WHATCOM COUNTY COUNCIL

SPECIAL COUNCIL MEETING
AS THE
HEALTH BOARD

10:30 a.m. Tuesday, August 2, 2016
Council Chambers, 311 Grand Avenue

AGENDA

Meeting Topics                                      Pages     Time

1. Public Session                                    no ppr     10:30-10:40
2. Director/Health Officer Report                    no ppr     10:40-11:00
3. Public Health Advisory Board (PHAB) Update        no ppr     11:00-11:15
4. Foundational Public Health Services               1 - 8      11:15-11:35
5. Performance Management                            9 - 27     11:35-Noon
BACKGROUND: Public Health funding has long been an issue in Washington State. For more than a decade state and local health have been working to establish a systematic approach to public health services and funding. A New Vision for Washington State (Attachment 1) describes the concept of Foundational Public Health Services (FPHS) and summarizes the FPHS work that has been done towards the goal of adequate and stable funding for Public Health. A budget proviso was included in the 2016 state budget that required a plan to be submitted to the legislature by December 2016 outlining the implementation and funding of statewide FPHS. That plan along with a 2017 legislative proposal is being drafted to begin to address the public health system needs. Staff will describe the elements of the legislative proposal. A fully funded Public Health system is not likely to be in place before 2020.

During our budget preparation for the 2017/2018 biennium, Health Department staff analyzed our capacity to provide all Foundational Public Health Services and Capabilities. We identified several gaps in FPHS Capabilities. To address this in the short term we redirected staffing resources within the department.

IMPORTANCE: Providing sustainable, adequate funding for public health is vitally important because there are critical gaps in the basic public health infrastructure. The gaps compromise our ability to meet the increasing demand arising from the public health challenges of the twenty-first century. During the twentieth century, public health made great strides in understanding disease, prevention and treatment tools such as vaccines and expanded our capacity in areas such as epidemiology. The public’s health has improved in many ways from these twentieth century advances. However, as society becomes more and more complex our public health problems have also increased in complexity. A modern public health system relies on cross-sector collaboration, environmental, policy and systems-level actions that directly affect the social determinants of health. We must have the resources to enhance our leadership and workforce, engage new partners, develop timely and locally relevant health information systems, and have the capacity to measure our success while we continue to address twentieth century problems.

ANALYSIS: Until stable and adequate funding is available, we can begin to move towards a modern public health system by redirecting resources towards our changing needs, building partnerships, ensuring evidence based solutions to problems and measuring performance.

REQUESTED ACTION:

- Concurrence with departmental direction towards strengthening foundational capacities.
- Support for 2017 FPHS legislative proposal when it is presented to the legislature.

Attachments


Our mission is to lead the community in promoting health and preventing disease.
A NEW VISION FOR WASHINGTON STATE

BACKGROUND

For more than a decade, Public Health Improvement Partnership (PHIP) finance committees have tackled the issue of public health funding. This work has included:

- Estimating the costs of delivering public health services in compliance with public health standards (2002);
- Developing white papers exploring the public health funding structure and adequacy of current funding (2004);
- Developing principles for allocating funds among LHJs (2004); and,

Concern that the erosion of public health funding was threatening the most basic public health services led to the formation of the Reshaping Government Public Health Workgroup which published *An Agenda for Change* in 2010.

In 2012, PHIP formed an Agenda for Change Workgroup to develop a long-term strategy for predictable and appropriate funding levels. Later renamed the Foundational Public Health Services (FPHS) Technical Workgroup, this group of state and local public health practitioners was tasked with answering the question: Funding for what?

The Technical Workgroup defined a core package of public health services that people rely on government to provide and that no community should be without. These services define FPHS for Washington and were based on the concept of “a minimum package of public health services” put forward by the Committee on Public Health Strategies to Improve Health, a national policy group convened by the Institute of Medicine.

SUMMARY OF FPHS WORK IN WASHINGTON

<table>
<thead>
<tr>
<th>Phase</th>
<th>Description</th>
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| Phase 1 | How FPHS Can Work in Washington:  
A state/local collaborative process for public health practitioners that developed the framework and definitions, and estimated the costs of providing FPHS statewide. |
| Phase 2 | Broadening the Discussion:  
Tested concepts developed in Phase 1 and made policy recommendations with a broad-based stakeholder group of local elected officials, other state/local decision makers, and tribal health representatives. |
| Phase 3 | Develop the FPHS Statutory & Funding Framework:  
Building on recommendations from Phase 2, develop the statutory and funding framework to modernize the Governmental Public Health System and fully implement FPHS. |
LIKE PUBLIC SAFETY, PUBLIC UTILITIES, and other public infrastructure, there is a foundational level of public health services that must exist everywhere for services to work anywhere.

As part of Phase 1, FPHS were established. They represent a basic set of capabilities and programs that must be present in every community to efficiently and effectively protect all people in Washington.

These services provide a strong foundation from which the state and local communities can deliver Additional Important Services (AIS). AIS are critically important services that do not necessarily need to be provided everywhere by governmental public health.

FPHS are composed of two components:
- **Foundational Capabilities**: Cross-cutting services that support all other services
- **Foundational Programs**: A defined, basic level of service that is necessary throughout the state in each public health program area

The FPHS definitions developed during Phase 1 were intended to be precise enough to estimate the cost of service provision statewide without naming specific programs that may come and go over time.

Criteria used to identify and define FPHS included:
- Important population-based health service (without individually identifiable beneficiaries)
- Governmental public health is the only or primary provider of the service
- Service is mandated by law or contingent on the legal powers granted only to the local health officer/board of health.

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**ADDITIONAL IMPORTANT SERVICES**

FPHS are those services that are needed at a basic, functional level everywhere for the overall system to work effectively. Additional Important Services (AIS) are critical public health functions that build on the foundational base and address:

- Public health needs that may vary based on local conditions, needs, or priorities
- Services that are, or could be, provided by non-governmental entities
- Services primarily for the benefit of individual health needs as opposed to population-based health

AIS are a shared responsibility of federal, state, local, and tribal governmental public health and other partners. AIS will continue to be vitally important to the health of people in Washington and require continued funding support.

For example:
- **FPHS**
  - Promote immunizations
- **AIS**
  - Give shots
PHASE 2: ESTABLISHING A LONG-TERM FUNDING STRATEGY

In April 2014, the Secretary of Health convened the FPHS Policy Workgroup, a 35-member committee made up of:

- Elected officials from municipal and tribal governments;
- Representatives from the Governor’s Health Policy Office and the Office of Financial Management;
- Public health officials from county, state, and tribal governmental agencies; and,
- Representatives from key health associations.

The Policy Workgroup was charged with reviewing the work from Phase 1 and proposing governance and funding options to fully fund FPHS in Washington. Legislators and federal partners were briefed as the work progressed.

The Problem: The People of Washington are at Risk

The FPHS Policy Workgroup concluded:

1. In Washington, public health funding and service levels vary significantly depending on where you live.
2. Public health funding has eroded, threatening basic services and the health of the public.

Public Health services will continue to be provided by a shared—state, regional, local, and tribal—delivery system.

This shared delivery system provides system-wide coverage with attention to local needs.

However, full implementation of FPHS and securing adequate funding will require a fresh look at the current service delivery model.

The Path Forward

The FPHS Policy Workgroup refined the Phase 1 definitions and recommended that:

- State funding for public health should ensure that the costs of FPHS are covered in every community
- FPHS should be funded with statutorily directed revenues placed in a dedicated account
- Allocation determinations should be a collaborative process between state and local stakeholders
- A robust accountability structure aligned with the FPHS framework should be collaboratively developed by state and local stakeholders
- Tribal public health, with support from DOH, should convene a process to define how the FPHS framework will apply to tribal public health, and how tribal public health, DOH, and local health jurisdictions can work together to serve all people in Washington
- Local spending on AIS should be incentivized

The results of the FPHS Policy Workgroup effort were documented in Foundational Public Health Services: A New Vision for Washington State, January 2015.

NATIONAL EFFORTS

Efforts in Washington have built on national work sponsored by the Robert Wood Johnson Foundation (RWJF), including the 2012 publication of For the Public’s Health: Investing in a Healthier Future by the Institute of Medicine, which recommended:

- Public health should endorse a minimum package of public health services
- Expert panels should determine the components and cost of the minimum package

RWJF funded four national workgroups focused on:

- Defining FPHS
- The cost of FPHS
- The federal role in funding FPHS
- A model chart of accounts

RWJF is also funding the Public Health National Center for Innovations (PHNCI), a new national center intended to lead change in public health.

National efforts draw heavily on work completed in Washington State and representatives from the state are participating in this ongoing work.
A CALL TO ACTION

The definition of FPHS presents a major paradigm shift for funding public health in Washington State. It is an opportunity to redesign our system to meet the challenges of the 21st century and establish consistent, basic public health functions statewide, with strong accountability.

The Policy Workgroup suggested the following to fully implement FPHS in Washington.

Legislative Actions
1. Adopt the FPHS framework and definitions.
2. Incorporate FPHS into state public health statutes.
3. Establish a dedicated account for FPHS funds.
4. Begin to statutorily dedicate funding to the FPHS account.
5. Fully fund FPHS with statutorily-directed funds.

LHJ and DOH Actions
1. DOH and the Washington State Association of Local Public Health Officials (WSALPHO) will develop an allocation model and accountability structure that aligns with the FPHS framework.
2. DOH and WSALPHO need to continue to identify public health services that should be using a shared delivery system.

Tribal, DOH, and LHJ Actions
1. Tribal public health, in collaboration with the state and with support from DOH, should review FPHS definitions, gather and analyze current spending data, and develop an estimate for future costs for delivery of these services.
2. Tribal public health and DOH shall work together to define how the FPHS funding and delivery framework can serve the sovereign nations of Washington.

Policy Workgroup Actions
1. Members should educate their constituents and communities about FPHS.
2. Members and their organizations should educate local and state policymakers about FPHS.

DEVELOPMENT OF FPHS IN WASHINGTON STATE
For more information about FPHS work in Washington State, please go to www.doh.wa.gov/fphs where you can find the most current products and resources supporting this effort. For example:

WORKGROUP REPORTS
• FPHS Policy Workgroup Report and Summary
• FPHS Technical Reports and Working Papers
• Preliminary Cost Estimation Model Report

DEFINITIONS
• Original and revised definitions

WORKGROUP MATERIALS
• Workgroup members
• Meeting materials

PRESENTATIONS
• DOH/Tribal Consultation
• Northwest Portland Area Indian Health Board
• Washington State Public Health Association
• Joint Conference on Health
PHASE 3: A LOOK AHEAD

Background

In 2012, the Foundational Public Health Services (FPHS) Technical Workgroup was formed to develop a long-term strategy for predictable and appropriate levels of funding. Made up of state and local public health practitioners, the Technical Workgroup defined a core package of services that people rely on government to provide and that no community should be without.

A second phase of work began in 2014, when the State Department of Health (DOH) convened the FPHS Policy Workgroup to review and build on the definition of FPHS and to consider policy implications and implementation issues.

The results of Phase 2, Foundational Public Health Services, A New Vision for Washington State, were published in January 2015. Phase 3, development of a statutory and funding framework to fully fund and fully integrate FPHS into Washington’s public health system, began in September 2015.

Work Plan

The Phase 3 work plan has three parallel tracks which will inform and influence each other:

- Ongoing communications and partner development activities
- Development of a legislative policy proposal targeting the 2017 legislative session
- A tribal-led effort that will work with the state to align FPHS with tribal public health services

Communications and Coordination

To be successful, FPHS must be understood and championed by legislators, local elected officials, public health practitioners and advocates, and community stakeholders.

The FPHS Steering Committee will engage key stakeholders to inform policy proposal development. The Committee will coordinate with existing health transformation efforts, such as Healthier Washington, to ensure that public health reforms align with state and national healthcare reforms.

Policy Proposal Development

To advance FPHS operationally and legislatively, DOH and local health jurisdictions (LHJs) must continue to define the value FPHS brings to a transforming health system. Major tasks include:

- Refining definitions and updating cost estimates and funding need
- Establishing a FPHS statutory and governance framework
- Developing funding allocation and distribution models, and recommending a preferred model
- Developing a recommended service delivery model consistent with FPHS, health system transformation, and tribal public health
- Developing an accountability model for FPHS and methods for addressing ongoing monitoring

DEVELOPMENT OF FPHS IN WASHINGTON STATE

For more information about FPHS work in Washington State, please go to www.doh.wa.gov/fphs and select “resources” under the Quick Links menu. There you will find the most current products and resources supporting this effort, including:

- Summaries
- Definitions
- Reports
- Presentations
- Background Materials

This list is updated and new materials are added on an ongoing basis.
### PHASE 3 WORK PLAN

#### EXTERNAL COORDINATION / COMMUNICATIONS

- **Ongoing Advocacy and Coordination with Existing Health Efforts (e.g., Healthier Washington)**
  - Communications Plan
  - 2016 Legislative Strategy
  - Legislative Briefings/Presentations
  - 2017 Legislative Strategy

#### POLICY ADVISORY GROUP MEETINGS (PENDING)

#### POLICY PROPOSAL DEVELOPMENT

- **Refining FPHS**
  - Update Cost Estimates and Funding Needs
  - Refine Definitions

- **Statutory and Governance Changes**
  - Identify Changes to Existing Laws
  - Review RCWs and WACs
  - Conceptual FPHS Statutory and Governance Framework

- **Funding**
  - Review Funding Options and New Sources of Revenue
  - Develop Funding Allocations/Options Model

- **Service Delivery**
  - Identify Appropriate Roles for State, Local, and Regional Delivery
  - Align Roles/FPHS Responsibilities for Improved Efficiency/Effectiveness

- **Accountability**
  - Develop Performance Management
  - Approach Ongoing Monitoring

#### TRIBAL WORK AND INTEGRATION

- **Tribal Consultations**
  - Develop Definitions and Cost Estimates

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Last Updated: January 2016
DELIVERING THE VISION

Phase 3 is led by a FPHS Steering Committee comprised of DOH leadership, the Executive Committee of the Washington State Association of Local Public Health Officials (WSALPHO) and selected leaders of LHJs (see organization chart).

The forums for major deliberations and decision-making are meetings of the FPHS Steering Committee and the Technical Workgroup.

The Technical Workgroup reviews and vets technical issues prior to discussion at the Steering Committee. Policy and strategic issues are managed directly by the Steering Committee.

Each workgroup is supported by issue area subgroups charged with conducting technical or policy analyses, developing and evaluating options, and preparing materials for review and discussion.

The Project Management Team, comprised of DOH and WSALPHO staff, with support from a consultant team, will coordinate the work and information flow.

A tribal workgroup, a collaborative effort between DOH and tribal health representatives, will work concurrently. This work will form the basis for aligning the state/local system and tribal public health within the FPHS framework.

<table>
<thead>
<tr>
<th>Key Responsibilities</th>
<th>Steering Committee</th>
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<tbody>
<tr>
<td>• Advance FPHS among legislators, stakeholders, and the health community</td>
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<tr>
<td>• Make policy decisions based on the work advanced by the Technical Workgroup</td>
<td></td>
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<tr>
<td>• Develop policy proposal for submittal to the Legislature</td>
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<tr>
<td>• Coordinate with the Project Management Team</td>
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<table>
<thead>
<tr>
<th>Key Responsibilities</th>
<th>Technical Workgroup</th>
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<tbody>
<tr>
<td>• Vet and advance technical analyses and products for review by the Steering Committee</td>
<td></td>
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<tr>
<td>• Evaluate technical and implementation feasibility of work developed by technical subgroups</td>
<td></td>
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<tr>
<td>• Coordinate with the Project Management Team</td>
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<table>
<thead>
<tr>
<th>Key Responsibilities</th>
<th>Policy/Strategy Subgroups</th>
</tr>
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<tbody>
<tr>
<td>• Identify and evaluate policy and strategy options and recommendations for Steering Committee review</td>
<td></td>
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<tr>
<td>• Coordinate with the Project Management Team</td>
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<table>
<thead>
<tr>
<th>Key Responsibilities</th>
<th>Technical Subgroups</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Identify and evaluate technical options and implications of select issues areas for the Technical Workgroup</td>
<td></td>
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<tr>
<td>• Coordinate with the Project Management Team</td>
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<table>
<thead>
<tr>
<th>Key Responsibilities</th>
<th>Project Management Team</th>
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<tbody>
<tr>
<td>• Coordinate with all committees, workgroups, and subgroups</td>
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<tr>
<td>• Ensure that materials are developed and ready for discussion in the Steering Committee</td>
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BACKGROUND: In 2011, the Whatcom County Health Department (WCHD) began the process of creating a comprehensive performance management system. There are five components of the system which align with the Public Health Foundation framework for performance management. They are: visible leadership, performance standards, reporting progress, and quality improvement.

IMPORTANCE: A well-functioning performance management system serves a variety of purposes, namely:

- To improve the effectiveness of our work by establishing a culture of continuous quality improvement at each stage in the performance management process.
- To foster accountability by encouraging the use of data to monitor program performance and population-level health outcomes.
- To engage staff at all organizational levels in meaningful participation in these processes.
- To improve WCHD strategic and community health improvement planning and implementation efforts by evaluating our work and our work with partners to inform future planning efforts.

ANALYSIS: In 2014, the WCHD created and began tracking performance measures. Programs use the measures to increase, decrease, or change focus areas to improve upon measures targeted.

The 2017 Budget Objectives now include objectives directly tied to performance measures, program goals, and strategic plan desired outcomes. Not only is the use of performance measures driving program results, but they are now integrated into budget priorities, as evidenced in the power point presentation example. As the WCHD’s performance management system matures and evolves, it will play a more central role in department operations and continuous improvement culture change.

REQUESTED ACTION:

- Concurrence with WCHD performance management system direction.

Attachments

1. Environmental Health Food Program 2015 Annual Performance Measure Report
2. 2017-2018 Division Budget Objectives
"It's all about quality improvement.”

QUARTERLY PERFORMANCE IMPROVEMENT REPORT for
Program: Food Safety  Quarter: ☐ Jan-Mar ☐ Apr-June ☐ July-Sep ☒ Oct-Dec

POPULATION MEASURES:

All children and adults are physically and mentally healthy.

<table>
<thead>
<tr>
<th>POPULATION MEASURES</th>
<th>WHATCOM COUNTY</th>
<th>WA (2013)</th>
<th>US 2020 TARGET</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>EARLIEST YEAR (2004)</td>
<td>RECENT YEAR (2014)</td>
<td>TREND GRAPH</td>
</tr>
<tr>
<td>Campylobacterios Cases &amp; Rate</td>
<td>49 13.98 per 100,000</td>
<td>59 28.42 per 100,000</td>
<td>unchanged</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td>E.Coli Cases &amp; Rate</td>
<td>5 2.77 per 100,000</td>
<td>17 8.18</td>
<td>increasing (p=.0005)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Salmonellosis Cases &amp; Rate</td>
<td>17 8.26 per 100,000</td>
<td>15 7.22</td>
<td>unchanged</td>
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<td></td>
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*Trend over time was calculated using a simple linear regression analysis, a p-value of (< .05) indicates a statistically significant increase or decrease over time. **Healthy people 2020 goal for alcohol and illicit drugs combined.

QUARTERLY FINDINGS FOR PROGRAM PERFORMANCE MEASURES:

<table>
<thead>
<tr>
<th>PERFORMANCE MEASURE</th>
<th>BASELINE (Year)</th>
<th>as of 3/31/15</th>
<th>as of 6/30/15</th>
<th>as of 9/30/15</th>
<th>Year End</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. % of permanent food establishment service request applications responded to within 2 weeks of receipt</td>
<td>2014 – 93%</td>
<td>79%</td>
<td>87%</td>
<td>80%</td>
<td>78%</td>
</tr>
<tr>
<td>2. % of complex menu food establishments with 35 or more red high risk factor violation points</td>
<td>2014 – 14%</td>
<td>21%</td>
<td>14%</td>
<td>16%</td>
<td>11%</td>
</tr>
<tr>
<td>3. % of complex menu establishments inspected on time according to the approved inspection frequency guideline</td>
<td>2014 – 5%</td>
<td>47%</td>
<td>49%</td>
<td>48%</td>
<td>45%</td>
</tr>
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</table>
2017-2018 Whatcom County Health Department Program Objectives

Administrative Division

Strategic Plan Desired Result: Our workforce is fully supported and highly engaged; data and compassion drive our decisions; community voice informs our work.

Program Name: Administration

Program Goal: Provide leadership and the development of strategic direction and policy for the department; administration of the health department.

Program Objectives:

1. Increase staff reporting improved workplace climate.
2. Increase staff reporting an understanding of the strategic plan, their program performance measures, and their expertise in public health core competencies.
3. Increase timely grant and contract reporting, and decrease audit findings.
4. Increase number of employee performance evaluations completed on time.

Program Name: Vital Records

Program Goal: Register all deaths occurring in Whatcom County, issue burial permits, and issue certified death certificates for Whatcom County deaths.

Program Objectives:

1. Increase availability of same-day completion of death certificate requests.
2. Increase the capacity for rapid death certificate issuance in the event of a mass casualty event.
3. Increase the availability of data relating to deaths in Whatcom County, in partnership with Washington State.

Program Name: Health Information and Assessment

Program Goal: Improves the department’s ability to be a credible information source, convener in emergencies, and community collaborator, while providing all health department divisions with tools to assess and improve programs.

Program Objectives:

1. Increase the health department’s readiness to respond to an emergency or natural disaster.
2. Increase the health department’s utilization of performance management to inform decision-making, program planning, and budgeting.
3. Increase availability of informational reports and program performance management measure data for staff and external partners.
4. Increase the health department’s ability to engage the community to identify and solve health problems, and provide relevant and timely health information.
Communicable Disease & Epidemiology Division

Strategic Plan Desired Result: People are safe, protected from disease, and prepared for emergencies.

Program Name: Communicable Disease

Program Goal: Assure the control of communicable diseases and other notifiable conditions in Whatcom County and effectively respond to emergencies and outbreaks.

Program Objectives:

1. Provide and use the results of health data analysis to develop recommendations regarding public health surveillance programs and community outreach interventions.
2. Increase public safety through comprehensive surveillance for designated notifiable conditions including bioterrorism agents.
3. Increase communication with public and health and childcare providers.
4. Update employee health program to protect health department staff and vulnerable clients from infectious disease.

Program Name: Clinical Services

Program Goal: Reduce transmission of HIV and Hepatitis C infection through early identification, prevention, education and community referrals. Reduce incidence of vaccine-preventable diseases through provider education and support.

Program Objectives:

1. Promote disease prevention through immunization education with public, school districts, healthcare providers.
2. Assure vaccine safety by achieving at least one face-to-face contact with staff in every clinic in Whatcom County who provides state supplied vaccine.
3. Reduce transmission of HIV and Hepatitis C infection among IV drug users.

Program Name: Tuberculosis

Program Goal: Reduce the incidence of tuberculosis and prevent transmission of disease through early identification and effective treatment of persons with infectious TB.

Program Objectives:

1. Increase screenings of high risk populations for TB and provide preventive therapy.
2. Increase identification and effective treatment among persons with infectious TB.
3. Improve community TB screening and treatment through a comprehensive healthcare provider education program.
Community Health Division

Strategic Plan Desired Results: Children and adults are physically and mentally healthy; families are strong and self-sufficient; people have the opportunity to make healthy, active lifestyle choices.

Program: Healthy Children and Families

Program Goal: Promote health and well-being of children and families through assessment, health education, referral, family support, service coordination, and community systems development.

Program Objectives:

1. Increase proportion of postpartum women on WIC who breastfeed their infants for 6 months or more.
2. Increase the proportion of new parents who are screened for family stressors at or near time of birth and connected to community resources and supports.
3. Increase number of vulnerable families participating in evidence-based home visiting or parent support programs.
4. Increase the proportion of children and youth who are periodically screened for developmental and behavioral health needs and linked to timely intervention and support services.
5. Increase the proportion of families of children with special health needs who report that the local system of services and supports is easy to navigate and meets their family needs.

Program: Healthy Communities

Program Goal: Improve community health and reduce health disparities by ensuring that all people have access to healthy physical and social environments where they live, learn, work and play.

Program Objectives:

1. Increase the number of Whatcom County plans and policies that consider and prioritize the needs of vulnerable populations.
2. Increase number of community plans, policies, programs and projects that improve access to:
   a. Healthy foods, particularly for underserved populations and communities.
   b. Safe places to walk, bike, play and connect, particularly for underserved populations and communities.
3. Increase proportion of East Whatcom County residents who report a strong sense of safety, connection, and well-being for children, families, and community members in their geographic area.
4. Increase the number of schools, health care practices, and other organizations that are working to adopt trauma-informed principles and practices.
Program Name: Food Safety

Program Goal: Ensure safe food handling practices decreases the risk of food borne illness. Prevent large outbreaks with prompt and comprehensive investigation of complaints.

Program Objectives:

1. Increase the number of routine inspections to determine compliance with safe food handling practices.
2. Reduce the language-based discrepancy in food facilities found to have significant compliance issues.

Program Name: Living Environment

Program Goal: Prevent unintentional drowning and injury. Investigate human exposure to potentially rabid animals.

Program Objectives:

1. Increase public water recreation facility compliance through operator education.
2. Increase public water recreation facility safety and operations by inspecting each facility annually.

Program Name: On-Site Sewage

Program Goal: Prevent disease through effective management of sewage.

Program Objectives:

1. Increase the number of current (ROSS) Report on System Status within Drayton Harbor, Lake Whatcom, and Nooksack watersheds.
2. Improve (O&M) operation and maintenance compliance through follow up site inspections.
3. Implement “intermediate” septic tank holding facility program through annual permitting and inspection.

Program Name: Solid Waste Infrastructure

Program Goal: Protect human health and the environment by ensuring proper solid waste handling and disposal.

Program Objectives:

1. Increase recovery of organic materials from commercial and industrial generators.
2. Increase community knowledge and use of waste reduction methods.
3. Decrease hazardous waste in the environment by contracting for the safe operation of
   the DOT-disposal of toックス facility.

Program Name: Solid Waste Enforcement

Program Goal: Prevent public health and environmental impacts resulting from improper solid waste and waste chemical handling and disposal. Respond to hazardous sites to prevent or minimize exposure to the public.

Program Objectives:

1. Inspect all permitted and exempt solid waste handling facilities annually.
2. Improve safety of housing units through testing and posting of sites contaminated with methamphetamine.

Program Name: Drinking Water

Program Goal: Prevent waterborne disease by ensuring adequate and reliable sources of drinking water. Investigate disease complaints and provide appropriate intervention to prevent additional illness.

Program Objectives:

1. Improve drinking water safety through education and technical assistance to public and private water systems.
2. Inspect Group A water systems.
3. Improve water quality and safety through inspection of new well construction and decommissioning of wells.
4. Improve “water availability” processes (component of property development) for safe and reliable public and private drinking water.
Human Services Division

Strategic Plan Desired Result: Everyone has opportunity for their basic needs to be met

Program Name: Veteran’s Program

Program Goal: Assist veterans who have no other resources to obtain essential services and/or support for meeting basic needs.

Program Objectives:

1. Increase indigent veterans’ access to a system of coordinated assistance.

Program Name: Developmental Disabilities Services

Program Goal: Assist people with developmental disabilities and their families in acquiring and maintaining life skills and raising their levels of physical, mental, social, and vocational functioning.

Program Objectives:

1. Increase effective and timely transition from school to work for adults with developmental disabilities
2. Increase the capacity of family support in disabled children’s development and inclusion in the community
3. Increase the number of developmentally disabled adults who are earning wages.

Program Name: Homeless Housing

Program Goal: End homelessness.

Program Objectives:

1. Increase availability of housing and support services to the most vulnerable households and to chronically homeless populations.

Program Name: Behavioral Health

Program Goal: Assure the availability and accessibility of a full continuum of cost-effective behavioral health services and supports to eligible individuals in Whatcom County.

Program Objectives:

1. Increase community use of cost-effective and evidence-based interventions.
2. Decrease recidivism and symptoms of mental illness among offenders by increasing availability and knowledge of mental health court and community-based treatment options.
3. Decrease substance abuse and mental illness in children and young adults through targeted youth prevention programs.
Health Board
Performance Management Presentation
August 2, 2016
Outline

1. Performance Management System framework
2. How we use Performance Management System
   – Environmental Health Example
3. Budget Alignment
4. Questions?
Performance Management Framework

Visible Leadership  Performance Standards  Performance Measurement  Reporting Progress  Quality Improvement

Health Board Meeting  August 2, 2016
Environmental Health Division

Strategic Plan Desired Outcomes

- People live in safe environments
- People are safe, protected from disease, and prepared for emergencies

May 16, 2012

August 2, 2016
Food Safety Program Goals

- Ensure safe food handling practices decreases the risk of food borne illness
- Prevent large outbreaks with prompt and comprehensive investigation of complaints
Food Safety Objective

Reduce the language-based discrepancy in facilities found to have significant compliance issues
### Inspection Interval

<table>
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<tr>
<th>Inspection Interval</th>
<th>6 Month: Complex Menu</th>
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<tbody>
<tr>
<td><strong>2015 - Number of Inspections</strong></td>
<td>English 440</td>
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<td><strong>2015 - Percent of Inspections w/ 35+ Red Points</strong></td>
<td>English 29.3%</td>
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<td>ESL 31.0%</td>
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<td>ESL 38.9%</td>
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**Budget Alignment**

**Environmental Health Division**

### Strategic Plan Desired Outcomes

- People live in safe environments;
- People are safe, protected from disease, and prepared for emergencies

### Food Safety Program Goals

- Ensure safe food handling practices decreases the risk of food borne illness;
- Prevent large outbreaks with prompt and comprehensive investigation of complaints

### Food Safety Objective

- Reduce the language-based discrepancy in facilities found to have significant compliance issues

### 2017-2018 Budget objective

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# Budget Alignment

## Environmental Health Division

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<thead>
<tr>
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<th>2014</th>
<th>2017 proposed</th>
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<tbody>
<tr>
<td><strong>Food Safety</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Staff</td>
<td>4.5</td>
<td>6</td>
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<tr>
<td>Cost Recovery</td>
<td>83%</td>
<td>87%</td>
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</table>
Budget Alignment

Strategic Planning

Needs Assessment
- Customer and Stakeholder Feedback, Staff Input & CHA
- QI reports, Quarterly and Annual Performance Improvement Reports & CHIP Evaluation Reports

Operational Planning
- Strategic Plan, Population Results Statements, & Community Health Improvement Plan (CHIP)
- Work Plan for Strategic Plan, Performance Improvement Action Plans, & CHIP Implementation Plan

Evaluation
- QI Project Measures & Population Indicators and Program Performance Objectives
- Quarterly and Annual Performance Improvement Reports & CHIP Evaluation Reports

Management
- WCHD Budget

Budgeting

Health Board Meeting August 2, 2016
Questions?

PUBLIC HEALTH IS THE ROOT OF OUR HEALTH CARE SYSTEM

SAFE WATER
HEALTHY STARTS
FOOD INSPECTIONS
DISASTER RESPONSE
CLEAN AIR
VACCINES
HEALTH ALERTS
DISEASE PREVENTION

EVERY DAY
Public Health keeps our families safe – and is so effective, we don’t think twice about potential safety risks as we go about our day.