

# **Final Report to the Wahkiakum County Board of County Commissioners / Board of Health**

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## **Wahkiakum County Health & Human Services Department**

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McDonald Consulting  
June 2012**

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## I. Executive Summary

The author was hired as Interim Director of the Wahkiakum County Department of Health & Human Services for a period of ninety days, April through June 2012. During this period the author evaluated the services of the Department including current staff positions and responsibilities, specifically the position of Department Director. Recommendations regarding services, staffing, and funding sustainability are presented in this report and include alternatives, pros and cons, and the long term outlook for health and human services in Wahkiakum County.

### **Immediate (begin now) recommendations include:**

1. Wahkiakum County should hire a full time County employee to fill the position of Director of Health & Human Services. Recruitment for the position must start now – from the beginning of recruitment to the time an individual can report to work can take as long as four (4) months for a position of this type. The individual filling the position should develop a work plan that will fulfill other recommendations in this paper, as directed and overseen by the Board of Health/County Commissioners.
2. It is recommended that Wahkiakum County continue to contract with Clark County for the services of Health Officer.
3. It is recommended that Wahkiakum County consider ending the contract for public health preparedness staff (0.2FTE) with Cowlitz County and retain the declining federal funds to support training and exercise of Wahkiakum County Health & Human Services staff.
4. Wahkiakum County should continue to directly employ professional staff to deliver public health services. It is important to support staff to enforce regulations to protect public health. Staff can develop peer support through networks with public health peers by participating in organizations such as the Washington State Public Health Association and the Washington State Association of Local Public Health Officials.
5. Separate funds should be established for mental health and transit programs as soon as possible.
6. The County should invest resources in gaining and maintaining compliance with Health Information Portability and Accountability Act (HIPAA) and applicable technology standards that support data transfer, data integrity, and privacy protection.
7. County Commissioners should consider increasing advocacy for public health and human service programs with state and federal policy makers.

### **Short term – start no later than the end of 2012:**

8. It is recommended that the staffing of the Wahkiakum County Department of Health & Human Services be adjusted as follows:
  - a. The Department Director is assigned direct oversight of the public health positions including the public health nurse and the environmental health specialist.
  - b. The position of Deputy Director be eliminated; the incumbent in the position should be assigned to a new position of Administrative Services Manager with job duties including fiscal, personnel, and technology resource management and agency-wide emergency preparedness. Such an assignment is in keeping with the August 12, 2011 appointment letter that states: "... at the end of 18 months or earlier, ... you will be expected to return to the Operations Manager position ..."
  - c. The Human Services Manager should decrease the number of individuals that report directly to that position by assigning daily oversight and performance management to the lead positions in mental health and chemical dependency programs.
9. A temporary position should be established specifically for temporary food service event inspections as this service is important to public health protection and the activities largely take place outside normal working hours.
10. An additional case manager position should be established and funded using currently available resources from the mental health program. This position would free up mental health therapist time for additional treatment and could support the development of co-occurring disorder treatment for individuals experiencing both mental health and chemical dependency problems.
11. The County should explore the option of providing mental health and chemical dependency treatment services through contract with a private agency. Such service provision should be considered in conjunction with the opportunities represented by formation of "health homes" through the current health reform efforts represented by the Regional Health Alliance. There is clearly opportunity to partner with Family Health Center to realize the benefits of providing mental health, chemical dependency, and primary medical care through one agency.

12. Wahkiakum County should explore a partnership with the Family Health Center to establish a “health home” to include primary medical care, mental health and chemical dependency treatment. Further, the two parties should explore combining the human services treatment programs with the Family Health Center into one, private organization under the umbrella of the Federally Qualified Health Center organization.

**Medium term – start by mid-2013:**

13. Wahkiakum County health codes should be brought up to date and policies and procedures should be reviewed and established or updated to provide for consistent enforcement of state and local regulations to protect public health.
14. Fees for all public health and human services be examined, compared to similar fees charged by public health and human service agencies across the state, based on the cost of providing services, and a new fee structure be adopted by the Board of Health / County Commissioners. It is further recommended that the fees be examined each year as part of the budget development process and updated as necessary. Staff should be trained in the “art” of fee assessment and collection, with an eye toward encouraging donations from clients to support continuation of services.
15. It is recommended that the Department Director develop appropriate informational messages about programs and services available through the Wahkiakum County Department of Health & Human Services. These informational messages should be distributed through print and electronic media to a wide audience in collaboration with community organizations.

**Long term – start in 2013-14:**

16. A salary survey should be undertaken for positions in the Health & Human Services Department. Comparison with geographically adjacent organizations and similar agency and position responsibilities is recommended. Consideration should be given to adjusting salaries to be competitive with similar organizations in order to recruit and retain qualified staff.
17. The County should consider consolidating the Health & Human Services staff in one location at the Elochoman Valley Road complex or at another appropriate location.

Section II of this paper provides detailed background for each of the recommendations, including pros and cons.

Section III includes a short description of the health of Wahkiakum County. Health data consistently shows Wahkiakum County to be one of the least healthy compared to other Counties in Washington State, although people living here are still healthier than people in most Counties across the Nation.

Sections IV and V reviews themes expressed by members of the Wahkiakum County community and Department of Health & Human Services staff, respectively. Individual, confidential interviews were conducted, and a community meeting was held, sponsored by the Grays River Grange and the Health & Human Services Advisory Committee.

Section VI gives short descriptions of programs and services provided by the Department. This section also includes graphs that show the relative percentages of revenue sources and expenditures for each program area.

Section VII shows an overview of the Department revenues and expenditures and includes a short description of the areas of the budget that might be considered “at risk” for reductions.

Additional information is provided in appendices: names and affiliation of individuals interviewed, selected health data, graphic depiction of influences on health, and Washington State law specific to the powers and duties of the local board of health, responsibilities of the public health administrative officer, and the powers and duties of the Health Officer.

It has been a great pleasure to meet and work with the staff, the community, and the Wahkiakum County Commissioners. This report is offered in the spirit of quality improvement for a system that serves an important community and can be of great assistance to protecting and promoting the health of Wahkiakum County.

## II. Opportunities and Recommendations

### A. Immediate – begin now

#### 1. Administrator / Department Director

The position of Director of Health and Human Services is currently vacant. This position is responsible for the overall management of the department, leadership on public health and human service issues in the community, and representation at important planning and development opportunities inside and outside the County. The current position description outlines the essential functions as vision and leadership, work with the board of health/county commissioners, management, fiscal, human resources, and partnership and collaboration with the community.

The position of Director is key to setting the tone and direction for the Department. The person filling the position is responsible for the community perception of the agency therefore is imperative to community relationships. Without positive community relationships the Department will be unable to fulfill the functions of health protection and promotion.

Options to fill the position of Administrator / Department director:

- Wahkiakum County could hire a professional with public health, human services, or health administration education and experience.
  - Pro: local oversight by Board of Health; clear connection to community; provides local control for essential community services.
  - Con: difficult recruitment for an agency of this size; salary is not competitive with other public health and human service agencies.
- Wahkiakum County could contract with another agency for administrative oversight; this could be via an interlocal agreement with another governmental entity within or adjacent to Wahkiakum County.
  - Pro: professional services and experience; more attractive salary; somewhat easier recruitment for individual with appropriate education and experience.
  - Con: more difficult oversight by local Board of Health; more costly salary and benefit package; find an agency with aligned goals and focus for public health and human services.
- Continue full time position of Department director:
  - Pro: more attractive position for qualified candidates, time for leadership and representation for the County.
  - Con: expense of a full time position.
- Establish a part-time position of Department director:
  - Pro: less expense to County for salary and benefits; more resource available for direct service delivery.
  - Con: difficult recruitment for individual with appropriate education and experience; less time for leadership and representation for the County.

*It is recommended that Wahkiakum County hire a full time County employee to fill the position of Director of Health & Human Services. Recruitment for the position must start now – from the beginning of recruitment to the time an individual can report to work can take as long as four (4) months for a position of this type. It is further recommended that the individual develop a work plan that will fulfill other recommendations in this paper, as directed and overseen by the Board of Health/County Commissioners.*

#### 2. Contracting and Privatization of Services

##### a) Currently Contracted Services

Health Officer: Public health agencies in Washington State are required by law (RCW 70.05) to have a physician health officer, trained in public health, to act as the medical director and health officer for public health protection. The County currently contracts with Clark County for this position. The need for these services is less than full-time; the expertise

must be available to local staff for public health emergencies, consultation on disease control, and expertise on issues of public health protection.

- Pro: expertise is maintained for several agencies; recruiting and retaining qualified and experienced staff; coordination with adjacent Counties on public health issues.
- Con: Health Officer is not always immediately available to staff for consultation.

*It is recommended that Wahkiakum County continue to contract with Clark County for the services of Health Officer.*

Public Health Emergency Preparedness: This aspect of public health requires specific training and, at the same time, incorporation of preparedness principles into daily practice. Federal funding supports training and exercises as well as response to emergencies and disasters. Wahkiakum currently has an interlocal agreement with Cowlitz County for the services of a staff member to carry out these activities. One extremely important aspect of this work is the continued connection with other County emergency preparedness and public health staff. This connection to Region IV must be continued, regardless of the manner in which this work is completed.

- Pro: recruiting and retaining qualified and expert staff; coordination with adjacent Counties on public health preparedness activities; local staff is freed up to conduct other programs and services.
- Con: fewer resources are available to train Wahkiakum staff; less local oversight of emergency preparedness activities and staff.

*It is recommended that Wahkiakum County consider ending the contract with Cowlitz County and retaining the declining federal funds to support training and exercise of Wahkiakum County Health & Human Services staff.*

### ***b) Public Health***

The extremely small population of Wahkiakum County makes it difficult to create and conduct the population-based services that protect and promote public health. At the same time, the rural nature of the 235 square mile County makes it difficult to provide easily accessible services to the people that live here. The Cowlitz Wahkiakum Health District provided public health services for both Counties for many years, ending the partnership in 1994. In recent years the environmental public health services have been provided through intergovernmental agreements with Clark and Cowlitz Counties.

Options for public health service delivery:

- Wahkiakum County could continue to directly employ professional staff to delivery public health services including personal health and environmental public health programs.
  - Pro: local program discretion; parts of the community are familiar with the current system; with appropriate staffing access to services is good; community historical perspective is that services improved when the County began directly providing public health services.
  - Con: recruiting and retaining qualified and experienced staff is difficult; salaries are not competitive with surrounding Counties; access to peers for staff is difficult due to the fact that there is only one public health nurse and one environmental health specialist; state and federal resources may continue to decline resulting on inadequate resources to employ staff and provide services; enforcement of regulations, therefore public health protection, can be compromised due to personal or political influences.
- Contract for public health programs and services with an adjacent County.
  - Pro: recruiting and retaining qualified staff may be less difficult; salaries will be more competitive; public health staff will have easy access to peers; the array of available programs may increase; enforcement of regulations may be less influenced by personal or political issues.
  - Con: access to services may decrease; cost of service delivery may increase; community members may need to travel much longer distances for services.

*It is recommended that Wahkiakum County continue to directly employ professional staff to deliver public health services. It is important to support staff to enforce regulations to protect public health. Staff can develop peer support*

through networks with public health peers by participating in organizations such as the Washington State Public Health Association and the Washington State Association of Local Public Health Officials.

### **3. Separate Mental Health and Transit Funds**

Program revenues, in the form of grants and contracts, support the majority of services for mental health, and transportation programs. In addition, these grants and contracts are very limited in the manner and nature of how the money must be tracked and expended. Currently the budget and accounting system for the Department does not allow for clear delineation of grant and contract revenue to be tracked for the purposes of specific program and service delivery in the mental health and transit programs. Lack of separation of these programs can leave impression of lack of attention to appropriate service delivery and may allow fund source managers (Timberlands Regional Support Network or other agencies) an ability to “recover and redirect” funds from a fund balance account that is not appropriate to the fund source. Options include:

- Change the Department budget and accounting system, increasing the delineation of specific grant and contract revenue. Highest priority: mental health, and transportation.
  - Pro: grant and contract revenue tracked to specific programs, not co-mingled with other funds; appropriate funds available for necessary pay-outs such as terminating staff; protection of program-specific revenues for appropriate purposes; new accounting software recently acquired by the County allows for multiple revenue streams without additional staff time and effort.
  - Con: increased accountability and tracking necessary; some increased staff time by Auditor and Department staff to set up accounts.
- Continue current budget and accounting system.
  - Pro: no increase in staff time
  - Con: some funds are at risk of being used for purposes not intended by grants and contracts.

It is recommended that separate funds be established for mental health and transit programs as soon as possible.

### **4. Technology Standards**

Wahkiakum County has been working to improve use of technology in support of service delivery. At the same time national organizations have been working to develop and implement standards for use of technology in order to protect the integrity of data and protect the privacy of individual identity. The national standards are at a point that compliance is imperative to avoid the liability associated with unintentional or intentional mis-use or release of personal protected information. Fines associated with even unintentional release of personal information start at \$10,000 per occurrence, per day; intentional release fines start at \$25,000 per occurrence per day. Wahkiakum County is at a point in development where it is imperative to invest resources to gain and maintain compliance with Health Information Portability and Accountability Act (HIPAA) and other applicable technology standards.

It is recommended that the County invest resources in gaining and maintaining compliance with Health Information Portability and Accountability Act (HIPAA) and applicable technology standards that support data transfer, data integrity, and privacy protection.

### **5. Funding of Programs**

Each year when the Legislature meets one of their tasks is to examine the budget of the State. Since 2007 the economic downturn has required increasingly painful budget cuts that result in fewer resources for local governments. Public health and human service programs have, each year, been on the “cut list” of the Governor, the House, and the Senate. Each year the most draconian cuts to these programs have not been realized. One can easily anticipate this situation to continue for the next few budget cycles, with the result of more drastic budget cuts than have been experienced recently.

The Congress and the President continues to examine the budget of the Nation. In recent history federal revenues have required increasingly painful budget cuts that result in fewer resources for local governments. Public health and human service programs have, each year, been on the “cut list” of the President, the House, and the Senate. Since 2001 federal grants have been reduced by as much as twelve percent (12%) each year. One can easily anticipate this situation to continue – particularly with efforts to balance the federal budget, with the result of more drastic cuts to these programs than have been experienced recently.

*It is recommended that County Commissioners consider increasing advocacy for public health and human service programs with state and federal policy makers.*

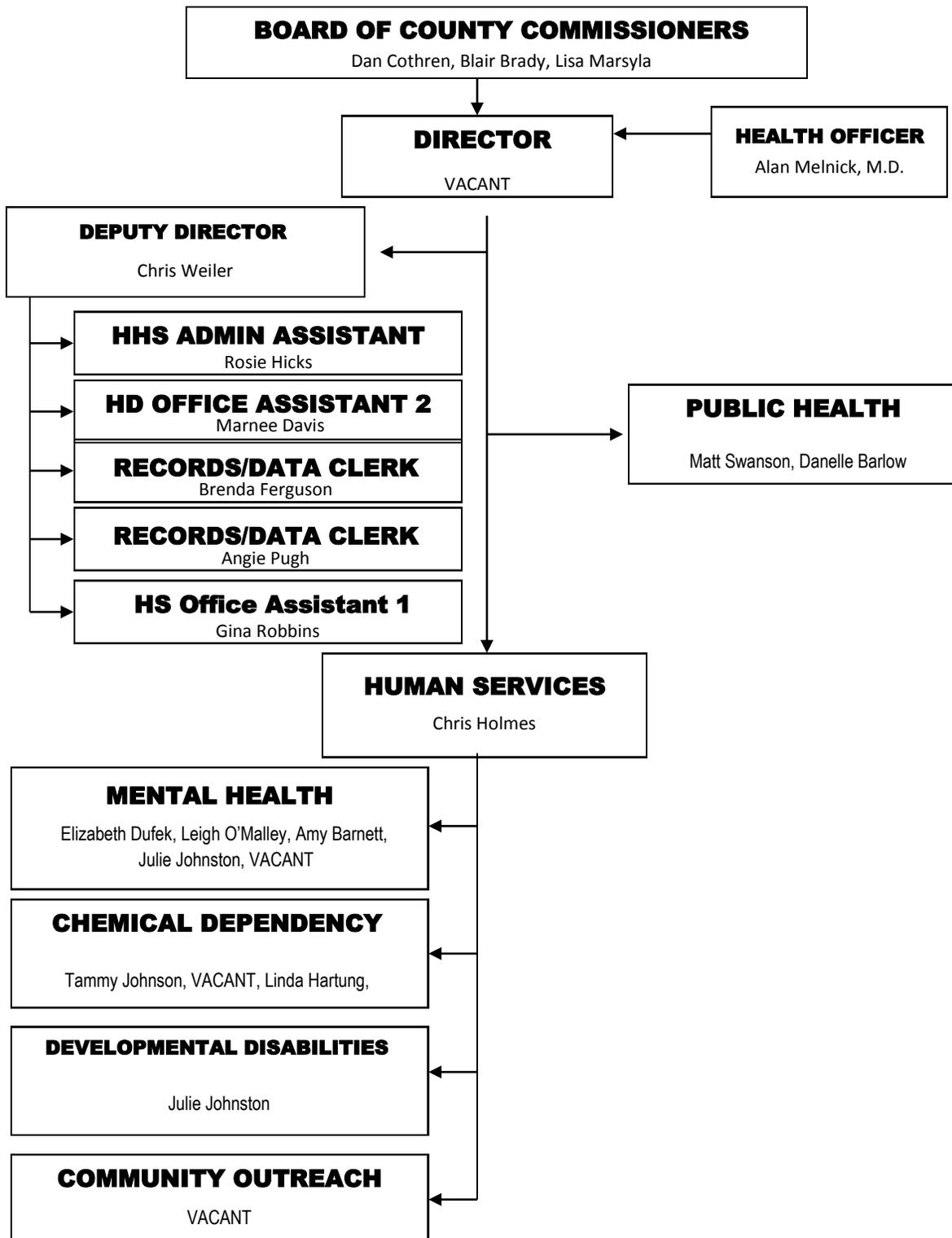
- County Commissioners continue to participate with colleagues in the Washington State Association of Counties Legislative Steering Committee; use the staff expertise available at WSAC and in the Wahkiakum County Department of Health & Human Services to advocate for continued budget support.
  - Pro: advocacy improves chances of receiving continued and perhaps increased support for these important programs and services.
  - Con: increased time of Commissioners and staff.
- Increase advocacy for budget support, programs and services to state and federal legislators; empower Department leadership to advocate to state and federal legislators.
  - Pro: advocacy improves chances of receiving continued and perhaps increased support for these important programs and services.
  - Con: increased time of Commissioners and staff in meetings with state legislators.

**B. Short Term: start no later than the end of 2012**

**1. Department Organization**

**a) Current (2012)**

The current organization of the Department of Health & Human Services is the result of the vacancy of the position of Department Director and the growth in the number and type of programs within the Human Services Division. There is currently little or no training or experience in public health programs, and none outside Wahkiakum County. The current organization is arranged thus:

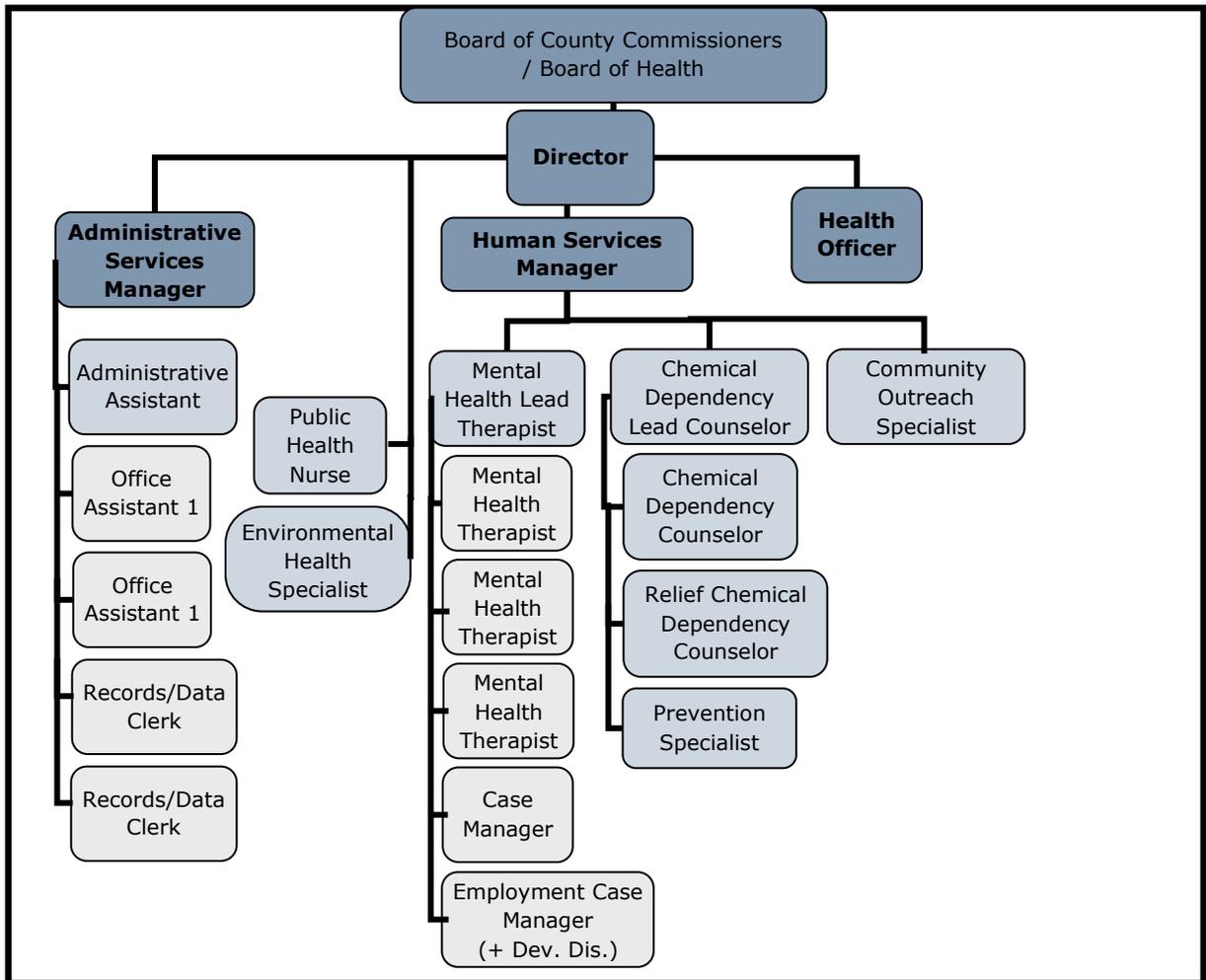


**b) Option**

An agency of the size of the Wahkiakum County Department of Health & Human Services must maximize the efforts of individual staff, attend to the complexities and limitations of the available resources, and expect that staff members will perform a wide variety of functions. Each staff position must have clear expectations and boundaries for work. Both internal agency processes and protocols and community relationships must be managed.

It is recommended that the staffing of the Wahkiakum County Department of Health & Human Services be adjusted as follows:

- The Department Director is assigned direct oversight of the public health positions including the public health nurse and the environmental health specialist.
- The position of Deputy Director be eliminated; the incumbent in the position should revert to a position of Administrative Services Manager with assignments including fiscal, personnel, and technology resource management. Such an assignment is in keeping with the August 12, 2011 appointment letter that states: "... at the end of 18 months or earlier, ... you will be expected to return to the Operations Manager position ..."
- The Human Services Manager should decrease the number of individuals that report directly to that position by assigning daily oversight and performance management to the lead positions in mental health and chemical dependency programs.



## 2. Program Staff

In April 2012 this Department had a total of twenty (20) positions with two additional contract positions (Health Officer and Local Emergency Response Coordinator). The organization is responsible to provide direct public health services, mental health and chemical dependency treatment, and a variety of services that assist in the stabilization of vulnerable individuals in the community, including housing assistance. It is the opinion of the author that the organization is very lean in staffing, particularly in the areas of environmental public health and case management for human services.

It is recommended that a temporary position be established specifically for temporary food service event inspections as this service is important to public health protection and the activities largely take place outside normal working hours.

It is further recommended that an additional case manager position be established and funded using currently available resources from the mental health program. This position would free up mental health therapist time for additional treatment and could support the development of co-occurring disorder treatment for individuals experiencing both mental health and chemical dependency problems.

- Pro: improve staff efficiencies; improve staff satisfaction.
- Con: minimal increase to County Current Expense.

## 3. Contracting and Privatization of services

### a) Mental Health and Chemical Dependency Treatment

Wahkiakum is one of only five Counties statewide that directly employ professional staff for direct, individual treatment of mental health and chemical dependency disorders. In thirty-four other Counties, these treatment services are delivered through contracts with private, non-profit agencies whose sole purpose is human service program delivery. In these Counties, some County staff is employed to assure quality service delivery, develop and oversee the contracts, work with the community to examine and recommend service delivery improvements, protect the County's interest in serving the most vulnerable populations, and to make sure appropriate safeguards are in place for the use of the public money used to provide these services.

Options to provide mental health and chemical dependency treatment services:

- Form a private, non-profit agency for the purpose of mental health and chemical dependency treatment.
  - Pro: increase of liability protection for County; increase flexibility of fundraising to support the services; may increase flexibility of service delivery.
  - Con: less control of crisis response system; may add to administrative costs; must have community leadership willing and able to form a non-profit agency or an existing agency willing and able to take on the services; staff salary and benefits may decrease (depending on the agency) thus increasing difficulty in recruiting and retaining qualified staff.
- Continue to employ County staff to deliver mental health and chemical dependency treatment services as County employees.
  - Pro: community is familiar with current system and staff; crisis response is reliable; salary and benefits are likely better than private sector; less fragmenting of overall programming and funding streams; better integration of services; local control; would decrease resources available for overall department administration and indirect costs.
  - Con: recruiting and retaining staff is difficult; County liability continues as is currently.

It is recommended that the County explore the option of providing mental health and chemical dependency treatment services through contract with a private agency. Such service provision should be considered in conjunction with the opportunities represented by formation of "health homes" through the current health reform efforts represented by the Regional Health Alliance. There is clearly opportunity to partner with Family Health Center to realize the benefits of providing mental health, chemical dependency, and primary medical care through one agency.

## 4. Establish Health Home Project

Beginning in January 2014, Medicaid will increase its national eligibility limits for adults to one hundred thirty-three percent (133%) of the Federal Poverty Level, representing an annual income of about \$14,856 for one person. This will

open Medicaid coverage to childless adults, many of them currently uninsured. This is a category of the population not currently served by Medicaid, and in Washington State alone, an enrollment increase of more than half a million new clients will take place over several years.

The Affordable Care Act calls for improving care by establishing “health homes”. Health homes expand the concept of the more commonly used term, medical homes, by serving the whole person across the primary care, long term care, and mental health and substance abuse treatment components of the health care delivery system. Health homes coordinate a variety of services including primary care and specialty care, ensuring referrals to community supports and services are effectively managed. The key feature of the health home, comprehensive care management, supports the person in managing chronic conditions and achieving their self-management goals by facilitating the provision of clinical services that contribute to improved health outcomes.

In Wahkiakum County the health care system, while small, includes important components of care that could be combined to establish a true “health home”. The Human Services programs of mental health and chemical dependency treatment, combined with the primary medical care provided by Family Health Center, could be an important step in demonstrating this concept. The fact that the current staffs work closely on treatment, crisis intervention, and wraparound services makes this a very attractive and do-able project.

*It is recommended that Wahkiakum County explore a partnership with the Family Health Center to establish a “health home” to include primary medical care, mental health and chemical dependency treatment. Further, the two parties should explore combining the human services treatment programs with the Family Health Center into one, private organization under the umbrella of the Federally Qualified Health Center organization.*

- Pro: increase of liability protection for County by subcontracting services to a private entity; increase flexibility of fundraising to support the services; may increase flexibility of service delivery; creates an agency that is attractive to insurance companies thus increasing financial support for these services.
- Con: less control of crisis response system; may add to administrative costs; staff salary and benefits may decrease if Family Health Center salary scale is less than County salaries, thus increasing difficulty in recruiting and retaining qualified staff.

## **C. Medium Term- start by mid-2013**

### **1. Update Health Codes and Review Public Health Fees**

Upon review of the most current Wahkiakum County Code it is apparent that the codes relating to public health do not reflect current state law. *Wahkiakum County Code Title 70: Public Health* which includes local regulations for onsite sewage systems, food service establishments, solid waste disposal, sanitary sewers, and smoke-free courthouse do not reflect current state law.

*It is recommended that these health codes be brought up to date and that policies and procedures be reviewed and established or updated to provide for consistent enforcement of state and local regulations to protect public health.*

- Pro: clarity of purpose for regulations; reflect current state law; improve consistency of application of rules and regulations.
- Con: time and cost associated with updating of the current codes.

In addition, the current fees charged for public health services should be examined. Examination of the fee schedule for public health clinical services shows the fees do not reflect current costs of providing these services, and the sliding fee schedule that allows for payment based on income has not been updated to current Federal Poverty guidelines. Comparison of selected environmental public health fees for some permits in Wahkiakum County shows that fees may need to be adjusted to (1) compare with adjacent Counties and (2) reflect current costs of providing public health protection. Specifically:

- The basis for food service establishment fees should be examined. The current fee structure is based on the size of the establishment – the number of seats available. An approach that bases fees on the risk of the food served helps to reflect the time necessary for inspection of the establishment and reinforces the reason for the food code and associated fees – protection of public health.
- The fees established for public health clinical services do not reflect the cost of service delivery, the usual and customary charges for such services, and have not been examined for at least seven years.

It is recommended that fees for all public health services be examined, compared to similar fees charged by public health agencies across the state, based on the cost of providing services, and a new fee structure be adopted by the Board of Health / County Commissioners. It is further recommended that the fees be examined each year as part of the budget development process and updated as necessary. Staff should be trained in the “art” of fee assessment and collection, with an eye toward encouraging donations from clients to support continuation of services.

- Pro: clarity of purpose for regulations; fees can reflect cost of providing services; improve consistency of application of rules and regulations; recovery of some costs of service delivery thus increasing resources available for public health protection; delineating actual cost of public health clinical services even to those unable to pay helps show the value of the service.
- Con: time and cost associated with updating of the regulations and fees.

## **2. Communication and publication of services to the Community**

It was mentioned several times during key informant interviews and community meetings that the Health & Human Services Department should let people know of the various services and programs that the Department provides. During one such meeting two different organizations offered to help “publicize” the services and programs by linking to a much-used website and sending information to a number of organizations and individuals via an electronic distribution list. The Department would need to provide the text to the Grays River Grange and to the Wahkiakum Chamber of Commerce to take advantage of these offers. In addition it was recommended that The Wahkiakum County Eagle was well read by many people in the County. Providing information on a regular basis to the local newspaper could also accomplish informing people about services and programs.

- Pro: improve knowledge and understanding of services and programs by community members.
- Con: staff time to develop new or modify existing information to be usable as a website, electronic mailing, or newspaper column.
- 

It is recommended that the Department Director, when hired, develop appropriate informational messages about programs and services available through the Wahkiakum County Department of Health & Human Services. These informational messages should be distributed through print and electronic media to a wide audience in collaboration with community organizations.

## **D. Long term – start in 2013-14**

### **1. Salaries**

Recruitment and retention of staff in the Wahkiakum County Department of Health & Human Services is often difficult. The salary is often cited as a factor in lack of applications for positions and when individuals leave positions for another opportunity.

It is recommended that a salary survey be undertaken for positions in the Health & Human Services Department. Comparison with geographically adjacent organizations and similar agency and position responsibilities is recommended. Consideration should be given to adjusting salaries to be competitive with similar organizations in order to recruit and retain qualified staff.

- Pro: improve recruitment and retention of qualified staff; improve staff satisfaction.
- Con: minimal increase to County Current Expense.

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## **What We Know**

### Programs and Policies:

*Effective local, state, and federal policies and programs can improve a variety of factors that, in turn, shape the health of our community.*

### Health Factors:

*Many health factors shape our communities' health outcomes including health behaviors, clinical care, social and economic, and the physical environment.*

### Health Outcomes:

*Two types of health outcomes show how healthy each county is: how long people live (mortality) and how healthy people feel (morbidity). These outcomes are shaped by many factors that, in turn, can be*

## **2. Office Consolidation**

The Department is currently located in separate buildings, on two campuses (Courthouse on Main Street and Elochoman Valley Road), with staff located in four separate offices based on program and funding streams. There is approximately one mile travel distance between the two campuses. Electronic communication is adequate using telephone and computer systems. Staff travels each day, sometimes several times, between the campuses to pick up or deliver required documents or supplies and for meetings. This travel takes time away from essential business for the agency and the County.

The Department of Health & Human Services currently uses approximately 11,505 square feet for programming and administration.

At the Elochoman Valley complex:

- Building #1 that houses mental health and administrative staff: 3090 square feet
  - Building #2 that houses chemical dependency and community outreach staff: 1700 square feet
  - Building #3 that houses the transit, developmental disabilities and Elochoman Valley Partners: 1096 square feet
- Courthouse basement that houses Health Department and administrative staff: 2084 square feet
- The Johnson House, used for a variety of mental health, chemical dependency group treatment and employment support: approximately 1,600 square feet
- The River Street apartments "A" and "B" used to house qualifying low-income individuals and families: approximately 1,935 square feet.

*It is recommended that the County consider consolidating the Health & Human Services staff in one location at the Elochoman Valley Road complex or at another appropriate location.*

- Pro: improve staff efficiencies including communication, processes, coordination among programs, and timeliness of service delivery.
- Con: cost of purchase of new or remodel of current buildings.

## **III. Health Status Indicators**

Health data consistently shows Wahkiakum County to be one of the least healthy compared to other Counties across Washington. Even so, Wahkiakum County residents are still healthier than people in most Counties across the Nation. Some important notes on the health status of people living in Wahkiakum County:

- A higher percentage of adults have unmet medical needs in Wahkiakum County than the State.
- More adults in Wahkiakum County receive preventive screening for breast and cervical cancer, but fewer receive colorectal cancer screening.
- Fewer adults and children have health insurance.
- Nearly twice as many women smoke during pregnancy in Wahkiakum County as across the State.
- Fewer adults, but more teens, get adequate physical activity.

Data is presented as part of this report in order to help the reader understand the population and the health issues facing Wahkiakum County. *Appendix D* shows selected Health data taken from the US Census, Washington State Key Health Indicators, and Robert Wood Johnson Foundation County Health Rankings.

## IV. Community Interviews

While interviewing Department of Health & Human Services staff, the author gathered names of community members knowledgeable about the Department and the community. A list of individuals that were interviewed is included in the Appendix A. Individuals were asked about their view of the Department, strengths and weaknesses, opportunities for improvement, thoughts about the position of Department Director, and any other issues associated with the agency that would be helpful in considering the next steps the Wahkiakum County Commissioners should consider. Several themes came from these interviews.

- Services should be delivered locally, by staff employed by Wahkiakum County. There is a strong community memory of lack of public health service delivery from the Cowlitz Wahkiakum Health District, even though the District was dissolved in 1994.
- County employment provides “family wage jobs” and if there are resources to provide good jobs the Board of Commissioners should do so.
- Staff is well respected, provide quality services, and partner well with other providers in the community. This is vital to the community and should be preserved at all costs.
- A strong public health presence is of great value, particularly in a community where people lack health insurance, the unemployment rate is high, wages are relatively low, and the economic recovery is slow.
- Integration of physical, mental health, chemical dependency, and public health programs is done in this community and should continue to be supported. Coordination of care is excellent, and is done via both formal and informal relationships. Confidentiality is preserved because of the very professional staff.
- County resources are “leveraged” very well – for every dollar of local money used, nearly ten dollars is returned to the community from state, federal, and grant resources.
- There may be revenue sources that are not tapped or not fully utilized. These resources should be explored and services provided to our community. Such resources include support for both public health and human services programs.
- Policies, processes, and protocols are not up to date and not systematic. This leads to inefficiency for staff and the public and personal bias in decision making.
- Centralization of services and programs at one campus would bring more efficiency for staff job assignments and coordination of services.
- Outreach and “marketing” of programs should be strengthened. People do not know what services are available and do not understand how their tax dollars are being spent or why.
- A new Department Director should represent the County, particularly to larger Counties and State agencies. The new Department Director needs to seek community buy-in, understand local issues, and have organizational skills, broad based knowledge, and commitment. A Director does not require direct experience in all the program areas; must not be afraid to advocate for programs and services, and must understand public budgeting. The Director must unify the agency staff and help them understand how the programs and services all fit together within one agency.

## V. Staff Interviews

Each staff member was interviewed by the author during the first week of work at Wahkiakum County. These confidential interviews sought to help the author understand the job assignment of each staff member and the working relationships among the staff. Individuals were asked what they needed from a Department Director. These themes were identified:

- The Department Director must be accessible to staff for policy decisions; be available and willing to listen; understand prevention; must know and trust the capability of the staff; and understand our work and workload.
- The Director must represent the staff to the County Commissioners, the legislature, and in the community. The individual must be a good communicator. The individual should be able to deflect political issues from the staff.
- The Director should create a whole department vision and seek to integrate programs.
- The Director should support adequate staff training, particularly with the aging workforce in the Department.

- *The Director should create a whole department vision and seek to integrate programs.*
- *A Director does not require direct experience in all the program areas; must not be afraid to advocate for programs and services, and must understand public budgeting.*
- *The Director must unify the agency staff and help them understand how the programs and services all fit together within one agency.*

## VI. Department Programs and Services

Descriptions of the program areas provided by the Department of Health & Human Services are provided so the reader understands the breadth and depth of services available to the Wahkiakum County community.

### A. Department Administration and Public Health Preparedness

This area of the department provides management and oversight of both Health and Human Services includes planning, monitoring, evaluation and policy development; community leadership and planning in development of systems and processes to facilitate community involvement; overall financial management and policy development for both Health and Human Services and includes budget development, budget monitoring, grants and contract management, accounts payable, accounts receivable, payroll, fixed assets and information technology. Included in this part of the agency is public health preparedness and response to bioterrorism, outbreaks of infectious disease, public health threats and emergencies and coordination with Region IV (Clark, Cowlitz, and Skamania Counties). Wahkiakum County is a member of this four county group and public health emergency preparedness responsibilities are shared among all counties.

### B. Human Services

#### 1. Chemical Dependency

##### a) Outpatient Treatment

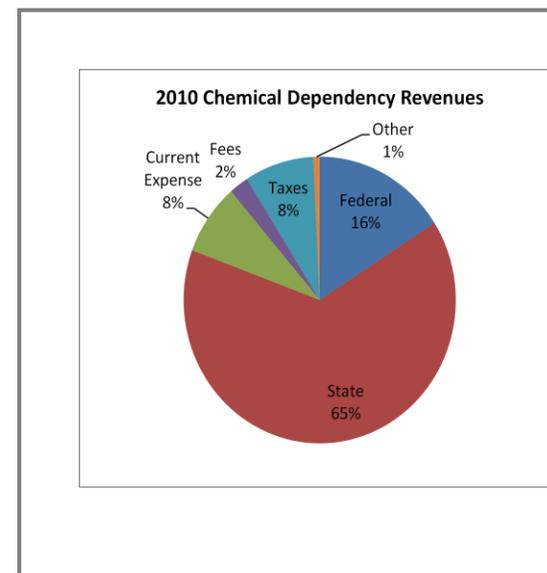
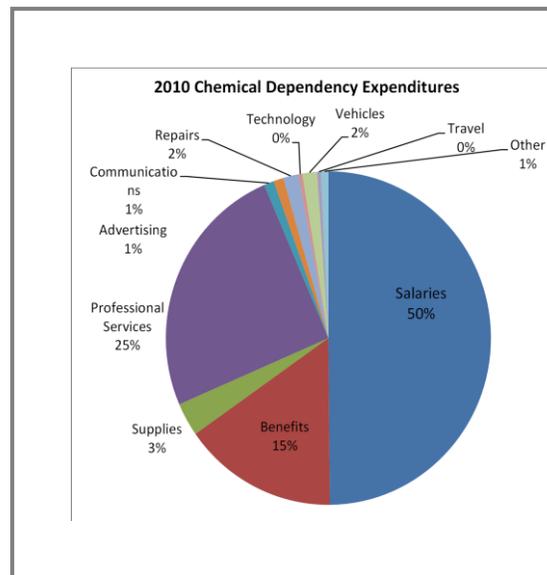
Treatment services include outreach and intervention to hard-to-reach individuals (abusers and addicts) and to links these individuals with assessments and treatment for the addiction of alcohol and other drugs. Eligible adults including those without insurance, pregnant and parenting women, and youth receive an assessment and referral to inpatient and/or outpatient treatment services as appropriate to their need. Staff assists clients in gaining access to needed medical, social, education and other services. Contractual services are provided for the provision of screening tests, such as urinalysis or breathalyzers to identify a patient's use of drugs or alcohol.

##### b) Prevention

Prevention services are designed to delay or reduce the use of alcohol and other drug abuse in children who have not yet begun to use and abuse, and those who are experimenting. The goal of prevention services is to reduce the negative consequences of alcohol and drug abuse in society and thus reduce the need for future treatment services.

Selected program activity report:

- Consistently above state average for completed treatment
- Majority of clients are male (75%)
- Majority of clients are between 45 and 55 years old
- Majority have been arrested within the past year (80%)
- Majority use alcohol (70%); others use heroin, marijuana, methamphetamines
- Majority first used between 14 and 16 years old



## 2. Community Outreach

### a) Housing and Homelessness Prevention

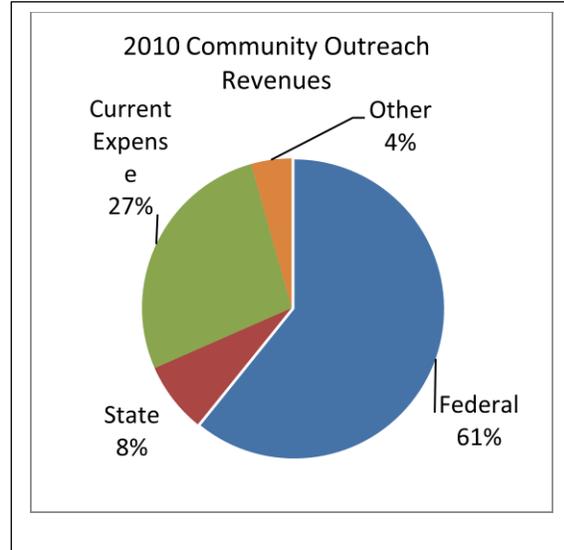
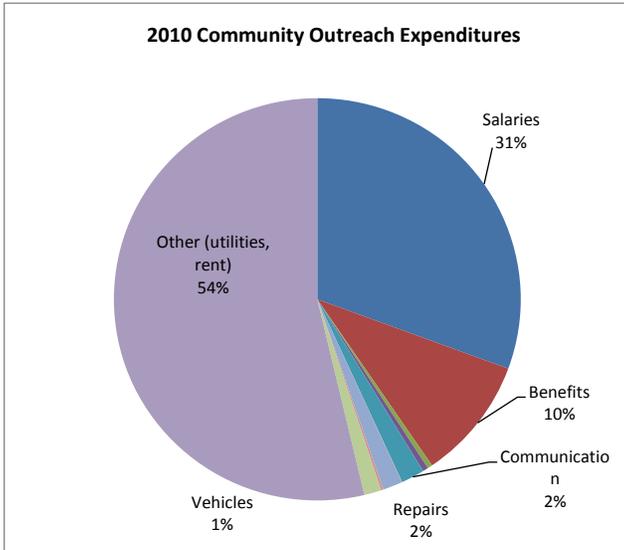
These services preserve and maintain the existing rental and homeowner housing and promote new rental affordable housing stock to low income populations within Wahkiakum County. (State and federal grant contracts, RCW 36.22.178) Staff also serves the homeless population within Wahkiakum County. (State grants, RCW 36.22.179 and 36.22.1791)

### b) Utility Assistance

Assistance is provided for individuals that are at risk of losing utility services in the form of vouchers or direct payment to utility providers.

### c) Outreach and Referral

Staff provides information to community agencies and service providers and assists in case management and planning to prevent individuals from becoming homeless.



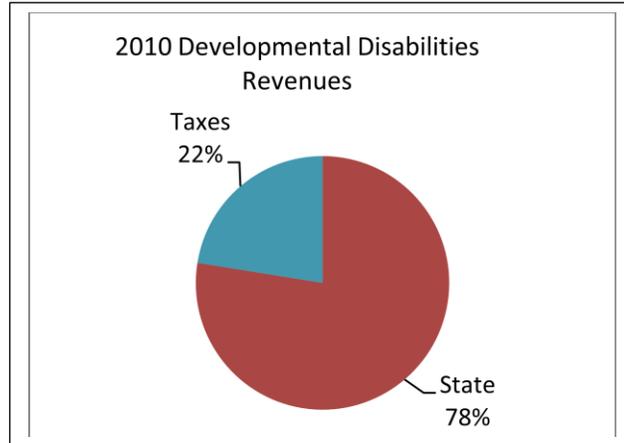
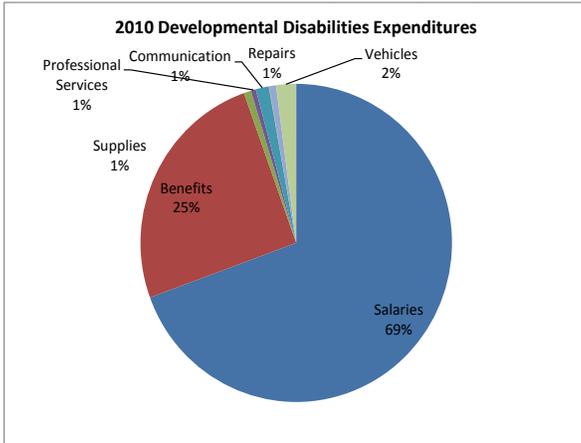
#### Selected program activity report:

- Assisted 23 clients with follow-up or sign up for Basic Health Plan
- Assisted 172 clients with applications, information or follow up including Basic Food, maternity medical, children's medical, child care, and other programs
- Assisted 57 residents with medications, gas vouchers, utility assistance
- Provided 964 bed nights to 13 households, totaling 15 individuals
- Provided rent subsidies to 7 households through Transitional Housing
- Provided rental assistance to 26 households through Tenant-Based Rental Assistance
- Assisted over 100 households with utility assistance
- Provided outreach specifically to Western Wahkiakum County at the Johnson Park facility in Rosburg

### 3. Developmental Disabilities

#### a) Supported Employment

This program provides employment and training opportunities in regular business and industry settings leading to individuals with developmental disabilities. The goal is for the individual with developmental disabilities to secure gainful employment earning a living wage.



Selected program activity report:

- 0.25 FTE
- 4 clients
- Service Hours = 1,270

### 4. Mental Health

#### a) Outpatient Treatment

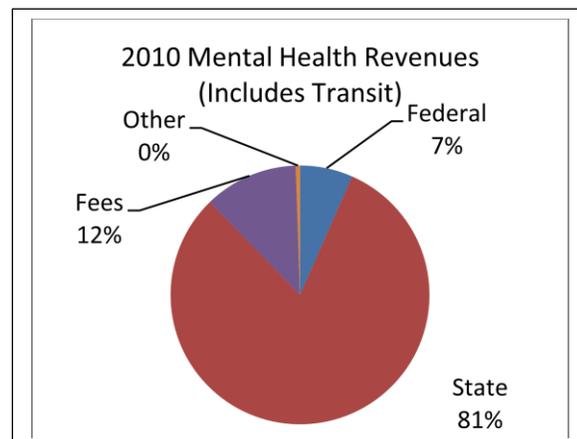
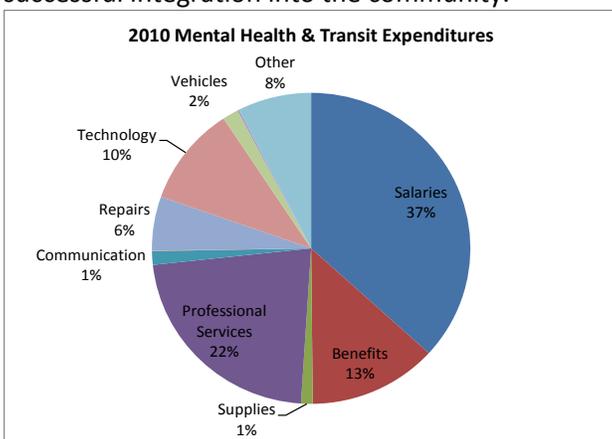
Services include Brief Intervention Treatment, Day Support, Family Treatment, Group Treatment, Medication Management, High Intensity Treatment, Rehabilitation Case Management and Stabilization Services for individuals experiencing mental health difficulties. Services are prioritized for the most difficult to serve with chronic and severe mental illness.

#### b) Crisis Services

Evaluation and treatment of individuals experiencing a mental health related crisis. Crisis services are available on a 24 hour basis and are intended to stabilize the person in crisis, prevent further deterioration and provide immediate treatment and intervention and services related to involuntary commitments (WAC 388-865-0452 through 454, 71.05 RCW and 71.35 RCW) including Designated Mental Health Professional (DMHP) evaluation, commitment and detention.

#### c) Wraparound Services

These services are provided in order for individuals to receive care in a least restrictive environment that allows for successful integration into the community.



Selected program activity report:

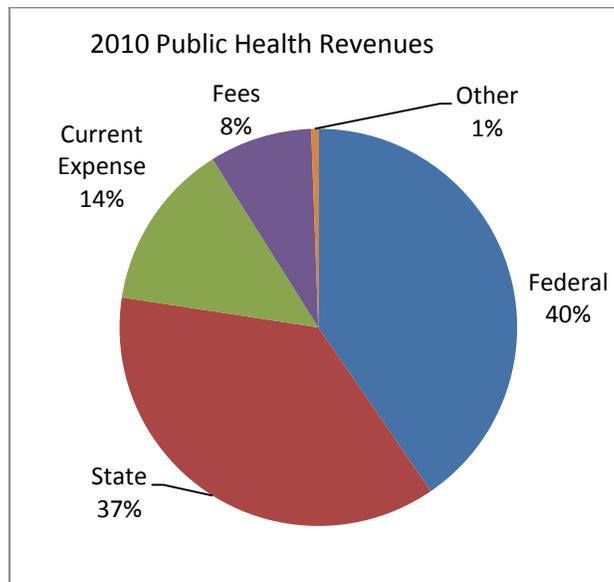
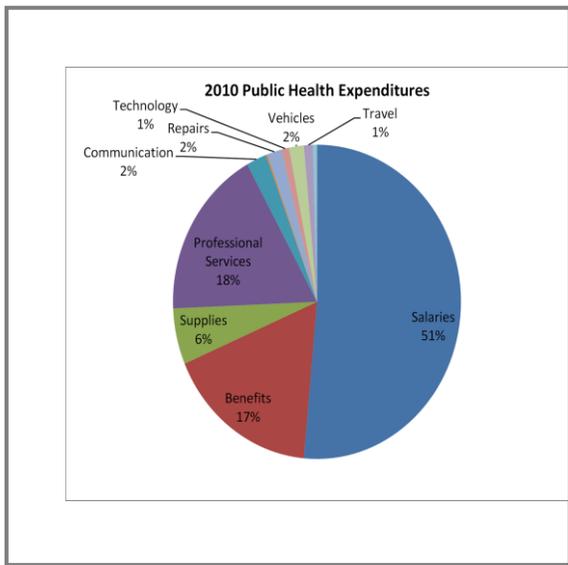
- Mental Health 3.5 FTE
  - Clients served 217
  - Service Hours 5,556
  - Crisis response 160 events resulting in only one hospitalization
- Domestic Violence 0.5FTE
  - 25 clients
  - 140 hours direct service staff time
  - 396 hours indirect staff time

**5. Community Transit (Wahkiakum on the Move)**

The Transit system is supported by grants from the Washington State Department of Transportation, the Federal Transportation Authority, and by service contract for individuals that qualify for Medicaid. The system is operated by the Elochoman Valley Partners, LLC and fares are by donation. Services include transportation throughout Wahkiakum County and connect to services in Naselle (Pacific County) and Longview (Cowlitz County).

Selected program activity report:

- Nearly 10,000 riders
- Nearly 120,000 miles traveled



**C. Public Health**  
**1. Environmental**  
**a) Safe Food**

Services and activities include assuring that safe food is provided to the public and includes educational efforts directed toward the public and food service operators/handlers, implementing applicable state and local regulations governing retail food establishments, public education, food handler permits, inspection of food establishments, investigating complaints of unsafe food handling practices and taking enforcement action as needed.

In 2010 twenty-six (26) permanent food service permits were issued; fifty-six (56) temporary food service permits were issued; one hundred fifty-four (154) food worker cards were issued.

**b) Clean Drinking Water**

The Drinking Water Program includes services and activities related to the planning, development and on-going operation of safe drinking water systems. Activities include review of proposed drinking water supplies for all land use and building projects to assure compliance with regulation and protection of public health; siting of wells or other drinking water sources, water system plans and routine water quality monitoring.

In 2010 one hundred forty-eight (148) drinking water samples were evaluated for public health protection.

**c) Sewage Disposal**

This program provides services/activities related to the planning and provision of safe collection, treatment and disposal of residential sewage and services/activities related to planning and the provision of environmentally sound uses of land. The program also provides educational opportunities for sewage system owners and assures that both small and large sewage disposal systems are properly operated in order to protect people with contact with sewage.

In 2010 nineteen (19) onsite sewage system permits were issued; ten (10) onsite sewage system failures were reported.

**d) Water Recreation**

This program provides services and activities to decrease risk or injury from environmental risks. Activities include reviewing plans and inspections of schools, camps, shelters, temporary housing, swimming pools, spas, and water parks.

In 2010 one water recreational facility inspection was completed.

**e) Solid Waste**

Solid waste enforcement activities are the responsibility of local health departments. Program objectives include overseeing all permitted solid waste facilities in the county, providing technical and regulatory interpretations about disposal and responding to citizen complaints on illegal waste disposal.

**2. Personal**

**a) Immunizations**

This program provides services to administer and distribute vaccine for vaccine preventable diseases to individuals of all ages. Activities include administration of vaccine to individuals who do not have access to healthcare due to financial barriers, provision of adult and childhood vaccines. Staff works in cooperation with private and public agencies to provide mass clinics in assuring those groups at risk are immunized.

In 2010 two hundred twenty-nine (229) doses of vaccine were administered to children; one hundred thirty (130) doses of vaccine were administered to adults; two hundred thirty-eight (238) doses of influenza vaccine were administered.

**b) Communicable Disease Control**

Services in Communicable Disease include controlling the spread of Tuberculosis and other communicable diseases through surveillance, tracking, prevention and treatment. Staff receives all communicable disease reports for the county from medical providers, hospitals, laboratories, and veterinarians. Staff responds to inquiries from the media, general public and medical professionals. This program provides prevention services for persons infected with the HIV virus.

Activities include counseling and testing high risk populations, community awareness/outreach, surveillance of infected individuals, clinical care and intervention and community planning.

In 2010 thirteen (13) individuals were contacted due to exposure to sexually transmitted diseases; seventeen (17) individuals were tested and counseled about HIV concerns.

**c) Maternal Child Health**

Activities in this program promote healthy pregnancies and positive birth and parenting outcomes. Services include home visitation to new parents, maternity support and case management, early intervention services to families at high risk for child abuse and provision of resource information and referrals.

In 2010 twenty-seven (27) women were provided First Steps Maternity Support services and sixty-five (65) visits were completed for First Steps Maternity Support; eight (8) infants received Case Management services.

**d) Nutrition Services**

The Women, Infant, and Children (WIC) Program provides nutrition education and vouchers for healthy food to pregnant and breastfeeding women, infants, and children up to age 5 years. Families are eligible for this program if their income is below 185% of Federal Poverty Level.

In 2010 two hundred thirty-seven (237) women and children participated in WIC including one hundred seventy-seven (177) children and sixty (60) pregnant, breastfeeding, or postpartum women. WIC participants redeemed \$77,891 of WIC vouchers at local grocery stores and \$46,226 for fruits and vegetables at local grocery stores.

**e) Healthy Communities**

This program has created innovative, effective and integrated community driven programs to promote healthy lifestyle choices and emphasize early detection, prevention, control and reduction of chronic diseases, particularly diabetes, asthma and obesity in Wahkiakum County. Activities include identification of safe walking routes to encourage physical activity and development of community gardens to encourage consumption of more fruits and vegetables.

**f) Birth and Death Certificates**

The Vital Records program registers, certifies and issues certificates for births and deaths. Vital Records staff, (Deputy Registrars) has access to birth and death records for any occurrence in Washington State.

In 2010 sixty-six (66) certified copies of birth certificates and twenty-five (25) certified copies of death certificates were issued.

**VII. Fiscal Health**

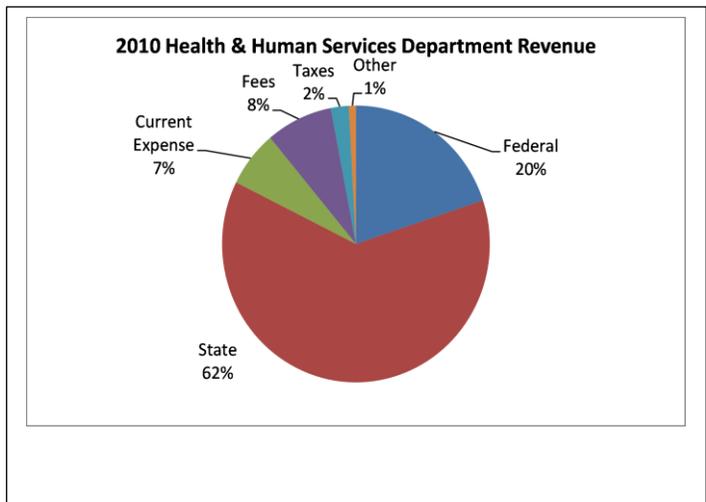
**A. Revenues**

Wahkiakum County Department of Health & Human Services revenues are not unlike similar agencies across the State. The largest portion of revenues (40%) comes from federal sources with the next largest source (37%) from state sources. During the past several years both federal and state sources have declined in amount. Some federal grants, particularly in the area of public health emergency preparedness have declined as much as twelve percent (12%) each year. State sources have declined as well, particularly in the support of public health programs. Each legislative budget for the past eight years has included proposals for drastic cuts to public health and human services programs. Many of those cuts have not been realized due to support for these programs. However as State budget considerations continue such drastic cuts to public health and human services programs are very possible.

County current expense provides fourteen percent (14%) of the total revenue budget. In Appendix C “County Support to Public Health – Statewide” one can see that Wahkiakum County is seventh of the thirty-five local health jurisdictions in local contribution per capita. While Wahkiakum County contributes \$14 per capita, the range includes \$54 per capita in San Juan County and zero in Skamania County for public health services. Current expense investment in the Department of Health & Human Services is largely allocated to the public health programs, with lesser amounts that support Community Outreach, Transit and Chemical Dependency programs. No County current expense dollars support developmental disabilities or mental health programs.

2010 Department Revenues included:

Federal	\$ 354,981
State	\$ 1,114,281
Current Expense	\$ 117,626
Fees	\$ 143,559
Taxes	\$ 38,811
Other	\$ 15,196



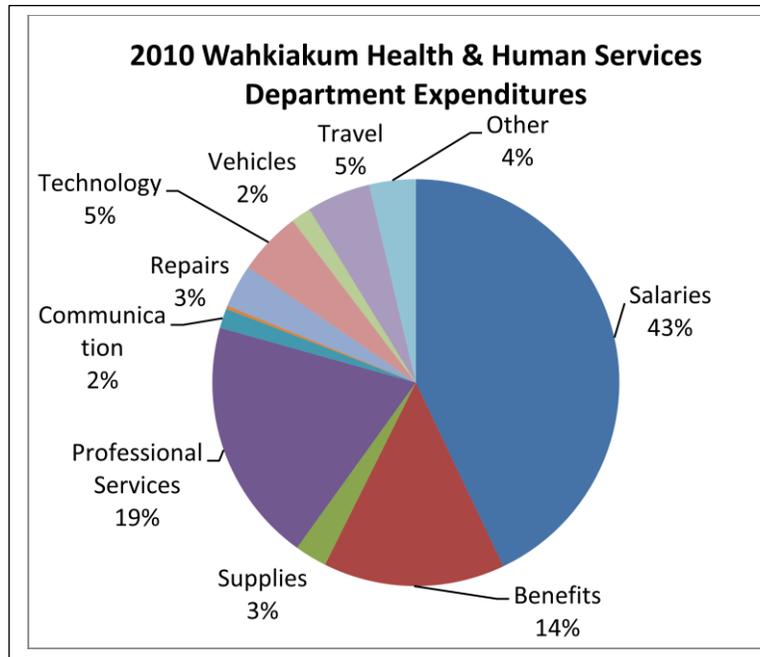
## B. Expenditures

Expenditures of this agency are also similar to agencies in Washington State. Over half of the expenditures support the employees that deliver the services in the form of salaries and benefits. Professional services makes up nearly twenty percent of the expenditures and purchases services that staff are unable to provide. One quarter of expenditures make up the balance and include the necessary supports for the staff to deliver programs: communications, travel, technology, vehicles, and repairs.

The Board of Commissioners / Board of Health can change the make-up of the expenditures by changing how services are delivered – assuming services continue to be delivered. If fewer staff are hired and more services are contracted through professional services, those expenditures will adjust accordingly.

### 2010 Department Expenditures

Salaries	\$	648,635.84
Benefits	\$	218,147.06
Supplies	\$	38,792.02
Professional Services	\$	293,492.96
Communications	\$	23,591.70
Advertising	\$	3,955.13
Repairs	\$	51,630.54
Technology	\$	76,547.02
Vehicles	\$	23,835.14
Travel	\$	76,740.44
Other	\$	55,838.10



## VIII. Appendices

### A. Community Interviews Conducted

Name	Position
Dan Bigelow	County Prosecuting Attorney
George Wehrifritz	Cathlamet Mayor
Lynda Gerlach	Chamber of Commerce
Richard Erickson	Chamber of Commerce
Marie Flake	Washington State Department Of Health
Dian Cooper	Family Health Center
Duncan Cruikshank	former director nursing home
Fred Johnson	former prosecuting attorney, fire dept.
Alan Melnick	Health Officer: Wahkiakum, Clark, Cowlitz, Skamania Counties
Jon Dearmore	Sheriff
Geri Brennen Katie Targent Beth Hanson Carol Carver	St. James Family Center
Brian Cameron	TRSN Administrator
Lia Sealand	Community Network Director
Carlos Carreon	Health Director, Cowlitz
Dan Cothren	Chair, Wahkiakum County Commissioners
Blair Brady	Wahkiakum County Commissioner
Lisa Marsyala	Wahkiakum County Commissioner
Wahkiakum Human Services Advisory Board	
Grays River Grange	

### B. Staff Interviews Conducted

Name	Position
Connie Davis	Public Health Nurse
Linda Hartung	Prevention Specialist
Marnee Davis	Office Assistant (2)
Rosie Hicks	Administrative Assistant
Gina Robbins	Office Assistant (1)
Chris Holmes	Human Services Manager / DMHP
Matt Swanson	Environmental Health Specialist
Chris Weiler	Deputy Director
Brenda Ferguson	Medical Records/Data Entry Clerk
Elizabeth Dufek	Lead Mental Health Therapist / DMHP
Julie Johnston	Employment Case Manager
Leigh O'Malley	Therapist/DMHP/Domestic Violence Counselor
Angie Pugh	Medical Records/Data Entry Clerk
Kellie Masters	Case Manager
Mary Vik	Community Outreach Coordinator
Tammy Johnson	Lead Chemical Dependency Counselor
Amy Barnett	Mental Health Therapist
Jerusha Kasch	Local Emergency Preparedness Coordinator (contract employee – Cowlitz County)
Alan Melnick	Health Officer (contract employee – Clark County)

## C. County Support to Public Health – Statewide

### Local Health Jurisdictions (LHJs) of Washington State - 2010 Data

Table is sorted by “Local Contribution Per Capita”.

LHJ	Population	Total Revenue	Rev Per Capita	Local Contribution	Local Contribution Per Capita	FTEs	Pop/FTE
San Juan	15,769	\$ 2,850,583	\$ 181	\$ 843,744	\$ 54	25.10	628
Jefferson	29,872	\$ 3,561,079	\$ 119	\$ 1,057,329	\$ 35	32.16	929
Public Health Sea-King	1,931,249	\$ 193,652,410	\$ 100	\$ 43,700,932	\$ 23	1,229.00	1,571
Whatcom	201,140	\$ 14,459,531	\$ 72	\$ 4,256,549	\$ 21	85.60	2,350
Klickitat	20,318	\$ 1,851,360	\$ 91	\$ 298,070	\$ 15	15.76	1,289
Garfield	2,266	\$ 343,817	\$ 152	\$ 32,503	\$ 14	4.10	553
<b>Wahkiakum</b>	<b>3,978</b>	<b>\$ 376,233</b>	<b>\$ 95</b>	<b>\$ 53,868</b>	<b>\$ 14</b>	<b>4.75</b>	<b>837</b>
Northeast Tri-Co	64,083	\$ 2,404,260	\$ 38	\$ 850,103	\$ 13	28.03	2,286
Lewis	75,455	\$ 5,626,646	\$ 75	\$ 903,816	\$ 12	27.71	2,723
Kitsap	251,133	\$ 10,887,160	\$ 43	\$ 2,881,894	\$ 11	103.02	2,438
Pierce	795,225	\$ 32,956,907	\$ 41	\$ 7,431,451	\$ 9	253.25	3,140
Columbia	4,078	\$ 422,397	\$ 104	\$ 37,965	\$ 9	5.18	787
Island	78,506	\$ 3,183,612	\$ 41	\$ 704,013	\$ 9	38.91	2,018
Skagit	116,901	\$ 3,941,488	\$ 34	\$ 1,048,167	\$ 9	38.07	3,071
Spokane	471,221	\$ 23,340,871	\$ 50	\$ 4,130,485	\$ 9	221.76	2,125
Clallam	71,404	\$ 1,864,753	\$ 26	\$ 549,625	\$ 8	17.47	4,087
Mason	60,699	\$ 2,388,606	\$ 39	\$ 454,065	\$ 7	21.60	2,810
Pacific	20,920	\$ 899,953	\$ 43	\$ 156,456	\$ 7	11.95	1,751
Grays Harbor	72,797	\$ 2,868,997	\$ 39	\$ 480,928	\$ 7	40.00	1,820
Walla Walla	58,781	\$ 1,978,278	\$ 34	\$ 386,049	\$ 7	19.70	2,984
Cowlitz	102,410	\$ 2,399,251	\$ 23	\$ 650,863	\$ 6	27.00	3,793
Clark	425,363	\$ 11,970,097	\$ 28	\$ 2,068,698	\$ 5	97.99	4,341
Kittitas	40,915	\$ 1,492,633	\$ 36	\$ 194,633	\$ 5	16.55	2,472
Chelan-Douglas	110,884	\$ 3,352,181	\$ 30	\$ 516,943	\$ 5	34.60	3,205
Snohomish	713,335	\$ 19,834,552	\$ 28	\$ 2,780,026	\$ 4	196.60	3,628
Thurston	252,264	\$ 7,850,454	\$ 31	\$ 958,325	\$ 4	69.57	3,626
Lincoln	10,570	\$ 545,959	\$ 52	\$ 37,924	\$ 4	6.63	1,594
Adams	18,728	\$ 851,994	\$ 45	\$ 66,299	\$ 4	9.25	2,025
Okanogan	41,120	\$ 1,555,857	\$ 38	\$ 144,999	\$ 4	19.67	2,090
Asotin	21,623	\$ 939,987	\$ 43	\$ 73,341	\$ 3	13.25	1,632
Grant	89,120	\$ 1,946,997	\$ 22	\$ 247,368	\$ 3	23.42	3,805
Benton-Franklin	253,340	\$ 8,836,065	\$ 35	\$ 636,034	\$ 3	88.00	2,879
Yakima	243,231	\$ 4,742,679	\$ 19	\$ 176,285	\$ 1	35.35	6,881
Skamania	11,066	\$ 547,243	\$ 49	\$ 131	\$ 0	7.90	1,401
Whitman	44,776	\$ 973,826	\$ 22	\$ 528	\$ 0	20.00	2,239

Data source: 2010 Revenue Summary - Funding of Local Health Jurisdictions July 2011 derived from Budgeting, Accounting and Reporting System (BARS) data. <http://www.doh.wa.gov/msd/OFS/2010rs/Revsum10.htm>

#### Ranges

Jurisdiction Population: 2,266 - 1,931,249

LHJ Total Revenue: \$343,817 - \$193,652,410

Local Contribution: \$131 - \$43,700,932

LHJ Full-time Equivalents (FTEs): 4.10 to 1,229

#### Per Capita Ranges

LHJ Revenue per Capita: \$19 - \$181

Local Contribution per Capita: \$0 - \$54

Jurisdiction Population per LHJ FTE: 553 to 6,881

## D. Selected Wahkiakum County Data

### 1. Key Health Indicators: Wahkiakum County Washington

Washington's Public Health Improvement Plan requires local measurement of health status or determinants of health. Together, the 35 indicators currently included in the local public health indicators database provide a snapshot of health status, health behavior, and public health system performance at the local level. Local public health agencies can use these data to help evaluate their work and decide where to invest limited public health resources to improve community health. The indicators (<https://fortress.wa.gov/doh/lphi/LPHI/Indicator.mvc/JurisdictionIndicatorList?jurisdictionId=71>) also reveal how health status or determinants of health compare across Washington health jurisdictions and with state and national averages. They help identify specific local health issues that might need improvement. They can provide health policy makers throughout the state with some of the information they need to develop effective programs and to gauge system progress in meeting specific health outcomes. Indicators include: access to care, communicable diseases, environmental health, maternal child health, and prevention and health promotion.

Community Context	Wahkiakum	State	US
2009 Poverty <sup>1,2</sup>	13%	12%	14%(1,1)

State and Local Data Sources

<sup>1</sup>State and Local Data: U.S. Census Bureau

National Data Sources

<sup>2</sup>National Data: U.S. Census Bureau

Access to Care	Year	Wahkiakum	State	US
Indicator Name	Year			Estimate
Adults with unmet medical need <sup>1,2</sup>	2009-2010	23%	13%	15(1,1) 2010
Adults with personal healthcare provider <sup>1,2</sup>	2009-2010	74%	78%	80(1,1) 2010
Adult dental care <sup>1,2</sup>	2010	65%	72%	70(1,1) 2010
Adult preventive cancer screening - Breast <sup>1,2</sup>	2010	86%	78%	79(1,1) 2010
Adult preventive cancer screening - Cervical <sup>1,2</sup>	2010	84%	76%	79(1,1) 2010
Adult preventive cancer screening - Colorectal <sup>1,2</sup>	2010	69%	72%	65(1,1) 2010
Adults with health insurance <sup>1,2</sup>	2009-2010	68%	82%	81(1,1) 2010
Children with health insurance <sup>1,3</sup>	2009-2010	87%†	95%†	N/A

N/A - Data not available

† - 10%-19% missing data

†† - 20%-30% missing data State and Local Data Sources

<sup>1</sup>State and Local Data: DOH, Behavioral Risk Factor Surveillance System

National Data Sources

<sup>2</sup>National Data: CDC, Behavioral Risk Factor Surveillance System

<sup>3</sup>National Data: N/A

Communicable Disease	Year	Wahkiakum	State	US
Indicator Name	Year	Estimate	Estimate	Estimate
Reported Chlamydia infections <sup>1,5</sup>	2009-2010	*	2510 per 100,000	3251 2009
Treated Chlamydia infections <sup>2,6</sup>	2009-2010	*	98%	N/A
Influenza vaccination (18 years or older) <sup>3,7</sup>	2009-2010	41%	41%	39.2(1,1) 2010

Child immunizations reported to the Child Profile Immunization Registry <sup>4,8</sup>	2010	58%	50%	N/A
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N/A - Data not available

\* - Data suppressed due to small numbers (less than 5 records per year or relative standard error > 30%).

State and Local Data Sources

<sup>1</sup> State and Local Data: DOH, Sexually Transmitted Disease Registry

<sup>2</sup> State and Local Data: DOH

<sup>3</sup> State and Local Data: DOH, Behavioral Risk Factor Surveillance System

<sup>4</sup> State and Local Data: DOH, Child Profile Immunization Registry

National Data Sources

<sup>5</sup> National Data: CDC, Division of Sexually Transmitted Disease Prevention

<sup>6</sup> National Data: CDC

<sup>7</sup> National Data: CDC, Behavioral Risk Factor Surveillance System

<sup>8</sup> National Data: N/A

Indicator Name	Year	Wahkiakum State		US
		Estimate	Estimate	Estimate
First trimester prenatal care <sup>1,5</sup>	2008-2009	82%	77%	72% 2008
Maternal cigarette smoking <sup>1,5</sup>	2008-2009	26%	10%	10% 2008
Teen pregnancy <sup>1,5</sup>	2008-2009	*	26 per 1,000	N/A
Low birth weight <sup>1,5</sup>	2008-2009	*	5%	8% 2009
Teen physical activity <sup>1,5</sup>	2010	82%	51%	39% 2009
Teen cigarette smoking <sup>2,6</sup>	2010	*	13%	18% 2009
Teen overweight and obesity <sup>2,6</sup>	2010	*	24%	28% 2009
Teen alcohol use <sup>2,6</sup>	2010	*	28%	41% 2009
Childhood unintentional injury hospitalizations <sup>3,7</sup>	2008-2009	*	198 per 1,000	N/A
Teen sad or hopeless <sup>4,7</sup>	2010	*	30	26% 2009

N/A - Data not available

\* - Data suppressed due to small numbers (less than 5 records per year or relative standard error > 30%).

<sup>1</sup> State and Local Data: DOH, Birth Certificates

<sup>2</sup> State and Local Data: DOH, Healthy Youth Survey

<sup>3</sup> State and Local Data: DOH, Comprehensive Hospital Abstract Reporting System, including all acute care hospitals in Washington and Oregon

<sup>4</sup> State and Local Data: N/A

National Data Sources

<sup>5</sup> National Data: CDC, National Vital Statistics System

<sup>6</sup> National Data: CDC, Youth Risk Behavior Surveillance System

<sup>7</sup> National Data: N/A

Indicator Name	Year	Wahkiakum State		US
		Estimate	Estimate	Estimate
Food service safety <sup>1,3</sup>	2010	91%	95%	N/A
On-site sewage system corrections <sup>1,3</sup>	2010	100%	95%	N/A
Air pollution - Particulate matter <sup>2,3</sup>	2010	N/A	N/A	N/A

N/A - Data not available

State and Local Data Sources

<sup>1</sup> State and Local Data: DOH, Division of Environmental Health

<sup>2</sup> State and Local Data: Washington Tracking Network

National Data Sources

<sup>3</sup> National Data: N/A

Prevention and Health Promotion		Wahkiakum	State	US
Indicator Name	Year	Estimate	Estimate	Estimate
Years of healthy life expected at age 20 <sup>1,4</sup>	2008-2009	46 years	52 years	48 2007
Adult cigarette smoking <sup>2,5</sup>	2009-2010	13%	15%	17.3(1,1) 2010
Adult physical activity <sup>2,5</sup>	2009	52%	62%	59(1,1) 2010
Adult obesity <sup>2,5</sup>	2009-2010	23%	26%	27(1,1) 2010
Adult fruit/vegetable consumption <sup>2,5</sup>	2009	18%	25%	24(1,1) 2010
Adult binge drinking <sup>2,5</sup>	2009-2010	9%	16%	15(1,1) 2010
Adults with diabetes <sup>2,5</sup>	2009-2010	9%	7%	9(1,1) 2010
Adult poor mental health <sup>2,5</sup>	2009-2010	*	10%	11(1,1) 2010
Hospitalization for falls in older adults <sup>3,6</sup>	2008-2009	1508 per 100,000	1798 per 100,000	N/A

N/A - Data not available

\* - Data suppressed due to small numbers (less than 5 records per year or relative standard error > 30%).

State and Local Data Sources

<sup>1</sup> State and Local Data: DOH, Behavioral Risk Factor Surveillance System, Death Certificates

<sup>2</sup> State and Local Data: DOH, Behavioral Risk Factor Surveillance System

<sup>3</sup> State and Local Data: Comprehensive Hospital Abstract Reporting System, including all acute care hospitals in Washington and Oregon

National Data Sources

<sup>4</sup> National Data: CDC, Behavioral Risk Factor Surveillance System, National Life Expectancy data

<sup>5</sup> National Data: CDC, Behavioral Risk Factor Surveillance System

<sup>6</sup> National Data: N/A

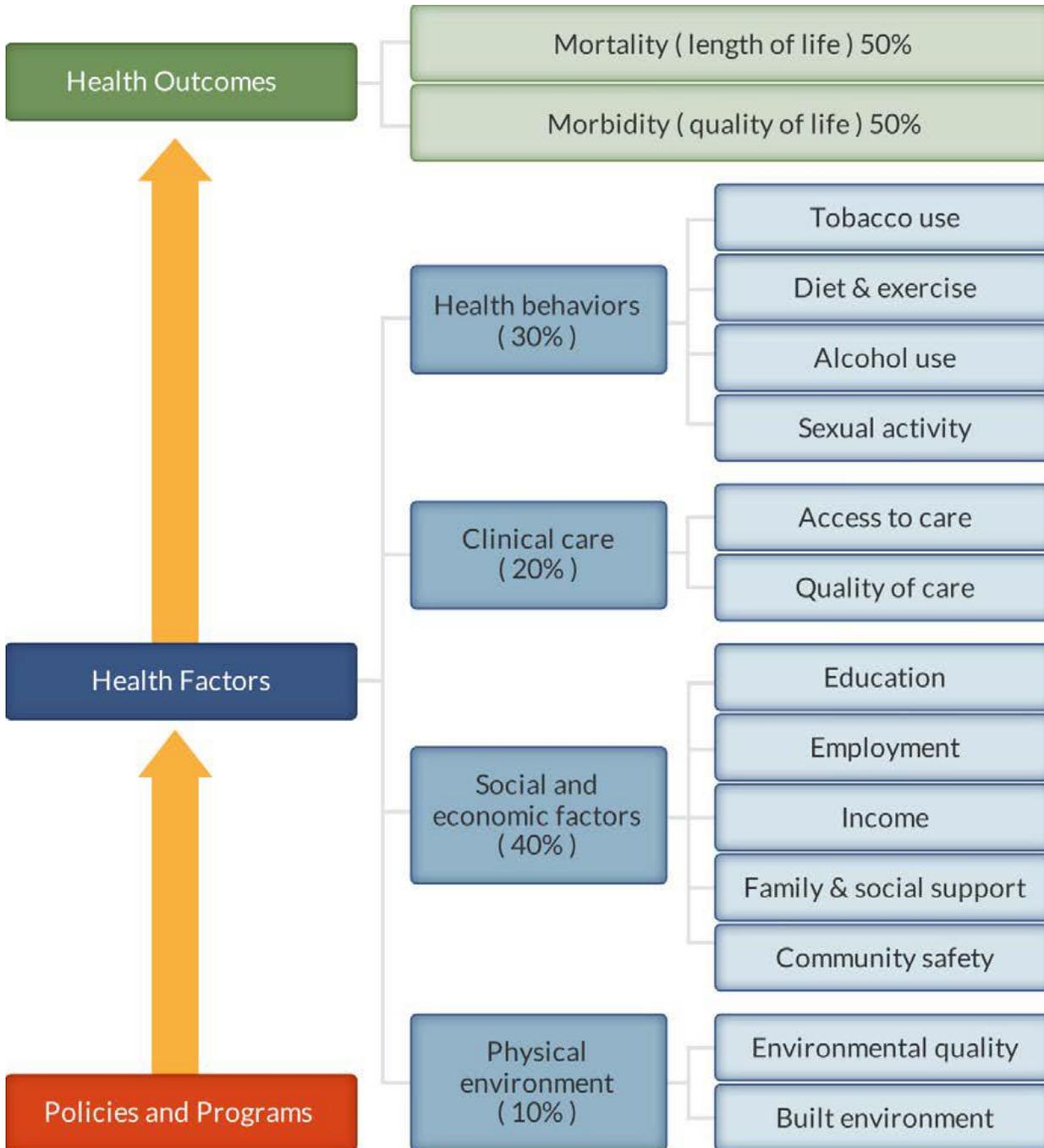
## 2. Summary Health Outcomes & Health Factors Rankings

Published online at [www.countyhealthrankings.org](http://www.countyhealthrankings.org) by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation, the *County Health Rankings* assess the overall health of nearly every county in all 50 states, using a standard way to measure how healthy people are and how long they live. The *Rankings* consider factors that affect people’s health within four categories: health behavior, clinical care, social and economic factors, and physical environment. Counties receive two summary ranks:

- Health Outcomes: a weighted summary of how healthy a county is;
- Health Factors: a weighted summary of what influences the health of the county.

Rank	Health Outcomes	Rank	Health Factors
1	San Juan	1	San Juan
2	Kittitas	2	Whitman
3	Island	3	King
4	Whitman	4	Island
5	Whatcom	5	Whatcom
6	King	6	Walla Walla
7	Chelan	7	Jefferson
8	Clark	8	Kittitas
9	Snohomish	9	Snohomish
10	Skagit	10	Kitsap
11	Kitsap	11	Chelan
12	Douglas	12	Thurston
13	Franklin	13	Garfield
14	Thurston	14	Benton
15	Benton	15	Spokane
16	Columbia	16	Columbia
17	Skamania	17	Skagit
18	Walla Walla	18	Douglas
19	Garfield	19	Lincoln
20	Adams	20	Clallam
21	Jefferson	21	Clark
22	Klickitat	22	Asotin
23	Lewis	23	Klickitat
24	Clallam	<b>24</b>	<b>Wahkiakum</b>
25	Spokane	25	Pierce
26	Pierce	26	Franklin
27	Grant	27	Pend Oreille
28	Lincoln	28	Skamania
29	Stevens	29	Mason
30	Pend Oreille	30	Lewis
31	Yakima	31	Grant
32	Pacific	32	Stevens
33	Cowlitz	33	Okanogan
34	Asotin	34	Pacific
35	Mason	35	Cowlitz
36	Grays Harbor	36	Adams
37	Okanogan	37	Ferry
<b>38</b>	<b>Wahkiakum</b>	38	Yakima
39	Ferry	39	Grays Harbor

## E. Influences on Health



County Health Rankings model ©2012 UWPHI

## **F. Authority: RCW 70.05**

### **1. RCW 70.05.060: Powers and duties of local board of health.**

Each local board of health shall have supervision over all matters pertaining to the preservation of the life and health of the people within its jurisdiction and shall:

- (1) Enforce through the local health officer or the administrative officer appointed under RCW 70.05.040, if any, the public health statutes of the state and rules promulgated by the state board of health and the secretary of health;
- (2) Supervise the maintenance of all health and sanitary measures for the protection of the public health within its jurisdiction;
- (3) Enact such local rules and regulations as are necessary in order to preserve, promote and improve the public health and provide for the enforcement thereof;
- (4) Provide for the control and prevention of any dangerous, contagious or infectious disease within the jurisdiction of the local health department;
- (5) Provide for the prevention, control and abatement of nuisances detrimental to the public health;
- (6) Make such reports to the state board of health through the local health officer or the administrative officer as the state board of health may require; and
- (7) Establish fee schedules for issuing or renewing licenses or permits or for such other services as are authorized by the law and the rules of the state board of health: PROVIDED, That such fees for services shall not exceed the actual cost of providing any such services.

### **2. RCW 70.05.045: Administrative officer — Responsibilities.**

The administrative officer shall act as executive secretary and administrative officer for the local board of health, and shall be responsible for administering the operations of the board including such other administrative duties required by the local health board, except for duties assigned to the health officer as enumerated in RCW 70.05.070 and other applicable state law.

### **3. RCW 70.05.070: Local health officer — Powers and duties.**

The position of Health Officer is mandated by RCW 70.24.024. The Health Officer is the lead role in assessing public health needs of the community and assuring efforts are taken to meet those needs. The local health officer, acting under the direction of the local board of health or under direction of the administrative officer appointed under RCW 70.05.040 or 70.05.035, if any, shall:

- (1) Enforce the public health statutes of the state, rules of the state board of health and the secretary of health, and all local health rules, regulations and ordinances within his or her jurisdiction including imposition of penalties authorized under RCW 70.119A.030 and 70.118.130, the confidentiality provisions in RCW 70.24.105 and rules adopted to implement those provisions, and filing of actions authorized by RCW 43.70.190;
- (2) Take such action as is necessary to maintain health and sanitation supervision over the territory within his or her jurisdiction;
- (3) Control and prevent the spread of any dangerous, contagious or infectious diseases that may occur within his or her jurisdiction;
- (4) Inform the public as to the causes, nature, and prevention of disease and disability and the preservation, promotion and improvement of health within his or her jurisdiction;
- (5) Prevent, control or abate nuisances which are detrimental to the public health;
- (6) Attend all conferences called by the secretary of health or his or her authorized representative;
- (7) Collect such fees as are established by the state board of health or the local board of health for the issuance or renewal of licenses or permits or such other fees as may be authorized by law or by the rules of the state board of health;
- (8) Inspect, as necessary, expansion or modification of existing public water systems, and the construction of new public water systems, to assure that the expansion, modification, or construction conforms to system design and plans;
- (9) Take such measures as he or she deems necessary in order to promote the public health, to participate in the establishment of health educational or training activities, and to authorize the attendance of employees of the local health department or individuals engaged in community health programs related to or part of the programs of the local health department.