

# Domain 11: Maintain Administrative and Management Capacity

Domain 11 focuses on health department management and administration capacity. Organizational administration and management is the process of organizing, leading, and controlling the efforts of organizational human and other resources to make decisions and achieve organizational goals. Health departments must have a well-managed human resources system, be competent in general financial management, have data management capacity and capability, and be knowledgeable about public health authorities and mandates. And, because of the nature of public health – the focus on the collective good, the employment of government action, and the objective of population-based outcomes – public health leaders need an infrastructure to ensure that decisions, policies, plans, and programs are ethical and address health equity. Health department leaders and staff must be knowledgeable about the structure, organization, and financing of their public health department and other agencies and organizations that provide public health services.

## DOMAIN 11 INCLUDES TWO STANDARDS:

<b>Standard 11.1:</b>	Develop and Maintain an Operational Infrastructure to Support the Performance of Public Health Functions
<b>Standard 11.2:</b>	Establish Effective Financial Management Systems

## STANDARD 11.1: **Develop and maintain an operational infrastructure to support the performance of public health functions.**

A strong operational infrastructure is necessary in order to administer public health services efficiently and effectively to meet the needs of the population. By maintaining a strong organizational infrastructure, the health department can assess and improve its operations, staffing, and program support systems.

# Standard 11.1: Develop and maintain an operational infrastructure to support the performance of public health functions.

MEASURE	PURPOSE	SIGNIFICANCE	
<p><b>Measure 11.1.1 A</b></p> <p>Policies and procedures regarding health department operations, reviewed regularly, and accessible to staff</p>	<p>The purpose of this measure is to assess the health department's processes for maintaining policies and procedures, which includes developing, writing, reviewing, revising, training, and sharing health department policy and procedures with staff. This measure focuses on health department policies that direct organizational operations, not programs and program guidelines.</p>	<p>Standardized written policies and procedures are needed to operate an organization efficiently and effectively. Regular review and revision of those policies and procedures is important for continuous quality improvement. Staff needs to have ready access to policies and procedures to be informed of organizational and operations expectations.</p>	
REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN
<p><b>1. Policy and procedure manual or individual policies</b></p>	<p><b>1. The health department must provide written operations policies/procedures.</b> This could be one manual or a group of policies.</p> <p>These are operations policies, not human resource policies, which are addressed in Measure 11.1.5. Policies could address these topics, for example, records retention and back-up procedures, reimbursement, invoicing, emergency/evacuation, events planning, procurement of office supplies, facilities operations, use of department equipment (including phones and internet), use of department vehicles, tobacco use, recycling, scheduling the use of meeting rooms, the development of policies that includes who needs to sign what types of policies and how often they are reviewed, and any policies and procedures that concern the operations of the department.</p> <p>The policies can be provided to staff in paper form, on a central computer file, or a link to an electronic format. If electronic, the policies can be files on a server or postings on the web. If the policies are voluminous, the health department may provide a Table of Contents or list of policies.</p>	<p><b>1 Manual or, if a Table of Contents or list is provided, 2 example policies are also required.</b></p>	<p><b>5 years</b></p>

## MEASURE 11.1.1 A, continued

	<p>Only the most recent version of policies must be provided. Some health departments may use policies and procedures that are not specific to the health department, but are government-wide (i.e., state, city or county) or relate to a larger super-health agency or umbrella agency. These policies and procedures could demonstrate compliance with the measure if they apply to the health department as well as other government agencies.</p>		
<p><b>2. Health department organizational chart</b></p>	<p><b>2. The health department must provide its health department organizational chart.</b> If the health department is part of a super-agency or umbrella agency, and some of the documentation provided is from other divisions within the umbrella agency, then an organizational chart showing the health department's relationship with the other divisions is also required.</p> <p>The health department's organizational chart must show leadership, upper management positions, and the organization of programs. It need not detail every staff person. Position titles or program names are required; individuals' names are not required.</p> <p>If changes are made to the organizational chart between the submission of documentation to PHAB and the site visit, the health department must submit a copy of the revised chart to the site visit team. NOTE: This and the budget are the only two instance where information may be changed or updated between the submission of the health department's documents to PHAB and the time of the site visit.</p>	<p><b>1 organiza-tional chart</b></p>	<p><b>2 years</b></p>
<p><b>3. Review of policies and procedures</b></p>	<p><b>3. The health department must document the review of policies and procedures.</b> The original policies and procedures may have been in place for many years; official dates of policy revisions demonstrate that a review has been conducted within the last five years.</p> <p>Documentation could be policies that were adopted longer than 5 years ago but that have been reviewed, revised, and signed off on by the health department within the last five years.</p>	<p><b>2 examples</b></p>	<p><b>5 years</b></p>
<p><b>4. Methods for staff access to policies</b></p>	<p><b>4. The health department must document how staff access policies.</b> Access methods can include for example, the website; health department intranet; server access; or paper copy distributed to staff, available from supervisors, or located in central locations.</p>	<p><b>1 example</b></p>	<p><b>5 years</b></p>

# Standard 11.1: Develop and maintain an operational infrastructure to support the performance of public health functions.

MEASURE	PURPOSE	SIGNIFICANCE	
<p><b>Measure 11.1.2 A</b> Ethical issues identified and ethical decisions made</p>	<p>The purpose of this measure is to assess the health department's policies and process for the identification and resolution of ethical issues that arise from the department's program, policies, interventions, or employee/ employer relations.</p>	<p>Efforts to achieve the goal of protecting and promoting the public's health have inherent ethical challenges. Employer/employees relations may also raise ethical issues. Understanding the ethical dimensions of policies and decisions is important for the provision of effective public health and public health management. Defining and addressing ethical issues should be handled through an explicit, rigorous, and standard manner that uses critical reasoning.</p>	
REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN
<p><b>1. Strategies for decision making relative to ethical issues</b></p>	<p><b>1. The health department must document the identification of issues with ethical considerations and a strategic deliberative process for consideration and resolution of ethical issues.</b> The policies and procedures must set forth a transparent process that provides an opportunity for input from affected stakeholders and considers their interests. The policies and procedures must provide for the consideration of the best evidence available. There must be opportunities to evaluate decisions as new information becomes available and there must be a provision for accountability of the decision makers.</p> <p>Examples of a process include the adoption of the Public Health Code of Ethics, the establishment of an ethics board, the designation of a committee or process of the governing entity, or other process.</p>	<p><b>1 process or set of policies and procedures</b></p>	<p><b>5 years</b></p>
<p><b>2. Ethical issues reviewed and resolved</b></p>	<p><b>2. The health department must document the consideration, deliberation, and resolution of ethical issues.</b></p> <p>Examples of ethical issues include, for example, privately constructed sewers, distribution of vaccine in a shortage situation, staff mandatory immunizations, an employee's use of social media, an employee's acceptance of gifts.</p>	<p><b>1 example</b></p>	<p><b>5 years</b></p>

# Standard 11.1: Develop and maintain an operational infrastructure to support the performance of public health functions.

MEASURE	PURPOSE	SIGNIFICANCE		
<p><b>Measure 11.1.3 A</b></p> <p>Policies regarding confidentiality, including applicable HIPAA requirements</p>	<p>The purpose of this measure is to assess how the health department protects customer confidentiality.</p>	<p>It is critical that health departments and the individuals who work in them maintain customer confidentiality and protect client health information. Lack of attention to confidentiality policies and their implementation can lead to violations of confidentiality. This creates liability to the health department and lessens credibility.</p>		
REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN	
<p><b>1. Confidentiality policies</b></p>	<p><b>1. The health department must provide written confidentiality policies and procedures.</b> Policies must define the health department’s processes for protecting customer confidentiality, both personal (directed toward the individual) and informational (directed at their health data and records). This may include policies concerning such processes as clinical protocols, staff access to records, computer use, business associate agreements, and electronic transfer of data.</p> <p>Policies may be maintained as either a paper copy or in an electronic format. If electronic, the policies can be files on a server or posted on the web. Some health departments may use confidentiality policies and procedures that are not specific to the health department, but are government-wide (i.e., state, city or county) or relate to a larger super-health agency or umbrella agency.</p>	<p><b>1 policy or a set of policies</b></p>	<p><b>5 years</b></p>	
<p><b>2. Training staff on the implementation of confidentiality policies</b></p>	<p><b>2. The health department must document that staff has been trained on confidentiality policies, including training content and names of those who received the training.</b></p> <p>Documentation could be, for example, a copy of training materials and an agenda for the training session – whether group or individual.</p> <p>The health department must have a record of who attended the training. Documentation could also be a log, a sign-in sheet or a record/statement from web-based training.</p>	<p><b>2 examples of training</b></p>	<p><b>5 years</b></p>	

MEASURE 11.1.3 A, continued

<p><b>3. Signed employee confidentiality form, as required by policies</b></p>	<p><b>3. The health department must provide a confidentiality form or agreement that is signed by employees.</b> Through this form, staff will acknowledge their responsibilities for protecting confidentiality. The health department can submit a copy of the form. Do not submit copies of every employee-signed form; a log or other tracking mechanism showing that employees have signed the form is sufficient.</p>	<p><b>1 form and 1 example of a tracking form or log</b></p>	<p><b>5 years</b></p>
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# Standard 11.1: Develop and maintain an operational infrastructure to support the performance of public health functions.

MEASURE	PURPOSE	SIGNIFICANCE	NUMBER OF EXAMPLES	DATED WITHIN
<p><b>Measure 11.1.4 A</b></p> <p>Policies, processes, programs, and interventions provided that are socially, culturally, and linguistically appropriate to specific populations with higher health risks and poorer health outcomes.</p>	<p>The purpose of this measure is to assess the health department's social, cultural, and linguistic competence in providing public health programs to specific populations with higher health risks and poorer health outcomes.</p>	<p>Public health departments are responsible for all residents in the health department's jurisdiction, and that usually includes people of various backgrounds, languages, and cultures. It is important for health departments to understand how values, norms, and traditions of the populations served affect how individuals perceive, think about, and make judgments about health, health behaviors, and public health services. Those values, norms, and traditions affect how populations interact with public health workers, how open they are to health information and health education, and how they can change health behaviors.</p> <p>Ensuring that the health department's policies, programs, services, materials, and processes address these social, cultural, and language differences (including low literacy, non-English speaking populations, and the visually or hearing impaired) will enhance the health department's ability to provide the most effective programs and services to meet the needs of the population.</p> <p>Ensuring that the health department's policies, programs, services, materials, and processes intentionally address health disparities and health inequities will enhance the health department's ability to impact the health of the population.</p>	<p><b>1 policy or procedure</b></p>	<p><b>5 years</b></p>
REQUIRED DOCUMENTATION	GUIDANCE			
<p><b>1. Policy or procedure for the development of interventions and materials that address areas of health inequity among the specific populations and are culturally and linguistically appropriate for the population the health department serves in its jurisdiction</b></p>	<p><b>1. The health department must provide a policy or procedure that demonstrates how health equity is incorporated as a goal into the development of policies, processes, and programs.</b> A policy or procedure must ensure that social, cultural, and linguistic characteristics of the various populations groups of the population it serves are incorporated into processes, programs, and interventions. Characteristics of populations addressed in the policy or procedure may include social, racial, ethnic, cultural, sexual orientation and gender identity, linguistic characteristics, including non-English speaking populations, and the disabled.</p>			



MEASURE 11.1.4 A, continued

<p><b>2. Processes, programs, or interventions provided in a culturally or linguistically competent manner</b></p>	<p><b>2. The health department must document the provisions of processes, programs, or interventions that are culturally or linguistically appropriate, as defined above.</b></p> <p>Oral communication is integral to many Tribal cultures. If oral communication is used to ensure that programs, processes, and interventions are culturally competent, the health department must provide documentation of its use, for example, plans, protocols, or objectives for focus groups, community gatherings, roundtables, talking circles, digital storytelling, or other activities. Tribal health departments may serve Tribal members from more than one Tribe or non-Tribal individuals. If this is the case, examples of culturally and linguistically competent services provided to these groups. (e.g., interpretation, materials in other languages) are acceptable documentation.</p>	<p><b>2 examples;</b> The two examples must come from two different program areas of the health department</p>	<p><b>5 years</b></p>
<p><b>3. Assessment of the health department's cultural competence and knowledge of health equity</b></p>	<p><b>3. The health department must provide an assessment of cultural and linguistic competence.</b> This could be, for example, the Cultural and Linguistic Competency Policy (CLCPA) self-assessment from the National Center for Cultural Competence, assessment against Culturally and Linguistically Appropriate Services (CLAS) standards, Health Equity at Work: Skills Assessment of Public Health, or another assessment tool.</p>	<p><b>1 example</b></p>	<p><b>5 years</b></p>
<p><b>4. Health equity and cultural competency training provided to health department staff</b></p>	<p><b>4. The health department must document staff training on health equity and cultural competence, including social, cultural, and/or linguistic aspects of policies, processes and programs.</b> Training may include: examining biases and prejudices; developing cross-cultural skills; learning about specific populations' values, norms, and traditions; and/or learning about how to develop programs and materials for low literacy individuals or the visually or hearing impaired. Documentation must show the content of the training.</p> <p>The health department must provide a record of who attended the training. This may be a log, a sign-in sheet, or a record/statement from web-based training. An example of training includes the Prevention Institute's Health Equity Training Series.</p> <p>Documentation could be, for example, a copy of the training materials or an agenda for the training session as well as a sign-in sheet or attendance list.</p>	<p><b>1 example</b></p>	<p><b>5 years</b></p>

# Standard 11.1: Develop and maintain an operational infrastructure to support the performance of public health functions.

MEASURE	PURPOSE	SIGNIFICANCE
<p><b>Measure 11.1.5 A</b> A human resources function</p>	<p>The purpose of this measure is to assess the health department's management of its human resources. A comprehensive human resource function may be fully contained within the health department or it may be located in its own governmental agency (for example, an office of management), in an office outside the health department, or may be implemented in a combination of ways. If the larger human resources system is outside of the health department, the health department still must perform human resources management functions, for example, ensuring that human resource policies are available to staff, keeping time sheets, managing leave, and conducting employees' performance evaluations. A health department may also contract for certain human resource actions to an outside organization that specializes in human resource management functions.</p>	<p>A well-defined and structured human resources function is important for any organization. It provides the health department with the management processes to hire, manage, evaluate personnel, and improve personnel performance. A human resource function supports the health department, individual staff members, staff development, and the overall workplace environment.</p>

REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN
<p><b>1. Human resource (HR) policies and procedures</b></p>	<p><b>1. The health department must provide a human resource manual or set of policies and procedures.</b> The policies and procedures must address all of the following:</p> <ul style="list-style-type: none"> <li>• Employment and human resources legal requirements that pertain to the jurisdiction served by the health department (Tribal, state, and/or local);</li> <li>• Personnel recruitment, selection, and appointment;</li> <li>• Employee confidentiality;</li> <li>• Equal opportunity employment;</li> <li>• Salary structure;</li> <li>• Hours of work;</li> <li>• Benefits package;</li> <li>• Performance evaluation process based on job/position descriptions and individualized development plans; and</li> <li>• Problem solving and complaint handling, including sexual harassment.</li> </ul> <p>Some health departments may use a human resource system that is not specific to the health department, but is government-wide (i.e., Tribe, state, city, or county).</p>	<p><b>1 set of HR policies and procedures</b></p>	<p><b>5 years</b></p>

## MEASURE 11.1.5 A, continued

	<p>The policies and procedures may not, therefore, be specific to only the health department but to all of city, county, state, or Tribal government. These policies and procedures could demonstrate compliance with the measure if they apply to the health department, as well as other government agencies.</p> <p>Indian Preference Policies may be submitted in place of personnel selection and appointment and/or Equal Opportunity Employment policies. It may also be applicable that Tribal health departments provide MOAs for assignment of personnel [e.g., U.S. Public Health Service/Indian Health Service or other personal service contracts or agreement (PSA)].</p>		
<p><b>2. Staff access to human resource policies and procedures</b></p>	<p><b>2. The health department must document how department staff access human resource policies and procedures.</b></p> <p>Methods may include, for example, web-based, health department intranet, server access, or distribution of a hard copy that is available from supervisors or located in central locations.</p>	<p><b>1 example</b></p>	<p><b>5 years</b></p>
<p><b>3. Employment working relationship agreements</b></p>	<p><b>3. The health department must provide documents in use to establish working relationships.</b></p> <p>Examples of documents used to establish working relationships include, for example, employment agreements, contract template, letter of employment template, contracts, or labor agreements (if appropriate). This does not include contracts for service.</p>	<p><b>1 example</b></p>	<p><b>5 years</b></p>
<p><b>4. A human resource function that supports management, the workforce, and workforce development by being a responsive partner to programs</b></p>	<p><b>4. The health department must document that the human resource function demonstrates a responsive partnership with management, programs, services, and staff to enable staff that provide public health programs, services, and products.</b></p> <p>Documentation could be, for example, the human resource function and a program collaboratively resolving a human resource issue, human resource staff that are educated/experienced in public health (for the purpose of assessing workforce needs, enabling workforce development, and recruiting candidates for public health positions), human resource policies that support the public health program functions, and programs and the human resource function working together to develop policies and provide training and development.</p>	<p><b>2 examples</b></p>	<p><b>5 years</b></p>

# Standard 11.1: Develop and maintain an operational infrastructure to support the performance of public health functions.

MEASURE	PURPOSE	SIGNIFICANCE	
<p><b>Measure 11.1.6 A</b></p> <p>Information management function that supports the health department's mission and workforce by providing infrastructure for data storage, protection, and management; and data analysis and reporting</p>	<p>The purpose of this measure is to assess the health department's capacity and capability to store, manage, protect, and utilize electronic information and data in order to provide relevant information for operational efficiency and informed decision making.</p>	<p>Effective public health decisions require accurate information and data. Health departments have access to a wealth of data, either created by the department or collected by others. To use data effectively, the health department must organize and process data in a manner to appropriately protect data and also make it available for decision making. The health department must maintain an information management system that provides the ability to store, protect, process, manage, analyze, utilize, and communicate information and data available from multiple sources.</p>	
REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN
<p><b>1. Information technology infrastructure that supports public health functions</b></p>	<p><b>1. The health department must document that information technology supports public health and administrative functions of the department.</b></p> <p>Documentation could be, for example, a scanning system to preserve records, a grant management system, vital records systems, program (such as WIC or immunization) information systems, licensing information systems, inspections and violations records, and on-line data services.</p>	<p><b>2 examples;</b></p> <p>The two examples must be from different areas. The health department may select the areas. They may be program and/or administrative areas.</p>	<p><b>5 years</b></p>

MEASURE 11.1.6 A, continued

<p><b>2. Secure information systems</b></p>	<p><b>2. The health department must document information vulnerability audits, security policies, and/or internal controls to ensure the privacy and security of information.</b></p>	<p><b>1 example</b></p>	<p><b>3 years</b></p>
<p><b>3. Maintenance of confidentiality of data</b></p>	<p><b>3. The health department must provide a policy that the department adheres to federal, state, and local privacy protection regulations for handling data.</b></p>	<p><b>1 policy</b></p>	<p><b>5 years</b></p>
<p><b>4. Maintenance of information management system</b></p>	<p><b>4. The health department must provide a written process for reviewing and developing information management business system requirements to guide systems changes and development.</b></p>	<p><b>1 example</b></p>	<p><b>5 years</b></p>
<p><b>5. Management of information assets</b></p>	<p><b>5. The health department must provide an inventory of data or data systems (either collected by the health department or by others) available to the health departments.</b></p>	<p><b>1 example</b></p>	<p><b>3 years</b></p>

# Standard 11.1: Develop and maintain an operational infrastructure to support the performance of public health functions.

MEASURE	PURPOSE	SIGNIFICANCE	
<p><b>Measure 11.1.7 A</b> Facilities that are clean, safe, accessible, and secure</p>	<p>The purpose of this measure is to assess the health department's facilities for use by both staff and the public.</p>	<p>In order for the health department to implement processes, programs, and interventions, the facilities must be adequate. All facilities that are operated by the health department must be clean, safe, accessible, and secure for both staff and the public.</p>	
REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN
<p><b>1. Licenses for laboratory</b></p>	<p><b>1. The health department must provide copies of licenses to meet national or state requirements appropriate for the laboratory services provided.</b> Access to a laboratory that has Select Agent certification is required.</p>	<p>As needed</p>	<p>5 years</p>
<p><b>2. Inspection reports</b></p>	<p><b>2. The health department must provide examples of inspection reports, for example, OSHA, internal (department conducted), or external (an independent organization) inspection reports, cleaning and maintenance policies, logs, records, certificate of occupancy, contracts or orders.</b> Other examples of documentation include environmental public health and safety committee meeting minutes and federal or Tribal environmental audits.</p>	<p>2 examples</p>	<p>5 years</p>
<p><b>3. Assurance of accessibility to the health department's facilities</b></p>	<p><b>3. The health department must provide documentation that it is in compliance with Federal/state/local laws concerning accessibility.</b>  PHAB will accept a copy of the ADA compliance report or the health department's self-evaluation, as described by federal regulations. PHAB will accept documentation of compliance with ADA related Tribal, state, and/or local laws and regulations that pertain to the jurisdiction which the health department is authorized to serve. For health departments that may operate in buildings that are either exempt from the federal regulations or have waivers (such as buildings on the national register of historic buildings), PHAB requires documentation of the health department's procedures to serve members of the public and health department staff who have physical disabilities, are sight impaired, or are hearing impaired.</p>	<p>1 example</p>	<p>5 years</p>

## STANDARD 11.2: Establish effective financial management system.

Sound financial practices are basic to any organization. They are required to manage resources wisely, to analyze present and future needs, to sustain operations, and demonstrate accountability. This standard measures the capacity of the health department to manage the organization's finances.

# Standard 11.2: Establish effective financial management system.

MEASURE	PURPOSE	SIGNIFICANCE		
<p><b>Measure 11.2.1 A</b></p> <p>Financial and programmatic oversight of grants and contracts</p>	<p>The purpose of this measure is to assess the health department’s ability to manage grants and contracts and comply with external governmental funding requirements.</p>	<p>Health departments receive funding from a variety of sources. Each funding source has specific requirements for the use of the funds and for reporting to the funding agency. It is important that funds are used appropriately and legitimately and that the health department has systems for accountability.</p>		
REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN	
<p><b>1. Audited financial statements</b></p>	<p><b>1. The health department must provide regular (as defined by the health department) department-wide financial audit reports.</b> Audits are formal examinations of the health department’s financial accounts. Audits are performed by external auditors.</p> <p>The health department’s audit may be part of a large audit of the governmental unit (for example, umbrella agency, super agency, county government, or state government) of which the health department is a part.</p>	<p><b>2 examples</b></p>	<p><b>Previous two fiscal years</b></p>	
<p><b>2. Program reports</b></p>	<p><b>2. The health department must provide program reports that it has submitted to funding organizations.</b></p> <p>Documentation could be, for example, compliance reports to federal funders, reports to legislatures or local city/county/Tribal councils, and reports to foundations. Monitoring reports or corrective action plans that show compliance with funding requirements are also acceptable. Contracts or agreements between state, local, and/or Tribal health departments to provide services may show the expectations for funding but might not show the compliance with funding agency requirements. If such contracts are used, they must be combined with follow-up reports that validate compliance.</p>	<p><b>2 examples</b></p>	<p><b>5 years</b></p>	



MEASURE 11.2.1 A, continued

<p><b>3. Communications from federal or state funding agencies or organizations</b></p>	<p><b>3. The health department must provide any formal communications from state or federal funders that indicate the health department is a “high-risk grantee.”</b></p> <p>Disclosure and documentation must be provided in the following types of instances: the department being put on manual draw-down; the department being put on a corrective action plan; placement on a ‘do not fund’ list; receivership status; and instances of malfeasance or misappropriations of funds.</p> <p>Documentation could be letters or emails that officially and formally describe concerns from funding agencies (e.g., federal agencies, state health department funding to local health departments).</p> <p>Documentation must also include a description of follow-up actions and internal controls that have occurred to remedy the situation.</p> <p>If there have been no communications regarding “high-risk grantee” status, the health department director must provide a signed statement attesting to that fact.</p>	<p>All, as appropriate</p>	<p>5 years</p>
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# Standard 11.2: Establish effective financial management system.

MEASURE	PURPOSE	SIGNIFICANCE		
<p><b>Measure 11.2.2 A</b></p> <p>Written agreements with entities from which the health department purchases, or to which the health department delegates, services, processes, programs, and/or interventions</p>	<p>The purpose of this measure is to assess the health department's management of agreements with other organizations to provide services, processes, programs, or interventions on behalf of the health department.</p>	<p>The health department may not directly deliver or provide all services and administrative activities. They may depend on other entities to act on its behalf. These services could be related to organizational, management, and administrative functions, or to program services or interventions delivered to the public.</p>		
REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN	
<p><b>1. Contracts/MOUs/ MOAs or other written agreements for the provision of services, processes, programs, and/or interventions</b></p>	<p><b>1. The health department must provide contracts or MOU/MOAs or other written agreements that have been executed with other organizations or departments.</b></p> <p>State health department documentation could be, for example, a written agreement with a local or district health department for one of the examples. The other example <u>must be</u> with another agency or organization.</p> <p>Local health department documentation could be a written agreement with the state health department for one of the examples. The other example <u>must be</u> with another agency or organization.</p> <p>Tribal health department documentation could be a written agreement with a local, district, or state health department for one of the examples. The other example <u>must be</u> with another agency or organization. Tribal health departments may use the compact or funding agreement with the U.S. DHHS to carry out programs of the Indian Health Service. Also acceptable for documentation: agreements with non-Tribal entities to provide Contract Health Services (CHS) to beneficiaries of the Tribal health department, as well as MOA/MOUs or other agreements with other entities, such as epidemiological services provided to Tribes from Regional Epidemiologic Centers funded by IHS.</p>	<p><b>2 examples;</b> the examples must be from two different program/ administrative areas featuring written agreements with different entities</p>	<p><b>2 years</b></p>	

## Standard 11.2: Establish effective financial management system.

MEASURE	PURPOSE	SIGNIFICANCE		
<b>Measure 11.2.3 A</b> Financial management systems	The purpose of this measure is to assess the health department's ability to manage finances.	Sound management of financial resources is a basic function of a public health department. Health departments are accountable to their governing entity, elected officials, and the public they serve for the responsible use and oversight of public funds.		
REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN	
<b>1. Approved health department budget</b>	<p><b>1. The health department must provide the approved budget that is in effect when the documentation for accreditation is submitted to PHAB.</b> The budget may be approved by the governing entity or other body with approval authority, such as a governor's budget office.</p> <p>If a new budget is approved between the submission of documentation to PHAB and the site visit, the health department must provide a copy of the new budget to the Site Visit Team. NOTE: The budget and the organizational chart are the only two instances where information may be changed or updated between the submission of the health department's documents to PHAB and the time of the Site Visit.</p>	<b>1 budget</b>	<b>2 years</b>	
<b>2. Financial reports</b>	<p><b>2. The health department must provide quarterly financial reports.</b> The examples provided may demonstrate two different types of reporting or may be two successive reports of the same type.</p> <p>Documentation could be, for example, expense reports, reimbursement reports, reports to governing entities, and/or monthly budget reports – summarized or itemized.</p>	<b>2 examples</b>	<b>5 years</b>	

# Standard 11.2: Establish effective financial management system.

MEASURE	PURPOSE	SIGNIFICANCE		
<p><b>Measure 11.2.4 A</b></p> <p>Resources sought to support agency infrastructure and processes, programs, and interventions</p>	<p>The purpose of this measure is to assess the health department’s activities to increase financial resources to support its infrastructure and to enhance or develop processes, programs, and interventions.</p>	<p>Additional funding to support public health processes, programs, and interventions should be sought through a variety of means, including budget increase requests, budget revision requests, and grants. Financial resources should be maximized by leveraging current funds to increase resources available for public health.</p>		
REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN	
<p><b>1. Formal efforts to seek additional financial resources</b></p>	<p><b>1. The health department must provide grant applications (funded or unfunded) or must document the leveraging funds to obtain additional resources (for example, providing matching funds).</b></p>	<p><b>2 examples</b></p>	<p><b>5 years</b></p>	
<p><b>2. Communications concerning the need for financial support to maintain and improve public health infrastructure and services</b></p>	<p><b>2. The health department must document its communication concerning the need for additional investment in public health.</b> Communication could address a specific issue or address public health in general.</p> <p>Documentation could be, for example, articles or letters to the editor of a newspaper, presentations to the community, or testimony to elected officials.</p> <p>Tribal health department documentation could be, for example, Tribal letters or resolutions of support, Tribal public health assessments for the purpose of demonstrating resources needed, or executive order adding resources.</p>	<p><b>2 examples</b></p>	<p><b>5 years</b></p>	