



Public Health
Prevent. Promote. Protect.

North Central Public Health District
"Caring For Our Communities"

North Central Public Health District Special Board of Health Meeting

April 27, 2015
8:00AM – 9:00AM

AGENDA -

1. Presentation of Wasco County Public Health Project Plan by Tyler Stone, Wasco County Administrative Officer
- Working draft document included for discussion purposes

Note: This agenda is subject to last minute changes.

Meetings are ADA accessible. If special accommodations are needed please contact NCPHD in advance at (541) 506-2626. TDD 1-800-735-2900. NCPHD does not discriminate against individuals with disabilities.

If necessary, an Executive Session may be held in accordance with: ORS 192.660 (2) (d) Labor Negotiations; ORS 192.660 (2) (h) Legal Rights; ORS 192.660 (2) (e) Property; ORS 192.660 (2) (i) Personnel

Public Health Review and Analysis

OVERVIEW

Wasco County has been engaged in converting public health services to an ORS 190 entity in partnership with Sherman and Gilliam Counties for the last 6 years. This model is relatively unique in the State and as such we are on the leading edge. As with any new venture regular review and analysis is necessary to evaluate the service model. We are proposing to conduct a review process that will hopefully answer some questions, address some challenges, and provide some direction for future decisions.

Questions to be answered include: What are the actual costs of public health services. Is this model the most cost effective approach to providing public health services? Do better models exist? What should be looked at for benchmarks and what can we expect for ongoing services. What needs to happen with the governance model in order for this to be a viable solution for Wasco County. Communication Plan should be developed and implemented.

History

For the last 6 years Wasco County has been working on the transition of public health services from a county department to an ORS 190 tri-county health district with limited success. This transition was partially completed in January of 2014 but several steps remain incomplete. Still outstanding is an analysis of in-kind services provided by Wasco County and the value of said services. Formal agreements for these services have not been completed and are currently stalled due to disagreement about what is provided and included as part of in-kind services. A formal business plan for the new entity has not been completed. A fiscal analysis of the cost of services needs to be completed and evaluated to make sure that tax dollars are being spent wisely. The statement has been made several times that this new model will cost more to operate but an analysis of the added benefits (if any) of this costlier model has yet to be completed. Governance challenges currently exist and must be remedied in order for this to be a viable solution for Wasco County.

Deliverable: County Court Discussion/Project Plan Presentation (April 15th, 2015)

Validation of the new model: This model has been in effect for five years and is in need of validation. This analysis should validate whether the new model for providing public health is the appropriate model for this region and the partners involved in the District. Challenges include fundamental differences between frontier counties and the more robust service deliverables of larger populated counties. How can this model work in a region that has a mix of both?

Cost control: The largest user of services and the primary funding entity (Wasco County) has significant funding challenges in their future. The District is the second largest expense to the Wasco County General Fund. Wasco County has worked hard to reduce costs in all departments but it becomes more difficult to effect change in an external entity. Wasco County does not currently have enough control over costs and program offerings of the District. This item should identify the cost benefit of traditional and non-traditional delivery methods in the changing environment of CCO's, Affordable Care Act, and local options for non-traditional delivery of services.

Deliverable: Revised IGA (October, 2015)

Cost benefit analysis of services: An analysis of the cost benefit for each individual service must be completed. This aspect should identify the unit level costs for services and determine if those services should remain a part of any public health offerings.

Deliverable: 2014-2015 YTD Cost Benefit Report (May 1, 2015)

Address governance shortfalls: Equal governance of an entity that distributes services heavily weighted toward one partner must be evaluated to address the voting powers of each entity. Unequal representation as a function of service currently exists. Powers of the Director must be evaluated and tied to the needs of the counties where services are being provided. The size and makeup of the Board does not lend to good decision making on a county by county basis.

Deliverable: Revised IGA (October 2015)

Efficiency and Effectiveness analysis of programs: Public health programs need to be evaluated for efficiency and effectiveness. An analysis of current service delivery methods and alternative service delivery methods needs to be completed and recommendations presented. Programs will be evaluated to determine if they are being staffed and administered appropriately. This includes looking at alternative service delivery models such as contracting.

Deliverable: YTD Full Fiscal /Program/targets/results/FTE/state/GF/revenue \$\$\$\$ /Trend Data/Future Projections (November 2015)

Transparency: Mechanisms need to be created to ensure that information is gathered and disseminated in a regular and routine manner. When changes to a program or work process affect a member County concurrence needs to be obtained from that County prior to implementation. Development of a process to ensure agreement by the County needs to be developed.

Deliverable: Revised IGA (October 2015)

Intended results

- Full fiscal analysis by program and cost of the current model and past model of providing public health.
- An understanding of what the county is purchasing and the ability to control its' costs.
- Public education of the strengths and weaknesses of the current model and recommendations for change.
- Understanding of the changing landscape of healthcare and how we could be better utilizing available service in the community. This will include an analysis of structure of public health on this new playing field, services offered, staff credentials, and contracting opportunities. Recommendations for program changes.
- Governance: Gain an understanding of what issues currently exist with the structure of governance as it sits today. Understand what would be needed for Wasco County to continue services under this model and will include a mechanism to control the budget and services offered. Process for acceptance of the Wasco County budget position and support from the district to achieve that position. Board make up, voting powers, and majority position.

Roles

Project Coordinator : implements project plan and regularly updates WC Court.

Public Health Investigator: assists Project Coordinator and NCPHD Leadership Team

Financial Analyst: financial data

State Support: financial and program data

County Commissioners: Governance Agreement

Schedule

This project will take approximately 2 months to complete the initial steps. This project plan will likely take months to several years to fully implement and the full cooperation of NCPHD and member partners; provided services continue in the manner in which they are delivered today.

Deliverable: Timeline (April 2015 - November 2015)

Communication

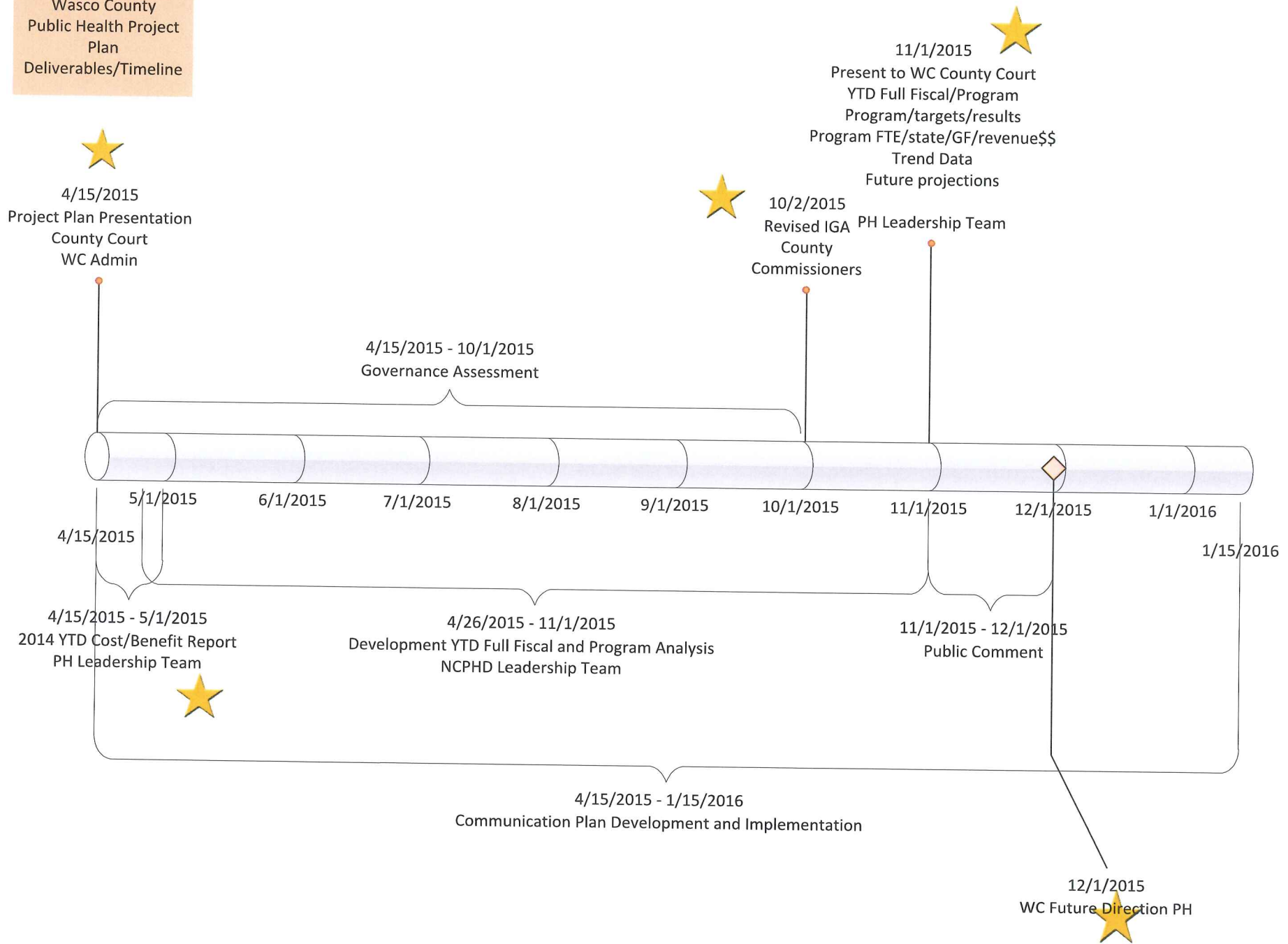
Full project report shall be presented to the Commission, Board of Health and the Public. Commission will hold a public hearing on the matter to take testimony. County Commission will follow up with a decision about next steps.

Deliverable: Public Comment November - December 2015

Wasco County Future Direction Public Health (December 2015)

Communication Plan: April 2015 -

Wasco County
Public Health Project
Plan
Deliverables/Timeline



Division	Program (definition)	WORKING DRAFT ONLY	Benchmark	Result/Outcome (timeframe)	FTE	State funding (Wasco)	State funding (Sherm + Gilliam)	Total	District funding	Fees (YTD) Other revenue
Mandated programs are highlighted in yellow										
7141	Admin									
	Director	Ensures compliance, appropriate public health practice, professional accountability, public health accreditation work								
	Health Officer	Enforces Public Health Laws-provides consultation on public health practice, provides clinical services as needed								
	Healthy Start	Provide on site health screenings at preschools; home visits & family support services for high risk families-Gilliam, Sherman and Wheeler Counties though a contract with NCESD Early Education	Annual screenings at each elementary school	All identified children will receive further evaluation to						
	School Nursing	Health teaching, health promotion, health screenings in the schools-care planning for students with medical needs, consultation with school staff	All students with identified health concerns will have written protocols	School staff will support children with health protocols during school hours						
	Septic Systems	Site evaluations, Authorizations, repair permits, technical assistance	All T.C. response w/in 1 working day. Site evals w/in 1 work week.	90% compliance						
		Construction permits for new systems and repairs								

Division	Program (definition)	WORKING DRAFT ONLY	Benchmark	Result/Outcome (timeframe)	FTE	State funding (Wasco)	State funding (Sherm + Gilliam)	Total	District funding	Fees (YTD) Other revenue
	Sexually Transmitted Diseases	Examinations and treatment for various sexually transmitted diseases. Trace contacts and initiate or refer for treatment where appropriate.	All women < 25 yrs of age seen in reproductive health clinic will be screened annually for Chlamydia (Ct). All positive Ct clients will be offered EPT. All STD lab results will be submitted to OHA within 2 weeks of report.	Persons with reportable STD's will receive timely treatment, education and partner notification to reduce morbidity.						
	Solid Waste Management	Health Officer is Chair of Solid Waste Advisory Committee(SWAC); SWAC admin. support.	Convene Board meeting 2 x yr							
	Vital Records	Birth & Death Certificate filings; Certified copies for 1st 6 months after the event-Sherman and Wasco Counties								
7142	WIC	Assessment, nutrition and health education and counseling to new families, food vouchers for pregnant and breastfeeding women and children ≤ 5yrs, referrals, monthly classes	#s of income eligible children in district * Reduce the # of children 2-5 who are considered to be obese by 2%	#s of children enrolled on program * current rate is 21.5% with BMI 85th & 94th% and 19.1% w/BMI > 95%	3.39	\$163,402	\$10,987	\$174,389		N/A

Division	Program (definition)	WORKING DRAFT ONLY	Benchmark	Result/Outcome (timeframe)	FTE	State funding (Wasco)	State funding (Sherm + Gilliam)	Total	District funding	Fees (YTD) Other revenue
7143	Maternal Child Health/Child & Adolescent Health	Drop in Immunizations against vaccine preventable diseases, home visits by public health nurse during pregnancy and after the baby is born	*increase abstinence from cig. smoking during pregnancy; increase rate of breastfeeding at 6 months;			\$14,412	\$24,447	\$38,859		
	Nursing Services	Review and monitor medication administration; Staff training; Immunizations and TB testing and reading.								
7144	Reproductive Health	Physical exams, follow-up and health education; pregnancy testing and counseling; birth control information & counseling; contraception services				\$34,352	\$13,783	\$48,135		
	Breast and Cervical Cancer Program	Breast and cervical cancer screening for low income women forty and older.								
7145	State Support	State Support for Communicable Disease surveillance & response, STD's and TB case management (TB skin testing, case monitoring and medication).				\$28,327	\$4,088	\$32,415		
	TB Case Management	TB skin testing, case monitoring and medication.				\$1,016		\$1,016		
7146	Environmental Health	License and inspect restaurants; plan reviews; food borne disease invest.								
	Food Handler permits	Education, testing and issuing of permits.								
	Short term food licenses	Inspect other public food service facilities (ie. Food booths).								
	Schools & child care inspections	License and inspect other public food service facilities.								
7148	Perinatal	Home visits by public health staff during pregnancy and after the baby is born.				\$1,706	\$3,015	\$4,721		

Division	Program (definition)	WORKING DRAFT ONLY	Benchmark	Result/Outcome (timeframe)	FTE	State funding (Wasco)	State funding (Sherm + Gilliam)	Total	District funding	Fees (YTD) Other revenue
7149	Public Health Emergency Preparedness	Emergency Preparedness; All-Hazards planning; Public Health Emergency Response, CD Outbreak control				\$74,768	\$76,731	\$151,499		
	Medical Reserve Corps	Credentialing & training of volunteer medical staff in case of a disaster								
7152	Health Promotion	Healthy Weight Collaborative								
		CM for high utilizers of health services								
		Healthy Women Get Ready								
7153	Immunization Special Payment	Education about and administration of vaccines; public education; enforcement of school immunizations; technical assistance for healthcare providers who provide vaccinations.	District Immunization target rate	YTD Immunization rates	1.58	\$11,097	\$6,844	\$17,941		
7154	Cacoon	Care Coordination for families that have children with special health needs.								
	Community Connections	Multidisciplinary team collaborate to promote optimal health and development in children and youth with special health needs.								
7155	Tobacco Prevention & Education	Reduce youth access to tobacco products; Create additional tobacco-free environments; Decrease advertising and promotion of tobacco products; Link to already existing cessation programs				\$59,600	\$34,066	\$93,666		
7156	Public Water Systems	Sampling, monitoring, & tech. assist. for public water systems; TA for private water systems; water borne disease investigation				\$29,103	\$13,080	\$42,183		
7158	Babies First	Case Management and follow-up home visits by a public health nurse to families of newborn infants with health risks to prevent developmental delay.				\$5,403	\$9,544	\$14,947		
7159	Oregon Mothers Care	Assists women in accessing early prenatal care and Oregon Health Plan.				\$3,120	\$5,018	\$8,138		
	Totals					\$426,305	\$201,604	\$627,909		

Restrictions

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