



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

Oregon  
**Health**  
Authority

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January 8, 2018

Mr. Steve McClure, Chair  
Union County Board of Commissioners  
1106 K Avenue  
La Grande, OR 97850

Dear Chair McClure:

The triennial onsite agency review of Union County Center for Human Development was conducted August 9 through October 5, 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 has been working closely with Carrie Brogoitti, Local Public Health Administrator at the Union County Center for Human Development, to resolve all findings.

A full report with all documentation from the review will be sent to Carrie Brogoitti. 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 Carrie Brogoitti 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.

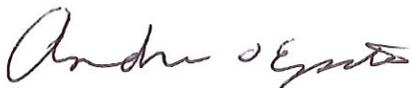
Overall, agency reviewers find the Union County Center for Human Development to be composed of a committed team of professionals who deliver quality public health services to your community. The citizens of Union County are very fortunate to have this agency providing comprehensive public health services.

We thank you for assuring that all compliance findings are resolved and for your support for the strong public health work Union County Center for Human Development is providing.

Sincerely,



Danna Drum  
Strategic Partnerships Lead



Andrew Epstein  
Local Health Department Consultant

Enclosure

cc: Jack Howard, Commissioner  
Donna Beverage, Commissioner  
Carrie Brogoitti, Public Health Administrator, Union County Center for Human Development



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January 8, 2018

## **Union County Center for Human Development Triennial Review Report**

This is an overview report of the August 9 – October 5, 2017 triennial review of Union County Center for Human Development (CHD). 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 Carrie Brogotti, Local Public Health Administrator. We urge you to review this document as it contains important information about your public health programs and their requirements.

CHD received Federal Funds of \$381,899 for fiscal year 2017. CHD also received \$387,276 State General Funds and \$77,079 Other State 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. Hourly part time staff do not participate in open appraisals, which is the mechanism for assessing performance. Submit statement that evaluations have been conducted of hourly part-time staff, or a written policy stating that they do not participate. **Due date to comply: 9/30/2017 RESOLVED**

### **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 is in compliance with all program requirements.

### **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 is in compliance with all program requirements.

### **Immunizations**

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

1. Work with birthing hospitals within LPHA's Service Area when maternal screening and documentation of hepatitis B serostatus in the Electronic Birth Registration System drops below 95%. Grande Ronde reported a 94% HBsAg screening rate. Develop and implement an action plan to address the screening rate with the hospital. **Due date to comply: 12/28/2017**  
**RESOLVED**
2. Work with birthing hospitals within LPHA's Service Area when administration of the birth dose of hepatitis B vaccine drops below 80% as reported in the Electronic Birth Registration System. Grande Ronde reported a 77% hepatitis B vaccine birth dose administration rate. Develop and implement an action plan to address the hepatitis B birth dose vaccination rate with the hospital. **Due date to comply: 12/28/2017** **RESOLVED**

### **Reproductive Health**

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

1. Ensure that Title X requirement 8.1 B and C are complied with by including the following information on the family planning consent form:
  - a) Clients are informed that they cannot be coerced to use contraception, or to use any particular method of contraception or services.
  - b) Clients are informed that receipt of family planning services is not a prerequisite to receipt of any other services offered by the service site.

**Due date to comply: 11/5/2017 RESOLVED**

### **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 must do the following to comply with program requirements:

1. Comply with requirements for “Clinical monitoring of active TB suspects, cases and contacts as appropriate” and “Monthly in-person monitoring of TB suspects and cases for adherence, side effects and clinical response”. OHA TB program will provide templates of flowcharts to create standardized chart notes for required elements. CHD will verify receipt and availability for next TB case. CHD will provide a brief protocol outlining plan for internal chart review. **Due date to comply: 4/1/2018 RESOLVED**

### **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 that all local policies and procedures are developed within the framework of USDA, Federal and State requirements. (Policy 420) **Due date to comply: 10/16/2017 RESOLVED**

2. Assure all staff who provide WIC services complete all required training modules and document the training in TWIST. (Policies 440 and 660) **Due date to comply: 12/31//2017 RESOLVED**
3. Assure that Local Agency has conducted a self-evaluation of their program operations every other year. (Policy 215) **Due date to comply: 10/16/2017 RESOLVED**
4. Assure that “No Proof” affidavits are signed if all proofs are not provided. (Policy 616) **Due date to comply: 2/28/2018**
5. Assure that anthropometric measurements are taken and documented correctly. (Policy 625 and 628) **Due date to comply: 10/16/2017 RESOLVED**
6. Assure that program rights and responsibilities are reviewed with participants. (Policy 635) **Due date to comply: 10/16/2017 RESOLVED**
7. Assure that ineligibility and graduation letters are issued within appropriate timelines. (Policy 636) **Due date to comply: 2/28/2018 RESOLVED**
8. Assure that diet questionnaires are completed for infant and child mid-cert health assessments. (Policy 646) **Due date to comply: 2/28/2018**
9. Assure that voter registration reports are submitted monthly to the Elections Division. (Policy 480) **Due date to comply: 2/28/2018 RESOLVED**
10. Assure that a written agreement is developed and on file for non-WIC programs who provide nutrition education. (Policy 810 and 830) **Due date to comply: 10/16/2017 RESOLVED**
11. Assure that participants who do not attend scheduled second nutrition education are issued benefits according to policy. (Policy 835) **Due date to comply: 2/28/2018**
12. Assure that policies are followed when offering online nutrition education. (Policy 823) **Due date to comply: 2/28/2018**

13. Assure the local agency high risk participant referral process is followed. (Policy 661) **Due date to comply: 2/28/2018**
14. Assure that separation of duties occurs whenever physically possible and that the Separation of Duties report is reviewed and audited every two weeks. (Policy 595) **Due date to comply: 10/16/2017 RESOLVED**
15. Assure that privacy of client information is provided when interviewing and counseling clients. (Policy 450) **Due date to comply: 10/16/2017 RESOLVED**
16. Assure that nutrition education and breastfeeding promotion expenditures meet program requirements. (Policy 315) **Due date to comply: 10/16/2017 RESOLVED**

#### **WIC Farm Direct Nutrition Program**

The LPHA is in compliance with all program requirements.

### **PROGRAM OVERVIEW AND STRENGTHS**

#### **Administration and Civil Rights**

CHD 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. The Union County Board of Commissioners (BOC) is the Local Public Health Authority (LPHA). The Public Health Administrator is Carrie Brogoitti. Dr. Keith Graham is the Health Officer.

Program strengths include:

- The Public Health Administrator maintains regular communications with the Board of Commissioners through monthly meetings with the assigned liaison Commissioner and monthly county department head meetings. The Administrator reports that Commissioners understand the importance of public health and the value of the work for the community.

- CHD has achieved accreditation through the Public Health Accreditation Board.
- CHD excels at working with community partners in areas including emergency preparedness, disease response, and prevention. Work is heavily partner-driven.
- Cultural competency is a priority. Resources and materials are tailored in order to be accessible to communities throughout the county.

### **Babies First! & Perinatal**

CHD continues to refine their unique team approach to providing Maternity Case Management and Babies First! Home visiting services. Maternal and Child Health team members are a cohesive group committed to providing quality programs that strengthen families and nurture healthy growth and development for pregnant women, infants and children. Excellent leadership is provided by the CHD Public Health Administrator as well as home visiting nurse Ashleigh Meeks. Newly hired home visiting nurse Chelsea Matthews brings skills and experience with an OB nursing background and is a Certified Lactation Consultant.

Program strengths include:

- CHD utilizes a model that combines Nurse and Family Advocate home visiting services, which supports the ability of frequent client visits; the development of rich, supportive relationships with clients; and an extended period of home visiting service delivery. These activities support a goal of optimal outcomes for a healthy pregnancy and births with enhanced infant/child growth and development.
- The Family Advocates, Shannon Garrison and Melanie Yeates, have many years of experience working within the Nurse Home Visiting programs. Their skills and abilities are reflected in their excellent client record documentation. Their skills also contribute to the consistent noted sustained enrollment of clients by assuring consistent relationship building with client families.
- CHD partners with an array of community agencies ensuring coordination of care for clients across all County programs.
- The chart format is consistent across all program charts, promoting ease of access and review.

### **Communicable Disease**

Union County Communicable Disease investigations are completed by Connie Carter and outbreak investigations are done in conjunction with Ryan Zastrow, Environmental Health Specialist. In the triennial review period, there were 149 cases reported and 6 outbreak investigations.

Connie is an experienced public health nurse who has worked in clinic operations and communicable disease control. She is dedicated to serving the health of the community and she communicates regularly with partners at the hospitals to ensure timely disease reporting. She works closely with the Administrator, Carrie Brogoitti, and EH specialist Ryan Zastrow. They are always available when called upon to assist in routine and outbreak investigations.

### **Drinking Water Services**

The drinking water program provides services to public water systems to reduce health risk and increase 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. The drinking water program reports data to OHA Drinking Water Services necessary for program management and to meet federal Environmental Protection Agency Safe Drinking Water Act program requirements.

The drinking water system files were reviewed and found to demonstrate superb documentation of work performed. The drinking water program is in the hands of of very competent and professional environmental health specialist. It is well organized and operated, and works cooperatively with state drinking water program staff to help assure safe drinking water for the 28 water systems it supervises.

### **Fiscal**

It appears CHD 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**

Environmental Health staff is doing an excellent job providing environmental health services to the community. The overall inspection rate for licensed facilities is good with all program areas in compliance.

Ryan Zastrow is going through the state standardization recertification process. Successful completion of this 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. Keith Graham serves as the Union County Health Officer. Dr. Graham maintains regular communication with the health department administrator and provides expert medical consultation to CHD.

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

CHD's Public Health Emergency Preparedness Program (PHEP) is coordinated by Andi Walsh, Public Health Emergency Preparedness Coordinator. In addition to coordinating the Emergency Preparedness Program, Ms. Walsh also serves as CHD's Community Relations and Grants Coordinator. Ms. Walsh acts as CHD's Public Information Officer, supporting emergency public information as well as community outreach and education. State public health emergency preparedness funding also funds the following positions/FTEs: Nursing Supervisor (approx. .02 FTE); Public Health RN (approx. .07 FTE). The contract for the Health Officer is supported in part by this funding. In addition to staff support provided by positions funded, the program also receives in-kind support at no cost from the Director and Administrative Council, who serve in different roles during activation of the Incident Command System, as well as other public health staff during initiation of the Continuity of Operations Plan. Other services (e.g. finance, support staff, etc.) are included in the indirect charges covered by public health emergency preparedness funding.

CHD's Emergency Preparedness program demonstrated many notable strengths, including the following examples:

- Participation in efforts such as the Union County Emergency Preparedness Coalition and Region 9 Health Care Coalition supports strong working relationships with local Emergency Management and the larger response community as a whole. These relationships leverage enhanced opportunities for coordination in planning, training, exercise and response activities. As a result, the Emergency Preparedness program is performing very well.
- In addition to maintaining an All-Hazards base plan, CHD is engaged in the following planning efforts:
  - CHD recently submitted updates to Emergency Support Function (ESF) 8 to County Emergency Management for inclusion in the updated County Emergency Operations Plan.
  - CHD maintains an Emergency Communications Plan, including an up-to-date emergency contact list.
- CHD's PHEP Program develops a comprehensive Annual Work Plan and Multi-Year Training and Exercise Plan, which contribute to program success.
- All CHD Public Health Team members receive emergency preparedness training.
- CHD regularly conducts both routine and emergency communications with the community at large.
- CHD has demonstrated aptitude in responding to emergencies such as Mumps (2017), Pertussis (2015); and Wildfire Smoke (2017; 2015), as well as participation in planned events and exercises such as a Drive Through Point of Dispensing (2015) and an Isolation and Quarantine Training and Tabletop Exercise (2017)

### **Immunizations**

CHD provides essential immunization services to Union County residents. Connie Carter has been the immunization coordinator for over five years and brings in-depth knowledge of immunization practices and clinical expertise to the program. The health department is doing an excellent job maintaining a high-quality immunization program and integrating immunizations into other services offered.

CHD staff are involved with the larger community in a variety of ways. They have close connections with private providers as well as local public schools and child

care centers. They are fortunate to be located in the same facility as other social service programs and can better coordinate care for their patients because of it.

### **Reproductive Health**

CHD's reproductive health program services are provided by Joeline Peasley, NP and two part-time RNs at three different locations: La Grande High School, Union High School and CHD. Clients are provided with medical, counseling and prevention services following National Standards of Care ensuring the provision of quality family planning care. All clients are offered a broad range of birth control methods, with a high percentage of clients obtaining a long-acting reversible contraceptive.

The reproductive health nurse practitioner has been with CHD for quite a few years and has a great understanding of the Title X family planning requirements. All family planning services are provided in a manner that ensures client confidentiality and is maintained throughout the billing process. The family planning staff engages with high school students providing information on family planning services offered at the schools as well as at the public health department.

The public health director engages with community partners and participated in the Preconception Health workgroup, a grant that was received by Eastern Oregon Coordinated Care Organization. This grant provided an opportunity to assess the timeliness of prenatal care and increase availability and utilization of preconception and interconception health care services within Union County.

### **Sexually Transmitted Infections (STD)**

CHD offers STD services out of its location in La Grande. They also operate two School-Based Health Centers in the county. Union County's rate of chlamydia has grown steadily since 2007 and in 2016 slightly exceeded the state rate (447.6/per 100,000 for Union County vs. 438.9/per 100,000 for the entire state). Consistent with what is being seen in neighboring counties and across the state, Union County's gonorrhea morbidity has also increased substantially from between 0-2 cases from 2008-2013 to 5 in 2014, 9 in 2015, and 11 in 2016. The county has not experienced any syphilis cases for many years.

CHD's STD program benefits from extremely caring and experienced nursing staff. The program's location (programmatically and physically) within an integrated system of public health, behavioral health, and other human services at

CHD places it in a strong position to address STD prevention and care within Union County. The reviewer was particularly impressed by the way in which HIV/STD screening is made available as part of intake process for behavioral health services.

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

CHD has continued to implement its TPEP program through a comprehensive approach that includes facilitating community partnerships and collaborating with local leadership to create tobacco-free environments, promote quitting of tobacco among adults and youth, and reduce the burden of tobacco. CHD has fulfilled all responsibilities related to local enforcement of the Oregon Indoor Clean Air Act, including responding to complaints of violation.

TPEP staff have promoted the adoption of tobacco-free policies in various settings. TPEP provided technical assistance to The City of La Grande to pass a Tobacco-Free Parks policy and updated the CHD Tobacco-Free campus policy to include e-cigarettes. The TPEP coordinator has collaborated with community partners to promote the adoption of a Tobacco-Free County Fair policy and is currently working with key stakeholders on adoption of a Union County Tobacco-Free Campus policy.

TPEP staff is a key stakeholder in the Union County Safe Communities Coalition and is recognized by decision makers and community partners as expert in tobacco prevention. These relationships are the foundation of effective policy, systems and environmental change strategies. Program staff have promoted tobacco cessation by supporting efforts to strengthen referrals to the Oregon Tobacco Quit Line and providing tobacco cessation resources to various health systems partners and community organizations.

Program staff participate in required trainings and technical assistance activities, submit work plans and reports in a timely manner, and demonstrate an ongoing commitment to advancing program efforts toward social norm changes around support of tobacco prevention.

### **Tuberculosis**

A case of tuberculosis disease (TB) is diagnosed in Union County every 1-2 years. Although Union County is low incidence for TB, the occasional TB case is to be

expected. New staff at CHD managed two recent TB cases and contacts appropriately.

### **Vital Records**

In 2016, Union County was the county of birth for 285 infants and the registered place of death for 238 individuals. CHD'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.

CHD's Office of Vital Records consistently provides excellent customer service to their customers and partners throughout the community. Kathy Baker, Registrar, leads the operation, providing continuity with the functions of the county and specifically with this office, having served as a deputy under the previous registrar for nearly a decade.

Staff members work in close collaboration 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. State staff that have contact with the county report an excellent relationship with the 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>

CHD WIC Program staff are engaged with the community through ongoing partnerships and outreach activities. The reader board in front of the building is a nice addition, providing a clear and inviting WIC message.

### **WIC Farm Direct Nutrition Program (FNDP)**

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

CHD WIC staff have issued all their 2017 Farmers Market booklets, including the second allotment of checks.

## **QUALITY ASSURANCE RECOMMENDATIONS**

### **Administration**

1. Post emergency evacuation instructions in areas of the building accessible to clients and other visitors.

### **Communicable Disease**

1. Enter in a completion date when most of an investigation is complete. Use the keep active box in Orpheus to flag cases when there is a follow up call or lab required.
2. Query Alert (using the button in Orpheus) or the provider for vaccination status for Hepatitis A and B cases and any identified contacts. Identify hepatitis contacts in a timely manner so that vaccination or treatment with antibiotics can minimize disease transmission.

### **Babies First! & Perinatal**

1. Consider adding perinatal screenings to prenatal and adult clients in the Babies First! expanded programming to include screenings for Intimate Partner Violence, (IPV), Perinatal Depression, (e.g. Edinburgh, PHQ-9) and Adverse Childhood Experiences Screening, (ACES).
2. Recommend that current "TCM Addendum Form" be eliminated from chart forms as it is duplicative of the Nursing Assessment form or title can be changed and the form can be utilized as part of the Nursing Assessment form.
3. An option for the ASQ-3 screening tool, is that only the Scoring Summary form is needed to be included in the client's chart/record. No need to place

the entire screening tool in the client chart.

### **Reproductive Health**

1. Recommend adding onto fiscal policy the process of informing clients of the agency's determination to waive charges for good cause.
2. Recommend developing collaborative agreements with relevant referral agencies.
3. Recommend developing a process to review client education and information materials on a routine schedule.
4. Recommend documenting the plan for educational and informational activities.
5. Recommend conducting an evaluation on educational activities provided at the schools.
6. Recommend family planning staff are provided training and understand their roles in medical emergencies.
7. Recommend at minimum quarterly meetings with all staff working in the family planning program to:
  - i. Ensure all staff understand the program requirements
  - ii. Ensure all staff are kept abreast of any program changes
  - iii. Ensure all staff are using correct terminology

### **Sexually Transmitted Infections**

1. Program is encouraged to engage in regular quality assurance activities. These can include periodic chart audits or record reviews and regular customer satisfaction surveys specific to STD services.
2. Program is encouraged to routinely offer HIV screening to all positive gonorrhea cases and their contacts and to increase availability of HIV screening throughout their clinic services. Technical assistance related to implementation of rapid HIV testing and home HIV testing is available from the OHA HIV/STD Prevention Program.



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March 15, 2018

Ms. Donna Beverage, Chair  
Union County Board of Commissioners  
1106 K Avenue  
La Grande, OR 97850

Dear Chair Beverage:

The triennial onsite agency review of Union County Center for Human Development was conducted August 9 through October 5, 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 the Center for Human Development for resolving all compliance findings.

Sincerely,

Danna Drum  
Strategic Partnerships Lead

Andrew Epstein  
Local Health Department Consultant

cc: Jack Howard, Commissioner  
Steve McClure, Commissioner  
Carrie Brogotti, Public Health Administrator, Union County Center for Human Development