2020 Public Health BARS

Expenditure Coding Questions & Responses

Updated 3/21/2020, mf

The Public Health BARS data as collected and published by DOH are used by the governmental public health system and state and local policy makers for routine analysis of how local public health is funded and which types of funding are used to pay for which services. Public Health BARS data links revenues and expenditures which allows this type of analysis.

The purpose of updating the Public Health BARS expenditure codes in 2020 was to a) better reflect current public health practice and b) distinguish expenditures on Foundational Public Health Services (FPHS) from those on additional important services (AIS). Clear and consistent data from across the system on how FPHS funds are spent and how much FPHS activity is supported by other fund sources and which fund sources is important to inform the long-term, phased, multi-biennia building block approach to fully fund and implement FPHS statewide.

LHJs participated in honing the list of codes and the accompanying definitions over a nine month-long process in 2019. Addressing coding questions as they arise is a group effort among LHJS. We will consult LHJ fiscal staff during the routine DOH/LHJ fiscal webinars and others as needed to try and reach consensus on how to address questions and create consistent coding. Questions and responses are recorded on this document.

Questions	Discussion / Response
COVID Response	The new BARS expenditure codes reflect FPHS definitions. The FPHS definitions were written to accommodate emergency situations with planning and generic response functions under emergency preparedness and specific response activities in the respective FPHS program area (i.e. wildfire, drinking water, communicable disease, etc.).
	Most of the COVID response, including facilitate and staffing for isolation and quarantine, likely fit best in 562.29 FPHS Disease Investigation – General CD which included new and emerging disease or under 562.12 FPHS Emergency Preparedness and Response . Examples of BARS Expenditure Codes most likely to fit most of your expenditures
Insurance	Expenditure Codes: 562.80 – FPHS Access/Linkage with Medical, Oral and Behavioral Health Care Services Data & Planning – Provide accurate timely, statewide and locally relevant information statewide and to communities on the medical, oral and behavioral health care system. Participate actively in local, regional and state level collaborative efforts regarding medical, oral and behavioral systems planning to improve health care quality and effectiveness, reduce health care costs and improve population health. Expenditure Code: 562.88 - Clinical Services – Other – Maybe?
Needle Exchange	Expenditure Code 562.30 – Needle Exchange

lo inj	expenditure Code: 562.70 – FPHS Chronic Disease, Injury & Violence Prevention Data & Planning – Provide timely, state and ocally relevant and accurate information statewide and to communities on chronic disease (including behavioral health), injury and violence prevention. Identify state and local chronic disease (including behavioral health), injury and violence prevention community assets; develop and implement a prioritized prevention plan and seek resources and advocate for high priority policy initiatives to reduce statewide and community rates of chronic disease, injury and violence.
of	expenditure Code: 562.76 – Substance Use Disorder Prevention and Outreach – Services/activities related to the prevention of opioid and other substance use disorders and overdoses. (includes expenditures for Naloxone purchase, dissemination and education)
he	expenditure Code: 562.71 – Chronic Disease Prevention – Services/activities related to promoting healthy communities, nealthy eating and active living; through policy, systems and environmental changes and education, prevention and outreach; to reduce and prevent risk factor for obesity, other nutritional illnesses, heart disease, diabetes, stroke and cancer.
1 -	xpenditure Code: 562.84 – Clinical Services – Communicable Disease
management ar	Rational: These funds seem to be focused on case management/client care rather than case finding/investigation. The funds are also sent out to sub-recipients who provide direct care to the clients. It does not appear to be FPHS. It seems that 62.84 Clinical Services – Communicable Disease might be the best fit.
	xpenditure Code: 562.88 - Clinical Services – Other