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**2013-2014  
Accreditation Support Initiative (ASI)  
for Local Health Departments**

**Sussex County Department of Environmental  
and Public Health Services (SCDEPHS)**

**Public Health Accreditation Board (PHAB)  
Organizational Self – Study  
Final Report**

## **Rationale**

In accordance with 2013-2014 Accreditation Support Initiative (ASI) for Local Health Departments, the Sussex County Department of Environmental and Public Health Services (SCDEPHS) conducted a self-study of existing department programs and services in comparison to the Public Health Accreditation Board Standards and Measures in preparation to apply for Public Health Accreditation. SCDEPHS retained the services of Assurance Consulting Associates, LLC to assist in the department's self-study process.

## **Methodology**

The Sussex County Department of Environmental and Public Health Services (SCDEPHS) assembled an Accreditation Team to conduct a self-study and analysis of existing services. This self-study team was comprised of the Health Officer, the Health Educator/Accreditation Coordinator, Public Health Consultant, and department staff representing Environmental Health, Public Health Nursing services, Special Child Health Services, Emergency Preparedness and other management functions, addressing the Ten Essential Public Health Functions.

A Self-Study Team Steering Committee (SSTSC) comprised of The Health Officer, Health Educator/Accreditation Coordinator and Public Health Consultant was established. The Health Officer, Health Educator/Accreditation Coordinator and Public Health Consultant reviewed the Public Health Accreditation Board's (PHAB) website, guidance documents and completed the required online orientation modules. The SSTSC discussed and developed an assessment methodology that specifically addressed the Standards and Measures stipulated in PHAB Standards & Measures Version 1.5.

The SSTSC conducted twelve interviews/ team discussions on twelve separate occasions to facilitate dialog, feedback and generate suggestions in response to the PHAB Standards and Measures Version 1.5. Team participants were identified in advance and provided with the Standards & Measures specific to the domain being evaluated at that meeting.

Prior to each meeting, Accreditation Team members were asked to review documentation requirements that corresponded to each of the Domain, Standard and Measures and to identify the required documentation for each meeting. In instances where documentation was not available or standard not met, an action item was delineated. A recommendation component was provided for a specific measure in instances where participants recognized an opportunity to improve the department's performance.

The team used a documentation selection spreadsheet to record their progress. This spreadsheet included the following information: name and program contact person; title of document, date and relevant detail; action required and/or recommendations (if applicable); and whether the measure was a strength, weakness or area in need of improvement. The list of

documentation provides an overview on the readiness of the department's status in regards to making application for accreditation.

A PHAB specific Standards & Measures document database was created permitting all staff to collectively store and share appropriate documents. This document depository will be utilized by the department in preparing for PHAB accreditation.

Utilizing a team approach, a debriefing meeting was conducted with staff participants after the completion of the department self-study process. The debriefing meeting was designed to facilitate dialog regarding the department's strengths, weaknesses and opportunities for improvement. The debriefing meeting was also designed to solicit feedback on the department self-study assessment process.

### **Department Debriefing Self-Study Assessment**

The Debriefing meeting with department self-study-team members was conducted on Monday May 19, 2014. The discussion was directed to two basic topics;

#### **1.) The strengths and opportunities for improvement of the SCDEPHS**

#### **2.) Staff feedback on the self- study process**

The **strengths** of the SCDEPHS were identified by staff members as follows;

- A) Commitment of staff to improve department performance
- B) Commitment from staff to respond expeditiously to resident's requests
- C) Commitment of staff to work collaboratively in a team approach
- D) Willingness of staff to assume ever expanding responsibilities as positions are lost to attrition/downsizing
- E) Assumption of Public Health Leadership in Sussex County as evidenced by the SCDEPHS's pursuit and attainment of New Jersey Cancer Education & Early Detection (NJCEED) Grant for Sussex County and Comprehensive Cancer Control Grant (Chronic Disease) for Sussex and Warren County issued by the New Jersey State Department of Health – Office of Cancer Control and Prevention
- F) SCDEPHS leadership role with HAZMAT, and Public Health Emergency Preparedness Program Response and Plans, including Point of Distribution for Mass Prophylaxis/Medication

The **opportunities for improvement** of the SCDEPHS were identified by staff members as follows;

- A) Staff recognized need to revise, standardize, distribute and ensure department-wide understanding of title specific Policy & Procedures.
- B) Staff recognized need to revitalize and implement the Community Health Improvement Plan (CHIP).
- C) Staff recognized the need to implement a Quality Improvement Plan (CQI) on a department-wide basis.
- D) Staff recognized the need to develop a department-wide Strategic Plan that encompasses the CHIP goals and objectives, as well as the SCDEPHS's mission objectives.
- E) Staff recognized the need for self - promotion to change the perception of the SCDEPHS as solely a regulatory agency to a Public Health advocate /authority agency.
- F) Staff recognized that the County of Sussex has reduced department funding in response to state expenditure cap regulations, resulting in staff reductions, requiring a reassessment of resource allocation.
- G) Staff recognized that the New Jersey Department of Health has severely curtailed guidance and training to local health departments in programs such as Tuberculosis, Lead Control and Communicable Diseases, necessitating the development of alternate resources.

#### **Staff feedback on the self-study process**

The following staff comments were noted as follows;

- A) Staff stated that the self-study process discussions were thought provoking and caused staff to look at the department as a whole not just from their respective function.
- B) Staff stated that the self-study process made them more aware of responsibilities, programs and issues of their co-workers.
- C) Staff stated that the self-study process promoted a cross pollination of information and ideas for the services that are provided.

### **Department Self – Study, Opportunities for Improvement & Plan for Addressing Gaps & Department Strengths**

The expected outcomes resulting from the completion of this self-study includes a detailed summary of the department's programs, services, policies and overall performance as compared to PHAB requirements. The primary purpose was to determine the readiness of SCDEPHS to apply for accreditation and to utilize the self-study outcomes to develop a methodology for addressing gaps in programs and services.

As detailed in the PHAB Standards & Measures self-study presented above, version 1.5, documentation for each Standard and Measure is identified or noted as an action item requiring a stipulated follow-up activity. Recommendations are suggested as possible solutions/methods for addressing identified gaps.

However, several pervasive opportunities for improvement have been identified that warrant further discussion.

This self-study revealed that the SCDEPHS has program driven services, focusing on the on the goals and objectives of grant deliverables and/ or regulatory requirements. This assessment exposed the absence of process driven services utilizing a continuous quality improvement process (CQI). The self-study revealed that a continuous quality improvement plan needs to be implemented on a department-wide basis.

The self-study also revealed that the SCDEPHS needs to develop a strategic plan that encompasses the CHIP goals and objectives, as well as the mission statement of the department.

The self-study identified that the CHIP was not being implemented as required, since the hospital system managing the process has had a transition in leadership. As a result, the CHIP needs to be reviewed, updated implemented through a coordinated initiative with other community stakeholders through the leadership of the SCDEPHS.

Although SCDEPHS maintains a policy and procedures manual, many staff members were not familiar with policies and procedures relating to job functions and responsibilities. Consequently, department-wide policies and procedures were identified as requiring review, revision, distribution and monitoring for adherence.

As identified in the Standards and Measures assessment, SCDEPHS staff commented during the debriefing process that they believed that there was a great opportunity for improvement regarding department self-promotion. The self-study identified the need to develop a self-

promotion plan to change the regulatory perception of the department to that of a community public health resource /advocate.

As a part of the self-promotion plan, SCDEPHS will develop an organizational branding identity that reduces barriers and facilitates utilization of programs and services offered to all Sussex County community members.

SCDEPHS staff also recognized that the national political and social perceptions often regard public employees as a governmental liability in lieu of a public resource. In an effort to address this misconception, SCDEPHS recognized that this concern needs to be addressed from both the public and employee perspective. Therefore, an organizational branding identity will be developed to promote both a unified mission to address morale among employees and a positive public image.

### **Summary of Deliverables**

The funding from this grant has allowed the SCDEPHS to conduct self-study that assessed the readiness of the department to apply for accreditation.

The self-study created an overview of the department's strengths, weaknesses, areas for improvement, and a gap analysis as detailed in the PHAB Standards & Measures Version 1.5 Assessment included in the following section. The action plan is also incorporated into the assessment tool.

The self-study will be utilized for dual purposes. It was used to identify the documentation necessary to satisfy PHAB Standards and Measures and areas identified as opportunities for improvement. The second purpose was to formulate a basis for the development of a department strategic plan. The development of a strategic plan will be the next priority for SCDEPHS in applying for Public Health Accreditation.

### **Report preparation completed by:**

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&  
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## PHAB Standards & Measures Version 1.5 Assessment

### DOMAIN 1: CONDUCT AND DISSEMINATE ASSESSMENTS FOCUSED ON POPULATION HEALTH STATUS AND PUBLIC HEALTH ISSUES FACING THE COMMUNITY.

Standard 1.1: Participate in or lead a collaborative process resulting in a comprehensive community health assessment.						
Measure 1.1.1	Required Documentation	Documentation	Division/Program & contact name	Title of document, date and relevant detail	Action Required and/or Recommendations (if applicable)	Strength, Weakness or Area for Improvement
Local partnership that develops a comprehensive community health assessment of the population served by the health department	1. Participation of representatives from a variety of sectors of the local community	Yes	Herb Yardley, Administrator/Health Officer  Sussex County Community Health Coalition	<i>1 example</i>  <u>Document #1</u> Saint Clare's Health System - Saint Clare's Hospital CHNA - Community Advisory Council Date: March 9, 2012 10:00am  <u>Document #2</u> Agenda Sussex County Community Health Coalition Date: January 9 <sup>th</sup> , 2014	n/a	Strength
	2. Regular meetings or communications with partners	Yes	Herb Yardley, Administrator/Health Officer  Sussex County Community Health	<i>2 examples of meetings and communications Or documentation that identifies the frequency of meetings</i>	n/a	Strength



			Coalition	<p><u>Document #1</u> Agenda Sussex County Community Health Coalition Date: January 9<sup>th</sup>, 2014</p> <p><u>Document #2</u> Community Advisory Committee Minutes Newton Medical Center Date: October 10, 2013</p>		
	3. The process used to identify health issues and assets	Yes	<p>Herb Yardley, Administrator/Health Officer</p> <p>Sussex County Community Health Coalition</p>	<p><i>1 process</i></p> <p><u>Document #1</u> Saint Clare's Health System CHNA Final Summary Report Pages 3-8 Date: April 2013</p> <p><u>Document #2</u> Community Health Needs Assessment 2013 Newton Medical Center Pages 4-8 Date: 2013</p>	n/a	<b>Strength</b>

<b>Standard 1.1: Participate in or lead a collaborative process resulting in a comprehensive community health assessment.</b>						
<b>Measure 1.1.2</b>	<b>Required Documentation</b>	<b>Documentation</b>	<b>Division/Program &amp; contact name</b>	<b>Title of document, date and relevant detail</b>	<b>Action Required and/or Recommendations (if applicable)</b>	<b>Strength, Weakness or Area for Improvement</b>
A local community health assessment	<p>1. A local community health assessment that includes:</p> <ul style="list-style-type: none"> <li>a. Data and information from various sources contributed to the community health assessment and how the data were obtained</li> <li>b. Demographics of the population</li> <li>c. Description of health issues and specific descriptions of population groups with particular health issues and inequities.</li> <li>d. Description of factors that contribute to specific populations'</li> </ul>	Yes	<p>Herb Yardley, Administrator/Health Officer</p> <p>Sussex County Community Health Coalition</p>	<p><i>1 community health assessment</i></p> <p><u>Document #1</u> Saint Clare's Health System CHNA Final Summary Report Date: April 2013</p> <p><u>Document #2</u> Atlantic Healthcare System Newton Medical Center Community Health Needs Assessment Date: 2013</p>	n/a	<b>Strength</b>

	<p>health challenges.</p> <p>e. Description of existing Tribal or community or assets or resources to address health issues</p>					
	<p>2. Opportunity for the local community at large to review and contribute to the assessment</p>	<p>Yes</p>	<p>Herb Yardley, Administrator/Health Officer</p> <p>Sussex County Community Health Coalition</p>	<p>2 examples</p> <p><u>Example #1</u> **St Clare's website Date: current</p> <p><u>Example #2</u> Emails Dates: 2012-2014</p>	<p><b>Actions Required:</b></p> <ul style="list-style-type: none"> <li>• St Clare's website</li> <li>• Newton Medical Center website</li> <li>• Document emails from hospitals</li> </ul>	<p><b>Strength</b></p>

	3. The ongoing monitoring, refreshing, and adding of data and data analysis	Yes, limited	<p>Herb Yardley, Administrator/Health Officer</p> <p>Sussex County Community Health Coalition</p>	<p><i>2 examples from different years</i> <i>If the CHA is two years or more old, then the examples must be from two different years.</i></p> <p>Documentation available through partnerships. Most of activities are in progress because implementation in early stages.</p>	<p><b>Actions Required:</b></p> <ul style="list-style-type: none"> <li>• Follow up with Chris Orr to get documentation</li> <li>• Center for Prevention and Counseling for documentation</li> <li>• St Clare's website</li> <li>• Newton Medical Center website</li> </ul>	<b>Area for Improvement</b>
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<b>Standard 1.1: Participate in or lead a collaborative process resulting in a comprehensive community health assessment.</b>						
<b>Measure 1.1.3</b>	<b>Required Documentation</b>	<b>Documentation</b>	<b>Division/Program &amp; contact name</b>	<b>Title of document, date and relevant detail</b>	<b>Action Required and/or Recommendations (if applicable)</b>	<b>Strength, Weakness or Area for Improvement</b>
Accessibility of community health assessment to agencies, organizations, and the general public	1. Information provided to partner organizations concerning the availability of the community health assessment	Yes	Herb Yardley, Administrator/Health Officer  Sussex County Health Coalition	<i>2 examples</i>  <u>Example #1</u> Email to organizations with link to assessment that is available on website	<b>Action Required::</b> Create a newsletter article "One Year Out"  <b>Recommendations:</b> Suggestions for improvement would be to add to website, newsletter, boards of health, social media	Strength
	2. The availability of the community health assessment findings to the public	Yes	Herb Yardley, Administrator/Health Officer  Sussex County Health Coalition	<i>2 examples</i>  <u>Example #1</u> Email to organizations with link to assessment that is available on website	<b>Action Required::</b> Create a newsletter article "One Year Out"  <b>Recommendations:</b> Suggestions for improvement would be to add to website, newsletter, boards of health, social media	Strength

<b>Standard 1.2: Collect and maintain reliable, comparable, and valid data that provide information on conditions of public health importance and on the health status of the population.</b>						
<b>Measure 1.2.1</b>	<b>Required Documentation</b>	<b>Documentation</b>	<b>Division/Program &amp; contact name</b>	<b>Title of document, date and relevant detail</b>	<b>Action Required and/or Recommendations (if applicable)</b>	<b>Strength, Weakness or Area for Improvement</b>
24/7 surveillance system or set of program surveillance systems	1. Process(es) and/or protocol(s) for the collection, review, and analysis of comprehensive surveillance data on multiple health conditions from multiple sources.	Yes	Herb Yardley, Administrator/Health Officer  Dept Heads  NJDOH	<i>2 examples</i>  <u>Example #1</u> State Epi Program (email or letter introducing new EPI for Region)  <u>Example #2</u> - tate TB Program - tate Lead Program	n/a	Strength
	2. Processes and/or protocols to assure that confidential data are maintained in a secure and confidential manner	Yes	Herb Yardley, Administrator/Health Officer  Dept Heads  NJDOH	<i>One department-wide process or protocols, or a set of processes or protocols</i>  <u>Example #1</u> Communicable Disease Reporting Surveillance System (CDRSS) ongoing	n/a	Strength
	3. 24/7 contact capacity	Yes, limited	Herb Yardley, Administrator/Health Officer  Dept Heads  NJDOH	One department-wide contact system or protocol or a set of contact systems  <u>Example #1</u> Protocol exists and needs to be formalized and updated	<b>Action Required:</b> <ul style="list-style-type: none"> <li>• Need to write up the existing verbal protocol for after hours process</li> <li>• Refer to NJDOH</li> </ul>	Area for Improvement

					Assessment conducted for documentation	
	4. Testing 24/7 contact systems	No	Herb Yardley, Administrator/Health Officer  Dept Heads	2 examples  No documentation in place	Action Required: Need to establish protocols for testing system with all contacts agencies/staff monthly or quarterly basis	Weakness and Area for Improvement

<b>Standard 1.2: Collect and maintain reliable, comparable, and valid data that provide information on conditions of public health importance and on the health status of the population.</b>						
<b>Measure 1.2.2</b>	<b>Required Documentation</b>	<b>Documentation</b>	<b>Division/Program &amp; contact name</b>	<b>Title of document, date and relevant detail</b>	<b>Action Required and/or Recommendations (if applicable)</b>	<b>Strength, Weakness or Area for Improvement</b>
Communication with surveillance sites	1. The identification of providers and public health system partners who are surveillance sites reporting to the surveillance system	Yes	Herb Yardley, Administrator/Health Officer  Emergency Preparedness Program staff	<i>1 list</i>  <u>Document #1</u> <b>**CHAIN</b> Database list for surveillance sites as follows:	<b>Action Required:</b> Add in the listing of sites from CHAIN Database	Strength
	2. Trainings/meetings held with surveillance sites regarding reporting requirements including reportable diseases/conditions, and reporting timeframes	Yes	Herb Yardley, Administrator/Health Officer  Emergency Preparedness Program staff  Dept Heads	<i>2 examples of trainings/meetings</i>  No documentation for this measure	<b>Action Required:</b> Develop and implement -trainings/meetings held with surveillance sites regarding reporting requirements including reportable diseases/conditions, and reporting timeframes	Weakness and Area for Improvement



	3. Surveillance data received concerning two different topics	Yes	Herb Yardley, Administrator/Health Officer  Emergency Preparedness Program staff  Dept Heads	2 examples of data received 2 different topics 2 different occasions  <u>Example:</u> LINCS messages distributed	Action Required: Add in LINCS messages <ul style="list-style-type: none"> <li>• Rabies</li> <li>• Influenza</li> <li>• Environmental Public Health Monitoring data</li> </ul>	Strength
	4. The distribution of surveillance data	Yes	Herb Yardley, Administrator/Health Officer  Emergency Preparedness Program staff  Dept Heads	2 examples  <u>Example:</u> LINCS messages distributed	Action Required: Add in LINCS messages to depository	Strength

<b>Standard 1.2: Collect and maintain reliable, comparable, and valid data that provide information on conditions of public health importance and on the health status of the population.</b>						
<b>Measure 1.2.3</b>	<b>Required Documentation</b>	<b>Documentation</b>	<b>Division/Program &amp; contact name</b>	<b>Title of document, date and relevant detail</b>	<b>Action Required and/or Recommendations (if applicable)</b>	<b>Strength, Weakness or Area for Improvement</b>
Primary data	1. Collection of primary quantitative health data	Yes	Herb Yardley, Administrator/Health Officer	<i>2 examples</i>  <u>Document #1</u> Mammogram survey results from PSS  <u>Document#2</u> Hurricane Sandy Survey for Special Child Health  <u>Document #3</u> Register Ready	n/a	Strength
	2. Collection of primary qualitative health data	Yes	Herb Yardley, Administrator/Health Officer	<i>2 examples</i>  <u>Document #1</u> Mammogram survey results from PSS  <u>Document#2</u> Hurricane Sandy Survey for Special Child Health  <u>Document #3</u> Register Ready	n/a	Strength
	3. The use of data collection instruments	Yes	Herb Yardley, Administrator/Health Officer	<i>2 examples</i> <i>The health department can provide the tools used for the required documentation listed under the Required Documentation 1 or 2 for this measure, or they can be examples from different data collection activities,</i>	n/a	Strength

				<p><i>showcasing different data collection efforts.</i></p> <p><u>Example 1</u> Register Ready updated annually and on-going</p> <p><u>Example 2</u> Survey Monkey 2012</p> <p><u>Example 3</u> Local Public Health Report March 2014</p>		
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<b>Standard 1.2: Collect and maintain reliable, comparable, and valid data that provide information on conditions of public health importance and on the health status of the population.</b>						
<b>Measure 1.2.4</b>	<b>Required Documentation</b>	<b>Documentation</b>	<b>Division/Program &amp; contact name</b>	<b>Title of document, date and relevant detail</b>	<b>Action Required and/or Recommendations (if applicable)</b>	<b>Strength, Weakness or Area for Improvement</b>
Data provided to the state health department	1. The provision of data to the state health department (if one or more is located in the jurisdiction the local health department is authorized to serve)	Yes	Herb Yardley, Administrator/Health Officer	<i>Two examples</i> <u>Example #1</u> NJIS for immunizations  <u>Example #2</u> CDRSS  <u>Example #3</u> BDARS	<b>Action Required: Determine if there is reporting for CEHA</b>	Strength

Standard 1.3: Analyze public health data to identify trends in health problems, environmental public health hazards, and social and economic factors that affect the public's health.						
Measure 1.3.1	Required Documentation	Documentation	Division/Program & contact name	Title of document, date and relevant detail	Action Required and/or Recommendations (if applicable)	Strength, Weakness or Area for Improvement
Data analyzed and public health conclusions drawn	<p>1. Analysis of data and conclusions drawn with the following characteristics:</p> <p>a. The inclusion of defined timelines</p> <p>b. A description of the analytic process used to analyze the data or a citation of another's analysis</p> <p>c. The inclusion of the comparison of data to other agencies and/or the state or nation, and/or other Tribes, and/or similar data over time</p>	Yes	<p>Herb Yardley, Administrator/Health Officer</p> <p>NJDOH</p> <p>Dept Heads</p>	<p><i>2 examples; one example must be the analysis of qualitative data and one must be quantitative data</i></p> <p><u>Document #1</u> PHN/NJCEED demographics and economic disparity data for NJCEED grant 2013-2014</p> <p><u>Document #2</u> Immunization Reports</p> <p><u>Document # 3</u> Chronic Disease Coalition data</p>	<p><b>Action Required: Documentation from NJDOH should be maintained that states how local health depts. &amp; NJDOH share analysis of data for the purpose of determining health conclusions</b></p>	Area for Improvement

	to provide trend analysis					
	2. Review and discussion of data analysis	Yes	Herb Yardley, Administrator/Health Officer  NJDOH  Dept Heads	2 examples  <u>Example #1</u> Information was shared with Board of Chosen Freeholders and County Administrator  <u>Example #2</u> NJCEED grant assessment – 2013-2014  <i>Identified and targeted low socioeconomic populations in county and provided community outreach to those groups</i>  <u>Example #3</u> Presentations by Chronic	<b>Action Required:</b> Review and discussion of data analysis should be conducted as needed and documented	Area for Improvement
	3. Analysis of data that demonstrates the use of information and data from multiple databases or data sources	Yes	Herb Yardley, Administrator/Health Officer  NJDOH  Dept Heads	SCDEPHS uses multiple databases and data sources. - NJCEED - SC Chronic Disease Coalition	<b>Action Required:</b> Documentation of databases must be included in depository	Area for Improvement

	4. Aggregated primary and secondary data and the sources of each	Yes	Herb Yardley, Administrator/Health Officer  NJDOH  Dept Heads	SCDEPHS uses multiple databases and data sources. - NJCEED SC Chronic Disease Coalition	Action Required: Documentation of databases must be included in depository	Area for Improvement
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<b>Standard 1.3: Analyze public health data to identify trends in health problems, environmental public health hazards, and social and economic factors that affect the public's health.</b>						
<b>Measure 1.3.2</b>	<b>Required Documentation</b>	<b>Documentation</b>	<b>Division/Program &amp; contact name</b>	<b>Title of document, date and relevant detail</b>	<b>Action Required and/or Recommendations (if applicable)</b>	<b>Strength, Weakness or Area for Improvement</b>
Public health data provided to various audiences on a variety of public health issues	1. The distribution of data analysis and findings to address community public health issues, to specific audiences	Yes	Herb Yardley, Administrator/Health Officer  NJDOH  Dept Heads  SC Sheriff's Office	2 examples Two examples must be from two different years; one from one year and the other from a different year.  <u>Example #1</u> Respiratory Virus Surveillance Report Week Ending March 29, (LINCS Messages)  <u>Example #2</u> Comprehensive SCREEN program and Choose Your Cover Programs relays the Incidence rates of skin cancer  <u>Example #3</u> Special Child Health program on mental health for special needs	n/a	Area for Improvement



<b>Standard 1.4: Provide and use the results of health data analysis to develop recommendations regarding public health policies, processes, programs, or interventions.</b>						
<b>Measure 1.4.1</b>	<b>Required Documentation</b>	<b>Documentation</b>	<b>Division/Program &amp; contact name</b>	<b>Title of document, date and relevant detail</b>	<b>Action Required and/or Recommendations (if applicable)</b>	<b>Strength, Weakness or Area for Improvement</b>
Data used to recommend and inform public health policy, processes, programs, and/or interventions	1. The use of data to inform public health policy, processes, programs, and/or interventions	Yes	Herb Yardley, Administrator/Health Officer  Sussex County Community Health Coalition	2 examples One of the two examples must demonstrate the use of data across multiple data sets, databases, or data source  <u>Example #1</u> - Flyers for 3 years for HealthCheck clinic <i>Flyers for 3 years for HealthCheck clinic where school aged children (including those children cited as deficient on immunization audits) can receive school required vaccines.</i>  <i>These flyers represent a program that was developed from data collected at annual immunization audits indicating that Sussex County</i>	n/a	Weakness

				<p><i>students are deficient in immunizations.</i></p> <p><u>Example #2</u></p> <ul style="list-style-type: none"><li>- Flyers for Chronic Disease Coalition.</li></ul>		
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<b>Standard 1.4: Provide and use the results of health data analysis to develop recommendations regarding public health policies, processes, programs, or interventions.</b>						
<b>Measure 1.4.2</b>	<b>Required Documentation</b>	<b>Documentation</b>	<b>Division/Program &amp; contact name</b>	<b>Title of document, date and relevant detail</b>	<b>Action Required and/or Recommendations (if applicable)</b>	<b>Strength, Weakness or Area for Improvement</b>
Community summaries or fact sheets of data to support public health improvement planning processes at the local level	1. Community health data summaries or fact sheets	Yes	Herb Yardley, Administrator/Health Officer  Dept Heads	<i>2 examples of data summaries</i>  <u>Example #1</u> Documentation from Chronic Disease Coalition reports  <u>Example #2</u> SSBG grant deliverables	n/a	Strength
	2. Distribution of health data summaries to public health system partners, community groups, and key stakeholders	Yes	Herb Yardley, Administrator/Health Officer  Dept Heads	<i>2 examples of distribution of issue specific Data summaries or 1 example of provision of Comprehensive data</i>  <u>Example #1</u> Distribution of Breast Cancer Stats to physicians  <u>Example #2</u> Chronic Disease Coalition presentations	n/a	Strength

**DOMAIN 2: INVESTIGATE HEALTH PROBLEMS AND ENVIRONMENTAL PUBLIC HEALTH HAZARDS TO PROTECT THE COMMUNITY**

<b>Standard 2.1 Conduct timely investigations of health problems and environmental public health hazards</b>						
<b>Measure 2.1.1</b>	<b>Required Documentation</b>	<b>Documentation</b>	<b>Division/Program &amp; contact name</b>	<b>Title of document, date and relevant detail</b>	<b>Action Required and/or Recommendations (if applicable)</b>	<b>Strength, Weakness or Area for Improvement</b>
Protocols for investigation process	1. Protocols that include: a. Assignment of responsibilities for investigations of health problems, environmental, and/or occupational public health hazards b. Health problem or hazard specific protocol steps including case investigation steps and timelines, and reporting requirements	Yes	Herb Yardley, Administrator/Health Officer  Sussex County Community Health Coalition	<i>1 comprehensive protocol or a set of protocols that covers diseases and environmental health issues</i>  <u>Documentation #1</u> NJACCHO/NJDOH Outbreak Investigation Manual-EP DATED: 2013  <u>Documentation #2</u> SCDEPHS Policy and Procedure Manual DATED: 2003	<b>Action Required:</b> <ul style="list-style-type: none"> <li>• Need to update manual</li> <li>• Need to include PERS job descriptions as part of manual</li> </ul> <b>Action recommended</b> <ul style="list-style-type: none"> <li>• Create an organizational chart and specify job requirements</li> </ul>	Area for Improvement

Standard 2.1 Conduct timely investigations of health problems and environmental public health hazards						
Measure 2.1.2	Required Documentation	Documentation	Division/Program & contact name	Title of document, date and relevant detail	Action Required and/or Recommendations (if applicable)	Strength, Weakness or Area for Improvement
Capacity to conduct an investigation of an infectious disease	1. Reviews of investigation reports against procedures	Yes	Herb Yardley, Administrator/Health Officer  Dept Heads	<p><i>2 examples</i></p> <p><u>Example #1</u> SCDEPHS follows the protocols as required in the N.J.A.C. Chapter 57 Communicable Diseases regulations. SCDEPHS conducts the communicable disease investigation and reports findings in the Communicable Disease Reporting Surveillance System.</p> <p>All case information entered and submitted electronically to NJDOH for review.</p> <p>Documents would be NJAC Chapter 57 CDRSS Reporting Requirements (CDRSS User Manual) Can provide examples of CDRSS Reports</p>	n/a	Strength

<b>Standard 2.1 Conduct timely investigations of health problems and environmental public health hazards</b>						
<b>Measure 2.1.3</b>	<b>Required Documentation</b>	<b>Documentation</b>	<b>Division/Program &amp; contact name</b>	<b>Title of document, date and relevant detail</b>	<b>Action Required and/or Recommendations (if applicable)</b>	<b>Strength, Weakness or Area for Improvement</b>
Capacity to conduct investigations of non-infectious health problems, environmental, and/or occupational public health hazards	1.Completed investigation of a non-infectious health problem or hazard	Yes	Herb Yardley, Administrator/Health Officer  Sussex County Community Health Coalition	2 examples <u>Example #1</u> Nursing Notes for Lead Cases, including timeline and logs-EP  information can be found in WELLIGENT-Lead Trax Public Health Notes for Lead Cases including timeline and logs-HY-  <u>Example #2</u> information can be found in WELLIGENT/Lead Trax  <u>Example #3</u> Investigation reports from private well testing act failures- ONBASE and I Drive filed under municipal block and lot	n/a	Strength

Standard 2.1 Conduct timely investigations of health problems and environmental public health hazards						
Measure 2.1.4	Required Documentation	Documentation	Division/Program & contact name	Title of document, date and relevant detail	Action Required and/or Recommendations (if applicable)	Strength, Weakness or Area for Improvement
Collaborative work through established governmental and community partnerships on investigations of reportable diseases, disease outbreaks, and environmental public health issues	1. Partnerships with other governmental agencies/departments and/or key community stakeholders that play a role in investigations or have direct jurisdiction over investigations	Yes	Herb Yardley, Administrator/Health Officer  Dept Heads	<p><i>2 examples</i></p> <p><u>Example #1</u> State Epi Program (email or letter introducing new EPI for Region)</p> <p><u>Example #2</u></p> <ul style="list-style-type: none"> <li>- State TB Program</li> <li>- State Lead Program</li> </ul>	<p><b>Action Required:</b> There is a letter of understanding regarding the TB Program between NJDOH and SCDEPHS</p> <p><b>Need updated Letter of Understanding Previously dated: 2005</b></p>	Strength
	2. Working with partners to conduct investigations	Yes	Herb Yardley, Administrator/Health Officer  Dept Heads	<p><i>2 examples</i></p> <p><i>The examples must be from two different investigations of reportable diseases or environmental public health Investigations</i></p> <p><u>Example #1</u> Electronic information from the Welligent-Lead Trax (Tele-conference with partnering agencies conducting investigations)</p>	n/a	Strength

				<p><u>Example #2</u> Nursing Notes/records from investigations regarding TB (TB 70) showing collaboration with partnering agencies</p>		
	3. Laboratory testing for notifiable/reportable diseases	Yes	<p>Herb Yardley, Administrator/Health Officer</p> <p>Dept Heads</p>	<p>1 list of public health laboratory Services</p> <p><u>Examples</u> Outbreak Testing is in the NJACCHO Manual on page 15, no actual list but instructions to call the State EPI-EP Rabies Testing at Public Health Environmental Laboratory</p> <p>SCDEPHS works with the NJ Public Health Laboratory Services. Public Health Laboratory Services (PHLS) comprise the majority of programs of the Public Health and Environmental laboratories.</p> <p>SCDEPHS collects samples and ensures transport to the state laboratory for analysis. Refer to the PHLS website for detailed laboratory services. <a href="http://www.state.nj.us/health/pel/index.shtml">http://www.state.nj.us/health/pel/index.shtml</a></p>	n/a	<b>Strength</b>



<b>Standard 2.1 Conduct timely investigations of health problems and environmental public health hazards</b>						
<b>Measure 2.1.5</b>	<b>Required Documentation</b>	<b>Documentation</b>	<b>Division/Program &amp; contact name</b>	<b>Title of document, date and relevant detail</b>	<b>Action Required and/or Recommendations (if applicable)</b>	<b>Strength, Weakness or Area for Improvement</b>
Monitored timely reporting of notifiable/reportable diseases, lab test results, and investigation results	1. Tracking log or audit of reports of disease reporting, laboratory tests reports, and/or investigations with actual timelines noted	Yes	Herb Yardley, Administrator/Health Officer	<i>1 tracking log or audit of Investigations conducted</i>  <u>Example</u> NJ Dept of Health CDS 30 Communicable Disease Service/Outbreak Report	n/a	Strength
	2. Applicable laws	Yes	Herb Yardley, Administrator/Health Officer	<i>1 set of laws</i>  <u>Example</u> Applicable Laws: Administrative Code 8.57 Subchapter 1, Reportable Communicable Diseases	n/a	Strength

Standard 2.2: Contain/mitigate health problems and environmental public health hazards						
Measure 2.2.1	Required Documentation	Documentation	Division/Program & contact name	Title of document, date and relevant detail	Action Required and/or Recommendations (if applicable)	Strength, Weakness or Area for Improvement
Protocols for containment/mitigation of public health problems and environmental public health hazards	Protocol(s) that address containment/mitigation of public health problems and environmental public health hazards	Yes	Herb Yardley, Administrator/Health Officer	<p><i>1 comprehensive protocol or a set of protocols</i></p> <p><u>Document #1</u> Northwest New Jersey Region Community Containment for Disease Dated: May 2013</p> <p><u>Document #2</u> NJAC 8:57 Subchapter 5 Management of Tuberculosis</p> <p><u>Document #3</u> NJAC 8:57 Sub Chapter Rabies &amp; Rabies Compendium</p>	<p>Action Required: Need to maintain copies of the following:</p> <p>NJAC 8:57 Sub Chapter 5- Management of Tuberculosis</p> <p>Northwest NJ Region 3 Community Containment For Disease Toolbox- Emerg Preparedness</p> <p>NJAC 8:57 Sub Chapter Rabies &amp; Rabies Compendium- R D'A</p>	Strength

Standard 2.2: Contain/mitigate health problems and environmental public health hazards						
Measure 2.2.2	Required Documentation	Documentation	Division/Program & contact name	Title of document, date and relevant detail	Action Required and/or Recommendations (if applicable)	Strength, Weakness or Area for Improvement
A process for determining when the All Hazards Emergency Operations Plan (EOP) will be implemented	1. Protocols that address infectious disease outbreaks describing processes for the review of specific situations and for determining the activation of the All Hazards Emergency Operations Plan	Yes	Herb Yardley, Administrator/Health Officer  SC Sheriff's Office	<i>1 comprehensive protocol or a set of Protocols</i>  <u>Document #1</u> SC PHERP  <u>Document #2</u> NJACCHO/NJDOH Communicable Disease Outbreak Manual  <u>Document #3</u> Emergency Support Function #8	Action Required: Review Plans before meeting with Sheriff	Strength
	2. Protocols that address environmental public health issues describing processes for the review of specific situations and for determining the initiation of the	Yes	Herb Yardley, Administrator/Health Officer  SC Sheriff's Office	<i>1 comprehensive protocol or a set of Protocols</i>  <u>Document #1</u> SC PHERP  <u>Document #2</u> NJACCHO/NJDOH Communicable Disease Outbreak Manual  <u>Document #3</u> Emergency Support	Action Required: Review Plans before meeting with Sheriff	Strength

	All Hazards Emergency Operations Plan			Function #8		
	3. Cluster evaluation protocols that describe the processes for the review of specific situations that involve a closely grouped series of events or cases of disease or other health-related phenomenon with well-defined distribution patterns in relation to time or place or both, and for determining initiation of the All Hazards Emergency Operations Plan	Yes	Herb Yardley, Administrator/Health Officer  NJDOH	<p><i>1 comprehensive protocol or a set of protocols</i></p> <p><u>Document #1</u> NJACCHO/NJDOH Communicable Disease Outbreak Manual</p> <p><u>Document #2</u> Emergency Support Function #8</p> <p><u>Document #3</u> NJDOH assumes jurisdiction over cluster data and investigations. Local Health departments should refer to NJDOH for historical data trends and additional information as per communicable disease reporting regulations.</p>	<p><b>Action Required:</b> Acquire a statement of NJDOH regarding jurisdiction over cluster data and investigations</p>	Strength

Standard 2.2: Contain/mitigate health problems and environmental public health hazards						
Measure 2.2.3	Required Documentation	Documentation	Division/Program & contact name	Title of document, date and relevant detail	Action Required and/or Recommendations (if applicable)	Strength, Weakness or Area for Improvement
Complete After Action Reports (AAR)	1. Protocol describing the processes used to determine when events rise to significance for the development and review of an AAR	Yes	Herb Yardley, Administrator/Health Officer  Emergency Preparedness Program  Dept Heads	<i>1 protocol</i>  <b><u>Documentation not available</u></b> SCDEPHS does not currently maintain a comprehensive protocol for department-wide requirements for developing an AAR.	<b>Action Required:</b> When an emergency is declared by the Sussex County Office of Emergency Management or municipal emergency management coordinators, then SCDEPHS will consider the event significance for completing an AAR.  <b>Recommendation:</b> Document HSEEP Regulations	Strength

	2. A list of all events that occurred, including outbreaks and environmental public health risks	Yes	Herb Yardley, Administrator/Health Officer  Dept Heads	<i>1 list</i>  <b><u>Documentation not available</u></b> SCDEPHS does not currently maintain a comprehensive protocol for department-wide requirements for developing an AAR.	<b>Action Required:</b> The Emergency Preparedness Program is required for maintaining public health emergencies and exercises involving SCDEPHS. AAR is a requirement by HSEEP standards.  <b>Recommendation:</b> Document HSEEP Regulations	Strength
	3. Completed AAR for two events	Yes	Herb Yardley, Administrator/Health Officer  Emergency Preparedness Program	<i>2 examples of separate events</i>  <u>Document #1</u> AAR for Hurricane Sandy response  <u>Document #2</u> AAR for 2014 exercise		Strength

<b>Standard 2.3: Ensure access to laboratory and epidemiological/ environmental public health expertise and capacity to investigate and contain/mitigate public health problems and environmental public health hazards.</b>						
<b>Measure 2.3.1</b>	<b>Required Documentation</b>	<b>Documentation</b>	<b>Division/Program &amp; contact name</b>	<b>Title of document, date and relevant detail</b>	<b>Action Required and/or Recommendations (if applicable)</b>	<b>Strength, Weakness or Area for Improvement</b>
Provisions for the health department's 24/7 emergency access to epidemiological and environmental public health resources capable of providing rapid detection, investigation, and containment/mitigation of public health problems and environmental public health hazards	1. Policies and procedures ensuring 24/7 Coverage	Yes	Herb Yardley, Administrator/Health Officer  NJDOH  Dept Heads  SC Sheriff's Office	<i>1 comprehensive policies and procedures</i>  <u>Example #1</u> After hours coverage policy Dated: <b>REVISION</b> <b>DATE: 12/11/12</b>  <u>Example #2</u> Emergency Preparedness Communication Plans April 2014  <u>Example #3</u> <b>NJDOH After hours Infectious and Zoonotic Disease Program</b> 609-826-4872 and 609-826-5964 daily Monday through Friday 609-392-2020	<b>Action Required: Develop a written comprehensive protocol for 24/7 Policies and procedures ensuring 24/7 emergency response</b>	Area for Improvement

				Nights, Weekends and Holidays (Infectious Disease Emergencies)		
	2. Process to contact epidemiological and environmental public health resources	Yes	Herb Yardley, Administrator/Health Officer  NJDOH  Dept Heads  SC Sheriff's Office	<i>1 call down list</i>  SCDEPHS maintains a listing of contacts for NJDOH after hours and emergency contact info.	<b>Action Required:</b> <b>Develop a comprehensive listing of state and local contacts</b>  <b>All staff required to work after hours will be provided with lists of contacts</b>	Area for Improvement
	3. Contracts/MOAs/MOUs/ mutual assistance agreements detailing relevant staff	Yes	Herb Yardley, Administrator/Health Officer  NJDOH  Dept Heads  SC Sheriff's Office	<i>1 list</i>  <u>Example #1</u> SCDEPHS maintains MOA with Morris and Warren Counties for public health services and HAZMAT response  The Sussex County Sheriff's Department provides after hours dispatch services for SCDEPHS.	<b>Actions required:</b> <b>Acquire a Letter of Understanding or MOA/MOU stating that both agencies work together under one government.</b>	Area for Improvement



<b>Standard 2.3: Ensure access to laboratory and epidemiological/ environmental public health expertise and capacity to investigate and contain/mitigate public health problems and environmental public health hazards.</b>					
<b>Measure 2.3.2</b>	<b>Required Documentation</b>	<b>Documentation</b>	<b>Division/Program &amp; contact name</b>	<b>Title of document, date and relevant detail</b>	<b>Action Required and/or Recommendations (if applicable)</b>
24/7 access to laboratory resources capable of providing rapid detection, investigation and containment of health problems and environmental public health hazards	Laboratory certification	Yes	Herb Yardley, Administrator/ Health Officer  NJDOH  Dept Heads  SC Sheriff's Office	<i>Accreditation documentation, certification, and/or licensure appropriate for all the testing that is performed</i>  <u>Example:</u> <ul style="list-style-type: none"> <li>• J Department of Health lab provides laboratory services as needed such as but not limited to rabies, food, communicable disease and other public health issues-Chiefs</li> <li>• Informal Agreement with a private laboratory, licensed by the NJ Department of Environmental Protection for water samples and other items that may need to be tested-Chiefs</li> <li>• Informal Agreement with Saint Clare's blood testing for child health program, adult CHEM 18, PAPs – EP</li> <li>• Contract with Newton Medical Center for NJCEED PAPs, PSA,-EP</li> </ul>	<b>Recommendation:</b> Acquire written agreements from all agencies currently working under informal agreements. At minimum, letters of understanding.
	2. Policies and procedures ensuring	Yes	Herb Yardley, Administrator/ Health Officer	<i>1 set of policies and procedures or policies and procedures, MOUs, or agreements</i>	<b>Action Required:</b> Need certifications for HAZMAT equipment and team (from Jim )

	24/7 coverage		NJDOH Dept Heads SC Sheriff's Office	<u>Example:</u> SCDEPHS/HAZMAT on-site testing for CBRNE	
	3. Protocols for the health department's handling and submitting of specimens	Yes	Herb Yardley, Administrator/ Health Officer  NJDOH Dept Heads SC Sheriff's Office	1 comprehensive protocol or a set of protocols  <u>Examples:</u> <ul style="list-style-type: none"> <li>• ample collection and handling procedures: Dept. Policy and Procedure Manual-ck I Drive and hard copy-</li> <li>• Rabies Chain of Custody Forms</li> <li>• Documentation for SCDEPHS/HAZMAT on-site testing for CBRNE</li> </ul>	<b>Action Required:</b> <ul style="list-style-type: none"> <li>• Develop a comprehensive set of protocols to address the measure. Too fragmented at this time.</li> <li>• Need certifications for HAZMAT equipment and team (from Jim )</li> <li>• Department Policy-Hazardous Substance Control Policy needs updating</li> </ul>

<b>Standard 2.3: Ensure access to laboratory and epidemiological/ environmental public health expertise and capacity to investigate and contain/mitigate public health problems and environmental public health hazards.</b>						
<b>Measure 2.3.3</b>	<b>Required Documentation</b>	<b>Documentation</b>	<b>Division/Program &amp; contact name</b>	<b>Title of document, date and relevant detail</b>	<b>Action Required and/or Recommendations (if applicable)</b>	<b>Strength, Weakness or Area for Improvement</b>
Access to laboratory and other support personnel and infrastructure capable of providing surge capacity providing surge capacity	1. Surge capacity protocol that pre-identifies support personnel to provide surge capacity	Yes	Herb Yardley, Administrator/Health Officer  NJDOH  Dept Heads	<i>1 protocol</i>  <u>Example:</u> SCDEPHS Public Health Emergency Response Plans	n/a	Strength
	2. Access to surge capacity staffing list	Yes	Herb Yardley, Administrator/Health Officer  Dept Heads	<i>1 list or lists</i>  <u>Example:</u> SCDEPHS maintains list of staff and Medical Reserve Corp members in CHAIN database and Medical Reserve Corps website  Staff are provided with a hard copy of the Emergency notification chart and emergency contacts quarterly or when updated as necessary. An electronic copy is maintained on SCDEPHS	n/a	Strength

				database.		
	3. Availability of equipment	Yes	Herb Yardley, Administrator/Health Officer  NJDOH  Dept Heads  SC Sheriff's Office	1 document  <u>Example:</u>  SCDEPHS maintains a listing of supplies in Emergency Response Plans, on SCDEPHS database, and additional asset requests would be made through SCOEM by Health Department Administrator/Health Officer or designee as stated in SCDEPHS Emergency Response Plans.	n/a	Strength
	4. Training/exercise schedule for surge personnel	Yes	Herb Yardley, Administrator/Health Officer  Dept Heads	1 schedule  <u>Example:</u> Emergency Preparedness Program staff must maintain a three year training plan that is required by NJDOH. Additional training by SCDEPHS is also documented	n/a	Strength

	5. Contracts/MOAs/MOUs/mutual assistance agreements for additional staff capacity for surge situations	Yes	Herb Yardley, Administrator/Health Officer  Dept Heads	<i>1 list</i>  Mutual Aid Agreements with boarding counties of Warren and Morris for Hazmat and Public Health	n/a	Strength
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<b>Standard 2.3: Ensure access to laboratory and epidemiological/ environmental public health expertise and capacity to investigate and contain/mitigate public health problems and environmental public health hazards.</b>						
<b>Measure 2.3.4</b>	<b>Required Documentation</b>	<b>Documentation</b>	<b>Division/Program &amp; contact name</b>	<b>Title of document, date and relevant detail</b>	<b>Action Required and/or Recommendations (if applicable)</b>	<b>Strength, Weakness or Area for Improvement</b>
Collaboration among state and local health departments to build capacity and share resources to address Tribal, state, and local efforts to provide for rapid detection, investigation, and containment/mitigation of public health problems and environmental public health hazards	1. Shared resources and/or additional capacity	Yes	Herb Yardley, Administrator/Health Officer  NJDOH  Dept Heads	2 examples  <u>Example #1</u> NW Regional Health Coalition (Plans and Meeting Minutes)  <u>Example #2</u> NW Regional Planning Group Community Containment Plan (minutes and sign-in sheets for all)	n/a	Strength
	2. Joint exercises for rapid detection, investigation, and containment/mitigation of	Yes	Herb Yardley, Administrator/Health Officer  NJDOH	2 examples  <u>Example #1</u> "POD 4077" with Morris,	n/a	Strength

	<p>public health problems and environmental public health hazards</p>		<p>Dept Heads SC Sheriff's Office</p>	<p>Warren, Sussex and Passaic May 14, 2011</p> <p><u>Example #1</u> Western Shelter - Warren County August 2013- Pete Summers Warren County</p>		
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Standard 2.4: Maintain a plan with policies and procedures for urgent and non-urgent communications.						
Measure 2.4.1	Required Documentation	Documentation	Division/Program & contact name	Title of document, date and relevant detail	Action Required and/or Recommendations (if applicable)	Strength, Weakness or Area for Improvement
Written protocols for urgent 24/7 communications	1. Protocol for urgent 24/7 communications	Yes	Herb Yardley, Administrator/Health Officer  NJDOH  Dept Heads  SC Sheriff's Office	<i>1 protocol</i>  <u>Examples:</u> <ul style="list-style-type: none"> <li>• MOP Plan</li> <li>• CHAIN Database</li> <li>• Methods:</li> <li>• Telephone</li> <li>• Email</li> <li>• Website</li> <li>• OEM CodeRED (reverse 911)</li> </ul>	<b>Action Required:</b> Add notification methods to social media outlets	Strength
	2. Availability of information to partners (and/or the public) on how to contact the health department to report a public health emergency or environmental / occupational public health risk 24/7	Yes	Herb Yardley, Administrator/Health Officer  NJDOH  Dept Heads  SC Sheriff's Office	<i>1 example</i>  <u>Example</u> The after-hours contact numbers and emergency numbers are posted on SCDEPHS website and documented in after hours protocol	n/a	Strength
	3. The method for partners and the public to contact the	Yes	Herb Yardley, Administrator/Health Officer	<i>1 example</i>  <u>Example</u> The after-hours contact	n/a	Strength



	health department 24/7		NJDOH Dept Heads SC Sheriff's Office	numbers and emergency numbers are posted on SCDEPHS website and documented in after hours protocol		
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Standard 2.4: Maintain a plan with policies and procedures for urgent and non-urgent communications.						
Measure 2.4.2	Required Documentation	Documentation	Division/Program & contact name	Title of document, date and relevant detail	Action Required and/or Recommendations (if applicable)	Strength, Weakness or Area for Improvement
A system to receive and provide urgent and non-urgent health alerts and to coordinate an appropriate public health response	1. A tracking system for the receipt and issuance of urgent and non-urgent health alerts	Yes	Herb Yardley, Administrator/Health Officer  NJDOH  Dept Heads  SC Sheriff's Office	<i>1 tracking system or health alert network</i>  <u>Example:</u>  SCDEPHS serves as the Sussex County Local Information Network Communication Systems (LINCS) and provides HAN messaging to community organizations and stakeholders regarding both urgent and non-urgent health alerts	n/a	Strength
	2. Reports of testing 24/7 contact and phone line(s)	Yes	Herb Yardley, Administrator/Health Officer  NJDOH  Dept Heads  SC Sheriff's Office	<i>2 examples</i>  SC LINCS Agency conducts regular testing for testing the 24/7 contacts, including normal work hours and after hours. email contact, phone lines, website and other contact points with the department must be tested where applicable.  Reports of communication tests are available.	n/a	Strength

<b>Standard 2.4: Maintain a plan with policies and procedures for urgent and non-urgent communications.</b>						
<b>Measure 2.4.3</b>	<b>Required Documentation</b>	<b>Documentation</b>	<b>Division/Program &amp; contact name</b>	<b>Title of document, date and relevant detail</b>	<b>Action Required and/or Recommendations (if applicable)</b>	<b>Strength, Weakness or Area for Improvement</b>
Timely communication provided to the general public during public health emergencies	1. Communications plan, procedure, or process to provide emergency information to the public provide information during a public health emergency	Yes	Herb Yardley, Administrator/Health Officer  NJDOH  Dept Heads  SC Sheriff's Office	<i>2 examples</i>  <u>Examples:</u> <ul style="list-style-type: none"> <li>• Register Ready database</li> <li>• Website</li> <li>• Press releases</li> <li>• Social media</li> </ul>	n/a	Strength

**DOMAIN 3: INFORM AND EDUCATE ABOUT PUBLIC HEALTH ISSUES AND FUNCTIONS**

<b>Standard 3.1 Provide health education and health promotion policies programs, processes, and interventions to support prevention and wellness.</b>						
<b>Measure 3.1.1</b>	<b>Required Documentation</b>	<b>Documentation</b>	<b>Division/Program &amp; contact name</b>	<b>Title of document, date and relevant detail</b>	<b>Action Required and/or Recommendations (if applicable)</b>	<b>Strength, Weakness or Area for Improvement</b>
Information provided to the public on protecting their health	1. The provision of information to the public on health risks, health behaviors, disease prevention, or wellness	Yes	Herb Yardley, Administrator/Health Officer  Chronic Disease Coalition Coordinator, Helen Homeijer  Dept Heads	<p><i>2 examples</i> <i>The two examples can relate to the same message area, such as two items addressing disease prevention issues. The two examples must, however, be from different program areas, one of which must address a chronic disease program, for example, diabetes, obesity, heart disease, HIV, or cancer.</i></p> <p><u>Example #1</u> DHS Social Services Block Grant funds for Hurricane Sandy Recovery Community Health Improvement</p> <p><u>Example #2</u> Heart Health Month (February) press release and Board of Chosen Freeholders Proclamation for National Wear Red Day</p> <p><u>Example #3</u> Chronic Disease Coalition</p>	n/a	Strength

				<p>Presentation for women about Breast, Cervical and Colorectal Cancer Awareness</p> <p><u>Example #4</u> Results from survey conducted by Special Child Health on affects of Hurricane Sandy</p>		
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<b>Standard 3.1 Provide health education and health promotion policies programs, processes, and interventions to support prevention and wellness.</b>						
<b>Measure 3.1.2</b>	<b>Required Documentation</b>	<b>Documentation</b>	<b>Division/Program &amp; contact name</b>	<b>Title of document, date and relevant detail</b>	<b>Action Required and/or Recommendations (if applicable)</b>	<b>Strength, Weakness or Area for Improvement</b>
Health promotion strategies to mitigate preventable health conditions	1. A planned approach for developing and implementing health promotion programs	Yes	Herb Yardley, Administrator/Health Officer  Chronic Disease Coalition Coordinator, Helen Homeijer  Dept Heads	<i>1 example</i>  <u>Example #1</u> Health Dept utilizes evidenced-based programming to develop and implement programming - Woman to Woman - SCREEN  <u>Example #2</u> Health Educator maintains a health promotion communications plan that is updated twice a year.	n/a	Strength
	2. Engagement of the community during the development of a health promotion strategy Development and implementation of health promotion strategies	Yes	Herb Yardley, Administrator/Health Officer  Chronic Disease Coalition Coordinator, Helen Homeijer  Dept Heads	<i>2 examples</i> <i>The examples must come from two different program areas, one of which must address the prevention of a chronic disease.</i>  <u>Example #1</u> - SCREEN Program  <u>Example #2</u> - Compete Streets Initiative  <u>Example #3</u> - Smoke-free parks and recreation areas  (See Chronic Disease Coalition Attachment C for	n/a	Strength

				all examples)		
	3. Engagement of the community during the development of a health promotion strategy	Yes	Herb Yardley, Administrator/Health Officer  Chronic Disease Coalition Coordinator, Helen Homeijer  Dept Heads	<p><i>2 examples</i> <i>One of the examples must be from one of the two program areas from which documentation was provided in Required Documentation 2, above.</i></p> <p><u>Example #2</u> Compete Streets Initiative</p> <ul style="list-style-type: none"> <li>- Town meetings</li> <li>- Planning meetings</li> </ul> <p><u>Example #3</u> Smoke-free parks and recreation areas</p> <ul style="list-style-type: none"> <li>- Town meetings</li> <li>- Planning meetings</li> </ul>	n/a	Strength
	4. Implementation of strategies in collaboration with stakeholders, partners, and/or the community	Yes	Herb Yardley, Administrator/Health Officer  Chronic Disease Coalition Coordinator, Helen Homeijer	<p><i>2 examples</i> <i>One of the examples must be from one of the two program areas from which documentation was provided in 2, above.</i></p> <p><u>Example #1</u> Compete Streets Initiative</p> <ul style="list-style-type: none"> <li>- Report for submission to</li> </ul>	<b>Recommendation:</b> Board of Chosen Freeholders will be reviewing the initiative and may pass a county-wide. Documentation should be included upon that decision.	Strength

			Dept Heads	funding agency - program review meeting  <u>Example #2</u> Smoke-free parks and recreation areas - Report for submission to funding agency		
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<b>Standard 3.1 Provide health education and health promotion policies programs, processes, and interventions to support prevention and wellness.</b>						
<b>Measure 3.1.3</b>	<b>Required Documentation</b>	<b>Documentation</b>	<b>Division/Program &amp; contact name</b>	<b>Title of document, date and relevant detail</b>	<b>Action Required and/or Recommendations (if applicable)</b>	<b>Strength, Weakness or Area for Improvement</b>
Efforts to specifically address factors that contribute to specific populations' higher health risks and poorer health outcomes.	<p>1. Identification and implementation of strategies to address factors that contribute to specific populations' higher health risks and poorer health outcomes, or health inequity, including:</p> <p>a. Analysis of factors that contribute to higher health risks and poorer health outcomes of specific populations and the development of health equity</p>	Yes	<p>Herb Yardley, Administrator/Health Officer</p> <p>Chronic Disease Coalition Coordinator, Helen Homeijer</p> <p>Dept Heads</p>	<p><u>2 examples</u></p> <p><u>Example #1</u> NJCEED Grant – Needs Assessment Chronic Disease Coalition – Needs Assessment</p> <p><u>Example #2</u> Complete Streets</p> <ul style="list-style-type: none"> <li>- results/analysis report from completed study</li> <li>- Goals/objectives from Chronic Disease Coalition Attachment C</li> </ul> <p><u>Example #3</u> Smoke-free parks and recreation areas</p> <ul style="list-style-type: none"> <li>- Goals/objectives from Chronic Disease Coalition Attachment C</li> </ul> <p><u>Example #4</u> Special Child Health Services</p> <ul style="list-style-type: none"> <li>- Program proposal plans</li> <li>- Goals/objectives from Grant</li> </ul> <p><u>Example #5</u> White paper for Smoke-free Park and Recreation Areas</p>	<p><b>Action Required: Policies and procedures are fragmented and programmatic. A department wide internal policy must be developed to address this measure.</b></p>	Area for Improvement

	<p>indicators</p> <p>b. Public health efforts to address identified community factors that contribute to specific populations' higher health risks and poorer health outcomes and to impact health equity indicators</p> <p>c. Internal policies and procedures to ensure programs address specific populations at higher risk for poor health outcomes</p>					
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<b>Standard 3.2: Provide information on public health issues and public health functions through multiple methods to a variety of audiences.</b>						
<b>Measure 3.2.1</b>	<b>Required Documentation</b>	<b>Documentation</b>	<b>Division/Program &amp; contact name</b>	<b>Title of document, date and relevant detail</b>	<b>Action Required and Recommendations (if applicable)</b>	<b>Strength, Weakness or Area for Improvement</b>
Information on public health mission, roles, processes, programs, and interventions to improve the public's health provided to the public	1. The provision of information provided to the public about what public health is, its value, and/or on the health department's roles, processes, programs, and interventions	Yes	Herb Yardley, Administrator/Health Officer  Chronic Disease Coalition Coordinator, Helen Homeijer  Tracy Storms-Mazzucco, Health Educator  Dept Heads	<i>2 examples</i>  <u>Example #1</u> Health Department presentation to community members and elected officials detailing "What is Public Health", health department's roles, processes, programs, and interventions - Dates of presentations  <u>Example #2</u> Health Department Brochures on services and programs	n/a	Strength

	2. Relationship with the media to ensure their understanding of public health and to ensure that they cover important public health issues	Yes	<p>Herb Yardley, Administrator/Health Officer</p> <p>Chronic Disease Coalition Coordinator, Helen Homeijer</p> <p>Tracy Storms-Mazzucco, Health Educator</p> <p>Dept Heads</p>	<p><i>2 examples</i></p> <p><u>Example #1</u> Log of media contacts available on the CHAIN database</p> <p><u>Example #2</u> Press Releases (copies are maintained for all material sent to media contacts)</p> <p><u>Example #3</u> Health Officer was interviewed by Major Media Network regarding rabid fox issue in the county (Summer 2013)</p> <p><u>Example #4</u> PHN Nurse was interviewed by radio station regarding influenza</p>	n/a	Strength
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<b>Standard 3.2: Provide information on public health issues and public health functions through multiple methods to a variety of audiences.</b>						
<b>Measure 3.2.2</b>	<b>Required Documentation</b>	<b>Documentation</b>	<b>Division/Program &amp; contact name</b>	<b>Title of document, date and relevant detail</b>	<b>Action Required and/or Recommendations (if applicable)</b>	<b>Strength, Weakness or Area for Improvement</b>
Organizational branding strategy	1. A department brand strategy	No	Herb Yardley, Administrator/Health Officer	1 policy, plan, or set of policies or strategies  No Documentation available	<b>Action Required:</b> SCDEPHS utilizes the County of Sussex logo and the NACCHO Public Health Symbol on all flyers, brochures, presentations, and vehicles. There is no specific department policy, plan, or set of policies or strategies regarding brand strategy specifically for health department.  <b>Recommendations:</b> Consult with Health Officer and County Administrator to utilize logo specifically for health dept., or receive clarification if Sussex County symbol is required.	Weakness and Area for Improvement

					***If approval is provided, one idea to establish branding is to solicit input from community.	
	2. Implementation of the department's branding strategy	Yes	<p>Herb Yardley, Administrator/Health Officer</p> <p>Chronic Disease Coalition Coordinator, Helen Homeijer</p> <p>Tracy Storms-Mazzucco, Health Educator</p> <p>Dept Heads</p>	<p>2 examples</p> <p>No Documentation available</p>	<p><b>Action Required:</b> SCDEPHS utilizes the County of Sussex logo and the NACCHO Public Health Symbol on all flyers, brochures, presentations, and vehicles. There is no specific department policy, plan, or set of policies or strategies regarding brand strategy specifically for health department.</p> <p><b>Recommendations:</b> Consult with Health Officer and County Administrator to utilize logo specifically for health dept., or receive clarification if Sussex County symbol is required.</p>	Weakness and Area for Improvement

					***If approval is provided, one idea to establish branding is to solicit input from community.	
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<b>Standard 3.2: Provide information on public health issues and public health functions through multiple methods to a variety of audiences.</b>						
<b>Measure 3.2.3</b>	<b>Required Documentation</b>	<b>Documentation</b>	<b>Division/Program &amp; contact name</b>	<b>Title of document, date and relevant detail</b>	<b>Action Required and/or Recommendations (if applicable)</b>	<b>Strength, Weakness or Area for Improvement</b>
Communication procedures to provide information outside the health department	<p>1. Procedures for communications that include:</p> <p>a. Dissemination of accurate, timely, and appropriate information for different audiences</p> <p>b. Coordination with community partners for the communication of targeted and unified public health messages</p> <p>c. A contact list of media and key stakeholders</p> <p>d. A designated staff position as the public information officer</p> <p>e. Responsibilities and expectations</p>	Yes	Herb Yardley, Administrator/Health Officer	<p><i>1 procedure or one set of procedures</i></p> <p><u>Example #1</u> SCDEPHS Crisis Communication Plan</p> <ul style="list-style-type: none"> <li>- Maintained by LINCS staff</li> <li>- Includes protocols for dissemination of accurate, timely, and appropriate information for different audiences</li> <li>- Includes contact list of media and key stakeholders</li> <li>- Designated staff position as PIO</li> <li>- Describes the responsibilities for all staff positions</li> </ul>	<b>Action Required: Determine if another set of procedures exists in addition to this plan</b>	Area for Improvement



	for positions interacting with the news media and the public, including, as appropriate, any governing entity members and any department staff member					
	2. Implementation of communications procedures	Yes	Herb Yardley, Administrator/Health Officer  Emergency Preparedness Staff  Dept Heads	<p><i>2 examples</i> <i>Examples must come from two different program areas, one of which is a chronic disease program.</i></p> <p><u>Example #1</u> Press release for influenza</p> <p><u>Example #2</u> Press release on Heart Disease Awareness</p>	n/a	Strength

<b>Standard 3.2: Provide information on public health issues and public health functions through multiple methods to a variety of audiences.</b>						
<b>Measure 3.2.4</b>	<b>Required Documentation</b>	<b>Documentation</b>	<b>Division/Program &amp; contact name</b>	<b>Title of document, date and relevant detail</b>	<b>Action Required and/or Recommendations (if applicable)</b>	<b>Strength, Weakness or Area for Improvement</b>
Risk communication plan	1. Risk communication plan	Yes	Herb Yardley, Administrator/Health Officer  Emergency Preparedness Staff	1 plan  <u>Example #1</u> SCDEPHS Risk Communication Plan (maintained by Emergency Preparedness Program)  <u>Example #2</u> HERC Shelf Kit	n/a	Strength

<b>Standard 3.2: Provide information on public health issues and public health functions through multiple methods to a variety of audiences.</b>						
<b>Measure 3.2.5</b>	<b>Required Documentation</b>	<b>Documentation</b>	<b>Division/Program &amp; contact name</b>	<b>Title of document, date and relevant detail</b>	<b>Action Required and/or Recommendations (if applicable)</b>	<b>Strength, Weakness or Area for Improvement</b>
Information available to the public through a variety of methods	1. A website or web page that contains information on: <ul style="list-style-type: none"> <li>a. 24/7 contact number for reporting health emergencies</li> <li>b. Notifiable/reportable conditions link or contact number</li> <li>c. Health data</li> <li>d. Links to public health-related laws</li> <li>e. Information and materials from program activities</li> <li>f. Links to CDC and other public health-related federal, state, or local agencies, as appropriate</li> <li>g. The names of the health department's leadership</li> </ul>	Yes	Herb Yardley, Administrator/Health Officer  Emergency Preparedness Staff  SC IT	1 website  <u>Example #1</u> SCDEPHS maintains a county and health dept website that is updated regularly, contains widgets and links to state, federal agencies, and addresses a-g.	n/a	Strength
	2. Other communication strategies for informing the public about public health issues or functions	Yes	Herb Yardley, Administrator/Health Officer  Emergency Preparedness Staff	2 examples  <u>Example #1</u> Social Media  <u>Example #2</u> Brochures/Flyers	n/a	Strength

			SC IT Dept Heads	<u>Example #3</u> Newsletter		
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<b>Standard 3.2: Provide information on public health issues and public health functions through multiple methods to a variety of audiences.</b>						
<b>Measure 3.2.6</b>	<b>Required Documentation</b>	<b>Documentation</b>	<b>Division/Program &amp; contact name</b>	<b>Title of document, date and relevant detail</b>	<b>Action Required and/or Recommendations (if applicable)</b>	<b>Strength, Weakness or Area for Improvement</b>
Accessible, accurate, actionable, and current information provided in culturally sensitive and linguistically appropriate formats for target populations served by the health department	1. Demographic data regarding ethnicity and languages spoken in the community	Yes, limited	Herb Yardley, Administrator/Health Officer  Dept Heads	<i>1 data report or multiple data sets</i>  Limited data available with LINCS Agency and SharePoint database	<b>Action Required: SCDEPHS needs to establish methodology to provide demographic data defining the ethnic distribution and languages spoken in the jurisdiction served. In addition to above, need to establish SOP and clarification on the use Language Line and availability.</b>	Weakness or Area for Improvement
	2. Interpretation, translation, or other specific communication services	No	Herb Yardley, Administrator/Health Officer  Dept Heads	<i>1 list</i>  No documentation	<b>Action Required: SCDEPHS needs to establish methodology for interpretation, translation, or other specific communication services In addition to above, need to establish SOP and clarification on the use Language Line and availability</b>	Weakness or Area for Improvement

	3. Assistive staff or technology devices	No	Herb Yardley, Administrator/Health Officer  Dept Heads	<i>1 example of assistive staff or devices</i>  No documentation	<b>Action Required:</b> <b>SCDEPHS must document assistance for the hearing and the visually impaired, or other assistive staff or technology devices.</b> <b>In addition to above, need to establish SOP and clarification on the use Language Line and availability.</b>	Weakness or Area for Improvement
	4. Public health materials that are culturally appropriate, in other languages, at low reading level, and/or address a specific population that may have difficulty with the receipt or understanding of public health communications.	Yes	Herb Yardley, Administrator/Health Officer  Dept Heads	<i>2 examples are required; two examples must be from different program areas.</i>  <u>Example #1</u> Immunization VIS Statements  <u>Example #2</u> Influenza educational materials		Area for Improvement

**DOMAIN 4: ENGAGE WITH THE COMMUNITY TO IDENTIFY AND ADDRESS HEALTH PROBLEMS**

<b>Standard 4.1: Engage with the public health system and the community in identifying and addressing health problems through collaborative processes.</b>						
<b>Measure 4.1.1</b>	<b>Required Documentation</b>	<b>Documentation</b>	<b>Division/Program &amp; contact name</b>	<b>Title of document, date and relevant detail</b>	<b>Action Required and/or Recommendations (if applicable)</b>	<b>Strength, Weakness or Area for Improvement</b>
Establishment and/or engagement and active participation in a comprehensive community health partnership and/or coalition; or active participation in several partnerships or coalitions to address specific public health issues or populations	1. Collaborative partnerships with others to address public health issues	Yes	Herb Yardley, Administrator/Health Officer  Sussex County Community Health Coalition	<p><i>1 broad community partnership or coalition addressing at least 4 health issues; or 4 examples of issue specific partnership or coalitions; or a mix of a partnership addressing 1 to 4 issues and single issue partnerships addressing the remaining number, for a total of four issues.</i></p> <p><u>Example #1</u> Sussex County Community Health Coalition</p> <ul style="list-style-type: none"> <li>- Meeting agenda</li> <li>- Meeting minutes</li> </ul> <p><u>Example #2</u> Sussex Warren Chronic Disease Coalition</p> <ul style="list-style-type: none"> <li>- Meeting agenda</li> </ul>	n/a	<b>Strength</b>

				<ul style="list-style-type: none"> <li>- Meeting minutes</li> <li>- Progress report</li> <li>- Evaluations <ul style="list-style-type: none"> <li>o Coalition programs for members and community</li> <li>o Coalition performance and input for improvement both annually and at each quarterly meeting</li> </ul> </li> </ul>		
	2. Partner organizations or representation	Yes	<p>Herb Yardley, Administrator/Health Officer</p> <p>Sussex County Community Health Coalition</p>	<p><i>1 membership list of the broad community partnership or coalition; or lists of members of the 4 examples provided above in 4.1.1 RD 1</i></p> <p><u>Example #1</u> Sussex County Community Health Coalition - membership list</p> <p><u>Example #2</u> Sussex Warren Chronic Disease Coalition - membership list</p>		<b>Strength</b>



	3. Community, policy, or program change implemented through the partnership(s) or coalition(s)	Yes	Herb Yardley, Administrator/Health Officer  Sussex County Community Health Coalition	<p>2 examples</p> <p><u>Example #1</u> Sussex Warren Chronic Disease Coalition</p> <ul style="list-style-type: none"> <li>- Smoke-free Parks and Recreation areas <ul style="list-style-type: none"> <li>o Ordinances passed</li> </ul> </li> </ul> <p><u>Example #2</u> Sussex Warren Chronic Disease Coalition and Sussex County Division of Planning</p> <p>-</p>	<p>Action Required: Complete Street initiative will be scheduled for agenda item for Board of Chosen Freeholders meeting (likely May) and Planning Division head will be requesting that it be passed as a law in Sussex County</p>	<b>Strength</b>
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<b>Standard 4.1: Engage with the public health system and the community in identifying and addressing health problems through collaborative processes.</b>						
<b>Measure 4.1.2</b>	<b>Required Documentation</b>	<b>Documentation</b>	<b>Division/Program &amp; contact name</b>	<b>Title of document, date and relevant detail</b>	<b>Action Required and/or Recommendations (if applicable)</b>	<b>Strength, Weakness or Area for Improvement</b>
Stakeholders and partners linked to technical assistance regarding methods of engaging with the community	1. The provision of consultation, technical assistance, or information concerning methods of community engagement	Yes, limited	Herb Yardley, Administrator/Health Officer  Sussex County Community Health Coalition	2 <i>examples</i>  <u>Example #1</u> Disability Advisory Board - Meeting minutes from Kathy	<b>Action Required:</b> Develop link on website and social media on how public can become involved in Coalitions and public health activities  Document SCDEPHS methodology for engaging the community  <b>Recommendation:</b> Refer to other accredited health depts on how they answered this question	<b>Area for Improvement</b>

<b>Standard 4.2: Promote the community's understanding of and support for policies and strategies that will improve the public's health.</b>						
<b>Measure 4.2.1</b>	<b>Required Documentation</b>	<b>Documentation</b>	<b>Division/Program &amp; contact name</b>	<b>Title of document, date and relevant detail</b>	<b>Action Required and/or Recommendations (if applicable)</b>	<b>Strength, Weakness or Area for Improvement</b>
Engagement with the community about policies and/or strategies that will promote the public's health	1. Engagement of members of the specific community or group that will be affected by a policy and/or strategy to promote the public's health	Yes	Herb Yardley, Administrator/Health Officer  Sussex County Community Health Coalition	<i>2 examples; from different policy areas</i>  <u>Example #1</u> Meetings with school and daycare centers regarding immunization requirements  <u>Example #2</u> Sussex Warren Chronic NJCEED Outreach for the Spanish Population	<b>Action Required:</b> <ul style="list-style-type: none"> <li>• There is not a department wide policy that that documents engagement with the specific population in the community that will be affected by a policy or strategy.</li> <li>• Existing protocols are fragmented and programmatic.</li> <li>• Need to engage community through routine open health forums.</li> </ul>	<b>Area for Improvement</b>

<b>Standard 4.2: Promote the community's understanding of and support for policies and strategies that will improve the public's health.</b>						
<b>Measure 4.2.2</b>	<b>Required Documentation</b>	<b>Documentation</b>	<b>Division/Program &amp; contact name</b>	<b>Title of document, date and relevant detail</b>	<b>Action Required and/or Recommendations (if applicable)</b>	<b>Strength, Weakness or Area for Improvement</b>
Engagement with governing entities, advisory boards, and elected officials about policies and/or strategies that will promote the public's health	1. Engagement with the governing entity, advisory boards, and/or elected officials about policies and/or strategies that will promote the public's health	Yes	Herb Yardley, Administrator/Health Officer  Sussex County Community Health Coalition	<p><i>2 examples; examples must address two separate public health issues</i></p> <p><u>Example #1</u> Presentations with elected officials on emergency preparedness</p> <ul style="list-style-type: none"> <li>• presentation</li> <li>• Meeting dates</li> </ul> <p><u>Example #2</u> Monthly activity reports of health department information to Board of Health/municipalities</p>	<p><b>Action Required:</b></p> <ul style="list-style-type: none"> <li>• Ask Stacie for documentation (when Stacie puts a packet together)</li> <li>• Provide a summary sheet of the environmental activities that occurred for each month</li> <li>• Include other departments into monthly reports</li> </ul> <p><b>Recommendations:</b> Regularly document communication or collaboration with elected officials concerning public health policy or strategy. One suggestion would be to establish a community advisory board</p>	Area for Improvement

**DOMAIN 5: DEVELOP PUBLIC HEALTH POLICIES AND PLANS**

<b>Standard 5.1: Serve As a Primary and Expert Resource for Establishing and Maintaining Public Health Policies, Practices, and Capacity.</b>						
<b>Measure 5.1.1</b>	<b>Required Documentation</b>	<b>Documentation</b>	<b>Division/Program &amp; contact name</b>	<b>Title of document, date and relevant detail</b>	<b>Action Required and/or Recommendations (if applicable)</b>	<b>Strength, Weakness or Area for Improvement</b>
The monitoring and tracking of public health issues that are being discussed by individuals and entities that set policies and practices that impact on public health	1. Monitoring/tracking of policies under consideration by the governing entity, elected officials, government officials, and/or other entities that set policies and practices that impact public health	Yes	Herb Yardley, Administrator/Health Officer	<p><i>2 examples</i></p> <p><u>Example #1</u> NJ Health Officers Meeting Minutes a. Monthly minutes</p> <p><u>Example #2</u> LINCS system messaging</p>	<p><b>Action Required:</b> Send out the NJLBOH Newsletter, and NEHA and other state newsletters to all Local Boards of Health. Review the NJ Register and send updates to all elected officials and LBOH</p>	<b>Area for Improvement</b>

<b>Standard 5.1: Serve As a Primary and Expert Resource for Establishing and Maintaining Public Health Policies, Practices, and Capacity.</b>						
<b>Measure 5.1.2</b>	<b>Required Documentation</b>	<b>Documentation</b>	<b>Division/Program &amp; contact name</b>	<b>Title of document, date and relevant detail</b>	<b>Action Required and/or Recommendations (if applicable)</b>	<b>Strength, Weakness or Area for Improvement</b>
Engagement in activities that contribute to the development and/or modification of policy that impacts public health	1. Contribution to deliberations concerning public policy	Yes	Herb Yardley, Administrator/Health Officer	<p><i>2 examples</i> <i>Each example must address one item listed in the guidance. The two examples must address different items.</i></p> <p><u>Example #1</u> Smoke-free Parks and Recreational areas Dates: 2013-2014</p> <p><u>Example #2</u> Regional Community Containment Plan</p> <ul style="list-style-type: none"> <li>• Planning members to represent jurisdiction</li> </ul> <p>Date: 2013</p> <p><u>Example #3</u> NJACCHO</p> <ul style="list-style-type: none"> <li>• Membership documentation for Health Officer and Chief REHS</li> <li>• Meeting attendance documentation</li> </ul> <p><u>Example #4</u></p> <ul style="list-style-type: none"> <li>• Solid Waste Advisory Council (representative of each municipality,</li> </ul>	n/a	<b>Strength</b>

				SCMUA, Planning, Engineering, health dept and other county agencies), meeting minutes from SWAC meetings		
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<b>Standard 5.1: Serve As a Primary and Expert Resource for Establishing and Maintaining Public Health Policies, Practices, and Capacity.</b>						
<b>Measure 5.1.3</b>	<b>Required Documentation</b>	<b>Documentation</b>	<b>Division/Program &amp; contact name</b>	<b>Title of document, date and relevant detail</b>	<b>Action Required and/or Recommendations (if applicable)</b>	<b>Strength, Weakness or Area for Improvement</b>
Informed governing entities, elected officials, and/or the public of potential intended or unintended public health impacts from current and/or proposed policies	1. Contribution to deliberations concerning public policy	Yes	Herb Yardley, Administrator/Health Officer	<p><i>Two examples</i> <i>Examples must address different items listed in the Guidance.</i></p> <p><u>Example #1</u> Outdoor Woodboilers</p> <ol style="list-style-type: none"> <li>a. Sent brochures and letters to municipalities</li> <li>b. Presentation to stakeholders</li> <li>c. Fact sheet references state standard</li> </ol> <p><u>Example #2</u> Lake Gerard issue (had multiple dwellings on one block and lot)</p> <ol style="list-style-type: none"> <li>d. Well and septic issues</li> <li>e. Have correspondence with municipalities</li> <li>f. Hardyston developed a new ordinance for water supply systems for existing structures</li> </ol> <p><b>DATE: 3 years ago? (follow-up for date)</b></p>	<p><b>Action required:</b> <b>Need to resend letters and information to municipalities; put on website; email clerks all updates</b></p> <p><b>Lake Gerard issue - (follow-up for date)</b></p>	<b>Area for Improvement</b>



Standard 5.2: Conduct a comprehensive planning process resulting in a Tribal/state/community health improvement plan.						
Measure 5.2.1	Required Documentation	Documentation	Division/Program & contact name	Title of document, date and relevant detail	Action Required and/or Recommendations (if applicable)	Strength, Weakness or Area for Improvement
A process to develop a community health improvement plan	1. Community health improvement planning process that included: <ol style="list-style-type: none"> <li>Broad participation of community partners</li> <li>Information from community health assessments</li> <li>Issues and themes identified by stakeholders in the community</li> <li>Identification of community assets and resources</li> <li>A process to set health priorities</li> </ol>	Yes	Herb Yardley, Administrator/Health Officer	<p><i>1 process</i></p> <p>Process: Refer to methodology used in CHNA for both St Clare's Health System and Newton Medical Centers</p> <ol style="list-style-type: none"> <li>Meeting minutes</li> <li>Community health improvement plan document</li> <li>Screenshots of websites with community forum meetings</li> <li>Participant list that includes those organizations</li> <li>Results from surveys, focus groups and community forums (copy of the survey)</li> </ol> <p>Date: 2013</p>	<p><b>Recommendations:</b></p> <p><b>SCDEPHS previously led the process for CHA and CHIP process was previously the primary agency responsible for ensuring all CHIP processes were conducted as required. The latest CHA and CHIP were conducted with many partnering agencies and the two hospital organizations within the county acted as the lead agencies with SCDEPHS acting as a partner and not lead organization.</b></p> <p><b>Health Officer, Herb Yardley will contact the</b></p>	<b>Strength</b>

					<b>Coalition Coordinator at Newton Medical Center to address these issues and to ensure process continues appropriately.</b>	
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Standard 5.2: Conduct a comprehensive planning process resulting in a Tribal/state/community health improvement plan.						
5.2.2 Required Documentation	Required Documentation	Documentation	Division/Program & contact name	Title of document, date and relevant detail	Action Required and/or Recommendations (if applicable)	Strength, Weakness or Area for Improvement
Community health improvement plan adopted as a result of the community health improvement planning process	<p>1. Community health improvement plan that includes:</p> <ul style="list-style-type: none"> <li>a. Desired measurable outcomes or indicators of health improvement and priorities for action</li> <li>b. Policy changes needed to accomplish health objectives</li> <li>c. Individuals and organizations that have accepted responsibility for implementing strategies</li> <li>d. Consideration of state and</li> </ul>	Yes	Herb Yardley, Administrator/Health Officer Sussex County Health Coalition	<p>1 plan</p> <p>Sussex County Health Coalition has developed a community improvement plan that was distributed to members last year.</p> <p>Date: 2013</p>	<p><b>Action Required:</b> Sussex County Health Coalition has developed a community improvement plan that was distributed to members last year.</p> <p>The plan and the workgroups need to follow CHIP process as required and need to establish the following:</p> <ul style="list-style-type: none"> <li>a. Desired measurable outcomes or indicators of health improvement and priorities for action</li> <li>b. Policy changes needed to accomplish health objectives</li> <li>c. Individuals and organizations that have accepted responsibility for implementing strategies</li> <li>d. Consideration of state and national</li> </ul> <p><b>Recommendations:</b></p> <p>SCDEPHS previously led the process for CHA and CHIP process was previously the primary agency responsible for ensuring all CHIP processes</p>	Area for Improvement

	national priorities				<p>were conducted as required. The latest CHA and CHIP were conducted with many partnering agencies and the two hospital organizations within the county acted as the lead agencies with SCDEPHS acting as a partner and not lead organization.</p> <p>Health Officer, Herb Yardley will contact the Coalition Coordinator at Newton Medical Center to address these issues and to ensure process continues appropriately.</p>	
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<b>Standard 5.2: Conduct a comprehensive planning process resulting in a Tribal/state/community health improvement plan.</b>						
<b>Measure 5.2.3</b>	<b>Required Documentation</b>	<b>Documentation</b>	<b>Division/Program &amp; contact name</b>	<b>Title of document, date and relevant detail</b>	<b>Action Required and/or Recommendations (if applicable)</b>	<b>Strength, Weakness or Area for Improvement</b>
Elements and strategies of the health improvement plan implemented in partnership with others	1. A process to track actions taken to implement strategies in the community health improvement plan	Yes	Herb Yardley, Administrator/Health Officer  Sussex County Health Coalition	<i>1 report or a group of reports</i>  Process for tracking actions taken toward the implementation of the community health improvement plan is in process.	<b>Action required:</b> Process for tracking actions taken toward the implementation of the community health improvement plan is in process. Completed tracking process will be established pending completion of strategies for implementing goals and objectives for chip.  <b>Recommendations:</b>  SCDEPHS previously led the process for CHA and CHIP process was previously the primary agency responsible for ensuring all CHIP processes were conducted as required. The latest CHA and CHIP were conducted with many partnering agencies and the two hospital organizations within the county acted as the lead agencies with SCDEPHS acting as a partner and not lead	<b>Area for Improvement</b>

					<p>organization.</p> <p>Health Officer, Herb Yardley will contact the Coalition Coordinator at Newton Medical Center to address these issues and to ensure process continues appropriately.</p>	
	2. Implementation of the plan	No	<p>Herb Yardley, Administrator/Health Officer</p> <p>Sussex County Health Coalition</p>	<p>2 examples</p> <p>No Documentation</p>	<p>Action required: All implementation is pending. Actions will be taken by the Coalition members</p> <p>Recommendations:</p> <p>SCDEPHS previously led the process for CHA and CHIP process was previously the primary agency responsible for ensuring all CHIP processes were conducted as required. The latest CHA and CHIP were conducted with many partnering agencies and the two hospital organizations within the county acted as the lead agencies with SCDEPHS acting as a partner and not lead organization.</p> <p>Health Officer, Herb Yardley will contact the Coalition Coordinator at</p>	Weakness or Area for Improvement

					<b>Newton Medical Center to address these issues and to ensure process continues appropriately.</b>	
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Standard 5.2: Conduct a comprehensive planning process resulting in a Tribal/state/community health improvement plan.						
Measure 5.2.4	Required Documentation	Documentation	Division/Program & contact name	Title of document, date and relevant detail	Action Required and/or Recommendations (if applicable)	Strength, Weakness or Area for Improvement
Monitor and revise as needed, the strategies in the community health improvement plan in collaboration with broad participation from stakeholders and partners	1. Report on progress made in implementing strategies in the community health improvement plan	Yes, limited	Herb Yardley, Administrator/Health Officer	1 example Community Health Plan in process	<p><b>Action Required:</b> Community Health Plan in process and progress will be reported as conducted.</p> <p><b>Recommendations:</b> SCDEPHS previously led the process for CHA and CHIP process was previously the primary agency responsible for ensuring all CHIP processes were conducted as required. The latest CHA and CHIP were conducted with many partnering agencies and the two hospital organizations within the county acted as the lead agencies with SCDEPHS acting as a partner and not lead organization.</p> <p>Health Officer, Herb Yardley will contact the Coalition Coordinator at Newton Medical Center to address these issues and to ensure process continues appropriately.</p>	Weakness or Area for Improvement



	2. Review and revision, as necessary, of the health improvement plan strategies based on results of the assessment	Yes, limited		<p><i>1 example</i></p> <p>Community Health Plan in process</p>	<p><b>Action Required:</b> Community Health Plan in process and progress will be reported as conducted.</p> <p><b>Recommendations:</b></p> <p>SCDEPHS previously led the process for CHA and CHIP process was previously the primary agency responsible for ensuring all CHIP processes were conducted as required. The latest CHA and CHIP were conducted with many partnering agencies and the two hospital organizations within the county acted as the lead agencies with SCDEPHS acting as a partner and not lead organization.</p> <p>Health Officer, Herb Yardley will contact the Coalition Coordinator at Newton Medical Center to address these issues and to ensure process continues appropriately.</p>	<b>Weakness or Area for Improvement</b>
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<b>Standard 5.3: Develop and implement a health department organizational strategic plan.</b>						
<b>Measure 5.3.1</b>	<b>Required Documentation</b>	<b>Documentation</b>	<b>Division/Program &amp; contact name</b>	<b>Title of document, date and relevant detail</b>	<b>Action Required and/or Recommendations (if applicable)</b>	<b>Strength, Weakness or Area for Improvement</b>
Department strategic planning process	1. Use a planning process to develop the organization's strategic plan:  a. Membership of the strategic planning group b. Strategic planning process steps	No	Herb Yardley, Administrator/Health Officer	<i>1 Strategic Planning process</i>  No Documentation of process	<b>Action Required:</b> Strategic planning will begin upon completion of self-study assessment  Areas of weakness and improvement will be identified in self-assessment and targeted as action items for strategic plan	<b>Weakness and Area for Improvement</b>

Standard 5.3: Develop and implement a health department organizational strategic plan.						
Measure 5.3.2	Required Documentation	Documentation	Division/Program & contact name	Title of document, date and relevant detail	Action Required and/or Recommendations (if applicable)	Strength, Weakness or Area for Improvement
Adopted department strategic plan	<p>1. Health department strategic plan that includes:</p> <ul style="list-style-type: none"> <li>a. Mission, vision, guiding principles/values</li> <li>b. Strategic priorities</li> <li>c. Goals and objectives with measurable and time-framed targets</li> <li>d. Consideration of key support functions required for efficiency and effectiveness</li> <li>e. Identification of external trends, events, or factors that may impact community health or the health department</li> <li>f. Assessment of health department strengths and weaknesses</li> <li>g. Link to the health improvement plan</li> </ul>	No	Herb Yardley, Administrator/Health Officer	<p>1 <i>strategic plan</i></p> <p>No documentation of</p>	<p>Action Required: Strategic planning will begin upon completion of self-study assessment</p> <p>Areas of weakness and improvement will be identified in self-assessment and targeted as action items for strategic plan</p> <p>Adoption will occur pending of strategic plan</p>	Area for Improvement

	and quality improvement plan					
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<b>Standard 5.3: Develop and implement a health department organizational strategic plan.</b>						
<b>Measure 5.3.3</b>	<b>Required Documentation</b>	<b>Documentation</b>	<b>Division/ Program &amp; contact name</b>	<b>Title of document, date and relevant detail</b>	<b>Action Required and/or Recommendations (if applicable)</b>	<b>Strength, Weakness or Area for Improvement</b>
Implemented department strategic plan	1. Progress towards achievement of the goals and objectives contained in the plan	No	Herb Yardley, Administrator/ Health Officer	2 reports  No documentation	<b>Action Required:</b> <ul style="list-style-type: none"> <li>• Strategic planning will begin upon completion of self-study assessment</li> <li>• Areas of weakness and improvement will be identified in self-assessment and targeted as action items for strategic plan</li> <li>• Will be implemented during strategic planning development phase</li> </ul>	<b>Area for Improvement</b>

<b>Standard 5.4: Maintain an all hazards emergency operations plan.</b>						
<b>Measure 5.4.1</b>	<b>Required Documentation</b>	<b>Documentation</b>	<b>Division/Program &amp; contact name</b>	<b>Title of document, date and relevant detail</b>	<b>Action Required and/or Recommendations (if applicable)</b>	<b>Strength, Weakness or Area for Improvement</b>
Implemented department strategic plan	Process for the development and maintenance of an All Hazards Emergency Operations Plan (EOP)	Yes	Herb Yardley, Administrator/Health Officer  Emergency Preparedness Program staff  James McDonald, Chief REHS	<i>2 examples</i>  <u>Example #1</u> Sussex County Domestic Preparedness Task Force - Organizations within Sussex County - Examples meeting agendas, meetings minutes, and email exchanges, binder  <u>Example #2</u> LINCS meetings  <u>Example #3</u> - Regional Coalition meetings	n/a	<b>Strength</b>
	2. Collaborative testing of the All Hazards EOP:  a. Description of a real emergency or exercise  b. Debriefing or	Yes	Herb Yardley, Administrator/Health Officer  Emergency Preparedness Program staff	<i>2 examples</i>  <u>Example #1</u> Exercise binder Plans were reviewed by Task Force  <u>Example #3</u>	n/a	<b>Strength</b>

	After-Action Report (AAR)		James McDonald, Chief REHS	All exercises include a debriefing and documentation is included in the AAR and IAP  <u>Example #2</u> All AARs are completed and sent to NJDOH for review LTAR review Date: April 21, 2014		
	3. Collaborative revision of the All Hazards EOP that includes: a. A collaborative review meeting  b. Updated contact information  c. Coordination with emergency response partners  d. Revised All Hazards/EOP	Yes	Herb Yardley, Administrator/Health Officer  Emergency Preparedness Program staff  James McDonald, Chief REHS	<i>1 example</i> <u>Example #1</u> Written in EOP plans and reviewed by the Task Force - Meeting minutes of Task Force meeting for April 2014	n/a	<b>Strength</b>

<b>Standard 5.4: Maintain an all hazards emergency operations plan.</b>						
<b>Measure 5.4.2</b>	<b>Required Documentation</b>	<b>Documentation</b>	<b>Division/Program &amp; contact name</b>	<b>Title of document, date and relevant detail</b>	<b>Action Required and/or Recommendations (if applicable)</b>	<b>Strength, Weakness or Area for Improvement</b>
Public health emergency operations plan (EOP)	1. EOP, as defined by Tribal, state, or national guidelines that includes: a. Designation of the health department staff position that is assigned the emergency operations coordinator responsibilities b. Roles and responsibilities of the health department and its partners c. Communication networks or communication plan d. Continuity of operations	Yes	Herb Yardley, Administrator/Health Officer  Emergency Preparedness Program staff  James McDonald, Chief REHS	1 EOP  Example #1, 2, 3 <ul style="list-style-type: none"> <li>• Crisis Communication Plan</li> <li>• PHERP</li> <li>• ESF #8</li> </ul>	n/a	<b>Strength</b>
	2. Testing of the public health EOP, through the use of drills and exercises  a. Process for exercising and evaluating the public health EOP a. b. After-Action Report (AAR)	Yes	Herb Yardley, Administrator/Health Officer  Emergency Preparedness Program staff  James McDonald, Chief REHS	2 examples  <u>Example #1</u> HSEEP Requirements <ul style="list-style-type: none"> <li>- All exercise have AARs</li> </ul>	n/a	<b>Strength</b>



	<p>3. Revision of the public health EOP including:</p> <ul style="list-style-type: none"> <li>a. A review meeting</li> <li>a. b. Revised public health EOP, as</li> </ul>	Yes	<p>Herb Yardley, Administrator/Health Officer</p> <p>Emergency Preparedness Program staff</p> <p>James McDonald, Chief REHS</p>	<p><i>1 example</i></p> <p><u>Example #1</u> LTAR Review</p>	n/a	<b>Strength</b>
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**DOMAIN 6: ENFORCE PUBLIC HEALTH LAWS**

<b>Standard 6.1: Review existing laws and work with governing entities and elected/appointed officials to update as needed</b>						
<b>Measure 6.1.1</b>	<b>Required Documentation</b>	<b>Documentation</b>	<b>Division/ Program &amp; contact name</b>	<b>Title of document, date and relevant detail</b>	<b>Action Required and/or Recommendations (if applicable)</b>	<b>Strength, Weakness or Area for Improvement</b>
Laws reviewed in order to determine the need for revisions	<p>1. Reviews of public health laws or laws with public health implications that include the following:</p> <p>a. Evaluations of laws for consistency with public health evidence-based and/or promising practices; and consideration of the impact on health equity.</p> <p>b. Use of model public health laws, checklists, templates,</p>	Yes	<p>Herb Yardley, Administrator /Health Officer</p> <p>Chief REHS staff</p>	<p><i>2 examples that are from different programs</i></p> <p><i>1 example must demonstrate collaboration with other levels of health departments (Tribal, state, and/or local)</i></p> <p><u>Example #1</u> All local/County Health Departments in NJ must follow the NJ Public Health Practices Standards and enforce that administrative code. (N.J.A.C. 8:52 establishes performance standards for the provision of public health services by local boards of health and health departments.)</p>	<p><b>Action Required:</b> Chiefs will provide examples of memos from state for formal administrative code documentation.</p> <p><b>Note:</b> Due to the structure of Public Health System in NJ, as defined by Title 26 of the NJ Administrative Code, police powers are vested in the local municipalities and consequently the power to adopt laws and regulations are determined at the local level and not at the county level. Need documentation of this document.</p> <ul style="list-style-type: none"> <li><i>Yram Twp in process of creating new septic ordinance regarding flow rates, Health dept. imputing on developing the ordinance- minutes from BOH-ES</i></li> <li><i>opatcong Boro is reviewing air pollution coming from wood burning stoves use- minutes from BOH-RD'A</i></li> </ul>	<b>Strength</b>

	<p>and/or exercises in reviewing law.</p> <p>c. Input solicited from key stakeholders on proposed and/or reviewed laws</p> <p>d. Collaboration with other levels of health departments when the laws impact on them.</p>			<ul style="list-style-type: none"> <li>- Routine review of proposed administrative law changes to N.J.A.C.</li> <li>- Documented as follows:</li> </ul> <p><u>Example #2</u></p> <ul style="list-style-type: none"> <li>- NJ Public Health Nuisance Code</li> <li>- NJ Housing Code (5:28)</li> <li>- NJ Model News Ordinance</li> <li>- NJ Standards for Individual Sewage Disposal Systems</li> </ul> <p><u>Example #3</u></p> <p>Input from key partners and stakeholders is gathered during municipal Boards of Health, open forum meetings with contractors and construction officials.</p> <ul style="list-style-type: none"> <li>- Documenta</li> </ul>	<ul style="list-style-type: none"> <li>• <i>btain updates of NJ Admin codes from West Law review and place on dept I drive-JM&amp;CD</i></li> </ul>	
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				tion from sign-in sheets and meeting minutes		
	2. Access to legal counsel	Yes	Herb Yardley, Administrator /Health Officer	<u>Example #1</u> Access to legal counsel-County Counsel is appointed - County resolution	<b>n/a</b>	<b>Strength</b>

Standard 6.1: Review existing laws and work with governing entities and elected/appointed officials to update as needed						
6.1.2 Required Documentation	Required Documentation	Documentation	Division/ Program & contact name	Title of document, date and relevant detail	Action Required and/or Recommendations (if applicable)	Strength, Weakness or Area for Improvement
Information provided to the governing entity and/or elected/appointed officials concerning needed updates/amendments to current laws and/or proposed new laws	The provision of written recommendations to governing entity and/or elected/appointed officials concerning amendments or updates to current laws and/or proposed new laws	Yes	Herb Yardley, Administrator/ Health Officer  Chief REHS staff	<p>2 examples The examples can be, but do not have to be, related to the two examples provided for measure 6.1.1.</p> <p><u>Example #1</u> New proposed legislation on Chapter 24 – Homebaking</p> <ul style="list-style-type: none"> <li>- Health Dept sent documentation opposing the new proposal to Assemblywoman, Allison Littell-McHose (</li> </ul> <p><u>Example #2</u> NJACCHO - Monthly meetings with various organizations on proposed regulations: NJ Health Association</p>	<p><b>Action Required:</b></p> <ul style="list-style-type: none"> <li>- Ralph will provide a copy of letter opposing proposal to Assemblywoman, Allison Littell-McHose for homebaking</li> <li>- Need meeting minutes about raw milk legislation</li> <li>- SCDEPHS needs to improve process and protocols for maintaining documentation for reviewing proposed changes to existing laws and new laws.</li> </ul> <p><b>Recommendations</b> : Develop/access a depository for this documentation.</p>	<b>Strength</b>

NOTE: Public health law enforcement, for example, environmental public health, animal control, solid waste and food codes, may be handled by multiple departments within the Tribal, state, or local government. For this measure, the health department must provide documentation of how it maintains knowledge of the laws and their consistent application.

<b>Standard 6.2 Educate individuals and organizations on the meaning, purpose, and benefit of public health laws and how to comply</b>						
<b>Measure 6.2.1</b>	<b>Required Documentation</b>	<b>Documentation</b>	<b>Division/ Program &amp; contact name</b>	<b>Title of document, date and relevant detail</b>	<b>Action Required and/or Recommendations (if applicable)</b>	<b>Strength, Weakness or Area for Improvement</b>
Department knowledge maintained and public health laws applied in a consistent manner	1. Provisions of training for staff in laws to support public health interventions and practice	Yes	Herb Yardley, Administrator/ Health Officer  Chief REHS staff	<p><i>2 examples</i></p> <p>General comment: Public Health Dept staff must obtain continuing education credits in the area of their expertise. All documentation for REHS staff is maintained on New Jersey Learning Management Network.</p> <p><u>Example #1</u> Staff attend training on CEHA regulations throughout the year evidenced by registration forms of staff</p> <ul style="list-style-type: none"> <li>- Certificates of attendance                             <ol style="list-style-type: none"> <li>1. Air Pollution Training</li> <li>2. Lead Training</li> <li>3. Communicable Disease Training</li> </ol> </li> </ul>	n/a	Strength
	2. Efforts to ensure the consistent application	Yes	Herb Yardley, Administrator/ Health Officer	<p><i>2 examples</i></p> <p><u>Example #1</u> Communicable Disease Investigation</p>	Action Required: Need a standard format for consistent application/documentation	Area for Improvement

	of public health laws		Dept Heads	<u>Example #2</u> - Compliance for Kennel Code	n of public health law. Meeting minutes need to maintained for all internal dept meetings	
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Standard 6.2 Educate individuals and organizations on the meaning, purpose, and benefit of public health laws and how to comply						
Measure 6.2.2	Required Documentation	Documentation	Division/Program & contact name	Title of document, date and relevant detail	Action Required and/or Recommendations (if applicable)	Strength, Weakness or Area for Improvement
Laws and permit/license application requirements are accessible to the public	1. Public access to information about laws and permit/license application processes	Yes	Herb Yardley, Administrator/Health Officer  Chief REHS staff	<p><i>1 example</i></p> <p><u>Example #1</u> SCDEPHS County website provides the public with access to information about laws and permit/license application processes</p> <ul style="list-style-type: none"> <li>- <a href="http://www.sussex.nj.us/health">www.sussex.nj.us/health</a></li> </ul> <p>The website also refers the public to the municipality for specific licensing requirements (i.e.: food licenses)</p>	n/a	Strength



<b>Standard 6.2 Educate individuals and organizations on the meaning, purpose, and benefit of public health laws and how to comply</b>						
<b>Measure 6.2.3</b>	<b>Required Documentation</b>	<b>Documentation</b>	<b>Division/Program &amp; contact name</b>	<b>Title of document, date and relevant detail</b>	<b>Action Required and/or Recommendations (if applicable)</b>	<b>Strength, Weakness or Area for Improvement</b>
Information or education provided to regulated entities regarding their responsibilities and methods to achieve full compliance with public health related laws	1. Provision of information or education to regulated entities concerning their responsibilities for compliance with public health laws	Yes	Herb Yardley, Administrator/Health Officer  Dept Heads	<i>1 written record</i>  <u>Example #1</u> SCDEPHS sends annual letter to all recreational bathing facilities informing them of their responsibilities under the recreational standards law - Letter documents any changes to previous law	n/a	<b>Strength</b>

<b>Standard 6.3 Conduct and monitor public health enforcement activities and coordinate notification of violations among appropriate agencies</b>						
<b>Measure 6.3.1</b>	<b>Required Documentation</b>	<b>Documentation</b>	<b>Division/Program &amp; contact name</b>	<b>Title of document, date and relevant detail</b>	<b>Action Required and/or Recommendations (if applicable)</b>	<b>Strength, Weakness or Area for Improvement</b>
Written procedures and protocols for conducting enforcement actions	1. Authority to conduct enforcement activities	Yes	Herb Yardley, Administrator/Health Officer  Dept Heads	<p><i>2 examples</i></p> <p><u>Example #1</u></p> <p>- Title 26 that provides that local health department enforces food laws-I Drive/Code &amp; Regulations/Statutes</p> <p><u>Example #2</u></p> <p>- Letter from NJDEP Assistant Commission that gives us the authority to enforce CEHA regulations-JMD Grant Award File, HJ Drive</p>	n/a	Strength
	2. Procedures and protocols for achieving compliance with laws or enforcement actions	Yes	Herb Yardley, Administrator/Health Officer  Dept Heads	<p><i>2 examples; one of the examples must address infectious disease.</i></p> <p><u>Example #1</u></p> <p>Odor Investigation Procedure-JM &amp; CD</p> <p>- EHA documentation</p> <p><u>Example #2</u></p> <p>- Infectious Disease Investigation-PHN/LINCS</p>	n/a	Strength

<b>Standard 6.3 Conduct and monitor public health enforcement activities and coordinate notification of violations among appropriate agencies</b>						
<b>Measure 6.3.2</b>	<b>Required Documentation</b>	<b>Documentation</b>	<b>Division/Program &amp; contact name</b>	<b>Title of document, date and relevant detail</b>	<b>Action Required and/or Recommendations (if applicable)</b>	<b>Strength, Weakness or Area for Improvement</b>
Inspection activities of regulated entities conducted and monitored according to mandated frequency and/or a risk analysis method that guides the frequency and scheduling of inspections of regulated entities	1. Protocol/algorithm for scheduling inspections of regulated entities	Yes	Herb Yardley, Administrator/Health Officer  Dept Heads	2 examples from 2 different programs  NJDOH Practice Standards guidance for minimum inspection frequency  <u>Example #1</u> - Internal Food Inspection Schedule –Christine Davey & I Drive folder  <u>Example #1</u> Recreational Bathing Inspection Schedule – Christine Davy & I Drive folder	n/a	Strength
	2. Inspections that meet defined frequencies with reports of actions, status, follow-up, re-inspections, and final	Yes	Herb Yardley, Administrator/Health Officer  Dept Heads	2 examples This documentation of inspections must relate to the same programs for which schedules were provided in 1 above.	n/a	Strength

	disposition			<u>Example #1</u> Annual Spreadsheet on I Drive for recreational bathing		
				<u>Example #1</u> Annual Spreadsheet on I Drive for food		

<b>Standard 6.3 Conduct and monitor public health enforcement activities and coordinate notification of violations among appropriate agencies</b>						
<b>Measure 6.3.3</b>	<b>Required Documentation</b>	<b>Documentation</b>	<b>Division/Program &amp; contact name</b>	<b>Title of document, date and relevant detail</b>	<b>Action Required and/or Recommendations (if applicable)</b>	<b>Strength, Weakness or Area for Improvement</b>
Procedures and protocols followed for both routine and emergency situations requiring enforcement activities and complaint follow-up	1. Actions taken in response to complaints	Yes	Herb Yardley, Administrator/Health Officer  Dept Heads	2 examples from 2 different programs  Example #1 Department Procedure Manual: Public Non Community Water System Surveys  Example #2 Department Procedure Manual: Complaint Investigation Reports	<b>Action Required:</b> The dept procedure manual needs to be updated to meet the requirements to be updated within 5 years	<b>Area for Improvement</b>
	2. Communications with regulated entities regarding a complaint or compliance plan	Yes	Herb Yardley, Administrator/Health Officer  Dept Heads	2 examples  Example #1 Documentation of Meetings with local retail food –JM - A&B Bagel - Milano's  Example #2 Settlement Agreements for solid Waste-JMC	n/a	<b>Strength</b>

Standard 6.3 Conduct and monitor public health enforcement activities and coordinate notification of violations among appropriate agencies						
Measure 6.3.4	Required Documentation	Documentation	Division/Program & contact name	Title of document, date and relevant detail	Action Required and/or Recommendations (if applicable)	Strength, Weakness or Area for Improvement
Patterns or trends identified in compliance from enforcement activities and complaints	1. Enforcement programs' annual reports summarizing complaints, enforcement activities, or compliance	Yes	Herb Yardley, Administrator/Health Officer  Dept Heads	<p><i>2 examples from different enforcement programs. If the department operates an enforcement program that is out of compliance with state law or is under sanctions or a performance improvement plan, then one of the examples must be from that program.</i></p> <p>***In accordance with N.J.A.C. 8:52, the SCDEPHS prepares a comprehensive annual report in the detailed, programmatic format required by the state of New Jersey (i.e.: New Jersey Local Health Report)</p>	Action Required: Conduct an annual review of the Local Public Health Report to review the data to determine patterns, trends, compliance, etc.	Area for Improvement

	2. Debriefings or other evaluations on enforcement for process improvements	Yes	Herb Yardley, Administrator/Health Officer  Dept Heads	2 examples  <u>Example #1</u> CEHA Annual Audit Report Date: 2013	Action Required: Document the health department debriefings or other methods to evaluate what worked well, problems that arose, issues and recommended changes in investigation/response procedures, and other process improvements to enforcement protocols or procedures. Weekly staff meetings need minutes/documentation.	Area for Improvement

<b>Standard 6.3 Conduct and monitor public health enforcement activities and coordinate notification of violations among appropriate agencies</b>						
<b>Measure 6.3.5</b>	<b>Required Documentation</b>	<b>Documentation</b>	<b>Division/Program &amp; contact name</b>	<b>Title of document, date and relevant detail</b>	<b>Action Required and/or Recommendations (if applicable)</b>	<b>Strength, Weakness or Area for Improvement</b>
Coordinated notification of violations to the public, when required, and coordinated sharing of information among appropriate agencies about enforcement activities, follow-up activities, and trends or patterns	1. Communication protocol for interagency notifications	Yes	Herb Yardley, Administrator/Health Officer  Dept Heads	<i>1 protocol</i>  <u>Example #1</u> Sussex LINCS system - Protocol for LINCS notifications  <u>Example #2</u> CEHA grant agreement stipulates notification requirements to the state NJDEP by area of enforcement, air, water, pesticides etc	n/a	Strength
	2. Protocol for notification of the public of enforcement activities	Yes	Herb Yardley, Administrator/Health Officer  Dept Heads	<i>1 protocol</i>  County/Health Dept website  <u>Example #1</u> Retail food establishment inspections and information are posted on county website	n/a	Strength
	3. Notifications of enforcement actions and other sharing of information	Yes	Herb Yardley, Administrator/Health Officer  Dept Heads	<i>Two examples are required. The two examples must be from two different enforcement</i>	n/a	Strength



	concerning enforcement activities			<p><i>programs.</i></p> <p><u>Example #1</u> Monthly reports to municipalities BOH which indicates all enforcement actions within their jurisdiction-SH</p> <p><u>Example #2</u> Food and public health complaints</p> <p><u>Example #3</u> CEHA Final Quarterly Reports list enforcement actions taken</p>		
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**DOMAIN 7: PROMOTE STRATEGIES TO IMPROVE ACCESS TO HEALTH CARE**

<b>Standard 7.1: Assess health care service capacity and access to health care services</b>						
<b>Measure 7.1.1</b>	<b>Required Documentation</b>	<b>Documentation</b>	<b>Division/Program &amp; contact name</b>	<b>Title of document, date and relevant detail</b>	<b>Action Required and/or Recommendations (if applicable)</b>	<b>Strength, Weakness or Area for Improvement</b>
Process to assess the availability of health care services	1. A collaborative process to assess availability of health care services	Yes	Herb Yardley, Administrator/Health Officer	<p><i>1 collaborative process</i></p> <p><u>Example #1</u> Sussex County Health Coalition</p> <ul style="list-style-type: none"> <li>- Sussex County Community Health Needs Assessment Implementation Workplan April 2013 +</li> <li>- Meeting minutes - April 2014</li> <li>- Meeting agendas - April 2014</li> </ul>	<p><b>Action Required:</b> Follow through to get the meeting minutes from the Access to Care workgroup meeting minutes</p> <p><i>Follow up by staff: Kathy – report from Medicaid Waiver program</i></p> <p><i>Helen – needs to provide meeting minutes and report about ACA and Colorectal Toolkit dissemination</i></p> <p><i>Tracy – CHNA Implementation Plan</i></p>	<b>Strength</b>

	<p>2. The sharing of comprehensive data for the purposes of assessing the availability of health care services and for planning</p>	<p>Yes</p>	<p>Herb Yardley, Administrator/Health Officer</p> <p>Tracy Storms- Mazzucco, Health Educator</p> <p>Ellen Phelps, Director of Public Health Nursing</p> <p>Helen Homeijer, Chronic Disease Coalition Coordinator</p>	<p>2 examples</p> <p><u>Example #1</u> SC Breast Health Task Force</p> <ul style="list-style-type: none"> <li>- Meeting minutes</li> <li>- Emails 2013-2014</li> </ul> <p><u>Example #2</u> Sussex County Health Coalition</p> <ul style="list-style-type: none"> <li>- Workgroup for Access to Care             <ul style="list-style-type: none"> <li>o Sussex County Community Health Needs Assessment Implementation Workplan</li> </ul> </li> </ul> <p><u>Example #3</u> Northwest Regional Health Coalition</p> <ul style="list-style-type: none"> <li>- Reports from hospitals and State Health Dept on Preparedness Activities and Hurricane Recovery</li> </ul>	<p><b>Action Required:</b> State of New Jersey provides local health departments with statistics, Epidemiological data, and Cancer Incidence/prevalence rates. SCDEPHS incorporates the data that has been assessed by NJDOH and uses that data for planning programs within Sussex County. Maintain documentation from NJDOH with a statement.</p> <p><i>Follow up by staff:</i> Kathy – report from Medicaid Waiver program</p> <p>Helen – needs to provide meeting minutes and report about ACA and Colorectal Toolkit dissemination</p> <p>Tracy – CHNA Implementation</p>	<p><b>Strength</b></p>
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					<i>Plan</i>	
	3. Consideration of emerging issues in public health, the health care system, and health care reimbursement	Yes	<p>Herb Yardley, Administrator/Health Officer</p> <p>Tracy Storms-Mazzucco, Health Educator</p> <p>Ellen Phelps, Director of Public Health Nursing</p> <p>Helen Homeijer, Chronic Disease Coalition Coordinator</p>	<p>2 examples</p> <p><u>Example #1</u> Medicaid Waiver program</p> <ul style="list-style-type: none"> <li>- Special Child Health Case Management is affected                             <ul style="list-style-type: none"> <li>o State report</li> <li>o Notification from email and letter</li> <li>o Date: early 2014</li> </ul> </li> </ul> <p><u>Example #2</u></p> <ul style="list-style-type: none"> <li>- NJCEED meetings                             <ul style="list-style-type: none"> <li>o Meeting Minutes on how ACA affects funding and patient navigation</li> <li>o Date: late 2013/early 2014</li> </ul> </li> </ul> <p><u>Example #3</u> Sussex Warren Chronic Disease Coalition activities</p> <ul style="list-style-type: none"> <li>- Presentations on Affordable Care Act to</li> </ul>	<p>Action required: Under the County of Sussex Governmental Structure, departments and divisions regularly communicate about programs and services provided to community. County government agencies communicate and provide referrals to specific agency that provides those services. For any service not provided by SCDEPHS, a referral is made to the appropriate department.</p> <p>Communication has been specifically documented in regards to the healthcare system changes and healthcare</p>	Area for Improvement

				<ul style="list-style-type: none"> <li>- Coalition members</li> <li>- Dissemination of Colorectal Toolkits to physician offices</li> <li>- Assists with the requirement to convert to electronic medical records</li> </ul>	<p>reimbursement that have occurred after the enactment of Affordable Care Act.</p> <ul style="list-style-type: none"> <li>- Emails and flyers from early 2014</li> </ul> <p><b>Recommendation:</b>  Check with Health Officer to determine if Health Officers Association is conducting activities on any pertinent issues related to this topic. Herb will determine if any pertinent topics exist to satisfy this measure.</p> <p><i>Follow up by staff:</i>  Kathy – report from Medicaid Waiver program</p> <p><i>Helen – needs to provide meeting minutes and report about ACA and Colorectal Toolkit dissemination</i></p>	
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					<i>Tracy – CHNA Implementation Plan</i>	
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Standard 7.1: Assess health care service capacity and access to health care services						
Measure 7.1.2	Required Documentation	Documentation	Division/Program & contact name	Title of document, date and relevant detail	Action Required and/or Recommendations (if applicable)	Strength, Weakness or Area for Improvement
Identification of populations who experience barriers to health care services identified	1. A process for the identification of un-served or under-served populations	Yes	Herb Yardley, Administrator/Health Officer	<p><u>1 process</u></p> <p><u>Example #1</u> Special Child Health Services</p> <ul style="list-style-type: none"> <li>- Documentation on NJ Birth Registry and how it links to identifying those in need of services and are currently lacking them</li> <li>- Early Identification and Monitoring</li> <li>- Date: ongoing</li> </ul> <p><u>Example #2</u> Office of Public Health Nursing</p> <ul style="list-style-type: none"> <li>- Immunization Audits from schools and daycares identify children in need of immunizations and lack access to health care (N.J.A.C. 8:52)</li> <li>- Date: ongoing and occurs annually</li> </ul> <p><u>Example #3</u> SCDEPHS provides Atlantic Homecare and Hospice to</p>	<p><b>Follow-up:</b> <i>Tracy - Sussex County Health Coalition Community Health Improvement Plan</i></p> <p><i>Ellen - Immunization Audits</i></p> <p><i>Kathy - Special Child Health Services: Documentation on NJ Birth Registry</i></p>	Strength

				provide indigent service and lifeline services		
	2. A report that identifies populations who are un-served or under-served	Yes	<p>Tracy Storms-Mazzucco, Health Educator</p> <p>Ellen Phelps, Director of Public Health Nursing</p> <p>Helen Homeijer, Chronic Disease Coalition Coordinator</p>	<p><i>1 report</i></p> <p>Sussex County Health Coalition</p> <ul style="list-style-type: none"> <li>- Community Health Improvement Plan</li> <li>- Date: April 2013 +</li> </ul>	n/a	<b>Strength</b>



Standard 7.1: Assess health care service capacity and access to health care services						
Measure 7.1.3	Required Documentation	Documentation	Division/ Program & contact name	Title of document, date and relevant detail	Action Required and/or Recommendations (if applicable)	Strength, Weakness or Area for Improvement
Identification of gaps in access to health care services and barriers to the receipt of health care services identified	1. The process or set of processes used for the identification of service gaps and barriers to accessing health care services	Yes	Herb Yardley, Administrator/ Health Officer	<p><i>1 process or set processes</i></p> <p><u>Example #1</u> Community Health Assessments – St. Clare’s and Newton Medical Center 2013</p> <ul style="list-style-type: none"> <li>- Refer to methodology and process used to identify service gaps and barriers to accessing health care services</li> <li>- The use of primary and secondary data was used in process, in addition to, other tools such as surveys, key informant interviews and focus groups.</li> </ul>	Action Required: Work with partnering agencies to share information to identify service gaps and barriers.	Strength

	<p>2. Reporting the analysis of data from across the partnership (see 7.1.1) that identify the gaps in access to health care services and the causes of gaps in access, or barriers to care. Reports must include:</p> <ul style="list-style-type: none"> <li>• Assessment of capacity and distribution of health care providers</li> <li>• Availability of health care services</li> <li>• Identification of causes of gaps in services and barriers to receipt of care</li> <li>d. Results of data gathered periodically concerning access</li> </ul>	<p>Yes</p>	<p>Tracy Storms-Mazzucco, Health Educator</p> <p>Ellen Phelps, Director of Public Health Nursing</p> <p>Helen Homeijer, Chronic Disease Coalition Coordinator</p>	<p>2 examples</p> <p><u>Example #1</u> Sussex County Health Coalition</p> <ul style="list-style-type: none"> <li>- Workgroup for Access to Care</li> <li>- Began to assess the issue of access to care as it relates to need for transportation             <ul style="list-style-type: none"> <li>o Sussex County CHNA Implementation Workplan</li> <li>o Meeting minutes from Workgroup</li> </ul> </li> </ul>	<p>Action Required: Work with partnerships to</p> <ul style="list-style-type: none"> <li>a. Assessment of capacity and distribution of health care providers – Need to find methods for collecting this data</li> <li>b. Availability of health care services – reach out to hospitals, insurance companies and FQHCs to determine if this information is available</li> <li>c. Identification of causes of gaps in services and barriers to receipt of care</li> <li>d. Continue to identify lack of access and other issues as they are identified.</li> </ul>	<p>Area for Improvement</p>
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					<b>Recommendations</b> Results of data gathered periodically concerning access – SCDEPHS needs to work with partners to identify and gather data for the use in addressing gaps in access and barriers to care	
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<b>Standard 7.2: : Identify and implement strategies to improve access to health care services</b>						
<b>Measure 7.2.1</b>	<b>Required Documentation</b>	<b>Documentation</b>	<b>Division/Program &amp; contact name</b>	<b>Title of document, date and relevant detail</b>	<b>Action Required and/or Recommendations (if applicable)</b>	<b>Strength, Weakness or Area for Improvement</b>
Process to develop strategies to improve access to health care services	1. A coalition/network/council working collaboratively to reduce barriers to health care access or gaps in access	Yes	Ralph D'Aries, Chief REHS  Tracy Storms-Mazzucco, Health Educator  Ellen Phelps, Director of Public Health Nursing  Helen Homeijer, Chronic Disease Coalition Coordinator	<i>1 collaborative process</i>  <u>Example #1</u> Sussex County Health Coalition <ul style="list-style-type: none"> <li>- Workgroups are developing strategies to improve access to health care</li> <li>- Community Health Improvement Plan</li> <li>- Membership roster/participant list</li> <li>- Meeting minutes/agenda</li> <li>- Date: ongoing beginning on April 2013</li> </ul>	n/a	Strength
	2. Strategies developed by the coalition/network/council working through a collaborative process to improve access to health care services	Yes, limited	Ralph D'Aries, Chief REHS  Tracy Storms-Mazzucco, Health Educator  Ellen Phelps, Director of Public	<i>2 examples</i>  <u>Example #1</u> Sussex County Health Coalition <ul style="list-style-type: none"> <li>- Workgroups are currently working on strategies to improve access to care through</li> </ul>	Action Required: SCDEPHS must work with partnerships to expand strategies that the coalition will develop to ensure a comprehensive assessment of access to health	Area for Improvement

			Health Nursing Helen Homeijer, Chronic Disease Coalition Coordinator	creation of transportation resource information - Meeting minutes	care services and reduce barriers to care.  For example, using marketing on buses to advertise for health education information.	
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<b>Standard 7.2: : Identify and implement strategies to improve access to health care services</b>						
<b>Measure 7.2.2</b>	<b>Required Documentation</b>	<b>Documentation</b>	<b>Division/Program &amp; contact name</b>	<b>Title of document, date and relevant detail</b>	<b>Action Required and/or Recommendations (if applicable)</b>	<b>Strength, Weakness or Area for Improvement</b>
Implemented strategies to increase access to health care services	1. Collaborative implementation of mechanisms or strategies to assist the population in obtaining health care services	Yes	Herb Yardley, Administrator/Health Officer  Ralph D'Aries, Chief REHS  Tracy Storms-Mazzucco, Health Educator  Ellen Phelps, Director of Public Health Nursing  Helen Homeijer, Chronic Disease Coalition Coordinator	<i>2 examples</i>  <u>Example #1</u> Special Child Health - outreach activities, case findings, case management, and activities to ensure that people can obtain the services they need  - example grant reports 2013-2014  <u>Example #2</u> NJCEED - Cooperative system of referral between partners that shows the methods used to link individuals with needed health care services.  - A signed Memoranda of Understanding	<b>Action Required:</b> Although some activities show the collaborative implementation of strategies/mechanisms to assist the population with obtaining health care services, it is still fragmented and programmatic. SCDEPHS must establish a guidance for a standardized methodology for conducting these activities for collaborating with other service agencies such as SC Human Services, NORWESCAP, United Way, Hospitals, etc.	<b>Area for Improvement</b>

				(MOU) with Newton Medical Center and physicians listing activities, responsibilities, scope of work, and timelines - 2013-2014		
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<b>Standard 7.2: : Identify and implement strategies to improve access to health care services</b>						
<b>Measure 7.2.3</b>	<b>Required Documentation</b>	<b>Documentation</b>	<b>Division/Program &amp; contact name</b>	<b>Title of document, date and relevant detail</b>	<b>Action Required and/or Recommendations (if applicable)</b>	<b>Strength, Weakness or Area for Improvement</b>
Implemented culturally competent initiatives to increase access to health care services for those who may experience barriers to care due to cultural, language, or literacy differences	1. Initiatives to ensure that access and barriers are addressed in a culturally competent manner	Yes	Herb Yardley, Administrator/Health Officer  Ralph D'Aries, Chief REHS  Tracy Storms- Mazzucco, Health Educator  Ellen Phelps, Director of Public Health Nursing  Helen Homeijer, Chronic Disease Coalition Coordinator  Kathy Baklarz, Special Child Health	<i>2 examples</i>  <u>Example #1</u> SCDEPHS worked with Parish Nurse at Veritas Christian Academy - Participated in outreach event for Latino population - Fall 2013  <u>Example #2</u> Sussex Warren Chronic Disease Coalition - Worked with Migrate Ministries representative to provide culturally competent education programs and screening programs on breast health awareness, prostate cancer, oral cancer and flu prevention - Worked with low-literacy, low-income and	<b>Action required:</b> <ul style="list-style-type: none"><li>• Need to incorporate more initiatives to ensure access and address barriers to these issues.</li><li>• Need to provide additional services to ensure that SCDEPHS improves cultural competence for community it serves.</li></ul> <b>Recommendations:</b> <b>Establish provisions for interpretive/language services, ensure that materials available in multiple languages and are low-literacy level, etc.</b> <b>Justification for Rosetta Stone.</b>	<b>Area for Improvement</b>



				family-based care program called Circles to provide influenza education and immunizations - Fall 2013 and ongoing		
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<b>DOMAIN 8: MAINTAIN A COMPETENT PUBLIC HEALTH WORKFORCE</b>
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<b>Standard 8.1: Encourage the development of a sufficient number of qualified public health workers</b>						
<b>Measure 8.1.1</b>	<b>Required Documentation</b>	<b>Documentation</b>	<b>Division/Program &amp; contact name</b>	<b>Title of document, date and relevant detail</b>	<b>Action Required and/or Recommendations (if applicable)</b>	<b>Strength, Weakness or Area for Improvement</b>
Relationships and/or collaborations that promote the development of future public health workers	1. Relationship or collaboration that promotes public health as a career	Yes	Herb Yardley, Administrator/Health Officer	<p>1 example</p> <p><u>Example #1</u> Staff conduct presentations to schools and colleges about careers in public health and promote public health internships</p> <ul style="list-style-type: none"> <li>- Presentation to Sussex Tech Students about Food Safety</li> <li>- Presentation for Career Day at Hopatcong School</li> <li>- Date: Spring 2014</li> </ul> <p>Internships from universities each semester</p>	n/a	<b>Strength</b>

<b>Standard 8.2: Ensure a competent workforce through the assessment of staff competencies, the provision of individual training and professional development, and the provision of a supportive work environment</b>						
<b>Measure 8.2.1</b>	<b>Required Documentation</b>	<b>Documentation</b>	<b>Division/Program &amp; contact name</b>	<b>Title of document, date and relevant detail</b>	<b>Action Required and/or Recommendations (if applicable)</b>	<b>Strength, Weakness or Area for Improvement</b>
Workforce development strategies	1. Workforce development plan	No	Herb Yardley, Administrator/Health Officer  Dept Heads	<i>1 plan</i>	<b>Action Required:</b> Dept does not have a workforce development plan on file and must develop a dept wide plan.  <b>Recommendations:</b> Two suggestions for developing a workforce development plan include: <ul style="list-style-type: none"> <li>utilizing NACCHO's toolkit</li> <li>AARP workforce assessment tool.</li> </ul>	<b>Weakness and Area for Improvement</b>
	2. Implemented workforce development strategies	No	Herb Yardley, Administrator/Health Officer  Dept Heads	<i>2 examples</i>	<b>Action Required:</b> Dept does not have a workforce development plan on file and must develop a dept wide plan.  <b>Recommendations:</b> Two suggestions for developing a workforce development plan include: <ul style="list-style-type: none"> <li>utilizing NACCHO's toolkit</li> </ul> <b>AARP workforce</b>	<b>Weakness and Area for Improvement</b>

					<b>assessment tool.</b>  <i>Once plan is developed, then the plan will implemented and reviewed regularly for necessary updates</i>	
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<b>Standard 8.2: Ensure a competent workforce through the assessment of staff competencies, the provision of individual training and professional development, and the provision of a supportive work environment</b>						
<b>Measure 8.2.2</b>	<b>Required Documentation</b>	<b>Documentation</b>	<b>Division/Program &amp; contact name</b>	<b>Title of document, date and relevant detail</b>	<b>Action Required and/or Recommendations (if applicable)</b>	<b>Strength, Weakness or Area for Improvement</b>
A competent health department workforce	1. Recruitment of qualified individuals for specific positions	Yes	Herb Yardley, Administrator/Health Officer  Dept Heads	<p><i>2 examples</i></p> <p><u>Example #1</u></p> <ol style="list-style-type: none"> <li>1. Civil Service job requirements</li> <li>2. Copy of County Civil Service Declaration from County Administrator stating that Civil Service Resolution was passed</li> </ol> <p><u>Example #2</u></p> <ol style="list-style-type: none"> <li>1. Sub contractors for work conducted on grant funded programs that defines professional qualifications               <ol style="list-style-type: none"> <li>a. NJCEED</li> <li>b. Baby Clinic</li> </ol> </li> </ol>	n/a	<b>Strength</b>
	2. Recruitment of individuals who reflect the population served	Yes	Herb Yardley, Administrator/Health Officer  Dept Heads	<p><i>2 examples</i></p> <p><u>Example #1</u></p> <p>Non-discrimination clause in County Hiring Practices</p> <p><u>Example #2</u></p> <p>In accordance with NJ Civil Service System, SCDEPHS is required to hire qualified individuals with state regulation regardless of sex, race, age, disability, or ethnicity</p>	<b>Action Needed:</b> Get copy of policy for Non-discrimination clause in County Hiring Practices	<b>Area for Improvement</b>

	3. Retention activities	No	Herb Yardley, Administrator/Health Officer  Dept Heads	2 examples  SCDEPHS is restricted in addressing many of the examples identified in this measure due to written labor contracts. County structure doesn't support employee retention activities due to fiscal constraints.	Action required: Employee satisfaction services could be implemented by SCDEPHS as long as they are not constrained by County policy.	Area for Improvement
	4. Position descriptions, available to staff	Yes	Herb Yardley, Administrator/Health Officer  Dept Heads	2 examples  <u>Example #1</u> Civil Service job descriptions are available online and provided upon employment.  <u>Example #2</u> Employee Services Personnel have all descriptions in files	n/a	Strength
	5. A process to verify staff qualifications	Yes	Herb Yardley, Administrator/Health Officer  Dept Heads	1 process 1. NJLMN documentation of transcripts for continuing education credits required for some licenses (REHS, HO, Nurse Practitioner, CHES,) 2. Yearly verification of professional licenses (HO, REHS, Nurse, CHES)	Action Required: Develop a uniform, department wide policy for reviewing professional licenses annually to ensure a competent and qualified policy.	Area for Improvement
	6. Verified qualifications for all staff hired	No	Herb Yardley, Administrator/Health Officer  Dept Heads	2 examples	Action Required: Develop a uniform, department wide policy for reviewing professional licenses annually to ensure a competent	Area for Improvement

					and qualified policy. Create a log/spreadsheet for all employees each year to ensure current licensure.	
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<b>Standard 8.2: Ensure a competent workforce through the assessment of staff competencies, the provision of individual training and professional development, and the provision of a supportive work environment</b>						
<b>Measure 8.2.3</b>	<b>Required Documentation</b>	<b>Documentation</b>	<b>Division/Program &amp; contact name</b>	<b>Title of document, date and relevant detail</b>	<b>Action Required and/or Recommendations (if applicable)</b>	<b>Strength, Weakness or Area for Improvement</b>
Professional and career development for all staff	1. Participation in personal professional development activities by staff of the department (other than management and leadership staff, who are addressed below)	Yes	Herb Yardley, Administrator/Health Officer	<p>2 examples</p> <p><u>Example #1</u></p> <ul style="list-style-type: none"> <li>- New Jersey Learning Management Network (NJLMN) provides training opportunities, transcript of trainings, certificates if available</li> <li>- NJ Practice Standards Chapt 52 state requirements for professional staff development and training</li> </ul>	Action Required: Review the policy and procedure manual and civil service protocol. Update to reflect current date and department wide policy for professional development	Area for Improvement



	2. Development activities for leadership and management staff	No	Herb Yardley, Administrator/Health Officer	<p>2 <i>examples</i></p> <p>No documentation. Current training opportunities are fragmented and not consistent among supervisory staff.</p>	<p><b>Action Required:</b> All supervisory and leadership staff must be offered continuing education, s support for membership in professional organizations, and training opportunities specific to leadership and membership.</p> <p><b>Recommendation:</b> Development of new policy and procedures is necessary.</p>	<b>Weakness and Area for Improvement</b>
	3. Participation of department leaders and managers in training provided by others, outside of the health department	No	Herb Yardley, Administrator/Health Officer	<p>2 <i>examples</i></p> <p>No documentation. Current training opportunities are fragmented and not consistent among supervisory staff.</p>	<p><b>Action Required:</b> All supervisory and leadership staff must be offered continuing education, s support for membership in professional organizations, and training opportunities specific to leadership and membership.</p> <p><b>Recommendation #1:</b> Development of new policy and procedures is recommended.</p> <p><b>Recommendation #2:</b> Supervisory staff should attend a management/leadership program annually. This can either be in area of expertise or in general</p>	<b>Weakness and Area for Improvement</b>

					<p><b>public health management/leadership skills.</b></p> <p><b>Recommendation #3: SCDEPHS will consider an outside vendor/contractor to present a general management/leadership program to be presented internally at the department.</b></p>	
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<b>Standard 8.2: Ensure a competent workforce through the assessment of staff competencies, the provision of individual training and professional development, and the provision of a supportive work environment</b>						
<b>Measure 8.2.4</b>	<b>Required Documentation</b>	<b>Documentation</b>	<b>Division/Program &amp; contact name</b>	<b>Title of document, date and relevant detail</b>	<b>Action Required and/or Recommendations (if applicable)</b>	<b>Strength, Weakness or Area for Improvement</b>
Work environment that is supportive to the workforce	1. Policies that provide an environment in which employees are supported in their jobs	Yes	Herb Yardley, Administrator/Health Officer	<p><i>1 policy or set of policies, plans, or program descriptions</i></p> <ul style="list-style-type: none"> <li>- Employee Assistance Program for all staff</li> </ul>	<p><b>Action Required:</b> Review Policy and Procedures manual.</p> <p><b>Recommendations:</b> Develop and Foster a supported work environment with suggested guidance provided in this measure.</p> <p><i>Due to the economic down-turn, funding cuts, and reduced staffing, a need exists for initiatives that support and motivate employees to perform at their optimum ability.</i></p>	Area for Improvement
	2. A process for employee recognition	No	Herb Yardley, Administrator/Health Officer	<p><i>1 set of policies, plans, or program descriptions</i></p> <p>No documentation or policy</p>	<p><b>Action required:</b> Implement a process for employee/team recognition</p>	Weakness and Area for Improvement

	3. Employee wellness activities	Yes	Herb Yardley, Administrator/Health Officer	<p><i>1 policy, plan, or program description</i></p> <p><u>Example #1</u> County wide employee wellness incentive through health benefits &amp; providers.</p> <p><u>Example #2</u> Free flu shots for employees</p> <p><u>Example #3</u> County's emergency first responders are given first priority for prophylaxis during public health emergency</p>	<p>Action Required: Implement a plan for employee wellness plan and activities</p>	<p><b>Area for Improvement</b></p>
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**DOMAIN 9: EVALUATE AND CONTINUOUSLY IMPROVE HEALTH DEPARTMENT PROCESSES, PROGRAMS, AND INTERVENTIONS**

<b>Standard 9.1: Use a performance management system to monitor achievement of organizational objectives</b>						
<b>Measure 9.1.1</b>	<b>Required Documentation</b>	<b>Documentation</b>	<b>Division/Program &amp; contact name</b>	<b>Title of document, date and relevant detail</b>	<b>Action Required and/or Recommendations (if applicable)</b>	<b>Strength, Weakness or Area for Improvement</b>
Staff at all organizational levels engaged in establishing and/or updating a performance management system	1. Health department leadership and management supportive and engaged in establishing and/or updating a performance management system	No	Herb Yardley, Administrator/Health Officer	2 examples  No documentation of formal CQI Process	<b>Action required:</b> All CQI activities are conducted informally and program specific. There is no formal documented process at this time. Formal process must be developed.  <b>Recommendations: A department wide policy for CQI needs to be developed and implemented.</b>  <b>Refer to examples provided during NJ State Audit and also NACCHO website</b>	<b>Weakness and Area for Improvement</b>
	2. Health department staff at all other levels engaged in establishing and/or updating a performance management	No	Herb Yardley, Administrator/Health Officer	2 examples  No documentation of formal CQI activities	<b>Action Required:</b> All staff meetings need to have agendas, meeting minutes and any materials pertinent to CQI  <b>Recommendations: A</b>	<b>Weakness and Area for Improvement</b>

	system				<b>department wide policy for CQI needs to be developed and implemented. A database should be maintained as a depository for documentation.</b>	
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<b>Standard 9.1: Use a performance management system to monitor achievement of organizational objectives</b>						
<b>Measure 9.1.2</b>	<b>Required Documentation</b>	<b>Documentation</b>	<b>Division/Program &amp; contact name</b>	<b>Title of document, date and relevant detail</b>	<b>Action Required and/or Recommendations (if applicable)</b>	<b>Strength, Weakness or Area for Improvement</b>
Performance management policy/system	1. An adopted performance management system	No	Herb Yardley, Administrator/Health Officer	1 performance management system  No formal documentation of performance management system	<b>Action required:</b> No formal performance management system exists, and although measurement and collection of data occurs regularly, it is fragmented and programmatic.  <b>Recommendations:</b> Data collected needs to be evaluated and measured. Goals, objectives, targets and indicators need to be established in order to address the CQI process.	<b>Weakness and Area for Improvement</b>

Standard 9.1: Use a performance management system to monitor achievement of organizational objectives						
Measure 9.1.3	Required Documentation	Documentation	Division/Program & contact name	Title of document, date and relevant detail	Action Required and/or Recommendations (if applicable)	Strength, Weakness or Area for Improvement
Implemented performance management system	1. A functioning performance management committee or team	Yes, limited	Herb Yardley, Administrator/Health Officer	<i>1 example</i>  <u>Example #1</u> Chiefs meeting with supervisory staff was previously conducted to address management and supervisory issues	<b>Action Required:</b> Establish a functioning performance management team with all management staff that meets quarterly at a minimum. Meetings must have agendas that are clear and concise, to those agenda topics	<b>Weakness and Area for Improvement</b>
	2. Goals and objectives	No	Herb Yardley, Administrator/Health Officer	<i>2 examples; one example must be from a programmatic area and the other from an administrative area.</i>	<b>Action Required:</b> No formal goals and objectives with identified timeframes for measurement have been established at this point in time.  <b>Recommendations:</b> Once the performance management team has been established, goals and objectives will be developed and implemented.	<b>Weakness and Area for Improvement</b>



	3. Implementation of the process for monitoring the performance of goals and objectives	No	Herb Yardley, Administrator/Health Officer	2 examples	<p><b>Action Required:</b> No formal goals and objectives with identified timeframes for measurement have been established at this point in time.</p> <p><b>Recommendations:</b> Once the performance management team has been established, goals and objectives will be developed, implemented, and monitored.</p>	<b>Weakness and Area for Improvement</b>
	4. Analysis of progress toward achieving goals and objectives and identification of areas in need of focused improvement processes	No	Herb Yardley, Administrator/Health Officer	2 examples	<p><b>Action Required:</b> No formal goals and objectives with identified timeframes for measurement have been established at this point in time.</p> <p><b>Recommendations:</b> Once the performance management team has been established, goals and objectives will be developed, implemented, and monitored.</p>	<b>Weakness and Area for Improvement</b>
	5. Identification of results and next steps	No	Herb Yardley, Administrator/Health Officer	2 examples	<p><b>Action Required:</b> No formal goals and objectives with identified timeframes for measurement have been established at this point in time.</p> <p><b>Recommendations:</b> Once the performance management team has been established, goals and objectives will be developed, implemented, and monitored.</p>	<b>Weakness and Area for Improvement</b>
	6. A completed performance management self-assessment	No	Herb Yardley, Administrator/Health Officer	1 self-assessment	<p><b>Action Required:</b> No formal goals and objectives with identified timeframes for measurement have been established at this point in time.</p> <p><b>Recommendations:</b> Once the performance management team has been established, goals and objectives will be developed, implemented, and</p>	<b>Weakness and Area for Improvement</b>

					<p>monitored. Self-assessment will occur after implementation.</p> <p><i>SCDEPHS will review the Public Health Performance Management Self-Assessment Tool (<a href="http://www.phf.org">http://www.phf.org</a>) or the Self-assessment tools available through the Baldrige Performance Excellence Program (<a href="http://www.nist.gov/baldrige/enter/self.cfm">http://www.nist.gov/baldrige/enter/self.cfm</a>)</i></p>	
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<b>Standard 9.1: Use a performance management system to monitor achievement of organizational objectives</b>						
<b>Measure 9.1.4</b>	<b>Required Documentation</b>	<b>Documentation</b>	<b>Division/Program &amp; contact name</b>	<b>Title of document, date and relevant detail</b>	<b>Action Required and/or Recommendations (if applicable)</b>	<b>Strength, Weakness or Area for Improvement</b>
Implemented systematic process for assessing customer satisfaction with health department services	1. Collection, analysis, and conclusions of feedback from two different customer groups	Yes	Herb Yardley, Administrator/Health Officer	<p>2 examples Customers must be from two different programs</p> <p>This measure is conducted dependent division of agency, but primarily for grant-funded programming. Most of the evidence-based programs require collection of this type of data.</p> <p><u>Example #1</u> NJCEED</p> <p><u>Example #2</u></p>	<p><b>Action required:</b> Feedback is collected, but fragmented and programmatic. A department wide procedure needs to be developed.</p> <p><b>Recommendations:</b> Annual meetings with municipal and community stakeholders should be re-implemented on an annual basis or more frequently, as needed, to solicit input and generate dialog. These meetings should be inclusive of all departments and not exclusively one division.</p>	Area for Improvement

				Emergency Preparedness		
				<u>Example #3</u> Chronic Disease		
	2. Results and actions taken based on customer feedback	No	Herb Yardley, Administrator/Health Officer	2 examples	***Action Required Feedback needs to be obtained through community meetings, focus groups, surveys, etc., as stated in the above measure Feedback needs to be evaluated and appropriate actions initiated.	<b>Weakness and Area for Improvement</b>

Standard 9.2: Develop and implement quality improvement processes integrated into organizational practice, processes, and intervention						
Measure 9.2.1	Required Documentation	Documentation	Division/Program & contact name	Title of document, date and relevant detail	Action Required and/or Recommendations (if applicable)	Strength, Weakness or Area for Improvement
Established quality improvement program based on organizational policies and direction	1. A written quality improvement plan	No	Herb Yardley, Administrator/Health Officer	1 plan A CQI plan and process is not in place at this time.	<p><b>Action Required:</b> SCDEPHS needs to develop CQI plan utilizing all of the guidance documents provided and utilizing the format suggested in previous measure.</p> <p><b>Recommendation:</b> SCDEPHS needs to establish a CQI committee. Key elements of the quality improvement effort's structure, for example: -- Organization structure -- Membership and rotation -- Roles and responsibilities -- Staffing and administrative support -- Budget and resource allocation</p>	Weakness and Area for Improvement

<b>Standard 9.2: Develop and implement quality improvement processes integrated into organizational practice, processes, and intervention</b>						
<b>Measure 9.2.2</b>	<b>Required Documentation</b>	<b>Documentation</b>	<b>Division/Program &amp; contact name</b>	<b>Title of document, date and relevant detail</b>	<b>Action Required and/or Recommendations (if applicable)</b>	<b>Strength, Weakness or Area for Improvement</b>
Implemented quality improvement activities	1. Quality improvement activities based on the QI plan	No	Herb Yardley, Administrator/Health Officer  Dept Heads	2 examples; one example must be from a program area and the other from an administrative area.	Action Required: CQI Plan must be developed prior to conducting activities. This measure will be implemented after the development of CQI Plan.	Weakness and Area for Improvement
	2. Staff participation in quality improvement activities based on the QI plan	No	Herb Yardley, Administrator/Health Officer  Dept Heads	2 examples	Action Required: CQI Plan must be developed prior to conducting activities. This measure will be implemented after the development of CQI Plan.	Weakness and Area for Improvement

**DOMAIN 10: CONTRIBUTE TO AND APPLY THE EVIDENCE BASE OF PUBLIC HEALTH**

<b>Standard 10.1: Identify and use the best available evidence for making informed public health practice decisions.</b>						
<b>Measure 10.1.1</b>	<b>Required Documentation</b>	<b>Documentation</b>	<b>Division/Program &amp; contact name</b>	<b>Title of document, date and relevant detail</b>	<b>Action Required and/or Recommendations (if applicable)</b>	<b>Strength, Weakness or Area for Improvement</b>
Applicable evidence-based and/or promising practices identified and used when implementing new or revised processes, programs, and/or interventions	<p>1. The use of evidence-based or promising practices, including:</p> <p>a. Documentation of the source of the evidence-based or promising practice</p> <p>b. Documentation of how the evidence-based or promising practice was incorporated into the design of a new or revised process, program, or intervention</p>	Yes	Herb Yardley, Administrator/Health Officer	<p><i>2 examples; examples must come from two different program areas, one of which is a chronic disease program or program that seeks to prevent chronic disease</i></p> <p><u>Example #1</u>                      American Cancer Society's Physicians Primary Practice Colorectal Toolkit                      - Instituted over the last two years                      Source is American Cancer Society Attachment C of the OCCP grant</p> <p><u>Example #2</u>                      Friend to Friend evidenced-based toolkit                      - Cervical and breast cancer awareness</p>	Action Required Source for Example #2 will be provided by Director of Public Health Nursing	<b>Area for Improvement</b>

				<p>program</p> <ul style="list-style-type: none"><li>- Instituted over the last two years</li></ul> <p><u>Example #3</u> HPV best practice</p> <ul style="list-style-type: none"><li>- The SCDEPHS instituted a program to provide HPV vaccination, based upon the review by PHN regarding incidence data and association between cancer</li></ul>		
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<b>Standard 10.2 Promote understanding and use of the current body of research results, evaluations, and evidence-based practices with appropriate audiences</b>						
<b>Measure 10.2.1</b>	<b>Required Documentation</b>	<b>Documentation</b>	<b>Division/Program &amp; contact name</b>	<b>Title of document, date and relevant detail</b>	<b>Action Required and/or Recommendations (if applicable)</b>	<b>Strength, Weakness or Area for Improvement</b>
Protection of human subjects when the health department is involved in or supports research activities	1. An adopted human subjects research protection policy	No	Herb Yardley, Administrator/Health Officer	1 policy  The health department does not currently engage in research that involves human subjects, and will provide a statement to that effect could be accepted as documentation.	Action Required: Develop a statement that this action is not performed by SCDEPHS	n/a

<b>Standard 10.2 Promote understanding and use of the current body of research results, evaluations, and evidence-based practices with appropriate audiences</b>						
<b>Measure 10.2.2</b>	<b>Required Documentation</b>	<b>Documentation</b>	<b>Division/Program &amp; contact name</b>	<b>Title of document, date and relevant detail</b>	<b>Action Required and/or Recommendations (if applicable)</b>	<b>Strength, Weakness or Area for Improvement</b>
Access to expertise to analyze current research and its public health implications	1. The availability of expertise (internal or external) for analysis of research	Yes	Herb Yardley, Administrator/Health Officer	<p><i>2 examples or one list</i></p> <p><u>Example #1</u></p> <ul style="list-style-type: none"> <li>- Listing of professional staffing and the licenses that are qualified to analyze of research</li> <li>- Provide list of staff, area of expertise and licensure</li> </ul> <p><u>Example #2</u></p> <ul style="list-style-type: none"> <li>- Letter from NJDOH regarding agreement with Regional Epidemiology to provide expertise</li> </ul> <p><u>Example #3</u></p> <ul style="list-style-type: none"> <li>- CEHA activities such as Air, Noise, Solid Waste,</li> </ul>	<p><b>Action Required:</b></p> <ul style="list-style-type: none"> <li>- <b>Maintain a copy of the list of professional staffing and the licenses that are qualified to analyze of research in database</b></li> </ul>	<b>Strength</b>

				- Water List activities and agreement with NJDEP		
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<b>Standard 10.2 Promote understanding and use of the current body of research results, evaluations, and evidence-based practices with appropriate audiences</b>						
<b>Measure 10.2.3</b>	<b>Required Documentation</b>	<b>Documentation</b>	<b>Division/Program &amp; contact name</b>	<b>Title of document, date and relevant detail</b>	<b>Action Required and/or Recommendations (if applicable)</b>	<b>Strength, Weakness or Area for Improvement</b>
Communicated research findings, including public health implications	1. The communication of research findings and their public health implications to stakeholders, public health system partners, and/or the public	Yes	Herb Yardley, Administrator/Health Officer	<p><i>2 examples</i></p> <p><u>Example #1</u> Community presentations on Complete Streets</p> <p><u>Example #2</u> Chronic Disease Coalition reviews updated statistics each year at first annual meetings</p> <p><u>Example #3</u> Newsletter articles about latest statistics and research findings on topics such as influenza; proper burning; chronic disease</p> <p><u>Example #4</u> Press Releases and newspaper articles on topics such as influenza, chronic disease, seasonal allergies</p>	n/a	<b>Strength</b>

**DOMAIN 11: MAINTAIN ADMINISTRATIVE AND MANAGEMENT CAPACITY**

<b>Standard 11.1: Develop and maintain an operational infrastructure to support the performance of public health functions.</b>						
<b>Measure 11.1.1</b>	<b>Required Documentation</b>	<b>Documentation</b>	<b>Division/Program &amp; contact name</b>	<b>Title of document, date and relevant detail</b>	<b>Action Required and/or Recommendations (if applicable)</b>	<b>Strength, Weakness or Area for Improvement</b>
Policies and procedures regarding health department operations, reviewed regularly, and accessible to staff	1. Policy and procedure manual or individual policies	Yes	Herb Yardley, Administrator/Health Officer	<p><i>1 Manual or, if a Table of Contents or list is provided, 2 example policies are also required.</i></p> <p>Example #1 Policy and Procedure exists and available.</p> <p>.</p>	<p><b>Action Required:</b> Manual needs to be updated and reviewed annually with senior staff. Policies and procedures will be updated and changed as needed. This process will occur in January of each year.</p> <p>Need to ensure that the policies and department wide and are not program specific</p> <p>Will specify which functions are considered a County government function and which functions are strictly applicable to SCDEPHS</p>	<b>Area for Improvement</b>

	2. Health department organizational chart	Yes	Herb Yardley, Administrator/Health Officer	<p><i>1 organizational chart</i></p> <p>An organizational chart is utilized and updated quarterly or as needed.</p>	<b>n/a</b>	<b>Strength</b>
	3. Review of policies and procedures	No	Herb Yardley, Administrator/Health Officer	<p><i>2 examples</i></p> <p>Many policies are reviewed and updated, but no documentation is available.</p>	<p><b>Action Required:</b>  A department-wide policy will be established for all policies to be reviewed annually and as needed. A sign-off sheet will be utilized to provide evidence of staff review</p>	<b>Area for Improvement</b>
	4. Methods for staff access to policies			<p><i>1 example</i></p> <p>Example #1  The majority of department policies are currently available on a central database, accessible by most staff.</p>	<p>All policies will be made available to staff in a central location and access to the drive will be available on database</p>	<b>Area for Improvement</b>

Standard 11.1: Develop and maintain an operational infrastructure to support the performance of public health functions.						
Measure 11.1.2	Required Documentation	Documentation	Division/ Program & contact name	Title of document, date and relevant detail	Action Required and/or Recommendations (if applicable)	Strength, Weakness or Area for Improvement
Ethical issues identified and ethical decisions made	Strategies for decision making relative to ethical issues	Yes	Herb Yardley, Administrator/ Health Officer  Sussex County Board of Chosen Freeholders  John Eskilson, County Administrator	process or set of policies and procedures  Financial disclosure statement must be made by the Health Officer  NJ State Ethics: <ul style="list-style-type: none"> <li>New Jersey State Ethics Commission 28 West State Street – P.O. Box 082 Trenton, New Jersey 08625-0082 (609) 292-1892 FAX – (609) 633-9252 Toll-free hotline, 1-888-223-1355 <a href="mailto:ethics@ethics.state.nj.us">ethics@ethics.state.nj.us</a> or <a href="http://nj.gov/ethics">nj.gov/ethics</a></li> <li>DMAVA’s Ethics Liaison Officer (ELO), 609-530-7107 or <a href="mailto:ethics@njdmava.state.nj.us">ethics@njdmava.state.nj.us</a> .</li> <li>New Jersey Conflicts of Interest Law, N.J.S.A. 52:13D-12, et seq.</li> <li>The State Ethics Commissions, N.J.A.C. 19:61-1.1, et seq.</li> <li>New Jersey Uniform Code of Ethics (replaced individual codes for each State agency).</li> <li>Plain Language Guide to New Jersey’s Executive Branch Ethics Standards. <a href="http://nj.gov/ethics/docs/ethics/plainlan">nj.gov/ethics/docs/ethics/plainlan</a></li> </ul>	<p><b>Recommendation:</b></p> <p><b>Document the following:</b> County of Sussex employee handbook identifies strategies for decision making relative to ethical issues. Any suspect of conflict with ethical issues will be reported to employee services and reported to County Administrator and Board of Chosen Freeholders.</p> <p>Each professional license identifies ethical issues within scope of practice.</p>	Weakness as documented  Area for Improvement: Need to properly document process

				<ul style="list-style-type: none"> <li>• <a href="#">guage.pdf</a></li> <li>• State Employees' Participation in Political Activities: <a href="http://nj.gov/ethics/statutes/guide/political_activities.html">nj.gov/ethics/statutes/guide/political_activities.html</a></li> <li>• Guidelines Governing Outside Activities: <a href="http://nj.gov/ethics/statutes/guide/outsideact_guide.html">nj.gov/ethics/statutes/guide/outsideact_guide.html</a></li> <li>• Guidelines Governing the Use of Official Stationery: <a href="http://nj.gov/ethics/statutes/guide/stationery.html">nj.gov/ethics/statutes/guide/stationery.html</a></li> <li>• Post-Employment Restrictions for State Employees: <a href="http://nj.gov/ethics/statutes/guide/employment_restrictions.html">nj.gov/ethics/statutes/guide/employment_restrictions.html</a></li> <li>• Code of Ethics for Nurses – the American Nurses Association (ANA).</li> <li>• Principles of Medical Ethics – the American Medical Association (AMA)</li> <li>• American Association of Medical Assistants Code of Ethics (AAMA)</li> </ul>		
2. Ethical issues reviewed and resolved	The health department must document the consideration, deliberation, and resolution of ethical issues.  Examples of	Yes	Herb Yardley, Administrator/Health Officer  Sussex County Board of Chosen Freeholders  John Eskilson, County	1 example  Example #1 Decision on the distribution of vaccination during a shortage situation <ul style="list-style-type: none"> <li>- Emergency responders and their families receiving vaccines prior to general population</li> <li>- H1N1 priority vaccination and department was required to follow guidance established by</li> </ul>	<b>Recommendation:</b>  <b>Document the following:</b> <b>Personnel: The department cannot statutorily disclose reported issues of ethical issues pertaining to staff due to confidentiality</b>	Weakness as documented  Area for Improvement: Need to properly document process



	<p>ethical issues include, for example, privately constructed sewers, distribution of vaccine in a shortage situation, staff mandatory immunizations , an employee's use of social media, an employee's acceptance of gifts.</p>		<p>Administrator</p>	<p>the CDC and NJDOH</p>	<p>issues. Staff in SCDEPHS adhere to the County of Sussex protocol and those ethical issues are referred to County Administrator</p>	
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<b>Standard 11.1: Develop and maintain an operational infrastructure to support the performance of public health functions.</b>						
<b>Measure 11.1.3</b>	<b>Required Documentation</b>	<b>Documentation</b>	<b>Division/Program &amp; contact name</b>	<b>Title of document, date and relevant detail</b>	<b>Action Required and/or Recommendations (if applicable)</b>	<b>Strength, Weakness or Area for Improvement</b>
Policies regarding confidentiality, including applicable HIPAA requirements	1. Confidentiality policies	Yes	Herb Yardley, Administrator/Health Officer  Sussex County Board of Chosen Freeholders  John Eskilson, County Administrator	<i>1 policy or a set of policies</i>  Policy is in the County of Sussex Employee Policy Handbook  Date: updated in 1999, but reviewed by department annually	<b>Recommendation:</b> Document review of Employee Handbook	Strength
	2. Training staff on the implementation of confidentiality policies	Yes	Herb Yardley, Administrator/Health Officer  Division Heads	Policy is in the County of Sussex Employee Policy Handbook  Date: updated in 1999, but reviewed by department annually	<b>Recommendation:</b> Document review of Employee Handbook	Strength

	3. Signed employee confidentiality form, as required by policies	Yes	Herb Yardley, Administrator/Health Officer  Division Heads	Policy is in the County of Sussex Employee Policy Handbook  Date: updated in 1999, but reviewed by department annually	Recommendation: Document review of Employee Handbook	Strength
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<b>Standard 11.1: Develop and maintain an operational infrastructure to support the performance of public health functions.</b>						
<b>Measure 11.1.4</b>	<b>Required Documentation</b>	<b>Documentation</b>	<b>Division/Program &amp; contact name</b>	<b>Title of document, date and relevant detail</b>	<b>Action Required and/or Recommendations (if applicable)</b>	<b>Strength, Weakness or Area for Improvement</b>
Policies, processes, programs, and interventions provided that are socially, culturally, and linguistically appropriate to specific populations with higher health risks and poorer health outcomes.	1. Policy or procedure for the development of interventions and materials that address areas of health inequity among the specific populations and are culturally and linguistically appropriate for the population the health department serves in its jurisdiction	No	Herb Yardley, Administrator/Health Officer  Division Heads	<i>1 policy or procedure</i>  n/a	<b>Action required:</b> A policy or procedure needs to be established to address health inequities.  SCDEPHS currently provides services and programs to the indigent populations and individuals classified in a low socioeconomic status.	<b>Weakness</b>
	2. Processes, programs, or interventions provided in a culturally or linguistically competent manner	Yes	Herb Yardley, Administrator/Health Officer  Division Heads	<i>2 examples;</i> <i>The two examples must come from two different program areas of the health department</i>  Example #1 Vaccination Information Statements (VIS) forms are provided in	<b>Action required:</b> Explore the availability of language line or other linguistic services	<b>Area for Improvement</b>

				multiple languages.  Example #2 Health education materials are available in multiple languages and adapted to multiple cultures.		
	3. Assessment of the health department's cultural competence and knowledge of health equity	Yes	Herb Yardley, Administrator/Health Officer  Division Heads	1 example	Action Required: SCDEPHS will conduct an assessment of the cultural and linguistic competency, utilizing one of the tools provided.	Weakness
	4. Health equity and cultural competency training provided to health department staff	Yes	Herb Yardley, Administrator/Health Officer  Division Heads	1 example  Example #1 Cultural competence training is required for SCDEPHS staff and is offered regularly on NJLMN	Action Required: Document as department policy in policy and procedure manual	Strength

<b>Standard 11.1: Develop and maintain an operational infrastructure to support the performance of public health functions.</b>						
<b>Measure 11.1.5</b>	<b>Required Documentation</b>	<b>Documentation</b>	<b>Division/Program &amp; contact name</b>	<b>Title of document, date and relevant detail</b>	<b>Action Required and/or Recommendations (if applicable)</b>	<b>Strength, Weakness or Area for Improvement</b>
A human resources function	1. Human resource (HR) policies and procedures	<b>Yes</b>	Herb Yardley, Administrator/Health Officer  Sussex County Board of Chosen Freeholders  John Eskilson, County Administrator	<i>1 set of HR policies and procedures</i>  County of Sussex Employee Handbook.	<b>Action Required:</b> Employee reviews are not conducted as precluded by union contract Letter from the CWA Union will be provided to document this measure	<b>Strength</b>
	2. Staff access to human resource policies and procedures	Yes	Herb Yardley, Administrator/Health Officer  Sussex County Board of Chosen Freeholders  John Eskilson, County Administrator	<i>1 example</i>  All human resource policies are available to staff via County of Sussex Employee Services and also in Employee Handbook	n/a	<b>Strength</b>
	3. Employment working relationship agreements	Yes	Herb Yardley, Administrator/Health Officer  Sussex County Board of Chosen Freeholders  John Eskilson, County Administrator	<i>1 example</i>  All contracts regarding County of Sussex and SCDEPHS are negotiated by County Administrator and Board of Chosen Freeholders. SCDEPHS is required to follow NJ Civil Service protocols and NJ Dept of Personnel	n/a	<b>Strength</b>

	<p>4. A human resource function that supports management, the workforce, and workforce development by being a responsive partner to programs</p>	<p>Yes</p>	<p>Herb Yardley, Administrator/Health Officer</p> <p>Division Heads</p>	<p><i>2 examples</i></p> <p>County of Sussex Employee Services Department is responsible for managing all human resource functions</p> <ul style="list-style-type: none"> <li>- New hire to fill public health position</li> <li>- Over the last five years, public health positions of 2 REHS and NJCEED Coordinator have been filled</li> </ul>	<p>n/a</p>	<p><b>Strength</b></p>
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<b>Standard 11.1: Develop and maintain an operational infrastructure to support the performance of public health functions.</b>						
<b>Measure 11.1.6</b>	<b>Required Documentation</b>	<b>Documentation</b>	<b>Division/Program &amp; contact name</b>	<b>Title of document, date and relevant detail</b>	<b>Action Required and/or Recommendations (if applicable)</b>	<b>Strength, Weakness or Area for Improvement</b>
Information management function that supports the health department's mission and workforce by providing infrastructure for data storage, protection, and management; and data analysis and reporting	1. Information technology infrastructure that supports public health functions	<b>Yes</b>	Herb Yardley, Administrator/Health Officer  Division Heads  William Kosinetz, IT Dept	2 examples; The two examples must be from different areas. The health department may select the areas. They may be program and/or administrative areas.  Example #1 Scanning of public health documents to preserve records  Example #2 Health Department website  Example #3 Establishment of OnBase	n/a	<b>Strength</b>
	2. Secure information systems	<b>Yes</b>	Herb Yardley, Administrator/Health Officer  Division Heads	1 example  Example #1 Security policy for internet use in place from IT dept	<b>Action required:</b> - Passwords must be changed every six months - Maintain copy	<b>Strength</b>



<p>3. Maintenance of confidentiality of data</p> <p><b>Yes</b></p>	<p>William Kosinetz, IT Dept</p>		<p>of policy</p>	
	<p>Herb Yardley, Administrator/Health Officer</p>	<p>1 policy</p>	<p>Action required:</p> <ul style="list-style-type: none"> <li>- Review the policy and procedure manual</li> </ul>	<p><b>Strength</b></p>
	<p>Division Heads</p>	<p>County of Sussex IT Dept is responsible for maintaining all IT equipment and data</p>	<ul style="list-style-type: none"> <li>- Maintain copy of policy</li> </ul>	
	<p>William Kosinetz, IT Dept</p>			
<p>4. Maintenance of information management system</p> <p><b>No</b></p>	<p>Herb Yardley, Administrator/Health Officer</p>	<p>1 example</p>	<p>Action required:</p> <ul style="list-style-type: none"> <li>- Review the policy and procedure manual</li> </ul>	<p><b>Weakness</b></p>
	<p>Division Heads</p>	<p>County of Sussex IT Dept is responsible for maintaining all IT equipment and information management systems</p>	<ul style="list-style-type: none"> <li>- Maintain copy of policy</li> </ul>	
	<p>William Kosinetz, IT Dept</p>			
<p>5. Management of information assets</p> <p><b>No</b></p>	<p>Herb Yardley, Administrator/Health Officer</p>	<p>1 example</p>	<p>Action Required: SCDEPHS will request an inventory of data and data systems</p>	<p><b>Weakness and Area for Improvement</b></p>
	<p>Division Heads</p>	<p>n/a</p>		
	<p>William Kosinetz, IT Dept</p>			

<b>Standard 11.1: Develop and maintain an operational infrastructure to support the performance of public health functions.</b>						
<b>Measure 11.1.7</b>	<b>Required Documentation</b>	<b>Documentation</b>	<b>Division/Program &amp; contact name</b>	<b>Title of document, date and relevant detail</b>	<b>Action Required and/or Recommendations (if applicable)</b>	<b>Strength, Weakness or Area for Improvement</b>
Facilities that are clean, safe, accessible, and secure	1. Licenses for laboratory	<b>Yes</b>	Herb Yardley, Administrator/Health Officer	<i>As needed</i>  Not applicable Contracted service	<b>Action Required:</b> <b>Acquire copies of the following:</b> 1. Garden State license 2. Newton Medical Center License 3. NJDOH PHEL license	<b>Strength</b>
	2. Inspection reports	<b>Yes</b>	Herb Yardley, Administrator/Health Officer	<i>2 examples</i>  <u>Example #1</u> CO for buildings  <u>Example #2</u> Permits from County of Sussex Facilities  <u>Example #3</u> Fire inspection	<b>n/a</b>	<b>Strength</b>
	3. Assurance of accessibility to the health department's facilities	<b>Yes</b>	Herb Yardley, Administrator/Health Officer	<i>1 example</i>  A Certificate of Occupancy can only be issued after a construction official determines compliance with NJ State Uniform Construction code	Action required: Acquire Copy of CO	<b>Strength</b>

				which incorporates ADA compliance.		
<b>Standard 11.2: Establish effective financial management system.</b>						
<b>Measure 11.2.1</b>	<b>Required Documentation</b>	<b>Documentation</b>	<b>Division/Program &amp; contact name</b>	<b>Title of document, date and relevant detail</b>	<b>Action Required and/or Recommendations (if applicable)</b>	<b>Strength, Weakness or Area for Improvement</b>
Financial and programmatic oversight of grants and contracts	1. Audited financial statements	<b>Yes</b>	Herb Yardley, Administrator/Health Officer	<i>2 examples</i>  <u>Example #1</u> Annual independent financial audit  <u>Example #2</u> All grants are reviewed before processing by County of Sussex Dept of Finance	<b>n/a</b>	<b>Strength</b>
	2. Program reports	<b>Yes</b>	Herb Yardley, Administrator/Health Officer  Department Heads	<i>2 examples</i>  <u>Example #1</u> Financial report for CEHA  <u>Example #2</u> Financial report for Emergency Preparedness  <u>Example #3</u> Financial report from NJCEED	<b>n/a</b>	<b>Strength</b>
	3. Communications from federal or state funding agencies or organizations	<b>No</b>	Herb Yardley, Administrator/Health Officer	All, as appropriate  Not applicable	<b>n/a</b>	<b>n/a</b>

<b>Standard 11.2: Establish effective financial management system.</b>						
<b>Measure 11.2.2</b>	<b>Required Documentation</b>	<b>Documentation</b>	<b>Division/Program &amp; contact name</b>	<b>Title of document, date and relevant detail</b>	<b>Action Required and/or Recommendations (if applicable)</b>	<b>Strength, Weakness or Area for Improvement</b>
Written agreements with entities from which the health department purchases, or to which the health department delegates, services, processes, programs, and/or interventions	1. Contracts/MOUs/MOAs or other written agreements for the provision of services, processes, programs, and/or interventions	<b>Yes</b>	Herb Yardley, Administrator/Health Officer	<p><i>2 examples; the examples must be from two different program/administrative areas featuring written agreements with different entities</i></p> <p><u>Example #1</u> MOA with neighboring counties of Morris and Sussex for cooperative agreement</p> <p><u>Example #2</u> CEHA for HAZMAT Services</p> <p><u>Example #3</u> NJCEED contracts for services provided</p>	n/a	<b>Strength</b>

<b>Standard 11.2: Establish effective financial management system.</b>						
<b>Measure 11.2.3</b>	<b>Required Documentation</b>	<b>Documentation</b>	<b>Division/Program &amp; contact name</b>	<b>Title of document, date and relevant detail</b>	<b>Action Required and/or Recommendations (if applicable)</b>	<b>Strength, Weakness or Area for Improvement</b>
Financial management systems	1. Approved health department budget	<b>Yes</b>	Herb Yardley, Administrator/Health Officer	1 budget  SCDEPHS has a copies of approved budgets Date: Annually	n/a	<b>Strength</b>
	2. Financial reports	<b>Yes</b>	Herb Yardley, Administrator/Health Officer	2 examples  Example #1 Quarterly Expenditure reports for CEHA  Example #2 <ul style="list-style-type: none"> <li>- All financial reports are accessible continually via MSI financial software</li> <li>- Bank reconciliation monthly'</li> <li>- Internal accounting system</li> </ul>	n/a	<b>Strength</b>

<b>Standard 11.2: Establish effective financial management system.</b>						
<b>Measure 11.2.4</b>	<b>Required Documentation</b>	<b>Documentation</b>	<b>Division/Program &amp; contact name</b>	<b>Title of document, date and relevant detail</b>	<b>Action Required and/or Recommendations (if applicable)</b>	<b>Strength, Weakness or Area for Improvement</b>
Resources sought to support agency infrastructure and processes, programs, and interventions	1. Formal efforts to seek additional financial resources	<b>Yes</b>	Herb Yardley, Administrator/Health Officer	<p><i>2 examples</i></p> <p><u>Example #1</u> CEHA grant provides matching funds</p> <p><u>Example #2</u> NJCEED grant</p> <p><u>Example #3</u> ASI grant funding</p> <p><u>Example #4</u> Emergency Preparedness grant funding</p>	n/a	<b>Strength</b>
	2. Communications concerning the need for financial support to maintain and improve public health infrastructure and services	<b>Yes</b>	Herb Yardley, Administrator/Health Officer	<p><i>2 examples</i></p> <p><u>Example #1</u> Testimony/communication is provided during budget preparation meetings</p> <ul style="list-style-type: none"> <li>- Copy of calendar</li> </ul>	<p><b>Action required:</b> Will provide a second example when opportunity arises</p> <p><b>Prohibited to write correspondence to newspaper regarding financial support</b></p>	<b>Area for Improvement</b>

**DOMAIN 12: MAINTAIN CAPACITY TO ENGAGE THE PUBLIC HEALTH GOVERNING ENTITY**

<b>Standard 12.1: Maintain current operational definitions and statements of public health roles, responsibilities, and authorities.</b>						
<b>Measure 12.1.1</b>	<b>Required Documentation</b>	<b>Documentation</b>	<b>Division/Program &amp; contact name</b>	<b>Title of document, date and relevant detail</b>	<b>Action Required and/or Recommendations (if applicable)</b>	<b>Strength, Weakness or Area for Improvement</b>
Mandated public health operations, programs, and services provided	1. Authority to conduct public health activities	<b>Yes</b>	Herb Yardley, Administrator/Health Officer  Dept Heads	1 example  <u>Example #1</u> NJAC 8:52  Chapter 52. Public Health Practice Standards of Performance for Local Boards of Health in New Jersey  <u>Example #2</u> NJAC 7:9a NJ Septic Code	<b>Action Required:</b> SCDEPHS need to determine & review what the local/municipal public health ordinances are as they pertain to health dept  <b>Recommendations:</b> SCDEPHS should review and assess the local/municipal ordinances for consistency with current standards Ongoing: Need to establish an ongoing process whereby all local boards of health submit proposed municipal ordinances to county health dept for review and input prior to adoption	<b>Area for Improvement</b>
	2. Operations that reflect authorities	<b>Yes</b>	Herb Yardley, Administrator/Health Officer  Dept Heads	1 example  <u>Example #1</u> Monthly reports are prepared for review and distributed.	n/a	<b>Strength</b>

				<u>Example #2</u> Annual reports are completed		
				<u>Example #3</u> CEHA activities are reported monthly		



<b>Standard 12.1: Maintain current operational definitions and statements of public health roles, responsibilities, and authorities.</b>						
<b>Measure 12.1.2</b>	<b>Required Documentation</b>	<b>Documentation</b>	<b>Division/Program &amp; contact name</b>	<b>Title of document, date and relevant detail</b>	<b>Action Required and/or Recommendations (if applicable)</b>	<b>Strength, Weakness or Area for Improvement</b>
Operational definitions and/or statements of the public health governing entity's roles and responsibilities	1. The governing entity's authority	<b>Yes</b>	Herb Yardley, Administrator/Health Officer  Sussex County Board of Chosen Freeholders	<i>1 or more documents, as required</i>  Resolution passed by Sussex County Board of Chosen Freeholders  SCDEPHS Organizational Chart	<b>Action required:</b> Maintain a copy of the resolution, ordinance or charter that established health dept  <b>Organizational chart</b> that defines the health department's roles and responsibilities	<b>Strength</b>
	2. The governing entity's structure and composition	<b>Yes</b>	Herb Yardley, Administrator/Health Officer  Sussex County Board of Chosen Freeholders	<i>1 example</i>  Resolution passed by Sussex County Board of Chosen Freeholders  SCDEPHS Organizational Chart	<b>Action required:</b> Maintain a copy of the resolution, ordinance or charter that established health dept  <b>Organizational chart</b> that defines the health department's roles and responsibilities	<b>Strength</b>

<b>Standard 12.2: Provide information to the governing entity regarding public health and the official responsibilities of the health department and of the governing entity.</b>						
<b>Measure 12.2.1</b>	<b>Required Documentation</b>	<b>Documentation</b>	<b>Division/Program &amp; contact name</b>	<b>Title of document, date and relevant detail</b>	<b>Action Required and/or Recommendations (if applicable)</b>	<b>Strength, Weakness or Area for Improvement</b>
Communication with the governing entity regarding the responsibilities of the public health department and of the responsibilities of the governing entity	<p>1. Communication with the governing entity regarding the responsibilities of the public health department</p> <p>a. Communication with the governing entity about its operational definitions and/or statements of the public health governing entity's roles and responsibilities</p> <p>b. The orientation process for new members of the governing entity</p>	<b>Yes</b>	Herb Yardley, Administrator/Health Officer	<p><i>2 examples for a; 1 process for b</i></p> <p>Under NJSA Title 26, local health depts. (local boards of health) can assume several forms. SCDEPHS is a county based health system which contracts independently with local boards of health for the provision of public health services in accordance with NJ Practice Standards.</p> <p>SCDEPHS is answerable to both the Board of Chosen Freeholders and the local boards of health on the municipal level.</p> <p>Based on this model, monthly and annual reports are sent to both the</p>	n/a	<b>Strength</b>

				<p>County Administrator for distribution to the Boards of Chosen Freeholders. The reports are also distributed to the local boards of health.</p> <p>With the election of new Board of Chosen Freeholders, we provide an orientation presentation. Meeting agendas and orientation materials are available.</p>		
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<b>Standard 12.3: Encourage the governing entity's engagement in the public health department's overall obligations and responsibilities.</b>						
<b>Measure 12.3.1</b>	<b>Required Documentation</b>	<b>Documentation</b>	<b>Division/Program &amp; contact name</b>	<b>Title of document, date and relevant detail</b>	<b>Action Required and/or Recommendations (if applicable)</b>	<b>Strength, Weakness or Area for Improvement</b>
Information provided to the governing entity about important public health issues facing the community, the health department, and/or the recent actions of the health department	1. Communication with the governing entity regarding important public health issues and/or recent actions of the health department	<b>Yes</b>	Herb Yardley, Administrator/Health Officer	<p><i>2 examples</i></p> <p><u>Example #1</u> LINCS messages sent out to local boards of health and municipal clerks</p> <p><u>Example #2</u> Health Officer presents annual budget to Board of Chosen Freeholders Also contacts the Board of Chosen Freeholder Liaison regarding pertinent issues</p>	<b>Action required: Board of Chosen Freeholder members should be added to the LINCS list for distribution of messages</b>	<b>Area for Improvement</b>

<b>Standard 12.3: Encourage the governing entity's engagement in the public health department's overall obligations and responsibilities.</b>						
<b>Measure 12.3.2</b>	<b>Required Documentation</b>	<b>Documentation</b>	<b>Division/Program &amp; contact name</b>	<b>Title of document, date and relevant detail</b>	<b>Action Required and/or Recommendations (if applicable)</b>	<b>Strength, Weakness or Area for Improvement</b>
Actions taken by the governing entity tracked and reviewed	1. Consistently review issues discussed, actions taken, and policies set by the governing entity	<b>Yes</b>	Herb Yardley, Administrator/Health Officer	<p><i>2 examples</i></p> <p><u>Example #1</u> This process occurs quarterly and issues are reviewed with a designated governing body representative. Issues can include topics such as, services, programs, number of activities conducted by dept., etc.</p> <p><u>Example #2</u> Specific issues are discussed with boards of health representatives during monthly or quarterly meetings</p>	<b>Action required:</b> A formal policy or process must be developed to address these issues with the local boards of health at their regularly scheduled meetings.	<b>Area for Improvement</b>

<b>Standard 12.3: Encourage the governing entity's engagement in the public health department's overall obligations and responsibilities.</b>						
<b>Measure 12.3.3</b>	<b>Required Documentation</b>	<b>Documentation</b>	<b>Division/Program &amp; contact name</b>	<b>Title of document, date and relevant detail</b>	<b>Action Required and/or Recommendations (if applicable)</b>	<b>Strength, Weakness or Area for Improvement</b>
Communication with the governing entity about health department performance assessment and improvement	1. Communication with the governing entity concerning assessment of the health department's performance	Yes, limited	Herb Yardley, Administrator/Health Officer  Dept Heads	2 examples  Example #1 Presented to County Administrator who presents to Board of Chosen Freeholders meeting. Request was made for approval to apply and accept grant funding to begin accreditation process	<b>Action Required:</b> We are not aware of specific documentation that supports this measure or process. Need to establish a process for performance improvement for this measure.  Health Officer will invite all municipalities to meeting to present the annual report.  Health Officer will review performance assessment models and choose a method to utilize for improving dept performance.	Area for Improvement
	2. Communication with the governing entity concerning the improvement of the health department's performance	Yes, limited	Herb Yardley, Administrator/Health Officer  Dept Heads	2 examples  Example #1 Accreditation initiative process is in progress (SCDEPHS is in the pre-application phase)	<b>Action Required :</b> Health Officer will review performance assessment models and choose a method to utilize for improving dept performance. Once the assessment has been conducted by dept, then the improvement phase will be implemented.	Area for Improvement