Final Draft (Early Release) Updated May 13, 2025

FY26 Public Health Excellence (PHE) Grantee Workplan Content Menu

- **PHE Requirements: Grant Administration, Governance, Foundational Public Health Services (FPHS) Review, SAPHE 2.0 Reporting, METRIK**
  - **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.
- **Sustainability Objectives (2 required)**
  - **Overview:** These objectives focus on initiatives aimed at ensuring the long-term viability and collaborative utilization of resources within Shared Service 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 (2 required)**
  - **Overview:** These objectives focus on achieving the Massachusetts Performance Standards for Local Public Health.
  - **Actions Needed:** Select 2 or more PS Objectives based on the findings of the Capacity Assessment Review Tool (CART), Self-Assessment, or FPHS Review Preliminary Results 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.
- **Elective Objectives (Optional)**
  - **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, as feasible. 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.
- **Racial Equity Themes**
  - A racial equity theme must be selected for each objective selected under **Sustainability**, **Performance Standards**, and **Elective**. **Ensure at least one activity relates to the racial equity theme selected for the respective objective.** See supplemental document for a list of recommended considerations, model activities, and additional resources.

Grant Requirements

PHE Requirements (pre-filled in FY26 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. Maintain Letters of Commitment (LOC) from all Participating Municipalities in the SSA. C. Complete and submit PHE triannual reports in collaboration with your Shared Services Coordinator and all municipalities within the SSA. D. Governing bodies established through the Intermunicipal Agreement (IMA), shall meet a minimum of once per quarter. E. 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. F. Vendor shall 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. – *Back up user should be a person that has been trained to perform active case investigation and follow-up and could actively investigate a case of disease in their back up capacity. Preferably a public health nurse or regional epidemiologist.*
2	**Governance:** Execute and maintain IMA or equivalent	A. Assess and update existing IMA or equivalent (e.g., Health District bylaws) for your SSA. B. Review SSA services and responsibilities planned for FY26. If these services and/or responsibilities are not covered in the existing IMA or equivalent Scope of Services section or exhibit, request legal technical support or work with municipal attorney to address. C. Review IMA or equivalent for expiration dates (if applicable) as well as annual review/assessment requirements and perform accordingly. Request technical support or work with municipal attorney as needed to renew or amend. D. Submit revisions to the IMA or equivalent to your Program Coordinator within 30 calendar days of full execution. **For SSAs without an existing IMA or equivalent, ORLH will generate a custom list of activities.**
3	**Foundational Public Health Services (FPHS)**	A. Using template provided by OLRH, Shared Services Coordinator to email the FPHS Preliminary Results slide deck to all Participating Municipality Board of Health members and health directors who did not attend the SSAs 2025 preliminary results meeting with BME. *(T1)*

	Review: Review and utilize the data from the FPHS Shared Services Review	B. In advance of governance board discussion, Shared Services Coordinator meets with a technical support provider to review results and prepare for the meeting. Work with the technical support provider to select at least one discussion topic from the FPHS Discussion Facilitation Guide. C. Ensure that FPHS FY25 Report appears on the agenda and is discussed during at least one governance board meeting. Representative to facilitate discussion using the FPHS Discussion Facilitation Guide about increased capacity for partnerships, collaboration, or service sharing, both internal and external.
4	**SAPHE 2.0 Reporting:** Ensure each participating municipality (LPH Entity) completes the Annual SAPHE 2.0 reporting requirements	A. Shared Services Coordinator (SSC) and heads of Participating Municipalities to attend the annual SAPHE 2.0 reporting introductory webinar(s)/technical support meeting(s). *(Estimated T2)* B. SSC to notify Participating Municipalities of SAPHE 2.0 reporting requirements (OLRH to provide template email). *(Estimated T1/T2/T3)* C. SSC or equivalent shall ensure SAPHE 2.0 reporting compliance of all Participating Municipalities. *(Estimated T2)* D. SSC to ensure that all PHE funded staff complete LPH Workforce Survey. SSC to support OLRH in encouraging local public health staff employed by Participating Municipalities to complete LPH Workforce Survey. *(Estimated T2)* E. Vendor shall ensure that Participating Municipalities fully onboard to METRIK and complete inspections for available modules (e.g., Food Inspections, Bathing Beaches, Lab Results, Housing, etc.) in FY26, OR upload documents following instructions from OLRH to complete the document review process. *(Estimated T3)*
5	**METRIK:** Participate in the onboarding process to METRIK	A. If inspectional software costs are currently paid through PHE Grant funds and your municipality will not be assuming this expense, work with relevant groups (e.g., municipal IT staff, health department staff, administrators, etc.) to retire existing inspectional systems/software in coordination with METRIK team recommendations. In coordination with relevant groups, begin planning for the offboarding of existing inspectional software. This includes but is not limited to data migration, license closure, and internal staff communication, in alignment with METRIK guidance. B. Facilitate conversations with key municipal contacts (e.g., such as public health directors, department heads, SSCs, and IT leads, etc.) using guidance from the METRIK team, to understand and confirm each municipality's adoption plans for METRIK. Separately, support onboarding by assisting key municipal contacts with the timely submission of required documentation for user provisioning. Escalate any concerns or delays with meeting submission deadlines as needed. C. Coordinate with key municipal contacts to ensure that all PHE-funded staff attend required METRIK trainings. Encourage participation from additional relevant groups (e.g., municipal IT staff, health department staff, administrators, etc.) to ensure comprehensive onboarding and effective system use. Municipalities should designate a training coordinator to track participation and ensure completion is documented to DPH.

Sustainability Objectives

Sustainability Objectives (select a minimum of 2)		
#	**Objective**	**Activity**
1	**Communication & Engagement:** Raise community awareness of shared services and benefits to residents	A. Improve awareness of your shared service arrangement and services provided to key partners in your communities (e.g., LBOHs, Select Boards, Finance Committees, Town Administrators/Managers/Mayors, local legislators, nonprofits, coalitions, and other community partners). Consider use of newsletters, press releases, articles, presentations at public meetings, and quarterly memos targeted for appropriate audience(s) showing value and benefits of shared services. B. Prepare monthly and/or quarterly activity reports, showing delivery of shared services to each Participating Municipality. Circulate to appropriate audiences to advance awareness of the SSA and benefits to local residents and communities. C. Prepare an annual report of SSA activities and delivery of shared services (inspections, enforcement actions, etc.). Draft for inclusion in municipal annual reports. Distribute materials strategically during the annual budget cycle to advance support of funding to local public health.
2	**Improved Sharing of Resources:** Develop a framework to optimize operational efficiency and effectiveness	A. Develop standardized protocols for inter-municipal deployment of services, 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, review shared staff activity reports, 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.
3	**Expanded Sharing of Internal Services:** Explore opportunities for	A. Utilizing FPHS Shared Services Review Results, review shared staff capacity and expertise in FPHS Service Delivery Tool to identify strengths and areas of improvement. B. Assess the level of shared service adoption of each Participating Municipality and identify opportunities for improved sharing of services. Identify and address barriers to sharing services if applicable.

	expanded sharing of services	C. Identify municipal staff capacity to support SSA through training (e.g. mentoring, shadowing opportunities), back-up support, and limited inspectional capacity or other support. D. Consider sharing of services beyond existing PHE funded shared staff. Develop a request process for Participating Municipalities and appropriate municipal or regional Standard Operating Procedures. E. Develop standard operating procedures, activities, and fees across Participating Municipalities to ensure consistency and equity in service delivery. F. If applicable, request Legal TA through OLRH to review expanded sharing of resources. G. Engage with Participating Municipalities Boards of Health to approve proposed standard operating procedures, activities, and fees across municipalities to ensure consistency and equity in service delivery. H. *[Applicable for SSAs that have municipalities with Inspectional Services Department (ISD)]* Collaborate with the Inspectional Services Department (ISD) to discuss sharing existing resources in areas where staffing is needed for the SSA. I. Work to adopt regional uniform local regulations (such as septic, private well, environmental review, and outside consultant regs) to create a level playing field and cohesive regulatory program that better justifies having an SSA-wide fee schedule. J. Consider offering additional services at the SSA level, such as Certified Public Water Supply Operator, Licensed Site Professional, and Certified Wastewater Treatment Plant Operator, to Towns within the SSA that are having staffing issues with finding qualified and credentialed part-time employees to fill these roles.
4	**Community Partnership Development:** Complete a process to identify new partners and expand partnerships to fill gaps/build capacity	A. Utilize FPHS Shared Services Review Service Delivery Tool results to identify gaps in service delivery and select one Foundational Area to prioritize: – Complete partner mapping exercise to utilize community partnerships that meet SSA needs and identify existing partnerships within selected Foundational Area, using the FPHS Data-to-action Toolkit External Partner Mapping template or other resources – Identify potential new partnerships within selected Foundational Area, using the FPHS Data-to-action Toolkit External Partner Mapping template or other resources – Request SME technical support to assist with Partner Mapping activities B. Develop an outreach and engagement strategy to connect with identified partners for the selected Foundational Area. C. Use the insights gained from the partner mapping exercise to optimize partner relationships and enhance collaboration, including addressing gaps in your network of partners.

		D. Communicate results of partner mapping exercise with key partners.
5	**Diversification of Funding:** Grants	A. 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. B. Conduct research to identify available grant opportunities relevant to the priorities and needs of your SSA. C. Identify a staff person to research and circulate grant funding opportunities. D. 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. E. Develop a systematic approach for grant management, including tracking submission status, monitoring reporting deadlines, and maintaining compliance with grantor regulations and guidelines. F. 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. G. Seek training opportunities in grant writing for staff.

Performance Standards Objectives

Performance Standards (PS) Objectives (2 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 FPHS Review Preliminary Results, Capacity Assessment Results Toolkit (CART), Capacity Assessment Data Dashboard, or have all Participating Municipalities complete the Self-Assessment for updated staffing needs. B. Collaborate with all Participating Municipalities on potential strategies to solve staffing needs, 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 Participating 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	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 technical support requested through OLRH) to help identify how [*insert PS category/subcategory*] could be improved. C. Request SME technical support for document review. D. Review [insert PS category/subcategory] inspection forms and associated follow-up documentation for each Participating Municipality to develop standardized best practices and understand areas for improvement.

	and consistency of inspections across all participating municipalities	D1. Share and utilize [insert PS category/subcategory] standardized documents with all Participating Municipalities to promote best practices (e.g., Title 5 Enforcement Letter). D2. Review [insert PS category/subcategory] checklists and supporting documentation (e.g., variance requests and septic plan review) for each Participating Municipality and associated follow-up documentation for each Participating Municipality to develop standardized best practices and understand areas for improvement. Share and utilize [insert PS category/subcategory] checklists and support documentation with all Participating Municipalities to assess for best practices. (e.g., HACCP Plan Checklist). E. Create standardized checklists and supporting documentation for [insert PS category/subcategory] all Participating Municipalities. F. 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]. G. Work with the Training Hubs and/or coordinate tagalong inspections for knowledge sharing with all Participating Municipalities.
3	Facilitate targeted training opportunities for staff members to address gaps in meeting the Performance Standards	A. Utilize tools such as the FPHS Shared Service Review Preliminary results and Performance Standards Self-Assessment Tool and Addendum to identify areas of expertise and 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 training courses addressing identified gaps in meeting the Performance Standards within the SSA. C. Create and 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. Work with the Training Hubs and/or coordinate tagalong inspections for knowledge sharing with all Participating Municipalities.
4	**Disease Control and Prevention**: Ensure adherence to infectious disease case investigation requirements, while enhancing staff training,	A. Assess FPHS Shared Service Review Preliminary Results to identify any gaps in Assessment & Surveillance Foundational Capability service delivery and understand staff capacity and expertise B. Assess staffing and workload across SSA to allocate resources effectively for infectious disease investigations and epidemiology, work within SSA to adjust staff sharing as needed for sustainability and ensure MAVEN coverage with backup staff when necessary. C. Connect with local public health nurse consultants to understand local resources and processes for communicable disease response D. Develop standardized protocols for coordination between local public health nurse(s) and/or epidemiologist to respond to case investigations, outlining clear steps for immediate disease acknowledgment within 48 hours and routine disease acknowledgment within 7 days in MAVEN.

	capacity, and quality improvement initiatives	E. Ensure understanding and use of MAVEN comprehensive training and resource hub on infectious disease case investigation procedures, including proper documentation, communication protocols, and epidemiological data reporting requirements. F. 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:** Create and implement a plan for meeting tobacco control and prevention needs	A. Document by August 15, 2025, how each Participating Municipality within your shared services arrangement conducts retail tobacco inspections, compliance checks, and responds to tobacco prevention needs. Option to use the provided worksheet or create your own including the same information. Contact MTCP (Zendilli Depina, zendilli.m.depina@mass.gov) if you aren't sure if a municipality participates in an MTCP funded Board of Health tobacco collaborative. B. Seek assistance from MHOA (Sarah McColgan, smccolgan@mhoa.com) for staff training to conduct retail tobacco inspections and compliance checks. – Note: Online training is available to all municipal and shared local public health staff. Live trainings (i.e. inspection ride-alongs) are available only to staff conducting inspections or compliance checks in municipalities that do not receive funding from MTCP. If your Participating Municipality does receive funding, contact MTCP (Zendilli Depina, zendilli.m.depina@mass.gov) to connect with the lead of your collaborative for live training assistance. C. Discuss within your SSA (and document by June 1, 2026) how the anticipated (funding dependent) re-procurement for FY28 of both the MTCP Boards of Health tobacco collaborative funding AND the FY28 PHE re-procurement could change how Participating Municipalities meet tobacco control and prevention needs. Use the MHOA Subject Matter Expert program for help (if needed) leading these conversations and completing documentation. Use the provided template or create your own planning document. D. Seek legal technical support from MAHB, PHAI or MMA to update regulations, including tobacco control in an intermunicipal agreement, or for other legal questions or support. Contact MHOA (Sarah McColgan, smccolgan@mhoa.com) who will share your request with the legal TA providers.

Elective Objectives

Elective Objectives		
#	**Objective**	**Activity**
1	**Organizational Competencies:** Pool Municipal Opioid Abatement Funds	A. Governance board agrees to pool all or a portion of municipal opioid abatement funds. – Consult with MAHB to develop a written agreement that reflects the agreement to pool resources. B. Assign, hire, or contract with a person to oversee and coordinate planning process and implementation of evidence-based opioid abatement initiatives. C. Consult with Care Mass and MAHB as necessary in planning and implementing evidence-based opioid abatement initiatives. D. Develop community involvement strategies to hear from members with lived and living experience. E. Focus on unmet needs in the Participating Municipalities related to the evidence-based strategies outlined in the State Subdivision Agreement signed by each participating municipality, including: – Opioid Use Disorder Treatment; – Support People in Treatment and Recovery; – Connections to Care for People Who Have, or at Risk of Developing Opioid Use Disorder; – Harm Reduction; – Address the Needs of Criminal-Justice-Involved Persons; – Support Pregnant or Parenting Women and Their Families, Including Babies with Neonatal Abstinence Syndrome; and – Prevent Misuse of Opioids and Implement Evidence-Based Prevention Education. 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. Explore existing TTA services available for program management support.
2	**Communicable Disease Control:** Expand Vaccine Access	A. Contact your regional UMass public health nurse consultant for additional guidance to fulfill these nursing-related activities. 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 and the school immunization survey data.

		E. If a gap in childhood vaccinations exists, become a regional Vaccines for Children (VFC) provider through the DPH Immunization Unit to access federally funded childhood vaccines. Allowable equipment purchases may be covered by the PHE grant. Check with your PC for confirmation. F. Establish vaccine reimbursement to offset costs. Investigate Revolving Accounts to capture reimbursements if not already establishment. Request Legal TA as needed. G. Join other Participating Municipalities and form a cross-jurisdictional agreement to share state-supplied childhood vaccines to be able to respond to a future outbreak.
3	**Maternal, Child and Family Health:** Support caregivers and newborns	A. Contact your regional UMass public health nurse consultant for additional guidance to fulfill these nursing-related activities. B. Work with community partners (e.g., Police, Fire, Community Health Center, Schools, Hospitals) to learn about barriers, historical considerations, 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).
4	**Chronic Disease and Injury Prevention:** Cardiovascular Screening Vulnerable Populations	A. Contact your regional UMass public health nurse consultant for additional guidance to fulfill these nursing-related activities. B. Work with community partners (e.g., Police, Fire, Community Health Center, Schools, etc.) to learn about barriers, historical consideration, and other resources. C. Consider Linkages to Clinical Care. D. 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. E. Expand blood pressure clinics age range to young adults and pediatric populations. F. Include glucose and cholesterol screenings for high-risk populations.
5	**Chronic Disease and Injury Prevention:** Harm Reduction Prevention	A. Contact your regional UMass public health nurse consultant for additional guidance to fulfill these nursing-related activities. B. 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 Municipalities. C. Develop programming using CLAS Standards 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 assessments, referrals to home health services, and providing information from the Council on Aging (COA). D. If applicable, evaluate the need for substance use street outreach for wound care related to xylazine. E. Apply for Naloxone Purchasing Program if applicable.
6	**Access to & Linkage with Clinical Care:** Improve and maintain continuous, coordinated care	A. Contact your regional UMass public health nurse consultant for additional guidance to fulfill these nursing-related activities. B. Collaborate with partners, such as community-based organizations and faith-based organizations, to support programming, strategies, and initiatives addressing barriers to accessing clinical care from the perspective of lived or living experience. C. Develop partnerships with local clinics and telehealth health services - support with targeted marketing campaigns to underserved community members (Community Health Workers assisting community members at housing complexes sign-up and access telehealth services using appropriate languages and CLAS Standards, as applicable). D. Assist vulnerable community members accessing behavioral health services through Community Behavioral Health Centers. E. Assess the factors and conditions that affect access to clinical care services, such as transportation barriers. F. Identify, create, and maintain relationships/partnerships with community health centers, clinical care providers, local/regional hospitals, and community members to collaboratively strategize and implement initiatives aimed at enhancing access to healthcare services. G. Collect or access data on the healthcare systems, including the accessibility of these systems, to guide public health planning and decision-making within the jurisdiction. H. Educate community partners, leaders, and members on barriers to accessing clinical care. I. Create a sharable list of available primary care providers in the region which identifies who is accepting new patients, distribute to schools, Councils of Aging, transition assistance programs, WIC, shelters, and other community groups. Create a sustainable plan to keep the list up to date.
7	**Education, Training, and Credentialing:** Assess and plan for all staff to work	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. Request Technical Support through OLRH if needed. C. Ensure all staff within the SSA have completed ICS100/NIMS 700 and for those with a leadership role, ICS 200.

	towards meeting the Workforce Standards	D. Ensure all employees have a TRAIN MA account. E. LPH and SSA to prioritize integrating and completing Local Public Health Training Program Food & Housing Tier 1 Foundational Knowledge on TRAIN MA to prepare for Tier 2 and Tier 3 offerings.
8	**Assessment & Surveillance:** Use data to inform public health programming to maximize health outcomes	A. Participate in a Monday 10AM Massachusetts Epidemiology Collaborative Meeting via Zoom with epidemiologists from across the state once quarterly to understand what other SSA's are working on in terms of public health data projects. B. Utilize the Massachusetts Health Data Tool to collect, assess, and analyze qualitative and quantitative data on a regular basis at the municipal and/or Shared Services Arrangement levels to gain insights on demographics, health outcomes, social determinants of health, and to identify underserved communities or populations and community needs. C. Utilize this data to develop strategies for your SSA to address the needs of identified populations.
9	**Inventory Management:** Establish an inventory management system to streamline procurement processes and accurately monitor all purchases	A. Itemize all purchases made by the SSA purchases, ensuring comprehensive documentation of procurement transactions. B. Train staff members on the newly established inventory management procedures. C. Implement quarterly audits to refine the process, maintain accuracy, and identify any discrepancies.

10	**Strategic Planning:** Develop a shared vision to inform future work	A. Facilitate strategic planning workshops that identify the shared services being provided to each Participating Municipality and the services being retained by each Participating Municipality. Identify the willingness or roadblocks in transitioning services retained by Participating Municipalities to the shared services. Develop a plan that identifies areas where additional shared services can be implemented. B. Develop (or review) SSA-specific strategic vision and mission statement to ensure it represents the consensus of the collective interests of all Participating Municipalities. C. Develop a continuing outreach to the public regarding the work of the SSA. Utilize Select Board meetings of each community for outreach or stand-alone meetings that are centrally located and well advertised. D. Develop a contract template and process for the acquisition of contract inspectors that can be utilized by each Participating Municipality. Identify opportunities where communities can acquire services that are either shared region-wide or with selected communities within the region.
11	**Retention & Job Satisfaction:** Enhance staffing retention and job satisfaction by implementing targeted initiatives and fostering a supportive work environment	A. Establish regular check-ins with the SSA's training hub. Provide feedback on the priority of trainings required by the SSA. Identify other organizations that provide training (MHOA, MEHA, MABH, etc.) and ensure that staff and contractors are aware of the trainings and are encouraged to participate in the trainings. B. Expand a mentorship program to identify retired health professionals that can mentor the management leadership of the SSA. C. Ensure that employee recognitions are shared with notifications sent to the leadership of each community and sending a press release to local newspapers and Town Report Committees within the SSA.