WISCONSIN

FPHS Costing and Capacity Assessment Q&A

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Preparing for the Assessment & Getting Started

1. **What did you do or what would you recommend doing to develop a shared understanding of what each "question" was asking for? I'm worried about comparing apples to oranges...**

   It may not be possible to 100% eliminate different perspectives; however, the assessment is built to organically guide users to consistent conclusions and overall will produce consistent, credible results if LHDs follow the guidance outlined in the Assessment Tool, Instructional Guide, and Wisconsin FPHS Operational Definitions. Carefully considering the definitions (Worksheet .03 FPHS Definitions in the WI FPHS Assessment Tool) will facilitate the continuity of response across all LHDs. Also, to bridge possible gaps in understanding, the Instructional Guide and Operational Definitions provide ample detailed explanations to get everyone on the same page; Rede Group is available for discussing definitions, and we encourage you to discuss them with your team and peers. Specific examples and clarifications will also be provided through this questions and answers document.

2. **Will there be any pre-work to populate/list common Wisconsin LHD programs/services to consider as a starting point in answering questions?**

   The ***Wisconsin Foundational Public Health Costing and Capacity Assessment Tool*** includes some pre-populated cells/fields and some Wisconsin-specific drop-down lists.

3. **Has past work in FPHS Assessment generated a model that can be used as a reference for modernization?**

   States that have implemented this assessment, or similar, have been successful in utilizing their results to guide modernization planning and implementation, including advocating for more comprehensive financial support from their legislature. PHNCI offers a Planning Guide that provides an outline for utilizing the FPHS and the Assessment for modernization efforts. You can find that document here.

4. **When other states have used assessment results for legislative support through funding requests, was it at the level of state, federal, or both?**

   The focus has been on state funding, federal funding for FPHS is a new possibility due to the pandemic, but plans and guides on how to best leverage federal resources are still in development.

5. **Are there any tips for larger health departments on approaches to completing the Assessment Tool?**

   Some larger HDs create small teams for sections of the report, specifically for completing input for Worksheet .07 Self-Assessment and Worksheet .09 Full Implementation. They have a small team for each Foundational Capability and Area. A team approach may also be useful for completing Worksheet .04 FY 2022 Staff. An executive team then reviews overall estimates and reconciles areas of difference or confusion through direct contact with groups of small teams. Remember that Rede is available to meet with individuals or teams to guide them through the data input process.

6. **Every Agency has a board of health, where are each putting their board of health - does it fit under policy, does it fit under partnership?**

   Each LHD should consider the type of work they did with their BOH in 2022 and determine which capability or area the work falls within or if work was primarily done in community-specific services. For example, depending on the nature of the LHD's work with the BOH, applicable FPHS might include Organizational Competencies: Maintain a governance structure and establish the strategic direction for public health; Community Partnership Development: Develop and maintain strategic partnerships with governmental and non-governmental partners, or Community Partnership Development: Use collaborative processes to develop health improvement plans to address identified priorities.

7. **Where do I send my completed Assessment?**

   Assessments are due on August 31st, 2023

   Send your completed Assessment Tool to Beck Wright at beck.wright@redegroup.co

Worksheet 04. FY 2022 Staff

8. **How should seasonal staff be entered into the WI FPHS CCA Tool "04. FY 2022 Staff" Worksheet**

   For seasonal staff, calculate their FTE based on the number of months they worked. For example, a full-time staff person that worked 10 out of 12 months in 2022 equals .83 FTE.

9. **How do we document staff that are paid for through a community grant, such as from the local United Way? They work in our building, in collaboration with LHD paid staff, and according to work plans related to our strategic plan and CHIP.**

   Staff who are not directly paid by the local health department /local government but instead receive their paychecks (etc.) from another agency are considered contract staff and should not be included in Worksheet 04. FY 2022 Staff. In contrast, if your agency received a grant to pay for staff and then hired and paid for those employees, you would capture these staff in Worksheet 04. FY 2022 Staff. Contracted staff will be captured in Worksheet .05 Background under Item 4.

10. **Our LHD is the fiscal agent of another environmental health service agent of the county - Do I count all the employees as LHD FTEs, or does the other county?**

    In Worksheet 07. Self-Assessment, there are specific places to outline shared services (such as cross-jurisdictional sharing), so talking with the jurisdiction you are partnering with would be good to make sure the FTE is aligned. At the end, as we review the data, we will be checking all the shared services reported to ensure there is no doubling FTE.

11. **How do I capture part-time or vacant positions and newly hired FTE vs. actual FTE?**

    FTE should be entered as fractions representing the total proportion of actual time worked for the position out of your full-time equivalency. Salaried "exempt" employees should have a maximum of 1.00 FTE, whereas hourly full-time "non-exempt" employees could have greater than 1.00 FTE if they worked overtime (and received overtime pay). For example, if a person is part-time, working 20 hours a week, and your full-time equivalency is 40 hours per week, this would be entered as .5 in the FTE (Column C) on Worksheet 04. FY 2022 Staff. Do not report vacant or unused FTE, only those that were "on your books" for FY 2022.

In Worksheet 04. FY 2022 Staff, account for vacancies by prorating the FTE that was worked for the position - calculating FTE based on the number of months the position was occupied. For example, for a full-time staff position that was vacant for two months, the person then worked 10 out of 12 months in 2022, which equals .83 FTE. In Staff Type (Column G), select Regular (Fulltime). Then, in Notes (Column J), document that the less than full-time FTE was based on a vacancy. Salary and benefits should also be prorated.

12. Positions that are supported by grants? How to indicate that? Does it matter at the staffing level?

All LHD staff, regardless of funding source, should be captured in the 04. FY 2020 Staff Worksheet. Contract staff should be input into Question 4 of the 05. Background Worksheet.

13. Some positions don't fall directly under Public Health, but they support Public Health; such as the sanitary and water programs' involvement in environmental health which impacts Public Health - should they all be in this tool or not?

Everyone that Public Health pays as an employee (LHD employee) should be listed in the 04. FY 2022 Staff Worksheet. If a FPHS is provided to Public Health by another agency, that should be captured in Sharing (Columns G,H,I) of the 07. Self-Assessment Worksheet.

14. Home visiting programs (Birth to 3, at-home programs for children with developmental disabilities, language and speech therapy, etc.): Some of these programs are in Public Health and some in Social/Human Services. For service delivery and coordination of these programs, how do I include/categorize them in the Assessment?

All the staff your LHD pays need to be listed on Worksheet 04. FY 2022 Staff. However, Birth to 3 and other home-visiting programs are community-specific services - not a foundational public health program. You need to include this as 100% Community-Specific Services (Column AC) on Worksheet 06. Current Spending.

15. When I enter FTE, should it equal the total FTE in the department?

Yes.

16. **We have a social worker shared across Policy, Fire, and the Health Department - does it matter how the position shows up in the Assessment? Public Health pays for the position with city funds and supervises the position.**

    This person should show up on Worksheet 04. FY 2022 Staff as a staff person of the Health Department. If the money to pay them is done so from Public Health, then the position should be listed there unless they are contracted.

17. **For positions added in the year, do we list the actual salary or annual salary?**

    If you hired someone later in the year, prorate the salary and benefits to reflect the actual salary paid out.

18. **We have some grant-funded positions that we plan to have as permanent positions but don't currently have the funding for, do we list those?**

    Yes.

19. **We have a staff member that was hired as an LTE but then was hired as a permanent part-time position later in 2022. How would we show this in our assessment so that it doesn't look like we have 2 separate staff members?**

    Use the latest (in 2022) Position Title, Staff Type, and Salary for that position

20. **How do we list paid and/or unpaid interns (or fellows).**

    Volunteers and unpaid interns should not be included in your FTEs nor personnel spending, so they should not be included in the labor sections (i.e., Salaries, Wages, and Fringe). For paid interns, we encourage you to describe that effort and expenditures in comment sections on Worksheet .06 Current spending (line 62) according to how you account for them in finances. If, however, paid interns were included in personnel accounting as hourly staff (with tracked FTE, salary, and benefits), then they would be included in Worksheet 04. FY 2022 Staff. Or, if paid interns received a stipend or were paid via contract, those paid interns should be included in the Contracts sections of Worksheet .06.

21. **How do I record a person/position that works in multiple program Areas?**

    Each position is one row on Worksheet 04. FY 2022 Staff, do not split positions by FTE on this Worksheet even if they are allocated to multiple FPHS Areas. Select the occupation group that most closely aligns with the position the employee was hired for, or what their job title is. On Worksheet 06. Current Spending, you will split the occupation categories into the

FPHS Areas and/or Capabilities those positions work on. If it is helpful to keep track of how the FTE is split, you can add notes in Worksheet O4. FY 2022 Staff. This may be helpful to reference you when you are allocating their FTE in Worksheet 06. Current Spending.

22. **How do I reflect that we have a couple people in the same category but their responsibilities are different?**

    If they are both hired as, for example, a nurse, designate them in Worksheet .04 FY 2022 Staff as the same occupation, but in Worksheet .06 Current Spending, you will reflect what the different nurses do by allocating them across FPHS and Community-Specific Services.

23. **For the County, health insurance is expensed to our department by how the FTE is budgeted regardless of potential vacancy. We had a .97 FTE Community Health Planner that didn't get filled until April – we adjust the FTE and report the personnel expense for hours worked, but for health insurance can/should I report the full 12 months since it was an expense to our budget?**

    Yes, if it impacted your expenses, include the full 12 months for benefits

24. **How do I account for FMLA in the budget and in the FTE of the employee that took the leave? They didn't work the full year but were given FMLA.**

    If your agency paid FMLA as part of the employee's salary while they were on leave, the FMLA amount paid for the position in addition to any non-FMLA salary and benefits . Input a note (in Column J - Worksheet .04 FY 2022 Staff) of what percent of the total amount for the salary and benefits for this position was FMLA vs. salary and benefits.

25. **We had a significant amount of turnover and some restructuring last year with positions vacant for a month or longer. For example, we changed from an assistant director (left end of August) to 2 supervisors (started early October). How would we document this?**

    You will list all three positions. For example, for the first position, Assistant Director, if this position was filled from January through August, that would be eight months, so their FTE would be prorated as .67. Input the salary and benefits (columns D & E) paid to/for that person. Indicate in the notes section that the position was terminated/restructured into two

supervisor positions. Then for the two supervisor positions, as they are two different positions, list both with their respective prorated FTE, salary, and benefits.

26. We had overlap in 1 position as someone was transitioning out and their replacement was being trained.

Typically, the .04 FY 2022 Staff is only for listing positions, not people. Having overlap is one of the rare instances where you'd list both people to represent the one position. List the position twice, indicate the overlap for the training/onboarding period in the Notes column, prorate their FTE, and input their salary and benefits accordingly.

27. If the HO supervisor is part of the larger HHS (umbrella) organization and not directly in PH but spends time supervising the HO, should their position and FTE get reflected?

In cases where a HO's supervisor works in another department or an umbrella organization such as HHS and has a percent of their FTE budgeted and spent on and paid for by public health, list the supervisor in Worksheet .04 FY 2022 Staff by position title, list at .05 FTE (or whatever FTE is applicable) to reflect the time spent on supervising a PH HO. In the Notes column, indicate the reason for their low FTE. Include the amount paid for salary and benefits in columns D and E. In contrast, if they are not paid directly thru PHD budget but instead are paid as a part of overhead or indirect expense, they should not be included on Worksheet .04. Instead, spending for their effort will be captured on Worksheet .05 Background, in items number 5. under "other operating expenditure.

28. What do I list for a position that went from Part Time to Full Time?

Please input the actual with the FTE prorated. If it was part time for 6 months of the year at .05 FTE, then for the other 6 months it was full time at 1.0 FTE, average the FTE to .75 for the year. If it finished the year as a full time position, mark it as Regular Full Time and indicate in the notes that change from part- to full time status.

29. Is the agency leadership occupational category only for the Health Officers or do other leadership go in there?

Anyone providing overall strategic leadership for the LHD should be given the occupational category of "Agency leadership" in Column H of Worksheet .04 FY 2022 Staff. Agency leadership is differentiated from supervisors or other managers who carry out program specific work - even if those managerial duties cover more than one program.

30. Why are we using the data for the staff person with the latest start date in that position if there was turnover (i.e., updating their total FTE to include the gap – this will not get us to our "actual" wages and benefits expenses as suggested with verifying on background information)?

We understand that there will be some discrepancy in spending as the most recent person in the position might be earning more or less than the person that occupied the position before them. You can indicate the turnover and salary difference in the notes section of that line on .04 FY 2022 Staff. The other option would be for you, with your finance department, to find the total amount of salary and benefits paid out for that position that was occupied by more than one person during the year - this however might be more work for you and we understand this may be time consuming. Due to all this data being aggregated on a large scale with all the data from the whole state, these smaller discrepancies will not impact the overall analysis and reporting. Here is a table to provide you with an example of how to complete a situation like this...

Situation: Full time position, occupied by 2 people over the year, 3 month gap between

Person 1 FTE	**Person 2 FTE**	**Total**
Worked 3 months of the year = .25 FTE	Worked 6 months of the year = .5 FTE	Position filled 9 months = .75 FTE
Person 1 Salary	**Person 2 Salary**	**Data from latest occupied in the position w/ total FTE**
65,000/yr	60,000/yr	60,000/yr X .75 FTE = $45,000
Person 1 Benefits	**Person 2 Benefits**	**Data from latest occupied in the position w/ total FTE**
30,000/yr	25,000/yr	25,000/yr X .75 FTE = $18,750

On *Worksheet .04 FY 202 Staff*, this position would be listed as…

Position title (list only once)
FTE: .75
Salary: 45,000
Benefits: 18,750
Staff time: Regular (Fulltime)
Occupation: as applicable
Notes: "There was turn over in the position that included a gap of 3 months and two separate individuals occupying the position within the year"

Worksheet 05. Background

31. **“Carry-over,” "carry-forward," or "fund balance": I have budgets that are non-levy supported, but sometimes when there’s carry-over it gets placed into the budget as part of the tax levy, so it is misleading. Where do I put carry-over in the tool?**

    The purpose of the Assessment is to estimate actual expenditures toward the FCs and FAs. Any carried-over funding/ fund balances from FY 2021 that would contribute to spending in FY 2022 should be counted as such. Likewise, any funds that will be carried over into the next fiscal year should not be included in this assessment of current spending. Carry-over funds should be listed in "other" on Worksheet 05. Background.

32. **Can we get access to a list of state and federal funds that provide grants to LHD level programming?**

    According to DPH/Jacquie Cutts: a source that might be helpful is the Consolidated Contract Overview, which you can access publicly at this link: Division of Public Health Grants and Contracting (GAC) System | Wisconsin Department of Health Services. Look under 2023 and find the “2023 Consolidated Contract Overview” spreadsheet. This will tell you which are GPR vs. FED. Note that this won’t give you individual amounts per department, but could act as a cross reference tool and will give you profile IDs that might be useful in identifying Foundational Capabilities and Areas.

33. **Would there be value in providing the 2020-2021 FY data, I see it seems mostly optional but I can see the pros and cons to demonstrate what we looked like during the height of the pandemic versus the tail end in 2022…(more of a consideration than a question)**

    Yes, it is optional and yes, it would be beneficial to get a small snapshot of previous years; a pandemic has important impacts on public health departments and even though that makes it “not a typical year”, a snapshot of that year can provide valuable information when thinking about how to modernize public health. Making this optional was to decrease the burden of completing the Assessment but if you have the information available please feel free to add it.

34. **If we report we have 4 FTEs that do EH and you look at the population of our jurisdiction, it will appear overstaffed.**

From this question, it sounds like the FTE's in EH work in other jurisdictions besides your own. Remember that the Worksheets in the Assessment work together to create a comprehensive picture. In Worksheet .07-Self-Assessment, you will input information about shared services that will capture this context.

35. We have carry-over from 2021 that was used in 2022. How do we reflect that?

Include carry-over funds in revenue as "other" and type in what where the funds were carried over from.

36. Reproductive Health Title X is not a FPHS but it is part of local revenue, where do we list that?

As a source of local revenue, Title X funds should be input in Worksheet .05 Background on line 66: Federal Sources (including state pass-through of federal grants), assuming that is the flow of funding.

37. Some of our staff are considered full time at 35 hours and some at 40, how will that impact the FTE overall?

A calculated hrs/wk for FTE should be input into Worksheet .05 Background in item 2 "How many annual working hours are considered a Full Time Equivalent (FTE) for your agency (e.g., 40hrs/wk x 52wks = 2,080hrs)?" Enter the calculated amount for the majority of employees and use the comment box (Line 62) to input the number of FTE for whom the hrs/wk is 35 or 40, whichever the case may be.

38. If the county considers 40 hours full time and we have 35 hrs, is 35 full time or part time in this Assessment for our department?

In Worksheet .05 Background, if you list in #2 (annual working hours) that 40 hours/week is considered full time for your Health Department, then in Worksheet .04 FY 2022 Staff you will list anyone working below 40 hours by their prorated FTE (35 hours = .875 FTE), and list them as Regular Part Time.

However, if your Health Department considers 35 hours a week as full time (staff working 35 hours receive full time benefits from the public health department), then that should be reflected in Worksheet .05 Background #2 as full time annual working hours. Calculate the annual working hours accordingly, ex. 35 hrs/wk x 52 wks = 1820 annual working hours. Then in Worksheet .04 you'd list positions that work 35 hours as 1.0 FTE, Regular Full Time Staff.

39. Do gross revenue and gross spending have to balance? If revenue is: A + B + C = D and spending is: E+ F+G, = H, do D and H have to be the same?

Expenditures and revenue do not have to balance. We recognize that in completing 04. FY 2022 Staff, some of the amounts are estimates when there has been turnover and/or vacancies, so it will not 100% match up with agency revenue. Because we are looking at one year, other conditions may lead to a health department taking more revenue than it spent or spending more than it took in.

40. Do the direct contract and other spending numbers have to match the gross spending total?

Yes, spending/expenditure numbers should match the gross spending total for your LHD, and data flags will show up if they do not balance. For example, if the amount for Direct Contracts (cell K55) in the 05. Background worksheet does not match the Direct Contracts Total (cell H62) in the 06. Current Spending worksheet, a data flag will appear, stating "Direct Contracts Total ($) does not match Direct Contracts (FY2022, 05. Background)." And in worksheet 10. Summary, cell AR39, a data flag will appear if the total expenditures in 05. Background cell K59 does not match the sum of the Labor Total (K32), Direct Contracts Total (H62), Other Operating Expenditures Total (H92), Pass-through/Transfer Total (H122), and Capital Expenditures Total (H152), stating "Total Exp. (06. Current Spending, 2022) does not equal FY 2022 Expenditures (05. Background)."

41. How do we list a revenue source, like a grant, that has a different fiscal year than our own? What if we didn't spend it all in 2022?

If you were awarded a 5-year grant in May of 2022 that goes from June 2022 to May 2027, you would input, as revenue, the first six months of that grant. If you didn't spend it, it should still be listed as revenue but should not show up in expenditures.

Worksheet 06. Current Spending

42. We've weaved equity into everything, so how do we account for that in allocating across the Foundational Capabilities and Areas?

We acknowledge and applaud that equity is a consistent lens that many LHDs seek to apply across all their programs. According to the Operational Definitions, Equity as a Capability is related to direct efforts in developing equity policies, providing equity training, conducting equity assessments, etc., typically something leaders and/or DEI specific positions perform. Equity as a "lens", "focus" of work, or weaved into general work and operational goals for a position is something that is reflected in the Area already - you'll see this in the descriptions of the activities and headline responsibilities in the Operational Definitions document. Example: For .06 Current Spending, if you have an MCH staff person, list them in the MCH column and if you have a leadership position that works on training your staff on equity and/or developing policies regarding equity, their time doing that would be reflected in the Equity column.

43. If skills (Capabilities) support the programs (Areas), how do you allocate FTE percentages or dollar amounts across the Capabilities *and* Areas, especially, for example, if someone works in a Foundational Area like Environmental Health 100% of the time?

Carefully reading and applying the definitions (Worksheet .03 FPHS Definitions) and The Wisconsin FPHS Operational Definitions will assist you in making these determinations. You will see that the definitions for foundational service areas include items that are also functions of Foundational Capabilities; thus, those items should be allocated in the Foundational Area (per the definitions). For example, since the Capabilities are included in the definitions for Foundational Areas, the occupational group "environmental health worker" would be 100% allocated to environmental public health.

44. Our LHD doesn't typically track our time in percentages allocated across capability categories, is there guidance or recommendation about how we do that?

Again, carefully reading and applying the definitions (Worksheet .03 FPHS Definitions) when determining what percentage of an occupational group or contract is dedicated to each foundational capability will assist you in decision-making and ensure maximum consistency across the state. You might ask staff (especially those not 100% devoted to a Foundational Area, to review the FPHS definitions and assess the percent of their time devoted to each of the Foundational Public

Health Services. Remembering to reflect on time spent in an entire year (FY 2022) may also be helpful. Finally, keep in mind that staff time devoted to individual services should be entirely allocated to Community-specific services and not divided up across the Foundational Public Health Services.

45. **How to capture Capabilities: we don't track or categorize our time that way. Is there guidance and recommendation about how we do that?**

    There is guidance in the Wisconsin FPHS Instructional Guide and Operational Definitions documents, the definitions and the activities under the definitions will be very helpful. If you don't have a budget report that categorizes staff time, estimate the numbers based on your own LHD's version of evaluation.

46. **When we allocate FTE out, should it be all allocated in the *06. Current Spending* Worksheet?**

    Yes.

47. **When I read through the CD section, one of the last items is ensuring immunizations. If our LHD runs a clinic that provides immunizations, where does this go?**

    All clinical services, including administration, logistics, etc., should be in Community-Specific Services.

48. **Do manager/supervisor positions go under agency leadership or under their Foundational Area (program)? We have a nursing manager for example that oversees all the nurses and those related programs. Do they go under Agency Leadership?**

    The Agency Leadership option is for individuals conducting leadership (as differentiated from management) at the strategic level. It should be selected as the occupational category for those with broad (agency-wide) decision-making roles. It is possible/likely that nursing managers/supervisors spent some of their time in 2022 informing or making overarching strategic decisions for the LHD; however, unless they spend the majority of their time on strategic leadership, they should be included in the Registered Nurse occupational category in Worksheet .04 FY 2022 staff. When completing the Worksheet .06 Current Spending, allocate the percentage of the nursing supervisor's time (as a part of the whole Registered Nurse occupational group) across the Foundational Capabilities and Areas.

49. **Fiscal staff and other operational management support the LHD programs and people indirectly, does that get reflected in allocating their FTE across Capabilities and Areas?**

    Put them in Organizational Competencies.

50. **If there is a service that is for individuals but with population based goals/outcomes (not a targeted group of people) is still a community based service**

    Please see the document differentiating between the FPHS and the CSS currently on the Collab Space

51. **We have Mental Health as a strategic plan related to community resiliency. Where does community education about mental health and suicide prevention belong in this Assessment?**

    Suicide prevention and general violence prevention, such as intimate partner violence, is most likely go into the Area: CD & Injury Prevention. One tip that can help differentiate where to place things is to check the funding source title and requirements and cross reference that with the Headline Responsibilities to find alignment with FPHS or Community-Specific Services; for example if you're paying for these population based programs from Injury Prevention dollars then it should go into Injury Prevention. As many large-scale initiatives, it may include a regional approach consisting of partnerships throughout your jurisdiction and with other jurisdictions, in that case, initiatives can be split between CD & Injury Prevention and Community Partnership Development depending on the model of your population based mental health promotion programs.

52. **Are health inspections for environmental health a community-specific service since they are of individual entities or are they foundational?**

    As inspections and other licensing activities are of places where populations convene, this is a process of ensuring systems and environments are safe and healthy for all so is a Foundational Public Health Service. The Headline Responsibilities and Activities listed on pages 21 and 22 of the Operational Definitions document will help clarify this distinction.

Worksheet 07. Self Assessment

53. Racine is a county HD, there is a city of Racine HD too. The county HD doesn't typically work in the city's jurisdiction, however, there are county home visiting programs operating in the city, as well as temporary EH programming to support the city. How should this be reflected?

Using instructions provided for inputting shared services in the 07. Self-Assessment Worksheet and guidance and the Service Delivery in Your Community section (pages 18 - 22) of the Wisconsin FPHS Instructional Guide will walk you through the steps of documenting staffing and delivery details. You will want to calculate the percentage of effort shared to the city for Environmental Health programs for 2022. However, since you are only reporting on shared services for Foundational Public Health Services in Worksheet 07. Self-Assessment and home visiting programs are not a foundational public health service, this should not be input in the Worksheet .07 Self-Assessment.

54. Included in our Title X funding from the state, our agency has hired 1.5 (2 people) FTE of nurse practitioner time. Those two NPs work in 8 total counties (ours included), but are 100% paid for out of our budget. We have other employees that work in multiple counties as well, because we are the fiscal agent for multi-county grants. We should still report them since they are our employees, correct?

If they are paid by your LHD, the Nurse Practitioners should be listed on your Worksheet .04 Staff FY 2022 and given the occupational category of Registered nurse in column H. Since Title X will mostly be Community-specific Services, you'll want to make sure that their FTE is reflected on Worksheet .06, column AC. Then on the Worksheet .07 Self-assessment for Title X family planning activities that meet the standard of being a Foundational Public Health Service (most likely in the MCH Foundational Area), note the amount of the area that you are providing for other counties in Columns J and K. List the counties. For partners of this shared service that receive work from the nurse practitioner but do not pay for them out of your budget: You will indicate this work, position, and relationship in Worksheet .07 Self-Assessment. As the FTE for the nurses are not paid directly from your budget, you do not have to list them as employees nor indicate anything financial related to the work they complete.

55. The state provides my LHD with Tobacco Prevention but through another county - is this a shared service at the LHD level or a State service?

That is a shared service at the LHD level. Indicate the capacity in consideration with the sharing agreement with the other LHD in the Chronic Disease section of Worksheet .07 Self-Assessment. Then in column G of Worksheet .07, select "Yes, another agency completely delivers this service in my jurisdiction". Then list that LHD (aka. agency) in Column H.

56. 25% of Preparedness funding goes to a "Preparedness consortium" shared by other health departments, with this combined funding a director is hired and manages the preparedness programs (such as assessments, planning, coordinating, etc.) for everyone in the consortium. How does this get listed?

Indicate that 25% in pass-throughs on table 5 of the .05 Background Worksheet. Make a note in the comment section indicating the 25% in the pass-throughs line item, who it goes to and for what. How the work is completed in your jurisdiction will be recorded in the .07 Self-Assessment Worksheet. Emergency Preparedness is listed under Capability 07.00.00 "Emergency Preparedness & Response", there you will indicate the Headline Responsibilities getting done by this director/consortium. Column G is where you would indicate the service is shared with you, column J is where you would indicate if you are providing the shared service.

57. We're charged with a mandate through state statute to provide the Headline Responsibility 09.05.00 "Conduct disease investigations and respond to communicable disease outbreaks". The state provides infrastructure (like surveys - BRFSS) and mandates - how do we acknowledge the state's role in our capacity and expertise?

This assessment is designed to examine the governmental public health system as a whole, so we want to capture jurisdictional sharing (including sharing FPHS with the state health department). In Worksheet .07, Self-Assessment, in Column G, indicate that this service, or a portion of it, is provided in your jurisdiction by another agency, then note "DPH" in Column H. In Column I, input the estimated percentages provided by your agency for that headline responsibility.

58. The Foundational services include some functions that MHD has performed for us by other parts of the City – IT/IT Security, and Purchasing, for example – what is the approach we are advised to take for work we don't carry out ourselves?

If your public health department is paying overhead toward the city/county that then performs these administrative tasks for your department (as well as other governmental departments), this will be reflected in a few places: In Worksheet .05 Background, table 5, row 56 "Other Operating Expenditures" list the overhead amount. You can indicate that it is overhead toward the city/county in the comment section below. You will then reflect that in Worksheet .06 Current Spending in the Other Operating Expenditure Table that starts on row 64, and in Worksheet .07 Self-Assessment as a shared service in the Organizational Competencies Capability. Indicate in Column G that "another agency partially delivers this service in my jurisdiction" or "another agency completely delivers this service in my jurisdiction", in column H indicate who that is. List the percent in column I accordingly.

If you are not paying an overhead fee for this service, it does not need to be reflected in Worksheets.05 Background or .06 Current Spending. But it still needs to be in Worksheet .07 Self-Assessment. Indicate the information in columns G, H, and I accordingly.

Another example, if another county agency (not the LHD) provides the "human resource management infrastructure," for the LHD and the LHD does not provide any part of this activity (within the foundational capability headline responsibility "Provide or access human resource services…) the shared service would be captured Worksheet .07 Self-Assessment, under Columns G and H for the "Provide or access human resource services…" row.. Make sure to list the name of the county agency providing the service in Column H.

59. How to distinguish between "another agency <u>partially</u> delivers this service" and "<u>collaboratively</u> delivers this service"?

With "Partially'' there is another entity in your jurisdiction that does some of these services and does so independently. There may be a formal or informal agreement among you to deliver the services - or they may be delivering the services regardless of any agreements with the LHD, but overall it is being delivered by another entity without active communication or participation on your behalf. With "Collaboratively" there is another entity that delivers this service and you have an <u>active relationship</u>, such as a formal partnership/MOU/contract, and/or an agreement to meet/plan/work on the same objectives.

Worksheet 08. PHWF Calculator

60. In the results of the calculator on the PHNCI website, when given results it does not show the expected FTE of Accountability and Performance Management, it only says 0.0.

The calculator is provided by and managed by PHNCI. Because the tool uses statistical curves to estimate the number of FTEs needed to fully implement FPHS as a function of jurisdictional population size, the reason that the output is 0 may be because based on your jurisdiction size, less than .1 FTE is estimated for Accountability and Performance Management.

61. What is the guidance for indicating Need Relative to Peers?

According to PHAB/PHNCI "If a user indicates a higher need for an FC or FA (e.g., Environmental Health) relative to peers, the Calculator will boost the FTE need in its output. Importantly, this should be an objective measure, not a subjective one. Higher levels of STI outbreaks, foodborne illness, or other FPHS services would be important indicators of additional need. The Calculator aims to balance the idea of wanting to have a reliable model with solid estimates no matter the context versus being sensitive to local need and context."

Worksheet 09. Full Implementation

62. For the size and context of my jurisdiction, I don't think it is all just on our LHD to provide all the Capabilities and Areas ourselves, especially when it comes to finding "expertise", it would be better as shared service and regional approaches.

We agree that Foundational Public Health Services can be provided through partnerships and sharing. In fact, this is an important element of the national model. In Worksheet .07 Self-Assessment, you will provide information about how you provide services. While Worksheet .09 Full Implementation does not have a section for partnerships, it does include contracts or pass-throughs where you could reflect partnerships, and by doing so, you are indicating that your LHD would need funding in order to fulfill the FPHS in the way that makes the most sense to your jurisdiction, with sustainable partnerships. Note in the feedback section on Worksheet .09 at the bottom that your jurisdiction and LHD would benefit most from a regional and/or partnership model for XYZ.

63. When estimating full implementation, what do we do with services, Capabilities, and Areas that we don't currently provide ourselves but are provided to our jurisdiction through partnerships, contracts, or by other organizations?

Even if you anticipate another organization primarily delivering services for a particular Capability or Area in your community (e.g., state health agency assuring environmental health services), it is highly recommended that you consider estimating a minimum effort (e.g., 0.05 FTE) and/or contractual spending ($5,000) to maintain a portion of responsibility for monitoring or coordinating services in your community.

Similarly, if your health agency is small or serves a rural community and you feel that a particular Capability or Area might not apply, it is highly recommended that you consider estimating a minimum effort (e.g., 0.05 FTE) and/or contractual spending ($5,000) to maintain a portion of responsibility for monitoring or coordinating services in your community.

Indicate anticipated/estimated partnerships with other organizations, governmental departments, and neighboring jurisdictions (for cross-jurisdictional sharing) in the sections Direct Contracts and Pass-throughs and Transfers of the Worksheet .09 Full Implementation.

64. What if the calculator results tell me I need more FTE than I currently have?

If the PHWF Calculator suggests more/less FTE than you currently have, this will be displayed in row 33 of the .09 Full Implementation Worksheet. From there, make the respective adjustments in columns H, I and J to align with those suggestions (as well as allocating them across columns P - AC). Remember, the calculation is based on national averages, it is a suggestion that won't have all the knowledge, expertise, and context you have of your jurisdiction. Also remember, that .09 Full Implementation is where you project numbers that represent a health department without barriers to implementing the FPHS and the community specific services necessary for you to serve your community.

Worksheet 10. Summary

Data Access and Ownership

*Please note that this section of the Q&A pertains to the obligations of Rede Group, WALHDAB, and DPH only. Local Health Departments may use or share their submitted data as desired or as required by the open records laws governing their jurisdiction.

65. Who has access to the costing and capacity assessment data submitted by local health departments?

All data gathered and any datasets developed by Rede Group as part of the costing and capacity assessment will be shared with both the Wisconsin Association of Local Health Departments and Boards (WALHDAB) and the Wisconsin Division of Public Health (DPH). This includes both the raw (unedited or cleaned) assessment data as well as any cleaned or edited assessment data. Sharing of the raw data by Rede Group to another party would require approval from WALHDAB or DPH.

All data contained in any datasets developed as part of the contract between WALHDAB and Rede Group shall be and remain joint property of WALHDAB and DPH.

DPH, like local health departments, is subject to open records laws.

66. How will costing and capacity assessment data be utilized by WALHDAB & DPH?

The purpose of the assessment is to understand current costs and capacity related to providing the Foundational Public Health Services (FPHS), and the gap between the current state of Wisconsin's governmental public health system and full implementation. The assessment will provide an understanding of costs, expertise, and capacity utilizing the national FPHS framework and operational definitions. Data collected from the assessment will be used to:

- *Understand the current strengths, gaps, and opportunities in the public health system;*
- *Identify the training, financial, and human resources required to fully provide the Foundational Public Health Services across the state of Wisconsin; and;*
- *Identify, plan, and implement strategies to meet these resource needs in future years.*

67. Who has the ability to use or release findings derived from the costing and capacity assessment data?

Rede Group will not share, publish, or otherwise release any findings or conclusions derived from the analysis of local health department data obtained through the costing and capacity assessment without first providing materials to WALHDAB for approval. Rede will not use, disclose, publish, or distribute any proprietary materials.

WALHDAB and DPH both have the ability to release findings or conclusions derived from the analysis of local health department data obtained through the costing and capacity assessment. DPH and WALHDAB will work collaboratively on the dissemination of results.

68. Will a local health department(s) have the opportunity to see reports, data visualizations, or communications resulting from the costing and capacity assessment data prior to their release?

Any reports, findings, conclusions, and recommendations derived from the analysis of local health department data obtained through the costing and capacity assessment will not be shared publicly by WALHDAB without first receiving approval from its Board of Directors.

Preliminary findings, conclusions, and recommendations would be shared during Tuesday WALHDAB Forums or a similar venue.

DPH will provide any written reports and/or presentations of local health department costing and capacity assessment data to WALHDAB. DPH will aim to provide a minimum of 5 business days for WALHDAB to review any materials it intends to share, publish, or otherwise release.

69. How will costing and capacity assessment data from local health departments be stored?

Rede Group, WALHDAB, and DPH will each use appropriate administrative, physical, and technical safeguards to prevent the unauthorized use or disclosure of costing and capacity assessment data. Costing and capacity assessment data will only be stored on a secure server or encrypted device.

70. What happens if costing and capacity assessment data is disclosed to an unauthorized party?

WALHDAB and DPH jointly commit to disclosing and investigating any breaches of privacy or security with each other upon discovery of the incident. Both parties understand that failure to report breaches of privacy may result in the termination of current and future access to data. Rede Group also commits to disclosing any breaches of privacy with WALHDAB.

Archived Questions

71. In the 03. FPHS Definitions: For the "Capability" categories, do they have equal weight or are they heavier if they have more "Headline Responsibility" sections (i.e. accountability has 2 versus Communicable Disease with 7)

Since this is an assessment to get an idea of what goes into operating your LHD, and not an evaluation of how those operations are performing, there is no "weight" implied in any of the labels, definitions, or categories of the FPHS Capabilities or Areas.

72. Will it be possible to download a copy of the assessment prior to filling it out to determine who we need to have on our team - especially for those outside of our department?

The original assessment is available through the request section of the PHNCI website. Although the original tool will give you a good idea as to who on your team you will need to work with and the resources/data you'll need to utilize, it has been slightly modified, or "Wisonsinized." Now referred to as the ***Wisconsin Foundational Public Health Costing and Capacity Assessment Tool*** *(WI FPHS CCA Tool), the modifications were made in collaboration with WALHDAB and Rede Group to fit the context of Wisconsin's local health departments.*

The LHDs implementing the Assessment first, called Wave 1, have received the WI FPHS CCA Tool through email from Audra Baca at the Rede Group. If you would like the Tool sent again, please email Audra.Baca@redegroup.co. All other LHDs and WIDHS will receive the WI FPHS CCA Tool through email in June 2023.

73. Any concerns about not having the infrastructure grant contracts yet and about to head into data collection? We were hoping to support staff time with those funds.

Per WI DPH, Reimbursement for staff time spent completing the Assessment can be backdated as the infrastructure grant contracting process is currently scheduled to begin in July 2023.

74. What can LHDs take note of in order to help develop the TA for Wave 2 and/or provide information on how the Assessment was/is completed?

Rede will be collecting feedback and information through TA, meetings, email, etc. Noting how long the sections take you to complete, who you've worked with to complete the Tool, what caused bumps in the road, and the tools or strategies you utilized to help you/would be helpful to know, but are not required. Rede does not yet have a formal survey for feedback.

75. Is there going to be a tool for Rede to gather information from Wave 1 participants about their experiences? Do Wave 1 participants need to track time?

There is no need for LHDs to do any tracking of their time spent on the Assessment. Rede is collecting information by providing technical assistance and may conduct other evaluative activities with an eye to overall assessment quality; if this is necessary, we will work to minimize the amount of time required from LHDs.

76. For Wave 1, do you want LHDs to send you the Assessment at certain points during the process of filling it in?

Rede will request when we want you to send us your tool to check on progress.

77. When we think about positions that are open and were not filled, but were budgeted for, how do we input those? If you do list them, it may look like you had more capacity than you did because it does not account for workforce shortage. If you don't add them in, then you aren't accounted for the positions you needed and budgeted for.

Do not report vacant or unused FTE, only those that were "on your books" for FY 2022. In Worksheet 04. FY 2022 Staff, account for vacancies by calculating FTE based on the number of months they worked. For example, a full-time staff position that was vacant for two months resulted in 10 out of 12 months in 2022, which equals .83 FTE. Input the calculated FTE in FTE (Column C). In Staff Type (Column G), select Regular (Fulltime). Then, in Notes (Column J), document that the less than full-time FTE was based on a vacancy.

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