Updated May 14, 2024

FY25 Public Health Excellence (PHE) Grantee Workplan Content Menu

- **PHE Requirements: Grant Administration, Governance, Foundational Public Health Services (FPHS) Review (all required)**
  - **Overview:** The PHE Grant Requirements and associated activities are essential components mandated by the PHE Grant Program. They outline specific criteria and actions that grantees must fulfill to meet programmatic goals and ensure alignment with grant requirements.
  - **Actions Needed:** These objectives and associated activities will be **pre-filled** and locked in the associated tabs in the Workplan Template. Add Lead and Support Staff for each activity. For Governance Tab, delete section that does not apply.
- **Sustainability Objectives (1 required)**
  - **Overview:** These objectives focus on initiatives aimed at ensuring the long-term viability and collaborative utilization of resources within Shared Services Arrangements (SSAs). This work aims to foster resilience, efficiency, and equitable distribution of services among and between participating entities.
  - **Actions Needed:** Add one or more Sustainability Objective(s) from the table below. Include 3 or more of the recommended activities for each objective. Revise model activities and/or create custom activities as needed.
- **Performance Standards (PS) Objectives (3 required)**
  - **Overview:** These objectives focus on achieving the Massachusetts Performance Standards for Local Public Health.
  - **Actions Needed:** Select 3 or more PS Objectives based on the findings of the Capacity Assessment Review Tool (CART) Assessment, Self-Assessment, or a Strategic Planning process initiated by your SSA. Select the Category of Environmental Health, Disease Control and Prevention, or Tobacco Use Prevention. For Environmental Health Objectives, you must also select a subcategory. Include 3 or more of the recommended activities for each objective. Revise model activities and/or create custom activities as needed. A **racial equity theme*** must be selected for each objective. Ensure at least one activity relates to the racial equity theme selected for the respective objective.
- **Elective Objectives**
  - **Overview:** These objectives allow flexibility for SSAs to document progress on other public health initiatives. SSAs are encouraged to include 1 or more Electives Objectives. By adding Elective Objectives to the Workplan, SSAs can plan, monitor progress, and share results with the Office of Local and Regional Health (OLRH). For special programs and initiatives lead and supported by PHE-funded staff, we strongly encourage SSAs to document that work in this section of the Workplan.
  - **Action Needed**: Select Model Objectives from the table. Include 3 or more of the recommended activities for each objective. Revise model activities and/or create custom activities as needed. A **racial equity theme*** must be selected for each objective. Ensure at least one activity relates to the racial equity theme selected for the respective objective. Consult with your Program Coordinator if creating custom Elective Objectives.
- **Racial Equity Themes***
  - See supplemental document for a list of recommended considerations, model activities, and additional resources.

Updated May 14, 2024

Grant Requirements

PHE Requirements (pre-filled in FY25 Workplan Template)		
#	**Objective**	**Activity**
1	**Grant Administration:** Complete/perform all PHE Grant Program contractual requirements for the upcoming fiscal year	A. Attend monthly PHE Grantee meetings – ensure attendance of lead municipality and Shared Services Coordinator (SSC), or a designated alternate. B. Submit a list of Participating Municipalities to Program Coordinator by July 31st and notify Program Coordinator within 30 calendar days of a change in Participating Municipalities. C. Maintain Letters of Commitment (LOC) from all Participating Municipalities in the SSA. D. Complete and submit PHE quarterly reports in collaboration with your Shared Services Coordinator and all municipalities within the SSA. E. Governing bodies established through the Intermunicipal Agreement (IMA), shall meet a minimum of once per quarter. F. Send annual notification to all Participating Municipalities no later than October 31st of each grant year. Such notification shall be substantially consistent with Attachment 1 of the PHE Engagement Scope in terms of required language and addressee list. Proof of notification shall be submitted to Program Coordinator no later than November 15th of each fiscal year. G. Ensure that all Participating Municipalities maintain 100% continuous MAVEN coverage which means that each Participating Municipality has an active, designated MAVEN user and back-up user.
2	**Governance:** Execute and maintain IMA or equivalent	**Select the activity below that applies to your SSA.** **For those SSAs with an existing IMA or equivalent:** A. Assess and update existing IMA for your SSA. B. Review SSA services and responsibilities planned for FY25. If these services and/or responsibilities are not covered in the existing IMA "Scope of Service" section or in an amendment to the IMA, request legal technical assistance (TA) or work with counsel to address. C. Review IMA expiration dates as well as annual review/assessment requirements. Perform required elements of IMA and request TA or work with counsel as needed to renew or amend. D. Submit revisions to the IMA Program Coordinator within 30 calendar days of full execution. **For those SSAs without an existing IMA or equivalent:** A. *If you haven't already done so*, Complete the Technical Assistance Request Form and select "IMA development" B. Working with Massachusetts Association of Health Boards (MAHB), draft IMA in accordance with PHE Engagement Scope. C. Circulate draft to Participating Municipalities and schedule a meeting to review and discuss. D. Working with MAHB, incorporate edits and revisions as needed. E. Request legal review by host municipality and subsequently legal review by Participating Municipalities in consultation with MAHB. F. Schedule Board of Health and Select Board meetings as necessary to approve and execute final version of IMA. Provide IMA in advance of meetings and ensure adequate representation at meetings to answer questions. G. Submit a fully executed IMA to Program Coordinator no later than October 31, 2024

3	**FPHS Review:** Participate in trainings, a capacity and expertise review (SSA-level), and cost reporting related to the Foundational Public Health Services (FPHS)	A. Attend Foundational Public Health Services (FPHS) Framework review trainings and technical assistance meetings, and gather necessary documents (e.g., municipal budgets). B. Have your Shared Services Coordinator facilitate discussions with your SSA about capacity and expertise within the FPHS Foundational Areas and Foundational Capabilities to prepare for the capacity and expertise SSA-level review and cost reporting. C. Complete the FPHS Shared Services Review collaboratively with your SSA (early 2025).

Updated May 14, 2024

Sustainability Objectives

Sustainability Objectives (select a minimum of 1)		
#	**Objective**	**Activity**
1	**Communication & Engagement:** Develop a framework for communication and engagement to optimize operational efficiency and effectiveness	A. Develop standardized protocols for inter-municipal communication and collaboration (e.g., guidelines for response times, document sharing, conflict resolution, etc.). B. Hold monthly collaborative meetings with all SSA member municipalities to check-in about workplan progress, budget spenddown, current and regional staffing needs, and discuss and address SSA areas for opportunity. C. Set up feedback mechanisms, such as surveys or regular meetings, to gather input from municipalities on the effectiveness of the communication and collaboration framework to identify best practices and areas for improvement. D. Develop a streamlined request process for municipalities to access regional staff. E. [*Applicable for SSAs that have municipalities with Inspectional Services Department (ISD)*] Collaborate with the Inspectional Services Department (ISD) to discuss sharing existing resources and additional areas where staffing is needed for the SSA.
2	**Strategic Planning:** Develop a shared vision to inform future work	A. Facilitate strategic planning workshops to identify service gaps, resource constraints, ensure SSA sustainability, and opportunities for collaboration among SSA municipalities. B. Develop a strategic vision and mission statement that aligns with the goals of the SSA and reflects the collective interests of all municipalities. C. Present findings of strategic planning process to the public. D. Evaluate existing contracted services and identify opportunities for merging (combining similar contracts) or expansion (expanding existing contracts to serve additional municipalities) within the SSA. E. Develop a plan to expand the scope of services, cost benefits, and operational efficiencies gained through merging contracts or expansion of contracts (consult unions if required). F. Negotiate terms and agreements with existing contractors to accommodate the larger scale of service delivery and ensure alignment with SSA goals. G. Implement a phased approach to transition and integrate additional municipalities into the merged or expanded contract.
3	**Retention & Job Satisfaction:** Enhance staffing retention and job satisfaction by implementing targeted initiatives and fostering a supportive work environment	A. Conduct regular surveys to assess employee satisfaction, identify areas for improvement, and gather feedback on workplace culture, leadership effectiveness, and job satisfaction. B. Facilitate or procure training programs or workshops to enhance employees' skills, knowledge, and career advancement opportunities. C. Establish a mentorship initiative pairing experienced staff with newer employees to provide guidance, support, and opportunities for professional development. D. Implement employee recognition programs to acknowledge and celebrate individual and team accomplishments. E. Introduce policies and practices that promote a healthy work-life balance such as flexible work schedules, telecommuting options, and wellness programs.

4	**Diversification of Funding:** Explore opportunities to diversify funding sources to support public health services	A. Review local fees for health inspections and services across Participating Municipalities. Compare fees to surrounding communities and ensure that associated staffing and administrative costs are covered by fees. If applicable, follow local procedures to increase fees. B. Establish revolving fund account to collect fees. Seek TA through ORLH for help drafting warrant articles to establish new revolving accounts or revisions to existing revolving accounts. C. Identify public health challenges, gaps in service delivery, and opportunities to better achieve the Performance Standards within your SSA's jurisdiction that can be addressed through grant-funded initiatives. D. Conduct research to identify available grant opportunities relevant to the priorities and needs of your SSA. E. Identify a staff person to research and circulate grant funding opportunities. F. Create grant proposals by collaborating with subject matter experts, community partners, and grant writers to align with programmatic goals, evidence-based practices, and evaluation metrics of each funding opportunity. G. Develop a systematic approach for grant management, including tracking submission status, monitoring reporting deadlines, and maintaining compliance with grantor regulations and guidelines. H. Develop sustainability plans to ensure continuity and long-term impact beyond the additional grant opportunity funding period, including strategies for resource diversification, partner engagement, and program sustainability. I. Seek training opportunities in grant writing for staff. J. Hire a consultant to identify grant opportunities and/or write a particular grant. K. Log successes in securing additional grant funding to use for advocacy of increased funding for the SSA and its member municipalities.
5	**Inventory Management:** Establish an inventory management system to streamline procurement processes and accurately monitor all purchases	A. Develop an SOP and/or implement a transparent tracking mechanism for inventory management related to PHE Grant Program related purchases. B. Itemize all purchases made by the SSA purchases, ensuring comprehensive documentation of procurement transactions. C. Train staff members on the newly established inventory management procedures. D. Implement quarterly audits to refine the process, maintain accuracy, and identify any discrepancies.
6	**Document Digitization:** Assess current document storage methods and take steps towards transitioning to digitizing documents and improving electronic storage capabilities	A. Conduct a review of existing document storage and maintenance procedures among all municipalities to identify best practices and areas for improvement. B. Evaluate the available technology infrastructure and software solutions within the SSAs to determine their suitability for document digitization. C. Identify and procure appropriate tools, software, or systems to facilitate document digitization and electronic storage (e.g., document management software, scanners, cloud storage, etc.) for all municipalities in your SSA. D. Develop SOPs for filing structures and naming conventions and sharing of documents in SSA.

7	**Expanded Sharing of Services:** Explore opportunities for expanded sharing of services	A. Utilizing your CART Results or the Performance Standards Self Assessment Tool, identify areas for improvement within the SSA. B. Review shared staff capacity to address areas of improvement. Review municipal staff capacity to support SSA through training (e.g., shadowing opportunities), back-up support, and limited inspectional capacity or other support. C. Consider sharing of services beyond existing PHE funded shared staff. Develop a request process for municipalities and Standard Operating Procedures. D. If applicable, request Legal TA through OLRH to review expanded sharing of resources. E. Standardize service regulations, activities, and fees across municipalities to ensure consistency and equity in service delivery.

Performance Standards Objectives

Performance Standards (PS) Objectives (3 required) *NOTE: Objectives #1-3 may be duplicated and used for more than one Performance Standard category (and/or Environmental Health subcategory).*		
#	**Objective**	**Activity**
1	Enhance staff capacity to effectively meet mandated inspectional requirements and enforce regulations, in alignment with the Performance Standards for Local Public Health	A. Determine staffing strengths and areas for improvement within *[Performance Standards Category & Subcategory]* for your SSA by reviewing your Capacity Assessment Results Toolkit (CART), Capacity Assessment Data Dashboard, or have all member municipalities complete the Self-Assessment for updated staffing needs. B. Collaborate with all member municipalities on potential strategies to solve staffing needs w including sharing existing municipal staff (consult unions if needed), cross-training existing staff, and hiring shared staff. C. Outline any new, revised, or expanded roles and responsibilities of staff. This should include outlining a management structure and performance expectations. D. Create an SOP for how member municipalities request *[Performance Standards Category & Subcategory]* inspectional support. E. Create a system for managing and supervising staff that offers clear guidance on job responsibilities, mechanisms for support, and mentoring. Guidance should also include ways to handle conflicts in the SSA. F. **If hiring staff:** Create an SOP for hiring. This should include procedures for securing approval at both the SSA and municipal levels, drafting and approving job descriptions, posting mechanics, selecting final candidates, salary expectations, incorporating workforce regulations, addressing future education and training needs, and ensuring fair and equitable hiring practices. G. **If hiring staff:** Carry out the hiring plan, making sure to follow the set timelines, procedures, budget limits, while also ensuring representative diversity.
2	Identify areas for improvement in inspection processes and provide targeted training to enhance the effectiveness and consistency of inspections across all participating municipalities	A. Conduct a review of [*insert PS category/subcategory*] inspections and ensure (if applicable) use of the most up-to-date standardized state inspection form. B. Utilize available resources (e.g., Capacity Assessment Key Findings documents, or TA requested through OLRH) to help identify how [*insert PS category/subcategory*] could be improved. C. Refer back to your SSAs Capacity Assessment Results Toolkit (CART) for Performance Standard category feedback on documents submitted during the Fall 2022 Capacity Assessment. Request SME TA support for document review, if desired. D. Review [*insert PS category/subcategory*] inspection forms and associated follow-up documentation for each SSA member municipality for best practices and areas for improvement. E. Share and utilize *[insert PS category/subcategory]* documents with all SSA member municipalities to assess for best practices (e.g., Title 5 Enforcement Letter). F. Review [*insert PS category/subcategory*] checklists and supporting documentation (e.g., variance requests and septic plan review) for each and associated follow-up documentation for each SSA member municipality for best practices and areas for improvement. G. Share and utilize [*insert PS category/subcategory*] checklists and supporting documentation with all member municipalities to assess for best practices. (e.g., HACCP Plan Checklist).

		H. Create standardized checklists and supporting documentation for [*insert PS category/subcategory*] all SSA member municipalities. I. Coordinate internal discussions among relevant staff to exchange best practices and procedures for conducting inspections and follow-up actions related to [*insert PS category/subcategory*]. J. Work with the Training Hubs and/or coordinate tagalong inspections for knowledge sharing with all SSA member municipalities.
3	Facilitate targeted training opportunities for staff members to address gaps in meeting the Performance Standards	A. Utilize tools such as the SSA Capacity Assessment Results Toolkit (CART) and Performance Standards Self-Assessment Tool and Addendum to identify areas for improvement within the SSA concerning [*insert PS category/subcategory*]. B. Seek out training resources, such as TRAIN MA, to ensure all necessary staff members complete relevant trainings addressing identified gaps in meeting the Performance Standards within the SSA. C. Create a utilize a system to gather input from staff members on the effectiveness and relevance of completed training sessions, utilizing this feedback to improve the selection of future training opportunities. D. Encourage cross-training and tagalong inspections among SSA member municipalities.
4	**Disease Control and Prevention**: Ensure adherence to infectious disease case investigation requirements, while enhancing staff training, capacity, and quality improvement initiatives	A. Develop standardized protocols for case investigations, outlining clear steps for immediate disease acknowledgment within 48 hours and routine disease acknowledgment within 7 days. B. Create a comprehensive training or resource hub on infectious disease case investigation procedures, including proper documentation, communication protocols, and epidemiological data reporting requirements. C. Assess staffing and workload to allocate resources effectively for infectious disease investigations and epidemiology, adjusting staffing models as needed for sustainability and ensuring coverage with backup staff when necessary. D. Establish mechanisms for ongoing monitoring and evaluation of infectious disease case investigation activities and epidemiological trends to maintain high standards of quality and efficiency, identifying and addressing areas for improvement as necessary.
5	**Tobacco Use Prevention:** Improve inspectional requirements and enforce regulations, in alignment with the Performance Standards	*This objective is **strongly encouraged** for all SSAs with municipalities that are not funded through the Massachusetts Tobacco Control Program (MTCP).* Contact MTCP staff (Zendilli Depina, zendilli.m.depina@mass.gov) by September 1, 2024, to discuss opportunities to improve tobacco control and prevention strategies. This may include support from a third-party vendor of MTCP, training and support, and/or joining an existing tobacco control initiative. With MTCP support, add additional activities appropriate for your SSA to workplan. Additional activities to be added, following engagement with MTCP.

Elective Objectives

Elective Objectives		
#	**Objective**	**Activity**
1	**Organizational Competencies:** Pool Municipal Opioid Abatement Funds	A. Consult with Care Massachusetts Training and Technical Assistance (TTA) Services for developing new SSA. B. Assign, hire or contract shared staff person to oversee and coordinate opioid abatement activities. C. Form a committee of People with Lived and Living Experience (PWLLE) and compensate members to partake in the planning process. D. Collect and analyze data to identify existing gaps and resources. E. Engage those impacted by the opioid epidemic to share findings and prioritize strategies. F. Complete logic model template to define strategies, inputs, outputs, and outcomes. G. Develop a budget and narrative listing expenses and offsets for each strategy. H. Host community meetings to present logic model and budget plan. I. Reconvene committee and compensate members to review Requests for Response (RFR), Requests for Information (RFI), and Requests for Proposals (RFP). J. Explore existing TTA services available for program management support.
2	**Communicable Disease Control:** Expand Vaccine Access	A. Participate in a Community of Practice meeting with OLRH and other DPH staff on a quarterly basis. B. Work with community partners (e.g., Police, Fire, Community Health Center, Schools, etc.) to learn about barriers, historical consideration, and other resources. C. Review local vaccine needs with community partners including school nurses, Women, Infants, and Children (WIC), and early intervention. D. Work with an epidemiologist or other staff to forecast vaccine demand using available resources including MIIS. E. If a gap in childhood vaccinations exists, become a Vaccines for Children (VFC) provider through the DPH Immunization Unit to access federally funded childhood vaccines. Equipment purchases may be covered by the PHE grant. F. Establish vaccine reimbursement to offset costs. Investigate Revolving Accounts to capture reimbursements if not already establishment. -Request Legal TA as needed.
3	**Maternal, Child and Family Health:** Support caregivers and newborns	A. Participate in a Community of Practice meeting with OLRH and other DPH staff (including Bureau of Family Health and Nutrition Staff) once quarterly. B. Work with community partners (e.g., Police, Fire, Community Health Center, Schools) to learn about barriers, historical consideration, and other resources. C. Work with an epidemiologist or other staff to assess needs including STI rates, infant mortality rates, monthly birth rates by community, birthing hospitals, and other local data. D. Establish Local Partners to support this work (e.g., Clerks Office, Welcome Family Program, Libraries, Healthcare Establishments, and VNA). E. Create resources guides for pregnant people, new moms, and guardians. Develop an outreach/communication plan.
4	**Chronic Disease and Injury**	A. Work with community partners (e.g., Police, Fire, Community Health Center, Schools, etc.) to learn about barriers, historical consideration, and other resources.

	Prevention: Blood Pressure Screening Vulnerable Populations	B. Consider Linkages to Clinical Care. C. Work with an epidemiologist or other staff to assess needs including community rates of heart disease and stroke, access to primary care services, and other locally relevant disaggregated data. D. Expand blood pressure clinics age range to young adults and pediatric populations – free in-person training for local PHN's on evidence-based blood pressure technique and evaluations for all age ranges will be facilitated by MDPH Hypertension Unit in FY25 – FY26.
5	**Chronic Disease and Injury Prevention:** Harm Reduction Prevention	A. Collaborate with community partners to assess data around substance use (e.g. access to Critical Incident Management System (CIMS) data). Work with an epidemiologist or other staff to determine gaps, available resources, etc. in Participating Towns. B. Develop programming to address needs for high-risk residents. This may include activities such as post overdose follow-up, home visits, Naloxone training and distribution, and additional outreach and education activities. For recurrent elderly falls, health staff can provide home fall risk assessment, referrals to home health services, and providing information from the Council on Aging (COA). C. If applicable, evaluate the need for substance use street outreach for wound care related to xylazine – free online training available through BMC Grayken, and in-person hands-on training for local PHN's will be facilitated by DPH's Bureau of Substance Addiction Services (BSAS) in FY25-FY26. Support to be provided in Community of Practice setting. D. Apply for Naloxone Purchasing Program if applicable.
6	**Emergency Preparedness and Response:** Support Participating Municipalities in meeting PHEP BP1 objectives	A. Participate in the Health and Medical Coordinating Coalition (HMCC), including meetings and annual regional Hazard Vulnerability Assessment (HVA). B. Participate in state-sponsored drills, including an annual update to the WebEOC Emergency Dispensing Site (EDS) board. C. Update quarterly the WebEOC contact board with primary and secondary 24/7 contacts. D. Ensure that each community has an emergency response framework to guide a public health response to incidents/events within their community. The framework can either be included in a community level Emergency Operations Plan (EOP), a Comprehensive Emergency Management Plan (CEMP), or as a standalone document. E. Identify training needs for staff and volunteers who have an identified role in a public health response. F. Participate in the Coalition Level training needs assessment by May 20, 2025. G. Workshop and socialize the concepts within the newly developed or updated framework by May 1, 2025. H. Submit developed or updated plans/framework through the HMCC by June 1, 2025.
7	**Education, Training, and Credentialing:** Assess and plan for all staff to work towards meeting the	A. Document all current municipal and shared staff's progress in completing all appropriate/required trainings in alignment with the Workforce Standards for Local Public Health. B. LPH and SSA consult with their SSC to create a professional development plan to align their role to applicable workforce standard required training. C. Ensure all staff within the SSA have completed ICS100/NIMS 700 and for those with a leadership role, ICS 200.

	Workforce Standards	D. Ensure staff who have worked for local or state public health for at least 7 years, but who do not meet these requirements, request a Workforce Development Standards Waiver. E. Ensure all employees have an TRAIN MA account. F. LPH and SSA prioritize integrating and completing Local Public Health Training Program Tier 1 Foundational Knowledge TRAIN MA, Tier 2 Local Public Health Intensive Training and Tier 3 Applied Practice Local Public Health Training Hub into onboarding plans for all new hires. G. Incorporate Racial and Equity Trainings and Learning Communities learning and development into SSAs racial equity integration of services and racial equity goals in your FY25 Workplans.
8	**CLAS (Cultural and Linguistically Appropriate Services):** Participate in trainings to learn about implementation of CLAS	A. Complete self-paced Training Module "Introduction to CLAS: Culturally and Linguistically Appropriate Services" (25 minutes) through https://bsas.docebosaas.com/learn/register B. Complete self-paced Training Module " CLAS Self Assessment for Contracted Vendors" (25 minutes) through https://bsas.docebosaas.com/learn/register C. Identify 2-3 Areas of Action to target for assessment and quality improvement.
9	**Assessment & Surveillance:** Use data to inform public health programming to maximize health outcomes	A. Participate in a Community of Practice meeting with OLRH and other DPH staff once quarterly. B. Work with other epidemiologists to explore using existing data to inform public health programming given limited resources. C. Utilize DPH and other locally relevant data sources to identify underserved communities or populations and priority needs. D. Develop data-informed strategies for your SSA to address the needs of identified populations.