

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

- The involvement of BOH in health district activities and decisions, including the review of community health data
- The extent of involvement with community organizations and partners, especially for the Maternal and Child Health activities
- The use of PHIMS system for tracking CD reports and activities
- The JCPH website with CD, EH and other program information
- The Region 2 activities that are shared with Kitsap and Clallam counties for assessment activities, the twice yearly visits to providers for updating them on notifiable conditions and the Emergency Response Plan
- The Performance Measures Report for most agency programs and activities with trended data
- The First Steps UGN application, the Nurse Family Partnership reports and Logic Models
- The Family Planning and MCH chart review process for timeliness and compliance with protocols

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

- 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
- Adopt a process to review all policies and educational materials and date all documents with review or revision dates to assure they are still accurate and relevant
- Assure that staff are oriented and trained to the Emergency Preparedness and Response Plan
- Implement internal audits of CD and EH investigations and reports to assure timeliness and compliance with protocols
- Expand content of the data and information on the JCPH website to share health data and program data
- Develop a Strategic Plan with Quality Improvement Plan for the agency

## **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/php/Standards/BestPractices/StandardsExemplaryPractices.htm](http://www.doh.wa.gov/php/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	2	Fully 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	1	Partially 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	2	Fully 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	2	Fully 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	1	Partially Demonstrated
7.3 L	0	Not Demonstrated
7.4 L	2	Fully Demonstrated

**Standard 8: Program Planning and Evaluation**

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

**Standard 10: Human Resource Systems**

Measure	Score	Compliance Demonstration
10.1 L	1	Partially Demonstrated
10.2 L	1	Partially 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	1	Partially Demonstrated
11.3 L	0	Not 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	2	Fully Demonstrated
12.6 L	0	Not Demonstrated
12.7 L	0	Not Demonstrated
12.8 L	0	Not Demonstrated
12.9 L	0	Not Demonstrated
12.10 L		

**Overall Score Totals**

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	73%	50%	55%
% Partially Demonstrates	19%	34%	34%
% Does Not Demonstrate	8%	16%	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	Performance on this measure could be improved by creating an Annual Report that gathers all of the required documentation into one document.	The Health of Jefferson County Part1: Demographic Profile, JCPH 2007 Performance Measures Targeted, Population and Prevention, CD, Family Support, Public Health for the Peninsulas 3/08, Summary of Air Quality Issues and Identification of Information Needed to Address Community Health Concerns- Port Townsend Paper Corporation	The Health of Jefferson County Part1: Demographic Profile
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		JCPH 2007 Performance Measures Targeted, Population and Prevention, CD, Family Support; A Guide to Prevention in Jefferson County 3/05, JCPH Methods for Statistical	JCPH 2007 Performance Measures Targeted, Population and Prevention, CD, Family Support

	<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>			Calculations; Olympic-Kitsap Regional Early Learning Partnership Community Assessment	
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		Grant Application School Based Health Clinic, 2008 UGH Application Family Planning	
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		JCPH BOH packet March 20, 2008; JCPH BOH packet February 21, 2008; JC Syringe Exchange Program (SEP) Annual Report 2007	JC Syringe Exchange Program (SEP) Annual Report 2007
1.5 L	Description of method for community members to obtain technical assistance from LHJ on assessment methods, data collection or other issues.	2		web site: jeffersoncountypunlic helath.org	
1.6 L	List of LHJ staff responsible for assessment activities. Training or assessment meeting	2	Assessment is contracted out. Documentation of training and the name of the staff responsible for	Agency Agreement bet. Jefferson County and Kitsap County	

	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)		assessment activities provided in document from Kitsap County	Health District, RAM Training agendas & attendance lists 2/07, 5/7, 9/07	
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		Olympic-Kitsap Regional Early Learning Partnership Community Assessment, emails bet. Julia Danskin and Lillian Bensely re: cancer rates in Jefferson County	Olympic-Kitsap Regional Early Learning Partnership Community Assessment

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

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	100%	70%	78%
% Partially Demonstrates	0%	22%	14%
% Does Not Demonstrate	0%	8%	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		JCPH and BOH Reference Manual 1/08; JCPH Public Information Officer policies and Procedures	
2.2 L	Publicly available 24 hour contact information for the LHJ current within last 14 months. Phone	1	After afters number (911) posted on website. No contact information assigned to law enforcement in last	web site: jeffersoncountypublichealth.org, JCPH	

	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.		14 months. Letter goes out to providers and vets with direct number to Regional Duty Officers	Emergency Response Plan 8/07	
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	Urgent communication example did not include the recipients (media and local stakeholders)	JCPH Advisory 4/11/08, JCPH Press Release 12/8/05, JCPH press Release 8/10/06, JCPH press release 12/5/07, email with stakeholder list for press release dated 4/11/08	
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		JCPH Emergency Response Plan: Appendix VI Risk Communications: Local and Media Contacts 8/07	
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	Written explanation in written materials could also specifically note role regarding sharing and response to questions for all staff (including direct services, reception staff, not just lead communicators)	JCPH Emergency Response Plan: Appendix VI Risk Communications: Local and Media Contacts 8/07; JCPH Public Information Officer Policy & Procedure 3/08	
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		JCPH Emergency Response Plan: Appendix VI Risk Communications 8/07; JCPH Public Information Officer Policy & Procedure 3/08	
2.7 L	Public information that includes at	2		JCPH website:	

	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.			Current News with listings of topics including health data, CD, EH risks and access to the local health system	
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			
2.9 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			
2.10 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			
2.11 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 • providers of preventive services. Note: In some cases providers for critical health services are also	2		List of Health Care Providers for Jefferson County (Tab B- County Point of Contact 8/06)	

	providers for preventive services. One example of using list to generate a referral.				
--	-----------------------------------------------------------------------------------------	--	--	--	--

### Score Totals for Standard 2: Communications to the Public and Key Stakeholders

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	91%	70%	75%
% Partially Demonstrates	9%	27%	23%
% Does Not Demonstrate	0%	3%	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 direction, OR • prevention priorities.	1			

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			
-------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---	--	--	--

### Score Totals for Standard 3: Community Involvement

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	50%	11%	13%
% Partially Demonstrates	50%	72%	76%
% Does Not Demonstrate	0%	17%	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	2			

	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)				
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 the reporting process, OR Reports showing regular identification of new providers in the community and actions to engage them in the reporting process.	2			
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			
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	2			

	<ul style="list-style-type: none"> <li>• subsequent reporting to state and federal agencies. Note: the system may also track the broader category of mandated reporting.</li> </ul>				
4.6 L	<p>Protocols for specific conditions contain all of the information listed below for each specific condition:</p> <ul style="list-style-type: none"> <li>• case investigation steps (including timeframes for initiating the investigation), AND</li> <li>• reporting requirements, AND</li> <li>• contact information, AND</li> <li>• clinical management, including referral to care.</li> </ul> <p>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.</p>	2			
4.7 L	<p>Description of the method for tracking public health concerns, if not already captured by the systems described in either 4.5 or 4.8.</p> <p>Two examples of reports of concern received from the public indicating referral to appropriate agency for response.</p>	2		EH Excel Tracking system for complaints, 4/08 Policy for Handling Citizen Concerns and Complaints with form with "referred to" field, two examples of cases referred to appropriate agencies.	4/08 Policy for Handling Citizen Concerns and Complaints with form with "referred to" field
4.8 L	<p>Tracking system for environmental health investigations and compliance activities that includes documentation of all the information listed below:</p> <ul style="list-style-type: none"> <li>• the initial report, AND</li> <li>• investigation, AND</li> <li>• findings, AND</li> <li>• compliance action, AND</li> <li>• subsequent reporting to state and federal agencies.</li> </ul>	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		JCPH Emergency Response Plan, Appendix II Tab C---8/07,	JCPH Emergency Response Plan, Appendix II Tab C---8/07

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

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	100%	81%	82%
% Partially Demonstrates	0%	10%	14%
% Does Not Demonstrate	0%	9%	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	2		JCPH Advisory 4/11/08, JCPH Press Release 12/8/05, JCPH press Release 8/10/06, JCPH press	

	below): • health providers, AND • public safety officials.			release 12/5/07, email with stake holder list for press release dated 4/11/08	
5.2 L	<p>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.</p> <p>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 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>	2		JCPH Emergency Response Plan 8/31/07, JCPH Report to BOH re: Hepatitis A incident June 2007, JCPH Aceh Influenza Tabletop 4/27/07 AAR 6/5/07	
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		Pan Flu Table Top 4/27/07, Operation "Yellow Bus", Operation "Shaken, Not Stirred", email from David Johnson re: Disaster Operations and Coordination; invitation letter from Dr. Locke re: JCPH sponsorship of Pan Flu Table Top Exercise	

5.4 L	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. At least two examples of information distributed/available to the public on how to access the essential services during an emergency.	2		JCPH Emergency Response Plan 8/31/07, JCPH and Web site re: Lake Closures ( Lake Leland and Lake Gibbs)	
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			

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

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	80%	60%	59%
% Partially Demonstrates	20%	31%	29%
% Does Not Demonstrate	0%	9%	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 • families, OR • community in general.	2			
6.2 L	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). 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.	2	Unfortunately, the Guideline to Prevention is dated 3/05 and is beyond the three years timeframe.	JCPH Report Performance Measures-2007-- Targeted Community Health with analysis of data, Methamphetamine in Jefferson County-- 4/08,	JCPH Report Performance Measures-2007-- Targeted Community Health,
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	1			

	<p>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>				
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%	33%	39%
% Partially Demonstrates	25%	58%	54%
% Does Not Demonstrate	0%	8%	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		JC School Based Clinics 4/18/08, email re: 4/24/08, meeting re: Health Care Access, JeffCo Citizens for Healthcare Access: minutes 1/29/08, agenda for 4/22/08,	
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 documentation and gap analysis of local capacity is needed.	1	No evidence of assess information to the types of providers on list, and no documentation of gap analysis of local capacity.	JeffCo Healthcare provider List	
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.	0	Documents provided did not demonstrate evidence of access survey or gap analysis within the last 24 months to demonstrate availability of critical health services and barriers to access		

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		Jeff Co Health and Human Services Pregnancy Tests flow sheet, Tracking of positive pregnancies and referral to medical homes for prenatal care	
-------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---	--	---------------------------------------------------------------------------------------------------------------------------------------------------	--

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

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	50%	42%	57%
% Partially Demonstrates	25%	42%	30%
% Does Not Demonstrate	25%	17%	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	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	2			

	program.				
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			
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			
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.	2			
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	2	The feedback from clients could be enhanced with a survey that includes some specific questions, such as a Client Satisfaction Survey distributed at the reception area.	JCPH 1/07 Mutual Respect Agreement, We Want to Hear From You form and 1st Quarter 2008 analysis of results, Citizen Comment	

	customer service standards.			form template	
8.6 L	<p>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.</p> <p>One example for each program being reviewed of educational curricula or material revised to address evaluation results dated within last 24 months.</p>	1			
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</p>	1			

	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]				
8.8 L	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 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	2		List of Outbreaks and significant events, 4/06 Pan Flu Tabletop AAR, HepA incident report to BOH-6/07, Rabies incident-3/07, MRSA Health Officers meetings-12/07, 12/07 POD--Mass vaccine Clinic	
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	2		4/08 memo to Schools regarding CD, including MRSA, reporting; Hep A incident Hotwash and Improvement Plan with completion dates	

	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.				
--	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--	--	--

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

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	67%	21%	24%
% Partially Demonstrates	33%	53%	58%
% Does Not Demonstrate	0%	26%	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		Quarterly Budget Appropriations request submitted as needed based on revenue and expense reports, JCPH Clinical Services Financial Guidelines, JCPH Write-Off policy for delinquent accounts, JCPH Referring Delinquent accounts to Collection, EH Fee Schedule, Revenue-Expense reports created annually /w info entered and	

				reviewed monthly, Monthly Budget Committee Meeting	
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.	1	Documentation provided did not demonstrate monitoring of two contracts with comparison of actual performance to deliverables and conclusions on needed actions.	Contract Tracking Flow Chart, Professional Services agreement bet JC and Carol Hardy, OESD 114 07-08 service Time Sheet for Contract, CPS-EIP Service Time Sheet, BCHP Billing tracking sheets and BHP contract	

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

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	50%	18%	35%
% Partially Demonstrates	50%	76%	54%
% Does Not Demonstrate	0%	6%	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.	1	Personnel Manual policies are dated 12/03, documents in Appendices are undated. Documentation provided did not specifically address cultural competence.	JeffCo Personnel Administration Manual, New Employee Packet Checklist	

10.2 L	<p>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.</p> <p>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 plan is included in evaluation for each employee.</p>	1	Less than 80% of employees have performance evaluation within last 12 month. No evidence provided of updated training plans included as part of annual evaluation process.	JCPH Employee Evaluations 4/30/08	
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	Encourage adding time frame for resolution of expired licenses.	JCPH Provider Credential Verification Process Policy 4/08	
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	2			

	<p>laws/regulations/policies, including investigation/compliance procedures</p> <ul style="list-style-type: none"> <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 competency</li> <li>• Information technology tools</li> <li>• Leadership</li> <li>• Supervision and coaching</li> <li>• Job specific technical skills</li> </ul> <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. 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>				
10.5 L	<p>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</p>	2		JCPH Limiting Access to Documents or Communication Containing Protected Health Information	

	confidentiality statements.			(11/06); JCPH Disclosing Protect Public Health Information 9/07; JCPH HIV/HIPAA Security Standards 9/07, General Staff Meeting for HIPAA statements 3/08	
10.6 L	Evaluation reports of facility and relevant work processes for compliance with ADA requirements within last 24 months.	1	Request ADA assessment from Jefferson County to document ADA of the building in which the office is located.	ADA sticker on front door: Accommodations will be provided upon request."	

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

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	50%	48%	50%
% Partially Demonstrates	50%	35%	36%
% Does Not Demonstrate	0%	17%	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	1	No policies and procedures provided. JC Data Network would benefit from policy or narrative explaining how data security and redundancy are provided at the system level.	email dated 5/22/07 re: computer shutdown process; JCPH Employee Confidentiality and Accountability Agreement; JC Data Network 9/07	

	procedures described above at least once in last 14 months.				
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.	1	No evidence of documentation demonstrating that LHJ staff have access to trained staff for assistance in using the technology.	JC Data Network 9/07, JCPH Employee Confidentiality and Accountability Agreement (indicates that staff have access to computers)	
11.3 L	Agency or county IS plan includes strategies for the use of future technologies by the LHJ.	0	No evidence of written documentation of county/agency IS plan or strategies for the use of future technologies.	Email documentation of IT/IS problems.	
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 communicable disease, environmental health and prevention activities or links to other sites where this information is available.	2	Opportunity to improve the links to legislation, regulations, codes and ordinances	JCPH Web site- jeffersoncountypublic health.org	
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.	2		Nurse-Family Partnership Implementation Agreement 7/07; JCPH Business Associate Contract with Aylers & Associates 3/03; Request for Release of PHI, Fax Cover Sheet with confidentiality Notice, JCPH Employee; Release of	

	For programs that collect and share identifiable information, two examples of sharing or transfer of data indicate compliance with the security and protection requirements.			Information Policy and Procedure confidentiality and Accountability Agreement	
--	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--	-------------------------------------------------------------------------------	--

### Score Totals for Standard 11: Information Systems

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	40%	31%	50%
% Partially Demonstrates	40%	42%	36%
% Does Not Demonstrate	20%	27%	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, 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.	2		Welcome to Public Health in WA State : A Guidebook for Local BOH Members, JCPH BOH agenda & minutes 3/20/08 & 4/17/08; Operating Rules in Bylaws of the Jefferson County BOH	
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	2		Jefferson County BOH Ordinance Number 04-0216-06: Jefferson County Clean Air Regulation, Public Health for the Peninsulas 3/08, Summary of Air Quality Issues and Identification of	

	for actions on health policy decisions.			Information Needed to Address Community; JCPH 2007 Performance Measures Targeted, Population and Prevention, CD, Family Support Health Concerns-Port Townsend Paper Corporation, Minutes from March 20, 2008 BOH meeting documenting presentation of 2007 Performance Measures	
12.3 L	BOH review of an annual report or various separate reports with specific statements of progress toward agency and program goals.	2	Demonstration of this standard would be greatly enhanced by the creation of an annual report that summarizes progress toward agency and program goals.	JCPH 2007 Performance Measures Targeted, Population and Prevention, CD, Family Support Health Concerns-Port Townsend Paper Corporation, Minutes from March 20, 2008 BOH meeting documenting presentation of 2007 Performance Measures	
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		Hep A Incident Report to the BOH and BOH Minutes 8/16/07, BOH Vibrios in Puget Sound in BOH 3/15/07, Gibbs Lake Closure in BOH packet 8/16/07, Cyanobacteria Update in BOH	

				packet 7/20/06	
12.5 L	Written guidelines for effective assessment and management of clinical and financial risk. Certificate or evidence of insurance coverage for the LHJ's assessed risk.	2		Certificate of Liability Insurance, Clinical Services Financial Guidelines effective date 5/1/05, JCPH Write-Off Policy for Delinquent Accounts 10/07, State of WA, JC BOH Fee Schedule for JCPH Ordinance 11-1215-05	
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	0	There is not an organization-wide strategic/operations plan that includes both vision and mission statements, AND • goals, objectives and performance measures for priorities or initiatives.	JCPH Mission Statement, JCPH 2007 Performance Measures Targeted, Population and Prevention, CD, Family Support;	
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.	0	There is not an organization-wide strategic/operations plan that includes 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.		
12.8 L	BOH minutes indicate review and adoption of the agency strategic plan within the last 24 months	0	An organization-wide strategic/operations plan has not been brought to the BOH for review and adoption.		
12.9 L	Organization-wide quality improvement plan contains specific	0	While documentation demonstrated several quality improvement activities		

	<p>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 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.</p>		<p>(CD and Syringe exchange) there is not a written Quality Improvement Plan to set organizational policies and direction.</p>		
12.10 L	<p>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</p>		<p>There is not a written Quality Improvement Plan in place. This measure is N/A.</p>		

Score Totals for Standard 12: Leadership and Governance

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	56%	35%	34%
% Partially Demonstrates	0%	25%	38%
% Does Not Demonstrate	44%	41%	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		JCPH website for Reportable Diseases and Communicable Disease, Flyer for 11/06 Pandemic Influenza class, Pan Flu PPT,	
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		JCPH website for Reportable Diseases and Communicable Disease, Jefferson Co. website for county codes, link to DOH and CDC websites	
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		Flyer posted at reception desk for interpreter service and the "Point to Your Language" flyer, TB brochures in Spanish, Communicable Disease brochures in Spanish	
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	1	Unable to verify any recommendations resulting from the March 2008 BOH review of the CD Performance Measures Report.	JCPH 2007 and 2008 Performance Measures Report: Communicable Disease, 3/08 BOH minutes	JCPH 2007 and 2008 Performance Measures Report: Communicable Disease

	<p>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.</p>				
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		JCPH 2007 Performance Measures Report: Communicable Disease, 3/08 BOH minutes review of 2007 Performance Measures Report, 6/07 emails regarding educating providers on Child Profile	
4.1 L	<p>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)</p>	2		Region 2 - Public Health Resources Provider Notebook-- distributed through site visits every six months including laboratory	
4.2 L	<p>Information (not the notifiable conditions poster) about managing reportable conditions, such as</p>	2		MRSA alerts to providers via fax-- 11/07, severe	

	treatment options or isolation requirements. Evidence of distribution to health care providers			adenovirus-5/07, PHEPR Newsletter-- March 2008	
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		4/08 Policy for Guidelines for Identifying New Healthcare Providers for Engagement in NC Reporting, List of Healthcare Providers for Jefferson County, Emergency Contacts Database: Jefferson County	
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		4/08 Policy for Guidelines for Notifiable Conditions Investigations and Reporting	4/08 Policy for Guidelines for Notifiable Conditions Investigations and Reporting
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 database, JCPH Notifiable Conditions Database	
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		JCPH Website link to specific conditions protocols, and links to DOH, CDc, etc.	

	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		4/08 Policy for Guidelines for Handling Requests for Access to Emergency Biologics	4/08 Policy for Guidelines for Handling Requests for Access to Emergency Biologics
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 all new employees receiving orientation to the LHJ EPRP in the last 24 months or of EPRP staff training in 2007.	JCPH General Staff meeting--3/08 with Emergency Preparedness training with attendance sheet	
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		JCPH 2007 and 2008 Performance Measures Report: Communicable Disease	JCPH 2007 Performance Measures Report: Communicable Disease
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	1	No documentation of documented review (at least every other year) of prevention and health education information of all types for CD or of a written description of the process to organize, develop, distribute or	News Release on MRSA--updated 11/07, Respiratory Etiquette poster--2006	

	<p>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>		select, evaluate and update materials.		
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		Licensed Child Care providers-- MRSA, BBP and Pan Flu, School District training sessions for faculty and school secretaries on NC and BBP annually	
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		JCPH 2007 and 2008 Performance Measures Report: Communicable Disease, PH Nurse III job description	
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</li> </ul>	2		JCPH 2007 and 2008 Performance Measures Report: Communicable Disease	JCPH 2007 and 2008 Performance Measures Report: Communicable Disease

	and services, OR • revised educational curricula or materials.				
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 • funding availability, OR • evidence-based practices.</li> </ul>	2		4/08 Application for Merck Adult Vaccine Program PAP Pilot, WA State Local Health Hepatitis Vaccine Pilot Project	
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 • establishment of goals, objectives and performance measures, AND • evaluation of the initiatives.</li> </ul>		No collaborative projects initiated for CD.		
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 educational curricula or material revised to address evaluation results.	BBP class 4/07-- evaluations, 11/06 and 11/07 MRSA class evaluations	
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:	0	No documentation provided for this measure.	No documentation provided for this measure.	

	<p>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.</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> </ul>	2		<p>Excel JCPH Employee Training Log - 4/05 to 4/08 for all employees, 5/07 Regional training: Intro to Epi agenda and attendance list , 3/08 General Staff mtg-- HIPAA Training with outline</p>	

	<p>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>				
--	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--	--	--

**Score Totals for: Communicable Disease**

% Demonstrates	77%
% Partially Demonstrates	18%
% Does Not Demonstrate	5%

*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		JCPH Website -- Food Service section with listing of Food Worker Classes, Flyer for Food Worker Classes, Food Service News -- Winter 2008 and Fall 2007 with ServSafe Class announcements and compliance requirements,	Food Service News-- Winter 2008 with ServSafe Class announcements
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		JCPH Website -- Food Safety section with food laws, and application requirements, hard copy of "Establishment Guidelines" brochure, Full Service establishments packet	JCPH Website -- Food Safety section
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		Flyer posted at reception desk for interpreter service and the "Point to Your Language" flyer, La Seguridad Alimentaria es Asunto de Todos booklet in Spanish and other languages, signage in many languages	
3.1 L	Documentation of community and stakeholder review of local health data, including Local Public Health Indicators. Note: The intent is for LHJ	2		Food Service Advisory Committee agenda and minutes-- 3/07, 2007 and 2008	2007 and 2008 Performance Measures --EH-- Food safety Program

	<p>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 direction, OR • prevention priorities.</p>			<p>Performance Measures --EH-- Food safety Program reviewed by BOH-- March 2008</p>	<p>reviewed by BOH-- March 2008</p>
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	<p>The requirement for gap analysis for local critical health services and for prevention services is NA for EH, but results of program evaluations reported to at least one community group and use of reporting results to build partnerships are still applicable to EH and Food Safety Program.</p>	<p>2007 and 2008 Performance Measures Report-- EH-- Food safety Program reviewed by BOH-- March 2008</p>	
4.4 L	<p>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.</p>	2		<p>4/08 Policy for Guidelines for Foodborne Illness Outbreak Investigations, 4/08 Policy for Handling Citizen Concerns and Complaints</p>	<p>4/08 Policy for Guidelines for Foodborne Illness Outbreak Investigations, 4/08 Policy for Handling Citizen Concerns and Complaints</p>

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		Access Food establishment database, KIPHS database, Complaints database	
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		Policy Statement Number 1-05-- Inspection Frequency and Food Inspection Report Forms, Flowchart for Foodborne Illness Outbreak Investigation, Chapter 8 Retail Food Code Working Document	
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 all new employees receiving orientation to the LHJ EPRP in the last 24 months or of EPRP staff training in 2007.	JCPH General Staff meeting--3/08 with Emergency Preparedness training with attendance sheet	
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		2007 and 2008 Performance Measures Report-- EH-- Food safety Program, Food Service Advisory Committee minutes-- 3/07	

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: • organize materials, AND • develop materials, AND • distribute or select materials, AND • evaluate materials, AND • update materials.</p>	1	No documentation of documented review (at least every other year) of prevention and health education information of all types for CD or of a written description of the process to organize, develop, distribute or select, evaluate and update materials.	Food Safety is Everybody's Business booklet and current signage for restaurants	
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		Food Service Advisory Committee minutes-- 3/07, Collaboration with City of PT for "How to Keep Fat, Oil and Grease (FOG) in the Kitchen	
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. For each program reviewed, written description(s) of professional requirements, knowledge, skills, and abilities for staff working in the program.</p>	2		2007 and 2008 Performance Measures Report-- EH-- Food Safety Program, Critical violations report, EH Specialist II	

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	Unable to document use of Performance Measures Reports to improve program activities	2007 and 2008 Performance Measures Report-- EH-- Food Safety Program,	
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		12/06 ServSafe Class Survey Results with updated class format and materials	
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.		No community collaborative projects		
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		12/06 ServSafe Class Survey Results with updated class format and materials, Food Workers Classes Evaluations Report -- 7/06-9/06-- with change of time of day to offer classes	

	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>	0	No documentation provided	No documentation provided	
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		Excel JCPH Employee Training Log - 4/05 to 4/08 for all employees, 3/08 General Staff mtg-- HIPAA and EPRP Training with outline	

	<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>				
--	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--	--	--

## Score Totals for: Food Safety

% Demonstrates	78%
% Partially Demonstrates	17%
% Does Not Demonstrate	6%

*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		JCPH website-community health section, 1/08 newspaper article on Maternal Depression in JC, 8/07 NACCHO Newsletter, Road Show PPT on Improving Health by Reducing Adverse Childhood Experiences	Road Show PPT on Improving Health by Reducing Adverse Childhood Experiences
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.	Family Support Services--Consent for Services	Family Support Services--Consent for Services
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		Flyer posted at reception desk for interpreter service and the "Point to Your Language" flyer, Proteja a sus Ninos booklet in Spanish, 4 Meses Cuestionario in Spanish	
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	2		4/06 BOH minutes with review of Healthy Youth Survey, Nurse Family Partnership Impacts and WIC Program Report and	

	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.			recommendations	
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.	2		2008 UGN application for NFP visits with Jefferson County data, Regional First steps group review of data,	
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 First Steps staff training in EPRP in 2007.	JCPH General Staff meeting--3/08 with Emergency Preparedness training with attendance sheet	
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.	2		2006 Performance Measures Report for Family Support, Breastfeeding Tea Party Support Group-	2006 Performance Measures Report for Family Support,

	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.			-2006	
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 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.	1	No documentation of documented review (at least every other year) of prevention and health education information of all types for CD or of a written description of the process to organize, develop, distribute or select, evaluate and update materials.	Family Support Programs page on JCPH website updated regularly, Template for local providers for referral of First Steps clients for depression	
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		Breastfeeding Tea Party Support Group Summary--2006, 11/06 Early Learning Summit Meeting Key Points, 2008 UGN application for NFP visits	
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.	2		2006 Performance Measures Report for Family Support, PH Nurse II and III job descriptions	

	For each program reviewed, written description(s) of professional requirements, knowledge, skills, and abilities for staff working in the program.				
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.	2		2006 and 2007 Performance Measures Report-- Family Support, data on first trimester prenatal care, Jefferson NFP Evaluation Report 2-- 10/07, First Steps Referrals and Disposition Form	
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		2008 UGN application for Nurse Family Partnership visits,	
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.	2		Jefferson NFP Evaluation Report 2-- 10/07, Nurse Family Partnership Logic Model	
8.6 L	One example for each program being reviewed of evaluations of workshops, other in-person trainings	0			

	(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.				
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 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]	2		Jefferson NFP Evaluation Report 1-11/05 and Report 2--10/07 with staff compliance with program guidelines and program attrition rates, 4/08 QA Policy Family Planning and MCH Quality Assurance Chart Review	4/08 QA Policy Family Planning and MCH Quality Assurance Chart Review
10.4 L	Report of staff attending training and/or educational sessions within	2		Excel JCPH Employee Training Log - 4/05	

	<p>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 competency</li> <li>• Information technology tools</li> <li>• Leadership</li> <li>• Supervision and coaching</li> <li>• Job specific technical skills</li> </ul> <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. Documentation of the content of the training sessions listed in the staff training report(s), such as agendas, PowerPoint presentations, websites</p>			<p>to 4/08 for all employees, 5/06-- Thanks for the Memories Training certificate with agenda , 5/07 NCAST training, NFP training log for 5 staff, 3/08 General Staff mtg-- HIPAA Training with outline</p>	
--	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

	screen prints, other training materials and/or brochures.				
--	-----------------------------------------------------------	--	--	--	--

**Score Totals for: Maternal-Infant Health**

% Demonstrates	81%
% Partially Demonstrates	13%
% Does Not Demonstrate	6%

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