff available for interpretation. 4. Provide written information in Spanish as well as English at the health department.	1. Percentage of WIN clients served by 2012 annual report.

Objectives checklist:

- ☐ Does the objective relate to the goal and needs assessment findings?
- ☐ Is the objective clear in terms of what, how, when and where the situation will be changed?
- ☐ Are the targets measurable?
- ☐ Is the objective feasible within the stated time frame and appropriately limited in scope?

Progress on Goals / Activities for FY 2012

(Currently in Progress)

The annual plan that was submitted for your agency last year is included in this mailing. Please review it and report on progress meeting your objectives so far this Fiscal Year.

Goal / Objective	Progress on Activities
Goal #1: To assure continued high quality clinical FP and related preventative health services to improve overall individual and community health. Objectives: • To increase FP clients numbers by 2-5% over 2010 stats • To increase, if possible, the number of FP Clinics per month to 5 or 6, as in 2009-2010.	• NPs have attended trainings/conferences to maintain their credentials. • School RN given information about FP services at JCHD & one visit to high school by FP staff at the health department. • Good connection with Mosaic Medical Clinic for referral for other preventative services
Goal #2: To direct services to address disparities among Oregon's high priority and underserved populations, including Hispanics, LEP, uninsured and rural community for Jefferson County. Objectives: • To increase these numbers by 2-5% in the FP Clinic setting. • To maintain adequate bilingual staff to provide translating services.	• Staffing continues to be an ongoing issue for adequate bilingual staffing. • All FP forms, posters, brochures provided in both English and Spanish.

Attachment 7 – Minimum Standards

VII. Minimum Standards For Crook, Deschutes and Jefferson

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

Organization

1. Yes _X__ No ___ A Local Health Authority exists which has accepted the legal responsibilities for public health as defined by Oregon Law.

2. Yes _X__ No ___ The Local Health Authority meets at least annually to address public health concerns.

3. Yes _X__ No ___ A current organizational chart exists that defines the authority, structure and function of the local health department; and is reviewed at least annually.

4. Yes _X__ No ___ Current local health department policies and procedures exist which are reviewed at least annually.

5. Yes _X__ No ___ Ongoing community assessment is performed to analyze and evaluate community data.

6. Yes __X_ No ___ Written plans are developed with problem statements, objectives, activities, projected services, and evaluation criteria.

7. Yes _X__ No ___ Local health officials develop and manage an annual operating budget.

8. Yes _X__ No ___ Generally accepted public accounting practices are used for managing funds.

9. Yes _X__ No ___ All revenues generated from public health services are allocated to public health programs.

10. Yes _X__ No ___ Written personnel policies and procedures are in compliance with federal and state laws and regulations.

11. Yes _X__ No ___ Personnel policies and procedures are available for all employees.

12. Yes _X_ No ___ All positions have written job descriptions, including minimum qualifications.

13. Yes X__ No ___ Written performance evaluations are done annually.

14. Yes _X__ No ___ Evidence of staff development activities exists.

15. Yes _X__ No ___ Personnel records for all terminated employees are retained consistently with State Archives rules.

16. Yes _X__ No ___ Records include minimum information required by each program.

17. Yes _X__ No ___ A records manual of all forms used is reviewed annually.

18. Yes _X__ No ___ There is a written policy for maintaining confidentiality of all client records which includes guidelines for release of client information.

19. Yes _X__ No ___ Filing and retrieval of health records follow written procedures.

20. Yes _X__ No ___ Retention and destruction of records follow written procedures and are consistent with State Archives rules.

21. Yes _X__ No ___ Local health department telephone numbers and facilities' addresses are publicized.

22. Yes __X_ No ___ Health information and referral services are available during regular business hours.

23. Yes _X__ No ___ Written resource information about local health and human services is available, which includes eligibility, enrollment procedures, scope and hours of service. Information is updated as needed.

24. Yes __X_ No ___ 100% of birth and death certificates submitted by local health departments are reviewed by the local Registrar for accuracy and completeness per Vital Records office procedures.

25. Yes __X_ No ___ To preserve the confidentiality and security of non-public abstracts, all vital records and all accompanying documents are maintained.

26. Yes _X__ No ___ Certified copies of registered birth and death certificates are issued within one working day of request.

27. Yes _X__ No ___ Vital statistics data, as reported by the Center for Health Statistics, are reviewed annually by local health departments to review accuracy and support ongoing community assessment activities.

28. Yes _X__ No ___ A system to obtain reports of deaths of public health significance is in place.
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29. Yes __X_ No ___ Deaths of public health significance are reported to the local health department by the medical examiner and are investigated by the health department.

30. Yes _X__ No ___ Health department administration and county medical examiner review collaborative efforts at least annually.

31. Yes _X__ No ___ Staff is knowledgeable of and has participated in the development of the county's emergency plan.

32. Yes _X__ No ___ Written policies and procedures exist to guide staff in responding to an emergency.

33. Yes _X__ No ___ Staff participate periodically in emergency preparedness exercises and upgrade response plans accordingly.

34. Yes _X__ No ___ Written policies and procedures exist to guide staff and volunteers in maintaining appropriate confidentiality standards.

35. Yes _X__ No ___ Confidentiality training is included in new employee orientation. Staff includes: employees, both permanent and temporary, volunteers, translators, and any other party in contact with clients, services or information. Staff sign confidentiality statements when hired and at least annually thereafter.

36. Yes _X__ No ___ A Client Grievance Procedure is in place with resultant staff training and input to assure that there is a mechanism to address client and staff concerns.

Control of Communicable Diseases

37. Yes _X__ No ___ There is a mechanism for reporting communicable disease cases to the health department.

38. Yes _X__ No ___ Investigations of reportable conditions and communicable disease cases are conducted, control measures are carried out, investigation report forms are completed and submitted in the manner and time frame specified for the particular disease in the Oregon Communicable Disease Guidelines.

39. Yes _X__ No ___ Feedback regarding the outcome of the investigation is provided to the reporting health care provider for each reportable condition or communicable disease case received.

40. Yes _X__ No ___ Access to prevention, diagnosis, and treatment services for reportable communicable diseases is assured when relevant to protecting the health of the public.

41. Yes _X__ No ___ There is an ongoing/demonstrated effort by the local health department to maintain and/or increase timely reporting of reportable communicable diseases and conditions.

42. Yes _X__ No ___ There is a mechanism for reporting and following up on zoonotic diseases to the local health department.

43. Yes _X__ No ___ A system exists for the surveillance and analysis of the incidence and prevalence of communicable diseases.

44. Yes _X__ No ___ Annual reviews and analysis are conducted of five year averages of incidence rates reported in the Communicable Disease Statistical Summary, and evaluation of data are used for future program planning.

45. Yes _X__ No ___ Immunizations for human target populations are available within the local health department jurisdiction.

46. Yes _X__ No ___ Rabies immunizations for animal target populations are available within the local health department jurisdiction.

Environmental Health

47. Yes _X__ No ___ Food service facilities are licensed and inspected as required by Chapter 333 Division 12.

48. Yes _X__ No ___ Training is available for food service managers and personnel in the proper methods of storing, preparing, and serving food.

49. Yes __X_ No ___ Training in first aid for choking is available for food service workers.

50. Yes _X__ No ___ Public education regarding food borne illness and the importance of reporting suspected food borne illness is provided.

51. Yes _X__ No ___ Each drinking water system conducts water quality monitoring and maintains testing frequencies based on the size and classification of system.

52. Yes _X__ No ___ Each drinking water system is monitored for compliance with applicable standards based on system size, type, and epidemiological risk.
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53. Yes _X__ No ___ Compliance assistance is provided to public water systems that violate requirements.

54. Yes X___ No ___ All drinking water systems that violate maximum contaminant levels are investigated and appropriate actions taken.

55. Yes _X__ No ___ A written plan exists for responding to emergencies involving public water systems.

56. Yes _X__ No ___ Information for developing a safe water supply is available to people using on-site individual wells and springs.

57. Yes __X_ No ___ A program exists to monitor, issue permits, and inspect on-site sewage disposal systems.

58. Yes _X__ No ___ Tourist facilities are licensed and inspected for health and safety risks as required by Chapter 333 Division 12.

59. Yes __X_ No ___ School and public facilities food service operations are inspected for health and safety risks.

60. Yes _X__ No ___ Public spas and swimming pools are constructed, licensed, and inspected for health and safety risks as required by Chapter 333 Division 12.

61. Yes _X__ No ___ A program exists to assure protection of health and the environment for storing, collecting, transporting, and disposing solid waste.

62. Yes _X__ No ___ Indoor clean air complaints in licensed facilities are investigated.

63. Yes X___ No ___ Environmental contamination potentially impacting public health or the environment is investigated.

64. Yes _X__ No ___ The health and safety of the public is being protected through hazardous incidence investigation and response.

65. Yes _X__ No ___ Emergency environmental health and sanitation are provided to include safe drinking water, sewage disposal, food preparation, solid waste disposal, sanitation at shelters, and vector control.

66. Yes _X__ No ___ All license fees collected by the Local Public Health Authority under ORS 624, 446, and 448 are set and used by the LPHA as required by ORS 624, 446, and 448.

Health Education and Health Promotion

67. Yes _X__ No ___ Culturally and linguistically appropriate health education components with appropriate materials and methods will be integrated within programs.

68. Yes _X__ No ___ The health department provides and/or refers to community resources for health education/health promotion.

69. Yes _X__ No ___ The health department provides leadership in developing community partnerships to provide health education and health promotion resources for the community.

70. Yes _X__ No ___ Local health department supports healthy behaviors among employees.

71. Yes _X__ No ___ Local health department supports continued education and training of staff to provide effective health education.

72. Yes _X__ No ___ All health department facilities are smoke free.

Nutrition

73. Yes _X__ No ___ Local health department reviews population data to promote appropriate nutritional services.

74. The following health department programs include an assessment of nutritional status:
a. Yes _X__ No ___ WIC
b. Yes _X__ No ___ Family Planning
c. Yes _X__ No ___ Parent and Child Health
d. Yes _X__ No ___ Older Adult Health
e. Yes _X__ No ___ Corrections Health

75. Yes X___ No ___ Clients identified at nutritional risk are provided with or referred for appropriate interventions.

76. Yes _X__ No ___ Culturally and linguistically appropriate nutritional education and promotion materials and methods are integrated within programs.

77. Yes _X__ No ___ Local health department supports continuing education and training of staff to provide effective nutritional education.

Older Adult Health

78. Yes _X__ No ___ Health department provides or refers to services that promote detecting chronic diseases and preventing their complications.

79. Yes _X__ No ___ A mechanism exists for intervening where there is reported elder abuse or neglect.

80. Yes _X__ No ___ Health department maintains a current list of resources and refers for medical care, mental health, transportation, nutritional services, financial services, rehabilitation services, social services, and substance abuse services.

81. Yes _X__ No ___ Prevention-oriented services exist for self health care, stress management, nutrition, exercise, medication use, maintaining activities of daily living, injury prevention and safety education.

Parent and Child Health

82. Yes __X_ No ___ Perinatal care is provided directly or by referral.

83. Yes _X__ No ___ Immunizations are provided for infants, children, adolescents and adults either directly or by referral.

84. Yes _X__ No ___ Comprehensive family planning services are provided directly or by referral.

85. Yes _X__ No ___ Services for the early detection and follow up of abnormal growth, development and other health problems of infants and children are provided directly or by referral.

86. Yes _X__ No ___ Child abuse prevention and treatment services are provided directly or by referral.

87. Yes _X__ No ___ There is a system or mechanism in place to assure participation in multi-disciplinary teams addressing abuse and domestic violence.

88. Yes _X__ No ___ There is a system in place for identifying and following up on high risk infants.

89. Yes _X__ No ___ There is a system in place to follow up on all reported SIDS deaths.

90. Yes _X__ No ___ Preventive oral health services are provided directly or by referral.

91. Yes _X__ No ___ Use of fluoride is promoted, either through water fluoridation or use of fluoride mouth rinse or tablets.

92. Yes _X__ No ___ Injury prevention services are provided within the community.

Primary Health Care

93. Yes _X__ No ___ The local health department identifies barriers to primary health care services.

94. Yes _X__ No ___ The local health department participates and provides leadership in community efforts to secure or establish and maintain adequate primary health care.

95. Yes _X__ No ___ The local health department advocates for individuals who are prevented from receiving timely and adequate primary health care.

96. Yes _X__ No ___ Primary health care services are provided directly or by referral.

97. Yes _X__ No ___ The local health department promotes primary health care that is culturally and linguistically appropriate for community members.

98. Yes _X__ No ___ The local health department advocates for data collection and analysis for development of population based prevention strategies.

Cultural Competency

99. Yes _X__ No ___ The local health department develops and maintains a current demographic and cultural profile of the community to identify needs and interventions.

100. Yes _X__ No ___ The local health department develops, implements and promotes a written plan that outlines clear goals, policies and operational plans for provision of culturally and linguistically appropriate services.

101. Yes _X__ No ___ The local health department assures that advisory groups reflect the population to be served.

102. Yes _X__ No ___ The local health department assures that program activities reflect operation plans for provision of culturally and linguistically appropriate services.

Attachment 8
Health Department Personnel Qualifications

Local health department Health Administrator minimum qualifications:
The Administrator must have a Bachelor degree plus graduate courses (or equivalents) that align with those recommended by the Council on Education for Public Health. These are: Biostatistics, Epidemiology, Environmental health sciences, Health services administration, and Social and behavioral sciences relevant to public health problems. The Administrator must demonstrate at least 3 years of increasing responsibility and experience in public health or a related field.
Answer the following questions:
Administrator name: _Scott Johnson, Muriel DeLaVergne-Brown and Tom Machala
Does the Administrator have a Bachelor degree? Yes X_ No ___
Does the Administrator have at least 3 years experience in Yes X_ No ___
public health or a related field?
Has the Administrator taken a graduate level course in Yes X NoX-Deschutes No_
biostatistics?
Has the Administrator taken a graduate level course in Yes X_ No X-Deschutes No
epidemiology?
Has the Administrator taken a graduate level course Yes X_ No X-Deschutes No
in environmental health?
Has the Administrator taken a graduate level course Yes X No ___
in health services administration?
Has the Administrator taken a graduate level course in Yes X No ___
social and behavioral sciences relevant to public health problems?
a. Yes X No X The local health department Health Administrator meets minimum qualifications:
Deschutes County is in the process of reviewing its organization and will have a decision on meeting this standard by September 2012 at the latest.

b. Yes X NoX-Crook County- The local health department Supervising Public Health Nurse meets minimum qualifications:
Licensure as a registered nurse in the State of Oregon, progressively responsible experience in a public health agency;
AND
Baccalaureate degree in nursing, with preference for a Master's degree in nursing, public health or public administration or related field, with progressively responsible experience in a public health agency.
Supervising nurse expects a BSN by May 2012.
c. Yes X No ___ The local health department Environmental Health Supervisor meets minimum qualifications:
Registration as a sanitarian in the State of Oregon, pursuant to ORS 700.030, with progressively responsible experience in a public health agency
OR
a Master's degree in an environmental science, public health, public administration or related field with two years progressively responsible experience in a public health agency.
If the answer is "No", submit an attachment that describes your plan to meet the minimum qualifications.

d. Yes X No____ The local health department Health Officer meets minimum qualifications:

Licensed in the State of Oregon as M.D. or D.O. Two years of practice as licensed physician (two years after internship and/or residency). Training and/or experience in epidemiology and public health.
If the answer is "No", submit an attachment that describes your plan to meet the minimum qualifications. Annual Plan FY 2012 - 2013 25

Mental Health Maintance of Effort----To be added

Current Use of 2145---To be added

WIC—To be added when guidelines come out

Maternal/Child, Environmental Health, Emergency Preparedness, Communicable Disease and Health Statistics in the core plan.

Attachment 9 – Tobacco Prevention and Education Programs

Local Health Department TPEP Grant
Local Program Plan Form 2012-13

Local Health Department: Deschutes County
Program component: ☐ **M** Monitor tobacco use and prevention policies
For each of the policy types listed below, please note the policy or policies that have been adopted. Where applicable, links are provided to statewide lists or maps of policies; these may not be completely up-to-date.

Policy type	**Policies adopted** – Include current policy description (e.g. "All properties 100% tobacco-free", or "Smoking allowed in designated areas only.") Enter "N/A" if a specified institution type (e.g. community college) does not exist in your county.
Tobacco-free campuses	
County public health department	100% Tobacco free policy for all Deschutes County Health Services properties (November 2009)
Other city or county properties	100% Tobacco Free County property (voted February 2012), 100% Tobacco Free City of Bend campuses (March 2007).
Community college (statewide policy list and map: http://www.smokefreeoregon.com/smokefree-places/community-colleges/your-campus)	Effective 4-17-02, smoking or the use of smokeless tobacco is limited to campus parking lots.
Hospitals *(See the map of Oregon Hospitals with Smoke-free policies on the HPCDP Connection Tobacco page, here: http://public.health.oregon.gov/Partners/HPCDPConnection/Tobacco/*	Tobacco Free Campus policy (except smoking in cars is allowed)-2007

Policy type	Policies adopted – Include current policy description (e.g. "All properties 100% tobacco-free", or "Smoking allowed in designated areas only.") Enter "N/A" if a specified institution type (e.g. community college) does not exist in your county.
Pages/Hospitals.aspx)	
Other tobacco-free campus policies (e.g. other health care setting or post-secondary education campus.)	Mosaic Medical and Volunteers in Medicine are two locations that have gone 100% tobacco free and I have not seen the policy to verify.
Tobacco-free workplaces/ public places	
Community-wide smokefree worksites (e.g. city or county local smokefree workplaces ordinance)	See above
Outdoor venues (e.g. parks or fair board tobacco-free policies) [list of policies on HPCDP Connection outdoor venues page]	100% Tobacco Free Bend Metro Parks and Recreation (2011) 100% Smoke free Deschutes County Expo Center and Fairgrounds (need to confirm date)
Other community-wide smokefree workplaces/public places policy:	Department of Health and Human Services has a 100% tobacco free campus policy. (2011)
Smokefree multi-unit housing (MUH)	
Public housing authority *(statewide policy status list is posted at https://partners.health.oregon.gov/Partners/HPCDPConnection/Tobacco/Pages/Housing.aspx)*	N/A
Other low-income and affordable MUH policies (e.g. Community development corporation)	Sample properties in COROA (Central Oregon Rentals and Owners Association) have gone smoke free inside the apartments
Tobacco retail environment, advertising and promotions	
Tobacco retail licensing ordinance	n/a
Tobacco sampling ban	n/a
Other community-wide tobacco	n/a

Policy type	**Policies adopted** – Include current policy description (e.g. "All properties 100% tobacco-free", or "Smoking allowed in designated areas only.") Enter "N/A" if a specified institution type (e.g. community college) does not exist in your county.
advertising and promotions policies:	

Local Health Department TPEP Grant
Local Program Plan Form 2012-13

Local Health Department: Deschutes County Health Services	
Program component: ☐ P **Protect people from exposure to secondhand smoke.**	
What we want to achieve this funding period: Develop relationship with Public Housing Authority (Housing Works) and Rural Development Housing Authority to promote smoke free policies. Continue working with Central Oregon Rental Owners Association to offer presentation on smoke free housing policy.	
Milestones: **Determine who the Public Housing Authority & Rural Development Housing Authorities are and what their jurisdiction covers in Deschutes County.** **Take the lead in surveying landlord and tenants of Housing Authority properties in all three counties to gather data to present before the Housing Works leadership team. Additional topics of presentation include the benefits of adopting smoke free policies for their facilities.** **Engage management of Housing Works and Rural Development Housing in discussion of smoke free housing**	
Who will we engage and work with to accomplish this: **Crook, Deschutes and Jefferson counties will collaborate with Diane Laughter of Health InSight to achieve above goal.**	
What strategies we will use this funding period	
Strategy	**Activities**

Assessment	Identify different types of affordable multi-unit and affordable public housing in Deschutes County and throughout the tri-county region. Determine if smoking policy exists in all properties under their authority. Assess landlord readiness to adopt smoke free policy. Deschutes County will take the lead in surveying tenants regarding their support for smoke free rules.
Education, Outreach & Partnerships	Deschutes, Crook and Jefferson Counties will regularly meet to develop regional strategies to engage community partners with assistance from Diane Laugher (Health InSight). We will continue to partner with COROA and will offer a training along with local data regarding tenant support of smoke free policies in the regional area (data expected to be collected in the prior work plan). The above partnerships will also result in a presentation to Housing Works. Work to garner a stronger partnership with local fire departments to utilize in any education campaigns.
Media Advocacy	Utilizing the survey data from the previous and current grant cycle will provide opportunities for earned media in marketing the survey and in sharing the results. Additionally, the regional partnership will continue to submit educational articles in the COROA monthly newsletter.
Policy development and analysis	Continue to provide technical assistance to housing providers on policy implementation and enforcement, with one access point of the COROA newsletter for housing providers to access county coordinators. As landlords and housing properties make the decision t go smoke free, will work with housing providers to promote policy change.
Policy implementation and enforcement	Provide technical assistance to housing providers on adopting no smoking policy. Continue to collaborate with Deschutes and Jefferson counties to provide trainings to regional rental owners on smoke free policy adoption.

Local Health Department: Deschutes County Health Services	
Program component: ☐ P Protect people from exposure to secondhand smoke.	
What we want to achieve this funding period: Indoor Clean Air Act Enforcement	
Milestones: Respond to all ICAA complaints filed in Deschutes County. Collaborate with the business license renewal for Bend, Redmond, Sisters and LaPine to redistribute State 10 foot decals. Present qualitative data to Bend, Sisters, LaPine, and Redmond downtown associations to advocate with city to expand 10 foot no smoking rule in the downtown areas.	
Who will we engage and work with to accomplish this: LPHD staff	
What strategies we will use this funding period	
Strategy	**Activities**
Assessment	Utilize focus group qualitative data from previous funding year to present to business decision makers on public response and support expanding current downtown smoke free policy. Research and compile information about other cities that have adopted similar ordinances.
Education, Outreach & Partnerships	Partner with Chuck Arnold of the Bend Downtown Association to present results of focus group surveys to the board. Work with Therese Madrigal (Healthy Communities) to continue to access key stakeholders (City Council) of Redmond, Bend and Sisters to present results of data-if favorable. Identify, educate and collaborate with community partners to access and educate decision makers of each Deschutes County city and move to support of expanded policy.

Media Advocacy	Utilize Bend Bulletin to communicate favorable results of focus group data to influence expanding the policy and build public support. Work with HPCDP to design key talking points from the results of the focus groups and utilize a social marketing campaign to influence public leadership.
Policy development and analysis	Identify policy examples from other cities and provide technical assistance to city staff and policy makers on concept development and ordinance drafting.
Policy implementation and enforcement	Provide technical assistance to city staff in developing an implementation plan, including a plan for communicating the policy and making signage available to businesses.
Local Health Department: Deschutes County Health Services	
Program component: ☐ P Protect people from exposure to secondhand smoke.	
What we want to achieve this funding period: Build community support to establish tobacco-free outdoor parks in Redmond, Sisters and LaPine.	
Milestones: Will have identified community partners and decision makers for each respective park district to assess readiness to move toward tobacco-free parks.	
Who will we engage and work with to accomplish this	
What strategies we will use this funding period	
Strategy	**Activities**
Assessment	Work with Bend Metro Parks and Recreation to create a lessons learned from the time they have implemented their tobacco policy to the present day. Work with each of the Think Again Parents groups in Sisters, Redmond and LaPine to have a table staffed with volunteers to gather photos and quotes and signatures from residents supportive of the policy.

Education, Outreach & Partnerships	Utilize Bend Metro Parks and Recreation to be key spokesperson for each of the city's park board. Utilize Parks expertise to navigate through and speak the language for better access to successful outcomes with contacts. Identify key stakeholders of each parks department and get on the agenda of each parks board to bring the idea forward. Provide technical assistance if each board is looking to gather public opinion before they make a decision.
Media Advocacy	Presenting at each Park Board meeting will garner media support from each city as media generally attends these sessions.
Policy development and analysis	Offer technical assistance to each decision makers to develop a local policy. Utilize Bend Metro Parks and Recreation policy to model for Redmond, LaPine and Sisters.
Policy implementation and enforcement	Offer technical assistance to each city to identify steps to proper compliance utilizing Bend Metro Parks and Recreation's model.
Local Health Department:	
Program component: ☐ P Protect people from exposure to secondhand smoke.	
What we want to achieve this funding period: Tobacco-Free County Campuses	
Milestones: **Train department managers and staff on how to advocate for the policy to ensure compliance. Utilize policy as an opportunity to get staff and visitors involved in the Quitline.**	
Who will we engage and work with to accomplish this: **Deschutes County managers, and department heads.**	
What strategies we will use this funding period	
Strategy	**Activities**

Assessment	Offer department managers an opportunity to provide an in-service training to staff on how to advocate for compliance of the policy. Quantify and meet the needs of each training group. Collect various agency approaches to educate clients, staff and visitors about the policy.
Education, Outreach & Partnerships	Present before the department heads of the county to offer training. Work with communications coordinator to implement internal and external plan to market positive messages to advocate for the policy to ensure compliance. Partner with the Deschutes County Wellness Task Force to design training and recruit members to assist with the training invitations.
Media Advocacy	Utilize Deschutes County Communication's coordinator to communicate to the media the policy to the public.
Policy development and analysis	Distribute completed policy to all department heads to distribute to employees.
Policy implementation and enforcement	Communicate tailored enforcement plan. Train managers and personnel on how to enforce the policy. Include the policy online (public access) and in employee orientation materials.
Local Health Department: Deschutes County Health Services	
Program component: ☐ P **Protect people from exposure to secondhand smoke.**	
What we want to achieve this funding period: 100% Tobacco Free Community College	
Milestones: **Re-engage Central Oregon Community College on movement toward tobacco free campus. Community College adopts a no-smoking policy.**	
Who will we engage and work with to accomplish this	
What strategies we will use this funding period	

Strategy	Activities
Assessment	Key informant interviews with board members, the college president, administration and campus leaders.
Education, Outreach & Partnerships	Coordinate with Jefferson and Crook to strategize on messaging to key stakeholders.
Media Advocacy	Draft an article in the Broadside student newspaper on the trend towards tobacco free campuses across the State to identify student champions.
Policy development and analysis	Provide technical assistance to campus officials to develop policy.
Policy implementation and enforcement	Provide technical assistance for policy implementation.

Local Health Department TPEP Grant
Local Program Plan Form 2012-13

Local Health Department: Deschutes County
Program component: ☐ O **Offer help to quit tobacco use.**
Describe any other cessation related activities (e.g. improving cessation benefits, etc). **Continue presentations on the quit line fax referral to all Deschutes County Health Service Departments. Incorporate Quit line referral into the upcoming electronic medical records of Deschutes County Health Services while ensuring that Quitline is being properly utilized within Deschutes County Behavioral Health. Promote Quitline Services related to any policy or compliance related activities.**
Describe any activities connecting state and local tobacco-related chronic disease initiatives, including the colorectal cancer screening campaign, Living Well, and approved Arthritis Foundation exercise programs. **Work with Healthy Communities Coordinator to assist in guiding the Deschutes County Wellness Task Force.** **Deschutes County will continue to support our local residential treatment facility, as they implement the new AMH tobacco free policy and provide cessation resources to clients.**
Milestones 2 treatments will go beyond the AMH policy and will have policies that will treat cigarettes as contraband during their visit in the facilities.
Who will we engage and work with to accomplish this: **DHS staff and Behavioral Health Staff.**

Local Health Department TPEP Grant
Local Program Plan Form 2012-13

Local Health Department: Deschutes County
Program component: ☐ W **Warn about the dangers of tobacco.**
How we use media to support our policy objectives: **Incorporate quit line information in every opportunity. Include Deschutes data in variety of social norms approaches as consistent messages (e.g. 86% do not smoke, 70% want to quit) to normalize the healthy behavior while providing resources for those who want to quit.**
Describe any additional earned media activities (e.g. participating in a statewide media effort; operating a county social media account such as Facebook). **Maintain and update county health department website for tobacco information.**
Milestones **Maintain tobacco website on a quarterly basis.**
Who will we engage and work with to accomplish this **County tobacco control coordinator.**

Local Health Department TPEP Grant
Local Program Plan Form 2012-13

Local Health Department: Deschutes County Health Services	
Program component: ☐ E **Enforce bans on tobacco advertising, promotion, and sponsorship.**	
What we want to achieve this funding period (use new sheet for each policy objective) Ban on sale of tobacco products in pharmacies	
Milestones: Map out all pharmacies in the County and those that currently sell tobacco, Identify key community partners	
Who will we engage and work with to accomplish this: County Coordinator, County Commissioners	
What strategies we will use this year	
Strategy	Activities
Assessment	Completed assessment of local pharmacies and sale of tobacco
Education, Outreach & Partnerships	Identify if there is a local pharmacy board and access meeting. Engage pharmacists, health care providers and health teachers. Meet with pharmacist, business owner or manager to assess the desire to adopt a voluntary policy.
Media Advocacy	Work with Media contractor when a voluntary policy is obtained. Will introduce a petition for Pharmacists to support with the goal of publicizing the results.
Policy development and analysis	Provide technical assistance if any pharmacy is willing to move toward a voluntary policy.
Policy implementation and enforcement	Provide technical assistance to help pharmacy with communication plan, timeline and necessary signage when a pharmacy moves toward a voluntary policy.

Local Health Department TPEP Grant
Local Program Plan Form 2012-13

Local Health Department: Deschutes County
Program component: ☐ R **Raise the price of tobacco.**
What steps will we take to gain the support of policymakers around the importance of raising the price of tobacco through a tax **TPEP program presents an Annual TPEP report to the local Board of Commissioners**
What steps we will take to engage community champions for the Tobacco Prevention and Education Program: **Continual meetings with Health Administration**
Milestones: TPEP program presents an annual TPEP report to the Board of Commissioners focusing on the importance of raising the price of tobacco and the connection between state tobacco taxes and the benefit to community health in Deschutes County.
Who will we engage and work with to accomplish this: County Commissioners, Health Administration Board

Local Health Department TPEP Grant
Local Program Plan Form 2012-13

Local Health Department: Deschutes County Health Services
Program Component: Training, development and skills maintenance
Who will attend all required trainings: Deschutes County Tobacco Control Coordinator
Who will attend all required TA and training calls: Deschutes County Tobacco Control Coordinator
Who will attend all required webinars: Deschutes County Tobacco Control Coordinator
Who will attend all required RSN meetings and trainings: Deschutes County Tobacco Control Coordinator
Are there any leadership activities we will be participating in (e.g. RSN Network facilitation, GCAG participation, special interest group facilitation), list them below. N/A

Local Health Department TPEP Grant
Local Program Plan Form 2012-13

Local Health Department: Deschutes County Health Services
Program Component: Reporting and evaluation plan: Deschutes County Tobacco Control Coordinator
Interviews - three reporting interviews are required during the grant year: Deschutes County Tobacco Control Coordinator
Submit copies of policies, review policy summaries for accuracy: Deschutes County Tobacco Control Coordinator
Training/disseminating presentation at conferences and meetings: Deschutes County Tobacco Control Coordinator

Local Health Department TPEP Grant
Local Program Plan Form 2012-13

Local Health Department: Jefferson County Public Health Department
Program component: ☐ **M** Monitor tobacco use and prevention policies
For each of the policy types listed below, please note the policy or policies that have been adopted. Where applicable, links are provided to statewide lists or maps of policies; these may not be completely up-to-date.

Policy type	**Policies adopted** – Include current policy description (e.g. "All properties 100% tobacco-free", or "Smoking allowed in designated areas only.") Enter "N/A" if a specified institution type (e.g. community college) does not exist in your county.
Tobacco-free campuses	
County public health department	• Smoking is prohibited in all interior areas owned by County or occupied by County Departments. Smoking is prohibited within 25 feet of building entrances.
Other city or county properties	• Smoking is prohibited in all interior areas owned by County or occupied by County Departments. Smoking is prohibited within 25 feet of building entrances. • Fairgrounds: Smoking allowed in designated areas only
Community college (statewide policy list and map: http://www.smokefreeoregon.com/smokefree-places/community-colleges/your-campus)	• Smoking allowed in designated areas only.
Hospitals *(See the map of Oregon Hospitals with Smoke-free policies on the HPCDP Connection Tobacco page, here: http://public.health.oregon.gov/Partners/*	• All Mountain View Hospital properties are 100% tobacco-free

Policy type	Policies adopted – Include current policy description (e.g. "All properties 100% tobacco-free", or "Smoking allowed in designated areas only.") Enter "N/A" if a specified institution type (e.g. community college) does not exist in your county.
HPCDPConnection/Tobacco/ Pages/Hospitals.aspx)	
Other tobacco-free campus policies (e.g. other health care setting or post-secondary education campus.)	• Madras Medical Group properties are 100% tobacco-free
Tobacco-free workplaces/ public places	
Community-wide smokefree worksites (e.g. city or county local smokefree workplaces ordinance)	• Smoking is prohibited in all interior areas owned by County or occupied by County Departments. Smoking is prohibited within 25 feet of building entrances.
Outdoor venues (e.g. parks or fair board tobacco-free policies) [list of policies on HPCDP Connection outdoor venues page]	• Fairgrounds: Smoking allowed in designated areas only • City and County parks have no tobacco-free or smoke-free policies in place.
Other community-wide smokefree workplaces/public places policy:	• Department of Human Services has 100% tobacco free campus policy. • Deer Ridge Correctional Institute has a 100% tobacco-free campus policy.
Smokefree multi-unit housing (MUH)	
Public housing authority *(statewide policy status list is posted at https://partners.health.oregon.gov/Partners/HPCDPConnection/Tobacco/Pages/Housing.aspx)*	• None (Looks like three different properties are planning on going smoke-free in April).
Other low-income and affordable MUH policies (e.g. Community development corporation)	
Tobacco retail environment, advertising and promotions	

Policy type	**Policies adopted** – Include current policy description (e.g. "All properties 100% tobacco-free", or "Smoking allowed in designated areas only.") Enter "N/A" if a specified institution type (e.g. community college) does not exist in your county.
Tobacco retail licensing ordinance	• None
Tobacco sampling ban	• None
Other community-wide tobacco advertising and promotions policies:	• None

Local Health Department TPEP Grant
Local Program Plan Form 2012-13

Local Health Department: Jefferson County Public Health Department	
Program component: ☐ P **Protect people from exposure to secondhand smoke.**	
What we want to achieve this funding period • Develop relationship with Pubic Housing Authority and Rural Development Housing Authority to promote smoke free policies. • Continue working with Central Oregon Rental Owners Association to offer presentation on smoke free housing policy.	
Milestones • **Determine who the Public Housing Authority & Rural Development Housing Authorities are and what their jurisdiction covers in Jefferson County.** • Engage management of PHA & RHA in discussion of smoke free housing. • Garner support from PHA & RHA to do a tenant survey. • Deliver an informational presentation to PHA and/or RDH authorities on the benefits of adopting smoke free policies for their facilities. • PHA management will understand the benefits of smoke free housing.	
Who will we engage and work with to accomplish this • Crook, Deschutes and Jefferson counties will collaborate along with Diane Laughter of Health InSight to achieve above goal.	
What strategies we will use this funding period	
Strategy	**Activities**
Assessment	• Identify different types of affordable public housing in Jefferson County utilizing lists provided by Health InSight. • Determine if smoking policy exists in all properties under their authority. • Assess landlord readiness to adopt smoke free policy.

Education, Outreach & Partnerships	• Through regular meetings with Deschutes and Crook counties, develop regional strategies to engage partners with assistance from Health InSight. • Develop presentation to make to Central Oregon Rental Owners Association (COROA) and affordable housing authorities on the benefits of adopting smoke free housing policy. Attend quarterly meetings providing handouts and information on the benefits of smoke free housing policies. • In cooperation with Deschutes and Crook counties, develop article on smoke free policy implementation to submit to COROA for monthly newsletter. • Engage management of PHA & RHA in discussion of smoke free housing. • Share tri-county data on the benefits of smoke free housing with above authorities. • Continue working with Central Oregon Rental Owners Association to offer presentation on smoke free housing policy.
Media Advocacy	• Utilize opportunities throughout year to provide local angle on state or national story related to smoke free housing. • Include Quit Line information in all earned media.
Policy development and analysis	• Advocate for no-smoking policy through providing "Benefits of No Smoking Policy in Affordable Housing" and "A Landlord's Guide to No Smoking Policies" to owners and managers who are interested in developing and adopting no smoking policies through COROA. • Provide model policies and successes of smoke free policies from other counties to COROA members.
Policy implementation and enforcement	• Provide technical assistance to housing providers on adopting no smoking policy. • Collaborate with Deschutes and Crook counties to provide trainings to regional rental owners on smoke free policy adoption.

Local Health Department TPEP Grant
Local Program Plan Form 2012-13

Local Health Department: Jefferson County Public Health Department	
Program component: ☐ P **Protect people from exposure to secondhand smoke.**	
What we want to achieve this funding period • Enforce the Indoor Clean Air Act as outlined in the LPHA delegation agreement and on the Indoor Clean Air Act Enforcement Toolkit.	
Milestones • Respond to all ICAA complaints filed in Jefferson County. • Meet with new businesses in county to educate them on the ICAA and distribute materials. • Respond to existing business's on the ICAA and distribute materials as needed.	
Who will we engage and work with to accomplish this • Jefferson County Public Health Department staff. • Environmental Health staff. • Chamber of Commerce. • OHA TPEP staff	
What strategies we will use this funding period	
Strategy	**Activities**
Assessment	• Utilize information from Chamber of Commerce for existing and new businesses to monitor and assess their knowledge of the ICAA.
Education, Outreach & Partnerships	• Meet with all new businesses in Jefferson County to educate them on the ICAA and offer Quit Line information for their employees who use tobacco. • Participate in all OHA TPEP trainings pertaining to ICAA rules and implementation. • Train new staff on ICAA enforcement when appropriate.
Media Advocacy	• Utilize all statewide earned media for ICAA implementation and compliance to approach local media and share information on the ICAA and tobacco Quit Line.

Policy development and analysis	• Collaborate with OHA TPEP staff to monitor policy as it relates to the ICAA and implementation by Jefferson County Health Department. • Offer assistance to OHA in policy development related to ICAA enforcement.
Policy implementation and enforcement	• Participate in the ICAA rules grantee training and communication workgroup to further the efforts of the ICAA policy implementation and enforcement.

Local Health Department TPEP Grant
Local Program Plan Form 2012-13

Local Health Department: Jefferson County Public Health Department	
Program component: ☐ P **Protect people from exposure to secondhand smoke.**	
What we want to achieve this funding period • Jefferson County Health Department establishes a tobacco-free campus policy.	
Milestones • LPHD demonstrates support for a tobacco-free campus policy. • Presentation on tobacco use assessment to County Administrator.	
Who will we engage and work with to accomplish this • Jefferson County Public Health Worksite Wellness Committee. • "Let's Talk" Diversity Coalition • Erin Tofte; "Let's Talk" Coalition Coordinator • ACHIEVE Chart members.	
What strategies we will use this funding period	
Strategy	**Activities**
Assessment	• Assess current county policies on tobacco use and identify barriers. • Review Change Tool data from ACHIEVE Initiative to identify gaps in current policy. • Once "Let's Talk" Diversity Coalition has completed their assessment (populations in the county representing the most disparities) use that data to pursue policies that affect as many people as possible.
Education, Outreach & Partnerships	• Partner with JCPHD Worksite Wellness Committee on all activities. • Meet monthly with "Let's Talk" Coalition members. • Meet quarterly with ACHIEVE Chart members. • Using assessment data meet one-on-one with county decision-makers and/or provide presentation to BOCC.

Media Advocacy	• Media strategies will include in house quarterly HEAL newsletter to share personal success stories and data results. • Collaborate with other department staff on the development of a Jefferson County Health Department Facebook page. • Utilize Great American Smokeout, Kick Butts Day and World No Tobacco Day for educational opportunities.
Policy development and analysis	• Identify who the relevant people are to be involved in the policy development. • Review other model policies in tri-county region.
Policy implementation and enforcement	• Provide technical assistance in developing an implementation plan, including a communication plans. • Provide technical assistance in developing an enforcement plan.

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Local Health Department TPEP Grant
Local Program Plan Form 2012-13

Local Health Department: Jefferson County Public Health Department	
Program component: ☐ P **Protect people from exposure to secondhand smoke.**	
What we want to achieve this funding period • Jefferson County Fairgrounds will pass a policy to have Kids Day during county fair a tobacco-free event.	
Milestones • Secured support from major user-groups (4H, FFA etc.) that uses the fairgrounds. • Survey conducted and results are shared with the Jefferson County Fair Board Directors.	
Who will we engage and work with to accomplish this • 4H Leaders, FFA Leaders, Equestrian Leaders and other major user groups. • Jefferson County Prevention Task Force and Youth Peer Court members. • CHIP/CHRP staff.	
What strategies we will use this funding period	
Strategy	**Activities**
Assessment	• Assess who the major users are of the fairgrounds to identify community champions. • Conduct an event-goer survey during 2012 Kids Day event during county fair to assess support of policy change. • Assess tobacco use and cigarette debris during other targeted events at the fairgrounds. • Assess Fair Board member's willingness to adopt tobacco-free policies. • Collaborate with Crook and Deschutes counties on strategies and lessons learned.

Education, Outreach & Partnerships	• Educate community leaders on tobacco use by youth in Jefferson County at every opportunity. • Educate event users on the importance of tobacco-free environments for the youth. • Develop new champions for adopting tobacco-free policies in Jefferson County. • Partner with Crook and Deschutes counties on any tri-county opportunities.
Media Advocacy	• Once the event-goer survey is completed during 2012 Kids Day event publicize the results in the Pioneer. Have newly identified champion submit a letter to editor in support of policy. • Take pictures of tobacco use and cigarette debris to strengthen messaging about the impact of tobacco use on the environment. • Promote Quit Line in all earned media activities.
Policy development and analysis	• Identify who the relevant people are to be involved in the policy development and what the policy-making process is. • Access model polices and resources through participation in Outdoor Venues work group and HPCDP website.
Policy implementation and enforcement	• Offer assistance to Fair Board to develop a communication and enforcement plan for policy implementation. Offer training for staff on policy implementation.

Local Health Department TPEP Grant
Local Program Plan Form 2012-13

Local Health Department: Jefferson County Public Health Department
Program component: ☐ O **Offer help to quit tobacco use.**
Describe any other cessation related activities (e.g. improving cessation benefits, etc). • Offer Oregon Quit Line fax referral training to local WIC and Family Planning staff. • Promote Quit Line services in worksite wellness initiatives being developed in Jefferson County and through the Wellness@Work tri-county initiative. • Provide Quit Line materials to local DHS offices; local clinics; Physical Therapy groups and others for distribution to their clients. • Provide Quit Line information on county website.
Describe any activities connecting state and local tobacco-related chronic disease initiatives, including the colorectal cancer screening campaign, Living Well, and approved Arthritis Foundation exercise programs. • Jefferson County has a couple of Arthritis Foundation water aerobic classes offered at the Madras Aquatic Center. We are also the tri-county (Crook, Deschutes, and Jefferson) lead for the Tomando de Salud Classes and will continue to promote these classes along with the Living Well with Chronic Disease classes locally. Any upcoming trainings, state-coordinated activities or media opportunities will also be promoted. • Collaborate with the regional Living Well with Chronic Disease program to integrate Quit Line materials for classes being offered in Jefferson County. Participate in CHIP/CHRP projects to promote tobacco prevention best practices.
Milestones • WIC and Family Planning staffs receive training on referrals to Quit Line. • Quit Line referrals from Jefferson County programs increase.
Who will we engage and work with to accomplish this • Local WIC and Family Planning staff. • Regional Wellness@Work coalition. • Regional Living Well coordinator / Local Tomando Coordinator. • Local healthcare providers. • CHIP/CHRP members and staff.

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Local Health Department TPEP Grant
Local Program Plan Form 2012-13

Local Health Department: **Jefferson County Public Health Department**
Program component: ☐ W **Warn about the dangers of tobacco.**
How we use media to support our policy objectives • Information about the harm of tobacco use will be included in all earned media opportunities, including information about the physical and economical harm of tobacco use in educational conversations with community leaders and decision makers.
Describe any additional earned media activities (e.g. participating in a statewide media effort; operating a county social media account such as Facebook). • Collaborate with other department staff on the development of a Jefferson County Health Department Facebook page to promote the harm of tobacco use. • Maintain a separate webpage on the county health department website for tobacco and chronic disease information.
Milestones • LPHD Facebook page developed. • Utilize Great American Smokeout, Kick Butts Day and World No Tobacco Day for educational opportunities as well as local contacts. • Maintain and update county tobacco webpage quarterly or as needed.
Who will we engage and work with to accomplish this • Sarah Decker RN, Chelsea Lundy CCF staff in county health department. • Jan Collier (administrative assistant) maintains health department website. • County website technicians.

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Local Health Department TPEP Grant
Local Program Plan Form 2012-13

Local Health Department: Jefferson County Public Health Department	
Program component: ☐ E **Enforce bans on tobacco advertising, promotion, and sponsorship.**	
What we want to achieve this funding period (use new sheet for each policy objective) • **Educate community leaders and decision makers about the importance of reducing exposure to tobacco advertising and promotion.**	
Milestones • Survey taken during Jefferson County Fair Kid's Day. • Determine local interest and focus on tobacco advertising, promotion and sponsorship.	
Who will we engage and work with to accomplish this • Jefferson County Prevention Task Force. • Jefferson County Fair Board. • City of Madras.	
What strategies we will use this year	
Strategy	Activity
Assessment	• Assess community leaders to determine their level of interest in developing a ban on tobacco sampling in community.
Education, Outreach & Partnerships	• Educate community leaders on tobacco use by youth in Jefferson County. • Develop champions for adopting ordinance to prohibit free tobacco sampling in Jefferson County.
Media Advocacy	• Utilize all earned media opportunities for promoting bans on tobacco advertising, promotion and sponsorship. • Partner with Prevention Task Force Peer Court on media opportunities.
Policy development and analysis	• Meet with fairgrounds representatives to determine level of sponsorship by tobacco industry of events held at the Jefferson County fairgrounds.

Policy implementation and enforcement	• Provide technical assistance in developing an implementation plan, including a communication plan. • Provide technical assistance in developing an enforcement plan.

Local Health Department TPEP Grant
Local Program Plan Form 2012-13

Local Health Department: Jefferson County Public Health Department
Program component: ☐ R **Raise the price of tobacco.**
What steps will we take to gain the support of policymakers around the importance of raising the price of tobacco through a tax • Disseminate findings including success stories and lessons learned through media, presentations, or meetings with community leaders and the general public on the subject of advantages for increased tax policies
What steps we will take to engage community champions for the Tobacco Prevention and Education Program • Educate the community and its leaders on tobacco facts in Jefferson County at every opportunity. • Include information on the need for TPEP inclusion in all aspects of the community pertaining to prevention and wellness efforts.
Milestones • Presentation on tobacco use assessment to County Administrator.
Who will we engage and work with to accomplish this • Jefferson County Health Department Worksite Wellness Team. • CHIP/CHRP • "Let's Talk" Diversity Coalition. • 509J School staff. • LPHD staff.

Local Health Department TPEP Grant
Local Program Plan Form 2012-13

Local Health Department: Jefferson County Public Health Department
Program Component: Training, development and skills maintenance
Who will attend all required trainings • Carolyn Harvey; Healthy Communities Program Coordinator and/or • Colleen Corbett; Healthy Communities Program Coordinator Assistant
Who will attend all required TA and training calls • Carolyn Harvey; Healthy Communities Program Coordinator and/or • Colleen Corbett; Healthy Communities Program Coordinator Assistant
Who will attend all required webinars • Carolyn Harvey; Healthy Communities Program Coordinator and/or • Colleen Corbett; Healthy Communities Program Coordinator Assistant
Who will attend all required RSN meetings and trainings • Carolyn Harvey; Healthy Communities Program Coordinator and/or • Colleen Corbett; Healthy Communities Program Coordinator Assistant
Are there any leadership activities we will be participating in (e.g. RSN Network facilitation, GCAG participation, special interest group facilitation), list them below. • Outdoor Venues Work group (Colleen) • GCAG (Carolyn) • "Let's Talk" Advisory Committee (Carolyn) • Kids@Heart Advisory Committee (Carolyn) • ACHIEVE Chart committee (Carolyn) • Living Well Tri-County/Tomando Advisory Committee (Carolyn) • Community Traffic Advisory Committee (Carolyn)

Local Health Department TPEP Grant
Local Program Plan Form 2012-13

Local Health Department: Jefferson County Public Health Department
Program Component: Reporting and evaluation plan • Collaborate with state liaison to set up required reporting and evaluation dates.
Interviews - three reporting interviews are required during the grant year • Yet to be determined.
Submit copies of policies, review policy summaries for accuracy
Training/disseminating presentation at conferences and meetings

Local Health Department TPEP Grant
Local Program Plan Form 2012-13

Local Health Department: ***CROOK COUNTY HEALTH DEPARTMENT***
Program component: ☐ **M** Monitor tobacco use and prevention policies
For each of the policy types listed below, please note the policy or policies that have been adopted. Where applicable, links are provided to statewide lists or maps of policies; these may not be completely up-to-date.

Policy type	**Policies adopted** – Include current policy description (e.g. "All properties 100% tobacco-free", or "Smoking allowed in designated areas only.") Enter "N/A" if a specified institution type (e.g. community college) does not exist in your county.
Tobacco-free campuses	
County public health department	LPHD shares space in Mosaic Medical facility. Currently, the county "No Smoking within 20 ft." rule applies. (See below.)
Other city or county properties	All City and County owned facilities are no smoking within 20 ft of doors and operable windows as of 2000.
Community college (statewide policy list and map: http://www.smokefreeoregon.com/smokefree-places/community-colleges/your-campus)	Our community College is an "Open Campus" jointly operated by COCC and OSU cascades. It sits on county-owned property and shares the county 20ft. rule above.
Hospitals *(See the map of Oregon Hospitals with Smoke-free policies on the HPCDP Connection Tobacco page, here: http://public.health.oregon.gov/Partners/ HPCDPConnection/Tobacco/ Pages/Hospitals.aspx)*	Pioneer Memorial Hospital is a tobacco free campus. All properties are 100% tobacco free. We will continue to monitor the map of Oregon Hospitals and the PMH policy to ensure accuracy.
Other tobacco-free campus	NONE

Policy type	**Policies adopted** – Include current policy description (e.g. "All properties 100% tobacco-free", or "Smoking allowed in designated areas only.") Enter "N/A" if a specified institution type (e.g. community college) does not exist in your county.
policies (e.g. other health care setting or post-secondary education campus.)	
Tobacco-free workplaces/ public places	
Community-wide smokefree worksites (e.g. city or county local smokefree workplaces ordinance)	No smoking within 20 feet of any City or County owned facility as stated above.
Outdoor venues (e.g. parks or fair board tobacco-free policies) [list of policies on HPCDP Connection outdoor venues page]	All Crook County Parks and Recreation District properties are 100% tobacco free with a resolution that passed in 2005.
Other community-wide smokefree workplaces/public places policy:	Department of Human Services has 100% tobacco free campus policy.
Smokefree multi-unit housing (MUH)	
Public housing authority *(statewide policy status list is posted at https://partners.health.oregon.gov/Partners/HPCDPConnection/Tobacco/Pages/Housing.aspx)*	NONE
Other low-income and affordable MUH policies (e.g. Community development corporation)	NONE
Tobacco retail environment, advertising and promotions	
Tobacco retail licensing ordinance	NONE
Tobacco sampling ban	NONE
Other community-wide tobacco advertising and promotions policies:	NONE

Local Health Department TPEP Grant
Local Program Plan Form 2012-13

Local Health Department:	***CROOK COUNTY HEALTH DEPARTMENT***
Program component: ☐ P **Protect people from exposure to secondhand smoke.**	
What we want to achieve this funding period: *Public Housing Authority will adopt a smoke free policy for their properties. Develop champion in COROA to promote smoke free rental housing in tri-county area.*	
Milestones: *Determine who the Public Housing Authority & Rural Development Housing Authorities are and what their jurisdiction covers in Crook County.* ***Develop relationship with Pubic Housing Authority and Rural Development Housing Authority to promote smoke free policies.*** ***Deliver an informational presentation to PHA and/or RDH authorities on the benefits of adopting smoke free policies for their facilities.*** ***PHA management will understand the benefits of smoke free housing.***	
Who will we engage and work with to accomplish this: ***Crook, Deschutes and Jefferson counties will collaborate along with Diane Laughter of Health InSight to achieve above goal.***	
What strategies we will use this funding period	
Strategy	**Activities**
Assessment	Using lists provided by Health InSight, identify different types of affordable public housing in tri-county area. Determine if smoking policy exists in all properties under their authority. Assess landlord readiness to adopt smoke free policy.

Education, Outreach & Partnerships	Through regular meetings with Deschutes and Jefferson counties, develop regional strategies to engage partners with assistance from Health InSight. Develop presentation to make to Central Oregon Rental Owners Association (COROA) and affordable housing authorities on the benefits of adopting smoke free housing policy. In cooperation with Deschutes and Jefferson counties, develop article on smoke free policy implementation to submit to COROA for monthly newsletter. Engage management of PHA & RHA in discussion of smoke free housing. Share tri-county data on the benefits of smoke free housing with above authorities. Continue working with Central Oregon Rental Owners Association to offer presentation on smoke free housing policy.
Media Advocacy	Utilize opportunities throughout year to provide local angle on state or national story related to smoke free housing in tri-county media. Include Quit Line information in all earned media.
Policy development and analysis	Advocate for no-smoking policy through providing "Benefits of No Smoking Policy in Affordable Housing" and "A Landlord's Guide to No Smoking Policies" to owners and managers who are interested in developing and adopting no smoking policies through COROA. Provide model policies and successes of smoke free policies from other counties to COROA members.
Policy implementation and enforcement	Provide technical assistance to housing providers on adopting no smoking policy. Collaborate with Deschutes and Jefferson counties to provide trainings to regional rental owners on smoke free policy adoption.

Local Health Department: CROOK COUNTY HEALTH DEPARTMENT	
Program component: ☐ P Protect people from exposure to secondhand smoke.	
What we want to achieve this funding period: *Enforce the Indoor Clean Air Act as outlined in the LPHA delegation agreement and on the Indoor Clean Air Act Enforcement Toolkit.*	
Milestones: *Respond to all ICAA complaints filed in Crook County. Meet with new businesses in county to educate them on the ICAA and distribute materials.*	
Who will we engage and work with to accomplish this: *LPHD staff, Environmental Health staff, Chamber of Commerce, OHA TPEP staff*	
What strategies we will use this funding period	
Strategy	**Activities**
Assessment	Utilize information from Chamber of Commerce for new businesses to monitor and assess their knowledge of the ICAA.
Education, Outreach & Partnerships	Meet with all new businesses in Crook County to educate them on the ICAA and offer Quit Line information for their employees who use tobacco. Participate in all OHA TPEP trainings pertaining to ICAA rules and implementation. Train LPHD staff on ICAA enforcement when appropriate.
Media Advocacy	Utilize all statewide earned media for ICAA implementation and compliance to approach local media and share information on the ICAA and tobacco Quit Line.
Policy development and analysis	Collaborate with OHA TPEP staff to monitor policy as it relates to the ICAA and implementation by Crook County Health Department. Offer assistance to OHA in policy development related to ICAA enforcement.

Policy implementation and enforcement	Participate in the ICAA rules grantee training and communication workgroup to further the efforts of the ICAA policy implementation and enforcement. Annually monitor local smoke shop for compliance with ICAA rules and regulations.

Local Health Department: CROOK COUNTY HEALTH DEPARTMENT	
Program component: ☐ P Protect people from exposure to secondhand smoke.	
What we want to achieve this funding period: *All Crook County Parks and Recreation District parks will be properly signed to educate park users on the tobacco free policy adopted by the Parks & Board.*	
Milestones: *CCP&R Director will understand and support a comprehensive enforcement policy for tobacco free parks resolution.* *All CCP&RD parks will have proper signing for tobacco free policy.*	
Who will we engage and work with to accomplish this: *CCP&R Director, parks staff.*	
What strategies we will use this funding period	
Strategy	**Activities**
Assessment	Assess all parks to determine level of promotion of tobacco free policy.
Education, Outreach & Partnerships	Meet quarterly with CCP&R district director/staff to educate on the best practices for policy enforcement. In cooperation with Parks and Recreation, develop weather resistant signs for parks. Work with CCP&RD staff to order signs for parks stating tobacco free policy.
Media Advocacy	Utilize all earned media to promote parks tobacco free policy when appropriate such as event advertising.
Policy development and analysis	In cooperation with CCP&RD staff, analyze the effectiveness of the current policy and jointly develop ways to implement policy.
Policy implementation and enforcement	Offer monetary assistance to CCP&RD to procure signs to promote policy enforcement.

Local Health Department: CROOK COUNTY HEALTH DEPARTMENT	
Program component: ☐ P Protect people from exposure to secondhand smoke.	
What we want to achieve this funding period: *Adoption of a tobacco free campus policy by Crook County Court*	
Milestones: *Demonstrate community support for tobacco free campus policy through a survey.* *Adoption of tobacco free campus policy by Crook County.*	
Who will we engage and work with to accomplish this: *Crook County Wellness Team, AmeriCorps and VISTA members, County Court, community volunteers to conduct survey.*	
What strategies we will use this funding period	
Strategy	**Activities**
Assessment	Conduct second survey in cooperation with OHA research analyst to determine community interest in policy adoption. Research & compile information on other government tobacco free policies.
Education, Outreach & Partnerships	In cooperation with Deschutes County, develop list of regional community leaders to recruit as advocates for proposed policy. Based on results of power mapping, organize meetings with key individuals to solicit endorsements and possible champions. Deliver informational presentation and survey results to county court.

Media Advocacy	Schedule meeting with local media to promote survey in community. Based on results of Crook and Deschutes surveys, develop messages on benefits of adopting tobacco free policies and to respond to perceived barriers in order to influence local decision makers.
Policy development and analysis	Policy already submitted to county court.
Policy implementation and enforcement	Provide technical assistance to county staff in developing an implementation plan, including a communication and signage plan. Support communication and signage through TPEP funds.

Local Health Department: CROOK COUNTY HEALTH DEPARTMENT	
Program component: ☐ P Protect people from exposure to secondhand smoke.	
What we want to achieve this funding period: *Partner with Mosaic Medical to adopt tobacco free campus policy for Crook County property.*	
Milestones: *Champion for tobacco free campus identified at Prineville campus of Mosaic Medical. Tobacco free campus policy presented to Board of Directors of Mosaic Medical. Board adoption of tobacco free campus policy. Policy implemented at Prineville campus.*	
Who will we engage and work with to accomplish this: *Mosaic Medical CEO, champions from Mosaic Medical, LPHD Director/ staff and Rimrock Health Alliance.*	
What strategies we will use this funding period	
Strategy	**Activities**
Assessment	Survey Mosaic Medical staff to determine readiness to adopt tobacco free campus policy. Identify champion at Prineville for policy implementation.
Education, Outreach & Partnerships	Meet with Mosaic Medical staff to share results of Crook and Deschutes county surveys and educate them on the benefits of adopting a tobacco free campus policy.
Media Advocacy	Utilize local media to promote tobacco free campus policy upon adoption. In cooperation with Mosaic Medical, provide earned media information to local newspaper, radio and cable ad channel on new policy.
Policy development and analysis	Partner with Mosaic Medical Board, Deschutes County TPEP coordinator and LPHD staff to develop appropriate tobacco free campus policy for medical facility. Present model policy to Mosaic Medical staff.

Policy implementation and enforcement	Offer assistance to Mosaic Medical and Crook Count y Health Department to develop a communication and enforcement plan for policy implementation. Offer training for staff of Mosaic Medical and LPHD on policy implementation. Support communication and signage of new policy through local TPEP funds.

Local Health Department TPEP Grant
Local Program Plan Form 2012-13

Local Health Department: ***CROOK COUNTY HEALTH DEPARTMENT***
Program component: ☐ O Offer help to quit tobacco.
Describe any other cessation related activities (e.g. improving cessation benefits, etc). ***Offer Oregon Quit Line fax referral training to local healthcare providers and new DHS staff.*** ***Promote Quit Line services in worksite wellness initiatives being developed in Crook County and through the Wellness@ Work tri-county initiative.*** ***Provide Quit Line materials to local DHS offices for distribution to their clients.*** ***Promote Quit line through local Wellness Committee formation.***
Describe any activities connecting state and local tobacco-related chronic disease initiatives, including the colorectal cancer screening campaign, Living Well, and approved Arthritis Foundation exercise programs. ***Collaborate with the regional Living Well with Chronic Disease program to integrate Quit Line materials for classes being offered in Crook County. Promote Living Well classes locally through contacts in LPHD, CHIP, RHA and County Wellness Team . Participate in CHIP projects to promote tobacco prevention best practices.***
Milestones
Who will we engage and work with to accomplish this ***Regional Wellness@Work coalition, local VISTA member, OHA Quit Line liaison, Regional Living Well coordinator, DHS staff, County Wellness Team and local healthcare providers. CHIP members and staff.***

Local Health Department TPEP Grant
Local Program Plan Form 2012-13

Local Health Department: ***CROOK COUNTY HEALTH DEPARTMENT***
Program component: ☐ W **Warn about the dangers of tobacco.**
How we use media to support our policy objectives: ***Include information about the harm of tobacco use in all earned media opportunities, including information about the physical and economical harm of tobacco use in educational conversations with community leaders and decision makers.***
Describe any additional earned media activities (e.g. participating in a statewide media effort; operating a county social media account such as Facebook). ***Promote the harm of tobacco use on the County Health Department's Facebook page. Maintain a separate webpage on the county health department website for tobacco and chronic disease information.***
Milestones: ***Promote harm of tobacco use on LPHD Facebook page when appropriate. Utilize Great American Smokeout, Kick Butts Day and World No Tobacco Day for educational opportunities through earned media as well as contacts through LPHD, RHA, CHIP and Chamber of Commerce.*** ***Maintain and update county tobacco webpage quarterly or as needed.***
Who will we engage and work with to accomplish this: ***Facebook page liaison at county health department, County website technicians, VISTA Member, local media, RHA, CHIP and Chamber of Commerce.***

Local Health Department TPEP Grant
Local Program Plan Form 2012-13

Local Health Department: ***CROOK COUNTY HEALTH DEPARTMENT***	
Program component: ☐ E **Enforce bans on tobacco advertising, promotion, and sponsorship.**	
What we want to achieve this funding period (use new sheet for each policy objective) *Educate community leaders and decision makers about the importance of reducing exposure to tobacco advertising and promotion at events held at local fairgrounds .*	
Milestones: ***Determine local interest and focus on tobacco advertising, promotion and sponsorship.***	
Who will we engage and work with to accomplish this: ***Crook County drug and alcohol prevention workgroup (RUDI). County Court. Prineville Police Department. City of Prineville. Outdoor Venues Workgroup. Local champions.***	
What strategies we will use this year : ***Poll community leaders to determine level of interest in adopting local ordinance to ban local tobacco advertising, promotion and sponsorship.***	
Strategy	Activity
Assessment	Assess community leaders to determine their level of interest in developing a ban on tobacco sampling in community.
Education, Outreach & Partnerships	Educate community leaders on tobacco use by youth in Crook County. Develop champions for adopting ordinance to prohibit free tobacco sampling in Crook County.
Media Advocacy	Utilize all earned media opportunities for promoting bans on tobacco advertising, promotion and sponsorship.

Policy development and analysis	Meet with representative of Crooked River Roundup Board to determine their involvement with tobacco advertising through the PRCA. Meet with fairgrounds representatives to determine level of sponsorship by tobacco industry of events held at the Crook County fairgrounds.
Policy implementation and enforcement	

Local Health Department TPEP Grant
Local Program Plan Form 2012-13

Local Health Department: ***CROOK COUNTY HEALTH DEPARTMENT***
Program component: ☐ R **Raise the price of tobacco.**
What steps will we take to gain the support of policymakers around the importance of raising the price of tobacco through a tax: ***Disseminate findings including success stories and lessons learned through media, presentations, or meetings with community leaders and the general public on the subject of advantages for increased tax policies.***
What steps we will take to engage community champions for the Tobacco Prevention and Education Program: ***Educate the community and it's leaders on tobacco facts in Crook County at every opportunity. Include information on the need for TPEP inclusion in all aspects of the community pertaining to prevention and wellness efforts.***
Milestones
Who will we engage and work with to accomplish this: ***Crook County Wellness Team, VISTA Member, CHIP, Rimrock Health Alliance, School Based Health Center staff and LPHD staff.***

Local Health Department TPEP Grant
Local Program Plan Form 2012-13

Local Health Department: ***CROOK COUNTY HEATLH DEPARTMENT***
Program Component: Training, development and skills maintenance
Who will attend all required trainings: ***Kris Williams, Coordinator***
Who will attend all required TA and training calls: ***Kris Williams, Coordinator and Dean Laney as deemed appropriate for his function within the program.***
Who will attend all required webinars: ***Kris Williams, Coordinator and Dean Laney as deemed appropriate for his function within the program.***
Who will attend all required RSN meetings and trainings: ***Kris Williams, Coordinator and Dean Laney as deemed appropriate for his function within the program.***
Are there any leadership activities we will be participating in (e.g. RSN Network facilitation, GCAG participation, special interest group facilitation), list them below. ***RSN facilitation as appropriate. Vice-Chair of Rimrock Health Alliance, Co-Chair of Community Health Improvement Partnership, Advisor for VISTA Member. Member of CHLO Chronic Disease Committee, Tri-County Wellness@ Work Initiative workgroup and Regional Policy Workgroup.***

Local Health Department TPEP Grant
Local Program Plan Form 2012-13

Local Health Department: ***CROOK COUNTY HEALTH DEPARTMENT***
Program Component: Reporting and evaluation plan:
Interviews - three reporting interviews are required during the grant year
Submit copies of policies, review policy summaries for accuracy
Training/disseminating presentation at conferences and meetings

MAINTENANCE OF EFFORT AND BEER AND WINE TAX FUNDS ASSURANCE

County: Crook, Deschutes and Jefferson

As required by ORS 430.359(4), we certify that the amount of County funds allocated to behavioral health treatment and rehabilitation programs for 2013-2015 is not projected to be lower than the amount of County funds expended during 2011-2013. The amount of beer and wine tax funds received by the Counties is not projected to be lower than the amount received during 2011-2013 and will continue to be allocated for 2013-2015 as they were in 2011-2013. The County Budget process occurs annually and future revenue available to our counties is uncertain. Final amounts are subject to the recommendations by the County Administrators and the annual County Budget Committees processes as well as final action by the Board of Commissioners. The Counties have consistently supported health services with County General Fund and discretionary resources. While the Counties' contributions are not expected to decline, some cuts could occur if circumstances warranted. This information is available in June of each year at the time of budget adoption.

March 28, 2012

Scott Willard, Director, Lutheran Family Services Northwest (Crook County)

Scott Johnson, Director, Deschutes County Health Services

Rick Treleaven, Director, BestCare Treatment Services (Jefferson County)

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CENTRAL OREGON HEALTH COUNCIL AND CENTRAL OREGON HEALTH BOARD

Regional Health Improvement Plan: Behavioral Health Update

CENTRAL OREGON HEALTH BOARD

March 8, 2013

Jeffrey Davis

CENTRAL OREGON HEALTH COUNCIL AND CENTRAL OREGON HEALTH BOARD

Regional Health Improvement Plan: Behavioral Health Update

CENTRAL OREGON HEALTH COUNCIL (COHC) STRATEGIC INITIATIVES

The COHC has identified and is working on funding for eight initiatives for the coming year. These initiatives will drive the effort of the Council, Health Board and the CCO. These indicatives' tie back to needs identified in the Regional Health Improvement Plan and directly involve behavioral health in the region.. These key initiatives are:

1. Person Centered Integrated Care-This involves three componets which are behavioral health and primary care integration; expanding existing integration efforts bring primary care into behavioral health settings and develop a common set of metrics to evaluate efficacy of integrated care models using the Rocky Mountain replication project.
2. Chronic Pain-Establishing community guidelines for pain management including patient education in primary care and co-occurring addiction and pain management program.
3. Complex Care Coordination-Centralized community –wide care coordination resource; distributed multi-disciplinary care conferences and HealthBridge which is a high-intensity primary care referral center.
4. Workforce Development.

All of these initiatives have local mental health director involvement on the planning committees. This is to assure that that behavioral health is truly integrated across multiple systems with the long term goal of better care, reduced cost and improved patient satisfaction in all of their health care needs.

The regional health improvement plan does include in its key indicators all of the CCO behavioral health outcome measures. The Central Oregon Health Board will work with the COHC in monitoring these outcomes and working to make necessary improvements or changes to achieve the desired end result.

The Central Oregon Health Board continues to develop their regional infrastructure and explore opportunities to work together in a regional manner to improve the population health of the Central Oregon Region. These developments are works in progress and will evolve with the changing State and CCO systems change.

The following chart will show the spread of flex fund services throughout the counties in the Central Oregon Region.

2013-15

CENTRAL OREGON REGIONAL BEHAVIORAL HEALTH SERVICES

	Regional	Crook	Deschutes	Jefferson
HEALTH PROMOTION AND PREVENTION				
Mental Health				
Adults		X	X	X
Children		X	X	X
Alcohol and Other Drugs				
Adults		X	X	X
Children		X	X	X
Problem Gambling	X			
OUTREACH (Early Identification and Screening Assessment and Diagnosis				
Mental Health				
Adults		X	X	X
Children		X	X	X
Alcohol and Other Drugs				
Adults		X	X	X
Children		X	X	X
Problem Gambling	X	X		
INITIATION AND ENGAGEMENT				
Mental Health				
Adults		X	X	X
Children		X	X	X
Alcohol and Other Drugs				
Adults		X	X	X
Children		X	X	X
Problem Gambling	X	X		
THERAPEUTIC INTERVENTIONS (Outpatient, Crisis, Pre-Commitment Acute Care, PSRB and JPSRB				
Mental Health				
Adults	X	x	X	X
Children	x	x	x	x
Alcohol and Other Drugs				
Adults	X	X	X	X

Children		X	X	X
Problem Gambling	X	X		

	Regional	Crook	Deschutes	Jefferson
CONTINUITY OF CARE AND RECOVERY				
Mental Health		X	X	X
Alcohol and Other Drugs		X	X	X
Problem Gambling	X	X		
PEER DELIVERED SERVICES				
Mental Health		X	X	X
Alcohol and Other Drugs		X	X	X

Local Mental Health Authority
Biennial Implementation Plan (BIP)
Planned Expenditures 2013 - 2015 (Based on historical allocation)

Budget Period: July 1, 2013 - June 30, 2015
Date Submitted:

Category (as defined in the CFAA)	Sub-Category	Population	AMH Flex Funding*	Local Beer and Wine Tax	County GF	Other	Total	Carry-over Amount
Health Promotion and Prevention								
	Mental Health							
		Adults	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
		Children	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	Alcohol and Other Drug							
		Adults	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
		Children	$140,000.00	$0.00	$0.00	$0.00	$140,000.00	$0.00
	Problem Gambling		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Outreach (Early Identification and Screening, Assessment and Diagnosis)								
	Mental Health							
		Adults	$71,034.03	$0.00	$0.00	$0.00	$71,034.03	$0.00
		Children	$30,000.00	$0.00	$0.00	$0.00	$30,000.00	$0.00
	Alcohol and Other Drug							
		Adults	$0.00	$40,000.00	$0.00	$0.00	$40,000.00	$0.00
		Children	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	Problem Gambling		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Initiation and Engagement								
	Mental Health							
		Adults	$201,958.13	$0.00	$24,000.00	$0.00	$225,958.13	$0.00
		Children	$98,176.00	$0.00	$0.00	$0.00	$98,176.00	$0.00
	Alcohol and Other Drug							
		Adults	$205,955.84	$0.00	$50,000.00	$0.00	$255,955.84	$0.00
		Children	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	Problem Gambling		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Therapeutic Interventions (Community-based Outpatient, Crisis, Pre-Commitment, Acute Care, PSRB and JPSRB)								
	Mental Health							
		Adults	$50,050.00	$0.00	$0.00	$0.00	$50,050.00	$0.00
		Children	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	Alcohol and Other Drug							
		Adults	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
		Children	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	Problem Gambling		$40,000.00	$0.00	$0.00	$0.00	$40,000.00	$0.00
Continuity of Care and Recovery Management								
	Mental Health		$22,300.00	$0.00	$0.00	$0.00	$22,300.00	$0.00
	Alcohol and Other Drug		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	Problem Gambling		$900.00	$0.00	$0.00	$0.00	$900.00	$0.00
Peer-Delivered Services			$17,000.00	$0.00	$0.00	$0.00	$17,000.00	$0.00
Administratio			$25,540.00	$0.00	$0.00	$0.00	$25,540.00	$0.00
(Include Description	Supported Employment		$58,686.00	$0.00	$0.00	$0.00	$58,686.00	$0.00
Total			$961,600.00	$40,000.00	$74,000.00	$0.00	###########	$0.00

*AMH Flex Funding includes State General Fund, State Beer and Wine Tax, Lottery Funds, SAPT Block Grant and Mental Health Block Grant

Local Mental Health Authority
Biennial Implementation Plan (BIP)
Planned Expenditures 2013 - 2015 (Based on historical allocation)
Deschutes County

Budget Period:
Date Submitted:

Category (as defined in the CFAA)	Sub-Category	Population	AMH Flex Funding*	AMH SE Funding	Local Beer and Wine Tax	County GF	Other	Total	Carry-over	
Behavioral Health Promotion and Prevention	**This category includes outreach and initiation & engagement and peer delivered services.**									
	Mental Health									
		Adults	$805,631.00	##########	$0.00	##########	##########	$0.00	$0.00	$8,145,759.00
		Children	$216,916.00	$427,608.00	$0.00	$361,431.00	##########	$0.00	$0.00	$4,529,542.00
	Alcohol and Other Drug									
		Adults	$109,374.00	$9,404.00	$141,500.00	$114,241.00	$120,000.00	$0.00	$0.00	$494,519.00
		Children	$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	Problem Gambling				$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Therapeutic Interventions (Community-based Outpatient, Crisis, Pre-Commitment, Acute Care, PSRB and JPSRB)										
	Mental Health									
		Adults	$519,465.00	$20,259.00	$0.00	$312,743.00	$193,308.00	$0.00	$0.00	$1,045,775.00
		Children	$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	Alcohol and Other Drug									
		Adults	$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
		Children	$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	Problem Gambling		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Continuity of Care and Recovery Management										
	Mental Health		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	Alcohol and Other Drug		$632,550.00		$0.00	$0.00	$0.00	$0.00	$0.00	$632,550.00
	Problem Gambling		$29,000.00		$0.00	$0.00	$0.00	$0.00	$0.00	$29,000.00
Total			$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	*AMH Flex Funding includes State General Fund, State Beer and Wine Tax, Lottery Funds, SAPT Block Grant and Mental Health Block Grant		##########	##########	$141,500.00	##########	##########	$0.00	$0.00	##########

Local Mental Health Authority
Biennial Implementation Plan (BIP)
Planned Expenditures 2013 - 2016 (Based on historical allocation)

Budget Period:
Date Submitted:

Category (as defined in the CFAA)	Sub-Category	Population	AMH Flex Funding*	Local Beer and Wine Tax	County GF	Other	Total	Carry-over Amount
Health Promotion and Prevention								
	Mental Health							
		Adults	$0.00	$0.00	$0.00	$130,000.00	$130,000.00	$0.00
		Children	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	Alcohol and Other Drug							
		Adults	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
		Children	$52,200.00	$0.00	$0.00	$198,013.00	$250,213.00	$0.00
	Problem Gambling		$5,000.00	$0.00	$0.00	$0.00	$5,000.00	$0.00
Outreach (Early Identification and Screening, Assessment and Diagnosis)								
	Mental Health							
		Adults	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
		Children	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	Alcohol and Other Drug							
		Adults	$0.00	$0.00	$0.00	$29,700.00	$29,700.00	$0.00
		Children	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	Problem Gambling		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Initiation and Engagement								
	Mental Health						$0.00	
							$0.00	
		Adults	$41,306.77	$0.00	$0.00	$0.00	$41,306.77	$0.00
		Children	$10,886.40	$0.00	$0.00	$0.00	$10,886.40	$0.00
	Alcohol and Other Drug						$0.00	
		Adults	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
		Children	$5,439.00	$0.00	$0.00	$0.00	$5,439.00	$0.00
	Problem Gambling		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Therapeutic Interventions (Community-based Outpatient, Crisis, Pre-Commitment, Acute Care, PSRB and JPSRB)								
	Mental Health						$0.00	
							$0.00	
		Adults	$144,573.69	$0.00	$0.00	$0.00	$144,573.69	$0.00
		Children	$43,545.60	$0.00	$0.00	$0.00	$43,545.60	$0.00
	Alcohol and Other Drug						$0.00	
		Adults	$26,632.00	$18,000.00	$0.00	$0.00	$44,632.00	$0.00
		Children	$16,317.00	$0.00	$0.00	$0.00	$16,317.00	$0.00
	Problem Gambling		$18,000.00	$0.00	$0.00	$0.00	$18,000.00	$0.00
Continuity of Care and Recovery Management								
	Mental Health						$0.00	
	Alcohol and Other Drug		$20,653.38	$0.00	$0.00	$0.00	$20,653.38	$0.00
	Problem Gambling		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Peer-Delivered Services								
Administratio			$54,953.00	$0.00	$0.00	$5,047.00	$60,000.00	$0.00
(Include Description			$12,796.44	$0.00	$0.00	$0.00	$12,796.44	$0.00
			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
			$452,303.28	$18,000.00	$0.00	$362,760.00	$833,063.28	$0.00

*AMH Flex Funding includes State General Fund, State Beer and Wine Tax, Lottery Funds, SAPT Block Grant and Mental Health Block Grant

Jail Diversion Mental Health Services/RFP#3693
BestCare Treatment Services-Jefferson County

REVISED BUDGET

The amount applied for in BestCare's grant submission was $220,340; the AMH award is $83,299. Therefore, a number of reductions have been made and are submitted as follows:

Budget Narrative/Revised Budget:

Budget Item	FTE	Salary	Benefits	OPE	12-Month Total	18-Month Total
Personnel:						
Mental Health Clinician	.5	27,248	3,668	4,644	35,560	53,340
Driver 10 hr/week @$10/hr		5,160	0	869	6,028	9,043
Personnel Sub-Total					41,588	62,383
Travel:						
Mileage					600	900
Supplies:						
JDP Staff Cell Phones					1,200	1,800
Other Costs:						
Client Flex Funds & Incentives					1,733	2,598
Admin. Support @12.5%					10,412	15,618
Overall Project Cost:					**55,533**	**83,299**

With the reduction in funding, we have decreased our MH Clinician to half-time and are no longer to afford a Forensic Peer Support Specialist and the training that would be required in order for them to meet the minimum threshold. There is no training budgeted nor any computers; all of these expenses will be in-kind from the agency.