CITY OF AMESBURY
IN THE YEAR TWO THOUSAND TWENTY-FOUR

SPONSORED BY: Kassandra Gove **BILL No.** 2024- 062

Kassandra Gove, Mayor

An Order to authorize the Mayor to accept and expend a Public Health Excellence (PHE) for Shared Services Grant from the Massachusetts Executive Office of Health and Human Services Department of Public Health for 3 fiscal years (FY25-FY27) in the amount of $486,497.32 for each of the 3 years of the contract for the PHE program.

Summary: The Massachusetts Executive Office of Health and Human Services Department of Public Health is issuing a 3-year contract to the City of Amesbury for Public Health Excellence for Shared Services Grant in the amount of $486,497.32 for each of the 3 years of the contract for the PHE program (FY25-FY27). Participation in this program was approved by the City Council on June 27, 2023 with Bill No. 2023-061. Amesbury will continue to serve as the lead municipality with the group consisting of Georgetown, Groveland, Merrimac, Newbury, Newburyport, Rowley, and West Newbury.

About the program:
The purpose of the Public Health Excellence for Shared Services Grant Program is to promote and support the development of inter-municipal shared service agreements (cross-jurisdictional sharing) that contribute to improvements in local public health capacity. By pooling resources, functions, and expertise, a consortium of cities and towns, especially those that are smaller or less prosperous, can improve compliance with their statutory and regulatory mandates and expand the public health protections and services they offer residents.

Be it Ordered by the City Council of the City of Amesbury assembled, and by the authority of the same as follows:

That the City of Amesbury authorizes the Mayor to accept and expend a Public Health Excellence (PHE) for Shared Services Grant from the Massachusetts Executive Office of Health and Human Services Department of Public Health for 3 fiscal years (FY25-FY27) in the amount of $486,497.32 for each of the 3 years of the contract for the PHE program.

CITY OF AMESBURY
IN THE YEAR TWO THOUSAND TWENTY-THREE

SPONSORED BY: Kassandra Gove, Mayor **BILL No.** 2023-061

At the meeting of the Amesbury City Council held on June 27, 2023, the following action was taken:

An Order to authorize the Mayor to accept and expend a FY 2024 Public Health Excellence for Shared Services Grant from the Massachusetts Executive Office of Health and Human Services Department of Public Health in the amount of $143,105.00.

Summary: The Massachusetts Executive Office of Health and Human Services Department of Public Health has allocated a Public Health Excellence for Shared Services Grant in the amount of $143,105.00. Amesbury will serve as the lead municipality with the group consisting of Georgetown, Groveland, Merrimac, Newbury, Newburyport, Rowley, and West Newbury.

About the program:
The purpose of the Public Health Excellence for Shared Services Grant Program is to promote and support the development of inter-municipal shared service agreements (cross-jurisdictional sharing) that contribute to improvements in local public health capacity. By pooling resources, functions, and expertise, a consortium of cities and towns, especially those that are smaller or less prosperous, can improve compliance with their statutory and regulatory mandates and expand the public health protections and services they offer residents. The Massachusetts Department of Public Health currently funds 41 grantees through the Public Health Excellence for Shared Services program. Grantees include 268 municipalities (76% of municipalities statewide).

Be it Ordered by the City Council of the City of Amesbury assembled, and by the authority of the same as follows:

That the City of Amesbury authorizes the Mayor to accept and expend a Public Health Excellence for Shared Services Grant of $143,105.00 from the Massachusetts Executive Office of Health and Human Services Department of Public Health for FY 2024.

Councilor Steven Stanganelli moved to approve City Council Bill 2023-061 as presented. He was seconded by Councilor Adrienne Lennon. A roll call vote was taken, and the motion passed unanimously (9 voting members present).

Witness my hand and seal for the City of Amesbury this 29th day of June 2023

City Clerk

Mayor

July 3, 2023
Date

Name	Lead Community/Entity	Current Participating Communities
Amesbury	Amesbury	Amesbury, Georgetown, Groveland, Merrimac, Newbury, Newburyport, West Newbury, Rowley
Berkshire Public Health Alliance	Berkshire Regional Planning Commission	Adams, Becket, Cheshire, Clarksburg, Dalton, Egremont, Florida, Hancock, Lanesborough, New Ashford, North Adams, Peru, Pittsfield, Richmond, Savoy, Washington, West Stockbridge, Williamstown, Windsor
Blackstone Valley Partnership for Public Health	Central Mass Regional Planning Commission	Blackstone, Douglas, Hopedale, Mendon, Millville, Northbridge, Upton, and Uxbridge
Bristol Norfolk Public Health Partners	Foxborough	Easton, Foxborough, Mansfield, Norton, Plainville, Sharon
CAPE Public Health Collaborative	Barnstable County	Bourne, Brewster, Chatham, Dennis, Eastham, Harwich, Mashpee, Orleans, Provincetown, Sandwich, Truro, Wellfleet
Central Massachusetts Regional Public Health Alliance	Worcester	Grafton, Shrewsbury, West Boylston, and Worcester
Central Pioneer Valley Health District	South Hadley	Chicopee, Holyoke, South Hadley
Charles River Public Health District	Needham	Dover, Medfield, Needham, and Sherborn
Charlton Coalition for Public Health	Charlton	Charlton, Spencer, Sturbridge, Sutton, Wales
Cooperative Public Health District	Franklin Regional Council of Governments	Ashfield, Bernardston, Buckland, Charlemont, Colrain, Conway, Erving, Gill, Hawley, Heath, Leyden, Monroe, Northfield, Rowe, Shelburne
East Hampden Shared Public Health Services	Longmeadow	Hampden, Longmeadow, Monson, Wilbraham
Eastern Essex Regional Public Health Coalition	Hamilton	Essex, Hamilton, Rockport, Wenham
Essex County Tri-Town Shared Health Initiative	Topsfield	Boxford, Middleton, Topsfield
Foothills Health District	Foothills Health District	Goshen, Westhampton, Whately, Williamsburg

Great Meadows Public Health Collaborative	Sudbury	Bedford, Concord, Carlisle, Lincoln, Sudbury, Wayland, Weston
Greater Boroughs Partnership for Health	Northborough	Boylston, Northborough, Southborough, and Westborough
Halifax Public Health Excellence Group	Halifax	Bridgewater, East Bridgewater, Halifax, Middleborough, Raynham, West Bridgewater
Hampshire Public Health Shared Services Collaborative	Northampton	Amherst, Chester, Chesterfield, Cummington, Easthampton, Granby, Hadley, Hatfield, Huntington, Middlefield, Northampton, Plainfield, Southampton, Worthington
Inter-Island Public Health Excellence Collaborative	Dukes County	Aquinnah, Chilmark, Edgartown, Gosnold, Nantucket, Oak Bluffs, Tisbury, West Tisbury
Leicester Regional Public Health Coalition	Leicester	Barre, Brookfield, Hardwick, Holden, Leicester, New Braintree, North Brookfield, and Oakham
MAPC - Somerville	MAPC - Somerville	Cambridge, Somerville
Marshfield Public Health Excellence Grant Collaboration	Marshfield	Marshfield, Norwell, Pembroke, Rockland, Hanover
Metacomet Public Health Alliance	Wrentham	Franklin, Norfolk, Wrentham
Methuen-Lawrence	Methuen	Lawrence and Methuen
Metro Public Health Collaborative	Brookline	Arlington, Brookline, Belmont, Newton
MetroWest Shared Public Health Services	Hudson	Ashland, Framingham, Hopkinton, Hudson, Maynard, Medway, Milford, Millis, and Natick
Mill Towns Public Health Coalition	Ludlow	Ludlow, Palmer, Warren, West Brookfield
Montachusett Public Health Network	Fitchburg	Athol, Clinton, Fitchburg, Gardner, Hubbardston, Leominster, Phillipston, Princeton, Royalston, Sterling, Templeton, Westminster, Winchendon

Mystic Valley Public Health Coalition	Melrose	Malden, Medford, Melrose, Stoneham, Wakefield, Winchester
Nashoba Associated Boards of Health	Nashoba Associated Boards of Health	Ashburnham, Ashby, Ayer, Berlin, Bolton, Boxborough, Dunstable, Groton, Harvard, Lancaster, Littleton, Lunenburg, Pepperell, Shirley, Stow, and Townsend
New Bedford	New Bedford	Acushnet, Fairhaven, New Bedford
Norfolk County 5 East	Randolph	Braintree, Holbrook, Quincy, Randolph, Weymouth
Norfolk County-8 Local Public Health Coalition	Norwood	Canton, Dedham, Milton, Norwood, Walpole, Wellesley, and Westwood
North Bristol County Public Health Alliance	North Attleboro	Attleboro, Berkley, Dighton, North Attleborough, Rehoboth, Taunton
North East Public Health Alliance	Tyngsborough	Billerica, Chelmsford, Tewksbury, Tyngsborough
North Quabbin Health Collaborative	Orange	New Salem, Orange, Petersham, Warwick, Wendell
North Shore Public Health Collaborative	Salem	Beverly, Danvers, Lynn, Marblehead, Nahant, Peabody, Salem, Swampscott
North Suffolk Public Health Collaborative	MAPC - Winthrop	Chelsea, Revere, Winthrop
NorthWest Public Health Coalition	Westford	Acton, Dracut, Lowell, Westford
Plymouth - Norfolk 5	Abington	Abington, Avon, Brockton, Stoughton, Whitman
Quabbin Health District	Quabbin Health District	Belchertown, Pelham, Ware
South Central Massachusetts Partnership for Health	Central Mass Regional Planning Commission	Auburn, Brimfield, Dudley, Oxford, Southbridge, and Webster
South Shore Public Health Collaborative	Cohasset	Cohasset, Hingham, Scituate
Southcoast Public Health Coalition	Fall River	Fall River, Seekonk, Swansea

Southcoast Public Health Collaborative	Westport	Freetown, Lakeville, Marion, Matapoisset, Rochester, Westport
Southern Berkshire Public Health Collaborative	Tri-Town Health District/Town of Lee	Alford, Great Barrington, Lee, Lenox, Monterey, Mount Washington, New Marlborough, Otis, Sandisfield, Sheffield, Stockbridge, Tyringham
Southern Plymouth County Public Health Excellence Collaborative	Kingston	Carver, Duxbury, Kingston, Plymouth, Plympton, Wareham
Town of North Andover	North Andover	Andover, Haverhill, Lynnfield, North Andover, North Reading, Reading
Tri-ton Shared Services Coalition	Burlington	Burlington, Lexington, Wilmington
Valley Health Regional Collaborative	Greenfield	Deerfield, Greenfield, Leverett, Montague, Shutesbury, Sunderland
Western Hampden County Public Health District	Southwick	Blandford, Granville, Montgomery, Russell, Southwick, Tolland

Shared Services

Information about cross-jurisdictional sharing of public health services in Massachusetts

Public Health Excellence Shared Services Grant Program

The Office of Local and Regional Health promotes and supports the development of inter-municipal shared service agreements (cross-jurisdictional sharing) that contribute to improvements in local public health capacity. By pooling resources, functions, and expertise, a consortium of cities and towns, especially those that are smaller or less prosperous, can improve compliance with meeting the Performance Standards and expand the public health services they offer residents.

Public Health Districts and Shared Service Arrangements in Massachusetts

In January 2020, this grant program was renamed the State Action for Public Health Excellence (SAPHE) Grant Program after the passage of the SAPHE Act (https://malegislature.gov/Laws/SessionLaws/Acts/2020/Chapter72). The program was reimagined to be responsive to the Special Commission of Local and Regional Public Health (SCLRPH) (/orgs/special-commission-on-local-and-regional-public-health) recommendation outlined in the 2019 Blueprint for Public Health Excellence report (/orgs/special-commission-on-local-and-regional-public-health) to "increase cross-jurisdictional sharing of public health services to strengthen the service delivery capacities of local public health departments". Since its infancy, this program has grown to offer 319 Massachusetts cities and towns more than $50M of grant funding and relevant technical assistance to improve local public health effectiveness and efficiency. The SAPHE Grant Program strengthens local public health services and protections to residents in 91% of Massachusetts' cities and towns through cross-jurisdictional sharing.

A current list of the Shared Services Arrangements can be found below:

Download: List of Shared Service Arrangements (XLSX) (/doc/list-of-shared-service-arrangements-xlsx/download) as of December 2023

If you'd like to learn more about cross-jurisdictional sharing, including your municipality's involvement, please contact localregionalpublichealth@mass.gov (mailto:localregionalpublichealth@mass.gov).

OLRH also offers technical assistance to local public health officials in Massachusetts. Types of technical assistance include, but are not limited to:

- Racial Equity Training
- Capacity Assessment
- Legal
- Inter-Municipal Coordination

Resources

- Workforce Development & Training for Local Public Health and Shared Service Arrangement Staff (/service-details/local-public-health-workforce-development)
- Performance Standards for Local Public Health (/resource/performance-standards-for-local-public-health)
- Engagement & Policy (/info-details/engagement-policy)

Contact

Office of Local and Regional Health

Online

Email: LocalRegionalPublicHealth@mass.gov (mailto:LocalRegionalPublicHealth@mass.gov)

Phone

Phone: (617) 753-8018 (tel:6177538018)

Address

C/O Tina Giancola , 67 Forest Street, Marlborough, MA 01752

Directions (https://maps.google.com/?q=C%2FO+Tina+Giancola+%2C+67+Forest+Street%2C+Marlborough%2C+MA+01752)

(/)

All Topics (/topics/massachusetts-topics)

Site Policies (/massgov-site-policies)

Public Records Requests (/topics/public-records-requests)

MAHB

Assisting Massachusetts Boards of Health through training, technical assistance and legal education

Massachusetts Association of Health Boards Summary of the Public Health Excellence Grant Program for Shared Services

As you know, Massachusetts has 351 separate autonomous local boards of health. Under this program, 51 shared service coalitions have been formed, combining a total of around 323 cities and towns. No other state in the nation is as decentralized and shows the level of public health disparity as ours.

As discussed below, the Coalition for Local Public Health[1] was successful in educating the legislature about the need to provide more resources to fund local public health They responded by adding a line item to the state budget, for the first time in history. We received a $10M line item in the FY2021 budget, and although we asked for $13M in the 2022 budget, we got ***more than we asked for,*** $15M! We received the same funding in the FY23 budget, and the sum is now a DPH line-item, so is considered a sound indefinite program. In addition, the legislature has infused an additional $251.6 M in federal grants and funding to bring the local boards to at least a minimal standard of functioning.

MA DPH received the line-item funding in FY21 for grants to advance the recommendations of the Special Commission on Local and Regional Public Health (SCLRPH) in its final report in June of 2019, titled, *Blueprint for Public Health Excellence: Recommendations for Improved Effectiveness and Efficiency of Local Public Health Protections (Blueprint).* This is available at the following link: www.mass.gov/orgs/special-commission-on-local-and-regional-public-health.

As noted in the Blueprint, Massachusetts and national evidence supports cross-jurisdictional sharing (***which is NOT regionalization)*** as a means to improve effectiveness and efficiency. In working together, municipalities will be better able to meet statutory requirements, respond to public health emergencies and plan public health improvements. The Public Health Excellence Grant Program is designed to address the Commission's recommendations for improved effectiveness and efficiency of local and regional public health by expanding opportunities for sharing of resources to improve overall public health services.

Background

Massachusetts has 351 cities and towns, each of which has an autonomous Board of Health. Given the disparity in size and resources among municipalities, this has led to inconsistencies in local public health capacity to carry out statutory powers and

[1] This is a statutorily formed coalition consisting of MAHB, Mass Association of Public Health Nurses, Mass Environmental Health Association, Mass. Health Officers Association, Western Mass Public Health Association, Big Cities Coalition, and is convened by Mass. Public Health Association, and meets bi-weekly with DPH, DEP; and any other state agencies from time to time as needed to help set public health policy for the state.

duties and in resources available to smaller or less affluent communities. Despite its value, the use of shared services in Massachusetts has been limited.

The Special Commission on Local and Regional Public Health (SCLRPH) recommended that the number of Massachusetts local boards of health utilizing cross-jurisdictional services or shared services be increased as part of its blueprint for a more effective and efficient local public health system. The Commission noted in its final report, "By pooling resources, functions, and expertise, a consortium of cities and towns, especially those that are smaller or less prosperous, can improve compliance with their statutory and regulatory mandates and expand the protections and opportunities they offer residents." Shared services can be beneficial for health departments that believe by working together — pooling resources, sharing staff, expertise, funds and programs — across boundaries, they can accomplish more than they could do alone.

This program represents a unique opportunity to transform the Massachusetts local public health system into a public health system of the 21st Century and improve health and enhance equity for all. Building on existing infrastructure and respecting local autonomy, Massachusetts can offer new ways to organize and support local health departments to raise standards, strengthen collaboration, better use technology, improve skills, and stabilize resources.

Scope of Service

Shared Services Composition: The SCLRPH Blueprint serves as the foundation for coalitions to select their cross-jurisdictional sharing activities tailored to regional needs.

Existing shared services arrangements have several options: 1) include more municipalities, 2) increase stability and functionality of an existing arrangement, 3) both, or 4) stay as you are. One threshold for stability, for example, is meeting the Special Commission's workforce standards and demonstration of meeting the regulatory requirements for all of the participating municipalities. An existing district may use these resources to develop more comprehensive services and a sustainable business plan. Taking this approach does not preclude the district from expanding to include more municipalities in the future.

Each of the cross-jurisdictional sharing arrangement includes three or more municipalities that have demonstrated interest in establishing shared services in order to increase the capacity to carry out the statutory and regulatory powers and duties of local boards of health.

Governance: Cross-jurisdictional sharing arrangements funded under this initiative will establish or maintain governance structures involving representatives of all participating municipalities. Governance boards are required to meet regularly under established rules of procedure to make democratic decisions about cross-jurisdictional policies, personnel, operations, asset management and finances.

Responsibility of Employees: The assets of this program are **administered by** the host municipality or governmental unit and **belong to** the given collaborative. *Please bear in mind that this is a "Shared Services Program," and not a "municipal employee lending program." While the host community is responsible for acting as the employer for the shared staff, the actual employees*

report to the collaborative's governance board. This is a unique program, and this part of the arrangement is what makes this so different.

Fund Sources: As of this writing there are two main sources of funding in the PHE program. The Public Health Excellence Shared Services Grant, and the subsequent Capacity Assessment supplemental funding, which resulted from a program-wide capacity assessment. The former sums derive from the PHE line-item in the DPH annual fiscal budget ($15M for the past 3 years), and the latter from the $200M ARPA funds authorized by the state legislature during the COVID emergency. In addition, there is a $52.6M funding source from the CDC for workforce development, which has been included in this program.

Fund Use: These funds can only be allocated and spent by agreement of the members of the governing board of the collaborative. The host community, while it is the keeper of the funds, and the employer of record for the benefit of the collaborative, is entitled to an administrative assessment of up to 15% of the gross procurement. The 15% administrative allocation is intended to compensate the host for all of its administrative costs, such as compensating the municipality for the additional time that the municipal staff will need to take steps to facilitate the grant. The grant acknowledges that existing municipal staff will have to spend time doing ministerial tasks related to the grant. This could include such tasks as doing the paperwork to assure inclusion of all grant personnel in the municipal/county payroll, enrolling those employees in the standard benefit package on par with other municipal employees, and any other incidental costs. In designing this program, DPH and its colleagues on CLPH recognized that it would be inherently unfair for the municipality to be expected to have staff go uncompensated for assisting with grant-related tasks. The 15% administrative fee is considered a "no strings" funding source for the host community, but the intent of the DPH is that that sum be used by host community programs to promote public health core functions.

To participate in this program, your Board of Health Chair *and* your Chief Executive has signed an agreement to 1. cooperate with the other members of your collaborative, and 2. Not use the funds to supplant any existing programs or positions. This grant is intended to ADD TO your capacity by ADDING personnel and resources, and not to REPLACE any existing positions or programs. This means that if you have an existing employee on your municipal payroll and the PHE group retains an employee for the collaborative, you may not diminish your public health department/BOH budget in order to terminate the person in that position and shift those funds to another department for another use. We are happy to discuss this with any municipality if there are any questions. The state will consider it a breach of the contract should a municipality supplant any funding/personnel. For instance, should you decide that you are going to terminate a nursing contract for $20,000 with the local VNA and totally rely upon the collaborative for your nursing services, you may not take that $20,000 and paint a crosswalk on a road somewhere else in town. You would be required to either pay that entire line-item into the PHE Collaborative or make another suitable arrangement with DPH to use that amount on another core public health function, should DPH decide that this was appropriate.

Finally, it is important to note that in addition to the 15% administrative fee, the host is under no obligation or expectation that it spend any of its municipal funds

on any requirements occasioned by the grant. As such, if any member municipality incurs any costs in order to carry out its obligations under the grant, those sums are to be authorized for payment from the corpus of the grant. So if an outside town counsel or city solicitor is requested to review any agreements, those fees are payable from the grant. Those expenditures must be approved by the grant governance board, upon request of the individual participating municipality.

Return of Unspent Funds: The contract with the Commonwealth mandates that any unspent funds at the conclusion of the annual fiscal cycle be returned to the Department of Public Health. Because of this, DPH has adopted a progressive approach to assuring that an annual "spend-down" be undertaken by the grantees, and assistance with acceptable expenditures is available from MAHB as a service to our members. It should be the goal of the grantee to return as little money to DPH as possible, and the mark of optimal success is a "zero dollar return." But it is important to reiterate that the terms of the contract mandate that unless the funds are spent by the close of the fiscal year, 100% of the unspent funds *must be returned to the state!* DPH has produced several documents that detail acceptable expenditures and has been consistently clear that no funds can be used for capital expenditures, or for supplanting existing funds/programs.

Board of Health Autonomy: Each municipality shall retain its board of health's legal authority unless a municipality votes to delegate part or all of its authority to the governance board and the governance board votes to accept it. Boards of health must freely and totally voluntarily approve agreements to delegate their legal authority, and that is up to each Board to decide. The DPH and the PHE program do not expect that any board of health would relinquish any of its autonomy unless that board decided that such a move would be in the best interest of those it serves.

Participation in the program must initially be approved by the board of health Chair and Chief Executive (Mayor, Chair of Select Board or Town Manager, depending upon the municipal charter) of each participating municipality must sign a one-page agreement to participate and act in good faith, and not to use funds to supplant existing programs or funding, as mentioned in a previous paragraph.

Inter-Municipal Agreement: While the DPH has mandated that each collaborative negotiate and execute a valid Inter-Municipal Agreement by December 31, 2023, this date is not etched in stone. MAHB has been contracted by DPH to facilitate this and has retained an attorney, Richard Mucci, Esq., who will assist all collaboratives at no charge, in order to accomplish this goal. As long as there is progress towards concluding the IMA process, MAHB will report to DPH on your behalf, that you are working diligently to concluding the IMA process.

Once the collaborative's host community accepts the text, we usually present it to the other participants, and they have their counsel work with Rich to iron out all issues. This is far more painless than it appears, and we have had an extraordinary success rate so far. Consistent with the above (see "fund use," above), each municipality is entitled to having their legal fees attendant to the finalizing the agreement reimbursed.

Data Collection: DPH intends to use funds available under this initiative, as

well as supplemental direct-to-local-public-health ARPA funding ($98.85M) to enhance public health capacity to acquire, store, and use data to improve population health as recommended by the Special Commission on Local and Regional Public Health. All grantees are required to participate in the data collection initiative.

Sustainability: DPH intends to use funds available under this initiative to ensure cross- jurisdictional sharing arrangements supported through this program to achieve long term sustainability. The core funding component, currently $15M/year, is a DPH line-item, and is secure for the foreseeable future. Gov. Healy attempted to decrease the sum in her budget, and that cut was among the first overrides by the state legislature, signaling the appreciation of the importance of this program to the state legislature.

This program is disease agnostic, and although coincidental in time with COVID-19 measures, and in light of the recent COVID-19 public health emergency and burden on local health to respond to a detailed scope of service at this time, applicants will be required to:

1) hire a Shared Services Coordinator as at least a .5 FTE to act as the liaison from the host community to the participating municipalities and the DPH, and to act as a general manager of the program, and answering to the governance board directly;
2) submit letters of commitment to be part of the Shared Services Area from all municipalities;
3) provide quarterly invoices and progress updates;
4) attend monthly check-in meetings with OLRH staff;
5) submit a full, detailed workplan for the shared services;
6) submit a detailed strategic plan that includes sustainability plans within 12 months of the end of current COVID-19 public health emergency; and
7) commit to utilizing MAVEN, MIIS, workforce standards provided in Blueprint, and new local public health data reporting system under development.

Staffing: It is anticipated that a significant portion of the funds will be used to support staffing (including contractors/consultants). This could include Health Director/Agent, Deputy/Assistant Director, Inspector(s), Public Health Nurse(s), Epidemiologist(s), Shared Services Coordinator and/or Clerk. Staffing patterns should be arranged to meet the needs of the proposed cross-jurisdictional sharing arrangement and be in compliance with the Special Commission's workforce standards.

As a participant in this program, it is helpful to look at the staff as if you were employing a Temp Agency to help catch up with the backlogs of work in your shared pool. The key difference is that at the end of the assignment, the temp agency workers stay with you, at no charge to your municipality!

Allowable Costs: Grant funds can be used for staff salaries, benefits, payroll taxes, OPEB, consultants, facilities, travel, continuing education programs, program supplies, and all grant-related expenses. The primary purpose of this procurement is to expand local public health capacity by adding staff and/or consultants to provide direct public health services. As previously written, the host community may charge up to 15% to the grant for administrative costs. Funds cannot be used for equipment without prior written approval from DPH. Funds cannot be used for capital expenses under any circumstances. **Funds *cannot be used to supplant* existing**

municipal funding for public health services. In other words, nobody gets laid off, no programs can be cut and shunted to the grant, and the resources are for additional capacity. This, also, is discussed above, but is so important that it is repeated here!

In addition, certain trainings are allowed as expenditures for the hired workforce. Also, software related to the grant, professional dues for listed MA public health organizations and up to $750/FTE for up to 5 FTE's will get travel costs for seminars, etc.

We look forward to working with you. For further assistance and/or additional resources or information, please contact Mike Hugo, at hugo@mahb.org, or call him directly at (617) 448-4888.

Public Health Excellence Grants: FY24 Allowable Expenses

Revised March 1, 2024

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

- Budgets are restricted to using the Line-Item Categories listed on the Table found on pages 2 through 6. The first column on this table is Line-Item Category that corresponds to the budget template and the second column provides a description of the expenses that fall under each Line-Item Category.

- All spending must be in accordance with your PHE Engagement Scope (see Appendix 1). Grantees must have sufficient funds in the appropriate Line-Item Category. Please consult with your Program Coordinator regarding revisions to the Approved Budget.

- Items that do not clearly fall into one of the Line-Item Categories are generally not allowable. See table on page 7 for examples of unallowable expenses.

- One-time FY24 Additional Allowable Expenses are found on page 8.

When planning your grant expenses, please consider whether expenses advance the goals of PHE:

1. How does the expense advance shared services?

2. How does each expense equitably meet the mandated public health service needs of the municipalities (Performance Standards) in the shared services region?

3. Does this expense support the implementation of your Workplan?

4. Does this expense supplant existing municipal or other available funds designed for public health services in your SSA? If so, this expense is not allowable. All municipalities in the PHE Grant program signed a Statement of Commitment acknowledging that they would use PHE grant funds "...only to augment rather than replace current municipal funding for public health staff or services".

Grantees may request approval of expenses not clearly outlined in this document by completing an online form: https://forms.office.com/g/Gq9tXrWiwN. Please review the entirety of this document prior to submitting the online form. Submission of the online form does not constitute approval. A member of the Office of Local and Regional Health will contact you with a decision. If approved, sufficient funds in the appropriate line-item of the budget are required to proceed.

Budget Line-Item Category	PHE Allowable Expenses
PHE Staff: • Shared Services Coordinator • Health Agent • Health Inspector • Nurse • Epidemiologist • Other Public Health Staff	Shared municipal public health staff funded by PHE grant and their associated fringe benefits/payroll taxes. Municipal funds cannot be supplanted. The Shared Services Coordinator Waiver Request Form must be used to request an FTE that is less than required in the FY24 PHE scope of services.
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: 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. Please use the Shared Services Coordinator Waiver Form.) Consultant services cannot be billed to PHE for a Community Health Needs Assessment (CHNA) or PHAB accreditation. *See CHNA exception below.
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 shared AND municipal health 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 OLRH for approval.) Out of state travel is not allowed.

Budget Line-Item Category	PHE Allowable Expenses
Health Communication	Creating and distributing local public health information to communicate PHE grantee shared services programs and improve residents' health in PHE municipalities. Examples of health communication-related expenses: Fact sheet design and printing services, PHE grantee regional web site development/hosting services, translation services. Health Communications can also cover staff outreach materials including business cards and badges of shared staff. SSA logo apparel for municipal staff supporting shared service activities in a public facing role is allowed (capped at $250 per employee as a one-time expense).
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 for Public Health Excellence*. PHE-related software includes public health inspection software and public health data analysis software. PHE funds can only be used to pay inspection software contracts for the current fiscal year. The SSA should provide details about the software expenses such as software being used, cost per license, and staff who will use it. (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 shared staff AND municipal 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 degree programs • For CEUs and contact hours to maintain workforce credentials outlined in the *Blueprint* (page 61)

Budget Line-Item Category	PHE Allowable Expenses
Training and Credentialing (continued)	• For educational materials such as credentialing exam study guides • Training (including Train-the-trainer programs) including CPR, First Aid, ChokeSaver, Mental Health First Aid/CPR, Stop the Bleed, Food Manager Certification, and grant writing. • 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: o Health Resources in Action o Local Public Health Institute o Massachusetts Association of Health Boards o Massachusetts Association of Public Health Nurses o Massachusetts Public Health Association o Massachusetts Health Officers Association o Massachusetts Environmental Health Association o NEIWPCC o National Environmental Health Association o Western Massachusetts Public Health Association Registration for out-of-state conference fees require OLRH pre-approval. Out-of-state travel expenses are not allowable expenses. Trainings for Board of Health members require ORLH pre-approval. 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. See Appendix 2: FY24 Nursing Supplies for examples. CPR manikins and training AEDs for use by shared public health nurses allowed as regional purchase. SSA logo apparel/uniforms is approved at $250 per employee (one-time expense).

Budget Line-Item Category	PHE Allowable Expenses
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, and pool test kits. SSA logo apparel/uniforms is approved at $250 per employee (one-time expense).
Membership Fees	Professional membership fees for MA-based organizations related to work in local public health, for relevant shared AND municipal public health 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 shared AND municipal public health 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, copier/printer leasing fee, purchasing or upgrading a desk

Budget Line-Item Category	PHE Allowable Expenses
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%. Part of the administrative support fee may be used as a "stipend" (compensation above regular annual salary) for a local health director who works beyond regular hours to support the shared services arrangement. This amount is limited to $10,000 per year and no more than $2,500 per quarter. For additional guidance, please consult your program coordinator.
Community Health Needs Assessment	PHE funds for community health needs assessments are limited in FY24 to support the Community Health Equity Initiative survey. Funds for this purpose may be used for staff assigned to outreach work and incentives for survey participation as determined by DPH.

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. Incentives that support participation in the Community Health Equity Initiative (CHEI) survey are permitted in FY24. Please see separate guidance for CHEI expenses.
Vaccine	Using PHE funds to pay for denied vaccine reimbursement claims
Supplanting existing municipal funding for public health services	Using PHE funds to support the salary of existing local public health personnel (such as public health inspectors or nurses) that are already fully funded by existing non-PHE funding such as municipal budget.
Vehicle Purchase	Purchasing a van to support a community health program.
Capital expenses, including office buildouts for shared staff. If you have specific questions about what qualifies as a capital expense, 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, and graduate 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 that covers more than one fiscal year.
Accreditation Fees	Application and other fees associated with the Public Health Accreditation Board are not allowable expenses.
Note: 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.	

ONE-TIME FY24 - Additional Allowable Expenses

Anticipated unspent FY24 PHE grant funds may be used for the following one-time expenses, provided that the SSA is meeting all FY24 workplan activities and objectives and that expenses do not result in a reduction to shared staffing reflected in the approved budget. Any budget revisions to accommodate for PHE spending Line-Item Category changes must be submitted through a revision request to your assigned Program Coordinator prior to purchase.

Category	Description of One-Time FY24 Allowable Expense
Vaccines	PHE Funding may be used to support SSAs in purchasing COVID-19, flu, and Adult Hep A vaccines upfront with OLRH approval.
Travel	Travel to training can now be covered at a maximum cost of $1500 per FTE. This covers travel incurred by day-to-day regional activities for PHE grant-funded staff. Travel costs for training may include mileage and lodging using current Federal GSA rates
EA Emergency Family Shelter	Receive reimbursement for response activities not covered by other sources, such as transportation, diapers, etc. This does not include education/school related expenses.
Consultant	Engage a consultant for strategic planning to improve and/or expand sharing of public health services. This could include: • Hiring a consultant to assist an SSA in developing a strategic plan to pool funds to build shared abatement programs and services using opioid settlement funds. As part of this strategic planning process, the vendor could assist municipalities in soliciting input from those with lived experience. • Hiring a consultant to digitize legacy records and data (e.g. paper inspection reports, letters, etc). Please contact your Program Coordinator for additional requirements. • Hiring a consultant to assess local public health resources and staffing and develop a strategic plan to increase sharing of public health services among SSA municipalities. • Hiring a consultant to assist with evaluation and development of the workplan and to help meet performance standards. • Hiring a consultant to develop a SSA-level Continuity of Operations Plan • Hiring a consultant to help ensure racial equity principles and practices are incorporated into SSA work. • Hiring a consultant to help develop a SSA-level communication plan and templates including social media, website, printed media, and outreach activities. • Hiring a consultant to develop sustainability plan to increase and diversify resources for the SSA.

Appendix 1: PHE Engagement Scope FY24

The below scope is an attachment to all PHE original executed contracts. Grantees with Field Training Hubs have a more extensive scope and should refer to their original contract.

The Department of Public Health (DPH) and the Vendor/Contractor have agreed that reported performance and expenditures are to be compensated under the settlement portion of the engagement. The Settlement Period starts on July 1, 2023, and ends One Day Prior to DPH Signatory Date on the standard engagement form.

Group Structure & Governance:

1. Maintain up-to-date documentation of Letters of Commitment from all participating municipalities in your Shared Service Arrangement (SSA). An inter-municipal agreement (IMA) is not a substitute for the Letter of Commitment requirement.
2. OLRH must be notified in writing by the lead municipality of any changes to municipalities participating in a group's SSA. Any changes to the involved municipalities must be communicated to OLRH in writing by March 1, 2024, for FY25 funding considerations.
3. Establish and/or enhance a governance structure that involves representatives of all participating municipalities. Governance boards must meet regularly under established rules of procedures to make democratic decisions about SSA policies, personnel, operations, and finances.
4. Establish and/or enhance executed intermunicipal agreements by December 31, 2023. These IMAs must be sent to OLRH by December 31, 2023.

Staffing:

5. Identify and maintain a management position from the lead entity to coordinate between municipalities and with DPH.
6. Maintain a minimum of a 0.5 FTE Shared Services Coordinator position, who is responsible for grant deliverables, being the point of contact for the grant, and attending required meetings and trainings. Approval is required from your designated program coordinator if it is necessary to hire a contractor for shared services coordination or if less than 0.5 FTE is deemed necessary for a municipal employee in this role.

Deliverables & Grant Participation Expectations:

7. Provide timely quarterly narrative and expenditure reports in a format and method provided by OLRH. Quarterly narrative and expenditure reports must be received in a timely manner in order for OLRH to process quarterly payments. **If a grantee anticipates a delay in submitting deliverables, they must submit a request for an extension to their respective program coordinator. Grantees have a two month grace period from the quarterly narrative/expenditure report deadline to submit deliverables. If reporting is delayed more than two months past the deadline, OLRH will not be able to process that quarterly payment.**
8. Submit full, detailed workplans and budgets for FY25 by the deadline established by OLRH at the end of FY24. Workplans and budgets must work towards meeting the current phase of performance standards based on the current results of the capacity assessment, must incorporate shared services, and must incorporate health and racial equity.
9. Attend contract, training, learning collaborative, evaluation, and meetings provided by OLRH staff and its partners. Required engagements will include attending racial equity training and participating in various technical assistance activities (e.g. legal, inter- and intra-municipal relations and communications, etc.). At least one shared service arrangement staff member (ex. Shared Services Coordinator), one relevant staff member from each municipality in your shared

service arrangement, and one Local Board of Health member from the shared services arrangement are required to attend OLRH's racial equity training.

10. Attend monthly PHE Grantee Meetings and quarterly check-ins with your designated program coordinator.
11. Seek prior approval from OLRH for changes in the proposal and use of funding. All work performed pursuant to this contract is subject to review and approval of the Department prior to any public release of said work. If a selected vendor performs any work through agents, subcontractors, assigns, or the like, all such work shall be subject to the terms of this contract. This includes but is not limited to publications and presentations.
12. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs and work to adopt Culturally and Linguistically Appropriate Services (CLAS) National Standards. https://www.mass.gov/service-details/clas-nationalstandards

Workforce Development:

13. Agree to collaborate with your designated Field Training Hub.
14. Ensure adequate staffing support and adequately trained staff to meet the needs of the shared service area and comply with the workforce standards within the established performance standards. Staffing patterns should be arranged to meet the needs and represent diverse population of your SSA.

Performance Standards and Data:

15. Participate in local board of health/health department capacity assessment and workforce standards assessment using the tools provided by OLRH and its partners.
16. Enhance capacity of shared service area to acquire, store, and use data to improve public health. Utilize MAVEN, MIIS, and new public health data reporting system under development.
17. Ensure 100% continuous MAVEN coverage for all municipalities in shared services arrangement.

Other:

18. OLRH is working with a vendor on a comprehensive, equity-centered evaluation of the strategies and initiatives arising from the OLRH's 2023 strategic planning process and initiatives aligned with the Special Commission on Local and Regional Public Health. PHE grantees agree to participate in OLRH's evaluation initiative activities.

Allowable Costs:

Grant funds can be used for staff salaries, benefits, payroll taxes, support staff, consultants, travel, health communication, applicable technology hardware and software, training and credentialing, nursing supplies, inspection supplies, membership fees, and occupancy, as outlined by the "Public Health Excellence Grants: FY24 Allowable Expenses," document. The primary purpose of this procurement is to expand local public health capacity to better achieve performance standards by adding staff and ensuring adequately trained staff to provide direct public health services. The lead applicant may charge up to 15% to the grant for administrative costs. Funds cannot be used for equipment without prior written approval from DPH. Funds are not intended for capital expenses; however, DPH may consider special requests, and decisions will be communicated in writing. Funds cannot be used to supplant existing municipal funding for public health services.

Unallowable Costs:

Publicity and propaganda (lobbying):
Other than for normal and recognized executive-legislative relationships, no funds may be used for:

- publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
- the salary or expenses of any grant or contract recipient or agent acting for such recipient related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action or Executive order proposed or pending before any legislative body,
- See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients: https://www.cdc.gov/grants/documents/anti-lobbyingrestrictions.pdf

Appendix 2: FY24 Nursing Supplies

The following supplies may be purchased using PHE grant funds if other funding sources such as general funds or PHEP funds are not available. Towns may not supplant existing public health funds. These purchases are to support public health initiatives and programs of public health departments. Materials may not be given to other town departments, non-profits, or other organizations. These purchases are intended to be used to increase the public health infrastructure and capacity in Shared Service Arrangements.

Nursing Supplies
Alcohol prep pads
Bandages
First Aid Kits
Gauze Pads
Ice packs
Masks
Nitrile gloves
Portable vaccine cooler (recommend regional shared purchases)
Sanitizer/Sanitizing Wipes
Sharps Disposal Containers specific to nurse use (not for general distribution)
Sphygmomanometers/Stethoscopes
Stop the Bleed Kits
Syringes
Tissues
Vaccine cart
Vaccine refrigerator or freezer and associated temperature logger (recommend regional purchases)

Equipment for Vaccine Clinics, Health Fairs, & Outreach Events hosted by Health Departments
Cones
Dry erase boards and markers
Folding chairs
Folding tables
Partitions
Pop-up Tent
Rolling bags/boxes
Safety vests
Sign weights
Signage (i.e. a-frame sign)
Stanchions
Trash cans and trash bags
Wagon for moving materials