

# Standards for Public Health in Washington State: 2005 Performance Assessment Report Local Health Jurisdictions Report for: Skamania County Health Department

## **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.

NOTE: The Skamania County assessment was a limited review of selected measures for which activities are conducted primarily by Skamania County or where specific data or information for Skamania should be available. For all other measures, the scoring for Clark County applies to Skamania County activities. Please see the Clark County site visit report for the combined Clark/Skamania measures results. The Strengths and Opportunities listed below apply to both Clark and Skamania Counties.

### ***Strengths***

- The commitment to assessment demonstrated by staff dedicated to assessment team, use of LCDF funding to support assessment activities, including the Community Report Card, Health Indicators List, the Report to the Community and the Assessment Unit Work plan and debriefing process.

- The work in the BOH orientation materials and process, on priority setting with the subgroup of the BOH, the PH Advisory Council (appointed by BOH) and the BOH resulting in policy recommendations specific to public health.
- The Logic Models show with continued evolution and use of these planning tools that now include performance measures, data collection processes and Summary Reports.
- The Emergency Response Plan, especially Annex C, contains good descriptions of roles and responsibilities and public health interventions.
- The CD and EH Outbreak Debrief form and process are clear and consistently used.
- The Materials Magic Manual and process for development and revision of educational materials provide a good basis for clearer messages and annual review of materials.
- The Draft HIPAA training manual is comprehensive and clearly describes expectations for staff.

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

- Expand data analysis and trending activities, and compare performance to goal or target to calculate progress toward goals. Include performance trends and results in next round of strategic planning.
- Conduct regular self-audits of CD investigations and of environmental health enforcement actions to assure staff compliance with procedures and protocols.
- Increase communication with the public and community members through newsletters and other health education materials.
- Identify QI activities and develop improvement plan based on the results of monitoring the performance measures in the logic models for specific programs

### ***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

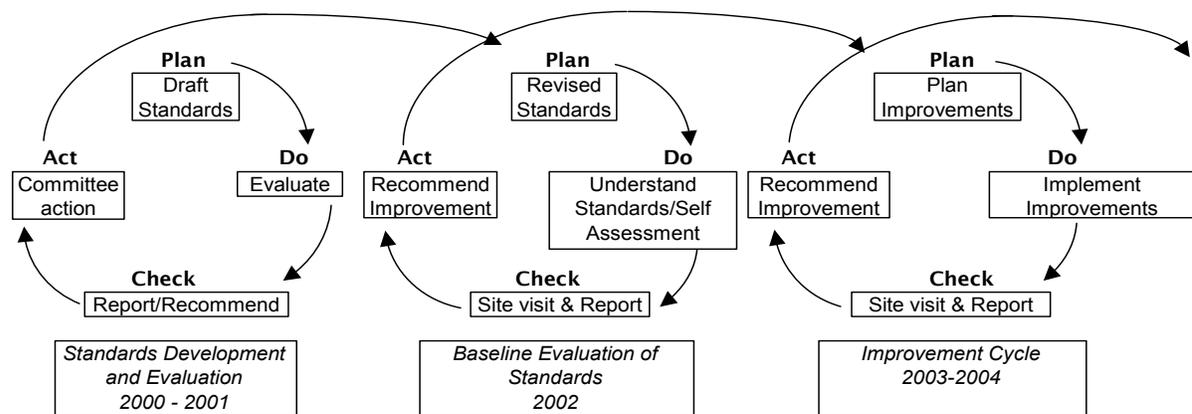
**First, celebrate what you have accomplished.** In the two and a half year period between the 2002 Baseline Evaluation and this performance assessment, it was clear to the site reviewers that improvements had been developed and implemented. Again, thank you for all of your hard work every day, and especially 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 a electronic tool kit. This material will be available by year-end 2005 at [www.doh.wa.gov/phip/Standards/BestPractices/StandardsExemplaryPractices.htm](http://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: Skamania County Health Department

## 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		2002 BRFSS Report, 3/05 distribution memo to Interested persons, reference to report available online at CCHD website	
AS1.2L	2		Monitoring BRFSS data collection, Cluster Investigation Protocol	
AS1.3L	2		LCDF application for Assessment and CD activities- 2004 initiative, 2004 Assessment & Research Unit Work plan, A&R briefing- 7/04	
AS1.4L	1	No data on Health Assessment Indicator presented as 2003 Community Report Card only has Clark County data and other information on EH and other health issues is too limited to fully demonstrate.	Monthly Surveillance data by county, CCHD Community Health Assessment Indicator List- 2003-2004, Teen Pregnancy Rates Fact Sheet 12-03	
AS1.5L	8		NA	

**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>
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AS2.1L	2		Tobacco Free Coalition of Skamania Co.-6/04 presentation, Access to Coverage and Care Fact Sheet-1999-2005 submitted to Tribal Health Alliance
AS2.2L	8		NA
AS2.3L	8		NA
AS2.4L	8		NA
AS2.5L	8		NA

**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	8		NA	
AS3.2L	8		NA	
AS3.4L	8		NA	
AS3.5L	1	It is unclear in documentation how Skamania services are included in the data results and therefore unable to verify that monitoring data is specific to Skamania.	Family Planning Logic Model-2/05, FP & STD Full Circle-Team Purpose, Process Measures for FP/STD Program, Documentation of Data Collection Process, Performance Measurement Summary Report	Family Planning Logic Model-2/05, FP & STD Full Circle-Team Purpose, Process Measures for FP/STD Program, Documentation of Data Collection Process, Performance Measurement Summary Report

**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>
AS4.1L	2		Tobacco Free Coalition of Skamania County- 6/04; Region IV Hospital Planning Committee - 2/05	
AS4.2L	8		NA	
AS4.3L	8		NA	
AS4.4L	1	No indication that the FP/STD Performance Measurement Summary Report contains any Skamania specific data, therefore unable to verify that Skamania data are used to evaluate FP/STD goals and objectives.	Program Evaluation Packet for FP/STD	

**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	8		NA	
AS5.2L	8		NA	

## Score Totals for Topic 1. Understanding Health Issues

	<i>Specific LHJ Totals:</i>	<i>Peer Group Totals:</i>	<i>Combined LHJ Totals:</i>
<b>% Demonstrates:</b>	<b>63%</b>	<b>63%</b>	<b>56%</b>
<b>% Partially Demonstrates:</b>	<b>38%</b>	<b>20%</b>	<b>24%</b>
<b>% Does not Demonstrate:</b>	<b>0%</b>	<b>17%</b>	<b>20%</b>

*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	8		NA	
CD1.2L	1	No indication on any materials that Skamania providers or labs should use the Clark County contacts. DOH 5/04 List does contain Skamania number, but it is unclear that all providers and labs received this information.	Notifiable Conditions Flyer and Poster, and Notifiable Conditions Mouse Pad -- Clark information only, DOH 5/04 List	
CD1.3L	8		NA	

CD1.4L	1	No documentation of guidance for providing information to the public	Steps of an Outbreak Investigation and Response, Proposed CD Flow Chart for Skamania County-Draft 3/04, Comm. Disease Process- 3/05
CD1.5L	8		NA
CD1.6L	8		NA
CD1.7L	8		NA

**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	8		NA	
CD2.2L	8		NA	
CD2.3L	8		NA	

**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	0		No documentation provided	
CD3.2L	2		Health Advisory- Meningitis- 1/05, Health Advisory for AGE- 12/04, EPI-SODE- 6/04 with provider contact lists	

CD3.3L	1	No documentation of the process for exercising legal authority	Notifiable Conditions Reporting & Surveillance Manual, Red Book, Control of CD Manual, Emergency Biologics Booklet, Outbreak Debrief Form- 3/24/04-Skamania Norovirus	Outbreak Debrief Form- 3/24/04-Skamania Norovirus
CD3.4L	8		NA	
CD3.5L	8		NA	
CD3.6L	8		NA	

**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	8		NA	
CD4.2L	2	The Skamania Media contacts are included in the Clark Co. Media list, you may want to consider adding them.	CCHD SARS Communication Plan- 2/04, Skamania County Media List, Skamania Provider Contact Information	
CD4.3L	8		NA	
CD4.4L	8		NA	

**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		NA	

CD5.2L	8	NA
CD5.3L	8	NA
CD5.4L	8	NA
CD5.5L	8	NA
CD5.6L	8	NA

### Score Totals for Topic 2. Protecting People from Disease

	<i>Specific LHJ Totals:</i>	<i>Peer Group Totals:</i>	<i>Combined LHJ Totals:</i>
<b>% Demonstrates:</b>	<b>33%</b>	<b>49%</b>	<b>62%</b>
<b>% Partially Demonstrates:</b>	<b>50%</b>	<b>25%</b>	<b>22%</b>
<b>% Does not Demonstrate:</b>	<b>17%</b>	<b>26%</b>	<b>16%</b>

*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	8		NA	
PP1.2L	8		NA	
PP1.3L	1	It is unclear how Skamania's health promotion and prevention priorities are reflected in these 2 evaluation packets, and no documentation presented for Skamania-specific annual goals or objectives.	Program Eval for FP/STD services, Prog Evaluation packet for HIV/AIDS	

**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	0	Unclear how community members from Skamania are involved and no documentation of Skamania data being used to set priorities.	Planning Forum 2005 for HIV/AIDS services, CCHD Family Planning Advisory Comm. 2/05 agenda	
PP2.2L	8		NA	

**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	1	No documentation of community (non-CCHD) preventive services such as referral lists for providers or clinics.	CCHD website for Personal Health Services, HIV/AIDS info on CCHD website	

PP3.2L	1	FP/STD Performance Measurement Report contains baseline data only, so no gap analysis is present (such as targets or thresholds for indicators or comparison to past performance). Difficult to identify the gap analysis results from the HIV plan.	FP/STD Performance Measurement Report 2003, Reg 6 HIV Prevention Plan-2005-2008
PP3.3L	1	Good summary of assessment and evaluation information being shared with local stakeholders, but it is unclear if gap analysis results were reported to local stakeholders.	Tobacco Control Program Work Plan 2003-2005, 2004 Skamania Tobacco Prevention & Control Program
PP3.4L	1	Performance Measurement and related improvement actions provide limited improvement plan for FP/STD chart documentation only, no evidence of program evaluation findings, etc. used to develop a quality improvement plan.	FP/STD Evaluation Packet,

**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		HIV Intervention plan, Nutrition Plans Basic Food Nutrition Education Program	
PP5.2L	8		NA	

**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>
<b>% Demonstrates:</b>	<b>14%</b>	<b>43%</b>	<b>48%</b>
<b>% Partially Demonstrates:</b>	<b>71%</b>	<b>32%</b>	<b>31%</b>
<b>% Does not Demonstrate:</b>	<b>14%</b>	<b>25%</b>	<b>21%</b>

*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	0		No documentation provided	
AC1.2L	2		Free and Low Cost Healthcare for Skamania brochure, You Can Quit Programs, Tips for Accessing Dental	
AC1.3L	8		NA	

**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	1	This 2002 BRFSS report provides a one-time report of some CHS measures access, but no documentation of periodic surveys.	2002 BRFSS- Skamania County	
AC2.2L	8		NA	
AC2.3L	2		CC PH Advisory Council History and Accomplishments, BOH 3/04 packet and BOH 3/05 priorities packet	

**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	1	No documentation on access to HIV/AIDS services presented	SWWA Consortium on HIV and AIDS, -3/04	
AC3.2L	0		No documentation provided	
AC3.3L	8		NA	

**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>
AC4.1L	2	Baseline information on performance in chart review is present with planned improvement activities for improving chart contents and documentation	FP/STD Evaluation packet	

**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>
<b>% Demonstrates:</b>	<b>43%</b>	<b>60%</b>	<b>52%</b>
<b>% Partially Demonstrates:</b>	<b>29%</b>	<b>10%</b>	<b>16%</b>
<b>% Does not Demonstrate:</b>	<b>29%</b>	<b>29%</b>	<b>32%</b>

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

## Overall Score Totals: Skamania County Health Department

	<i>Specific LHJ Totals:</i>	<i>Peer Group Totals:</i>	<i>Combined LHJ Totals:</i>
<b>% Demonstrates:</b>	<b>39%</b>	<b>54%</b>	<b>55%</b>
<b>% Partially Demonstrates:</b>	<b>46%</b>	<b>24%</b>	<b>25%</b>
<b>% Does not Demonstrate:</b>	<b>14%</b>	<b>23%</b>	<b>20%</b>

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

# Skamania County Health Department

## 1. Understanding Health Issues

<i>Measure</i>	<i>Score</i>	<i>Compliance Demonstration</i>
AS1.1L	2	Demonstrates
AS1.2L	2	Demonstrates
AS1.3L	2	Demonstrates
AS1.4L	1	Partially demonstrates
AS1.5L	8	not applicable
AS2.1L	2	Demonstrates
AS2.2L	8	not applicable
AS2.3L	8	not applicable
AS2.4L	8	not applicable
AS2.5L	8	not applicable
AS3.1L	8	not applicable
AS3.2L	8	not applicable
AS3.4L	8	not applicable
AS3.5L	1	Partially demonstrates
AS4.1L	2	Demonstrates
AS4.2L	8	not applicable
AS4.3L	8	not applicable
AS4.4L	1	Partially demonstrates
AS5.1L	8	not applicable
AS5.2L	8	not applicable

## 2. Protecting People from Disease

<i>Measure</i>	<i>Score</i>	<i>Compliance Demonstration</i>
CD1.1L	8	not applicable
CD1.2L	1	Partially demonstrates
CD1.3L	8	not applicable
CD1.4L	1	Partially demonstrates
CD1.5L	8	not applicable
CD1.6L	8	not applicable

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

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

<i>Measure</i>	<i>Score</i>	<i>Compliance Demonstration</i>
PP1.1L	8	not applicable
PP1.2L	8	not applicable
PP1.3L	1	Partially demonstrates
PP2.1L	0	Does not demonstrate
PP2.2L	8	not applicable
PP3.1L	1	Partially demonstrates
PP3.2L	1	Partially demonstrates
PP3.3L	1	Partially demonstrates
PP3.4L	1	Partially demonstrates

PP5.1L	2	Demonstrates
PP5.2L	8	not applicable

### **5. Helping People Get the Services They Need**

<i>Measure</i>	<i>Score</i>	<i>Compliance Demonstration</i>
AC1.1L	0	Does not demonstrate
AC1.2L	2	Demonstrates
AC1.3L	8	not applicable
AC2.1L	1	Partially demonstrates
AC2.2L	8	not applicable
AC2.3L	2	Demonstrates
AC3.1L	1	Partially demonstrates
AC3.2L	0	Does not demonstrate
AC3.3L	8	not applicable
AC4.1L	2	Demonstrates
AC4.2L	8	not applicable