

# Standards for Public Health in Washington State: 2005 Performance Assessment Report DOH State Programs Report for: Maternal and Child Health, Children with Special Health Care Needs Program

## **The Standards and the 2005 Performance Assessment**

Thank you for participating in the performance assessment of the Standards for Public Health in Washington State. The intent of the Standards is to provide an overarching measurement framework for the many services, programs, legislation, and state and local administrative codes that affect public health. The Washington State Standards for Public Health Performance address all 10 Public Health Essential Services and crosswalk directly to the Centers for Disease Control and Prevention (CDC) Standards for Performance.

The Washington standards and measures exemplify the national goals for public health performance measurement and development of standards—quality improvement, accountability, and science. Points to remember when looking at the reports include:

- The Standards articulate a higher level of performance, often described as stretch standards, not a description of the system as it is performing currently.
- The Standards reflect an improvement cycle; results of the performance assessment should be used to target areas for improvement.

## **This Report**

The site reviews again demonstrated the incredible commitment, creativity and hard work of the people in the public health system. This report is specific to your program and is intended to give you feedback about the materials you provided as a demonstration of how you met each measure. However, before describing the details that are in the report, we want to summarize overall observations regarding your organization's strengths and opportunities for improvement as observed during the site review.

### ***Strengths***

- The resources and tools that have been developed, including the Birth Defects Toolkit / Distribution Plan and the Depression/Anxiety Mental Health Toolkit and Evaluation Report
- The Strategic Plan currently under development, with well developed goals and objectives
- The Data Dictionary and data driven processes

### ***Areas for Improvement***

- Expand the opportunities for all staff to develop expertise in program evaluation, data analysis, etc. rather than relying on the assessment staff for all of the expertise

- Utilize the data gathered as a result of implementing your Strategic Plan for system quality improvement work

### ***The Performance Assessment Approach***

The performance assessment included all 35 local health jurisdictions (LHJs) in the state and 26 Department of Health (DOH) program sites selected by DOH for evaluation. Each site was asked to complete a self-assessment tool and to prepare for an on-site visit by organizing the documentation supporting the self-assessment on each measure.

For this cycle of assessment there were two new aspects that were not part of the 2002 Baseline Evaluation; the selection of specific environmental health and prevention and promotion programs for more in-depth review at the local LHJ level, and the evaluation of the new Proposed Administrative Standards and Measures. This expansion of the scope of the assessment was addressed through the training and use of internal DOH and LHJ reviewers working under the supervision of the external consultants.

During the DOH state site review, an independent consultant and an internal LHJ reviewer evaluated the documents and scored the measures. When the reviewer had questions regarding the documentation, an informal interview was conducted with the appropriate manager or staff person. In addition, potential exemplary practice documentation was requested from each site. The on-site reviews concluded with an exit interview in which general strengths and opportunities for improvement were discussed, and feedback on the Standards and assessment process was obtained. All of this information has been compiled into a system-wide report, with recommendations regarding the next steps for the system.

### ***Results of the Site Review***

The attached report is organized to follow the Standards format. The Standards have five topic areas (please note that these are not necessarily synonymous with program areas, there are organization-wide measures to be found in each of them). Within each of these five topic areas, four to five standards are identified for the entire governmental public health system. For each standard, specific measures are described for state level programs. For DOH sites, a Matrix was used to identify which measures were applicable to each specific program. Only the applicable measures were evaluated for performance. This report provides detailed results for just those measures that were applicable to the program.

***Administrative Standards Results:*** For the Proposed Administrative Standards, this evaluation cycle was to evaluate the measures themselves and not to report site specific performance. The results of our evaluation of these standards and measures are at the system level only therefore, this report does not contain any results for the Proposed Administrative standards.

***Comparability to the 2002 Baseline results:*** Due to the major revisions in the environmental health topic area of standards, none of the 2005 EH topic area results can be compared to the results of the 2002 Baseline. All the results in the four other topic areas should be considered comparable for DOH program sites.

The topic areas of the standards are often referred to with the following acronyms:

- Assessment = AS
- Communicable Disease = CD

- Environmental Health = EH
- Prevention and Promotion = PP
- Access = AC

This report provides you with the following information:

- *For all measures*: a table listing all the measures with the performance designation to serve as a quick reference tool in identifying the measures that demonstrated performance, those scored as a partial, and those that did not demonstrate performance against the measure.
- *For each measure* (we have not repeated these in the report in order to reduce the number of pages, but have grouped them under their overarching standard): the *score* assigned by the reviewer:
  - 2 = demonstrates the measure,
  - 1 = partially demonstrates the measure,
  - 0 = does not demonstrate the measure,
  - 8 = not applicable,
  - 9 = not able to rate [did not participate at a topic area level]

*Comments* provide clarification regarding the intent of the measure or the score assigned.

*Documents* lists, in abbreviated form, the documents that were the basis for the score. When multiple documents were provided and some did not demonstrate the measure or there were many more examples than needed, they are not all listed.

*Exemplary documents* lists documents requested for review as potential examples in the exemplary practices compendium.

## **Next Steps**

**First, celebrate what you have accomplished.** In the two and a half year period between the 2002 Baseline Evaluation and this performance assessment, it was clear to the site reviewers that improvements had been developed and implemented. Again, thank you for all of your hard work every day, and especially in preparing for the site reviews.

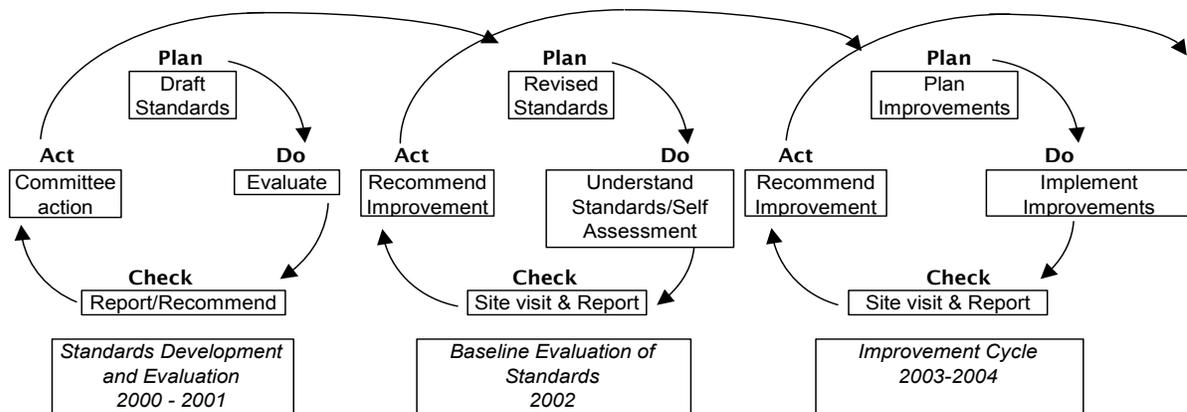
**Next, select the areas where you want to improve your performance.** All of the information provided in this report is intended to support improvement of your organization's work on behalf of the citizens in your community and Washington State. After you have had a chance to digest this report and share it with staff, you should review the data again to determine which areas of your work might benefit from a *focused improvement process*. Develop a brief, but specific and doable work plan—don't try to improve everything at once!

In selecting your areas of improvement you will be able to look at your overall strengths and opportunities for improvement (summarized above), or at the scores of specific measures or topic areas. You will be assisted in this effort by several initiatives:

- ***Exemplary practices***: The Exemplary Practices Compendium provides you with documentation from many of the LHJs and DOH programs in Washington State. Potential exemplary practice documents were gathered from each of the sites and the very best examples for each measure will be organized into a electronic tool kit. This material will be available by year-end 2005 at [www.doh.wa.gov/hip/Standards/BestPractices/StandardsExemplaryPractices.htm](http://www.doh.wa.gov/hip/Standards/BestPractices/StandardsExemplaryPractices.htm) .

- **Statewide initiatives** projects such as the implementation of the Public Health Issue Management System (PHIMS) for communicable disease, and the Assessment in Action project to build assessment capacity at the local level also support improvement of practice and documentation. Based on the recommendations in the system-wide report, the PHIP process will adopt additional statewide initiatives related to the measures.

**Finally, begin preparing now for the next performance assessment.** The assessment process itself has been conducted using quality improvement principles and methods, including the Plan-Do-Check-Act cycle. As shown below, the standards field test in 2000, the baseline in 2002, and this 2005 performance assessment are all part of the cycle of continuous quality improvement. The next cycle is planned for 2006-08, with site visits probably occurring in the spring of 2008.



**Strategies for building on your current performance:**

- Save the documentation you have used in this assessment as a good starting point for continuing to identify documentation for demonstrating performance.
- Establish an electronic document library for collecting documentation and facilitating the use of an electronic format for the next assessment. Numerous state programs used an electronic format for all their documentation in this cycle.
- Adopt or adapt as many exemplary practices as possible to improve your performance against the measures. There is no reason to “re-invent the wheel”, when another program may have an excellent process or documentation method that you can start using with less time and effort.
- Participate in state-wide improvement efforts that are identified through PHIP work, other multi-disciplinary efforts or by getting technical assistance from other state programs that may have targeted the same areas for improvement. Great gains can be made through sharing ideas and resources.

Again, we thank you for all your work in preparing for this 2005 performance assessment, and especially for the terrific work you do in protecting and promoting the health of the citizens of Washington State that we were privileged to review.

# Program: Children with Special Healthcare Needs

## Topic: 1. Understanding Health Issues

### Standard 1: Public health assessment skills and tools are in place in all public health jurisdictions and their level is continuously maintained and enhanced.

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
AS 1.1 S	2		CHIF Training, South Puget Sound CC; Data Dictionary; TA log for 5/18/05	
AS 1.2 S	1	Documentation did not include written procedures for how to obtain consultation and technical assistance; it was not clear that the consultation lists had been disseminated to LHJs and state program staff	Staff listing with areas of consultation identified; staff consultation identified by counties in the state;	
AS 1.3 S	2		CSHCN Assessment Plan; staff roster assigning staff to specific roles	
AS 1.5 S	0	Resume does not demonstrate training and experience in epidemiology ;no documentation of staff attendance at trainings or two coordinated training events	Assessment Coordinator's Resume	

### Standard 3: Public health programs results are evaluated to document effectiveness.

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
AS 3.2 S	0	Documentation does not show relationship to relevant research, does not have a program evaluation component; does not contain performance measures.	DSHCN Strategic Plan draft	

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Note: Totals may not equal 100% due to rounding.

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AS 3.3 S	0	Documents do not demonstrate data analysis or a comparison of the monitoring results against the stated performance goal;the monitoring demonstrated appears to monitor the processes needed to address the performance measure;	CSHCN Block Grant 2005;CSHCN Block Grant 2006
AS 3.4 S	2		Staff roster with Assessment Coordinator identified; agenda for logic model training roster of attendees at training
AS 3.5 S	1	Documentation does not show how the program analyzes and uses performance monitoring data to change and improve program offerings.	CSHCN Quality Assurance

**Standard 4: Health Policy Decisions are guided by health assessment information, with involvement of representative community members.**

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
AS 4.1 S	2		CSHCN Summary Report 2004;CSHCN Data Article, MCH Journal, June 2005	
AS 4.3 S	1	Document does not show a definitive link between assessment data and the grant request; the link is implied but not demonstrated.	HRSA Grant application	

**Standard 5: Health data is handled so that confidentiality is protected and health information systems are secure.**

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
AS 5.2 S	2		Upload CHIF; File Security WAMENTU2 program	

**Topic: 3. Assuring a Safe, Healthy Environment for People**

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Note: Totals may not equal 100% due to rounding.

**Standard 2: Services are available throughout the state to respond to environmental events or natural disasters that threaten the public's health.**

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
EH 2.5 S	0		No training documentation presented	

**Topic: 4. Prevention is Best: Promoting Healthy Living**

**Standard 1: Policies are adopted that support prevention priorities and that reflect consideration of scientifically-based public health literature.**

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
PP 1.1 S	2		Birth Defects Toolkit- online resources & distributed through LHJ CSHCN coordinators, Distribution Plan Summary	Distribution Plan Summary
PP 1.2 S	1	No documentation was presented of distributing information on how to obtain consultation and assistance.	MCH Combined Team Roles & Responsibilities-- Regional, CSHCN May 2005 Conference agenda and registration list	
PP 1.4 S	1	This draft strategic plan does not describe or demonstrate how assessment data and program evaluation information were used in the development of the draft 2005 strategic plan, or indicate that the CSHCN program is regularly evaluated.	Draft Strategic Plan -- 4/25/05	

**Standard 2: Active involvement of community members is sought in addressing prevention priorities.**

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
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PP 2.2 S	0	The final 3/30/05 DOH matrix indicates that this measure is applicable to all CFH programs, including CSHCN.	No documents presented for this measure
PP 2.4 S	2		PHS Training Measures- Excel spreadsheet

**Standard 3: Access to high quality prevention services for individuals, families, and communities is encouraged and enhanced by disseminating information about available services and by engaging in and supporting collaborative partnerships.**

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
PP 3.1 S	1	No documentation of evaluation results or of distribution statewide.	ASK Line Promotion Plan (Year 2)-- 7/04-6/05, Letter showing distribution of ASK Line number to libraries	
PP 3.2 S	1	Documentation does not present a gap analysis comparing existing services to projected needs for services.	Data-Driven Process to Improve Systems of Care Article, Target Setting for Performance Measures-- Completed to Date	Data-Driven Process to Improve Systems of Care Article
PP 3.3 S	1	This report describes the evaluation plan, results, conclusions for the pilot projects conducted as part of this program. There is no documentation indicating what actions will be taken to address the evaluation results that could be considered a plan for quality improvement	WISE Evaluation Final Report- 4/05-- Lessons Learned and Recommendations section, WISE Appendix B-- Evaluation Plan	

**Standard 4: Prevention, early intervention and outreach services are provided directly or through contracts.**

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
PP 4.1 S	2		Summary of Child Health Note Evaluation-- 3/05, Center for CSN website Email List sign-up for Alerts and Grants-Alert	Summary of Child Health Note Evaluation -- 3/05

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PP 4.2 S	2		Outreach Tips web-based resources, Web based Developmental and Surveillance Screening with tools, links and best practices in interventions,
PP 4.3 S	1	While the WISE Grant Evaluation contains qualitative evaluation information, it does not demonstrate performance measures, or data that are tracked and analyzed for use in making the recommendations.	WISE Grant Evaluation-- Executive Summary,
PP 4.4 S	2		CHIF screen print and additional Involvement data requirements, Annual CHIF data analysis Cover letter-- 4/04
PP 4.5 S	2		Training documentation for 2 staff members in early intervention and prevention services

**Standard 5: Health promotion activities are provided directly or through contracts.**

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
PP 5.1 S	2		CSHCN brochure of services-- web based, ASK Line, Developmental Surveillance and Screening for physicians	
PP 5.2 S	2	The Data-Driven Process article did not describe the results of HP effectiveness review and therefore was not able to be used for demonstrating this measure.	WISE and CSHCN conference- 3/05-- Practical Tips presentation, Center Alerts and Grant Alerts email system, BERD literature review, Whatcom County Evaluation worksheet	
PP 5.3 S	1	Documentation does not include a description of the system for organizing, evaluating and updating materials.	Mental Health Toolkit, Health Education documentation of parent panel for materials development, Birth Defects Prevention Month packet cover letter	

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PP 5.4 S	1	The Evaluation of the Mental Health toolkit contains evaluation results, but none of the documentation provides goals, objectives, or performance measures, or recommendations for program improvement.	Mental Health Toolkit, Website information on depression and anxiety in children and adolescents, Evaluation Report for Mental Health Toolkit	Evaluation Report for Mental Health Toolkit
PP 5.5 S	2		PHS training measures excel spreadsheet indicates staff training in health promotion	

## Topic: 5. Helping People Get the Services They Need

### Standard 2: Available information is used to analyze trends, which over time, affect access to critical health services.

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
AC 2.1 S	2		Summary Report 2003-04 WA State Road Shows; Adams County data profile	
AC 2.3 S	2		Services Needed by WA CSCHN; Access to Care WA vs. OR; Unmet Health Needs of WA CSHCN	

### Standard 3: Plans to reduce specific gaps in access to critical health services are developed and implemented through collaborative efforts.

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
AC 3.1 S	2		Undocumented coverage issues; Undocumented Coverage Issues RE MCH Block Grant Funds and Undocumented Children; Undocumented Children/Hello to all	
AC 3.2 S	2		2005-06 Consolidated Contract Statement of Work	

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**Standard 4: Quality measures that address the capacity, process for delivery and outcomes of critical health services are established, monitored, and reported.**

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
AC 4.1 S	2		Asthma Mgt. in Education Settings; Communication Network Meeting, January 2005; Two Distribution Lists	
AC 4.2 S	0	This measure not only seeks QI training for DOH staff, it asks that DOH make the training available to grant and program contractors as well on an ongoing basis (is available). There is no documentation of training of CSHCN staff training in QI tools and methods	Training Files for March 2003; Strategic Services Training, July 2004	
AC 4.3 S	0	Documentation does not include a quality improvement plan	Nutrition and Physical Activity, Spokane	

## Overall Score Totals

	<i>Overall Program Totals:</i>	<i>Overall DOH Totals:</i>
<b>% Demonstrates:</b>	<b>51%</b>	<b>67%</b>
<b>% Partially Demonstrates:</b>	<b>30%</b>	<b>23%</b>
<b>% Does not Demonstrate:</b>	<b>19%</b>	<b>10%</b>

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*Note: Totals may not equal 100% due to rounding.*

# Children with Special Healthcare Needs

## *1. Understanding Health Issues*

<i>Measure</i>	<i>Score</i>	<i>Compliance</i>
AS 1.1 S	2	Demonstrates
AS 1.2 S	1	Partially Demonstrates
AS 1.3 S	2	Demonstrates
AS 1.5 S	0	Does not Demonstrate
AS 3.2 S	0	Does not Demonstrate
AS 3.3 S	0	Does not Demonstrate
AS 3.4 S	2	Demonstrates
AS 3.5 S	1	Partially Demonstrates
AS 4.1 S	2	Demonstrates
AS 4.3 S	1	Partially Demonstrates
AS 5.2 S	2	Demonstrates

## *3. Assuring a Safe, Healthy Environment for People*

<i>Measure</i>	<i>Score</i>	<i>Compliance</i>
EH 2.5 S	0	Does not Demonstrate

## *4. Prevention is Best: Promoting Healthy Living*

<i>Measure</i>	<i>Score</i>	<i>Compliance</i>
PP 1.1 S	2	Demonstrates
PP 1.2 S	1	Partially Demonstrates
PP 1.4 S	1	Partially Demonstrates
PP 2.2 S	0	Does not Demonstrate
PP 2.4 S	2	Demonstrates
PP 3.1 S	1	Partially Demonstrates
PP 3.2 S	1	Partially Demonstrates

PP 3.3 S	1	Partially Demonstrates
PP 4.1 S	2	Demonstrates
PP 4.2 S	2	Demonstrates
PP 4.3 S	1	Partially Demonstrates
PP 4.4 S	2	Demonstrates
PP 4.5 S	2	Demonstrates
PP 5.1 S	2	Demonstrates
PP 5.2 S	2	Demonstrates
PP 5.3 S	1	Partially Demonstrates
PP 5.4 S	1	Partially Demonstrates
PP 5.5 S	2	Demonstrates

*5. Helping People Get the Services They Need*

<i>Measure</i>	<i>Score</i>	<i>Compliance</i>
AC 2.1 S	2	Demonstrates
AC 2.3 S	2	Demonstrates
AC 3.1 S	2	Demonstrates
AC 3.2 S	2	Demonstrates
AC 4.1 S	2	Demonstrates
AC 4.2 S	0	Does not Demonstrate
AC 4.3 S	0	Does not Demonstrate