

**AGENCY REVIEW**

**JOSEPHINE COUNTY PUBLIC HEALTH**

**August 30 – October 6, 2016**  
**Prepared by**  
**Oregon Health Authority**  
**Public Health Division**



April 3, 2017

Commissioner Simon Hare, Chair  
Josephine County Board of County Commissioners  
500 NW 6<sup>th</sup> Street, Dept. 6  
Grants Pass, OR 97526

Dear Commissioner Hare:

The triennial onsite agency review was conducted for the Josephine County Public Health Department in September and early October 2016. The Oregon Health Authority Public Health Division evaluated 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 16 program areas, listed below. Program areas with compliance findings are indicated with an asterisk.

Administration*	Immunizations*
Babies First! & Perinatal	Reproductive Health*
Civil Rights*	Sexually Transmitted Diseases*
Communicable Disease	Tobacco Prevention
Drinking Water*	Tuberculosis*
Fiscal*	Vital Records
Food Pool Lodging Health & Safety*	WIC*
Health Officer	
Health Security, Preparedness & Response	

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

Our team will work closely with Josephine County Public Health Department to resolve the findings and will notify you by letter upon resolution.

A full report has been sent to Diane Hoover, Local Public Health Administrator. 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 Ms. Hoover to inquire if you would like to meet with us to go over the findings and answer any questions. We leave it to the local Board of Commissioners to decide if this meeting of the Local Public Health Authority occurs with one or more of the commissioners present.

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

We thank you for assuring that the remaining compliance findings are corrected and for the strong public health work you do for the community.

Sincerely,



Danna Drum  
Strategic Partnerships

cc: Lily Morgan, Vice-Chair  
Dan DeYoung, Commissioner  
Diane Hoover, Josephine County Public Health Administrator



## **Josephine County Public Health Department Triennial Review Report**

April 2017

This is an overview report of the September-October 2016 triennial review of the Josephine County Public Health Department (JCPHD). This report is a summary of individual reports from participating programs put together by the Oregon Health Authority (OHA) Public Health Division. Detailed individual reports will be sent to Diane Hoover, Director of JCPHD. We urge you to review this document as it contains important information about your public health programs and their requirements.

JCPHD County Health Department received an estimated Federal, state and other funds of \$1,174,226 including \$436,852 for the WIC Program for fiscal year 2016.

**Report Prepared by:** Danna Drum, Strategic Partnerships Lead and Marti Baird, LHD Consultant

### **COMPLIANCE FINDINGS SUMMARY**

#### **Administration**

The LPHA must do the following to be in compliance with program requirements:

1. Update administrative policies and protocols so references match policy and are current. **Due date to comply: January 1, 2017. RESOLVED**

#### **Babies First! and Perinatal**

The LPHA is in compliance with program requirements.

#### **Civil Rights**

The LPHA must do the following to be in compliance with program requirements:

1. Post larger poster of Civil Rights information in a prominent location near client check-in in English and Spanish languages. **Due date to comply: October 1, 2016. RESOLVED**

### **Communicable Disease**

The LPHA is in compliance with program requirements.

### **Drinking Water**

The LPHA must do the following to be in compliance with program requirements:

1. Investigate water quality alerts for detections of regulated contaminants. **Due date to comply: December 23, 2016 RESOLVED**
  - a. Respond to all water quality alerts for E. coli and nitrate >10 mg/L, and any other acute MCL exceedance immediately.
  - b. Respond to all water quality alerts for coliform within the same day.
  - c. Respond to all other water quality alerts as soon as possible.
  - d. Document investigation on contact reports and submit to DWS within 2 weeks of completion.

### **Fiscal**

The LPHA must do the following to be in compliance with program requirements:

1. Comply with federal regulations consistent with 2 CFR Part 22 Appendix B No 8 which requires sub recipient to use employee's timesheets/activity reports to allocate payroll cost to various programs. LPHA is allocating payroll cost to various federal programs based on the budget rates and not actual time reported by employees on the time sheet. **Due date to comply: January 19, 2017 RESOLVED**
  - a. LPHA must use time clocked by employees/activity reports signed by employees and approved by supervisors/managers to allocate payroll costs to various federal/state funded programs. LPHA must consider and refrain from using budget labor distribution percentages to charge payroll costs to federally funded programs. LPHA must submit payroll reports to demonstrate the personnel costs charged to programs are based on time sheets completed by employees and approved by supervisors.
2. Comply with federal regulations consistent with OMB A-133, 2 CFR Part 225 Appendix B which requires sub recipient to have proper system and procedures to determine that cost claimed is appropriate and purchase documents such as purchase orders, invoices, travel vouchers are appropriately created, compiled and maintained. **Due date to comply: January 19, 2017 RESOLVED**
  - a. LPHA must develop an effective internal control system to maintain proper supporting documents for every invoices paid. The systems/process must ensure all invoices paid are supported by original documents and obtained necessary approvals. LPHA must submit a written procedure with a completed set of supporting documentation which includes, purchase request, ordering form, delivery documents, packing slips, all signed by

authorized personnel. Purchase documents for a period of one month will be requested for full review following adoption of the new procedures.

3. Develop policies and procedures for monitoring sub recipient/vendors when federal funds passed through to sub recipient and/or vendors (provider). In July 2015, JCPHD entered into a Billing Services Agreement with AllCare eHealth Services, LLC to provide services on exhibit A of the agreement. At the time of this review JCPHD had not developed these policies and procedure as required under OMB A-133 Subpart B. **Due date to comply: January 19, 2017**

#### **RESOLVED**

- a. LPH must follow OMB A-133 requirements by developing and submitting for review policies and procedures to monitor AllCare eHealth Services, LLC.

### **Food, Pool and Lodging Health & Safety**

The LPHA must do the following to be in compliance with program requirements:

1. Maintain an inspection rate of 100% for all licensed facilities. The following programs are below the compliance rate: Mobile Food Units and Recreation Parks. **Due date to comply: June 30, 2017**
2. Clearly state on the food inspection report if a priority/priority foundation violation was resolved at the time of the semi-annual inspection and document how the violation was corrected. If the priority/priority foundation violation has not been corrected, a recheck inspection must be conducted within 14 days. *Improvement noted since the last triennial review, but staff needs to continue to focus on this item.* **Due date to comply: December 30, 2016 RESOLVED**
3. On handwritten inspection reports for temporary restaurants, provide the complete Oregon Administrative Rule and mark the section number box for each violation; provide all the header information for temporary restaurant program inspections. **Due date to comply: December 30, 2016 RESOLVED**
4. Develop a tracking system to verify that temporary restaurant licenses to operate have been issued. **Due date to comply: December 30, 2016 RESOLVED**

### **Health Officer**

The LPHA is in compliance with program requirements.

### **Health Security Preparedness and Response**

The LPHA is in compliance with all program requirements.

### **Immunizations**

The LPHA is must do the following to be in compliance with program requirements:

1. Provide technical assistance to birthing hospitals when the rate of birth dose hepatitis B vaccine administration drops below 80%. The rate of hepatitis B

administration at Asante Three Rivers Medical Center is 60.8% in 2016. LPHA must provide technical assistance to Asante Three Rivers Medical Center to encourage administration of the birth dose of hepatitis B vaccine to all newborns.

**Due date to comply: September 15, 2016 RESOLVED**

### **Reproductive Health**

The LPHA must do the following to be in compliance with program requirements:

1. Comply with Title X requirement 9.6.
  - a. Ensure all clinical protocols are updated and signed by the physician responsible for the service site. **Due date to comply: October 8, 2016. RESOLVED**
2. Comply with Title X PHS ACT: Section 1001 and 1007; 42 CFR 59.5(a)(5). **Due date to comply: November 8, 2016 RESOLVED**
  - a. Ensure clients are notified that family planning services are provided solely on a voluntary basis.
  - b. Ensure clients are notified that they cannot be coerced to accept services or to use any particular method of family planning.
  - c. Ensure clients are notified that acceptance of family planning services must not be a prerequisite to eligibility for, or receipt of, any other services offered by Josephine County Public Health Department.
3. Comply with Title X requirement 42 CFR 59.5(b)(10). **Due date to comply: December 8, 2016 RESOLVED**
  - a. Ensure the opportunity for community participation in the development, implementation and evaluation of family planning services by persons broadly representative of the population to be served and by persons in the community knowledgeable about the community's needs for family planning services.

### **Sexually Transmitted Infections**

The LPHA must do the following to be in compliance with program requirements:

1. A majority of gonorrhea cases in Orpheus dating from at least January 2016 contain treatment which is incomplete or not in keeping with the treatment guidelines as outlined in section C1 of review tool. **Due date to comply: September 30, 2016 RESOLVED**
  - a. Provide evidence of treatment verification in Orpheus for gonorrhea cases in 2016 that are currently missing treatment.
  - b. Provide evidence in Orpheus that adequate treatment was given in cases which show only partial treatment. For cases where verified treatment is not per CDC and STD Program recommendations, medical providers should be referred to current 2015 CDC STD Treatment Guidelines.

2. At time of review a total of nine unprocessed STD lab reports were found in Orpheus with dates ranging from November 20, 2015 to August 20, 2016. **Due date to comply: September 30, 2016 RESOLVED**
  - a. Provide evidence that outstanding STD lab reports identified at time of review have been processed in Orpheus. Lab reports should be processed within one calendar week moving forward.

### **Tobacco Prevention & Education Program**

The LPHA is in compliance with program requirements.

### **Tuberculosis**

The LPHA must complete the following to be in compliance with program requirements:

1. Update standing orders to reflect new TB pending standing order template. **Due date to comply: June 30, 2017**

### **Vital Records**

The LPHA is in compliance with all program requirements.

### **WIC (Special Supplemental Nutrition Program for Women, Infants and Children)**

The LPHA must do the following to be in compliance with program requirements:

1. Include required non-discrimination statement in newspaper outreach ads (Policy 452). **Due date to comply: October 6, 2016 RESOLVED**
2. Review program rights and responsibilities with participants at certification and recertification appointments (Policy 635). **Due date to comply: November 18, 2016 RESOLVED**
3. Assure ineligibility and graduation letters are issued and within appropriate timelines (Policy 636). **Due date to comply: November 18, 2016 RESOLVED**
4. Make appropriate food package assignments for category and include required nutrition education (Policy 769). **Due date to comply: February 1, 2017**
5. Make connection between participant's program eligibility and desired health outcome (Policy 820). *This is a repeat finding from 2014.* **Due date to comply: March 1, 2017 RESOLVED**
6. Assure second nutrition education is offered and documented (Policy 820). **Due date to comply: February 1, 2017 RESOLVED**
7. Assure participant nutrition education attendance is documented in TWIST (Policy 830). **Due date to comply: February 1, 2017 RESOLVED**
8. Local WIC Coordinator or designee must review eWIC security and audit trails monthly (Policy 595). *This is a repeat finding from 2014.* **Due date to comply: November 18, 2016 RESOLVED**

9. For homeless facilities and institutions WIC participants are living in, JCPHD must ensure that WIC services benefit the WIC participant and not the facility (Policy 655). **Due date to comply: February 1, 2017 RESOLVED**
10. For all staff paid by WIC funds, a quarterly time study is required (Policy 316) **Due date to comply: February 1, 2017 RESOLVED**
11. WIC Personnel Summary must reflect the information provided by the quarterly time study (Policy 316). *This is a repeat finding from 2014.* **Due date to comply: February 1, 2017 RESOLVED**
12. Assure Breastfeeding Peer Counseling (BFPC) Coordinator keeps a daily time sheet if time is not 100% for BFPC activities. **Due date to comply: November 18, 2016 RESOLVED**
13. Assure Farm Direct Nutrition Program (FNDP) check register is filled out correctly, including issue date, and documented in TWIST (Policy 1100). *This is a repeat finding from 2014.* **Due date to comply: November 18, 2016 RESOLVED**

## **PROGRAM OVERVIEW AND STRENGTHS**

### **Administration and Civil Rights**

Josephine County Public Health Department serves a county population of almost 85,000 people. JCPHD provides an array of public health services to the underserved in the county. Health department staff are committed to helping the community. JCPHD has a strong relationship with the All Care Coordinated Care Organization, with some staff assisting with clinic services paid by All Care. In addition, JCPHD partnered with All Care, Jackson County Public Health and other partners to develop a regional community health assessment in 2013.

### **Babies First & Perinatal**

The Perinatal (Oregon Mothers Care Program (OMC) and Maternity Case Management Programs (MCM) and Babies First! Program have provided a continuous service provision to community families since the 2013 Triennial Review. These services have been provided despite the challenges of limited budget capacity, the retirement of the long-term MCH Nurse Supervisor, and two Nursing Supervisor hires since. The most recent Maternal and Child Health (MCH) Supervisor was hired in February 2016. Credit must be noted for long-time MCH employees who have shown dedication and expertise in maintaining program assurances in challenging circumstances. Commendation is directed at MCH Nurse, Ruth Converse, Rebecca Robinson (WIC and OMC Coordinator), with guidance and expertise provided by JCPHD Administrator, Diane Hoover. The addition of a new MCH RN hired in Spring 2016 and the implementation of an Electronic Medical Record (EMR) tracking system for the MCH Nurse Home Visiting programs have both served to strengthen MCH programming and assure continued services to county families.

### **Communicable Disease**

Josephine County Communicable Disease investigations are completed by Cat Metz, the communicable disease nurse. In the triennial period there were 683 reportable disease conditions and three reported outbreaks. Cat is an experienced, dedicated communicable disease nurse who works diligently to attempt to investigate all communicable disease cases and enter all animal bite reports into Orpheus. She has a great relationship with animal control and the environmental health staff who will help support outbreak investigations. The active surveillance plan is very thorough.

### **Drinking Water**

The drinking water program provides services to public water systems that result in reduced health risk and increased compliance with drinking water monitoring and maximum contaminant level requirements. The drinking water program reduces the incidence and risk of waterborne disease and exposure of the public to hazardous

substances potentially present in drinking water supplies. Services provided through the drinking water program include investigation of occurrences of waterborne illness, drinking water contamination events, response to spills, emergencies, and inspection of water system facilities. Drinking water program reports data to OHA, Drinking Water Services (DWS) 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 191 water systems they oversee. Staff attend all State DW sponsored trainings and consistently reach out to DWS for technical support.

### **Fiscal**

The mission of JCPHD is to provide leadership for quality public health services consistent with laws, available resources, and community support through prevention of disease, health education and promotion and protection of the community and the environment. JCPHD applies collective skills and experience to coordinate all available health services and assess community health needs while striving to accomplish its mission in a professional, dedicated, sensitive and effective manner.

JCPHD has sufficient internal controls to adequately safeguard assets, to detect and prevent errors in a timely manner. The operation is well organized, monitored and efficient with a commitment to quality, fairness and accuracy.

### **Food, Pool and Lodging**

Josephine County Environmental Health is doing a good job of providing Environmental Health services to the community. The inspection rates for licensed facilities are good in all but one program area. During the field review staff met all of the required elements of a thorough inspection. Staff exhibited good communication skills with operators and employees of the food service facilities during the field review. Staff are focusing on critical risk factors that are most associated with foodborne illness.

### **Health Officer**

Dr. David Candelaria serves as the JCPHD Health Officer. He is engaged, available and maintains regular communication with the JCPHD Director.

### **Health Security, Preparedness and Response**

Josephine County Public Health Department is a site that demonstrates a culture of preparedness due to the leadership of Public Health Emergency Preparedness Coordinator LuAnn Redding and JCPHD Director Diane Hoover. A majority of JCPHD staff have

received the required the trainings for Incident Command and many of the employees are crossed trained to assist during emergencies and disasters.

Ms. Redding has integrated well with community and county partners. She regularly attends regional and county meetings addressing planning needs for the Access and Functional Needs populations and regional healthcare coalitions. She continues to cultivate new partners such as long-term care providers and bridge gaps between EMS and the long-term care facilities. Ms. Redding provides education throughout the community on preparedness and public health including wildfire smoke and air quality with those who may have medical conditions.

The integration of JCPHD and other county agencies in the County Incident Command Structure is considered a best practice for smaller counties in Oregon to adopt. The Board of Health receives reports every three months on the activities occurring in the public Health Emergency Preparedness Program.

### **Immunization**

Josephine County is committed to running a quality immunization program. At their last Vaccines for Children (VFC) Program compliance visit in May 2016, there were four compliance issues that were quickly resolved. They are currently in full compliance with all VFC requirements. JCPHD does a good job providing outreach to local senior centers around flu vaccine, particularly for staff. At Royal Gardens, the staff flu vaccination rate increased from 55% to 78% after the health department provided an in-service training. They also provided a flu in-service at a local shelter.

### **Sexually Transmitted Diseases**

JCPHD offers STD prevention, screening and treatment services out of its clinic location in Grants Pass. Program staff demonstrate a strong commitment to high quality STD services and willingness to learn more related to STD case investigations. The program has a strong system in place for condom distribution throughout the clinic. The program also does an excellent job promoting STD services in the community through radio ads, interviews, newspaper ads, rack cards and social media posts.

### **Tobacco Prevention & Education Program (TPEP)**

Josephine County continues 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 use among adults and youth, and reducing the burden of tobacco. Josephine County has fulfilled all responsibilities as the Local Public Health Authority related to local enforcement of the Oregon Indoor Clean Air Act.

JCPHD adopted a smoke free policy for its campus. There is broad support across JCPHD to support the TPEP coordinator and tobacco prevention and education efforts. The JCPHD administrator is actively involved in community boards and committees to provide the public health lens to a variety of community discussions and plans. Through the guidance and partnership of the Administrator, the TPEP coordinator is able to attend specific board and committee meetings (i.e. LCAC, Board of Health) to provide information around tobacco prevention and education in Josephine County.

Josephine County TPEP implemented system changes among county businesses and programs to promote quitting among adults and youth. The TPEP program coordinates with Jackson County to support regional activities. TPEP staff participate in 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 program efforts toward social norm changes around support of tobacco prevention.

### **Tuberculosis (TB)**

JCPHD has not had a TB case in the past three years. JCPHD does have an experience part-time nurse and the health department provides services for latent TB infections as needed.

### **Vital Records**

The county vital records office 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. At the beginning of this year, a new fee increase went into effect. All county materials were updated in advance, then promptly and efficiently communicated to partners and customers in the community.

The Josephine County Vital Records Office consistently provides excellent customer service to their customers and partners throughout the community. The county registrar, Cindy McDaniel ensures all areas of the vital records office run smoothly and securely. This 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 hospitals and local funeral homes visited during the site visit reported positive 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.

## **QUALITY ASSURANCE RECOMMENDATIONS**

### **Communicable Disease**

1. Post an annual summary of communicable disease data on website.
2. Collect race for all interviewed cases.
3. Collect risk factor data of all interviewed cases.
4. Assess vaccine status of vaccine preventable diseases. Enter the information into Orpheus.
5. Elicit contacts of chronic Hepatitis B cases, interview them and ensure that household and sexual contacts are tested.
6. Investigate all outbreaks.
7. Continue to attempt to collect five or more specimens to confirm the etiology of outbreaks.
8. Create an epi curve for potential common source outbreaks.
9. Create an epi curve for long-term care facilities (LTCF) norovirus outbreaks.
10. Recommend meeting with LTCFs before flu and norovirus season to remind them about outbreak reporting and provide them with flu and norovirus outbreak tools.
11. Complete control measures report for LTCF outbreaks.
12. Complete outbreak report within 30 days of the end of the outbreak.

### **Immunizations**

1. Conduct recall activities in addition to the statewide recall conducted by Oregon Health Authority for children at 22 months of age.

### **Perinatal and Babies First!**

1. As per state continuous quality improvement (CQI) protocol, monitor prenatal client weight and blood pressure and document findings in prenatal client records.
2. Add to electronic record system a place to include referral source and reason for referral in each maternity case management record.
3. Include state CQI protocols for prenatal and Babies First! clients to policies and procedures manual.
4. Capture and record client smoking cessation efforts and activities on Maternity Case Management 5A's Form.

### **Reproductive Health**

1. Include an orientation to the Title X program for all staff upon hire who will be working in the family planning program.
2. Strengthen quality assurance system to ensure quality services are provided. Examples: conduct chart audits on a routine schedule, provide client satisfaction surveys annually (ask to participate in the bi-annual state client satisfaction

survey), review data in Ahlers quarterly to assess annual plan progress and for identifying any data problems.

3. Add after hours emergency information on pregnancy brochure and medication fact sheet.
4. Track the cost of birth control methods to capture any increases, ensuring the actual price is being charged and reimbursed.
5. Obtain written collaborative agreements with relevant referral agencies, specialists and other medical providers.
6. Provide a Bill of Rights for clients.



October 24, 2016

800 NE Oregon Street, Suite 865  
Portland, OR 97232  
Voice: 971-673-0040  
FAX: 971-673-0071  
TTY: 711

Diane Hoover, Administrator  
Josephine County Health Department  
715 SW Dimmick  
Grants Pass, OR 97526

Dear Diane,

Enclosed please find summaries of the WIC Program review, the Farm Direct Nutrition Program review and the Breastfeeding Peer Counseling Program review for the Josephine County WIC Program. These reviews were performed on October 4-6, 2016, with your WIC Coordinator, Rebecca Robinson, and State Nutrition Consultant, Karen Bettin. This letter and the attached documents summarize points of discussion from these reviews and include commendations, quality assurance recommendations and compliance findings. Please examine these documents for any additional comments you feel should be included and contact us with any questions.

As agreed, Rebecca Robinson will be submitting a corrective action plan to the State WIC office by November 18, 2016, to address compliance findings identified during the WIC Program, the Breastfeeding Peer Counseling Program and the Farm Direct Nutrition Program reviews. Please use the enclosed Corrective Action Plan (CAP) Development Tool for your response, and email it to Susannah Lowe at [susannah.e.lowe@state.or.us](mailto:susannah.e.lowe@state.or.us).

We appreciate the active participation of the Josephine WIC staff during this review process. Their successful implementation of eWIC and commitment to providing quality nutrition services is commendable. Thank you for your continued partnership in serving Oregon families.

Sincerely,

Sue Woodbury, M.B.A., R.D.  
Section Manager  
Nutrition and Health Screening (WIC) Program  
Center for Prevention and Health Promotion, Public Health Division

CC: Susan Greathouse, Local Services Manager  
Kelly Sibley, Breastfeeding Coordinator  
Maria Menor, FDNP Coordinator  
Ronit Zusman, Public Health System Innovations & Partnerships  
Rebecca Robinson, WIC Coordinator  
Karen Bettin, Nutrition Consultant

## **Program Report**

### **Josephine Co. WIC Program**

#### **Summary description of program**

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>

#### **Program strengths**

1. Nutrition education “Big Fun Classes” have expanded to include the community partners of Vroom, Options counselor, dental, Head Start, and Women’s Crisis. Staff improved the health literacy of various nutrition education boards used during the classes by switching to larger print and simpler more focused messages. The WIC Program continues to partner with the Grants Pass and Cave Junction libraries. Monthly Big Fun classes are held at each library and at Cave Junction this also includes certifications. The libraries have provided WIC with children’s books which are distributed to families served throughout the month.
2. Staff have embraced making referrals and documenting them in TWIST.

#### **Compliance findings**

1. Outreach ads in the newspaper must include the required non-discrimination statement (Policy 452).
2. Program rights and responsibilities must be reviewed with participants at certification and recertification appointments (Policy 635).
3. Assure ineligibility and graduation letters are issued and within appropriate timelines (Policy 636).
4. Food package assignment must be appropriate for category and include required nutrition education (Policy 769).

5. Connection must be made between the participant's program eligibility and desired health outcome (Policy 820). *This is a repeat finding from 2014.*
6. Assure second nutrition education is offered and documented (Policy 820).
7. Assure participant nutrition education attendance is documented in TWIST (Policy 830).
8. Local WIC Coordinator or designee must review eWIC security and audit trails monthly (Policy 595). *This is a repeat finding from 2014.*
9. For homeless facilities and institutions WIC participants are living in, local agency must ensure that WIC services benefit the WIC participant and not the facility (Policy 655).
10. For all staff paid for by WIC funds, a quarterly time study is required (Policy 316).
11. The WIC Personnel Summary must reflect the information provided by the quarterly time study (Policy 316). *This is a repeat finding from 2014.*

### **Recommendations for improvement**

1. Recommend using all of the new eWIC reports for monitoring caseload and following up with participants who are due for benefits.
2. When the home visiting nurse is seeing high risk WIC participants, suggest strengthening chart documentation of consultations made with the registered dietitian and development of the high risk care plan.
3. In order to decrease R.D. phone follow-up with physician offices over medical formulas, suggest review process for efficiencies.
4. For Big Fun Classes, consider ways to increase participant interaction with the nutrition boards. A lesson plan for each board could provide staff a list of facilitated questions to use to help participants interact with the material. Using affirmations, reflections and summaries could help participants identify opportunities to improve their nutrition and health.

## **Program Report**

### **Josephine County Farm Direct Nutrition Program (FDNP)**

#### **Summary description of program**

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.

#### **Program strength**

1. To boost redemption, FDNP checks were distributed to WIC Participants at the Growers Markets held on the last Saturday of June, July and August, in conjunction with food demonstrations by OSU Extension.

#### **Compliance findings**

1. Assure the FNDP check register is filled out correctly, including issue date, and documented in TWIST (Policy 1100). *This is a repeat finding from 2014.*

#### **Recommendations for improvement**

None

## **Program Report**

# **Josephine County Breastfeeding Peer Counseling Program (BFPC)**

### **Summary description of program**

WIC breastfeeding peer counselors are women in the community with personal breastfeeding experience who provide information and support to WIC mothers.

### **Program strength**

1. Strong engagement with community as demonstrated by photo project to normalize breastfeeding and coordination of projects with the local breastfeeding coalition.

### **Compliance findings**

1. Assure BFPC Coordinator keeps a daily time sheet if time is not 100% BFPC.  
[Program Element #40: WIC Services, 3(c)]

### **Recommendations for improvement**

1. Recommend BFPC coordinator updates and adheres to procedures for inactivating participants from BFPC when participant makes no contact with peer counselor for two consecutive months; doesn't show up for scheduled appointments and/or doesn't respond to attempted contacts from peer counselor.
2. Encourage BFPC to provide periodic review of peer counselor scope and referral procedures.