



HEALTH SERVICES PUBLIC HEALTH

Deschutes County Health Services

REACCREDITATION COVER SHEET

Measure Number	R D #	Example or Document Number
11.2	1	Policies and procedures that relate to ethics for Deschutes County Public Health.

Page #	Required Element
2-8.	<i>Public Health Ethical Analysis Procedure:</i> Establishes a framework for identifying, analyzing, and resolving issues that may arise in Public Health. This includes the ethical analysis form on page 6-8.
21.	<i>Code of Conduct:</i> The Ethical Decision Making framework is specifically outlined on page 23. The Code of Conduct document as a whole outlines expectations for conduct, including ethical conduct.
25-26.	<i>The Compliance and Ethical Conduct Policy:</i> Demonstrates commitment to compliance and ethical conduct in all practices.
26-32.	<i>Preventing, Detecting and Reporting Fraud, Waste and Abuse:</i> Explains processes related to fraud, waste, and abuse. Steps in the procedure are on pages 28-31.
33-34.	<i>Medical Records Policy:</i> Demonstrates respect for client privacy and legal requirements.
35-36.	<i>The Compliance Officer Role and Authority Policy:</i> Explains the role of the compliance officer.
37.	<i>Development and Implementation of Health Promotion and Policy, Systems and Environmental Change Work Procedure:</i> When creating a health program or policy staff are asked to consider and address any ethical issues that may arise.
42.	<i>The Public Health Compliance Handbook:</i> Describes program processes for internal reviews and auditing, which could help identify ethical concerns.

Public Health Ethical Analysis Procedure

	Category:	<i>Administration</i>	Page No. :	<i>Page 1 of 7</i>
	Issue Date :	<i>March 26, 2019</i>	Issue No. :	<i>1.0</i>

A. PURPOSE

To establish a framework for identifying, analyzing, and resolving ethical issues that may arise in Public Health. Often in public health, there is not one solution to ethical concerns, and special consideration is needed for each issue as it arises. The Deschutes County Health Services, Public Health (DCHS-PH) ethical analysis form assists in the determination of an ethically justifiable decision by considering multiple factors while working within legal parameters.

Possible ethical issues may include but are not limited to the following:

- Rationing scarce resources: flu vaccines, limited appointment availability, full clinic schedule, and distribution of vouchers
- HIV harm assessments
- Data use and management, privacy, and confidentiality protection such as health assessment data
- Balancing individual choice with protecting the public good
- Balancing rapport building and public trust in delivery and execution of enforcement activities
- Any other situations where there is potential for public relations issues or risk for public misinterpretation.

B. RELATED POLICY

1. *Compliance and Ethical Conduct Policy*
2. *Public Health Service Delivery Policy*

C. SCOPE

This procedure applies to all Deschutes County Health Services, Public Health (DCHS-PH) programs and staff.

This policy does not include ethical issues involving employer/employee relations such as discrimination, social media use, gifts etc., which are covered in separate County policies and procedures.

D. RESPONSIBILITY

All DCHS-PH staff are responsible for understanding and complying with this procedure to better identify, analyze, and resolve potential ethical issues that may arise.

DCHS Leadership is responsible for ensuring staff understand and comply with these procedures, as well as abiding by the applicable rules and regulations.

E. ABBREVIATIONS AND DEFINITIONS

DCHS: Deschutes County Health Services

DCHS Leadership: Health Services Director, Deputy Directors, Medical Director, Medical Officer, Program Managers, and Supervisors

DCHS-PH: Deschutes County Health Services, Public Health

Ethics: Analyzing and evaluating the rightness and wrongness of particular actions.

Moral Claims: The perceived rights or expectations of a stakeholder based on individual or societal moral norms.

Morality: Stable beliefs about what is right and good in society.

Moral Norms: The morality that is expected of individuals in their social group.

Stakeholders: A person or group with an interest or concern regarding the issue.

F. PROCEDURES

1. Assemble the team that will deliberate about the ethical issue. Ensure at least one representative from outside the program, such as a program supervisor or manager can participate in order to provide diverse perspectives.
 - a. The review team shall be gathered as needed and include individuals who are knowledgeable of the issue.
2. Answer the questions on the DCHS-PH Ethical Analysis form. Certain conflicts may require an analysis for each individual occurrence such as HIV harm assessments. Shortage of flu vaccines, distributing vouchers, etc. may require one completed analysis that can be reapplied. If this is the case, DCHS-PH staff will reevaluate decisions for these conflicts as new information becomes available.
3. Refer to relevant DCHS policies, consult with legal and/or Health Services Director, Public Health Deputy Director, and/or management team as necessary to justify public health action.
4. Inform someone in Public Health administration such as Health Services Director, Public Health Deputy Director, or designated Quality Improvement Analyst/Accreditation Coordinator to help in assessing the application of this policy and form to incorporate any necessary changes.

G. RECORDS

Record	Where Filed	Responsible Individual	Indexing Method	Minimum Retention Time
DCHS-PH Ethical Analysis form	Electronically stored	Compliance Officer.	By date	2 years

H. **RELATED DOCUMENTATION**

1. DCHS Code of Conduct

I. **REVISION LOG**

Issue No.	Issue Date	Description of Change(s)	Next Review Date
1.0	3/26/2019	Original authorization.	3/26/2022

J. **AUTHORIZATION**

<u>AUTHORIZATION</u>		
Name	Title	Date
Hillary Saraceno, MS	Public Health Deputy Director	
Signature: <i>Hillary Saraceno</i>		3.26.19

DCHS-PH Ethical Analysis Form

1. Analyze the Public Health Issue:

a. What public health goals are being accomplished?

b. Are precedent cases relevant to this particular issue?

- Yes
- No

If yes, how does it apply?

c. What legal authority does DCHS-PH have?

d. Who are the stakeholders and what are their moral claims and risk and harms of concern? Stakeholders may include but are not limited to the individual, DCHS-PH, the community, and healthcare professionals. When not applicable enter N/A.

Stakeholders	Moral Claims	Risks & Harms of Concern
Individual		
DCHS-PH		
Community		
Healthcare Professionals		

2. Evaluate the ethical dimensions of the alternate courses of public health actions by answering the following questions on a 1-5 rating scale. It might be helpful to reference your previous answers as noted in parenthesis.

(5) Strongly Agree, (4) Agree, (3) Neutral, (2) Disagree, (1) Strongly Disagree

	Alternate Course of Action #1:	Alternate Course of Action #2:	Alternate Course of Action #3:	Alternate Course of Action #4:	Alternate Course of Action #5:
Does the Public Health Action...					
Accomplish the public health goal?(a)					
Distribute the benefits and burdens fairly? Consider if representatives of the affected groups have the opportunity to partake in making decisions. (d)					
Infringe the least on individual rights? (c)					
Allow DCHS-PH staff to offer the public justification? Consider the principles in the public health code of ethics and if most affected citizens would find the action acceptable?					
Total:					

What is the selected Action?

3. Summarize and justify the selected public health action:

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HEALTH
SERVICES

CODE OF CONDUCT

Our Mission: To promote and protect the health and safety of our community

A Letter from Our Director:

March 16, 2018

Dear Colleagues,

Deschutes County Health Services plays a valuable role in maintaining the health of Deschutes County's population. As the health department, we commit to protecting, assessing, and assuring the individual, community and environmental safety of our community. I am very thankful to work with so many dedicated, calm, and purposeful public servants here in our department. Thanks for all that you do for our many clients and to support our communities.

How we conduct our work and how we treat others – our community partners, each other, clients, and suppliers – directly affects how the community identifies and values our service. Our Code of Conduct defines our standards and values in how we conduct ourselves collectively as a department.

I encourage you to read this Code carefully and to refer to it often for guidance. It is very important that we maintain high ethical standards and best practices as we continue to serve our community.

Sincerely,

A handwritten signature in black ink, appearing to read "George A. Conway". The signature is fluid and cursive, with a large, sweeping flourish at the end.

George A. Conway, MD, MPH

Deschutes County Health Services Department Director

Introduction

This code of conduct communicates our organization's mission, values and principles. The code articulates the values the organization wishes to foster in its employees through defining desired behavior. It is a guide for employees to reference as to support day-to-day decision-making and is meant to empower employees in being able participate in ethical practices.

Each section provides an overview of the topic, linking policies that are associated with that topic. This is in no way a full list of the policies and procedures that DCHS holds. Please see [Inside DC](#) for the full list.

A Look Inside

Workplace Environment

How We Treat One Another/

Customers/Patients/Clients

Diversity

Workplace Health, Safety, and Security

Responsible Use of County Resources

Asking For Guidance and Voicing Concerns

Health Care Practices

Compliance with Laws and Regulations

Working with Partnering Agencies

Conflict of Interests

Confidentiality

HIPAA

42 CFR

Ethical Decision-Making Framework

Workplace Environment

How We Treat One Another Patients/Clients

Deschutes County Health Services (DCHS) staff are honest, fair, and respectful of others. Staff members accord appropriate respect to the fundamental rights, dignity and worth of all people. They respect the rights of individuals to privacy, confidentiality, self-determination and autonomy, mindful that legal and other obligations may lead to operational challenges with the exercise of these rights.

Staff are valued and seen as having something important and unique to contribute to the world. We treat people with kindness, warmth and dignity. We honor and make room for everyone's ideas and opinions and believe every person is equally capable of contributing to the whole. When conflicts occur, we attempt to resolve these conflicts and to perform our roles in a responsible fashion that avoids or minimizes harm. We are sensitive to the real and ascribed differences in power between ourselves and others, and we do not exploit or mislead other people during or after professional relationships. Staff practice a Trauma Informed Model of Care.

Related Policies

1. [Americans with Disabilities Public Notice and Grievance Policy](#)
2. [Client Rights Policy](#)
3. [Communication with Physically or Sensory Impaired Clients Procedure](#)
4. [Drug-Free Workplace \(No. HR-8\)](#)
5. [Individual Rights and Responsibilities Procedure](#)
6. [Limited English Proficiency Procedure](#)
7. [Misconduct Reporting and Detection \(No. GA-14\)](#)
8. [Non-Harassment, Non-Discrimination Policy \(No. HR – 10\)](#)
9. [Oregon Government Ethics Law](#)
10. [Prevention of Violence in the Workplace \(No. HR-9\)](#)
11. [Title IV of Civil Rights Act](#)

How We Treat Patients/Clients

Patients/clients are valued and seen as having something important and unique to contribute to the world. We treat patients/clients with kindness, warmth and dignity. We uphold the clients' rights and advocate for their rights. We are sensitive to the real

and ascribed differences in power between ourselves and others, and we do not exploit or mislead other people during or after professional relationships. Staff practice a Trauma Informed Model of Care. When conflicts occur, we attempt to resolve these conflicts and to perform our roles in a responsible fashion that avoids or minimizes harm.

Related Policies

1. [Americans with Disabilities Public Notice and Grievance Policy](#)
2. [Client Rights Policy](#)
3. [Communication with Physically or Sensory Impaired Clients Procedure](#)
4. [Drug-Free Workplace \(No. HR-8\)](#)
5. [Individual Rights and Responsibilities Procedure](#)
6. [Limited English Proficiency Procedure](#)
7. [Misconduct Reporting and Detection \(No. GA-14\)](#)
8. [Non-Harassment, Non-Discrimination Policy \(No. HR – 10\)](#)
9. [Oregon Government Ethics Law](#)
10. [Prevention of Violence in the Workplace \(No. HR-9\)](#)
11. [Title IV of Civil Rights Act](#)

Diversity

DCHS is committed to diversity, equity, and providing a healthy and productive environment for staff and clients alike. DCHS shall function with cultural and linguistic competency that responds effectively to the needs and differences of all individuals, based on their race, sex, age, physical or mental status, sexual orientation, gender identity, abilities, immigration status, and ethnic or cultural heritage. We recognize a shared responsibility to create and maintain a respectful environment for the benefit of all clients and staff. We commit to working across differences, dedicate ourselves to continual learning, strive to remove barriers to collaboration and agree to evaluate our progress towards a safe, healthy and equitable environment.

Related Policies

1. [Americans with Disabilities Public Notice and Grievance Policy](#)
2. [Cultural Competency Plan](#)
3. [Cultural and Linguistic Competency Policy](#)
4. [Limited English Proficiency Procedure](#)
5. [Nondiscrimination in Access and Service Delivery Policy](#)

6. [Non-Harassment, Non-Discrimination Policy \(No. HR – 10\)](#)
7. [Procedure for Visual, Hearing, Sensory, Manual and/or Speaking Impaired Clients](#)
8. [Title IV of Civil Rights Act](#)

Workplace Health, Safety, and Security

DCHS is committed to the health and safety of employees, clients, and customers. DCHS employees will follow all safety and health protocols in an effort to remain safe and healthy. Upon encountering times in which a health or safety concern is in question, staff are to look to the policy and procedures and consult with supervisors and managers to obtain guidance. Supervisors and managers should be familiar with health and safety protocols (i.e., Bloodborne Pathogens, Employee Field Guide), guiding their staff to only participate in activities that the employee has been trained to provide and/or activities that are recognized to be safe for the employee. Staff will ensure the safety of DCHS clients and customers by knowing the evacuation policy and protocols for the building(s) in which they work. Staff will know who to go to and how to respond in the case of an emergency.

DCHS values protecting staff through appropriate use of procedures to reduce incidences of needle sticks and bloodborne pathogens. Staff are re-trained annually so they know how best to protect themselves and their clients.

DCHS has in place building security measures designed to protect staff, customers, clients, and client information. DCHS works hard to maintain this security to remain compliant with laws and to protect client information.

Related Policies

1. [Consumer Identity Theft Protection \(No. GA-9\)](#)
2. [Deschutes County Exposure Control Plan For Bloodborne Pathogens](#)
3. [Drug-Free Workplace \(No. HR-8\)](#)
4. [Emergency Response Procedure](#)
5. [Employee Field Guide](#)
6. [Employee Safety Policy](#)
7. [Early Return to Work of Injured Workers \(No. RM - 3\)](#)
8. [Fragrances in the Workplace \(HR-Memo\)](#)
9. [HIPAA Safeguards and Breaches Procedure](#)
10. [HIPAA Privacy and Security Policy](#)
11. [Inclement Weather and Impacted Operations Policy](#)
12. [Inclement Weather and impacted operations Procedure](#)

13. [Needlestick and Bloodborne Pathogen Post Exposure Protocol](#)
14. [Security and Safety of Department facilities Procedure](#)
15. [Title IV of Civil Rights Act](#)
16. [Workers' Compensation Payments Policy \(No. RM-04\)](#)

Asking For Guidance and Voicing Concerns

Should any DCHS employee have suspicion of misconduct or unethical behavior, it is their obligation to report their concern to their supervisor, manager, DCHS Compliance Officer, DCHS Privacy Officer, Director of Health Services, the County Internal Auditor, or the County Administrator. Staff can make this report in person, via phone, via mail (with or without your name), or email (please note that via email we cannot guarantee anonymity should a public records request be made).

Any form of retaliation against any person who reports, makes a complaint, provides information regarding, or who cooperates with any investigation regarding alleged misconduct, is prohibited and could subject that person to employment-based disciplinary action and/or other formal proceedings.

Related Policies:

1. [Compliance Program Policy](#)
2. [Misconduct Reporting and Detection \(No. GA-14\)](#)
3. [Oregon Government Ethics Law](#)
4. [Preventing, Detecting and Reporting Fraud, Waste, and Abuse Procedure](#)

Health Care Practices

Compliance with Laws and Regulations

It is the policy of DCHS that all practices be conducted in compliance with applicable federal laws, state laws, local laws, legal regulations, and payer requirements. We keep our promises, admit mistakes, and are courageous in doing what is right. Our conduct ensures that DCHS earns the trust of the community it serves.

This Code of Conduct serves as the foundation for the Compliance Program. As part of employment with DCHS, all employees agree to participate in and contribute to an agency culture that reflects professionalism and accountability, and to knowing, understanding, and abiding by the policies and procedures of the Compliance Program. All levels of staff,

including: management, clinicians, support staff, contract employees, interns and volunteers, are a part of the quality and compliance program and are to demonstrate stellar integrity and ethical conduct. Adhering to the Code of Conduct is applicable to all staff employed with DCHS and all contractors, consultants, and agents associated with the services rendered by, through, or, on behalf of DCHS.

All staff are required to be compliant with their specific board of license, and at all times remain in good standing with their particular licensing board. Staff will know and continually review their specific professions' ethical code of conduct as well as the Oregon Government Ethics Law.

Related Policies:

1. [Compliance and Ethical Conduct Policy](#)
2. [Compliance Plan](#)
3. [Medicaid and OHP Claims Processing, Denials and Claims Invalidation](#)
4. [Misconduct Reporting and Detection \(No. GA-14\)](#)
5. [Oregon Government Ethics Law](#)
6. [Preventing, Detecting and Reporting Fraud, Waste, and Abuse Procedure](#)

Working with Partnering Agencies

Staff work hard to consult with, refer to, and cooperate with other professionals and institutions to the extent needed to serve the best interests of our clients and community. In all instances, including when communicating with public entities, staff will use professional and respectful language.

Related Policies

1. [Americans with Disabilities Public Notice and Grievance Policy](#)
2. [Non-Harassment, Non-Discrimination Policy \(No. HR – 10\)](#)
3. [Oregon Government Ethics Law](#)
4. [Prevention of Violence in the Workplace \(No. HR-9\)](#)
5. [Title IV of Civil Rights Act](#)

Conflict of Interests

Dual Relationships

Our department's conflict of interests policy is straightforward – we all have an obligation to act in the best interest of our department and the County at all times. A conflict of interests may unconsciously influence even the most ethical person and the mere appearance of a conflict may cause a person's acts or integrity to be questioned. The expectation is that staff members will avoid dual relationships when possible. Although it may not be feasible or reasonable to avoid all social or other nonprofessional contact with clients and others who are the subject of their services, staff members will always be sensitive to the potential harmful effects of other contacts of their work and on those persons with whom they deal.

If, at any time in your employment, you think that you may have a potential or actual conflict of interests, you have an obligation to disclose the conflict promptly to your immediate supervisor or designee so that a determination can be made as to the existence and seriousness of an actual conflict. Many times conflicts can be resolved by an open and honest discussion about the situation.

Family Members in Services

DCCHS is a public entity serving residents of Deschutes County. It is expected that efforts will be made to avoid having family members of employees treated at DCCHS. However, there may be times when necessary services are not available at another agency. Consultation with your supervisor is necessary to make the best determination of a plan for how to provide services to the family member(s), while maintaining confidentiality and avoiding dual relationships.

Gifts

Staff members are discouraged from accepting gifts from individuals served and are prohibited from accepting valuable gifts from individuals served. A gift or favor should not be accepted or given if it might create a sense of obligation, compromise your professional judgment or create the appearance of doing so. In deciding whether a gift is appropriate, you should consider its value and whether public disclosure of the gift would embarrass you or DCCHS. Giving or accepting valuable gifts might be construed as an improper attempt to influence the relationship. Staff members are permitted to make exceptions to this policy if the individual made the gift and/or the gift is of very limited value (\$10 or less). Staff members who accept or reject gifts from individuals served will discuss each situation with their supervisor and document the outcome in the applicable clinical record, if applicable. Staff members should not accept gifts from individuals served on behalf of another employee.

Putting Conflict of Interests Concepts into Practice

To determine if you have a conflict of interests

that should be disclosed, ask yourself these questions:

1. Do my outside interests influence, or appear to influence, my ability to make sound business/clinical decisions?
2. Do I stand to benefit from my involvement in this situation?
3. Does a friend or relative of mine stand to benefit?
4. Could my participation in this activity interfere with my ability to do my job?
5. Is the situation causing me to put my own interests ahead of Deschutes County Health Services or that of the client?
6. If the situation became public knowledge, would I be embarrassed? Would Deschutes County Health Services be embarrassed?

Staff members should also adhere to any federal or state rules or ethical codes related to dual relationships, conflict of interests or gifts that apply to their area or practice.

Clear documentation of any consultation related to conflict of interests should occur, at a minimum, in supervision notes and may need to be documented in the client's record as determined by your supervisor.

Outside Employment

Employees have an obligation to maintain the ability to meet all performance standards required of their position.

Employees may engage in employment or business outside of their work for DCHS provided that outside employment does not interfere with, adversely affect, or conflict with employee's job, work performance, and responsibilities with the County. Employees shall not utilize any county time, materials, equipment or resources for outside employment or business.

Any outside employment that is health-related requires prior approval from the Health Services department.

Outside employment is guided by County and Department Policy.

Public Servant Ethics

All County employees are considered to be public officials. As such, we are “public stewards” and have a responsibility to the County and its citizens to conduct ourselves in our work in a manner that will merit the trust and confidence of the public and those we serve. With this comes the expectation that we will act with the highest standards of ethical conduct, including: maintaining competence in our work; promoting integrity within the workplace; accepting professional responsibility; according respect for the fundamental rights, dignity and worth of all people; demonstrating concern for the welfare of others; and maintaining an awareness of social responsibility to best serve the interests of clients and the public, including judicious use and management of public resources.

Public Employee ethics are also guided by Deschutes County Personnel Rules 3.28 “Personal Conduct” and Oregon Government Ethics Law – A Guide for Public Officials, both located on the Deschutes County Website.

Related Policies:

1. [Oregon Government Ethics Law](#)
2. [Compliance Program Policy](#)
3. [Preventing, Detecting and Reporting Fraud, Waste, and Abuse Procedure](#)

Responsible Use of Public Resources

All employees will hold their position as a public servant with the utmost respect. They will utilize all resources only for doing their work and not for personal gain. They will abide by the policies and procedures regarding the use of resources. Employees are to be good stewards of public funds and public property, honoring their role as a public servant through responsible use of public resources.

Related Policies:

1. [Capital Outlay Expenditures](#)
2. [Cell Phone Policy](#)
3. [Computer, E-Mailing and Mobile Computing Device Use \(No. IT-1\)](#)
4. [Driving on County Business and Vehicle Operation \(No. RM-1\)](#)
5. [Oregon Government Ethics Law](#)
6. [Tuition Reimbursement \(No. GA-1\)](#)

Confidentiality

HIPAA (Health Insurance Portability and Accountability Act of 1996)

DCHS strives always to ensure that our clients' privacy is upheld to the highest standard. By staying in compliance with all HIPAA regulations and guidelines, we offer our clients a safe place to seek services. With assistance from our DCHS Privacy Officer, annual trainings are given to all staff to keep the newest guidelines at the top of our priorities. It is the responsibility of each staff member, volunteer, intern and contractor to abide by HIPAA and other applicable confidentiality requirements. Along with federal and state laws, DCHS provides staff easy to use policies and procedures that outline how we can stay in compliance with HIPAA while conducting day-to-day business. Along with HIPAA guidelines, DCHS takes release of information very seriously. Due to the overall sensitivity regarding our clients and their protected health information (PHI), we work diligently to ensure that records are released accurately, safely and efficiently. If a HIPAA breach occurs, a thorough investigation is completed, and a plan is implemented to mitigate the risk. Post breach training is offered to staff involved and effected clients are offered support if needed. DCHS is proud to be a safe place for clients to come, and upholding HIPAA is a major factor in this mission.

42 CFR Part 2

Being a federally funded substance use disorder treatment facility, the Behavioral Health division is required to follow 42 CFR Part 2. Individuals are required to know this law and to follow it. We strive to protect our clients' information and to be part of the efforts in reducing stigma in regards to substance use. DCHS values collaboration, working hard to obtain the needed releases as to assist in collaborating with other providers for the health and safety of our clients.

Related Policies

1. [HIPAA Safeguards and Breaches Procedure](#)
2. [HIPAA Privacy and Security Policy](#)
3. [Electronic Communications Policy](#)
4. [Medical Record Disclosure to Correctional Facilities Protocol](#)
5. [Release and Exchange of Medical Records Procedure](#)
6. [Security Storage Transport and Retention of PHI Procedure](#)
7. [Subpoena and Court Order Procedure](#)
8. [OCHIN Epic EHR Internal use Procedure](#)
9. [Medical Records Policy](#)

Ethical Decision-Making Framework

When confronted with a potential ethical concern, DCHS encourages use of this model to help guide your strategy and plan for addressing it.

Ethical Decision Making Model

1. Identify the problem
2. Review relevant ethical and legal guidelines
3. Determine nature and dimensions of the dilemma
4. Consult with supervisor or designee
5. Generate potential courses of action
6. Consider the potential consequences of all options
7. Choose course of action
8. Evaluate selected course of action
9. Implement course of action
10. Document!

This document was put together by the Ethics Workgroup (members: Lori Hill, Behavioral Health Supervisor; Amber Clegg, Behavioral Health Supervisor; Barrett Flesh, Behavioral Health Manager; Tom Kuhn, Public Health Manager; Elizabeth Holden, Behavioral Health Manager; Dianne Capozzola, Human Resources; Lindsay Nokell, Compliance Officer).

Compliance and Ethical Conduct Policy

	Category:	Administration	Page No.:	Page 1 of 2
	Issue Date:	April 27, 2018	Issue No.:	1.0

A. POLICY

Deschutes County Health Services (DCHS) is committed to healthcare compliance and ethical conduct and will conduct all business and other practices in accordance with applicable federal, state, and local laws and regulations and county policies.

B. RELATED DOCUMENTATION

1. [Clinical Documentation Policy](#)
2. Code of Conduct
3. [Compliance Officer Role and Authority](#)
4. Compliance Plan
5. [Data Integrity Audit Procedure](#)
6. [HIPAA Privacy and Security Policy](#)
7. [Preventing, Detecting and Reporting Fraud, Waste and Abuse Procedure](#)

C. SCOPE

This policy applies to all staff employed within DCHS and all contractors, consultants and agents associated with the services rendered by, through, or on behalf of DCHS.

D. RESPONSIBILITY

All DCHS staff, contractors, consultants and agents are responsible for complying with the letter and spirit of all policies, procedures and standards for compliance and ethical conduct.

The DCHS Leadership Team is responsible for ensuring all staff understand and abide by the applicable rules and regulations, including professional codes of ethics, and to participate in the implementation and oversight of the DCHS Compliance Program.

The DCHS Compliance Officer is responsible for the monitoring and oversight of the Compliance Program. In addition, the Compliance Officer is responsible for reporting compliance concerns to the appropriate entities.

The DCHS Systems Performance Program is responsible for implementing Compliance Program activities.

E. ABBREVIATIONS AND DEFINITIONS

Compliance Officer: Agency appointed role with the authority to receive and direct compliance issues to appropriate resources for investigation and resolution.

Compliance Program: Establishes and maintains a culture within DCHS that promotes quality and efficient care, high standards of ethical and business conduct, and the prevention, detection and resolution of conduct that does not conform to DCHS standards and policies, applicable law, and healthcare program or payor requirements.

DCHS: Deschutes County Health Services

DCHS Leadership Team: Department Director, Deputy Directors, Medical Director, Health Officer, Program Managers, and Supervisors


Healthcare compliance: Regulatory adherence to laws, regulations, guidelines and specifications relevant to the healthcare industry.

Staff: Includes regular employees, temporary employees, personal services contractors, employment agency personnel, interns and volunteers.


F. REVISION LOG

Issue No.	Issue Date	Description of Change(s)	Next Review Date
1.1	4/27/2018	Reviewed and revised. Policy title changed.	4/27/2021
1.0	3/19/2015	Original authorization.	3/19/2018

H. AUTHORIZATION

<u>AUTHORIZATION</u>		
Name	Title	Date
George A. Conway, MD, MPH	Health Services Director	4/25/18
Signature: 		

Preventing, Detecting and Reporting Fraud, Waste and Abuse Procedure

	Category:	<i>Administration</i>	Page No.:	Page 1 of 6
	Issue Date:	<i>November 10, 2017</i>	Issue No.:	<i>1.1</i>

A. PURPOSE

To define fraud, waste and abuse and the reporting and investigation process for Deschutes County Health Services (DCHS).

B. RELATED POLICY

[Compliance Program Policy](#)

C. SCOPE

This procedure applies to all business practices associated with Medicare and Medicaid funds.

D. RESPONSIBILITY

All DCHS staff, contractors, consultants, and volunteers are responsible for ensuring adherence to Medicare and Medicaid rules and regulations.

DCHS Leadership Team is responsible for ensuring staff adherence to said rules and regulations and responding with appropriate personnel actions when required.

The DCHS Compliance Officer is responsible for investigating and reporting detected fraud, waste, and abuse issues.

E. DEFINITIONS

Abuse: Unknowing and/or unintentional errors, mistakes, or negligence regarding service billed. The most common area for abuse are related to utilization of services.

Other types of abuse may include:

- Billing for services that were not medically necessary;
- Billing for services whose medical necessity was not adequately supported through documentation;
- Missing, incomplete, inaccurate or non-compliant documentation;
- Rounding time billed;
- Billing for services that were performed by an improperly supervised or unqualified employee.

Claim: means any request or demand, whether under a contract or otherwise, for money or property and whether or not the United States has title to the money or property, that:

1. is presented to an officer, employee, or agent of the United States; or

GAC

2. is made to a contractor, grantee, or other recipient, if the money or property is to be spent or used on the Government's behalf or to advance a Government program or interest, and if the United States Government;
3. provides or has provided any portion of the money or property requested or demanded; or
4. will reimburse such contractor, grantee, or other recipient for any portion of the money or property which is requested or demanded; and
5. does not include requests or demands for money or property that the Government has paid to an individual as compensation for Federal employment or as an income subsidy with no restrictions on that individual's use of the money or property.

Clinical Staff – All Nurses, Physicians, Physician Assistants, Psychiatrists, Psychologists, Nurse Practitioners, Qualified Mental Health Providers, Qualified Mental Health Associates, Peer Support Specialists, Certified Drug and Alcohol Providers.

Compliance Officer: Agency appointed role with the authority to receive and direct compliance issues to appropriate resources for investigation and resolution.

DCHS Leadership Team: Health Services Director, Behavioral Health Deputy Director, Public Health Deputy Director, Administrative Services Deputy Director, Medical Director, Health Officer, Program Managers and Supervisors

DCHS: Deschutes County Health Services

Department: in this case, the department is identified as Deschutes County Health Services

False Claim: A claim that a provider knowingly submits or causes to be submitted that contains inaccurate, misleading, or omitted information and such inaccurate, misleading or omitted information would result, or has resulted, in an overpayment.

Fraud: Intentional deception or misrepresentation of services provided. Examples include:

- Billing for services that were not actually rendered;
- Failing to report overpayments;
- Billing separately for services that should be a single service;
- Falsifying documentation to maximize payments;
- Double billing for double payment;
- Billing services by unqualified employees;
- Up-coding service levels provided;
- Intentional cloning of notes.

I/DD: Intellectual/Developmental Disabilities Program

Knowing and knowingly: means that a person, with respect to information:

1. has actual knowledge of the information;
2. acts in deliberate ignorance of the truth or falsity of the information; or
3. acts in reckless disregard of the truth or falsity of the information.

Obligation: means an established duty, whether or not fixed, arising from an express or implied contractual, grantor-grantee, or licensor-licensee relationship, from a fee-based or similar relationship, from statute or regulation, or from the retention of any overpayment.

Staff: Includes regular employees, temporary employees, personal services contractors, employment agency personnel, interns and volunteers.

Waste: Careless or needless expenditure of funds or consumption of resources caused by poor business practices and systems.

Whistleblower Protections: Provided under the False Claims Act to ensure safeguards to protect employees from retaliation or discrimination by their employer when they, in good faith, report a compliance concern.

F. **PROCEDURES**

Preventing and Detecting:

1. All prospective employees will be subject to a criminal background check prior to beginning employment. Behavioral Health, Billing team, and I/DD employees will be subject to an additional criminal history check in accordance with [OAR 407-007-0200 to 407-007-0380](#), "Criminal History Checks." The employment offer will be contingent upon the prospective staff passing the required criminal background and history checks. Prospective staff who are determined to be unfit under the Criminal History Checks rule will not be hired by the department.
2. The supervisor shall assure that the prospective staff meets all qualifications for the position. Credentials will be obtained and verified, including clearance from national registries in accordance with DCHS [Credential Verification Procedure](#).
3. All clinical and billing staff will receive training in correct documentation and billing procedures upon hire and no less than every two years thereafter. The initial documentation and billing training will be done by a Quality Improvement Specialist and/or the new employee's supervisor, and will be completed within the first 3 months of the new staff being hired.
4. All staff will receive fraud, waste, and abuse training on an annual basis.
5. All documentation in client charts will be completed within the required time frames, in accordance with Behavioral Health [Documentation Timelines Procedure](#). Methods of ensuring compliance include but are not limited to periodic quality assurance reviews and monthly reviews by supervisors and clinicians of caseload reports which identify documentation deadlines.
6. The compliance program will continually review internal controls designed to assure the accurate recording of services and billing. Some examples of these controls include:
 - Safeguards built into software to eliminate data entry errors and to ensure timely documentation;

- Quarterly internal chart reviews conducted by the Systems Performance Program in accordance with department's [Data Integrity Audit Procedure](#);
- Supervisors' role in ongoing review of clinical documentation.

Identifying and Reporting:

1. Any staff who has knowledge of or suspects fraud, waste or abuse will immediately notify his/her supervisor, program manager, a member of the Systems Performance Program team, the department's Compliance Officer, or the department's Director. Staff will maintain the confidentiality of information and will not discuss any incident related to actual or suspected misconduct with any other person, except when reporting the suspected misconduct or when responding to investigators.
2. Persons not employed by the department who have knowledge of or suspect false claims, fraud or abuse will be asked to notify the department's Compliance Officer:

DCHS Compliance Officer
 Deschutes County Health Services, Administrative Building
 2577 NE Courtney Drive
 Bend, OR 97701
 541-322-7627

3. The employee or other individual reporting suspected fraud, waste or abuse may notify the County Administrator, County Internal Auditor or County Legal Counsel if the staff person or other individual believes notification of department personnel would compromise an investigation. Refer to Deschutes County General Administrative Policy GA-14, "[Misconduct Reporting and Detection Policy](#)."
4. Compliance Officer will adhere to the Compliance Plan when conducting an investigation, see [Compliance Plan](#).
5. At a minimum, and consistent with general County policy and any applicable union contract, staff under investigation for misconduct will be given notice in writing of the essential particulars of the allegations following the conclusion of any investigation and prior to final disciplinary action being taken. This notice will be given by the Compliance Officer and/or Director. When notice is given, the person against whom allegations are being made may submit a written explanation of his/her version of the facts and any mitigating circumstances within the time set forth in the notice.
6. If misconduct is substantiated by the investigation, appropriate disciplinary action up to and including dismissal will be taken by the supervisor and/or manager of the staff, in consultation with the County Administrator, County Human Resources, County Internal Auditor and/or County Legal Counsel, and in accordance with the County's Personnel Policies and Procedures, applicable union contracts and department policies. The employee under investigation may, when deemed appropriate by department management, be placed on administrative leave with pay during the investigation. Nothing contained herein is intended to limit or compromise any criminal proceeding arising from the misconduct if substantiated by the investigation.
7. The Compliance Officer will promptly refer all suspected instances of fraud, waste or

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abuse to the Department of Human Services Audit Unit or to the Medicaid Fraud Control Unit:

Dept. of Human Services Audit Unit (503) 378-3437
 2850 Broadway Street NE, 2nd Floor
 Salem, OR 97301-1097

Medicaid Fraud Control Unit (971)673-1927
 1515 SW Fifth Avenue, Suite 410
 Portland, OR 97201

a. Suspected fraud or abuse by a client must be reported to the State of Oregon's Department Fraud Investigation Unit:

Department Fraud Investigation Unit 1-888-372-8301
 P. O. Box 14150
 Salem, OR 97309-5027

8. There are protections for a person who makes a good-faith report of suspected false claims, fraud, or misuse. Deschutes County's Misconduct Reporting and Detection Policy (GA-14); Oregon Revised Statute 659A, the "Whistleblower Law"; and the Federal False Claims Act prohibit any form of retaliation—including discharge, demotion, suspension, threats, harassment, or any other manner of discrimination or retaliation—against a person who reports or provides information regarding or cooperates with any investigation regarding alleged misconduct.

G. RECORDS

Record	Where Filed	Responsible Individual	Indexing Method	Minimum Retention Time
DCHS Compliance Plan	Shared Systems Perf. Program folder	Systems Perf. Program Manager	None	Indefinitely
Compliance Incident Review	Secure Systems Perf. Program folder	Systems Perf. Program Manager	Numbered	10 years after investigation complete
Employee training records	Learning Management System	Operations Manager	By employee	10 years after employee's term date

H. RELATED DOCUMENTATION

1. Deschutes County's [Misconduct Reporting and Detection Policy \(GA-14\)](#)
2. [Behavioral Health Documentation Timelines Procedure](#)
3. [Compliance Program Policy](#)
4. Credential Verification Procedure
5. [Data Integrity Audit Procedure](#)
6. Federal:
 - False Claims Act Statute: [31 U.S.C. §§ 3729-3733](#)
 - Anti-Kickback Statute: [42 U.S.C. §§ 1320a-7b\(b\)](#)
 - Civil Monetary Penalties Law Statute: [42 U.S.C. §§ 1320a-7a](#)
 - Regulations: [42 C.F.R. pt. 1003](#)

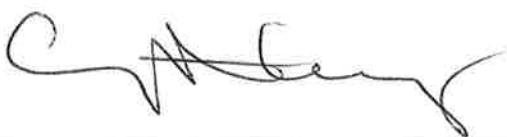
GAC

- Exclusion Authorities Statute: [42 U.S.C. §§ 1320a-7b\(b\)](#)
 - Regulations: [42 C.F.R. pts. 1001 & 1002](#)
 - Criminal Health Care Fraud Statute: [18 U.S.C. §§ 1347, 1349](#)
7. State of Oregon:
- Oregon Administrative Rule 309, Division 172, "[Medicaid Payment for Rehabilitative Mental Health Services](#)"
 - Oregon Administrative Rule 410, Division 120, "[Medical Assistance Programs](#)"


I. REVISION LOG

Issue No.	Issue Date	Description of Change(s)	Next Review Date
1.1	11/10/2017	Updated and reformatted	11/10/2020
RESCINDS:	March 19, 2015	Preventing, Detecting and Reporting Fraud and Misuse	

J. AUTHORIZATION

<u>AUTHORIZATION</u>		
Name	Title	Date
George A. Conway, MD, MPH	Health Services Director	12/12/17
Signature: 		

Medical Records Policy

	Category:	<i>Service Delivery</i>	Page No.:	Page 1 of 2
	Issue Date:	<i>April 27, 2018</i>	Issue No.:	<i>1.1</i>

A. POLICY

All Deschutes County Health Services (DCHS) staff will respect clients' privacy and will observe all state and federal laws regarding protection, sharing, handling and use of Protected Health Information (PHI). This policy, along with the associated procedures, provided DCHS staff with guidelines for handling, protecting and maintaining clients' confidentiality and privacy in compliance with the [Health Insurance Portability and Accountability Act \(HIPAA\)](#), [42 CFR Part 2](#), [45 CFR 164.502\(b\)](#), [45 CFR 164.514\(d\)](#), and related Oregon Revised Statutes (ORS).

B. RELATED DOCUMENTATION

1. [42 CFR Part 2](#)
2. [45 CFR 164.502\(b\)](#)
3. [45 CFR 164.514\(d\)](#),
4. [Client Privacy Rights Procedure](#)
5. [Compliance Program Policy](#)
6. [Data Integrity Audit Procedure](#)
7. Deschutes County Administrative Policy RM-2, "[Health Insurance Portability and Accountability Act \(HIPAA\)](#)"
8. [Health Insurance Portability and Accountability Act \(HIPAA\)](#)
9. [HIPAA Safeguards and Breaches Procedure](#)
10. [Medical Record Disclosure to Correctional Facilities Protocol](#)
11. [Release and Exchange of Medical Records Procedure](#)
12. [Security, Storage, Transport and Retention of PHI Procedure](#)
13. [Subpoenas and Court Orders Procedure](#)

C. SCOPE

This policy along with related procedures applies to all DCHS staff and to all Protected Health Information (PHI), whether electronic or paper, generated or used by DCHS staff.

D. RESPONSIBILITY

All DCHS staff and contractors and consultants who work for or on behalf of DCHS are responsible for complying with this policy and all related procedures.

The DCHS Privacy Officer is responsible for the monitoring and oversight of this policy and its related procedures, as well as for reporting compliance concerns and/or security breaches to the appropriate entities.

DCHS Leadership are responsible for ensuring all DCHS staff understand and comply with this policy and all related procedures.

E. DEFINITIONS

DCHS Leadership: Health Services Director, Deputy Directors, Medical Director, Program Managers and supervisors

DCHS: Deschutes County Health Services

HIPAA: The Health Insurance Portability and Accountability Act.

PHI: Protected Health Information—unique information including health records, demographic records and identifiers that can be linked to a specific individual.

Privacy Officer: DCHS staff member in charge of oversight, training, adherence and guidance of all privacy and security related matters within Health Services.


RHIT: Registered Health Information Technician

Staff: Includes regular employees, temporary employees, personal services contractors, employment agency personnel, interns and volunteers.


F. REVISION LOG

Issue No.	Issue Date	Description of Change(s)	Next Review Date
1.1	4/27/2018	Reviewed and updated (Compliance Officer changed to Privacy Officer).	4/27/2021
1.0	3/26/2015	Updated and reformatted	3/26/2018
RESCINDS:	9/3/2013	Medical Records Policy	

G. AUTHORIZATION

AUTHORIZATION		
Name	Title	Date
George A. Conway, MD, MPH	Health Services Director	4/25/18
Signature: 		

Compliance Officer Role and Authority Policy

	Category:	Administrative	Page No. :	Page 1 of 2
	Issue Date :	June 8, 2018	Issue No. :	1.2

A. POLICY

Deschutes County Health Services (DCHS) shall comply with applicable laws and regulations through the appointment and identification of a Compliance Officer. The Compliance Officer shall receive and direct compliance issues to appropriate resources for investigation and resolution.

B. RELATED DOCUMENTATION

1. Code of Conduct
2. Compliance and Ethical Conduct Policy
3. Compliance Plan
4. Misconduct Reporting and Detection (GA-14)
5. Preventing, Detecting, and Reporting Fraud and Misuse

C. SCOPE

This policy applies to all Deschutes County Health Services staff.

D. RESPONSIBILITY

The DCHS Compliance Officer shall be appointed by the DCHS Director, in consultation with DCHS Deputy Directors and the Quality and Performance Manager. Dismissal of the DCHS Compliance Officer shall be by the DCHS Director in consultation, at minimum, with the County Internal Auditor, Human Resources, Legal Counsel, and County Administration.

The DCHS Compliance Officer is accountable to the DCHS Director and Internal Auditor to provide regular reports and updates. The DCHS Compliance Officer will involve Deputy Directors, Managers, and Supervisors in compliance investigations, unless there is a retaliation concern. The Compliance Officer shall possess professional proficiency, demonstrated by relevant certification such as Certified Professional of Health Care Quality (CPHQ), Certified in Healthcare Compliance (CHC), or a combination of education and experience that demonstrates the ability to fulfill these responsibilities. If needed, DCHS shall provide financial and technical support to an appointed Compliance Officer to obtain or maintain the necessary certification.

The Compliance Officer shall conduct work in accordance with applicable rules and regulations, such as the Centers for Medicare and Medicaid, the Oregon Administrative Rules, County and department policies, and other governing statutes. The Compliance Officer shall implement the department's Compliance Plan(s) and establish activities and mechanisms to prevent and/or detect unethical, illegal, or improper conduct, as well as report any identified infringement of compliance-related County policies. The Compliance Officer shall assist in the investigation and resolution of such critical events.

Pursuant to County policy "Misconduct Reporting and Detection" (GA-14), DCHS policy "Preventing, Detecting and Reporting Fraud and Misuse," DCHS "Code of Conduct" and the department's Compliance Plan(s), the Compliance Officer shall immediately respond to and report any potential issues as identified in those policies.

The Compliance Officer shall have direct access to the County Internal Auditor and County Legal Counsel for the purposes of consultation and reporting of critical events (e.g., fraud or misconduct). The Compliance Officer shall include the County Internal Auditor in situations in which a conflict of interests may be present.

E. ABBREVIATIONS AND DEFINITIONS

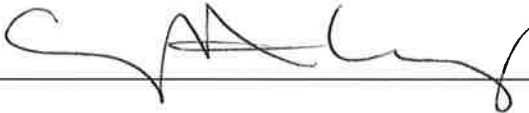
DCHS: Deschutes County Health Services

Staff: Includes regular employees, temporary employees, personal services contractors, employment agency personnel, interns, and volunteers.

F. REVISION LOG

Issue No.	Issue Date	Description of Change(s)	Next Review Date
1.2	6/8/2018	Revised responsibilities section.	6/8/2021
RESCINDS:	4/1/2017	Compliance Officer Role and Authority	4/1/2020
	12/21/2012	Corporate Integrity Officer Role and Authority	

H. AUTHORIZATION

AUTHORIZATION		
Name	Title	Date
George A. Conway, MD, MPH	Health Services Director	6/6/2018
Signature: 		

Development and Implementation of Health Promotion and Policy, Systems and Environmental Change Work Procedure

	Category:	<i>Service Delivery</i>	Page No. :	Page 1 of 2
	Issue Date :	<i>January 10, 2018</i>	Issue No. :	<i>1.0</i>

A. PURPOSE

To provide a best practice standard framework for development, implementation and subsequent improvement of health promotion and health policy, systems and environmental (PSE) change work at Deschutes County Health Services, Public Health (DCHS-PH).

B. RELATED POLICY

Public Health Services Delivery Policy

C. SCOPE

This procedure is intended to guide the development and maintenance of health promotion and PSE work across the department to ensure that staff have considered critical factors in project design, including review of data, health equity, and evidence based practices. Health promotion and policy efforts aim to enable individuals and communities to protect and improve their own health and includes strategies that address preventable health conditions. Health promotion and policy is a combination of health education, outreach and awareness efforts as well as policy, systems and environmental change that facilitate conditions conducive to good health. It is the policy of DCHS-PH to apply a standard to design and implementation of health promotion and policy practices that:

1. Use data, including the identification of disparities to inform priorities;
2. Address factors affecting health inequities including community factors that discourage or encourage good health;
3. Collaborate with community partners and stakeholders to identify issues and develop solutions;
4. Engage the target population throughout the development, implementation and evaluation of the planned approach;
5. Identify and utilize research supported practices;
6. Consider any ethical issues that may arise;
7. Provide ongoing monitoring and evaluation within available resources in order to provide for continual improvement processes

This procedure serves as a guide to facilitate development, implementation and subsequent improvement of policy, systems and environmental changes, including programs, interventions and activities designed to address community health priorities and issues.

D. RESPONSIBILITY

Any DCHS-PH staff or leadership who develops and implements health promotion and policy, systems and environmental change work, including programs, initiatives and activities.

E. ABBREVIATIONS AND DEFINITIONS

DCHS-PH: Deschutes County Health Services, Public Health

DCHS leadership: Health Services Director, Deputy Directors, Medical Director, Medical Officer, Program Managers, and Supervisors

PSE: Policy, System and Environmental change support population-based community health improvement outcomes. PSE changes go beyond programming and service delivery for individuals and impact the community-level systems and cultures in which people, live, work and play. Examples are tobacco and vape free properties, laws requiring seatbelt use, etc.

Staff: Includes regular employees, temporary employees, personal services contractors, employment agency personnel, interns, and volunteers.

F. PROCEDURES

This procedure provides guidance for the development of core components included in planning and subsequent improvement of a health policy, system or environmental change and programs, initiatives and activities.

1. **Assessment:** Identify the community health problem and why it needs to be addressed.
 - a. Data will be used to define community health problems and their root causes as well as available resources, capacity and readiness for a community to address them.
 - b. Data may come from existing sources such as state or local databases or may need to be collected to fully understand an issue. A combination of both quantitative and qualitative data should be used to develop a deeper understanding of the problem and identify possible solutions. The integrity of the data and data collection methodology should be considered.
2. **Plan**
 - a. Prioritize areas of focus with evidence based strategies.
 - b. A logic model or some other planning tool should be used that links the problems and root causes with strategies and outcomes.
3. **Implementation**
 - a. Develop an action plan that clearly lays out the steps that will be taken to implement the strategies prioritized in the planning process. The action plan should identify what will be done, who is responsible and establish timelines.

- b. Implementation efforts should have ongoing monitoring in order to maintain fidelity in the case of evidence based programs and to adapt and adjust implementation steps in order to meet local circumstance changes.

4. Evaluation

- a. During the planning phase, consideration of how efforts will be evaluated should be established. The purpose of the evaluation plan will be to collect information that will inform the effectiveness of the strategy toward achieving the desired outcome(s) as well as assessing the delivery of the action plan. The evaluation plan should include both process and outcome measurements.

Important guidelines must be applied throughout this procedure:

1. Cultural Responsiveness. Culture must be considered at every phase of the planning process. Specifically:
 - a. Equity factors must be considered (e.g. education, income, age, race, ethnicity, gender, sexual orientation, minority populations, those who live in poverty, people with differing abilities, language, religion, etc.)
 - b. Community factors should also be considered (e.g. examples of community factors include built environment, geographic differences, access to care and resources, policies related to health, and other social determinants).
2. Sustainability. The ultimate goal is to sustain health outcomes. Sustainability must be considered at every phase of the planning process. Specifically:
 - a. Identify evidence based or promising practices to address the community health problem. These are practices that are reviewed by experts in the field to show they are effective or promising and will yield a long-term result.
 - b. Other key features of creating sustainable approaches is creating a plan for stakeholder engagement, communicating results and considering funding availability.
3. Capacity. Capacity is the availability of resources (of all types, human, monetary, leveraged) to address a community health problem. This should be considered during the assessment phase, in order to determine what is needed in order to address a problem adequately. This will shape the planned approach. For example, if inadequate capacity is available to address the problem, the plan might be to build capacity first.
4. Stakeholder Involvement: Determine how the target population and/or community partner input will be sustained throughout the entire procedure before it is started. Define what role stakeholders will have and clearly delineate in order to avoid miscommunication. For example, if a stakeholder group is acting as advisory for a project. This role and expectations should be defined.
5. Alignment with the Regional Health Improvement Plan (RHIP). The RHIP prioritizes community health needs for Central Oregon for a given time period. If the problem to

be addressed is already a prioritized aspect of the RHIP, consideration should be made to ensure that duplication does not occur and that efforts are taken to strengthen and align current work. If the problem is not prioritized within the RHIP, consideration should be made to determine why.

G. RECORDS

Record	Where Filed	Responsible Individual	Indexing Method	Minimum Retention Time
NONE				

H. RELATED DOCUMENTATION

1. Public Health Contract Policy

I. REVISION LOG

Issue No.	Issue Date	Description of Change(s)	Next Review Date
1.0	1/10/2018	Original authorization.	1/10/2021

J. AUTHORIZATION

<u>AUTHORIZATION</u>		
Name	Title	Date
Hillary Saraceno, MS	Public Health Deputy Director	
Signature: <i>Hillary Saraceno</i>		<i>1.11.19</i>

Deschutes County Health Services Public Health Compliance Handbook

Updated 10.30.2018



Systems Performance Program



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Introduction

Background

Public Health Compliance is based on an assortment of regulations, including; The Oregon Administrative Rules (OAR), Oregon Revised Statutes (ORS), Oregon Health Administration (OHA) Standards, Occupational Safety and Health Administration (OSHA) Standards, Clinical Laboratory Improvement Amendments (CLIA), Title X, and Center for Disease Control and Prevention (CDC) Standards. Policies and regulations created by these agencies determine the minimum requirements for Local Public Health Departments. The Oregon Health Authority may conduct triennial reviews and chart reviews, and the Center for Medicaid and Medicare may conduct CLIA reviews to ensure Local Public Health Department Compliance with predetermined rules and regulations. Public Health Accreditation Board (PHAB) Standards must also be maintained, and PHAB Staff may conduct reviews of Deschutes County Health Services (DCHS) to ensure compliance with their standards.

Purpose

The purpose of the Deschutes County Health Services (DCHS) Public Health (PH) Compliance Procedure and Data Integrity Audit (DIA) is to ensure quality of services is maintained. Triennial review programmatic Compliance Standards will be reviewed every three years, and the Public Health chart reviews and observational reviews conducted annually. The internal tri-annual review and annual review are meant to mitigate potential areas of non-compliance and maximize our ability to efficiently and effectively serve Deschutes County.



Scope and Methodology

The PH Compliance Handbook procedures necessarily vary between programs. The PHAB quarterly domain team meetings include a review of standards and measures within each PHAB domain, and ensure that DCHS is on track to meet these standards. The three year compliance plan includes overarching and mandatory program elements. Annual chart and observational reviews are a more detailed review of chart notes and documentation associated with direct public service. The annual review should determine if compliance standards have been met over the last year. All charts up to one year old may be considered eligible for PH chart review. The first PH chart and observational review will be conducted by the end of February, 2016, an annually by the end of January thereafter. The review of program standards will occur six months prior to the OHA triennial review for DCHS. Results will be sent to the public health quality improvement specialist. PHAB domain teams will begin meeting in January, 2016, and quarterly thereafter.

All OHA triennial standards may be found on the OHA webpage:

<https://public.health.oregon.gov/ProviderPartnerResources/LocalHealthDepartmentResources/Pages/lhd-trt.aspx>

Internal Oregon Health Authority Program Compliance Procedures

Schedule: Once Every Three Years

- 1) Conduct a compliance review for each program every three years.
 - a. The compliance review will take place at least six months prior to the date for which the Triennial Review is scheduled for DCHS.
 - b. The triennial/ biennial work plan from the previous review will be distributed to relevant supervisors before the coming review to ensure previous findings remain resolved.
 - c. OHA Triennial review tools will be sent to relevant programs by the PH QIS. The supervisor/ lead of each program will be asked to review the tool individually and send relevant documentation to the PH QIS, or fill out the tool with the PH QIS. Each program will submit a brief description of successes, gaps, and areas for improvement to the Quality Improvement Specialist six months prior to the date for which the Triennial Review is scheduled for DCHS. Relevant documentation will be saved electronically on SharePoint.
 - d. A comprehensive review of program compliance outcomes will be created and distributed to program supervisors, the Systems Performance Program (SPP) manager, and at the Public Health Quality Council (PHQC).
 - e. The PH QIS, Members of the PHQC, and other staff persons as necessary will support programs in achieving triennial review standards prior to the date for which the Triennial Review is scheduled for DCHS.

Chart and Observational Review Procedures

**Per OARs please retain all audits for a minimum of 10 years*



Schedule: Annually, except Medicaid (quarterly)

Community Health

Communicable Disease (CD)

Timeframe:

This audit will be conducted by the end of October annually.

Process:

- 1) The CD supervisor will run reports in ORPHEUS to determine timeliness and completeness of every report on State designated diseases. In addition, the system will be used to clean the report to determine areas in which documentation may improve. Any discrepancies will be addressed by the CD Supervisor.
- 2) The CD Supervisor will submit the auditing results and summary of findings to the PH QIS by the end of the month in which the audit took place. If applicable, opportunities for quality improvement and/or process improvement will be identified.

Environmental Health (EH)

Timeframe:

This audit will be conducted by the end of January annually.

Process:

- 1) The EH Supervisor or designated staff person will shadow 50% EH inspector at a minimum of 1 locations/ facilities, annually, with 100% of inspectors shadowed within a two year timeframe.
- 2) EH front desk staff persons will audit approximately 2% of inspection reports submitted to the electronic system (HealthSpace) and/ or paper reports by each staff person. The reports will be selected since the last audit, approximately one year.
- 3) The EH Supervisor will submit the auditing results and summary to the PH QIS by the end of the month in which the audit took place. If applicable, opportunities for quality improvement and/or process improvement will be identified.

HIV/ AIDS: Ryan White (RW) Foundation Case Management

Timeframe:

This audit will be conducted by the end of October annually.

Process:

- 1) The CD Supervisor or designated staff will conduct this audit annually.
 - 2) A minimum of 25% of HIV Case Management program client files will be selected for audit.
 - 4) The CD Supervisor will submit the auditing results and summary to the PH QIS by the end of the month in which the audit took place. If applicable, opportunities for quality improvement and/or process improvement will be identified.
- Must meet at least 80% compliance in each of the HIV Community Services Program 2014 County-Based Contractors Chart Review Criteria, and at least 85% compliance in recording HIV/AIDS status, primary insurance provider,



primary medical provider, annual review data, household living arrangement, household size, and full legal name entered correctly. 100% of service entries into CAREWare must match client file progress notes.

Tuberculosis (TB)

Timeframe:

This audit will be conducted by the end of October annually.

Process:

- 1) The lead TB nurse and another staff person as deemed appropriate by the communicable Disease Supervisor will conduct this audit.
- 2) Select at least 3 cases for each nurse from the last year or the total number of TB cases/ suspect cases for each nurse. These will be selected at random from OCHIN. The lead TB staff nurse will audit all staff person entering TB data into OCHIN. Another TB staff person/ nurse will audit the lead TB nurse.
- 3) The CD Supervisor will submit the auditing results and summary to the PH QIS by the end of the month in which the audit took place. If applicable, opportunities for quality improvement and/or process improvement will be identified.

Healthy People and Families

Family Support Services

Timeframe:

This audit will be conducted by the end of October, and will include information from quarterly audits.

Process:

- 1) The Nurse Family Support program will conduct audits quarterly.
- 2) At least 24 charts will be reviewed each year; 3 from each home visiting nurse. These should be selected at random from OCHIN.
- 3) The Nurse Family Support Services Supervisor will submit the auditing results and summary to the PH QIS by the end of October. If applicable, opportunities for quality improvement and/or process improvement will be identified.

Sexually Transmitted Infections (STI)

Timeframe:

This audit will be conducted by the end of October annually, and will include information from quarterly audits.

Process:

- 1) The Reproductive Health Supervisor or designated staff person will conduct this audit.
- 2) Select at least 5% of reports entered by each staff person since the last audit. These should be selected at random. During the audit, at least three reports will be reviewed for each staff person. The Reproductive Health Supervisor will audit all staff person entering Reproductive Health and Sexually Transmitted Infection (STI) data.



- 3) The Reproductive Health Supervisor will submit the auditing results and summary to the PH QIS by the end of the month in which the audit took place. If applicable, opportunities for quality improvement and/or process improvement will be identified.

WIC

Timeframe:

This audit will be conducted by the end of October annually.

Process:

- 1) The WIC Supervisor and selected staff person will conduct audits and submit findings to the Public Health Quality Improvement Specialist (PH QIS) for review by the end of October.
- 2) Select 5-10 charts from each WIC certifier. The charts may be selected from the last year. These will be selected at random from TWIST, and the same number of reports should be selected for each individual who reports in the system.
- 3) The WIC Supervisor will submit the auditing results and summary to the PH QIS by the end of October. If applicable, opportunities for quality improvement and/or process improvement will be identified.



Compliance, Chart, and Observational Review Reporting

The Systems Performance Program will create a report from these findings annually to determine opportunities for continuous quality improvement, develop program support systems, and help ensure compliance with standards. A comprehensive review of program compliance outcomes will be created and distributed to program supervisors, the Systems Performance Program (SPP) manager, and at the Public Health Quality Council (PHQC). The PHQC will review the report and determine opportunities for improvement. Members of the PHQC and other staff persons as necessary will support programs in achieving triennial review standards prior to the date for which the Triennial Review is scheduled for DCHS.



Reporting Requirements for Programs

The “Reporting Requirements for Programs,” portion of the Compliance Handbook has been created as a reference guide to better understand the activities and requirements of DCHS programs.

Community Health

Communicable Disease

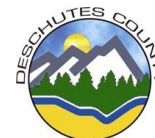
What Must Be Reported	When Must it be Reported	To Whom Must it be Reported	By Whom Must the Report be Submitted
All Oregon reportable disease	Per OAR requirements	State-Orpheus	CD Team
HIV Prevention Quarterly Report	Quarterly	State HIV Prevention Program	Susan McCreedy
HIV Ryan White Case Management quarterly report	Quarterly	State HIV Case Management Program	Susan McCreedy
Ryan White annual client chart review	Annually	State HIV Case Management Program	Heather Kaisner
Immunizations			
Monthly Vaccine Inventory Report	monthly	State Immunization Program	Tami Larson
Temperature monitoring report	As requested by State	State Immunization Program	Tami Larson

Emergency Preparedness

What Must Be Reported	When Must it be Reported	To Whom Must it be Reported	By Whom Must the Report be Submitted
Work plan progress	Semi-annually, January and July	Health Security, Preparedness and Response Program, OHA	Preparedness Coordinator, Mary Goodwin

Environmental Health

What Must Be Reported	When Must it be Reported	To Whom Must it be Reported	By Whom Must the Report be Submitted
Animal Bites	Within 24 hrs	Health dept (Eric or Heather) or Animal Control	Vet, clinic, bite victim, Humane Society
Sick foodservice employees	When specific symptoms appear	EH	Person in charge or sick employee
Pools/spas: anything that requires medical attention	No OAR on “when”	EH	Pool/spa operator
Confirmed coliform bacteria, or elevated inorganic chemical in public well	Within 24 hrs	EH or state Drinking water program	Water system operator



Healthy Communities

What Must Be Reported	When Must it be Reported	To Whom Must it be Reported	By Whom Must the Report be Submitted
Progress Report: Describe activities conducted in each of several components (Healthy Worksites, Infrastructure for Self-Management, health system/community, community-wide health promotion and chronic disease prevention) described in the Healthy Communities work plan	Reporting Period 1: October 15- November 15, 2014	Tara Weston	Sarah Worthington
	Reporting Period 2: February 15- March 15, 2015	Tara Weston, MPH Tobacco & Community Programs Liaison Desk: 971-673-1047	
	Reporting Period 3: June 1-30, 2015	Cell: 503-758-5523 tara.e.weston@state.or.us	

Living Well with Chronic Conditions/ Diabetes Self-Management

What Must Be Reported	When Must it be Reported	To Whom Must it be Reported	By Whom Must the Report be Submitted
Participant Demographics	At the end of each 6 week workshop	OHA	Brenda Johnson, Living Well & Sarah Worthington, DSMP
Program Attendance/Completion rate	At the end of each 6 week workshop	OHA	Brenda Johnson, Living Well & Sarah Worthington, DSMP
Program Summary	At the end of each 6 week workshop	OHA	Brenda Johnson, Living Well & Sarah Worthington, DSMP
End of Grant Year Summary for DSMP	June, 2015	Pacific Source Foundation for Health Improvement	Sarah Worthington, DSMP

PacificSource Foundations for Health Improvement

What Must Be Reported	When Must it be Reported	To Whom Must it be Reported	By Whom Must the Report be Submitted
End of year summary of activities (# of classes, participants, marketing and outreach)	July 1-31, 2015	Marion Blankenship (Director of Government Relations and Executive Director of Charitable Foundation, Pacific Source Foundation)	Sarah Worthington



School Based Health Centers

What Must Be Reported
<p>Key Performance Measures: https://public.health.oregon.gov/HealthyPeopleFamilies/Youth/HealthSchool/SchoolBasedHealthCenters/Documents/KPM.pdfKPM:</p>
<p>Satisfaction Survey</p>
<p>Visit /Encounter Data https://public.health.oregon.gov/HealthyPeopleFamilies/Youth/HealthSchool/SchoolBasedHealthCenters/Documents/SBHC%20Data/SBHC_data_variables_12_</p>
<p>SBHC Annual Operating Revenue Report</p>
<p>Staffing and hours of operation – Operational Profile</p>
<p>Mental Health Capacity Grants Progress</p>
<p>Planning Grant Progress (Bend High)</p>

Substance Abuse Prevention Program

What Must Be Reported	When Must it be Reported	To Whom Must it be Reported	By Whom Must the Report be Submitted
Substance Abuse Prevention (cost center HADP)			
<p>Materials developed</p>	<p>Quarterly</p>	<p>Provided to OHA-AMH through the Minimum Data Set system</p>	<p>Anyone funded through the HADP cost center (Jessica, Julie, Think Again ParentS South County)</p>
<p>Materials disseminated</p>	<p>Quarterly</p>	<p>Provided to OHA-AMH through the Minimum Data Set system</p>	<p>Anyone funded</p>



			through the HADP cost center (Jessica, Julie, Think Again ParentS South County)
Resource development (grants written or services accessed)	Quarterly	Provided to OHA-AMH through the Minimum Data Set system	Anyone funded through the HADP cost center (Jessica, Julie, Think Again ParentS South County)
Community Team Activities	Quarterly	Provided to OHA-AMH through the Minimum Data Set system	Anyone funded through the HADP cost center (Jessica, Julie, Think Again ParentS South County)
Speaking engagements	Quarterly	Provided to OHA-AMH through the Minimum Data Set system	Anyone funded through the HADP cost center (Jessica, Julie, Think Again ParentS South County)
Training Services	Quarterly	Provided to OHA-AMH through the Minimum Data Set system	Anyone funded through the HADP cost center (Jessica,



			Julie, Think Again ParentS South County)
Technical Assistance provided	Quarterly	Provided to OHA-AMH through the Minimum Data Set system	Anyone funded through the HADP cost center (Jessica, Julie, Think Again ParentS South County)
Environmental strategies consultation or change	Quarterly	Provided to OHA-AMH through the Minimum Data Set system	Anyone funded through the HADP cost center (Jessica, Julie, Think Again ParentS South County)
A summary of all of the above, counts, successes and challenges.	Annually, due August for July through June	OHA-Addictions and Mental Health Division, Jeff Ruscoe	Prevention Coordinator, Jessica Jacks
Problem Gambling Prevention (cost center HGP)			
Counts of Media ads placed	Annually, due August for July through June	OHA-Addictions and Mental Health Division, Roxann Jones	Prevention Coordinator, Jessica Jacks
Counts of Presentations provided			
Counts of Exhibits	Annually, due August	OHA-Addictions and Mental Health Division, Roxann Jones	Prevention Coordinator, Jessica Jacks



	for July through June		
Counts of Trainings	Annually, due August for July through June	OHA-Addictions and Mental Health Division, Roxann Jones	Prevention Coordinator, Jessica Jacks
Counts of Materials disseminated	Annually, due August for July through June	OHA-Addictions and Mental Health Division, Roxann Jones	Prevention Coordinator, Jessica Jacks
Counts of Gambling specific curriculum implemented	Annually, due August for July through June	OHA-Addictions and Mental Health Division, Roxann Jones	Prevention Coordinator, Jessica Jacks
Counts of Other (meetings)	Annually, due August for July through June	OHA-Addictions and Mental Health Division, Roxann Jones	Prevention Coordinator, Jessica Jacks
Narrative of Successful objectives/activities	Annually, due August for July through June	OHA-Addictions and Mental Health Division, Roxann Jones	Prevention Coordinator, Jessica Jacks
Narrative of Challenges	Annually, due August for July through June	OHA-Addictions and Mental Health Division, Roxann Jones	Prevention Coordinator, Jessica Jacks
Narrative of factors contributing to success	Annually, due August for July through June	OHA-Addictions and Mental Health Division, Roxann Jones	Prevention Coordinator, Jessica Jacks



Narrative of description of how data was used	Annually, due August for July through June	OHA-Addictions and Mental Health Division, Roxann Jones	Prevention Coordinator, Jessica Jacks
Innovative Prevention Project (cost center HIPP)			
Project Narrative and Successes of work plan activities to date	July 15, 2014 for March to June, 2014; January 15, 2015 for July to December 2014 and July 15, 2015 for January to June 2015	OHA-Addictions and Mental Health Division, Contract Administrator (amhcontract.administrator@state.or.us) and cc, Kerryann.bouska@state.or.us	Prevention Coordinator, Jessica Jacks
Percent of budget spent to date	July 15, 2014 for March to June, 2014; January 15, 2015 for July to December 2014 and July 15, 2015 for January to June 2015	OHA-Addictions and Mental Health Division, Contract Administrator (amhcontract.administrator@state.or.us) and cc, Kerryann.bouska@state.or.us	Prevention Coordinator, Jessica Jacks
Mental Health Promotion and Prevention (cost center HMHPP; this is a regional funding stream for Deschutes, Crook, and Jefferson)			
Activities implemented during reporting period	August 15, 2014 for January to June 2014; February 15, 2015	OHA-Addictions and Mental Health Division, Jeff Ruscoe	Project Coordinator, David Visiko



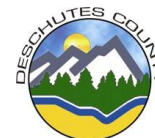
	for July to December 2014; August 15, 2015 for January to June 2015		
Number of persons served (males/females) and number of classes and training sessions offered	August 15, 2014 for January to June 2014; February 15, 2015 for July to December 2014; August 15, 2015 for January to June 2015	OHA-Addictions and Mental Health Division, Jeff Ruscoe	Project Coordinator, David Visiko
Number of courses completed and participants attending	August 15, 2014 for January to June 2014; February 15, 2015 for July to December 2014; August 15, 2015 for January to June 2015	OHA-Addictions and Mental Health Division, Jeff Ruscoe	Project Coordinator, David Visiko



Challenges or obstacles encountered	August 15, 2014 for January to June 2014; February 15, 2015 for July to December 2014; August 15, 2015 for January to June 2015	OHA-Addictions and Mental Health Division, Jeff Ruscoe	Project Coordinator, David Visiko
Successes Realized	August 15, 2014 for January to June 2014; February 15, 2015 for July to December 2014; August 15, 2015 for January to June 2015	OHA-Addictions and Mental Health Division, Jeff Ruscoe	Project Coordinator, David Visiko
Suicide Prevention (cost center HSCC)			
# of communities that establish MIS links across multiple agencies in order to share service population and service delivery	Quarterly	OHA-Center for Prevention and Health Promotion, Injury and Violence Prevention, Donna Noon and Portland State University	Project Coordinator, currently, Jessica Jacks



# and % of work group/advisory group/council members who are consumers/family members	Quarterly	OHA-Center for Prevention and Health Promotion, Injury and Violence Prevention, Donna Noon and Portland State University	Project Coordinator, currently, Jessica Jacks
#/percentage of individuals receiving MH or related services after referral	Quarterly	OHA-Center for Prevention and Health Promotion, Injury and Violence Prevention, Donna Noon and Portland State University	Project Coordinator, currently, Jessica Jacks
# of individuals which are either/or: contacted through program outreach efforts, exposed to mental health awareness messages, referred to mental health or related services, screened for mental health or related interventions, who have received training in prevention or mental health promotion	Quarterly	OHA-Center for Prevention and Health Promotion, Injury and Violence Prevention, Donna Noon and Portland State University	Project Coordinator, currently, Jessica Jacks
Total # of contacts made through outreach efforts	Quarterly	OHA-Center for Prevention and Health Promotion, Injury and Violence Prevention, Donna Noon and Portland State University	Project Coordinator, currently, Jessica Jacks
# of people in the mental health and related workforce training in specific mental health-related practices/activities as a result of the grant	Quarterly	OHA-Center for Prevention and Health Promotion, Injury and Violence Prevention, Donna Noon and Portland State University	Project Coordinator, currently, Jessica Jacks
# of organizations that are either/or: collaborating/sharing resources with others as a result of the grant, entered into formal written agreements to improve mental health-related practices/activities as a result of the grant, that regularly obtain/analyze/use mental-health related data as a result of the grant.	Quarterly	OHA-Center for Prevention and Health Promotion, Injury and Violence Prevention, Donna Noon and Portland State University	Project Coordinator, currently, Jessica Jacks



# of organizations or communities that demonstrate improved readiness to change	Quarterly	OHA-Center for Prevention and Health Promotion, Injury and Violence Prevention, Donna Noon and Portland State University	Project Coordinator, currently, Jessica Jacks
# of programs/organizations/communities that implemented one or more of the following: specific mental health related practices as a result of the grant, specific mental health related practices/activities consistent with grant goals, # of policy changes completed as a result of the grant	Quarterly	OHA-Center for Prevention and Health Promotion, Injury and Violence Prevention, Donna Noon and Portland State University	Project Coordinator, currently, Jessica Jacks
% funds expended and leveraged community resources toward the grant project	Quarterly	OHA-Center for Prevention and Health Promotion, Injury and Violence Prevention, Donna Noon and Portland State University	Project Coordinator, currently, Jessica Jacks
Health Education Initiative (cost center HADT)			
Performance report detailing what was accomplished in the action plan and an expense report	Annual	Deschutes County Health Services-DeAnn Carr	Prevention Coordinator, Jessica Jacks
18-25 Year Old High Risk Drinking Prevention (cost center HSPF)			
Community Readiness Assessment	2 times within 2011-2015	OHA-Addictions and Mental Health Division and Wyoming Survey and Analysis Center	Project Coordinator, Julie Spackman
18-25 year old alcohol treatment rates	Every three years	Wyoming Survey and Analysis Center-Carissa Dwyer	Project Coordinator, Julie Spackman
11th grade drinking (30-day use and binge drinking from OHTS and OSWS)	2 times within 2011-2015	OHA-Addictions and Mental Health Division and Wyoming Survey and Analysis Center	Project Coordinator, Julie Spackman
11th grade social availability of alcohol	2 times within 2011-2015	OHA-Addictions and Mental Health Division and Wyoming Survey and Analysis Center	Project Coordinator, Julie Spackman



11th grade perception of risk; parent disapproval and peer disapproval of alcohol	2 times within 2011-2015	OHA-Addictions and Mental Health Division and Wyoming Survey and Analysis Center	Project Coordinator, Julie Spackman
Coalition Self-Assessment	2 times per year	OHA-Addictions and Mental Health Division and Wyoming Survey and Analysis Center	Project Coordinator, Julie Spackman
Law enforcement interviews	2 times within 2011-2015	OHA-Addictions and Mental Health Division and Wyoming Survey and Analysis Center	Project Coordinator, Julie Spackman
Environmental Scan	2 times within 2011-2015	OHA-Addictions and Mental Health Division and Wyoming Survey and Analysis Center	Project Coordinator, Julie Spackman
Social Marketing Focus Groups	Per campaign		
Strategic Action Plan progress report	2 times per year	OHA-Addictions and Mental Health Division and Wyoming Survey and Analysis Center	Project Coordinator, Julie Spackman
Coalition Capacity Assessment Tool	One time per year	OHA-Addictions and Mental Health Division and Wyoming Survey and Analysis Center	Project Coordinator, Julie Spackman
Action Plan Update	Quarterly	Shared Future Coalition	Project Coordinator, Julie Spackman
Public property policy awareness	2 times per year	Wyoming Survey and Analysis Center via the CLI web portal	Project Coordinator, Julie Spackman
Social Marketing Campaign (counts of TV, newsletters, facebook, YouTube, brochures, presentations and website work)	2 times per year	Wyoming Survey and Analysis Center via the CLI web portal	Project Coordinator, Julie Spackman
Coalition Building	2 times per year	Wyoming Survey and Analysis Center via the CLI web portal	Project Coordinator, Julie Spackman
Tobacco Prevention and Education Program (TPEP)			
TPEP grant reports via verbal/written interviews with liaison	3 times per year: 1) 9/15-	OHA State Liaison, Tara Weston	TPEP coordinator,



	11/14/15 2) 12/8-1/15/16 3) 4/15-5/15/16		Penny Pritchard
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Maternal and Child Health

Nurse Home Visiting

What Must Be Reported	When Must it be Reported	To Whom Must it be Reported	By Whom Must the Report be Submitted
Comprehensive MCH plan (Title V)	Annually	Oregon Health Authority	MCH Program Manager
CaCoon Contract Accountability Report	Annually: July 1	Oregon Center for Children and Youth with Special Health Needs (OCCYSHN)	NHV Supervisor
OMC quarterly report	Quarterly	Oregon Health Authority	OMC Coordinator

WIC

What Must Be Reported	When Must it be Reported	To Whom Must it be Reported	By Whom Must the Report be Submitted
Expenditure and Revenue Report	Jan, April, July/ August, October	Oregon Health Authority	Pamela Ferguson Maternal Child Health Program Manager
Time Study	Jan, April, July, October	State WIC Office	Laura Spaulding, WIC Coordinator

Reproductive Health & STI

What Must Be Reported	When Must it be Reported	To Whom Must it be Reported	By Whom Must the Report be Submitted
Reportable STD Cases	Per OAR requirements	State-Orpheus	Reproductive Health team
Reproductive Health Annual Plan	January	State Reproductive Health Program	Reproductive Health Supervisor
MFMC quarterly billing and service report	Quarterly	State MFMC Program Administrator	MFMC team/ Accounting Technician
Cuidate quarterly activity report	Quarterly	State Cuidate Program Staff	Cuidate team
Project Connect quarterly report	Quarterly	State Project Connect Program Staff	Reproductive Health Supervisor