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CLARK COUNTY
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Environmental Public Health Management Review

**Clark County Auditor's Office
Audit Services**

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EXECUTIVE SUMMARY

In 2004 and 2005, shortly after the Health District became the County's Health Department, the Department -- and the Environmental Public Health division -- came under new management. Due to the nature and extent of the changes in organization, the department Director requested Audit Services review the management and organization of Environment Public Health programs to determine efficiencies and other changes that might benefit the delivery of program services. These programs provide services related to permitting and inspection of food establishments, solid waste facilities, onsite sewage systems, and drinking and recreational water.

Results in Brief

During our review of Environmental Public Health we were unable to determine if program goals and objectives were being met, or if resources were being used efficiently. We found several areas where improvements would allow management to make these determinations. We recommended the department:

- Establish measurable program goals and objectives;
- Set expectations for timeliness of service delivery by program area and monitor to ensure compliance;
- Improve workload data by identifying key program activities; and
- Improve program cost data.

We found areas where enhancements/efficiencies could be obtained. In most cases, these have already been addressed in some way by management. The following are some of the areas identified.

- Imaging records to facilitate research and access from a variety of locations.
- Evaluating staff assignments in remote locations.
- Providing technical assistance to the front counter throughout the day.

We did not find any redundancy in program activities within the county, but we did find complementary activities and interactions with several programs. The interactions included monitoring the Solid Waste contracts; assisting with water source testing and monitoring; providing evaluations needed for building permit; and jointly presenting environmental educational information to Advisory Groups and the public.

During our review the department developed an overall management plan, or strategy, for public health programs, including those in Environmental Public Health. This, new management, and the integration into the County, has resulted in many significant changes.

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INTRODUCTION

The Public Health Department and the Environmental Public Health Division have undergone significant changes over the past four years – beginning in 2003 when the organization came into the County as the Health Department, acquiring a new department director in 2004 and a new division director in 2005; new management software was implemented in June of 2005, and relocation into the new Center for Community Health building in January 2006.

As a result of the nature and extent of these organizational changes, the department director requested that Audit Services review the management of the Environment Public Health programs to determine efficiencies and other changes that might benefit the delivery of program services by this division. For a complete description of the objectives, scope, and methodology for this review, see appendix A to this report.

Public Health's comments have been included following each recommendation within the body of this report to facilitate the readers' understanding of the activities and actions that management has already taken, or plans to take related to each recommendation. In addition, the department provided written comments on the overall work which can be found in appendix F.

ENVIRONMENTAL PUBLIC HEALTH

Environment Public Health (Health) division programs provide services related to permitting and inspection of food establishments, solid waste facilities, sewage systems, and water¹. While there is a "regulatory" aspect to these services, the intent behind the permit is protecting the public's health. Currently management is adding an educational component to the focus of all public health programs communicating the why behind these protections.

Health programs follow guidance provided by the Board of Health (BOH) and related RCW's, WAC's, and any local ordinances related to the service areas. There is limited coordination between these program areas and other areas of Public Health, with the exception of investigations of foodborne illness². There is coordination and sharing between several

¹ See appendices B through E for detailed facts about each program area.

² Any or all Health staff may participate in outbreak investigations; for example in assessing the clean-up needed of environmental aspects of an outbreak. Food Safety program staff in particular

other departments and Health, including Public Work's Solid Waste and Clean Water programs, the Endangered Species Act programs, and Community Development.

Goals and Objectives

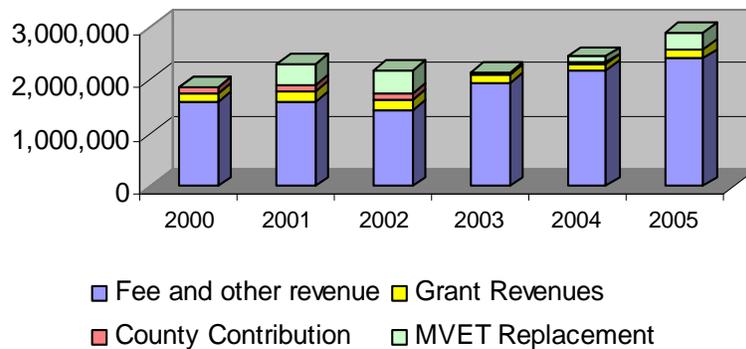
The Department and Division Directors have stated their goals for these programs to include:

- Protecting public health through ensuring safe food, water, and air through regulatory oversight;
- Providing efficient permitting services;
- Promoting the understanding and citizen education of the public health component of regulations being enforced;
- Helping to solve citizen problems;
- Having better management of processes and staffing;
- Developing staff skills as necessary; and
- Maximizing use of the Envision software.

Program Funding and Expenditures

Health programs are mainly fee funded, with grant funding for specific activities such as drug lab investigations and solid waste complaint investigations. In addition to this funding, Health may also receive allocations of funds from the county's general fund.

Environmental Public Health Revenue



Total program revenues reached a high of over \$3 million in 2005. Fee revenue represents an average of 81 percent of the total received over the past six years; fee revenue was 90 percent of total revenues in 2004 and

investigate foodborne illness due to their expertise in food hygiene issues -- helpful during these investigations.

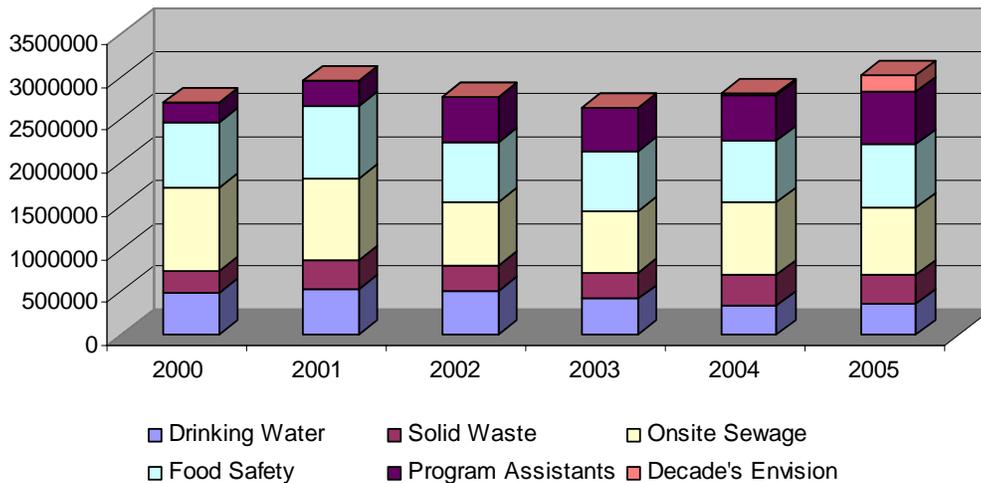
83 percent in 2005. Fees were raised in four of the previous six years, most recently for the 2005-2006 budget periods.

Revenue from grants comes in through the Washington State Department of Ecology (DOE), the federal Environmental Protection Agency (EPA) and from another DOE grant – the Site Hazardous Assessment (SHA) -- for drug lab cleanup. Revenues from grants averaged seven percent over the previous six years; however, grant revenues have decreased in the past three years from a high of ten percent of total revenues in 2002 to six percent in 2005.

Funds contributed by the county averaged about three percent over the past six years. In the most recent years (2003, 2004, and 2005), the county contribution was only one percent. Motor vehicle excise tax (MVET) replacement funds represent about nine percent of total revenues over the previous six years – they were ten percent of total revenues in 2005.

Total expenditures averaged slightly over \$2.8 million during the previous six years. In 2005, expenditures reached a high of just over \$3 million, at \$3,009,605, which includes the expenditures for the implementation of Decade's Envision software, the new management information system.

Environmental Public Health Expenditures by Program



Program Activity

There are four distinct program areas divided into Consumer Resources -- for the Food Safety and Solid Waste programs -- and Resource Protection -- for the Water Resources and Onsite Sewage programs.

Food Safety: The focus of the Food Safety Program is the prevention of foodborne illness. Routine inspections are carried out in food service establishments, groceries, lounges, bakeries, temporary food events, schools, and institutions. Regulatory compliance, education, and consultation are focal points of the program. Program activities include routine facility inspections, review of plans for new or remodeled food establishments, inspections related to complaints, and foodborne illness investigations. More than 3,000 inspections are conducted and over 12,000 food handler education certificates (cards) are given out each year.

Solid Waste: Approval, permitting, inspections, and oversight of solid and hazardous waste activities are the focus of this program. Staff assures that solid waste, including hazardous waste, is stored, collected and disposed of properly to minimize contamination of ground and surface water. Site inspections are conducted routinely at active and closed landfills, transfer stations, and composting facilities. Staff responds to requests from the public regarding nuisances and illegal dumping. Known sites of hazardous waste disposal are monitored and illegal drug labs are investigated in conjunction with local law enforcement personnel.

Onsite Sewage: Since almost all of SW Washington's water supply comes from the groundwater, the Onsite Sewage Program focuses on protecting groundwater and preventing illness via proper treatment of domestic sewage. The department evaluates and permits all onsite sewage system processes, from soil and site evaluation to design review to installation, and makes final approval inspections for an average of over 3,000 reviews/inspections per year. In addition, the department tests and certifies septic pumpers, inspectors, and installers. Out of over 45,000 onsite sewage systems on record, an average of only 90 sewage system failures are reported and repaired annually, rapidly making proper maintenance and operation of septic systems a central theme for the program.

Water Resources: The focus of this program area is to help assure citizens of Clark County that they have access to safe drinking, bathing, and recreational water. Health works in partnership with the State Departments of Health and Ecology to regulate and provide guidance to individual well owners, small public water systems, and large municipal water systems. Annually, program staff review the adequacy of over 300 individual water systems and test outdoor recreational water at Vancouver and Kline Line Lakes and inspect over 300 "public" pools and spas every year.

More detailed information on the Food Safety, Solid Waste, Onsite Sewage, and Drinking and Recreational Water programs that make up the Health division can be found in appendices B through E.

There is limited coordination between the program areas and other areas of the Public Health department, with the exception of investigations of foodborne and zoonotic illness, communicable disease outbreak containment, and provision of Environmental Health Specialists on-call coverage after hours and on weekends. All specialists assist with these duties.

Program Staffing

Health programs are staffed with Environmental Health Specialists, who perform inspections and plan reviews, and Environmental Health Assistants, who collect fees and process paperwork for each permit. Staffing for each program includes an allocation of department and division management (Health Support) as well as the program manager (supervisor).

Environmental Public Health Budgeted FTE for 2005-2006 by program

2005-2006	Food	Solid Waste	Onsite	Water	Total
Health Support	0.30	0.23	0.30	0.23	1.06
Manager/Supervisor	0.38	0.57	0.67	0.29	1.91
Health Specialist	5.40	2.68	5.83	2.61	16.52
Health Assistant	2.70	0.90	4.15	1.25	9.00
Vacancies	1.05	0.15	0.15	0.15	1.50
Totals	9.83	4.53	11.10	4.53	29.99

Note: Budgeted FTE were obtained from original budget documents and do not reflect supplemental changes that may have increased or decreased FTE during the calendar year.

Environmental Health Specialists

Environmental Health Specialists (Specialists) review plans for food facilities, homes, businesses, and proposed land developments. They perform various types of inspections or surveys to ensure compliance with permitting restrictions or stipulations. For example, some Specialists provide inspections of eating establishments to ensure state laws are being followed, while others examine soil conditions to determine if an onsite sewage system can be used at a given location.

Specialist staff review building and remodeling plans to ensure that health related issues have been addressed. In reviewing plans for an eating establishment, either new or being remodeled, Specialists take into consideration placement of bathrooms, sinks, and drains, and then inspect the facility before opening and again after 30 days to ensure compliance with state laws. In another example, new dwellings not on public water or sewer need to have both water and onsite addressed, reviewed, and inspected before a certificate of occupancy, prepared by DCD, is normally issued.

Specialists also provide technical assistance, answer questions, resolve complaints, and perform various surveys of water or onsite sewage systems. In most cases these activities involve both “field visits” (inspections, surveys, and investigations) and “office work” (research, review, data input, and client consultations).

Environmental Health Assistants

Environmental Health Assistants are responsible for initial customer contacts. They answer telephones, provide information both orally and using available handouts, help clients complete applications for permits, initiate data entry for each service request, determine which permit fee to apply and collect cash payments, perform research on property locations and history, create the hard copy file for record keeping, develop letters for mailing inspection results, and have other duties related to processing permits. Currently Health Assistants are under a Program Manager and the focus of the group is on customer service – to be the bridge between the client and the technical Health Specialist.

Health Assistants are required to do a great deal of research related to previous activities on land parcels as part of the process toward issuance of a Health permit. Traditionally this has included manually pulling a paper file, if permits were issued previously, and by use of technology, such as Envision, Tidemark, or map programs, to find relevant data. Recently pre-1988 records have been put into Acorde, a digital imaging system, which staff reports as being very helpful.

Management Software

There were few if any workload reports on activity available from the previous management software – the Client Encounter System (CES). The previous system captured financial data and did not collect true workload data. For example, CES captured the number of times fees were paid; some fees are for multiple inspections, thus this is not the most reliable way to capture the workload of inspections.

Under CES, managers reviewed quarterly financial reports as their only source of management information. Today, both financial and workload information is being recorded in the new Envision system, which replaced the CES in June 2005. In addition to recording the financial and workload information separately, Envision contains a module that allows the division to capture time elements related to workload. The Daily Time and Activity module can be used to record time spent on specific tasks (workload activity), such as an individual service request for a well inspection. This information can be tracked separately and reports produced for manager review. Managers have been able to obtain custom-designed reports for program activities/workload since August 2006.

REVIEW RESULTS

During our review of Environmental Public Health (Health), we were unable to determine if program goals and objectives were being met, or if resources were being used efficiently. We found several areas where improvements would subsequently allow management to make these determinations. We found:

- A lack of goals or performance indicators against which to measure program outcomes;
- Two service programs with inadequate tracking systems that cannot ensure equitable and timely response; and
- Incomplete and/or inaccurate workload data (time per activity), resulting in inadequate data for decision making.

We found areas where enhancements/efficiencies could be obtained. In most cases, these have already been addressed in some way by management. The following are some of the areas identified.

- Imaging records to facilitate research and access from a variety of locations.
- Evaluating staff assignments in remote locations.
- Providing technical assistance to the front counter throughout the day.
- Evaluating program assistant roles once adequate data is available.
- Updating the web site with consideration to making permit applications, instructional materials, and links more available to the public.

We did not find any redundancy between Health programs and other county programs, but we did find complementary activities and interactions with several programs. The interactions included monitoring the Solid Waste contracts, assisting with water source testing and monitoring, and jointly presenting environmental educational information to Advisory Groups and the public.

Operations Can be Improved

Defined, measurable goals and objectives guide an organization in developing efficient processes and procedures and reduce the organization's risk of untoward events such as lost service requests, delayed inspections or plan reviews, or inconsistent application of regulations. Management needs to monitor and track activities and service requests routinely as one part of the process to ensure more reliable and accurate data. In addition, to further improve data,

management needs to focus on, and develop, specific functions or activities that will be tracked and monitored.

Establish Measurable Program Goals and Objectives

Health program goals and objectives are broadly stated and do not address specific characteristics of service delivery. One goal, for example, is to provide efficient permitting services. However, without a clear understanding of what “efficient permitting services” means -- in terms of quality, quantity, or timeliness -- this goal is difficult to measure. And, without adequate data to support goal achievement it is difficult to determine the extent to which program goals and objectives are being met. Determining whether resources are being used efficiently is equally difficult.

The current management group “inherited” a culture that did not emphasize goal setting or managing by using performance indicators³ or other workload data. For example, using the previous software, managers used financial data to back-into the number of inspections performed. We found current management working toward improving data collected and focusing on developing measures of performance. They have begun drafting policies and procedures – including updates defining activities and services to be provided -- that would bring better structure to managing program activities.

Program goals from the strategic plan are, as expected, set at a very high level. In order to achieve those goals, more specific objectives, or performance indicators, should be developed that will provide management with tools to measure performance. For example, clearly enunciated objectives to achieve prompt response times, and to charge equitable fees, will encourage developing a data collection system that can provide both sets of information in a manner that is the most efficient for management to monitor.

We recommend that management

- Review program activities and develop performance indicators that can be measured with data collected through Envision, or in some other manual form.
 - Collect data and develop reports that are reviewed routinely and periodically and reported within the organization (up and down) to communicate results.

³ This is based upon our review of budget documents over a six year period of time, from 2000 to 2005.

- Revisit indicators periodically (annually for example) to determine if they are still relevant, and if not, adjust by developing new measures as needed.
- Ensure that policies and procedures are updated and reflect departmental goals and objectives.

Public Health Comment: *Per the Audit report, measurable program goals and objectives were sorely lacking at the time the audit was initiated and public health management saw this as a top priority for change. During the past year, however, overall objectives were identified through a review of each program's core regulatory functions and public health education processes, the State's Public Health Improvement Standards for Environmental Health, and the department's newly adopted Strategic Plan. Each program is in the process of defining clear program objectives and measures. We anticipate this work being completed by April 2007.*

As Envision had not been fully configured to give us the management data we need to ensure we are reaching objectives, IT staff were tasked with and did complete a re-design of Envision codes and processes. That work was completed in December 2006 and as of January 2007 we have been able to obtain the data we need to manage performance.

In addition, each Environmental Public Health Manager has been given a target date of April 2007 to complete the development of written policies and procedures defining process flow and measurable standards. Achievement of these standards will be measured through data collected on (1) number and type of program activities, timelines and outcomes, (2) number and type of staff activities, timelines and outcomes, and (3) quality assurance in terms of inter-staff consistency, frequency and type of regulatory violations, frequency and type of complaints, etc.

Monitor and Track Service Requests

The new management information system, Envision, includes the ability to track activities in terms of fee receipt, request assignment, activity dates through to completion, and related notes. However the manner in which this technology is used in two program areas, Water and Onsite Sewage, does not encourage timely and equitable service delivery, and does not enable managers to monitor the efficiency or timeliness of the services provided. Because service requests for these programs are self-assigned – staff selects requests from those submitted – they are often initially logged into Envision as “unassigned”, waiting for selection by a Health Specialist to process the request.

In practice, the hard copy files are placed in a central location for Health Specialists to “self-assign” often based on where the Specialist plans to travel on a given day. Once a file has been selected, the expectation is that the Specialist will enter that information into Envision within a reasonable timeframe. This, however, may not be done until the request has been completed, or in some cases not at all.

During the course of this review, there were no reports available to track these requests, and we found no way to readily determine where unassigned files – or the work -- were in the process without talking to each inspector until we found who had the file. The auditor did not perform this work.

Envision’s reporting capabilities would allow management a better tracking tool to help manage the flow of work and track requests through to completion. For example, the Food program is able to use a task list for all assigned clients with due dates for inspections. Their Envision reports allow managers to review for completed and outstanding work. Requests in Water and Onsite Sewage are generally not repeated, unlike the annual inspections for restaurants and schools, some of which may be inspected three times each year. Reports could be developed that would meet the tracking needs for these two programs.

Monitoring helps ensure that service requests are being addressed in a timely and professional manner and are being handled in line with managements’ expectations as set out in policies and procedures. Tracking also allows the physical file to be more readily found.

We recommend that management

- Set expectations for timeliness of service delivery by program area and monitor to ensure compliance.
- Set specific goals related to data entry by staff, to result in consistency and timeliness of data entered into Envision.
- Make better use of Envision’s capabilities for tracking and monitoring the progress of work.
 - Determine manager and staff information needs and develop reports that will meet those needs. This includes developing reports that allow management to ensure that work is accomplished in a timely manner. Reports that help track the timeliness of inspections, for example, could provide managers with the lead time needed to prevent negative interactions with clients/citizens.
 - Monitor the paper flow of service requests as well as the electronic information on service requests to ensure that “unassigned” work is “assigned” and completed in a timely manner.

- Through monitoring and resolution of data inconsistencies, determine what backlog exists and prioritize work to complete any incomplete requests, if any exist, that are considered “backlogged”.

Public Health Comment: *The recommendation to set expectations of timeliness of service delivery is being incorporated in the written policies and procedures required for all programs, as stated above.*

The recommendation to set specific goals for data entry by staff has been addressed through the requirement that staff enter all activities into Envision no less than weekly, accounting for 100% of their time and activities. Compliance with this expectation is now being monitored through management reports. Changes already made to Envision activity codes and an intensive re-training of staff should minimize staff confusion and error and maximize our ability to obtain useable data from the system. These changes are being monitored by management for full implementation.

Although our ability to monitor the timeliness of follow through was seriously impaired by problems with both Envision and staff data input training, the instances where service requests were actually dropped altogether are rare. As each “unassigned” file has been tracked down and reviewed, we are finding that they have in fact been followed up on and closed or are pending customer action. However, to mitigate the uncertainty created by having a case “unassigned”, Envision no longer gives the option of a service request being left “unassigned”. In addition, managers now receive not only summary reports of program activity and outcomes, but electronic copies of individual staff’s “to do lists” that reflect pending service requests. These changes to the software system and its utilization will result in greatly improved data and accountability.

Improve Workload Data

Data on actual workload – the time it takes to perform given activities – can be collected through a separate module within Envision – the Daily Time and Activity module. This module was set up and has been in use, but few reports were available during the course of this review. That situation is changing.

During our review, we found workload data produced by Envision to be incomplete and/or inaccurate, and it did not provide adequate information for decision making. Available data – both from Envision and from the previous information system, CES, the Client Encounter System – is based on the number of permit fees paid, and therefore does not present an accurate picture of the amount of work performed, in all cases. For

example, the number of inspections that are performed may differ from the number of fees collected, such as a single permit fee for a restaurant that is inspected three times annually.

Tracking for some activities, such as restaurant inspections, is more accurate. As noted above, a specific work list is generated based on the number and type of restaurant permits issued, and triggered by the date of permit issuance. Each inspection is also recorded in the system. This provides a more reliable picture of workload activity.

Water and Onsite Sewage service requests are not recurring, as they frequently are for restaurants, but rather are based on less predictable individual citizen need. Thus it is more challenging to create a worklist and be able to follow it efficiently.

However, even if reports were generated, they currently would not have usable data. We noted that some staff entered information on their workload and activities, others did not. For example, we reviewed a report⁴ on staff activities, and found that over a nine month period, some staff had entered information on activities on a daily basis, showing 1900 hours of activity for the period, while others did not. One staff recorded about 150 hours during this same period and another only 15 hours. This is a clear indication that the system is not being used by all staff or management, and the inconsistent use serves to skew the data across the board.

We recommend that management:

- Review and identify key program activities and ensure that these are coded into Envision's Daily Time and Activity module so adequate reports can be produced to report on these key activities.
- Provide for consistent data input by establishing expectations for staff and setting data standards for input consistency and timeliness. Ensure that these expectations and standards are fully communicated to applicable staff and managers.
- Develop and review reports on activities routinely and periodically to ensure that staff are meeting the expectations set.
- Continue using a quality control step for data input to help assure consistency and reliability.
- Complete documentation of the data dictionary and coding cross-walk between the old CES system codes and those codes used in Envision to document the transition between systems and for future use in performing analysis.

⁴ We reviewed a report on staff activity, based on data entered in the Daily Time and Activity module from system implementation (June 2005) to March 23, 2006, which covers the two Water program staff and six of the Onsite program staff. It does not cover the program manager or the half time Onsite staff person.

Public Health Comment: *Per the Auditor's recommendation and through the processes described in earlier comments, Envision's data coding has been improved and reports have been developed that allow tracking of follow-through on service requests and routine inspections for all programs, including on-site and water. These management reports go to Program Managers and to the Public Health Services Manager and metrics will be routinely reviewed by the Leadership Team as a whole.*

To further improve workload data, entry by staff is now being monitored weekly; codes have been revised to better capture workload data (field visits, in-office plan review, travel time, etc.); and staff have received group training, individual hands-on training, and are registering for formal computer skills training as needed.

The data dictionary and "crosswalk" from old data systems to new is in process.

Improve Program Cost Data

There is inadequate detailed program data for development of cost-recovery fees. Expenditures are recorded by program; however, the activities supporting these expenses (time records) are not recorded in sufficient detail to support the allocation of costs.

While most activities are funded by fees, there are some critical tasks performed by the Division that are not fee funded. One example is the Division's response to various complaints, such as those related to stacked garbage or seeping sewage that may pose a health hazard. Fees are also not charged for conducting educational meetings for county citizens because providing information is an important role for the Division to have in the community. The cost and effort to support these programs should be excluded from the fee setting process.

We recommend that management:

- Evaluate the department and program objectives and align program activity accordingly.
- Coordinate the recording of program activities with the types of workload that are recorded, as appropriate. Costs for Pools/Spas within the Water program would be an example.

An analysis of fee setting criteria, with the resulting impacts that would have on the Department's need for general funding, would provide better information to seek guidance from the Board of Health.

Public Health Comment: *Public health has been working with Mark Gassaway in the Auditor's Office to develop a system for fee setting, and in that process discussing "public good" activities (general fund support), such as public education, consultation, and complaint and illness investigations. Some of these "public good" activities are grant funded (such as Solid Waste complaint investigations), others are not. Public Health intends to take a proposed updated fee schedule to the Board of Health this summer at which time the Board will be able to confirm policy around general fund support for environmental public health programs.*

To support fee development at an activity level, we have developed a report in Envision that directly ties staff activities to salary and benefit costs.

Other Efficiencies and Items for Consideration

Other efficiencies can be obtained to enhance Health program operations, through

- Imaging hard copy records;
- Evaluating staff assignments;
- Providing technical assistance throughout the day;
- Providing training to staff related to the technical aspects of the permitting process, as well as for computer applications such as Word or Excel;
- Evaluating the program assistant role;
- Investigating other electronic solutions for other uses for electronic tablets and the Onsite Sewage Operations and Maintenance program;
- Updating the web site and other informational materials; and
- Surveying customers.

These types of actions should result in greater efficiencies in program operations and should help focus the program on its goals and objectives.

Imaging Health Records

Health staff are required to do research into previous activities on land parcels as part of the permit process in the Water, Onsite Sewage, and Food programs. Traditionally this meant manually pulling a hard copy file and printing information to be included in the file from other sources such as Envision, Tidemark, the Geographic Information System, or other map programs.

Recently pre-1988 records were put into Acorde, an archival data base of scanned documents, which staff reports as being very helpful. Having all Health records put into an electronic format would facilitate research by both Health Assistants and Health Specialists. In addition, electronic formats allow greater capacity for sharing information between departments or locations.

Management should consider imaging remaining property records to facilitate research by staff and make the records researchable by others. For example, staff from the Department of Community Development might be trained to research data necessary for building permits⁵. Management has already put together a budget decision package, which has been approved, requesting authority to put imaging in place. **We commend** them for their proactive approach to improving their operations and making records more readily available.

Public Health Response: *Imaging of files on a permanent retention schedule (the majority of our files other than food establishment and pool/spa inspections) has been funded by Clark County Auditor's Office O&M fund, and an RFP issued and the proposed contractor soon to be presented to the Board of Health pending completion of contract negotiations. The cost of hosting these on the County's IT system is being provided through reserves. The cost of ongoing scanning will be a demand on staff time that we hope, though are not certain, we will be able to accommodate with current Health Assistant staffing through increased efficiencies in other areas of their work.*

Evaluate Staff Assignments in Remote Location

The department has been sending one Health Assistant staff to work in the Public Service Center's (PSC) Building Permit Customer Service Center, with the initial expectation that they would be able to accept permit applications. This location has been staffed on a daily basis, except in cases of staff illnesses or other outages, for about one year. Indications are that they are not reaching the large audience originally envisioned. In addition, the largest part of the workload for these staff is research, not permit applications as anticipated.

Customer demand for services in this location appears to be quite small. For example, Health Assistant staff serve, on average, three or four clients each day. This compares with Community Development Permit staff each serving about 18 clients a day. In addition, Health Assistant staff often call their own offices to obtain information from Health files in order to

⁵ Building permits may require the date an Onsite Sewage permit was granted, for example.

answer questions or to supply information, thereby tying up two staff for one client.

As these files and records are imaged⁶, information on septic and water wells will be easier to obtain and can be more readily shared with other departments. Technology improvements may provide other options to better answer questions about wells and septic for building permits. For example, staff in Community Development's permitting center could receive training in how to access the imaged information so they can answer questions that might arise during application for building permits, such as whether an Onsite Sewage permit has been granted.

There are several options that management might consider.

- Discontinue staffing the Public Service Center pending further evaluation.
- Transfer this staff resource to the new Battle Ground office and evaluate the impact there.
- Maintain some level of service at all remote locations, but train Community Development staff to perform some of the research now routinely provided by Health Assistants.

We recommend that management:

- Evaluate and review the staffing arrangement for the downtown location in line with the original planning documents to determine why expectations for service demand have not been met.
- Make use of tools such as surveys, focus groups, or feedback cards to evaluate possible client workload, as part of management's consideration of other remote locations for service delivery.
- Evaluate other changes that could be made to improve the effectiveness and the efficiency of any operations proposed to be conducted remotely. These might include
 - actively monitoring and tracking activity at any location in line with goals and objectives for service delivery;
 - updating brochures, fact sheets, and application packages, displayed visibly, as an alert to clients that this information is available at the location;
 - posting hours when staff can be available, or arranging for appointments;
 - training other department staff to use research tools as they become available (imaged records, read only or inquiry access to Envision);

⁶ Audit Services suggested that all records considered "permanent" should be imaged to both preserve the data/records and to make them more accessible. Health undertook an imaging project for all pre-1988 records in the Acorde system – an archival data base of scanned documents used within the County.

- creating a “generic” cashier who can receipt for both Community Development and Health by using Point of Sale software to interface with Envision, as it will for Tidemark. A “generic” cashier should be able to take application fees for both departments, thereby taking advantage of internal control benefits associated with a centralized cashier.

Public Health Response: *After consultation with Community Development’s permit center staff, it became apparent that utilization of the Health Assistant at the PSC site was minimal and a poor use of resources given the cost. We have since discontinued that out-placement. Although a survey as to where customers would like services makes a great deal of sense, in reality the only available sites for one-stop permitting are the PSC and Battle Ground offices. We believe that the Battle Ground office location, and access to imaged files, will make that a more desirable site for one-stop permitting. We have thus decided to pilot this one-stop permitting site and have used reserve funding to hire a Project Position EHS-1 to staff that office. That person is currently being intensively trained and will be placed in Battle Ground by May 2007, after the imaging project is well underway so files are accessible. Our services there will be publicized and utilization monitored; if this is a success, we will need to add the FTE to the fee structure.*

If utilization is not high enough to occupy an EHS full-time five days a week, we will consider the Auditor’s options of (1) providing staffing at the site on a published but limited schedule, and (2) consulting with Community Development on the possibility of training their permit staff to provide some of the research and direction now provided at the Environmental Health counter by Assistants. We will also work with Community Development to share a “generic” cashier.

Finally, we are in full agreement that updated brochures and web based information needs to be made available to assist the public, including downloadable forms. While we do not currently have the staffing resources to develop these as fully as we’d like, Public Health’s strategic plan includes Web Site development, and we will benefit from that larger agency effort.

Have Technical Assistance Available

Health Assistants provide information to the general public when they come into the Health office to apply for environmental permits. However, the extent of the Assistant’s knowledge is not as great as that provided by the Specialists. For example, an Assistant may not remind a homeowner

of all the steps that should be taken before a Specialist/inspector arrives at the home to take a water sample and inspect the well. The inspector may arrive at the home and find the well lid removed, with dirt around the well head and weeds growing out and around the well casing. Taking a water sample from this area could well result in an abnormal reading because of contamination from the dirt and growth. In this situation, the inspector has to decide whether to take the sample, knowing it may well mean a return trip, or not take a sample and still have to return after the area is cleaned up (but saving the homeowner the cost of a contaminated water sample).

Normally Health Specialists are available in the office to answer questions from the public in the early morning and later in the day. During the lunch hour, however, they are generally out of the office, performing inspections in the field.

Management should consider providing technical assistance throughout the day. Having an "On-Duty Technician" could help cover busy times in the permitting center, as well as act as training for Health Assistant staff. In addition, it provides clients with better information to help make the inspection or plan review processes more efficient.

Public Health Response: *The need for expert knowledge at the front counter has indeed presented difficulties, as described by the Auditor. Currently we have chosen to address that problem by creating Specialist counter positions with a particular focus on the technical aspects of permitting, to staff the counter at the Center for Community Health and eventually the Battle Ground office.*

Provide Training

While most Health Assistants believe that they have adequate training related to customer service, they may benefit from additional training related to updates in program permitting, especially as it relates to the technical information provided to customers. In addition, many of the program staff are asked to work with programs like Microsoft Word and Excel, for which they have not received training. This latter type of training is periodically provided by Information Services at no cost to county staff.

Staff training needs should be evaluated and as time permits, staff could be sent to county provided training to update their computer skills. This would help to ensure that any changes in program activities or requirements have been adequately communicated to the staff with first customer contract, and that staff are properly trained in software programs that are pertinent to their assignments.

Public Health Response: *Many Assistants, and Specialists, have in fact requested and are now being referred for training in basic computer skills based on their own or their supervisor's assessment of need. In addition, all have been given additional training in Envision both in group and individualized sessions as needed.*

Evaluate Health Assistant Roles

During the course of our review we were unable to determine the level of activity for Health Assistants. At the time, Health Assistants had not been instructed to enter their activities in the Daily Time and Activity module of Envision, and no records of customers served or time spent on various activities existed.

Once this type of information is available, management can better evaluate the Health Assistant support role, to determine other efficiencies that might be obtained. For example, efficiencies might be gained by assigning specific Assistant staff to specific program areas as support to the technical staff; for example, assigning one Assistant to the Water program to help Specialist complete paperwork that is required to expedite their inspection workload. This may help decrease any backlog of inspections, as Assistant staff would better understand the entire flow of specific types of service requests, such as a water evaluation, or an onsite sewage application, and be better prepared to provide appropriate and timely assistance.

Public Health Response: *Assistants are now required to enter 100% of their time and activities in Envision, and have already been re-assigned from supervision by an Office Manager (and that position eliminated) to supervision by the Manager of the program in which they primarily work. In addition, processes for each program, from customer first contact to completion of a service request, are being defined and flow-charted both by our data analyst concerned with data flow, and from an organizational development perspective concerned with workload and efficiencies. Tasks that are clearly clerical and do not require expertise in Environmental Health permitting per se are being assigned to OAll's. When these processes are complete, we anticipate that some job duties will be re-assigned, that the Assistants will receive additional training on the new policies and procedures for each permitting process, accompanied by checklists for reviewing applications.*

Investigate Electronic Solutions

We learned that the electronic tablets being used by the Food program Health Specialists have helped to make their work more efficient, as they input data during their inspection visits and later synchronize the tablets to their computers in the office to upload data to Envision. While some problems remain regarding the handwriting recognition software and printing options, these electronic tablets have worked well. There may be additional use for these tablets for other program inspectors. Water, and possibly Onsite Sewage, inspectors may be able to use this technology to record their data in the field and bring it back to the office for efficient uploading to Envision.

The Operation and Maintenance (O&M)⁷, program for Onsite Sewage systems is currently handled manually – this involves sending hundreds of letters monthly to citizens to remind them to have maintenance performed on their septic tanks. There are now web-based electronic systems available that would decrease the amount of manual labor in producing and sending out letters to citizens. Management could consider a web-based system as an alternative to the manually intensive system that has been in place for the Onsite O&M program.

Public Health Response: *In line with the Auditor's recommendation, tablets have already been ordered for field staff in all program areas, though some staff will need extensive computer training to become comfortable with and efficient in using these tools.*

With the development of a new on-site maintenance program required by a new WAC and undergoing final approval with the Board of Health, we intend to require septic system owners to have maintenance contracts which will eventually eliminate the need for manually mailing out thousands of O&M reminders each month. In addition, this plan will require certified inspectors and pumpers to file their reports via a web-based system called E-Onsite, which will provide us with invaluable tracking data on the O&M program and on the status of septic system functioning county-wide.

Update the Web Site and Other Informational Materials

During the course of this review we saw many changes to the Health web site. Initially we noted that few forms were available on the site, and some pertinent information, like hours of operation, were not available there. We noted several changes, including the addition of operating hours and location, to the web site since this review was initiated. We continue to

⁷ Need to make sure this is described in the background section.

encourage management to make better use of the web, and consider making permit applications, instructional materials, and more links available to the public. Management might consider taking applications over the web, and as part of that consideration evaluate the impact that would have on the organization (who does what) and what controls would need to be in place.

Public Health Response: *We have been working with IT, both in Environmental Public Health and in the agency as a whole, to improve our Web site, which we agree is sorely lacking in terms of quality of information provided to the public. In terms of public use of the Web to fill out applications, we do plan to put the application forms on line so the applicant can download them. However, given the number of questions each application tends to prompt at the counter, and often the research needed to answer those questions, it would be a challenge to make the process fully automated, as would finding a way to take the payments that typically accompany applications.*

Customer Surveys

One method to determine customer perception of services offered is to provide customer feedback cards or to perform a customer survey. This action should result in indications of what, if any, improvements could be made to customer service provided from the front counter or for inspection related activities. Feedback can be evaluated on a routine basis.

In addition to customer surveys on services provided, surveys can be performed to determine location of services to be provided. Prior to staffing remote or satellite locations, it may be helpful to survey current customers – developers and builders, pumpers and installers – who routinely apply for environmental health permits, to determine where they would go to obtain these services.

Public Health Response: *We began to administer customer surveys in late 2006, beginning with satisfaction surveys we hand out to anyone coming in to take food handler training or tests. The recommendation to expand this process to other programs is an excellent one, and we will include this methodology in our program evaluation processes.*

Health Programs Complement Others

In our limited review of areas of possible connectivity with other county programs, we found no redundancies but many complementary areas of

overlap. We discussed program activity with a variety of program managers and Directors within the County, including Public Works' Solid Waste and Water Quality/Clean Water Programs, Community Development's permitting center, and the Endangered Species Act programs. We found enthusiasm for the possibilities of more coordinated actions between the program areas.

The following information points out the complementary nature of the various programs and how further interactions could result in

- better controls, in the case of the Solid Waste Transfer facility contract;
- transfer of knowledge, in cases where expertise is shared to complete testing or when information is shared with the public to educate them about the environment; or
- shared data, which could provide valuable planning information.

Some of these activities are quick and can occur spontaneously. Some include functions that are more time-consuming, such as sitting on boards, planning and conducting public meetings, generating informational materials, and/or making presentations. Most have some level of expense associated with them, such as the cost to present information to the general public which might include rental of a location or provision of handouts.

Public Works' Solid Waste Program

The Solid Waste Program (SWP) is responsible for contracting with transfer station facilities to accommodate the needs of county citizen's for waste management services. There is an opportunity to "share" ordinances with the Health Department to ensure that problems observed by both programs are appropriately dealt with. Health's Solid Waste program has responsibility for monitoring the transfer station activities for compliance with state and local laws, while SWP's program monitors the contract, allowing them to achieve a separation of duties over this contracting area. There is no duplication of activities between these two departments; there is a great deal of coordination between the two programs.

Public Works' Water Quality/Clean Water Program

The Clean Water Program has provided assistance to Health Specialists in testing county lakes and rivers. They jointly provide water and solid waste-related education to various segments of the county population. There are opportunities to expand upon Clean Water mapping activities, which have been focused on storm water drains. There is room to expand

and add other features, such as onsite sewage systems for a more complete look at how the county's waterways are being impacted.

Community Development

There may be opportunities to expand services offered in single locations to like clientele by offering the permitting, research, and informational services of staff from Health or training other department staff. Health staff in the Customer Service Center has increased the knowledge of DCD Permit Specialists about services offered by Public Health. Community Development reports that the relationship has been beneficial, in that clients can discuss their Health issues there, rather than having to make a trip to the Health Department. However expectations for services to be requested and provided has not materialized; instead staff respond to questions, perform research, and only occasionally receipt money for permit applications.

Endangered Species Act Programs

Increased coordination could have a positive impact on county planning processes. For example, having a map overlay of county "fixtures" such as storm drains, wells, onsite systems, with other infrastructure such as roads, parks, waterways, and neighborhoods would provide citizens and county management with a unique look at the County and land-related issues, including that of the Endangered Species Act program, environmental water, or for the Camp Bonneville clean-up.

Public Health Response: *We agree that enhanced coordination with other programs is critical if we are to improve effectiveness of our services and share information with others. We currently have representation on the Solid Waste Advisory Council, Vancouver Lake Partnership, Mosquito Control District (which Public Health administers via contract), and Sustainability workgroup. We also have a collaborative arrangement with the Stormwater Program to assist with investigations of septic contamination, meet monthly with Community Development regarding issues of mutual concern, and work closely with Parks and Recreation regarding recreational water sites. As part of our strategic plan for 2007-2111, we plan to work with our own databases and the GIS department to map out septic systems county-wide, and to continue to focus on protecting air and water quality through monitoring of land-related issues such as groundwater contamination. We intend to engage in exploratory conversations with Public Works about the use of Clean Water funds for providing the foundation for a loan/grant program to assist homeowners with repairs or with connection to sewer, and with Community Services about administering such a program. Having recently developed Team Lead positions for our larger programs (food and septic), we hope to free*

Program Managers to build on these and other opportunities for collaborative action.

CLOSING COMMENTS

In their review of the draft report, Public Health directors reported general agreement with the findings and recommendations. Changes suggested for clarification of the text, or those of a technical nature, have been made throughout the report. Responses to individual recommendations have been included within the report. The Department's written response to the draft report has been included as appendix F.

We wish to thank the staff and management in the Environmental Public Health Division for their cooperation and assistance in the performance of this review.

APPENDIX A: Objectives, Scope, and Methodology

Shortly after the Health District came into the County as the Health Department (2003), the department and the Environmental Public Health division came under new management with a new department director (2004) and division director (2005). In addition, the division implemented new management software – Decade’s Envision – in June 2005. Subsequent to these changes, the entire staff moved into the new Center for Community Health (CCH).

As a result of the nature and extent of these organizational changes, the department director requested Audit Services review the management and organization of the Health division programs to determine efficiencies and other changes that might benefit the delivery of program services. These programs provide services related to permitting and inspection of food establishments, solid waste facilities, onsite sewage systems, and water wells.

Assignment Objectives

Assignment objectives were developed after performing preliminary, or survey, work to better understand the program areas under review, and after discussion with both department and division management.

- Determine the extent to which program goals and objectives are being met, and if not met, why.
- Determine if resources (staffing, funding, and technology) are being used efficiently.
- Determine if other changes to the current structure could produce more efficient operations and delivery of services to the citizens.
- Determine where interactions with other county programs could have connectivity to Health programs, and how that connectivity could be realized.

Scope and Methodology

This review covered the programs of Food Safety, Solid Waste, Onsite Sewage/Septic, and Drinking and Recreational Water Resources which encompass the Environmental Public Health Division. Extensive interviews and field observations were conducted in order to understand the extent of the field and office work required to comply with laws, rules, and regulations. A walk-through of activity by program area was performed to understand the flow of paperwork for the permitting process.

Financial, staffing, and workload data for the years 200 through 2005 were collected and analyzed. This effort uncovered various problems with the data currently available for management purposes.

- Incompatibility between coding in the former Client Encounter System (CES) and the new Envision system limited our ability to trend data over time. Management responded quickly by developing a crosswalk of coding that enabled the data to be compared between years with some measure of reliance.
- Data captured in the systems has been directly related to revenues collected. Each time fees were changed new codes were added to record them. Fee changes were made to account for normal increases and changes in the complexity, or method of calculation that was adopted for the given year. Fees were changed annually prior to the department joining the County. The result of this causes various inconsistencies that are difficult to account for in performing data analysis.
- Previous years' allocations of staffing to program activities were not necessarily based on work assignments, making staff to workload analysis less reliable.
- Data in some years included staffing for Skamania County, and in other years excluded those numbers; assignment of responsibilities differed between Clark and Skamania Counties as well.

Additionally, we research internet and other sources for best practices. We found most "best practices" related to the quality of technical services provided; they did not address program timeliness or efficiency.

This review was conducted in accordance with generally accepted government auditing standards. Work was performed between January and November 2006.

APPENDIX B: Food Safety Program

The focus of the Food Safety Program is the prevention of foodborne illness. Routine inspections are carried out in food service establishments, groceries, lounges, bakeries, temporary food events, schools, and institutions. Education and consultation are the focal points of the program, and, while consultations are on-going, education is ad hoc, with some formal sessions planned for owners/proprietors and their staff.

Program activities include routine facility inspections, reviews of plans for new or remodeled food establishments, inspections related to complaints, and food-borne illness investigations. More than 3,000 inspections are conducted and over 12,000 food handler education certificates (cards) are given out each year.

Criteria

Certain food handling requirements are mandated under WAC 246-215. Food worker cards (permits) are required under WAC 246-215-005. Title 24 of Clark County Code covers Public Health activities, and chapter 24.08 of that Title addresses eating establishments. It provides definitions, permits, inspection requirements, grading of establishments, reinstatement of permits, notification of disease, procedures when infection is suspected, enforcement, and penalties.

Contracts/Grants

Clark County has a contract with Skamania County and provides staffing of 2 FTE for food, water, solid waste and "on-site" activities. About .25 FTE performs food safety program activities in Skamania County.

Funding/BARS Coding

Funding is received from permit fees; it has averaged just over \$750,000 annually for the past four years (2002 through 2005) and covers both inspections and plan reviews. Fees were not developed to account for the costs of dealing with complaints or food borne illness investigations.

Fees were updated/recalculated annually until after the Department came into the county. Fees were established for a two year period for 2005/2006 and were updated on an annual basis prior to that time. Food establishment permit fees have been calculated based on the level of complexity (food types and preparation) and the amount of annual revenue.

Staffing and Workload

There has been an average of 5.5 FTE Specialist staff over the four year period from 2002 through 2005; one position has been vacant since 2002, and was filled in 2006. One Assistant staff handles the Food Handler testing and card issuance.

The following table presents the budgeted FTE for the food safety program, to include supervision and Health Assistant staff, but not the “health support” or management component (division and department management).

Food Safety Program FTE, 2002 through 2005

	2002	2003	2004	2005	2006
Health Support	0.90	0.315	0.315	0.30	0.30
Manager/Supervisor	0.60	0.54	0.54	0.38	0.38
Health Specialist	5.50	5.50	5.50	5.40	5.40
Health Assistant	2.50	4.70	4.70	2.70	2.70
Vacancies	0	0	0	1.05	1.05
Totals	9.50	11.055	11.055	9.83	9.83

Note: Budgeted FTE were obtained from original budget documents and do not reflect supplemental changes that may have increased or decreased FTE during the calendar year.

Workload is comprised mainly of restaurant inspections and food establishment plan reviews for new or remodeled businesses. Restaurants are categorized on the level of complexity of food preparation and storage, with level 1 establishments requiring one inspection per year, level 2, two inspections, level 3, three inspections as the most complex.

Coordination

There is coordination between the Food Safety Program and the Health Officer when a food borne illness is suspected or confirmed. Food inspector staff work in concert with the Communicable Disease Nurses with investigations for these instances. There is little other coordination required between Food Safety and other Health programs or other programs within Public Health or within the County.

Issues/Problems

- Tablets – need to ensure that writing recognition software and other aspects of the electronic tablets in use today are working properly.
- School inspections – there will be legislation laying out requirements for schools to be inspected and inspectors may need additional training for some aspects of that requirement.
- Funding for complaints and food borne illness investigations is currently lacking – covered by general fund support or MVET.

- Staff activities (inspections) exceed the FDA’s recommended standard of 1 FTE per 280-320 inspections. Using the average staffing of 5.5 for the four year period reviewed, we found that on average staff perform 600+ inspections annually – that is an 88 percent increase over the benchmark. The average number of plans reviewed annually by these same staff is 53 per FTE. While inspection staff have been able to keep up with their assigned inspections and reviews in most past years, that has changed, and recently (2005 in particular) it has become difficult to provide all inspections required by the County’s regulations. The recently filled Food Inspector position may help fill the gap.
- Foodborne illness investigations pull inspection staff away from their normal duties, causing some backlog of inspection and review activities. More coordination, or perhaps a designated staff person, is needed to lessen the impact of these investigations.

The following table summarizes the activity components of the Food Safety program area.

Program Components	Funding
Inspections of food establishments -- about 3,000 to 4,000 per year, or an average of 600 inspections per FTE. Average 6 FTE per year for previous four years	Permit fees averaging over \$750,000 annually in revenue for the entire Food Safety program.
Plan Reviews; on average of 53 plans reviewed annually Uses same inspection staffing	Fees, as above for inspections
Food Borne Illness (FBI) Investigations Uses same inspection staffing	No specific funding; general fund support as above.
Issuance of cards and testing are handled by the Health Assistant staff. Currently one person is assigned to work that area, open to the public five days each week.	Food Handler permit revenue averages over \$120,000 per year to issue an average of 12,385 cards. The \$10 fee is set by the State.

APPENDIX C: Solid Waste Program

Regulatory compliance oversight is the responsibility of the local public health jurisdiction in Washington State, as mandated by the legislature, the Revised Code of Washington (RCW 70.95.020), and the Washington Administrative Code (WAC 173-350). The goal of local solid waste enforcement is to assure all solid waste is stored, collected, and disposed properly so as to minimize ground and surface water pollution, vector harborage and nuisance odors and litter within the jurisdictional boundary of the department.

Approval and oversight of solid and hazardous waste activities are the focus of this program. Staff assures that solid waste, including hazardous waste is stored, collected and disposed of properly. Site inspections are conducted routinely at active and closed landfills, transfer stations, and other solid waste handling operations such as composting facilities.

Staff responds to requests from the public regarding nuisances and illegal dumping. Suspected sites of hazardous waste disposal are investigated and illegal drug labs are monitored for clean up in conjunction with local law enforcement personnel.

This program reports to the local Solid Waste Advisory Commission and the Department of Ecology in addition to the Environmental Public Health Division Director.

Criteria

RCW 70.95 and WAC 173-350 & 173-351; the local Solid Waste Ordinance is contained in Title 24, chapter 24.12. In addition, the department has a policy/procedure manual developed in 2003. While these criteria cover the larger issues related to landfills, transfer stations and the like, they do not cover the areas of site hazardous waste assessment, drug labs, or complaints.

Contracts/Grants

Some of the activities related to solid waste are funded through Department of Ecology grants. In addition, there are grants for Hazardous Waste, particularly for methamphetamine clean-up activities. Contracts with solid waste transfer stations and hauling companies are handled by Public Work's Solid Waste program.

Funding/BARS Coding

The department receives about \$340,000 per year from permits, grants, and contract agreements. Primary resources to conduct solid and hazardous waste activities come from the Department of Ecology's

Coordinated Prevention grant program, Toxics Cleanup Program, and permit fees. One grant has matching requirements that can be met through the permit fee collection. Another grant has no matching requirements. See table below.

Staffing

In 2006 there were 2.5 FTE in the Solid Waste program area, divided between solid waste enforcement permitting, solid waste enforcement complaints, site hazardous waste assessment, and illegal drug lab cleanup.

Solid Waste Program Budgeted FTE, 2000 through 2005

	2000	2001	2002	2003	2004	2005
Health Support			0.35	0.355	0.355	0.23
Manager/Supervisor		0.25	0.25	0.225	0.225	0.57
Health Specialist	2.40	2.40	2.75	2.845	2.845	2.68
Health Assistant	0.60	0.50	0.50	0.75	0.75	0.90
Vacancies	0	0.50	0.25	0	0	0.15
Totals	3.00	3.65	4.10	4.175	4.175	4.52

Note 1: Budgeted FTE were obtained from original budget documents and do not reflect supplemental changes that may have increased or decreased FTE during the calendar year.

Note 2: no Health Support was allocated to the programs (within the budget) for years 2000 or 2001.

Coordination

Coordination exists between several organizations and local, state and federal jurisdiction.

- Solid Waste Enforcement staff coordinate with City and County Public Work's Solid Waste program staff that have responsibility for the County Solid Waste Management Plan and contracts with the solid waste system operators. Public Works' program monitors these contracts while Health monitors compliance at the facilities based on regulatory requirements from RCW and WACs.
- City of Vancouver and the Public Works department administer an effective and efficient program for handling solid waste. Health investigates complaints regarding illegal dumping, improper storage, transportation and/or disposal of solid waste. The primary focus is on illegal dumping activities but also includes responding to complaints about hauler and vector attraction stemming from improper waste accumulation. Compliance schedules and enforcement notices are issued to both permitted and responsible parties of illegal dumps as necessary.
- Program staff attend Solid Waste Advisory Commission (SWAC) meetings and report updated information regarding program activities to SWAC. Staff schedules and/or attends public hearings, appeals,

and other meetings associated with solid waste handling enforcement activities.

- Health also coordinates with local, state, and federal agencies involved with solid and hazardous waste regulatory compliance. The department coordinates with the local City and County solid waste departments regarding programs on planning and public education. The department provides educational instruction and information to the public regarding solid waste handling compliance requirements.

Issues/Problems

- Current enforcement issues include a non-permitted, non-compliant landfill located within the City limits of Vancouver.
- Staffing was reduced by .5 FTE this year due to the reduced number of permitted facilities and stepped up solid waste complaint response by the City of Vancouver Code Enforcement Department.

The following table summarizes the activity components of the Food Safety program area.

Solid Waste Program Area	Funded by	
Enforcement: Permitting; 10 facilities in Clark; 3 in Skamania (under contract); inspect 4 times/year 1 FTE	<ul style="list-style-type: none"> • Permits • DOE Grants (25% matching uses permit fees) • Contract agreements with PW 	<ul style="list-style-type: none"> • \$60k/yr • \$40k/yr • \$125k/yr
Enforcement: Complaints .5 FTE	As above	
Site Hazardous Waste Assessment 1FTE	State Toxic Fund Grant (no matching)	\$115k/yr
Sewage complaints .5 FTE	unfunded	

APPENDIX D: Onsite Sewage Program

There are over 40,000 homes, schools and businesses in Clark County that depend on onsite sewage systems to manage sewage treatment and disposal in areas that are not served by a municipal sewer provider. Since almost all of SW Washington's water supply comes from the groundwater, the Onsite Sewage Program focuses on protecting groundwater and preventing illness via proper treatment of domestic sewage.

The department approves sites for sewage systems, reviews designs of proposed systems, and makes final approval inspections for an average of over 3,000 reviews/permits/inspections per year. Proposals for new development are part of the reviews performed. Out of over 40,000 onsite sewage systems on record, an average of only 90 sewage system failures are reported and repaired annually. Failure of onsite sewage systems is rapidly making proper maintenance and operation of septic systems a central theme for the program.

Criteria

The state legislature found that improperly designed, installed, or operated onsite sewage systems were a major contributor to water pollution and therefore implemented RCW 70-118, Onsite Sewage Disposal Systems, in an attempt to achieve restorative improvements and corrections of existing substandard systems. RCW 70-119 mandates provision of clean water. Operation and maintenance for septic systems is required by WAC 246-272-15501.

The local ordinances that exist in Title 24, chapter 24.04 and 24.05, .05A and .05B related to permitting and inspection parameters are out of date. New regulations should be in place by July 2007.

Contracts/Grants

Department of Ecology grant revenue has been separately recorded since 2003 for projects in both Salmon and Gibbons Creek areas. Representing only three percent of revenues in 2003, it has grown to ten percent of the Onsite Sewage revenue in 2004 and 2005. The Salmon Creek grant covers 2005-2006; the Gibbons Creek grant covers 2006-2007.

Onsite Sewage inspections performed for Skamania County are performed under contract and use an additional .4 FTE.

Funding/BARS Coding

As noted above, about ten percent of funding for Onsite Sewage comes from DOE grants for work in specific areas within the county (Salmon and Gibbons Creeks). Permit fees -- from septic permits, septic repair permits,

land development reviews, and septic maintenance -- represent 87 percent of revenue over a six year period, from 2000 through 2005, with other revenue coming in as a county contribution (in 2000 through 2002), or an MVET replacement fees.

Permit fees were updated/recalculated annually until after the Department came into the county. Fees were established for a two-year period for 2005/2006 and were updated on an annual basis prior to that time.

Staffing

The following table presents the budgeted FTE for the Onsite program, to include program supervision and Health Assistant staff, but not the “health support” or management component (department and division management).

Onsite Sewage Program Budgeted FTE, 2000 to 2005

	2000	2001	2002	2003	2004	2005
Health Support	0	1.125	1.10	1.03	1.03	0.30
Program Supervision	1.00	0.75	0.75	0.675	0.675	0.67
Health Specialists	6.45	6.50	5.875	5.961	5.961	5.83
Health Assistants	3.40	3.75	4.00	3.10	3.10	4.15
Vacancies	0	0.50	0.025	0.67	0.67	0.15
Total	12.625	12.625	11.75	10.405	10.405	11.10

Note 1: Budgeted FTE were obtained from original budget documents and do not reflect supplemental changes that may have increased or decreased FTE during the calendar year.

Note 2: Health Support was not allocated to the program in 2000.

Coordination

Coordination exists between the Onsite Sewage and Water programs, especially for new developments where both sewage systems and wells are being installed. An Onsite permit is required before certain building permits can be issued, so there is some additional coordination between Public Health and Community Development.

Issues/Problems

- Tracking and monitoring activities.
- Consistency of decisions concerning types and locations of sewage systems.
- Need for additional ordinances/policies and procedures to support decision making by managers.
- Mapping of locations of existing septic systems, incorporate tablets into inspection process, adopt new state and local regulations.

APPENDIX E: Drinking and Recreational Water Program

Groundwater in Clark County is generally of very good quality; however, the likelihood of pollutants penetrating the soil and contaminating the drinking water aquifer with bacteria or chemical components remains a concern for a county relying on groundwater as its primary source for drinking water. Naturally occurring arsenic contamination has been identified in sites within the county requiring treatment or location of alternative water supplies.

The focus of this program area is to assure citizens of Clark County safe drinking, bathing, and recreational water by monitoring small private water systems, and reviewing plans for new water systems. Annually, Public Health makes water adequacy determinations for approximately 318 new and replacement homes for Clark County.

In addition to the drinking water component of this program area, recreational water – from lakes, rivers, pools, and spas – is tested by one of the Health Specialists. Over 300 pools and spas are routinely permitted and inspected by the water staff.

Criteria

The Revised Code of Washington 19.27.097, requires each applicant for a building permit of a building (that needs potable water) to provide evidence of an adequate water supply for the intended use of the building. Clark County Building Codes have assigned review of that task to Public Health. There are no State regulations for determining water adequacy.

There are no current local ordinances in Title 24 pertaining to drinking water. Standards for water adequacy are generally determined by the Health Officer.

Contracts

The Water Resources program has two contracts for program work. The Department of Ecology contract covers well delegations – work that involves inspection of new drilled wells and decommissioning of wells that have been abandoned. This contract provides \$40,000 for the 2005-06 biennium. The Washington State Department of Health consolidated contract establishes work parameters for Group A and B public water systems; this work is expected to bring in approximately \$85,650 for the 2005-06 biennium.

Funding/BARS Coding

As noted above, the contracts make up about 8.6 percent of the revenue for the water program, which is otherwise fee funded.

Staffing

The following table presents the budgeted FTE for the water program, to include supervision and Health Assistant staff, but not the “health support” or management component (division and department management), over the previous six years. Water staffing includes one Health Specialist responsible for testing pools, spas, and recreational waters.

Drinking and Recreational Water Budgeted FTE, 2000 to 2005

	2000	2001	2002	2003	2004	2005
Health Support			0.20	0.20	0.20	0.23
Program Supervision	0.50	0.40	0.40	0.36	0.36	0.29
Health Specialists	2.45	2.75	3.425	2.295	2.295	2.61
Health Assistants	2.00	2.0	2.0	0.45	0.45	1.25
Vacancies	0	0	0.075	0	0	0.15
Total	4.95	5.15	6.10	3.305	3.305	4.53

Note 1: Budgeted FTE were obtained from original budget documents and do not reflect supplemental changes that may have increased or decreased FTE during the calendar year.

Note 2: Health Support was not allocated to this program in 2000 and 2001.

Coordination

Coordination exists between the Water and Onsite programs, especially for new developments where both wells and septic systems are being installed. A Water permit is required before certain building permits can be issued, so there is some additional coordination between Health and Community Development.

Issues/Problems

- There are no consistent standards for water adequacy across the state.
- There are inadequate local codes for supporting certain types of protective actions related to individual water sources. Developing a local code would assist staff in defining their regulatory role in water adequacy determinations – whether for new or replacement homes – to fulfill their responsibility to assure the Building Department of sufficient water volume and quality.
- The lack of regulations also limits the effectiveness of follow through to assure that violations or deficiencies have been corrected.
- There is need for more cross-training for Pool and Spa inspections. Only one inspector is assigned to these types of inspections and when he is not available, additional capacity is needed to assure adequate coverage of recreational health responsibilities.
- The program currently uses conditional permitting for new construction, so homeowners can proceed with construction and inspections can be

made after construction is completed – a better time to evaluate the well. However, increased coordination is needed so that Building Inspectors do not issue Occupancy Certificates before Health has issued a final approval of the water source.

APPENDIX F: Management Comments

February 7, 2007

Ms. Linda Bade
Clark County Auditor's Office
PO Box 5000
Vancouver, Washington 98666-5000

Dear Ms. Bade:

Thank you for your very thorough and thoughtful performance audit of Public Health's Environmental Public Health programs. As you know and report in your findings, these programs faced many challenges, including but not limited to:

- Lack of basic infrastructure (such as policies and procedures or staffing models),
- New data systems that had not yet been fully assessed or modified to add value,
- Recent placement of Health Assistants at the Public Services Center in an effort to support one-stop-shopping, and
- Local codes that had not been updated at a County level, in some instances, years out of date.

Your report strongly recommends improving operations and efficiencies through the following:

- Enhancing infrastructure and capturing efficiencies through analysis of process flow, staffing patterns, and development of clear policies and procedures;
- Enhancing measurement of performance and outcomes through definition of objectives, improvement of data collection capabilities, and development of performance reports; and
- Continuing to fully develop collaboration with other County programs with complementary roles.

As indicated in our responses to each major section of your report, we have already made considerable progress in addressing many of your recommendations. Some of these were changes that we as a new administration had already identified as a priority, and others were initiated in response to your observations and ideas throughout the process. While there are still issues to address and changes to implement to bring us to the level of customer service, operational efficiency, and performance management that we wish to achieve, we believe we are moving in the right direction at a rapid pace, and your audit has been invaluable in helping us to do so.

Thank you for the time you have taken to work with our staff and get to know the details of these very complex programs and issues, making your input all the more valuable.

We look forward to your presentation to the Board of Health, and to other opportunities to work with you in the future.

Sincerely,

John Wiesman
Public Health Director

Jonnie Hyde
Public Health Services Manager

CC: Greg Kimsey, Clark County Auditor