

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

The Standards and the 2008 Performance Review

Thank you for participating in the performance review of the Standards for Public Health in Washington State. The intent of the Standards is to provide an overarching measurement framework for the many services, programs, legislation, and state and local administrative codes that affect public health. The Washington State Standards for Public Health Performance address all 10 Public Health Essential Services and crosswalk directly to the NACCHO Operational Definition.

The Washington standards and measures exemplify the national goals for public health performance measurement and development of standards—quality improvement, accountability, and science. Points to remember when looking at the reports include:

- The Standards articulate a higher level of performance, often described as stretch standards, not a description of the system as it is performing currently.
- The Standards reflect an improvement cycle; results of the performance assessment should be used to target areas for improvement.

This Report

The site reviews again demonstrated the incredible commitment, creativity and hard work of the people in the public health system. This report is specific to your local health jurisdiction and is intended to give you feedback about the materials you provided as a demonstration of how you met each measure. However, before describing the details that are in the report, we want to summarize overall observations regarding your organization's strengths and opportunities for improvement as observed during the site review.

Strengths

- The Assessment capacity, so well described in the assessment brochure, and demonstrated in the reports reviewed, such as Signals
- The movement from specific data system reports (e.g., PRAMS) to topical reports that draw data and information from a variety of sources (e.g., new Access report)
- The development of reports (How Big Are We?) and demonstrated follow through to data driven policy development and program decisions
- The leadership demonstrated by the Access report and convening of the upcoming Forum on 3/24
- The website and intranet as a resource for the public, stakeholders and staff—it is easily navigated and populated with good information
- The planning for an new Information Technology future that will integrate the disparate needs across the scope of SHD practice
- The Strategic Plan update—narrowed from earlier version but still broad and ambitious, and the intent of Goal 1 regarding the development of goals, objectives and measures in each program

Areas for Improvement

- Continue to develop capacity for data driven policy and program decision making, and incorporate data and measurement into BOH presentations and recommendations to the BOH (as demonstrated in the recent Obesity initiative)
- Adopt a convention regarding dating of all documents, and assuring review and revision dates for older documents, to assure they are still accurate and relevant

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	1	Partially Demonstrated
1.2 L	2	Fully Demonstrated
1.3 L	2	Fully Demonstrated
1.4 L	2	Fully Demonstrated
1.5 L	2	Fully Demonstrated
1.6 L	2	Fully Demonstrated
1.7 L	2	Fully Demonstrated

Standard 2: Communications to the Public and Key Stakeholders

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

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

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

Measure	Score	Compliance Demonstration
4.1 L	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	2	Fully Demonstrated
4.7 L	2	Fully Demonstrated
4.8 L	2	Fully Demonstrated
4.9 L	2	Fully Demonstrated
4.10 L	2	Fully Demonstrated
4.11 L	2	Fully Demonstrated

Standard 5: Planning for and Responding to Public Health Emergencies

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

Measure	Score	Compliance Demonstration
7.1 L	1	Partially Demonstrated
7.2 L	2	Fully Demonstrated
7.3 L	2	Fully Demonstrated
7.4 L	2	Fully Demonstrated

Standard 8: Program Planning and Evaluation

Measure	Score	Compliance Demonstration
8.1 L	1	Partially Demonstrated
8.2 L	1	Partially Demonstrated
8.3 L	1	Partially 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	2	Fully Demonstrated
8.9 L	1	Partially Demonstrated

Standard 9: Financial and Management Systems

Measure	Score	Compliance Demonstration
9.1 L	2	Fully Demonstrated
9.2 L	1	Partially Demonstrated

Standard 10: Human Resource Systems

Measure	Score	Compliance Demonstration
10.1 L	1	Partially Demonstrated
10.2 L	1	Partially Demonstrated
10.3 L	2	Fully Demonstrated
10.4 L	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	2	Fully Demonstrated
11.2 L	2	Fully Demonstrated
11.3 L	2	Fully Demonstrated
11.4 L	2	Fully Demonstrated
11.5 L	2	Fully Demonstrated

Standard 12: Leadership and Governance

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

Overall Score Totals

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	52%	64%	55%
% Partially Demonstrates	45%	31%	34%
% Does Not Demonstrate	3%	4%	12%

Note: Totals may not equal 100% due to rounding

Detailed Agency Report

Standard 1: Community Health Assessment

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

	Measure	Score	Comments	Documents	Exemplary Documents
1.1 L	<p>Annual report or various separate reports with trended data (collected at least every other year) on a set of core indicators that include measures of:</p> <p>population health status AND, communicable disease AND, environmental health risks and related illnesses, AND health disparities AND, access to critical health services.</p> <p>Note: The focus of this measure is the largest set of public health data that includes more than a specific set of core indicators or the set of 32 local Public Health Indicators. See the Performance Management Glossary for definitions of health data.</p> <p>Written definition or description of quantitative data.</p> <p>Qualitative data such as barrier analysis and focus group or interview results (See Glossary)</p>	1	<p>Signals Report, published in 2006, has not been repeated to demonstrate continuous tacking. Discussion of causes in How Big Are We was a limited example of qualitative/barrier analysis.</p>	<p>Signals: Public Health Indicators of Snohomish County, How Big Are We: A Report on Obesity in Snohomish County</p>	<p>Signals: Public Health Indicators of Snohomish County</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>	2		<p>BOH PP Report on Indicators, BRFSS 01/03/05, How Big Are We?, EpiNews 10/07, Nutrition Labeling Analysis, PANG agenda 1/28/08</p>	<p>Nutrition Labeling Analysis</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] 				
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		BOH minutes 4/10/07 & 10/23/07, GIS/immunization mapping description and map, letter to school districts	
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		United Way agenda, Medical Society agenda, Childrens Commission agenda	
1.5 L	Description of method for community members to obtain technical assistance from LHJ on assessment methods, data collection or other issues.	2		Assessment Brochure, snohd.org website	Assessment Brochure
1.6 L	List of LHJ staff responsible for	2		Qualitative Methods	

	assessment activities. Training or assessment meeting agendas and materials from last 24 months (at least two examples). Attendance documentation for staff listed above from last 24 months (at least one for each staff person)			training 9/07, brochure listing staff, Regional Assessment Minutes 2/06, 2/07, 9/07,	
1.7 L	Collaboration with outside researchers on activities that benefit the community. If the program does not use any research-based information, this should be stated.	2		Summary description of Addressing Disparities in Access to Prenatal Care for WA State Women at High Risk of Adverse Birth Outcomes	Summary description of Addressing Disparities in Access to Prenatal Care for WA State Women at High Risk of Adverse Birth Outcomes

Score Totals for Standard 1: Community Health Assessment

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

Note: Totals may not equal 100% due to rounding

Standard 2: Communications to the Public and Key Stakeholders

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

	Measure	Score	Comments	Documents	Exemplary Documents
2.1 L	Description(s) of public health's mission and role in communication documents (at least one example) Note: This might include implementing elements of the PHIP Communications Plan.	2		SnoHD Website/About Us page	
2.2 L	Publicly available 24 hour contact information for the LHJ current	1	No evidence in documentation provided of 24/7 contact information	Letter to providers 1/28/08, Laminated	

	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.		available to the public.	Card for Healthcare Providers, telephone book listing for SHD, SHD web site	
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).	1	No date listed on Pertussis Health Alert.	Media Contact Report 1/23/08, Pertussis Health Alert	
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		Key Contacts 11/02/07, Contact Management System	
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 provided of timeframes for communication	Media P&P, Media Tips Guide, Media Contact Report	Media Tips Guide
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	No evidence in the documentation provided of instructions on how to create a clear and accurate public health alert.	Blast Faxing Procedure, Instructions to Send Media Releases, Media Releases Tip Sheet	Media Releases Tip Sheet
2.7 L	Public information that includes at least one example of each of the topics listed below: • health data, AND • information on environmental health risks, AND • communicable disease and other threats to the public's health, AND • access to the	2		SHD web pages: Environmental Food and Living Environment/West Nile; Health Stats; Immunizations; Community	

	local health system, healthcare providers and prevention resources.			Health/Dental Resources; Tobacco. STD brochure, West Nile poster	
2.8 L	Information about public health activities, including at least one example of each of the topics listed below: • educational offerings, AND • reporting and compliance requirements.	2			
2.9 L	Publicly available information for all the topics listed below (one example of each): • written policies, AND • local ordinances, AND • permit/license application requirements, AND • administrative code, AND • enabling laws. Form of documentation should indicate how it is made available to the public.	2			
2.10 L	Two examples of educational material in non-English language OR Two examples of educational material in non-English language OR one example of educational material in non-English language and example of how interpretation assistance is available (such as a language line)	2			
2.11 L	Local resource/referral list(s) of each of the types of providers listed below: • private communicable disease treatment providers, AND • public communicable disease treatment providers, AND • providers of critical health services, AND • providers of preventive services. Note: In some cases providers for critical health services are also providers for preventive services. One example of using list to generate a referral.	2		Where to Turn 2007, Resource Lists, TB referral example, Safe Babies, Safe Moms referral example	

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

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	64%	84%	75%
% Partially Demonstrates	36%	16%	23%
% Does Not Demonstrate	0%	0%	2%

Note: Totals may not equal 100% due to rounding

Standard 3: Community Involvement

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

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

	<p>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.</p>				
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Score Totals for Standard 3: Community Involvement

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

Note: Totals may not equal 100% due to rounding

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

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

	Measure	Score	Comments	Documents	Exemplary Documents
4.1 L	<p>Information on notifiable conditions with required reporting timeframes and specific, current 24-hour LHJ contact information, in the form of a designated telephone line or a designated contact person, are provided to: • health care providers, including new licensees, AND • laboratories, including new licensees.</p>	1			

	Distribution of notifiable conditions information (at least annually to assure current 24 hour contact information)				
4.2 L	Information (not the notifiable conditions poster) about managing reportable conditions, such as treatment options or isolation requirements. Evidence of distribution to health care providers	2			
4.3 L	Written description of process for identifying new providers in the community and engaging them in the reporting process, OR Reports showing regular identification of new providers in the community and actions to engage them in the reporting process.	2			
4.4 L	Written protocols for receiving and managing information on notifiable conditions and other public health concerns that include all the information listed below: • role-specific steps to take when receiving information AND • guidance on providing information to the public AND • description of the roles and relationship between communicable disease, environmental health and other programmatic activities.	2			
4.5 L	Tracking system for notifiable conditions that includes documentation of all the information listed below: • the initial report, AND • investigation, AND • findings, AND • 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	2			

	<p>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.</p> <p>Protocols document which evidence based practices (EBP) relating to the most effective population-based methods of disease prevention and control have been incorporated in specific conditions and the source of the EBP.</p>				
4.7 L	<p>Description of the method for tracking public health concerns, if not already captured by the systems described in either 4.5 or 4.8.</p> <p>Two examples of reports of concern received from the public indicating referral to appropriate agency for response.</p>	2		FileMaker Pro database, two examples-- Lynnwood Auto Wreckers and Anonymous tire dump	
4.8 L	<p>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.</p>	2			
4.9 L	<p>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.</p>	2			

4.10 L	Protocols for the use of emergency biologics (for example, the "yellow book").	2			
4.11 L	Protocols for exercising legal authority for disease control (including quarantine and non-voluntary isolation)	2		Isolation and Quarantine Workbook-- WAC 246-100-040	

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

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

Note: Totals may not equal 100% due to rounding

Standard 5: Planning for and Responding to Public Health Emergencies

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

	Measure	Score	Comments	Documents	Exemplary Documents
5.1 L	Examples of communications in which the primary contact person(s) is clearly identified for health risk reporting purposes (evidence of distribution to both groups listed below): • health providers, AND • public safety officials.	1	Documents provided were not dated therefore unable to verify they were current.	Pertussis Health Alert and Canine Brucellosis Alert	
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.	1	No evidence in documentation provided that EPRP describes processes for exercising the plan. Minimal documentation provided of specific roles/responsibilities for LHJ programs/staff in the EPRP But more detail in Pan Flu	Snohomish County Pandemic Influenza Tabletop Exercise Action Report (7/13/07), SHD Public Health Pandemic Influenza Response Plan	

	<p>The LHJ EPRP describes the specific roles and responsibilities for LHJ programs/staff regarding local response and management of all types of responses listed below: disease outbreaks, AND environmental health risks, AND natural disasters or other threats to the public's health.</p> <p>The LHJ EPRP includes a section that describes processes for exercising the plan, including after-action review and revisions of the plan. Report of drills and/or after-action reviews (at least one example)</p>			Version 3 (5/1/07), SHD Public Health Emergency Response Plan (10/07), Communicable Disease Outbreak Plan	
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		Snohomish County Health Care Response to Pandemic Influenza, Snohomish County Pandemic Influenza Tabletop Exercise Action Report	
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>	1	<p>No evidence in the documentation provided of SHD's definition of "essential services" in emergencies (beyond CD) or how the public would know about the essential services. The documentation provided regarding drinking water did not describe the essential services provided by SHD. Review of SHD web site suggests that finding information about essential services during an emergency might be very difficult.</p>	<p>Snohomish County Worksheet 2: Essential Functions and Supporting Dependencies (CD), Drinking Water Safety fact sheet, Emergency Flood Sanitation fact sheet, SHD web site</p>	

	At least two examples of information distributed/available to the public on 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.	1			

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

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

Note: Totals may not equal 100% due to rounding

Standard 6: Prevention and Education

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

	Measure	Score	Comments	Documents	Exemplary
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					Documents
6.1 L	<p>Written descriptions of key program or activity components relevant to prevention and health education activities provided by LHJs or through contracts with community partners.</p> <p>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.</p>	1			
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		2006 Strategic Plan-1-08 Update, Signals Report on Snohomish County Health Indicators, How BIG are we? Report	
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: • organize materials, AND • develop</p>	1			

	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).	1			

Score Totals for Standard 6: Prevention and Education

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

Note: Totals may not equal 100% due to rounding

Standard 7: Helping Communities Address Gaps in Critical Health Services

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

	Measure	Score	Comments	Documents	Exemplary Documents
7.1 L	LHJ leadership or participation in community process that includes	1	Documentation provided is for an access forum occurring on 3/24/08.	Initial Snohomish County Access Forum	

	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.		This indicates an intention to work on access issues, but the forum has not yet occurred.	Invitee List, Goals for 3/24 Snohomish County Access Forum, Snohomish County Health Care Access Forum agenda (3/24/08)	
7.2 L	Local resource/referral list of private and public communicable disease treatment providers, providers of critical health services and providers of preventive services. List must contain all four types of providers. [See measure 2.11 L]. Assessment information on access to the four types of providers listed above. One example of using the assessment of access to services to determine where detailed documentation and gap analysis of local capacity is needed.	2		Where to Turn 2007, Resource Lists, Access to Health Care in Snohomish County report and accompanying power point presentation	
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		Snohomish County BRFSS: Health Care Access and Utilization (2005), Access to Health Care in Snohomish County report and accompanying power point presentation	
7.4 L	Program and activity planning processes, contracts or access initiatives reflect both types of activities listed below (at least one example of each): • coordination of health service delivery among health care providers AND • linkage of individuals to medical home.	2		PAS October 2007 Referrals, ORIA contract for Refugee Screening, Passport Program description	

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

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	75%	68%	57%
% Partially Demonstrates	25%	25%	30%
% Does Not Demonstrate	0%	7%	13%

Note: Totals may not equal 100% due to rounding

Standard 8: Program Planning and Evaluation

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

	Measure	Score	Comments	Documents	Exemplary Documents
8.1 L	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			
8.2 L	For each program reviewed, reports of program performance measures with analysis against goals and trended data where possible. For each program reviewed, evidence showing use of the analysis for at least one of the activities listed below: • improve program activities and services, OR • revised educational curricula or materials.	1			

8.3 L	Use of additional sources of information to improve services and activities, including an example from each program being reviewed from the information sources listed below: • experiences from service delivery, including public requests, testimony to the BOH, analysis of health data, and information from outreach, screening, referrals, case management, follow-up, investigations complaint/inspections, prevention and health education activities, OR • funding availability, OR • evidence-based practices.	1			
8.4 L	For programs/activities that have initiated specific community collaborative projects, description of community collaboration project includes all of the factors listed below • analysis of data, AND • establishment of goals, objectives and performance measures, AND • evaluation of the initiatives.	1			
8.5 L	Customer service standards with related program performance measures for all employees with job functions that require them to interact with the general public, stakeholders and partners. Evaluation results of performance on customer service standards.	0	The position descriptions and Standards of Conduct do not include specific customer service standards as required. Some examples would be customer satisfaction surveys or desk procedures describing behavior or timeliness measures for customer service.	No valid documents for this measure were provided.	
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	1			

	evaluation results dated within last 24 months.				
8.7 L	<p>Aggregated annual internal audit* results for last two years of on a sample of communicable disease investigations records including data on timeliness and compliance with disease-specific protocols. OR *Note: An internal audit is a review of a sample of case files or other types of documented work, such as investigation reports, for requirements like timeliness, accuracy, and compliance with protocols or regulations. A sample of 30 files is considered sufficient to identify trends in compliance.</p> <p>Aggregated annual internal audit* results for last two years of on a sample of environmental health investigation/compliance action records including data on timeliness and compliance with investigation/compliance procedures. OR</p> <p>Aggregated annual internal audit* results for last two years of on a sample of program or activity case write-ups, such as for client visit; including data on timeliness and compliance with program protocols or on repetitive activities such as the development or use of prevention and health education materials [see 6.3 L] or health alerts [see 2.6 L]</p>	1			
8.8 L	List of significant outbreaks, environmental events, natural disasters, table top exercises or public health emergencies that have occurred during the last 24 months. After-action/table top evaluation for each event listed above with	2		List of CD Outbreaks, HepA debrief-- July 2007, Red Lobster debrief--- 2/07, List of FluMist, Biowatch and PanFlu Healthcare events,	

	evidence that each evaluation included all the activities listed below: • participation from stakeholders; such as hospitals, providers and involved community organizations, as appropriate, AND • participation by LHJ staff from communicable disease, environmental health and other public health programs, AND • review of the accessibility of essential public health services (See 5.4 L), AND • assessment of how the event was handled, AND • documentation of what worked well, AND • identification of issues, AND • recommend changes in response procedures and other process improvements			Nov. 2006 Mass Immunization Clinic Exercise Evaluation, PanFlu AAR Report, BioWatch Exercise	
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.	1	Documentation was provided for just one example and no documentation of organizational goals and objectives that reflect recommended changes from after action /table top evaluations.	Tuberculosis Outbreak Presentation --- Oct. 2007	

Score Totals for Standard 8: Program Planning and Evaluation

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	11%	31%	24%

% Partially Demonstrates	78%	60%	58%
% Does Not Demonstrate	11%	9%	18%

Note: Totals may not equal 100% due to rounding

Standard 9: Financial and Management Systems

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

	Measure	Score	Comments	Documents	Exemplary Documents
9.1 L	Review of the LHJ annual budget shows: • alignment with the organization's strategic plan AND • linkage to the organization's goals. Regular (at least quarterly) budget monitoring with comparison of actual to budget and conclusions on needed actions. Description of process for assuring that all revenues are considered and collected.	2		BOH minutes 8/12/03 and 2/13/07, BOH minutes Jan 04 - Oct 04, Final 2007 Budget, Memorandum from Rick Mockler to Board of Health, 11/26/07, re: Financial Statement through October 31, 2007	Memorandum from Rick Mockler to Board of Health, 11/26/07, re: Financial Statement through October 31, 2007
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	No evidence in documentation provided of comparison of actual performance to contract deliverables. No evidence of documentation of contract review by legal counsel.	Minimum Steps to Grant/Contract Approval Process, Steps to Grant/Contract Approval Process for Management Staff, AIDSNET Region 3 contracts,	Minimum Steps to Grant/Contract Approval Process, Steps to Grant/Contract Approval Process for Management Staff (blank copy)

Score Totals for Standard 9: Financial and Management Systems

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	50%	55%	35%

% Partially Demonstrates	50%	41%	54%
% Does Not Demonstrate	0%	5%	11%

Note: Totals may not equal 100% due to rounding

Standard 10: Human Resource Systems

Human resource systems and services support the public health workforce.

	Measure	Score	Comments	Documents	Exemplary Documents
10.1 L	Human resources policies on all topics listed below: • promotion of diversity and cultural competence, AND • methods for compensation decisions, AND • personnel rules, AND • recruitment and retention of qualified and diverse staff. Description or evidence of how these policies are made available to staff.	1	With the exception of Health Educator job description on website and WSNA agreement on intranet, documents were either undated or very outdated. Documents reviewed held little information on recruitment and retention activities.	BOH Nondiscrimination Resolution 1987, Point Factoring and Factor Score Sheet (undated), Hiring Practices (10/04), SHD website job descriptions for RN and Health Educator, intranet HR/Nonrep Policies (2003), WSNA agreement agreement (1/1/07)	
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).	1	The Performance Appraisal Tool is terrific, however, it lacks a specific training plan element. Information provided acknowledges that performance appraisals to date have not been standardized or tracked.	Hiring Practices (10/04), website and intranet, Performance Appraisal Tool	Performance Appraisal Tool
10.3 L	Description of process to assure that employees have the appropriate licenses, credentials and experience to meet job qualifications and	2		Hiring Practices (10/04), position description (for example, RN)	

	perform job requirements.			specifies qualifications, Example of Health Progressions Credential Look Up results	
10.4 L	Report of staff attending training and/or educational sessions within the last three years for at least three of the following topics, as appropriate: • Assessment and data analysis • Program evaluation to assess program effectiveness • Confidentiality and HIPAA requirements • Communications, including risk, media relations • State laws/regulations/policies, including investigation/compliance procedures • Specific EPRP duties • Community involvement and capacity building methods • Prevention and health promotion methods and tools • Quality Improvement methods and tools • Customer service • Cultural competency • Information technology tools • Leadership • Supervision and coaching • Job specific technical skills 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.	1			
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		SHD Confidentiality P&Ps, Assurance of Confidentiality, in-person description of method for obtaining annual signed confidentiality form from each employee, small sample (3) of	

				signed forms	
10.6 L	Evaluation reports of facility and relevant work processes for compliance with ADA requirements within last 24 months.	1	Documents for ADA were outside of 3 year time frame, no documentation provided of work processes evaluated	Facility Assessment Review 1994, ADA checklist 1/17/05, example of reasonable accommodation re: furniture	

Score Totals for Standard 10: Human Resource Systems

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	33%	58%	50%
% Partially Demonstrates	67%	41%	36%
% Does Not Demonstrate	0%	2%	14%

Note: Totals may not equal 100% due to rounding

Standard 11: Information Systems

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

	Measure	Score	Comments	Documents	Exemplary Documents
11.1 L	Description of IT safety and security processes that contains all of the activities listed below: • assuring protection of data (passwords, firewalls, backup systems) and data systems, AND • addressing security, AND • addressing redundancy, AND • appropriate use. Documentation of monitoring these processes for compliance with the policies and procedures described above at least once in last 14 months.	2		Sample Daily Intrusion Detection Report, DiffSelection Set Job Change Log/Tape Rotation Log, Inc Selection Set Job Change Log/Tape Rotation Log, RestoreLog, Backup Procedure, Windows Backup, Password Policy, Internet and Electronic Mail Usage P&P (4/05)	
11.2 L	Documentation indicates that LHJ	2		HW Policy, SW	

	staff have computer technology as described above and access to trained staff for assistance in using the technology.			Policy, OPS hours, SHD website/IT	
11.3 L	Agency or county IS plan includes strategies for the use of future technologies by the LHJ.	2		Strategic Plan 1.7, SSP RFP Vendor Selection, PDA P&P	RFP Vendor Selection
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		SHD website and specific pages	
11.5 L	Documentation of agency requirements for the use and transmission of personal health and other types of protected data to all three groups listed below: • within the agency, AND • other LHJs and/or agencies, AND • partner organizations. Agency requirements define which program data requires confidential and secure transmission (e.g., any identifiable information) and methods to assure confidential and secure transmission. For programs that collect and share identifiable information, two examples of sharing or transfer of data indicate compliance with the security and protection requirements.	2		Physical Safeguards-- Records Processing-- Receiving, Sending and Disposing of Protected Health Information P&P, Internet P&P, Faxing PHI P&P, DSHS Workfirst Agreement, Sno County Homeless Management Information System, two examples of data transmission	Physical Safeguards-- Records Processing-- Receiving, Sending and Disposing of Protected Health Information P&P, Faxing PHI P&P

Score Totals for Standard 11: Information Systems

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	100%	69%	50%
% Partially Demonstrates	0%	27%	36%
% Does Not Demonstrate	0%	4%	13%

Note: Totals may not equal 100% due to rounding

Standard 12: Leadership and Governance

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

	Measure	Score	Comments	Documents	Exemplary Documents
12.1 L	Board of Health documents, including two examples of BOH minutes, 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.	1	Documents provided did not include information on guidelines for communication between the BOH and senior managers.	SHD District charter, new BOH member welcome letter, oath of BOH member, Reimbursement Policy, BOH minutes 12/11/07 and 11/20/07	SHD District charter, oath of BOH member
12.2 L	BOH review of an annual report or various separate reports with trended data on a set of core indicators that include measures of: • Local Public Health Indicators AND • community health status, AND • communicable disease AND • environmental health risks and related illness, AND • access to critical health services. Documented BOH recommendations for actions on health policy decisions.	1	Signals Report, published in 2006, has not been an annual report. The State of the District/List of 2007 Accomplishments report did not include Local Public Health Indicators published by DOH or local core indicator data. No documentation provided of BOH review of Signals, Access to Care 2004, or SHD Summary of Reported Cases 12/07. No environmental health data in examples provided. No documentation of recommendations made to the BOH based on these data or on BOH action.	State of the District 2008/List of 2007 Accomplishments, Signals Report, Access to Care 2004, SHD Summary of Reported Cases 12/07.	
12.3 L	BOH review of an annual report or various separate reports with specific	1	This would be stronger if program goals were clearly articulated so the	WIC presentation/BOH	

	statements of progress toward agency and program goals.		report to the BOH provides information on progress specifically toward the goals, objectives and measures described in 8.1.	minutes 8/07, List of Program Presentations to full Board, State of the District presentation, List of 2007 Accomplishments	
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.	1	The Pan Flu presentation was focused on the Response Plan, which may have incorporated the results of the Pan Flu Table Top. There have been other table tops and outbreak events in the last three years, but no documentation was presented of providing those after action reports and recommendations to the BOH.	BOH minutes 11/07 re: Pan Flu Planning and Pan Flu plan.	
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	While examples were provided of excellent clinical management policies, this measure is focused on assessment of overall organizational clinical and financial risk. An example of this would be the completed WA Gov Entity Pool assessment document.	Evidence of Coverage	
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	The Plan is broad and ambitious-- accomplishment of Goal 1 should result in program specific goals, objectives, and performance measures. What is missing from the Plan are performance measures for action items.	SHD Strategic Plan: Mission/Values, Update 1/08	
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	2		Strategic Plan Update 1/08	

	response and communication issues identified in the course of after-action evaluations, AND • prevention priorities intended to reach the entire population or at-risk populations in the population.				
12.8 L	BOH minutes indicate review and adoption of the agency strategic plan within the last 24 months	2		BOH minutes 10/06, presentation and adoption of the updated Strategic Plan	
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	This is a goal within the Strategic Plan with a timeframe of completion by 12/09.		
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		This measure is N/A.		

	comparing re-measurement(s) of an outcome to the baseline measurement with a description of the action or intervention taken to improve performance. Re-measurement must show an improved result in the outcome measure. Revised QI plan with new, revised and deleted objectives is made based upon the review				
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Score Totals for Standard 12: Leadership and Governance

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	22%	46%	34%
% Partially Demonstrates	67%	41%	38%
% Does Not Demonstrate	11%	14%	29%

Note: Totals may not equal 100% due to rounding

Program Report

COMMUNICABLE DISEASE

	Measure	Score	Comments	Documents	Exemplary Documents
2.8 L	Information about public health activities, including at least one example of each of the topics listed below: • educational offerings, AND • reporting and compliance requirements.	2		SHD website with CD Report form and information on MRSA, School memo regarding MRSA, CD presentation to BOH-2008	
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		SHD website CD page with link to DOH CD protocols and laws	
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		Two examples of Spanish medication fact sheet, Instruction sheet to access Pacific Interpreters	
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	2	While these documents minimally meet this measure, demonstration of performance should be strengthened by providing evidence of BOH or other community group review of data, and by providing documentation of recommendations from the review of the data rather than an unrelated example of new program effort.	Summary of Reported CD cases-2007, email and example of new program effort on wallet card	

	<p>recommendations for action. Recommendations from community or stakeholder groups for at least one of the following actions: • further investigation. OR • new program efforts, OR • policy direction, OR • prevention priorities.</p>				
3.2 L	<p>Gap analysis for local critical health services and for prevention services reported to at least one of the groups listed below: • local stakeholders or community groups, or • regional partners, or • statewide program colleagues. 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.</p>	1	No documentation of gap analysis.	CD 2007 Assessment results	
4.1 L	<p>Information on notifiable conditions with required reporting timeframes and specific, current 24-hour LHJ contact information, in the form of a designated telephone line or a designated contact person, are provided to: • health care providers, including new licensees, AND • laboratories, including new licensees. Distribution of notifiable conditions information (at least annually to assure current 24 hour contact information)</p>	1	Unable to validate that CMS database information generates distribution of Notifiable Conditions information to new providers or laboratories or of annual distribution of contact information to providers and laboratories.	Notifiable Conditions card, Phone card distribution plan, Phone card Distribution Summary, SHD website CD page, explanation of CMS database process	
4.2 L	<p>Information (not the notifiable conditions poster) about managing reportable conditions, such as treatment options or isolation requirements.</p>	2		10-06 EpiNews newsletter, 10-07 Blast-Fax regarding Pertussis outbreak, Website for Health	

	Evidence of distribution to health care providers			Statistics and Assessment	
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		CD Card Distribution Plan (1-08) ---Phase 4 relating to new providers and Wallet Care Distribution Summary, explanation of CMS database process	
4.4 L	Written protocols for receiving and managing information on notifiable conditions and other public health concerns that include all the information listed below: • role-specific steps to take when receiving information AND • guidance on providing information to the public AND • description of the roles and relationship between communicable disease, environmental health and other programmatic activities.	2		CD Advisory Flowchart (outbreak plan) and E. coli protocol	CD Advisory Flowchart (outbreak plan)
4.5 L	Tracking system for notifiable conditions that includes documentation of all the information listed below: • the initial report, AND • investigation, AND • findings, AND • subsequent reporting to state and federal agencies. Note: the system may also track the broader category of mandated reporting.	2		PHIMS database document	
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	2	Reviewed both pertussis and botulism protocols since the measure requires at least two protocols.	Pertussis and Botulism protocols	

	most effective population-based methods of disease prevention and control have been incorporated in specific conditions and the source of the EBP.				
4.10 L	Protocols for the use of emergency biologics (for example, the “yellow book”).	2		Emergency Biologics Locations 2007, Hepatitis B protocol, and Rabies flow chart	
5.5 L	Documentation for most recent 24 months of all new employees receiving orientation to the LHJ EPRP. Annual review of LHJ EPRP with all employees (twice within last 24 months). Note: Review may be specific documentation for every program or division or agency wide with documentation of attendance from every division or program.	1	No documentation of new employee having received orientation or annual review for existing employees. Cannot validate which program the meeting agenda and minutes applied to.	SHD Public Health Emergency Response Plan 10/06, New Employee Brochure, and 10/4/07 meeting agenda	SHD Public Health Emergency Response Plan 10/06, New Employee Brochure
6.1 L	Written descriptions of key program or activity components relevant to prevention and health education activities provided by LHJs or through contracts with community partners. Strategies (evidence-based or promising practices) for prevention and health education activities provided by the LHJ or by contractors for any of the groups listed below: • individuals, OR • families, OR • community in general.	2	Health alert for pertussis added to review to complete documentation.	Shigellosis protocol and Fact Sheet. Pertussis Health Alert	
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:	2	A spreadsheet should be created for tracking every other year review of all documents as stated in SOP.	SOP for development for CD protocols and fact sheets, MRSA web site, and Shigellosis Protocol	

	<ul style="list-style-type: none"> • organize materials, AND • develop materials, AND • distribute or select materials, AND • evaluate materials, AND • update materials. 				
6.4 L	<p>Descriptions of at least two partnerships with the community and/or stakeholders to implement population based prevention and health education activities. Each of the two examples must demonstrate different implementation methods (e.g., train the trainer, technical assistance, social marketing, workshops, or peer education).</p>	1	No documentation of second partnership with the community and/or stakeholders to implement population based prevention and health education activities.	Schools Nurses PanFlu Presentation, Invitation to Pan Flu Workshop 11/27/07	
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	Did not find documentation of written program objectives and performance measures for CD.	SHD website, HR Main Page-Position Descriptions, 2007 Accomplishments and 2008 Challenges List	
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>	0	No documentation of specific goals, objectives and performance measures and established mechanisms for regular tracking, reporting, and use of results.		
8.3 L	Use of additional sources of information to improve services and activities, including an example from each program being reviewed from	2	CD Wallet card demonstrates request from additional source and change based on recommendation to improve services.	July 2007 Email on cards from MD and CD wallet card	

	<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. 	1	Documentation of community collaborative project and wallet card did not include description of goal, objectives and performance measures.	Seaview Elementary School Flu Absenteeism Monitoring	
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	This measure is really focused on health education trainings and workshops, not tabletop exercises (which are specifically covered in a number of other measures).	Summary of Comments and Evaluations 12/11/07, and 12/20/07 Follow Up and Action Plan.	
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 documentation of an annual internal audit, using a sample of records.		

	<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>	2		CD Trainings in Excel, Staff Education Verification, SmartPH List	

	<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. 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	61%
% Partially Demonstrates	30%
% Does Not Demonstrate	9%

Note: Totals may not equal 100% due to rounding

FOOD SAFETY

	Measure	Score	Comments	Documents	Exemplary Documents
2.8 L	Information about public health activities, including at least one example of each of the topics listed below: • educational offerings, AND • reporting and compliance requirements.	2		SHD web site pages on food worker classes and food safety resources	
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		SHD web site page on food safety resources	
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		Reheat Foods flyer and Food Worker Class presentation in Spanish	Food Worker Class presentation 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 of the following actions: • further	1	No evidence in documentation provided of recommendations from community/stakeholder groups based on review of data.	Food Advisory Committee meeting minutes 9/19/07	

	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>	0	No documentation presented of a gap analysis based on the Food Safety program evaluation data used to build partnerships	No valid food safety program related documents.	
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		Procedures for investigation of foodborne illness reports, P&P: Disclosure of Information Related to Investigations	
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		Paragon database, FileMaker database, food borne illness outbreak reporting form, office conference summary, health officer's order	

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		SHD Sanitary Code Chapter 10.2 - Enforcement Procedures of the Food Program	
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	No evidence in documentation provided that all new employees received orientation to the SHD EPRP over last 24 months. No evidence in documentation provided that the SHD EPRP is reviewed annually with all employees.	New employee orientation brochure, SHD staff orientation checklist and completed example, SHD EPRP, EPRP Training Program overview	
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.	1	Documentation does not provide evidence of use of evidence-based or promising practices.	Glo Germ check-out policy, food workers and food managers course outlines	
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	1	No documentation provided of review (at least every other year) of educational information of all types.	Materials development and revision timeline and responsibility policy, revised food worker card program, revised managers certification course	

	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).	2		Food Advisory Committee charter, Certified Food Manager Self-Inspection 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.	1	No evidence in the documentation provided of a written description of program/activity objectives and performance measures using a systematic process or model.	Staff ideas for program improvement -- food program goals for 2007, position description for Environmental Health Specialist	
8.2 L	For each program reviewed, reports of program performance measures with analysis against goals and trended data where possible. For each program reviewed, evidence showing use of the analysis for at least one of the activities listed below: • improve program activities and services, OR • revised educational curricula or materials.	1	The intent of this measure is to analyze program performance measures against targets and goals to evaluate program effectiveness in a systematic way. These examples show use of data to make program adjustments, but not systematic measurement of performance against goals.	Read me file (re: Program Activities and Inspections Report for December 2005 and Feb/March 2006, FLE staff meeting minutes 2/06, 11/07, CD reported cases 11/07)	
8.3 L	Use of additional sources of information to improve services and activities, including an example from	2		FLE staff meetings 10/07 and 1/08	

	<p>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. 				
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. 		No community collaborative projects. This measure is N/A.		
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	Unable to validate that changes to Manager's Certification course curriculum resulted from training evaluation results. Documentation of workshop evaluations would be strengthened by summarizing the results to allow analysis of the evaluations and clearly link improvements to curricula.	Manager's Certification Course evaluations	
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,</p>	1	No evidence in documentation provided of audit for compliance with investigation/compliance procedures. Also no documentation provided of annual internal audit results.	Scorecard Report	

	<p>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 competency • Information technology tools • Leadership • Supervision and coaching • Job specific technical skills 	0	<p>This measure requires documentation that individual staff attended at least three training sessions within the last three years to demonstrate the measure. Documentation provided only covers staff participating in one training session---HIPPA training.</p>	HIPAA Training List	

	<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 screen prints, other training materials and/or brochures.</p>				
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Score Totals for: Food Safety

% Demonstrates	47%
% Partially Demonstrates	41%
% Does Not Demonstrate	12%

Note: Totals may not equal 100% due to rounding

MATERNAL-INFANT HEALTH (FIRST STEPS)

	Measure	Score	Comments	Documents	Exemplary Documents
2.8 L	Information about public health activities, including at least one example of each of the topics listed below: • educational offerings, AND • reporting and compliance requirements.	2		SHD First Steps Newsletter Autumn/Winter 2007, MCH Consent for Services, and SHD Social Worker/Behavioral Health Disclosure Form	MCH Consent for Services and SHD Social Worker/Behavioral Health Disclosure Form (abuse reporting)
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.		This measure is NA for First Steps.		
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		Healthy Mothers and Healthy Babies Baby Book (Russian) and 9 Meses, para prepararse... (Spanish)	Healthy Mothers and Healthy Babies Baby Book (Russian) and 9 Meses, para prepararse... (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.	1	The intent of this measure is to document how the review of data leads to recommendations for actions such as further investigation. Unable to validate community or stakeholder group recommendations from review of access data.	Healthy Kids/Healthy People-- Snohomish County Health Care Access Forum-- 12/07, Access to Health Care in Snohomish County	Access to Health Care in Snohomish County

	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>	1	Minimal evidence shown of using the data to articulate the gap in services and the use by SHD to build partnerships.	Regional First Steps meeting-- Nov. & Dec. 2007, email dated 11/19/07, First Steps (DSHS) report with SHD data	
5.5 L	Documentation for most recent 24 months of all new employees receiving orientation to the LHJ EPRP. Annual review of LHJ EPRP with all employees (twice within last 24 months). Note: Review may be specific documentation for every program or division or agency wide with documentation of attendance from every division or program.	1	The documentation indicates that not all new employees were oriented to the EPRP and there was no documentation of annual review of EPRP by all employees.	New Employee Orientation Brochure, Safety Orientation Checklist and excel training list	New Employee Orientation Brochure,
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	1	Documentation does not specifically identify key components or prevention strategies of the First Steps Program but describes services offered to clients.	DSHS Brochure -- Take the First Steps, Status Report: Interated Delivery of WIC and MSS Services	

	for any of the groups listed below: • individuals, OR • families, OR • community in general.				
6.3 L	<p>Documented review (at least every other year) of prevention and health education information of all types (including technical assistance). Two examples of updated, expanded or contracted prevention and health education information reflecting revised regulations, changes in community needs, evidence-based practices and health data.</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	No evidence of documentation of regular process for reviewing materials. Documentation for Suicide Protocol and minutes did not provide sufficient details or copies of the materials that were reviewed or revised.	Lead PHN/Manager meeting minutes 11/2/07, Resource Flyer (Do you Need some Help) revised in January 2008,	
6.4 L	<p>Descriptions of at least two partnerships with the community and/or stakeholders to implement population based prevention and health education activities. Each of the two examples must demonstrate different implementation methods (e.g., train the trainer, technical assistance, social marketing, workshops, or peer education).</p>	1	Unable to validate prevention and health education activities related to the Clearinghouse partnership.	Factsheet about Sound Families 2 Housing Program--- section on First Steps Services components, Clearinghouse Charter	
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</p>	1	While it is clear that First Steps is part of the larger Parent Child Program, it is difficult to link the activities, outputs, and outcomes to specific goals, objectives and performance measures for First Steps. SHD should begin to establish quantifiable program performance measures for all programs, including Parent Child Program in order to build the measurement process for evaluating program performance against measurable outcomes. .	Position Descriptions for Infant Case Manager, Parent Child PH Nurse and BH Specialist, Parent Child Health Logic Model	

	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.	0	The intent of this measure is to track and report program performance measures, as identified in measure 8.1. Only data for number of referrals was presented which does not demonstrate analysis against goals or use of results for program improvement.		
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.	1	Unable to verify in documentation how additional information was used to improve programs.	Hispanic Women's Group; Snohomish County First Steps Clearing House Charter--2007	
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	Update report describes activity outputs and a comparison of caregiver's employment status pre and post participation, but no evidence of goals or objectives.	Sound Families Program Update Report - June 2007,	
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	1	Unable to validate how training evaluation results were used to improve the curricula or materials.	Guidelines for Use of NCAST Tools---April 2007, April and May 2007 Participant Evaluations	

	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.</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>	0	This measure requires evidence of reports of chart review, not templates or plans for internal audit.	Templates and Checklist for chart review	
10.4 L	Report of staff attending training and/or educational sessions within the last three years for at least three of the following topics, as appropriate: • Assessment and data analysis • Program evaluation to assess program effectiveness •	0	Training excel spreadsheet was for CD staff and no documentation for First Steps staff training	Training excel spreadsheet	

	<p>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>Documentation of the content of the training sessions listed in the staff training report(s), such as agendas, PowerPoint presentations, websites screen prints, other training materials and/or brochures.</p>				
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Score Totals for: Maternal-Infant Health (First Steps)

% Demonstrates	13%
% Partially Demonstrates	67%
% Does Not Demonstrate	20%

Note: Totals may not equal 100% due to rounding