CHARLES RIVER HEALTH DISTRICT STRATEGIC PLANNING PROESS AND IMPLEMENTATIO N PLAN – JUNE 2023

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2 Overview of the SAPHE Grant

Based upon the recommendations from the Special Commission on Local and Regional Health contained within its report, the "Blueprint for Public Health Excellence," and the State Action for Public Health Excellence (SAPHE) grant program, the Town of Needham and its Public Health Division entered into a regional grant partnership with the neighboring communities of Dover and Medfield. Sherborn committed to joining the group in 2023.

3 Internal Planning Process Overview

In January 2023, the Needham Public Health Division (NPH) engaged Regina Villa Associates (RVA) to facilitate an internal planning process about how best to work with its regional partners and with other interested parties to discuss the future of shared public health services in the four communities.

This planning process included three key elements:

- Stakeholder Interviews
- Development of a Working Group, with representation from the four communities
- Final Report with Recommendations

The planning process was completed in June 2023.

4 Stakeholder Interview/Feedback Process

As part of this internal planning process, RVA interviewed key stakeholders about existing public health capacity in the district.

Invitations were sent to 54 individuals from Needham DPH, Sherborn DPH, Dover DPH and Medfield DPH, as well as other key stakeholders from around the Commonwealth. From February through March of 2023, RVA staff interviewed these stakeholders about the district's current public health capacity. During the interview process, 21 individuals[1] agreed to give their feedback. Interviews were conducted with 20 individuals (virtually).[2] One additional stakeholder completed an online feedback form. These interviews were conducted with anonymity, and the conversations were not recorded. The same questions were asked to all stakeholders (see Appendix A).

[1] One interview included feedback from several individuals from Dover.
[2] One participant provided written feedback, in addition to the verbal interview. This individual was only counted once in the data below.

4.1 Feedback Collected by Community

Invitations were sent to 54 stakeholders in all four communities, and 21 individuals agreed to share their input. In Needham, 11 interviews were conducted, representing the highest participation level of any of the towns. 5 Interviews were conducted with staff from Medfield. In Sherborn, 2 people agreed to be interviewed. Dover took a different approach. While Dover only had one representative interviewed, this stakeholder brought feedback from the entire Dover DPH group. The Dover representative discussed the interview form with the entire Dover DPH staff, who collectively developed their answers. Two other relevant stakeholders also gave input.

Due to differing participation levels among the four towns, the data collected is skewed, though still interesting from a qualitative standpoint. It is crucial to take into account the participation rate of each town when interpreting the data and making any conclusions based on it.

4.2 Public Health Capacity by Community

Each stakeholder interviewed was asked to share perceptions of the public health capacity of each of the four communities in a variety of areas:

- Administration
- Disease Control and Prevention
- Environmental Health
- Tobacco Use Prevention
- Staff Levels
- Staff Training

Not all stakeholders responded to all of these questions.

Approximately half the stakeholders felt they did not have enough information to answer these questions about Dover and Sherborn.

4.3 Current Perceived Strengths by Community - Administration

	Comprehensive Capacity	Moderate Capacity	Limited Capacity	No Capacity	Don't Know
Needham	15	2	0	0	3
Medfield	8	8	3	1	6
Dover	0	2	8	0	10
Sherborn	0	3	3	0	14

4.4 Current Perceived Strengths by Community – Disease Control and Prevention

	Comprehensive Capacity	Moderate Capacity	Limited Capacity	No Capacity	Don't Know
Needham	14	3	0	0	3
Medfield	4	4	7	0	7
Dover	0	2	7	0	11
Sherborn	0	3	2	1	14

4.5 Current Perceived Strengths by Community – Environmental Health

	Comprehensive Capacity	Moderate Capacity	Limited Capacity	No Capacity	Don't Know
Needham	13	2	1	0	4
Medfield	2	5	5	0	8
Dover	1	6	4	0	9
Sherborn	1	3	1	1	14

4.6 Current Perceived Strengths by Community – Tobacco Use Prevention

	Comprehensive Capacity	Moderate Capacity	Limited Capacity	No Capacity	Don't Know
Needham	12	3	1	0	4
Medfield	1	5	4	2	8
Dover	1	1	3	2	13
Sherborn	0	1	2	2	15

4.7 Current Perceived Strengths by Community – Staff Levels

	Comprehensive Capacity	Moderate Capacity	Limited Capacity	No Capacity	Don't Know
Needham	14	4	0	0	2
Medfield	1	4	8	1	6
Dover	1	2	9	1	7
Sherborn	0	1	5	0	14

4.8 Current Perceived Strengths by Community – Staff Training

	Comprehensive Capacity	Moderate Capacity	Limited Capacity	No Capacity	Don't Know
Needham	8	4	1	0	7
Medfield	2	2	4	2	10
Dover	0	2	4	1	13
Sherborn	1	1	1	1	16

4.9 Shared Services Grant – Opportunities

A number of potential ideas or opportunities for the SAPHE grant were discussed during the interviews. Examples of multi-year cross-community grants for programs (not staff) as models were cited, including:

- Mass Call 3 (substance abuse prevention with 4 towns).
- Mental health program grant with Needham, Walpole and Westwood.

There was some interest in more "county-style" public health approach, like in Western MA and other areas, as well as interest in increasing staffing capacity for some of the communities. Specifically, there was a suggestion that Dover and Sherborn could collaborate to share a Public Health Nurse.

There was a thought that communities with similar interests could work together potentially – like Dover and Sherborn on septic issues.

Some stakeholders thought it would be helpful to eliminate constructed borders for accessing services, especially during declared emergencies.

4.10 Concerns about a Shared Services Grant

Stakeholders did express some reservations or concerns about the grant.

Some noted that the four communities are different with different issues and needs:

- Needham has a very different organizational model than the other three communities.
- Dover and Sherborn are much smaller communities with different needs, including a heavy focus on septic.

There is not much of an incentive for Needham, specifically.

Some respondents said that regulations are different for each community, which would make it difficult to share services, specifically citing food service and septic.

Other concerns included a potential loss of independence for some of the communities, the worry that towns may try and access shared public health funds for inappropriate expenditures, and a sense that a need for universal agreement between the four towns could prohibit funding certain programs (especially if they become controversial).

5 Working Group

At the conclusion of the interview process, a Working Group was created based on feedback from stakeholders interviewed. The Working Group was comprised of members from all four communities:

- *Dover*: Kay Petersen (BOH Chair), Jason Belmonte (Health Agent)
- *Sherborn*: Jeremy Marsette (Town Administrator), Daryl Beardsley (BOH Vice-Chair)
- *Needham*: Edward Cosgrove (BOH Chair), Tim MacDonald (DHHS Director), Diana Acosta (Shared Services Manager), Julie McCarthy (Epidemiologist)
- *Medfield*: Brenda Healy (Public Health Nurse), Bridget Sweet (Health Agent), Stephen Resch (BOH Member)

Additionally, Regan Checchio and Matt Costas of RVA attended all meetings of the Working Group to serve as facilitators. Three in-person meetings and one virtual check-in meeting were held in Spring 2023.

5.1 Meeting #1- March 20, 2023, Rosemary Recreation Complex- Needham

This meeting discussed the findings of the stakeholder interviews conducted throughout the four towns and finalized the goals and objectives of the Working Group in advance of future meetings.

The ultimate goal of the process was to arrive at a firm, actionable series of recommendations (whether they be MOUs, IMAs, or something else) by June 2023. Throughout the first meeting it was reiterated that an overarching goal of the Working Group was to increase communication and collaboration between the four towns. It was agreed that the central idea behind these meetings was to start a dialogue and see if there were any potential areas of collaboration or resource sharing not currently explored, due to the lack of existing codified relationships between the four towns.

SAPHE Grant funding was then discussed in-depth, and it was noted that the State's main concern is ensuring that towns are supplementing their health services with SAPHE grants, not supplanting existing health services. Therefore, the goal in this process was to grow capacity, not simply to supplant current capacity with new grant money.

Mutual Aid agreements and some form of Shared Services Agreements were identified as attainable goals of this process. Capacity sharing via the employment of shared staff was repeatedly mentioned as a goal, as the four towns each have specialized needs and capacities. Training and education were also identified as good areas for SAPHE Grant funding.

Finally, the topic of hiring a shared Public Health Nurse for Dover and Sherborn via SAPHE Grant funding was raised. This was a pressing need for both towns, and was being discussed prior to the formation of the Working Group. It was noted that this position would likely be covered with SAPHE Grant funding, even though the role would only serve two of the four communities. All four communities could share a Regional Public Health Nurse who focused specifically on the needs of Dover and Sherborn; as long as every town is being offered a shared service, any town is free to decline said service should they choose.

5.2 Meeting #2- April 10, 2023, Sherborn Public Library, Sherborn

The second meeting of the Working Group discussed different existing shared service models and began the process of developing recommendations for service sharing between the four communities.

The meeting began with a discussion of SAPHE Grant funding. The initial amount of SAPHE Grant funding available to the four communities was set at $150,000, although it was stressed that the grant total would likely only increase and this figure represented the minimum. It was also noted that SAPHE grant funds would not roll over year-to-year. Finally, it was reiterated that the SAPHE Grant is intended to perpetually build local public health infrastructure and is permanent and relatively inflexible. As such, the Working Group agreed that the goal should be to spend all SAPHE Grant funding available every fiscal year.

Dover and Sherborn noted that they were proceeding with hiring a Shared Public Health Nurse via SAPHE Grant funding. It was determined that both towns would provide Needham, as host agency, the salary/benefits information and job description.

Various Mutual Aid, IMA, and MOU templates were presented and a discussion followed. It was agreed that an MOU would be a more immediately-attainable and realistic goal than an IMA. In order for the State to disburse grant funding for this partnership, there had to be an MOU or IMA in place. As such, the four communities pledged to, at minimum, arrive at a fully written and executed MOU by June 30th, 2023 for grant funding purposes.

While an MOU did not need to be voted on by Town Councils/Meetings, it was agreed that the Town Manager or Town Administrator in each of the four communities would need to approve of proceeding. Finally, with any MOU or IMA an advisory board composed of members from each of the four towns would be necessary, with Needham being the host agency. It was agreed that a MOU would be drafted for review by the Working Group members and their respective Town Administrators and that a list of names would be drafted for the advisory board. Each community pledged to name a voting member, an alternate, and any non-voting staff necessary.

While it was noted that the four communities did not necessarily need an IMA in place to share services, it was acknowledged that an MOU was likely the only realistic way to begin this shared service process. Furthermore, it was agreed that collaboration and communication via the MOU process would be likely to lead to Mutual Aid or shared services down the road.

5.3 Meeting #2.5- April 24, 2023, Virtual

A draft MOU was written and circulated to Working Group members in advance of this meeting. The purpose of this meeting was to provide feedback on the draft MOU and to outline the process of executing the final MOU.

Two amendments were made to the MOU: required regular reporting for all shared service providers, and a stated intention to eventually progress past an MOU to an IMA, Mutual Aid, or other more comprehensive shared service agreement. All members of the Working Group agreed to share this updated MOU draft with Town Counsels, Boards of Health, and Town Administrators/Managers for feedback and approval in advance of the next meeting.

Additionally, all members of the Working Group committed to speak with their respective Boards of Health to provide updates on the MOU process and begin determining names for the Advisory Board members, alternates, and non-voting staff.

5.4 Meeting #3- May 8, 2023, Medfield Town Hall

This meeting provided updates to the SAPHE Grant budget outlined by the State and the draft Memorandum of Understanding shared with the Working Group after meeting #2. Additionally, this meeting offered insight into the advisory board.

The SAPHE grant budget for FY24 increased from $150,000 to $281,553.51. It was noted that this figure represented the base amount, and that in future years the total budget from this grant would likely increase. While there will be some year-to-year variation in the exact amount, it was noted that this funding is not expected to decrease significantly. In terms of the timeframe of this grant funding, while three years was mentioned as a minimum amount, a timeframe of five to eight years was determined to be more realistic.

Allowable expenses under the SAPHE Grant were then discussed. The handout summarizing FY24 Allowable Expenses can be found in Appendix B. Several areas were raised as good options for capacity and staff sharing via SAPHE Grants, including environmental protection, tobacco use prevention, and housing. It was again emphasized that the State is very serious about SAPHE Grant funding expanding public health infrastructure, not simply supplanting existing capacity and funding routing expenses. Tobacco use prevention was identified as a particularly promising area for resource sharing, as Needham had a robust program in place. It was agreed that this topic warranted further investigation and discussion.

An update was offered on Dover and Sherborn's shared Public Health Nurse. While the two Towns had arrived on a job description and salary/benefit rate, they agreed to coordinate with Needham to answer outstanding questions regarding the splitting of hours for this position.

Discussion then progressed to the MOU draft. It was reiterated that the Working Group was to have the MOU finalized and signed by June 30, 2023. Two signatures would be required from each community: the Board of Health Director and the Town Administrator or Manager. It was noted that this may differ slightly between communities, as Medfield required going through the Select Board.

Each community pledged to name one voting member of the Advisory Board, one alternate voting member, and the necessary non-voting staff to attend meetings. It was agreed that the respective Boards of Health would determine board members. The first meeting of the Advisory Board was tentatively scheduled for late-July or early-August 2023. This first meeting was to be held virtually, while future Advisory Board meetings were to be in-person, with meeting locations rotated throughout the four communities (as was done with this Working Group). The Working Group agreed that all Advisory Board meeting should adhere to Open Meeting Law for the sake of transparency.

The Implementation Plan for this initiative was then discussed. The Implementation Plan was broken into three components, short term, medium term, and long term actions.
The short term encompassed the rest of FY23. As previously mentioned, the MOU was to be signed by all four communities by June 30. Additionally, the workplan and budget for FY24 would be finalized and sent to the State. The entirety of the advisory board was to be named and in-place. Finally, the Public Health Nurse job position was to be posted.

The medium term encompassed FY24. It was agreed that the Advisory Board would meet quarterly (at a minimum), starting in July 2023. Additionally, an Advisory Board for FY25 would be named during this timeframe. The group agreed towards developing an IMA, and to prepare a workplan and budget for FY25. Finally, there should be routine updates and reporting from any regional shared service staff hired.

The long term looked past FY24 and was more broadly defined. A Mutual Aid Agreement was to be developed by the Advisory Board, either between the four communities or between all of the Region 4AB communities. Additional opportunities for service sharing should also continue to be explored.

6 Recommendations

At the final meeting of the Working Group, the group established a series of short, medium and long-term recommendations.

6.1 Short-Term Recommendations

The short term encompassed the rest of FY23. As previously mentioned, the MOU was to be signed by all four communities by June 30. Additionally, the workplan and budget for FY24 would be finalized and sent to the State. The entirety of the advisory board was to be named and in-place. Finally, the Public Health Nurse job position was to be posted.

A copy of the MOU can be found in Appendix C.

6.2 Medium Term Recommendations

The medium term encompassed FY24. It was agreed that the Advisory Board would meet quarterly (at a minimum), starting in July 2023. Additionally, an Advisory Board for FY25 would be named during this timeframe. The group agreed towards developing an IMA, and to prepare a workplan and budget for FY25. Finally, there should be routine updates and reporting from any regional shared service staff hired.

6.3 Long-Term Recommendations

The long term looked past FY24 and was more broadly defined. A Mutual Aid Agreement was to be developed by the Advisory Board, either between the four communities or between all of the Region 4AB communities. Additional opportunities for service sharing should also continue to be explored.

7 Appendix A: Stakeholder Interview Questionnaire

Project Purpose: Based upon the recommendations from the Special Commission on Local and Regional Health contained within its report, the "Blueprint for Public Health Excellence," and the State Action for Public Health Excellence (SAPHE) grant program, the Town of Needham and its Public Health Division entered into a regional grant partnership with the neighboring communities of Dover and Medfield. Sherborn has recently committed to joining the group in 2023.

A facilitator will be interviewing key stakeholders from the four communities as well as other regional and state stakeholders about current public health capacity in the Charles River District, including a discussion of current strengths, gaps, and how a shared services approach could improve the current capacity.

The focus of the Public Health Excellence Grant Program is on sharing environmental health services, since about 90% of the existing statutory obligations for local Boards of Health fall in the environmental health "bucket." Depending upon how each community works, the shared regional staff might serve as backups when a community's primary staff member goes on vacation or is unexpectedly sick or perhaps the shared staff would assume a portion of a community's regular workload of food inspections, freeing up the staff members to tackle challenging housing/hoarding cases.

As a reminder, one of the commitments made by each community is that shared services can't supplant local public health spending -- that is, if certain services are shared, a community could re-direct the savings into another area of public health such as nursing or substance use prevention. It could not take those savings and renovate a playground, however. There is still work to be done codifying the current sharing efforts through an intermunicipal agreement (IMA) and establishing a governance and reporting structure so that each community has input into the work of the region and its staff members. The goal of this stakeholder engagement discussion is to try to produce a plan for formalizing our cooperative relationship and to discuss additional or expanded opportunities for future sharing.

Date:
Interviewee Name/Organization:
Interviewer Name:

INTERVIEW QUESTIONS

Were you involved in the preparation of the Public Health Excellence regional grant partnership application process?

If "yes"

What was your role during the process?

Why did you want to apply for the grant/participate in the application process?

Did you have any concerns about this regional grant partnership?

If “no”

Did you choose not to participate or were you unaware of the application process?

Do you have any thoughts about this regional grant partnership including potential concerns?
What is your current view of public health capacity in the three communities?

What is your current view of public health capacity in the three communities?

Needham	Comprehensive Capacity	Moderate Capacity	Limited Capacity	No Capacity	Don’t Know
Administration					
Disease Control and Prevention					
Environmental Health					
Tobacco Use Prevention					
Staff Levels					
Staff Training					

Do you have any other comments that you would like to share about Needham's public health capacity at this time?

Dover	Comprehensive Capacity	Moderate Capacity	Limited Capacity	No Capacity	Don’t Know
Administration					
Disease Control and Prevention					
Environmental Health					
Tobacco Use Prevention					
Staff Levels					
Staff Training					

Do you have any other comments that you would like to share about Dover’s public health capacity at this time?

Medfield	Comprehensive Capacity	Moderate Capacity	Limited Capacity	No Capacity	Don't Know
Administration					
Disease Control and Prevention					
Environmental Health					
Tobacco Use Prevention					
Staff Levels					
Staff Training					

Do you have any other comments that you would like to share about Medfield's public health capacity at this time?

Do you see any opportunities for a shared services program between the three communities to reduce any of the public health gaps?

If so, is there a specific model you have in mind? (Example from other parts of the Commonwealth or elsewhere)

Are there any drawbacks that you see to a shared services model?

The next step in this process may be to set up a Working Group to advise on operationalizing this grant. Do you have any recommendations for people who should participate as part of this Working Group?

Are there any other thoughts you would like to share at this time

8 APPENDIX B : PUBLIC HEALTH EXCELLENCE GRANTS: FY24 ALLOWABLE EXPENSES

This document provides guidance regarding allowable and unallowable expenses under the Public Health Excellence (PHE) grants.

1. Budgets will be restricted to using the Line-Item categories listed in the first column of the below table.
2. The second column provides a description of the activities that fall under each Line Item.
3. **Items that do not clearly fall into one of the Line Item categories are not allowable**. The final table, beginning on page 4, provides more examples of unallowable costs.

When planning your grant expenses, please consider:

- How does each expense in your budget contribute to your attainment of the goals in the *Blueprint*?
- How does each expense equitably meet the mandated public health service needs of the municipalities in the shared services region?
- Does this expense support the implementation of your PHE grant scope of services?
- How does this expense support PHE grant funded staff providing shared services?

Budget Line Item Category	PHE Allowable Activities
PHE Staff: • Shared Services Coordinator • Health Agent • Health Inspector • Nurse • Epidemiologist • Other Public Health Staff	New municipal public health staff funded by PHE grant and their associated fringe benefits/payroll taxes. Municipal funds cannot be supplanted.
Support Staff: • Administrator/Clerk • Health Director/Commissioner • Deputy/Assistant Director	Staff time for expanded duties related to PHE grant and associated fringe benefits/payroll taxes. Municipal funds cannot be supplanted.
Consultant	Consultants and independent contractors, including for, but not limited to, grant administrative support, technical assistance, policy advisement, emergency inspection/clinical services, and training. Examples of consultant-related expenses include: regional planning support, legal advice related to enforcement of public health law, data collection and analysis, training on use of specialized software for public health use. Consultants can only invoice for up to 40 hours per week spent working on the PHE grant across all

	municipalities (as an individual consultant, not an organization). (Prior OLRH approval required for a waiver to employ shared services staff as a consultant.)
Travel	Mileage reimbursement for PHE grant-funded staff to complete day to day public health services. Please keep records of mileage for auditing purposes. Travel costs related to training and CEUs for new AND existing staff to maintain workforce credentials outlined in the *Blueprint* (page 61). Travel costs for training may include mileage and lodging using current Federal GSA rates. Travel costs related to training must not exceed $750 per FTE per year, for up to 5 FTEs. (If a grantee wants to request coverage of additional FTEs, they must reach out to DPH for approval.) Out of state travel is not allowed.
Health Communication	Creating and distributing local public health information to communicate PHE grantee shared services regulations and improve resident health in PHE municipalities. Examples of health communication-related expenses include: Fact sheet design and printing services, PHE grantee regional web site development/hosting services, translation services.
Technology Hardware	Technology for PHE grant-funded shared services staff to complete grant related functions, including: Computers, laptops, iPads, tablets, headsets, speakers, microphones, earbuds, monitors, recording equipment, translation equipment, keyboards, and cell phones. (Prior OLRH approval required for technology used by staff not funded by PHE.)
Technology Software	Software that supports PHE shared services staff in implementing the recommendations of the *Blueprint*. PHE related software includes public health inspection software and public health data analysis software.

	(Prior OLRH approval required for software not explicitly used for public health functions such as general word processing.)
Training and Credentialing	Training and credentialing for new AND existing public health staff from all municipalities that are part of the shared services area: ▪ To acquire the workforce credentials outlined in the *Blueprint* (page 61). This excludes academic programs such as associates, bachelors, masters, and doctoral programs ▪ For CEUs and contact hours to maintain workforce credentials outlined in the *Blueprint* (page 61) ▪ For educational materials such as credentialing exam study guides ▪ For exam fees required to attain credentials ▪ For registration fees to participate in training courses, when relevant to a staff member's responsibilities, from organizations including, but not limited to: ▫ Health Resources in Action ▫ Local Public Health Institute ▫ Massachusetts Association of Health Boards ▫ Massachusetts Association of Public Health Nurses ▫ Massachusetts Public Health Association ▫ Massachusetts Health Officers Association ▫ Massachusetts Environmental Health Association ▫ NEIWPCC ▫ National Environmental Health Association ▫ Western Massachusetts Public Health Association (Prior OLRH approval required for Board of Health members. If you are interested in participating in a training with an organization not listed above, please contact your program coordinator for approval.) Expenses CANNOT supplant existing training funds.
Nursing Supplies	Supplies needed for staff to provide shared PHE nursing services.

	Examples of PHE nursing-related expenses include: thermometer, stethoscope, Band-Aids, gloves, staff uniforms, hand sanitizer
Inspection Supplies	Supplies needed for staff to provide shared PHE inspection services. Examples of PHE inspection-related expenses include: thermometer, moisture meter, handheld blacklight/flashlight, PH meter, test strips, pool test kit, staff uniforms

Membership Fees	Professional membership fees for MA-based organizations related to work in local public health, for relevant new AND existing staff. Organizations include:
	• Massachusetts Association of Health Boards
	• Massachusetts Association of Public Health Nurses
	• Massachusetts Public Health Association
	• Massachusetts Health Officers Association
	• Massachusetts Environmental Health Association
	• Western Massachusetts Public Health Association
	
	Professional membership fees for the following national organizations related to work in local public health, for relevant new AND existing staff:
	• National Environmental Health Association
	• Council of State and Territorial Epidemiologists
	• Association of Public Health Nurses
	• National Association of County and City Health Officials
	  • Limited to Local and Tribal Health Department Memberships only
	• National Association of Local Boards of Health
	  • Limited to 10 memberships across SSA
	• American Public Health Association
	  • Limited to 10 memberships across SSA

Occupancy	Program facilities for PHE shared services staff. Examples of PHE occupancy-related expenses include: renting of office space, purchasing an office chair, annual fee for a PHE staff building security key card or pass code, Xerox leasing fee, purchasing or upgrading a desk
Agency Admin Support	Agency administrative support fee This fee is up to 15% of the total contracted amount of

	funds and supports the organization in covering everyday costs for overall grant administration, including but not limited to: phone service, internet service, general office supplies, IT support, accounting support, payroll, human resources, management, and supervision.
	The total agency administrative support fee cannot exceed 15% of the total contracted amount of funding. The administrative support fee can be less than 15%. Please consult with your program coordinator if your municipality uses an agency admin support fee lower than 15%. For additional guidance, please consult your program coordinator.

Unallowable PHE Expenses	Examples
Food	Reimbursement of staff for dining at a restaurant while offsite attending a work-related meeting/training
Gift Cards and Incentives	Distribution of gift cards for participation at an event
Vaccine	Using PHE funds to pay for vaccines or denied vaccine reimbursement claims
Supplanting existing municipal funding for public health services	Using PHE funds to support the salary of public health inspectors or nurses that are already fully funded by tax levy
Buying a vehicle	Purchasing a van to support a community health program
Capital expenses, including any office buildouts to accommodate new staff. If you have specific questions about what qualifies as a capital expense, please contact DPH.	Constructing walls for a new office, purchasing a trailer to hold supplies
Airfare or any out-of-state travel or lodging	Purchasing a flight to a conference, reimbursement for mileage for a conference that took place out of state
Equipment (only allowable with prior consent from DPH)	Purchasing a new generator for a municipal building
Academic programs such as associates, bachelors, masters, and doctoral programs	Paying the tuition for a course that offers undergraduate or graduate credit

Training provided by external vendors for businesses, camps, or clinics to meet public health regulations	Paying a consultant to conduct ServSafe training for restaurants
Multiyear Service Payments	A contract for Software services paid upfront that extends past the PHE grantee contract period

Funds can only be expended for items within the fiscal year for which they are being billed (e.g. FY24 budget is for items purchased and used within July 1, 2023-June 30, 2024).

This list is not all inclusive. If you have questions about your budget, please reach out to your designated Program Coordinator.

9 Appendix C: MOU

MEMORANDUM OF UNDERSTANDING

FOR THE ESTABLISHMENT AND MAINTENANCE OF

A SHARED GRANT-FUNDED CROSS-JURISDICTIONAL SHARED SERVICE PUBLIC HEALTH INITIATIVE

This AGREEMENT is made by and between the Town of Needham (hereinafter "Needham") and the towns of Dover, Medfield, and Sherborn (hereinafter "The Charles River communities"), for the purpose of determining the roles and responsibilities of the Parties above in sharing and managing grant-funded resources and to support a cross-jurisdictional public health sharing agreement (hereinafter "The Charles River Public Health District")

WHEREAS, the Needham and the Charles River communities (collectively, the "Parties") were awarded an initial $150,000 in funding in December 2021 to support a cross-jurisdictional public health shared service arrangement from the Massachusetts Department of Health Office of Local and Regional Health (hereinafter "OLRH") via RFR 214333, the Public Health Excellence Grant Program for Shared Services. Additional funding was received in FY23 and is expected to be received in FY24;

WHEREAS, Needham and the Charles River communities are each empowered by law to staff, maintain and operate public health departments, which are a proper governmental function and service;

WHEREAS, the Chief Executives of all parties agree that they shared many of the same public health challenges relating to the ongoing COVID pandemic and could therefore benefit from collaboration in addressing those challenges;

WHEREAS, Needham and the Charles River communities have determined that it is mutually beneficial to employ shared public health employees (hereinafter "Shared Staff") between the municipalities in order to fulfill the responsibilities outlined in the RFR 214333;

NOW, THEREFORE, Needham and the Charles River communities commit to working together to deliver the goals of the grant in supporting the communities, build and deploy the Shared

Staff and resources to better achieve their statutory requirements, respond to public health emergencies, and satisfy the goals of the grant outlined in RFR 214333. The parties will undertake the following actions (the "Shared Public Health Services Initiative") to achieve said purpose:

1. Needham and the Charles River communities agree to participate in a Regional Advisory Committee at least once a quarter and participate in discussions relating to policy-making, budgeting, and the effectiveness of the Shared Staff arrangement, including procedures, policies and decision-making processes. Each community shall assign one member of its Board of Health to serve as the primary community representative to the Regional Advisory Committee, and another member of its Board of Health to serve as an alternate member to the Regional Advisory Committee. The Board of Health member from each community will serve as the sole voting member, though staff members from each community may attend the meeting and participate in discussions. All four communities shall constitute a quorum for the purposes of voting; each Party is to have one vote and decisions shall be approved by consensus of all Parties' representatives who are present and voting.

2. Needham and the Charles River Public Health District communities will agree to an Annual Workplan that sets goals and deliverables for the Shared Staff, respecting the need to balance regional priorities with grant-mandated deliverables and programs.

3. Needham will serve as the host community for all Shared Staff and will lead the hiring, employing, and equipping process of said staff. Shared Staff are to serve the residents of Needham and the Charles River Public Health District communities and to fulfill their respective duties, to be found in respective job descriptions, along with annually assigned grant goals and deliverables.

4. In those limited circumstances where staff members shared across communities are primarily funded from a non-shared services grant funding source but the hours of said staff member are supplemented with shared services grant funding, those staff members will be employees of whichever community or agency provides the majority of their salary funding. Those employees will be formally managed by the employing agency or community but both the employee and the employer will be responsible for assuring the completion of assigned portions of the regional workplan to the Regional Advisory Committee and Needham as the host agency.

5. The salary and benefits of all Shared Staff shall be funded exclusively through the grant, without appropriation or other funding from any party unless expressly agreed to in writing.

6. Needham will be responsible for managing grant deliverables, required reporting, and will act as the primary point of contact for OLRH. Needham is permitted to hire a Shared Service Manager and other appropriate staff or contract with a contractor(s) to manage grant responsibilities. If these responsibilities are contracted, Needham will conduct a procurement process consistent with M.G.L Chapter 30B and other applicable statutes. The terms of any agreement will be subject to separate contracts and the parameters outlined within those contracts.

7. All time and resources of the Shared Staff shall be used to fulfill the responsibilities outlined in RFR 214333 and any later-assigned grant deliverables. Only if all responsibilities are completed shall excess staff time or resources be allocated to conduct other tasks and/or business to enhance other public health services. Additional staff time or capacity shall be split amongst Needham and the Charles River communities at the discretion of the Needham and Charles River communities' Health Departments.

8. The Parties agree to mediation or other mutually acceptable dispute resolution options to resolve disputes or in areas where consensus cannot be reasonably reached. If necessary, Parties may withdraw from this AGREEMENT through the process outlined below, and each may seek relief available under the law.

9. For all purposes, all employees other than Shared Staff and all equipment of the respective Parties will remain employees and property of those Parties, including but not limited to employee benefits and workers' compensation. The Parties shall be equally and jointly, and not severally, liable for any liability, of whatever name or nature, caused by the action or inaction of the Shared Staff when performing services for the Charles River Public Health District. Each Party shall bear all risk of loss or liability from and against all claims, damages, liabilities, injuries, costs, fees, expenses, or losses, including, without limitation, reasonable attorney's fees and costs of investigation and litigation arising from actions or inactions of Shared Staff on behalf of that Party but not on behalf of the Charles River Public Health District.

10. Each Party will maintain accurate and comprehensive records of services performed, costs incurred, and any reimbursements and contributions received pursuant to the grant program identified above and/or involving the Shared Public Health Services

Initiative described herein, and shall render periodic financial statements to all participants.

This AGREEMENT shall take effect on _[insert date]_____ and shall remain in effect until terminated by Needham or the Charles River communities. This MOU may be superseded by an inter-municipal agreement that is agreed upon, approved, and executed before the expiration date of this AGREEMENT and/or extension periods.

If any Party seeks to withdraw from this AGREEMENT, they shall inform the other Parties in writing of their plans 90 days before their withdrawal will go into effect. Any Party that withdraws is nevertheless obligated to honor their commitment to the Shared Public Health Services Initiative and provide any required documents to the Shared Health Initiative and/or the OLRH to complete the withdrawal.

This AGREEMENT constitutes the entire and complete agreement between the Parties and supplants any and all prior agreements or understandings relative to the Shared Public Health Services Initiative. This AGREEMENT may not be amended except in writing agreed to by all Parties and executed in the same manner as the AGREEMENT itself. If any part of this AGREEMENT is deemed to be invalid, the remainder of the AGREEMENT shall remain enforceable to the extent allowed by law.

This AGREEMENT may be executed in counterparts.

This AGREEMENT incorporates all applicable provisions of Massachusetts law.

IN WITNESS THEREOF, the parties hereto have executed this AGREEMENT on this ___ day of _____, 2023, by their duly authorized _____.

SIGNATURE PAGE:

Name and Title

Signature

City/Town

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