

AGENCY REVIEW

WALLOWA COUNTY HEALTH DEPARTMENT

August 2015

**Oregon Health Authority
Public Health Division**

800 NE Oregon Street, Suite 930
Portland, OR 97232
(971) 673-1222 Voice
(971) 673-1299 FAX
(971) 673-0372 TTY

April 11, 2016

Mr. Mike Hayward, Chair
Wallowa County Board of Commissioners
Courthouse
101 S River Street, Room 202
Enterprise, OR 97828

Dear Mr. Hayward:

The triennial onsite agency review of the Wallowa County Health Department was conducted between August 1 and August 31, 2015. The Oregon Health Authority Public Health Division reviewed 14 county public health programs for compliance with state and federal public health laws and the Financial Assistance Agreement.

While several of the programs were identified as not needing any additional follow-up and are considered to be in compliance with state and federal public health laws, there were a number of findings that needed attention, including in the areas of Maternal Child Health (MCH) - Oregon Mothers Care (OMC), Fiscal, Food Pool and Lodging (FPL), Immunization and Reproductive Health (RH). As a result, Public Health Manager Laina Fisher has been actively working with our office and other state staff to resolve all findings.

A full report, including the specific timelines for correction, has been sent to Laina Fisher and staff in the Public Health Systems Innovation and Partnerships (PHSIP) Unit will continue to work with her to document resolution of the findings. We think the report will also be of assistance to the Wallowa County Health Department staff in their continuing efforts to provide quality public health services to your community.

Please send a written response within ten days affirming that you will meet the timelines for correcting the compliance findings. Once all the required elements are successfully completed, we will send a letter to confirm compliance and close the file for this review.

Our office will contact Laina Fisher to arrange an exit interview to go over the findings and answer any questions. We leave it to the local Board to decide if this meeting is attended by one or more of the commissioners. This meeting can be conducted in-person or via telephone.

Programs included in the compliance review:

Administration	Health Security, Preparedness and Response
Babies First!	Immunizations
Civil Rights	Perinatal - Oregon Mothers Care
Communicable Disease	Sexually Transmitted Infections
Fiscal	Tobacco Prevention and Education
Food, Pool and Lodging	Tuberculosis
Health Officer	Vital Records

Commendations

Administration

The Wallowa County Health Department (WCHD) is staffed by two dedicated and hardworking staff members. Laina Fisher, Administrator, has a long history of providing public health services at WCHD and wears many hats in her role as Administrator and the primary Registered Nurse. Jodi Beck is the primary support staff member, and diligently works to provide services to the families in this community. This dedicated staff of two is currently struggling to provide coverage for all contracted programs due to lack of time and staff. Two people responsible for public health for the entire population of Wallowa County makes it extremely challenging to provide comprehensive public health care. If there is an outbreak of any kind, both employees would become involved and other public health services would need to stop. Having only two people also limits any continuing education or state sponsored meetings for staff, since that would leave only one person in the Health Department.

Despite the extreme lack of resources, Ms. Fisher and Ms. Beck have been able to overcome daily challenges, particularly in the area of emergency preparedness and communicable disease by working well together and with community partners.

In addition to having good communication with the hospital, County Emergency Manager, schools, laboratories and other community partners,

Ms. Fisher and Ms. Beck have been using social and traditional media effectively to communicate with the public.

Health Security, Preparedness and Response

With two people working in Wallowa County Public Health, the staff overcome challenges daily and respond efficiently to Public Health and All-Hazards issues/incidents within the County. Because of the staff's ability to work effectively with community partners, incidents (i.e., wildfire smoke) and planning for potential incidents (i.e., Ebola Virus) are addressed immediately with good results.

In the community of Wallowa County, the staff is integrated with response partners and well-connected with the community on a whole. The Public Health staff are knowledgeable and able to work with partners easily. WCHD has a Facebook page and recently has used this media outlet to communicate the finding of an owl with positive West Nile Virus results within the County. The staff were able to express the actions of what people need to do and items to know around West Nile Virus over Facebook and other media routes.

Immunization

Wallowa County Health Department has a solid immunization program. During their last Vaccines for Children (VFC) compliance visit in October 2014, there was only one small compliance issue that was immediately corrected. Our triennial review showed the excellent job Wallowa County is doing meeting the compliance requirements of Program Element 43. Wallowa County met all three performance measures currently being tracked. Their storage and handling practices meet all recommended federal guidance. Overall, they are doing an admirable job.

Sexually Transmitted Infections (STI)

Wallowa County offers STI screening, treatment, and case investigation services out of its clinic location in Enterprise. The Program has excellent relationships with medical providers and laboratories in their area which helps to facilitate their STI prevention and case work. Program staff also conduct thorough follow-up with providers to ensure individuals diagnosed with an STI have been or will be offered partner elicitation services to prevent the forward spread of disease.

Tobacco Prevention & Education Program (TPEP)

The Wallowa County Tobacco Prevention and Education Program (TPEP) has developed and helped implement some relatively significant tobacco control policies during the past three years. Given the fact that the entire Wallowa County Health Department (WCHD) has only two full-time employees who are responsible for thirteen separate programs, the progress made is quite remarkable. The work achieved is a testament to the WCHD staff's innovative thinking and strong community connections.

Program staff continue to establish and maintain strong relationships with a broad range of policy makers and stakeholders in health system, school, and community settings to help advance program objectives. These include promotion of the Oregon Tobacco Quit Line and other tobacco cessation efforts with coordinated care organizations and other partners. Two excellent examples of significant tobacco control policies are the Tobacco Free Wallowa County Health Department policy and the WCHD Tobacco Screening and Referral policy.

The Tobacco Free Wallowa County Health Department policy exposes residents frequenting the health department's office for basic health services to an environment free from tobacco products and models healthier behavior. Regarding the WCHD Tobacco Screening and Referral policy, during all client encounters in family planning, STD/HIV, TB, Babies First, Women Infants and Children, Oregon MothersCare, and Perinatal, WCHD staff assess for all tobacco use and exposure and provide brief tobacco clinical intervention. Clients who receive these services are often at increased risk for chronic diseases, so efforts to reduce tobacco use or prevent initiation are particularly significant.

The WCHD must also be commended for the excellent buy-in they have with community partners. The schools have been particularly supportive, as is evidenced by the Wallowa School District's 100 percent tobacco, drugs, and alcohol free campuses policy. Additional community partners include the Wallowa Memorial Hospital, the Wallowa Valley Center for Wellness, Wallowa Mountain Medical, and the Northeast Oregon Network (NEON) just to name a few. These partners play an active role in supporting the WCHD. For example, the hospital provides free autoclave services, and NEON provides grant assistance for health-related programs. The community reach and the number of active community partnerships

established exemplify how the WCHD staff engage partners and leverage resources to increase healthy community behaviors.

Compliance Findings Summary

Administration

The LPHA is in compliance with all program requirements.

Babies First!

No compliance finding. However, compliance requirements for the Babies First! program are met at an extreme bare minimum. Babies First! caseload ORCHIDS reporting notes two Babies First! clients served in the past two years. The caseload is quite small considering the number of county births (approximately 50-60 births per year).

Program service provision is conducted per a RN as required by PE42 (7)(a)(b)(i). However RN, Laina Fisher also serves as the Health Department Administrator and is the sole RN for all Health Department roles that require RN coverage. Laina's FTE devoted to Babies First! program work is estimated at 1-2 hours per week, which is not an adequate amount of FTE to maintain a potential caseload (based on birth rate) of 4-5 enrolled participants.

Eligible county families, who could benefit from Babies First! program services, are not receiving them. Agency is in need of restructure and reorganization as it relates to maintaining adequate staffing to provide coverage for the Babies First! program.

Contractual agreement PE42 defines the use of federal and state funds that the health department receives each fiscal year. Per the contractual agreement, funds must be appropriately directed toward Babies First! service provision.

Civil Rights

The LPHA is in compliance with all civil rights compliance responsibilities. The LPHA must provide documentation that the Civil Rights Self-Assessment (CRSA) has been reviewed by the LPHA.

Communicable Disease

The LPHA is in compliance with all program requirements.

Fiscal

1. The LPHA must establish controls over access of medications and medical supplies per 45 CFR 74.21 Standard for Financial Management System and 45CFR 92.20 HHS Standards of Financial Management Systems. This includes
 - Maintaining adequate control over medicines and medical supplies as well as inventory log book. Due date to comply: 01/15/2016. **Resolved: 3/25/16** (Closing this finding now with a possibility of reopening it in August 2016 if there are still discrepancies between physical count and log balance at the time of a site visit in August.)
2. LPHA must ensure there is adequate Property Management System as required by 45CFR74.21 Standard for Financial Systems, and 45 CFR 92.20 HHS Standards of Financial Management Systems. This includes:
 - Physical inventory is taken at least once every two years. Due date to comply: 1/15/2016. **Resolved: 3/25/16**

Food, Pool and Lodging Health & Safety

1. The LPHA must maintain an inspection rate of 100% for all licensed facilities. All programs are below the compliance rate. Due date to comply: 6/30/2016
2. The LPHA must develop a policy for inspection frequencies of travelers' accommodations. Due date to comply: 12/31/2015. **Resolved: 3/1/2016.**
3. The LPHA must provide a light meter. Due date to comply: 12/31/2015. **Resolved: 3/1/2016.**
4. The LPHA must have at least one environmental health specialist on staff, or through contract, that has a current certification from the authority as a food service standardization officer. Note: If Wallowa County has an arrangement with another county inspector to serve as the food service standardization officer, please provide a copy of that agreement, or the current contracted staff must apply to become standardized. Due date to comply: 6/30/2016.
5. The LPHA must ensure that for-profit temporary restaurants receive a minimum of one inspection during operation for each license issued. Due date to comply: 12/31/2015. **Resolved: 4/4/2016.**

Health Security Preparedness and Response

1. A copy of current training records is needed for evidence. (I.A.2., IV.A.1.). By March 1, 2016, WCHD will have training records in place.
2. ESF #8 plan and County Emergency Operations plan is dated 2009. The plans should be updated every five years and signed off by appropriate County leadership. (III.A., III.A.1.). By March 1, 2016, WCHD will work with County Emergency Management to draft the ESF #8 Plan. By September 1, 2016, WCHD will have ESF #8 Plan signed by County Commissioners.

Immunizations

1. LPHA is required to practice under current standing orders. Current standing orders should be downloaded at <http://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/ImmunizationProviderResources/Pages/stdgordr.aspx> and signed by the Wallowa County Health Officer as soon as possible. Due date to comply: September 17, 2015. **Resolved: 9.19.2015.**
2. LPHA is required to provide technical assistance to hospitals when the administration rate of the birth dose of hepatitis B vaccine falls below 80%. LPHA will arrange a meeting with local practitioners to discuss the importance of the birth dose of hepatitis B by October 30, 2015. **Resolved: 4.4.2016.**

Perinatal – Oregon Mothers Care (OMC)

The program is not meeting compliance requirements as per contractual agreement (PE 42, Section 4, c) which states: "In addition to the reporting requirements set forth in section 8 of Exhibit E of this Master Agreement, LPHA must collect and submit client encounter data quarterly on individuals who receive OMC services supported in whole or in part with funds provided under this Agreement. LPHA shall submit the quarterly data to OHA using OMC client tracking forms approved by OHA for this purpose."

1. By November 30, 2015 LPHA must decide if OMC programming is to continue as it is an optional program as defined in PE 42. If program is continued, then data must be collected on clients served.

Reproductive Health

1. Protocols must cite the most current version of national standards. The Mandatory Reporting protocol must cover human trafficking. A policy must be created indicating that none of the funds will be used where abortion is a method of family planning nor for lobbying. **Resolved: 3/28/16.**
2. Once updated, protocols must be approved by the Grantee (RH Program). **Resolved: 3/28/16.**
3. A quality assurance system must be documented in policy and put into place. Due date to comply: 11/15/15.
4. Evaluation of the performance of the contracted Health officer must be performed. **Resolved: 3/28/16.**
5. Prescribing provider must document a complete prescription for the dispensing of hormonal contraceptives. **Resolved: 3/23/16.**
6. Family involvement must be encouraged in the decision of minors to seek family planning services. **Resolved: 3/23/16.**
7. Staff must be trained annually on encouraging family involvement and resisting coercion. **Resolved: 3/23/16.**

Sexually Transmitted Infections

The LPHA is in compliance with all program requirements.

Tobacco Prevention & Education Program

The LPHA is in compliance with all program requirements.

Tuberculosis

The LPHA is in compliance with all program requirements.

Vital Records

The LPHA is in compliance with all program requirements.

Other Notes

Fiscal

Wallowa Health Department received Federal funds of \$24,886 including \$10,557 for the WIC Program for fiscal year 2014. It appears that the County Health Department has sufficient internal controls to adequately safeguard assets, to detect and prevent errors in a timely manner. The operation is fairly organized and efficient with commitment to quality, fairness and accuracy.

Health Officer

For the last 13 years, Rusty Woods, MD, Health Officer, has provided leadership and medical direction to Wallowa County Public Health Department. He is involved and extremely committed to WCHD. His roles include developing TB standing orders and protocols. Dr. Woods often discusses epidemiology issues with State Communicable Disease staff. He also provides sex education talks at local schools. For the past 10 years, Dr. Woods also served as the Lab Director to the Wallowa County Health Department CLIA waived lab.

Overall, the Wallowa County Health Department is composed of a pair of two dedicated public health professionals who are committed to delivering public health services to the community.

We thank you for your attention to correcting these compliance findings and we look forward to making public health even stronger in your community.

Sincerely,



Danna Drum, Manager
Public Health Systems Innovation and Partnerships

cc: Commissioner Paul Castilleja,
Commissioner Susan Roberts
Laina Fisher, Local Public Health Administrator, Wallowa County Health
Department



PUBLIC HEALTH DIVISION
Office of the State Public Health Director

Kate Brown, Governor

Oregon
Health
Authority

800 NE Oregon Street, Ste. 930
Portland, OR 97232
Telephone: 971-673-1222
FAX: 971-673-1299
TTY: 711
healthoregon.org

October 11, 2016

Mr. Mike Hayward, Chair
Wallowa County Board of Commissioners
Courthouse
101 S River Street, Room 202
Enterprise, OR 97828

Dear Mr. Hayward:

This is an addendum to the April 11, 2016 letter regarding the triennial onsite agency review of the Wallowa County Health Department, which was conducted in August 2015.

The April 11, 2016 letter listed all items that needed correction resulting from the August 2015 reviews. Wallowa County Health Department Director Laina Fisher was provided a document listing the specific items and the time frame for correction. We are pleased to write you this letter thanking you and your staff for resolving all of the compliance findings resulting from the August 2015 reviews.

A WIC and WIC Farm Direct Nutrition Program (WIC-FDNP), and WIC-Fiscal reviews were subsequently conducted on August 23-24, 2016. While there were no WIC-Fiscal compliance findings resulting from these reviews, there were several WIC findings. This letter and the attached compliance findings table list all WIC compliance findings resulting from the August 2016 reviews. The due date to comply with these findings is October 31, 2016.

During the August 2016 review, the WIC reviewer found that four compliance findings identified in this review were also cited in the 2008, 2010, 2012 and 2014 Biennial WIC reviews. Two of these four findings were also cited in 2006. These program requirements are key to the basic services provided by the WIC program. To assure these repeat findings are resolved, we are working closely with Ms. Fisher to develop a Corrective Action Plan (CAP) and coordinate subsequent quarterly meetings to monitor progress. An addendum report, including the specific timelines for correction, has been sent to Ms. Fisher and we will continue to work with her to document resolution of the findings.

We thank you for your attention to correcting these compliance findings and for the public health work you do for the community.

Sincerely,



Danna Drum, Manager
Public Health Systems Innovation and Partnerships

cc: Commissioner Paul Castilleja,
Commissioner Susan Roberts
Laina Fisher, Local Public Health Administrator, Wallowa County Health Department

Enclosure