

Taney County Health Department

Administrative Policy & Procedure Manual



Public Health
Prevent. Promote. Protect.

Taney County Health Department



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January 11, 2012; March 27, 2013; February 23, 2015; March 28, 2016; April 28, 2018*

P:/HUMAN RESOURCES/MANUALS/

Preface

According to the State of Missouri Statutes, a public health center is established, maintained, and operated for the improvement of health of all inhabitants of Taney County, and for the furtherance of diagnostic and communicable disease control programs.

The Taney County Health Department was established in 1960 by a vote of the people to form a county board of health and allow a mill tax to be levied on personal property in Taney County in accordance with Missouri State Statutes. The Health Department is responsible for the development and enforcement of local public health ordinances; or the enforcement of state rules if local public health ordinances do not exist.

The National Association of City and County Health Officials (NACCHO) operational definition of local health departments identify characteristics of a local health department:

“All local health departments (LHDs), as governmental entities, derive their authority and responsibility from the state and local laws that govern them. Accordingly, all LHDs exist for the common good and are responsible for demonstrating strong leadership in the promotion of physical, behavioral, environmental, social, and economic conditions that improve health and well-being; prevent illness, disease, injury, and premature death; and eliminate health disparities.”

To that end, the Health Department utilizes the core functions of public health and NACCHO’s ten essential services of public health as guiding principles for the delivery of public health services. The Core Functions of Public Health include: Assessment, Policy Development, and Assurance. In 2005, the Health Department sought and received voluntary accreditation at the advanced level through the Missouri Institute for Community Health (MICH). MICH accreditation was recognition of Health Department’s achieving operational, infrastructure, workforce, and program standards based on the Core Functions and Essential Services of Public Health.

On May 13, 2015, the Taney County Health Department achieved national accreditation status from the Public Health Accreditation Board (PHAB). The standards and measures used by PHAB are the framework for evaluating a health department’s processes and services, their outcomes, and progress toward specific goals and objectives. The standards and measures are based on years of work developed by state-based public health accreditation programs, the National Public Health Performance Standards Program, and the Operational Definition of a Local Health Department. The standards and measures are used by TCHD to advance the practice of public health, reinforce the role of public health in the community, and demonstrate accountability.

In preparing for national accreditation, the standards and measures were used by TCHD: to review and revise health department processes, procedures, and programs; as a source of information on developing capacity and performance excellence in providing the core

Preface

functions of public health; to guide the internal development of quality; and to prepare for the documentation and site visit steps of the accreditation process.

The standards and measures of PHAB and MICH guide the leadership in the development of policies, procedures, and planning activities. Additionally, the standard and measures act are used to establish standard operating procedures and assist with identifying areas of improvement for TCHD.

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Section I: Purpose

INTRODUCTION

The Taney County Health Department will be cited as the Health Department; the Taney County Health Department Director will be identified as the Director.

Division Managers will include Financial Division Manager, WIC Division Manager, Clinical Division Manager, Environmental Division Manager, and the Community Outreach Division Manager.

1.1: MISSION, VISION, VALUES

Implemented: March 23, 2005

Revision: January 25, 2013

April 28, 2018

MISSION STATEMENT

Taney County Health Department improves the health and environment of the community through outreach, leadership, education, and coordination of services...accepting nothing less than excellence, professionalism, and compassion.

VISION STATEMENT

Creating opportunities for healthy lives in our community.

VALUES STATEMENT

We value integrity, learning, teamwork, positive communication, quality improvement and dedicated service to the community.

SECTION II: BOARD OF TRUSTEES

2.1: ELECTION OF TRUSTEES

Adopted, November 19, 1997

Revision, December 12, 2017-Section 11-Meetings, article 4

The Election Day for political subdivision officers is the first Tuesday after the first Monday in April each year, and is known as the general municipal Election Day.

The opening date for filing for office is 8:00 a.m. on the fifteenth Tuesday prior to an election. The Health Department shall notify the public of the opening filing date, the office(s) to be filled, the proper place for filing, and the closing filing date of the election, by legal notice in at least one newspaper in the county.

The Health Department Director shall notify the county clerk prior to 5:00 p.m. on the tenth Tuesday prior to the election, in writing, with a certified copy of the legal notice to be published.

SUMMARY OF ELECTION DATES:

Publish notice	Prior to fifteenth Tuesday prior to the election
Filing opens	8:00 a.m. fifteenth Tuesday prior to election
Filing closes	5:00 p.m. eleventh Tuesday prior to election
Notify county clerk of need to participate in election	Before 5:00 p.m. tenth Tuesday prior to election
General municipal election	First Tuesday after the first Monday in April (each year)
Elected trustees take office	Within ten days after election

If there are not enough candidates filing, the County Commissioners will appoint trustees to fill vacancies. Appointed trustees will serve until the next municipal election, when a trustee will be elected to fill the remainder of the expiring term.

After election, Health Department Board of Trustees serves for a term of four years, beginning with the April meeting after the election.

Any vacancy in the board of trustees caused by removal, resignation, or other cause shall be reported to the County Commissioners. The Commissioners will appoint a trustee to serve until the next municipal election, when the vacancy will be filled by election of a trustee to serve during the remainder of the term of his predecessor.

If the number of candidates is no greater than the number of positions to be elected, no election shall be held, and the candidates shall assume the responsibilities of the office at the same time and same manner as if they had been elected.

SECTION II: BOARD OF TRUSTEES

An election must still be held even if a number of candidates withdraw so that the number of candidates is equal to the number of positions to be filled.

References

- RSMO 115.121-127
- RSMO 205.031-041

2.2: MEETINGS OF THE BOARD OF TRUSTEES

According to Missouri law, all meetings of public governmental bodies are to be open to the public unless otherwise provided by law.

The Director of the Health Department shall post notice of the time, date, and place of each meeting of the Board of Trustees, and its tentative agenda of an open meeting; and whether the meeting is open or closed. Meeting Notices 610.020

The notice shall be posted on the bulletin board in the reception area of all Health Department facilities at least twenty-four hours, excluding holidays and weekends, prior to a Board of Trustees meeting.

A meeting may be closed only with a majority public vote of a quorum of the Board of Trustees. The vote of each member on the question of closing the public meeting shall be announced in the open meeting and entered into the minutes. Notice shall be given for any proposed closed meeting stating the reason as allowed in RSMO 610.021. Any votes taken during a closed meeting shall be taken by roll call. Decisions made or votes taken will be recorded and kept within the terms of RSMO 610.02.

When the Board of Trustees votes to meet in closed session, members must cite in open session the specific statute and subsection allowing closure. Once in closed session, they may not discuss any matter beyond the scope of the stated reason for the closed session. Only the portion of the facility necessary for its members to conduct the closed meeting may be closed, allowing space for the public to remain and attend any later open session.

If the Board of Trustees holds a meeting by conference call or other electronic means, the notice must specify the location where the public may observe and attend that meeting. If meeting is via Internet or other computer link, it shall post a notice on its Web site in addition to posting the notice in the Health Department locations.

If exceptional circumstances prevent the Director from posting notice 24 hours in advance or prevent the meeting from being held at a convenient time or in a place reasonably accessible to the public, the reasons should be stated in the meeting's minutes.

SECTION II: BOARD OF TRUSTEES

The Board of Trustees is authorized by Missouri law to close meetings for stated reasons according to RS610.011.

Any closed meeting should be posted on the agenda for public notification with the appropriate Sunshine Law authorization and reason included.

References

- RSMO 610.011
- RSMO 610.015 (roll call of votes)
- RSMO 610.021

2.3: BYLAWS OF THE TANEY COUNTY HEALTH DEPARTMENT

TANEY COUNTY HEALTH DEPARTMENT ESTABLISHED BY THE VOTERS OF TANEY COUNTY ON SEPTEMBER 1, 1960

BY-LAWS OF THE BOARD OF HEALTH DEPARTMENT TRUSTEES OF TANEY COUNTY MISSOURI

The Board of Health Department Trustees of the Taney County Health Department, hereinafter called the Board of Trustees, having been created by a vote of the people of Taney County, Missouri, in accordance with Sections 205.010 to 205.150 Revised Statutes of Missouri, 1949, as amended by House Bill No. 307, of the 66th General Assembly of Missouri, do hereby establish these by-laws for their guidance and for the operation of the Taney County Health Department.

SECTION I – ORGANIZATION

ARTICLE 1. These by-laws shall become effective and binding upon the Board of Trustees immediately upon their adoption. Three affirmative votes shall be required for the adoption of these by-laws.

ARTICLE 2. After thirty days' notice of suggested changes to all board members, any of the by-laws may be rescinded or amended at any regular meeting of the Board of Trustees. Three affirmative votes shall be required for such action.

ARTICLE 3. The officers of the Board of Trustees shall be Chairman, Vice Chairman, Secretary, and Treasurer.¹ At the Trustees discretion, the duties of Secretary and Treasurer may be combined. Officers will be elected by a vote of the board every two (2) years at the first regularly scheduled meeting after the county election of trustees. Following this meeting there shall be a review of the Trustees' bank signatures.

SECTION II: BOARD OF TRUSTEES

SECTION II – MEETINGS

ARTICLE 1. The Board of Trustees will hold meetings at least once each month. Three members of the board shall constitute a quorum for the transaction of business. ²

ARTICLE 2. The regular meeting of the Board of Trustees shall be on the fourth Monday of each month, at 9:00a.m., at the western office of the Health Department, located at 320 Rinehart Rd, Branson, MO. The next regular meeting date, time, and location may be changed by mutual agreement of at least three Board of Trustee members. In unusual circumstances, the regular or special called meeting of the Board may be conducted via a conference call. This must be posted and the public has access to the room containing the conference call equipment.

ARTICLE 3. Special meetings may be called by the Chairman at any time. All members must be notified of such special meetings at least three (3) days prior to such meetings.

ARTICLE 4. The Chairman shall preside at all meetings. In the absence of the Chairman, the Vice Chairman shall preside. In the absence of both the Chairman and the Vice Chairman, the Secretary shall preside. He/She may sign, with the Secretary or any other proper officer authorized by the Board of Trustees, any deeds, mortgages, bonds, contracts, or other instruments except in the cases where the signing and execution thereof shall be expressly delegated by the Board of Trustees or by these by-laws to some other officer or agent of the Department.

Any Board of Trustee Member may be removed if said Board Member fails to attend at least 4 monthly meetings per year, by the affirmative vote of a majority of the Members at a meeting of the Members at which a quorum is present. Any Board of Trustee Member may be removed for cause including, but not limited to, engaging in any behavior that is unethical, immoral or illegal, by the affirmative vote of a majority of the Members at a meeting called for the purpose of removing the Board of Trustee Member and the notice of such meeting shall state the purpose, or one of the purposes, of the meeting is removal of the Board of Trustee Member. Any such removal shall take effect at the time specified therein.

ARTICLE 5. The Director of the Health Department shall be present at all regular meetings of the Board of Trustees, and any other personnel directed by the Chairman or Director.

ARTICLE 6. The Secretary of the Board shall be responsible to insure that a complete record is kept of all proceedings of the Board. The actual recording and preparation of such a record shall be the duty of an administrative designee of the Health Department, except when otherwise noted and comply with all Missouri Sunshine Law requirements. ³

ARTICLE 7. The Treasurer of the Board, Director, and Chief Financial Officer shall be bonded.

ARTICLE 8. All Board meetings are open as provided by the Missouri Sunshine Law, except as allowed to be held closed by law. ⁴

SECTION II: BOARD OF TRUSTEES

FISCAL

ARTICLE 1. All payments for expenditures are made in the manner outlined in the Administrative Policy Manual (Section 4.3). All checks require the signatures of at least two authorized persons. Authorized persons are the members of the Board of Trustees (5) and the Director.

ARTICLE 2. All purchases for the Health Department will follow the procedures adopted in the Administrative policy manual, Section 4.8, purchasing procedures.

ARTICLE 3. The Board of Trustees shall hold a public hearing prior to the August board meeting to discuss the rate of the tax levy. At the regular board meeting following the public hearing, the board of trustees will set the rate of the tax levy except that the rate so determined shall not exceed the maximum rate authorized by the vote of the people of the county and the Hancock Amendment. The tax levy determination will then be submitted to the Taney County Clerk by August 31st. ⁵

SECTION IV – OPERATIONS AND ADMINISTRATION

ARTICLE 1. The Taney County Health Department is established, maintained, and operated for the improvement of health of all inhabitants of Taney County.⁶

ARTICLE 2. The Board of Trustees shall be responsible for developing and approving Public Health Policy for the Taney County Health Department. The Director shall be responsible for implementing policy in the day-to-day practice.

ARTICLE 3. At the regular meeting of the Board of Trustees in December, professional personnel shall present to the Board of Trustees a summary of the major public health programs and activities to be undertaken during the year. Such programs may be revised by the Board of Trustees as they deem necessary. Upon approval by the Board of Trustees, these programs shall constitute the official directives of the Board of Trustees for the following year's operations. Activities may be added to or deleted from these directives at any time by the Board of Trustees.

ARTICLE 4. No public health activity capable of having a controversial or disturbing influence upon any appreciable portion of the county shall be undertaken by any of the health department personnel without prior approval of the Board of Trustees. This article shall not, however, restrict health department personnel from acting on their own initiative in case of an emergency involving a direct threat to life or health.

SECTION II: BOARD OF TRUSTEES

ARTICLE 5. A member of the Board of Trustees shall visit the County Health Department at least twice each month.⁷ Board members will attend monthly board meetings, as well to authorize accounts payable the 10th, 20th and last day of the month.

ARTICLE 6. The Director shall present to the Board of Trustees, at the regular meeting, a summary of activities for the preceding month.

ARTICLE 7. An annual report of the activities of the County Health Department for each calendar year shall be prepared under the direction of the Director. Draft copy of such report shall be submitted to the Board of Trustees no later than the June meeting of the Board of Trustees. Upon approval by the Board of Trustees, this report shall be reproduced and distributed to interested persons and agencies as may be directed by the Board of Trustees.

ARTICLE 8. The Director of the Taney County Health Department shall be selected by the Board of Trustees.

ARTICLE 9. The authority and responsibility of the Director is not necessarily limited to, but shall include the following:

- (a) Health Officer for the county health department (RSMO 205.100) ⁸
- (b) Plans, organizes, directs and coordinates the activities and on-going functions of the Health Department including, but not limited to:
 - 1. Personnel
 - 2. Clinic scheduling
 - 3. Office equipment and supplies
 - 4. Submission of requisitions
 - 5. Receipt of merchandise
 - 6. Maintenance of office, equipment, repairs, etc.
 - 7. Janitor services
 - 8. Inventories, etc.
- (c) Maintains on-going liaison among the governing body, the group of professional personnel and the staff.
- (d) Employs qualified personnel.
- (e) Ensures the accuracy of public information materials and activities.
- (f) Ensures the implementation and maintenance of an effective budgeting and accounting system.
- (g) Designates in writing a qualified person to act in the absence of the Director.
- (h) Authorized to act as the agent of the Board of Trustees in negotiating and entering into contracts deemed appropriate and necessary in the operation of the Health Department.
- (i) The Director is responsible for clerk keeping all administrative records for office as a whole, time sheets, payrolls, etc.
- (j) Approval and payment of expense accounts.

SECTION II: BOARD OF TRUSTEES

- (k) The Director is responsible for assembly of reports for department as a whole, not specialized field.
- (l) The Director is not responsible for technical supervision of personnel of other professions and/or entities.

ARTICLE 10. Personnel of the Health Department may be hired or discharged only by the Director and/or the Board of Trustees. The Board of Trustees shall set the compensation for all personnel of the Health Department. ⁹

Qualifications of all persons employed in the Health Department will be at least equal to the minimum standard of qualifications as set forward by the Missouri Department of Health.10 (See Personnel Manual of the Taney County Health Department)

ARTICLE 11. All personnel of the Health Department shall be subject to the rules set forth the Personnel Manual of the Taney County Health Department.

ARTICLE 12. Positions of the Health Department must be approved by at least three affirmative votes of the Board of Trustees.

ARTICLE 13. Employees of the Health Department are not Missouri State Merit System employees. The employees are subject to the Personnel Policies and Pay Schedule adopted by the Taney County Health Department Board of Trustees.

ARTICLE 14. The Treasurer of the Board of Trustees or the Director's designee shall be responsible for all funds received by the Health Department. He/she shall maintain such depository as deemed necessary by the Board of Trustees. He/she shall give to the Board, at each monthly meeting, a report of the financial status of the Health Department.

ARTICLE 15. No trustee shall receive any compensation for services performed, but may receive reimbursement for any cash expenditures actually made for personal expenses incurred as such trustee. An itemized statement of all such expenses and money paid out shall be made under oath by each of such trustees, filed with the Secretary, and allowed only by majority vote of the trustees present at a meeting of the Board. ¹¹

ARTICLE 16. The Board of Trustees shall make and adopt such by-laws, rules and regulations for their own guidance and for the governance of the Health Department as may be deemed expedient for the economic and equitable conduct thereof. The Board of Trustees shall have the exclusive control of the expenditures of all monies collected to the credit of the Health Department fund, and of the purchase of site or sites, the purchase or construction of any Health Department buildings, and of the supervision, care and custody of the grounds, rooms or buildings purchased, constructed, leased or set apart for that purpose. All monies received for the Health Department shall be deposited to the credit of the Taney County Health

SECTION II: BOARD OF TRUSTEES

Department fund, and paid out only upon warrants ordered drawn by the Treasurer of the board of trustees upon properly authenticated vouchers of the board of trustees.¹²

ARTICLE 17. The Board of Trustees may enter into contracts and agreements with federal, state, county, school, and municipal governments, and with private individuals, partnerships, firms, associations and corporations for the furtherance of health activities, except as hereafter prohibited.¹³

ARTICLE 18. The Board of Trustees shall not enter into contracts for the private practice of medicine, nor shall any of its personnel practice medicine nor dispense drugs, vaccines or serums for personal gain, nor shall its facilities be used for such purposes in any way except as it may be necessary and agreed upon between the Board of Trustees and county court or courts for the care of the indigent for whom the court or courts may be responsible, or except in furtherance of diagnostic and communicable disease control programs.¹⁴

ARTICLE 19. Any person, firm, organization, society or corporation desiring to make donations of money, personal property or real estate for the benefit of the Health Department shall have the right to vest title of such property so donated, in the county or counties, to be controlled when so accepted by the Board of Trustees according to the terms of deed, gift, devise or bequest of such property. ¹⁵

ARTICLE 20. The Board of Trustees shall prepare and submit to the county budget officer a budget for the ensuing year at the time and in the manner provided by the county budget law applicable to Taney County.¹⁶

By Laws Amended and Revised: March 27, 2013.

SECTION III: FOUNDATIONS FOR PUBLIC HEALTH PRACTICE

3.1: ORDINANCES ADMINISTRATIVE POLICY MANUAL

Revised: April 28, 2018

To consult ordinances enforced by the Health Department, see the Taney County Ordinance file in the Director's Office. This includes:

- County ordinances which the Department is enforcing through agreements with the county
- Ordinances from other jurisdictions within Taney County which the department is enforcing through contractual agreements
- Department ordinances
- State rules and statutes can be accessed through the Missouri General Assembly website: <http://www.moga.mo.gov/mostatutes/statutesAna.html>

3.2: MISSOURI REVISED STATUTES

The Taney County Health Department is established, maintained and operated for the improvement of health of all inhabitants of Taney County," and for the furtherance of diagnostic and communicable disease control programs.

To consult Missouri statutes, see the Missouri Government web site at:

<http://www.moga.mo.gov/statutesearch/>

References

- RSMO 205.050

3.3: MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES RULES

Adopted: August 30, 2006

It will be the policy of the Taney County Health Department to utilize the following Department of Health and Senior Services Manuals as references for Missouri Department of Health and Senior Services rules. Current editions will be maintained by division managers or accessed online through Missouri Department of Health and Senior Services.

Childcare Sanitation Inspection Manual, Missouri Department of Health and Senior Services (see Taney County Health Department Administrative Policy Manual Section 8.3)

Disaster and Emergency Response Manual, Section for Environmental Public Health, Missouri Department of Health

SECTION III: FOUNDATIONS FOR PUBLIC HEALTH PRACTICE

Environmental Health Operational Guidelines, Missouri Department of Health and Senior Services

Communicable Disease Investigation Reference Manual, Missouri Department of Health and Senior Services

Healthy Beginnings Case Management Handbook, Missouri Department of Health and Missouri Department of Social Services

Immunization Guidelines, Bureau of Immunization, Missouri Department of Health

Laboratory Services Manual, State Public Health Laboratory, Missouri Department of Health

Lead Poisoning Prevention Manual, Missouri Department of Health and Senior Services

Local Registrar's Training Manual, Missouri Vital Records Program, Missouri Department of Health

Public Health Nursing Manual, Missouri Department of Health and Senior Services

Public Health Vaccine Delivery System, Section of Vaccine-Preventable and Tuberculosis Disease Elimination, Missouri Department of Health

Sexually Transmitted Disease Manual, Missouri Department of Health and Senior Services

Tuberculosis Control Manual, Missouri Department of Health and Senior Services

WIC Manual, Bureau of WIC, Missouri Department of Health

3.4: PHYSICIAN STANDING

Revised: April 28, 2018

The Taney County Health Department will annually review and maintain standing orders signed by the Medical Director for provision of public health services including; immunizations; testing and screening; disease investigation and follow-up.

References

- Physician standing orders
- Taney County Health Department Nursing Policy and Procedure Manual

SECTION III: FOUNDATIONS FOR PUBLIC HEALTH PRACTICE

3.5: ANNUAL REVIEW OF POLICY

Revised: April 28, 2018

The Health Department Division Managers will annually review all programs and policies such as: Administrative Policy Manual, Personnel Policy Manual, Clinical Division Policy and Procedure Manual, Emergency Response Plan, Environmental Policy Manual, Epidemiology Policy and Procedure Manual, Human Resources Procedure Manual, Financial Policy and Procedure Manual, Communication Plan, Community Outreach Policy and Procedure Manual, and WIC and note revisions which are necessary to conform to public health laws, regulations, and rules. This annual review will constitute an internal evaluation process to assure that Health Department activities comply with state statutes and rules, local ordinances, policy and procedure manuals.

The Division Managers will develop new policies based on recommendations and guidance from the Board of Trustees. The Division Managers will translate adopted policies into operating program procedures.

Established policies, state statutes and rules, and local ordinances will be used to guide public health activities.

New Board of Trustee members will be provided with a copy of the Administrative Policy Manual as a part of their orientation. The Board of Trustees will approve the Administrative Policy Manual annually.

New staff and Division Managers will be oriented to the Administrative Policy Manual, and current staff will be informed of revisions to the manual.

References

- Missouri Department of Health and Senior Services

SECTION IV: ADMINISTRATION

4.1: ANNUAL REPORT TO THE BOARD OF TRUSTEES OF DIVISION GOALS

Administrative Policy Manual

According to Health Department Board of Trustees By-Laws, (Section IV, Article 3) the Director shall submit to the trustees a report detailing the major public health programs and activities to be undertaken for the upcoming year.

During October and November, the Director will collect the information regarding the planned activities, as well as estimated budgets. The report shall be summarized and presented at the December board meeting for approval by the Board of Trustees.

In accordance with Section IV, Article 20 of the Board of Trustees By-Laws a budget for the ensuing year will be provided to the Taney County budget officer.

References

- RSMO 205.090.1
- Taney County Health Department Board of Trustees By-Laws

4.2: DONATIONS AND FEES, REVISED AUGUST 23, 2007

Donations

In order to provide a broader range of services, donations can be accepted.

Fees

Taney County residents will not be refused Health Department services related to communicable disease investigation or treatment, regardless of ability to pay.

A fee may be charged for some services which are not essential to public health core functions (such as some adult immunizations and flu shots for those not at high risk, etc.). Services may be denied for inability to pay.

A Standard Service Fee will be charged for services provided to non- Taney County residents. The Standard Service Fee applies to services such as: immunizations (adult and children), STD testing and treatment, TB skin tests, pregnancy testing, laboratory services, immigration services, water testing, and nursing consult visits for medication assistance or bill reconciliation. This fee does not apply if an employer or agency in the county is providing the service for a non-Taney County resident, such as Hepatitis A or B.

Services provided through a contract with another entity will be suspended if the contractor refuses to pay or funds are expended.

SECTION IV: ADMINISTRATION

Fees for birth certificates and death certificates are established by Missouri Law, and services may be denied for inability to pay.

Fees for environmental health services are set by county ordinances or by Municipalities that have an agreement with the Health Department to enforce their ordinances.

The fee schedule for health department services is maintained by program managers, filed with the chief financial officer with copies present in health department offices. Fees cannot exceed the cost of service in compliance with the Hancock amendment. All fee increases will be presented to the board of trustees for approval.

The Board of Trustees approved an ordinance adopting the 2009 FDA Food Code. The approved ordinance includes a fee schedule.

See Fee Schedules, Appendix B.
References

- Missouri Revised Statutes Chapter 192; Section 192.300

4.3: PAYROLL AND ACCOUNTS PAYABLE

Adopted, December 17, 1998. Revised, April 28, 2018

The Director may designate the appropriate personnel to be responsible for payroll and accounts payable.

The Human Resource Coordinator will review, prepare, and process payroll and prepare checks for signature or direct deposit after review by the Chief Operating Officer or his designee.

The Chief Financial Officer (CFO) will approve all bills, invoices, and expense accounts for payment, and prepare checks for signature or for payment by Department credit card.

The Director will review all payments for accuracy before signing checks. The treasurer (or other board member) will also sign the checks. Two signatures will be required for checks.

For accounts payable, the Financial Division will retain a check stub and approved invoice.

At the end of the month, all checks will be accounted for and placed in order. The checks will be filed and retained for audit.

At the monthly board meeting, a list of accounts payable and summary of payroll will be presented to the board for review.

SECTION IV: ADMINISTRATION

4.4: USE OF THE HEALTH DEPARTMENT CLASSROOM OR BUILDING

Adopted, July 20, 2000. Revised, April 28, 2018

Any individual or group requesting to use a Health Department conference room for a meeting should meet the following guidelines:

1. The group, or purpose of the meeting, should be related to a public-health issue or community issue deemed valuable by the health department.

The normal fee for use of the classroom is \$100.00 for the first two hours, and \$50.00 for each additional hour. Fees may be waived by the Director.

All facility use arrangements must be approved by the Director or designee. Reservations of the facility will be made with a designee for each office location. A member of staff must be present in the building during the meeting time and responsible for securing and locking the building after the meeting time.

Before any group uses the facility, Health Department staff should remove any confidential materials, and make sure that all doors leading to other areas of the Health Department are closed to ensure confidentiality of Health Department records.

A liability release form may be required for use of the room.

4.5: CASH MANAGEMENT

Adopted, July 20, 2000.

All employees have a fiduciary responsibility to the Taney County Health Department (TCHD) to handle cash transactions in accordance with this policy. Thus, this policy applies to all Department funds and all approved cash handling departments. Cash handling departments are those areas or departments where cash is handled – through a petty cash, or change fund, and/or cash receipts.

Strong internal controls for cash collection are necessary to prevent mishandling of funds and are designed to safeguard and protect employees from inappropriate charges of mishandling funds by defining their responsibilities in the cash handling process. The cash handling policy requires that areas receiving cash be approved by the COO as a cash collection point. A cash collection point is defined as a department that handles cash on a regular basis through the use of a change fund. A change fund is a fund established at the departmental level for the purpose of supporting a sales or service operation. The change fund is used to make change for direct sales of goods or services.

The purpose of a petty cash fund is to allow for the reimbursement of minor business expenses in an efficient and cost effective manner where unforeseen circumstances preclude following

SECTION IV: ADMINISTRATION

regular payment or reimbursement processes. The Health Department maintains a number of petty cash funds. The oversight of these funds is the responsibility of the COO, which authorizes their establishment or modification. Each approved petty cash fund will have a Custodian, who is responsible for reconciling the fund on a regular basis (at least monthly), maintaining required records regarding disbursements that have been made from the fund, and replenishing the fund within the approved level for the fund.

The use of petty cash funds should be limited to reimbursement of employees not to exceed \$100.

Petty cash funds should not be commingled with any other fund. Minor approved business expenses should be reimbursed from the fund using a Petty Cash Voucher. No expenses that are reportable to the IRS or subject to income tax withholding may be reimbursed through petty cash.

Cash is not to be accepted or issued by any employee for any purpose unless that employee has been named the fund custodian (appointed by the department head and the COO) or designated cash handler. A Cash handler is the departmental employee(s) assigned the responsibility for the receipt or deposit of cash and/or credit card sales. Cash handlers must adhere to the same standards of accountability as fund custodians. The same person may be both a fund custodian and a cash handler. For the purposes of this policy, cash is defined as currency, personal or institutional bank drafts (checks), money orders, cashiers' checks, travelers' checks, or credit card payments. For the purposes of this policy, currency is defined as USA money (dollars and coins). It does not include bank checks or other negotiable instruments.

Acceptance of personal checks as payment for goods and/or services is restricted to checks approved by the fund custodian.

Cash handling departments shall follow the TCHD's standard cash procedures outlined below and shall be subject to periodic review for standards of accountability and compliance with TCHD policies.

A Fund Custodian is the departmental employee specifically authorized to manage monies in a cash fund. The fund custodian is responsible for the fund's safekeeping and for ensuring that monies are deposited and accounted for in accordance with this policy. The fund custodian for each department will be named by the department head and explicitly appointed by the chief financial officer or designee.

Fund custodians will be responsible for overseeing the cash handling operations and accounting in their area and for ensuring copies of cash receipt logs and departmental daily cash reports are maintained with departmental records and readily available for audit.

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Security

It will be the custodians' responsibility to provide adequate precautions for the safekeeping of the funds under their control. All petty cash funds must be stored in a secured device such as a safe. Funds should never be left unattended and unsecured. In the event funds are lost or stolen, the custodian or Division Manager must contact the Director and COO. Any funds missing from petty cash will be charged to the responsible Division and the custodian may be subject to disciplinary action for any violations of this policy contributing to the loss of funds.

4.6: USE OF HEALTH DEPARTMENT EQUIPMENT

Adopted, June 17, 1976. Revised, August 23, 2007.

The Health Department occasionally allows other agencies and individuals to use professional and medical equipment for public health related purposes.

The Director or designee may approve the loan of equipment to other agencies or individuals.

In order to protect valuable equipment from theft or loss, an equipment use agreement should be completed for any equipment which is loaned. The equipment use agreement should state:

- Name of agency borrowing equipment
- Name of person picking up equipment and contact information
- Purpose for which equipment is being used
- Description of equipment
- Date equipment will be returned

Persons receiving equipment on loan should have proper identification and should sign for the equipment. If equipment is not returned by stated date, the Director or designee will follow up.

References

- Minutes, Board of Trustees, June 17, 1976

4.7: USE OF BULLETIN BOARDS

Adopted, July 20, 2000. Revised, April 28, 2018

A bulletin board for health department displays of information to the public is located in the front entryway of each building. The bulletin board should be checked occasionally, and outdated notices removed. Bulletin boards are not for public use.

SECTION IV: ADMINISTRATION

A bulletin board for staff use is designated for each location. Posters and notices required to meet federal and state guidelines and any information related to public health will be posted on this bulletin board.

4.8: PURCHASING PROCEDURES

Adopted, July 20, 2000.

The Board of Trustees shall make tentative approval for operating expenditures and purchases by approving the budget.

The Health Department will utilize purchase orders per approved procedure.

The Division Manager or Program Supervisor can purchase supplies by ordering or buying through a local vendor per approved procedures. See Procedure Appendix.

Division managers may order specific program related supplies to ensure quality, durability, and functional compatibility. Requests for such items need to include identifying information such as manufacturer, brand, model number, etc. to ensure that the requested standards are met.

Purchases for general / office supplies can be made by verbal or written request to the accounting clerk per approved procedures. See Procedure Appendix.

Information Technology equipment, software, etc. purchases must be approved by the Information Technology Division Manager to ensure compatibility with the network and other related specifications.

For items in the amount of \$5,000 or more, three bids/proposals shall be submitted by the Director to the Board of Trustees for selection of vendor. The Board of Trustees is not required to accept the lowest bid if they do not deem accepting the lowest bid to be in the interest of the Health Department.

Whenever possible, economical, and feasible, a local (within the county) vendor should be used for purchases.

Documentation regarding all purchases shall be retained with the statement including the canceled check paying the statement, copy of check or printed bank check summary.

In order to avoid conflicts of interest, any related party transactions which can be foreseen shall be discussed at the January board meeting, and shall be approved or disapproved by the Board of Trustees.

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References

- By-Laws of the Taney County Health Department

4.9: RECORDS RETENTION

Adopted, August 23, 2007. Revised, April 28, 2018

RECORD	RETENTION PERIOD
Board of Trustees	
Notices of open meetings	Permanent
Meeting agendas	Permanent
Minutes of meetings	Permanent
Administrative Records	
Administrative Policy Manual	Permanent and updated
Policy and Procedure Manuals	Permanent and updated
Personnel Manual/Employee Handbook	Permanent and updated
Correspondence	Completion of audit
Incident reports – visitors	10 years
Inventory	Permanent and updated
Legal opinions from attorneys	Permanent
Memorandums (policy, management, and fiscal)	Completion of audit
News releases	Three years
Surveys	Three years
Insurance policies	Term of policy and completion of audit
Property records	Permanent
Personnel Records	
I-9 Verifications	Term of Employment plus one year or 3 years after hire date whichever is later
Resumes for employment	One Year
Current job descriptions	Permanent and updated
Individual job descriptions	Term of employment plus 3 years
Individual registry and license	Term of employment plus 3 years verification
Deductions authorized by law	Term of employment plus 3 years
Deductions authorized by employee	Term of employment plus 3 years (deferred comp, hospitalization insurance)
Withholding tax exemption certificates	Term of employment plus 3 years (W-4's)

SECTION IV: ADMINISTRATION

Withholding tax statements (W-2's)	Term of employment plus 3 years
Disciplinary notices	Term of employment plus 3 years
Grievance filings	Permanent
Individual vacation and sick leave	Term of employment plus 3 years
Participation in benefit programs	Term of employment plus 3 years
Personal information release	One year
Personnel files (active)	Permanent
Personnel files (inactive)	Three years
Personnel tax records	Term of employment plus 3 years
Record of continuing education	Term of employment plus 3 years

Financial Records

Assessed valuations	Completion of audit plus 3 years
Annual budget	Completion of audit plus 3 years
Audit reports	Permanent
DOH annual report	Completion of audit plus 3 years
Individual earnings records	Completion of audit plus 3 years
Expense records	Completion of audit plus 3 years
Purchase orders, packing slips, invoices, bills paid, and check stubs	Completion of audit plus 3 years
Cash receipts	Completion of audit plus 3 years
Bank statements	Completion of audit plus 3 years
Checkbook reconciliation	Completion of audit plus 3 years
Profit and loss statements	Completion of audit plus 3 years
Net worth reports	Completion of audit plus 3 years
Check registers	Completion of audit plus 3 years
Cancelled checks	Completion of audit plus 3 years
Money market account reports	Until account is closed and completion of audit
Certificate of deposit reports	Until account is closed and completion of audit
Contracts (service)	Term of contract and completion of audit plus 3 years
Deposit slips	Completion of audit
Insurance claims (Medicaid)	Five years
Insurance claims (Medicare)	Five years

Vital Records

Birth certificates	Copies should be retained as long as possible. Permanent record is forwarded to State
Death notices	Until death certificate is received

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Death certificates	Register should be retained as long as possible; Permanent record is forwarded to State
Licensed embalmers register	Permanent
Medical Records	
Patient questionnaires (applications for medical services, may include personal financial statements)	One year
Immunization records	Until patient death plus ten years
In-house client files	Client reaches age 23 and/or has not been seen in 10 years
Family Planning Records	Seven years past date of last visit
Show Me Healthy Women	Seven years past date of last visit
Blood pressure	Client reaches age 23 and/or has not been seen in 10 years
TB tests	Client reaches age 23 and/or has not been seen in 10 years
HIV tests	Client reaches age 23 and/or has not been seen in 10 years
STD tests	Client reaches age 23 and/or has not been seen in 10 years
Pregnancy tests	Retained for 10 years
Incident reports Clients	10 years
Communicable disease reports	3 years (sent to state)
WIC	
Administrative reports	Receipt of audit closure letter and after state audit
Client files	Client reaches age 23 and has not been seen in 10 years
Environmental	
Food inspections	3 years
Lodging inspections	3 years
Child care sanitation inspections	Completion of audit plus 3 years
Water Sample Test Results	3 years
Maternal and Child Health	
Home visit referrals/reports	Client reaches age 23 and/or has not been seen in 10 years
Dental*	
Dental patient records	7 years after client reaches age 18
Animal Control Records	
Bite reports and investigations	Permanent

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Note: Medical files involved in litigation issues need to be retained permanently

Reference

- Missouri RS Chapter 332, Section 332.052

*Dental Policy and Procedure Manual

4.10: REQUESTS FOR PUBLIC RECORDS (SUNSHINE LAW REQUEST)

Adopted, July 20, 2000. Revised, March 27, 2013.

All public records of public governmental bodies are open to the public for inspection and copying. The Director shall act as the custodian of records.

All requests for public records of the Health Department should be given, in writing, to the Director or his designee. Original public records of the Health Department should not be removed from the premises.

Fees for copying public records, except those records restricted under section 32.091, RSMo, shall not exceed ten cents per page for a paper copy not larger than nine by fourteen inches, with the hourly fee for duplicating time not to exceed the average hourly rate of pay for clerical staff of the public governmental body. Research time required for fulfilling records requests may be charged at the actual cost of research time.

Requests for access to public records shall be acted upon by the end of the third business day following the date the request is received by the Director, except for reasonable cause. If access to records is denied, the Director shall provide, upon request, a written statement of grounds for denial.

Material which is open to the public shall be kept separate, as far as practical, from materials which are closed to the public.

Examples of public records:

- Notice of open meetings
- Board meeting agendas
- Minutes of Meetings of Board of Trustees (excluding Closed Session Minutes)
- Job descriptions
- Assessed valuations
- Annual budget
- Audit reports
- Financial reports
- Food inspections
- Lodging inspections
- Environmental complaints
- Individual salary and benefit information
- Bank statements

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Examples of closed records:

- Minutes of Closed Session of Board of Trustees
- Applications for employment
- Personnel records
- Grievance filings
- Vital records, unless allowed by statute
- All patient medical records, except as allowed by statute
- WIC client files

4.11: REQUESTS FOR INDIVIDUAL MEDICAL RECORDS AND CONFIDENTIALITY OF CLIENT RECORDS

Adopted, July 20, 2000. Revised, April 28, 2018

Individual client medical records are not public records.

Individual client records are confidential and may not be released to any person except the client, legal guardian or legally authorized representative of a client, except that, under Missouri law, the Missouri Department of Health is authorized to receive information from client medical records.

Requests by individuals for medical records of Client must be made in writing by the client, legal guardian, or legally authorized representative of a client.

Section 191.227, RSMo sets the base rate for fees for copying medical records. Reimbursement for copying will be requested in an amount not more than those prescribed by the state statute. Other costs which may be requested for reimbursement include postage, to include packaging and delivery cost; and Notary fee (not to exceed two dollars), if requested. The Taney County Health Department may charge for the reasonable cost of all duplications of health care record material or information which cannot routinely be copied or duplicated on a standard commercial photocopy machine.

The section of 191.227 also provides that effective February 1st of each year, the fees shall be increased or decreased based on the annual percentage change in the unadjusted, U.S. city average, and annual average inflation rate of the medical care component of the Consumer Price Index for all urban consumers (CPI-U). The section further provides that the current reference base of the index, as published by the Bureau of Labor Statistics of the U.S. Department of Labor, shall be used as the reference base.

The Health Department will forward reports of all diseases and conditions mentioned in 19 CSR 20 - 20.020 to the Missouri Department of Health and Senior Services.

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Medical record information may be released by the Health Department in a statistical aggregate form that prevents the identification of client, physician, or medical facility.

References

- RSMO 191.227
- 19 CSR 20-20.070

4.12: PUBLIC INFORMATION MANAGEMENT DURING A PUBLIC HEALTH EVENT

Adopted, July 20, 2000. Revised, April 28, 2018

In the event of a public health incident which could cause alarm to the public, every effort should be made by Health Department staff and trustees to handle the incident in a professional manner.

One person shall be assigned by the Director to deal with media relations. All staff should direct media requests to the designated Public Information Officer (PIO) or the Director.

In the event of a public health incident, the Director shall keep all members of the Board of Trustees informed regarding Health Department activities, since they may also be approached by media personnel. If necessary, an emergency meeting of the Board of Trustees may be called to decide policy issues arising in the course of an incident.

Employees and Board Members should be reminded during an emergency that all media requests would be referred to the PIO. Any unauthorized release of information will be cause for disciplinary review. All information released to the public will be coordinated through the PIO and approved by the incident commander. The designated spokesperson for the event will be the only person authorized to provide media interviews unless otherwise authorized by the incident commander.

Reference

- See Annex C of the Health Department Emergency Response Plan

4.13: RECOVERY OF ADMINISTRATIVE RECORDS AFTER A DISASTER

Adopted, August 23, 2007

Financial records are recorded in the Accounting Software, which is located on the network server. The server files are backed up daily and are being replicated to the Forsyth office and Branson office servers. In the event of a disaster which destroys the records of a health department building backed up files can be recovered from the server located in either office location, financial records could be recovered from the last offsite backup.

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Administrative computer files from each workstation are backed up daily to the server. This includes files relating to the Board of Trustees, budget, cost accounting, and billing.

Financial records pertaining to the checking account, money market account, and certificates of deposit could be recovered from the banks holding the accounts. The certificates of deposit are stored in the safe deposit box at First Community Bank in Forsyth. Persons authorized to access the safe deposit box include the Director, Chief financial officer, and the Secretary/Treasurer of the Board. The key will be kept in a locked cabinet in the CFO's office and Director's office.

Insurance policies could be recovered from the companies holding the accounts.

4.14: HIPAA POLICY (HEALTH INFORMATION PORTABILITY AND ACCOUNTABILITY ACT)

Adopted, August 23, 2007. Revised, April 28, 2018

The mission of the Health Department is to protect and promote the health of the population of Taney County. In order to protect clients who, receive services through the health department, HIPAA procedures, guidelines and policies as outlined in the TCHD HIPAA Policy and Procedure Manual are required to be followed.

4.15: CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES (CLAS)

Adopted, March 27, 2013

The Taney County Health Department (TCHD) has developed this policy based on recommendations from the national standards for culturally and linguistically appropriate services (CLAS) to make the department more responsive to the needs of all clients and to increase their satisfaction with and access to high quality services provided by the department and close the gaps in health status across diverse populations within the county.

The TCHD will develop strategies, policies and programs that support improving health care access and utilization efforts, enhancing the quality of services within culturally diverse and underserved communities, and promoting cultural and linguistic competence. TCHD will provide interpretive services or translators to customers/ clients requesting this service at no cost to the client; and develop culturally and linguistically appropriate materials and interventions based on the needs of the county as assessed through social marketing techniques, community health assessment, customer service feedback, and program demographic data.

The TCHD will accommodate differences in language and culture and offer language assistance services such as interpreters or bilingual providers. The TCHD will provide staff with cultural diversity training and provide clients with culturally sensitive services. In circumstances of low

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literacy, low health literacy, and developmentally disabled, employees shall allocate the best resources for the client to ensure optimal understanding. In order to meet the needs of the rural, low-income, and transient populations, TCHD will work with community partners to ensure accessibility to services. TCHD staff will also participate in annual training through the Poverty Summit or other trainings that focus on culturally and linguistically appropriate services.

The Taney County Health Department will strive to provide culturally competent care by:

- Developing and reviewing strategies to overcome cultural, language, and communications barriers;
- providing an environment in which clients from diverse cultural backgrounds feel comfortable discussing their cultural health beliefs and practices in the context of negotiating treatment options;
- using community partners as a check on the effectiveness of communication and public health interventions;
- encouraging clients to express their spiritual beliefs and cultural practices;
- being familiar with and respectful of various traditional healing systems and beliefs and, where appropriate, integrating these approaches into treatment plans,
- ensuring that when individuals need additional assistance, it may be appropriate to involve a patient advocate, case manager, or ombudsperson with special expertise in cross-cultural issues.
- ensure that staff receive cross-cultural education and training, and that their skills in providing culturally competent care are assessed through testing, direct observation, and monitoring of client satisfaction with individual staff/personnel encounters.

Additional information for implementation of this policy can be found in the Manager's Handbook.

4.16: STAFF NOTIFICATION OF PROGRAM CHANGES

Adopted, September 28, 2005. Revised, April 28, 2018

The Health Department staff will be informed of any new or revised policy or procedure as required by state statute or because of any internal program changes.

The staff will receive notice of changes from the Director or Division manager, or HR Coordinator.

The Division Manager or HR Coordinator will maintain the original copy of changes and staff checklist. The Director will be responsible for assuring all staff members have been informed.

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4.17: PROCEDURE FOR CLIENT COMPLAINTS

Adopted, September 28, 2005

It is the focus of the Health Department to ensure the continuing improvement in customer service for all clients. Any concerned individual has the right to file an informal or formal complaint concerning issues associated with the Health Department.

Customer service complaints may be made by telephone, mail, via comment card, or in person at all office locations.

Customer Service complaint will be reviewed at management meetings to identify areas of needed improvement as per approved procedure.

4.18: PUBLIC NOTIFICATION OF PROGRAM CHANGES

Adopted, September 28, 2005. Revised, March 27, 2013

Any program changes that will affect individuals or groups that rely on certain Health Department services will be posted in each office and published in the media. In some situations, a letter may be sent directly to a specific group. The public should receive notification of these changes in advance of the effective date.

Development of public notifications are the responsibility of the Division Managers and sent to media by the PIO. A file shall be maintained of all public notifications including: letters, posters, media articles, website, social media, or radio/TV public service announcements (PSA's). A copy of any notification will be sent to the Public Information Officer to be maintained in a master file.

4.19: CONTINUOUS QUALITY IMPROVEMENT

Adopted, August 23, 2007. Revised, April 28, 2018

The Health Department is intrinsically committed to the tenets of Continuous Quality Improvement. This is acknowledged in the Health Department's value statement of "We value integrity, learning, teamwork, positive communication, quality improvement and dedicated service to the community." This forms the basic principles of Continuous Quality Improvement (CQI).

The intent of this policy is to articulate and formalize the Health Department's CQI initiative so that it becomes an intricate and indispensable part of the day-to-day operations.

All members of the Health Department will be responsible for involvement with CQI. Refer to the approved CQI Plan, maintained by the CQI team leader.

SECTION IV: ADMINISTRATION

4.20: GRANT APPLICATIONS

Adopted, January, 2011. Revised, April 28, 2018

TCHD will establish a Grant Committee consisting of members of the leadership team and staff. The purpose of this committee will be to review grant proposals, assist with grant writing, and ensure the coordination of TCHD grant writing and programmatic needs.

All grant preparation and submission will be reviewed and approved by the Grant Committee and Director. Grant awards must receive approval from the Director. All grant applications must be presented to the board for review. Grant applications that will: impact the TCHD staffing plan; require more than \$100,000 in match funding; include a request of more than \$100,000; obligate TCHD as the fiscal agent of a grant for another organization, must be presented to the board for approval.

All grant applications must include an indirect cost of 10% unless otherwise specified by the grant request for proposal or a waiver by the Director. Administrative fees will be utilized to offset administrative costs associated with grant oversight.

Any new paid personnel created as a result of grant funding must be approved prior to application submission by the Director, Human Resources, and the responsible Division Manager.

TCHD staff filling a grant related position, whether partially or in full must complete a daily activity log to substantiate percentage of time spent working in the grant funded role and submit to the appropriate Division Manager.

Any grant pertaining to or including the purchase of technology or application must meet with the IT Division Manager to discuss the technology needs of the grant and foreseen uses prior to submission.

Grant activities including monitoring, evaluation, reporting, and procurement must follow grant guidelines as specified by the grant contract.

4.21: HUMAN SUBJECTS RESEARCH PROTECTION POLICY

Adopted, July 20, 2012. Revised, April 28, 2018

HUMAN SUBJECTS RESEARCH PROTECTION PROGRAM

This policy establishes the TCHD Human Research Protection Program (HRPP). The HRPP requires all TCHD employees responsible for, or working in, programs that involve activities that could be considered public health practice or research to complete annual training related to ensuring compliance with the TCHD human subjects' research protection policy.

SECTION IV: ADMINISTRATION

The HRPP duties reside with the health department director. These duties and procedures may be delegated to appropriate management staff. These duties and procedures include but are not limited to: oversight of IRB requirements, instruction and training of staff, and other duties deemed necessary. (See HRPP Folder on public drive for complete procedures of HRPP) Annual training records will be maintained by TCHD Human Resources.

TCHD has an ethical and legal obligation to ensure all individuals are protected in all public health research activities it conducts or participates in. Any activities involving human participants must be reviewed, by utilizing the public health practice tool, to determine whether they are considered research or public health practice. If the purpose of the activity is to prevent or control disease or injury, or to improve a public health program, or is deemed to be public health practice, and no research is intended at the present time, the project can be classified as being public health practice or non-research.

If the purpose is to develop or contribute to generalizable knowledge, the project is research. If the purpose changes from non-research or public health practice to research, then the project becomes research and must be reviewed as such. When an activity is considered research involving human participants, TCHD and all activity collaborators will comply with 45 CFR part 46 in assuring human research protections and follow the Belmont Report: Ethical Principles and Guidelines for the Protection of Human Subjects of Research. Projects deemed research will be subject to review of an Institutional Review Board. Prior to initiation, all research that involves a human subject and that originates in or is the responsibility of TCHD, and involves TCHD staff in any aspect of the research, must be reviewed and approved by an IRB. This policy applies regardless of source of funding or location of the study.

TCHD will accept IRB approval from a registered IRB for human subject research from those primary investigators who are associated with a university or agency with a registered IRB. If the primary investigator is not required to obtain IRB approval from their organization, they must submit documentation for confirmation to the TCHD Director.

Members of the TCHD Leadership Team or the Board of Directors may not approve any project that an IRB has disapproved, but may disapprove projects that the IRB has approved (see 45 CFR 46.112).

TCHD will establish and maintain a Memorandum of Understanding (MOU) or similar agreement with an IRB with an agency or university to review research involving human subjects that require a Federal-wide Assurance if necessary.

RECORDS RETENTION

Records of IRB approval for research conducted by TCHD shall be retained for three years after the research has ended. Records of exempt projects shall be retained for three years after determination of exempt status.

SECTION IV: ADMINISTRATION

Records maintained by TCHD may be released in accordance with the Missouri Sunshine Law or the Freedom of Information Act. Requests for records will be reviewed by the Director and TCHD Legal Counsel as necessary and in a manner to ensure the confidentiality of the participants and the intelligent property rights of the researcher.

This policy also establishes the TCHD IRB which is subject to the HRPP guidelines and oversight. The organization, duties, terms of service, membership and record retention policies are as follows:

ORGANIZATION OF THE IRB

The IRB is composed of not fewer than nine (9) members who are appointed by the TCHD director, and who represent a variety of professions and interest areas. The IRB will be demographically diverse and shall include scientists, non-scientists, and at least one member who is not otherwise affiliated with TCHD. The Chair is appointed from the membership of the IRB by the TCHD director. The IRB may, in its discretion, invite individuals with competence in special areas to assist in the review of issues which require expertise beyond or in addition to that available on the IRB. These individuals may not vote with the IRB.

4.22: INFORMATION TECHNOLOGY AND ELECTRONIC COMMUNICATIONS POLICY

Adopted, November 30, 2012. Revised, April 28, 2018

The Taney County Health Department requires authorized users of its information technology resources to follow information technology policies approved by the HIPAA Security Officer and Management team. These policies ensure compliance with the expectations of taxpayers and others providing funding for TCHD information technology resources. The TCHD IT resources will be utilized and maintained effectively and appropriately. It is expected that these resources will be used to support the Department's mission and vision of providing quality, effective public health programs and services.

SECTION V: COMMUNICABLE DISEASE CONTROL

5.1: COMMUNICABLE DISEASE INVESTIGATIONS AND CONTROL

Implemented: September 19, 2002

Revision: April 28, 2018

The Taney County Health Department conducts disease surveillance and control activities in accordance with state laws, regulations, and guidelines. The diseases to be investigated are found in 19 CSR 20-20.020. Guidelines for disease investigations and control are found in the Communicable Disease Investigation Reference Manual, Missouri Department of Health and Senior Services. Additional control measures and recommendations from the CDC may be utilized.

The Health Department maintains a system to ensure testing, treatment, referral, follow up, and control of reportable diseases, illnesses, and conditions in accordance with state statutes and rules, and communicable disease policy and procedure.

The Health Department conducts epidemiological investigation of known communicable and environmental diseases, illness cases, and outbreaks in the community, and control measures are recommended. Epidemiological investigations will be conducted according to the Environmental Epidemiology Policy and Procedure Manual with guidance from DHSS CDIRM, EHO, CDC, and Communicable Disease Reference Manual, and Red Book.

The Health Department will assist and coordinate actions with the Missouri Department of Health and Senior Services (DHSS) in preventing the spread of communicable diseases by recommending control measures when necessary in accordance with DHSS rules and guidelines.

References

- RSMO 192.020
- 19 CSR 20-20.020
- Core Public Health Functions Contract, Missouri Department of Health and Senior Services
 - Communicable Disease Investigation Reference Manual, Missouri Department of Health and Senior Services

5.2: TESTING INDIVIDUALS FOR COMMUNICABLE DISEASES

Adopted, August 23, 2007. Revised April 28, 2018

The Health Department provides testing for communicable diseases through private labs or in conjunction with the Missouri State Public Health Lab.

SECTION V: COMMUNICABLE DISEASE CONTROL

In the event that testing is beyond the health department's capacity, the Missouri Department of Health and Senior services is available to send supplies and personnel to aid in the investigation.

Fees may apply.

More specific instructions are available in the Health Department Nursing Policy and Procedure Manual.

References

- Physician standing orders
- RSMO 191.653 (HIV testing)
- Core Public Health Functions Contract, Missouri Department of Health and Senior Services (7.2)
 - Communicable Disease Investigation Reference Manual, Missouri Department of Health and Senior Services
 - Tuberculosis Control Manual, Missouri Department of Health and Senior Services
 - Sexually Transmitted Disease Manual, Missouri Department of Health and Senior Services
 - Taney County Health Department Nursing Policy and Procedure Manual
 - Laboratory Services Manual, State Public Health Laboratory, Missouri Department of Health

5.3: TUBERCULOSIS (TB) TESTING

Adopted, August 23, 2007

The Health Department provides tuberculosis (TB) skin testing with the Mantoux PPD method upon request.

A specified fee will be charged to persons receiving a TB skin test, unless the test is being given in connection with an individual who has a positive diagnosis of TB.

An individual who has a previous history of a positive tuberculin (TB) skin test, or are a known TB client, may not receive a skin test. Those clients may request the T-Spot or Quantiferon Gold testing for a fee.

The test is not considered complete until the test has been read by Health Department nursing staff. Proof of testing will not be given until the test is complete.

More specific instructions are available in the Health Department Nursing Policy and Procedure Manual and the State Tuberculosis Control Manual.

References

SECTION V: COMMUNICABLE DISEASE CONTROL

- Communicable Disease Investigation Reference Manual, Missouri Department of Health and Senior Services
 - Tuberculosis Control Manual, Missouri Department of Health and Senior Services
 - Taney County Health Department Nursing Policy and Procedure Manual
- Core Public Health Functions Contract, Missouri Department of Health and Senior Services

5.4: REPORTING TEST RESULTS TO INDIVIDUALS

Adopted, August 23, 2007

Test results will be given to individual tested for communicable diseases, in a timely manner.

All information regarding communicable disease testing is considered confidential and may only be disclosed to the individual tested. HIV results will not be disclosed over the phone under any circumstances. Other communicable disease results may be released over the phone during the course of an active investigation. Letters may be sent if the individual tested gives written permission to send results via mail and specifies address. Other persons may be present in the room when the results are disclosed only with the verbal permission of the person tested.

STD/HIV results may be disclosed to appropriate Missouri Department of Health personnel in fulfillment of Department of Health Rules regarding STD and HIV testing and treatment.

Communicable disease results other than STD or HIV testing may be disclosed to parents, guardians, or custodians of unemancipated minors. STD, HIV, and pregnancy testing results will not be disclosed to parents, guardians, or custodians of unemancipated minors without written authorization of the minor.

Under Missouri law, the Missouri Department of Health is authorized to receive information from patient medical records.

References

- RSMO 191.656 (HIV testing)
- RSMO 192.067 (Medical records)
- “Defining Public Health in Missouri,” Missouri Department of Health, Assurance Section
- Communicable Disease Investigation Reference Manual, Missouri Department of Health and Senior Services
 - Nursing Policy and Procedure Manual, Taney County Health Department

SECTION V: COMMUNICABLE DISEASE CONTROL

5.5: DISEASE SURVEILLANCE

Adopted, August, 2007

The Health Department has developed and maintains a local disease surveillance system and conducts active surveillance for specific diseases and health conditions.

The Health Department activities include:

- Receive and transmit information on reportable diseases, as defined in 19 CSR 20-20.010.
- Establish Syndromic Alert Surveillance System sites (SASS) to conduct active disease surveillance, including seasonal surveillance for influenza-like illness.
- Monitor ESSENCE surveillance data to monitor syndromic information collected at area hospitals.
- Analyze data to identify clusters and trends.
- Disseminate information on community health risks and priorities as appropriate.
- Provide annual education for area CD mandated reporters and surveillance sites regarding 19CSR20-20 and reporting procedures.

These activities will be performed in accordance with the guidelines provided in the Communicable Disease Investigation Reference Manual.

References

- 19 CSR 20-20.010
- Core Public Health Functions Contract, Missouri Department of Health and Senior Services
 - Communicable Disease Investigation Reference Manual, Missouri Department of Health and Senior Services
 - Nursing Policy and Procedure Manual, Taney County Health Department
 - Environmental Epidemiology Policy and Procedure Manual, Taney County Health Department.

5.6: RECEIVING DISEASE REPORTS 24/7

Adopted, September 28, 2005. Revised, April 28, 2018

The TCHD is responsible for maintaining disease surveillance and response capabilities on a 24 hour, 7 days a week basis. Upon receiving a disease report that could impact the community (e.g. Hepatitis A, Meningitis, Food-Borne Illness, SARS), notification procedures will be implemented to ensure epidemiological policies and procedures are implemented.

SECTION V: COMMUNICABLE DISEASE CONTROL

In order to maintain 24/7 access to health department services, the health department maintains an agreement with an after-hours call service and on-call personnel will be scheduled. Notification of personnel of a communicable disease threat from the call number will be managed according to the communicable disease or epidemiology policies and procedures in accordance with the Missouri Department of Health and Senior Services Communicable Disease Investigation Reference Manual (CDIRM).

The health department will provide a phone for Environmental Health on-call services which will be carried 24 hours, 7 days a week. The after-hours number will be provided to the public and response partners.

The health department will ensure that contact information is provided to the after-hours call service and the Missouri Department of Health, Department Situation Room (DSR). This information will be updated annually or when there is a change in employee status.

Reported outbreaks will be managed utilizing Annex E of the Emergency Response Plan.

SECTION VI: COMMUNITY SERVICES

6.1: COMMUNITY CLINICS ADMINISTRATIVE POLICY MANUAL

The need for offsite services will be determined by the Division Managers in accordance with approved health department policies, procedures and standards of care.

6.2: REFERRALS TO COMMUNITY AGENCIES AND PROVIDERS

Adopted, September 19, 2002

Staff of the Health Department will respond to requests for information and services by referring clients to local agencies and providers whenever possible. Health Department staff may serve as a liaison to secure health care services for clients, but shall not incur any financial liability to the Health Department in order for medical care services to be provided. The Health Department collaborates with community partners to establish a collection of referral resources for the community.

The Health Department shall disseminate information regarding health promotion, prevention strategies, and health risks using various media methods.

References

- Core Public Health Functions Contract, Missouri Department of Health and Senior Services
 - “Defining Public Health for Missouri,” 1999, Center for Local Public Health Services, Missouri Department of Health and Senior Services

6.3: COMMUNITY HEALTH ASSESSMENT

Adopted, September 19, 2002

The Health Department will complete a community health assessment every three years with annual updates. The Community Health Assessment will contain information focusing on community and demographic data, health care system resources, chronic and communicable disease data, environmental health data, maternal and child health data, senior issues and social issues that may affect public health. This data will be analyzed to identify trends and comparisons with state and national data.

Health Department staff will work with community partners to:

- Utilize an appropriate evidence-based community health assessment model
- collect “community and demographic data that characterize the health of the population, conditions that affect health, and the health system”
- determine health status of the community
- identify trends in disease
- identify the most significant health problems and health risks to the community
- analyze community health resources

SECTION VI: COMMUNITY SERVICES

- assure communities have the information, resources, and strategies they need to better protect the health of their residents
- Identify community and agency resources (financial and service provision)
- Assure the community has the information, resources, and strategies they need to better protect the health of their residents

A limited number of printed copies of the health assessment will be available to stakeholders and any individual requesting them. Electronic versions will be posted on the Health Department website for access by the community.

Health Department staff shall keep the collection of health status data current by updating information as it becomes available.

6.4: COMMUNITY COALITION

Adopted, August 23, 2007. Revised, April 28, 2018

TCHD will work collaboratively with community partners to fully engage in health improvement efforts. Efforts will largely revolve around health needs identified through the most current Community Health Assessment. Other community needs that arise outside of identified health needs may also be taken on as work by TCHD. The Community Outreach Division will play a central role in coalition work and act as a conduit between TCHD and community involvement. Other divisions will aid in efforts as applicable and appropriate TCHD representation will be assigned to collaborative community efforts.

The Health Department will assign representatives to attend monthly coalition meetings.

6.5: PRENATAL CASE MANAGEMENT

Adopted, July 19, 2001

In cooperation with the Missouri Department of Health, the Health Department provides prenatal case management services to women in Taney County based on eligibility.

Health Care Financing Administration defines case management as “Services which will assist individuals eligible under the plan in gaining access to needed medical, social, educational, and other services.”

The prenatal case management nurse will provide services under the guidance of the “Healthy Beginnings Case Management Handbook.”

References

- Healthy Beginnings Case Management Handbook, 2000, Missouri Department of Health and Missouri Department of Social Services

SECTION VII: EMERGENCY RESPONSE SERVICES

7.1: EMERGENCY RESPONSE

Revised, April 28, 2018

The Health Department responds to emergencies through collaboration with jurisdictions and community partners in developing and implementing local and statewide emergency response plans, for natural and manmade disasters, including the mobilization of resources.

Designated Health Department staff will participate in the Taney County Local Emergency Planning Committee, Region D Health Care Coalition, and will be active in training exercises when appropriate, and will respond appropriately to emergencies related to public health and will assist local response partners when needed.

In order to maintain 24/7 access to health department services for response to public health emergencies, the health department will maintain an agreement with an after-hours call service and on-call personnel will be scheduled. Response to epidemiological, environmental, and other public health emergencies will be guided by department policies and procedures; as well as the TCHD Emergency Response Plan.

The health department will ensure that contact information is provided and updated to the after-hours call service and the Missouri Department of Health, Department Situation Room (DSR). This information is updated annually and when there is a change in employee status.

Access to epidemiological and environmental health support for response to emergencies 24/7 can be requested through the DHSS DSR. The DSR can assist with contacting local and state support.

7.2: EMERGENCY RESPONSE TEAM

Revised, April 28, 2018

The emergency response team for the Health Department shall consist, at a minimum, of the Director, Public Information Officer, environmental public health division manager, epidemiologist, and the clinical division manager. Other Health Department staff will be added to the emergency response team as needed.

In the event of an emergency or incident involving public health, all members of the emergency response team should be contacted. A public health emergency would include any chemical, biological, environmental, radiological, or nuclear incident which is intentional, non-intentional, natural and/or man-made. The member who has been contacted is responsible for notifying the Director.

SECTION VII: EMERGENCY RESPONSE SERVICES

In the event of a public health emergency, the Director shall keep all members of the Board of Trustees and local emergency managers informed regarding Health Department activities. If necessary, an emergency meeting of the Board of Trustees may be called to decide policy issues arising in the course of an emergency.

See also Section 4.12 “Public Information Management during a Public Health Event or Emergency.”

7.3: FOOD SPILLS

The Missouri Department of Health and Senior Services is authorized by law to protect the safety of food that has been distressed because of transportation accident, fire, flood, etc.

The Health Department responds to emergencies where the safety of food, drugs, or water are suspect, including fires, floods and transportation accidents where detention and/or embargo may be necessary.

The Health Department’s environmental public health specialists will respond to any incidents involving distressed food as quickly as possible, and will notify the Department of Health and Senior Services. For more detailed information on procedure, see the Environmental Health Operational Guidelines, Missouri Department of Health and the TCHD Environmental Health Policy and Procedure Manual.

References

- RSMO 196
- Core Public Health Functions Contract, Missouri Department of Health and Senior Services
 - Environmental Health Operational Guidelines, Missouri Department of Health.

SECTION VIII: ENVIRONMENTAL HEALTH SERVICES

8.1: ON-SITE SEWAGE

The Taney County Planning and Zoning Department is responsible for administering certain aspects of on-site sewage programs in the unincorporated areas of the county.

Requests for information and complaints in the county's unincorporated areas regarding OWTS will be investigated by the Environmental Health Services Division in accordance with Missouri Department of Health and Senior Services policies and procedures. Complaint investigations by TCHD will be coordinated with the Taney County Planning and Zoning and Missouri Department of Health and Senior Services.

Taney County Planning and Zoning
P.O. Box 383
Forsyth, MO 65653
207 David Street
Forsyth, MO 65653

Phone: (417) 546-7225
Fax: (417) 546-6861
P&Z@co.taney.mo.us

8.2: FOOD SERVICE

The Health Department adopted the 2009 FDA Food Code and enforces this code in all areas of the county except the City of Branson and Hollister. The City of Branson and Hollister have adopted the 2009 FDA Food Code with modifications.

Health Department staff will conduct inspections based on a risk assessment with facilities designated as "High", "Moderate", or "Low" risk. Inspections will be conducted three times a year for "High" risk facilities, twice a year for "Moderate" risk facilities, and once a year for "low" risk facilities. Temporary food stands will be inspected once each time they are placed into service. Health Department staff will conduct food inspections according to the guidelines of the Environmental Health Operational Guidelines.

Established fees are collected from facilities for health permits based on jurisdiction.

References

- Environmental Health Operational Guidelines, Missouri Department of Health
- RSMO 196

SECTION VIII: ENVIRONMENTAL HEALTH SERVICES

- Taney County Food Ordinance, April 2007

8.3: CHILD CARE

The Missouri Department of Health and Senior Services contracts with the Health Department to provide sanitation inspections relating to disease prevention, safe food handling, safe storage of toxic agents, cleaners and medicines, pest control, safe water supplies, safe on-site sewage disposal, and basic evaluation of lead hazards and other environmental hazards in all regulated child care facilities.

Childcare inspections shall be conducted by the environmental public health specialists of the Health Department according to the guidelines of the Child Care Sanitation Inspection Manual.

References

- Child Care Sanitation Inspection Manual, Missouri Department of Health and Senior Services

8.4: LODGING INSPECTIONS

Under Chapter 315, RSMO, the Missouri Department of Health and Senior Services is charged with the responsibility of inspecting or arranging for the inspection of every lodging establishment in the state as often as deemed necessary, but at least annually.

The Missouri Department of Health and Senior Services contracts with the Health Department to “achieve compliance with appropriate laws and regulations related to public health protection activities and licensure or certification of providers and facilities”. This includes the responsibility to “routinely inspect.... regulated facilities.”

The Health Department’s environmental public health specialists will conduct inspections of lodging establishments annually according to the guidelines of the Environmental Health Operational Guidelines.

Enforcement of violations is the responsibility of the Missouri Department of Health and Senior Services.

References

- Environmental Health Operational Guidelines, Missouri Department of Health and Senior Services
- RSMO 315
- Core Public Health Functions Contract, Missouri Department of Health and Senior Services

SECTION VIII: ENVIRONMENTAL HEALTH SERVICES

8.5: WATER TESTING

Revised, April 28, 2018

Water testing kits are available through the Health Department to test the safety of drinking water. The Health Department does not charge a fee for providing the kit, but the sender will have to pay a fee for the test. The kit tests only for the safety of drinking water by identifying the presence of total coliforms and E.Coli.

Upon request, on-site sampling by health department environmental staff will be completed. The fee will include testing and collection.

Public Water System samples are sent to the Missouri State Public Health Laboratory (SPHL) by courier from the Health Department Eastern office.

The SPHL courier system will transport Public Water system samples from the Eastern office at an agreed upon time, please see Water Testing Procedure in the TCHD Environmental Health Division Policy and Procedure Manual. Water samples dropped off after the SPHL courier has left will not be accepted and new samples will be needed for the following day.

The Health Department Western office accepts water samples Monday thru Thursday for testing by the health department water lab.

References

- Center for Local Public Health Services Memo 6/25/2007
- SPHL Environmental Bacteriology Unit

8.6: CHILDHOOD LEAD POISONING AND TESTING

Revised, April 28, 2018

The Taney County Health Department provides blood lead poisoning assessment, testing, follow-up and reporting in accordance to the Code of State Regulations 19 CSR 20-8.030. screening in cooperation with the Missouri Department of Health and Senior Services.

References

- 19 CSR 20-8.30
- Physician standing orders

SECTION VIII: ENVIRONMENTAL HEALTH SERVICES

8.7: INVESTIGATING ENVIRONMENTAL HEALTH HAZARDS

Adopted, September 29, 2002. Revised, April 28, 2018

The Health Department provides environmental health hazard investigations related to confirmed, probable or suspected reports of food, lodging, restaurants, water quality, or other environmental issues that may impact public health. Appropriate complaint investigations will be conducted where the safety of food, drugs, or water are suspected.

Persons who are concerned about the sanitary condition of a regulated facility may file a complaint with the Health Department.

Response time frames are specified in the TCHD Environmental Health Division Policy and Procedure Manual and summarized below, knowing that the standard for response is to be as soon as reasonably possible.

- a. Complaints that involve an imminent health hazard will be investigated upon receipt (within 24 hours).
- b. Those exhibiting a potential health hazard shall be investigated within 48 hours, or 2 business days, if received on a Friday for example, it can be investigated as late as Monday at the discretion of the inspector.
- c. Complaints that involve nuisance conditions should be investigated or forwarded within (10) working days. Currently, there is no ordinance that addresses nuisances; therefore, TCHD has no enforcement action. Nuisances will be forwarded to the cities, municipalities, county or village for follow-up.

In instances where there is no specific statutory authority for the health department to inspect, a visit may be made to gather information to determine if a public health hazard exists or referrals will be made to the appropriate agency when applicable.

Environmental Health regulatory inspections and complaints are considered public records. See Section 4.9 "Requests for Public Records."

References

- Environmental Health Operational Guidelines, Missouri Department of Health and Senior Services
- RSMO 196

SECTION IX: HEALTH EDUCATION AND PROMOTION

9.1: REQUESTS FOR PROGRAMS

Adopted, August 23, 2007. Revised, March 28, 2018

One of the essential services of public health is to promote health in the community. Programs which provide health education or health promotion will be provided by the Health Department nurses, nutritionist, health educator, environmental public health specialist, epidemiologist or other designated staff. It may not be possible to agree to all requests due to subject matter or scheduling conflicts. A fee to cover costs of materials may be requested for some programs.

Requests of health education programs should be referred to the appropriate division or health educator.

References

- “Defining Public Health for Missouri,” 1999, Center for Local Public Health Services, Missouri Department of Health

9.2: DEVELOPING EDUCATIONAL HANDOUTS

Adopted, August 23, 2007. Revised, March 27, 2013

It may be necessary that Health Department staff develop educational resources to meet the needs of the community. In order to produce professional documents representing the goals and mission of the Health Department, documents should be reviewed collaboratively among staff and management to ensure professional standards are met.

This should be completed by a collaborative effort among staff members, division managers, the PIO, and Communication Team. Documents or presentations should: include factual, research-based information; address cultural and language needs of the community; display the agency name, addresses, phone and fax numbers, website, and appropriate logos clearly on all educational resources along with the required Missouri Civil Right statement and cited resources; revision date; location of electronic document; and list of community partners assisting with the project. Additionally, materials should conform to the Communication Policies and Procedures.

Any informational materials for broad public distribution or professional printing, should be approved according to the Communication Policies and Procedures.

Final electronic versions of the documents should be saved on the Health Department’s public drive according to the Communication Policies and Procedures.

SECTION IX: HEALTH EDUCATION AND PROMOTION

9.3: EXTERNAL REQUESTS FOR HEALTH DATA AND INFORMATION

Adopted, August 23, 2007. Revised, April 28, 2018

External requests for health data and information should be directed to the appropriate division. The requests should be handled in a timely manner.

Personal Health Information (PHI) will be handled according to the current guidelines in the TCHD HIPAA-HITECH policies and procedures.

SECTION X: IMMUNIZATIONS

SECTION 10.1: CHILD AND ADULT IMMUNIZATIONS

Adopted, March 27, 2013. Revised April 28, 2018

Taney County Health Department will administer immunizations/Immunoglobulin to adults and children in accordance with the Recommended Immunization Schedule for Adults Aged 19 Years or Older and Recommended Immunization Schedule for Children and Adolescents Aged 18 years or Younger.

Immunization services are provided during all regular Health Department working hours, with an appointment. Walk-ins will be accommodated as the schedule allows.

For more specific information concerning vaccine administration, consult the Health Department's Nursing Policy and Procedure Manual.

References

- Immunization Guidelines, Bureau of Immunization, Missouri Department of Health
 - RSMO 167.183
 - Nursing Policy and Procedure Manual, Taney County Health Department
 - Recommendations of the Advisory Committee on Immunization Practice (ACIP)

10.2: IMMUNIZATION REMINDER SYSTEM

Adopted, July 20, 2000. Revised, April 28, 2018.

In cooperation with the Missouri Department of Health, the Health Department provides an immunization reminder system for Health Department clients. The purpose of the reminder system is to provide a high rate of compliance with immunization requirements for two year olds and school children.

TCHD will review immunization status of clients monthly to identify incomplete or under immunized clients and identify strategies to increase immunization rates.

10.3: WIC CHART REVIEW

Adopted, July 20, 2000. Revised, April 28, 2018

WIC staff will review immunization record at each recertification visit to verify that all immunizations are on schedule for children from birth to age five.

WIC staff will provide immunization information to all WIC participants. This information will include all childhood vaccines and Tdap reminder for any client of family in contact with infants 12 months or younger.

SECTION X: IMMUNIZATIONS

10.4: ANNUAL CLINIC ASSESSMENT SOFTWARE APPLICATION (CASA) REVIEW

Adopted, September 19, 2002

The Health Department assures that prevention and intervention efforts for communicable diseases and other preventable conditions are being appropriately implemented.

In order to assess the immunization rates of children age two and under, the Health Department will conduct an annual Clinic Assessment Software Application (CASA) assessment. The immunization rates of school-age children are assessed by the schools.

This information will be shared annually with area physicians and school nurses to provide feedback regarding the rate of immunization of children in the county and to encourage vaccinations. Updated information regarding changes to the immunization requirements should also be included.

10.5: VACCINATIONS FOR TRAVEL TO FOREIGN COUNTRIES

Adopted, September 28, 2005. Revised, April 28, 2018

Taney County Health department provides immunizations for travelers to foreign countries according to the Center for Disease Control and World Health Organization recommendations.

Reference:

CDC Travel website location: <http://www.cdc.gov/travel/>
Travelers' Health Hotline CDC: 877-FYI-TRIP toll free

SECTION XI: OFFICE SERVICES

11.1: LABORATORY TESTING

Revised, April 28, 2018

The Health Department contracts with commercial diagnostic labs to provide services to clients at affordable rates. Physicians may refer clients with specific written orders for laboratory tests. For more information, see the Nursing Policy and Procedure Manual.

References

- “Defining Public Health for Missouri,” Center for Local Public Health, Missouri Department of Health
- Nursing Policy and Procedure Manual, Taney County Health Department

11.2: WOMEN’S HEALTH SERVICES

Adopted, July 20, 2000. Revised, April 28, 2018

The Health Department provides women’s health services at the Eastern office by appointment in cooperation with OACAC Title X Family Planning and the Show Me Healthy Women contract through the Missouri Department of Health and Senior Services.

Residency requirements and fee schedule may apply.

References

- OACAC Title X Contract
- Show Me Healthy Women Manual

11.3: DISPENSING DRUGS

Adopted, September 19, 2007. Revised, April 28, 2018

Missouri State Statutes allow dispensing of drugs by Missouri registered nurses (RN) as defined in section 335.016(16), RSMo who is not an APRN for Population-based public health services—Health services provided to well patients or to those with narrowly circumscribed conditions in public health clinics or community health settings that are limited to immunizations, well child care, human immunodeficiency virus (HIV) and sexually transmitted disease care, family planning, tuberculosis control, cancer and other chronic disease, wellness screenings, services related to epidemiologic investigations, and prenatal care.

The Health Department will obtain and maintain a collaborative agreement and standing orders from the Health Department Medical Director to provide medications and nursing services in accordance with state statutes and to perform clinical public health services.

SECTION XI: OFFICE SERVICES

Health Department staff may not administer controlled substances.

11.4: ADMINISTRATION OF INJECTIONS

Adopted, October 19, 2000

Injections will be administered by the Health Department's public health nurses under the following conditions:

- A written order from the physician is on file.
- The patient is at a maintenance dose level.

Patients must provide all supplies.

An out-of-county resident fee applies. Controlled substances will not be administered.

11.5: VOTER REGISTRATION

Adopted, July 20, 2000

The National Voter Registration Act of 1993 is designed to increase the number of Americans registered to vote by requiring many public agencies to provide registration opportunities to their clients in conjunction with other services.

Missouri law requires that voter registration applications be provided in all offices of the state that provide public assistance, all offices that provide state-funded programs primarily engaged in providing services to persons with disabilities, and other offices as directed by the governor.

The Health Department provides voter registration applications, assistance to applicants in completing the form, and acceptance of the completed forms for transmittal to the County Clerk of Taney County.

SECTION XII: SAFETY AND SECURITY

12.1: ACCESS TO BUILDING

Revised, April 28, 2018

In order to protect the assets of the Health Department, security codes, passwords and keys to the building may be issued to the following persons:

- Employees
- Building maintenance personnel

A list of keys issued and security codes will be kept on file by Human Resources. Upon leaving the employment of the Health Department, keys will be returned and security codes will be deleted.

12.2: CLOSING OFFICE AT END OF WORK DAY

Adopted, July 20, 2000. Revised, April 28, 2018

At the end of each workday, all staff is responsible for ensuring that office equipment, kitchen equipment, fans, heaters, and lights are turned off and/or unplugged. Thermostats should be checked and kept at a safe and reasonable temperature.

All closed interior doors should be checked and all exterior doors locked.

All staff should leave their work area neat and clear to allow for proper cleaning.

Materials containing personally identifiable health information or confidential information will be secured according to the TCHD HIPAA policies and procedures.

As staff members leave, they should notify remaining staff members. The last individual leaving the building should activate the security alarm after completing a final walk-through of building and paging out to check if anyone else is remaining in the building.

Staff, who are last to leave the Branson office are responsible for closing and locking the parking lot gate.

12.3: EVACUATION, TORNADO AND SAFETY PROCEDURE

Adopted, September 19, 2002. Revised, April 28, 2018

The Taney County Health Department maintains a Safety Plan which includes procedures for responding to tornadoes, fires, threats, and other emergencies. Guidance from this plan will be used to train employees annually.

SECTION XII: SAFETY AND SECURITY

All staff should be trained and remain aware of the location of fire extinguishers, flashlights, and emergency exits. All emergency exits will be clearly marked. Fire extinguishers and other emergency equipment will be checked annually.

The Safety Plan will be reviewed annually.

12.4: VISITORS

Revised, April 28, 2018

All visitors in the office are required to report to the front desk who will notify the employee whom the visitor is requesting. This control is necessary to prevent unauthorized persons from entering the office and to facilitate meetings with visitors with a minimum amount of disruption to normal office activity. Meetings with visitors are to be held in a non-client area. Under no circumstances should an employee meet with a visitor or have the visitor wait in an area where they might overhear protected health information. If the receptionist is informed in advance that a visitor is expected, it will facilitate providing for them in the most professional and efficient manner.

Employees are expected to conduct all personal visits during their lunch period, breaks, or before or after work hours.

Non-employees are not permitted to ride in Health Department vehicles. An exception to this is that non-employees may ride along with Health Department staff members during their work if they obtain permission and sign the necessary liability release documentation.

12.5: CLOSINGS/INCLEMENT WEATHER POLICY

Adopted, February 27, 2008. Revised, April 28, 2018

Health Department offices will temporarily close only when reasonably required for health, safety, or security reasons, or in the event of present or approaching inclement weather sufficient to warrant closure. The Director or designee is the decision authority for office closure. Account for time missed during closures as follows:

- 1) Closure During a Workday
 - a) Should the decision be made by the Director or designee to close during a work day, an employee who reported to work and remained at work at the time of the decision will be paid Administrative Leave for the remainder of the work day.
 - If the decision to close occurs after an employee has decided to leave early or has decided that, he/she is unable to report to work, it will have no effect on the requirement that the employee must use accrued leave.

SECTION XII: SAFETY AND SECURITY

- Non-exempt Employees who are required to respond to a public health emergency or to complete essential services, as determined by the division manager or Director, when offices are closed will receive pay for hours worked in addition to any administrative time allowed.
- 2) Closure Prior to a Workday:
 - a) Should the decision be made by the Director to close prior to the workday, reasonable efforts will be made to notify employees of the closure decision before their departure from home. All affected employees will receive Administrative Leave for the time the office is closed.
 - 3) Late Start on a Workday:
 - If weather causes dangerous conditions early in the day but will be safe to open at a later time the Director can notify employees of a late start.
 - If the employee calls in sick after the notification of the late start, they must use sick leave for the entire day.
 - If the office is ordered reopened prior to the end of the workday, the employee shall report to work for the remainder of the day or use annual leave or compensatory time from the opening until the normal end of the employee's workday if he/she does not report to work.
 - 4) For an employee to receive Administrative Leave for any type of closure, the employee must be at or scheduled for work, (ie, not on annual leave, sick leave, compensatory time or on a normally scheduled day off) when the closure is directed.
 - 5) If the department is open, employees are expected to report to work. However, each employee must observe weather conditions in his/her area and determine whether it is unduly hazardous to attempt to drive to work when weather conditions are severe. EMPLOYEES ARE NOT EXPECTED TO TAKE UNREASONABLE RISK WHILE ATTEMPTING TO DRIVE TO WORK. However, employees must use annual leave or compensatory time when they fail to report as scheduled. It is the employee's responsibility to report such inability to report to work as soon as practicable to the employee's immediate supervisor.
 - 6) Under other circumstances, the division managers and Director have the discretion to make decisions regarding closing portions of the facilities and assigning personnel to other job functions or locations.

SECTION XII: SAFETY AND SECURITY

12.6: TOBACCO-FREE ENVIRONMENT (INDOORS AND OUTDOORS)

Adopted, April 1, 2008. Revised, April 28, 2018

Due to the acknowledged hazards of tobacco use and secondhand smoke, it shall be the Health Department's policy to provide a tobacco-free environment for all employees and visitors. This policy covers any tobacco product and the use of smokeless or "spit" tobacco, and applies to both employees and non-employee visitors of our properties.

Researchers have begun to identify "third-hand smoke" as a hazard. Third-hand smoke is identified as tobacco smoke contamination that remains on surfaces after the cigarette, cigar, or other combustible tobacco product has been extinguished. Employees should be aware of this hazard and prevent the exposure of other employees and community members to third-hand smoke if they use tobacco products, or if they are exposed to tobacco smoke, as they work for TCHD.

Vaping and e-cigarettes are also prohibited under this policy due to the potentially dangerous nature of nicotine, chemical, and toxin exposure from vaping liquids and "clouds".

Definition:

1. Tobacco use will be strictly prohibited within Health Department buildings, vehicles, and anywhere on Health Department property. This includes the prohibition of tobacco use, e-cigarettes, and vaping in privately-owned vehicles parked on Health Department property.
2. This policy applies to all employees, contractors, interns, volunteers, and visitors.

See notification procedure, Appendix A.

SECTION XIV: SCHOOL HEALTH

13.1: SCHOOL HEALTH PROGRAM

Adopted, September 19, 2002

Health Department staff assists all county schools by providing educational materials. Health Department staff will provide consultation regarding public health issues and concerns.

SECTION XIV: STAFF DEVELOPMENT & WORKFORCE DEVELOPMENT PLAN

14.1: STAFF TRAINING

Revised, April 28, 2018

The Health Department maintains expertise to carry out local and state health protection activities. A workforce development plan will be maintained by Human Resources with annual updates. Training will be recommended or required for staff as needed and as resources permit. Current informational resources needed to comply with core public health functions or accreditation requirements will be made available for professional staff. See the Workforce development plan for specific trainings that are required for staff.

Staff expenses for training will be reimbursed as stated in the Health Department Human Resources manual.

References

- “Defining Public Health for Missouri,” Center for Local Public Health Services, Missouri Department of Health
 - Taney County Health Department Personnel Manual
- Core Public Health Functions Contract, Missouri Department of Health and Senior Services (7.1)
 - MICH Accreditation Infrastructure and Workforce Standards

14.2: STAFF EVALUATION

Adopted, September 19, 2002. Revised, April 28, 2018

The Taney County Health Department uses performance evaluations to communicate with employees regarding work performance, objectives and goals.

Annual performance evaluations will be the culmination of ongoing discussions with employees throughout the year.

Failure by the Division Manager, director or any other person to perform an evaluation at the time designated in the TCHD Employee Handbook shall not be deemed a waiver of Taney County Health Department’s right to evaluate the employee’s performance for that period.

See the TCHD Employee Handbook for additional information.

SECTION XIV: STAFF DEVELOPMENT & WORKFORCE DEVELOPMENT PLAN

14.3: TUITION REIMBURSEMENT FOR CLASSIFIED EMPLOYEES

Adopted, January 22, 2010. Revised, April 28, 2018

The Health Department recognizes that educational development is increasingly important and should be encouraged. It is the policy of the Health Department to provide educational reimbursement benefits for all classified employees who work a regular schedule of at least 80% of weekly fulltime employment and continue their education through completion of approved courses from approved educational institutions. Unclassified employees will submit a request to the Director for Board approval. See the Employee Handbook for more information.

14.4: TRAINING FILE AND LOG

September 28, 2005

Each staff member will be responsible for maintaining an accurate, up-to-date training file, including a training log.

Each staff member will keep an Individual Training File that will include the following:

- Training log (can be kept on the computer or on paper)
- Original documentation of training to include: certificates, agendas, handouts or any information to document your attendance and participation
- Training presented and attended by all staff members will be documented by the Human Resource office and maintained in a master file. Each staff member will be responsible to record this training on their individual training logs.
- If the course is for CEU credit, record credit hours on the training log

Each staff member will submit a copy of training documentation to the Human Resource office to be maintained in the employee personnel file.

Each staff member will submit a copy of training logs to their manager on a quarterly basis for review. Additional training may be recommended or required, as appropriate.

SECTION XV: VITAL RECORDS

15.1: RECEIVING BIRTH AND DEATH CERTIFICATES

Adopted, September 19, 2002. Revised, April 28, 2018

The Health Department contracts with the Missouri Department of Health and Senior Services to “develop and maintain systems for collecting vital records”.

The Health Department Director serves as the registrar for birth and death certificates in Taney County. Other staff members may be designated as deputy registrars by Director approval.

The Director or deputy registrars may receive and record birth and death certificates. Certificates should be signed by the Director, or with the Director’s name and the deputy registrar’s initials. Records should be mailed weekly to the Missouri Department of Health. A copy of all records forwarded will be kept by the Health Department.

References

- Missouri Vital Records Program, Local Registrar’s Training Manual, 1995, Missouri Department of Health

15.2: DISTRIBUTING BIRTH AND DEATH CERTIFICATES

Adopted, September 1, 2004.

The Health Department contracts with the Missouri Department of Health and Senior Services for computerized access to birth and death data necessary to issue certificates.

The guidelines of the Vital Records Training Manual shall be followed in determining who may receive birth and death certificates.

A fee shall be charged for all certified copies of birth certificates as determined by the vital records division.

A fee shall be charged for the first certified copy of a death certificate, and for subsequent certified copies in the same visit, as allowed by Missouri law. There is no provision in the law for the Health Department to provide certificates at no cost to other agencies. Agencies requesting certificates at no cost should be directed to the Missouri Department of Health vital records division.

If staff members are uncertain as to the eligibility of a person to receive a birth or death certificate, they should be referred to the Missouri Department of Health vital records division.

SECTION XV: VITAL RECORDS

Information about stillbirths or fetal deaths may not be distributed through the Health Department. Applicants should be referred to the Missouri Department of Health vital records division.

References

- RSMO 193.265
- Issuance of Birth and Death Certificates contract, Missouri Department of Health and Senior Services
 - SB 1317 fee increase effective August 28, 2004
- Missouri Vital Records Program, Local Registrar's Training Manual, 1995, Missouri Department of Health

15.3: VERIFICATION OF INFORMATION FOR AGENCIES

Adopted, July 20, 2000. Revised, March 27, 2013.

The Missouri Department of Health's Local Registrar Training Manual states that confidential verification of facts contained in a birth or death record may be furnished to federal, state, county, and municipal agencies. The law is silent regarding fees for verifying information; therefore, if information is verified but no certificate is issued, the Health Department may charge a fee.

References

- Missouri Vital Records Program, Local Registrar's Training Manual, 1995, Missouri Department of Health

15.4: GENEALOGICAL RESEARCH

Adopted, July 20, 2000

Persons conducting genealogical research are eligible to receive birth certificates only if they meet the criteria defined in the Local Registrar's Training Manual, Section 5.2.

Genealogists are eligible to receive death certificates, as stated in the Local Registrar's Training Manual. The normal fee requirements will apply.

References

- Missouri Vital Records Program, Local Registrar's Training Manual, 1995, Missouri Department of Health

SECTION XV: VITAL RECORDS

15.5: EMPLOYEE RESPONSIBILITIES

Adopted, July 20, 2000

Employees shall be responsible for maintaining the confidentiality of all vital records information.

Employees shall use the vital records system only in the performance of official duties. The system shall not be used by employees to seek personal or genealogical information without the usual fee.

Employees who fail to secure vital records information or violate confidentiality of vital records information, as outlined in the HIPAA policy manual, may be subject to disciplinary action, including termination.

SECTION XVI: WIC PROGRAM

16.1: WOMEN, INFANTS AND CHILDREN PROGRAM

Adopted, July 20, 2000

The Taney County Health Department will maintain and operate the Women, Infants, and Children (WIC) program in accordance with the WIC Operations Manual (WOM). The WIC Division Manager will develop, maintain, and implement WIC program policies and procedures to align with WOM standards ensuring the efficient and effective management of the TCHD WIC program.

References

- WIC Operations Manual (WOM)

APPENDIX A

PAYROLL AND ACCOUNTS PAYABLE PROCEDURE

Date Revised: March 27, 2013

PAYROLL

The Payroll Clerk processes all timesheets, calculates payroll and enters items on the computer record. After the calculation of payroll, the Chief Financial Officer (CFO) will review the data for accuracy and approve payroll for payment, Employees will be required to participate in the direct deposit service. Employees who do not have an account available for direct deposit will be required to open an account. No exceptions will be made. Requests for exceptions to this policy may be considered on a case-by-case basis as approved by the Director.

ACCOUNTS PAYABLE

Payment by the department must be supported by a source document, which in most instances is an independent invoice. The invoice represents confirmation from a third-party that a product or service was provided to the department. Some divisions are responsible for making limited purchases; if invoices are received by the division manager who requested the product or service, the manager should review and immediately direct invoices to A/P. All requests for reimbursement must contain the underlying detail that comprises the total expense incurred. Upon receipt of an invoice, it is the responsibility of the division initiating the product or service for the following:

- Assess the validity of the invoice received. This includes the vendor name and payment address, actual product or service description, delivery dates, terms, cost and mathematical accuracy. Any errors on the invoice must be clearly marked.
- Have an approved individual of the division sign, date and identify the program to which the purchase belongs.
- Forward the purchase order, invoice and the packing slip to A/P within 5 days prior to the dates invoices are paid. Invoices are paid on the 10th, 20th and last day of the month. An invoice received in A/P signifies that the approving division manager is validating the business expense and all data on the invoice. A/P will then code the invoice with the appropriate general ledger account number.

The Chief Financial Officer (CFO) will approve all bills, invoices, and expense accounts for payment. The Accounting clerk will prepare checks for signature. All items will be entered on the computer record. Two signatures will be required for checks either the Director and a board member, or two board members.

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For accounts payable, the Accounting clerk will retain a check stub and approved invoice. The Accounting clerk will complete the mailing of the expense checks. At the end of the month, all checks will be accounted for and placed in order. The checks will be filed and retained for audit.

Accounts payable are reviewed by board members when signing checks during the month. At the monthly board meeting, a financial statement listing a summary of accounts payable and payroll will be presented to the board for review and discussion.

It is the general policy of the department to directly mail checks to vendors from the Accounts Payable Office. This policy is to establish control over checks and to limit the additional time necessary for special handling. It must be clearly noted on the invoice when sent to A/P if a circumstance exists where the check should not be directly mailed from the Accounts Payable Office.

If a circumstance exists where a copy of the invoice is required to be mailed with payment, this must be clearly marked on the invoice when sent to A/P. Invoices received by a division manager must be forwarded to A/P. The original invoice must remain in A/P. Division managers may request a copy of an invoice for their tracking or documentation purposes.

Any payments made to an independent contractor or an unincorporated vendor for services require the department to prepare and mail a Form 1099 after the calendar year-end. When requesting payment to an individual for services rendered, the department should obtain the individuals social security number and a valid mailing address.

Division managers who receive an invoice should directly forward invoice to A/P. A/P will review previously received invoices to determine if the invoice is duplicated and whether payment has been made.

CASH HANDLING PROCEDURE

The fund custodian will ensure the following guidelines are followed when a personal check is submitted by the payer in person.

Checks must be made payable to the Taney County Health Department or TCHD

- The payer's name and address must be printed on the check.
- Individuals must present a valid picture ID to be copied on the same page along with the check and placed in the cash management interdepartmental envelope at the end of the day.
- Checks accepted for payment without the required information and returned to the TCHD for non- sufficient funds (NSF) will be charged immediately against the department accepting the check.

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- When personal checks are received through the mail, the fund custodian will ensure the required information is on the check; otherwise, the department must contact the payer by phone to obtain the missing information before depositing the check (Departments must make a concerted effort to publicize these requirements so that payments received by mail contain all the required information).
- Cash received by fund custodians and designated cash handlers shall be handled promptly in accordance with this policy and the procedures outlined herein.
- Immediately upon receipt, all checks will be endorsed with the “For Deposit Only” stamp
- The fund custodian will ensure checks were made payable to the TCHD, and written for the correct amount.
- Cash Receipts are defined as any cash received by a department in checks and/or currency, for any purposes. A pre-numbered receipt will be completed and issued to the payer. Duplicate copies will be retained; the first copy will be maintained by the department as a cash receipts log and the second copy will be forwarded to the Forsyth office with the deposit.
- Fund custodians must reconcile all cash received, prepare a Departmental Daily Cash Report and approve all deposits by the end of the day. (Cash and currency will be safeguarded in a locked box in a safe, until deposit is made). All deposits must be made within 24 hours of receipt.

Balancing of Cash Receipts

- All funds collected must be balanced daily, by mode of payment, by comparing the total of the cash, checks and credit cards to the pre-numbered receipts totals, and to the totals of the money.
- Over/short amounts must be separately recorded, and investigated and resolved to the extent possible as set out in the over/short portion of this policy.

Preparation of Deposits

- Checks must be made payable to Taney County Health Department or TCHD. A double calculator tape of the checks should be included with the checks bundled together.
- Cash must be recorded on the deposit slip in the appropriate space.
- Only Depository issued deposit slips including the appropriate account number(s) and sub-code(s) are to be used.
- Someone not involved with collecting the cash, opening the mail or reconciling the deposit must prepare the deposit.

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- The deposit must be delivered daily to the bank.

Reconciliation of Cash Collected

- Balance all cash receipts daily to the accounting system and supporting documentation (daily deposit slip, system receipts, and system reports) and resolve all discrepancies.
- Balance the total monthly receipts to the monthly bank account statements and accounting system monthly reports and resolve all discrepancies.

Pre-numbered receipts

- Official Taney County Health Department temporary pre-numbered receipt books are issued by the CFO and a log is maintained that includes the number series of the receipts, the date issued, name of the person receiving the receipts and date returned. The issuing unit should include all copies of all voided receipts and return each receipt book to the CFO upon the use of all receipts and completion of the cash reconciliation of all the receipts within that book. Voided receipts must include the reason for the void, signature of person voiding the receipt and a witness signature.

Exceptions

- The CFO must approve any exception to these procedures. For example, in cases where there is not enough staff available to maintain complete separation of duties, an alternate process to safeguard Taney County Health Department funds must be established and approved by the CFO. Requests for exceptions to these procedures must be submitted to the CFO in writing.

Record retention

- Accounting reports, deposit slips, credit card receipts, copies of manual cash receipts, etc. should be kept for completion of Audit + 3 years.

Cash over-short

All cash overages and shortages must be documented by individual cash drawer on a daily basis and documented with that day's activities. Any single shortage of \$50 or more must be reported to the CFO immediately.

- If the shortage is the result of a suspected or documented theft, the shortage must be reported immediately and in writing to the TCHD Director and CFO for investigation, regardless of amount.

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- Failure to follow internal controls, and checks and balances is considered to be at least negligence and could be considered misconduct. In either circumstance the coverage of any shortage must be investigated.

PETTY CASH PROCEDURE

Requesting Reimbursement from the Petty Cash Fund

TCHD employees may request reimbursement for a business-related expense, not to exceed \$100, from the custodian. For each expense, an individual must submit a completed Petty Cash Voucher/Log accompanied by original receipts.

- The Petty Cash Voucher/Log — provide:
 - Date of purchase
 - Printed or typed name of the person reimbursed
 - Description of the item purchased, including a valid business reason
 - Dollar amount (not to exceed \$100)
 - Original receipt
 - Signature of the person who received payment
 - Signature of the custodian who approved the reimbursement

Under no circumstance may an individual, including the custodian, approve his or her own Petty Cash voucher/log. It is the responsibility of the custodian to ensure that each voucher is complete, accurate, and accompanied by original documentation.

Replenishing a Petty Cash Fund

When the fund is low, the custodian should complete a Check Request to replenish the Petty Cash Fund. The Check Request is to be approved by the Division Manager and forwarded to Accounts Payable along with the proper documentation (see below). Under no circumstance may an individual approve his or her own Petty Cash reimbursements

Check Request:

- Print or type the “Petty Cash” in the “Payable to:” section.
- Print or type “to replenish the petty cash fund” in the “Description” section
- Provide all other appropriate information,
- Obtain the approval

Documentation:

- Arrange vouchers and original receipts in chronological order (exclude any confidential subject information if applicable)
- Print a petty cash reconciliation form
- Enclose documentation in a large envelope

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Reconciliation

The custodian must reconcile the Petty Cash Fund on a monthly basis. Reconciliation ensures that the sum of the outstanding reimbursements, cash, and vouchers is equal to the original amount of the Fund.

Security

It will be the custodians' responsibility to provide adequate precautions for the safekeeping of the funds under their control. All petty cash funds must be stored in a secured device such as a safe. Funds should never be left unattended and unsecured. In the event funds are lost or stolen, the custodian or Division Manager must contact the Director and CFO. Any funds missing from petty cash will be charged to the responsible Division and the custodian may be subject to disciplinary action for any violations of this policy contributing to the loss of funds.

COMPLAINT RECORDING PROCEDURE

Upon receipt of a complaint, it will be recorded on the Health Department Client Complaint Log. The Client Complaint Log will be located on the public/shared drive. The staff member receiving the complaint shall document the date, time, complainant's name and the nature of the complaint in the Client Complaint Log. Once the initial information is logged, it is then the responsibility of the staff member taking the complaint to ensure the complaint is forwarded to the appropriate manager for action and follow-up. The manager will then be responsible for contacting the complainant, documenting the action taken and the date resolved on the Client Complaint Log.

Complaint Logs should be reviewed at management meetings to identify areas of needed improvement as per approved procedure.

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FEE SCHEDULE

Revised, April 28, 2018

Taney County residents will not be refused Health Department services related to communicable disease investigation or treatment, regardless of ability to pay.

A fee may be charged for some services which are not essential to public health core functions (such as some adult immunizations and flu shots for those not at high risk, etc.). Services may be denied for inability to pay.

An administration fee will be charged for services provided to non- Taney County residents. The Administrative fee applies to services such as: immunizations (adult and children), STD testing and treatment, TB skin tests, pregnancy testing, laboratory services, immigration services, and nursing consult visits for medication assistance or bill reconciliation. This fee does not apply if an employer or agency in the county is providing the service for a non-Taney County resident, such as Hepatitis A or B.

Fees for birth certificates and death certificates are established by Missouri Law, and services may be denied for inability to pay.

Fees for environmental health services are set by county ordinances or by Municipalities that have an agreement with the Health Department to enforce their ordinances.

The fee schedule for health department services is maintained by program managers, filed with the chief financial officer with copies present in health department offices. Fees cannot exceed the cost of service in compliance with the Hancock amendment. All fee increases will be presented to the board of trustees for approval.

The Board of Trustees approved an ordinance adopting the FDA 2009 edition Food Code. The approved ordinance includes a fee schedule.

For current fee schedules and cost refer to the division policy and procedure manual.

DEVELOPMENT OF INTERVENTIONS AND MATERIALS THAT ARE CULTURALLY AND LINGUISTICALLY APPROPRIATE FOR TARGET POPULATIONS

The Taney County Health Department (TCHD) has developed this policy based on recommendations from the national standards for culturally and linguistically appropriate services (CLAS) in health care. The CLAS consists of 14 standards with the ultimate goals “to make the local public health care system more responsive to the needs of all clients and to increase their satisfaction with and access to high quality health care; decrease inappropriate

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differences in the characteristics and quality of care provided; and close the gaps in health status across diverse populations within the country.” Studies have shown that cultural factors influence how individuals perceive the symptoms of illness, how they seek care when ill, and how they respond to treatment regimens.

Cultural and linguistic competence is a set of behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. ‘Culture’ refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. ‘Competence’ implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities. However, race, ethnicity, and/or country of origin are not synonymous with culture. The term culture is much broader than racial and ethnic background, and includes shared attitudes, behaviors, and traditions that are grounded in many other groupings, such as: sex or gender; stage of life (e.g., elderly); socioeconomic status; sexual orientation; religion; physical limitations or disabilities including impaired hearing; or literacy level.

Cultural groups represented in Taney County include Hispanic/ Spanish, Low Literacy/ Health Literacy, Non-English Speaking, Visually/ Hearing Impaired, Developmentally Disabled, Rural Representation, Low-Income/Poverty, and Transient Populations.

The TCHD intends to support improving health care access and utilization efforts, enhancing the quality of services within culturally diverse and underserved communities, and promoting cultural and linguistic competence. TCHD will provide interpretive services or translators to customers/ clients requesting this service at no cost to the client. The development of culturally and linguistically appropriate materials and interventions will be based on the needs of the county as assessed through social marketing techniques, community health assessment, customer service feedback, and program demographic data. Feedback from these methods will demonstrate how social, cultural, and linguistic characteristics of the various populations served by Taney County are incorporated into processes, programs, and interventions.

The TCHD will accommodate differences in language and culture and offer language assistance services such as interpreters or bilingual providers. The TCHD will provide staff with cultural diversity training and provide clients with culturally sensitive services. In circumstances of low literacy, low health literacy, and developmentally disabled, employees shall allocate the best resources for the client to ensure optimal understanding. In order to meet the needs of the rural, low-income, and transient populations, TCHD will work with community partners to ensure accessibility to services. TCHD staff will also participate in annual training through the Poverty Summit or other trainings that focus on culturally and linguistically appropriate services.

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The Taney County Health Department also understands and recognizes the importance of respectful care, understandable care, and effective care.¹ These elements of care should be integrated into programs that are developed and/or implemented by the TCHD.

The Taney County Health Department will strive to provide culturally competent care by:

- Developing and reviewing strategies to overcome cultural, language, and communications barriers;
- providing an environment in which clients from diverse cultural backgrounds feel comfortable discussing their cultural health beliefs and practices in the context of negotiating treatment options;
- using community partners as a check on the effectiveness of communication and public health interventions;
- encouraging clients to express their spiritual beliefs and cultural practices;
- being familiar with and respectful of various traditional healing systems and beliefs and, where appropriate, integrating these approaches into treatment plans,
- ensuring that when individuals need additional assistance, it may be appropriate to involve a patient advocate, case manager, or ombudsperson with special expertise in cross-cultural issues.
- ensure that staff and other personnel receive cross-cultural education and training, and that their skills in providing culturally competent care are assessed through testing, direct observation, and monitoring of patient/consumer satisfaction with individual staff/personnel encounters.

LINGUISTICALLY APPROPRIATE COMMUNICATIONS

The TCHD recognizes the importance of providing linguistically appropriate communications through translated written materials and oral interpretation services which are vital for a patient's understanding, compliance, and positive health outcomes. Perhaps the most critical component of quality services is the client's ability to understand and be understood. Consequences of language barriers include: 1) inadequate communication from the patient to the provider, and 2) inadequate communication from the provider to the patient. Both of these situations interfere with accurately informing or educating the client about a public health issue.

The Taney County Health Department shall provide written materials (handouts, nutrition assessment forms, etc.) to clients depending on the language requested. These forms may be printed from the Missouri Department of Health and Senior Services Website, Centers for Disease Control, VIS, WIC, or other appropriate sources. Environmental educational handouts are also available with pictures and different languages, including food safety course books.

The TCHD will work with community partners and target populations when developing and reviewing written materials to overcome cultural, language, and communications barriers.

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TCHD will work with community partners and target populations to identify language, cultural, or other considerations to provide materials that are culturally and linguistically appropriate for clients from diverse cultural backgrounds.

Written materials routinely provided in English to clients and the public should be made available in commonly encountered languages other than English. Materials that are essential to clients and the public for accessing and making educated decisions should be translated. Examples of relevant client-related materials include consent forms, medical or treatment instructions; and health education materials. TCHD Division Managers responsible for developing translated materials should consult OCR guidance on Title VI for more information on what the Office considers to be “vital” documents that are particularly important to ensure translation (65 Fed. Reg. 52762-52774, August 30, 2000) at [www.hhs.gov/ocr/lep].

The TCHD should identify materials in commonly encountered languages and ensure that they are responsive to the cultures and levels of literacy of clients and the public. TCHD Division Managers should provide notice of the availability of oral translation of written materials to LEP individuals who cannot read or who speak nonwritten languages. Materials in alternative formats should be developed for these individuals as well as for people with sensory, developmental, and/or cognitive impairments.

LIMITED ENGLISH PROFICIENCY AND LANGUAGE SERVICES

The Taney County Health Department provides services based on Title VI of the Civil Rights Act of 1964 (Title VI) with respect to services for limited English proficient (LEP) individuals. Individuals who cannot speak, read, or understand the English language at a level that permits him or her to interact effectively with clinical or nonclinical staff is considered to be LEP. Title VI requires all entities receiving Federal financial assistance, take steps to ensure that LEP persons have meaningful access to the health services that they provide.

The TCHD will make Language services, as described below, available to each individual with limited English proficiency who seeks services, regardless of the size of the individual’s language group in that community. LEP individuals should be informed—in a language they can understand—that they have the right to free language services and that such services are readily available. At all points of contact, TCHD management and staff should distribute written notices with this information and post translated signage as appropriate. The TCHD staff should explicitly inquire about the preferred language of each client and record this information in all records. The preferred language of each client is the language in which he or she feels most comfortable in a clinical or nonclinical encounter.

Language services for LEP include the availability of bilingual staff who can communicate directly with clients in their preferred language. When such staff members are not available, face-to-face interpretation provided by trained staff, or contract or volunteer interpreters, can

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be made available upon request. Telephone interpreter services are available and should be used as a supplemental system when an interpreter is needed instantly, or when services are needed in an unusual or infrequently encountered language, or when interpretive telephone conversations are needed and a bilingual staff are not available. For complete details on compliance with these requirements, consult the HHS guidance on Title VI with respect to services for (LEP) individuals (65 Fed. Reg. 52762-52774, August 30, 2000) at [www.hhs.gov/ocr/lep].

The TCHD will utilize these methods of informing clients about language assistance services: a) using language identification or “I speak . . .” cards; b) posting and maintaining signs in regularly encountered languages at all points of entry; c) creating uniform procedures for timely and effective telephone communication between staff and LEP persons; and d) including statements about the services available and the right to free language assistance services in appropriate non-English languages in brochures, booklets, outreach materials, and other materials that are routinely distributed to the public.

Although most clients bring a friend, relative or other person to assist them at their health department appointments with translations, in order to ensure complete, accurate, impartial, and confidential communication, family, friends or other individuals, should not be required, suggested, or used as interpreters. A patient/consumer may choose to use a family member or friend as an interpreter after being informed of the availability of free interpreter services unless the effectiveness of services is compromised or the LEP person’s confidentiality is violated. TCHD staff should suggest that a trained interpreter be present during the encounter to ensure accurate interpretation and should document the offer and declination in the LEP person’s file. Minor children should never be used as interpreters, nor be allowed to interpret for their parents when they are the clients.

The Taney County Health Department has two individuals who speak Spanish who may be used for interpretive services.

Prospective and working interpreters must demonstrate a similar level of bilingual proficiency. Health care organizations should verify the completion of, or arrange for, formal training in the techniques, ethics, and cross-cultural issues related to medical interpreting (a minimum of 40 hours is recommended by the National Council on Interpretation in Health Care). Interpreters must be assessed for their ability to convey information accurately in both languages before they are allowed to interpret in a health care setting.

The statewide contract foreign language interpretation, which includes over the phone, verbal and written translation, can be found at the Office of Administration’s contract search site. A link can be found at the bottom of the page in the option to search for Statewide Professional Service Contracts. The “Communication and Support Services” option will be provide additional information. Local Public Health Departments can utilize the statewide contract for Language Interpretation for WIC services.

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Although Language Select is no longer on the statewide contract, Local Providers can still utilize this service for interpretative services. Charges for language interpretation are allowable expenses under the Local WIC Provider contract. Additional questions and/or clarifications should be directed to the district Health Program Representative.

Below is the contact information for Language Select Robert Palmer, Customer Care Team:

Phone: 818.394.4931

Fax 818.768.1811

robert.palmer@languageselect.com

<https://www.languageselect.com/purpose.aspx>

The TCHD also provides the Language Line service to better meet the needs of clients by enhancing employees verbal communication with Non-English speaking clients. Before using the Language Line service, each employee must complete the live web-based training program offered by Language Line Services on how to use this service. When using the language line service, employees should document the call using the Language Line Service log sheet.

CULTURAL AND LINGUISTIC COMPETENCY TRAINING

Clients and community members who bring racial, cultural, religious, or linguistic differences to the health care setting are particularly vulnerable to experiencing situations where those differences are not accommodated or respected by the health care institution or its staff. These situations may range from differences related to informed consent and advanced directives, to difficulty in accessing services or denial of services, to outright discriminatory treatment. The TCHD will ensure that all staff members are trained to recognize and prevent these potential conflicts.

TCHD Staff at all levels and in all disciplines will participate in ongoing CME- or CEU-accredited education or other training in CLAS delivery. The TCHD may also arrange for such education and training to be made available to staff. This training should be based on sound educational (i.e., adult learning) principles, include pre- and post-training assessments, and conducted by appropriately qualified individuals. Training objectives should be tailored for relevance to the particular functions of the trainees and the needs of the specific populations served, and over time should include the following topics:

- Effects of differences in the cultures of staff and clients on clinical and other workforce encounters, including effects of the culture of American medicine and clinical training;
- elements of effective communication among staff and clients of different cultures and different languages, including how to work with interpreters and telephone language services;
- strategies and techniques for the resolution of racial, ethnic, or cultural conflicts between staff and clients;

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- TCHD’s written language access policies and procedures, including how to access interpreters and translated written materials;
- TCHD’s complaint/grievance procedures;
- effects of cultural differences on health promotion and disease prevention, diagnosis and treatment, and supportive, rehabilitative, and end-of-life care;
- impact of poverty and socioeconomic status, race and racism, ethnicity, and socio-cultural factors on access to care, service utilization, quality of care, and health outcomes;
- differences in the clinical management of preventable and chronic diseases and conditions indicated by differences in the race or ethnicity of clients;
- effects of cultural differences among clients and staff upon health outcomes, patient satisfaction, and clinical management of preventable and chronic diseases and conditions; and
- the applicable provisions of: Title VI of the Civil Rights Act of 1964, 42 U.S.C. §2000d, 45 C.F.R. §80.1 et seq. (including Office for Civil Rights Guidance on Title VI of the Civil Rights Act of 1964, with respect to services for (LEP) individuals (65 Fed. Reg. 52762-52774, August 30, 2000).

QUALITY IMPROVEMENT EFFORTS

The TCHD will also integrate cultural and linguistic competence-related measures into the existing quality improvement activities to help institutionalize a focus on CLAS. CLAS-related measures with routine quality and outcome efforts will be used to measure the impact of CLAS interventions on access, patient satisfaction, quality, and clinical outcomes. The TCHD performance management system should also include monitoring of culturally or linguistically related complaints/grievances as part of the overall quality assurance program.

Client and community surveys and other methods of obtaining input will be utilized as important components of organizational quality improvement activities. When used, such surveys should be culturally and linguistically appropriate. Additional methods of assessing quality with respect to CLAS should be explored and utilized as appropriate.

The TCHD will also ensure that: cultural competence training is provided to staff who handle complaints and grievances or other legal or ethical conflict issues; notices in other languages about the right of each client to file a complaint or grievance is provided; the contact name and number of the individual responsible for disposition of a grievance is provided; and ombudsperson services are available upon request.

Demographic Data

The TCHD will collect demographic data on race, ethnicity, and language to:

- Adequately identify population groups within a service area;
- ensure appropriate monitoring of patient/consumer needs, utilization, quality of care, and outcome patterns;

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- prioritize allocation of organizational resources;
- improve service planning to enhance access and coordination of care; and
- assure that services are provided equitably.

Collection of data on self-identified race/ethnicity should adhere standard procedures and racial and ethnic categories adapted in the U.S. Census. To improve the accuracy and reliability of race and ethnic identifier data, TCHD will ensure intake and registration procedures to facilitate client self-identification and avoid use of observational/visual assessment methods whenever possible. Clients should be allowed to indicate all racial and ethnic categories that apply. TCHD will utilize collected data to enhance information on subpopulation differences by collecting additional identifiers such as self-identified country of origin, which provides information relevant to clients that is unobtainable from other identifiers.

The TCHD uses a variety of methods and information sources to maintain data on racial and ethnic groups in the service area. TCHD epidemiological methods utilize TCHD data, DHSS Data, community partner data, school enrollment profiles, and US Census data to identify population groups in Taney County. Both quantitative and qualitative methods should be used to determine cultural factors related to patient/consumer needs, attitudes, behaviors, health practices, and concerns about using health care services as well as the surrounding community's resources, assets, and needs related to CLAS.

COMMUNITY INVOLVEMENT AND CLIENT FEEDBACK

The TCHD views service delivery to the community as a collaborative process that is informed and influenced by community interests, expertise, and needs. Services that are designed and improved with attention to community needs and desires are more likely to be used by clients, thus leading to more acceptable, responsive, efficient, and effective care and improved health status in the community.

Clients and community representatives should be actively consulted and involved in a broad range of service design and delivery activities. In addition to providing input on the planning and implementation of CLAS activities, they should be solicited for input on broad organizational policies, evaluation mechanisms, marketing and communication strategies, staff training programs, and so forth. TCHD will continue to collaborate and consult with community-based organizations, providers, and leaders for the purposes of partnering on outreach, building provider networks, providing service referrals, and enhancing public relations with the community being served.

The Taney County Health Department will actively share information with the public about the organization's efforts to implement the CLAS standards. This communication should include the department's efforts, accomplishments, processes, and procedures outlined in this policy. Additionally, communications may include program changes, interventions to targeted populations, Community Health Assessment findings, health data profiles focused on specific groups, or other pertinent information. The TCHD may use a variety of methods to

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communicate or report information about progress in implementing the CLAS standards, including publication of stand-alone documents focused specifically on cultural and linguistic competence or inclusion of CLAS components within existing organizational reports and documents. Other channels for sharing this information include the newsletters, email lists, community presentations, newspaper articles; television, radio, and other broadcast media; and postings on Web sites and social media.

Notes

1. Respectful care includes taking into consideration the values, preferences, and expressed needs of the client. Understandable care involves communicating in the preferred language of clients and ensuring that they understand all clinical and administrative information. Effective care results in positive outcomes for clients, including satisfaction; appropriate preventive services, diagnosis, and treatment; adherence; and improved health status.