
FY 2019 LPHA Local Government Investment Data Collection

Instructions and Guidance

Finalized November 2019



OFFICE OF THE STATE PUBLIC HEALTH DIRECTOR
Public Health Division

Five Key Documents for Data Collection Process:

- These instructions/guidance (sent with invitation email)
- Foundational Capabilities/Programs – Inclusions and Exclusions Document (sent with invitation email)
- Public Health Modernization Manual (link in invitation email)
- Data Worksheet (sent with invitation email)
- Narrative, In-Kind Information and Certification Form (sent with invitation email)

Overview of Instructions/Guidance

- Public Health Modernization Funding Formula
- Goals of FY19 data collection
- Data being collected
- Excluded Data
- Validation Requirement
- Step by Step Process for Reporting Data
- Timeline

Public Health Modernization Funding Formula

- In 2015, ORS changed to allow for matching funds to incentivize county investment in public health in the public health modernization funding formula through matching funds component
- 2017-19 biennium, funding formula was not turned “on”
- 2019-21 biennium -- funding formula was turned “on” but not matching funds component due to allocation amount

Purpose of FY19 LPHA Local Government Investment Data Collection

- Need to track county government investments for when matching funds component is activated for the funding formula
- Focus on Foundational Capabilities and Programs related expenditures paid by county general and/or other funds
- Please submit actual expenditure amounts, NOT budgeted amounts.

Changes to the FY 2019 Tool

- Clearer definitions of County General Funds, County Other Funds and In-Kind Support
- In-Kind Support is reported directly in Step #1 of the Tool
- In-Kind Support detail is provided as part of the Narrative and Certification Form that is uploaded
- Updated guidance and instructions

Before You Start

- Have all the documents you need to do your calculations
- Most of the work will be done offline – use the worksheet provided, if it's helpful

If desired, you may use this worksheet to identify the specific numbers you need to input into the online data collection tool. Use of this worksheet is optional and is provided for your convenience. Please do not submit this worksheet to OHA.

Key Definitions

County General Funds = Funds that come from the county general fund budget.

County Other Funds = Generally, these are funds that the county generates through collection of fees, insurance reimbursement or other means. Grants from outside funders are NOT considered County Other Funds.

In-Kind Support = These are non-cash contributions. These are costs that are covered by the LPHA/County as in-kind and do not appear in the LPHA's account systems and reports. Contribution amounts should be based on the fair market value of the contributions. (Example: LPHA uses a county-owned or leased building but is not charged rent either directly or through indirect costs)

PLEASE NOTE: Data reported should reflect only FY19 expenditures, not FY19 budgeted amounts.

STEP #1

Local Public Health Authority _____
(you will select this from a drop-down list in the tool)

1. Local Public Health Expenditures Paid with County General Funds \$ _____
2. Local Public Health Expenditures Paid with County Other Funds \$ _____
3. Total In-Kind (non-Cash) Support from County \$ _____
4. Total Local Government Public Health Investment
(Line 1 + Line 2 + Line 3) \$ _____
5. Exclusions (see guidance documents for more information) \$ _____

This worksheet is just a tool. Do not submit this worksheet with your data

Health FY19 LPHA Local Government Investment Data Collection Worksheet

STEP #2

Please use guidance documents to determine appropriate categories for expenditures. No exclusions expenditures should be included in Step #2.

Local Public Health Authority Name _____ (will auto-populate)

Total Local Government Public Health Investment
Minus Exclusions (Line 6 on Step #1 worksheet) \$ _____ (will auto-populate)

Environmental Health \$ _____

Access to Clinical Preventive Services \$ _____

Communicable Disease Control \$ _____

Prevention & Health Promotion \$ _____

Emergency Preparedness & Response \$ _____

Cross-Cutting Strategic Development & Leadership \$ _____

Administrative and Other Indirect Costs \$ _____

Do you want a copy of your responses? Yes No

This worksheet is just a tool. Do not submit this worksheet with your data

- Know that once you hit “Submit” you can’t go back and revise

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Oregon
Health
Authority

Step #1

- Have your numbers ready before you start - once you click “Submit” you can’t go back.
- Use the link to access the [online form](#)
- Attach/upload two validation documentation files
- Remember to save files with your county name at the end

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FY19 LPHA Local Government Investment Data Collection

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In-Kind Support = These are non-cash contributions. These are costs that are covered by the LPHA/County as in-kind and do not appear in the LPHA's account systems and reports. Contribution amounts should be based on the fair market value of the contribution. (Example: LPHA uses a county-owned or leased building but is not charged rent either directly or through indirect costs).

PLEASE NOTE:
Data reported should reflect only FY19 expenditures, not FY19 budgeted amounts.

Select Local Public Health Authority name from the drop down list *

Klamath County *

1. Local Public Health Authority Expenditures Paid with County General Funds
2500

2. Local Public Health Authority Expenditures Paid with County Other Funds
1000

3. Total In-Kind (non-Cash) Support from County
900

4. Total Local Government Public Health Investment (Line 1 + Line 2 + Line 3)
4000

5. Exclusions (see guidance documents for more information)
This worksheet is just a tool. Do not submit this worksheet with your data.
900

6. Total Local Government Public Health Investment Minus Exclusions (Line 4 - Line 5)
3500

Submitter Email *
This is who you want the main point of contact to be - this person will receive the email with the link to the Step #2 form)
joe@w.nazario@state.or.us

File Attachments (make sure file name ends with LPHA name) *
Please attach the two documents:
(1) System generated report
(2) Narrative, In-Kind Information and Certification Form
county-map.png

Drag and drop files here or [browse files](#)

☐ Send me a copy of my responses

Submit

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Step One – Overview

- Time period: July 1, 2018 – June 30, 2019
- Only report:
 - LPHA expenditures paid with county general funds
 - LPHA expenditures paid with county other funds (fee revenue and insurance reimbursement should be included)
 - In-Kind Support
 - Exclusions amount
 - Attach two validation documents
 - Contact email
- LPHA fiscal staff and administrators should work closely together

Step One – Key Definitions

- **County General Funds** = Funds that come from the county general fund budget.
- **County Other Funds** = Generally, these are funds that the county generates through collection of fees, insurance reimbursement or other means. Grants from outside funders are NOT considered County Other Funds.
- **In-Kind Support** = These are non-cash contributions. These are costs that are covered by the LPHA/County as in-kind and do not appear in the LPHA's account systems and reports. Contribution amounts should be based on the fair market value of the contributions. (Example: LPHA uses a county-owned or leased building but is not charged rent either directly or through indirect costs)

Step One – Exclusions

- Provision of Ryan White case management services
- Reproductive health client services
- Immunization clinics, including costs associated with providing immunizations at targeted community events unless to provide medical countermeasures during a public health emergency as defined in [ORS 433.442](#).
- Clinical support
- Corrections health, including jail nurse
- Individual dental services
- Primary care services
- Occupational health services
- Medical examiner
- Mental health and addiction services and treatment
- Provision of emergency medical services
- Refugee resettlement screening
- Animal control/animal shelter

**** Also see exclusions information listed on Foundational Capabilities/Programs Inclusions and Exclusions document**

Step One – Data Collection

- Definition of public health emergency in ORS [433.442](#):

“Public health emergency” means an occurrence or imminent threat of an illness or health condition that:

- Is believed to be caused by any of the following: bioterrorism; the appearance of a novel or previously controlled or eradicated infectious agent or biological toxin that may be highly contagious; an epidemic of communicable disease; a natural disaster, a chemical attack or accidental chemical release or a nuclear attack or nuclear accident; AND
- Poses a high probability of any of the following harms: a large number of deaths in the affected population; a large number of serious or long-term disabilities in the affected population; or widespread exposure to an infectious or toxic agent that poses a significant risk of substantial future harm to a large number of persons in the affected population

Step One – File Attachments

- Supporting documentation is required to be uploaded into the tool
- OHA is required to do basic validation of information reported in Step One since data may be used for matching funds
- **Supporting documentation must include two files:**
 1. **An accounting system generated report or a report built from an accounting system data export that corresponds with the reporting boxes for amount of LPHA expenditures paid with county general funds and county other funds.**
 2. **A completed and signed Narrative, In-Kind Information and Certification Form (form will be sent with the email invitation to report the expenditure data)**

Step One – Narrative and Certification Form

- Form was attached to invitation email
- Narrative portion
 - Describe any differences in dollar figures between the system generated report (or report with system generated data export) and the dollar figures reported in Step #1.
 - Most often, the differences would be explained by exclusions, so please note if the case
 - If there are other reasons for the differences that would not be obvious to OHA staff reviewing the validation information, please explain in this area

Step One – Narrative and Certification Form

- In-Kind Support Information
 - Complete table describe the in-kind support with fair market value for each type of support and what fair market value is based on
- Certification
 - Review, signed and dated by LPH Administrator and Fiscal Officer/Administrator/Manager

Step Two – Data Collection

- You will receive an email shortly after your submission of Step #1. Click the blue “Open Update Form” button

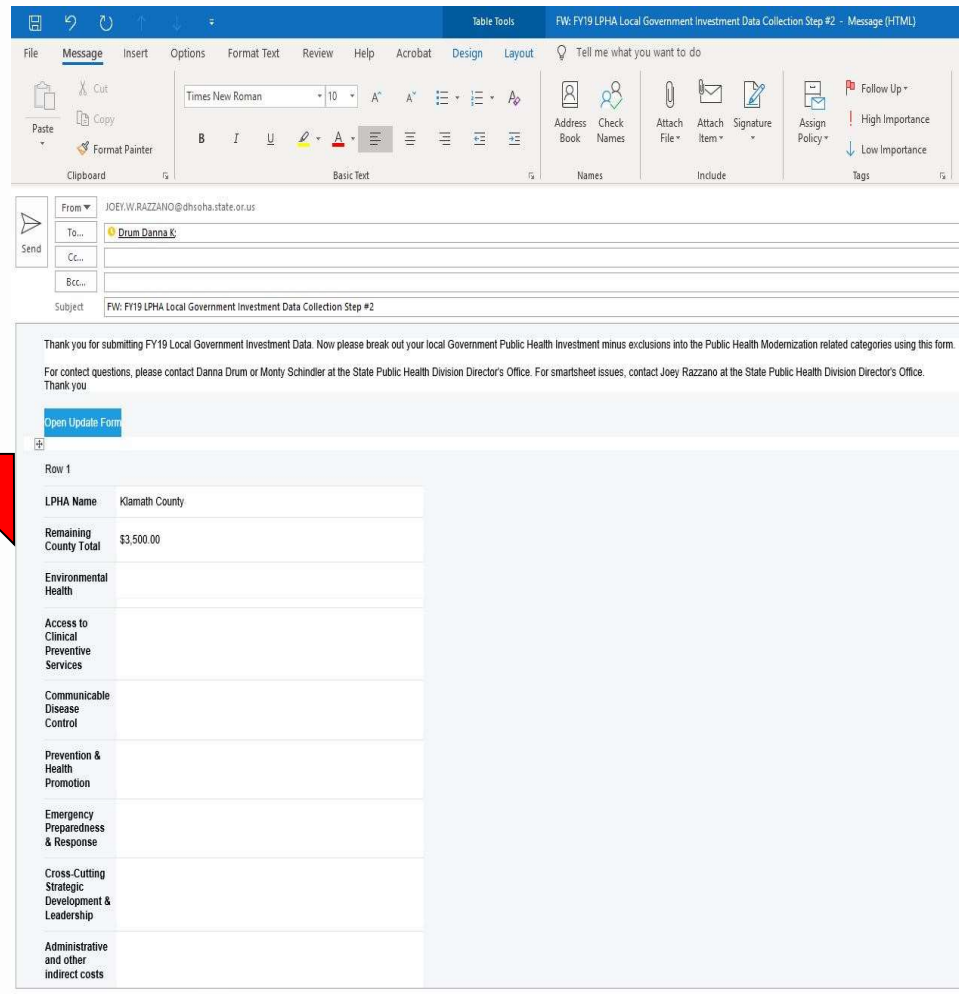


Table Tools FW: FY19 LPHA Local Government Investment Data Collection Step #2 - Message (HTML)

File Message Insert Options Format Text Review Help Acrobat Design Layout Tell me what you want to do

Paste Cut Copy Format Painter Clipboard Basic Text Names Include Tags

From: JOEY.W.RAZZANO@dhs.ohs.state.or.us
To: Drum, Danna S.
Cc:
Bcc:
Subject: FW: FY19 LPHA Local Government Investment Data Collection Step #2

Thank you for submitting FY19 Local Government Investment Data. Now please break out your local Government Public Health investment minus exclusions into the Public Health Modernization related categories using this form.

For contact questions, please contact Danna Drum or Monty Schindler at the State Public Health Division Director's Office. For smartsheet issues, contact Joey Razzano at the State Public Health Division Director's Office. Thank you

[Open Update Form](#)

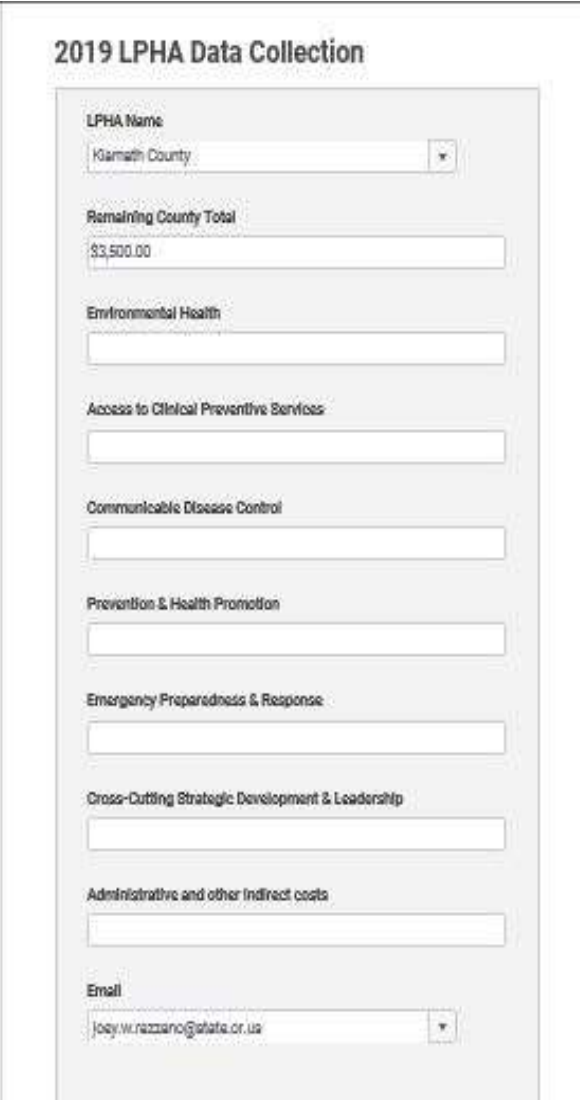
Row 1

LPHA Name	Klamath County
Remaining County Total	\$3,500.00
Environmental Health	
Access to Clinical Preventive Services	
Communicable Disease Control	
Prevention & Health Promotion	
Emergency Preparedness & Response	
Cross-Cutting Strategic Development & Leadership	
Administrative and other indirect costs	

Step Two

- The second form will:
 - allow you to separate your total into Public Health Modernization foundational programs and capabilities
 - Have your LPHA already identified
 - Can only be used once
 - If your totals do not match, you will be asked to resubmit figures

REMEMBER: Have your numbers ready before you start. Once you click “Submit Update” you can’t go back.



The screenshot shows a web form titled "2019 LPHA Data Collection". It contains several input fields and dropdown menus. The "LPHA Name" dropdown is set to "Klamath County". The "Remaining County Total" field displays "\$3,500.00". Below this are several empty input fields for "Environmental Health", "Access to Clinical Preventive Services", "Communicable Disease Control", "Prevention & Health Promotion", "Emergency Preparedness & Response", "Cross-Cutting Strategic Development & Leadership", and "Administrative and other indirect costs". At the bottom, the "Email" dropdown is set to "joey.w.razzano@state.or.us".

Step Two

- Capture how the LPHA expenditures (minus the exclusions) break out into Foundational Programs and Capabilities categories
- Foundational Programs
 - Communicable disease control
 - Prevention & health promotion
 - Environmental health
 - Access to clinical preventive services
- Foundational Capabilities
 - Emergency preparedness & response
 - Cross-cutting strategic development & leadership
- Administrative and Other Indirect Costs
- Wherever possible, please assign actual and indirect costs to foundational programs or capabilities rather than administrative category

Data Being Collected – LPHA Expenditure Inclusions/Exclusions

	Communicable Disease Control	Prevention & Health Promotion	Environmental Health	Access to Clinical Preventive Services	Emergency Preparedness & Response	Cross-Cutting Strategic Development & Leadership	Administrative and Other Indirect Costs
Included	<p>Note: If there are specific questions about whether or not a cost is included, please refer to the Communicable Disease Control section of the Public Health Modernization Manual (September 2017) to determine if the function/activity/deliverable funded is described in the manual.</p> <p>Communicable disease surveillance, investigation, intervention and control, response evaluation.</p> <p>Tuberculosis, sexually transmitted infections, HIV, food-borne illness</p> <p>School law work</p> <p>Immunization clinics to provide medical countermeasures during a public health emergency (public health emergency as defined by ORS 433.442)</p> <p>Syringe exchange program</p> <p>Personal protective equipment to support population health communicable disease work (e.g. fit testing for CD staff)</p>	<p>Note: If there are specific questions about whether or not a cost is included, please refer to the Prevention & Health Promotion section of the Public Health Modernization Manual (September 2017) to determine if the function/activity/deliverable funded is described in the manual.</p> <p>Population health work focused on social, emotional and physical health and safety.</p> <p>Programs that use policy, systems, environmental change strategies to address root causes of poor health outcomes (such as educational attainment, housing, transportation, community supports).</p> <p>Programs that address contributors to chronic disease from a population health perspective such as poor nutrition, inadequate physical activity, substance use disorders, tobacco use, mental health, oral health, intentional and unintentional injuries.</p> <p>Tobacco prevention and education</p> <p>Prescription drug overdose prevention</p> <p>Maternal and child health programs, including Babies First! and Nurse-Family Partnership</p> <p>Teen pregnancy prevention</p> <p>Population-based oral health work</p> <p>Sustainable relationships for community health</p>	<p>Note: If there are specific questions about whether or not a cost is included, please refer to the Environmental Health section of the Public Health Modernization Manual (September 2017) to determine if the function/activity/deliverable funded is described in the manual.</p> <p>Identification and prevention of environmental health hazards</p> <p>Mandated regulatory inspections (food, pool, lodging, drinking water systems)</p> <p>Promotion of land use planning</p> <p>Health impact assessments</p> <p>Brownfields</p> <p>Climate and health</p> <p>Lead poisoning prevention</p> <p>Domestic well safety</p> <p>Transportation/Land Use Planning</p>	<p>Note: If there are specific questions about whether or not a cost is included, please refer to the Access to Clinical Preventive Services section of the Public Health Modernization Manual (September 2017) to determine if the function/activity/deliverable funded is described in the manual.</p> <p>Assurance of access to cost-effective clinical care</p> <p>Assurance of access to effective vaccination programs</p> <p>Assurance access to effective tuberculosis treatment programs</p> <p>Assurance access to effective preventable disease screening programs</p> <p>Reproductive health community participation and assurance of access</p>	<p>Note: If there are specific questions about whether or not a cost is included, please refer to the Emergency Preparedness & Response section of the Public Health Modernization Manual (September 2017) to determine if the function/activity/deliverable funded is described in the manual.</p> <p>Preparation for emergencies</p> <p>Response to emergencies</p> <p>Coordination and communication before and during an emergency</p> <p>Cities readiness initiative</p> <p>Public health emergency preparedness</p>	<p>This category should capture any costs that support overall infrastructure for foundational capabilities not otherwise captured in the other categories.</p> <p>In addition, sometimes an expenditure crosses more than one of the following:</p> <ul style="list-style-type: none"> Communicable disease control Prevention & health promotion Environmental health Access to clinical preventive services Emergency preparedness & response <p>OR when the expenditure is specific to supporting foundational capabilities that cross multiple program areas, this category should be used.</p> <p>Note: If there are specific questions about whether or not a cost is included, please refer to the Leadership and Organizational Competencies, Health Equity and Cultural Responsiveness, Community Partnership Development, Assessment and Epidemiology, Policy and Planning and Communications sections of the Public Health Modernization Manual (September 2017) to determine if the function/activity/deliverable funded is described in the manual.</p> <p>Example of expenditures that may be reported in this category:</p> <ul style="list-style-type: none"> Public health administrator time on efforts that are cross-cutting Public health officer time on efforts that are cross-cutting. 	<p>This category should capture overhead costs, not otherwise reported in the other categories. These may include:</p> <ul style="list-style-type: none"> Rent Utilities Information Technology Human Resources Accounting services Facilities Maintenance Administrative support, not otherwise reported in the other categories Indirect charges assessed by county government

Timeline

- January 6, 2020: Invitation to report FY19 LPHA Local Government Investment Data sent to LPHA fiscal contacts and administrators
- January 7 (1:00 p.m.) and January 9 (11:00 a.m.): Two identical online meetings to orient LPHA fiscal contacts and administrators to reporting process
- Close of business, February 14, 2020: All data due to OHA through online reporting tool

Need help?

- For content questions not covered in the documentation, contact Danna Drum at danna.k.drum@state.or.us
- For SmartSheet issues, contact Joey Razzano at joey.w.razzano@state.or.us