

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

- Recent development of some policies and procedures
- Emergency Response documents compiled in an orderly fashion and easy to follow
- Web information nicely arranged and easy to find by topic and contact person identified if needed
- Tobacco Program Strategic Plan and Activity Report
- Onsite Logic Model and resulting monitoring of performance indicators

Areas for Improvement

- Keep working on the development of measurement at the program level, by establishing quantifiable performance measures for process, impact and population outcomes.
- Link data review and conclusions to actions taken, especially link program evaluation results to program improvements, in other words, close the Plan-Do-Study-Act loop
- Increase the analysis of community health data and of program performance data with more trended data and display of data to facilitate making conclusions and evaluating progress toward goals
- Develop a systematic process to review outdated materials (policies and other materials)
- Increase opportunities to share data with others to showcase the work being done
- Develop a process for annual performance evaluations with training plans for staff
- Develop an Information System plan to plan for new technology
- Develop a Strategic Plan, including a quality improvement plan

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

Small Town/Rural	Mixed Rural	Large Town	Urban
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.
- **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	1	Partially Demonstrated
1.3 L	2	Fully Demonstrated
1.4 L	2	Fully Demonstrated
1.5 L	1	Partially Demonstrated
1.6 L	2	Fully Demonstrated
1.7 L	2	Fully Demonstrated

Standard 2: Communications to the Public and Key Stakeholders

Measure	Score	Compliance Demonstration
2.1 L	2	Fully Demonstrated
2.2 L	2	Fully Demonstrated
2.3 L	2	Fully Demonstrated
2.4 L	2	Fully Demonstrated
2.5 L	1	Partially Demonstrated
2.6 L	1	Partially 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

3.1 L	1	Partially Demonstrated
3.2 L	1	Partially Demonstrated

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

Measure	Score	Compliance Demonstration
4.1 L	1	Partially 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	1	Partially 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	0	Not Demonstrated

Standard 5: Planning for and Responding to Public Health Emergencies

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	0	Not Demonstrated

Standard 6: Prevention and Education

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

Standard 7: Helping Communities Address Gaps in Critical Health Services

7.1 L	0	Not Demonstrated
7.2 L	1	Partially Demonstrated
7.3 L	2	Fully Demonstrated
7.4 L	0	Not Demonstrated

Standard 8: Program Planning and Evaluation

Measure	Score	Compliance Demonstration
8.1 L	1	Partially Demonstrated
8.2 L	1	Partially Demonstrated
8.3 L	2	Fully Demonstrated
8.4 L	1	Partially Demonstrated
8.5 L	0	Not Demonstrated
8.6 L	1	Partially Demonstrated
8.7 L	1	Partially Demonstrated
8.8 L	1	Partially Demonstrated
8.9 L	2	Fully Demonstrated

Standard 9: Financial and Management Systems

Measure	Score	Compliance Demonstration
9.1 L	1	Partially Demonstrated
9.2 L	1	Partially Demonstrated

Standard 10: Human Resource Systems

Measure	Score	Compliance Demonstration
10.1 L	2	Fully Demonstrated
10.2 L	1	Partially Demonstrated
10.3 L	0	Not Demonstrated
10.4 L	1	Partially Demonstrated
10.5 L	2	Fully Demonstrated
10.6 L	1	Partially Demonstrated

Standard 11: Information Systems

Measure	Score	Compliance Demonstration
11.1 L	1	Partially Demonstrated
11.2 L	2	Fully Demonstrated
11.3 L	0	Not Demonstrated
11.4 L	2	Fully Demonstrated
11.5 L	1	Partially Demonstrated

Standard 12: Leadership and Governance

Measure	Score	Compliance Demonstration
12.1 L	2	Fully Demonstrated
12.2 L	1	Partially Demonstrated
12.3 L	0	Not Demonstrated
12.4 L	0	Not Demonstrated
12.5 L	1	Partially Demonstrated
12.6 L	1	Partially 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	47%	53%	55%
% Partially Demonstrates	37%	37%	34%
% Does Not Demonstrate	16%	10%	12%

Note: Totals may not equal 100% due to rounding

Detailed Agency Report

Standard 1: Community Health Assessment

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

	Measure	Score	Comments	Documents	Exemplary Documents
1.1 L	<p>Annual report or various separate reports with trended data (collected at least every other year) on a set of core indicators that include measures of:</p> <p>population health status AND, communicable disease AND, environmental health risks and related illnesses, AND health disparities AND, access to critical health services.</p> <p>Note: The focus of this measure is the largest set of public health data that includes more than a specific set of core indicators or the set of 32 local Public Health Indicators. See the Performance Management Glossary for definitions of health data.</p> <p>Written definition or description of quantitative data.</p> <p>Qualitative data such as barrier analysis and focus group or interview results (See Glossary)</p>	2		<p>Presentation on Mental Health Indicators to BOCC, 2005; 2007 Annual Report - Onsite Program; Lewis County Community Health Partnership, 2006; Presentation of Mental Health Status of unemployed mine workers and families, January 2007; Projects by Local Health Departments Addressing Access Issues in their communities, 2007; Communicable disease data web site</p>	
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>	1	<p>Unable to verify that there is a planned systematic process in which these health data are tracked over time and analyzed.</p>	<p>Presentation of Mental Health Status of unemployed mine workers and families, January 2007; Summary report and bulleted list of best practices and facts sheets, December 2006; 2008 Code</p>	

	<ul style="list-style-type: none"> • signal changes in health disparities and priority health issues, or • identify emerging health issues, or • identify implications for changes in communicable disease or environmental health investigation, intervention, or education efforts • gap analysis comparing existing services to projected need for services • recommendations for policy decisions, program changes, or other actions [see measure 1.3 L] 			Compliance report to BOH	
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		NACCHO grant for recruitment/retention of mental health services, 2008	
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		Report to BOH and United Way on data requests, 2007; web page portal to allow access to county level data	
1.5 L	Description of method for community members to obtain technical assistance from LHJ on assessment methods, data collection or other issues.	1	Documents presented are not dated in the time period for this review.	Policy on data requests, April 2004	
1.6 L	List of LHJ staff responsible for assessment activities. Training or assessment meeting	2		Organizational chart, September 2007; Regional Assessment	

	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)			Meeting agenda and attendance list, 2007; Training Qualitative Methods for Public Health Assessment with attendance list, September 2007; Hands on Stata training using health youth survey data with participant list, July 2007	
1.7 L	Collaboration with outside researchers on activities that benefit the community. If the program does not use any research-based information, this should be stated.	2		Alternatives for Children with Behavioral Issues, March 2008; Mentoring Partnership, April 2007	

Score Totals for Standard 1: Community Health Assessment

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	71%	72%	78%
% Partially Demonstrates	29%	15%	14%
% Does Not Demonstrate	0%	13%	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)	2		Web page portal for assessment activities	

	Note: This might include implementing elements of the PHIP Communications Plan.				
2.2 L	Publicly available 24 hour contact information for the LHJ current within last 14 months. Phone numbers for weekday and after-hours emergency contacts are available to (evidence of availability to both groups listed below): • law enforcement, AND • appropriate local agencies and organizations, such as tribal governments, schools and hospitals.	2		Phone contact information for Lewis County Public Health Department brochure; Emergency Notification policy, March 2008; Phone Directory; Public Health Hot Topics web page	
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		MRSA news release, November 2007; Copies of information to school districts and copy of letter to parents - MRSA, November 2007	
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		Copy of media list, April 2008	
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).	1	No evidence in documents presented identifying the timeframes for communications.	Media Contact Policy, April 2008	
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.	1	There is no evidence in the documents presented on how to create a clear and accurate health alert and how to distribute a media release	News release template; Health Advisory distribution example	
2.7 L	Public information that includes at	2		Public information on	

	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.			web site for: health data, EH, Communicable disease, and access; Projects by Local Health Departments Addressing Access Issues in Their Communities, 2007	
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	2		Local resource referral list, October 2007; copy of referral	

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

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	82%	71%	75%
% Partially Demonstrates	18%	29%	23%
% Does Not Demonstrate	0%	0%	2%

Note: Totals may not equal 100% due to rounding

Standard 3: Community Involvement

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

	Measure	Score	Comments	Documents	Exemplary Documents
3.1 L	Documentation of community and stakeholder review of local health data, including Local Public Health Indicators. Note: The intent is for LHJ staff to present local health data to community groups, such as advisory groups or agency committees with community member participation, to get input and feedback from community members and recommendations for action. Recommendations from community or stakeholder groups for at least one of the following actions: • further investigation. OR • new program efforts, OR • policy direction, OR • prevention priorities.	1			
3.2 L	Gap analysis for local critical health services and for prevention services reported to at least one of the groups listed below: • local stakeholders or community groups, or • regional partners, or • statewide program colleagues. Results of program evaluations reported to at least one of the groups listed below: • local stakeholders or community groups, or • regional partners, or • statewide program colleagues. Use of gap analysis and program evaluations in building partnerships with state, regional, and/or local stakeholders and/or state level colleagues.	1			

Score Totals for Standard 3: Community Involvement

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	0%	8%	13%
% Partially Demonstrates	100%	92%	76%
% Does Not Demonstrate	0%	0%	10%

Note: Totals may not equal 100% due to rounding

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

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

	Measure	Score	Comments	Documents	Exemplary Documents
4.1 L	Information on notifiable conditions with required reporting timeframes and specific, current 24-hour LHJ contact information, in the form of a designated telephone line or a designated contact person, are provided to: • health care providers, including new licensees, AND • laboratories, including new licensees. Distribution of notifiable conditions information (at least annually to assure current 24 hour contact information)	1			
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 • subsequent reporting to state and federal agencies. Note: the system may also track the broader category of mandated reporting.	2			
4.6 L	Protocols for specific conditions contain all of the information listed below for each specific condition: • case investigation steps (including timeframes for initiating the investigation), AND • reporting requirements, AND • contact information, AND • clinical management, including referral to care. Protocols document which evidence based practices (EBP) relating to the most effective population-based	1			

	methods of disease prevention and control have been incorporated in specific conditions and the source of the EBP.				
4.7 L	Description of the method for tracking public health concerns, if not already captured by the systems described in either 4.5 or 4.8. Two examples of reports of concern received from the public indicating referral to appropriate agency for response.	2		Lewis County Complaint and Code Enforcement Form-template, Complaint Intake database screenprint, PermitsPlus tracking system example for Mt. View Trailer Park, Narrative tracking of Puumula case since 2005 to date for compliance problems	
4.8 L	Tracking system for environmental health investigations and compliance activities that includes documentation of all the information listed below: • the initial report, AND • investigation, AND • findings, AND • compliance action, AND • subsequent reporting to state and federal agencies.	2			
4.9 L	Written procedures for investigation and compliance actions, based on local policies, ordinances and state laws contain all of the information listed below for each action: • case investigation steps (including timeframes for initiating the investigation), AND • type of documentation needed to take enforcement action.	2			
4.10 L	Protocols for the use of emergency biologics (for example, the "yellow book").	2			
4.11 L	Protocols for exercising legal authority for disease control (including quarantine and non-	0	No documentation of protocols for isolation or quarantine were presented. The 2003 BOH minutes	2003 BOH minutes showing review of the New Isolation	

	voluntary isolation)		are too old to be valid documentation for this measure, as the last review was in 2005, and this predates that earlier cycle.	and Quarantine WACs,	
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Score Totals for Standard 4: Monitoring and Reporting Threats to Public's Health

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	73%	85%	82%
% Partially Demonstrates	18%	12%	14%
% Does Not Demonstrate	9%	3%	4%

Note: Totals may not equal 100% due to rounding

Standard 5: Planning for and Responding to Public Health Emergencies

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

	Measure	Score	Comments	Documents	Exemplary Documents
5.1 L	Examples of communications in which the primary contact person(s) is clearly identified for health risk reporting purposes (evidence of distribution to both groups listed below): • health providers, AND • public safety officials.	2		Communication to health providers and public safety officials - MRSA, February 2008	
5.2 L	Local public health emergency preparedness and response plans (EPRP) address all types of emergencies listed below: • environmental health risks, AND • communicable disease outbreaks, AND other public health emergencies. The LHJ EPRP describes the specific roles and responsibilities for LHJ	2		LCPH Emergency Response Plan, 2003 updated July 2007; LCPH Point of Dispensing Drill after action report, June 2007	

	<p>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>				
5.3 L	<p>Reports (at least one example) indicate LHJ leadership in community level public health emergency activities including all the activities listed below: • planning, AND • exercises AND • response/restoration activities.</p> <p>Reports (at least one example) indicate full LHJ participation in other community emergencies with public health implications including all the activities listed below: • planning, AND • exercises AND • response activities.</p>	2		<p>Pan Influenza presentation, October 2007; After action report Lewis County Flood, December 2007</p>	
5.4 L	<p>Written description or list of public health services that are essential for the public to access in different types of emergencies. Note: The intent of this measure is that the LHJ has identified the essential services it provides during a public health emergency and has told the public how to access those services. An example is a list of the issues on the emergency response webpage for which the public should contact the agency.</p> <p>At least two examples of information distributed/available to the public on</p>	2		<p>LCPH Public Health Hot Topics web page; After the flood web page; Disinfecting Your well 5 easy steps handout; MRSA information</p>	

	how to access the essential services during an emergency.				
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.	0			

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	0%	27%	29%
% Does Not Demonstrate	20%	13%	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	1			

	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.				
6.2 L	<p>Descriptions of prevention priorities for prevention, health promotion, early intervention and outreach services for general population or targeted, at-risk populations. (See measure 12.7 L).</p> <p>Analyses (at least two examples) of community health data and program evaluation data used to develop prevention priorities described above. These analyses may also include data on local issues, funding availability, experience in service delivery, or information on evidence based practices.</p>	2		<p>Lewis County (Tobacco) Strategic Plan-2005-2008, December 2006</p> <p>County Profiles of Tobacco Use report, 7/07</p> <p>Lewis County Tobacco Use Statistics</p>	<p>Lewis County (Tobacco) Strategic Plan-2005-2008</p>
6.3 L	<p>Documented review (at least every other year) of prevention and health education information of all types (including technical assistance).</p> <p>Two examples of updated, expanded or contracted prevention and health education information reflecting revised regulations, changes in community needs, evidence-based practices and health data.</p> <p>Written description of the process to conduct all the activities listed below:</p> <ul style="list-style-type: none"> • organize materials, AND • develop materials, AND • distribute or select materials, AND • evaluate materials, AND • update materials. 	1			
6.4 L	<p>Descriptions of at least two partnerships with the community and/or stakeholders to implement population based prevention and health education activities. Each of</p>	1			

	the two examples must demonstrate different implementation methods (e.g., train the trainer, technical assistance, social marketing, workshops, or peer education).				
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Score Totals for Standard 6: Prevention and Education

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	25%	33%	39%
% Partially Demonstrates	75%	63%	54%
% Does Not Demonstrate	0%	4%	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.	0	No documents presented for this standard.		
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].	1	There is no evidence in the documents presented showing assessment information on access to the four types of services.	Local Resource List; STD diagnostic and Treatment facilities; Projects by Local Health Departments Addressing access issues in their	

	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.			communities, 2007; Mental health provider survey	
7.3 L	Surveys (at least one example within last 24 months) to assess the availability of critical health services and barriers to access. One gap analysis for access to critical health services based on the results of the surveys for availability and other assessment information.	2		Mental health provider survey	
7.4 L	Program and activity planning processes, contracts or access initiatives reflect both types of activities listed below (at least one example of each): • coordination of health service delivery among health care providers AND • linkage of individuals to medical home.	0	No documents presented for this measure.		

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

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	25%	67%	57%
% Partially Demonstrates	25%	21%	30%
% Does Not Demonstrate	50%	13%	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
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					Documents
8.1 L	<p>For each program reviewed, a written description of program or activity goals, objectives and performance measures shows use of a systematic process or model. This does not have to be a single, agency wide document, although individual program plans ideally link to agency wide plans such as strategic and QI plans.</p> <p>For each program reviewed, written description(s) of professional requirements, knowledge, skills, and abilities for staff working in the program.</p>	1			
8.2 L	<p>For each program reviewed, reports of program performance measures with analysis against goals and trended data where possible.</p> <p>For each program reviewed, evidence showing use of the analysis for at least one of the activities listed below: • improve program activities and services, OR • revised educational curricula or materials.</p>	1			
8.3 L	<p>Use of additional sources of information to improve services and activities, including an example from each program being reviewed from the information sources listed below:</p> <ul style="list-style-type: none"> • 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	1			

	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.				
8.5 L	Customer service standards with related program performance measures for all employees with job functions that require them to interact with the general public, stakeholders and partners. Evaluation results of performance on customer service standards.	0	The Customer Service training logs presented for this measure will be used for measure 10.4 on staff training. No other documents, such as client satisfaction surveys or reports were presented for this measure.	No valid documentation provided for this measure.	
8.6 L	One example for each program being reviewed of evaluations of workshops, other in-person trainings (including technical assistance) or other health education activities with analysis of effectiveness conducted within last 24 months. One example for each program being reviewed of educational curricula or material revised to address evaluation results dated within last 24 months.	1			
8.7 L	Aggregated annual internal audit* results for last two years of on a sample of communicable disease investigations records including data on timeliness and compliance with 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	1			

	<p>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.</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>				
8.8 L	<p>List of significant outbreaks, environmental events, natural disasters, table top exercises or public health emergencies that have occurred during the last 24 months. After-action/table top evaluation for each event listed above with evidence that each evaluation included all the activities listed below: • participation from stakeholders; such as hospitals, providers and involved community organizations, as appropriate, AND • participation by LHJ staff from 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 •</p>	1	<p>The only AAR presented was for the 2007 Flood, and Brucellosis debrief but no AAR or any documentation of evaluation or debrief was presented for the other significant outbreaks and events listed.</p>	<p>List of Significant Events-11/06 to 12/07, Lewis County Flood AAR--12/3/07, Brucellosis outbreak debrief</p>	

	recommend changes in response procedures and other process improvements				
8.9 L	Two examples that demonstrate the use of after action/table top recommendations to improve two or more of the LHJ processes listed below: • monitoring and tracking processes • disease-specific protocols • investigation/compliance procedures • laws and regulations • staff roles • communication efforts • access to essential public health services (See 5.4), • emergency preparedness and response plans • other LHJ plans, such as facility/operations plan. Organizational goals and objectives reflect recommended changes from after action /table top evaluations.	2		March 2008 Risk Communication classes resulting from flood AAR recommendations, Health Department Flood Debrief List of Equipment, Training and Procedural Needs from Flood AAR	

Score Totals for Standard 8: Program Planning and Evaluation

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	22%	22%	24%
% Partially Demonstrates	67%	67%	58%
% Does Not Demonstrate	11%	11%	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 •	1	It isn't evident from the documents presented that an organization strategic plan exists.	BOH resolution 08-133	

	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.				
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	It is not evident from the documents presented there is a contract review process in place.	Contract between LCPH and Legacy of Hope, February 2007; Contract between LCPH Smart PH Participation with Washington Department of Health, August 2007	

Score Totals for Standard 9: Financial and Management Systems

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	0%	42%	35%
% Partially Demonstrates	100%	50%	54%
% Does Not Demonstrate	0%	8%	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
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10.1 L	Human resources policies on all topics listed below: • promotion of diversity and cultural competence, AND • methods for compensation decisions, AND • personnel rules, AND • recruitment and retention of qualified and diverse staff. Description or evidence of how these policies are made available to staff.	2		County personnel policies, Fair Employment; Salary Review Process; Salary Grid, 2006; Policies on line on "G" drive	
10.2 L	Documentation of how job descriptions for program positions or job classifications with a description of how they are made available to staff. Note: Job descriptions or job classifications are not required to be presented as documentation for this measure. Tracking report with listing of staff evaluation completion dates for all eligible (employed more than 12 months). Note: This measure includes public health staff, but not staff from human services if the departments are combined. This does include Environmental Health staff even if they are organized under another department. To fully demonstrate performance in this element the tracking report must indicate that more than 80% of employees have completed performance evaluations in 2007. Validation that an annual training plan is included in evaluation for each employee.	1	Based on documentation provided 27% of evaluations are completed for 2007. Documentation did not include annual training plans.	Job descriptions and classifications on "G" drive available to all staff; Evaluations list 2007	
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.	0	The focus of this measure is to assure licensure and qualifications of staff	No valid documents provided.	
10.4 L	Report of staff attending training and/or educational sessions within the last three years for at least three	1			

	<p>of the following topics, as appropriate: • Assessment and data analysis • Program evaluation to assess program effectiveness • Confidentiality and HIPAA requirements • Communications, including risk, media relations • State laws/regulations/policies, including investigation/compliance procedures • Specific EPRP duties • Community involvement and capacity building methods • Prevention and health promotion methods and tools • Quality Improvement methods and tools • Customer service • Cultural competency • Information technology tools • Leadership • Supervision and coaching • Job specific technical skills</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 < 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>				
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	screen prints, other training materials and/or brochures.				
10.5 L	Confidentiality and HIPAA policy. List of staff required per policy to sign confidentiality agreement with signature and date of signature, OR 10% sample of signed staff confidentiality statements.	2		HIPAA policies; signed confidentiality statements	
10.6 L	Evaluation reports of facility and relevant work processes for compliance with ADA requirements within last 24 months.	1	Based on discussion with staff an evaluation of relevant work processes for compliance with ADA requirements is not applicable.	ADA checklist done on the newest facility, Public Services	

Score Totals for Standard 10: Human Resource Systems

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	33%	50%	50%
% Partially Demonstrates	50%	36%	36%
% Does Not Demonstrate	17%	14%	14%

Note: Totals may not equal 100% due to rounding

Standard 11: Information Systems

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

	Measure	Score	Comments	Documents	Exemplary Documents
11.1 L	Description of IT safety and security processes that contains all of the activities listed below: • assuring protection of data (passwords, firewalls, backup systems) and data systems, AND • addressing security, AND • addressing redundancy, AND • appropriate use. Documentation of monitoring these processes for compliance with the policies and procedures described above at least	1	No evidence of monitoring of the above policies and procedures. Policies are out of date for this review period.	Technology policy and procedures, November 2002	

	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.	2		Groupwise list of network users address list with minimum software applications; Phone number for helpdesk for IS administrative assistant.	
11.3 L	Agency or county IS plan includes strategies for the use of future technologies by the LHJ.	0	No documentation provided to demonstrate an IS plan.		
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		LCPH web site pages; Lewis County web site	
11.5 L	Documentation of agency requirements for the use and transmission of personal health and other types of protected data to all three groups listed below: • within the agency, AND • other LHJs and/or agencies, AND • partner organizations. Agency requirements define which program data requires confidential and secure transmission (e.g., any identifiable information) and methods to assure confidential and secure transmission. For programs that collect and share	1	No evidence in documents presented to demonstrate agency requirements for the use and transmission of personal health and other types of protected data to all three groups: within agency, and other LHJs and partner organizations.	DOH data sharing agreement with LCPH, December 2007; Data sharing agreement Washington State Healthy Youth Survey - DOH - and LCPH, November 2007	

	identifiable information, two examples of sharing or transfer of data indicate compliance with the security and protection requirements.				
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Score Totals for Standard 11: Information Systems

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	40%	47%	50%
% Partially Demonstrates	40%	43%	36%
% Does Not Demonstrate	20%	10%	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		BOH minutes, December 2007 and June 2007	
12.2 L	BOH review of an annual report or various separate reports with trended data on a set of core indicators that include measures of: • Local Public Health Indicators AND • community health status, AND • communicable disease AND • environmental health risks and related illness, AND • access to critical health services.	1	No evidence in documents presented to demonstrate the BOH reviews and actions taken on an annual report or various separate reports for Local Public Health Indicators, Community Health status, communicable disease, environmental health risks and related illness, and access to critical health services.	BOH minutes, June 2007	

	Documented BOH recommendations for actions on health policy decisions.				
12.3 L	BOH review of an annual report or various separate reports with specific statements of progress toward agency and program goals.	0	No evidence in documents presented to demonstrate the BOH reviews an annual report or various separate reports for progress toward agency and program goals.	BOH meeting minutes, April 2007	
12.4 L	BOH review of written recommendations based on evaluation of each significant outbreak, environmental event, natural disaster, table top exercise or other public health emergency.	0	No documentation presented to meet this measure.		
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.	1	No evidence in documents presented to demonstrate assessment and management of clinical risk.	Certificate of Liability Insurance, October 2007	
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	1	Documents presented did not demonstrate evidence of goals, objectives and performance measures.	LCPH Mission, Vision, and Essential Services	
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	No evidence of a strategic plan.		
12.8 L	BOH minutes indicate review and	0	No evidence of a strategic plan.		

	adoption of the agency strategic plan within the last 24 months				
12.9 L	Organization-wide quality improvement plan contains specific objectives that include all the topics listed below: • address opportunities for improvement identified through use of health data including from data sources such as: the core indicators, including Local Public Health Indicators, OR program evaluation results, OR outbreak response or after-action 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.	0	There is no evidence of quality improvement plan.		
12.10 L	Written review of the quality improvement objectives from the previous year include: • performance measures are tracked, reported and used to assess the impact of improvement actions, AND • meaningful improvement is demonstrated in at least one objective Note: Meaningful improvement can be shown by comparing re-measurement(s) of an outcome to the baseline measurement with a description of the action or intervention taken to improve performance. Re-measurement must show an improved result in the outcome measure. Revised QI plan with new, revised and deleted objectives is		No evidence of a quality improvement plan. This measure is N/A.		

	made based upon the review				
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Score Totals for Standard 12: Leadership and Governance

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	11%	25%	34%
% Partially Demonstrates	33%	46%	38%
% Does Not Demonstrate	56%	29%	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		Website information on Notifiable Conditions, HIV/AIDS testing and Education and Outreach,	
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		Website information on Notifiable Conditions, including links to DOH notify and A-Z websites and the CDC website	
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		PSA in Spanish for Clean-up After the Flood, LCPH Services Brochure 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 get input and feedback from community members and recommendations for action.	2		MRSA Report of school district and LCPH review of data with recommendations for further actions	

	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.				
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		MRSA Report of school district and LCPH review of data with recommendations for further actions	
4.1 L	<p>Information on notifiable conditions with required reporting timeframes and specific, current 24-hour LHH 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.</p> <p>Distribution of notifiable conditions information (at least annually to assure current 24 hour contact information)</p>	1	The Provider Outreach Log shows NC visits to just 2 clinics in March of 2008 and no documentation of distribution of the NC information prior to March of 2008 so reviewer is unable to verify annual distribution for 2006 or 2007.	LCPH website for Communicable Disease with link to DOH A-Z and Medical Providers section, Policy 600-10 Notify Medical Providers and Labs of the Reporting Requirements for Notifiable Conditions, Provider Outreach Log for March 2008	
4.2 L	<p>Information (not the notifiable conditions poster) about managing reportable conditions, such as treatment options or isolation requirements.</p> <p>Evidence of distribution to health care</p>	2		MRSA Blast Fax-- 2/26/08, Transaction report showing MRSA distribution to providers,	

	providers				
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		3/08 Policy 600-8 Findings and notifying New Providers of NC requirements,	
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	This policy and the related procedure should be strengthened by expanding the description of the EH and other LCPH staff roles for managing reports of NC, instead of simply including them as "CD Health Officers".	3/08 Handling Reports of CD Policy and separate Procedure--600-7,	
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, Lewis County CD Manual	
4.6 L	Protocols for specific conditions contain all of the information listed below for each specific condition: • case investigation steps (including timeframes for initiating the investigation), AND • reporting requirements, AND • contact information, AND • clinical management, including referral to care. Protocols document which evidence based practices (EBP) relating to the most effective population-based	1	Only one example of a protocol was provided and no evidence of EBP was included in the documentation.	Protocol for Salmonellosis,	

	methods of disease prevention and control have been incorporated in specific conditions and the source of the EBP.				
4.10 L	Protocols for the use of emergency biologics (for example, the “yellow book”).	2		Emergency Biologics- - 2007	
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.	0	The intent of this measure is to validate that all new employees have been oriented to the Lewis County ERP and that all employees review the plan annually. The Risk Communication training does not address the requirements of this measure. No documentation of new employees completing the Orientation Form or of annual review of the ERP with all staff.	New Employee Orientation Handouts template,	
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.	0	No valid documentation of communicable disease services gaps or CD program evaluation results or of use of gap analysis and program evaluations in building partnerships was presented.	No valid documentation related to Communicable Disease was presented.	
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	0	No valid documentation of review of communicable disease materials or of updated materials or of a written description of the process to conduct all the materials development and review activities was presented.	No valid documentation related to Communicable Disease was presented.	

	materials, AND • distribute or select materials, AND • evaluate materials, AND • update materials.				
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).	0	No valid documentation of community partnerships for communicable disease education activities was presented.	No valid documentation related to Communicable Disease was presented.	
8.1 L	For each program reviewed, a written description of program or activity goals, objectives and performance measures shows use of a systematic process or model. This does not have to be a single, agency wide document, although individual program plans ideally link to agency wide plans such as strategic and QI plans. For each program reviewed, written description(s) of professional requirements, knowledge, skills, and abilities for staff working in the program.	1	No documentation of communicable disease program goals, objectives and performance measures, such as a portion of an annual work plan or a Logic Model, was presented.	PH Nurse II job description, Epidemiologist II job description	
8.2 L	For each program reviewed, reports of program performance measures with analysis against goals and trended data where possible. For each program reviewed, evidence showing use of the analysis for at least one of the activities listed below: • improve program activities and services, OR • revised educational curricula or materials.	0	The intent of this measure is to monitor the program measures (as shown in measure 8.1) against stated program goals with trended data, such as CD incidence or percent of timely NC report response over time. No documentation that addressed these requirements was provided. The MRSA report was used to demonstrate performance in measures 3.1, 3.2 and 8.3.	No valid documentation presented for this measure.	
8.3 L	Use of additional sources of information to improve services and activities, including an example from each program being reviewed from	2		MRSA report used to improve CD program activities	

	<p>the information sources listed below:</p> <ul style="list-style-type: none"> • 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. 				
8.4 L	<p>For programs/activities that have initiated specific community collaborative projects, description of community collaboration project includes all of the factors listed below</p> <ul style="list-style-type: none"> • analysis of data, AND • establishment of goals, objectives and performance measures, AND • evaluation of the initiatives. 	0	No valid documentation of collaborative projects for communicable disease education activities was presented.	No valid documentation related to Communicable Disease was presented.	
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	No documentation of educational curricula or material revised to address workshop or training evaluation results.	July 2007 LCPH HIV/AIDS Health Education Course Summary with findings	
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</p>	0	No valid documentation of internal audits for communicable disease case files and/or reports was presented.	No valid documentation related to Communicable Disease was presented.	

	<p>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"> • Assessment and data analysis • Program evaluation to assess program effectiveness • Confidentiality and HIPAA requirements • Communications, including risk, media relations • State laws/regulations/policies, including investigation/compliance procedures • Specific EPRP duties • Community involvement and capacity building methods • Prevention and health promotion methods and tools • Quality Improvement methods and tools • Customer service • Cultural competency • Information technology tools • Leadership • Supervision and coaching • Job specific technical skills <p>Note: Fully demonstrates requires</p>	0	<p>This measure requires documentation of participation all CD staff in at least three training/educational events in the last three years. Documentation provided evidence of all staff participating in one training, and some participating in two training sessions, but no documentation of CD staff member with three training sessions in the last three years.</p>	<p>Log for staff trained in Customer Service in 2006 and 2007, Attendance log for 7 management staff attending Supervision Techniques in 4/07</p>	

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

% Demonstrates	48%
% Partially Demonstrates	17%
% Does Not Demonstrate	35%

Note: Totals may not equal 100% due to rounding

TOBACCO

	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		LCPH website -- Tobacco section, Tobacco Quit Line Brochure--DOH, Tobacco Self-Test Brochure, County Ordinance on-line on website, Guide for Retailers	
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		County Ordinance on-line on website, DOH website for applicable WACs and RCWs	
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		Quit Line Brochure-- Spanish, Quit Smoking Plan brochure-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 get input and feedback from community members and recommendations for action.	0	No documentation of any community and stakeholder review of tobacco related data or of recommendations resulting from the review of data.	Lewis County Alcohol, Tobacco and Other Drug/CMASA Advisory Board Introduction, Tobacco Strategic Plan-2005-2008	

	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.				
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		Lewis County Strategic Plan 2005-2008-- descriptions of gap for priority CC-3 and PC-1	
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.	0	The intent of this measure is to validate that all new employees have been oriented to the Lewis County ERP and that all employees review the plan annually. The Risk Communication training does not address the requirements of this measure. No documentation of new employees completing the Orientation Form or of annual review of the ERP with all staff.	New Employee Orientation Handouts template,	
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	2		Lewis County Strategic Plan 2005-2008, 3/08 Catalyst Planned Activities Report	

	provided by the LHJ or by contractors for any of the groups listed below: • individuals, OR • families, OR • community in general.				
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 the systematic review of all educational materials for Tobacco or of the process to review for outdated or inaccurate materials.	2/08 Rick Bender educational sessions at Youth Summit, What Kids are Saying (not dated or shown as revised),	
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		ATOC/CMASA Advisory Board Introduction, Chemical Dependence provider training--3/08	
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	2	The Strategic Plan should be strengthened by setting quantifiable goals for each of the priority areas, like the objective stated for PC-1 to decrease retail non-compliance by 10% by 2008.	3/08 Catalyst Planned Activities Summary Report, Lewis County Tobacco Strategic Plan 2005-2008, Community Outreach worker Job Description	

	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		County Profiles of Tobacco Use report-- 12/06, Lewis County Tobacco Use Statistics-- 7/07, Contract with Rick Bender for No Snuff Education	Contract with Rick Bender for No Snuff Education
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		A Guide For Retailers	
8.4 L	For programs/activities that have initiated specific community collaborative projects, description of community collaboration project includes all of the factors listed below • analysis of data, AND • establishment of goals, objectives and performance measures, AND • evaluation of the initiatives.	1	No documentation of any analysis or report of the evaluation results to evaluate the Youth Summit.	Tobacco Strategic Plan, 6th Annual Youth Summit brochure, one completed Youth Summit evaluation form	
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.	1	No documentation of any analysis or report of the evaluation results to evaluate the Youth Summit or of educational curricula or material revised to address evaluation results.	One completed 2008 Youth Summit Evaluation	

	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	<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>	2		Lewis County Social Services-- Report on Activities to Reduce Tobacco Use with 2006-2007 results and with 2005-2006 results, Synar Tobacco Compliance Checks summary for 2006	
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	2		Log for staff trained in Customer Service in 2006 and 2007, Attendance log for 7 management staff attending Supervision	

	<p>assess program effectiveness • Confidentiality and HIPAA requirements • Communications, including risk, media relations • State laws/regulations/policies, including investigation/compliance procedures • Specific EPRP duties • Community involvement and capacity building methods • Prevention and health promotion methods and tools • Quality Improvement methods and tools • Customer service • Cultural competency • Information technology tools • Leadership • Supervision and coaching • Job specific technical skills 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>			<p>Techniques in 4/07, Ethics and Emerging Changes--3/07, Applying the Social Norms Model--5/06, Understanding the mysteries of the teenage brain--2/08</p>	
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Score Totals for: Tobacco

% Demonstrates	69%
% Partially Demonstrates	19%
% Does Not Demonstrate	13%

Note: Totals may not equal 100% due to rounding

WASTE WATER MANAGEMENT

	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		LCPH website for On-Site--Rules and Regs information and training sessions information, Flyer for Onsite Workshop re O&M 2-08, Onsite	
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		LCPH website for On-Site--Rules and Regs information, Shared Well Policy	
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		CINCO PASOS FACILES PARA DESINFECTAR EL POZO flyer--Spanish, LCPH Website information 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 get input and feedback from community members and recommendations for action. Recommendations from community or stakeholder groups for at least one	0	No documentation presented for Onsite Sewage for community and stakeholder review of local environmental health data or recommendations resulting from community or stakeholder group review of environmental data.	No documentation presented for Onsite Sewage for this measure.	

	of the following actions: • further investigation. OR • new program efforts, OR • policy direction, OR • prevention priorities.				
3.2 L	<p>Gap analysis for local critical health services and for prevention services reported to at least one of the groups listed below: • local stakeholders or community groups, or • regional partners, or • statewide program colleagues.</p> <p>Results of program evaluations reported to at least one of the groups listed below: • local stakeholders or community groups, or • regional partners, or • statewide program colleagues.</p> <p>Use of gap analysis and program evaluations in building partnerships with state, regional, and/or local stakeholders and/or state level colleagues.</p>	1	Unable to verify that the 2007 Onsite Annual Report with On-Site program evaluation data has been shared with any other group. The requirement for a gap analysis for critical health services is NA for EH programs. The 2007 Flood Presentation described the impact related to EH services, but does not meet the requirement in this measure for program evaluation.	2007 Onsite Annual Report, 2007 Flood Presentation	
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	This policy and the related procedure should be strengthened by expanding the description of the EH and other LCPH staff roles for managing reports of NC, instead of simply including them as "CD Health Officers".	3/08 Handling Reports of CD Policy and separate Procedure--600-7,	
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		Permit Plus, Complaint 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		Code Enforcement Procedures--4/05, Health Officer Risk Assessment Matrix, Voluntary Corrections Agreement	Health Officer Risk Assessment Matrix
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.	0	The intent of this measure is to validate that all new employees have been oriented to the Lewis County ERP and that all employees review the plan annually. The Risk Communication training does not address the requirements of this measure. No documentation of new employees completing the Orientation Form or of annual review of the ERP with all staff.	New Employee Orientation Handouts template,	
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.	0	No documentation for Onsite Program	No documentation for Onsite Program	
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.	0	No documentation for Onsite Program	No documentation for Onsite Program	

	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.				
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).	0	No documentation for Onsite Program	No documentation for Onsite Program	
8.1 L	For each program reviewed, a written description of program or activity goals, objectives and performance measures shows use of a systematic process or model. This does not have to be a single, agency wide document, although individual program plans ideally link to agency wide plans such as strategic and QI plans. For each program reviewed, written description(s) of professional requirements, knowledge, skills, and abilities for staff working in the program.	2		Onsite Logic Model, Onsite Indicators, EHS I and II job descriptions	Onsite Logic Model,
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.	0	The only documentation submitted for this measure was an explanation document developed for the reviewer indicating that the workshop for O&M resulted from a review of some reports. No reports of program performance measures with analysis against goals and trended data were presented. Therefore the reviewer was unable to verify that the O&M workshop resulted from an analysis of program performance against goals.	Workshop on Operation & Maintenance Permitting & Requirements announcement	

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"> • 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		Workshop on Operation & Maintenance Permitting & Requirements announcement, 3/08 BOH minutes, Packwood Sewer Project Grant resolution	
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"> • analysis of data, AND • establishment of goals, objectives and performance measures, AND • evaluation of the initiatives. 		No specific community collaborative projects relating to On-Site have been initiated. This measure is N/A.		
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.	0	No documentation for On-Site was presented.	No documentation for On-Site was presented.	
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	0	This report did not contain documentation of an audit of On-Site Investigation cases to evaluate timeliness and compliance with investigation/compliance procedures.	Code Enforcement Report	

	<p>documented work, such as investigation reports, for requirements like timeliness, accuracy, and compliance with protocols or regulations. A sample of 30 files is considered sufficient to identify trends in compliance.</p> <p>Aggregated annual internal audit* results for last two years of on a sample of environmental health investigation/compliance action records including data on timeliness and compliance with investigation/compliance procedures.</p> <p>OR</p> <p>Aggregated annual internal audit* results for last two years of on a sample of program or activity case write-ups, such as for client visit; including data on timeliness and compliance with program protocols or on repetitive activities such as the development or use of prevention and health education materials [see 6.3 L] or health alerts [see 2.6 L]</p>				
10.4 L	<p>Report of staff attending training and/or educational sessions within the last three years for at least three of the following topics, as appropriate:</p> <ul style="list-style-type: none"> • Assessment and data analysis • Program evaluation to assess program effectiveness • Confidentiality and HIPAA requirements • Communications, including risk, media relations • State laws/regulations/policies, including investigation/compliance procedures • Specific EPRP duties • Community involvement and capacity building methods • Prevention and health promotion methods and tools • Quality Improvement methods and tools • Customer service • Cultural 	2		<p>Log for staff trained in Customer Service in 2006 and 2007, Attendance log for 7 management staff attending Supervision Techniques in 4/07, Training Content for WOSSA Class,</p>	

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

% Demonstrates	50%
% Partially Demonstrates	6%
% Does Not Demonstrate	44%

Note: Totals may not equal 100% due to rounding