



**ARAPAHOE COUNTY**

# Introduction to Public Health's NEW Performance Management Program



Introduction to

# Performance and You

Presented by **RAFT Culture & Training**



# The Road to Performance

-  Official Kick-off: January 2024 – Executive leadership establishes vision and values as a starting point.
-  March 2024 – The CORE Strategies become our North Star; tailored specifically for us.
-  July 2024 – A 20-person team convenes to build the Performance Management System.
-  This new Team calls themselves ***R.A.F.T.***
  - 1- A raft is a group of animals, in our case, the symbolic duck.
  - 2- Realigning Approaches for Future Transformation

RAFT =  
The TEAM  
who oversees  
performance  
for Public  
Health



**Purpose:**

The RAFT (Realigning Approaches for Future Transformation) Team developed and integrated a Performance Management & Continuous Quality Improvement system into Arapahoe County Public Health work and culture in 2024 to be implemented in 2025.

**Guiding Principles:**

Accessible - easy to understand and engage with.

Transparent - open, honest, and clear sharing of information that allows for an informed voice in decision-making.

Human-Centered - starts with people and their stories and ends with creative solutions that are tailored to our audience's needs.

**Motto:**

Performance is movement... in both directions.

# The Preparation Process

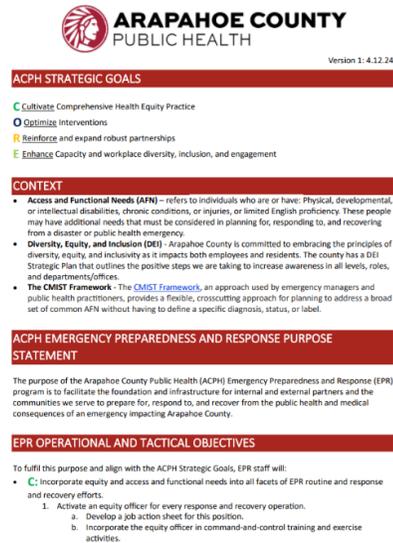
## CORE Framework

Adoption of the CORE Commitment to Health Equity: Cultivate, Optimize, Reinforce, and Enhance becomes the starting point.



## CORE Worksheets

Programs complete a CORE worksheet aligning their performance to CORE.



**ARAPAHOE COUNTY PUBLIC HEALTH**  
Version 1: 4.12.24

**ACPH STRATEGIC GOALS**

- C** Cultivate Comprehensive Health Equity Practice
- O** Optimize Interventions
- R** Reinforce and expand robust partnerships
- E** Enhance Capacity and workplace diversity, inclusion, and engagement

**CONTEXT**

- Access and Functional Needs (AFN)** — refers to individuals who are or have: Physical, developmental, or intellectual disabilities, chronic conditions, or injuries, or limited English proficiency. These people may have additional needs that must be considered in planning for, responding to, and recovering from a disaster or public health emergency.
- Diversity, Equity, and Inclusion (DEI)** — Arapahoe County is committed to embracing the principles of diversity, equity, and inclusivity as it impacts both employees and residents. The county has a DEI Strategic Plan that outlines the positive steps we are taking to increase awareness in all levels, roles, and departments/offices.
- The CMIST Framework** - The **CMIST Framework**, an approach used by emergency managers and public health practitioners, provides a flexible, crosscutting approach for planning to address a broad set of common AFN without having to define a specific diagnosis, status, or label.

**ACPH EMERGENCY PREPAREDNESS AND RESPONSE PURPOSE STATEMENT**

The purpose of the Arapahoe County Public Health (ACPH) Emergency Preparedness and Response (EPR) program is to facilitate the foundation and infrastructure for internal and external partners and the communities we serve to prepare for, respond to, and recover from the public health and medical consequences of an emergency impacting Arapahoe County.

**EPR OPERATIONAL AND TACTICAL OBJECTIVES**

To fulfill this purpose and align with the ACPH Strategic Goals, EPR staff will:

- C**: Incorporate equity and access and functional needs into all facets of EPR routine and response and recovery efforts.
  1. Activate an equity officer for every response and recovery operation.
    - a. Develop a job action sheet for this position.
    - b. Incorporate the equity officer in command-and-control training and exercise activities.

## New Measure Development

The RAFT Team works with programs in developing 1- performance measures.

### RAFT Performance Listening Sessions

Date: 9/17/24  
Program Name: Nutrition  
Participants: Kathleen, Heidi, Jill, Alexa, Grace

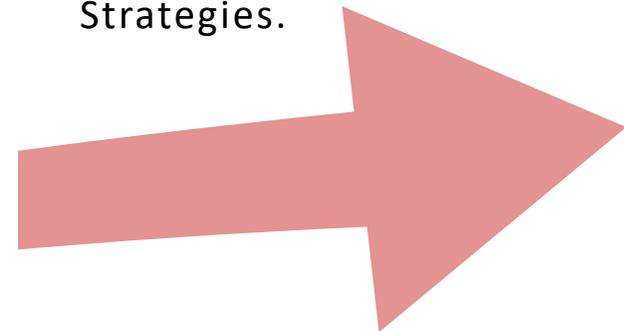
**Background:** In 2023, ACPH adopted the CORE framework as its [Strategic Plan](#). In 2024, ACPH leadership envisioned establishing a set of measures from all programs to showcase significant contributions to the strategic plan's execution. The goal is to have a dynamic Performance Management system in place by the end of 2024, ready for use at the beginning of 2025. **The purpose of this meeting is to get as close as possible to identifying the 1-2 measures that will be used in 2025.**

#### Important talking points:

- The CORE measure will not replace the current quarterly Public Health Measures or any individual program measures. These measures will live in harmony with these other measures!
- Most teams/programs already report several performance measures quarterly. Some might find that their existing measures are the best way to capture CORE alignment with our strategic plan. Others might decide to design new measures or tweak existing ones. Both approaches are perfectly fine! 🎯 Think about data you already collect.
- When thinking about measures, a helpful starting off point is the Result-Based Accountability framework which categorizes measures in three categories – "what did we do?", "how well did we do it?", and "is anyone better off?". These categories are distinct from each other by the degree of control and impact.
  - o What did we do (i.e., # of clients served, # activities performed)
  - o How well did we do it? (i.e., % of timely actions, client satisfaction, return on investment, staff retention)
  - o Is anyone better off? (% of vaccinated youth, prevalence of disease, hospitalization rates)
- Performance is movement in both directions! Measures can be utilized to show strong services, AND they can also be used to demonstrate need.

## CORE Alignment

All new measures align program day-to-day functions with the CORE Strategies.





# Public Health's Strategic direction is led by

**C**

Cultivate  
comprehensive  
health equity  
practice

**O**

Optimize  
interventions

**R**

Reinforce and  
expand robust  
partnerships

**E**

Enhance capacity  
and workplace  
diversity, inclusion,  
and engagement

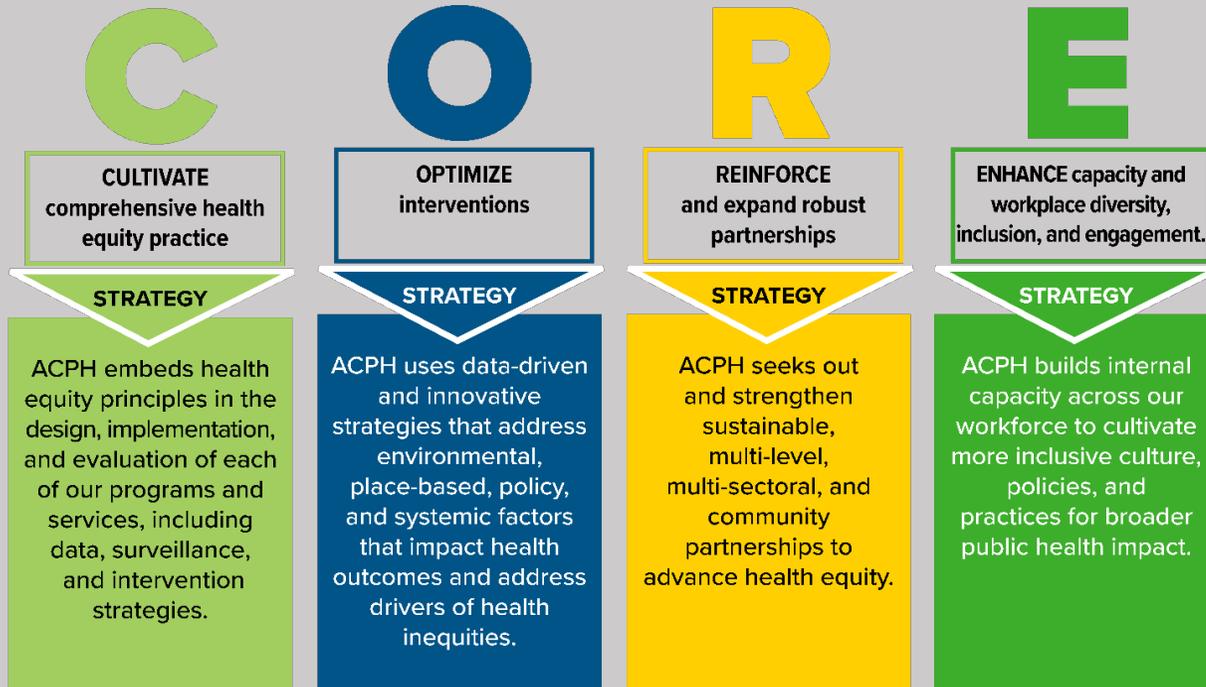
**CORE** *shapes our internal performance.*



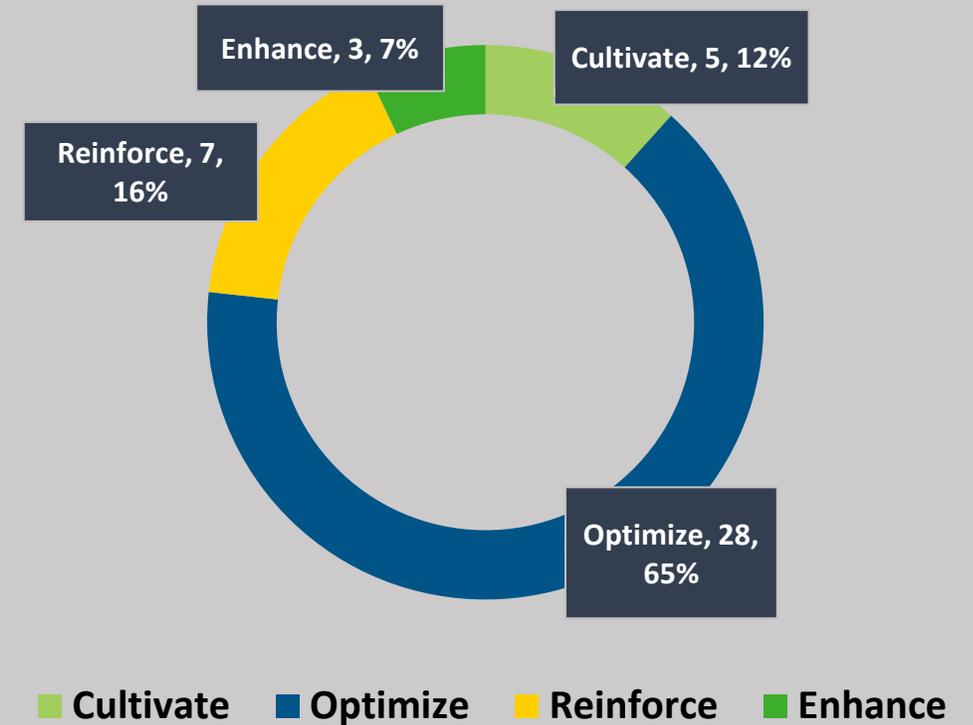
## Arapahoe County Public Health Aligning Strategic Goals

*Emphasizing Accountability, Innovation, Workforce and Community*

CDC's CORE Commitment to Health Equity



## Performance Measure by CORE Strategy





# CORE Showcase: Vital Records

**Measure:** Revenue Increase from Birth and Death Certificates by Location

**Goal and Objectives:** In 2025, ACPH Vital Records will develop and implement increased efforts to be the provider of choice for this critical community role. The total additional revenue for the increase in birth and death certificates issued will be the principal indicator of accessibility of certificate services for customers in each of the communities in which ACPH has a VR office (Willow/Lima, Altura).



# Story Time!

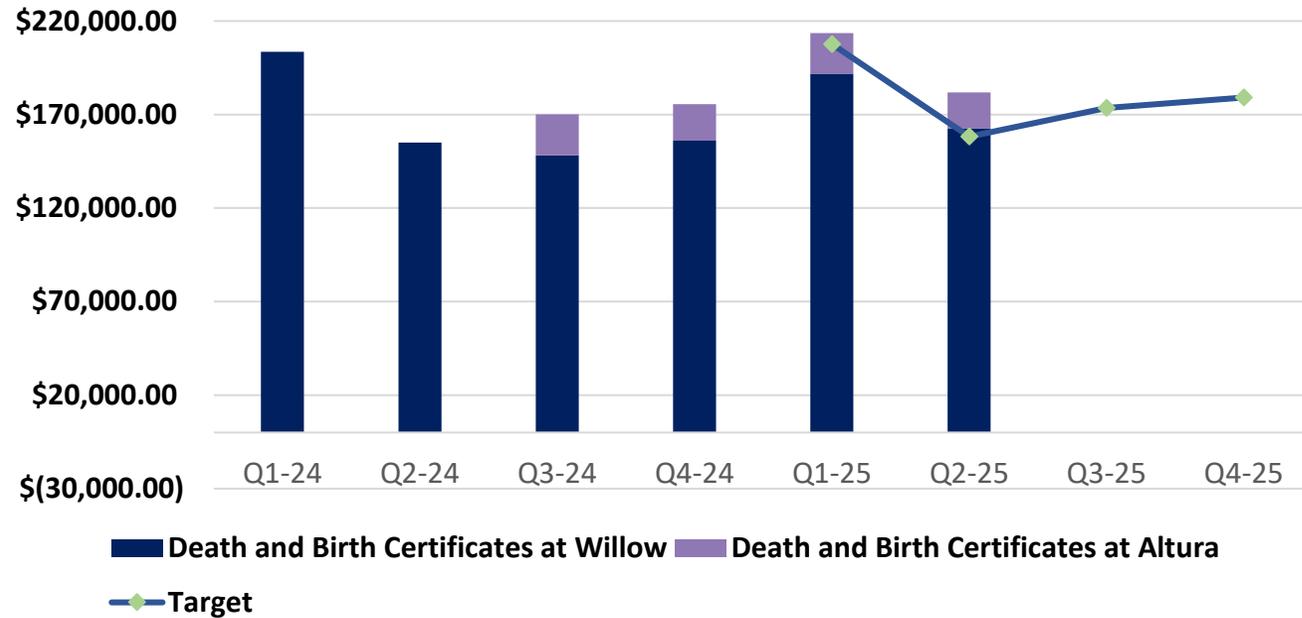
While revenue metrics are a critical measure of the Arapahoe County Vital Records success in issuing Birth and Death certificates, an even more rewarding measure is the incredible relationships we build with our clients every day.

Not directly visible in the revenue metrics is the care and dedication our staff gives to each customer who calls, emails, or comes to our window. We are there for them as they celebrate the birth of a child or grieve the death of a loved one. We're there to carefully review a death certificate for accuracy before issuing a burial or cremation permit. In all these activities, our staff is there providing the highest level of customer service to our stakeholders. And it is through this relationship of trust that we've been able to increase our revenue each year through both customer retention and increased accessibility

As a further metric of our success, both Arapahoe County Vital Records Offices were just awarded 100% scores on the first State Vital Records Audit since 2022.

# Metric Overview

Revenue from Birth and Death Certificated, by Location



| Quarter | Death and Birth Certificates at Willow | Death and Birth Certificates at Altura | Target        |
|---------|--|--|---------------|
| Q1-24   | \$ 203,630.00                          |  |               |
| Q2-24   | \$ 155,104.00                          |  |               |
| Q3-24   | \$ 148,171.00                          | \$ 21,980.00                           |               |
| Q4-24   | \$ 155,994.00                          | \$ 19,534.00                           |               |
| Q1-25   | \$ 191,879.00                          | \$ 21,612.00                           | \$ 207,702.00 |
| Q2-25   | \$ 162,590.00                          | \$ 19,178.00                           | \$ 158,205.00 |
| Q3-25   |  |  | \$ 173,554.00 |
| Q4-25   |  |  | \$ 179,039.00 |

Note about target: The quarterly target revenue for 2025 represents a 2% increase from the corresponding quarter in 2024.



# Learning Opportunities



## Challenges

- Staffing & Training
- Move to Lima!
- Real ID Deadline = increased order volume for BCs
- Transition to warmer seasons = expected decrease in order volume for DCs
- Electronic records = increased competition
  - Can print birth or death certificates from any county

## Actions Taken

- New Hires
- Go with the flow (of incoming orders)
- Create marketing materials for community outreach



# Path Forward

## **Opportunities**

- Community outreach and marketing to funeral homes, hospitals, schools, etc.
- Increase number of On-Account customers
- Increase appointment capacity through additional staffing
- Create more accessible ordering options (i.e., digital order forms)

## **Wins**

- Increased revenue each year
  - Now accepting Metro Caring Vouchers = Increased accessibility
  - Vital Records Offices were each awarded 100% scores on the first State Vital Records Audit since 2022.
  - Altura VR Office is 1 year old!
-



# State Audit Criteria

Twice per year, the State Vital Records office randomly selects up to 8 Birth and 8 Death applications per location to review (although 2025 is the first year since 2022 due to issues with the implementation of the new COVES system). Offices must pass 100% for each criteria below, in addition to having 100% of all security paper accounted for (tracked by unique Document Control Numbers in COVES) to be eligible for the annual perfection award.

- Application complete (applicant and registrant information, per Issuance Guidance)
  - Application matches record (per Issuance Guidance)
  - Acceptable proof of relationship or direct and tangible (per Eligibility Guidance)
  - Acceptable ID (ID[s] acceptable per ID listing)
  - Correct COVES transaction type (transaction type, printing, voiding, resolved request)
-

# Members



Brooke Wagenseller – Lead

Alexa Escobar Paez – Co-lead

Grace Soulen – Co-lead

Abby Schmidt – Co-lead

Penny Grande – ELT Ambassador

Ann Stager

Melissa Orozco

Todd Mata – Co-lead

Karl Schiemann

Traci Jervis

Kevin Ellis

Becca Miles

Wendy Nading

Makena Slater

Heidi Williams

Kathleen Rebollo

Melissa Smith

Sara Garrington

Kristin Byer

Carrie Knowlton

Devan Lorimer – Co-lead

Kathya Iraheta

Talitha Appel – Co-lead

Ashley Walsh

Jill Bonczynski



# Questions for the Board

1. How would the Board like to see performance updates in the future?
    - I. Include performance measure updates incorporated into study sessions or other related presentations.
    - II. Establish a set cadence where a determined number of measures are presented.
    - III. Present the C, O, R, and E at different times.
  2. Would the Board like to review measures independently in a report-style method or rather in a storytelling method?
-



**ARAPAHOE COUNTY**

**Thank you!**

