



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

Oregon
Health
Authority

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February 20, 2019

Ms. Margaret Magruder, Chair
Columbia County Board of Commissioners
230 Strand Street
St. Helens, OR 97051

Dear Chair Magruder:

The triennial review of Columbia County was conducted October 3 through October 24, 2018. The Oregon Health Authority (OHA) Public Health Division reviewed county public health programs (including programs administered by its subcontractor) for compliance with state and federal public health laws and compliance with the Intergovernmental Agreement for the Financing of Public Health Services (Public Health IGA) and the Intergovernmental Agreement for Environmental Health Services.

The review included the appraisal of items in 13 program areas, listed below. Program areas with compliance findings are indicated with an asterisk.

Administration	Immunization*
Babies First! and Perinatal	Public Health Emergency Preparedness
Civil Rights*	Sexually Transmitted Diseases*
Communicable Disease*	Tobacco Prevention & Education
Fiscal	Tuberculosis
Food, Pool Lodging Health & Safety*	Vital Records
Health Officer	

The enclosed overview report 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.

Our team is working closely with Michael Paul, Columbia County Local Public Health Administrator, to resolve all the findings. A full report with all review documentation will be sent to Michael Paul. We think the report will be of assistance to public health staff and providers in their continuing efforts to provide quality public health services to your community.

Our office will contact Michael Paul 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 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 Columbia County and Columbia County's subcontractor, The Public Health Foundation of Columbia County (now operating as Columbia Health Services), to be composed of a committed team of professionals who deliver quality public health services to your community. The citizens of Columbia County are fortunate to have the Columbia County Board of Commissioners ensure the provision of comprehensive public health services.

We thank you for ensuring that all compliance findings are resolved and for your support for the strong public health work Columbia County is providing.

Sincerely,

A handwritten signature in dark ink, appearing to read "Danna Drum".

Danna Drum
Strategic Partnerships Lead

A handwritten signature in blue ink, appearing to read "Andrew Epstein".

Andrew Epstein
Public Health Systems Consultant

Enclosure

cc: Henry Heimuller, Columbia County Commissioner
Alex Tardif, Columbia County Commissioner
Michael Paul, Local Public Health Administrator, Columbia County



February 20, 2019

**Columbia County
Triennial Review Report**

This is an overview report of the October 3 – October 24, 2018 triennial review of public health programs administered by Columbia County and its subcontractor, The Public Health Foundation of Columbia County (TPHFCC). Unless otherwise indicated in this report, the triennial review period includes part of the time during which the local public health authority (LPHA) had been delegated to TPFHCC, as well as part of 2018 after the termination of the three-party agreement between OHA, Columbia County and TPFHCC.

This report is a summary of individual reports from participating programs compiled by the Oregon Health Authority (OHA) Office of the State Public Health Director. Detailed individual reports will be sent to Michael Paul, Local Public Health Administrator. We urge you to review this document as it contains important information about your public health programs and their requirements.

Columbia County received from OHA Public Health Federal funds of \$174,173 for the last two quarters of fiscal year 2018 and the first quarter of Fiscal year 2019. The County also received \$40,475 from State General Fund Support and \$250,333 Other Funds for the same period.

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

COMPLIANCE FINDINGS SUMMARY

Administration

The LPHA is in compliance with all program requirements.

Babies First! And Perinatal

The LPHA is in compliance with all program requirements.

Civil Rights

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

1. Submit documentation of procedure to cooperate with OHA's civil rights investigative process and to act promptly on discrimination complaints. **Due date to comply: 3/31/2019**
2. Submit documentation of policy or procedure related to reviewing and updating nondiscrimination policies. **Due date to comply: 3/31/2019**

Communicable Disease

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

1. Document annual infection control training of all communicable disease employees with potential occupational exposure to bloodborne pathogens. **Resolved: 10/3/2018**
2. Elicit occupation information during interviews of shigellosis and Shiga-toxin producing E. Coli (STEC) cases. **Finding closed due to no cases during the time period for re-assessment of this measure.**
3. Recommend post-exposure prophylaxis within 14 days for contacts of hepatitis B cases. **Finding closed due to no cases during the time period for re-assessment of this measure.**
4. Complete case interviews within 10 days (excludes chronic hepatitis B and pertussis). **Resolved: 11/30/2018**

Fiscal

A formal fiscal review of Columbia County was not conducted due to the short period of time that had passed after the County resumed responsibility for all duties of the LPHA in February 2018, following the termination of the three-party agreement between Columbia County, TPHFCC and OHA. A fiscal review was conducted of TPHFCC for the time period July 2015 through February 2018. No compliance findings were identified.

Food, Pool and Lodging Health & Safety

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

1. Complete all required inspections in the program area that is below the compliance rate for inspection frequencies (mobile food units). **Due date to comply: 6/30/2019**
2. On handwritten inspection reports, provide the complete Oregon Administrative Rule and section number for each violation; provide all header information; and

provide separate and distinct problem and correction statements for each violation.

Due date to comply: 3/31/2019

3. Clearly state on the food inspection report if a priority or priority foundation violation has been resolved at the time of the semi-annual inspection, and document how the violation was corrected. If a priority or priority foundation violation has not been corrected during the food facility inspection, a recheck inspection must be conducted within 14 days. Do not assign reinspection time frames for core violations. **Due date to comply: 3/31/2019**

Health Officer

The LPHA is in compliance with all program requirements.

Immunizations

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

1. Review patients on the statewide recall list (patients not up-to-date on their immunizations) in the first two weeks of the month and make any necessary demographic or immunization updates. **Resolved: 10/9/2018**
2. Work with Oregon Immunization Program Accountability Specialist (Erin Corrigan) to improve accountability and to achieve vaccine accounting excellence for Rainier and Sacagawea School Based Health Centers. Vaccine accounting excellence is determined by: (1) Accounting for 95 percent of all vaccine inventory in ALERT IIS (statewide immunizations data system); (2) Reporting fewer than five percent of accounted for doses as expired, spoiled or wasted during the quarter; and (3) Recording the receipt of vaccine inventory in ALERT IIS. **Resolved: 12/15/2018**

Public Health Emergency Preparedness

The LPHA is in compliance with all program requirements.

Sexually Transmitted Diseases

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

1. Use all reasonable means to investigate in a timely manner all reports of reportable diseases, infections or conditions. **This is a repeat compliance finding from the 2015 triennial review.**

- a. Implement a plan to triage syphilis and gonorrhea cases for interview, prioritizing pregnant women and men with female partners, to ensure that staff resources are being utilized efficiently. **Resolved: 2/13/2019**
 - b. Implement a plan to document all efforts to interview clients with date, time and method of attempted contact. Consider utilizing additional tools such as an Accurant search or Facebook to locate clients when there is no response to calls or texts. **Resolved: 2/13/2019**
2. When STD morbidity and laboratory results are reported to the LPHA by health care providers and laboratories, evaluate for completeness and appropriate treatment regimen.
- a. Implement a plan to contact providers by phone to obtain records of treatment by the end of the calendar week in which the initial lab or provider report is made, if there is no response to faxed query letter. Document all attempts to obtain treatment information. **Resolved: 2/13/2019**
 - b. Resolve outstanding 2018 syphilis and gonorrhea cases that have no treatment or inadequate treatment documented. If inadequate treatment was given, contact provider to provide education and implement plan to treat patient appropriately. **Due date to comply: 3/31/2019**

Tobacco Prevention & Education Program (TPEP)

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.

PROGRAM OVERVIEW AND STRENGTHS

Administration, Civil Rights and Health Officer

During this triennial review period, the three-party agreement between OHA, Columbia County and the TPHFCC ended. Columbia County resumed responsibility for overseeing public health and environmental health programs and services. At the time of the review,

Columbia County directly provided services in the areas of Vital Records, Environmental Health, and Public Health Emergency Preparedness, as well as overall administration and oversight of programs contracted to TPHFCC including Communicable Disease Prevention and Investigation, Maternal and Child Health, the Tobacco Prevention and Education Program, and Drinking Water.

The Columbia County Board of Commissioners is the governing body of the local public health authority. Michael Paul is the Local Public Health Administrator. Dr. Joe Skariah is the Health Officer.

Program strengths include:

- Under the leadership of Michael Paul and the Columbia County Board of Commissioners, responsibility for public health services was successfully transferred to the County and a contract was executed with TPHFCC to ensure the uninterrupted continued delivery of public health services. The County has taken a thoughtful approach in determining and refining its structure for delivering and subcontracting services.
- Columbia County is participating with TPHFCC, Tillamook County and Clatsop County in the North Coast Modernization Collaborative, using public health modernization grant funds to assess regional data on sexually transmitted infections and develop strategies. These efforts include collaboration with the Columbia Pacific Coordinated Care Organization to identify vulnerable populations and develop regional strategies to address population-specific needs.
- The return of public health to the County has resulted in increased opportunities for dialogue on public health policy with County Commissioners as part of their role as the local public health authority. An example is the discussion that has occurred between the Local Public Health Administrator and County Commissioners related to considering a tobacco-free county properties policy, a required area of work for the Tobacco Prevention and Education Program.
- The Health Officer, Dr. Joe Skariah, is readily available for consultation as needed with the Local Public Health Administrator and public health staff. In his first three months as Health Officer, in addition to performing all required responsibilities, Dr. Skariah has been considering where systems and process improvements can be made, such as streamlining disease reporting, increasing awareness of and access to WIC services, and improving the financial sustainability of School Based Health Centers. In addition to his medical degree, Dr. Skariah also has a Master of Public Health and is pursuing a Master of Business Administration degree. As a Family Medicine Physician, Dr. Skariah has a keen awareness of the impact of social

determinants of health, including social isolation related to factors such as the lack of accessible and affordable day care. In addition to serving as the Columbia County Health Officer and the OHSU Family Medicine Scappoose Medical Director, Dr. Skariah also chairs the Clinical Advisory Panel of the Columbia Pacific Coordinated Care Organization (CCO).

Babies First! & Perinatal

TPHFCC as Columbia County's subcontractor continues to strive to provide a multiple-service model through its Nurse Home Visiting programs that meet the healthcare needs of families within its Perinatal and Babies First! Maternal Child Health (MCH) services.

Program strengths:

- Nurse Home Visitors Heather Bell and Toni Harbison demonstrate comprehensive knowledge and experience with the MCH Nurse Home Visiting process. These skills are reflected in their thorough documentation reviewed in client records.
- Both Nurse Home Visitors demonstrate a consistent maintenance of linkages and communications with other community providers and organizations to ensure sharing of resources and collaborative decision making with a goal of providing comprehensive support to families in need. This is demonstrated by both nurses participating in multiple service agency meetings that occur regularly throughout the year.
- An onsite clinic for perinatal women, which includes prenatal care, is maintained at the TPHFCC to ensure early prenatal care provision for all women seeking care.

Communicable Disease

Communicable disease and outbreak investigations are conducted by TPHFCC staff. The work during this review period was done primarily by Heather Bell, a communicable disease nurse. Public health nurse Nikki Morford-Canwell and TPHFCC director Sherrie Ford provided back-up. During the review period, there were 454 communicable disease reports, of which 84 required case interviews. There were 13 outbreaks reported during the review period, most of which were located at long-term care facilities.

The communicable disease work has improved significantly since the last review period. Following the previous triennial review, Sherrie Ford and her team implemented new policies and procedures to ensure that the disease and outbreak investigation work is completed in a timely manner and according to the Investigative Guidelines. Heather Bell, who left TPHFCC shortly after the review was conducted, was a dedicated investigator and colleagues at the Public Health Division noted that she was reliable and consistent in her work in Columbia County.

Fiscal

In February 2018, Columbia County contracted with TPHFCC to provide public health services. As the LPHA, Columbia County assumed the role of monitoring the subrecipient's delivery of services and compliance with applicable federal and state statutes and rules, local ordinances and other requirements as outlined in the Financial Assistance Agreement between the LPHA and OHA, 2CFR 200.331, and OAR 333-014-0570. Prior to this arrangement, Columbia County had a three-party agreement with TPHFCC and OHA.

Under the new agreement, the LPHA monitors TPHFCC's fiscal and programmatic activities as per contract terms. Columbia County has a subrecipient monitoring policy which intends to evaluate subrecipient risks to determine the appropriate level of monitoring to ensure federal and state funds are used for authorized purposes in accordance with federal statutes, regulations, and the terms and conditions of the sub-award. Columbia County intends to review financial and programmatic reports as part of the monitoring process to ensure proper stewardship of funds. As part of the monitoring process, the County will conduct on-going review activities and oversee subrecipient progress to ensure performance goals (scope of work or specific aims) are achieved.

At the time this review was conducted, Columbia County had finalized the writing and approval of its subrecipient monitoring policy and had completed its risk analysis of TPHFCC, which identified the subrecipient as low risk.

Columbia County has not yet implemented in full all other components of monitoring as outlined in the subrecipient monitoring policy. Given the limited time that has elapsed between implementation of the current agreement and this triennial review, the LPHA appears to be on the right path toward full implementation of the monitoring process.

The LPHA retains a portion of public health funds to cover costs of administration and expenses related to monitoring TPHFCC. There are sufficient internal controls to adequately safeguard assets, to detect and prevent errors in a timely manner. The operation appears organized and efficient enough with a commitment to quality, fairness and accuracy.

Food, Pool and Lodging Health and Safety

Environmental Health Licensing Programs consisting of Food, Pool and Lodging facilities.

Columbia County has hired several Registered Environmental Health Specialists as temporary employees to conduct the licensed facility inspections. The inspectors are experienced and committed to getting the work done.

Immunizations

Columbia County subcontracts much of public health clinical care to TPHFCC, whose staff have maintained dedication and professionalism in their efforts to improve the health of all Columbia County residents. Previous Vaccines for Children Program (VFC) compliance visits in 2016 and 2018 resulted in a few minor issues that were resolved promptly.

Columbia County and TPHFCC are dedicated to improving immunization uptake within their community. Their commitment to improving the health of the people they serve is evident in their participation in the Assessment, Feedback, Incentive and eXchange (AFIX) quality improvement program, as well as their school and community outreach efforts.

Public Health Emergency Preparedness (PHEP)

Columbia County contracts for clinical public health services and operates some non-clinical core public health services within the LPHA governmental structure, including public health emergency preparedness. Columbia County receives approximately \$77,000 annually from the Oregon Health Authority to operate its public health emergency preparedness (PHEP) program, which supports approximately 60 percent of the PHEP Coordinator FTE and four percent of the Local Public Health Administrator's FTE.

Columbia County continues to demonstrate full engagement and delivers a strong commitment for emergency preparedness and response work and improvement. They have successfully integrated the Public Health Annex into the County Emergency Operations Base Plan. Future iterations of this plan will reflect the most recent organizational structure.

The PHEP Coordinator is commended for demonstrating a robust portfolio of community partnerships in Columbia County, including government and non-government partners. In addition, the coordinator is commended for developing an outstanding Medical Countermeasure Dispensing and Distribution (MCMDD) plan written for the county, including a field operations guide.

During this review, the Local Public Health Administrator identified priority health and medical emergency hazard vulnerabilities including extreme weather, geological and industrial-related environmental health incidents with limited transportation options and

potential resource acquisition isolation. Strategic and operational planning for alternative public access to acute care hospital systems, EMS services, addressing mass population displacement, sheltering, public messaging, alternate medical care sites and vulnerable populations remain high priorities. The awareness and prioritization of these issues is a strength for the program and the county.

Sexually Transmitted Diseases (STD)

STD services in Columbia County are provided by TPHFCC, primarily at the St. Helens public health main office, Monday through Friday, 8:30am-4:00pm. TPHFCC also provides STD services at clinics in St. Helens, Rainier, Vernonia, and Clatskanie. A certified nurse midwife is on-site one day a week at the main office. Public health staff responsible for STD prevention duties includes a full-time RN and a medical assistant one day a week (another full-time RN resigned just prior to the triennial review). Chlamydia cases rose from 119 in 2015 to 183 in 2016 and held steady in 2017. Gonorrhea cases more than doubled between 2015 and 2016, from 17 to 37, and also held steady in 2017. Syphilis cases have numbered between three and five cases annually since 2015.

Staff demonstrate a commitment to improving the health of Columbia County residents. This dedication is evidenced by the community outreach endeavors and initiatives to evaluate and improve the main clinic in response to client suggestions. In addition to calling clients, staff use Google Voice to text appointment reminders and to communicate about scheduling partner services to follow up on an STD. Staff can access client medical records at several hospital systems to assist with case investigations if necessary.

Tobacco Prevention & Education Program (TPEP)

Columbia County subcontracts with TPHFCC to implement its TPEP program through a comprehensive approach that includes facilitating community partnerships, creating tobacco-free environments, countering pro-tobacco influences, promoting quitting of tobacco among adults and youth, and reducing the burden of tobacco on populations most disproportionately impacted by tobacco-related chronic disease. Columbia County and TPHFCC have fulfilled all responsibilities related to local enforcement of the Oregon Indoor Clear Air Act (ICAA), including responding to complaints of violation. Local ICAA enforcement activities are now conducted by Columbia County.

Program strengths:

- The TPEP program works to reduce the negative economic and health impacts of tobacco on the community by offering information and technical assistance to policymakers and community leaders on evidence-based strategies for comprehensive tobacco control strategies, such as tobacco-free environments and

tobacco retail licensing, to reduce the burden of tobacco (including addiction, illness, lost wages and medical costs) on families, employers and the community at large.

- The TPEP program works with government agencies and their decision makers, substance abuse prevention partners, community coalitions, the business sector and health systems partners to address the hazards and health impacts of tobacco as the leading cause of preventable death in the state. This has led to the adoption of comprehensive policies to create tobacco free environments by restricting smoking, tobacco use and vaping in public places and workplaces, through adoption of ordinances in Columbia City (100% Tobacco-Free City Properties), the City of Clatskanie (Smoke-Free Parks), and the City of Vernonia (Smoke-Free Parks). TPEP program staff continue to explore how to move towards establishing a tobacco-free county properties policy, including increasing engagement of the Board of County Commissioners in looking at policy options.
- The TPEP program maintains strong relationships with health systems partners. During this triennial review period, the TPEP program received funding from the Columbia Pacific Coordinated Care Organization to advance efforts in exploring options for regulating and licensing the sale of tobacco products in the county. TPEP staff worked with TPHFCC clinic staff, public health partners in the Women, Infant and Children (WIC) program, and employers to promote the Oregon Tobacco Quit Line and improve screening and referral systems and workflows for tobacco addiction and treatment. During the reporting period, TPEP staff expanded capacity for developing health systems infrastructure to deliver cessation services by recruiting a volunteer tobacco cessation specialist who is piloting cessation services through TPHFCC.
- TPHFCC TPEP program staff participate in all required training and technical assistance activities and submit work plans and reports in a timely manner. Staff performance on program work demonstrates an ongoing commitment to advancing tobacco prevention efforts both in Columbia County and across Oregon.

Tuberculosis (TB)

Columbia County is low incidence for TB disease. Two to three B waiver immigrants are referred to Columbia County per year. Cases of TB disease are uncommon.

Columbia County has improved its TB infrastructure since the last triennial review. Chest x-rays are now available as well as all other needed services. Columbia County works closely with local institutions including the county correctional facility, schools and local clinics.

Vital Records

Columbia County was the registered place of death for 279 individuals in 2017. There are no birth facilities in the county. The Columbia County Office of Vital Records serves their community by offering a local office where certified copies of 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. Orders placed in this office are typically completed within one day.

The Columbia County Office of Vital Records consistently provides excellent customer service to their customers and partners throughout the community. The county registrar, Betty Huser, works diligently to ensure all areas of the vital records office run smoothly and securely. The Office of Vital Records 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. Each of the local partners and state staff that the reviewer spoke with reported excellent relationships with the vital records office. Funeral directors respect and appreciate the responsiveness and dedication of vital records staff.

QUALITY ASSURANCE RECOMMENDATIONS

Administrative

The following recommendations are based on the “Foundational capabilities are provided” section of the Administrative review tool:

1. Assessment and epidemiology: Continue to explore having a local or regional epidemiologist.
2. Emergency preparedness and response: Ensure all required preparedness plans are up-to-date, including ambulance service advisory plan and continuity of operations plan.
3. Communications: Provide routine training for county staff on communication with people in non-English languages.
4. Communications: Implement systems for public input, such as a public health advisory committee.
5. Policy and planning: Consider ways to dedicate a portion of the LPH Administrator’s time to community-wide policy and planning work.
6. Policy and planning: Consider adopting a health in all policies approach.
7. Health equity and cultural responsiveness: Provide training for staff related to

health equity.

Babies First! & Perinatal

1. Update policies and procedures manual for Nurse Home Visiting programs to reflect the current expanded Babies First! program.
2. Nurse Home Visiting staff members transition any paper client records that are still in use to the client record keeping system supported by the electronic medical record system.

Communicable Disease

1. Recommend timely completion of case investigation – be sure to enter completion dates in Orpheus database.
2. Enter all contact interview information in Orpheus database.
3. Recommend submitting an epi curve (visual display of the onset of illness) for all potential common source outbreaks. This can be done within the outbreaks database when the case log is populated.
4. Recommend timely completion of outbreak reports – be sure to submit them electronically when data entry is complete.

Sexually Transmitted Diseases (STD)

1. Program is encouraged to take steps to increase the percentage of case reports for syphilis and gonorrhea containing race and gender, gender of patient's sex partners, HIV status or date of most recent HIV test, and pregnancy status of female patients.
2. Program is encouraged to schedule time at least quarterly to review gonorrhea and syphilis case reports for completeness.



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October 17, 2019

The Honorable Henry Heimuller, Chair
Columbia County Board of Commissioners
230 Strand Street
St. Helens, OR 97051

Dear Chair Heimuller:

The public health triennial review of Columbia County was conducted October 3 through October 24, 2018. Findings were determined based on compliance with federal and state statutes or rules, the Intergovernmental Agreement for the Financing of Public Health Services and the Intergovernmental Agreement for Environmental Health Services.

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 write you this letter thanking you and your staff for resolving all the compliance findings.

Sincerely,

Danna Drum
Strategic Partnerships Lead

Andrew Epstein
Public Health Systems Consultant

cc: Margaret Magruder, Columbia County Commissioner
Alex Tardif, Columbia County Commissioner
Michael Paul, Local Public Health Administrator, Columbia County