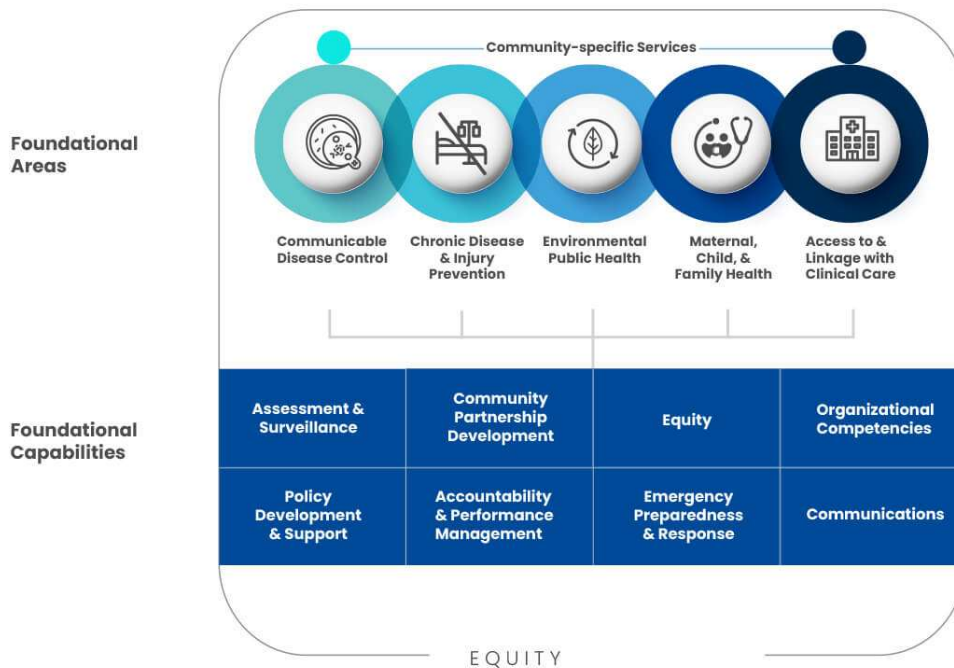
Foundational Public Health Services Assessment



The FPHS framework outlines the unique responsibilities of governmental public health and can be used to explain the vital role of governmental public health in a thriving community; identify capacity and resource gaps; determine the cost for assuring foundational activities; and justify funding needs. The goal of this assessment is to understand the current capacity and services being provided by Montana health departments. The interviewer will read each capability and ask you to self-assess your health department based on a four-point scale:

1	2	3	4
None – do not complete or maintain	Minimal or ad hoc	Informal process and/or not completed routinely	Formal process and completed routinely

Definitions are as follows:

- Ad hoc: When necessary, needed, or requested
- Formal: Written plan or procedure
- Informal: No written plan or procedure
- Routine/routinely: Will be defined as annually unless noted otherwise

Assessment

Community Health Assessment

<table>
<tr><td colspan="4">Q1. Lead or participate in a community health assessment, including both primary and secondary data collection, description of health challenges, health disparity analysis, factors contributing to the inequities, identifying community assets, and resources that can be mobilized to address health challenges. Routine scheduled defined at 3-5 years</td></tr>
<tr><td>1
None – no community health assessment completed</td><td>2
Minimal and ad hoc process for leading or participating in CHA

E.g., CHA completed, and not on a routine schedule, and/or 1-3 PHAB components</td><td>3
Informal and/or not routine process for leading or participating in CHA

E.g., CHA completed, and routine schedule, and/or has at least 4 components</td><td>4
Written and/or routine process for leading or participating in CHA

E.g., Completed CHA, and routine schedule, and includes all PHAB components listed</td></tr>
<tr><td colspan="4">Q2. Access, utilize, and draw conclusions from secondary data relevant to public health from key sources, including U.S. Census data, vital statistics (birth and death records), Behavioral Risk Factor Surveillance Survey (BRFSS), Montana’s Immunization Information System (iMTrax), and Montana Infectious Disease Information System (MIDIS) data. Routinely is defined as when new reports/data are released.</td></tr>
<tr><td>1
None – no secondary data utilized</td><td>2
Minimal or ad hoc utilization of secondary data sources

E.g., I know the secondary data sources exists, and look at it on rare occasion if requested, but do not use it to draw conclusions about public health concerns/decision making</td><td>3
Informal process and/or not routine utilization of secondary data sources

E.g., I know the secondary data sources exists, and look at it on routinely, and use it for some programs to draw conclusions about public health concerns/decision making</td><td>4
Written and/or routine process utilization of secondary data sources

E.g., Routinely use secondary data to draw conclusions about public health concerns/decision making</td></tr>
<tr><td colspan="4">Q3. Lead or participate in the collection of primary public health data (data that is collected directly from community members) for the purpose of understanding the health status in the jurisdiction.</td></tr>
<tr><td>1
None – do not participate in the</td><td>2
Minimal or ad hoc participation in</td><td>3
Informal and/or not routine process for</td><td>4
Written and/or routine process for collecting</td></tr>
</table>

collection of primary public health data	collecting primary public health data E.g., Lead or participate in primary data collection for CHA every 3-5 years but do not collect data for other programs	collecting primary public health data E.g., Lead or participate in primary data collection for CHA every 3 years and collect data for other programs on a less than annual basis	primary public health data E.g., Lead or participate in primary data collection for CHA every 3 years and collect data for other programs on an annual basis
Q4. Identify patterns, causes, and effects of health concerns (e.g., chronic disease, maternal child health, and communicable diseases epidemiology).			
1 None – do not identify patterns, causes, and effects of health concerns	**2** Minimal or ad hoc identification of patterns, causes, and effects of health concerns E.g., Annually examine data to understand patterns, causes, and effects of for only one health concerns or examine state reports on health concerns	**3** Informal and/or not routine process for identifying patterns, causes, and effects of health concerns E.g., Annually examine data to understand patterns, causes, and effects of for only a few health concerns	**4** Written and/or routine process for identifying patterns, causes, and effects of health concerns E.g., Annually examine data to understand patterns, causes, and effects of multiple health concerns
Q5. Draw conclusions from public health data (e.g., identifying trends in cases, identifying subpopulations at high risk for disease/condition, identifying risk factors associated with disease/condition).			
1 None – do not draw conclusions from public health data	**2** Minimal or ad hoc process for drawing conclusions from public health data E.g., Annually draw conclusions on only one public health data	**3** Informal and/or not routine process for process for drawing conclusions from public health data E.g., Annually draw conclusions on a few public health data	**4** Written and/or routine process for process for drawing conclusions from public health data E.g., Annually draw conclusions on multiple health data routinely

Q6. Provide public health data in different formats (e.g., website, social media, press releases, newspaper, presentations, infographics) appropriate for target audience (e.g., stakeholders, public, healthcare professionals).			
1 None – do not provide public health data to target audiences	**2** Minimal or ad hoc process for providing public health data in different formats E.g., Utilize one or two methods to one target audience	**3** Informal and/or not routine process for providing public health data in different formats E.g., Utilize more than two methods to two target audiences	**4** Written and/or routine process for providing public health data in different formats E.g., Utilize multiple methods to multiple target audiences

Other

Q7. Respond to data requests from the public or stakeholders (e.g., board of health, commissioners, and tribal council) with reports and other information and has a policy for how to respond to data requests (e.g., FOIA requests). .			
1 None – do not respond to data requests from public and/or stakeholders	**2** Minimal or ad hoc response to data requests. E.g., Responds to some data requests but do not have a policy	**3** Informal and/or not routine process for responding to data requests. E.g., Responds to data requests but do not have a policy	**4** Written and routine process for responding to data requests. E.g., Responds to all data requests and has a policy
Q8. Access and knowledge to enter data into public health electronic health information systems (e.g. MIDIS and immunization registry).			
1 None – do not access and utilize public health electronic health information systems	**2** Minimal or ad hoc assessment and knowledge of entering data into public health information systems E.g., Access, but don't use it	**3** Informal and/or not routine process for accessing and entering data into public health information systems E.g., Access, but don't have the knowledge to enter data routinely	**4** Written and/or routine process for accessing and entering data into public health information systems E.g., Access and knowledge to enter data routinely
Q9. Systemically evaluate efficiency and effectiveness of public health programs (e.g., WIC, immunization services, chronic disease programs, home visiting, etc.) to improve programs and services.			
1 None – do not evaluate the	**2** Minimal or ad hoc evaluation of the	**3** Informal and/or not routine process for	**4** Written and/or routine process for evaluating

efficiency and effectiveness of public health programs	efficiency and effectiveness of public health programs E.g., Collect grant required data (MCH customer satisfaction survey) only	evaluating the efficiency and effectiveness of public health programs E.g., Evaluate efficiency and effectiveness of all programs but do have an evaluation plan	the efficiency and effectiveness of public health programs E.g., Evaluate efficiency and effectiveness of all programs using an evaluation plan

Policy Development and Support

Community Health Improvement Plan

Q10. Lead or participate in the development of a community health improvement plan, including reviewing the CHA, health disparity analysis, factors contributing to the inequities, developing SMARTIE objectives, identifying community assets and resources that can be mobilized to address health challenges, and plan to monitor progress with identified health priorities and broad stakeholder engagement.			
1 None – no community health improvement plan completed	**2** Minimal or ad hoc process for leading or participating in CHIP E.g., CHIP completed, and not on a routine schedule, and/or 1-3 PHAB components	**3** Informal and/or not routine process for leading or participating in CHIP E.g., CHIP completed, and routine schedule, and/or has at least 4 components	**4** Written and/or routine process for leading or participating in CHIP E.g., Completed CHIP, and routine schedule, and includes all components listed
Q11. Implement the CHIP objectives and strategies specific to the health department.			
1 None – do not implement CHIP objectives and strategies/ no CHIP completed	**2** Minimal or ad hoc implementation of CHIP objectives and strategies E.g., Lead or participate in implementing CHIP objectives and strategies every 3 years but do not include CHIP	**3** Informal and/or not routine process for implementing of CHIP objectives and strategies E.g., Lead or participate in implementing CHIP objectives and strategies every 3 years and includes at least 2 CHIP	**4** Written and/or routine process for implementing CHIP objectives and strategies E.g., Lead or participate in implementing CHIP objectives and strategies every 3 years and includes all

	objectives in strategic plan	objectives in strategic plan	CHIP objectives in strategic plan

Policy Development

Q12. Identify evidence-based public health policy recommendations (e.g., expanding local nicotine protection, including e-cigarettes) to implement in your jurisdiction.			
1 None – do not identify evidence-based public health policy recommendations	**2** Minimal or ad hoc identification of evidence-based public health policy recommendations E.g., Annually examines evidence-based public health policy recommendations at state level	**3** Informal and/or not routine process for identifying evidence-based public health policy recommendations E.g., Annually identifies one evidence-based public health policy recommendations and brings the recommendation to the board of health	**4** Written and/or routine process for identifying evidence-based public health policy recommendations E.g., Annually identifies several evidence-based public health policy recommendations and brings the recommendation to the board of health
Q13. Work with partners and policymakers (e.g., board of health, commissioners, tribal council members) to support the development and implementation of public health regulations, ordinances, or health policies.			
1 None – do not work with partner and policymakers to support or implement public health regulations, ordinances, and policies	**2** Minimal or ad hoc process for working with partners and policymaker E.g., Meets with board of health quarterly but does not propose the development and implementation of regulations, ordinances, or health policies	**3** Informal and/or not routine process for working with partners and policymaker E.g., Meets with board of health quarterly and proposes the development and implementation of one regulation, ordinance, and/or health policy as needed	**4** Written and/or routine process for working with partners and policymaker E.g., Meets with board of health quarterly and proposes the development and implementation of a few regulations, ordinances, or health policies as needed
Q14. Enforce public health regulations and ordinances (e.g., clean indoor air, isolation and quarantine orders, corrective action findings from public accommodation inspections [restaurants]).			
1 None – do not enforce public health	**2** Minimal or ad hoc enforcement of public	**3** Informal and/or not routine enforcement	**4** Written and/or routine enforcement of public

regulations and ordinances	health regulations and ordinances E.g., Enforces some public health regulations and ordinances	of public health regulations and ordinances E.g., Enforces most public health regulations and ordinances	health regulations and ordinances E.g., Enforces all public health regulations and ordinances

Community Partnership Development

Q15. Convene and/or participate in broad, multi-sector coalition of public health, healthcare, behavioral health, other health-related organizations, and other communitywide stakeholders to promote health, prevent disease, and protect residents within the community.			
1 None – do not convene or participate in health coalitions	**2** Minimal or ad hoc participation in broad, multi-sector coalition of public health, healthcare, behavioral health, other health-related organizations, and other communitywide stakeholders to promote health, prevent disease, and protect residents within the community E.g., Participates in local health coalitions as requested	**3** Informal and/or not routine process for convening or participating in broad, multi-sector coalition of public health, healthcare, behavioral health, other health-related organizations, and other communitywide stakeholders to promote health, prevent disease, and protect residents within the community E.g., Convenes and participates local health coalitions routinely and promotes public health, such as Mental Health-LAC, LEPC, County Health & Safety	**4** Written and/or routine process for convening or participating in broad, multi-sector coalition of public health, healthcare, behavioral health, other health-related organizations, and other communitywide stakeholders to promote health, prevent disease, and protect residents within the community E.g., Convenes and participates local health coalitions routinely, such as Mental Health-LAC, LEPC, County Health & Safety and promotes public health and incorporates partnership in CHIP
Q16. Articulate governmental public health roles in programmatic and policy activities to public and community stakeholders (e.g., board of health and health officer authority and duties).			
1 None – cannot articulate	**2** Minimal or ad hoc articulation of	**3** Informal and/or not routine process for	**4** Written and/or routine process for

governmental public health roles	governmental public health roles in programmatic and policy activities E.g., Knows where to locate governmental public health roles but couldn't articulate or summarize	articulating governmental public health roles in programmatic and policy activities E.g., Knows where to locate governmental public health roles and can articulate or summarize some	articulating governmental public health roles in programmatic and policy activities E.g., Articulate governmental public health roles and understands authorities and duties

Q17. Work with community members, community partners, and coalitions to identify community assets and resources available to address health priorities, especially those outlined in the CHIP.			
1 None – do not work with community to identify assets and resources	**2** Minimal or ad hoc work with community members, community partners, and coalitions to identify community assets and resources available to address health priorities E.g., Generally, know community assets and resources available	**3** Informal and/or not routine process for working with community members, community partners, and coalitions to identify community assets and resources available to address health priorities E.g., Works with community to identify assets and resources and as a part of the CHIP process but not on an annual basis	**4** Written and/or routine process for working with community members, community partners, and coalitions to identify community assets and resources available to address health priorities E.g., Works with community to identify assets and resources and as a part of the CHIP process and engages outside of CHIP on an annual basis

Communications

Q18. Establish and implement a public health department branding strategy (e.g., standardized logo, signature block, letterhead, webpage, colors, font, standard agendas/docs).			
1 None – does not have a branding strategy	**2** Minimal or ad hoc establishment and implementation of a public health department branding strategy	**3** Informal and/or not routine process for establishing and implementing a public health department branding strategy	**4** Written and routine process for establishing and implementing a public health department branding strategy

	E.g., Has 1-2 elements of a branding strategy	E.g., Has either a policy or guide and 2-3 other elements	E.g., Has a branding strategy including a policy and guide. Branding is consistently used internally and externally
Q19. Establish a communication strategy to address a specific public health issue and/or to communicate risk (e.g., providing information on health risks, healthy behaviors, and disease prevention) to the public.			
1 None- does not utilize communication strategies	**2** Minimal or ad hoc establishment of a communication to address a specific public health issue and/or to communicate risk strategy E.g., Provides communication to public ad hoc	**3** Informal and/or not routine process for establishing a communication to address a specific public health issue and/or to communicate risk strategy E.g., Strategic communication is limited to 1-2 programs or outlets	**4** Written and routine process for establishing a communication to address a specific public health issue and/or to communicate risk strategy E.g., Communications to public are strategic, department wide
Q20. Establish and implement a communications strategy to articulate your health departments mission, vision, values, roles, and responsibilities to the community.			
1 None- does not have a communications plan	**2** Minimal or ad hoc establishment or implementation of a communications strategy to articulate your health departments mission, vision, values, roles, and responsibilities to the community E.g., Provides communication to public ad hoc	**3** Informal and/or not routine process for establishing or implementing a communications strategy to articulate your health departments mission, vision, values, roles, and responsibilities to the community E.g., Strategic communication is limited to 1-2 elements	**4** Written and routine process for establishing or implementing a communications strategy to articulate your health departments mission, vision, values, roles, and responsibilities to the community E.g., Has a fully implemented communications strategy that articulates health departments mission, vision, etc.

Q21. Establish and implement a proactive health education strategy to support community health (e.g. health education in schools, tobacco prevention and cessation, immunization clinics).			
1 None- does not have proactive health education strategy	**2** Minimal or ad hoc establishment and implementation of a proactive health education strategy to support community health E.g., No written health education strategy but will do it when requested	**3** Informal and/or not routine process for establishing or implementing a proactive health education strategy to support community health E.g., Has a health education strategy that is established and implemented and 1-2 programs	**4** Written and/or routine process for establishing or implementing a proactive health education strategy to support community health E.g., Has a fully implemented proactive health education strategy
Q22. Use a variety of methods to make health information available to the public (e.g., social media, newspaper, presentations, web-based, public meetings, press releases, interview).			
1 None- does not make health information available to public	**2** Minimal or ad hoc use of a variety of methods to make health information available to the public E.g., Uses 1-2 methods to make health information available	**3** Informal and/or not routine process for using of a variety of methods to make health information available to the public E.g., Uses 3-4 methods to make information available	**4** Written and/or routine process for using of a variety of methods to make health information available to the public E.g., Uses more than 4 methods to make health information available to the public
Q23. Evaluate communication strategies using standardized approach to ensure effectiveness (e.g., measures open rates, click rates, number of “likes/shares”, surveys communication, etc.).			
1 None- communication strategies are not evaluated	**2** Minimal or ad hoc evaluation of communication strategies using standardized approach to ensure effectiveness E.g., Communication strategies are evaluated ad hoc	**3** Informal and/or not routine process for evaluating of communication strategies using standardized approach to ensure effectiveness E.g., 1-2 communication	**4** Written and/or routine process for evaluating communication strategies using standardized approach to ensure effectiveness E.g., Communication strategies are strategically evaluated

		strategies are evaluated using a standard approach	
Q24. Communicate in culturally and linguistically appropriate and accessible formats for various communities served (e.g., multiple languages, translation services, tribal specific images/materials, literacy appropriate, large font).			
1 None - Culturally, linguistically, and accessibility formats are not used in communications	**2** Minimal or ad hoc communication in culturally and linguistically appropriate and accessible formats for various communities served E.g., Know different culturally and linguistically communities exist in jurisdiction but don't know how to communicate	**3** Informal and/or not routine process for communicating in culturally and linguistically appropriate and accessible formats for various communities served E.g., Know different culturally and linguistically communities exist and try to communicate using different methods/formats	**4** Written and/or routine process for communicating in culturally and linguistically appropriate and accessible formats for various communities served E.g., Communications are tailored for communities served
Q25. Provide or support services in culturally and linguistically appropriate and accessible formats for various communities served, in accordance with state and federal guidelines, such as compliance with the Americans with Disabilities Act (e.g., persons with disabilities, literacy appropriate).			
1 Does not tailor services for communities served	**2** Minimal or ad hoc process for providing services in culturally and linguistically appropriate and accessible formats for various communities served, in accordance with state and federal guidelines, such as compliance with the Americans with Disabilities Act E.g., Know different culturally and linguistically communities exist in	**3** Informal and/or not routine process for providing services in culturally and linguistically appropriate and accessible formats for various communities served, in accordance with state and federal guidelines, such as compliance with the Americans with Disabilities Act E.g., Know different culturally and linguistically	**4** Written and/or routine process for providing services in culturally and linguistically appropriate and accessible formats for various communities served, in accordance with state and federal guidelines, such as compliance with the Americans with Disabilities Act E.g., Provides services appropriate for communities served

	jurisdiction but don't know how to tailor services	communities exist and tries to provide services in a culturally and linguistically appropriate formats	
Q26. Communicate the role of public health to the public.			
1 Does not communicate the role of public health to the public	**2** Minimal or ad hoc communication of the role of public health to the public E.g., Communicates the role of public health only as requested	**3** Informal and/or not routine process for communicating the role of public health to the public E.g., Sporadically communicates the role of public health	**4** Written and/or routine process for communicating the role of public health to the public E.g., Systematically communicates the role of public health to the public
Q27. Maintain ongoing relationships with local media outlets (e.g. contribute to articles to local newspaper, radio, etc.).			
1 Does not maintain relationships with media outlets	**2** Minimal or ad hoc maintenance of ongoing relationships with local media outlets E.g., Responds to media as requested	**3** Informal and/or not routine process for maintaining ongoing relationships with local media outlets E.g., Responds to media as requested and utilizes media for public health emergencies	**4** Written and/or routine process for maintaining ongoing relationships with local media outlets E.g., Maintains ongoing relationships (i.e. submits PH articles, interviews, etc.) and utilizes them for non-public health emergencies

Organizational Competencies

Workforce

Q28. Develop and implement a public health strategic plan, that includes the health department's mission, vision, guiding values, strategic priorities, SMARTIE objectives, actions to address objectives, and routinely monitors and updates the strategic plan. *Does your SP link to your CHIP?*			
1 None – no strategic plan completed	**2** Minimal or ad hoc development and implementation of a public health strategic plan E.g., SP completed but not on a routine schedule, and/or 1-3 PHAB components	**3** Informal and/or not routine process for developing and implementing a public health strategic plan E.g., SP completed, and updated on a routine schedule, and/or has at least 4 components	**4** Written and/or routine process for developing and implementing a public health strategic plan E.g., Completed strategic plan, updated on routine schedule, and includes all PHAB components listed
Q29. Establish and implement a performance management system to monitor achievement of organizational and programmatic objectives linked to your strategic and quality improvement plans.			
1 None – no performance management system	**2** Minimal or ad hoc implementation of a performance management system E.g., Informal PM occurring and/or PM system with at least 2 PHAB components	**3** Informal and/or not routine process for establishing or implementing a performance management system E.g., PM System established, implemented but doesn't include all PHAB components and/or no linkage to SP and QIP	**4** Written and routine process for establishing or implementing a performance management system E.g., PM System established, implemented, includes all PHAB components and linked to SP and QIP
Q30. Establish and implement a quality improvement plan.			
1 None – no quality improvement plan	**2** Minimal or ad hoc implementation of a quality improvement plan E.g., Informal, or ad hoc QI activities	**3** Informal and/or not routine process for establishing and implementing a quality improvement plan	**4** Written and routine process for establishing and implementing a quality improvement plan

	occurring and/or QI Plan	E.g., Completed QI Plan, updated on a routine schedule, but doesn't include all the PHAB components	E.g., Written agency wide QI plan and established QI culture
Q31. Recruit and retain a diverse health department workforce. *Diverse = diverse as it relates to, for example, race/ethnicity, culture, language, age, gender, or specific geographic area of the health department's jurisdiction.*			
1 None – no workforce diversity	**2** Minimal or ad hoc process for recruiting and retaining a diverse workforce E.g., Limited diverse workforce	**3** Informal and/or not routine process for recruiting and retaining a diverse workforce E.g., Partial diverse workforce, activities and practices to recruit diverse workforce but no policy	**4** Written and/or routine process for recruiting and retaining a diverse workforce E.g., Fully diverse workforce, policy that outlines activities and practices to recruit diverse workforce
Q32. Develop and maintain a competent public health workforce through workforce development and training, and performance review/evaluation.			
1 None – no workforce development training, performance evaluation and staff accountability	**2** Minimal or ad hoc development and maintenance of a competent public health workforce through workforce development and training, individual development plan, and/or performance review/evaluation E.g., Only address workforce development and performance evaluation when needed (reactively)	**3** Informal and/or not routine process for developing and maintaining a competent public health workforce through workforce development and training, individual development plan, and/or performance review/evaluation E.g., Provides two of the following: workforce development opportunities and/or completes annual performance evaluations, individual development plans or growth plans, meets regularly with staff to discuss WFD but no documentation	**4** Written and routine process for developing and maintaining a competent public health workforce through workforce development and training, individual development plan, and/or performance review/evaluation E.g., Provides workforce development opportunities, completes annual performance evaluations, individual development plans or growth plans, meets regularly with staff to discuss WFD

Q33. Establish a workforce development plan that assesses workforce capacity, staff capabilities, and includes strategies for improvement.			
1 None – no workforce development plan completed	**2** Minimal or ad hoc workforce development plan E.g., Informal workforce development training occurring and/or workforce development plan with at least 2 PHAB components	**3** Informal and/or not routine process for establishing a workforce development plan that assesses workforce capacity, staff capabilities, and includes strategies for improvement E.g., Completed workforce development plan, updated on a routine schedule, but doesn't include all the PHAB components	**4** Written and routine process for establishing a workforce development plan that assesses workforce capacity, staff capabilities, and includes strategies for improvement E.g., Completed workforce development plan updated on a routine schedule that includes all PHAB components
Q34. Assess and provide/identify professional and career development opportunities for all staff.			
1 None – no professional and career development opportunities for staff provided	**2** Minimal or ad hoc assessment and identification of professional and career development opportunities for all staff E.g., Ad hoc, no process for assessing or providing professional development opportunities for staff	**3** Informal and/or not routine process for assessing and identifying professional and career development opportunities for all staff E.g., Process to assess and provided professional development opportunities for staff, but no WFD Plan	**4** Written and/or routine process for assessing and identifying professional and career development opportunities for all staff E.g., Process in place that aligns with the WFD Plan to assess and provided professional development opportunities for staff
Q35. Build relationships with educational programs that promote the development of **future** public health workers (e.g., UM School of Public and Community Health Sciences, nursing schools, tribal nursing schools, high schools).			
1 None – no relationships established with	**2** Minimal or ad hoc relationships with educational programs	**3** Informal and/or not routine process for building relationships	**4** Written and/or routine process for building relationships with

educational programs for future public health workers and no students/interns	that promote the development of future public health workers E.g., Ad hoc, no formal relationship but have had students/interns/vistas every few years or will talk with students as requested about PH careers	with educational programs that promote the development of future public health workers E.g., No formal relationship but occasionally recruit students/interns/vistas complete projects or talk with students once a year about PH careers	educational programs that promote the development of future public health workers E.g., Formal relationship with educational programs where students/interns/vistas routinely work within the HD and/or talk with students more than once a year about PH careers
Q36. Establish and implement a succession plan (e.g., policies, procedures, desk manuals for health department operations, mentoring/training for potential future health department leadership).			
1 None – no succession plan either ad hoc or formalized	**2** Minimal or ad hoc succession planning in place, nothing formalized	**3** Informal and/or not routine process for establishing and implementing succession planning E.g., Partial succession planning in place some policies/procedures developed	**4** Written and/or routine process for establishing and implementing succession planning E.g., Succession planning in place with all necessary policies/procedures in place
Q37. Maintain county/Tribal human resource functions (e.g., human resource policies, job classification, posting job *openings*).			
1 None – no human resources functions	**2** Minimal or ad hoc maintenance of county/tribal human resource functions E.g., HR functions in place with county/tribe with no health department specific policies	**3** Informal and/or not routine process for maintaining county/tribal human resource functions E.g., HR functions in place with county/tribe with health department specific policies but not all policies/procedures written and/or not routinely updated and/or not formal job	**4** Written and routine process for maintaining county/tribal human resource functions E.g., Complete HR functions in place through the county/tribe/health department including written HR policies/procedures, that are updated routinely, job

		classifications and/or job postings	classifications, and posting job openings

Operational Policies

Q38. IT support and infrastructure is provided to carry out public health programs and operations (e.g., personal computers, email, internet, servers, IT security systems).			
1 None – no public health IT infrastructure	**2** Minimal or ad hoc utilization of IT to carry out public health programs and operations E.g., IT functions in place with county/tribe with no health department specific policies, no formal public health IT infrastructure	**3** Informal and/or not routine process for IT utilized to carry out for public health programs and operations E.g., IT functions in place with county/tribe with health department specific policies but not all systems public health would benefit from	**4** Written and/or routine process for IT utilized to carry out for public health programs and operations E.g., Complete IT functions in place through the county/tribe/health department and formal IT infrastructure in place with all desired systems public health would benefit from
Q39. Continuously evaluate and improve organizational processes, including using planning tools such a department-wide strategic plan, performance management system, and quality improvement plan.			
1 None - no evaluation to improve organizational processes	**2** Minimal or ad hoc evaluation and improvement organizational processes E.g., Ad hoc continuous evaluation and improvement of programs, don't use/have SP, PM System, QIP	**3** Informal and/or not routine evaluation and improvement of organizational processes E.g., Continuous evaluation and improvement of programs and operations using at least one of the following SP, PM System, QIP	**4** Written and routine evaluation and improvement of organizational processes E.g., Continuous evaluation and improvement of programs and operations using all of the following SP, PM System, QIP

Q40. Have systems and policies in place (e.g., departmentwide security policy, network security, user access management, HIPAA training, Montana Healthcare Information Act, etc.) to keep protected health information (PHI) and confidential organizational data restricted/secure.			
1 None - no system or policies in place to keep PHI and confidential data secure	**2** Minimal or ad hoc systems and policies in place to keep protected health information (PHI) and confidential organizational data restricted/secure E.g., Ad hoc, no formalized systems and policies/procedures in place to keep PHI and confidential data secure	**3** Informal and/or not routine process for maintaining systems and policies in place to keep protected health information (PHI) and confidential organizational data restricted/secure E.g., Formalized systems or have policies/procedures in place to keep PHI and confidential data secure	**4** Written and routine process for maintaining systems and policies in place to keep protected health information (PHI) and confidential organizational data restricted/secure E.g., Formalized systems and policies/procedures in place to keep PHI and confidential data secure

Routine Operations

Q41. Maintain, and manage safe and adequate facilities to support agency operations.			
1 None - no facilities to support agency operations	**2** Minimal or ad hoc maintenance and management of safe and adequate facilities to support agency operations E.g., Facilities available but not adequate for all public health operations	**3** Informal and/or not routine process for maintaining and managing safe and adequate facilities to support agency operations E.g., Safe and adequate facilities to support all public health operations	**4** Written and/or routine process for maintaining and managing safe and adequate facilities to support agency operations E.g., Safe, modern, and accessible facilities to support all public health operations (no updates needed)
Q42. Build and maintain supportive work environment (e.g., wellness opportunities, professional development, telework opportunities).			
1 None - no emphasis on supportive work environment	**2** Minimal or ad hoc process for building and maintaining a	**3** Informal and/or not routine process for building and maintaining a	**4** Written and routine process for building and maintaining a

	supportive work environment E.g., Ad hoc, no formal policies/procedures in place for a supportive work environment	supportive work environment E.g., Some policies/procedures in place for supportive work environment and/or implements some activities	supportive work environment E.g., Policies/procedures in place for a supportive work environment
Q43. Maintain county or tribal fiscal functions (e.g., budget/fiscal management, fiscal reporting, invoicing, reconciliation, task order/contract monitoring/reporting) that support public health operations.			
1 None - no fiscal processes in place	**2** Fiscal functions in place with county/tribe with no health department specific policies	**3** Fiscal functions in place with county/tribe with some health department specific policies	**4** Fiscal functions in place with county/tribe with formal health department specific policies
Q44. Procure, maintain, and manage resources to support health department operations (e.g., supplies and hardware/software).			
1 None - no resources to support health department operations	**2** Minimal or ad hoc procurement, maintenance, and management of resources to support health department operations E.g., Minimal resources available to support health department operations	**3** Informal and/or not routine process for procuring, maintain, and managing resources to support health department operations E.g., Most resources available to support health department operations	**4** Written and/or routine process for procuring, maintain, and managing resources to support health department operations E.g., Adequate resources available to support health department operations
Q45. Comply with federal, state, and local standards, and policies for fiscal management, including budgeting, auditing, billing, and charts of accounts (revenue and expense) processes.			
1 None - no compliance with fiscal management	**2** Minimal or ad hoc compliance with federal, state, and local standards, and policies for fiscal management	**3** Informal and/or not routine process for complying with federal, state, and local standards, and policies for fiscal management	**4** Written and routine process for complying with federal, state, and local standards, and policies for fiscal management

	E.g., Ad hoc or no formal processes but some fiscal management occurring	E.g., Some formal policies/procedures in place to ensure compliance with fiscal management	E.g., Formal policies/procedures in place to ensure compliance with fiscal management

Q46. Coordinate and integrate categorically funded programs and services to address the jurisdiction's health needs (e.g., Chronic disease program referrals, home visiting referrals, IZ/PHEP, MCH/WIC, WIC/IZ).			
1 None – no coordination or integration of categorical funding	**2** Minimal or ad hoc coordination and integration of categorically funded programs and services to address the jurisdiction's health needs E.g., Ad hoc, no formal process in place to coordinate and integrate funding to address health needs	**3** Informal and/or not routine process for coordinating and integrating categorically funded programs and services to address the jurisdiction's health needs E.g., Some formal process in place to coordinate and integrate funding to address health needs	**4** Written and/or routine process for coordinating and integrating categorically funded programs and services to address the jurisdiction's health needs E.g., Formal process in place to coordinate and integrate funding to address health needs

Local Governance

Q47. Orient the governing entity (commissioners), board of health, and/or tribal council to the role and responsibilities of public health.			
1 None – no orientation provided	**2** Minimal or ad hoc orientation of the governing entity board of health, and/or tribal council to role and responsibilities of public health E.g., Provide orientation as requested but no formal process for orientating	**3** Informal and/or not routine process for orienting the governing entity board of health, and/or tribal council to role and responsibilities of public health E.g., Provide orientation as requested and formal process for orienting	**4** Written and/or routine process for orienting the governing entity board of health, and/or tribal council to role and responsibilities of public health E.g., Process in place to annually orient the governing entity, BOH, and/or tribal council to roles and responsibilities

Q48. Communicate with the governing entity, board of health, and/or tribal council routinely and on an as-needed basis.			
1 None – no communication with the BOH or Tribal Council	**2** Minimal or ad hoc communication with the governing entity, board of health, and/or tribal council routinely and on an as-needed basis E.g., Communicate only on an as needed/requested basis	**3** Informal and/or not routine process for communication with the governing entity, board of health, and/or tribal council routinely and on an as-needed basis E.g., Communicate quarterly and as needed/requested	**4** Written and/or routine process for communication with the governing entity, board of health, and/or tribal council routinely and on an as-needed basis E.g., Communicate at monthly meetings and as needed/requested about public health issues
Q49. Serve as the public face of governmental public health in the community. (e.g., community events, commission meetings).			
1 None – no participation in community events as the face of governmental public health	**2** Minimal or ad hoc participation as the public face of governmental public health in the community E.g., Only participate in community events when requested	**3** Informal and/or not routine process for serving as the public face of governmental public health in the community E.g., Annually attend one community events/ meetings to serve as the face of governmental public health	**4** Routine process for serving as the public face of governmental public health in the community E.g., Annually and strategically attend more than one community events/ meetings to serve as the face of governmental public health
Q50. Access appropriate governmental legal services (e.g., county, or tribal attorney) to support health department operations (*including relationship building, no specific purpose needed*).			
1 None – no contact/relationship with county or tribal attorney	**2** Minimal or ad hoc access to appropriate governmental legal services to support health department operations	**3** Informal and/or not routine process for accessing appropriate governmental legal services to support health department operations	**4** Written and/or routine process for accessing appropriate governmental legal services to support health department operations

	E.g., Only engage with county or tribal attorney when needed	E.g., Engage with county or tribal attorney at least once a year	E.g., Engage with county or tribal attorney more than once a year
Q51. Meet statutory requirements of board of health meet quarterly, bylaws, minutes public posting *(SKIP Pattern for Tribes)*			
1 None – no BOH engagement on statute requirements	**2** Minimal or ad hoc maintenance of statue requirements of board of health E.g., Meet 1-2 statute requirements Ad hoc, no formal process for annually engaging the BOH on statute requirements	**3** Meet 3+ statute requirements Annually engage the BOH on statute requirements, but no formal process	**4** Meet all statute requirements and process for annually engaging the BOH on statute requirements
Q52. Engage tribal council/tribal governance regarding tribal health department responsibilities and activities.			
1 None – no tribal council/governance engagement on responsibilities and activities	**2** Minimal or ad hoc engagement of tribal council/tribal governance regarding tribal health department responsibilities and activities E.g., Ad hoc, no process to formally engage tribal council/tribal governance regarding responsibilities and activities	**3** Informal and/or not routine process for engaging tribal council/tribal governance regarding tribal health department responsibilities and activities E.g., Annually engage tribal council/tribal governance but no formal process	**4** Written and/or routine process for engaging tribal council/tribal governance regarding tribal health department responsibilities and activities E.g., Formal process for annually engaging tribal council/tribal governance regarding responsibilities and activities

Addressing Health Equity & the Social Determinants of Health

Q53. Recognize and understand the determinants of health disparities within the community.			
1 Struggles to identify health disparities or provides minimal and vague example with	**2** Minimal or ad hoc recognition and understanding of the determinants of	**3** Informal and/or not routine process for recognizing and understanding of	**4** Written and/or routine process for recognizing and understanding of

little understanding of impact	health disparities within the community E.g., Identifies some health disparities, but limited range or detail. Some understanding of the effects	determinants of health disparities within the community E.g., Identifies key health disparities shows understanding of their impact on population groups	determinants of health disparities within the community E.g., Identifies a range of health disparities- well documented, such as your CHA and emerging issues. Demonstrates an understanding of how disparities affect population groups
Q54. Coordinate programs and services to address health disparities within the community (e.g., collaboration between WIC and Immunization*)*.			
1 Does not coordinate programs and services to address health disparities	**2** Minimal or ad hoc coordination of programs and services to address health disparities within the community E.g., Programs and services are coordinated, but only as required by grants and/or guidance	**3** Informal and/or not routine process for coordinating programs and services to address health disparities within the community E.g., Some programs and services are coordinated to address health disparities, but not strategically or routinely monitored and evaluated	**4** Written and/or routine process for coordinating programs and services to address health disparities within the community E.g., Programs and services are routinely and strategically monitored and evaluated to ensure efforts are coordinated to address health disparities
Q55. Provide public health information for the community that is stratified by demographic (e.g., race, age, sex, income, education, etc.) characteristics (e.g., reports, fact sheets, web-based information).			
1 Public health information is either not provided and/or is not stratified by demographic characteristics of the community	**2** Minimal or ad hoc process for providing public health information for the community that is stratified by demographic characteristics	**3** Informal and/or not routine process for providing public health information for the community that is stratified by demographic characteristics	**4** Written and/or routine process for providing public health information for the community that is stratified by demographic characteristics

	E.g., Public Health information is provided but not stratified by demographic characteristics	E.g., Some but not all Public Health information is provided and stratified by demographic characteristics	E.g., Public Health information for the community is stratified by demographic characteristics and provided through various means
Q56. Provide information/data (e.g., reports, fact sheets, web-based information) that describes health disparities/inequities within the jurisdiction.			
1 Information and data describing health disparities/inequities is not provided	**2** Minimal or ad hoc process for providing information/data that describes health disparities/inequities within the jurisdiction E.g., Information/data is provided, but in an ad hoc manner and/or is unclear on how health disparities/inequities effect the health of the jurisdiction	**3** Informal and/or not routine process for providing information/data that describes health disparities/inequities within the jurisdiction E.g., Information describing health disparities is provided in limited formats, utilize public health data sources to describe the prevalence of risk factors/disease by race, social economic status, etc to develop infographic or fact sheet, but not routinely	**4** Routine process for providing information/data that describes health disparities/inequities within the jurisdiction E.g., utilize public health data sources to describe the prevalence of risk factors/disease by race, social economic status, etc to develop infographic or fact sheet routinely
Q57. Collaborate with other sectors/partners to improve access to social services that address health disparities (e.g., mental health and substance use treatment services, Medicaid and Healthy Montana Kids programs, early childcare services/providers, SNAP/TANF).			
1 There is limited to no collaboration between sectors to improve access to social services	**2** Minimal or ad hoc collaboration with other sectors/partners to improve access to social services to address health disparities E.g., Collaboration with other	**3** Informal and/or not routine process for collaborating with other sectors/partners to improve access to social services to address health disparities	**4** Routine process for collaborating with other sectors/partners to improve access to social services to address health disparities E.g., There is a high degree of

	sectors/partners is ad hoc or only occurs as required by grants/guidance	E.g., Some collaboration occurs between sectors/partners however new and innovative collaborations are not sought out	collaboration with other sectors and partners to improve access to social services. Routinely seeks new and innovative collaborations

Chronic Disease and Injury Prevention

Chronic Disease

Q58. Identify and use applicable research and practice-based information for chronic disease and injury-related program development and implementation (e.g., fall prevention programs, exercise, and physical activity programs).			
1 None – does not identify or use research and practice-based information for program development	**2** Minimal or ad hoc identification and utilization of applicable research and practice-based information for chronic disease and injury-related program development and implementation E.g., Research and practice-based information is used ad hoc for program development and implementation	**3** Informal and/or not routine process for identifying and using applicable research and practice-based information for chronic disease and injury-related program development and implementation E.g., Some examples of research and practice-based information being used for program development and implementation but not routinely	**4** Written and/or routine process for identifying and using applicable research and practice-based information for chronic disease and injury-related program development and implementation E.g., Routinely and/or written process for using research and practice-based information for program development and implementation
Q59. Inform, communicate, work cooperatively with, and influence others on policy, system, and environmental changes that will prevent harm and improve health related to chronic disease and injury.			
1 None – does not inform or communicate with others in reference to policy and system changes	**2** Minimal or ad hoc communication and collaboration with others on creating policy/system/ environmental changes	**3** Informal and/or not routine process for informing, communicating, and working cooperatively with, and influence others on policy,	**4** Written and/or routine process for informing, communicating, and working cooperatively with, and influence others on policy, system, and

		system, and environmental changes that will prevent harm and improve health related to chronic disease and injury E.g., Some examples but no written process of communicating and collaborating with others on creating policy/system/ environmental changes, could be outlined in CHIP	environmental changes that will prevent harm and improve health related to chronic disease and injury E.g., Routinely communicates and collaborates with others on creating policy/system/ environmental changes, could be outlined in CHIP
Q60. Provide timely and locally relevant information addressing chronic disease prevention and self-management and injury prevention.			
1 None – does not provide relevant information on chronic disease prevention, self-management or injury prevention	**2** Minimal and ad hoc information shared regarding chronic disease prevention, self-management or injury prevention	**3** Informal and/or not routine process for providing timely and locally relevant information addressing chronic disease prevention and self-management and injury prevention E.g., Occasionally shares information that is timely and/or locally relevant regarding chronic disease prevention, self management or injury prevention	**4** Written and/or routine process for providing timely and locally relevant information addressing chronic disease prevention and self-management and injury prevention E.g., Routinely sharing information that is locally relevant regarding chronic disease prevention, self management or injury prevention
Q61. Identify assets and resources for chronic disease prevention and self-management and injury prevention.			
1 None – no assets/resources identified for chronic disease prevention,	**2** Minimal/ad hoc assets and resources have been identified for chronic disease prevention, self-	**3** Informal and/or not routine process for identifying assets and resources for chronic disease prevention	**4** Written and/or routine process for identifying assets and resources for chronic disease prevention and self-

self-management and injury	management and injury	and self-management and injury prevention E.g., Some assets and resources have been identified for chronic disease prevention, self-management and injury, such as a resource directory	management and injury prevention E.g., Routinely identifying, updating and reviewing current assets and resources for chronic disease prevention, self-management and injury
Q62. Implement policies and programs/services that align with state and federal laws and recommendations to reduce rates of all forms of commercial tobacco use. (another LHJ could be providing this service *add to share service section at end of survey)			
1 None – Does not implement polices, programs or services that recommend reducing commercial tobacco use	**2** Minimal and ad hoc implementation of polices programs or services that recommended to reduce commercial tobacco use	**3** Informal and/or not routine process for implementing policies and programs/services that align with local, state, and federal laws and recommendations to reduce rates of all forms of commercial tobacco use E.g., Has implemented polices, programs or services that recommend reducing commercial tobacco use, but does not have a written plan to update these policies/programs	**4** Written and routine process for implementing policies and programs/services that align with local, state, and federal laws and recommendations to reduce rates of all forms of commercial tobacco use E.g., Routine and written process for implementing polices, programs or services that recommend reducing commercial tobacco use and continually updates them
Q63. Implement strategies to promote healthy eating and active living that utilize evidence-based practices that are aligned with local, state, and national guidelines.			
1 None – Does not implement strategies to promote healthy eating and active living practices	**2** Minimal or ad hoc implementation of strategies to promote healthy eating and active living practices	**3** Informal and/or not routine process for implementing strategies to promote healthy eating and active living that	**4** Written and/or routine process for implementing strategies to promote healthy eating and active living that

<table>
<tr>
<td></td>
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<td>utilize evidence-based practices that are aligned with local, state, and national guidelines

E.g., Has implemented strategies to promote healthy eating and active living practices, but no written process to revise and update</td>
<td>utilize evidence-based practices that are aligned with local, state, and national guidelines

E.g., Routinely implement strategies to promote healthy eating and active living practices</td>
</tr>
<tr>
<td colspan="4">Q64. Establish and implement comprehensive community-based health promotion strategies to address common risk factors for chronic disease and chronic disease self-management programs.</td>
</tr>
<tr>
<td>1
None – Does not establish or implement health promotion strategies to address risk factors for chronic disease or self-management programs</td>
<td>2
Minimal and ad hoc implemented health promotion strategies to address risk factors for chronic disease or self-management programs</td>
<td>3
Informal and/or not routine process for establishing and implementing comprehensive community-based health promotion strategies to address common risk factors for chronic disease and chronic disease self-management programs

E.g., Occasionally coordinates but no written process implements health promotion strategies to address risk factors for chronic disease or self-management programs, no written process in place</td>
<td>4
Written and routine process for establishing and implementing comprehensive community-based health promotion strategies to address common risk factors for chronic disease and chronic disease self-management programs

E.g., Routinely and no written process Implements health promotion strategies to address risk factors for chronic disease or self-management programs</td>
</tr>
<tr>
<td colspan="4">Q65. Coordinate with community partners to promote community mental health and well-being.</td>
</tr>
<tr>
<td>1
None – Does not coordinate with community partners</td>
<td>2
Minimal and ad hoc coordination with community partners</td>
<td>3
Informal and/or not routine process for coordinating with</td>
<td>4
Written and/or routine process for coordinating with</td>
</tr>
</table>

to promote community mental health and well-being	to promote community mental health and well-being	community partners to promote community mental health and well-being E.g., Occasionally coordinates but no written process coordination with community partners to promote community mental health and well-being but has met with the community on occasion	community partners to promote community mental health and well-being E.g., Routinely coordinate with community partners to promote community mental health and well-being
Q66. Coordinate with community partners to reduce rates of substance abuse and prevent substance use in the community.			
1 None – Does not coordinate with community partners to reduce rates of substance abuse or prevent use in the community	**2** Minimal and ad hoc coordination with community partners to reduce rates of substance abuse or prevent use in the community	**3** Informal and/or not routine process for coordinating with community partners to reduce rates of substance abuse and prevent substance use in the community E.g., Occasionally coordinates but no written process = with community partners to reduce rates of substance abuse or prevent use in the community	**4** Written and routine process for coordinating with community partners to reduce rates of substance abuse and prevent substance use in the community E.g., Routinely coordinate with community partners to reduce rates of substance abuse or prevent use in the community

Preparedness and Response

Q67. Maintain and update a 24/7 contact number for reporting health emergencies.			
1 None – Does not have a 24/7 contact number for reporting health emergencies	**2** Minimal or ad hoc process for maintaining and updating a 24/7	**3** Informal and/or not routine process for maintaining and updating a 24/7	**4** Written and routine process for maintaining and updating a 24/7

	contact number for reporting health emergencies E.g., Has a 24/7 contact number for reporting health emergencies, but does not have a designated phone number	contact number for reporting health emergencies E.g., Has a 24/7 contact number for reporting health emergencies but is not monitored or maintained frequently or tested routinely	contact number for reporting health emergencies E.g., Has a 24/7 contact number for reporting health emergencies that is maintained by written process monitored frequently, including testing and call down list
Q68. Establish, maintain, and exercise emergency response plans (Emergency Operation Plan (EOP)).			
1 None – Does not have an emergency response plan (EOP)	**2** Minimal or ad hoc completion of an emergency response plan (EOP) but it has not been updated	**3** Informal and/or not routine process for establishing, maintain, and exercising emergency response plans E.g., Has an emergency response plan (EOP) in place no written process for review or updates and/or not exercised	**4** Written and routine process for establishing, maintain, and exercising emergency response plans E.g., Routine, and written process emergency response plan (EOP) in place and process to update accordingly and exercised
Q69. Serve as the local primary or coordinating agency for Emergency Support Function 6 – Mass Care and Shelter and 8 – Public Health and Medical.			
1 None – Does not serve as the local primary or coordinating agency for emergency support functions 6 and 8	**2** Minimal or ad hoc process for serving as the local primary or coordinating agency for Emergency Support Function 6 – Mass Care and Shelter and 8 – Public Health and Medical	**3** Informal and/or not routine process for serving as the local primary or coordinating agency for Emergency Support Function 6 – Mass Care and Shelter and 8 – Public Health and Medical	**4** Written and routine process for serving as the local primary or coordinating agency for Emergency Support Function 6 – Mass Care and Shelter and 8 – Public Health and Medical

	E.g., Has previously served as the local primary or coordinating agency for emergency support function 6 and 8	E.g., Not currently serving as the local primary or coordinating agency, but is making preparations to fill this role	E.g., Currently serves as the local primary or coordinating agency
Q70. Maintain and implement a continuity of operations plan (COOP) that includes access to financial resources to execute emergency responses.			
1 None – Does not have a continuity of operations plan (COOP)	**2** Minimal or ad hoc maintenance and implementation of a continuity of operations plan that includes access to financial resources to execute emergency responses E.g., Ad hoc plan or has completed a plan in the past but it has not been updated	**3** Informal and/or not routine process for maintaining and implementing a continuity of operations plan (COOP) that includes access to financial resources to execute emergency responses E.g., Maintains and implements a continuity of operations plan (COOP) but it does not include access to financial resources and/or not exercised	**4** Written and routine process for maintaining and implementing a continuity of operations plan (COOP) that includes access to financial resources to execute emergency responses E.g., Routine and written process from maintaining and implementing a continuity of operations plan (COOP) includes access to financial resources and is updated regularly and exercised
Q71. Conduct investigations of threats to public health specific to implementing your EOP (e.g., COVID-19, HPAI, potential water contaminations, wildfires, and flooding).			
1 None – Does not conduct investigations of threats to public health specific to the EOP	**2** Minimal or ad hoc process for investigating threats to public health specific to implementing your EOP	**3** Informal and/or not routine process for investigating threats to public health specific to implementing your EOP	**4** Written and routine process for investigating threats to public health specific to implementing your EOP

	E.g., Has conducted some investigations of threats to public health specific to the EOP in the past but did not implement EOP	E.g., Conducts investigations of threats to public health specific to the EOP, but does not have a written process or linkage to EOP	E.g., Routine and written process for conducting investigations of threats to public health specific to the EOP and linkage to EOP
Q72. Operate within the Incident Command System (ICS) as well as within any local emergency response processes.			
1 None – Does not operate within the incident command system (ICS) or know what the ICS is	**2** Minimal or ad hoc process for operating with the ICS as well as within any local emergency response processes E.g., Ad hoc or previously operated within an incident command system (ICS)	**3** Informal and/or not routine process for operating with the ICS as well as within any local emergency response processes E.g., Operates within the incident command system (ICS) but has not revised or updated procedures with local emergency response partners	**4** Written and routine process for operating with the ICS as well as within any local emergency response processes E.g., Routine and written process for operating within the incident command system (ICS) and continuously updates procedures with local partners
Q73. Promote community preparedness and resilience by communicating with the public, in advance of an emergency, preparedness actions that may be taken before, during, or after a public health emergency.			
1 None – Does not communicate with the public regarding preparedness and resilience before during or after an emergency	**2** Minimal or ad hoc process for promoting community preparedness and resilience by communicating with the public, in advance of an emergency, preparedness actions that may be taken before, during, or after a public health emergency E.g., Ad hoc communicated with	**3** Informal and/or not routine process for promoting community preparedness and resilience by communicating with the public, in advance of an emergency, preparedness actions that may be taken before, during, or after a public health emergency E.g., Occasionally communicates but no	**4** Written and routine process for promoting community preparedness and resilience by communicating with the public, in advance of an emergency, preparedness actions that may be taken before, during, or after a public health emergency E.g., Routine and has a written process for

	the public regarding preparedness and resilience before, during or after an emergency in some time	written process with the public regarding preparedness and resilience before, during or after an emergency	communicating with the public regarding preparedness and resilience before, during or after an emergency in some time
Q74. Distribute HANs (Health Alert Network) to applicable local partners for communication of health events/issues.			
1 None – Does not distribute HANS (Health Alert Network) to local partners regarding health events/issues	**2** Minimal or ad hoc process for distributing HANs to applicable local partners for communication of health events/issues E.g., Ad hoc distribution of HANS (Health Alert Network) to local partners regarding health events/issues	**3** Informal and/or not routine process for distributing HANs to applicable local partners for communication of health events/issues E.g., Distributes but no written process HANS (Health Alert Network) to local partners regarding health events/issues frequently, but inwritten	**4** Written and routine process for distributing HANs to applicable local partners for communication of health events/issues E.g., Routine and written process for distributing distributes HANS (Health Alert Network) to local partners regarding health events/issues
Q75. Maintain local partner (e.g., health care providers) distribution list to share HAN and other public health information and messaging.			
1 None – Does not maintain or have local partner distribution list	**2** Minimal or ad hoc process for maintaining local partner distribution list to share HAN and other public health information and messaging E.g., Has a list access to local partner but distribution is ad hoc list, but it has not been updated in some time	**3** Informal and/or not routine process for maintaining local partner distribution list to share HAN and other public health information and messaging E.g., Local partner distribution list is maintained	**4** Written and routine process for maintaining local partner distribution list to share HAN and other public health information and messaging E.g., Routine and written process for Local partner distribution list is reviewed and maintained consistently

Q76. Identify, prioritize, and address the needs of vulnerable populations in advance of and during a public health emergency (e.g., access and functional needs (AFN)).			
1	**2**	**3**	**4**
None – Does not identify, prioritize, or address needs of vulnerable populations in advance if and during an emergency	Minimal or ad hoc process for identifying, prioritizing, and addressing the needs of vulnerable populations in advance of and during a public health emergency E.g., Infrequently, or ad hoc addresses the needs of vulnerable populations in advance if and during an emergency but lacks specificity	Informal and/or not routine process for identifying, prioritizing, and addressing the needs of vulnerable populations in advance of and during a public health emergency E.g., Has a plan but has not identified the needs of vulnerable populations and/or has identified the needs of vulnerable populations but does not have a plan	Written and routine process for identifying, prioritizing, and addressing the needs of vulnerable populations in advance of and during a public health emergency E.g., Routine and written process for addressing and understanding the needs of vulnerable populations in advance if and during an emergency

Q77. Collaborate with emergency response partners including the Local Emergency Planning Committee (LEPC) from both private and governmental sectors during planning, response to, and recovery from an emergency.			
1	**2**	**3**	**4**
None – Does not collaborate with emergency response partners including the LEPC during planning, response, and recovery from an emergency	Minimal and ad hoc has collaborated with emergency response partners including the LEPC during planning, response, and recovery from an emergency	Informal and/or not routine process for collaborating with emergency response partners including the Local Emergency Planning Committee (LEPC) from both private and governmental sectors during planning, response to, and recovery from an emergency E.g., Collaborates but no written process with emergency response partners including the LEPC during planning, response, and	Written and routine process for collaborating with emergency response partners including the Local Emergency Planning Committee (LEPC) from both private and governmental sectors during planning, response to, and recovery from an emergency E.g., Routine and written process for collaboration with emergency response partners including the LEPC during planning, response and

		recovery from an emergency	recovery from an emergency
Q78. Collaborate with the local DES coordinator on emergency response during planning, response to, and recovery from an emergency.			
1 None – Does not collaborate with the local DES coordinator regarding emergency response planning	**2** Minimal and ad hoc collaborates with the local DES coordinator regarding emergency response planning	**3** Informal and/or not routine process for collaborating with the local DES coordinator on emergency response during planning, response to, and recovery from an emergency E.g., Collaborates but no written process with the local DES coordinator regarding emergency response planning but does not have a written process in place	**4** Written and routine process for collaborating with the local DES coordinator on emergency response during planning, response to, and recovery from an emergency E.g., Routinely, and written process for collaborating with the local DES coordinator regarding emergency response planning frequently with a plan in place
Q79. Collaborate with the local hospital/clinic and regional health care coalitions on emergency response during planning, response to, and recovery from an emergency.			
1 None – Does not collaborate with the local hospital/clinic regarding emergency response planning	**2** Minimal and ad hoc collaborates with the local hospital/clinic regarding emergency response planning	**3** Informal and/or not routine process for collaborating with the local hospital/clinic and regional health care coalitions on emergency response during planning, response to, and recovery from an emergency E.g., Collaborates but no written process with the local hospital/clinic regarding emergency response planning	**4** Written and routine process for collaborating with the local hospital/clinic and regional health care coalitions on emergency response during planning, response to, and recovery from an emergency E.g., Routine and written process for collaborating with the local hospital/clinic regarding emergency response planning frequently with a plan in place

<table>
<tr><td colspan="4">Q80. Issue emergency health orders/regulations in coordination with the governing entity (e.g., local board of health/commissioners, tribal council) to address emergent issues (e.g., disease outbreak, potentially contaminated water systems) based on public health authority.</td></tr>
<tr><td>1
None – Does not issue emergency health orders/regulations in coordination with the governing entity to address emergent issues.</td><td>2
Minimal or ad hoc process for issuing emergency health orders/regulations in coordination with the governing entity to address emergent issues based on public health authority

E.g., Understanding of emergency health orders but do not know how to work for governing entity to issue</td><td>3
Informal and/or not routine process for issuing emergency health orders/regulations in coordination with the governing entity to address emergent issues based on public health authority

E.g., Coordinates with the governing entity to address emergent issues, but no written process to issue emergency health orders/regulations</td><td>4
Written and/or routine process for issuing emergency health orders/regulations in coordination with the governing entity to address emergent issues based on public health authority

E.g., Routine, and written process in place to issue emergency health orders/regulations in coordination with the governing entity to address emergent issues</td></tr>
<tr><td colspan="4">Q81. Conduct exercises and After-Action Reports (AARs) for exercises and events to improve preparedness and response.</td></tr>
<tr><td>1
None – Does not conduct exercises and (AARs) for events</td><td>2
Minimal and ad hoc process for conducting exercising and AARs for exercises and events to improve preparedness and response

E.g., Rarely, or ad hoc conducts exercises and AARs for events to improve preparedness and response</td><td>3
Informal and/or not routine process for conducting exercising and AARs for exercises and events to improve preparedness and response

E.g., Has conducted but no written process exercises and AARs for events in order to improve preparedness and response but does not align with EOP</td><td>4
Written and routine process for conducting exercising and AARs for exercises and events to improve preparedness and response

E.g., Routine and written process conducts exercises and AARs for events in order to improve preparedness and response and aligns with EOP</td></tr>
<tr><td colspan="4"></td></tr>
</table>

Q82. Recover from public health emergencies and events/exercises (e.g., implement AAR recommendations).			
1 None – Does not conduct AAR or implement recommendations.	**2** Minimal or ad hoc process for recovering from public health emergencies and events/exercises E.g., Ad hoc implementation of AAR recommendations in the past on occasion	**3** Informal and/or not routine process for recovering from public health emergencies and events/exercises E.g., Informally implements AAR recommendations	**4** Written and routine process for recovering from public health emergencies and events/exercises E.g., Routine and written process for implementing AAR recommendations

Q83. Maintain capability for distribution of medical counter measures (e.g., vaccines, antiviral therapeutics, etc.).			
1 None – Does not have the capability to distribute medical counter measures.	**2** Minimal or ad hoc process for maintaining capability for distribution of medical counter measures E.g., Maintains minimal or ad hoc capability to distribute medical counter measures	**3** Informal and/or not routine process for maintaining capability for distribution of medical counter measures E.g., Written process to distribute medical counter measures, but no process in place to improve and review	**4** Written and routine process for maintaining capability for distribution of medical counter measures E.g., Routine, and written process Proactively reviews capability to distribute medical counter measures

Communicable Disease Control

Plans and protocols

Q84. Maintain and implement surveillance plans/protocols (e.g., TB protocol, Influenza plan).			
1 None – does not maintain and implement surveillance plans/protocols	**2** Minimal or ad hoc implementation of surveillance plans/protocols	**3** Informal and/or not routine process for implementing surveillance plans and protocols	**4** Written and routine process for implements surveillance plans and protocols

Q85. Establish and maintain relationships with local health care providers and health systems for communicable disease reporting and investigation.			
1 None – do not maintain relationships with local care providers	**2** Minimal or ad hoc maintenance of relationships with local health care providers and health system for CD reporting and investigations	**3** Informal and/or not routine process for implementing maintaining relationships with local health providers for CD reporting and investigations	**4** Written and/or routine process for maintaining relationships with local health providers for CD reporting and investigations
Q86. Monitor local communicable disease data to assess trends.			
1 None – does not monitor local CD data to assess trends	**2** Minimal or ad hoc monitoring of local CD data	**3** Informal and/or not routine process for monitoring local CD data to assess trends	**4** Written and/or routine process for monitoring local CD data to assess trends
Q87. Routinely (e.g., weekly, monthly) disseminate communicable disease data/information to local health care reporting partners.			
1 None – does not disseminate CD data to partners or community	**2** Minimal or ad hoc dissemination of CD data and info when requested	**3** Informal and/or not routine process for disseminating CD data and info	**4** Written and/or routine process for disseminating CD data and info
Q88. Establish and implement plans for cluster investigations and outbreak response (e.g., norovirus/influenza/COVID-19 outbreak in a long-term care facility).			
1 None – do not establish or implement plans for cluster investigation and outbreak response	**2** Minimal or ad hoc implementation of plans for cluster investigations and outbreak response	**3** Informal and/or not routine process for implementing plans to respond to outbreak and cluster investigations	**4** Written and routine process for implementing plans to respond to outbreak and cluster investigations
Q89. Identify assets and resources for communicable disease control.			
1 None – do not identify assets and resources for CD control	**2** Minimal or ad hoc identification of assets and resources for CD control	**3** Informal and/or not routine process for identifying assets and resources for CD control	**4** Written and/or routine process for identifying assets and resources for CD control E.g., Know SMEs, know how lab courier is, surge capacity plan, utilize county or tribal funding to support CD activities

Laboratory Services

Q90. Utilize public health laboratory services for reference and confirmatory testing related to communicable diseases.			
1 None – do not utilize public health laboratory services	**2** Minimal or ad hoc utilization of public health laboratory services	**3** Informal and/or not routine process for establishing relationships with public health laboratory services	**4** Written and/or routine process for establishing relationships with public health laboratory services
Q91. Receive and promptly process laboratory and clinical reports of communicable diseases.			
1 None – do not receive and process lab and clinical reports of communicable disease	**2** Ad hoc process for receiving laboratory and clinical reports of CDs but do not know how to enter into MIDIS	**3** Informal and/or not routine process for receiving and processing laboratory and clinical reports of CD and knows how to enter into MIDIS	**4** Written and/or routine process for receiving and processing laboratory and clinical reports of CD and knows how to enter into MIDIS
Q92. Ability to package and ship laboratory specimens appropriately and safely.			
1 None – do not package or ship laboratory specimens appropriately or safely	**2** Minimal or ad hoc ability to package and ship specimens	**3** Informal and/or not routine process for packaging and shipping laboratory specimens	**4** Written and/or routine process for packaging and shipping laboratory specimens
Q93. Ability to interpret laboratory test results or consult with medical director, PHSD, other subject matter experts (SMEs).			
1 None – do not interpret laboratory test results	**2** Minimal or ad hoc ability to interpret laboratory test results	**3** Informal and/or not routine process for interpreting laboratory test results or consultations with SME if needed	**4** Written and/or routine process for interpreting laboratory test results or consultations with SME if needed

Communication

Q94. Provide timely and locally relevant information on communicable diseases prevention and control to partners, providers, and the public (e.g., preventive of respiratory diseases [influenza, RSV, COVID-19]).			
1 None – do not provide information to partners, providers, or public	**2** Minimal or ad hoc communication to partners, providers,	**3** Informal and/or not routine process for communicating timely and locally relevant	**4** Written and/or routine process for communicating timely and locally relevant

	and public on CD information and data Enrolls healthcare providers in HAN	information on CD to providers, public and partners as needed	information on CD to providers, public and partners
Q95. Provide education and information to local health care providers on national and state communicable disease control recommendations and guidelines (e.g., reportable conditions list, rabies postexposure prophylaxis).			
1 None – do not provide any education and information to health care providers on CD mandates and guideline	**2** Minimal or ad hoc education and information to local health care providers on CD mandates and guidelines	**3** Informal and/or not routine process for educating and informing local health care providers on national, state, and local communicable disease control mandates and guidelines as needed	**4** Written and/or routine process for educating and informing local health care providers on national, state, and local communicable disease control mandates and guidelines

Immunization

Q96. Maintain a local immunization program and assure the availability of vaccines to the public.			
1 None – do not maintain a local IZ program	**2** Minimal or ad hoc maintenance of a local IZ program and assurance of the availability of vaccines to the public	**3** Informal and/or not routine process for maintaining a local IZ program and assuring the availability of vaccines to the public	**4** Written and/or routine process for maintaining a local IZ program and assuring the availability of vaccines to the public
Q97. Assure availability of childhood, adolescent, and adult vaccines, including the Vaccines for Children (VFC) program, that requires all vaccines recommended by the CDC's Advisory Council on Immunization Practices (ACIP).			
1 None – do not assure the available of childhood, adolescent, and adult immunization services	**2** Minimal or ad hoc assurance of availability of childhood, adolescent, and adult immunization services	**3** Informal and/or not routine process for assuring the availability of childhood, adolescent, and adult immunization services and refers out if needed	**4** Written and routine process for assuring the availability of childhood, adolescent, and adult immunization services and refers out if needed

Q98. Collaborate with local partners to increase community immunizations rates based on the CDC's Advisory Committee on Immunization Practices recommended vaccines (e.g., collaborate with partners - health care systems, hospitals, outpatient clinics).			
1 None – do not collaborate with local partners to increase community IZ rates	**2** Minimal or ad hoc collaboration with local partners to increase community IZ rates	**3** Informal and/or not routine process for collaborating with local partners to increase community IZ rates	**4** Written and/or routine process for collaborating with local partners to increase community IZ rates

Diagnosis and testing

Q99. Ensure 24/7 access to resources for rapid detection, investigation, containment, and mitigation of health problems and environmental public health hazards.			
1 None – do not ensure 24/7 access	**2** Minimal or ad hoc process for ensuring 24/7 access to resources for rapid detection, investigation, containment, and mitigation of health problems and environmental public health hazards E.g., Has a 24/7 access to resources for rapid detection, investigation, containment, and mitigation of health problems and environmental public health hazards, but does not have a designated phone number	**3** Informal and/or not routine process for ensuring 24/7 access to resources for rapid detection, investigation, containment, and mitigation of health problems and environmental public health hazards E.g., Has a 24/7 access to resources for rapid detection, investigation, containment, and mitigation of health problems and environmental public health hazards but is not monitored or maintained frequently or tested routinely	**4** Written and/or routine process for ensuring 24/7 access to resources for rapid detection, investigation, containment, and mitigation of health problems and environmental public health hazards E.g., Has a 24/7 access to resources for rapid detection, investigation, containment, and mitigation of health problems and environmental public health hazards maintained by formal process, monitored frequently, including testing and call down list

1	2	3	4
Q100. Provide or support local screening/testing for reportable diseases, based on national and state recommendations and guidelines (e.g., syphilis and TB screening and testing).			
1 None – do not provide or support local screening/testing of reportable disease	**2** Minimal or ad hoc support for local screening/testing of reportable diseases	**3** Informal and/or not routine process for providing or supporting local screening/testing of reportable diseases	**4** Written and/or routine process for providing or supporting local screening/testing of reportable diseases
Q101. Conduct disease investigations, including contact tracing and notification, in accordance with national and state recommendations and guidelines.			
1 None – do not conduct disease investigations	**2** Minimal or ad hoc conduction of disease investigation, including contact tracing and notification	**3** Informal and/or not routine process for conducting disease investigation and understanding national, state, and local recommendations and guidelines	**4** Written and/or routine process for conducting disease investigation and understanding national, state, and local recommendations and guidelines
Q102. Identify and respond to communicable disease outbreaks in accordance with national and state recommendations and guidelines.			
1 None – do not identify and respond to communicable disease outbreaks	**2** Minimal or ad hoc identification and response to communicable disease outbreaks	**3** Informal and/or not routine process for identifying and responding to communicable disease outbreaks and understanding national, state, and local recommendations and guidelines	**4** Written and/or routine process for identifying and responding to communicable disease outbreaks and understanding national, state, and local recommendations and guidelines
Q103. Assure proper diagnosis and treatment for individuals with reportable conditions in accordance with national and state recommendations, and guidelines.			
1 None – do not assure the proper diagnosis and treatment for individuals with reportable conditions	**2** Minimal or ad hoc assurance of proper diagnosis and treatment for individuals with reportable conditions	**3** Informal and/or not routine process for assuring the proper diagnosis and treatment for individuals with reportable conditions with some understanding of local	**4** Written and/or routine process for assuring the proper diagnosis and treatment for individuals with reportable conditions with understanding of local mandates and guidelines

		mandates and guidelines	
Q104. Work in conjunction with appropriate partners (board of health, commissioners, and tribal council), to enforce health orders via statutory authority and/or local resolutions/ordinances (e.g., community disease containment, mandated treatment, boil water orders, etc.).			
1 None – do not work in conjunction with appropriate partners to enforce health orders	**2** Minimal or ad hoc work with appropriate partners to enforce health orders via statutory authority	**3** Informal and/or not routine process for working with appropriate partners to enforce health orders via statutory authority	**4** Written and/or routine process for working with appropriate partners to enforce health orders via statutory authority

Environmental Health

Plans and protocols

Q105. Establish and implement a plan to promote environmental health (e.g., wildfire smoke readiness plan).			
1 No plans to promote environmental health	**2** Minimal or ad hoc process for establishing and implementing a plan to promote environmental health E.g., Plans are in the process of being developed	**3** Informal and/or not routine process for establishing and implementing a plan to promote environmental health E.g., Plans are in place, but implementation has not yet started	**4** Written and routine process for establishing and implementing a plan to promote environmental health E.g., Plans are in place and implementation is underway
Q106. Identify and establish relationships with assets and resources for environmental public health. (e.g., partner with MSU extension offices, partnerships with local emergency services, public works departments, etc.)			
1 No identification of assets and resources and partnerships for environmental public health	**2** Minimal or ad hoc assets and resources have been identified for environmental public health and informal relationships developed of government (e.g. County, City and State)	**3** Informal and/or not routine process for identifying and establishing relationships with assets and resources for environmental public health E.g., Some assets and resources have been	**4** Written and/or routine process for identifying and establishing relationships with assets and resources for environmental public health E.g., Active partnerships with both government and

		identified for environmental public health and informal relationships developed	non-government and reviewing of current assets, resources, and formal relationships developed
Q107. Advocate and seek funding for environmental public health policies, services, and programs. (e.g., county paying for sanitarian, infrastructure, environmental clean-up, water testing/treatment)			
1 No work underway related to funding for EH	**2** Minimal or ad hoc process for advocating and seeking funding for environmental public health policies, services, and programs E.g., Advocate for the local jurisdiction's funding for EH (e.g. support the budget with County Commissioners)	**3** Informal and/or not routine process for advocating and seeking funding for environmental public health policies, services, and programs E.g., Advocate at the local and state level for EH funding	**4** Written and/or routine process for advocating and seeking funding for environmental public health policies, services, and programs E.g., Advocating with policy makers for funding both a local and state level and actively researching/seeking additional funding opportunities for EH
Q108. Participate in land use planning and sustainable development (e.g., consideration of housing, urban development, recreational facilities, transportation, urban/wildland interface, evacuation planning).			
1 No work being done related to land use planning and sustainable development	**2** Minimal or ad hoc participation in the regulated components of land use planning and sustainable development (e.g. subdivision review)	**3** Informal and/or not routine process for participating in land use planning and sustainable development E.g., Some participate in the regulated components and informal relationships with other partners (e.g. Planning, transportation)	**4** Written and/or routine process for participating in land use planning and sustainable development E.g., Participate in regulated components AND are actively working with partners on this topic in a formal manner (e.g. coalition, workplan)

Q109. Establish and implement an environmental public health plan to prevent and reduce exposures to health hazards in the environment.			
1 No Environmental PH plans in place	**2** Minimal or ad hoc process for establishing and implementing an environmental public health plan to prevent and reduce exposures to health hazards in the environment E.g., PHEP required EH plans in place (e.g. truck wreck protocol, communicable disease protocol) and/or ad hoc EH plans	**3** Informal and/or not routine process for establishing and implementing an environmental public health plan to prevent and reduce exposures to health hazards in the environment E.g., PHEP required EH plans in place and working with partners on the development of additional EH plans not required by grant deliverables (e.g. wildfire smoke)	**4** Written and routine process for establishing and implementing an environmental public health plan to prevent and reduce exposures to health hazards in the environment E.g., PHEP required EH plans in place and additional EH plans are in place and implemented Actively working with partners on implementing the plans

Q110. Identify and address notifiable environmental conditions and hazards. (e.g., heavy metals: lead, arsenic, mercury, wildfire smoke/poor air quality, water contamination)			
1 No formal identification of environmental conditions and hazard	**2** Minimal or ad hoc work being done to identify and address notifiable EH conditions and hazards. Have identified notifiable environmental conditions and hazards	**3** Informal and/or not routine process for identifying and addressing notifiable environmental conditions and hazards E.g., Some informal work being done to identify and address notifiable EH conditions and hazards. Are working with partners to address at least one environmental condition/hazard	**4** Written and/or routine process for identifying and addressing notifiable environmental conditions and hazards E.g., Routinely and/or formally (at least once a month) working on addressing notifiable environmental conditions and hazards (e.g. education, investigations, partner meetings)

Public safety (Inspections/communication)

<table>
<tr><td colspan="4">Q111. Prevent or reduce environmental public health hazards (e.g., poor indoor and outdoor air quality).</td></tr>
<tr><td>1
Play no role in preventing or reducing EH hazards</td><td>2
Minimal or ad hoc efforts to prevent or reduce EH hazards</td><td>3
Informal and/or not routine process for preventing or reducing environmental public health hazards

E.g., Informal processes to prevent or reduce EH hazards</td><td>4
Written and/or routine process for preventing or reducing environmental public health hazards

E.g., Routinely (at least once a month) work on preventing or reducing EH hazards and nuisances that are NOT part of an investigation/outbreak. Routine and formal process to prevent or reduce EH hazards</td></tr>
<tr><td colspan="4">Q112. Coordinate and communicate with agencies that carry out environmental public health functions at the local level (e.g., inspections of food service facilities, drinking water, and liquid and solid waste streams).</td></tr>
<tr><td>1
Do not coordinate or communicate with agencies that carry out EH functions at local level</td><td>2
Minimal or ad hoc process for coordinating and communicating with agencies that carry out environmental public health functions at the local level

E.g. Know who provides these services but do not coordinate or communicate with them unless there is an emergency or ad hoc communication occurs</td><td>3
Informal and/or not routine process for coordinating and communicating with agencies that carry out environmental public health functions at the local level

E.g., Informal process for coordination and communication with agencies that carry out EH functions on a routine basis through set meetings such as LEPC</td><td>4
Written and/or routine process for coordinating and communicating with agencies that carry out environmental public health functions at the local level

E.g., Provide these services directly through the health department or have a formal relationship with those that provide the services (e.g. MOU, joint plans)</td></tr>
<tr><td colspan="4"></td></tr>
</table>

Q113. Provide or support the implementation of environmental public health inspections (e.g., inspection of public accommodations) in accordance with federal, state, and local laws and regulations.			
1 Do not provide or support EPH inspections	**2** Minimal or ad hoc environmental health inspections.	**3** Informal and/or not routine process for providing or supporting the implementation of environmental public health inspections E.g., Do not provide these services but support the accomplishment of these services in an informal manner (e.g. support when asked)	**4** Written and/or routine process for providing or supporting the implementation of environmental public health inspections E.g., Provide these services directly through the health department or have a formal relationship with those that provide the services (e.g. MOU, regular meetings, participate in outbreak response)
Q114. Provide timely and locally relevant information on environmental public health issues and health impacts from both common and toxic exposure sources (e.g., poor outdoor air quality).			
1 Do not provide information on environmental public health issues/health impacts	**2** Minimal or ad hoc information Provided information on issues as requested by partners	**3** Informal and/or not routine process for providing timely and locally relevant information on environmental public health issues and health impacts from both common and toxic exposure sources E.g., Occasionally Provides information on issues in the event of a public health emergency or outbreak investigation but no formal process	**4** Written and/or routine process for providing timely and locally relevant information on environmental public health issues and health impacts from both common and toxic exposure sources E.g., Actively provide routine environmental public health issues and health impact information including through things like press releases, dashboards, websites, etc. and has formal process

Diagnosis and testing

Q115. Utilize environmental health laboratory services for reference and confirmatory testing related to environmental public health threats (e.g., water contamination and exposure to heavy metals).			
1 None – do not utilize environmental health laboratory services	**2** Minimal or ad hoc utilization of environmental health laboratory services E.g., Have an identified EH laboratory but do not have an established relationship	**3** Informal and/or not routine process for utilizing environmental health laboratory services for reference and confirmatory testing related to environmental public health threats E.g., Have an established relationship with an EH laboratory (e.g. contract)	**4** Written and/or routine process for utilizing environmental health laboratory services for reference and confirmatory testing related to environmental public health threats E.g., Have an established relationship and have used in the past 12 months
Q116. Provide or support access to blood lead screenings.			
1 Do not do any work on blood lead screenings	**2** Minimal or ad hoc blood lead screenings E.g., Know who provides blood lead screenings	**3** Informal and/or not routine process for providing or supporting access to blood lead screenings E.g., Promote or refer to the organization providing blood lead screenings but no formal process.	**4** Written and/or routine process for providing or supporting access to blood lead screenings E.g., Provide blood lead screening or have a formal relationship with another organization to provide the screenings (e.g. MOU, formal referral process such as ability to book clients directly with them)
Q117. Provide or support adult and child blood lead case management.			
1 Do not provide or support adult and child lead case management	**2** Minimal or ad hoc process for providing or supporting adult and child lead case management	**3** Informal and/or not routine process for providing or supporting adult and	**4** Written and/or routine process for providing or supporting adult and child lead case management

	E.g., Are tasked with providing or supporting lead case management but have taken no action to prepare for this role (e.g. staff are not trained, no protocol in place)	child lead case management E.g., Ready to provide or support lead case management (e.g. staff is trained, written protocol)	E.g., Have provided or formally supported (e.g. had a designated role) a lead case management in the past 12 months

Q118. Provide or support lead case investigation and exposure tracking.			
1 Do not provide or support lead case investigation and exposure tracking	**2** Minimal or ad hoc lead case investigations E.g., Are tasked with providing or supporting lead case investigations and exposure tracking but have taken no action to prepare for this role (e.g. staff are not trained, no protocol in place)	**3** Informal and/or not routine process for providing or supporting lead case investigation and exposure tracking E.g., Ready to provide or support lead case investigation and exposure tracking (e.g. staff is trained, written protocol)	**4** Written and/or routine process for providing or supporting lead case investigation and exposure tracking E.g., Have provided or formally supported (e.g. had a designated role) a lead case investigation and exposure tracking in the past 12 months

Maternal and Child Health

Plans and protocols

Q119. Establish and implement a prioritized maternal and child health prevention plan.			
1 None - do not have a MCH plan established or implemented	**2** Minimal or ad hoc implementation of MCH plan E.g., Has MCH plan but not implemented	**3** Informal and/or not routine process for establishing and implementing a prioritized maternal and child health prevention plan E.g., Has MCH plan but only partial implemented, no	**4** Written and routine process for establishing and implementing a prioritized maternal and child health prevention plan E.g., Has a written MCH plan and fully implements the plan

		formal process followed	through a routine process
Q120. Provide or support access to maternal and child health programs and services (e.g., home visiting, maternal support, oral health, WIC, and maternal and child health block grant programs).			
1 None - do not provide/support access to MCH programs/services	**2** Minimal or ad hoc support providing access to MCH programs and services	**3** Informal and/or not routine process for providing or supporting access to maternal and child health programs E.g., No formal process followed to Provide/support access to some MCH programs and services	**4** Written and/or routine process for providing or supporting access to maternal and child health programs E.g., Routine and/or written process to provide/support access to all MCH programs and services
Q121. Identify and mobilize/implement assets and resources for maternal and child health.			
1 None – do not identify and mobilize/implement assets and resources for MCH	**2** Minimal or ad hoc mobilization implementation of assets and resources for MCH	**3** Informal and/or not routine process for identifying and implementing assets and resources for maternal and child health E.g., No formal process to Identify mobilize, or implement assets and resources for MCH	**4** Written and/or routine process for identifying and implementing assets and resources for maternal and child health E.g., Routine and/or written process to Identify and fully mobilize/implement assets and resources for MCH
Q122. Conduct annual fetal, infant, child, and maternal mortality case reviews (e.g., Fetal, Infant, Child & Maternal Mortality Review (FICMMR)).			
1 None – do not conduct annual FICMR reviews	**2** Minimal or ad hoc process for conducting annual fetal, infant, child, and maternal mortality case reviews E.g., Conducts minimal or ad hoc FICMR reviews	**3** Informal and/or not routine process for conducting annual fetal, infant, child, and maternal mortality case reviews E.g., Conduct FICMR reviews but not	**4** Written and/or routine process for conducting annual fetal, infant, child, and maternal mortality case reviews

		through a formal process	E.g., Conduct annual FICMR reviews through a routine and formal process
Q123. Provide or support access to programs and services for children and youth with special healthcare needs and their families.			
1 None – do not provide or support access to programs and services for CYSHCN and their families	**2** Minimal or ad hoc support for access to programs and services for CYSHCN and their families	**3** Informal and/or not routine process for providing or supporting access to programs and services for children and youth with special healthcare needs and their families E.g., No formal process to Provide/support to programs and services for CYSHCN and their families	**4** Written and/or routine process for providing or supporting access to programs and services for children and youth with special healthcare needs and their families E.g., Routine and/or written process to Provide/support access to programs and services for CYSHCN and their families

Communications

Q124. Identify, disseminate, and promote evidence-based information about interventions in prenatal, childhood and adolescence to support positive health outcomes (e.g., preventing infant mortality and preterm births, optimizing lifelong health and social-emotional development).			
1 None – do not provide EB information on prenatal, childhood and adolescent interventions	**2** Minimal or ad hoc process for identifying, disseminating, and promoting evidence-based information about interventions in prenatal, childhood and adolescence to support positive health outcomes E.g., Minimally provides EB information on	**3** Informal and/or not routine process for identifying, disseminating, and promoting evidence-based information about interventions in prenatal, childhood and adolescence to support positive health outcomes E.g., No formal process to provide some EB information	**4** Written and/or routine process for identifying, disseminating, and promoting evidence-based information about interventions in prenatal, childhood and adolescence to support positive health outcomes E.g., Routine and formal process to Fully provide EB

	prenatal, childhood and adolescent interventions	on prenatal, childhood and adolescent interventions	information on prenatal, childhood and adolescent interventions
Q125. Provide timely and locally relevant information on maternal and child health related topics to partners, local providers, and the public.			
1 None – do not provide information on MCH topics to partners or public	**2** Minimal or ad hoc process for providing timely and locally relevant information on maternal and child health related topics to partners, local providers, and the public E.g., Provide limited information on MCH topics to partners and public minimally.	**3** Informal and/or not routine process for providing timely and locally relevant information on maternal and child health related topics to partners, local providers, and the public E.g., No formal process when providing some information on MCH topics to partners and public	**4** Written and/or routine process for providing timely and locally relevant information on maternal and child health related topics to partners, local providers, and the public E.g., Fully provides information through a routine and formal process on MCH topics to partners and public

Access to Clinical Care

Q126. Link community members to clinical preventive services (e.g., cancer screening, tobacco cessation, oral health, immunizations, etc.).			
1 None – does not link community to clinical preventive services	**2** Minimal or ad hoc linkage between community and clinical preventive services E.g., Provides some linkage between community and clinical preventive services	**3** Informal and/or does not links community to clinical preventive services E.g., Mostly provides linkage between community and clinical preventive services	**4** Written and/or routine linkages between community and clinical preventive services E.g., Always provides linkage between community and clinical preventive services

Q127. Provide timely and locally relevant information on how to access and navigate the health care system (e.g., cancer screening, cancer treatment, HIV treatment).			
1 None – does not provide information on accessing/navigating HCS	**2** Minimal or ad hoc information on accessing/navigating HCS E.g., Provides some information accessing/navigation HCS	**3** Informal and/or no information on accessing/navigating HCS E.g., Provides most information accessing/navigation HCS	**4** Written and/or routine information on accessing/navigating HCS E.g., Provides all information accessing/navigation HCS
Q128. Collaborate with partners (e.g., health care providers, health systems) to address gaps and barriers to clinical preventive services.			
1 None – does not collaborate with HCS partners	**2** Minimal or ad hoc collaboration with HCS partners E.g., Provides some collaboration with HCS partners	**3** Informal and/or no collaboration with HCS partners E.g., Mostly collaborates with HCS partners	**4** Written and/or routine collaboration with HCS partners E.g., Always collaborates with HCS partners
Q129. Provide/refer or support access to STD, HCV, and HIV testing and treatment.			
1 None – does not provide/refer or support access	**2** Minimal or ad hoc Providing/referring or supporting access E.g., Provides some support to access of STD, HCV and HIV testing and treatment	**3** Informal and/or not providing/referring or supporting access E.g., Mostly supports access of STD, HCV and HIV testing and treatment	**4** Written and/or routine referral and supporting access E.g., Always supports access of STD, HCV and HIV testing and treatment to all relevant community members
Q130. Provide/refer or support access to family planning services.			
1 None – does not provide/refer or support access	**2** Minimal or ad hoc Providing/referring or supporting access	**3** Informal and/or not providing/referring or supporting access	**4** Written and/or routine referral and supporting access

	E.g., Provides some support to access of family planning services	E.g., Mostly supports access to family planning services	E.g., Always supports access of family planning services to all relevant community members
Q131. Collaborate with local partners to address access to prenatal care.			
1 None – does not collaborate	**2** Minimal or ad hoc collaboration of local partners to prenatal care E.g., Provides some collaboration with partners for prenatal care	**3** Informal and/or no collaboration with local partners to prenatal care E.g., Mostly collaborates with partners for prenatal care	**4** Written and/or routine collaboration with partners to prenatal care. E.g., Collaborates with all partners for prenatal care
Q132. Link community members to behavioral health services (wellness and mental health, substance use disorder)			
1 None – does not link to BHS	**2** Minimal or ad hoc linkage to BHS E.g., Provides some community member linkage to BHS	**3** Informal linkage to BHS E.g., Most community members are linked to BHS	**4** Written and/or routine linkage to BHS E.g., Links all members to BHS
Q133. Provide timely and locally relevant information on how to access and navigate behavioral health services.			
1 None – does not provide information on access/navigating BHS	**2** Minimal or ad hoc information is provided on access/navigating BHS E.g., Provides some information on BHS	**3** Some information is provided on access/navigating BHS E.g., Provides most information on BHS	**4** Written and/or routine information is provided on access/navigating BHS E.g., Provides all information on BHS

Q134. Collaborate with partners to address gaps and barriers to behavioral health services.			
1 None – does not collaborate	**2** Minimal or ad hoc collaboration with partners to address gaps and barriers related to behavioral health services. E.g., Collaborates with partners to address some gaps	**3** Some collaboration with partners to address gaps and barriers related to behavioral health services. E.g., Collaborates with partners to address most gaps	**4** Written and/or routine collaboration with partners to address gaps and barriers to behavioral health services E.g., Collaborates with partners to address all gaps

Areas of Strength and Improvement

Strengths:

1.

2.

3.

Areas of Improvement:

1.

2.

3.

Staff and Budgetary Information

During the most recently completed fiscal year* (e.g., July 1, 2022, through June 30, 2023) how many total full time equivalent public health positions did you have at your health department? **Please include environmental health staff and any vacant public health positions**. *Use the same time period that is used for the FPH capacity and area questions. Request and review the LTHDs organizational chart prior to the interview.

Full-time or Part-time Positions (or provide org chart % FTE with job title). This does not include contracted or temporary staff.

Total full time equivalent FTEs =

Type of Position	Responsibilities (based on FPHS)	Funding Sources	% on each activity

Vacant Positions

Total full time equivalent FTEs =

Type of position	Responsibilities	How long has the position been vacant	Funding Sources

During the most recently completed fiscal year* (e.g., July 1, 2022, through June 30, 2023) how many total contracted or temporary public health positions (measured in FTEs) did you have at your health department? Please include environmental health staff. *Use the same time period that is used for the FPH capacity and area questions.

Total contracted or temporary public health positions =

Position Type	Temporary or contracted?	Responsibilities	Hours per week	Location (in jurisdiction or remote)	Hours per week worked for jurisdiction
Health Officer					
Sanitarian					
Ameri Corp Vista					
Community Health Worker					

Communication specialist/content creator					
Congregate Living Coordinator					
Disease Intervention Specialist					
Grant writer					
Student(s)					

During the most recently completed fiscal year* (e.g., July 1, 2022, through June 30, 2023) did you share or did other entities provide public health services in your jurisdiction? Examples could include the Women's Infants and Children's program, tobacco use prevention services, home visiting, etc. If yes, please list in table below.

Service	Who provided it?

During the most recently completed fiscal year* (e.g., July 1, 2022, through June 30, 2023) what was your total operating budget including environmental health services?

During the most recently completed fiscal year* (e.g., July 1, 2022, through June 30, 2023) what was your total operating budget including environmental health services by source?

State/Federal funds $______

County funds $______

Tribal funds $______

Other funds $______