PHAB
Center for Innovation

Foundational Public Health Services Capacity & Cost Assessment

Instructional Guide

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Introduction

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

A capacity and cost assessment ("Assessment") helps governmental public health agencies assess their role in the governmental public health system and identify resources needed to transform it. This information can inform an agency's decisions—or the decisions of agencies across a statewide system—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. The Excel-based **FPHS Capacity & Cost Assessment Tool** ("the Tool") can assist state and local governmental public health agencies in collecting data for an Assessment to estimate current and necessary resources for governmental public health, according to the **FPHS Operational Definitions**.

Acknowledgments

The Tool was developed in collaboration with the University of Minnesota School of Public Health with funding and support from the Robert Wood Johnson Foundation.

The Public Health Accreditation Board (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 statewide 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 PHAB developed this tool for use with the FPHS Operational Definitions and to be a single comprehensive tool for an Assessment.

About the FPHS Capacity & Cost Assessment Tool

The Assessment is delivered through an Excel-based tool ("the Tool"), which includes fourteen core worksheets that are described as follows.

About

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

Instructions

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

FPHS Definitions

A descriptive worksheet that includes the expanded set of FPHS operational definitions that serve as the "programmatic framework" for the Assessment; excluding background questions, all Assessment data is 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. In addition to the Foundational Capabilities (FCs) and Foundational Areas (FAs), the FPHS framework describes additional Community-Specific Services (CSS) that are local protections and services that are unique to the needs of a community. These services are essential to that community's health and vary by community. These definitions are included with the FPHS to ensure that all services provided by public health are incorporated.

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. See **the Operational Definitions** for additional details on the FPHS operational definitions.

Current Labor

A data entry worksheet for your department to provide the labor FTE and expenditures for your staff in the most recent fiscal year. Each row represents an employee in your agency where you can input the employee's occupation, FTE, salary, benefits, and FTE allocation to FPHS or CSS. This worksheet then aggregates these data by occupation category for fill into **Background** and **Current Spending** worksheets.

Background

A data entry worksheet for your department to identify itself and a point-of-contact for completing the 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. The **Background** worksheet receives labor staffing, FTE, and some expenditures for the reporting period from the **Current Labor** tab. The worksheet also supports data entry of prior years' staffing, expenditures, and revenues, as well as data entry of non-labor expenditures and revenues for the reporting period. These data will be used to pre-fill certain fields in the following worksheet, **Current Spending**.

Current Spending

A data entry worksheet for you to estimate the share of your total resources your department directed toward FPHS for the reporting period identified in the **Background** worksheet. Labor FTE and Expenditures are auto-filled from the **Current Labor** worksheet. Other expenditures – direct contracts, operating expenditures, pass-throughs and transfers, and capital expenditures – will be entered in this tab by type of expense, and each expense will be allocated across the FPHS and CSS.

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 FC, FA, headline responsibility, and CSS; and 2) whether your health Agency shared the delivery of that FC, FA, headline responsibility, or CSS with another entity.

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 (i.e., FTEs) and spending needed to fully implement FPHS (estimated on the **Full Implementation** worksheet). 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 **Current Spending** worksheet and Percent Delivered by Agency entered in the **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 **Full Implementation** worksheet.

Needed Labor

A data entry worksheet for you to provide the labor FTE and expenditures your department would need to fully implement FPHS. Each row represents a current or theoretical employee in your agency with the employee's occupation, FTE, salary, benefits, and FTE allocation to FPHS or CSS. This worksheet is designed to allow agencies to identify the exact types of staff and FTE distributions needed for full implementation of FPHS. This worksheet then aggregates these data by occupation category for autofill into the **Full Implementation** worksheet. If the Calculator was used, estimated needed FTE will be available for each Foundational Capability and Area as a suggested guide.

Full Implementation

A data entry worksheet for your department to estimate the resources it needs to spend to fully implement the FPHS. Labor FTE and Expenditures are auto-filled from the **Needed Labor** worksheet. Other expenditures – direct contracts, operating expenditures, pass-throughs and transfers, and capital expenditures – will be entered in this tab by type of expense, and each expense will be allocated across each FC, FA, and CSS. If the Calculator was used, estimated FTE

will be available for each Foundational Capability and Area as a suggested guide. The **Glossary** worksheet, with its description of occupational categories, may be beneficial for identifying staff to aid in full implementation.

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, including for the CSS. Lastly, high-level analyses are present under Assessment Totals and Rates that can provide overall findings and flag data that need review.

Glossary

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

Data Extraction

The Data Extraction tab is designed to pull information from all the other tabs in the worksheet into one tab. This will make it easier if health departments wish to download the data and use it for analysis.

Codebook

The Codebook describes the variables that are included within the **Data Extraction** tab.

About the Assessment Tool Instructional Guide

This instructional guide was developed as a companion to the Excel-based Tool. This guide overviews each data entry worksheet and its data entry fields within the Tool and serves as a reference for users as they move through the tool. Throughout the guide are **annotations in blue** that provide context and clarifications for the questions and data entry fields in the Tool and offer examples for complex data entry fields. Also present are descriptions for any "Data Flags" that may occur based on data entered.

The 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 **Instructions** worksheet.

Note the 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 **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 **Current Spending**, which flags instances where a greater share of FTEs is devoted to FPHS than may be typical in some settings).

This Excel spreadsheet 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 **Background**) includes a set of prefilled occupations but also flexibility to add up to five other unlisted occupations. In the event you may have more distinct items to enter than rows available (e.g., Direct Contracts or Other Operating Expenses), consolidate multiple items into a single row.

For any additional questions you may have, please visit the **FPHS Capacity & Cost Assessment webpage** or contact **phabcfi@phaboard.org** for assistance.

Annotated Descriptions of Data Entry Fields within the Tool

The following subsections describe specific questions and fields from the Tool. No Assessment data are present within **About**, **Instructions**, **FPHS Definitions**, **Glossary**, or **Codebook** worksheets, and the **Data Extraction** worksheet is a collection of the data entered in previous worksheets formatted for output into a data processing software.

Current Labor

Introduction

Estimate the effort and labor costs for all staff in the most recent fiscal year. The Total Labor Cost (L11) should equal actual labor expenditures for that year. Allocate resources directed toward population-based services and health department infrastructure by FPHS and CSS (Columns O:AG) using the FPHS Operational Definitions as a guide. Allocate any resources directed toward individual, clinical, or other services that are not captured in the FPHS within CSS for each FA (e.g., Column X for Communicable Disease Control) and Other CSS (Column AG).

We recognize that your budgets, program structures, and job tasks may not align directly with the FPHS framework. Consult the **FPHS Definitions** worksheet 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 **FPHS Definitions** worksheet and the **Current Labor** worksheet at the same time.

For each employee at your agency, enter the occupation category, percent FTE, salary, and benefits for the most recent fiscal year and allocate that time across each FC, FA, and CSS. For example, if half of a full-time employee's (1.0 FTE) annual work was preparedness activities, put 0.50 in Column U. The count of FTE allocated per row will be calculated in Column N, and Percentage Allocated (Column M) tracks completeness of allocation. Note that the definition of 1.0 FTE in your agency will be asked in the **Background** tab.

For each employee, include the total salary and total benefits paid in the most recent fiscal year. Keep in mind the following:

- *Total FTE will likely be fractional for some staff, meaning that they did not work their full 1.00 FTE throughout the fiscal year (e.g., 3 of 12 months employed = 0.25 FTE). Similarly, the salary and benefits for that person should not be their annual salary but the total amount paid to them in that fiscal year (e.g., 0.25 FTE worked at an annual salary of $100,000 = $25,000 paid).*

As an internal verification, the Labor Totals for Total FTE (I11), Total Salary (J11), Total Benefits

(K11), and Total Labor Cost (L11) should match your actual personnel expenditures for the most recent fiscal year.

See **Appendix A-1** of this Instructional Guide or the **Glossary** tab of the Tool for occupation definitions. Please consider the following:

i. *"Number of Staff" refers to the number of people working for your agency regardless of the hours worked (or their full-time equivalency) and should be entered as whole numbers, but 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.*

ii. *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.*

iii. *Staff should be categorized by the occupation for which they were hired, not distributed across all the occupation categories in which they may work.*

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 for each FA (e.g., Column X for Communicable Disease Control) and Other CSS (Column AG). This will allow the total FTE to be fully allocated. The total FTE allocated toward all the FPHS are summed in cell P13 and the percentage of total FTE that are delivering FPHS ("%FPHS") is calculated in cell R13. The Headline Responsibilities and Activities listed in the **FPHS Definitions** worksheet will help you determine the types of tasks that are considered Foundational.

Data Flag: The Total Labor Cost for each occupation (Column L) will be flagged if the Total Labor Cost divided by Total FTE value is either: a) less than $15,080 (i.e., below federal minimum wage) or b) greater than $139,225 (i.e., above typical median pay for top executives plus 25%). In either case, 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).

Data Flag*:* The "%FPHS" (cell R13) is flagged if allocated FTE is greater than 60%, to identify potential overestimation. Review allocated FTE to ensure that only 'foundational' services are included for FPHS. Disregard the flag if most of the agency effort serves the population.

Data Flag*:* The Total Labor Cost cell (L11) will be flagged yellow if it does not match the Total Labor

Cost calculation in the **Current Spending** worksheet (K39). *This will only occur if one or more rows in the **Current Labor** worksheet are not assigned to an occupation category*.

Data Flag: The Occupation column (Column H) will be flagged red if any of Total FTE (Column I), Total Salary (Column J), or FTE Allocated (Column N) are filled out while the Occupation column is empty. This is because the Occupation Category is critical to accurately aggregating the labor data for **Background** and **Current Spending**.

The data input into the **Current Labor** worksheet will pre-fill fields in **Background** and **Current Spending**. See those sections for the specific fields that will be populated.

Background

This worksheet first requires entry of identifying information for Assessment participants, followed by contextual data. Some fields are locked, having been prepopulated using data from the **Current Labor** worksheet.

Agency Name

The agency name entered 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 should be the most recently completed or audited fiscal year. The fiscal year will be reproduced in the header of each worksheet and in question labels and other context.

What time period is covered by the relevant fiscal year (i.e., 'accounting period')?

Enter the beginning and ending dates of the fiscal year of analysis. This period must be equivalent to 365 days.

Beginning Date	[mm/dd/yyyy]
End Date	[mm/dd/yyyy]

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 versus one where 1.00 FTE equals 1,970 hours.

Provide your agency's final full-time equivalent (FTE) for the most recent 3 fiscal years and number of persons employed in the most recent fiscal year. Include both full-time and part-time positions, excluding temporary or 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 the two years prior to the most recent fiscal year. The number and Staff and number of FTE by Occupation Category for the most recent fiscal year have been aggregated and calculated from the **Current Labor** worksheet. If these numbers are flagged or incorrect, return to that worksheet to fix errors. See **Appendix A-1** of this Instructional Guide or the **Glossary** tab of the Tool for occupation definitions.

***Data Flag**:* Data will be flagged if FTE (decimal numbers) for the fiscal year of analysis is greater than number of staff (whole numbers). This is to identify potential errors in understanding and/or data entry. FTE should be less than or equal to number of staff except when hourly (non-exempt) staff work and are paid for overtime. *This flag will need to be addressed in the **Current Labor** worksheet*.

Occupation/ Position	*[2yrs prior to most recent fiscal year]*	*[1yr prior to most recent fiscal year]*	*[most recent fiscal year]*	
	Number of FTE	**Number of FTE**	**Number of Staff**	**Number of FTE**
[occupation category]	[0.00]	[0.00]	LOCKED: AUTO-FILLED	LOCKED: AUTO-FILLED

Estimate any non-employee contractual effort for the three most recent fiscal years (which may include labor replacement or personal and professional service contracts). Include only actual (rather than budgeted) effort on a full-time equivalent (FTE) basis for each fiscal year.

These data are optional for you to submit and will not be copied into the **Current Spending** worksheet 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 **Needed Labor** and **Full Implementation** worksheets.

Type of Contracted Staff	*[2yrs prior to most recent fiscal year]*	*[1yr prior to most recent fiscal year]*	*[most recent fiscal year]*
	Number of FTE	**Number of FTE**	**Number of FTE**
[contractor category]	[0.00]	[0.00]	[0.00]

Provide your agency's expenditures by category for the most recent three fiscal years.

You should include all actual expenditures (not budgeted expenditures) for the most recent three fiscal years by the listed expenditures categories except for Salary, Wages, and Fringe Benefits for the most recent fiscal year, which will be calculated and populated from the **Current Labor** worksheet; see **Appendix A-2: Descriptions for Expenditure Categories** of this Instructional Guide or the **Glossary** worksheet of the 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).

Expenditure Category	*[2yrs prior to most recent fiscal year]*	*[1yr prior to most recent fiscal year]*	*[most recent fiscal year]*
	Expenditures	**Expenditures**	**Expenditures**
[expenditure category]	[$0.00]	[$0.00]	[$0.00] Salary, Wages, and Fringe Benefits: LOCKED: AUTO-FILLED

Provide your agency's revenues by source for the relevant fiscal years.

You should include all actual revenues (not budgeted revenues) for the most recent three fiscal years by the listed revenues sources; see **Appendix A-3: Descriptions for Revenue Sources** of this Instructional Guide or the **Glossary** worksheet of the 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).

Revenue Source	*[2yrs prior to most recent fiscal year]*	*[1yr prior to most recent fiscal year]*	*[most recent fiscal year]*
	Expenditures	**Expenditures**	**Expenditures**
[revenue source]	[$0.00]	[$0.00]	[$0.00]

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

You should enter the estimated population served for the jurisdiction completing the Tool during the target period of the Assessment. This question offers beneficial context for the effort and financial data submitted for the Assessment.

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.

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

Current Spending

Introduction

In this worksheet you will estimate the non-labor resources directed toward FPHS in the Assessment period. 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 and CSS *(Columns P:AH)*.

We recognize that your budgets, program structures, and job tasks may not align directly with the FPHS framework. Consult the **FPHS Definitions** worksheet 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 **FPHS Definitions** worksheet and the **Current Spending** worksheet at the same time.

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

The Labor FTE and Expenditures (Salaries, Wages, and Fringe Benefits) section and table are locked and are populated by aggregating the FTE, Salary, Benefits, and Allocations by Foundational Capability/Area by Occupation Category from the **Current Labor** worksheet. *Flags that appear in this section will need to be addressed in that worksheet*.

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 $15,080 (i.e., below federal minimum wage) or b) greater than $139,225 (i.e., above typical median pay for top executives plus 25%). In either case, review the compensation per FTE for accuracy.

Data Flag*:* The Labor Total (cell K39) will be flagged if that total cost does not equal the labor expenditures from Question 5 (**Background** worksheet).

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 Q40) is flagged if allocated FTE is greater than 60%, to identify potential overestimation. Review allocated FTE to ensure that only 'foundational' services are included for FPHS. Disregard the flag if most of the agency effort serves the population.

Direct Contracts.

Enter contractual expenditures for the most recent fiscal year, 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 and CSS (Columns P:AH).

Include within direct contracts any service agreements, labor replacement contracts (i.e., non-employee workers), and any other contractual 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 **Summary** worksheet. Allocate expenditures across the FPHS and CSS to the best of your ability when not fitting perfectly within a single FC, FA, or CSS.

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 CSS for each FA (e.g., Column Y for Communicable Disease Control) and Other CSS (Column AH). 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 P71) and the percentage of FPHS Spend versus Total Cost ("%FPHS") are calculated (cell Q71).

Data Flag: The Direct Contracts Total (cell H70) will be flagged if that total cost does not equal the contractual expenditures from Question 5 (**Background** tab J67); a note accompanying this flag will appear in I70:J71. *The total from the Background tab is located in H71, for convenience*.

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 in allocating Total Cost.

Data Flag: The "%FPHS" (cell Q71) 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. Disregard the flag if most of the agency effort serves the population.

Other Operating Expenditures.

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 and CSS (Columns P:AH).

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 **Summary** worksheet. Allocate expenditures across the FPHS and CSS to the best of your ability when not fitting perfectly within a single Capability or Area. Some agencywide operating costs are reported centrally in the Foundational Capabilities and do not need to be allocated across each FC, FA, and CSS.

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 CSS for each FA (e.g., Column Y for Communicable Disease Control) and Other CSS (Column AH). For example, rent for a facility used to provide clinical care should be included in CSS. 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 P99) and the percentage of FPHS Spend versus Total Cost are calculated (cell Q99).

Data Flag*:* The Other Operating Expenditures Total (cell H102) will be flagged if that total cost does not equal the other expenditures from Question 5 (**Background** tab J68); a note accompanying this flag will appear in I102:J103. *The total from the Background tab is located in H103, for convenience*.

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 in allocating Total Cost.

Data Flag: The "%FPHS" (cell Q103) 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. Disregard the flag if most of the agency effort serves the population.

Pass-Through and Transfers.

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 and CSS (Columns P:AH). These spending also include any transfers that are made solely for fiduciary purposes (i.e., to make accounts balance).

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., sub-awarding direct awards to subrecipients) and transfers to other governmental Agencies (e.g., sharing environmental public health grant dollars with County Planning & Development Agency) are 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 **Summary** worksheet. Allocate expenditures across the FPHS and CSS to the best of your ability when not fitting perfectly within a single FC, FA, or CSS.

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 CSS for each FA (e.g., Column Y for Communicable Disease Control) and Other CSS (Column AH). 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 P135) and the percentage of FPHS Spend versus Total Cost are calculated (cell Q135).

Data Flag: The Pass-throughs and Transfers Total (cell H134) will be flagged if that total cost does not equal the pass-through or transfer expenditures from Question 5 (**Background** tab J69); a note accompanying this flag will appear in I134:J135. *The total from the Background tab is located in H135, for convenience*.

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 in allocating Total Cost.

Data Flag: The "%FPHS" (cell Q135) 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. Disregard the flag if most of the agency effort serves the population.

Capital Expenditures.

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 and CSS (Columns P:AH).

Include within capital expenditures any other expenditures on fixed assets (e.g., buildings, vehicles, operating equipment). Capital expenditures are 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 **Summary** worksheet. Allocate expenditures across the FPHS and CSS to the best of your ability when not fitting perfectly within a single Capability or Area. Some agencywide 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 CSS for each FA (e.g., Column Y for Communicable Disease Control) and Other CSS (Column AH). 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 P167) and the percentage of FPHS Spend versus Total Cost are calculated (cell Q167).

Data Flag: The Capital Expenditures Total (cell H166) will be flagged if that total cost does not equal the capital expenditures from Question 5 (**Background** tab J70); a note accompanying this flag will appear in I166:J167. *The total from the Background tab is located in H167, for convenience*.

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 in allocating Total Cost.

Data Flag: The "%FPHS" (cell Q167) 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. 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.

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

Self-Assessment

Self-Assessment Instructions:

You will 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 and 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 and use the dropdowns to self-assess your agency's expertise and capacity for each FPHS headline responsibility according to the rubric above.

Consult the **FPHS Definitions** worksheet 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 **FPHS Definitions** worksheet and the **Self-Assessment** worksheet 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 FC, FA, and CSS, we are asking how services were delivered in your community in your fiscal year of analysis. Though the Tool does not extract data for the headline responsibility, it is recommended that participants provide this information at the level to assist in informing overall service delivery for respective capabilities and areas.

Service Delivery in Your Community

Did you share this Capability, Area, or headline responsibility with another agency or organization in the relevant fiscal year? 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, FC, FA, and CSS, 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

Select this option if your agency delivered the headline responsibility, FC, FA, or CSS entirely on its

own in your jurisdiction in the most recent fiscal year. 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 delivers this service in my jurisdiction

Select this option if another agency played a role in delivering the headline responsibility, FC, FA, or CSS in your jurisdiction in the most recent fiscal year; the other agency may have delivered this service independent of 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 infrastructure in addition to your own.

Yes; another agency completely delivers this service in my jurisdiction

Select this option if another agency solely delivered the headline responsibility, FC, FA, or CSS in your jurisdiction in the most recent fiscal year; the other agency may have delivered this service independent of 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.

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

Select this option if your agency collaboratively delivers the headline responsibility, FC, FA, or CSS with another agency in your jurisdiction in the most recent fiscal year; for this option, your agency would be sharing 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, 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, FC, FA, or CSS with a partner in your jurisdiction. 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, briefly describe how you partner.

Provide the percent share of the Capability, Area, or headline responsibility delivered by your agency in Fiscal Year 2024. 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 **PHWF Calculator** worksheet so that you may use the Calculator to help your agency estimate needs in the **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 in the relevant fiscal year for this Capability, Area or headline responsibility? 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, FC, FA, and CSS, 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

Select this option if your agency did not deliver or support delivery of the headline responsibility, FC, FA, or CSS in other jurisdictions in the most recent fiscal.

Yes; we partially deliver this service in other jurisdictions

Select this option if your agency played a role in delivering the headline responsibility, FC, FA, or CSS in other jurisdictions in the most recent fiscal year; your agency may have delivered this

service independent of 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 infrastructure in addition to their own.

Yes; we completely deliver this service in other jurisdictions

Select this option if your agency solely delivered the headline responsibility, FC, FA, or CSS in other jurisdictions in the most recent fiscal year; your agency may have delivered this service independent of 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 deliver this service with another agency in their jurisdiction

Select this option if your agency collaboratively delivered the headline responsibility, FC, FA, or CSS with another agency in other jurisdictions 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 in another jurisdiction, identify the partner jurisdiction(s). For long or complex responses, 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, FC, FA, or CSS in other jurisdictions. Name those jurisdictions. For instances in which more than one partner is involved in a service, briefly describe how you partner. For complex service delivery relationships, use the comment box at the bottom of the **Self-Assessment** worksheet 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.

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

PHWF Calculator

Introduction: 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; 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 **Current Spending** worksheet for total FPHS FTE. 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. Each of the columns other than Column G ("Need Relative to Peers") are copied from prior worksheets.

- ***Foundational Staffing*** *(Column E): Data for total FTEs for each Capability and Area from the Current Spending tab (Current Spending P39:AH39) are distributed to their respective cells; excluding the CSS.*
- ***Current Total Staffing*** *(Column D): Includes the FTE distributed across Foundational Staffing for each specific Capability and Area, then adds the effort entered for respective CSS for Areas from the Current Spending tab (Current Spending Y39 / AA39 / AC39 / AE39 / AG39), then applies the Other CSS from the Current Spending tab (Current Spending AH39) proportionally across the 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 Self-Assessment tab (Self-Assessment Column I) is copied for each Capability and Area; excluding the CSS.*
- ***Need Relative to Peers*** *(Column G): 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).*

If the data in the **PHWF Calculator** worksheet appear incorrect, you will need to navigate to its respective source worksheet to make any corrections. Review information available for the Calculator (including its user 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 number of residents is critical for accurate estimation.*
3. *Input the data from the table in the FPHS Capacity and Cost Tool, into the Calculator interface. Verify FPHS FTE Input Totals match totals in cells in the Excel spreadsheet (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 worksheets (**Needed Labor** and **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 Excel spreadsheet.

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

These data will appear in row 11 of the **Needed Labor** worksheet and in row 39 of the **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 **PHWF Calculator** worksheet (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.

Needed Labor

Introduction

Estimate the resources anticipated to fully implement the Foundational Public Health Services (FPHS). Totals for each section (total rows of Columns I:K) should equal anticipated total spending (with rates either benchmarked to the current year or future rates). Allocate only anticipated resources for population-based services and health department infrastructure by FPHS and CSS (Columns O:AG). Allocate any resources directed toward individual, clinical, or other services that are not captured in the FPHS within CSS for each FA (e.g., Column X for Communicable Disease Control) and Other CSS (Column AG). For convenience, the total FTEs and total labor costs that were entered in the Current Labor tab are copied to this tab (cells I14 and I15, respectively).

This worksheet asks that you estimate what staffing resources may be necessary to fully implement the FPHS (i.e., FTE and spending for population-based activities and infrastructure). Consult the **FPHS Definitions** worksheet 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 **FPHS Definitions** worksheet and the **Needed Labor** worksheet at the same time.

There are two general approaches toward estimating full implementation needs:

Approach A (zero-based budgeting):

In this approach, you will start from scratch identifying necessary resources and "building" a health department that will fully deliver FPHS in your community. Progress through zero-based budgeting by either

- *identifying staffing in columns G:K as a starting basis, then allocating the total estimated resources across Columns O:AG; or*
- *entering reasonable estimates for FTE or spending in Columns O:AG, then take totals from Column N to determine a total basis for each in Columns G:K.*

This approach may avoid the pitfalls of limiting your agency to your current staffing and spending paradigms.

Approach B (incremental):

In this approach, you will start from your Current Spending data (current resources) for the most recent fiscal year, then identify where additional effort or spending are needed as "incremental" resource increases to fully deliver FPHS. Progress through incremental estimation by either

- *copying data from the **Current Labor** worksheet Columns G:K and pasting them into respective places in the **Needed Labor** worksheet (i.e., starting with current fiscal year's*

overall staffing and compensation), then (1) modifying labor costs, effort, and allocations to reflect shifts or increases and (2) adding additional staff in the rows below with estimated labor costs, effort, and allocations to Foundational Capabilities/Areas and CSS; or

- *copying data from the **Current Labor** worksheet Columns G:H (position and occupation) and O:AG (FTE allocations) and pasting them into respective places in the **Needed Labor** worksheet (i.e., starting with current fiscal year's allocated effort), then (1) modifying that allocated effort across Columns O:AH, (2) copying total FTE from Column N and pasting into Column I, and (3) estimating salary and benefits for those occupations and allocated FTE.*

Please also consider the following when developing your estimates:

- *The FPHS represent a "minimum package of services" or "the suite of skills, programs, and activities that must be available in state and local health departments everywhere for the health system to work anywhere." These services do not include clinical, individual, or other CSS.*
- *Consider what resources (staffing and spending) are 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 department 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 department 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 department 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 need 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.*

When allocating staff, whether through the zero-based or incremental approach, 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).*
- *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 cells to the right of Total FTEs Entered in the Current Labor Tab (cells J14:K14) will be flagged if total FTEs in this tab are less than those entered in the Current Labor tab, displaying "*Less than Current FTEs*." This may indicate that too few FTEs are being estimated for full implementation.

Data Flag: The cells to the right of Total Labor Cost Entered in the Current Labor Tab (cells J15:K15) will be flagged if total labor costs in this tab are less than those entered in the Current Labor tab, displaying "*Less than Current Labor Cost*." This may indicate that staff may be undercompensated for full implementation.

Data Flag: The Total Labor Cost for each occupation (Column L) 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, review the compensation per FTE for accuracy.

Data Flag: A flag will appear for cells (Row 14) when any total Allocation to FPHS for a given FC or FA (Row 10) 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 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 in allocating Total FTE.

Data Flag: The Occupation column (column H) will be flagged red if any of Total FTE (column I), Total Salary (column J), or Total Benefits (column K) are filled out while the Occupation column is empty. This is because the Occupation Category is critical to accurately aggregating the labor data for **Full Implementation**.

Full Implementation

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 will differ 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). The Labor Costs section has been prepopulated using data from the **Needed Labor** tab. Consult the **FPHS Definitions** worksheet 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 **FPHS Definitions** worksheet and the **Full Implementation** worksheet at the same time.

There are two general approaches toward estimating full implementation needs:

Approach A (zero-based budgeting):

In this approach, you will start from scratch in identifying necessary resources and "building" a health Agency that will fully deliver FPHS in your community. Progress through zero-based budgeting by either

- *identifying contracts, other operating expenditures, pass-throughs/transfers, and capital expenditures in Columns G and H as a starting basis, then allocating the total estimated resources across Columns P:AH; or*
- *entering reasonable estimates for spending by category in Columns P:AH, then take totals from Column O to determine a total basis for each item in Columns G and H.*

This approach may avoid the pitfalls of limiting your agency to your current staffing and spending paradigms.

Approach B (incremental):

In this approach, you will start from your Current Spending data (current resources) for the most recent fiscal year, then identify where additional effort or spending are needed as "incremental" resource increases to fully deliver FPHS. Progress through incremental estimation by either

- *copying data from the **Current Spending** worksheet Columns G and H for each expenditure category and pasting them into respective places in the **Full Implementation** worksheet, next adding resource increments to Columns G and H, and then allocating those resources by category in Columns P:AH; or*
- *copying data from the **Current Spending** worksheet for each expenditure category in Columns P:AH, next adding resource increments to Columns P:AH, then take totals from Column O to determine a total basis for each in Columns G and H.*

Please also consider the following when developing your estimates:

- *The FPHS represent a "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 CSS.*
- *Consider what spending resources are 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).

The Labor FTE and Expenditures (Salaries, Wages, and Fringe Benefits) section and table are locked and are populated by aggregating the FTE, Salary, Benefits, and Allocations by Foundational Capability/Area by Occupation Category from the **Needed Labor** worksheet. Flags that appear in this section will need to be addressed in that worksheet.

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, 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 in allocating Total FTE.

Data Flag: A flag will appear for cells (Row 42) when any total Allocation to FPHS for a given FC or FA (Row 39) 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.

Direct Contracts.

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).

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 **Summary** worksheet. Allocate expenditures across the FPHS and CSS to the best of your ability when not fitting perfectly within a single FC, FA, or CSS.

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 CSS for each FA (e.g., Column Y for Communicable Disease Control) and Other CSS (Column AH). For example, rent for a facility used to provide clinical care should be included in CSS. This will allow the Total Cost 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 in allocating Total Cost.

Other Operating Expenditures.

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).

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 **Summary** worksheet. Allocate expenditures across the FPHS and CSS to the best of your ability when not fitting perfectly within a single FC, FA, or CSS. Some agencywide operating costs are reported centrally in the Foundational Capabilities and do not need to be allocated across each FC, FA, and CSS.

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 CSS for each FA (e.g., Column Y for Communicable Disease Control) and Other CSS (Column AH). For example, rent for a facility used to provide clinical care should be included in CSS. This will allow the Total Cost 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 in allocating Total Cost.

Pass-Through and Transfers.

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 FPHS (e.g., transfer to other Agency, subawards).

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., sub-awarding direct awards to subrecipients) and transfers to other governmental Agencies (e.g., sharing environmental public health grant dollars with County Planning & Development Agency) are

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 **Summary** worksheet. Allocate expenditures across the FPHS and CSS to the best of your ability when not fitting perfectly within a single FC, FA, or CSS.

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 CSS for each FA (e.g., Column Y for Communicable Disease Control) and Other CSS (Column AH). For example, rent for a facility used to provide clinical care should be included in CSS. This will allow the Total Cost 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 in allocating Total Cost.

Capital Expenditures.

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).

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 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 **Summary** worksheet. Allocate expenditures across the FPHS and CSS to the best of your ability when not fitting perfectly within a single FC, FA, or CSS. Some agencywide operating costs are reported centrally in the Foundational Capabilities and do not need to be allocated across each

FC, FA, and CSS.

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 CSS for each FA (e.g., Column Y for Communicable Disease Control) and Other CSS (Column AH). For example, rent for a facility used to provide clinical care should be included in CSS. This will allow the Total Cost 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 in 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.

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

Summary

The **Summary** worksheet 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 both the FPHS and CSS. Labor costs, calculated from salary and benefits data entered and FTE allocated in Current Spending and 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 tab 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 filtered out 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.

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 **Background** worksheet) as well as the Total FTE entered in the **Needed Labor** worksheet for **Current Spending**.

Data Flag: The Total FTE (**Current Spending**) value (cell AS13) is flagged if not equal to the total FTE of the most recent fiscal year. Refer to the **Current Spending** worksheet and the **Current Labor** worksheet to locate the discrepancy.

Current – FTEs Dedicated to FPHS

The FPHS-related FTE are present (from the **Current Spending** worksheet) 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. Refer to the **Current Spending** worksheet and the **Current Labor** worksheet 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 Current Spending tab to ensure that only 'foundational' services are included for FPHS. 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 **Full Implementation** worksheet), 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. Refer to the **Full Implementation** worksheet and the **Needed Labor** worksheet 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. Refer to the **Full Implementation** worksheet and the **Needed Labor** 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 **Background** worksheet).

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 (**Current Spending**) value (AS38) is flagged if not equal to the Total Expenditures of the most recent fiscal year (AS37). Refer to the **Current Spending** worksheet to locate the discrepancy.

Current – Expenditures Dedicated to FPHS

The FPHS-related Expenditures are present (from the **Current Spending** worksheet) and the percentage 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. Refer to the **Current Spending** worksheet 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 **Current Spending** worksheet to ensure that only 'foundational' services are included for FPHS. 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 **Full Implementation** worksheet) 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. Refer to the **Full**

Implementation worksheet 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. Refer to the **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 (**Background**), allocate staff for the most recent fiscal year (**Current Labor**), or plan for full implementation staffing (**Needed Labor** and **Full Implementation**).

Occupation Name	Related Occupations	Definition
Agency Leadership	**Top-level leadership**: Public Health Agency Director Deputy Director Department / Bureau Director Program Director (*major subdivision*) Health Officer	Oversees the operations of the overall agency or a major subdivision of public health services (e.g., bureau or division of multiple programs or functions) and possesses substantial responsibilities. *Include all top agency executives regardless of education or licensing.*
Program Managers	**Mid-level leadership**: Program / Project Manager Program / Project Coordinator Unit Supervisor	Manages minor subdivisions of public health services (e.g., divisions with singular functions) or specific programs that provide narrow services and supervise few teams or a smaller set of staff. *Include all mid-level managers regardless of education or licensing*.
Business, Improvement, and Financial Operations Staff	Attorney / Legal Counsel Accountant / Fiscal Manager Grants / Contracts Specialist Business Administrator / Coordinator Community Health Planner Quality Improvement Worker Health Equity Manager Training Developer / Manager other business / workforce / human resources staff	Performs specialized work in areas of business, finance, accounting, human resources, legal issues, and agency or personnel improvement. May include positions focused on accreditation and agency performance improvement.
Office and Administrative Support Staff	Administrative Assistant Secretary / Receptionist Medical / Vital Records Clerks Customer Service / Support Professional Custodian or Maintenance Worker Implementation Specialist other facilities or operations staff	Performs administrative tasks and clerical duties or facility upkeep. Also includes personnel who specialize in implementing healthcare processes or systems (e.g., electronic health record software implementation, medical coding).

Occupation Name	Related Occupations	Definition
Information Technology and Data System Staff	Information Systems Manager Network Administrator/Manager Information Technology Specialist Database Analyst / Administrator / Manager Public Health Informatics Specialist / Informatician Web Developer Computer Programmer other information technology or data system staff	Analyzes business and data processing problems to implement and improve computer systems. Provides technical assistance to maintain computer systems and hardware/software issues. Develops web or software applications and technology.
Public Information and Communications Staff	Public Information Officer / Specialist Communications Specialist Social Media Coordinator Social Marketing Specialist Web Content Writer / Content Developer other public information or communications staff	Serves as communications coordinator or spokesperson for the agency to provide information about public health issues to the media and public.
Public Policy Staff	Policy Analyst Legal Analyst (*not attorney or counsel*) other policy development or enactment staff	Develops or analyzes public policy and impacts of policies. Specializes in legal or regulatory processes related to developing, revising, or enacting public policy.
Preparedness Staff	Emergency Preparedness Coordinator Emergency Management Worker Emergency Manager other preparedness or response staff	Manages or develops the plans, procedures, and training programs involving the public health response to all-hazards events. Coordinates or leads responses to public health or medical emergencies in the jurisdiction.
Health Educators	Community Health Educator Health Education Coordinator / Specialist other health education or health promotion staff	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.
Community Health Workers	Community Health Worker Community Outreach Worker / Outreach Specialist	Facilitates access to culturally appropriate social support, informal counseling, and resources for programs promoting individual and community health. *Excludes health educators, patient / health navigators, social workers, and counselors.*

Occupation Name	Related Occupations	Definition
Behavioral Health and Social Services Staff	Behavioral Health Professional Disease Intervention Specialist / Contact Tracer Mental Health Counselor / Substance Abuse Counselor Peer Counselor Health Navigator Social Worker / Social Services Professional	Develops and implements strategies to improve the mental health and social well-being of individuals and communities. May also provide direct behavioral health services to clients regarding mental, behavioral, social, and substance abuse issues as well as support in navigating health and social services. *Excludes community health workers*.
Epidemiologists	Epidemiologists Nurse Epidemiologists Population Health Specialists	Conducts ongoing surveillance, field investigations, and evaluation of disease occurrence (and specific events) and disease potential to understand the distribution and determinants of health and disease in populations.
Statisticians, Data Scientists, Other Data Analysts	Biostatistician Data / Research Analyst Data Scientist Economist Program Evaluator other analysts or scientists	Develops and applies theories, models, or experiments to support planning or evaluation activities. Conducts analytic studies and evaluation of interventions to make recommendations on appropriate interventions. May also collect data and report vital statistics.
Laboratory Workers	Laboratory Technician Laboratory Quality Control Worker Laboratory Scientist / Medical Technologist Laboratory Aide / Assistant other laboratorians or laboratory assistants	Plans, designs, and implements laboratory testing procedures, and performs analyses that provide data to diagnose, treat, and monitor disease and environmental hazards.
Compliance / Inspection Staff and Animal Control	Licensure / Regulation / Enforcement Worker Disability Claims / Benefits Examiner / Adjudicator Animal Control Worker / Officer / Warden Coroner / Medical Examiner other compliance or inspection staff	Conducts regulatory inspection, compliance, or investigation activities to protect and promote individual and community health. Includes healthcare compliance and monitoring (e.g. claims or benefits investigation); animal control (i.e., investigating, caring for, or controlling domesticated or wild animals); and forensic investigation of death (e.g., coroners, medical examiners). *Excludes sanitarians / environmental health inspectors, disease intervention specialists, laboratory quality control staff.*

Occupation Name	Related Occupations	Definition
Environmental Health Workers	Environmental Health Professional / Specialist Environmental Health Physicist / Scientist Environmental Engineer Sanitarian / Environmental Public Health Inspector	Investigates, monitors, and identifies problems or risks that may affect the environment (e.g., food safety, rats and mosquitoes, air and water quality, solid waste) and may impact the health of an individual or group.
Other Clinicians or Healthcare Providers	Public Health / Preventive Medicine Physician Physical / Occupational / Rehabilitation Therapist Pharmacist Public Health Veterinarian Emergency Medical Technician / Paramedic other licensed health professionals	Licensed and credentialed health professionals qualified to address individual or population health concerns. Identifies persons or groups at risk of illness or disability and develops, implements, and evaluates programs and interventions to prevent, treat, or reduce such risks. May also provide direct clinical services to clients (e.g., health care, pharmaceutical, veterinary).
Nursing Assistants and Home Health Aides	Certified Nursing Assistant Nursing Aide Home Health Aide other clinical support staff	Unlicensed personnel who provide basic patient care and assistance with activities of daily living in a healthcare facility or the patient's home.
Licensed Practical or Vocational Nurse	Licensed Practical Nurse Licensed Vocational Nurse Care / Home Health Nurse other non-degree nursing professionals	Licensed nursing professional (non-degree) who provides routine care for patients, often under supervision.

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 per- formed 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 agencywide 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 Funds: Revenues from local tax levies or other dollars from local special revenue 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. 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. *Operational Definitions*
2. *PHAB Scope of Authority*
3. *PHAB Standards & Measures for Pathways Recognition - Foundational Capability Measures*

For more information, visit the FPHS Capacity & Cost Assessment webpage.

SCHOOL OF PUBLIC HEALTH
UNIVERSITY OF MINNESOTA
CENTER FOR PUBLIC HEALTH SYSTEMS

The *Foundational Public Health Services Capacity & Cost Assessment: Instructional Guide* was developed in collaboration with the Center for Public Health Systems at the University of Minnesota School of Public Health.