

LOCAL HEALTH DEPARTMENT
PROGRAM PLAN, BASIC
PUBLIC HEALTH SERVICES
FUNDING AND SHAREPOINT
GUIDANCE

Local Health Department Program Plan Guidance

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FY2018 Local Health Department Program Plan Reporting and Basic Public Health Service Guidance

What is the purpose of the guidance document?

This document is intended to provide guidance to local boards of health about program and reporting requirements related to providing Basic Public Health Services and:

- Describes the requirements associated with the acceptance of State Aid
- Defines the FY2018 Program Plan reporting requirements for local boards of health
- Establishes the guidelines by which data will be reported

Why was the guidance document created?

The Center for Local Health routinely receives requests for comprehensive guidance outlining the requirements for local boards of health. This guidance was created in response to those requests and provides a description of the following:

- 1.) Legal framework for the relationship between local boards of health and the Bureau for Public Health;
- 2.) The local board of health reporting requirements necessary to receive state funding; and
- 3.) The process through which state funds for basic public health services are distributed.

This document is not establishing new reporting requirements; in fact, the FY2018 reporting requirements have been modified to reduce the burden to local boards of health while maintaining accountability for the use of funding and the provision of basic public health services.

Where is the authority and responsibility of Local Boards of Health defined?

West Virginia has defined a legal framework by statute and legislative rule that requires the establishment of local boards of health, defines the roles and responsibilities of local boards of health, defines program requirements and provides funding to support local boards of health.

Chapter 16. Public Health. Article 2. Local Public Health. Establishes uniform provisions applicable to all local boards of health, whatever organizational form is elected, to ensure the consistent performance of duties relating to basic public health services and other health services and the enforcement of the laws of this state pertaining to public health.

Title 64 CSR 73 Standards for Local Boards of Health. Establishes standards for the plans of operation, administration, fiscal reporting, quality assurance, and provision of public health services and programs by local boards of health.

Title 64 CSR 67 Distribution of State Funds for Support of Local Boards of Health. Establishes a formula for the Commissioner to use in distributing State funds to support local boards of health.

How are Basic Public Health Services defined?

Chapter 16, Article 2 defines the services that must be provided by local boards of health as Basic Public Health Services. “**Basic public health services**” means those services that are necessary to protect the health of the public and that a local board of health must provide.¹ The three areas of basic public health services are communicable and reportable disease prevention and control, community health promotion, and environmental health protection:

- **Communicable and Reportable Disease Prevention and Control**
Services include disease surveillance, case investigation and follow-up, outbreak investigation, response to epidemics, and prevention and control of rabies, sexually transmitted diseases, vaccine preventable diseases, HIV/AIDS, tuberculosis and other communicable and reportable diseases;
- **Community Health Promotion**
Services include assessing and reporting community health needs to improve health status, facilitating community partnerships including identifying the community’s priority health needs, mobilization of a community around identified priorities, and monitoring the progress of community health education services.
- **Environmental Health Protection²**
Services include efforts to protect the community from environmental health risks including, inspection of housing, institutions, recreational facilities, sewage and wastewater facilities; inspection and sampling of drinking water facilities; and response to disease outbreaks or disasters.

How are standards for local boards of health established and maintained?

It is the responsibility of local boards of health to assure that infrastructure and capacity are in place to provide the required basic public health services in an effective and efficient manner and in accordance with performance-based standards.

Public health infrastructure is fundamental to the provision and execution of public health services at all levels. A strong infrastructure provides the capacity to prepare for and respond to both acute (emergency) and chronic (ongoing) threats to the Nation’s health. Infrastructure is the foundation for planning, delivering, and evaluating public health.³

Public health infrastructure includes three (3) key components that enable a public health organization to deliver public health services. These components are⁴:

- A capable and qualified workforce
- Up-to-date data and information systems
- Public health agencies capable of assessing and responding to public health needs

¹ *W.Va. Code* § 16-2-2(a)

² The Environmental Health Protection definition includes services that are no longer required and/or provided by local boards of health. These include inspection of housing, institutions, sewage and wastewater facilities (local boards of health only provide on-site inspections), and inspection and sampling of drinking water facilities.

³ Healthy People 2020 (2016, April 14). *Public Health Infrastructure*. Retrieved from www.healthypeople.gov/2020/topics-objectives/topic/public-health-infrastructure

⁴ Healthy People 2020 (2016, April 14). *Public Health Infrastructure*. Retrieved from www.healthypeople.gov/2020/topics-objectives/topic/public-health-infrastructure

The manner in which local boards of health establish the capacity to deliver services is outlined in the Standards for Local Boards of Health.⁵ Local Boards of Health are responsible for adherence to these standards in the delivery of basic public health services for the citizens in their jurisdiction and accountable for the effective operations and financial solvency of a local health department.

The Standards for Local Boards of Health provide direction to local boards of health in the following categories:

- 1.) Local Board of Health Organizational Requirements
- 2.) Health Services and Program Requirements
- 3.) General Administration Requirements
- 4.) Financial Management Requirements
- 5.) Facility Requirements
- 6.) Reporting Requirements
- 7.) Penalties for Non-Compliance
- 8.) Administrative Due Process

Chapter 16, Article 1 establishes a state public health system to work in conjunction with local boards of health to provide basic public health services that encourage healthy people in healthy communities. Local boards of health are required to provide basic public health services and programs in accordance with state public health performance-based standards which are generally accepted, objective standards such as rules or guidelines against which a local health department's level of performance can be measured.⁶

Nationally, the Public Health Accreditation Board has established [Public Health Accreditation Standards](#) to advance the quality and performance of Tribal, state, local and territorial public health departments. While these standards are not required to receive funding, they do provide a nationally recognized, practice focused and evidence based framework against which local health department performance can be measured.⁷

Who is responsible for reviewing and evaluating the Program Plan documentation?

The West Virginia Bureau for Public Health's Center for Local Health is responsible for monitoring the administration, operation and coordination of local boards of health and local health officers. The Center works with the Bureau's sixteen offices and centers, comprised of subject matter experts from each of the Basic Public Health Service areas, to review reports, offer feedback, provide technical assistance and provide training specific to the provision of basic public health services.

The approval process for the program plan includes the following:

- 1.) To receive provisional approval and receive first quarter funding on or before July 15, 2017, local boards of health must submit the documentation described in items 1-11 in Appendix A on or before June 15, 2017.
- 2.) To receive approval and quarterly disbursements, local boards of health must submit reports and records in a timely manner in compliance with applicable State and federal rules and regulations and departmental policies (as outlined in this guidance document). In instances when a local board of health is unable to demonstrate compliance, a status of conditional approval may be granted with the submission of a plan of

⁵ *W.Va. Code R §64-73-10 et seq.*

⁶ *W.Va. Code § 16-2-11 (a)*

⁷ Public Health Accreditation Board (2013). *What is Public Health Department Accreditation?* Retrieved from: www.phaboard.org/accreditation-overview/what-is-accreditation/

improvement to address deficiencies. In this instance, funding will be released based on the conditions outlined in the plan of improvement.

Once your agency is notified of approval, your agency will need to maintain and demonstrate compliance with your agency's approved Program Plan. Agencies that are unable to demonstrate compliance and do not submit a plan of improvement to address deficiencies may be subject to penalties as described in *W. Va. Code R. §64-73-11*.

How are funds distributed?

Funds are distributed on a quarterly basis and based on the submission of required reports outlined in this guidance. Agencies that do not meet reporting deadlines may experience delays in the receipt of state funding. Invoices are submitted to Bureau for Public Health's Central Finance Unit for processing using the following schedule:

Quarterly Distribution:

1 st Quarter (20%)	Invoices submitted for processing by June 15 th , 2016 for receipt on or before July 15
2 nd Quarter (22%)	Invoices submitted for processing September 15 th for receipt on or before October 15
3 rd Quarter (25%)	Invoices submitted for processing December 15 th for receipt on or before January 15
4 th Quarter (33%)	Invoices submitted for processing March 15 th for receipt on or before April 15

As per *W.Va. Code R §64-67-1 et seq.* (Distribution of State Funds for Support of Local Boards of Health), emergency funds are available July 1st through May 15th to assist local boards of health in need of funds to meet unanticipated financial emergencies. Funds unexpended for emergencies by May 15th are distributed to the local boards of health pursuant to *W.Va. Code R §64-67-4.3*.

Local Boards of Health may apply for emergency funds by filing an application with the West Virginia Bureau for Public Health's Center for Local Health. An application may be obtained at:
www.dhhr.wv.gov/localhealth/Pages/Emergency-Fund.aspx

Accountability

Receipt and acceptance of state funds implies the local board of health's commitment to comply with the expectations set forth in this guidance document and applicable state and federal rules and regulations specific to the provision of basic public health services and the operations of local boards of health.

Penalties

In the event that the director determines that a local board of health is not in compliance with this rule, the director may withhold State aid funds until such time as the board submits an acceptable plan to correct deficiencies in the program plan.⁸

⁸ See *W.Va. Code R. § 64-73-11*

Procedures for Submitting FY 2018 Program Plan Documents and Reports

Required Documentation and Reports for First Quarter Funding

Seven reports and documents are due on June 15, 2017, to the [Center for Local Health SharePoint Reporting Site](#). These reports are the Local Health Department Information form, the FY 2018 Projected Budget, the Basic Public Health Services Affidavit, the agency organization chart, the proposed sliding fee scale, fee schedule, and FY 2017 Environmental Health Third Quarter Report. First quarter funding is contingent on the receipt of these documents and reports.

What's new for FY 2018?

This year, required reports and documents will be submitted in two ways. The first is via upload to the local health department's folder. In each LHD's folder, there are now two subfolders: FY 2017 Program Plan Documents and FY 2018 Program Plan Documents.

The following documents should be uploaded to the FY 2018 Program Plan Documents subfolder. The Basic Public Health Services Affidavit has been uploaded to your agency's folder and will need to be printed and signed and uploaded. Please use the naming conventions beside the file name when uploading your documents to your agency's folder:

- Basic Public Health Services Affidavit County_Program Plan Acknowledgement_YYYYMMDD
- Agency Organization Chart County_Organizational Chart_YYYYMMDD
- Proposed Sliding Fee Scale County_Sliding Fee Scale_YYYYMMDD
- Fee Schedule County_Clinical Fee Schedule_YYYYMMDD

The following document should be updated FY 2017 Program Plan Documents subfolder (this is the same folder that it the Environmental Health reports are currently located in):

- FY 2017 Environmental Health Third Quarter Report

Two first quarter reports will now be entered directly into a SharePoint form. This will allow CLH to quickly analyze data and make it available to local health departments statewide. The following reports will now be entered directly into a SharePoint form:

- [Local Health Department Information Form](#)
- [FY 2018 Projected Budget](#) (July 1, 2017 – June 30, 2018)

We have made several changes to the two reports above to make reporting simpler. The Local Health Department Information Form collects information on the local health department and on three key contacts. The FY 2018 Projected Budget no longer requires that full-time equivalents (FTEs) be reported by program; we are now collecting total number of FTEs per agency.

How do I enter information into the Local Health Department Information Form?

There are two ways to get to the Local Health Department Information. You can click on the link above, or click on the link located within the table on the CLH SharePoint Reporting Site homepage.

Note that the individual LHD staff member who enters the information into the Local Health Department Information Form is the only individual who will be able to see and edit that form.

How do I enter information into the FY 2018 Projected Budget form?

There are two ways to get to the FY 2018 Projected Budget form. You can click on the link above, or click on the link located within the table on the CLH SharePoint Reporting Site homepage.

Entering Revenue by Category

Enter revenues (no need to include the \$ sign) into the appropriate spaces. If your agency does not receive revenue from a particular source, enter 0.

If your agency receives additional revenue, it must be detailed in the field labeled “Revenue – Specify Additional.”

Definitions of each revenue category are provided below each space.

Entering Expenditures by Category

Enter expenditures (no need to include the \$ sign) into the appropriate spaces. If your agency does not have expenditures for a particular category, enter 0.

Definitions of each expenditure category are provided below each space.

Entering Investments

Enter investments (no need to include the \$ sign) into the appropriate spaces. If your agency does not have investments, enter 0.

Definitions of short-term and long-term investments are provided below each space.

Entering Information by Program

We are collecting two pieces of information about each program category:

- Does your agency provide the service?
- What expenditures does your agency project for this program in FY 2018?

Definitions for programs are located below each prompt within the FY 2018 Projected Budget form. Please remember:

- If your agency does not provide a required service, you must provide an explanation of why in the appropriate space. Required services include community health promotion, disaster response, environmental health, epidemiology, HIV/AIDS, immunizations, sexually transmitted diseases, threat preparedness, and tuberculosis services.

If the agency would like to provide a reporting form to their local board of health for approval, we also provide copies of reports in the Excel format used last year. However, we encourage LHDs to fill out the SharePoint form first, as program definitions are located within the FY 2018 Projected Budget form. CLH will not accept FY 2018 Projected Budgets that are uploaded as Excel files; they must be entered into the appropriate SharePoint form.

Required Documentation and Reports for Third Quarter Funding

Three reports are due on November 1, 2017, to the [Center for Local Health SharePoint Reporting Site](#). These reports are the FY2018 Annual Projected Permits and Inspections Report, FY2018 Environmental Health First

Quarter Report, and the FY 2017 Agency End-of-Year Financial and Fee Report. Third quarter funding is contingent on the receipt of these reports.

FY 2018 OEHS Permits and Inspections Report

The FY2018 OEHS Permits and Inspections Report will capture both the FY 2018 environmental permits and inspections projections, and the first quarter environmental activities.

The FY 2018 Environmental Health Program Plan consists of projected permits and inspections, and quarterly reports for quarters one (1) through four (4) respectively. Local health departments are required by state law to provide all of the programs included in the report except the following which are designated as optional programs on the report:

- Milk Samples
- Home Loan Evaluations
- Water Individual Supply Inspections

How do I enter information into the FY2018 Environmental Health Permits and Inspections Report?

Access the [FY2018 OEHS Permits and Inspections Report](#).

To report your annual projections for the 2018 fiscal year, select “FY 2018 Annual Projections” from the Reporting Period dropdown menu. Then follow the instructions in the next section.

To report your quarterly environmental activities, select the appropriate quarter from the Reporting Period dropdown menu. Then follow the instructions in the next section.

How do I enter environmental health data into the FY2018 Environmental Health Permits and Inspections Report for the appropriate reporting period?

Instructions for entering environmental health data:

1. Fill in the number of programs under permit or the number of permits issued for each program respectively for the appropriate reporting period. For example, if reporting annual projections, **enter the number of projected permits for the entire fiscal year**. If you are reporting quarterly activities, **enter the number of permits issued in the three-month reporting period for that quarter**. In the Environmental Health Electronic Reporting System, you can find this information under the Classic Menu, All Programs, Facilities, By Type view.
2. Fill in the number of routine inspections performed for each program for the appropriate reporting period. For example, if reporting annual projections, **enter the number of projected inspections for the entire fiscal year**. If you are reporting quarterly activities, **enter the number of inspections completed in the three-month reporting period for that quarter**. In the Environmental Health Electronic Reporting System, you can find this information under the Classic Menu, All Programs, Inspections, By Type view. If your agency did not perform any inspections, please insert a zero (0) into the field.
 - Please enter the number of **ROUTINE** inspections only
 - **DO NOT INCLUDE** re-inspections (follow-ups)
 - **DO NOT INCLUDE** opening inspections

3. In the Additional Environmental Health Services section, please fill in the number of animal encounters, nuisance complaints, environmental disease investigations, clean air indoor regulation inspections, water hauler inspections, home loan evaluations, food handler cards issued and food managers trained for the appropriate reporting period. In addition, please fill in the number of animal encounters, nuisance complaints, and environmental disease investigations closed and the number of clean air regulation inspections, water hauler inspections, and home loan evaluations completed for the appropriate reporting period. For example, if reporting annual projections, **enter the projected number for the entire fiscal year**. If you are reporting quarterly activities, **enter the number for the three-month reporting period for that quarter**.

4. In the Plan Reviewed Sections, please fill in the number of food establishment plan reviews completed, school physical facilities plan reviews completed, child care facilities plan reviews completed, and other establishments plan reviews completed for the appropriate reporting period. For example, if reporting annual projections, **enter the number of plan reviews projected for the entire fiscal year**. If you are reporting quarterly activities, **enter the number of plan reviews completed in the three-month reporting period for that quarter**.

Once you complete all required fields, please click save. The report will disappear from your screen and automatically be saved to SharePoint.

SharePoint Guidance

How do I locate my agency's reports?

To locate your agency's required reports, please follow the directions below:

1. Access your Program Plan Reporting Page by clicking on the following link,
<https://westvirginiaot.sharepoint.com/sites/DHHRBPHEPA/CFLH/Reporting/SitePages/Home.aspx>
2. In the far-left hand column, you should see the word "Lists" towards the top of the column. Click on "Lists."
3. Once you are redirected to the list page, look for the name of the required report and click on it. The following reports is required for 3rd quarter funding:
 - FY2018 OEHS Permits and Inspections Report

You may also access the lists using the following links:

OEHS Permits and Inspections Report:

<https://westvirginiaot.sharepoint.com/sites/DHHRBPHEPA/CFLH/Reporting/Lists/FY%202018%20OEHS%20Fees%20and%20Permits/Grouped%20By%20LHD.aspx>

How do I access a form that I've already submitted?

Navigate to the list with the information you'd like to access by following the directions in the section above. If you have entered data, you will see your agency's information in a long, horizontal list going across the page. To view the information in the form, take one of the following actions:

- a. Place your cursor over your LHD name and click on the check mark to the left of the LHD name.
- b. The words "Items" and "List" will appear at the top of your screen. Click on Items, then "View Item."

How do I edit a form?

If you need to edit your agency's information, navigate to the list following the directions in the "How do I locate my agency's report" section, and then take one of the following actions:

- a. Place your cursor over your LHD name and click on the check mark to the left of the LHD name.
- b. The words "Items" and "List" will appear at the top of your screen. Click on Items, then "Edit Item."

How do I print a blank SharePoint form?

1. Access the form you'd like to print using the **Internet Explorer** web browser. To access the OEHS reports, go to
<https://westvirginiaot.sharepoint.com/sites/DHHRBPHEPA/CFLH/Reporting/Lists/FY%202018%20OEHS%20Fees%20and%20Permits/Grouped%20By%20LHD.aspx> or click on FY 2018 OEHS Permits and Inspections Report from the [CLH Reporting SharePoint site homepage](#).

Bureau for Public Health Center for Local Health Reporting

Reporting

Reporting

- Local Health
- Department Data
- Request Form
- FY 2018 OEHS Permits and Inspections Report**
- Lists
- Document Libraries
- Barbour County Health Department
- Beckley-Raleigh HD
- Berkeley County HD
- BPH Review Team Library
- Boone County HD

Welcome to the FY 2018 Program Plan Reporting Site

This site is used by the West Virginia Bureau for Public Health to collect documentation for the FY 2018 Program Plan Guidance document.

The table below highlights instructions for submitting the required documentation. Additional instructions are on the hand side of the screen.

To submit a correction to documentation that has already been submitted, please complete the Data Change Request Form. Please contact the Center for Local Health at 304-558-8870 or by e-mail at dhhrbphch@wv.gov with any questions.

#	Report Name	Description
The reports listed below (1-7) must be submitted by June 15, 2017.		

2. To print a blank form, click “new item” in the upper left corner of the screen.

Office 365 SharePoint

BROWSE

Bureau for Public Health Center for Local Health Reporting

FY 2018 OEHS Permits and Inspections Report

The FY2018 Annual Projections and the 1st Quarter Report are due November 4, 2017. Please remember once you began the form you will not be able to save the form until you have entered **ALL** required fields. The Center recommends you print the form first, gather the required data elements, then transfer your information to the SharePoint form once you are ready to submit.

+ new item

All Items FY 2018 Annual Projections Grouped By LHD ... Find an item

3. Right click anywhere on the form itself or in the white margin on the edge of the form and click “Print.”

sharepoint.com/sites/DHHRBPH/PA/CLH/Reporting/Lists/FY20182018%20OEHS%20Permits%20and%20Inspections%20Report

SharePoint

FY2018 OEHS Permits and Inspection Report

Please be aware that the form cannot be submitted until all required fields are completed. The Center suggests that your agency print the form, gather the required data elements, and then enter the information into the SharePoint report.

Instructions:
The FY 2018 Environmental Health Program Plan consists of projected permits and inspections, and quarterly reports for quarters one (1) through four (4) respectively. Instructions for completing the report are below and are located in the Local Health Department Program Plan Guidance Document. This report will be used to capture the FY 2018 annual projections and quarterly activity.

Local health departments are required by state law to provide all of the programs included in this report except the following which are designated as optional programs on the report:

- Milk Samples
- Home Loan Evaluations
- Individual Water Supply Inspections

To report your annual projections for the 2018 fiscal year, select "FY 2018 Annual Projections" from the Reporting Period dropdown menu. Then follow the instructions in the next section.

To report your quarterly environmental activities, select the appropriate quarter from the Reporting Period dropdown menu. Then follow the instructions in the next section.

Instructions for Entering Environmental Health Data:
Fill in the number of programs under permit or the number of permits issued for each program respectively for the appropriate reporting period. For example, if reporting annual projections, enter the number of projected permits for the entire fiscal year. If you are reporting quarterly activities, enter the number of permits in the three-month reporting period for that quarter. In the Environmental Health Electronic Reporting System, you can find this information under the Classic Menu, All Programs, Facilities, By Type view.

Fill in the number of routine inspections performed for each program for the appropriate reporting period. For example, if reporting annual projections, enter the number of projected inspections for the entire fiscal year. If you are reporting quarterly activities, enter the number of inspections completed in the three-month reporting period.

Back

- Forward
- Go to copied address Ctrl+Shift+L
- Save background as...
- Set as background
- Copy background
- Select all
- Paste
- E-mail with Windows Live
- Translate with Bing
- All Accelerators
- Create shortcut
- Add to favorites...
- View source
- Inspect element
- Encoding
- Print...**
- Print preview...
- Refresh
- Export to Microsoft Excel
- Send to OneNote
- Properties

How do I print a SharePoint form that is already filled out?

1. Navigate to the list using the step 1 above.
2. Instead of clicking “new item,” click on the arrow next to your agency name or the word “LHD.”



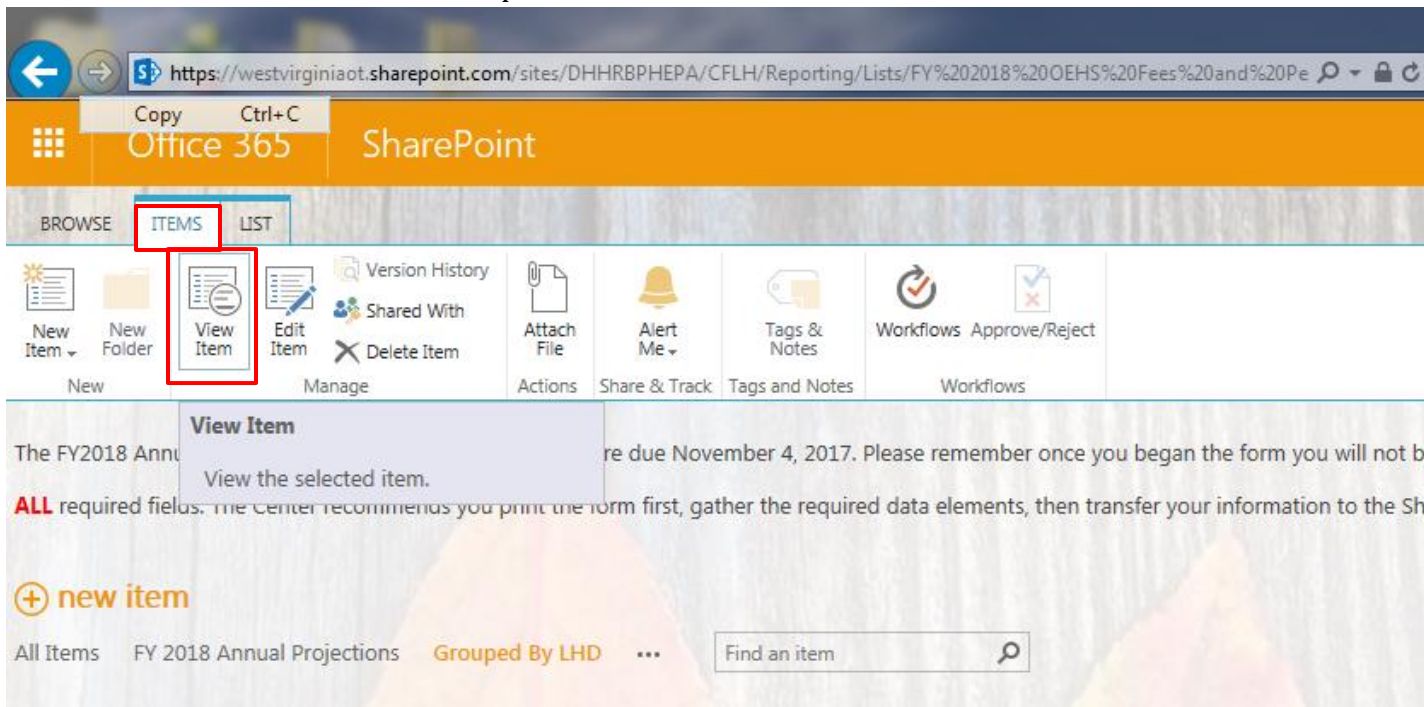
3. Then click on the arrow next the words “Reporting Period” or on the words “Reporting Period” corresponding to the form you’d like to print.



4. Then click on space to the left of your agency name. This will highlight that row.



5. Next, click on the word “Items” at the top of the screen, and then “View Item.”



6. You should now be able to view your completed report. To print it, right click anywhere on the report, or on the white margin around the edge of the form, and click “Print.”

FY2018 OEHS Permits and Inspection Report

Please be aware that the form cannot be submitted until all required fields are completed. The Center suggests that your agency print the form, gather the required data elements, and then enter the information into the SharePoint report.

Instructions:

The FY 2018 Environmental Health Program Plan consists of projected permits and inspections, and quarterly reports for quarters one (1) through four (4) respectively. Instructions for completing the report are below and are located in the [Local Health Department Program Plan Guidance Document](#). This report will be used to capture the FY 2018 annual projections and quarterly activity.

Local health departments are required by state law to provide all of the programs included in this report except the following which are designated as optional programs on the report:

- Milk Samples
- Home Loan Evaluations
- Individual Water Supply Inspections

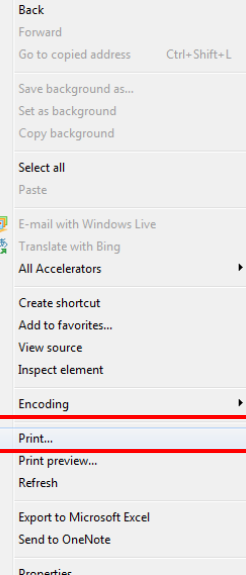
To report your annual projections for the 2018 fiscal year, select "FY 2018 Annual Projections" from the Reporting Period dropdown menu. Then follow the instructions in the next section.

To report your quarterly environmental activities, select the appropriate quarter from the Reporting Period dropdown menu. Then follow the instructions in the next section.

Instructions for Entering Environmental Health Data:

Fill in the number of programs under permit or the number of permits issued for each program respectively for the appropriate reporting period. For example, if reporting annual projections, **enter the number of projected permits for the entire fiscal year**. If you are reporting quarterly activities, **enter the number of permits in the three-month reporting period for that quarter**. In the Environmental Health Electronic Reporting System, you can find this information under the Classic Menu, All Programs, Facilities, By Type view.

Fill in the number of routine inspections performed for each program for the appropriate reporting period. For example, if reporting annual projections, **enter the number of projected inspections for the entire fiscal year**. If you are reporting quarterly activities, **enter the number of inspections completed in the three-month reporting period**.



Procedure for Requesting Corrections to LHD Reports

Background

Local health departments submit reports periodically to the Center for Local Health (CLH) SharePoint Reporting website. All data submitted (including data submitted in excel files) is transferred and viewable in a SharePoint list. However, local health departments cannot make changes to these lists, and there has been no procedure to track changes to submitted reports.

What is the purpose of the procedure?

The purpose of this guidance document is to provide local health departments with instructions for requesting corrections to the LHD reports that have been submitted to the SharePoint site. The LHD Data Change Request form will serve as a tracking log to any changes made to Program Plan data.

Instructions for requesting changes to documents or reports

1. If an error in a LHD report is identified by a local health department staff member, a data change request form should be filled out. To access this request form, go to the [Center for Local Health SharePoint Reporting Site](#) and click on "LHD Data Change Request," located near the top of the screen under the heading "Welcome to the FY 2018 Program Plan Reporting Site."
2. The individual submitting the report should fill in all data fields as completely as possible. A separate data request form should be filled out for each financial report that needs to be corrected. The form requests the following information:
 - a. Name of individual requesting change
 - b. Local health department
 - c. Report or document to which changes should be made
 - d. Description of changes needed
 - e. A brief explanation of the reason for the correction or corrections. This will help CLH to adjust the reporting requirements in a way that best captures local health department operations.

There is an additional field for CLH use only. CLH will use this field to mark requests as resolved. Please do not enter anything into this field. CLH will review the form weekly, make the requested changes in the SharePoint dataset, send an email alerting the requester that a change has been made, and attach the corrected data in an Excel spreadsheet.

3. The local health department should check the attached dataset to ensure that the requested change has been made, and reply to the email from CLH confirming that the data are now correct. At this point, CLH will consider the data change request resolved.
4. If no change was made, or an incorrect change was made, please reply to the email with this information, or call CLH at (304) 558-8870. Based on the situation, CLH may request another LHD Data Change Request form be submitted.
5. It is the responsibility of the local health department to share the updated data with their local board of health.

Local Health Department Email Distribution Lists

What is the purpose of the guidance document?

This document describes the process for maintaining email distribution lists for key staff in local health departments. The email distribution lists are housed in Microsoft Outlook and used by Bureau programs to provide timely and important information regarding program policies, funding, reporting expectations, guidance, etc.

What email lists are maintained in Microsoft Outlook?

List Name	Description
DHHR – LHD Health Officers	The Center for Local Health is the primary unit in the Bureau that distributes information to these groups. Information sent to these contacts includes notifications, basic public health services reporting requirements, Department and Bureau program updates, meeting appointments, basic public health services trainings and disaster and preparedness updates during events. Department and Bureau programs also use these lists to distribute general information and updates and specific program information to local health departments.
DHHR – LHD Administrators	
DHHR – LHD Nurse Directors	Department and Bureau programs use this list to distribute information about Bureau programs offered in local health departments and training announcements and notifications.
DHHR – LHD SNS (Strategic National Stockpile) Coordinators	The Center for Threat Preparedness is the primary unit in the Bureau that distributes information to these groups. Information sent to these contacts includes notifications, public health emergency preparedness reporting requirements, Federal, State and Bureau updates, meeting appointments, disaster and preparedness updates during events and training information.
DHHR – LHD SNS Backups	
DHHR – LHD Threat Prep Coordinators	
DHHR – LHD Threat Prep Backups	
DHHR – LHD Volunteer Coordinators	
DHHR – LHD Volunteer Backups	
DHHR – LHD Epi Contacts	The Office of Epidemiology and Prevention Services is the primary unit in the Bureau that distributes information to these groups. Information sent to these contacts would include updates targeting those in epidemiology-related roles.
DHHR – LHD Epi Backups	
DHHR – LHD HAN (Health Alert Network) Contacts	The State Health Officer/Commissioner and the State Epidemiologist are the primary points of contact that distribute information to these groups. Health alerts are distributed by the West Virginia Bureau for Public Health and the Centers for Disease Control. The health alerts can be used to provide general information requiring no immediate action, to update health professionals and others by expanding on previous information provided, to advise on an incident/situation which may require immediate attention and/or as an alert requiring immediate action with the highest level of importance.
DHHR – LHD HAN Backups	
DHHR – LHD Immunization Contacts	The Division of Immunization Services is the primary unit in the Bureau that distributes information to these groups. Information sent to these contacts would include updates on vaccine schedule changes, legislation related to immunizations, and vaccine coverage data.
DHHR – LHD Rabies Contacts	The Division of Infectious Disease Epidemiology is the primary unit in the Bureau that distributes information to this group. Information sent to these contacts would include general rabies surveillance information and Oral Rabies Vaccine (ORV) updates
DHHR – LHD Regional Epidemiologists	The Division of Infectious Disease Epidemiology is the primary unit in the Bureau that distributes information to this group. Information sent to these

	contacts are targeted to the six regional epidemiologists in West Virginia and will provide them with situational awareness on infectious disease matters
DHHR – LHD STD Contacts	The Division of STD, HIV and Hepatitis is the primary unit in the Bureau that distributes information to this group. Information sent includes general information on surveillance of sexually transmitted diseases.
DHHR – LHD TB Contacts	The Division of Tuberculosis Elimination is the primary unit in the Bureau that distributes information to this group. Information sent includes general information on tuberculosis surveillance.
DHHR – LHD WVEDSS Contacts	The Division of Infectious Disease Epidemiology is the primary unit in the Bureau that distributes information to this group. Information sent to these contacts would include alerts about updates and system outages for the West Virginia Electronic Disease Surveillance System.

How do I add or remove an employee from a Microsoft Outlook Distribution list?

A local health department administrator wishing to add an individual to or remove an individual from one of the lists above should email the following information to dhhrbphclh@wv.gov:

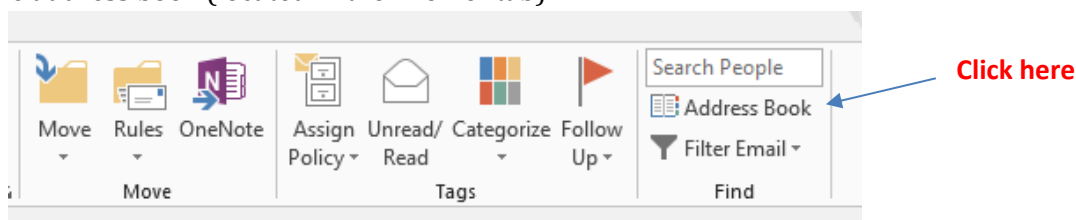
- Employee full name, title, reason for adding or removing (i.e., new hire, resignation, change in job functions)
- Name of the email list(s)

In the absence of the administrator, the local health officer or board of health chair should submit the information requested above to the Center for Local Health. The Center for Local Health will submit the information to the Office of Technology. Requests can take up to 48 hours to process.

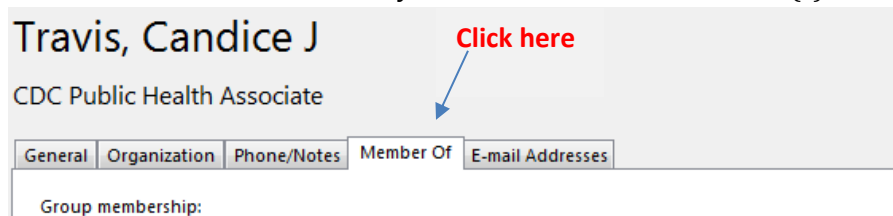
How do I know if I or one of my employees is included in the email lists?

This information is included in the address book for each employee. To access this information, you can take the following steps:

1. Access Microsoft Outlook.
2. Open the address book (located in the “Home” tab).



3. Search for an individual’s name and double click the name you are inquiring about.
4. Click on “Member Of” which will allow you to view the distribution list(s) an individual belongs to.



Procedure for Updating Emergency Contact Report

Background

This procedure describes the process for updating the emergency contact lists for key staff in local health departments (LHDs). The emergency contact report is housed in the program plan and used by the Center for Local Health (CLH) and other key state and local officials who need access to the report during emergency response events.

What Information is Collected on the Emergency Contact Report?

The emergency contact report collects the LHDs address, phone number, longitude and latitude. In addition, the report collects the contact name, emergency phone number, cell phone number, and pager number of the Administrator, Primary Nursing Contact, Health Officer, Environmental Health Contact, and the Threat Preparedness Coordinator.

Where Can I Find a Copy of the Emergency Contact Report?

A copy of the emergency contact report can be found on the Center for Local Health SharePoint in the [Shared Documents](#) folder.

Instructions for Updating the Health Department’s Emergency Contact List

1. If an LHD needs to update its agency’s emergency contact information, please do so by completing the [Emergency Contact List Update Form](#) (image below).
2. The individual submitting the form should fill in all data fields as completely as possible. If no change is needed to a data field, select “N/A”.
3. Once the form is submitted, please email dhhrbphclh@wv.gov and notify the CLH that your agency has submitted changes for the emergency contact report.

Principles Guiding Plans to Combine Local Boards of Health

Introduction

Chapter 16, Article 2, Section 5 of the West Virginia Code authorizes any two or more counties or any combination of counties and one or more municipalities within or partially within the county or counties to combine to create, establish and maintain a combined local board of health. It further authorizes the Commissioner to approve plans of combination of local boards of health.

This guidance was developed to provide appointing authorities, local boards of health and local health departments with an understanding of the principles the Commissioner will apply to requests for the approval of a plan to combine local boards of health. The principles, approved by the Commissioner, are designed to foster exceptional public health services to the citizens of our state in the most effective way and that ensure the state's public health staff are properly deployed and supported. It is important for the state to ensure that its public health system has a 21st century structure with the right network of institutions offering the proper range of services. Furthermore, these principles align with the recommendations of the West Virginia Public Health Impact Task Force by:

- **Maintaining a local public health presence:** Supporting local governments, local boards of health and health departments achieve economies of scale and maintain and advance the delivery of quality public health services in times of diminishing resources and increased expectations;
- **Conducting an assessment of the current systems and partner with stakeholders:** Supporting local governments, local boards of health and health departments should work to assess their current systems including operations and work with healthcare system partners to propose a minimum package of public health services that will be provided to all residents in the proposed jurisdiction;
- **Expanding best practices that promote the efficient and effective use of public resources:** Resource sharing is an effective way to improve the quality, the equitable provision of services statewide and to reduce operational costs. Research demonstrates that when a local board of health is serving a population of 100,000 and up to 500,000 services are delivered at the lowest possible cost with optimal cost savings and;
- **State's public policy should support a public health system that is accreditation ready:** Sharing resources is an effective way to build capacity to support functions such as administration, accreditation readiness, enhanced surveillance capabilities, health assessment and planning and the adoption and use of information technology.

Local Boards of Health should consider combining under the following conditions:

Local Health Departments consider combining for the many potential benefits, but the top two motivators fall in the categories of improved service delivery and cost savings. In West Virginia in 1981, a survey of LHDs within the

Mid-Ohio Valley Region found that the services available to citizens varied greatly depending on which county they lived in, resulting in unmet need throughout the region and driving the need for regionalization. Likewise, a Wisconsin study on sharing services found that top motivators revolved around providing better services to more people by having increased expertise, resources, and staffing capacity to draw upon. At a time when more than half of all LHDs report reducing or eliminating services in at least one area due to decreasing budgets, consolidation is a logical solution to continue providing the public health services that citizens rely on.

In addition to service provision, LHDs are motivated to combine due to the high potential for cost savings. Combining local boards of health provides opportunities to reduce administrative and operational costs so each participating jurisdiction only pays a fraction of those costs. Additionally, by serving a larger population base, combining may allow for opportunities such as increased grant eligibility and more cost-effective service delivery. Illustratively, a study conducted on LHDs in Ohio found that consolidation resulted in an overall expenditure reduction of 16%.

Principles of Combining Local Boards of Health

The six principles that will be utilized in assessing efforts to combine local boards of health are:

- 1. Create significant potential for economies of scale and scope.**
Consideration will be given to the potential for achieving cost efficiency in service delivery, consistent performance of duties relating to basic public health services and other health services and the enforcement of the laws of this state pertaining to public health. The Commissioner will consider the degree to which the service area meets or exceeds the minimum and maximum efficiency scale of 100,000 to 500,000 populations.
- 2. Streamline administrative services while maintaining or improving service level and quality.**
Potential for administrative efficiencies and savings which yield more effective service will be considered.
- 3. Improve accessibility, regional identity, and compatibility.**
Geographic proximity, transportation corridors, ensuring as much as possible a cultural fit, and other factors which strengthen the qualitative aspects of basic public health services will be considered.
- 4. Avoid duplication of public health-related programs while optimizing access to public health services.**
Consideration will be given to demand for services, program overlaps and duplications, and optimal staffing characteristics sufficient to offer and support the needed array of services.
- 5. Increase opportunities to improve performance.**
Enhancing opportunities for local health departments to raise their performance, management and leadership will be a goal.
- 6. Enhance development of public health services.**
Consideration will be given to plans of combination with the potential to improve basic public health services and other health services and the enforcement of public health laws through a more efficient delivery of services, community partnerships, and improved staffing.

With these principles in mind, it is recommended that local boards of health submitting plans of combination to the Commissioner for approval include the following documentation with the plan of combination:

Recommended Documentation	Description
Justification and History of Resource Sharing	A brief description of the jurisdictions seeking to combine, a justification for the plan of combination, and the history of resource sharing among the jurisdictions.
Demonstrated commitment of appointing authorities and assessment of jurisdictional needs	Signed resolutions of commitment to combine from each participating appointing authority (county commission and/or municipalities) and formation of Task Force to provide oversight of planning process. An assessment of interest to consolidate should be conducted with all surrounding jurisdictions.
Leadership, Management and Organizational Structure	A list of members of the individuals and/or transition team accountable to the appointing authorities, their roles and responsibilities, including the key point of contact for plan of combination.
Comprehensive Work Plan	A comprehensive work plan that guides the process of transitioning to and sustaining a combined board of health. The plan should include goals, objectives, activities, responsible personnel and contractual services, timeframes for monitoring and communicating progress to boards of health, appointing authorities and the Bureau, methods of addressing anticipated challenges, costs and benefits to all jurisdictions, budget, budget narrative and address the administrative and operational aspects of the transition.

Guidance for Completing the Community Health Assessment Documentation Form

Background

[Chapter 16 Article 2 of West Virginia Code](#) establishes the duties relating to basic public health services: community health promotion, environmental health protection, and communicable or reportable disease prevention and control. Community health promotion includes “assessing and reporting community health needs to improve health status, facilitating community partnerships including identifying the community’s priority health needs, mobilization of a community around identified health priorities, and monitoring the progress of community health education services.”

The Public Health Accreditation Board (PHAB) has established [standards and measures](#) for voluntary national public health department accreditation. A community health assessment (CHA) is one of three pre-requisites (along with a community health improvement plan and a strategic plan) for health department accreditation. The PHAB standards and measures provide guidance in twelve domains: the 10 essential public health services, management/administration, and governance.

A review of community health assessments submitted to the Center for Local Health (CLH) in 2016 provided the basis for several initiatives to improve state support to local health departments in the CHA process, such as the development of webpages on the CLH website. However, it became clear that much of the process and effort that goes into CHAs could not be learned just by reviewing the CHAs themselves. This form aims to improve the understanding of CHA processes, methods, and efforts, and aims to align with the voluntary [Public Health Accreditation Standards and Measures](#) related to community health assessments (relevant measures are indicated in the SharePoint form).

Purpose

The Community Health Assessment Documentation Form is designed to serve two purposes. The first is a self-assessment of the community health assessments that local health departments (LHDs) submit to the Center for Local Health as part of the annual Program Plan. The second purpose of the documentation form is to provide additional information about the CHA process and identification of priority areas to CLH that may not be documented in the CHA itself. The information gathered through the documentation form will be used to improve and target state support to local health departments for community health assessment, improvement, and planning.

Submission

The FY 2018 Community Health Assessment Documentation form should be completed on the SharePoint site by September 8, 2017 as part of the FY 2018 second quarter reporting requirements. It can be accessed using the following link:

<https://sharepoint.wv.gov/sites/BPHEPA/CFLH/Reporting/Lists/Community%20Health%20Assessment%20Documentation%20Form/NewForm.aspx> . If your agency is accredited, you only need to complete the first two questions (LHD and Accreditation Status).

Guidance for Completing the Documentation Form

Each of the categories listed in the documentation form are described below. For definitions of terms, see the [PHAB Glossary of Terms](#). If you have any additional questions, please contact Sam Batdorf by phone (304-356-4235) or email (Samantha.batdorf@wv.gov).

The first set of questions (*Submitting health department through Distribution/dissemination*) aim to address the elements contained within the CHA. The second set of questions (*Duration of CHA process through Other comments*) aim to address challenges and resources related to producing a successful CHA.

Local health department: Indicate the name of the health department submitting the CHA.

Accreditation status: Indicate the accreditation status of your agency. If your agency is accredited, you do not need to complete any more fields.

Year completed: The date on the CHA should reflect the year that it was completed. CHAs must be updated at least every five years, but submitted every year to the Center for Local Health.

Length of CHA cycle: This is the amount of time between CHAs. While PHAB and WV Code require that CHAs be completed every five years, some agencies may complete them on a shorter cycle to coordinate with hospitals (which are required to perform CHAs every three years) or other organizations. If your agency completes CHAs on a cycle other than every five years or every three years, please use the “Specify your own value” space.

Is your agency willing to change the CHA cycle to collaborate with another organization?: Please indicate whether or not your agency would be willing to change its CHA cycle to collaborate with another organization or organizations.

Facilitator(s): This should reflect the agency or organization that facilitated/wrote the CHA (select all that apply). It may be the local health department, a consultant, a hospital, a community coalition, or another organization. If a consultant or other organization wrote a CHA on behalf of another party, the organization or consultant’s name/company should be recorded in the “Specify your own value” space.

Geographic scope: The jurisdiction(s) covered in the CHA. It may be a single LHD’s jurisdiction or multiple LHD’s jurisdictions. In the case of hospital community health assessments, it may cover all or part of an LHD’s jurisdiction. If none of the options describe the geographic scope of your agency’s CHA, please specify it in the “Specify your own value” space.

Data included: Check the appropriate boxes to indicate the types of data sources included in the CHA (check all that apply). PHAB standards require the use of four types of data, which may overlap: primary data, secondary data, qualitative data, and quantitative data. For brief explanations of these types of data, see the [PHAB Glossary of Terms](#). For secondary data resources, including some specific to West Virginia, click [here](#). For information on primary data and data collection, click [here](#). *Detailed in PHAB measures 1.1.2 T/L, 1.2.3 A, and 1.3.1 A.*

Health disparities and high-risk population addressed: PHAB standards require that the data included in the CHA should address populations who experience poor health outcomes that could have been avoided (disparities), and the factors that contribute to specific populations’ health challenges. Indicate whether your agency’s CHA includes such information. *Detailed in PHAB measures 1.1.2 T/L.*

Partners engaged in CHA/CHIP process: PHAB standards require that partners outside of the health department are engaged in the CHA process, and that these partners represent community populations and health challenges. Name any external agencies/partners that were involved in the CHA. *Detailed in PHAB measure 1.1.1 T/L.*

Priorities for health improvement: If your agency's CHA identified health priority issues, please list up to three of them here. *Detailed in PHAB measures 1.1.2 T/L, 5.2.1 L, and 5.2.2. L.*

Priority setting: The CHA forms the basis for prioritization of health needs in the community. If one or more priority setting tools were used in the CHA/CHIP process, please indicate them (check all that apply). Information on prioritization methods can be found [here](#). *Detailed in PHAB measures 1.1.1 T/L and 5.2.1 L.*

Framework used: If a formal framework for community health assessment was utilized, please indicate it here. If your agency uses its own formalized process for CHAs, please indicate this in the "Specify your own value" space. For resources related to frameworks, click [here](#). *Detailed in PHAB measure 1.1.1 T/L.*

Additional elements: Check the appropriate boxes (all that apply) to indicate the inclusion of the listed elements in the CHA. *Detailed in PHAB measure 1.3.1 A.*

Distribution/dissemination: If the CHA was or is planned to be distributed (for example, to partners, stakeholders, or community members), please indicate that here. Note that PHAB standards require that the CHA be made available to the community. *Detailed in PHAB measure 1.1.3 A.*

Duration of CHA process: Please indicate how long (in months) the CHA process took from the initial steps to the finalization of the report.

How many staff positions are specifically responsible for duties related to the CHA?: Please indicate the number of staff at your agency whose duties include responsibilities specific to the CHA process.

How many staff in your agency contribute to the CHA?: Please indicate the number of staff at your agency who contribute to the CHA, regardless of whether it is specified in their job duties.

Challenges your agency has faced in conducting CHAs: Please indicate if your agency experienced challenges in the most recent CHA process related to any of the items listed (check all that apply). If there are additional challenges, please include them with the "Specify your own value" option.

Resources your agency has that are helpful to the CHA process: Please indicate the resources your agency has that helped produce your agency's most recent CHA (check all that apply). If there are additional resources that are not listed, please include them with the "Specify your own value" option.

Other comments: Provide any additional comments here. We welcome your suggestions!

Local Health Department Data Request Procedure

Background

The Center for Local Health (CLH) periodically collects statewide data from local health departments to fulfill its legal obligation to monitor the operations and administration of West Virginia's local health system. These data are reviewed, summarized, and analyzed. If local health department staff, or any entities outside of CLH, are interested in accessing additional data not provided on the SharePoint site, a data request must be submitted. The procedure detailed here outlines that process.

What is the purpose of this procedure?

The purpose of this procedure is to outline the process for local health departments, and other external entities, to request data that are submitted to CLH as a part of the annual Program Plan. This includes data related to revenue, expenditures, and programs provided through the local health agencies. It provides a way for CLH to track data requests, which in turn improves data collection and reporting processes. It also serves as a record of the dissemination of public data.

Instructions for submitting a data request

1. To submit a data request, one local health department staff member should go to the CLH Reporting SharePoint site and click on "Submit a Data Request," located in the leftmost column under the heading "Reporting." This will take you to the Local Health Department Data Request Form.
2. The data request form requests the information below. Please fill out the form as completely as possible.
 - a. Name of individual requesting data
 - b. Name of agency requesting data
 - c. Contact information (in case of questions from CLH; data will also be delivered using the email address provided here)
 - d. Description of data requested. Please be as specific and thorough as possible.
 - e. Purpose of requested data: what will these data be used for? (This will help CLH improve collection and reporting processes.)
3. Once you submit the form, you will be taken to a webpage that displays your responses to the data request form in a long row. You do not need to take any further action.
4. Upon receipt of the request, the CLH epidemiologist will begin the internal process for data requests. If the request requires clarification, the epidemiologist will contact the requesting agency or individual.
5. The requested data will be delivered by email in an Excel spreadsheet as soon as possible, typically within five business days of the initial date of request. The spreadsheet will contain two sheets: the first contains an explanation of the data source, the date(s) that the data reflect, the date that the requested data were compiled, any limitations, and a suggested citation; the second sheet contains the requested data.

6. Any questions regarding the data or data request process can be directed to the Center for Local Health, either at dhhrbphclh@wv.gov or (304) 558-8870.

Appendix A: FY2018 Program Plan Required Reports and Timeline

W. Va. Code §16-2-11 (3) requires local boards of health to submit a general plan of operation annually to the commissioner for approval. *W. Va. Code R. 64-73-6* requires the board of health to submit reports and records in a timely manner in compliance with applicable State and federal rules and regulations and departmental policies.

Documentation for the FY2018 Program Plan should be submitted using the timeline below to assure timely release of state funding.

Note: SharePoint Instructions are included in a separate document.

#	Report Name	Description	Submission	System Open	Date Due
The reports listed below (1-7) must be submitted by June 15, 2017 to assure timely distribution of the first quarter state funding.					
1	Local Health Department Information	Statewide local health department information including key staff and board contact information, address, website, hours of operation, etc. is available.	SharePoint Form	5/5/17	6/15/17
2	FY2018 Projected Budget July 1, 2017 – June 30, 2018	The board of health’s sources of revenue and operating expenses needed for each individual program are described.	SharePoint Form		
3	Basic Public Health Services Affidavit	The board of health demonstrates the intent and commitment to comply with State code and rule.	Upload to Agency Folder		
4	Agency Organization Chart	The board of health has an organizational structure with clear lines of authority and responsibility.	Upload to Agency Folder		
5	Proposed Sliding Fee Scale	To ensure that there is a mechanism in place to provide services to uninsured individuals.	Upload to Agency Folder		
6	Fee Schedule	To determine whether fees are compliant with the Fees for Service Rule.	Upload to Agency Folder		
7	FY2017 Environmental Health Third Quarter Report January 1, 2017 – March 31, 2017	Statewide environmental health activity data is available to evaluate local public health service delivery, demonstrate compliance with state and local laws and ordinances, support quality improvement and demonstrate value and system efficiency.	Upload Excel Template to Agency Folder	6/1/16	6/15/17

The reports listed below (8-10) must be submitted by September 8, 2017 to assure timely distribution of the second quarter state funding.					
8	Community Health Assessment	The board of health is actively engaged in the evaluation of the health needs of the community it serves.	Upload to Agency Folder	7/15/17	9/8/17
9	Community Health Assessment Documentation Form	A self-assessment tool that captures information about the Community Health Assessment process that may not be documented in the Assessment.	SharePoint Form	7/15/17	9/8/17
10	FY2017 Environmental Health Fourth Quarter Report April 1, 2017 – June 30, 2017	Statewide environmental health activity data is available to evaluate local public health service delivery, demonstrate compliance with state and local laws and ordinances, support quality improvement and demonstrate value and system efficiency.	Upload Excel Template to Agency Folder	7/15/17	9/8/17
The reports listed below (11-13) must be submitted by November 4, 2017 to assure timely distribution of the third quarter state funding.					
11	FY2018 Environmental Health Annual Projected Permits and Inspections Report (July 1, 2017 – June 30,2018)	Statewide environmental health activity data is available to evaluate local public health service delivery, demonstrate compliance with state and local laws and ordinances, support quality improvement and demonstrate value and system efficiency.	SharePoint Form	10/6/17	11/4/17
12	FY2018 Environmental Health First Quarter Report (July 1, 2017 – September 30, 2017)	Statewide environmental health activity data is available to evaluate local public health service delivery, demonstrate compliance with state and local laws and ordinances, support quality improvement and demonstrate value and system efficiency.	SharePoint Form	10/6/17	11/4/17
13	FY 2017 Agency End-of-Year Financial and Fee Report (July 1, 2016 -June 30, 2017)	Statewide complete, timely financial data is available to demonstrate compliance with code and rule, support quality improvement and demonstrate value and system efficiency.	SharePoint Form	TBD	TBD
The reports listed below (14-15) must be submitted by February 1, 2018 to assure timely distribution of the fourth quarter funding.					

14	FY2018 Environmental Health Second Quarter Report October 1, 2017 – December 31, 2017	Statewide environmental health activity data is available to evaluate local public health service delivery, demonstrate compliance with state and local laws and ordinances, support quality improvement and demonstrate value and system efficiency.	SharePoint Form	12/15/17	2/1/18
15	FY2018 Agency Mid-Year Financial Report July 1, 2017 – December 31, 2017	Statewide complete, timely financial data is available to demonstrate compliance with code and rule, support quality improvement and demonstrate value and system efficiency.	SharePoint Form	1/15/17	2/1/18
The reports below (16-20) are required as per 64CSR7 and in accordance with protocols established by the Office of Epidemiology and Prevention Services.					
16	Outbreak Report	Statewide complete, timely outbreak reports are available for analysis, public health action to prevent and/or reduce morbidity and mortality, and to support quality improvement.	Outbreak report forms	As per Office of Epidemiology and Prevention Services protocols and the Reportable Disease Rule (64CSR7).	
17	Disease Report	Complete, timely disease reports are available statewide for analysis and public health action to prevent and/or reduce morbidity and mortality.	Submitted through WVEDDS		
18	HIV/STD/Hepatitis Reports	Complete, timely disease reports are available statewide for analysis and public health action to prevent and/or reduce morbidity and mortality.	Report forms		
19	Tuberculosis	Complete, timely disease reports are available statewide for analysis and public health action to prevent and/or reduce morbidity and mortality.	TB Reporting Guidelines		
19	Immunization Report	Complete, timely data on the administration of vaccinations is available statewide for analysis and public health action to prevent and/or reduce morbidity and mortality.	WVSIIS		

Revised 20171006

Appendix B: Record of Changes

Document Name	Date of Release	Date of Revision	Description of Revision
FY2017 Local Health Department Program Plan Reporting and Basic Public Health Service Guidance	April 15, 2016	February 17, 2017	Addition of procedures, minor revisions and edits to content.
Procedure for Requesting Correction to FY2016 End of Year Financial Reports	February 17, 2017		
Local Health Department Email Distribution Lists	February 17, 2017		
Center for Local Health Data Tracking Procedure	February 17, 2017		
FY2017 Program Plan Required Reports and Timeline	February 17, 2017		
Local Health Department Program Plan, Basic Public Health Services Funding and SharePoint Guidance	May 5, 2017	May 5, 2017	Update to reflect FY 2018 Reporting Requirements
Procedure for Updating Emergency Contact Report	June 19, 2017	June 16, 2017	Procedure for updating the LHD Emergency Contact Report
Guidance for Completing the CHA Documentation Form	July 24, 2017	September 15, 2017	Updated the submission date
FY 2018 Program Plan Required Reports and Timeline	September 18, 2017	September 15, 2017	<ul style="list-style-type: none"> • Removed “Basic Public Services Checklist” from the reporting timeline. • Changed the due dates for the 2nd Quarter Reporting, the release date for the FY 2018 EH 1st Quarter Report, and changed the due dates in the “blue rows” to match the due dates listed in the last column • Combined the two end-of-year reports into one and moved the report from the 2nd quarter reporting timeline to the 3rd quarter reporting timeline.

Principles Guiding Plans to Combine Local Boards of Health	September 18, 2017		Addition of guidance regarding local boards of health plans of combination
Program Plan Reports and Timeline	October 6, 2017	October 2, 2017	Added FY2018 EH Projections to the Reporting Table
Procedures for Submitting FY2018 Program Plan Documents and Reports	October 6, 2017	October 2, 2017	<p>Changed the titled from “FY2018 First Quarter Program Plan Documents and Reports” to FY 2018 Program Plan Documents and Reports so all reports required during FY2018 could be placed under this heading.</p> <p>Added the following subheadings:</p> <ul style="list-style-type: none"> • Required Documentation and Reports for Third Quarter Funding • How do I enter information into the FY2018 EH Permits and Inspections Report? • How do I enter environmental health data into the FY2018 EH Permits and Inspections Report for the appropriate reporting period? • How do I locate my agency’s reports? • How do I access a form that I’ve already submitted? • How do I edit a form?
SharePoint Guidance	October 13, 2017	October 13, 2017	<p>Removed the previous last three subheadings from Procedures for Submitting FY2018 Program Plan Documents and Reports and added them to SharePoint Guidance.</p> <p>Added a section titled SharePoint guidance with the following subheadings:</p> <ul style="list-style-type: none"> • How do I locate my agency’s reports? • How do I access a form that I’ve already submitted? • How do I edit a form? • How do I print a blank SharePoint form?

			<ul style="list-style-type: none">• How do I print a SharePoint form that is already filled out?
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