

# **Standards for Public Health in Washington State: 2008 Performance Review Report *Clark County Public Health***

## **The Standards and the 2008 Performance Review**

Thank you for participating in the performance review 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 NACCHO Operational Definition.

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***

- Strong assessment capacity and use of data to drive programs, including the Assessment Mentorship Program and the Community Report Card
- The 2007-2010 Strategic Plan with detailed objectives and the Status Report
- The CCPH website is comprehensive and easy to navigate
- The Customer Satisfaction Surveys and reports
- The Materials Review Policies, review logs and updated materials, as well as materials in non-English languages
- The Food Safety Program analyses of fees, type of food establishments with blue and red violations, the risk-based inspections analysis and training session,
- The After-Action Reports and the use of the recommendations to improve services
- The extensive community involvement and partnerships for planning and implementing public health activities to address health priorities
- The internal audits of communicable disease and environmental health case files
- The extent of staff training with documentation of participation
- The use of expertise and resources from outside the agency for studies, such as the Rubato provider survey study on Notifiable Conditions information

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

- Work on the development of measurement at the program level, by establishing quantifiable performance measures for process, impact and population outcomes
- Link data review and conclusions to actions taken, especially link program evaluation results to program improvements, in other words, close the Plan-Do-Study-Act loop

- Use meeting minutes to include attachments of data reviewed, etc. capture actions, conclusions from the data
- Develop a Quality Improvement Plan for the agency
- Enhance the website by including contact via phone numbers in addition to email

### ***The Performance Review Approach***

The performance review included 34 local health jurisdictions (LHJs) sites, 20 Department of Health (DOH) program sites and the State Board of Health for a total of 55 sites. Each site was asked to use the Guidelines to prepare for an on-site visit by organizing the documentation supporting the review of each measure.

During the site review, an independent consultant from MCPP Healthcare Consulting 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 from the agency. In addition, potential exemplary practice documentation was requested from each site. The on-site reviews concluded with a closing conference in which general strengths and opportunities for improvement were discussed, and feedback on the Standards and assessment process was obtained. All of this information will be compiled into an Overall System report, with recommendations regarding the next steps for the performance improvement of public health practice across the State.

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

The attached report is organized into three sections. First there is a summary showing each of the 12 standards and the performance on each measure in each standard. This section is color coded with green to indicate that the measure was demonstrated, yellow to indicate that the measure was partially demonstrated and red to indicate that the measure was not demonstrated. The measure is blank if it was scored as “not applicable”. This summary gives the agency immediate information on performance in each of the standards. The second section is a detailed summary for each measure with a list of all the documents used to score the measure and related comments for all measures applicable at the agency level. In this second section, measures that were scored at the program level show the calculated score derived from the program scores and the documentation and comments fields are blank. The third section of this report is the program detail with the list of documents and comments for each of the three programs reviewed for the LHJ. The scores from each of the three programs were aggregated to provide a single score for that measure at the agency level that is reported in section two.

***Comparability to the 2005 Evaluation results:*** Due to the major revisions in the Standards and measures, only some of the 2008 results can be compared to the results of the 2005 Evaluation results. Please use the crosswalk of the 2005 Standards to the 2008 Standards to identify the measures that are comparable between the two cycles.

### ***Scoring and Related Information in the 2008 Review Site Reports***

- *For each measure* [scored by the reviewer]:
  - 2 = demonstrates the measure,
  - 1 = partially demonstrates the measure,
  - 0 = does not demonstrate the measure,
- Also, some measures were Not Applicable to a specific program and these measures are noted as NA.
- *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 Standard:* at the end of each Standard, there is a roll-up of the scores on all *applicable* measures in the Standard (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 Standard 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 Standards:** the final segment of this part of the report provides you with a roll-up of all Standards, with the same benchmark data from the peer group and statewide roll-ups.

## Peer Groupings

<b>Small Town/Rural</b>	<b>Mixed Rural</b>	<b>Large Town</b>	<b>Urban</b>
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 2005 Evaluation and this performance cycle, 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 for your work 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 Standards or measures. 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 2008 at [www.doh.wa.gov/hip/Standards/BestPractices/StandardsExemplaryPractices.htm](http://www.doh.wa.gov/hip/Standards/BestPractices/StandardsExemplaryPractices.htm) .
- **Statewide initiatives** such as the Multistate Learning Collaborative and other efforts like the 5930 Initiative provide opportunities for formal efforts to improve performance. 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 review.** The Standards Performance process itself has been conducted using quality improvement principles and methods, including the Plan-Do-Study-Act cycle. The next cycle is planned for 2009-2011, with site visits probably occurring in the spring of 2011.

### Strategies for building on your current performance:

- Save the documentation you have used in this cycle as a good starting point for continuing to identify documentation for demonstrating performance.

- Establish an electronic document library for collecting documentation and to facilitate the use of an electronic format for the next 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 LHJ may have an excellent process or documentation method that you can start using with less time and effort.
- 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 2008 performance review, 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.

# Summary Site Report

**Demonstrates = 2**

**Partially Demonstrates = 1**

**Does Not Demonstrate = 0**

## Standard 1: Community Health Assessment

Measure	Score	Compliance Demonstration
1.1 L	2	Fully Demonstrated
1.2 L	2	Fully Demonstrated
1.3 L	2	Fully Demonstrated
1.4 L	2	Fully Demonstrated
1.5 L	1	Partially Demonstrated
1.6 L	2	Fully Demonstrated
1.7 L	2	Fully Demonstrated

## Standard 2: Communications to the Public and Key Stakeholders

Measure	Score	Compliance Demonstration
2.1 L	2	Fully Demonstrated
2.2 L	2	Fully Demonstrated
2.3 L	2	Fully Demonstrated
2.4 L	2	Fully Demonstrated
2.5 L	2	Fully Demonstrated
2.6 L	2	Fully Demonstrated
2.7 L	2	Fully Demonstrated
2.8 L	2	Fully Demonstrated
2.9 L	2	Fully Demonstrated
2.10 L	2	Fully Demonstrated
2.11 L	2	Fully Demonstrated

## Standard 3: Community Involvement

Measure	Score	Compliance Demonstration
3.1 L	1	Partially Demonstrated
3.2 L	1	Partially Demonstrated

**Standard 4: Monitoring and Reporting Threats to Public's Health**

Measure	Score	Compliance Demonstration
4.1 L	2	Fully Demonstrated
4.2 L	2	Fully Demonstrated
4.3 L	2	Fully Demonstrated
4.4 L	1	Partially Demonstrated
4.5 L	2	Fully Demonstrated
4.6 L	2	Fully Demonstrated
4.7 L	2	Fully Demonstrated
4.8 L	2	Fully Demonstrated
4.9 L	2	Fully Demonstrated
4.10 L	2	Fully Demonstrated
4.11 L	2	Fully Demonstrated

**Standard 5: Planning for and Responding to Public Health Emergencies**

Measure	Score	Compliance Demonstration
5.1 L	2	Fully Demonstrated
5.2 L	2	Fully Demonstrated
5.3 L	2	Fully Demonstrated
5.4 L	2	Fully Demonstrated
5.5 L	1	Partially Demonstrated

**Standard 6: Prevention and Education**

Measure	Score	Compliance Demonstration
6.1 L	2	Fully Demonstrated
6.2 L	2	Fully Demonstrated
6.3 L	1	Partially Demonstrated
6.4 L	2	Fully Demonstrated

## Standard 7: Helping Communities Address Gaps in Critical Health Services

Measure	Score	Compliance Demonstration
7.1 L	2	Fully Demonstrated
7.2 L	2	Fully Demonstrated
7.3 L	2	Fully Demonstrated
7.4 L	2	Fully Demonstrated

## Standard 8: Program Planning and Evaluation

Measure	Score	Compliance Demonstration
8.1 L	1	Partially Demonstrated
8.2 L	1	Partially Demonstrated
8.3 L	2	Fully Demonstrated
8.4 L	1	Partially Demonstrated
8.5 L	2	Fully Demonstrated
8.6 L	1	Partially Demonstrated
8.7 L	1	Partially Demonstrated
8.8 L	1	Partially Demonstrated
8.9 L	2	Fully Demonstrated

## Standard 9: Financial and Management Systems

Measure	Score	Compliance Demonstration
9.1 L	2	Fully Demonstrated
9.2 L	2	Fully Demonstrated

## Standard 10: Human Resource Systems

Measure	Score	Compliance Demonstration
10.1 L	2	Fully Demonstrated
10.2 L	2	Fully Demonstrated
10.3 L	2	Fully Demonstrated
10.4 L	2	Fully Demonstrated
10.5 L	2	Fully Demonstrated
10.6 L	1	Partially Demonstrated

### Standard 11: Information Systems

Measure	Score	Compliance Demonstration
11.1 L	1	Partially Demonstrated
11.2 L	2	Fully Demonstrated
11.3 L	1	Partially Demonstrated
11.4 L	2	Fully Demonstrated
11.5 L	2	Fully Demonstrated

### Standard 12: Leadership and Governance

Measure	Score	Compliance Demonstration
12.1 L	2	Fully Demonstrated
12.2 L	2	Fully Demonstrated
12.3 L	2	Fully Demonstrated
12.4 L	2	Fully Demonstrated
12.5 L	1	Partially Demonstrated
12.6 L	2	Fully Demonstrated
12.7 L	2	Fully Demonstrated
12.8 L	2	Fully Demonstrated
12.9 L	0	Not Demonstrated
12.10 L		

### Overall Score Totals

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	77%	64%	55%
% Partially Demonstrates	22%	31%	34%
% Does Not Demonstrate	1%	4%	12%

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



## Detailed Agency Report

### Standard 1: Community Health Assessment

Data about community health, environmental health risks, health disparities and access to critical health services are collected, tracked, analyzed and utilized along with review of evidence-based practices to support health policy and program decisions.

	Measure	Score	Comments	Documents	Exemplary Documents
1.1 L	<p>Annual report or various separate reports with trended data (collected at least every other year) on a set of core indicators that include measures of:</p> <p>population health status AND, communicable disease AND, environmental health risks and related illnesses, AND health disparities AND, access to critical health services.</p> <p>Note: The focus of this measure is the largest set of public health data that includes more than a specific set of core indicators or the set of 32 local Public Health Indicators. See the Performance Management Glossary for definitions of health data.</p> <p>Written definition or description of quantitative data.</p> <p>Qualitative data such as barrier analysis and focus group or interview results (See Glossary)</p>	2		<p>CCPH 2006 Community Report Card; CCPH Adults and Youth Risk Factors of Tobacco Use April 2007; CCPH Selected Notifiable Conditions 2006; CCPH Substance Dependence Client Data related to Tobacco Smoking 2006; Smoke-Free Campus White Paper May 2007; STEPS Data Asthma, Diabetes, Nutrition, Obesity, Physical Activity; April 2007; Community Stakeholder Focus Group Results February 2006;</p>	CCPH 2006 Community Report Card
1.2 L	<p>Description of data tracking and analysis process, or reports of analyzed data indicating regular (systematic) process. Note: Health data, as defined in the Glossary, includes Local Public Health Indicator Report.</p> <p>Review of evidence-based practices.</p> <p>Use of health data to (at least one of the activities below):</p>	2		<p>CCPH 2006 and 2003 Community Report Cards; Smoke-Free Campus White Paper May 2007; Monthly Surveillance Data April 2007; West Nile Virus Outlook for 2007</p>	

	<ul style="list-style-type: none"> <li>• signal changes in health disparities and priority health issues, or</li> <li>• identify emerging health issues, or</li> <li>• identify implications for changes in communicable disease or environmental health investigation, intervention, or education efforts</li> <li>• gap analysis comparing existing services to projected need for services</li> <li>• recommendations for policy decisions, program changes, or other actions [see measure 1.3 L]</li> </ul>				
1.3 L	Written recommendations for policy decisions, program changes, budget changes or other actions. For health policy decisions not tied to the analysis in 1.2L, the health data that led to the health policy decision that was made. Note: The intent is to assure that health policy decisions are based on data, whether the health policy flows from review of data analysis or from the health decision making process.	2		Smoking-Free Campus White Paper May 2007; Center for Community Health Tenants Committee Meeting May 14, 2007; CCPH 2006 Community Report Card; Tobacco Team Minutes September 11, 2007	
1.4 L	Report or material showing that local health data are shared with at least one of the three levels of organization listed below: • local organization, OR • state organization, OR • regional organization. Note: The intent is to assure that data or materials are shared are based with all appropriate levels of organizations.	2		BOH Presentation 2006 Community Report Card; Washington State Joint Conference Presentation, October 2007	Washington State Joint Conference Presentation October 2007
1.5 L	Description of method for community members to obtain technical assistance from LHJ on assessment methods, data collection or other issues.	1	It isn't apparent from the site for a direct contact for technical assistance for a specific person or topic.	Health Statistics Website	
1.6 L	List of LHJ staff responsible for assessment activities.	2		Health Assessment website; Hands-on	

	Training or assessment meeting agendas and materials from last 24 months (at least two examples). Attendance documentation for staff listed above from last 24 months (at least one for each staff person)			Stata Training Using Health Youth Survey Data, July 2007; Stata Attendance Roster; Vista and Qualitative Methods Training Agenda and Roster, September 2007	
1.7 L	Collaboration with outside researchers on activities that benefit the community. If the program does not use any research-based information, this should be stated.	2		CCPH Homegrown Garden Pilot Abstract Joint Conference, 2007; Nurse Family Partnership Web Page - Invest in Kids	

### Score Totals for Standard 1: Community Health Assessment

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	86%	89%	78%
% Partially Demonstrates	14%	8%	14%
% Does Not Demonstrate	0%	3%	8%

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

### Standard 2: Communications to the Public and Key Stakeholders

Public information is a planned component of all public health programs and activities. Urgent public health messages are communicated quickly and clearly.

	Measure	Score	Comments	Documents	Exemplary Documents
2.1 L	Description(s) of public health's mission and role in communication documents (at least one example) Note: This might include implementing elements of the PHIP Communications Plan.	2		BOH Meeting Notes, September 2007; CCPH Strategic Plan 2007-2010; CCPH Strategic Plan News Release	2.1 L
2.2 L	Publicly available 24 hour contact	2		Clark County	2.2 L

	information for the LHJ current within last 14 months. Phone numbers for weekday and after-hours emergency contacts are available to (evidence of availability to both groups listed below): • law enforcement, AND • appropriate local agencies and organizations, such as tribal governments, schools and hospitals.			Notifiable Conditions Web Page; Region IV Public Health Emergency Response Plan August 2007	
2.3 L	At least one example of urgent communication sent within the last 24 months to each of the groups listed below: • media, AND • key stakeholders (these may be locally defined).	2		Canned Goods Recall News, July 2007; Pertussis-Chickenpox Health Advisory, May 2007	2.3 L
2.4 L	Contact lists for media and key stakeholders with effective or review date within last 14 months. Description/demonstration of availability to staff	2		Clark County Public Health Emergency Response Plan, August 2007; CCPH Physician Contact List, April 2007; Public Health email list print media, TV & radio; Regional PIO list	2.4 L
2.5 L	Written description(s) of roles for working with the news media that identify the timeframes for communications. Written expectations for all staff regarding information sharing and response to questions (includes direct services, reception staff, not just lead communicators).	2	Moved PIO guidelines to document timeframes for communications	Media Communications Policy, April 2007; PIO guidelines 2005	2.5 L
2.6 L	Written instructions on how to create a clear and accurate health alert and a media release. Written description of distribution steps and recipients for both health alerts and media releases.	2		CCPH PIO Guidelines; Instructions for Sending Health Alerts; Health Alert Template; Health	2.6 L

				Advisory Template	
2.7 L	Public information that includes at least one example of each of the topics listed below: • health data, AND • information on environmental health risks, AND • communicable disease and other threats to the public's health, AND • access to the local health system, healthcare providers and prevention resources.	2		CCPH 2006 Community Report Card; STEPS data Asthma, Obesity; CCPH website on infectious disease, environmental health, and health clinic services	2.7 L
2.8 L	Information about public health activities, including at least one example of each of the topics listed below: • educational offerings, AND • reporting and compliance requirements.	2			2.8 L
2.9 L	Publicly available information for all the topics listed below (one example of each): • written policies, AND • local ordinances, AND • permit/license application requirements, AND • administrative code, AND • enabling laws. Form of documentation should indicate how it is made available to the public.	2			2.9 L
2.10 L	Two examples of educational material in non-English language OR Two examples of educational material in non-English language OR one example of educational material in non-English language and example of how interpretation assistance is available (such as a language line)	2			2.10 L
2.11 L	Local resource/referral list(s) of each of the types of providers listed below: • private communicable disease treatment providers, AND • public communicable disease treatment providers, AND • providers of critical health services, AND •	2		CCPH Physician Contact List; Needle Exchange Referrals; Duty Officer referral sample	2.11 L

	providers of preventive services. Note: In some cases providers for critical health services are also providers for preventive services. One example of using list to generate a referral.				
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**Score Totals for Standard 2: Communications to the Public and Key Stakeholders**

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	100%	84%	75%
% Partially Demonstrates	0%	16%	23%
% Does Not Demonstrate	0%	0%	2%

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

**Standard 3: Community Involvement**

Active involvement of community members and development of collaborative partnerships address community health risks and issues, prevention priorities, health disparities and gaps in healthcare resources / critical health services.

	Measure	Score	Comments	Documents	Exemplary Documents
3.1 L	Documentation of community and stakeholder review of local health data, including Local Public Health Indicators. Note: The intent is for LHJ staff to present local health data to community groups, such as advisory groups or agency committees with community member participation, to get input and feedback from community members and recommendations for action. Recommendations from community or stakeholder groups for at least one of the following actions: • further investigation. OR • new program efforts, OR • policy	1			

	direction, OR • prevention priorities.				
3.2 L	<p>Gap analysis for local critical health services and for prevention services reported to at least one of the groups listed below: • local stakeholders or community groups, or • regional partners, or • statewide program colleagues.</p> <p>Results of program evaluations reported to at least one of the groups listed below: • local stakeholders or community groups, or • regional partners, or • statewide program colleagues.</p> <p>Use of gap analysis and program evaluations in building partnerships with state, regional, and/or local stakeholders and/or state level colleagues.</p>	1			

### Score Totals for Standard 3: Community Involvement

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	0%	9%	13%
% Partially Demonstrates	100%	91%	76%
% Does Not Demonstrate	0%	0%	10%

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

#### Standard 4: Monitoring and Reporting Threats to Public's Health

A monitoring and reporting process is maintained to identify emerging threats to the public's health. Investigation and control procedures are in place and actions documented. Compliance with regulations is sought through education, information, investigation, permit/license conditions and appropriate enforcement actions.

	Measure	Score	Comments	Documents	Exemplary Documents
4.1 L	Information on notifiable conditions with required reporting timeframes and specific, current 24-hour LHJ contact information, in the form of a designated telephone line or a designated contact person, are provided to: • health care providers, including new licensees, AND • laboratories, including new licensees. Distribution of notifiable conditions information (at least annually to assure current 24 hour contact information)	2			
4.2 L	Information (not the notifiable conditions poster) about managing reportable conditions, such as treatment options or isolation requirements. Evidence of distribution to health care providers	2			
4.3 L	Written description of process for identifying new providers in the community and engaging them in	2			

	the reporting process, OR Reports showing regular identification of new providers in the community and actions to engage them in the reporting process.				
4.4 L	Written protocols for receiving and managing information on notifiable conditions and other public health concerns that include all the information listed below: • role-specific steps to take when receiving information AND • guidance on providing information to the public AND • description of the roles and relationship between communicable disease, environmental health and other programmatic activities.	1			
4.5 L	Tracking system for notifiable conditions that includes documentation of all the information listed below: • the initial report, AND • investigation, AND • findings, AND • subsequent reporting to state and federal agencies. Note: the system may also track the broader category of mandated reporting.	2			
4.6 L	Protocols for specific conditions contain all of the information listed below for each specific condition: • case investigation steps (including timeframes for initiating the investigation), AND • reporting requirements, AND • contact information, AND • clinical management, including referral to care. Protocols document which evidence based practices (EBP) relating to the most effective population-based methods of disease prevention and control have been incorporated in	2			

	specific conditions and the source of the EBP.				
4.7 L	Description of the method for tracking public health concerns, if not already captured by the systems described in either 4.5 or 4.8. Two examples of reports of concern received from the public indicating referral to appropriate agency for response.	2	This process could be strengthened by documenting the topic of duty officer responses in an excel spreadsheet or other mechanism to identify trends in concerns or where improvements may be made in response.	PH Duty Officer Procedure-- 7-06 with email summary to distribution list, five examples of referrals for follow-up	PH Duty Officer Procedure-- 7-06 with email summary to distribution list
4.8 L	Tracking system for environmental health investigations and compliance activities that includes documentation of all the information listed below: • the initial report, AND • investigation, AND • findings, AND • compliance action, AND • subsequent reporting to state and federal agencies.	2			
4.9 L	Written procedures for investigation and compliance actions, based on local policies, ordinances and state laws contain all of the information listed below for each action: • case investigation steps (including timeframes for initiating the investigation), AND • type of documentation needed to take enforcement action.	2			
4.10 L	Protocols for the use of emergency biologics (for example, the "yellow book").	2			
4.11 L	Protocols for exercising legal authority for disease control (including quarantine and non-voluntary isolation)	2		Health Officer's Order No. document, Clark County Public Health and Skamania County Health Department ERP-- 8/07	

Score Totals for Standard 4: Monitoring and Reporting Threats to Public's Health

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
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% Demonstrates	91%	88%	82%
% Partially Demonstrates	9%	12%	14%
% Does Not Demonstrate	0%	1%	4%

Note: Totals may not equal 100% due to rounding

## Standard 5: Planning for and Responding to Public Health Emergencies

Emergency preparedness and response plans and efforts delineate roles and responsibilities in regard to preparation, response, and restoration activities as well as services available in the event of communicable disease outbreaks, environmental health risks, natural disasters and other events that threaten the health of people.

	Measure	Score	Comments	Documents	Exemplary Documents
5.1 L	Examples of communications in which the primary contact person(s) is clearly identified for health risk reporting purposes (evidence of distribution to both groups listed below): • health providers, AND • public safety officials.	2		Pertussis-Chickenpox Health Advisory; Situation report - GI Illness Outbreak at Care & Rehab facilities	
5.2 L	Local public health emergency preparedness and response plans (EPRP) address all types of emergencies listed below: • environmental health risks, AND • communicable disease outbreaks, AND other public health emergencies. The LHJ EPRP describes the specific roles and responsibilities for LHJ programs/staff regarding local response and management of all types of responses listed below: disease outbreaks, AND environmental health risks, AND natural disasters or other threats to	2		CCPH Emergency Response Plan; CCPH PanFlu Table Top Exercise - After Action Report and Improvement Plan	

	<p>the public's health.</p> <p>The LHJ EPRP includes a section that describes processes for exercising the plan, including after-action review and revisions of the plan.</p> <p>Report of drills and/or after-action reviews (at least one example)</p>				
5.3 L	<p>Reports (at least one example) indicate LHJ leadership in community level public health emergency activities including all the activities listed below: • planning, AND • exercises AND • response/restoration activities.</p> <p>Reports (at least one example) indicate full LHJ participation in other community emergencies with public health implications including all the activities listed below: • planning, AND • exercises AND • response activities.</p>	2		<p>Operation Little WASABE-after action report, August 2007;</p> <p>CCPH PanFlu tabletop exercise - after action report September 2006</p>	
5.4 L	<p>Written description or list of public health services that are essential for the public to access in different types of emergencies. Note: The intent of this measure is that the LHJ has identified the essential services it provides during a public health emergency and has told the public how to access those services. An example is a list of the issues on the emergency response webpage for which the public should contact the agency.</p> <p>At least two examples of information distributed/available to the public on how to access the essential services during an emergency.</p>	2		<p>CCPH Emergency Preparedness and Response web page;</p> <p>Pandemic Influenza Information web page;</p> <p>West Nile Virus Case in Clark County News Release, October 2006</p>	
5.5 L	<p>Documentation for most recent 24 months of all new employees receiving orientation to the LHJ</p>	1			

	EPRP. Annual review of LHJ EPRP with all employees (twice within last 24 months). Note: Review may be specific documentation for every program or division or agency wide with documentation of attendance from every division or program.				
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### Score Totals for Standard 5: Planning for and Responding to Public Health Emergencies

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	80%	65%	59%
% Partially Demonstrates	20%	29%	29%
% Does Not Demonstrate	0%	5%	12%

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

### Standard 6: Prevention and Education

Prevention and education is a planned component of all public health programs and activities. Examples include wellness/healthy behaviors promotion, healthy child and family development, as well as primary, secondary and tertiary prevention of chronic disease/disability, communicable disease (food/water/air/waste/vector borne) and injuries. Prevention, health promotion, health education, early intervention and outreach services are provided.

	Measure	Score	Comments	Documents	Exemplary Documents
6.1 L	Written descriptions of key program or activity components relevant to prevention and health education activities provided by LHJs or through contracts with community partners. Strategies (evidence-based or promising practices) for prevention and health education activities provided by the LHJ or by contractors for any of the groups listed below: • individuals, OR •	2			

	families, OR • community in general.				
6.2 L	<p>Descriptions of prevention priorities for prevention, health promotion, early intervention and outreach services for general population or targeted, at-risk populations. (See measure 12.7 L).</p> <p>Analyses (at least two examples) of community health data and program evaluation data used to develop prevention priorities described above. These analyses may also include data on local issues, funding availability, experience in service delivery, or information on evidence based practices.</p>	2		CCPH 2006 Community Report Card; Smoke-Free Campus White Paper May 2007, Nurse Family Partnership	
6.3 L	<p>Documented review (at least every other year) of prevention and health education information of all types (including technical assistance). Two examples of updated, expanded or contracted prevention and health education information reflecting revised regulations, changes in community needs, evidence-based practices and health data.</p> <p>Written description of the process to conduct all the activities listed below:</p> <ul style="list-style-type: none"> <li>• organize materials, AND</li> <li>• develop materials, AND</li> <li>• distribute or select materials, AND</li> <li>• evaluate materials, AND</li> <li>• update materials.</li> </ul>	1			
6.4 L	<p>Descriptions of at least two partnerships with the community and/or stakeholders to implement population based prevention and health education activities. Each of the two examples must demonstrate different implementation methods (e.g., train the trainer, technical assistance, social marketing, workshops, or peer education).</p>	2			

## Score Totals for Standard 6: Prevention and Education

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	75%	50%	39%
% Partially Demonstrates	25%	48%	54%
% Does Not Demonstrate	0%	2%	7%

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

## Standard 7: Helping Communities Address Gaps in Critical Health Services

Public health organizations convene, facilitate and provide support for state and local partnerships intended to reduce health disparities and specific gaps in access to critical health services. Analysis of state and local health data is a central role for public health in this partnership process.

	Measure	Score	Comments	Documents	Exemplary Documents
7.1 L	LHJ leadership or participation in community process that includes health care providers and is based on information about local resources and trends to address all the issues and activities listed below: • health disparities and/or access to critical health services (including prevention services), AND • set goals, AND • take action.	2		Integrated Primary Care Report to the BOH, September 2007; Public Invitation for CCPH 2006 Report Card	
7.2 L	Local resource/referral list of private and public communicable disease treatment providers, providers of critical health services and providers of preventive services. List must contain all four types of providers. [See measure 2.11 L]. Assessment information on access to the four types of providers listed above. One example of using the assessment of access to services to determine where detailed	2		CCPH Physician Contact List, April 2007; Free and Low Cost Health Care for Clark County brochure, June 2006; Distribution list of community health education services information, 2006; Community Health Education Services Information Grid	

	documentation and gap analysis of local capacity is needed.				
7.3 L	Surveys (at least one example within last 24 months) to assess the availability of critical health services and barriers to access. One gap analysis for access to critical health services based on the results of the surveys for availability and other assessment information.	2		Primary Care Access 2006; 2005 Smile Survey	
7.4 L	Program and activity planning processes, contracts or access initiatives reflect both types of activities listed below (at least one example of each): • coordination of health service delivery among health care providers AND • linkage of individuals to medical home.	2		Integrated Primary Care and Behavioral Health RFP; Project Access Letter of Acceptance to Clark County Public Health, August 2007; Project Access Grant Application; Role of CCPH integrated primary care, November 2006	

#### Score Totals for Standard 7: Helping Communities Address Gaps in Critical Health Services

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	100%	68%	57%
% Partially Demonstrates	0%	25%	30%
% Does Not Demonstrate	0%	7%	13%

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

## Standard 8: Program Planning and Evaluation

Public health programs and activities identify specific goals, objectives and performance measures and establish mechanisms for regular tracking, reporting, and use of results.

	Measure	Score	Comments	Documents	Exemplary Documents
8.1 L	<p>For each program reviewed, a written description of program or activity goals, objectives and performance measures shows use of a systematic process or model. This does not have to be a single, agency wide document, although individual program plans ideally link to agency wide plans such as strategic and QI plans.</p> <p>For each program reviewed, written description(s) of professional requirements, knowledge, skills, and abilities for staff working in the program.</p>	1			
8.2 L	<p>For each program reviewed, reports of program performance measures with analysis against goals and trended data where possible.</p> <p>For each program reviewed, evidence showing use of the analysis for at least one of the activities listed below: • improve program activities and services, OR • revised educational curricula or materials.</p>	1			
8.3 L	<p>Use of additional sources of information to improve services and activities, including an example from each program being reviewed from the information sources listed below:</p> <ul style="list-style-type: none"> <li>• experiences from service delivery, including public requests, testimony to the BOH, analysis of health data, and information from outreach, screening, referrals, case</li> </ul>	2			

	management, follow-up, investigations complaint/inspections, prevention and health education activities, OR • funding availability, OR • evidence-based practices.				
8.4 L	For programs/activities that have initiated specific community collaborative projects, description of community collaboration project includes all of the factors listed below • analysis of data, AND • establishment of goals, objectives and performance measures, AND • evaluation of the initiatives.	1			
8.5 L	Customer service standards with related program performance measures for all employees with job functions that require them to interact with the general public, stakeholders and partners. Evaluation results of performance on customer service standards.	2		Office of Assessment Performance Standards – Goals 2007-2008, 2006 HIV Test Counseling Client Satisfaction Survey Report, 2007 WIC Customer Satisfaction Survey and Survey Results	
8.6 L	One example for each program being reviewed of evaluations of workshops, other in-person trainings (including technical assistance) or other health education activities with analysis of effectiveness conducted within last 24 months. One example for each program being reviewed of educational curricula or material revised to address evaluation results dated within last 24 months.	1			
8.7 L	Aggregated annual internal audit* results for last two years of on a sample of communicable disease investigations records including data on timeliness and compliance with	1			

	<p>disease-specific protocols. OR *Note: An internal audit is a review of a sample of case files or other types of documented work, such as investigation reports, for requirements like timeliness, accuracy, and compliance with protocols or regulations. A sample of 30 files is considered sufficient to identify trends in compliance. Aggregated annual internal audit* results for last two years of on a sample of environmental health investigation/compliance action records including data on timeliness and compliance with investigation/compliance procedures. OR Aggregated annual internal audit* results for last two years of on a sample of program or activity case write-ups, such as for client visit; including data on timeliness and compliance with program protocols or on repetitive activities such as the development or use of prevention and health education materials [see 6.3 L] or health alerts [see 2.6 L]</p>				
8.8 L	<p>List of significant outbreaks, environmental events, natural disasters, table top exercises or public health emergencies that have occurred during the last 24 months. After-action/table top evaluation for each event listed above with evidence that each evaluation included all the activities listed below: • participation from stakeholders; such as hospitals, providers and involved community organizations, as appropriate, AND • participation by LHJ staff from</p>	1	<p>Unable to verify that measles, VGE and other outbreaks have consistently been debriefed with documentation of all the required factors listed in this measure.</p>	<p>List of Significant Outbreaks and PH Emergencies, CCPH MMR Mass Vaccination Clinic AAR- 8/06, Operation Little WASABE--8/07, Past Incidents folders--various outbreaks and incidents, 8/06 EH/Infection Control meeting with Norovirus outbreak</p>	<p>List of Significant Outbreaks and PH Emergencies</p>

	communicable disease, environmental health and other public health programs, AND • review of the accessibility of essential public health services (See 5.4 L), AND • assessment of how the event was handled, AND • documentation of what worked well, AND • identification of issues, AND • recommend changes in response procedures and other process improvements			debrief	
8.9 L	Two examples that demonstrate the use of after action/table top recommendations to improve two or more of the LHJ processes listed below: • monitoring and tracking processes • disease-specific protocols • investigation/compliance procedures • laws and regulations • staff roles • communication efforts • access to essential public health services (See 5.4), • emergency preparedness and response plans • other LHJ plans, such as facility/operations plan. Organizational goals and objectives reflect recommended changes from after action /table top evaluations.	2		2007-2010 Strategic plan, Operation Little WASABE AAR, MMR Mass Vaccination Clinic AAR, Region IV JIS/JIC Functional Exercise--AAR	8/06-MMR Mass Vaccination Clinic AAR

### Score Totals for Standard 8: Program Planning and Evaluation

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	25%	31%	24%
% Partially Demonstrates	75%	60%	58%
% Does Not Demonstrate	0%	9%	18%

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

## Standard 9: Financial and Management Systems

Effective financial and management systems are in place in all public health organizations.

	Measure	Score	Comments	Documents	Exemplary Documents
9.1 L	Review of the LHJ annual budget shows: • alignment with the organization's strategic plan AND • linkage to the organization's goals. Regular (at least quarterly) budget monitoring with comparison of actual to budget and conclusions on needed actions. Description of process for assuring that all revenues are considered and collected.	2		CCPH Budget Request, 2007-2008; monthly review revenue and expenditure summary report, December 2007; Financial Information Policy, February 2008	
9.2 L	Contract review for legal requirements is documented for two contracts executed in last 24 months. Regular (at least quarterly) monitoring of two contracts with comparison of actual performance to deliverables and conclusions on needed actions.	2		Mid Columbia Children's Contract, 2007; Clallam County Contract, 2007; Contract Deliverable Notification Report 1st quarter 2008; DSHS Refugee Services Report	

### Score Totals for Standard 9: Financial and Management Systems

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	100%	55%	35%
% Partially Demonstrates	0%	41%	54%
% Does Not Demonstrate	0%	5%	11%

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

## Standard 10: Human Resource Systems

Human resource systems and services support the public health workforce.

	Measure	Score	Comments	Documents	Exemplary Documents
10.1 L	Human resources policies on all topics listed below: • promotion of diversity and cultural competence, AND • methods for compensation decisions, AND • personnel rules, AND • recruitment and retention of qualified and diverse staff. Description or evidence of how these policies are made available to staff.	2		HR Manual; Equal Employment Opportunity Plan, 2006; HR Documents Web Page; Compensation Policy, 2005	10.1 L
10.2 L	Documentation of how job descriptions for program positions or job classifications with a description of how they are made available to staff. Note: Job descriptions or job classifications are not required to be presented as documentation for this measure. Tracking report with listing of staff evaluation completion dates for all eligible (employed more than 12 months). Note: This measure includes public health staff, but not staff from human services if the departments are combined. This does include Environmental Health staff even if they are organized under another department. To fully demonstrate performance in this element the tracking report must indicate that more than 80% of employees have completed performance evaluations in 2007. Validation that an annual training	2	While the current performance evaluation form includes a section for goals and development plan, this minimally meets the requirements for individual training plans. The performance evaluation process should be strengthened by development of a policy that requires the professional development planning form or another formal training plan to be a standard part of the performance evaluation documentation.	HR Job classifications web page; Employee Performance Evaluation Tracking; Professional Development Planning Form; Performance Appraisal Guidelines for Management Presentation	10.2 L

	plan is included in evaluation for each employee.				
10.3 L	Description of process to assure that employees have the appropriate licenses, credentials and experience to meet job qualifications and perform job requirements.	2		Record of Licensure Tracking Procedure; Record of Licensure for staff; Record of Licensure for WIC staff	10.3 L
10.4 L	Report of staff attending training and/or educational sessions within the last three years for at least three of the following topics, as appropriate: • Assessment and data analysis • Program evaluation to assess program effectiveness • Confidentiality and HIPAA requirements • Communications, including risk, media relations • State laws/regulations/policies, including investigation/compliance procedures • Specific EPRP duties • Community involvement and capacity building methods • Prevention and health promotion methods and tools • Quality Improvement methods and tools • Customer service • Cultural competency • Information technology tools • Leadership • Supervision and coaching • Job specific technical skills Note: Fully demonstrates requires that 50% or more staff in each program being reviewed have attended at least three training sessions within the last three years. Programs with < 50% of staff having attended three training sessions in the last three years will be scored partially demonstrates and programs with 0% of staff having attended three training sessions in the last	2			10.4 L

	three years will be scored Does Not Demonstrate. Training documentation may be from automatically generated Learning Plan from the Smart PH system or a site specific excel or other type of tracking report for staff attendance at training and educational sessions throughout the year. Documentation of the content of the training sessions listed in the staff training report(s), such as agendas, PowerPoint presentations, websites screen prints, other training materials and/or brochures.				
10.5 L	Confidentiality and HIPAA policy. List of staff required per policy to sign confidentiality agreement with signature and date of signature, OR 10% sample of signed staff confidentiality statements.	2		CCPH HIPAA policy, March 2008; HIPPA training 2007; Signed confidentiality forms for all new employees since 2006	
10.6 L	Evaluation reports of facility and relevant work processes for compliance with ADA requirements within last 24 months.	1	The documents submitted did not include reports of compliance with relevant work processes as described in the policies for ADA employee requirements.	American with Disabilities Act Compliance Section 504 of the Rehabilitation Act Compliance 6.11; Notice under the Americans with Disabilities Act	

### Score Totals for Standard 10: Human Resource Systems

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	83%	58%	50%
% Partially Demonstrates	17%	41%	36%
% Does Not Demonstrate	0%	2%	14%

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

## Standard 11: Information Systems

Information systems support the public health mission and staff by providing infrastructure for data collection, analysis, and rapid communication.

	Measure	Score	Comments	Documents	Exemplary Documents
11.1 L	Description of IT safety and security processes that contains all of the activities listed below: • assuring protection of data (passwords, firewalls, backup systems) and data systems, AND • addressing security, AND • addressing redundancy, AND • appropriate use. Documentation of monitoring these processes for compliance with the policies and procedures described above at least once in last 14 months.	1	Evidence in documents submitted but policies outdated for this review period. Documents Password Standards Policy dated March 2, 2005; Electronic Communications Monitoring dated August 2000	HIPPA security policy April 2005; Network Diagram	
11.2 L	Documentation indicates that LHJ staff have computer technology as described above and access to trained staff for assistance in using the technology.	2		Personal Computer Software Standards; Help Desk Information Web Page	
11.3 L	Agency or county IS plan includes strategies for the use of future technologies by the LHJ.	1	Evidence in documents submitted but policies outdated for this review period. Technology Equipment Repair and Replacement Policy dated December 1999	Technology Equipment Repair and Replacement Policy	
11.4 L	Website contains at least the areas of information and content listed below: • 24 hr. contact number for reporting health emergencies, AND • notifiable conditions line and/or contact, AND • health data and core indicator information, AND • how to obtain technical assistance and consultation from the LHJ, AND • links to legislation, regulations, codes, and ordinances, AND • information and materials on	2		Reportable Conditions web page; Public Health web page; Environmental Health Links web page; Environmental Public Health web page; Emergency Preparedness and Response web page; Communicable disease facts	

	communicable disease, environmental health and prevention activities or links to other sites where this information is available.				
11.5 L	Documentation of agency requirements for the use and transmission of personal health and other types of protected data to all three groups listed below: • within the agency, AND • other LHJs and/or agencies, AND • partner organizations. Agency requirements define which program data requires confidential and secure transmission (e.g., any identifiable information) and methods to assure confidential and secure transmission. For programs that collect and share identifiable information, two examples of sharing or transfer of data indicate compliance with the security and protection requirements.	2		HIPPA policy, April 2005; Data Sharing Agreement, January 2008; BRFSS data sharing agreement, June 2006	

### Score Totals for Standard 11: Information Systems

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	60%	69%	50%
% Partially Demonstrates	40%	27%	36%
% Does Not Demonstrate	0%	4%	13%

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

### Standard 12: Leadership and Governance

Leadership and governance bodies set organizational policies and direction and assure accountability.

	Measure	Score	Comments	Documents	Exemplary Documents
12.1 L	Board of Health documents, including two examples of BOH minutes,	2		BOH Orientation Presentation, 2005;	

	indicate that the BOH performs all the activities listed below: • orients new members, AND • sets operating rules including guidelines for communications with senior managers, AND • votes on and documents actions it takes.			CCPH Commissioners web page; BOH web page; BOH minutes, March 2007; BOH minutes, April 2007	
12.2 L	BOH review of an annual report or various separate reports with trended data on a set of core indicators that include measures of: • Local Public Health Indicators AND • community health status, AND • communicable disease AND • environmental health risks and related illness, AND • access to critical health services. Documented BOH recommendations for actions on health policy decisions.	2		CCPH 2006 Community Report Card; BOH minutes, April 2007; BOH presentation Local Public Health Indicators, January 2008; Integrated Primary Care and Behavioral Health Services BOH, September 2007; Prenatal Care, Pandemic Flu, Norovirus Update presentations BOH	
12.3 L	BOH review of an annual report or various separate reports with specific statements of progress toward agency and program goals.	2		BOH meeting minutes, July, Oct, Sept 2007	
12.4 L	BOH review of written recommendations based on evaluation of each significant outbreak, environmental event, natural disaster, table top exercise or other public health emergency.	2		BOH meeting notes Jan, Feb, 2008; Region IV JIC after action summary for BOH, Feb 2008; Operation Dark November Exercise after action summary, Feb 2008; Operation TriPOD after action summary, Feb 2008	
12.5 L	Written guidelines for effective assessment and management of clinical and financial risk.	1	The documents presented did not include an assessment of the clinical risk.	Certification of Insurance Coverage, January 2008	

	Certificate or evidence of insurance coverage for the LHJ's assessed risk.				
12.6 L	Organization-wide strategic/operations plan includes both topics listed below: • vision and mission statements, AND • goals, objectives and performance measures for priorities or initiatives	2		CCPH strategic plan 2007-2010; Strategic Plan Implementation Activities; Strategic Plan tracking documents	
12.7 L	Organization-wide strategic/operations plan includes all the topics listed below: • assessment activities, and the resources needed, such as staff or outside assistance, to perform the work, AND • use of Local Public Health Indicators and other health data to support health policy and program decisions, AND • addressing communicable disease, environmental health events or other public health emergencies, including response and communication issues identified in the course of after-action evaluations, AND • prevention priorities intended to reach the entire population or at-risk populations in the population.	2		Strategic Initiatives Activities; 2008 Health Assessment and Evaluation Work Plan; CCPH Emergency Preparedness and Response Plan	
12.8 L	BOH minutes indicate review and adoption of the agency strategic plan within the last 24 months	2		BOH Work Session, June 2006; BOH status of strategic plan implementation, June 2006	
12.9 L	Organization-wide quality improvement plan contains specific objectives that include all the topics listed below: • address opportunities for improvement identified through use of health data including from data sources such as: the core indicators, including Local Public Health Indicators, OR program evaluation results, OR outbreak response or after-action	0	Documents submitted do not show evidence of a quality improvement plan.		

	evaluation results, OR the strategic planning process, AND • may be program specific and tied to the program evaluation process, or they may reach across programs and activities for operational improvements that impact much of the organization, AND • identify timeframes for completion of objectives and responsible staff, AND • identify performance measures.				
12.10 L	Written review of the quality improvement objectives from the previous year include: • performance measures are tracked, reported and used to assess the impact of improvement actions, AND • meaningful improvement is demonstrated in at least one objective Note: Meaningful improvement can be shown by comparing re-measurement(s) of an outcome to the baseline measurement with a description of the action or intervention taken to improve performance. Re-measurement must show an improved result in the outcome measure. Revised QI plan with new, revised and deleted objectives is made based upon the review		Documents submitted do not show evidence of a quality improvement plan to review. The draft proposal QI workplan is a great start to developing a performance management process. This measure is not applicable since CCPH has not had a QI plan in the last 12 months.		

**Score Totals for Standard 12: Leadership and Governance**

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	78%	46%	34%
% Partially Demonstrates	11%	41%	38%
% Does Not Demonstrate	11%	14%	29%

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

# Program Report

## COMMUNICABLE DISEASE

	Measure	Score	Comments	Documents	Exemplary Documents
2.8 L	Information about public health activities, including at least one example of each of the topics listed below: • educational offerings, AND • reporting and compliance requirements.	2		CCPH website- Infectious Diseases with links to DOH.Notify and CDC, 1/08 letter to providers re Notifiable Conditions, 1/08 letter top nursing homes regarding CD training session	
2.9 L	Publicly available information for all the topics listed below (one example of each): • written policies, AND • local ordinances, AND • permit/license application requirements, AND • administrative code, AND • enabling laws. Form of documentation should indicate how it is made available to the public.	2		CCPH website- Infectious Diseases with links to DOH.Notify and CDC	
2.10 L	Two examples of educational material in non-English language OR Two examples of educational material in non-English language OR one example of educational material in non-English language and example of how interpretation assistance is available (such as a language line)	2		Language Line Quick Reference Guide, Handwashing poster in Spanish, Norovirus fact sheet in Russian and Spanish	Language Line Quick Reference Guide,
3.1 L	Documentation of community and stakeholder review of local health data, including Local Public Health Indicators. Note: The intent is for LHJ staff to present local health data to community groups, such as advisory	1	The intent of this measure is to verify that community and stakeholder groups review health data and make recommendations from the review of the data. The reviewer was unable to verify that PHAC or the ID Advisory	PH Advisory Council - -minutes 1/06 and 5/06, ID Advisory minutes- 1/08 regarding C.difficile, PPT presentation on	

	groups or agency committees with community member participation, to get input and feedback from community members and recommendations for action. Recommendations from community or stakeholder groups for at least one of the following actions: • further investigation. OR • new program efforts, OR • policy direction, OR • prevention priorities.		group made recommendations based on the review of health data, since ID Advisory minutes are before the presentation to the LT Care group.	c. difficile with evaluation	
3.2 L	Gap analysis for local critical health services and for prevention services reported to at least one of the groups listed below: • local stakeholders or community groups, or • regional partners, or • statewide program colleagues. Results of program evaluations reported to at least one of the groups listed below: • local stakeholders or community groups, or • regional partners, or • statewide program colleagues. Use of gap analysis and program evaluations in building partnerships with state, regional, and/or local stakeholders and/or state level colleagues.	1	Unable to verify that the survey results were reported to any community group or statewide colleagues or how this survey was used to build partnerships.	Provider Survey and Evaluation of Notifiable Conditions Presentation,	Provider Survey and Evaluation of Notifiable Conditions Presentation,
4.1 L	Information on notifiable conditions with required reporting timeframes and specific, current 24-hour LHJ contact information, in the form of a designated telephone line or a designated contact person, are provided to: • health care providers, including new licensees, AND • laboratories, including new licensees. Distribution of notifiable conditions information (at least annually to assure current 24 hour contact information)	2		CCPH website- Notifiable Conditions, Physician mail list-4-07, Notifiable Conditions Provider letter with attachments, Notifiable Conditions Laboratory letter with attachments	Notifiable Conditions Provider letter with attachments

4.2 L	Information (not the notifiable conditions poster) about managing reportable conditions, such as treatment options or isolation requirements. Evidence of distribution to health care providers	2		Pertussis-Chickenpox Advisory-5/07, Meningococcal Advisory-3/07, Provider distribution list	Pertussis-Chickenpox Advisory-5/07
4.3 L	Written description of process for identifying new providers in the community and engaging them in the reporting process, OR Reports showing regular identification of new providers in the community and actions to engage them in the reporting process.	2	The documentation for this measure should be strengthened by developing a P&P for the identification of new providers, including new laboratories, to ensure consistent and timely communication of NC requirements to new providers.	Physician mail list-4-07 with explanation of process to identify new providers	
4.4 L	Written protocols for receiving and managing information on notifiable conditions and other public health concerns that include all the information listed below: • role-specific steps to take when receiving information AND • guidance on providing information to the public AND • description of the roles and relationship between communicable disease, environmental health and other programmatic activities.	1	No documentation of general protocol for receiving and managing information on notifiable conditions reports.	PH Duty Officer Procedure, CCPH Duty Officer Disease/Report Triage Matrix, CCPH ERP-Annex B,	
4.5 L	Tracking system for notifiable conditions that includes documentation of all the information listed below: • the initial report, AND • investigation, AND • findings, AND • subsequent reporting to state and federal agencies. Note: the system may also track the broader category of mandated reporting.	2		PHIMS	
4.6 L	Protocols for specific conditions contain all of the information listed below for each specific condition: • case investigation steps (including timeframes for initiating the investigation), AND • reporting requirements, AND • contact	2		CCPH website link to DOH Notify, West Nile Virus Policy, GI Outbreak in Residential Facilities Policy, Meningococcal Policy	

	information, AND • clinical management, including referral to care. Protocols document which evidence based practices (EBP) relating to the most effective population-based methods of disease prevention and control have been incorporated in specific conditions and the source of the EBP.				
4.10 L	Protocols for the use of emergency biologics (for example, the “yellow book”).	2		Emergency Biologics- - 2007 book	
5.5 L	Documentation for most recent 24 months of all new employees receiving orientation to the LHJ EPRP. Annual review of LHJ EPRP with all employees (twice within last 24 months). Note: Review may be specific documentation for every program or division or agency wide with documentation of attendance from every division or program.	1	No documentation of completed orientation checklists for all new employees in last 24 months.	1/08 Mandatory All Employee Training, 2007 All Staff Training and presentation, New Employee Checklist	
6.1 L	Written descriptions of key program or activity components relevant to prevention and health education activities provided by LHJs or through contracts with community partners. Strategies (evidence-based or promising practices) for prevention and health education activities provided by the LHJ or by contractors for any of the groups listed below: • individuals, OR • families, OR • community in general.	2		Infectious Disease Website-- Introduction, Pandemic website and newspaper article on Flu Exercise	
6.3 L	Documented review (at least every other year) of prevention and health education information of all types (including technical assistance). Two examples of updated, expanded or contracted prevention and health education information reflecting revised regulations, changes in	1	The written description of your process to organize, develop, distribute, select, evaluate and update materials is a draft with no indication of approval or implementation.	Draft-- 3/08-Fact Sheets and Brochures for IDU-Systematic Review, Log of reviewed CD Fact Sheets and other materials, revised School Bus Cleanup	Log of reviewed CD Fact Sheets and other materials ,

	community needs, evidence-based practices and health data. Written description of the process to conduct all the activities listed below: • organize materials, AND • develop materials, AND • distribute or select materials, AND • evaluate materials, AND • update materials.			Guidelines, How to Sanitize during GI Outbreak Poster	
6.4 L	Descriptions of at least two partnerships with the community and/or stakeholders to implement population based prevention and health education activities. Each of the two examples must demonstrate different implementation methods (e.g., train the trainer, technical assistance, social marketing, workshops, or peer education).	2		9/06 Pandemic Flu exercise, Letter with offer to educate school athletic directors regarding MRSA, Letter to school after MRSA training session	
8.1 L	For each program reviewed, a written description of program or activity goals, objectives and performance measures shows use of a systematic process or model. This does not have to be a single, agency wide document, although individual program plans ideally link to agency wide plans such as strategic and QI plans. For each program reviewed, written description(s) of professional requirements, knowledge, skills, and abilities for staff working in the program.	2		LCDF application related to TB program and CD prevention and control, Epidemiologist/ID Unit Team Leader job description, PH Nurse II CD/TB job description	
8.2 L	For each program reviewed, reports of program performance measures with analysis against goals and trended data where possible. For each program reviewed, evidence showing use of the analysis for at least one of the activities listed below: • improve program activities and services, OR • revised educational curricula or materials.	1	The documentation provided did not include any trended data for CD incidents or quantifiable performance measures.	2005, 2006 and 2007 LCDF reports	

8.3 L	Use of additional sources of information to improve services and activities, including an example from each program being reviewed from the information sources listed below: <ul style="list-style-type: none"> <li>• experiences from service delivery, including public requests, testimony to the BOH, analysis of health data, and information from outreach, screening, referrals, case management, follow-up, investigations complaint/inspections, prevention and health education activities, OR</li> <li>• funding availability, OR</li> <li>• evidence-based practices.</li> </ul>	2		Old and New West Nile Virus Report forms revised based on service delivery information	
8.4 L	For programs/activities that have initiated specific community collaborative projects, description of community collaboration project includes all of the factors listed below <ul style="list-style-type: none"> <li>• analysis of data, AND</li> <li>• establishment of goals, objectives and performance measures, AND</li> <li>• evaluation of the initiatives.</li> </ul>	2		Pandemic Flu exercise, MMR Mass Vaccination Clinic	
8.6 L	One example for each program being reviewed of evaluations of workshops, other in-person trainings (including technical assistance) or other health education activities with analysis of effectiveness conducted within last 24 months. One example for each program being reviewed of educational curricula or material revised to address evaluation results dated within last 24 months.	1	No documentation of revised curricula or materials based on evaluation results was presented.	MRSA Presentation for Athletic Directors-1/08, VGE Presentation Evaluation-1/08, email on evaluations	MRSA Presentation for Athletic Directors-1/08, VGE Presentation Evaluation-1/08,
8.7 L	Aggregated annual internal audit* results for last two years of on a sample of communicable disease investigations records including data on timeliness and compliance with disease-specific protocols. OR *Note: An internal audit is a review of a sample of case files or other types of	1	No documentation of annual review of CD cases (only 12/2007 presented) and only 15 cases reviewed in 2007.	CCPH Notifiable Conditions-- audit of 15 CD cases	

	<p>documented work, such as investigation reports, for requirements like timeliness, accuracy, and compliance with protocols or regulations. A sample of 30 files is considered sufficient to identify trends in compliance.</p> <p>Aggregated annual internal audit* results for last two years of on a sample of environmental health investigation/compliance action records including data on timeliness and compliance with investigation/compliance procedures.</p> <p>OR</p> <p>Aggregated annual internal audit* results for last two years of on a sample of program or activity case write-ups, such as for client visit; including data on timeliness and compliance with program protocols or on repetitive activities such as the development or use of prevention and health education materials [see 6.3 L] or health alerts [see 2.6 L]</p>				
10.4 L	<p>Report of staff attending training and/or educational sessions within the last three years for at least three of the following topics, as appropriate:</p> <ul style="list-style-type: none"> <li>• Assessment and data analysis</li> <li>• Program evaluation to assess program effectiveness</li> <li>• Confidentiality and HIPAA requirements</li> <li>• Communications, including risk, media relations</li> <li>• State laws/regulations/policies, including investigation/compliance procedures</li> <li>• Specific EPRP duties</li> <li>• Community involvement and capacity building methods</li> <li>• Prevention and health promotion methods and tools</li> <li>• Quality Improvement methods and tools</li> <li>• Customer service</li> <li>• Cultural</li> </ul>	2		CD Staff Training excel--	CD Staff Training excel--

	<p>competency • Information technology tools • Leadership • Supervision and coaching • Job specific technical skills</p> <p>Note: Fully demonstrates requires that 50% or more staff in each program being reviewed have attended at least three training sessions within the last three years. Programs with &lt; 50% of staff having attended three training sessions in the last three years will be scored partially demonstrates and programs with 0% of staff having attended three training sessions in the last three years will be scored Does Not Demonstrate. Training documentation may be from automatically generated Learning Plan from the Smart PH system or a site specific excel or other type of tracking report for staff attendance at training and educational sessions throughout the year.</p> <p>Documentation of the content of the training sessions listed in the staff training report(s), such as agendas, PowerPoint presentations, websites screen prints, other training materials and/or brochures.</p>				
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**Score Totals for: Communicable Disease**

% Demonstrates	65%
% Partially Demonstrates	35%
% Does Not Demonstrate	0%

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

## FOOD SAFETY

	Measure	Score	Comments	Documents	Exemplary Documents
2.8 L	Information about public health activities, including at least one example of each of the topics listed below: • educational offerings, AND • reporting and compliance requirements.	2		CCPH website -- Food Safety section, Follow-up Inspection Notice form, Food Service Establishment Packet and forms,	
2.9 L	Publicly available information for all the topics listed below (one example of each): • written policies, AND • local ordinances, AND • permit/license application requirements, AND • administrative code, AND • enabling laws. Form of documentation should indicate how it is made available to the public.	2		CCPH website -- Food Safety section, and link to food service section of WAC online, Probation Form notice	
2.10 L	Two examples of educational material in non-English language OR Two examples of educational material in non-English language OR one example of educational material in non-English language and example of how interpretation assistance is available (such as a language line)	2		Food Worker Manual in Russian, Proper Glove Use in Spanish, Language Line Quick Reference Guide	
3.1 L	Documentation of community and stakeholder review of local health data, including Local Public Health Indicators. Note: The intent is for LHJ staff to present local health data to community groups, such as advisory groups or agency committees with community member participation, to get input and feedback from community members and recommendations for action. Recommendations from community or stakeholder groups for at least one of the following actions: • further	2	The TAC minutes should be strengthened by documenting decisions and action items that result from presentations of program and health data, and not just the TAC discussions.	CCPH Food Safety Technical Advisory Committee (TAC) minutes for 3/07 and 10/07 with presentations, 2006 Foodborne Outbreaks presentation,	

	investigation. OR • new program efforts, OR • policy direction, OR • prevention priorities.				
3.2 L	<p>Gap analysis for local critical health services and for prevention services reported to at least one of the groups listed below: • local stakeholders or community groups, or • regional partners, or • statewide program colleagues.</p> <p>Results of program evaluations reported to at least one of the groups listed below: • local stakeholders or community groups, or • regional partners, or • statewide program colleagues.</p> <p>Use of gap analysis and program evaluations in building partnerships with state, regional, and/or local stakeholders and/or state level colleagues.</p>	2	WOW! This is amazing data-driven work and a good partnership with DOH.	Summary Business Model Analysis for Fees, presentation to BOH and TAC, TAC minutes-10/07, Violations by food establishment type, Findings of Red Food Violations by Restaurant Type, CCPH Standardization of Food Safety Staff, DOH Risk-Based Inspection Training Report, Violations Count by Employee for Initial Inspections--2007, DOH Risk-Based Inspection Project-- List of Facilities Reviewed (2/08)	Violations by food establishment type, Findings of Red Food Violations by Restaurant Type, CCPH Standardization of Food Safety Staff, Violations Count by Employee for Initial Inspections--2007, DOH Risk-Based Inspection Training Report
4.4 L	Written protocols for receiving and managing information on notifiable conditions and other public health concerns that include all the information listed below: • role-specific steps to take when receiving information AND • guidance on providing information to the public AND • description of the roles and relationship between communicable disease, environmental health and other programmatic activities.	2		DOH Notify protocols linked on Web, GI Outbreak in Residential Facilities Policy,	
4.8 L	Tracking system for environmental health investigations and compliance activities that includes documentation of all the information listed below: • the initial report, AND • investigation, AND • findings, AND • compliance	2		Food Safety Complaint Database-- with a restaurant case example and a facilities case example	

	action, AND • subsequent reporting to state and federal agencies.				
4.9 L	Written procedures for investigation and compliance actions, based on local policies, ordinances and state laws contain all of the information listed below for each action: • case investigation steps (including timeframes for initiating the investigation), AND • type of documentation needed to take enforcement action.	2		Food Establishment Routine Inspection Policy, Follow-up Inspection Notice, Notice of Operation Without a Valid Permit	
5.5 L	Documentation for most recent 24 months of all new employees receiving orientation to the LHJ EPRP. Annual review of LHJ EPRP with all employees (twice within last 24 months). Note: Review may be specific documentation for every program or division or agency wide with documentation of attendance from every division or program.	1	No documentation of completed orientation checklists for all new employees.	1/08 Mandatory All Employee Training, 2007 All Staff Training and presentation, New Employee Checklist	
6.1 L	Written descriptions of key program or activity components relevant to prevention and health education activities provided by LHJs or through contracts with community partners. Strategies (evidence-based or promising practices) for prevention and health education activities provided by the LHJ or by contractors for any of the groups listed below: • individuals, OR • families, OR • community in general.	2		Food Safety Website description of activities and food safety information for disasters, PIC Training	
6.3 L	Documented review (at least every other year) of prevention and health education information of all types (including technical assistance). Two examples of updated, expanded or contracted prevention and health education information reflecting revised regulations, changes in community needs, evidence-based	2		Food Program Forms and Public Material Review--12/07, 2005-2006 Materials Review report, 2007-2008 Materials Review Report, Food Worker Testing and restaurant	Food Program Forms and Public Material Review--12/07, 2007-2008 Materials Review Report,

	<p>practices and health data. Written description of the process to conduct all the activities listed below:</p> <ul style="list-style-type: none"> <li>• organize materials, AND</li> <li>• develop materials, AND</li> <li>• distribute or select materials, AND</li> <li>• evaluate materials, AND</li> <li>• update materials.</li> </ul>			Inspections information of website, Proper Glove Use Poster	
6.4 L	<p>Descriptions of at least two partnerships with the community and/or stakeholders to implement population based prevention and health education activities. Each of the two examples must demonstrate different implementation methods (e.g., train the trainer, technical assistance, social marketing, workshops, or peer education).</p>	2		Restaurant Association Food Worker Card Trainer Program, School Nutrition Fee Waiver Program -- Camas School District	
8.1 L	<p>For each program reviewed, a written description of program or activity goals, objectives and performance measures shows use of a systematic process or model. This does not have to be a single, agency wide document, although individual program plans ideally link to agency wide plans such as strategic and QI plans.</p> <p>For each program reviewed, written description(s) of professional requirements, knowledge, skills, and abilities for staff working in the program.</p>	2		CCPH EH Food Safety Program 2007-2008 Goals and Objectives, EH Assistant, Specialist I, Specialist II, Program Manager I, II, III	
8.2 L	<p>For each program reviewed, reports of program performance measures with analysis against goals and trended data where possible.</p> <p>For each program reviewed, evidence showing use of the analysis for at least one of the activities listed below:</p> <ul style="list-style-type: none"> <li>• improve program activities and services, OR</li> <li>• revised educational curricula or materials.</li> </ul>	2		Summary of Inspections performed vs Inspections Required,	Summary of Inspections performed vs Inspections Required,

8.3 L	Use of additional sources of information to improve services and activities, including an example from each program being reviewed from the information sources listed below: <ul style="list-style-type: none"> <li>• experiences from service delivery, including public requests, testimony to the BOH, analysis of health data, and information from outreach, screening, referrals, case management, follow-up, investigations complaint/inspections, prevention and health education activities, OR</li> <li>• funding availability, OR</li> <li>• evidence-based practices.</li> </ul>	2		Violations by Food Establishment Type, Findings of Red Food Violations by Restaurant Type, 2006 Revision to Retail Food Regulatory Program,	
8.4 L	For programs/activities that have initiated specific community collaborative projects, description of community collaboration project includes all of the factors listed below <ul style="list-style-type: none"> <li>• analysis of data, AND</li> <li>• establishment of goals, objectives and performance measures, AND</li> <li>• evaluation of the initiatives.</li> </ul>	2		Summary of Fee Analysis, Summary report for OPSI, WA State School Wellness Policy Review, Public and Private School Wellness Policy Tables, Evaluation requirements- Camas 2008	
8.6 L	One example for each program being reviewed of evaluations of workshops, other in-person trainings (including technical assistance) or other health education activities with analysis of effectiveness conducted within last 24 months. One example for each program being reviewed of educational curricula or material revised to address evaluation results dated within last 24 months.	2		Computerized Food Handler Training/Testing Survey--2006, Evaluation Summary of VGE in Assisted Living training-1/08, Updated Norovirus Information Sheet, PIC Training and Evaluation,	
8.7 L	Aggregated annual internal audit* results for last two years of on a sample of communicable disease investigations records including data on timeliness and compliance with disease-specific protocols. OR *Note: An internal audit is a review of a	2		2006 and 2007 File Audit on All Retail Food Facilities on probation or Closed	2006 and 2007 File Audit on All Retail Food Facilities on probation or Closed

	<p>sample of case files or other types of documented work, such as investigation reports, for requirements like timeliness, accuracy, and compliance with protocols or regulations. A sample of 30 files is considered sufficient to identify trends in compliance.</p> <p>Aggregated annual internal audit* results for last two years of on a sample of environmental health investigation/compliance action records including data on timeliness and compliance with investigation/compliance procedures.</p> <p>OR</p> <p>Aggregated annual internal audit* results for last two years of on a sample of program or activity case write-ups, such as for client visit; including data on timeliness and compliance with program protocols or on repetitive activities such as the development or use of prevention and health education materials [see 6.3 L] or health alerts [see 2.6 L]</p>				
10.4 L	<p>Report of staff attending training and/or educational sessions within the last three years for at least three of the following topics, as appropriate:</p> <ul style="list-style-type: none"> <li>• Assessment and data analysis</li> <li>• Program evaluation to assess program effectiveness</li> <li>• Confidentiality and HIPAA requirements</li> <li>• Communications, including risk, media relations</li> <li>• State laws/regulations/policies, including investigation/compliance procedures</li> <li>• Specific EPRP duties</li> <li>• Community involvement and capacity building methods</li> <li>• Prevention and health promotion methods and tools</li> <li>• Quality Improvement methods and</li> </ul>	2		2008 Mandatory Training Log, Food Safety Training Log-- excel	

	<p>tools • Customer service • Cultural competency • Information technology tools • Leadership • Supervision and coaching • Job specific technical skills</p> <p>Note: Fully demonstrates requires that 50% or more staff in each program being reviewed have attended at least three training sessions within the last three years. Programs with &lt; 50% of staff having attended three training sessions in the last three years will be scored partially demonstrates and programs with 0% of staff having attended three training sessions in the last three years will be scored Does Not Demonstrate. Training documentation may be from automatically generated Learning Plan from the Smart PH system or a site specific excel or other type of tracking report for staff attendance at training and educational sessions throughout the year.</p> <p>Documentation of the content of the training sessions listed in the staff training report(s), such as agendas, PowerPoint presentations, websites screen prints, other training materials and/or brochures.</p>				
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**Score Totals for: Food Safety**

% Demonstrates	95%
% Partially Demonstrates	5%
% Does Not Demonstrate	0%

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

## MATERNAL-INFANT HEALTH (FIRST STEPS)

	Measure	Score	Comments	Documents	Exemplary Documents
2.8 L	Information about public health activities, including at least one example of each of the topics listed below: • educational offerings, AND • reporting and compliance requirements.	2		First Steps Manual, September 2007; "Be A Healthy Mom"; Child Health web page; Maternity Support Services Support You brochure	
2.9 L	Publicly available information for all the topics listed below (one example of each): • written policies, AND • local ordinances, AND • permit/license application requirements, AND • administrative code, AND • enabling laws. Form of documentation should indicate how it is made available to the public.	2	This measure is NA for First Steps.	WACs and RCW web page; First Steps Manual	
2.10 L	Two examples of educational material in non-English language OR Two examples of educational material in non-English language OR one example of educational material in non-English language and example of how interpretation assistance is available (such as a language line)	2		HERE website, 9 months to get ready, "Be a Health Mom"; Language Line	
3.1 L	Documentation of community and stakeholder review of local health data, including Local Public Health Indicators. Note: The intent is for LHJ staff to present local health data to community groups, such as advisory groups or agency committees with community member participation, to get input and feedback from community members and recommendations for action. Recommendations from community or stakeholder groups for at least one	1	Unable to verify data that was presented in the Child Health Initiative meeting minutes.	Child Health Initiative meeting minutes, April 5, 2005	

	of the following actions: • further investigation. OR • new program efforts, OR • policy direction, OR • prevention priorities.				
3.2 L	<p>Gap analysis for local critical health services and for prevention services reported to at least one of the groups listed below: • local stakeholders or community groups, or • regional partners, or • statewide program colleagues.</p> <p>Results of program evaluations reported to at least one of the groups listed below: • local stakeholders or community groups, or • regional partners, or • statewide program colleagues.</p> <p>Use of gap analysis and program evaluations in building partnerships with state, regional, and/or local stakeholders and/or state level colleagues.</p>	2		BOH presentation Prenatal Care Crisis, December 2007; DOH Chart review letter, May 2007; 2006 Joint Conference Presentation	
5.5 L	Documentation for most recent 24 months of all new employees receiving orientation to the LHJ EPRP. Annual review of LHJ EPRP with all employees (twice within last 24 months). Note: Review may be specific documentation for every program or division or agency wide with documentation of attendance from every division or program.	1	No documentation of completed orientation checklists for all new employees in the last 24 months.	2008 Mandatory Training; 2007 Mandatory Training Presentation; New Employee Orientation Plan Checklist	
6.1 L	Written descriptions of key program or activity components relevant to prevention and health education activities provided by LHJs or through contracts with community partners. Strategies (evidence-based or promising practices) for prevention and health education activities provided by the LHJ or by contractors for any of the groups listed below: • individuals, OR • families, OR •	2		First Steps Manual; MSS Brochure	

	community in general.				
6.3 L	<p>Documented review (at least every other year) of prevention and health education information of all types (including technical assistance). Two examples of updated, expanded or contracted prevention and health education information reflecting revised regulations, changes in community needs, evidence-based practices and health data. Written description of the process to conduct all the activities listed below:</p> <ul style="list-style-type: none"> <li>• organize materials, AND</li> <li>• develop materials, AND</li> <li>• distribute or select materials, AND</li> <li>• evaluate materials, AND</li> <li>• update materials.</li> </ul>	1	Documentation presented did not include a description of the process to conduct activities such as organize, develop, distribute, and select materials. Unable to verify how materials are revised or updated.	HERE materials reviewed; HERE web page	
6.4 L	<p>Descriptions of at least two partnerships with the community and/or stakeholders to implement population based prevention and health education activities. Each of the two examples must demonstrate different implementation methods (e.g., train the trainer, technical assistance, social marketing, workshops, or peer education).</p>	2		<p>United Way Contract, 2007; United Way Narrative - Family Wellness Project, 2006-2007; Children's Home Society, 2007; Children's Home Society Staff Report, June 2006</p>	
8.1 L	<p>For each program reviewed, a written description of program or activity goals, objectives and performance measures shows use of a systematic process or model. This does not have to be a single, agency wide document, although individual program plans ideally link to agency wide plans such as strategic and QI plans.</p> <p>For each program reviewed, written description(s) of professional requirements, knowledge, skills, and abilities for staff working in the program.</p>	1	Documentation provided did not show evidence of specific performance measures for the First Steps program.	CCPH Strategic Plan; Public Health Nurse Job Description	

8.2 L	For each program reviewed, reports of program performance measures with analysis against goals and trended data where possible. For each program reviewed, evidence showing use of the analysis for at least one of the activities listed below: • improve program activities and services, OR • revised educational curricula or materials.	1	The DOH chart review provides information on work process and the basis for program improvement. No documentation of program performance measures with analysis against goals and trended data.	Chart review letter with review of STEPS performance process with recommendations and responses to recommendations, June 2007	
8.3 L	Use of additional sources of information to improve services and activities, including an example from each program being reviewed from the information sources listed below: • experiences from service delivery, including public requests, testimony to the BOH, analysis of health data, and information from outreach, screening, referrals, case management, follow-up, investigations complaint/inspections, prevention and health education activities, OR • funding availability, OR • evidence-based practices.	2	The Theory of Change Model is a good source of information however no documentation was provided to demonstrate how it was used to improve services.	Theory of Change Model; DOH Chart Review	
8.4 L	For programs/activities that have initiated specific community collaborative projects, description of community collaboration project includes all of the factors listed below • analysis of data, AND • establishment of goals, objectives and performance measures, AND • evaluation of the initiatives.	1	Documents presented did not demonstrate evaluation of the initiatives.	SELF strategies; Child Health Initiative, April 2005	
8.6 L	One example for each program being reviewed of evaluations of workshops, other in-person trainings (including technical assistance) or other health education activities with analysis of effectiveness conducted within last 24 months. One example for each program being reviewed of educational curricula or	2		MSS-ICM meeting survey with suggestions; DOH Chart Review; Parenting Class Evaluation Ladder	

	material revised to address evaluation results dated within last 24 months.				
8.7 L	<p>Aggregated annual internal audit* results for last two years of on a sample of communicable disease investigations records including data on timeliness and compliance with disease-specific protocols. OR *Note: An internal audit is a review of a sample of case files or other types of documented work, such as investigation reports, for requirements like timeliness, accuracy, and compliance with protocols or regulations. A sample of 30 files is considered sufficient to identify trends in compliance.</p> <p>Aggregated annual internal audit* results for last two years of on a sample of environmental health investigation/compliance action records including data on timeliness and compliance with investigation/compliance procedures. OR</p> <p>Aggregated annual internal audit* results for last two years of on a sample of program or activity case write-ups, such as for client visit; including data on timeliness and compliance with program protocols or on repetitive activities such as the development or use of prevention and health education materials [see 6.3 L] or health alerts [see 2.6 L]</p>	1	Unable to verify the internal audit of First Steps case right ups. The 206 Access to Health Chart Review relates to data mind extracted from the charts but not to staff performance or required activities.	2007 DOH Chart Review; 2007 DOH Chart Review-MSS monitoring tool for client chart	
10.4 L	Report of staff attending training and/or educational sessions within the last three years for at least three of the following topics, as appropriate: • Assessment and data analysis • Program evaluation to assess program effectiveness • Confidentiality and HIPAA	2		2008 Mandatory Training; First Steps Education tracking Log	

	<p>requirements • Communications, including risk, media relations • State laws/regulations/policies, including investigation/compliance procedures • Specific EPRP duties • Community involvement and capacity building methods • Prevention and health promotion methods and tools • Quality Improvement methods and tools • Customer service • Cultural competency • Information technology tools • Leadership • Supervision and coaching • Job specific technical skills</p> <p>Note: Fully demonstrates requires that 50% or more staff in each program being reviewed have attended at least three training sessions within the last three years. Programs with &lt; 50% of staff having attended three training sessions in the last three years will be scored partially demonstrates and programs with 0% of staff having attended three training sessions in the last three years will be scored Does Not Demonstrate. Training documentation may be from automatically generated Learning Plan from the Smart PH system or a site specific excel or other type of tracking report for staff attendance at training and educational sessions throughout the year.</p> <p>Documentation of the content of the training sessions listed in the staff training report(s), such as agendas, PowerPoint presentations, websites screen prints, other training materials and/or brochures.</p>				
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### Score Totals for: Maternal-Infant Health (First Steps)

% Demonstrates	56%
% Partially Demonstrates	44%
% Does Not Demonstrate	0%

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