

Standards for Public Health in Washington State: 2005 Performance Assessment Report Local Health Jurisdictions Report for: Mason County Department of Health Services

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 local health jurisdiction 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 assessment work, including the grant to fund Mason Matters, the 2003/2004 EH Report, the Personal Health reports with data and analysis, and the systematic approach to gathering data demonstrate the strong commitment to assessment.
- The extensive community involvement including the work with several advisory councils both personal and environmental health groups, especially the Children, Youth, and Family Summit show strong community involvement in health issues.
- The procedure manuals for CD and Personal Health provide consistent policies and protocols for staff to use in their work.

- The Operation & Maintenance OSS system grant funding for a new database, the newspaper articles and information to the community on the EH work demonstrates good ability to tell the EH “story” to the community and the BOH.
- The Parenting Connections activities and newsletter are good methods to tell the community the health story and provide information for the public.
- The 100% Access Demonstration Project and Services Modules describe the focus on improving access to services.

Areas for Improvement

- Correct entries in the public telephone for public health contacts. It was unclear to the surveyors how the public would be able to make some contacts in the LHJ without going through several telephone calls or transfers.
- Update 1995 policies.
- Conduct regular self-audits of CD investigations and of environmental health enforcement actions to assure staff compliance with procedures and protocols, including timeliness, appropriate letters sent, etc.
- Conduct analysis of program and health status data to provide the ability to compare outcomes to quantitative goals and measures, to identify trends and to provide information for program improvements.
- Consistently document training opportunities for staff, consider developing a training plan to assure skill and knowledge of staff members.

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, 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 site review, an independent consultant and an internal DOH reviewer evaluated the documents and scored each measure. 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 local health jurisdictions. For LHJs, all measures were applicable; however, some (for example those that required certain actions related to an outbreak) were not applicable if an event had not occurred.

Program Review Results: For the measures that were assessed through program review, the scores for all programs reviewed for the individual measure were aggregated to calculate an “agency-wide” score for the measure. For these measures the LHJ detail shows only the aggregate score for the measure as the detailed comments for these measures are included in the program reports. Attached to this summary report are four program specific reports with the detailed scoring for each measure evaluated for each program, with related comments.

Administrative Standards Results: For the Administrative Standards, this evaluation cycle was to evaluate the Proposed Administrative Standards and 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, and to the program review method of evaluation used for numerous measures, only some of the 2005 results can be compared to the results of the 2002 Baseline. The measures that are considered comparable between the two cycles are:

- All Assessment (AS) measures, except AS 3.2 and AS 3.3, which were evaluated through program review
- All Communicable Disease (CD) measures
- Prevention and Promotion (PP) measures in standards PP1, PP2, and PP3
- All Access (AC) measures

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.

- *For each topic area:* at the end of each topic area, there is a roll-up of the scores on all *applicable, rated* measures in the topic area (the percent of measures scored as *demonstrates*, the percent scored as *partially demonstrates*, the percent scored as *does not demonstrate*). Next to your roll-up for the topic area is a roll-up for peer counties, and then a statewide roll-up. Your peer counties are identified below, based on the DOH analysis of Dominant Rural Urban Commuting Area Codes (for detail on this methodology, please go to the DOH website <http://www.doh.wa.gov/Data/Guidelines/RuralUrban.htm>). There is no intent, in an improvement-focused effort, to compare specific organizations to one another. However, this roll-up data does provide each site reviewed with performance benchmarks.
- *For all topic areas:* the final segment of this part of the report provides you with a roll-up of all topic areas, with the same benchmark data from the peer group and statewide roll-ups.

Peer Groupings

<i>Small Town/Rural</i>	<i>Mixed Rural</i>	<i>Large Town</i>	<i>Urban</i>
Adams	Clallam	Asotin	Benton/Franklin
Columbia	Grays Harbor	Chelan/Douglas	Clark
Garfield	Island	Grant	Cowlitz
Jefferson	Mason	Kittitas	King
Klickitat	Skagit	Lewis	Kitsap
Lincoln	Skamania	Walla Walla	Pierce
NE Tri-County		Whitman	Snohomish
Okanogan			Spokane
Pacific			Thurston
San Juan			Whatcom
Wahkiakum			Yakima

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.

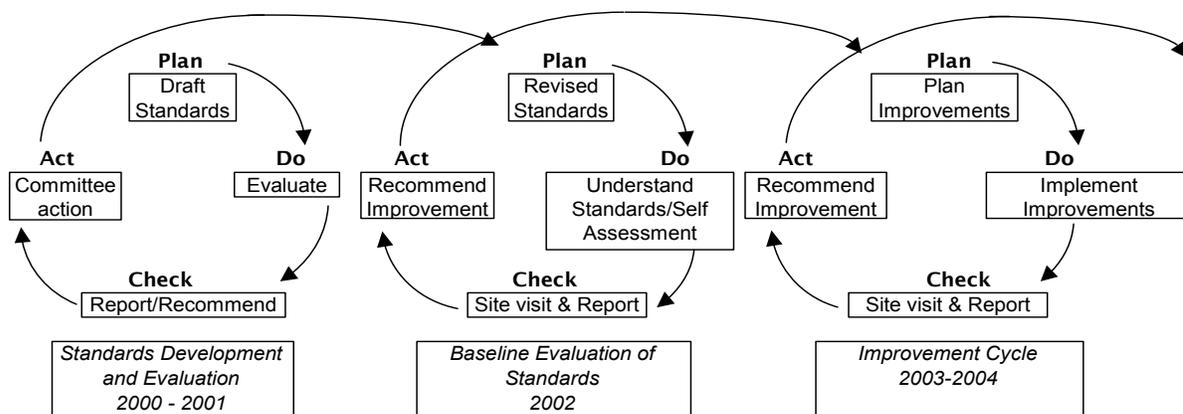
Next, select the areas where you want to improve your performance. All of the information provided in this report is intended to support improvement of your organization’s work on behalf of the citizens in your community and Washington State. After you have had a chance to digest this report and share it with staff and your Board of Health, 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 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 an electronic tool kit. This material will be available by year-end 2005 at www.doh.wa.gov/phip/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. This cycle there were three LHJs that used an electronic format for all their documentation. These sites stated that the electronic preparation was much easier and helpful to the process than making paper copies of the documentation.

- 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 LHJ may have an excellent process or documentation method that you can start using with less time and effort.
- Participate in regional or state-wide improvement efforts that are identified through PHIP work, or other multi-disciplinary efforts, such as the recent Assessment in Action effort to build capacity for assessment at the local level.
- Identify methods for getting technical assistance from state programs, or from other LHJs 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.

LHJ: Mason County Department of Health Services

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>
AS1.1L	2		Contract w/Mason Matters; March 2003 Mason County Data Series	
AS1.2L	0		No supporting documentation provided.	
AS1.3L	2		Mason Matters Contract; LCDP NPF Application 2004; 2004 Mason County Annual Report	
AS1.4L	1	No documentation of qualitative and quantitative measures.	2004 CD Summary; 2004 Commercial & Recreational Shellfish areas report	
AS1.5L	1	No supporting documents for training attendance or training logs	Resume of staff w/required skills	

Standard 2: Information about environmental threats and community health status is collected, analyzed and disseminated at intervals appropriate for the community.

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
AS2.1L	2		Community Forum "Connecting for Kids" March 2003 Packet and Attendance Roster; Water: A Precious Resource	

AS2.2L	2		2004 CD Summary; 2004 Commercial & Shellfish areas report; BOH Meeting Agenda & Minutes	2004 Commercial & Shellfish areas report
AS2.3L	2	Nice Parenting newsletter	LCDF Mason Matters 2004 Application; ConneXions	
AS2.4L	2		October 2004 Mason County Public Health Goals and Objectives	
AS2.5L	2		Mason County Shellfish Report; Mason County Environmental Health, 2004 in Review (Reviewer added.); TopTen list	

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>
AS3.1L	2		Mason County BOH Proceedings, Sept 2004; MC Personal Health and EH Reports 2004	
AS3.2L	2			
AS3.3L	1			
AS3.4L	0	Did not find any other supporting documents throughout.	No documentation provided.	
AS3.5L	0		No documentation provided	

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>
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AS4.1L	2		Children, Youth and Families Summit, June 2003; Status Report of 2003 Children Youth and Family Priorities Community Process of Addressing Priorities
AS4.2L	2		Personal & Env Health Annual Reports; Water Quality Report: A Precious Resource
AS4.3L	2	Added this as a source document even though none were presented in the folder.	Contract for Professional Services with Mason Matters
AS4.4L	0		No documentation presented.

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>
AS5.1L	1	Disclosure of Information Policy is a 10-year-old Policy and needs to be updated to reflect current HIPAA requirements	CHILD Profile Information Sharing Agreement; Clinic Room "B" Procedures (2004)	
AS5.2L	2		CHILD Profile Information Sharing Agreement	

Score Totals for Topic 1. Understanding Health Issues

	<i>Specific LHJ Totals:</i>	<i>Peer Group Totals:</i>	<i>Combined LHJ Totals:</i>
% Demonstrates :	62%	63%	56%
% Partially Demonstrates :	19%	20%	24%
% Does not Demonstrate:	19%	17%	20%

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

Topic: 2. Protecting People from Disease

Standard 1: A surveillance and reporting system is maintained to identify emerging health issues.

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
CD1.1L	1	The procedures for notification are published internally, and the notification to law enforcement is met. However, the public notification procedures are non-existent and the public telephone book has a mix-up on the Health Dept telephone numbers	Screen Shot of all contact lists; Mason County PH Emergency 24/7 Notification and Activation Plan	
CD1.2L	1	Did not see documentation on notifiable disease reporting requirements. Did not see documentation of a process for identifying new providers	Contact Mailing Lists; Draft letter concerning labs	
CD1.3L	2		Annual reports to BOH	

CD1.4L	2	MC CD Policy and Procedure Manual
CD1.5L	2	BOH Proceedings, Jan 6, 2005; Preliminary Year End Notifiable Conditions Summaries;
CD1.6L	2	MC CD Logs 2004
CD1.7L	0	No documentation presented.

Standard 2: Response plans delineate roles and responsibilities in the event of communicable disease outbreaks and other health risks that threaten the health of people.

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
CD2.1L	1	The Police Dept does have the emergency contact numbers but no other agencies or DOH documented.	Phone Book Listings	
CD2.2L	2		Phone Book Listing; Emergency Contact List	
CD2.3L	2		MC CD Manual	

Standard 3: Communicable disease investigation and control procedures are in place and actions documented.

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
CD3.1L	2		Available Community Resources doc.; Physician Phone List	
CD3.2L	1	Letter is in draft due to CD position having been unfilled for some time. The letter is not clear to whom the distribution is to be made. Progress is being made	Draft CD Letter; County Contacts Fax/Phone List	

CD3.3L	2		Mason County Communicable Disease Policy and Procedure Manual	Mason County Communicable Disease Policy and Procedure Manual
CD3.4L	0		No documentation provided	
CD3.5L	0		No documentation provided	
CD3.6L	2		Staff Resumes	

Standard 4: Urgent public health messages are communicated quickly and clearly and actions documented.

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
CD4.1L	2		Sept 14, 2004 Bats and Rabies Press Release; Flu Vaccine Shortage Notifications to Med Providers and Nursing Homes.	
CD4.2L	1	Did not find the list in the CD Manual.	FAX Speed Dial List	
CD4.3L	0		No documentation provided.	
CD4.4L	1	No staff are identified as having lead roles in communicating urgent messages	Training Class Agenda; List of Attendees	

Standard 5: Communicable disease and other health risk responses are routinely evaluated for opportunities for improving public health system response.

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
CD5.1L	8			

CD5.2L	8	
CD5.3L	8	
CD5.4L	8	
CD5.5L	0	No documentation provided
CD5.6L	8	

Score Totals for Topic 2. Protecting People from Disease

	<i>Specific LHJ Totals:</i>	<i>Peer Group Totals:</i>	<i>Combined LHJ Totals:</i>
% Demonstrates	48%	49%	62%
:			
% Partially Demonstrates	29%	25%	22%
:			
% Does not Demonstrate:	24%	26%	16%

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

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

Standard 1: Environmental health education is a planned component of public health programs.

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
EH1.1L	2			
EH1.2L	2			
EH1.3L	2			
EH1.4L	1			

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>
EH2.1L	1	Phone book does not have a main number for the health department, just extensions from main county number. No message to callers to dial 911 after-hours on extensions.	Shelton phone book, Memo to 911 service	
EH2.2L	1	No documentation of results of 3/31/05 critique of Exercise or any other debrief	Mason County Emerg. Operations Plan-section II, email for scheduling debrief of Regional Functional Exercise, Mason County EH Emergency and Disaster Book- 1/05	
EH2.3L	1	No documentation of after-action debrief	MC Dept of Health ERP-- pg 155-- PH services, What to do if your Drinking Water Sample is Unsatisfactory brochure	

EH2.4L 2

Dept Health Services --ERP-2003,
Disaster Preparedness Handbook,
Certificate for training in Incident
Response-- all LHJ staff attended

Standard 3: Both environmental health risks and environmental health illnesses are tracked, recorded, and reported.

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
EH3.1L	2			
EH3.2L	2			
EH3.3L	1			

Standard 4: Compliance with public health regulations is sought through enforcement actions.

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
EH4.1L	2		Website, Chapter 246-272 WAC, Onsite Standards handout, various flyers	
EH4.2L	2			
EH4.3L	0			
EH4.4L	2			
EH4.5L	0			

Score Totals for Topic 3. Assuring a Safe, Healthy Environment for People

	<i>Specific LHJ Totals:</i>	<i>Peer Group Totals:</i>	<i>Combined LHJ Totals:</i>
% Demonstrates :	56%	56%	53%
% Partially Demonstrates :	31%	26%	30%
% Does not Demonstrate:	13%	18%	16%

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

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>
PP1.1L	2		Children, Youth, and Family Summit-6/03-- Community Process Addressing Priorities	
PP1.2L	0		No documentation provided	
PP1.3L	0		No documentation provided	

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>
PP2.1L	2		Contract with Mason Matters, 2003 Children, Youth, and Family Summit and Needs Assessment; data information sheets from Mason Matters assessment	
PP2.2L	0		No documentation provided	

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>
PP3.1L	2		Available Community Resources flyer, Website	
PP3.2L	1	Work group minutes state that currently available educational opportunities and a discussion of gaps in parenting education were discussed, but no documentation of the gaps was presented.	Parenting Education opportunities work group minutes 10/04, Parenting ConneXions Newsletter	Parenting ConneXions Newsletter
PP3.3L	1	Good documentation of program evaluation results, but no documentation of gaps in service presented	2004 Immunization Annual Report, LCDF 2004 Initiative Report-Nurse Family Partnership Program,MC Personal Health Report- 2004	MC Personal Health Report- 2004
PP3.4L	0		No documentation provided	

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>
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PP4.1L	0
PP4.2L	1
PP4.3L	1
PP4.4L	1

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>
PP5.1L	2		Catalyst Actual Activities Detail Report-4/05	
PP5.2L	2	Catalyst report showing Train-the Trainer, distribution of Quit Line brochures, development of list of Smoke-Free Restaurant for Dining Guide, Food inspector added smoke-free to permit questions, Child Care letter sent	Catalyst report -4/05	
PP5.3L	0			
PP5.4L	2			

Score Totals for Topic 4. Prevention is Best: Promoting Healthy Living

	<i>Specific LHJ Totals:</i>	<i>Peer Group Totals:</i>	<i>Combined LHJ Totals:</i>
% Demonstrates :	35%	43%	48%
% Partially Demonstrates :	29%	32%	31%
% Does not Demonstrate:	35%	25%	21%

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

Topic: 5. Helping People Get the Services They Need

Standard 1: Information is collected and made available at both the state and local level to describe the local health system, including existing resources for public health protection, health care providers, facilities, and support services.

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
AC1.1L	2		Mason Matters Contract; MC Review of Community Planning Activities; Status Report of 2003 Children, Youth and Family Summit Priorities	
AC1.2L	2		Phone Fax List	

AC1.3L	2		Mason Matters Contract; 100% Access Demonstration Project	Mason Matters Contract; 100% Access Demonstration Project - Services Model Excerpt
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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>
AC2.1L	2		Mason Matters ConneXtions Project	
AC2.2L	2		Mason Matters ConneXtions Project	
AC2.3L	2		Mason Matters ConneXtions Project	

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>
AC3.1L	2		Mason Matters ConneXtions Project	
AC3.2L	0	No documentation provided		
AC3.3L	1	This project is a good start for this measure. It does not demonstrate an analysis of local data, but it definitely addresses some of the CHS and goals/objectives.	100% Access Demonstration Project	

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>
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AC4.1L	8	
AC4.2L	0	No documentation presented.

Score Totals for Topic 5. Helping People Get the Services They Need

	<i>Specific LHJ Totals:</i>	<i>Peer Group Totals:</i>	<i>Combined LHJ Totals:</i>
% Demonstrates	70%	60%	52%
% Partially Demonstrates	10%	10%	16%
% Does not Demonstrate:	20%	29%	32%

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

Overall Score Totals: Mason County Department of Health Services

	<i>Specific LHJ Totals:</i>	<i>Peer Group Totals:</i>	<i>Combined LHJ Totals:</i>
% Demonstrates:	53%	54%	55%
% Partially Demonstrates:	25%	24%	25%
% Does not Demonstrate:	22%	23%	20%

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

LHJ: Mason County Department of Health Services

Program: EH: Drinking Water

Topic: 1. Understanding Health Issues

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>
AS3.2L	2	Group B contract requirements contain objectives and a minimal description of a few performance measures for reporting to DOH. There is no evidence of non-contract related program goals, objectives or performance measures to be used to evaluate program effectiveness	2003-2004 Consolidated Contract Exhibit A- Drinking Water-- Group B Contract requirements	
AS3.3L	1	Both documents show monitoring of data, but there is no documentation of data analysis or progress toward goals, and there is no documentation of productivity targets or any other thresholds for performance measures.	4th Q 2004 Report to DOH for ConCon compliance, MCHD EH 2004 in Review Report	MCHD EH 2004 in Review Report

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

Standard 1: Environmental health education is a planned component of public health programs.

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
EH1.1L	2		MC website for EH department- Water Program- Forms, Brochures, and Handouts; The Abandoned Well- A hidden Danger	

EH1.2L	2		5/04 Press Release re-Drinking Water Advisory committee, Drinking Water Advisory Comm Agenda- 7/04, 12/03 BOH agenda-- Top 10 EH list	12/03 BOH agenda-- Top 10 EH list
EH1.3L	2		EH staff retreat-1/23/04 agenda, Website for Drinking Water-- staff review	
EH1.4L	1	This measure requires documentation for identifying the critical components of drinking water activities, for workshops or other training for well drillers or the public be based on those critical components, and that those workshops be evaluated for effectiveness	Drinking water Advisory Comm. 7/04 agenda & minutes, agenda for training attended by staff, appreciation certificate,	

Standard 3: Both environmental health risks and environmental health illnesses are tracked, recorded, and reported.

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
EH3.1L	2		Shelton Mason County Journal-1/05 article on EH, 1/6/05 BOH meeting- EH 2004 in Review presentation, Website information	
EH3.2L	2		Report to Mason Conservation District Board of Supervisors--Water Resource Protection Activities, Year End Notifiable Condition summaries, CD Log form- one completed example for Giardiasis	
EH3.3L	1	No documentation of using reported data to determine if and what improvements are needed.	Quarterly Reports to DOH for ConCon	

Standard 4: Compliance with public health regulations is sought through enforcement actions.

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
EH4.2L	2		EH Enforcement Policy	

EH4.3L	0	No documentation provided
EH4.4L	2	CD log case for giardia, Case Activity Listing database-- example of 2 completed cases
EH4.5L	0	No documentation provided

Overall Program Score Totals: EH: Drinking Water

% Demonstrates:	% Partially Demonstrates:	% Does not Demonstrate:
62%	23%	15%

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

LHJ: Mason County Department of Health Services

Program: EH: Wastewater Management

Topic: 1. Understanding Health Issues

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>
AS3.2L	2	This is a good example of using data to evaluate and improve program effectiveness. It would be helpful to have a date on this report.	Centennial Clean Water Fund Grant Final Report	
AS3.3L	2	Both reports contain minimal data analysis and some information on progress toward goals. Performance could be strengthened by establishing targets for performance measures for a quantifiable comparison of progress toward goals or measures.	Centennial Clean Water Fund Grant Report-- Results section, Water Resource Protection Activities-- July/Aug 2004	Centennial Clean Water Fund Grant Report

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

Standard 1: Environmental health education is a planned component of public health programs.

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
EH1.1L	2		Website-EH section-Septic and water lab-Forms and Handouts, Septic Sense brochure	
EH1.2L	2		5/04 Press Release on EH Advisory Comm-- Onsite Advisory committee, BOH 4/05 agenda, 3/05 Rotary presentation, 2/05 LHCWIC meeting memo	

EH1.3L	2		EH Staff Retreat 1/04 agenda, O&M for OSS Systems PowerPoint, Centennial Grant Report- Public Information and Education section
EH1.4L	1	No documentation of evaluation of workshop or other training for effectiveness. Perception of success is not sufficient for demonstrating evaluation of effectiveness which can be demonstrated by pre and post tests, for example.	O&M for OSS Systems PowerPoint, Onsite Workshop 11/04 agenda and Advisory Comm minutes citing success of workshop

Standard 3: Both environmental health risks and environmental health illnesses are tracked, recorded, and reported.

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
EH3.1L	2		Mason County EH in Review, Journal article- 1/05, Website	
EH3.2L	2	Would be helpful to state specific key indicators of OSS related risks and illnesses, such as EColi occurrences, septic system failures, or illegal	Year End Notifiable Conditions Summaries, CD logs for sewage related illness form, Water Resource Protection Activities-- 2004 Annual Report	
EH3.3L	1	No documentation of using reported data to determine if and what improvements are needed.	OSS Advisory Comm minutes- 1/05, EH 2004 in Review Report, Water Resources Protection Activities- 7/8/04	

Standard 4: Compliance with public health regulations is sought through enforcement actions.

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
EH4.2L	2		EH Enforcement Policy	
EH4.3L	0		No documentation provided	

EH4.4L 2

CD log for sewage related cases, Case Activity listing database for complaints

EH4.5L 0

No documentation provided

Overall Program Score Totals: EH: Wastewater Management

% Demonstrates:	% Partially Demonstrates:	% Does not Demonstrate:
69%	15%	15%

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

LHJ: Mason County Department of Health Services

Program: PP: First Steps

Topic: 1. Understanding Health Issues

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>
AS3.2L	2		First Steps - Section 3 Assurances, 6/03 Implementation of Tobacco Cessation during Pregnancy measure	
AS3.3L	1	No documentation of data analysis or reports of progress toward goals	First-trimester Prenatal Care --Medicaid Paid Births Map,	

Topic: 4. Prevention is Best: Promoting Healthy Living

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>
PP4.1L	0		No documentation	
PP4.2L	1	No documentation on how to select education	Immigration and Migration Data series, brochure for First Steps in Spanish	
PP4.3L	1	Some productivity data reported, but no documentation of evaluation against performance measures	Personal Health Annual Report- 2004- First Steps section	

PP4.4L	1	Limited description of skill and knowledge qualifications in job description, and while manuals contain good information, no training logs or documentation in content or use of manuals was provided	PH Nurse job description, ABC, Immunization and VFC Manuals
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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>
PP5.3L	0		No documentation	
PP5.4L	2		ABC's of First Steps training certificate	

Overall Program Score Totals: PP: First Steps

% Demonstrates:	% Partially Demonstrates:	% Does not Demonstrate:
25%	50%	25%

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

LHJ: Mason County Department of Health Services

Program: PP: Immunizations

Topic: 1. Understanding Health Issues

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>
AS3.2L	2		2003-2004 Consolidated Contract- Immunizations, Immu Program Provider Clinic Site Visit Tool, AFIX Handbook-Assessment section-	
AS3.3L	2		10/04 CASA Clinic Report	

Topic: 4. Prevention is Best: Promoting Healthy Living

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>
PP4.1L	0		No documentation provided	
PP4.2L	1	No information on how to select appropriate materials	Immigration data report, one vaccine flyer in Spanish	
PP4.3L	1	No documentation against performance measures	2004 Personal Health Report -- Clinic Services- Immunizations	

PP4.4L 2

PH nurse job description, Immunization training certificate, Imm. Manual

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>
PP5.3L	0		No documentation	
PP5.4L	2		One staff training certificate	

Overall Program Score Totals: PP: Immunizations

% Demonstrates:	% Partially Demonstrates:	% Does not Demonstrate:
50%	25%	25%

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

Mason County Department of Health Services

1. Understanding Health Issues

<i>Measure</i>	<i>Score</i>	<i>Compliance Demonstration</i>
AS1.1L	2	Demonstrates
AS1.2L	0	Does not demonstrate
AS1.3L	2	Demonstrates
AS1.4L	1	Partially demonstrates
AS1.5L	1	Partially demonstrates
AS2.1L	2	Demonstrates
AS2.2L	2	Demonstrates
AS2.3L	2	Demonstrates
AS2.4L	2	Demonstrates
AS2.5L	2	Demonstrates
AS3.1L	2	Demonstrates
AS3.2L	2	Demonstrates
AS3.3L	1	Partially demonstrates
AS3.4L	0	Does not demonstrate
AS3.5L	0	Does not demonstrate
AS4.1L	2	Demonstrates
AS4.2L	2	Demonstrates
AS4.3L	2	Demonstrates
AS4.4L	0	Does not demonstrate
AS5.1L	1	Partially demonstrates
AS5.2L	2	Demonstrates

2. Protecting People from Disease

<i>Measure</i>	<i>Score</i>	<i>Compliance Demonstration</i>
CD1.1L	1	Partially demonstrates
CD1.2L	1	Partially demonstrates
CD1.3L	2	Demonstrates
CD1.4L	2	Demonstrates
CD1.5L	2	Demonstrates

CD1.6L	2	Demonstrates
CD1.7L	0	Does not demonstrate
CD2.1L	1	Partially demonstrates
CD2.2L	2	Demonstrates
CD2.3L	2	Demonstrates
CD3.1L	2	Demonstrates
CD3.2L	1	Partially demonstrates
CD3.3L	2	Demonstrates
CD3.4L	0	Does not demonstrate
CD3.5L	0	Does not demonstrate
CD3.6L	2	Demonstrates
CD4.1L	2	Demonstrates
CD4.2L	1	Partially demonstrates
CD4.3L	0	Does not demonstrate
CD4.4L	1	Partially demonstrates
CD5.1L	8	not applicable
CD5.2L	8	not applicable
CD5.3L	8	not applicable
CD5.4L	8	not applicable
CD5.5L	0	Does not demonstrate
CD5.6L	8	not applicable

3. Assuring a Safe, Healthy Environment for People

<i>Measure</i>	<i>Score</i>	<i>Compliance Demonstration</i>
EH1.1L	2	Demonstrates
EH1.2L	2	Demonstrates
EH1.3L	2	Demonstrates
EH1.4L	1	Partially demonstrates
EH2.1L	1	Partially demonstrates
EH2.2L	1	Partially demonstrates
EH2.3L	1	Partially demonstrates
EH2.4L	2	Demonstrates

EH3.1L	2	Demonstrates
EH3.2L	2	Demonstrates
EH3.3L	1	Partially demonstrates
EH4.1L	2	Demonstrates
EH4.2L	2	Demonstrates
EH4.3L	0	Does not demonstrate
EH4.4L	2	Demonstrates
EH4.5L	0	Does not demonstrate

4. Prevention is Best: Promoting Healthy Living

<i>Measure</i>	<i>Score</i>	<i>Compliance Demonstration</i>
PP1.1L	2	Demonstrates
PP1.2L	0	Does not demonstrate
PP1.3L	0	Does not demonstrate
PP2.1L	2	Demonstrates
PP2.2L	0	Does not demonstrate
PP3.1L	2	Demonstrates
PP3.2L	1	Partially demonstrates
PP3.3L	1	Partially demonstrates
PP3.4L	0	Does not demonstrate
PP4.1L	0	Does not demonstrate
PP4.2L	1	Partially demonstrates
PP4.3L	1	Partially demonstrates
PP4.4L	1	Partially demonstrates
PP5.1L	2	Demonstrates
PP5.2L	2	Demonstrates
PP5.3L	0	Does not demonstrate
PP5.4L	2	Demonstrates

5. Helping People Get the Services They Need

<i>Measure</i>	<i>Score</i>	<i>Compliance Demonstration</i>
AC1.1L	2	Demonstrates
AC1.2L	2	Demonstrates

AC1.3L	2	Demonstrates
AC2.1L	2	Demonstrates
AC2.2L	2	Demonstrates
AC2.3L	2	Demonstrates
AC3.1L	2	Demonstrates
AC3.2L	0	Does not demonstrate
AC3.3L	1	Partially demonstrates
AC4.1L	8	not applicable
AC4.2L	0	Does not demonstrate