

WISCONSIN

LHD FPHS Costing & Capacity Assessment Tool Instructional Guide (V1.1)

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Introduction

Welcome to the **Wisconsin Foundational Public Health Services Costing & Capacity Assessment!** The Rede Group (Rede) and WALHDAB adapted this assessment and instructional guide from the Public Health Accreditation Board's (PHAB's) Foundational Public Health Services Capacity and Cost Assessment and [Assessment Tool Instructional Guide](#).



The PHNCI Foundational Public Health Services Capacity and Costing Assessment was developed in collaboration with the University of Minnesota School of Public Health.

About the Assessment

The **Foundational Public Health Services** (FPHS) are a minimum package of public health services that must be available everywhere for the public health system to work anywhere. The FPHS are capabilities and programs that no jurisdiction can be without. The FPHS provide a framework and sufficient detail to estimate the necessary spending to deliver such services.

FPHS Capacity and Cost Assessments help governmental public health agencies assess their role in the governmental public health system and identify resources needed to transform it. This information can inform LHD/PHD decisions about what additional resources they need and how best to allocate resources to meet the needs of their jurisdictions and communities, in support of public health system transformation. LHDs/PHDs that complete this assessment will provide data on 1) their current implementation of and resources directed toward the FPHS, and 2) the staffing and spending needed to fully implement the FPHS, if suitably resourced. It is anticipated that completion of the Assessment will require the participation of both health agency finance and program staff.

Acknowledgements

The Foundational Public Health Services Capacity and Cost Assessment was developed in collaboration with the University of Minnesota School of Public Health with funding and support from the Robert Wood Johnson Foundation.

PHNCI at PHAB recognized the need following conversations with the 21st Century Learning Community (21C), where there has been a history of conducting capacity and cost assessments through their state-wide transformation efforts. Additionally, the University of Washington (UW) School of Nursing's Public Health Activities and Services Tracking (PHAST) program developed a structural design of this tool for the Uniform Chart of Accounts (UCOA). Using that design and information from other 21C states who have done various types of these assessments, the CPHS at UMN and PHNCI at PHAB developed this tool for use with the FPHS operational definitions (see definitions) and to be a single comprehensive.

About the Wisconsin FPHS Costing and Capacity Assessment Tool

The Assessment is delivered through an Excel-based tool: the Wisconsin FPHS Costing & Capacity Assessment Tool (“Assessment Tool”). The [Rede Group](#), in consultation with the Wisconsin Association of Local Health Departments and Boards (WALDAB) and Wisconsin Department of Health Services, Division of Public Health (WIDHS, DPH), modified the PHNCI Assessment Tool to tailor it to best meet the needs of county, city and state health agencies in Wisconsin. The Assessment Tool includes 11 worksheets, numbered and described in the following pages.

01. About

A descriptive worksheet that provides a brief description of the context and intention of the Assessment and Assessment Tool, as well as acknowledgments related to its creation.

02. Instructions

A descriptive worksheet that includes a table of contents (with clickable links) and short descriptions of the worksheets in the Assessment Tool, high-level instructions, and descriptions of and links to technical assistance resources.

03. FPHS Definitions

A descriptive worksheet that includes the expanded set of FPHS operational definitions that serve as the “programmatic framework” for the Assessment; that is, excluding background questions, all Assessment data are collected specific to those definitions. The FPHS operational definitions add detail to the [FPHS Framework](#) that allow it to be “cost out.” This detail includes “headline responsibilities” and “program activities” that describe, in detail, what the governmental public health system must deliver in their communities for FPHS to be fully implemented. For the purposes of this Assessment, effort and expenditures will be allocated at the Foundational Capability and Area level, while the self-assessment will be completed at the “Headline Responsibility” level. Please see [the Operational Definitions document](#) for additional details on the Wisconsin FPHS Costing and Capacity Assessment Tool Operational Definitions.

04. FY 2022 Staffing

A data entry worksheet for you to enter each position in your department for fiscal year 2022. The data entered into this sheet will feed into the Worksheet 05. Background. Here

you will enter each full-time, part-time, seasonal, and LTE position in your department for fiscal year 2022. Do not include contracted staff. (Contract staff will be captured in the Worksheet 05. Background.) One row represents one position; if there are three positions with the same title, the position title should be repeated three times.

For each position, record the position title, FTE, salary, fringe/benefits, staff type, and occupation in the appropriate columns. List salary and benefits separately. 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.

If you aren't sure of the correct occupation to select, review the examples provided and select the best fit. There are three "Other" options for Occupation- those can be used for up to three different occupation categories, and please describe the occupation category in the Notes Column J. If a position had turnover during the fiscal year, use the data (salary and benefit information) for the staff person with the latest start date in that position. If you have questions or concerns or want to explain a situation in greater detail, feel free to add details to the Notes Column J, and a team member will review them. These data will automatically flow into other worksheets in this document.

05. Background

A data entry worksheet for your agency to identify itself and a point-of-contact for completing the Assessment Tool, as well as the most recent fiscal year for which you have complete and/or audited financial data, which will identify your reporting period for the Assessment. Rede Group has prepopulated the most recent fiscal year as 2022. The Worksheet 05. Background pulls the number of staff and FTE from the Worksheet 04. FY 2022 Staffing, and also supports data entry related to questions around your agency's overall finances, including total expenditures, and total revenues. These data will be used to pre-fill certain fields in the following Worksheet 06. Current Spending. Entering FY 2020 and 2021 data is optional.

06. Current Spending

A data entry worksheet for you to estimate the share of your total resources (both spending and FTE) your agency directed toward FPHS Fiscal Year 2022 (in Worksheet 05. Background). Current should focus only on the FTE and spending with respect to the FPHS, which are a subset of governmental public health agencies' overall work. Resources directed toward individual,

clinical, or other non-FPHS services will be captured in the *Community-Specific Services* column.

07. Self-Assessment

A data entry worksheet for you to self-assess, for the most recent cleared (completed, audited) fiscal year for your health agency: 1) the expertise and capacity that were present for each FPHS headline responsibility and Foundational Capability and Area and 2) whether your health agency shared the delivery of that headline responsibility, Foundational Capability, or Foundational Area with another entity.

08. Public Health Workforce (PHWF) Calculator

A data entry worksheet that provides a template for using the [Public Health Workforce Calculator](#) (“the Calculator”) to estimate the staffing (FTE) and spending needed to fully implement FPHS (estimated on the Worksheet 09. Full Implementation). Developed by PHNCI, the Calculator is a tool that produces estimates of FTEs necessary for full implementation of the FPHS. This worksheet uses estimates of ‘foundational’ staffing generated in the Worksheet 06. Current Spending and Percent Delivered by agency entered in the 07 Self-Assessment worksheet and, along with data entered in this worksheet, supports use of the Calculator to generate an estimated total FTE to fully implement FPHS which will pre-fill certain fields in the 09. Full Implementation worksheet.

09. Full Implementation

A data entry worksheet for your agency to estimate the resources (both spending and FTE) it needs to spend to fully implement the FPHS. If the Calculator was used, estimated FTE will be available for each Foundational Capability and Area as a suggested guide. The Worksheet 11. Glossary, with its description of occupational categories, may be beneficial for identifying staff to aid in full implementation.

10. Summary

The Summary worksheet aggregates the capacity and cost data submitted in the prior data entry worksheets and presents a summary of those data, organized by Capability, Area, and Headline Responsibility. Though spending may have been provided for “Community-Specific Services”—activities that do not align with population-based services

and infrastructure defined by the FPHS—those data are not included in this worksheet. Lastly, high-level analyses are present under Assessment Totals and Rates that can provide overall findings and flag data that need review.

11. Glossary

A descriptive worksheet that includes descriptions for occupation titles, revenues sources, and expenditure categories used within the Assessment Tool. The occupations included in the Assessment Tool, and descriptions, were obtained from the 2022 [National Association of City and County Health Officials \(NACCHO\) Profile survey instrument](#).

About the Assessment Tool Instructional Guide

This instructional guide was developed as a companion to the Excel-based Assessment Tool. This guide overviews each data entry worksheet and its data entry fields within the Assessment Tool and serves as a reference for users as they use the Assessment Tool. Throughout the guide are **annotations in blue** font that provide context and clarifications for the questions and data entry fields in the Assessment Tool, offer examples for complex data entry fields, and describe any “Data Flags” that may occur based on data entered.

The Assessment Tool has been color coded to help you distinguish between cells in which you will enter data and those that will be populated based on formulas. There are also a series of data flags. The key to the color coding is available in the “High-Level Instructions” section of the Worksheet 02. Instructions.

Please note the Assessment Tool includes Data Flags for values that may be higher or lower than expected. Some flags will identify changes that must be made (e.g., percentage allocated < 100% in Worksheet 06. Current Spending, which indicates that you have not allocated all the spending across the appropriate categories). Because of the variation in how public health services are delivered throughout the country, there are other instances where flagged data may be appropriate for your jurisdiction (e.g., FPHS FTE >60% in Worksheet 06. Current Spending, which flags instances where a greater share of FTEs is devoted to FPHS than may be typical in some settings).

This Assessment Tool includes both data value and format restrictions (e.g., FTE must be non-negative and have no more than two decimal points) with only data entry fields unlocked. This means you will be unable to add more rows in data entry worksheets, though accommodations have been made for flexibility in data entry. For example, the table provided for entry of Occupations (Question 3 of Worksheet 05. Background) includes a set of prefilled occupations but also flexibility to add up to three “Other” occupations. In the event you may have more distinct items to enter than rows available (e.g., Direct Contracts or Other Operating Expenses), please consolidate multiple items into a single row.

For any additional questions you may have, please visit the [WI FPHS Costing & Capacity Collaboration Space](#) or contact audra.baca@redegroup.co for assistance.

Annotated Descriptions of Data Entry Fields

within the Assessment Tool

The following subsections describe specific questions and fields from the Assessment Tool. No Assessment data are present within the Worksheets 01. About, 02. Instructions, 03. FPHS Definitions, or 11. Glossary.

04. FY 2022 Staff

This worksheet asks you to enter each full-time, part-time, seasonal, and LTE position in your department for fiscal year 2022.

Enter all LHD 2022 Staff by Position Title

Do not include contracted staff. One row represents one health department position; if there are three positions with the same title, the position title should be repeated three times. For each position, record the position title, FTE, salary, fringe/benefits, staff type, and occupation. List salary and benefits separately. If you aren't sure of the correct occupation to select, review the examples provided and select the best fit. There are three "Other" options for Occupation- those can be used for up to three different occupation categories, and please describe the occupation category in the Notes Column J. If a position had turnover during the fiscal year, use the data for the staff person with the latest start date in that position. If you have questions or concerns or want to explain a situation in greater detail, feel free to add details to the Notes Column J, and a team member will review them. These data will automatically flow into other worksheets in this document.

- *You should include all actual (not budgeted) FTEs for FY 2022. See Appendix A-1 of this Implementation Instructional Guide or the Glossary worksheet of the Assessment Tool for occupation definitions. Please consider the following:*
- *FTE should be entered as fractions representing the total proportion of actual time worked 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 over-time (and received overtime pay).*
- *Staff should be categorized by the occupation for which they were hired or for which they spend the majority of their time, not distributed across all of the occupation categories in which they may work.*

05. Background

This worksheet first requires entry of identifying information for Assessment participants, followed by contextual data.

Agency Name

The agency name selected here will be reproduced in the header of each worksheet.

Point-of-Contact

Used to identify the person in charge of assessment and point-of-contact for correspondence.

Fiscal Year of Analysis

The fiscal year of analysis is prepopulated as 2022. The fiscal year will be reproduced in the header of each worksheet and in question labels and other context.

- 1. What time period is covered by the relevant fiscal year (i.e., ‘accounting period’)?**

Beginning Date is prepopulated as 1/1/22 and the ending is prepopulated as 12/31/22. Update the beginning and ending dates if your agency has a fiscal year that is not the calendar year.

Beginning Date	1/1/22
End Date	12/31/22

- 2. How many annual working hours are considered a Full-Time Equivalent (FTE) for your agency (e.g., 40 hours per week x 52 weeks = 2,080 hours)?**

This question is important because there is a big difference between total effort in staff hours for an agency where 1.00 FTE equals 2,080 hours than one where 1.00 FTE equals 1,970 hours.

- 3. Number of staff (Column K) and Number of FTE (Column M) for FY 2022 are auto-populated based on what you input on the Worksheet 04. FY 2022. Including FY 2020 and FY 2021 data is optional.**

If you choose to enter data for FY 2020 and/or FY 2021, please provide your agency's final full-time equivalent (FTE) for 2020 and/or 2021 fiscal years. Please include both full-time and part-time positions, excluding contractual workers, and use actual employment counts for each fiscal year (not budgeted staffing).

You should include all actual (not budgeted) FTEs (based on the FTE equivalence provided in question 2) for 2020 and/or 2021. See Appendix A-1 of this Instructional Guide or the Glossary worksheet of the Tool for occupation definitions. Please consider the following:

- *FTE should be entered as fractions representing the total proportion of actual time worked out of your full-time equivalency reported in question 2. For example, a person employed full-time for 3 months in the most recent fiscal year would be “1 person” and 0.25 FTE (3 of 12 months employed full-time). It is important that FTE represents an accurate proportion of time worked 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 over-time (and received overtime pay). If “Number of FTE” are greater than “Number of Staff” for an occupation category due to non-exempt overtime, you may disregard any error flag.*
- *Staff should be categorized by the occupation for which they were hired, not distributed across all of the occupation categories in which they may work.*
- *You will likely have multiple staff that fall within a single occupation category (e.g., Administrator and program supervisors likely all fall within “Agency leadership”) and should sum together total “Number of Staff” and total “Number of FTE.”*

Occupation	FY 2020	FY 2021	FY 2022	
	Number of FTE	Number of FTE	Number of Staff	Number of FTE
<i>[occupation category]</i>	Optional [0.00]	Optional [0.00]	auto-populated from Worksheet 04. FY 2022	auto-populated from Worksheet 04. FY 2022

4. Please estimate any non-employee contractual effort for Fiscal Year 2022 (which may include labor replacement or personal and professional service contracts). Please include only actual (rather than budgeted) effort on a full-time equivalent (FTE) basis for each fiscal year. Including FY 2020 and FY 2021 data is optional.

These data are optional for you to submit and will not be copied into the

Worksheet 06. Current Spending in Labor FTE or Direct Contracts categories. We also recognize that you may not know contractor effort in sufficient detail to indicate total FTE. However, it may be beneficial for your agency to compare overall contractor effort to overall employee effort when estimating needs on the 09. Full Implementation worksheet.

	FY 2020	FY 2021	FY 2022
Type of Contracted Staff			
	Number of FTE	Number of FTE	Number of FTE
<i>[contractor category]</i>	Optional [0.00]	Optional [0.00]	[0.00]

5. Please provide your agency’s expenditures by category for Fiscal Year 2022. Including FY 2020 and FY 2021 data is optional.

You should include all actual expenditures (not budgeted expenditures) for fiscal year 2022 by the listed expenditures categories; see Appendix A-2 of this Instructional Guide or the Worksheet 11. Glossary of the Assessment Tool for expenditure category definitions. The total for each fiscal year should match your total overall expenditures for your agency in those years (e.g., total expenditures from annual agency audits). Including FY 2020 and FY 2021 data is optional.

	FY 2020	FY 2021	FY 2022
Expenditure Category			
	Expenditures	Expenditures	Expenditures
<i>[expenditure category]</i>	Optional [\$0.00]	Optional [\$0.00]	[\$0.00]

6. Please provide your agency’s revenues by source for the relevant fiscal years.

You should include all actual revenues (not budgeted revenues) for fiscal year 2022 by the listed revenues sources; see Appendix A-3 of this Instructional Guide or the 11. Glossary worksheet of the Assessment Tool for revenues source definitions. The total for each fiscal year should match your total overall revenues for your agency in those years (e.g., total revenues from internal agency audits). Including FY 2020 and FY 2021 data is optional.

	FY 2020	FY 2021	FY 2022

Revenue Source	Expenditures	Expenditures	Expenditures
[revenue source]	Optional [\$0.00]	Optional [\$0.00]	[\$0.00]

7. What size community does your agency serve (i.e., jurisdiction population)?

This question may offer beneficial context for the effort and financial data submitted for the Assessment. Your jurisdiction population will be prepopulated based on data from the Wisconsin Division of Public Health and you will not need to enter any data in this cell.

8. Do you have any additional comments about the data you provided? If you have supporting documentation for any of the data collected in this instrument, please note that here.

Please use this field to enter any comments, clarifications, and any additional context for data submitted.

06. Current Spending

In this worksheet you will estimate the resources directed toward FPHS in the Assessment period. Columns H, I, J rows 10 through 31 will be auto-filled based on data input into Worksheet .04 FY 2022 Staff. Totals for each section (total rows of Columns H:K) should equal actual expenditures for that year. Allocate **only** resources directed toward population-based services and health agency infrastructure by FPHS (Columns P:AB). Allocate any resources directed toward individual, clinical, or other non- FPHS in the “Community-Specific Services” (Column AC).

We recognize that your budgets, program structures, and job tasks may not align with the FPHS framework. Please consult the Worksheet 03. FPHS Definitions to better understand the FPHS structure and those services being addressed in each Foundational Capability or Area. In Excel, you may use View > New Window to view both the Worksheet 03. FPHS Definitions and the Worksheet 06. Current Spending at the same time.

Labor FTE and Expenditures (Salaries, Wages, and Fringe Benefits).

Total FTE (Column H) per occupation for FY 2022 are prepopulated from Question 3 of the Worksheet 05. Background, and Total Salary (Column I) and Total Benefits (Column J)

amounts are prepopulated from data in the Worksheet 04. FY 2022 Staff.

As an internal verification, the Labor Totals for Total Salary (I32), Total Benefits (J32), and Total Labor Cost (K32) should match your actual personnel expenditures for the most recent fiscal year.

Data Flag: *The Total Labor Cost for each occupation (Column K) will be flagged if the Total Labor Cost divided by Total FTE value is either: a) less than \$15,000 (i.e., below minimum wage) or b) greater than \$145,000 (i.e., above typical compensation). In either case, please review the compensation per FTE for accuracy.*

Allocate each occupation's Total FTE across the FPHS (Columns P:AB) and "Community-Specific Services" (Column AC). For example, if half of a full-time employee's annual work were preparedness activities, put 0.50 in Column V. Total FTE per row will be calculated in Column O. Percentage Allocated (Column M) tracks completeness of allocation across the Foundational Areas and Capabilities.

For FY 2022, you will be asked to allocate the Total FTE across the Foundational Capabilities and Areas (population-based services and health agency infrastructure). As you allocate the FTE, the sum of those FTEs will be tracked (FTE Allocated in Column O) as well as the proportional allocation (Percentage Allocated in Column M). When Column M equals 100%, that means you have allocated all of the FTE in that row. The labor cost for the allocated FTE will be calculated in another worksheet; totals for each Foundational Capability and Area will be available in the Worksheet 10. Summary.

It is very important that the FPHS categories are not overestimated through the inclusion of individual services. *For agencies that deliver individual, clinical, or other non-Foundational services, allocate those FTE in the "Community-Specific Services" category (Column AC). This will allow the Total FTE to be fully allocated. The total FTE allocated toward all the FPHS are summed in cell P33 and the percentage of total FTE that are delivering FPHS ("%FPHS") is calculated in cell Q33. The Headline Responsibilities and Activities listed in the Worksheet 03. FPHS Definitions will help you determine the types of tasks that are considered Foundational.*

Note 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).

Data Flag: *Percentage Allocated (Column M) values are flagged if not 100% (i.e., FTE Allocated does not equal Total FTE).*

Data Flag: *The "%FPHS" (cell Q33) is flagged if the allocated FTE is greater than 60%, to identify potential overestimation. Review allocated FTE to ensure that only 'foundational' services are included for FPHS. Please disregard the flag if most of the agency effort serves*

the population.

Data Limitation: Combining multiple persons into a single occupation category may simplify some analyses but may cause minor financial discrepancies if those persons have different salaries. Generally, total compensation within an occupation should not drastically differ between employees, so the discrepancies should be minor.

For example, imagine that the agency leadership occupation category includes 1.00 FTE of an Administrator (\$100,000 Total Labor Cost) and 1.00 FTE of a Supervisor (\$80,000 Total Labor Cost); 2.00 Total FTE and \$180,000 Total Labor Cost. Then, imagine that all of the Administrator's time is spent doing "Assessment & Surveillance" activities (i.e., 1.00 FTE @ \$100,000) and all of the Supervisor's time is spent doing "Equity" activities (i.e., 1.00 FTE @ \$80,000). The Assessment Tool will use the pooled Total Labor Cost for that occupation (\$180,000) when calculating the costs for allocated FTE, smoothing the allocated FTE to differ; in this case, labor costs will be \$90,000 each for "Assessment & Surveillance" and "Equity".

Direct Contracts.

Please enter contractual expenditures for FY 2022, including those related to the work of non-agency staff to support health agency activities (i.e., labor replacement) and any professional service contracts (e.g., legal services, medical billing, strategic planning, etc.).

Input your Health Department's direct contract expenditures (Column H). Then, allocate those expenditures on a dollar basis across the FPHS (Columns P:AB) and "Community-Specific Services" (Column AC).

Please include within direct contracts any service agreements, labor replacement contracts (i.e., non-employee workers), and any other contractual expenditures.

For FY 2022 you will be asked to allocate the Total Cost across the Foundational Capabilities and Areas (population-based services and health agency infrastructure). As you allocate the spending, the sum of those expenditures will be tracked (Spending Allocated in Column O) as well as the proportional allocation (Percentage Allocated in Column M). Totals for each Foundational Capability and Area will be available in Worksheet 10. Summary. Allocate expenditures across the FPHS to the best of your ability when not fitting perfectly within a single Capability or Area.

It is very important that the FPHS categories are not overestimated by including individual services. For agencies that deliver individual, clinical, or other non-Foundational services, allocate those costs in the "Community-Specific Services" category (Column AC). This will allow the Total Cost to be fully allocated. The total spending allocated toward the FPHS are summed below the spending allocation area (cell P63) and the percentage of FPHS Spend versus Total Cost ("%FPHS") are calculated (cell Q63).

Data Flag: The Direct Contracts Total (cell H62) will be flagged if that total cost does not equal the contractual expenditures from Question 5 (Worksheet 05. Background).

Data Flag: Percentage Allocated (Column M) values are flagged if not 100% (i.e., Spending Allocated does not equal Total Cost). The Percentage Allocated may help you

track progress of allocating Total Cost.

Data Flag: *The “%FPHS” (cell Q63) is flagged if allocated spending is greater than 60% to identify potential overestimation. Review allocated spending to ensure that only ‘foundational’ services are included for FPHS. Please disregard the flag if most of the agency effort serves the population.*

Other Operating Expenditures.

Please enter all other operating expenditures not previously specified for the most recent fiscal year, including expenditures such as for utilities, rent, small equipment, phones, postage, insurance, materials, and supplies.

Input your Health Department’s other operating expenditures (Column H). Then, allocate those expenditures on a dollar basis across the FPHS (Columns P:AB) and “Community-Specific Services” (Column AC).

Please include within other operating expenditures any other expenditures necessary for health agency operations not included within direct contracts or capital expenditures.

For the most recent fiscal year, you will be asked to allocate the Total Cost across the Foundational Capabilities and Areas (population-based services and health agency infrastructure). As you allocate the spending, the sum of those expenditures will be tracked (Spending Allocated in Column O) as well as the proportional allocation (Percentage Allocated in Column M). Totals for each Foundational Capability and Area will be available in the 10. Summary worksheet. Allocate expenditures across the FPHS to the best of your ability when not fitting perfectly within a single Capability or Area. Some agency-wide operating costs are reported centrally in the Foundational Capabilities and do not need to be allocated across each Foundational Capability and Area.

It is very important that the FPHS categories are not overestimated by including individual services. For agencies that deliver individual, clinical, or other non-Foundational services, allocate those costs in the “Community-Specific Services” category (Column AC). For example, rent for a facility used to provide clinical care should be included in Community-Specific Services. This will allow the Total Cost to be fully allocated. The total spending allocated toward the FPHS are summed below the spending allocation area (cell P93) and the percentage of FPHS Spend versus Total Cost is calculated (cell Q93).

Data Flag: *The Other Operating Expenditures Total (cell H92) will be flagged if that total cost does not equal the other expenditures from Question 5 (Worksheet 05. Background).*

Data Flag: *Percentage Allocated (Column M) values are flagged if not 100% (i.e., Spending Allocated does not equal Total Cost). The Percentage Allocated may help you track progress of allocating Total Cost.*

Data Flag: *The “%FPHS” (cell Q93) is flagged if allocated spending is greater than 60% to identify potential overestimation. Review allocated spending to ensure that only ‘foundational’ services are included for FPHS. Please disregard the flag if most of the agency effort serves the population.*

Pass-Through and Transfers.

Please enter any spending passed through or transferred **from** your agency **to** another organization or governmental agency during the most recent fiscal year, including county-to-county spending via an interlocal agreement, transferring personnel costs to another governmental agency, or passing through or sub-awarding funds to a subrecipient. For umbrella agencies only reporting on behalf of public health subunits, money moved to non-public health accounts would be considered a 'transfer.'

Input spending passed through or transferred from your Health Department (Column H) to another organization. Then, allocate those expenditures on a dollar basis across the FPHS (Columns P:AB) and "Community-Specific Services" (Column AC). These spending also include any transfers that are made solely for fiduciary purposes (i.e., to make accounts balance).

Please include within pass-throughs and transfers any dollars that flow out from your agency to other organizations or governmental agencies, excluding contractual arrangements (i.e., contracts for professional services for the health agency would be included in the Direct Contracts section.). Pass-through arrangements (e.g., subawarding direct awards to subrecipients) and transfers to other governmental agencies (e.g., sharing environmental public health grant dollars with County Planning & Development agency) are fairly atypical; your agency's financial manager should be able to distinguish this spending.

For the most recent fiscal year, you will be asked to allocate the Total Cost across the Foundational Capabilities and Areas (population-based services and health agency infrastructure). As you allocate the spending, the sum of those expenditures will be tracked (Spending Allocated in Column O) as well as the proportional allocation (Percentage Allocated in Column M). Totals for each Foundational Capability and Area will be available in the Worksheet 10. Summary. Allocate expenditures across the FPHS to the best of your ability when not fitting perfectly within a single Capability or Area.

It is very important that the FPHS categories are not overestimated by including individual services. For agencies that deliver individual, clinical, or other non-Foundational services, allocate those costs in the "Community-Specific Services" category (Column AC). This will allow the Total Cost to be fully allocated. The total spending allocated toward the FPHS are summed below the spending allocation area (cell P123) and the percentage of FPHS Spend versus Total Cost are calculated (cell Q123).

Data Flag: *The Pass-throughs and Transfers Total (cell H122) will be flagged if that total cost does not equal the pass-through or transfer expenditures from Question 5 (Worksheet 05. Background).*

Data Flag: *Percentage Allocated (Column M) values are flagged if not 100% (i.e., Spending Allocated does not equal Total Cost). The Percentage Allocated may help you track progress of allocating Total Cost.*

Data Flag: *The "%FPHS" (cell Q123) is flagged if allocated spending is greater than 60%*

to identify potential overestimation. Review allocated spending to ensure that only 'foundational' services are included for FPHS. Please disregard the flag if most of the agency effort serves the population.

Capital Expenditures.

Please enter any expenditures related to the purchase, maintenance, or improvement of fixed assets for the most recent fiscal year. This would include any facilities or equipment that would be depreciated.

Input your Health Department's capital expenditures (Column H). Then, allocate those expenditures on a dollar basis across the FPHS (Columns P:AB) and "Community-Specific Services" (Column AC).

Please include within capital expenditures any other expenditures on fixed assets (e.g., buildings, vehicles, operating equipment). Capital expenditures are fairly atypical and generally not needed for population-based services; your agency's financial manager should be able to distinguish this spending.

For the most recent fiscal year, you will be asked to allocate the Total Cost across the Foundational Capabilities and Areas (population-based services and health agency infrastructure). As you allocate the spending, the sum of those expenditures will be tracked (Spending Allocated in Column O) as well as the proportional allocation (Percentage Allocated in Column M). Totals for each Foundational Capability and Area will be available in the 10. Summary worksheet. Allocate expenditures across the FPHS to the best of your ability when not fitting perfectly within a single Capability or Area.

Some agency-wide operating expenditures and capital costs are reported to specific Foundational Capabilities and, do not need to be allocated across each Foundational Capability and Area (e.g., laboratory equipment may be allocated as solely an Assessment & Surveillance resource, rent and other facility costs may be allocated as solely an Organizational Management resource).

It is very important that the FPHS categories are not overestimated by including individual services. For agencies that deliver individual, clinical, or other non-Foundational services, allocate those costs in the "Community-Specific Services" category (Column AC). This will allow the Total Cost to be fully allocated. The total spending allocated toward the FPHS are summed below the spending allocation area (cell P153) and the percentage of FPHS Spend versus Total Cost are calculated (cell Q153).

Data Flag: *The Capital Expenditures Total (cell H152) will be flagged if that total cost does not equal the capital expenditures from Question 5 (Worksheet 05. Background).*

Data Flag: *Percentage Allocated (Column M) values are flagged if not 100% (i.e., Spending Allocated does not equal Total Cost). The Percentage Allocated may help you track progress of allocating Total Cost.*

Data Flag: *The "%FPHS" (cell Q153) is flagged if allocated spending is greater than 60% to identify potential overestimation. Review allocated spending to ensure that only 'foundational' services are included for FPHS. Please disregard the flag if most of the agency effort serves the population.*

Feedback

Do you have any additional comments about the data you provided? If you have supporting documentation for any of the data collected in this instrument, please note that here.

Please use this field to enter any comments, clarifications, and any additional context for data submitted.

07. Self-Assessment

Self-Assessment Instructions:

We are asking you to self-assess the expertise (i.e., knowledge, skills, education, and experience) and capacity (i.e., staff and/or other resources, materials, and supplies) available in your agency for each of the headline responsibilities and Capabilities or Areas in the FY of analysis. These self-assessment questions are not evaluative, but rather help understand what can be achieved within existing resources.

Expertise (knowledge, skills, education and experience related the headline responsibility, Area, or Capability)		Capacity (staff and/or other resources, materials, and supplies to implement the headline responsibility, Area, or Capability)
Absent: No or basic awareness of the expertise, but limited ability to apply it.	1	Absent: Staff time and other resources are not present or are largely unavailable.
Basic: Knowledge of the expertise and can apply it at basic level.	2	Minimal: Some staff time and/or other resources are present to complete basic functions.
Proficient: Expertise is available and can be applied adeptly.	3	Moderate: Most staff time and other resources are present to partially implement most functions.
Expert: Expertise is routinely applied and those with the expertise can build it within others.	4	Full: Sufficient staff time and/or other resources are present to fully implement all functions.
I don't know	N/A	I don't know

Click into the boxes below and use the dropdowns to self-assess your agency's expertise and capacity for each FPHS headline responsibility according to the rubric above.

Please consult the Worksheet 03. FPHS Definitions to better understand the FPHS structure and those services being addressed in each Foundational Capability or Area. In Excel, you may use View > New Window to view both the Worksheet 03. FPHS Definitions and the 076. Self-Assessment work-sheet at the same time.

Self-assessing your agency's expertise and capacity to deliver the FPHS is best accomplished by convening stakeholders both inside and outside of your agency; having a single respondent self-assess on behalf of the entire agency is discouraged. We recognize that you may not be fully confident in self-assessing your agency's expertise or capacity to deliver certain headline responsibilities. In those instances, we just ask that you use your best judgment.

Service Delivery Questions

While FPHS are the responsibility of governmental public health, there may be others who deliver services in your community, whether independently or in public-public or public-private arrangements with your agency. For each headline responsibility, we are asking how services were delivered in your community in Fiscal Year 2022. You will also provide this information at the Capability or Area level.

Service Delivery in Your Community

Did you share this Capability, Area, or headline responsibility with another agency or organization in FY2022? Please use the dropdown menu to select the most appropriate response.

Services may be delivered in partnership between your government and others across a spectrum of sharing. Your health agency may share responsibility for delivering governmental public health services in your jurisdiction with other public and private partners such as the state's health agency, other local health agencies, hospitals, and other organizations.

For each headline responsibility and Capability/Area, select the option that best describes your sharing relationship with any partners. Note the row for the Capability or Area (e.g., Row 13 for Assessment & Surveillance) is your opportunity to provide a summary of the sharing relationship when looking at the Capability or Area as a whole. It is this value that will be used for the PHWF Calculator, for example. Response options and descriptions for each are as follows:

No

Please select this option if your agency delivered the headline responsibility, Capability, or Area entirely on its own in your jurisdiction in FY22. For Foundational Capabilities and associated headline responsibilities that describe an expertise or infrastructure, consider this

response as your agency assuring such expertise or infrastructure on your own.

Yes; another agency partially delivered this service in/for my jurisdiction

Please select this option if another agency played a role in delivering the headline responsibility, Capability, or Area in/for your jurisdiction in the FY22 ; the other agency may have delivered this service independent from your agency or through a financial arrangement with your agency. For Foundational Capabilities and associated headline responsibilities that describe an expertise or infrastructure, consider this response as another agency assuring such expertise or infra-structure in addition to your own.

For example, suppose that another jurisdiction provides “environmental, biological, and chemical laboratory testing, including for identification and characterization of communicable agents and development of antibody tests” as a part of the headline responsibility “implement population-based communicable disease prevention and control programs and strategies.” In row 52 (cell G52), for the headline responsibility, you would select, “Yes; another agency partially delivered this service in my jurisdiction” Since laboratory services are not a headline responsibility, you will factor that shared service into your overall response for that headline. If this is the only activity within that headline responsibility that is provided through shared services, the percentage delivered by the agency would reflect that.

Yes; another agency completely delivered this service in my jurisdiction

Please select this option if another agency solely delivered the headline responsibility, Capability, or Area in/for your jurisdiction in the fiscal year 2022; the other agency may have delivered this service independent from your agency or through a financial arrangement with your agency. For Foundational Capabilities and associated headline responsibilities that describe an expertise or infrastructure, consider this response as another agency fully assuring such expertise or infrastructure absent your own.

For example: Suppose your LPHD does not “inspect or assure inspection of regulated parties or entities within the jurisdiction for environmental health hazards and code violations” because this is entirely a state health department function.” In the row 68 of the Self-Assessment worksheet, in column G (cell G68), you would select “Yes; another agency completely delivers this service in my jurisdiction” then in column H (cell H68) you would write in “state health department” or “DPH.”

Yes; we collaboratively delivered this service with another agency in my jurisdiction

Please select this option if your agency collaboratively delivers the headline responsibility, Capability, or Area with another agency in your jurisdiction in the most recent fiscal year; for this option, your agency would share decision-making with one or more other agencies (e.g., shared governance, joint leadership). For Foundational Capabilities and associated headline responsibilities that describe an expertise or infrastructure, consider this response as the agencies openly sharing expertise or infrastructure as if they were a single agency (i.e., full partnership, joint community health assessment between jurisdictions).

If you shared this headline responsibility or activity, please identify with whom you share; the priorities are governments that you partner with. For long or complex responses, you can use the note field at the bottom of the page for additional explanations.

If, in the prior sharing question, you select an option other than “No,” you have indicated that you share that headline responsibility, Capability, or Area with a partner in your jurisdiction. Please name that partner in this field and identify any cross-jurisdictional sharing or delivery with another government (e.g., other health agency). For instances in which more than one partner is involved in a service, please briefly describe how you partner.

Please provide the percent share of the Capability, Area, or headline responsibility delivered by your agency in Fiscal Year 2022. For example, if your agency independently delivered all of the headline responsibility, then leave the default of 100%; for another example, if you are a LHD and the SHD delivered 25% of an activity in your community, then your share was 75%.

In this question, we ask for you to estimate the proportion, magnitude, or extent that your health agency delivered the service or assured the expertise or infrastructure in your community in the most recent fiscal year. This question aligns closely with the first sharing question:

- *“100%” may be associated with a response of “No;”*
- *“0%” may be associated with a response of “Yes; another agency completely delivers this service in my jurisdiction;”*
- *Other percentages depend upon the level of partnership associated with other responses.*

Reported “percent delivered by agency” will be transferred to the Worksheet 08. PHWF Calculator so that you may use the Calculator to help your agency estimate needs in the 09. Full Implementation worksheet. Percent delivered by agency will modify Calculator outputs proportionally. For example, if the Calculator’s output FTE expected for a Capability or Area (unadjusted) would be 5.0 FTE, responding “50% delivered by agency” would mean that the expected FTE output (adjusted) would be 2.5 FTE (i.e., expected need for FTE is 50% less since others assure the service)

Service Delivery in Other Communities

Did you share delivery with another agency or organization in their jurisdiction during

fiscal year 2022 for this Capability, Area or headline responsibility? Please use the dropdown menu to select the most appropriate response.

Services may be delivered in partnership between your government and others across a spectrum of sharing. Your health agency may share responsibility for delivering governmental public health services to other jurisdictions with other public and private partners such as the state's health agency, other local health agencies, hospitals, and other organizations.

For each headline responsibility and Capability/Area, select the option that best describes your sharing relationship with any partners in other jurisdictions. These responses are not used with the Calculator or in full implementation. Response options and descriptions for each are as follows:

No

Please select this option if your agency did not deliver or support delivery of the headline responsibility, Capability, or Area in other jurisdictions in FY22.

Yes; we partially delivered this service in other jurisdictions

Please select this option if your agency played a role in delivering the headline responsibility, Capability, or Area in other jurisdictions in FY22; your agency may have delivered this service independent from their agency or through a financial arrangement with their agency. For Foundational Capabilities and associated headline responsibilities that describe an expertise or infrastructure, consider this response as your agency assuring such expertise or infra- structure in addition to their own.

Yes; we completely delivered this service in other jurisdictions

Please select this option if your agency solely delivered the headline responsibility, Capability, or Area in other jurisdictions in FY22; your agency may have delivered this service independent from their agency or through a financial arrangement with their agency. For Foundational Capabilities and associated headline responsibilities that describe an expertise or infrastructure, consider this response as your agency fully assuring such expertise or infrastructure absent their own.

Yes; we collaboratively delivered this service with another agency in their jurisdiction

Please select this option if your agency collaboratively delivered the headline responsibility, Capability, or Area with another agency in other jurisdictions in FY22; for this option, your agency would share decision-making with one or more other agencies (e.g., shared governance, joint leadership). For Foundational Capabilities and associated headline responsibilities that describe an expertise or infrastructure, consider this response as the agencies openly sharing expertise or infrastructure as if they were a single agency (i.e., full partnership, joint community health assessment between jurisdictions).

If you shared this headline responsibility or activity in another jurisdiction, please

identify the partner jurisdiction(s). For long or complex responses, please use the note field at the bottom of the page.

If, in the prior sharing question, you select an option other than “No,” you have indicated that you shared the delivery of that headline responsibility, Capability, or Area in other jurisdictions. Please name those jurisdictions. For instances in which more than one partner is involved in a service, please briefly describe how you partner. For complex service delivery relationships, please use the comment box at the bottom of the Worksheet 07. Self-Assessment to describe the relationship.

Feedback

Do you have any additional comments about the data you provided? If you have supporting documentation for any of the data collected in this instrument, please note that here.

Please use this field to enter any comments, clarifications, and any additional context for data submitted.

08. PHWF Calculator

A resource—the Public Health Workforce Calculator (“the Calculator”)—may be beneficial for estimating effort needed to fully implement the Foundational Public Health Services. The Calculator is intended for use in decentralized public health systems that serve less than 500,000 residents; please refer to associated guidance and limitations for the Calculator. Links for the Calculator and a user guide with high-level instructions are available online:

- [Public Health Workforce Calculator](#)
- [User Guide for the Calculator](#)

These resources provide additional considerations that may be valuable in interpreting the findings generated by the Calculator.

Instructions:

Total FTE data for each Foundational Capability and Area were copied from the Worksheet 06. Current Spending for total FPHS FTE. Please note that the order of Capabilities and Areas, below, differ from the column order in Current Spending so data may be easily entered into the Calculator.

- **Foundational Staffing (Column E):** Data for total FTE entered into the 06. Current Spending worksheet (row 32, cells P32:AB32) are copied into D16:F30 for each Capability and Area.
- **Current Total Staffing (Column D):** Includes the FTE copied for Foundational Staffing for each specific Capability and Area, then takes the effort entered for “Community-Specific Services” (row 32, cell AC32) and applies it proportionally across Capabilities and Areas. Please note, this estimation method may not be completely accurate for each Capability and Area but should not substantially affect your full implementation estimates.
- **% Provided by My LHD (Column F):** The percent share of services delivered by your agency entered into the Worksheet 07. Self-Assessment are copied for each Capability and Area.
- **Need Relative to Peers (Column G):** Please reflect on your jurisdiction’s needs for each Capability and Area relative to peer agencies and select the appropriate dropdown option (e.g., if your jurisdiction has a more widespread or disconnected population than peer jurisdictions, you may have “much more” need).

Each of the columns other than Column G (“Need Relative to Peers”) are copied from prior work-sheets. If the data in the Worksheet 07. PHWF Calculator appear incorrect, you will need to navigate to its respective source worksheet to make any corrections. Review information available for the Calculator (including its instructional guide) to understand how each different type of data may influence the Calculator’s outputs.

To use the Calculator with these data, go to the [Public Health Workforce Calculator](#) and then:

1. *Click “Advanced Calculator (Expanded)” from the available options (under Advanced Users).*
2. *Enter information within Characteristics of Your Local Health Department (LHD): state, name of LHD, and residents in jurisdiction. Note: entering the number of residents is critical for accurate estimation.*
3. *Input the data from the table in the Wisconsin FPHS Capacity and Cost Assessment Tool, into the Calculator interface. Verify FPHS FTE Input Totals match totals in cells in the Assessment Tool (cells D32 & E32).*
4. *Consider giving your scenario a name and clicking “Download Image” to export your data entered. This will allow you to save your results. Then, click the arrow button at bottom to run the Calculator.*

These results will then help you consider your full implementation needs for FPHS on the next worksheet (09. Full Implementation). To use the data output from the Calculator for full implementation estimates, enter the information from the Calculator into the FTE Expected for each Capability and Area into the FTE Expected column of the table in the Assessment Tool.

Once you complete the Data Output from Calculator section of the Worksheet 08. PHWF Calculator, those data from the FTE Expected column will appear in the Worksheet 09. Full Implementation. This will give your health agency a ballpark for estimating minimum needs.

These data will appear in row 33 of the 09. Full Implementation worksheet for each of the Foundational Capabilities and Areas (“FTE Expected”). You may use these values as guidelines or “ballparks” for anticipated FPHS FTE, based on the data and parameters used in the Calculator. The FPHS FTE Needed of the Worksheet 08. PHWF Calculator (Column E) can give you an indication of the additional increment of FTE that may be needed beyond the current FTE dedicated to FPHS. A negative value for FPHS FTE Needed may indicate that more than sufficient effort is available and that existing staff may be redirected toward other services.

09. Full Implementation Spending and Staffing Estimates

Introduction: We are asking that you estimate the effort (FTE) and spending (by category) that would be needed to fully implement ‘foundational’ activities today. “Full implementation” of a given headline responsibility may be subjective and differs by Capability or Area; technical assistance may help you to identify what this means for your agency.

This worksheet asks that you estimate what resources may be necessary to fully implement the FPHS (i.e., FTE and spending by category for population-based activities and infrastructure). Please consult the Worksheet 03. FPHS Definitions to better understand the FPHS structure and those services being addressed in each Foundational Capability or Area. In Excel, you may use View > New Window to view both the Worksheet 03. FPHS Definitions and the Worksheet 09. Full Implementation at the same time.

You will start from your Current Spending data (current resources) for FY 2022, then identify where additional effort or spending are needed as “incremental” resource increases to fully deliver FPHS. Progress through incremental estimation by either

- A. copying data from the Worksheet 06. Current Spending Columns H:J for each category and pasting them into respective places in the 08. Full Implementation worksheet, next adding resource increments to Columns G:J, and then allocating*

those resources by category in Columns P:AB ('foundational') and Column AC (community-specific services); or

- B. copying data from the Worksheet 06. Current Spending for each category in Columns P:AB ('foundational') and Column AC (community-specific services), next adding resource increments to Columns P:AB ('foundational'), then take totals from Column O to determine a total basis for each in Columns G:J.*

Please also consider the following when developing your estimates:

- The FPHS is “minimum package of services” or “the suite of skills, programs, and activities that must be available in state and local health agencies everywhere for the health system to work anywhere.” These services do not include clinical, individual, or other community-specific services.*
- Consider what resources (staffing and spending) needed over the time period of one year for reasonable service needs (e.g., do not anticipate full response to a pandemic or a substantial increase or decrease in disease incidence).*
- 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, even 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.*
- Assume that your health agency has no financial constraints that would impede hiring or spending and that you would have the full support of your governing body to hire or spend. Also, do not limit yourself to your current staffing and spending paradigms; if current staff are trained and suited to deliver individual services, you may want to plan for different staff who may best deliver population-based services. Similarly, you might consider whether to shift costs from contracts to FTE or vice versa.*

Labor FTE and Expenditures (Salaries, Wages, and Fringe Benefits).

Please enter salaries and benefits of the employed staff anticipated for full implementation of FPHS and allocate that time across the Foundational Capabilities and Areas and Community-Specific Services.

Estimate the effort and associated labor costs that would be needed by your health agency to fully implement FPHS; salary or benefits may correspond to current or future rates.

Estimate necessary resources using either method described above. As you allocate the FTE, the sum of those FTEs will be tracked (FTE Allocated in Column O) as well as the

proportional allocation (Percentage Allocated in Column M). Totals for each Foundational Capability and Area will be available in the Worksheet 09. Summary.

The rows below the allocation total row (Row 33) may assist with arriving at reasonable estimates for each Foundational Capability and Area based on the Calculator. If the Calculator was used, outputs entered into the Worksheet 08. PHWF Calculator will be present in Row 33. These outputs may offer a ballpark or guideline based on data and parameters entered into the Calculator. A negative value for FPHS FTE Needed may indicate that more than sufficient effort is available and that existing staff may be redirected toward other services. These are only guidelines and your community's needs may differ from that output.

It is very important that the FPHS categories are not overestimated by including individual services, nor underestimated by not assuring full implementation of services. For agencies that deliver individual, clinical, or other non-Foundational services, allocate those costs in the "Community-Specific Services" category (Column AC).

Please keep in mind the following:

- *Total FTE will likely be fractional for some staff (i.e., not a whole number). Similarly, the salary and benefits for that person should not be an anticipated annual salary but the total amount that would be paid to them a given year (e.g., 0.25 FTE at an annual salary of \$100,000 = \$25,000).*
- *It is likely that, for some occupations, you will have multiple persons combined into the Total FTE. The Total Salary and Total Benefits (hence, Total Labor Cost) for that occupation category should represent the sum totals for all persons.*
- *Salaries and pay rates for persons could be indexed or benchmarked at the current year or could be anticipated or idealized future rates (i.e., incorporating any reasonable compensation increases).*

Data Flag: *The Total Labor Cost for each occupation (Column K) will be flagged if the Total Labor Cost divided by Total FTE value is either: a) less than \$15,000 (i.e., below minimum wage) or b) greater than \$145,000 (i.e., above typical compensation). In either case, please review the compensation per FTE for accuracy.*

Data Flag: *Percentage Allocated (Column M) values are flagged if not 100% (i.e., FTE Allocated does not equal Total FTE). The Percentage Allocated may help you track progress of allocating Total FTE.*

Data Flag: *A flag will appear for cells (Row 35) when any total Allocation to FPHS for a given FC or FA (Row 32) is less than the respective national minimum FTE from the Calculator (i.e., minimum FTE for each FC & FA). This flag may help identify any critical underestimation of effort but may not identify underestimation of effort relative to need.*

Data Limitation: *Combining multiple persons into a single occupation category may simplify some analyses but may cause minor financial discrepancies if those persons have different salaries. Generally, total compensation within an occupation should not drastically differ between employees, so the discrepancies should be minor.*

For example, imagine that the agency leadership occupation category includes

1.00 FTE of an Administrator (\$100,000 Total Labor Cost) and 1.00 FTE of a Supervisor (\$80,000 Total Labor Cost);
2.00 Total FTE and \$180,000 Total Labor Cost. Then, imagine that all of the Administrator's time is spent doing "Assessment & Surveillance" activities (i.e., 1.00 FTE @ \$100,000) and all of the Supervisor's time is spent doing "Equity" activities (i.e., 1.00 FTE @ \$80,000). When allocating that FTE in the Assessment Tool will use the pooled Total Labor Cost for that occupation (\$175,000) when calculating the costs for allocated FTE, smoothing the allocated FTE to differ; in this case, labor costs will be \$90,000 each for "Assessment & Surveillance" and "Equity".

Direct Contracts.

Please enter contractual expenditures anticipated for full implementation of FPHS, including those related to the work of non-agency staff to support health agency activities (i.e., labor replacement) and any professional service contracts (e.g., legal services, medical billing, strategic planning, etc.).

Estimate the direct contract expenditures that would be needed by your health agency to fully implement FPHS (e.g., service contracts, labor replacement).

Please include within direct contracts any service agreements, labor replacement contracts (i.e., non-employee workers), and any other contractual expenditures.

Estimate necessary resources using either method described above. You will be asked to allocate the Total Cost across the Foundational Capabilities and Areas (population-based services and health agency infrastructure). As you allocate the spending, the sum of those expenditures will be tracked (Spending Allocated in Column O) as well as the proportional allocation (Percentage Allocated in Column M). Totals for each Foundational Capability and Area will be available in the Worksheet 10. Summary. Allocate anticipated resources across the FPHS to the best of your ability when not fitting perfectly within a single Capability or Area.

It is very important that the FPHS categories are not overestimated by including individual services, nor underestimated by not assuring full implementation of services. For agencies that deliver individual, clinical, or other non-Foundational services, allocate those costs in the "Community-Specific Services" category (Column AC).

Data Flag: *Percentage Allocated (Column M) values are flagged if not 100% (i.e., Spending Allocated does not equal Total Cost). The Percentage Allocated may help you track progress of allocating Total Cost.*

Other Operating Expenditures.

Please enter all other operating expenditures not previously specified anticipated for full

implementation of FPHS, including expenditures such as for utilities, small equipment, phones, postage, insurance, materials, and supplies.

Estimate the other operating expenditures that would be needed by your health agency to fully implement FPHS (e.g., small equipment, supplies, utilities).

Please include within other operating expenditures any other expenditures necessary for health agency operations not included within direct contracts or capital expenditures.

Estimate necessary resources using either method described above. You will be asked to allocate the Total Cost across the Foundational Capabilities and Areas (population-based services and health agency infrastructure). As you allocate the spending, the sum of those expenditures will be tracked (Spending Allocated in Column O) as well as the proportional allocation (Percentage Allocated in Column M). Totals for each Foundational Capability and Area will be available in the 10. Summary worksheet. Allocate anticipated resources across the FPHS to the best of your ability when not fitting perfectly within a single Capability or Area. Some agency wide operating costs are reported centrally in the Foundational Capabilities and do not need to be allocated across each Foundational Capability and Area.

It is very important that the FPHS categories are not overestimated by including individual services, nor underestimated by not assuring full implementation of services. For agencies that deliver individual, clinical, or other non-Foundational services, allocate those costs in the “Community-Specific Services” category (Column AC).

Data Flag: *Percentage Allocated (Column M) values are flagged if not 100% (i.e., Spending Allocated does not equal Total Cost). The Percentage Allocated may help you track progress of allocating Total Cost.*

Pass-Through and Transfers.

Please enter any spending passed through or transferred **from** your agency **to** another organization or governmental agency anticipated for full implementation of FPHS, including county-to-county spending via an interlocal agreement, transferring personnel costs to another governmental agency, or passing through or sub-awarding funds to a subrecipient. For umbrella agencies only reporting on behalf of public health subunits, money moved to non-public health accounts would be considered a ‘transfer.’

Estimate the pass-throughs or transfers that would be needed by your health agency to fully implement PHS (e.g., transfer to other agency, subawards).

Please include within pass-throughs and transfers any dollars that flow out from your agency to other organizations or governmental agencies, excluding contractual arrangements. Other than states passing federal dollars to local health agencies, pass-through arrangements (e.g., subawarding direct awards to subrecipients) and transfers to other governmental agencies (e.g., sharing environmental public health grant dollars with County Planning &

Development agency) are fairly atypical; your agency's financial manager should be able to estimate any future spending.

Estimate necessary resources using either method described above. You will be asked to allocate the Total Cost across the Foundational Capabilities and Areas (population-based services and health agency infrastructure). As you allocate the spending, the sum of those expenditures will be tracked (Spending Allocated in Column O) as well as the proportional allocation (Percentage Allocated in Column M). Totals for each Foundational Capability and Area will be available in the Worksheet 10. Summary. Allocate anticipated resources across the FPHS to the best of your ability when not fitting perfectly within a single Capability or Area.

It is very important that the FPHS categories are not overestimated by including individual services, nor underestimated by not assuring full implementation of services. For agencies that deliver individual, clinical, or other non-Foundational services, allocate those costs to the "Community-Specific Services" category (Column AC).

Data Flag: *Percentage Allocated (Column M) values are flagged if not 100% (i.e., Spending Allocated does not equal Total Cost). The Percentage Allocated may help you track progress of allocating Total Cost.*

Capital Expenditures.

Please enter any expenditures related to the purchase, maintenance, or improvement of fixed assets anticipated for full implementation of FPHS. This would include any facilities or equipment that would be depreciated.

Estimate the capital expenditures that would be needed by your health agency to fully implement FPHS (e.g., purchases, maintenance, depreciation).

Please include within capital expenditures any other expenditures on fixed assets that you may need for full implementation of FPHS (e.g., buildings, vehicles, operating equipment). Capital expenditures are fairly atypical and generally not needed for population-based services; your agency's financial manager should be able to determine any future necessary spending on health agency infrastructure.

Estimate necessary resources using either method described above. You will be asked to allocate the Total Cost across the Foundational Capabilities and Areas (population-based services and health agency infrastructure). As you allocate the spending, the sum of those expenditures will be tracked (Spending Allocated in Column O) as well as the proportional allocation (Percentage Allocated in Column M). Totals for each Foundational Capability and Area will be available in the 10. Summary worksheet. Allocate anticipated resources across the FPHS to the best of your ability when not fitting perfectly within a single Capability or Area. Some agency-wide capital costs are reported centrally in the Foundational Capabilities and do not need to be allocated across each Foundational Capability and Area (e.g., laboratory assets may be counted as solely an Assessment & Surveillance resource).

It is very important that the FPHS categories are not overestimated by including individual services, nor underestimated by not assuring full implementation of services. For agencies

that deliver individual, clinical, or other non-Foundational services, allocate those costs to the “Community-Specific Services” category (Column AC) was made available to allow the Total FTE to be fully allocated.

Data Flag: *Percentage Allocated (Column M) values are flagged if not 100% (i.e., Spending Allocated does not equal Total Cost). The Percentage Allocated may help you track progress of allocating Total Cost.*

Feedback

Do you have any additional comments about the data you provided? If you have supporting documentation for any of the data collected in this instrument, please note that here.

Please use this field to enter any comments, clarifications, and any additional context for data submitted.

10. Summary

The Worksheet 10. Summary pulls and organizes the data according to each of the prior worksheets. Data include headline responsibilities for the Self-Assessment section and Foundational Capabilities and Areas for all sections; these data only include the FPHS and do not include “Community-Specific Services.” Labor costs, calculated from salary and benefits data entered and FTE allocated in Worksheet 06. Current Spending and Worksheet 09. Full Implementation workbooks, are available for each Foundational Capability and Foundational Area. Sums for Current Spending and Full Implementation are available at the bottom of each column. No data are entered directly into the Summary worksheet and any corrections should be made on prior worksheets.

At the end of this worksheet (Columns AR:AS), high-level data analyses are included under Assessment Totals and Rates. Each section under Assessment Totals and Rates is described below.

For convenience, headline responsibility rows may be removed for ease in reviewing Current Spending and Full Implementation data (see box in cell C7). If headline responsibilities are removed, cells in Columns AR:AS may become hidden)

Please note that FY20 and FY21 are on the 10. Summary worksheet (cells AR1011, AR29-30, and AR35-36), but will only contain data if you chose to add that data to the Worksheet 05. Background worksheet.

FTEs

This subsection includes high-level summaries of FTE totals from the Assessment.

Total FTEs

Total FTEs for the most recent three fiscal years are present (each from the 054. Background worksheet) as well as the Total FTE entered for Current Spending.

Data Flag: *The Total FTE (Worksheet 06. Current Spending) value (cell AS13) is flagged if not equal to the total FTE of the most recent fiscal year. Please refer to the Worksheet 06. Current Spending to locate the discrepancy.*

Current – FTEs Dedicated to FPHS

The FPHS-related FTE are present (from the Worksheet 06. Current Spending) and the percentage of the total FTE that are dedicated to FPHS is calculated.

Data Flag: *The Current FPHS FTE (cell AS16) is flagged if greater than Total FTE (cell AS12); identifying an error of more FTE allocated than indicated as available. Please refer to the Worksheet 06. Current Spending to locate the discrepancy.*

Data Flag: *The Percent FPHS FTE per Total FTE (cell AS18) is flagged if allocated FTE is greater than 60%, to identify potential overestimation. Review allocated FTE in the 06. Current Spending worksheet to ensure that only 'foundational' services are included for FPHS. Please disregard the flag if most of the agency effort serves the population.*

Full – FTEs Estimated for FPHS

This section summarizes findings about fully implementing the FPHS. The Total and FPHS-related FTE are present (from the Worksheet 09. Full Implementation), as well as the percentage of FTE needed for full implementation compared to currently available FTE are calculated.

Data Flag: *The Estimated FTE available (cell AS21) is flagged if less than Total FTE available in the most recent fiscal year (cell AS12); identifying an error of less overall FTE available for full implementation than in the most recent fiscal year. Please refer to the Worksheet 09. Full Implementation to locate the discrepancy. Note: it is possible that in some instances full implementation may require fewer FTE than current spending (e.g., if FTE expenditures are replaced with contractual ones or if the last completed fiscal year had an unusually high level of effort for a given Foundational Capability or Area).*

Data Flag: *The Estimated FPHS FTE allocated (cell AS23) is flagged if less than FPHS*

FTE allocated in the most recent fiscal year (cell AS16); identifying an error of less overall FPHS FTE estimated for full implementation than actual FPHS FTE in the most recent fiscal year. Please refer to the 09. Full Implementation worksheet to locate the discrepancy.

Revenues

This subsection includes high-level summaries of revenues totals from the Assessment.

Total Revenues

Total Revenues for the most recent three fiscal years are present (each from the Worksheet 05. Background).

Expenditures

This subsection includes high-level summaries of expenditures totals from the Assessment.

Total Expenditures

Total Expenditures for the most recent three fiscal years are present (each from the Background worksheet) as well as the Total Expenditures entered for Current Spending.

Data Flag: *The Total Expenditures (Worksheet 06. Current Spending) value (AS38) is flagged if not equal to the Total Expenditures of the most recent fiscal year (AS37). Please refer to the Worksheet 06. Current Spending to locate the discrepancy.*

Current – Expenditures Dedicated to FPHS

The FPHS-related Expenditures are present (from the Worksheet 06. Current Spending) and the percent- age of FPHS Expenditures relative to total available expenditures is calculated.

Data Flag: *The Current FPHS Expenditures (cell AS42) is flagged if greater than Total Expenditures (cell AS37); identifying an error of more expenditures allocated than indicated as available. Please refer to the Worksheet 06. Current Spending to locate the discrepancy.*

Data Flag: *The Percent FPHS Expenditures per Total Expenditures (cell AS44) is flagged if allocated expenditures are greater than 60%, to identify potential overestimation. Review allocated expenditures in the Worksheet 06. Current Spending to ensure that only 'foundational' services are included for FPHS. Please disregard the flag if most of the agency effort serves the population.*

Full – Expenditures Estimated for FPHS

This section summarizes findings about fully implementing the FPHS. The Total and FPHS-related expenditures are present (from the Worksheet 09. Full Implementation) and the percentage of expenditures needed for full implementation compared to currently available expenditures are calculated.

Data Flag: *The Estimated Expenditures available (cell AS47) is flagged if less than Total Expenditures available in the most recent fiscal year (cell AS37); identifying an error of less overall expenditures available for full implementation than in the most recent fiscal year. Please refer to the Worksheet 09. Full Implementation to locate the discrepancy.*

Data Flag: *The Estimated FPHS Expenditures allocated (cell AS48) is flagged if less than FPHS expenditures allocated in the most recent fiscal year (cell AS42); identifying an error of less overall FPHS expenditures estimated for full implementation than actual FPHS expenditures in the most recent fiscal year. Please refer to the 09. Full Implementation worksheet to locate the discrepancy.*

Appendix A-1: Descriptions for Occupations

Occupations and definitions were taken from the 2022 [National Association of City and County Health Officials \(NACCHO\) Profile survey instrument](#). These may be beneficial when determining how to attribute your staff across the occupations for the most recent fiscal years (Worksheet 05. Background), allocate staff for the most recent fiscal year (Worksheet 06. Current Spending), or plan for full implementation staffing (Worksheet 09. Full Implementation).

Occupation Name	Definition
Agency leadership	Oversees the operations of the overall agency or a major subdivision of public health services. Include all top agency executives regardless of education or licensing. (e.g., health commissioner, health officer, public health administrator, deputy director, bureau chief, division director)
Animal control worker	Handles animals for the purpose of investigating or controlling mistreated, abandoned, dangerous, or unattended animals. (e.g., animal control officer, animal warden, humane officer)
Behavioral health staff	Develops and implements strategies to improve community mental health status. May also provide direct behavioral health services to clients regarding mental, social, and behavioral issues. (e.g., public health social worker, HIV/AIDS counselor, behavioral counselor, social services counselor, mental health and substance abuse counselor, psychologist, psychiatrist, peer recovery specialist)
Business and financial operations staff	Performs specialized work in areas of business, finance, accounting, human resources and legal issues. (e.g., financial analyst, human resources specialist, grant and contracts manager, legal personnel)
Community health worker	Facilitates access to culturally appropriate social support, informal counseling, and resources for programs promoting individual and community health. (e.g., peer health promoter, lay health advocate, community health representative) Exclude health educators.
Environmental health worker	Investigates, monitors, and identifies problems or risks that may affect the environment (e.g., food safety, rats and mosquitoes, air and water quality, and solid waste) and, consequently, the health of an individual or group. (e.g., environmentalist, environmental health specialist, scientist, engineer, occupational health worker or technician, sanitarian, inspector)
Epidemiologist/ Statistician	Conducts ongoing surveillance, field investigations, analytic studies and evaluation of disease occurrence and disease potential to make recommendations on appropriate interventions. May also collect data and report vital statistics. (e.g., epidemiologist, bio-statistician, nurse epidemiologist, public health scientist or researcher)

Health educator	Develops and implements educational programs and strategies to support and modify health-related behaviors of individuals and communities and promotes the effective use of health programs and services. (e.g., health educator, health education coordinator/specialist)
Information systems specialist	Analyzes business and data processing problems to implement and improve computer systems. Provides technical assistance to maintain computer systems and hardware/ software issues. (e.g., computer system analyst, network and database administrator/ analyst/manager, software engineer, computer support specialist)
Laboratory worker	Plans, designs, and implements laboratory testing procedures, and performs analyses that provide data to diagnose, treat, and monitor disease and environmental hazards. (e.g., laboratorian, laboratory scientist, laboratory technician, laboratory aides or assistants, medical technologists)
Licensed practical or vocational nurse	Licensed nurse (other than registered nurse) who provides routine care for patients, often under supervision. (e.g., LPN, LVN, care nurse, home health nurse)
Nursing aide and home health aide	Unlicensed personnel who provide basic patient care and assistance with activities of daily living in a healthcare facility or the patient's home. (e.g., nursing assistant, patient care assistant/ technician, home health aide or assistant, personal care aide)
Nutritionist	Develops and implements interventions related to nutrition, the nutrition environment, and food and nutrition policy. May also provide nutritional counseling and evaluate the effectiveness of current interventions. (e.g., dietician, nutritionist, lactation staff, WIC nutrition staff)
Office and administrative support staff	Performs administrative tasks and clerical duties. (e.g., administrative assistant, secretary, receptionist, office clerk, maintenance staff, operator, vital statistics staff)
Oral health care staff	Diagnoses, treats, and prevents problems with teeth, gums, and the mouth. May also educate individuals or groups on proper oral health activities, such as diet choices impacting oral health. (e.g., public health dentist, dental hygienist, dental assistants)
Preparedness staff	Manages or develops the plans, procedures, and training programs involving the public health response to all-hazards events. (e.g., emergency preparedness coordinator, incident manager, emergency preparedness manager, emergency preparedness specialist)
Public health physician	Licensed physician who identifies persons or groups at risk of illness/disability and develops, implements and evaluates program/interventions designed to prevent, treat or improve, or reduce such risks. May also provide direct medical services to clients. (e.g., public health physician, preventative medicine physician)

Public information professional	Serves as communications coordinator or spokesperson for the agency to provide information about public health issues to the media and public. (e.g., public information officer, communications specialist, public information specialist, social media coordinator, social marketing specialist)
Registered nurse	Registered nurse conducting public health or clinical nursing. (e.g., public health nurse, school nurse, community health nurse, nurse practitioner)

Appendix A-2: Descriptions for Expenditure Categories

Salaries, Wages, and Fringe Benefits: The salaries or wages and benefits of the full-time equivalent staff that would support the Capability or Area.

Direct Contracts: The personal and professional service contracts for professional work that would be performed by non-agency staff to support the Capability or Area.

Other Operating Expenditures: Includes all other operating expenditures not previously specified, like utilities, small equipment, phones, postage, insurance, materials, and supplies. Note: some agencywide operating expenditures are reported to specific Foundational Capabilities and do not need to be allocated across each Foundational Capability and Area (e.g., rent and other facility costs may be allocated as solely Organizational Management resources).

Pass-throughs and Transfers: Pass-through and transfers of dollars from the state health agency or a local health agency to other health agencies and/or other organizations.

Capital Expenditures: Includes any annual spending to buy, maintain, or improve fixed assets that would support the headline responsibility. This includes any equipment or supplies that would be depreciated. Note: some agency-wide capital costs are reported to specific Foundational Capabilities and do not need to be allocated across each Foundational Capability and Area (e.g., laboratory equipment may be allocated as solely an Assessment & Surveillance resource).

Appendix A-3: Descriptions for Revenue Sources

Federal Sources (including state pass-through of federal grants): Revenues from the federal government other than Medicare and Medicaid, including dollars that come directly and as pass-through funds. In other words, if a local health agency is receiving funds that flowed from the federal government to the state health agency and then to that local health agency, those funds would be listed as federal sources. Any funds with a Catalog of Federal Domestic Assistance (CFDA) number are federal funds. Examples include Women, Infants, and Children (WIC); Veterans Administration; Pandemic Flu Supplemental Funding; Public Health Emergency Preparedness (PHEP); Temporary Assistance for Needy Families (TANF); and federal Title V funds for maternal and child health programs. If a grant is funded by both state and federal sources (e.g., 30 percent state funds and 70 percent federal funds), allocate 30% to Other State Sources and 70% here.

State Sources (including pass-throughs not originating from federal funds): Revenues from state funds including grants and contracts from the state health agency and other state agencies that are not “passed-through” from the federal government to the state (i.e., do not include federal WIC, PHEP, immunization grants). Examples of state funding include alternative care grants, family planning special project grants, and other dollars from special state revenue funds. If a grant is funded by both state and federal sources (e.g., 30 percent state funds and 70 percent federal funds), allocate 30% here and 70% to Other Federal Sources.

Local Tax Levy: Revenues from local tax levies.

Other Local Funds: Revenues from local funds. Examples include grants or gifts from local agencies such as schools, social service agencies, community action agencies, hospitals, regional groups, nonprofits, corporations or foundations. Please confirm that these funds do not originate from a federal source.

Fees and Fines: Revenues received from individuals or organizations that are either fees for services or fines assessed for regulatory non-compliance. Examples include fee for service (e.g., fees associated with regulated services), fees for licenses or permits, or fines collected and provided to the health agency (e.g., fine issued for regulatory violation). Usually, fee or fine amounts or rates have been set by statute, charter, ordinance, or board

resolution.

Medicare and Medicaid: Medicaid (Title XIX of the Social Security Act) revenues from federal reimbursements, including Prepaid Medical Assistance Plans (PMAPs), community-based purchasing and community alternative care (CAC), community alternatives for disabled individuals (CADI), development disabled (DD) (formerly known as mental retardation or related conditions [MR/RC]), elderly (EW), and traumatic brain injury (TBI) waivers. This does not include alternative care (AC) which is reported in other state funds. Medicare (Title XVIII of the Social Security Act) revenues from federal reimbursements, including revenues from state senior health insurance plans.

Clinical Revenue: Revenues from payment (either by individuals or organizations) or reimbursements received from private insurance companies as their source.

Appendix B-1: Additional Resources

1. [Wisconsin FPHS Costing & Capacity Assessment Tool Operational Definitions](#)
2. [PHAB Scope of Authority](#)
3. [PHAB Standards & Measures Initial Accreditation - Foundational Capability Measures](#)
4. [PHAB Reaccreditation Crosswalk -Version 2022 and Version 2016](#)

For more information, visit:

<https://phnci.org/transformation/fphs-capacity-cost-assessment>