

Introduction to the Public Health Uniform National Data System (PHUND\$)

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Objectives

- **Discuss value of assessing financial condition**
- **Introduce concepts of ratio and trend analysis**
- **Examples of use of ratios and trend analysis in local government**
- **Provide overview of PHUND\$**

What is Financial Condition – encompasses 4 types of solvency

- **Cash solvency**
 - Govt. or organization's capacity to generate cash to pay its bills
- **Budgetary solvency**
 - Ability to generate sufficient revenues during budgetary period to meet expenditures and not incur deficits
- **Long run solvency**
 - Long run balance between revenues and costs
 - Ability to pay late obligations, e.g. liabilities such as payment accrued employee leave
- **Service level solvency**
 - Ability to provide level and quality of services needed for health and welfare of community

Address concerns of those in the following conditions

- Under strain of few identifiable problems and need a broader perspective
- Sense of emerging problems but difficulty pinpointing them
- In good financial condition but need systematic way to monitor changes & anticipate problems

From Financial Indictors for Local Government, Sanford Groves, et al., 1981



Financial risk must be routinely mitigated. Waiting until you are in the eye of the storm is TOO late.

In the News

Health Dept. Cutting Expansive Primary Care Program (In the eye of storm w/no mitigation of risk)

XXXX said the health department has come to a critical point financially. He has worked at the Health Department for 23 years, spending the past three years as assistant director.

"We don't have the resources to carry the number of uninsured patients we have," he said. "We have redirected those patients to other safety-net agencies in the area." Over a thousand patients of the health department began getting notices of cancellation in mid-October, but officials say the problems started long before.

- Use of financial ratios and trend analysis would detect such problems
 - Yearly decreases in previously reliable funding streams, i.e. Medicaid, State Funding for Primary Care, Patient Fees
 - Expenditures exceeding revenues, reliance on general (trust) fund
 - Increases in AR and write offs
- Health Dept. PR nightmare – viewed as unable to financially manage, loss of community trust

Financial Condition & Risk Mitigation

- Service level **INSOLVENCY** for this agency
- Cash **INSOLVENCY** – using general fund and other budgeted program dollars to cover one program's deficits
- Needed ongoing assessment of financial condition and risk mitigation – prevention and preparedness
 - Promotes management practices where information is turned into knowledge that can be used to anticipate and respond to unexpected events

Questions from Current and Potential Funding Stakeholders:

What are major sources of revenue?

What is the trend in these revenue sources? Up, down, up and down, by what %?

What is the relationship in the last FY s between agency total revenues and total expenditures?

What liabilities exist, e.g. leave liability? Pension liabilities?

Days of revenue in Accounts Receivables? Percent written off?

How many programs are self sufficient, i.e. allocated/earned revenues \geq expenditures?

Part of Mission/Community Priorities?

What is Ratio and Trend Analysis?

- **Financial ratios**
 - Calculated from organization's financial records and relevant demographic data sets
 - Calculated using a numerator and denominator, looks at relationship between 2 financial indicators, e.g. revenues and expenditures
 - Examples:
 - % of different sources of revenues/total revenues
 - operating surplus or deficit (total revenues – total expenditures)
 - % of total budgeted revenues received
- **Trend Analysis**
 - Comparisons are made with prior budgetary periods (trend analysis) and with other similar organizations (benchmarking)

Categories of Financial Indicators

1
0

Classified according to the information they provide:

Revenue

Growth

Flexibility

Diversity

Dependability

Expenditures

Growth

Priorities

Productivity

Effectiveness

Mission

Community needs

Financial Alignment w/Mission

Community

Population

Poverty Levels

Growth

Age

Examples of Revenue Indicators

Revenues per Capita

Budgeted Revenues

Sources of Revenues

Federal	Medicare
State	Grant
Local	Fees
Other	Dedicated Property Tax

Financial Indicators: Expenditures

- Expenditures per capita
- Employees per 1,000 county population
- Fringe benefits as % of total salaries and wages
- Salaries & wages as % of total expenditures
- Administrative expenditures as % of total expenditures
- Chronic disease program expenditures as % of total expenditures
- Public health preparedness expenditures as % of total expenditures

What is PHUND\$?

- **Overview**
- **History**
- **Current status**
- **Future plans**
- **Features**
- **Value to local health departments**

Overview of PHUND\$

- **Web-based public health financial data collection and analysis portal hosted by NACCHO**
- **Provides LHDs with timely, reliable and uniform data to support assessment and decision-making**
- **LHDs enter financial and demographic data, and PHUND\$ generates:**
 - Ratio and trend analysis
 - Dashboard
 - Benchmarking against peer agencies
 - Analysis of program financial performance

History of PHUND\$

- **2006 – 2012**
 - Development of ratio & trend analysis tool (precursor spreadsheet to the web-based portal)
 - Demonstrations and testing of tool in: Florida, Ohio, North Carolina, Kansas, West Virginia, and Kentucky
 - Development of PHUND\$ web-based portal
- **October – November 2012**
 - Beta test of the PHUND\$ web-based portal
- **January 2013**
 - Launch of PHUND\$ web-based portal

Current Status of PHUND\$

- **239 Users: LHDs from 39 states**
- **Ongoing activities:**
 - Technical assistance
 - User conference calls
 - Overview presentations
 - State-wide trainings, demonstrations, workshops
 - PHUND\$ database audit

Future Plans for PHUND\$

- **PHUND\$ 2.0:**
 - Updates based on user feedback
 - Revisions to data fields based on usage
 - State upload feature
- **Development of ratio standards specific to public health agencies**

Features of PHUND\$

- **Ratio and Trend Analysis**
 - Use to identify areas of risk
 - Control cost and expenditures
 - Monitor collections and billings
- **Program Sustainability (Surplus/Deficit Analysis)**
 - Use to assess program performance
 - Identify deficit drivers
 - Identify programs needing QI or elimination
 - Rncourages review of ROI

Features of PHUND\$

- **Dashboard**

- Use for national comparisons
- Realign expenditures to mission
- Analyze agency reserves
- Support for funding requests

- **Benchmarking**

- Use for peer comparisons
- Expenditures and cost control
- Promotion of revenue generation and diversification
- Support funding request
- Policy analysis and development

Local Governments and Financial Ratios and Trend Analysis (*Financial Trends Monitoring System FTMS*)



County and Municipal Financial Condition Dashboard



Website:

<https://www.nctreasurer.com/slg/Pages/Fiscal-Analysis-Tool.aspx>

North Carolina Financial Condition Analysis

Key: ALAMANCE
COUNTY



Benchmark



Benchmark peers selected:
GUILFORD COUNTY

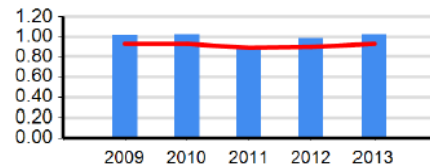
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Governmental Activities

Resource Flow

Interperiod Equity

Total margin ratio

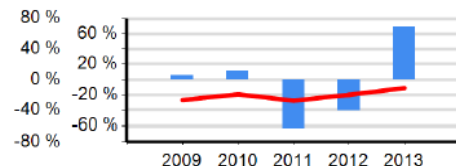


ALAMANCE COUNTY = 1.02, Benchmark = 0.93

Interperiod equity measures whether or not a local government lived within its financial means. The total margin ratio - total financial resources divided by total financial obligations - is used to analyze this dimension of resource flow.

Financial Performance

Percent change in
net position

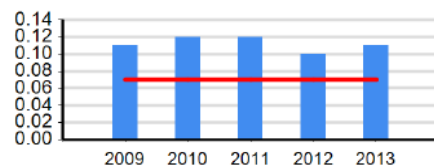


ALAMANCE COUNTY = 68.87 %, Benchmark = -11.01 %

Financial performance shows how much a government's financial position improved or deteriorated as a result of resource flow. The percent change in net position is calculated as the change in net position divided by net position, beginning.

Self-Sufficiency

Charge-to-expense ratio



ALAMANCE COUNTY = 0.11, Benchmark = 0.07

Self-sufficiency addresses the extent to which charges for services covered total expenses. The charge-to-expense ratio is calculated as charges for services divided by total expenses.



Green – the trend is favorable. The indicator meets any policy or performance measure set by the City.



Yellow – the trend is uncertain. The indicator should be watched carefully because it may move in a direction that could have a negative impact on the City's financial health.



Red – the warning trend has been observed. The indicator does not meet the policy or performance measure set by the City. More information should be gathered and corrective action should be taken.

Report Card
2009 2011

Community Indicators



Population



Personal Income Per Capita



Employment Base



Real Property Value



Residential Development

Revenue Indicators



Revenue Per Capita



Property Tax Revenue



Uncollected Property Taxes



Sales Tax Revenue



Intergovernmental Operating Revenue

Expenditure Indicators



Expenditures Per Capita



Employees Per Capita

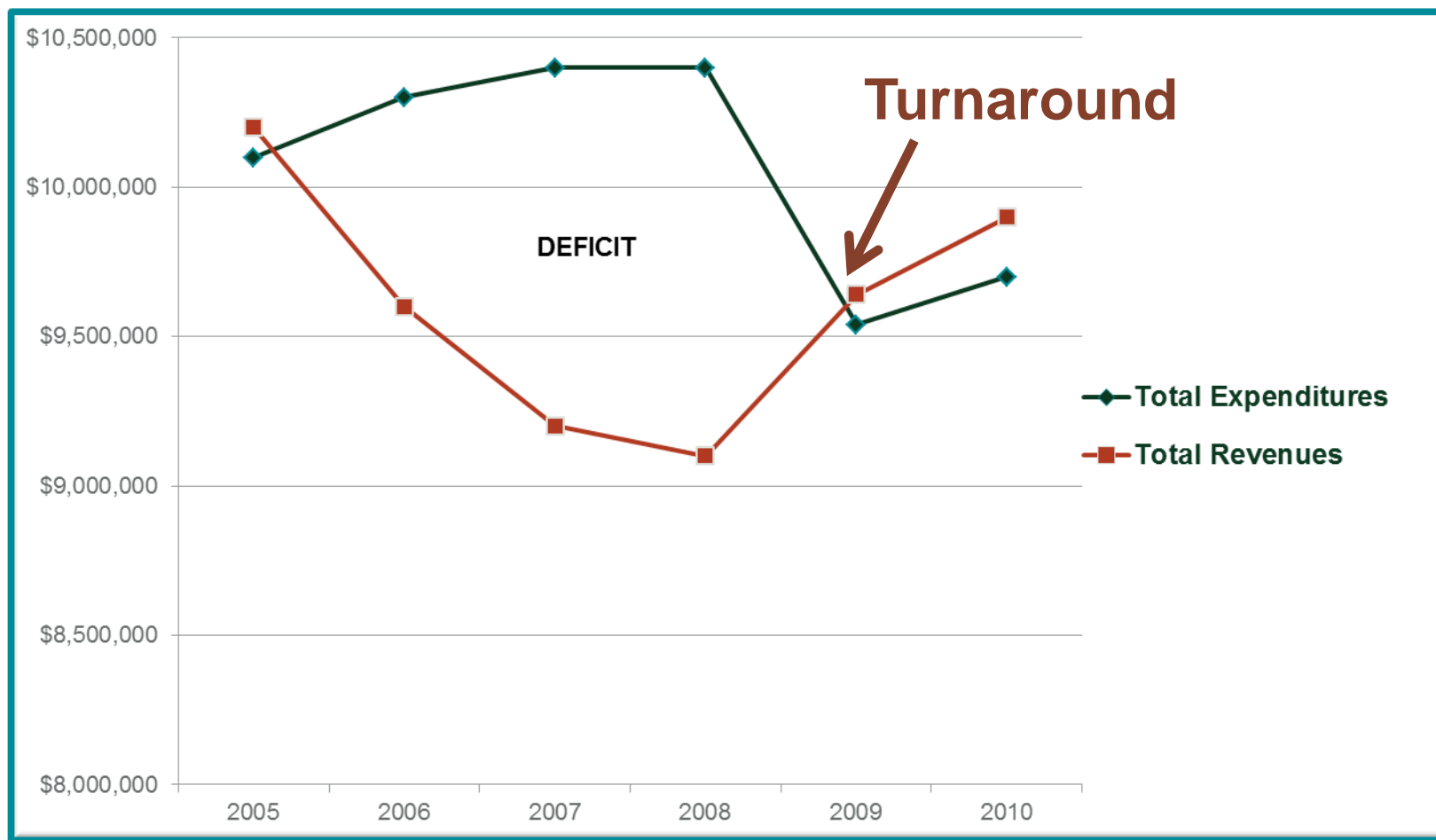


Fringe Benefits



Capital Outlay (Change in Methodology)

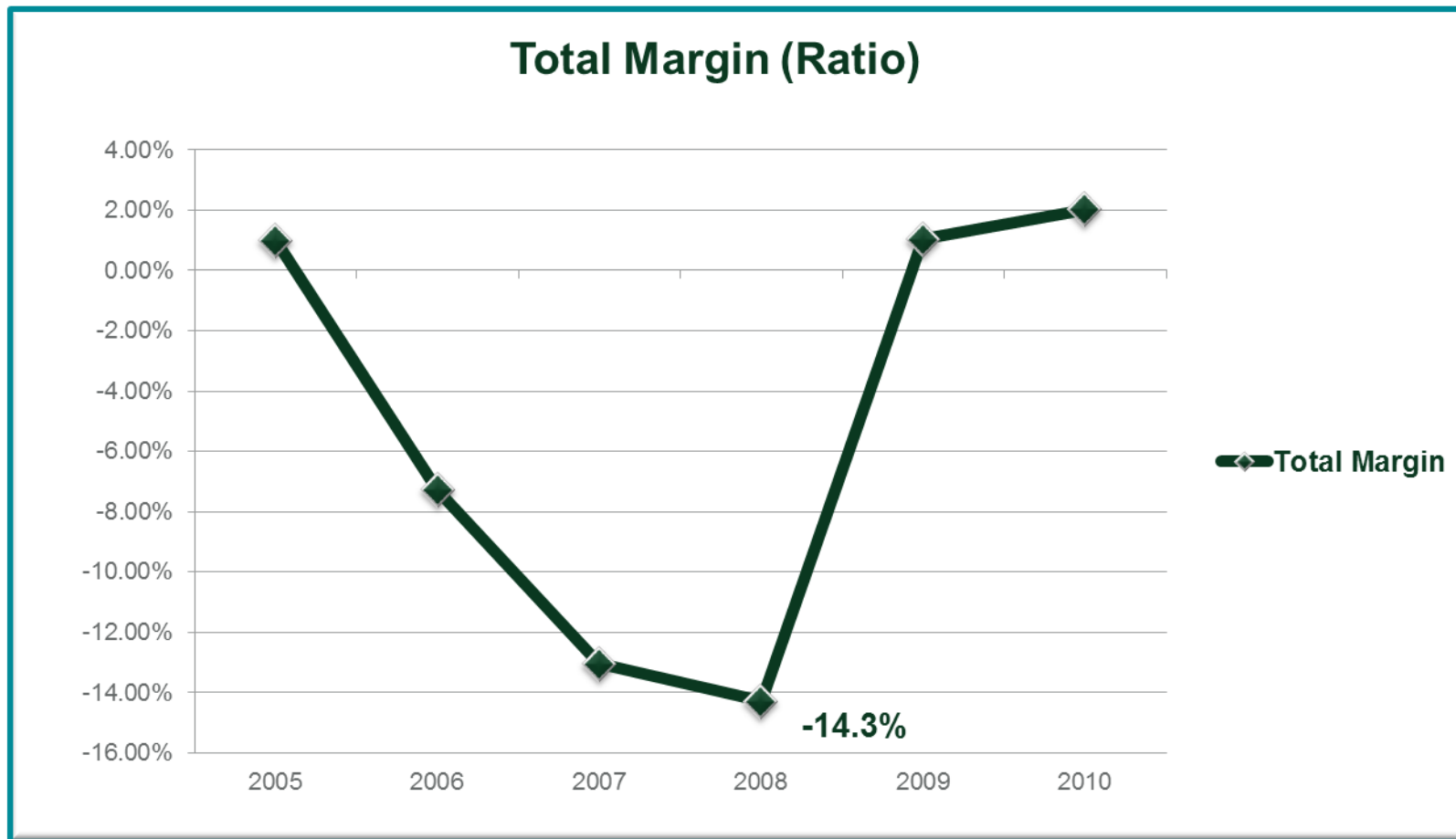
Revenue and Expenditure Trends - Turnaround



Revenue and Expenditure Trends – Operating Surplus or Deficit

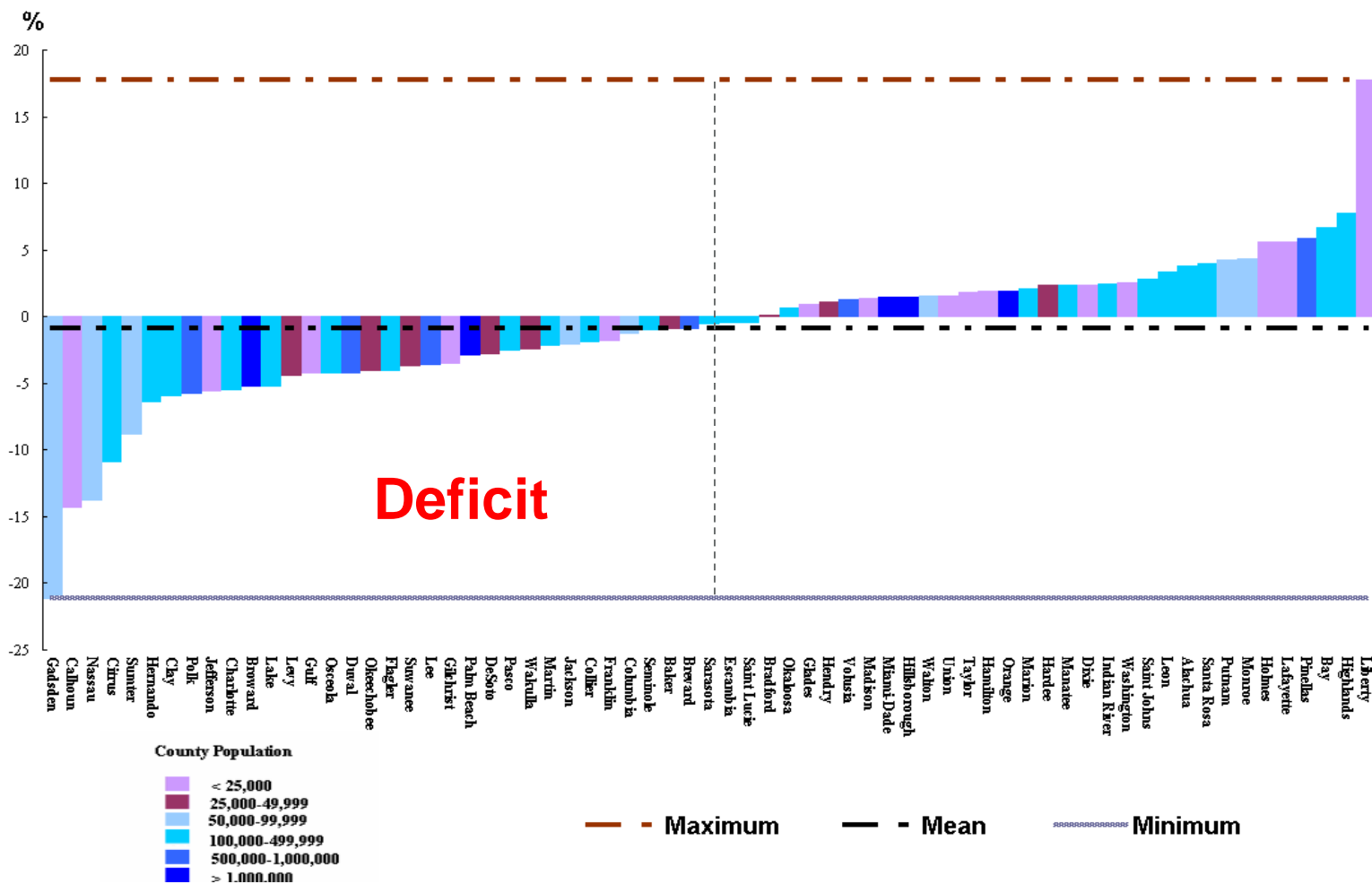


Revenue and Expenditure Trends – Total Margin (Ratio)

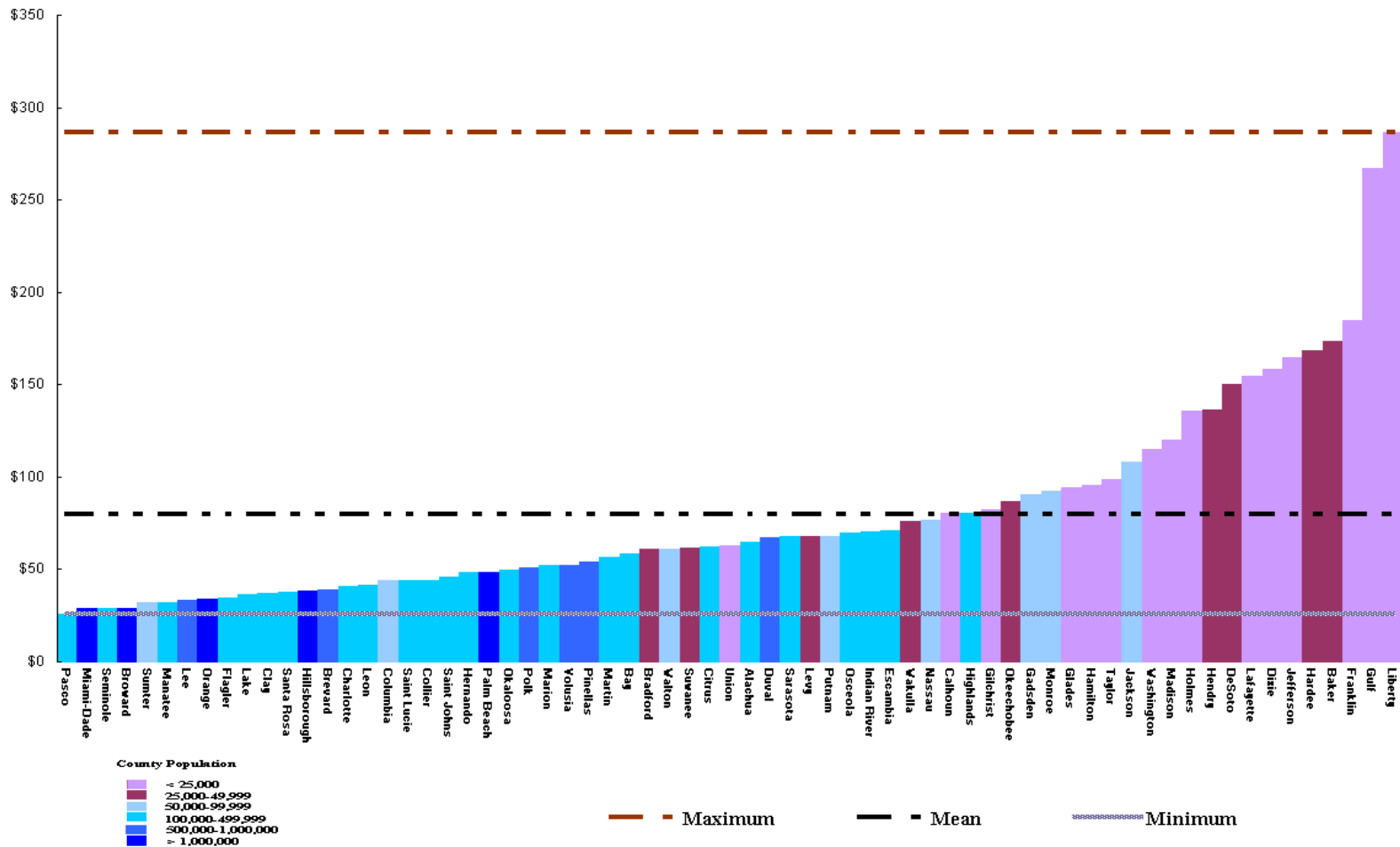




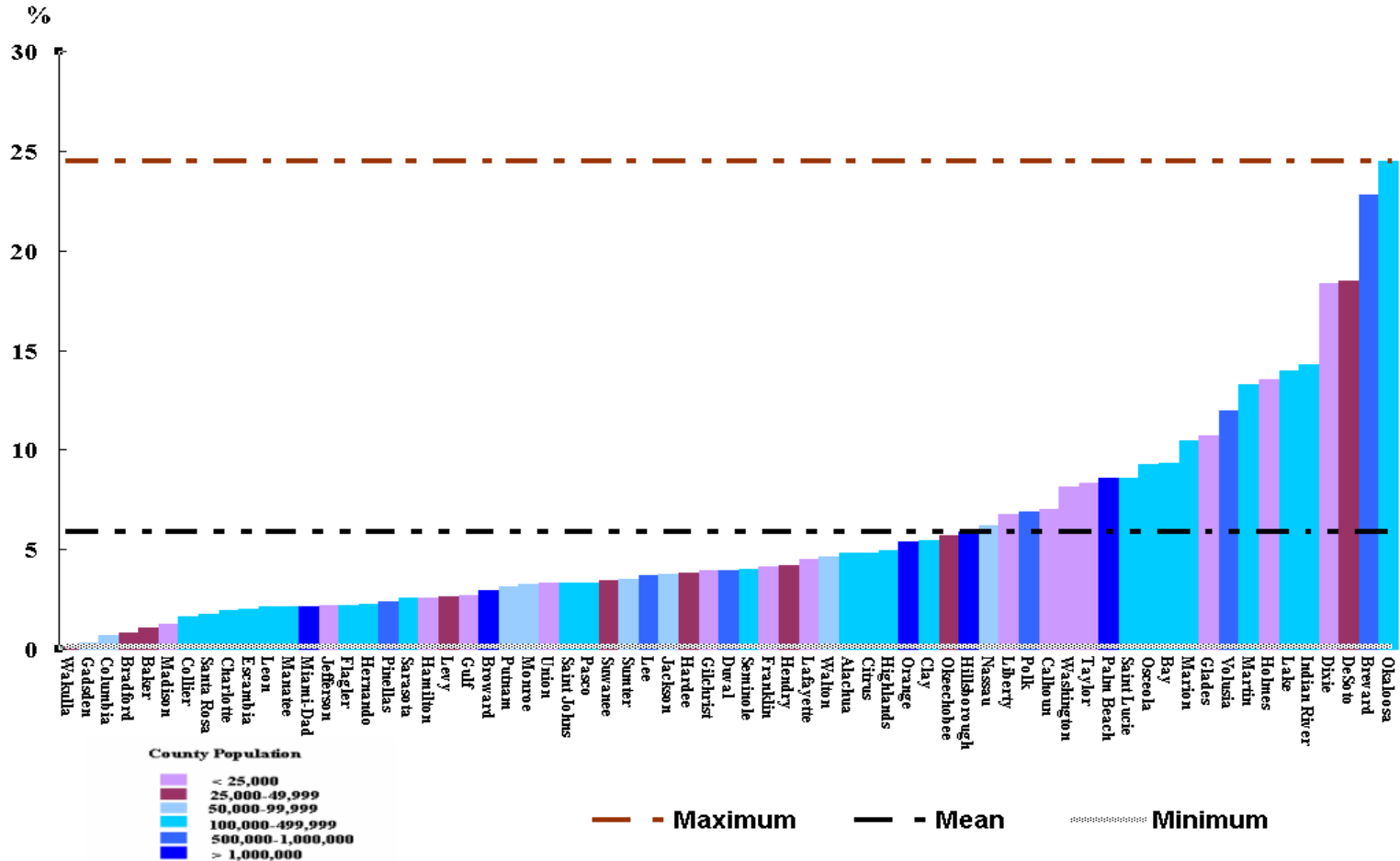
Florida LHDs - Total Margin, 2008



Florida LHDs - Revenue Per Capita, 2008



Florida LHDs - Accounts Receivables Written Off as Percent of Total Collected, 2008



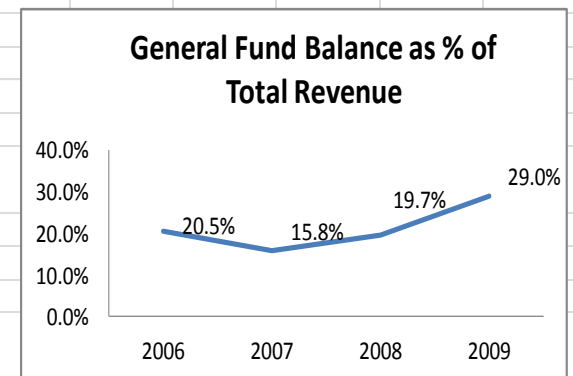
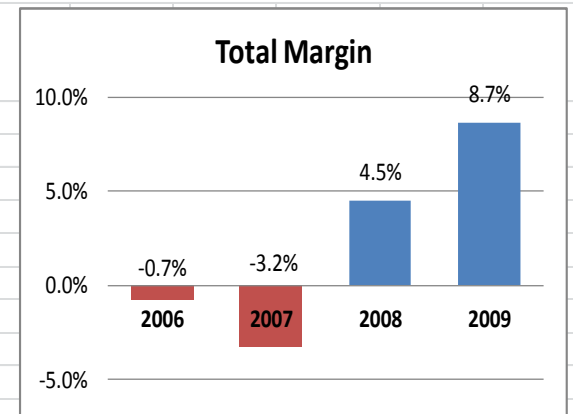
Case Study – Mahoning County District Board of Health, Ohio



- Beginning in 2006 a combination of losses in state grants, programs with chronic operating losses, and fee declines led to succession of annual operating deficits.
- Ratio and trend analysis allowed LHD to identify areas in which to apply turnaround strategies beginning in 2008.

Leading Financial Ratios (Dashboard Indicators)

Item Number	Local Public Health Agency (LPHA) Financial Data	2006	2007	2008	2009
2	Federal Revenues as % of Total Revenues (Federal Revenues/Total Revenues)	21.7%	21.4%	17.9%	24.7%
3	State Revenues as % of Total Revenues (State Revenues/Total Revenues)	5.7%	6.9%	8.5%	8.6%
6	Medicare Revenues as % of Total Revenues (Medicare Revenues/Total Revenues)	0.9%	0.5%	0.5%	0.3%
7	Total Grant revenues as a % of Total Revenues (Grant Revenues/Total Revenues)	26.3%	27.7%	24.0%	23.4%
12	Total Margin (Total Revenues - Total Expenditures)/Total Revenues	-0.7%	-3.2%	4.5%	8.7%
13	Operating Ratio (Total Revenues/Total Expenses)	0.99	0.97	1.05	1.09
18	General Fund Balance as a % of Total Revenue (General Fund Balance/Total Revenue)	20.5%	15.8%	19.7%	29.0%
37	% Programs w/Completed Cost Analysis (# of Programs w/Completed Cost Analysis/Total Number of Programs)			36.6%	48.8%
23	Administrative Expenditures as % of Total Expenditures (Administrative Expenditures/Total Expenditures)	12.9%	13.2%	15.5%	14.8%
24	Average Accumulated Employee Leave Liability (Total Accumulated Employee Leave Liability / Total FTE) in 8 hour days				86



Operating Deficits by Program Area: Mahoning County, Ohio

- 2006, 2007: Adult day services (ADS) large deficits
- 2007: Total agency deficit ~4.5x greater than 2006

	2006	2007	2008	2009
Adult Day Services (ADS)	(\$59,218)	(\$66,913)	\$4,602	\$31,695
Laboratory	\$5,566	(\$80,468)	(\$28,794)	\$13,708
All Other Agency Programs	\$18,959	(\$7,251)	\$238,360	\$346,449
Total Agency Deficit	(\$34,693)	(\$154,632)	\$214,168	\$391,852

PHUND\$ Web Portal - <http://phunds.naccho.org>

- Confidentiality and access to data

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Welcome to PHUND\$

Sustainability of the governmental public health system is dependent principally on the financial health of state and local public health agencies. This is a challenge since public health programs and services are often provided in fiscally challenging environments (e.g., government revenue declines, budget reductions, economic recessions, unfunded mandates). Effective utilization of resources requires that public health professionals have access to timely, reliable, and uniform data to assess agency and system conditions and to use that information to support decisions. Development of the **Public Health Uniform National Data System (PHUND\$)** responds to that need.

PHUND\$ is a web-based public health financial data collection and analysis portal. PHUND\$ was created to:

- Provide public health agencies with the ability to proactively assess their financial and operational performance
- Aid NACCHO in describing and monitoring the financial health and sustainability of the public health system
- Promote uniform public health financial management practices
- Advance practices that promote quality in public health
- Increase public health agency transparency



Confidentiality is a core value of PHUND\$ and, as such, data collected in PHUND\$ is identifiable only by the reporting agency and NACCHO.

PHUND\$ Web Portal - <http://phunds.naccho.org>

- Request an account: go to home page and click “Agency Sign-Up” button

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To begin your PHUND\$ data entry experience, sign up to request an account by clicking the button below.

[Agency Sign-Up >](#)

Existing User Login

You are currently logged in as jwilhoit.
[Click here](#) to proceed to the PHUD\$ site.

[Retrieve lost password >](#)


If you can't remember your User Name,
please [contact the PHUND\\$](#) for assistance

Haven't signed up yet? [Sign up here.](#)

PHUND\$

<http://phunds.naccho.org>

- Enter short form data from the “My Data” page



PHUND\$ Home My Data Dashboard Benchmarking Data Trends Ratio Trends NACCHO Home Admin Home

[» Enter New Data \(Short Form\)](#)
[» Data Dictionary](#)

My Data

In PHUND\$, the My Data screen is the place to begin the agency data collection process. Functions available in My Data are noted below:

- Data entry begins by clicking the **Enter New Data (Short Form)** in the left margin of this page
- Data Entry to all of line items in the **DASHBOARD FIELDS** on the Short Form is **mandatory**. Users must begin data entry on the Short Form. Once entered, Agency data can be saved for 30 days by selecting the SAVE PROGRESS button or submitted immediately by clicking SUBMIT. However, User access to the Full Form is only allowed once Short Form data is submitted.
- Data entry on the **Full Form (via the View Data screen)** is allowed once Users Submit data on the Short Form. Short Form data once submitted will populate those identical fields on the Full Form. Data that is saved by clicking SAVE PROGRESS on the Full Form is saved in PHUND\$ for 30 days. Data submitted by clicking SUBMIT is entered immediately into the PHUND\$ database.
- Access the PHUND\$ Data Dictionary for descriptions of all data points and Indicators calculated in PHUND\$. The Data Dictionary also provides suggestions on potential sources where data can be found in your agency.
- View the data for your agency that has been entered into PHUND\$
- View or Edit your agency's descriptive information (e.g. contact person name, phone, region, etc) previously entered in PHUND\$

Data Entry Templates (PDF)

To assist with the data entry process, below are two **PDF** templates that you may download and print out. These may be manually filled in prior to the data entry process online to ensure you have all the information required.

[Short Form Template \(PDF\) >](#)

[Full Form Template \(PDF\) >](#)

PHUND\$

- PHUND\$ short form

Enter New Data (Short Form)

Dashboard Fields (All Fields Mandatory)

Please enter data rounded to nearest dollar (for example \$456.94 should be entered as 457)

Data Year*	<input type="text" value="- Choose One -"/>
Local (County/City) Government Revenues*	<input type="text"/>
State Revenues*	<input type="text"/>
Federal Revenues*	<input type="text"/>
Total Revenues*	<input type="text"/>
Communicable Diseases Prevention Revenues*	<input type="text"/>
Total Expenditures*	<input type="text"/>
Program Expenditures*	<input type="text"/>
Administrative Expenditures*	<input type="text"/>
Communicable Diseases Prevention Expenditures*	<input type="text"/>
General Fund Balance*	<input type="text"/>
Prior Period General Fund Balance*	<input type="text"/>

NC State Extract

- 6 of the 12 Core Financial Indicators Available through WIRM or State Controllers Office, maybe more
- 10 of the Other Financial Indicators would need local input
- Demographic data could be centrally populated*

PHUND\$ Web Portal - <http://phunds.naccho.org>

- Data Dictionary

» Enter New Data (Short Form)

» Data Dictionary

Data Dictionary

Term	Definition
Administrative Expenditures	Operating expenses to perform support functions other than those directly linked to public health services or programs. Categories include: Health Officer/Agency Director, Non-clinical Administrative & Fiscal Services, Legal, Policy & Evaluation Strategic Planning, Government Relations, Library, Information Technology and Communications & Marketing. This category does not include the costs associated with eligibility determination services, cashiering, medical records, laboratories, or construction.
Agency Program	Activities typically aligned with organizational mission and funded through dedicated or self-generated funding. Examples include: Health Disparity, Home Health Care, Environmental Health, Maternal & Child Health Care, Communicable Diseases, Public Health Preparedness, etc.
Annual Operating Budget	A fiscal plan for providing programs and services for a single year.
Budget	A plan used to allocate revenues and expenditures to accomplish an organization's objectives for a given period of time.
Budgeted Expenditures	Funds (monies) that are expected to be spent by the LPHD for the provision of public health services and are included in the budget for an upcoming budget period.
Budgeted Revenues	Funds (monies) that are expected to be received or earned by the LPHD for the provision of public health services and are included in the budget for an upcoming budget period.
Capital Expenditures	Costs incurred by the LPHD for the purchase of machinery, buildings, and/or equipment.
Chronic Diseases Prevention Expenditures	Costs incurred by the LPHD to prevent the occurrence of chronic diseases, including cancer, heart disease and strokes, and diabetes.
Chronic Diseases Prevention Revenues	Funds (monies) received by the LPHD to prevent the occurrence of chronic diseases, including cancer, heart disease and strokes, and diabetes.
Communicable Diseases Prevention Expenditures	Costs incurred by the LPHD to prevent the occurrence of communicable diseases, including immunizations and other prevention services such as comprehensive HIV/Aids risk reduction services for adolescents and improved contact investigation for TB cases.
Communicable Diseases Prevention Revenues	Funds (monies) acquired by the LPHD to prevent the occurrence of communicable diseases, including immunizations and other prevention services such as comprehensive HIV/Aids risk reduction services for adolescents and improved contact investigation for TB cases.
Community Health Outcomes	Sometimes referred to as results of the health system; these are indicators of health status, risk reduction, and quality of life enhancement for a specific group of people (e.g., location, race, ethnicity, age, occupation, or other common bonds). Outcomes are long-term objectives that define optimal, measurable future levels of health status, maximum levels of disease, injury, or dysfunction; or prevalence of risk factors.

PHUND\$

Currently logged in as **Peggy002**

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**Public Health
Uniform National
Data System**

The National Connection for Local Public Health

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[Data Trends](#)

[Ratio Trends](#)

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View Data

Once you SAVE PROGRESS or SUBMIT DATA TO SITE on the Short or Full Form, you will be able to immediately view that data on this View Data screen. If you SAVE PROGRESS for your data on the Short or Full Form, data can still be seen on the Short Form or Full Form. Once you SUBMIT DATA TO SITE on the Short Form or Full Data Form, however, this View Data screen is the only place where that data can be seen. After that step, data is no longer available for viewing on the Short or Full Forms.

Choose a Year: **2011** ▼

Data Title	2011
Revenue	
Total Local (County/City) Revenue	\$5,515,600
Local General Revenues	\$4,865,000
Local Dedicated Public Health Property Tax Revenues	\$266,600
Dedicated Public Health Millage Rate (\$/1,000 property value)	0.5
Hospital Revenues from Millage Rate Dedicated to Public Health	\$76,000
All Other Local Revenues	\$308,000
Local (County/City) Revenue Non-Itemized Total	\$5,515,600
State Revenues	\$2,781,000
Federal Revenues	\$2,558,462
Medicaid Revenues	\$360,000
Medicare Revenues	\$522,000
Private Insurance Revenues	\$422,000
Federally Qualified Health Center 330 Grant Funding Revenues	\$365,000
Total Fees	\$1,110,603
Patient Fees	\$550,000
Environmental Health Fees	\$275,000
Vital Statistics Fees	\$155,333
Oral Health Fees	\$81,371
All Other Fees Revenue Not Itemized Above	\$48,899
Fees Non-itemized Total	
Entrepreneurship Revenues	\$131,000
Other Revenues	\$126,000
Total Revenues	\$13,802,516
Revenue Breakouts	
Federal Pass-through for County Public Health from State Revenues	\$310,000
Federal Direct (not through State Health Office) Revenues	\$2,220,586

PHUND\$

- Ratio trends results

Ratios	Alert	2011	% Change from 2010	2010	% Change from 2009	2009
Revenue Ratios						
Revenues per Capita		\$38.88	-0.6%	\$39.11	1.2%	\$38.63
Federal Revenues as % of Total Revenues		18.5%	1.2%	18.3%	11.7%	16.4%
State Revenues as % of Total Revenues		20.1%	-1.7%	20.5%	-6.6%	21.9%
Local City/County Revenues as % of Total Revenues		40%	1.7%	39.3%	-0.8%	39.6%
Local Dedicated Public Health Property Tax Revenue as % of Total Revenues		1.9%	7.3%	1.8%	-0.9%	1.8%

PHUND\$ Web Portal - <http://phunds.naccho.org>

Total Grant Revenues as a % of Total Revenues

[Click to Compare](#)

Ratio Trends Results

REVENUES PER CAPITA

Total Margin =
(Total Revenues – Total Expenditures) / Total Revenues

Operating Surplus or Deficit =
Total Revenues – Total Expenditures

Operating Ratio =
Total Expenditures / Total Revenues

Ratios	Alert	2011	% Change from 2010	2010	% Change from 2009	2009
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Local Dedicated Public Health Property Tax Revenue as % of Total Revenues		1.9%	7.3%	1.8%	-0.9%	1.8%
Medicaid Revenues as % of Total Revenues		2.6%	2.3%	2.5%	0.1%	2.5%
Medicare Revenues as % of Total Revenues		3.8%	-2.1%	3.9%	-10.3%	4.3%
Total Grant Revenues as a % of Total Revenues		18.3%	1.1%	18.1%	9.4%	16.5%
Medical Services Revenues as a % of Total Revenues		9.6%	-1%	9.7%	-8.8%	10.7%
Total Fees Collected as a % of Total Revenues		8%	1%	8%	1.2%	7.9%
Total Home Health Revenue as % of Total Revenues		1.5%	-5.3%	1.6%	-1.1%	1.6%
Other Revenues as % of Total Revenues		0.9%	-6.1%	1%	25.7%	0.8%
Dedicated Revenues as % of Total Revenues		8.3%	5.2%	7.9%	-3.5%	8.2%
Total Margin	⚠	-0.2%	*	0.3%	-32.9%	0.4%
Operating Surplus or Deficit	⚠	\$-30,934	*	\$36,105	-32%	\$53,119
Operating Ratio	⚠	100.2%	0.5%	99.7%	0.1%	99.6%
One Time Revenues as a % of Total Revenues		5.1%	-1.2%	5.2%	1%	5.1%
Budgeted Revenues as % of Total Revenues		100.5%	1.5%	99.1%	-0.5%	99.6%
Days in Patient Services Accounts Receivables		113.2	2.4%	110.56	15.9%	95.36
Patient Services-Including Oral Health-Accounts Receivables Written Off as a % of Total Patient Services-Including Oral Health-Revenues Collected		22%	20.9%	18.2%	22%	14.9%
General Fund Balance as a % of Total Revenues		2%	-9.4%	2.2%	11.7%	2%
% Change in General Fund Balance	⚠	-10%		13.1%		8.2%
Total Environmental Health Revenues as a % of Total Revenues		1.9%	-6.9%	2%	1.5%	2%

PHUND\$

- Program analysis tool

Program Sustainability Risk Ratio

Data entered in the Program Sustainability Risk Ratio screen triggers an analysis on the financial performance of any program. This feature of PHUND\$ uses Program revenue and expenditure data to calculate either the surplus or deficit produced by the program. Program deficits are drivers of overall agency financial and operational performance. Consequently, this analysis is most beneficial for reining in programs that drain other areas of the agency. A Program Sustainability Risk Ratio **above 1.0** indicates that the Program is operating in a deficit position and the higher the value above 1.0, the greater the deficit position of the program. Agencies can use these values to rank program performance and set quality and performance improvement priorities.

Note: Note: If you choose Other from the Program Name menu, you will be prompted to enter a name for the program. You will then need to enter both the names and amounts for one or more Revenue categories as well as for one or more Expenditure categories. Once the form is complete, click Submit Data.

Select/Enter Program Name <input type="text" value="- Choose One -"/>	
Enter Program Revenue Categories and Related Amounts	
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Total Program Revenues	\$0.00
Enter Program Expenditure Categories and Related Amounts	
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Total Program Expenditures	\$0.00

Total Program Expenditures as a % of Total Agency Expenditures	0%
Enter Total Agency Expenditures	<input type="text"/>
Program Surplus/Deficit	\$0.00
Program Sustainability Risk Ratio	0
Program Expenditures per FTE	\$0.00
Enter Program FTE	<input type="text"/>

Submit Form

PHUND\$

- Benchmarking against other LHDs in PHUND\$

Select Agency Criteria to Benchmark

Region

Region 1: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont
Region 2: New Jersey, New York, Puerto Rico, Virgin Islands
Region 3: Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia
Region 4: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina
Region 5: Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin
Region 6: Arkansas, Louisiana, New Mexico, Oklahoma, Texas
Region 7: Iowa, Kansas, Missouri, Nebraska
Region 8: Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming
Region 9: Arizona, California, Hawaii, Nevada, American Samoa, Commonwealth of the N
Islands, Federated States of Micronesia, Guam, Marshall Islands, Republic of Palau
Region 10: Alaska, Idaho, Oregon, Washington

Population Served

Agency Revenues

Jurisdiction Type

Level of Governance

Scope of Agency Services

Select Ratios and Data for Comparison

Data Year

Ratios to Compare

Revenues per Capita
Federal Revenues as % of Total Revenues
State Revenues as % of Total Revenues
Local City/County Revenues as % of Total Revenues

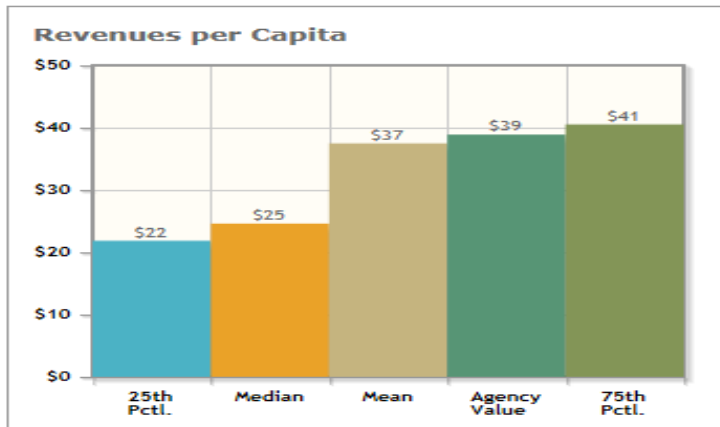
PHUND\$

- Benchmarking results

Benchmarking Results

Account Title	Agency Value	Mean Benchmark Value	Median Benchmark Value	25th Percentile	75th Percentile	Agency Count
Ratios						
Revenue Ratios						
Revenues per Capita	\$38.88	\$37.48	\$24.60	\$21.86	\$40.53	N=8
Raw Data						
Revenue						
Total Local (County/City) Revenue	\$5,515,600	\$1,750,395	\$739,592	\$204,430	\$2,459,468	N=8

Ratio Benchmarking Histogram(s)



PHUND\$ Tools Provide Answers for LHDs

- What expenses need to be reined in?
- Are administrative cost reasonable?
- How diversified are agency revenues?
- Can declines in revenues be forecasted?
- What are demographic and economic indicators that could impact agency financial status?
- What are trends in revenues and expenditures?
- How many programs must be subsidized because they cannot operate fully from dedicated or self-generated revenues?

Q & A

Thank You

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