



PUBLIC HEALTH DIVISION
Office of the State Public Health Director, Community Liaison
Kate Brown, Governor

Oregon
Health
Authority

800 NE Oregon Street, Suite 930
Portland, OR 97232
Telephone: 971-673-1222
FAX: 971-673-1299
TTY: 971-673-0372

September 5, 2017

Mr. Bill Harvey, Chair
Baker County Board of Commissioners
1995 3rd St Suite #101
Baker City OR 97814

Dear Commissioner Harvey:

The triennial onsite agency review of Baker County Health Department was conducted April 10 through May 12, 2017. The Oregon Health Authority Public Health Division reviewed county public health programs for compliance with state and federal public health laws and compliance with the Financial Assistance Agreement.

The review included the appraisal of items in 17 program areas, listed below. Program areas with compliance findings are indicated with an asterisk.

Administration*	Immunizations*
Babies First! and Perinatal	Reproductive Health
Civil Rights	Sexually Transmitted Infections
Communicable Disease	Tobacco Prevention & Education
Drinking Water Services	Tuberculosis
Fiscal*	Vital Records
Food, Pool Lodging Health & Safety	WIC*
Health Security, Preparedness and Response*	WIC Farm Direct Nutrition Program
Health Officer	

An overview report is enclosed which includes a list of the specific compliance findings, descriptions of programs, quality assurance recommendations and areas of strength identified throughout the review. We urge you to review the report as it contains important information about your public health programs and their requirements.

Please note that the results of this triennial review are very good. Our team is working closely with the Baker County Health Department Director and Local Public Health Administrator, Nancy Staten, to resolve all the findings.

A full report with all documentation from the review will be sent to Nancy Staten. We think the report will be of assistance to your public health staff in their continuing efforts to provide quality public health services to your community.

Our office will contact Nancy Staten to determine if you would like to meet with us to go over findings and answer any questions. If you would like such a meeting, we leave it to the local Board of Commissioners to determine if this meeting of the Local Public Health Authority occurs with one or more of the commissioners present.

Overall, agency reviewers find the Baker County Health Department to be composed of a committed team of professionals who deliver quality public health services to your community. The citizens of Baker County are very fortunate to have this agency providing comprehensive public health services.

We thank you for assuring that all compliance findings are resolved and for your support for the strong public health work Baker County Health Department is providing.

Sincerely,



Danna Drum
Strategic Partnerships Lead



Andrew Epstein
Local Health Department Consultant

Enclosure

cc: Bruce Nichols, Commissioner
Mark E. Bennett, Commissioner
Nancy Staten, Baker County Health Department Director



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

September 5, 2017

Baker County Health Department Triennial Review Report

This is an overview report of the April 10 – May 12, 2017 triennial review of Baker County Health Department (BCHD). This report is a summary of individual reports from participating programs put together by the Oregon Health Authority (OHA) Office of the State Public Health Director. Detailed individual reports will be sent to Nancy Staten, Baker County Local Public Health Administrator. We urge you to review this document as it contains important information about your public health programs and their requirements.

Baker County Health Department received Federal funds of \$178,342 including \$72,758 for the WIC Program for fiscal year 2016. The Health Department also received \$148,110 General Fund and \$55,594 other funds for the same period.

Report Prepared by: Andrew Epstein, Local Health Department Consultant,
Office of the State Public Health Director

COMPLIANCE FINDINGS SUMMARY

Administration

The LPHA must do the following to comply with program requirements:

1. Conduct written performance evaluations annually or according to county policy. Regular employee evaluations were not on file at the time of the review. Submit a written statement to confirm that performance evaluations have been conducted and are on file for each employee, and will be conducted annually. **Due date to comply: 9/30/2017**
2. All positions must have current written job descriptions, including minimum qualifications. Current written job descriptions were not on file for each employee at the time of the review. Submit a written statement to confirm

that current signed and dated position descriptions are on file for each employee. **Due date to comply: 9/30/2017**

Babies First! And Perinatal

The LPHA is in compliance with all program requirements.

Civil Rights

The LPHA is in compliance with all program requirements.

Communicable Disease

The LPHA is in compliance with all program requirements.

Drinking Water Services

The LPHA is in compliance with all program requirements.

Fiscal

The LPHA must do the following to comply with program requirements:

1. Comply with federal requirement where Local Public Health must base Family Planning/Title X charges and fees consistent with Guidelines, Section 6.3: 45 CFR 59.5 –Section 8: Cost analysis of services is conducted and updated every two years. **Due date to comply: 10/31/2017**
 - a. Submit Cost Analysis of services updated for current year.
 - b. Put in place a mechanism to ensure the Cost Analysis of services is updated every two years per Federal Guideline.

Food, Pool and Lodging Health & Safety

The LPHA is in compliance with all program requirements.

Health Officer

The LPHA is in compliance with all program requirements.

Health Security Preparedness and Response

The LPHA must do the following to comply with program requirements:

1. Include an internal addendum to job descriptions addressing preparedness role for all positions supporting Public Health Emergency Preparedness (PHEP) work. **Due date to comply: 10/23/2017**
2. BCHD's PHEP Plan has not been signed as current within the past five years. An update to the All-Hazards Base Plan is in progress. Submit a copy of the plan's signature page when the update is completed. **Due date to comply: 10/23/2017**

Immunizations

The LPHA must do the following to comply with program requirements:

1. Comply with requirement to submit vaccine orders according to the tier assigned by the Oregon Immunization Program.
 - a. Ordering tier has been changed to M1 for monthly ordering. Please submit vaccine orders during the first two weeks of the month. **Due date to comply: 7/31/17 RESOLVED**
2. Comply with requirement to have current delegate addendum on file for all Delegate Agencies.
 - a. Please submit new signed delegate addendum to the Oregon Immunization Program and keep a copy on site at both clinics. **Due date to comply: 11/15/2017**
3. Comply with Vaccine Billing Standards. **Due date to comply: 11/15/2017**
 - a. Tier 2
 - (1) Submit a plan to implement results of administration fee cost analysis.
 - b. Tier 3 – Submit information about each of the following, including when and how implementation and review will occur:

- (1) Conduct regular quality assurance measures to ensure costs related to LHD's immunization services are being covered
- (2) Implement administration charges based on results of the administration fee cost analysis.

Reproductive Health

The LPHA is in compliance with all program requirements.

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 (TB)

The LPHA is in compliance with all program requirements.

Vital Records

The LPHA is in compliance with all program requirements.

WIC

The LPHA must do the following to comply with program requirements:

1. Assure required documentation for all selected risks is added to the participant record. (Policy 625) **Due date to comply: 9/30/2017**
2. Make a connection between the participant's program eligibility and desired health outcome. (Policy 820) **Due date to comply: 5/22/2017 RESOLVED**
3. Assure all nutrition education provided is documented in the participant record. (Policy 830) **Due date to comply: 5/22/2017 RESOLVED**

4. Assure a monthly physical inventory is performed with the actual eWIC card stock on hand. (Policy 501) **Due date to comply: 5/22/2017 RESOLVED**
5. Document communication of WIC requirements to homeless facilities in your service area that serve WIC participants. (Policy 655) **Due date to comply: 5/22/2017 RESOLVED**

WIC Farm Direct Nutrition Program

The LPHA is in compliance with all program requirements.

PROGRAM OVERVIEW AND STRENGTHS

Administration and Civil Rights

The Baker County Health Department (BCHD) provides an array of public health services including WIC, Communicable Disease Prevention and Investigation, Environmental Health, Maternal and Child Health, Reproductive Health, Vital Records and Tobacco Prevention programs.

BCHD is led by Nancy Staten, local public health administrator. The Baker County Board of Commissioners is the Local Public Health Authority (LPHA) and the local Board of Health. The BCHD administrator maintains regular communications with Commissioners through monthly department head and board meetings and communications with the public health liaison commissioner.

As a new public health administrator, Nancy has been working on building a cohesive team of staff as well as strengthening collaboration with external partners including medical providers and the Eastern Oregon CCO. An annual well child exam event in partnership with St. Lukes included mental health, medical, dental, and immunization partners that served 150 children over three nights.

BCHD uses a Facebook page to communicate regarding immunization school exclusion, clinical services, and tobacco prevention and education messages.

Babies First! & Perinatal

The BCHD Perinatal and Babies First! programs continue to provide vital services to at-risk perinatal women and their children amidst a challenging environment of staff position changes, limited staff capacity and limited budget resources while experiencing increased need from community families. Alicia Hills, Nursing Supervisor, and Nancy Staten, Administrator, have remained with the BCHD working in multiple job capacities as needed that directly affect the Perinatal and Babies First! programs. Their belief in the work they do and their flexibility is notable. The recent hiring of a full-time RN in January 2017 is a very positive step in increasing staff capacity.

Program strengths include:

- Client records are compiled in a consistent format.
- Nursing diagnosis language noted in all reviewed client records.
- Nursing Supervisor, Alicia Hills, demonstrates efficient ability in covering multiple program areas.
- Newly hired RN, Jacobey Holderman, has former public health work experience and showed proficiency in her knowledge of BCHD programs and implementation at the time of the review.

Communicable Disease

Baker County Communicable Disease (CD) investigations are completed by Alicia Hills. During the triennial period there were 137 reportable disease conditions, 94 were Hep C, 10 salmonella cases, 5 animal bites, 2 West Nile virus cases and 2 reported outbreaks. Alicia is an experienced CD nurse who is working hard to complete investigations of reportable conditions. Due to other competing priorities, and lack of technological support, Alicia is unable to create cases on a timely bases and investigations are often delayed. A second nurse has been hired to help with home visits, clinical work and communicable disease investigations. It is imperative that necessary programs are uploaded in computers to improve response to communicable diseases.

Drinking Water Services

The Drinking Water Program provides oversight and services to public water systems, resulting in reduced health risks as well as increased compliance with drinking water monitoring and maximum contaminant level requirements. The Drinking Water Program reduces the incidence and risk of waterborne diseases and

exposure to hazardous substances potentially present in drinking water supplies for consumers.

Services provided through the Drinking Water Program include investigation of occurrences of waterborne illness, drinking water contamination events and emergencies, response to spills, response to OHA alerts, inspection of water system facilities (surveys), and resolving compliance issues with systems identified by OHA as Priority non-Compliers (PNCs). The Drinking Water Program reports data to the Oregon Health Authority Drinking Water Services Program as necessary for program management and to meet federal Environmental Protection Agency (EPA) Safe Drinking Water Act program requirements.

The Drinking Water Program staff are committed to promoting public health and taking actions to protect public health. Staff maintain professional working relationships with the six water systems they oversee. Staff attend all State Drinking Water trainings and consistently reach out to the state program for technical support.

Fiscal

It appears that the Baker 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 a commitment to quality, fairness and accuracy.

Food, Pool and Lodging Health and Safety

Baker County contracts with Malheur County staff to conduct the environmental health program inspections. Staff are doing an excellent job of providing environmental health services to the community. The overall inspection rate for licensed facilities is good with all program areas in compliance.

Craig Geddes and Eric Evans have been state standardized and satisfactory completion and maintenance of the standardization process complies with the field review portion of the triennial review. Staff exhibited good communication skills with operators and employees of the food service facilities during the standardization certification.

Health Officer

Dr. Eric Lamb serves as the Baker County Health Officer. Dr. Lamb maintains weekly communication with the health department administrator and provides expert medical guidance including reviewing policies and procedures.

Health Security, Preparedness and Response

BCHD's Emergency Preparedness Program is coordinated by one part-time employee, Alicia Hills. In addition to coordinating the Emergency Preparedness Program, Ms. Hills also serves as a Public Health Nurse.

The Public Health Emergency Preparedness (PHEP) program demonstrated many notable strengths including the following examples:

- All BCHD staff receive IS 100 & 700 emergency management training, at a minimum.
- BCHD currently maintains the following plans: Emergency Response Plan (Chemical, Communication, Emergency Volunteers, Public Health Preparedness Training, Radiation, Staff Emergency Contact Plan, Strategic Telephone), Communicable Disease Plan, Pandemic Influenza Response Plan and SNS Plan.
- BCHD maintains a robust Multi-Year Training and Exercise Plan, which is included in the PHEP Annual Workplan.
- BCHD regularly coordinates and networks with partners: BCHD regularly participates in Region 9 Healthcare Preparedness Program/PHEP coalition meetings; BCHD is participating in local Mass Casualty Incident planning efforts and will also participate in regional 2017 Eclipse planning.
- BCHD coordinates with Baker County Emergency Management (BCEM) on emergency communications, including access to Code Red, a public emergency communications service, through BCEM. BCHD is also in the process of developing a Social Media Policy.

Immunizations

Baker County Health Department provides essential immunization services for the county population. They work directly with medical providers and schools throughout the county to ensure that all patients have access to vaccination. Baker County staff do a remarkable job providing all Vaccine for Children immunizations in the county. They have a strong commitment to building relationships in their community which is made evident by their understanding of their population's needs and the length they go to fill those needs. They also do an

excellent job managing their vaccine as shown by achieving over 95% accountability for their vaccine stock.

Reproductive Health

Baker County Health Department (BCHD) has one clinic and sponsors the School Based Health Center clinic (SBHC) at the Baker High School. The BCHD clinic provides reproductive health services for men and women of all ages in need at the clinic location. The SBHC does not provide Title X Reproductive Health Services or Birth Control. The school does provide age appropriate reproductive health counseling.

BCHD hours are clearly posted and are also available at the website, 8:00AM-5:00PM Monday – Friday. The website provides information on services provided including Family Planning services. The clinic is located about one block from the main highway for transportation purposes. In the event of emergency clients can cross the 2-way street over to the Saint Alphonsus Medical Center and Saint Luke's Medical Clinics.

Data from calendar year 2015 shows that 74.6% of BCHD family planning clients are at or below 138% FPL. 2016 data will not be available until later in 2017. Medical services are provided according to national standards of care, ensuring quality family planning services. Documentation of appropriate education and anticipatory guidance are noted on the Client Visitation Records (CVR) for the encouragement of preventative healthcare. BCHD had a 98.9% quality assurance score when their medical records were reviewed by the Oregon Health Authority Reproductive Health Nurse Consultant.

BCHD provides outreach for all services at regularly scheduled events and at additional events requested by community. A BCHD nurse coordinates the Information and Education Committee (I&E) and also provides outreach for I&E in the community. There are routine school events and other community events that have outreach to all ages.

The area population is 92.1% white, non-Hispanic, 3.7% Hispanic or Latino, American Indian & Alaska Native combined at 1.5%, Asian 0.7%, Black & Native Hawaiian/ Pacific Islander each at 0.2% according to the last Federal Census. The agency has provided services at 7.6% to Hispanic or Latino even though

population is at 3.7%, reflecting outreach on family planning services to migrant workers.

Baker County's 2004 teen (10-17 years of age) pregnancy rate was 10.8 per every 1000 teens. In 2014, the teen pregnancy rate was 2.7 per 1000 Youth. This is a decrease of 75% since 2004.

BCHD reproductive health medical staff have demonstrated that they provide care according to the United States Preventive Services Task Force standards. A client-centered approach was observed in the clinic during the triennial review. Staff in the Family Planning clinic are from a variety of specialties: Medical Doctor (MD), Nurse Practitioners (NP), and Registered Nurses (RN).

BCHD effectively screens for financial eligibility and financial need according to Title X. They effectively screen for the Oregon Contraceptive Care program.

Sexually Transmitted Infections (STD)

BCHD provides STD services out of its location in Baker City. The Health Department also operates a School-Based Health Center in Baker City. The county has experienced relatively low STD morbidity with no more than one or two gonorrhea cases annually since 2010. While the chlamydia case count has risen steadily over the past few years reaching a high of 69 cases in 2016, this could also be attributed to increased screening among younger individuals. The county had a sole case of late (not infectious) syphilis in 2015 and has had no new identified cases of HIV infections since 2005.

Baker County's STD program benefits from extremely caring and experienced nursing staff. Staff report a close working relationship with their Health Officer which results in positive outcomes for their program as a whole. The quality of their HIV/STD case work as evidenced by data in the Oregon Public Health Epidemiology User System (ORPHEUS) is strong. By also operating the School-Based Health Center in Baker City, the Health Department is uniquely situated to address STD screening and treatment with younger individuals who are at increased risk for STDs. The reviewer was particularly impressed by the program's role in partnering with local hospital systems on an event to promote uptake of adolescent well visits.

Tobacco Prevention & Education Program (TPEP)

Baker County has continued to implement its TPEP program through a comprehensive approach that includes facilitating community partnerships, creating tobacco-free environments, promoting quitting of tobacco among adults and youth, and reducing the burden of tobacco in the county. Baker County has fulfilled all responsibilities related to local enforcement of the Oregon Indoor Clean Air Act, including responding to complaints of violation in a timely manner.

Baker County TPEP has successfully promoted policy change for healthy, tobacco-free environments in a variety of settings, including supporting a successful smoke-free city parks policy, working towards a tobacco-free county properties policy, and supporting community partnerships around tobacco cessation.

The TPEP Coordinator promotes the Oregon Tobacco Quit Line on the Baker County Public Health social media page as well as in the community through print materials. They also promote the Eastern Oregon Coordinated Care Organization (EOCCO) cessation program for the Medicaid population.

Program staff continue to establish and maintain strong relationships with a broad range of policy makers and community stakeholders including the EOCCO's Local Community Advisory Council, the City of Baker City, New Directions Behavioral Health, and other county TPEP Coordinators within the Eastern Oregon region.

Tuberculosis

Baker County is prepared for a case and staff are trained about tuberculosis (TB). Staff are engaged and interested in learning about TB. They contact the TB program with good questions and attend TB related training. Documents are well organized.

Vital Records

Baker County's Office of Vital Records serves their community by offering a local office where certified copies of birth and death records are available to order by authorized individuals. The county is limited to providing this service for the first six months after the event, whether birth or death. Orders placed in this office are typically completed within one day.

County staff stay current on information regarding changes and updates to materials and procedures. All of the county materials are updated and efficiently communicated and shared with partners and customers in the community.

The Baker County Vital Records Office consistently provides excellent customer service to their customers and partners throughout the community. The county registrar, Nancy Staten, ensures all areas of the vital records office run smoothly and securely.

The Vital Records office provides a positive linkage between the community and the state vital records office. Records and reports are handled with careful attention to maintaining security and confidentiality. Partners within the community, the local hospital and funeral homes visited during this trip, report great relationships and excellent service from this office. State staff that have contact with the county report a similar high regard for the work of this office.

WIC

WIC's mission is to safeguard the health of low-income women, infants, and children up to age 5 who are at nutrition risk by providing nutritious foods to supplement diets, information on healthy eating, and referrals to health care. Delivering high quality nutrition services is essential in not only carrying out this mission, but also ensuring that WIC continues to be the premiere national public health nutrition program.

The most recent fact sheet for this local WIC agency can be found on the Oregon WIC website:

<http://public.health.oregon.gov/HealthyPeopleFamilies/wic/Pages/annual.aspx>

Baker County WIC maintained a commendable 12 month caseload average of 98% while also converting participants to eWIC and serving 102% of assigned caseload in March 2017. Staff are doing a stellar job of making reminder phone calls, accommodating working participants by providing appointments at 7 a.m., over the lunch hour or late afternoon, offering walk-in clinics and assisting high risk clients with breastfeeding and formula issues by working off hours as needed. To reach their social media connected participants, staff are even using their own personal Facebook account to announce the popular WIC walk-in clinics.

Commendations to Mandy Peterson, RD, LD for the important connections she is making with programs and services that support WIC families. This past year she provided the Head Start Parents Club with tips on how to make the recipes in their club cookbook healthier. She talked with DHS case workers about how the WIC Program works, which has improved referrals to WIC. She also visited emergency food programs in the community to identify additional food assistance resources for families who are food insecure.

WIC Farm Direct Nutrition Program (FDNP)

The Oregon Farm Direct Nutrition Program (Farm Direct) provides WIC families with FDNP checks once a year to purchase fresh, locally-grown fruits, vegetables and cut herbs directly from local farmers.

During the 2016 FDNP season redemption was 68.53% which was higher than the state average of 63.92%. To improve redemption in 2017, staff developed and printed postcards to remind participants to spend their FDNP checks.

QUALITY ASSURANCE RECOMMENDATIONS

Administration

1. Have all health department staff review and sign off on emergency plan.
2. Offer and document ongoing staff training in cultural competence.
3. Replace all Indoor Clean Air Act decals with signs that include current “no vaping” language, and post signs on entrances to sheds on the property.

Communicable Disease

1. Recommend timely case creation.
2. Recommend timely interview of all acute hepatitis and chronic hepatitis B cases.
3. Recommend identifying location of contacts for diseases such as pertussis, meningitis Hepatitis A and B.
4. Recommend completing all risk factor questions for all cases requiring interview.
5. Recommend investigating all reported outbreaks.
6. Recommend attempting lab confirmation (5 specimens collected) for all outbreaks.

7. Recommend conducting case finding for all potential common source outbreaks.
8. Recommend completing epi curve for all potential common source outbreaks.
9. Recommend completing control measures report for all LTCF outbreaks.
10. Of most importance is for the CD nurse to have access to ORPHEUS through Citrix in their computers to access data while in the field. The installation of CITRIX and other relevant programs for CD work is imperative.

Perinatal & babies First!

1. Consider using the ORCHIDS Client Encounter Information (page 1) for Client ID Page used in client records, with a goal of reducing duplicative required nursing documentation.
2. Recommend continuation of internal chart audits, minimum twice yearly, quarterly if staff capacity allows.
3. Recommend a quality assurance process applied to developmental screenings with a goal of increasing and/or documenting all developmental screens that are completed for enrolled Babies First! clients.
4. This RN Consultant supports the suggestion of Nursing Supervisor, Alicia Hills, to consider hiring (as budget allows) additional clerical support staff to take over duties of ORCHIDS data entry and TCM billing to assure timeliness of billing processes. Additional ideas being discussed include hiring and training of a Community Health Worker (CHW) for support of Nurse Home Visiting programs.
5. Recommend adding additional policy statements to current MCH Home Visiting programs Procedure & Policy manual to include policies on social media communication with enrolled clients.

Reproductive Health

1. Consider for future expenses purchasing an exam table that has adjustable height or another plan to help staff care for clients with disabilities. (Examples provided during the triennial review).
2. Consider sharing links, via website or outreach Facebook, to clinically appropriate education at the CDC, Oregon Health Authority Reproductive Health Program, and other medical resources.

Health Security, Preparedness and Response

1. Baker County Health Department Public Health Emergency Preparedness plans should be inventoried, updated and housed in a central location both physically and electronically, as well as stored in a backup location for Continuity of Operations purposes.



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January 26, 2018

Mr. Bill Harvey, Chair
Baker County Board of Commissioners
1995 3rd St Suite #101
Baker City OR 97814

Dear Commissioner Harvey:

The triennial onsite agency review of Baker County Health Department was conducted April 10 through May 12, 2017. The compliance findings in the review were based on federal and state statutes or rules, contract requirements, or specific minimum standards agreed to by the local health departments in Oregon.

A letter listing items that needed correction was sent to you after the review. The Public Health Administrator was provided a document listing the specific items and the time frame for correction.

We are very pleased to send you this letter thanking you and your staff for resolving all of the compliance findings.

Sincerely,

Danna Drum
Strategic Partnerships Lead

Andrew Epstein
Local Health Department Consultant

cc: Bruce Nichols, Commissioner
Mark E. Bennett, Commissioner
Nancy Staten, Baker County Health Department Director