

**Local Public Health Authority Annual Plan  
Planning Instructions  
FY 2004 - 2005**

Below are the instructions for constructing the local Public Health Annual Plan (AP) for your county.

The requirement for an AP is in statute (ORS 431.375–431.385 and ORS 431.416) and rule (OAR Chapter 333, Division 14). OAR 333-014-0060(2)(a) refers to CLHO Standards program indicators as part of the AP.

A copy of ORS Chapter 431 can be found at  
<http://www.leg.state.or.us/ors/431.html>.

A copy of OAR Chapter 333 Division 14 can be found at  
[http://arcweb.sos.state.or.us/rules/OARs\\_300/OAR\\_333/333\\_014.html](http://arcweb.sos.state.or.us/rules/OARs_300/OAR_333/333_014.html).

A copy of the Minimum Standards for Local Health Departments can be found at  
<http://www.dhs.state.or.us/publichealth/lhd/stnds992.pdf>

The Department of Human Services is required to approve or disapprove the AP. Return the plan to the Department (c/o Tom Engle, 800 NE Oregon St., Ste 930, Portland, OR, 97232) by May 1, 2004.

Some sections may require your anticipation of state funding, e.g. the planning and budget sections. In that case use the current amount of funding the LPHA (Local Public Health Authority) receives from the state.

Respond to each item listed.

If you have documents prepared for the local process that cover a section (or part of a section), you may attach them as your response, provided they are current for the 2004-05 fiscal year. If you use this method for some areas, please reference the attachments so we can find the elements.

In most of the sections you may choose to submit last year's 2003-04 plan with update information embedded or attached. In some cases there will be no new information and for that section of this year's plan you will simply

state so. Sections II, III, and V can be completed as updates, all or in part. Section I and VII should be completed new for this year. Section IV has new requirements from the Office of Family Health. Section VI asks for budget contact information only and notes that projected revenue forms will be sent later.

This year the plan must be submitted in an electronic format. If you are submitting an update for a particular section, also include in your submission an electronic copy of the 2003-04 section that it updates.

## **I. Executive Summary**

### **1 page maximum**

Develop an executive summary that provides a synopsis of the findings and recommendations of the entire plan.

We have received approval from the Clatsop County Board of Commissioners to assume the responsibility of the Environmental Health Program beginning with the 2005 – 2006 Fiscal year.

We continue to be concerned about bio-terrorism funding because of the lead role that we have taken in our county related to emergency preparedness and bio-terrorism. This continues to be of significant importance to our Port within the city. We feel that we have made great strides in this area and fear that the reduction of funding will reduce our ability to continue at the level that is expected of us, and our leadership role would be compromised. We certainly hope that the consideration of our location and the work we have done with the funding will be considered with the ultimate decision made with the reduction of funding to this vital program.

Lastly I would like to briefly summarize our involvement with Healthy Start. The decision by our local community hospital to give up the program was although not a surprise to us, was very difficult. We feel it is an excellent service and program and want to do everything we can to retain the positive aspects of this. Therefore, we have reduced the program significantly and have incorporated into our overall public health function in hopes that we will be able to continue to serve these very vulnerable families.

## II. Assessment

**5 pages maximum**

**Provide a description of the public health issues and needs in your community**

**At the LPHA's discretion this section may be limited to an update from the 2003 – 2004 Annual Plan.**

As an overall statement in updating our current public health issues and needs for our community, our ongoing concern is the ability to maintain services at the current level, much less attempting to increase or expand into new and needed areas without new resources. Some things, however, in our current plan do need updating, such as the systematizing our epidemiology in reporting communicable diseases, which we are in the process of completing with the assistance of the reporting system through our contracting with Multnomah County. Although we, as other entities have experienced some technical difficulties, we feel that the program is basically sound and will help us ultimately in the epidemiology and reporting requirements of our local public health mission.

We planned on including environmental health services under the public health umbrella this year, however, unfortunately, the Board of County Commissioners denied our proposal, recommending to wait until it becomes a State mandate to assume these duties. Even though we were unsuccessful in incorporating the new program, we did a lot of background research and feel much better prepared to assume that responsibility when we are called upon to do so.

Emergency preparedness and bio-terrorism has been a very active and vibrant program in our county. We continue to do very significant planning and practice in the event that something would occur, we would be called upon to respond to. We also have taken a leadership role in our county emergency preparedness, somewhat due to the activities that we have provided, but also due to a change in leadership in the emergency preparedness position in our county. We are very concerned about the potential of losing revenue in this significant part of our program and feel like we have made significant contributions to our area and have updated all necessary areas for providing model programs and services.

In updating our work with domestic violence issues, in our community we continue to work on collaborative processes and cooperative ventures with our local providers. In addition, we are looking at providing early identification, assessment and intervention services through our WIC program for young families who are looking at issues related to substance use and abuse, including alcohol, drug and tobacco use. The loss of tobacco funding has been devastating to our county. We were really beginning to put together services and programs that were truly beneficial. We are continuing to keep our Tobacco Coalition active and viable with the application receipt of a small grant from the State and use of other funds in the county.

We began a very active process of increasing integration and coordination with our mental health and drug and alcohol provider this past year, but again, with reductions in funding, it is very difficult to proceed in a viable and beneficial manner. We continue to look at bringing those services closer together and with better coordination, but the resource element is very prohibitive. As a final update, we are facing the loss of our Healthy Start program, due to our contracted agency being unable to continue to provide those services. Beginning April 1, 2004, Health & Human Services took over this program from Columbia Memorial Hospital and even though we were forced to reduce the amount of service providers, and therefore the number of families being served, we are continuing to try and meet that need on reduced revenue and resources. We think this is a vital and essential service to our community and will make every effort to continue with the provision of that service.

### **Describe adequacy of the basic services**

**At the county's discretion this section may be limited to an update from the 2003 – 2004 Annual Plan.**

Describe the adequacy of the local public health services.

Describe the extent to which the local health department provides the five basic services contained in statute (ORS 431.416) and rule. Note that Rule, i.e. OAR Chapter 333, Division 14, has more detailed definitions. Review the definitions and Minimum Standards for Local Health Departments before responding.

### **Epidemiology and control of preventable diseases and disorders;**

We continue to cross-train all of our public health nurses in all areas of the public health function, including epidemiology and control of preventable diseases. We have also begun incorporation of the database mentioned earlier.

### **Parent and child health services, including family planning clinics as described in ORS 435.205;**

As an update, we had previously mentioned we have incorporated our Healthy Families program, which is very complimentary to our maternal child health services. Therefore, this will hopefully increase the overall service delivery that we can provide to these vulnerable infants and parents. We have also increased our service outreach capacity to the Seaside community, as well as our WIC program to the southern parts of the county.

### **Collection and reporting of health statistics;**

### **Health information and referral services; and**

We continue to work very closely with our federally qualified health center, Coastal Family Health Center, in terms of helping with training some of their staff with direct referrals and follow-up and immediate access to primary health care. They have also served as a back-up resource for various entities in the public health arena during this past year and we look forward to a continued, very positive and close working relationship with them. Due to budget constraints and loss of revenue, we have had to terminate our half-time health educator, which we started last year.

### **Environmental health services.**

After lengthy planning, development of a business plan and acceptance of the Clatsop County Board of Commissioners, Clatsop County Health & Human Services will begin providing Environmental Health services this upcoming fiscal year. As a new service/program, we will need to closely monitor the new services, both for appropriate service demands and fiscal accountability. We have worked very closely with the State in making this as smooth a

transition as possible with the hope of as little distraction to our customers as possible.

**Describe the adequacy of services the “...health department should include or provide for programs...” (OAR 333-014-0050 (3))**

**At the LPHA’s discretion this section may be limited to an update from the 2003 – 2004 Annual Plan.**

Dental

Emergency preparedness

Health education and health promotion

Laboratory services

Medical examiner

Nutrition

Older adult health

Primary health care

Shellfish sanitation

### III. Action Plan

**2 pages maximum for each component or strategy**

**Describe an action plan to provide public health services in your county.**

**At the LPHA's discretion this section may be limited to an update from the 2003 – 2004 Annual Plan.**

This section should describe the conditions, goals, and activities of the activity or service.

For each component or strategy of the plan provide:

a. Current condition or problem.

State the current conditions of the county that are relevant to this particular component of the plan.

b. Goals

Describe what the activity will accomplish in the short and long run.

c. Activities

Describe how the activity will get to the goal. These activities should describe the target population, who will do the activity, what they will do, and how long it will take. The reader should be able to clearly understand what you are going to do.

d. Evaluation

Describe the evaluation plan for each component.

The components of the Action Plan should include at a minimum (i.e. separate narrative for 1-8 below, maximum 2 pages each):

1. Control of reportable communicable diseases (see OAR 333-014-0050 (2) (a))
2. Parent and child health (see OAR 333-014-0050 (2) (b))
3. Health statistics (see OAR 333-014-0050 (2) (c))
4. Information and referral (see OAR 333-014-0050 (2) (d))
5. Environmental health (see OAR 333-014-0050 (2) (e))

**At the LPHA's discretion this section above (1-5) may be limited to an update from the 2003 – 2004 Annual Plan.**

6. Tobacco – Program requirements are sent under separate cover and may be returned separately to the program office
7. Breast and Cervical Cancer - Program requirements are sent under separate cover and may be returned separately to the program office
8. Diabetes - Program requirements are sent under separate cover and may be returned separately to the program office
9. Asthma - Program requirements are sent under separate cover and may be returned separately to the program office

We encourage the LPHA to consider writing 2-page maximum components for issues of import such as:

**At the LPHA's discretion this section may be limited to an update from the 2003 – 2004 Annual Plan.**

10. Water
11. Bioterrorism
12. HIV
13. TB
14. Immunizations
15. Family planning
16. Child and Adolescent health
17. Perinatal health
18. Babies First!
19. Women, Infant, Child (WIC)
20. West Nile Virus
21. Other

As noted above, if you already have a document that contains the elements (problem, goal, activity, evaluation) for a component, and it covers the 2004-05 fiscal year, you may substitute it for any of the components on this list.

#### **IV. Additional Requirements**

1. Complete packet from the Office of Family Health
2. Include an organizational chart of the local health department with the annual plan.
3. Senate Bill 555: If the LPHA is not the governing body that oversees the local commission on children and families, include in the annual plan a brief section that describes the coordination of this plan with the local comprehensive plan for children aged 0-18. If the LPHA is the governing body for the local commission, we assume that governance achieves the needed coordination.

## V. Unmet needs

**2 pages maximum**

**At the LPHA's discretion this section may be limited to an update from the 2003 – 2004 Annual Plan.**

Describe the unmet needs regarding public health in your community. It is important that we understand what gaps will remain after these strategies are implemented. We will use this information to understand what initiatives we, as a system, should be pursuing.

- Health education/health promotion and chronic disease prevention activities across the lifespan;
- Dental care access – oral health services;
- Access to alcohol and drug/mental health services for needy population;
- Improve quality and quantity of interpretation services for department;
- Increase awareness about accessibility to birth control methods for males and females;
- Tobacco cessation resources.

## VI. Budget

For purposes of this plan use your most recent *Financial Assistance Contract* to project funding from the state. Under separate cover, on or about May 1, 2004, you will receive a contract for the next fiscal year.

Send us (Tom Engle at address on page 1) a letter when the LPHA has an adopted budget for the 2004-05 fiscal year and include contact information (name, address, website, etc.) where we can obtain a copy of the budget document.

In early July we will send you Projected Revenue sheets for each program area. Receiving these from you closer to the beginning of the fiscal year should assure they more closely match your approved budget.

Budgetary Contact Information:  
Holly Brooks, Business Manager  
PO BOX 206  
Astoria OR 97103  
(503) 338-3600, ext. 1918  
hbrooks@co.clatsop.or.us

The budget for Health & Human Services was approved at the June 23, 2004 meeting of the Clatsop County Board of Commissioners. County website is [www.co.clatsop.or.us](http://www.co.clatsop.or.us)

## VII. Minimum Standards

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  No  A Local Health Authority exists which has accepted the legal responsibilities for public health as defined by Oregon Law.
2. Yes  No  The Local Health Authority meets at least annually to address public health concerns.
3. Yes  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  No  Current local health department policies and procedures exist which are reviewed at least annually.
5. Yes  No  Ongoing community assessment is performed to analyze and evaluate community data.
6. Yes  No  Written plans are developed with problem statements, objectives, activities, projected services, and evaluation criteria.
7. Yes  No  Local health officials develop and manage an annual operating budget.
8. Yes  No  Generally accepted public accounting practices are used for managing funds.
9. Yes  No  All revenues generated from public health services are allocated to public health programs.
10. Yes  No  Written personnel policies and procedures are in compliance with federal and state laws and regulations.
11. Yes  No  Personnel policies and procedures are available for all employees.
12. Yes  No  All positions have written job descriptions, including minimum qualifications.
13. Yes  No  Written performance evaluations are done annually.

14. Yes  No  Evidence of staff development activities exists.
15. Yes  No  Personnel records for all terminated employees are retained consistently with State Archives rules.
16. Yes  No  Records include minimum information required by each program.
17. Yes  No  A records manual of all forms used is reviewed annually.
18. Yes  No  There is a written policy for maintaining confidentiality of all client records which includes guidelines for release of client information.
19. Yes  No  Filing and retrieval of health records follow written procedures.
20. Yes  No  Retention and destruction of records follow written procedures and are consistent with State Archives rules.
21. Yes  No  Local health department telephone numbers and facilities' addresses are publicized.
22. Yes  No  Health information and referral services are available during regular business hours.
23. Yes  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  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  No  To preserve the confidentiality and security of non-public abstracts, all vital records and all accompanying documents are maintained.
26. Yes  No  Certified copies of registered birth and death certificates are issued within one working day of request.
27. Yes  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  No  A system to obtain reports of deaths of public health significance is in place.

29. Yes  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  No \_\_\_ Health department administration and county medical examiner review collaborative efforts at least annually.
31. Yes  No \_\_\_ Staff is knowledgeable of and has participated in the development of the county's emergency plan.
32. Yes  No \_\_\_ Written policies and procedures exist to guide staff in responding to an emergency.
33. Yes  No \_\_\_ Staff participate periodically in emergency preparedness exercises and upgrade response plans accordingly.
34. Yes  No \_\_\_ Written policies and procedures exist to guide staff and volunteers in maintaining appropriate confidentiality standards.
35. Yes  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  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  No \_\_\_ There is a mechanism for reporting communicable disease cases to the health department.
38. Yes  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  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  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  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  No  There is a mechanism for reporting and following up on zoonotic diseases to the local health department.
43. Yes  No  A system exists for the surveillance and analysis of the incidence and prevalence of communicable diseases.
44. Yes  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  No  Immunizations for human target populations are available within the local health department jurisdiction.
46. Yes  No  Rabies immunizations for animal target populations are available within the local health department jurisdiction.

### **Environmental Health**

47. Yes  No  Food service facilities are licensed and inspected as required by Chapter 333 Division 12, or more frequently based on epidemiological risk.
48. Yes  No  Training is available for food service managers and personnel in the proper methods of storing, preparing, and serving food.
49. Yes  No  Training in first aid for choking is available for food service workers.
50. Yes  No  Public education regarding food borne illness and the importance of reporting suspected food borne illness is provided.
51. Yes  No  Each drinking water system conducts water quality monitoring and maintains testing frequencies based on the size and classification of system.
52. Yes  No  Each drinking water system is monitored for compliance with applicable standards based on system size, type, and epidemiological risk.
53. Yes  No  Compliance assistance is provided to public water systems that violate requirements.
54. Yes  No  All drinking water systems that violate maximum contaminant levels are investigated and appropriate actions taken.

55. Yes \_\_\_ No X 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 \_\_\_ No X 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 \_\_\_ No X 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. (Added per G.S. request, not in program indicators)

### **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  No  The health department provides leadership in developing community partnerships to provide health education and health promotion resources for the community.
70. Yes  No  Local health department supports healthy behaviors among employees.
71. Yes  No  Local health department supports continued education and training of staff to provide effective health education.
72. Yes  No  All health department facilities are smoke free.

### **Nutrition**

73. Yes  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  No  WIC
  - b. Yes  No  Family Planning
  - c. Yes  No  Parent and Child Health
  - d. Yes  No  Older Adult Health
  - e. Yes  No  Corrections Health
75. Yes  No  Clients identified at nutritional risk are provided with or referred for appropriate interventions.
76. Yes  No  Culturally and linguistically appropriate nutritional education and promotion materials and methods are integrated within programs.
77. Yes  No  Local health department supports continuing education and training of staff to provide effective nutritional education.

### **Older Adult Health**

78. Yes  No  Health department provides or refers to services that promote detecting chronic diseases and preventing their complications.
79. Yes  No  A mechanism exists for intervening where there is reported elder abuse or neglect.
80. Yes  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 \_\_\_ No X 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  No  The local health department participates and provides leadership in community efforts to secure or establish and maintain adequate primary health care.
95. Yes  No  The local health department advocates for individuals who are prevented from receiving timely and adequate primary health care.
96. Yes  No  Primary health care services are provided directly or by referral.
97. Yes  No  The local health department promotes primary health care that is culturally and linguistically appropriate for community members.
98. Yes  No  The local health department advocates for data collection and analysis for development of population based prevention strategies.

### **Cultural Competency**

99. Yes  No  The local health department develops and maintains a current demographic and cultural profile of the community to identify needs and interventions.
100. Yes  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  No  The local health department assures that advisory groups reflect the population to be served.
102. Yes  No  The local health department assures that program activities reflect operation plans for provision of culturally and linguistically appropriate services.

## Health Department Personnel Qualifications

**103. Yes  No  The local health department Health Administrator meets minimum qualifications:**

A Master's degree from an accredited college or university in public health, health administration, public administration, behavioral, social or health science, or related field, plus two years of related experience.

**104. Yes  No  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.

**105. Yes  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.

**106. Yes  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.

Questions concerning the Annual Plan should be directed to Tom Engle at the Department of Human Services, 1-503-731-4017, or at [tom.r.engele@state.or.us](mailto:tom.r.engele@state.or.us). Responses to questions that would be of interest to all counties will be sent to all the Health Administrators to their email address.

Include with the submitted Annual Plan:

**The local public health authority is submitting the Annual Plan pursuant to ORS 431.385, and assures that the activities defined in ORS 431.375–431.385 and ORS 431.416, are performed.**

\_\_\_\_\_  
Local Public Health Authority

\_\_\_\_\_  
County

\_\_\_\_\_  
Date

**Epidemiology and Control of Communicable Diseases**

<b>CURRENT CONDITION OR PLAN</b>	<b>GOALS</b>	<b>ACTIVITIES</b>	<b>EVALUATION</b>
We are currently contracting with Multnomah County and utilizing their CD Database.	We will soon have the capability to do direct reporting to ACD section using the database.	Continue staff training and new staffing patterns in support of cross-training PHN's in CD functions	Offer training to new staff as needed.

**Parent and Child Health**

<b>CURRENT CONDITION OR PLAN</b>	<b>GOALS</b>	<b>ACTIVITIES</b>	<b>EVALUATION</b>
<p>Our MCH services, including Babies First, MCM and CaCoon, have a common internal system for tracking referrals, services provided, and caseloads for staff.</p>	<p>Utilize a data base common to our MCH staff</p>	<p>Staff will continue to utilize and improve our MCH database</p>	<p>Staff will update data consistently, with supervisor reviewing routinely.</p>
<p>Our % of pregnant women who smoke is 19.9%, significantly higher than the state average of 12.6%</p>	<p>Staff will have the skills to incorporate the "5 A's" approach to treating tobacco use and dependence in all of our clinical encounters with women of childbearing age.</p>	<p>We have state training scheduled to review "5-A's" cessation resources and motivational interviewing.</p>	<p>Monitor, by chart review, % of encounters that have documentation of this intervention. Monitor % of pregnant women who smoke by vital statistics.</p>
<p>Integrate Healthy Start into our MCH team.</p>	<p>Successfully transition and integrate the two teams together.</p>	<p>Staff will work together for a successful transition.</p>	<p>Monitor transition.</p>

**Health Statistics/Information and Referral**

<b>CURRENT CONDITION OR PLAN</b>	<b>GOALS</b>	<b>ACTIVITIES</b>	<b>EVALUATION</b>
<p><u>Health Statistics:</u> no significant issues or changes</p> <p><u>Information and Referral:</u> We regularly update our community resource brochures.</p>	<p>To update community brochures with current information.</p>	<p>Staff will continually update brochures as needed.</p>	

**Environmental Health**

<b>CURRENT CONDITION OR PLAN</b>	<b>GOALS</b>	<b>ACTIVITIES</b>	<b>EVALUATION</b>
Please see revised Executive Summary.	To integrate and transition the environmental health services into HHS.	Staff will work with the State for a successful transition.	The standard evaluation agreed upon between counties and the state will be implemented.

**Tobacco Program**

<b>CURRENT CONDITION OR PLAN</b>	<b>GOALS</b>	<b>ACTIVITIES</b>	<b>EVALUATION</b>
<p>Tobacco services are currently unfunded in the upcoming year. However, we have written a tobacco plan and would be happy to submit if requested.</p>			