

# A Franklin County Cooperative Public Health Service

## SECTION I. PLANNING PROCESS UPDATE

In April, Franklin County received a \$29,500 grant from the state Department of Public Health to spend six months designing a shared health department that would serve as many towns as were interested. Funds were used for meeting facilitation, mileage reimbursement, meeting supplies and technical support to the group's subcommittees. Each planning group (11 in the state) is eligible to apply for a four year implementation grant, due November 18, 2011.

### **Why is the Department of Public Health offering grant funding for planning a Shared Health Service?**

Massachusetts is 43<sup>rd</sup> in geographic size in the US, but first in the number of local boards of health, and the decentralized nature of the state's system makes it hard for towns to meet their mandates. No individual Boards of Health are able to keep up with all the state and federal requirements for public health protection. Recent challenges to local board of health capacity include:

- Title 5 and the proliferation of alternative and innovative septic systems that require additional expertise to review, permit, and monitor on an ongoing basis
- Mandatory membership for every town in MAVEN, the online infectious disease system.
- Emergency preparedness requirements for each town
- Hoarding cases and the complicated resources required to address them
- Allergy warning requirements issues last summer

In our current system, Town liability is high, and resources vary widely from town to town, as the state provides no support for local health functions. A recent analysis of local health spending found that a great deal of money is spent across Franklin County on local health functions, but not in an efficient, coordinated way. The scattershot system also results in a great deal of important governance work for Boards of Health that they cannot get to, including policy development, health assessment, and program and staff evaluation. The end result for Massachusetts is that there are major inequities in protections to residents, which has motivated the state to create incentive grants for towns to combine local health functions.

### **Franklin County Planning Group Participation**

The cooperative local health service planning process included 11 meetings, each three hours in length. Approximately twenty people attended each meeting. The meetings were facilitated by two professional facilitators, David Specht and Greg Hessel. Nineteen towns signed on to participate in the public health district planning process. The towns represented were: Ashfield, Bernardston, Buckland, Charlemont, Colrain, Conway, Deerfield, Gill, Greenfield, Hawley, Leyden, Leverett, Monroe, Montague, Northfield, Orange, Shelburne, Sunderland Wendell and Whately. Participants from these towns included Board of Health members, Select Board members, and Town Administrators. The planning group developed six subcommittees to more thoroughly address the main components of the planning process: budget formulation, assessment formula, fee structure, shared services model, program development, and governance.

### **Goals of the Planning and Implementation Grant:**

The overall goal of planning process was to develop a model for providing shared public health services to the people and communities of Franklin County. Based on the requirements of the planning and implementation grant, the specific goals of the planning group were to create a shared health service that:

- Addresses the gaps in what boards of health are currently able to provide

- Increases public health protections for residents
- Maximizes non-municipal funds in support of local health services
- Gives participating towns meaningful oversight of policies, budget, fee schedule and hiring of staff
- Allows Board of Health members to focus more on governance and community needs.

### **Planning Group Objectives & Tasks**

The planning group developed six major objectives to meet our goals for a model Franklin County shared health service, and meet the requirements of our planning grant.

1. *Include as many interested towns as possible in the planning process*  
Final Status: 19 towns signed on to the planning grant and 17 participated in the process.
2. *Create a menu of services that maximizes the efficient use of credentialed staff*  
Final Status: the comprehensive model chosen will include an integrated staff with up to date credentials that will protect the health of Franklin County residents.
3. *Create a fee schedule that supports an adequate level of government services*  
Final Status: our fee subcommittee recommended a schedule
4. *Create a governance document that gives every town a fair say in oversight of the program*  
Final Status: a draft host agency agreement was created and a model for governance adopted.
5. *Choose a legal form of organization that provides the greatest benefit to member towns*  
Final Status: the planning group debated two forms of legal organization – a health district formed under Chapter 111 Section 27b and a shared service at a host agency under Chapter 40 Section 4a, the inter-municipal agreement law. The implementation grant proposal will include a shared service under Chapter 40 Section 4a. FRCOG is legally unable to host a Ch. 111 district right now but is open to future evolution of the model once it is up and running.
6. *Design a funding model that uses no more municipal funds than the amount spent by participating towns on town public health services in FY 2012*  
Final Status: on track for FY 2013 and FY 2014, thanks to grant funds.

### **Planning Group’s Chosen Model for Shared Local Health Services**

The group determined that Franklin County’s towns need access to a comprehensive set of public health services that will address all of Massachusetts’ required duties of local Boards of Health and allow towns to provide all of the Centers for Disease Control’s required (CDC) *Ten Essential Public Health Services*, a list of what functions are necessary from any functional health department (see Table 1). The planning group approved a service model for the Franklin County Cooperative Public Health Service (CPHS) that includes a comprehensive regional health service with a health director, agent(s) and public health nurse(s). The CPHS will be located at the FRCOG. Some member towns will be accessing the full range of these services (comprehensive members) and others will be accessing a slice of these services (shared services members). For more on the proposed cooperative service, see Section II.

### **Different Kinds of Town Membership in the Cooperative Public Health Service**

The proposed service model includes two levels of service determined by a town’s involvement in the CPHS: *Comprehensive District Member Towns will: receive all state-mandated public health services from the CPHS for a set fee (in year one, same as FY 12); have a seat on the Oversight Board with full voting rights, and sign a multi-year contract for services. Shared Services District Member Towns will: receive one or more state-mandated public health services from the department for a set fee; have a seat on the Oversight Board with voting rights for those program areas in which they participate; and sign a multi-year contract for services*

## **SECTION II. Proposed New Cooperative Local Health Department**

Figure 1 is a schematic of the proposed new health department for which the region is now seeking funding. The benefits of participating for member towns will be:

- Credentialed agents available to every participating community
- Clinics, screenings, and health promotion efforts from a public health nurse available to every participating community
- Predictable, stable costs for public health services
- Access to community health assessment data on issues facing residents of each town
- Up to date technology and equipment
- Reduction in town liability, and improvement of public health protections
- Grant writing and grant funds to increase services and meet town needs
- Frees up time for the local board of health to focus on creating policies and programs to meet town needs.

### **Legal Model for the Regional Health Department**

The CPHS will be hosted at the FRCOG and will have a separate Oversight Board whose responsibilities are described below and in Figure 1. Benefits of towns using the FRCOG as host agency include: an established infrastructure, accountable governance, experience with hosting regional programs, a solid track record of grant writing and financial management, existence as a known entity (both locally and statewide), and systems and structures in place for seamless start up. The Service will have a Health Director, who will supervise staff and be key contact for Boards of Health. The legal structure will be an inter-municipal agreement between towns and the FRCOG. This model has worked effectively for other municipal service programs of the FRCOG.

### **CPHS Staffing through the FRCOG**

Cooperative Public Health Service staff would meet all the required credentials from the Mass Department of Public Health, including:

- For Health Agent(s): BA or AA with a science concentration and Registered Sanitarian or Registered Environmental Health Specialist
- For Public Health Nurse(s): Bachelors in Science of Nursing and RN
- For Health Director: Advanced degree in public health or related field in addition to the Health Agent credentials and a leadership certification such as MA Certified Health Officer or graduation from a Public Health Leadership Institute.
- For all inspection staff: current credentials for all environmental health work, including Certified Pool Operator, Lead Determination Inspector, Septic System Inspector, Soil Evaluator, Certified Food Manager.

CPHS Staff would be employees of the FRCOG. Staff would be responsible to FRCOG policies and procedures and covered by the FRCOG insurance and benefits. District staff would be supervised by FRCOG staff but also accountable to the Oversight Board and member Boards of Health. Oversight Board members and FRCOG administration will be the hiring committee for all District positions. Staff performance evaluation would be based on annually established District goals, developed by the Oversight Board. Staff would be incorporated into the FRCOG Employee Goals and Objectives performance system and the Health Director would be responsible for supervisions, evaluation and discipline.

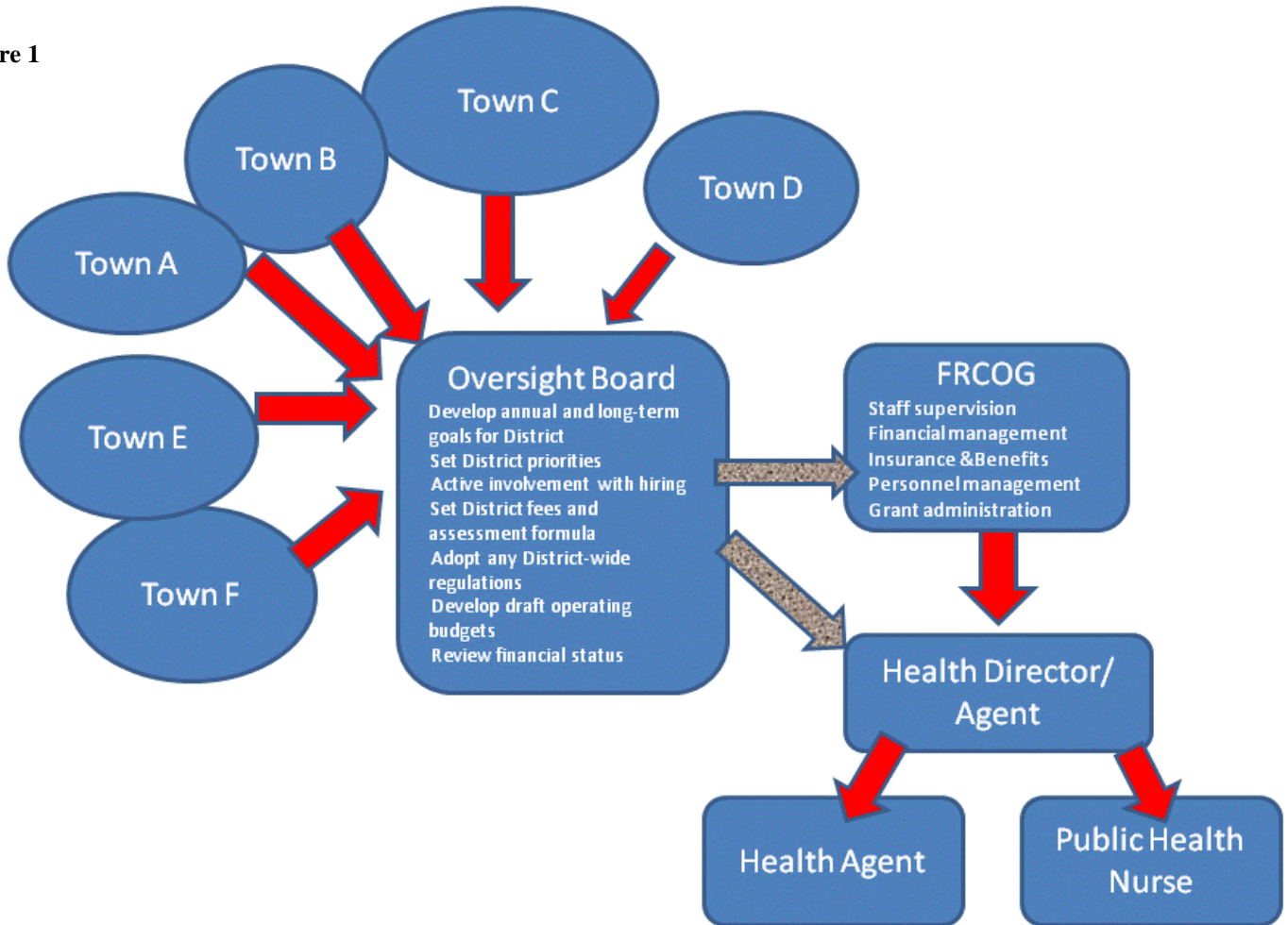
### **CPHS Oversight Board**

To make working together to oversee the Cooperative Public Health Service easy and fair, the Planning Group created a membership and voting structure of *One Town, One Vote by scope of involvement*. This means a town purchasing only nursing services will not vote on food inspection fees or policies, for example. In overall district policy and cross-cutting service matters each town will have the same weight to their vote. However,

for budget related matters, weights would match the budget assessment formula. Roles and responsibilities of the Oversight Board will include:

- Develop annual and long-term goals for CPHS
- Set CPHS staff and funding priorities
- Active involvement with hiring
- Set any common fees and assessment formula
- Review any proposed multi-town regulations prior to them going to BOHs for approval.
- Develop draft operating budgets
- work with FRCOG Finance Department to monitor finances

Figure 1



**Budget Assessment Model**

If the region’s grant proposal is successful, the cooperative service will have \$100,000 a year of grant funding to offset the first two years of operational and capital costs. Year three will be funded at \$75,000 and the final year at \$50,000. As a result, the planning group determined for the first year of service (FY 2013), participating towns will pay no more for services than they are paying FY 2012. For future years, the assessment will be a formula that uses a 25% Equalized Valuation (EQV -- total property value in town) and 75% Population for towns that are comprehensive members. The assessment for Shared Services towns will be applied only to the cost of the services the town joins. The major benefit of this formula identified by the planning group is that it is stable and predictable, and does not set up a situation in which public health crises lead to major spikes in the cost of health inspection or nursing services for participating towns. Other examples of assessment formulas that use population and EQV are the FRCOG Regional Assessment (10% EQV, 90% population), and the Franklin County Solid Waste District assessments (50% EQV, 50% population).

Table 1: The following chart explains what the national Centers for Disease Control (CDC) standards for local health services are, and how the proposed Franklin County Cooperative Public Health Service will help Franklin County towns meet them.

<b>The Ten Essential Services of Public Health</b>	<b>Current Board of Health Responsibility</b>	<b>How will the CPHS fulfill this requirement?</b>
1. Monitor health status and understand health issues at the community levels	Conduct community health assessments, review available data about health status of residents	Staff will conduct a health assessment for all participating towns. BOHs and Oversight Board will participate, and will get a full report on public health challenges in their towns and possible ways to address them.
2. Protect people from health problems and health hazards.	Investigate, prevent, minimize, and contain adverse health resulting from communicable diseases; food-, water-, and vector-borne outbreaks; chronic diseases; environmental hazards; injuries; and health disparities.	Skilled staff will be available to be part of town and regional emergency planning and to respond in an emergency. Public health nursing, wellness screenings & disease prevention services will be available.
3. Keep people informed about health issues and healthy choices.	Develop relationships with the media and with organizations that offer health services. Provide health promotion programs	Public health nursing, wellness screenings & disease prevention services will be available. Staff will write articles for town newsletters, local cable, papers and radio. Staff will write grants to bring additional needed funds to support health promotion activities.
4. Engage the community to identify and address health issues.	Participate in community efforts to address health issues. Learn what policies might help address needs in town. Keep town government informed about health issues.	Staff will collaborate with Franklin County human services organizations, the Franklin County Hoarding Task Force, the Communities that Care Coalition, and more. Staff will write grants to bring additional needed funds to address town health issues.
5. Plan and implement sound health policies.	Develop a strategic plan to address health issues in the town.	Oversight Board will consider all district-wide policies. Staff will provide support to BOH in identifying the need for new policies, drafting them and implementing them.
6. Enforce public health laws and regulations.	Understand and enforce all Massachusetts sanitary codes and local regulations. Educate community members and permit holders about the purpose and benefits of public health laws and regulations. Coordinate enforcement with other agencies. Monitor compliance over time.	Trained and credentialed staff will conduct all inspections and enforcement actions for: Housing – including unsafe housing, hoarding, and lead. Recreational Camp inspections Pool and bathing beach inspections Nuisance complaint investigation and enforcement Food and temporary food inspections Septic plan reviews and perc tests and septic inspections

		Private well permitting
7. Help people receive health services	Participate in projects that link town residents to available resources.	Community Health assessment project will help identify needed services in town. Public health nursing, wellness screenings & disease prevention services will be available. Staff will write articles for town newsletters, local cable, papers and radio.
8. Maintain a competent public health workforce.	Set standards for staff credentials. Hire credentialed staff, support needed training.	Staff will meet the required credentials within 24 months if not sooner. BOHs will be assured that their services are being provided by staff who hold the following credentials: Certified Health Officer, Licensed Soil Evaluator, Licensed Lead Determinator, Registered Sanitarian, Certified Pool Operator, Serve Safe, Certified Septic System Inspector, Bachelors in Science of Nursing. The district will prioritize training for staff to meet needs identified by the Oversight Board, especially on emerging issues and new septic technologies.
9. Evaluate and improve programs.	Adopt plans to evaluate the effectiveness of the Board's work, including how inspections and enforcement are done and how regulations are working.	The Oversight Board and Staff will set district performance goals and evaluate them. Staff will track data that allows the Board of Health and Oversight Board to review and evaluate the program.
10. Support innovation and identify and use best practices.	Collaborate with public health researchers and Universities. Share results of program evaluations, and best practices with other public health practitioners and academics. Apply evidence-based programs and best practices where possible.	Staff will be trained in how to identify and implement public health policies and practices that have been proven to be effective in other settings. The Oversight Board and Staff will share information on the CPHS' internal evaluations.

### SECTION III. MASSACHUSETTS DEPT. OF PUBLIC HEALTH IMPLEMENTATION GRANT

Now that the planning group has finished designing a regional health service to serve towns in Franklin County, the FRCOG is working with local Board of Health members and others on writing an implementation grant to make the Cooperative Public Health Service a reality! Below is a brief overview of the grant, which is available online at the following address: <http://tinyurl.com/3wuwqn5> (click on Revised RFR to see the document).

#### Implementation Grant Goals:

- A. Improve scope and quality of Local Public Health (LPH) services
- B. Redress capacity and performance gaps
- C. Optimal results with available resources—Board of Health responsibilities for injury & disease prevention, health promotion
- D. Reduce regional disparities in LPH capacities
- E. Policy change to improve population health
- F. Strengthen workforce qualifications
- G. Prepare for voluntary national accreditation

#### Implementation Grant Priorities:

- Cover largest possible land area, number of communities and percent of population
- Provide most comprehensive shared services, staff, and management possible

#### Grant Details:

- 11 planning grantees eligible to apply
- Requirements for hiring credentialed staff, conducting a community health assessment, working on policy development and more (see Table 2, below)
- Funding: \$100K per year for years 1 and 2, \$75K for year 3, \$50K for year 4
- Local support: Original signatures of the municipal executive *and* Board of Health chair from *each* applicant community on Attachment A, below. This is required from each town that wishes to participate in the grant.
- Allowable costs: staff, fringe, contractors, operating expenses, overhead @ 12%
- Legal structure: Prefer MGL 111, Section 27A or 27B, accept MGL 40, Section 4a
- Coverage: 50,000 combined pop. and/or 150 sq. miles, and/or ≥ 5 municipalities, and/or single county

**Grant Writing Process:** The grant is due 11/18/11, and we anticipate finding out about our funding status by 1/1/2012. Representatives from participating towns are meeting every week to:

- Gather list of interested towns & assess the services towns are seeking
- Finalize the proposed grant and CPHS budget
- Finalize plan for use of grant funds
- Finalize the host agency agreement, though it will not be signed until the application is funded.
- We are also working on answers to the questions of:
  - What financial oversight will look like
  - How the oversight board will work
  - What our long and short term goals are and how we will evaluate our success
  - What the staffing model & hiring process will look like if the grant is funded
- Finalize a community health assessment plan

Questions? Contact Phoebe Walker at [health@frcog.org](mailto:health@frcog.org)

**Table 2. Grant Performance Requirements – Town Commitment**

<b>Grant Requirement</b>	<b>By when does it have to be done?</b>	<b>Who will need to do it?</b>	<b>What is the requirement of the town?</b>	<b>Current Status of this requirement</b>
Having a governance body	Plan submitted with grant	Oversight Board & Host Agency	Need BOH member on board	Draft document available
Sign inter-municipal agreement creating shared service	One year after being funded	FRCOG and town	Signature	Draft document available
Ensure Adequate financial management	Right away if funded	FRCOG	N/A	FRCOG is fully prepared
Adopting workforce qualifications	New hires within one year, old within 2	Oversight Board and FRCOG	BOH adopt list of qualifications	Draft document available from RFR
Conducting a Community Health Assessment	18 months after being funded	Regional health staff	Need a BOH member on committee	Draft plan available
Commit to meeting state requirements on lead, camps, pools, ice rinks, and food safety	Within one year of being funded.	Regional health staff	N/A	Planning underway
Create performance improvement plan for how to meet more of BOH responsibilities	Ten months after being funded	Regional Health staff, with Board	N/A	N/A
Meet Board of Health Training requirement	Within one year of being funded.	BOH members	Send current untrained BOH members to training & Adopt policy to send new Board of Health members to trainings	Training available next November
Conduct one town-level policy effort to address tobacco or obesity	Start in second year of funding	Regional health staff, BOH	Possible BOH hearing	Draft under way
Commit that Funds provided under this program will be used to augment rather than offset current municipal spending for public health staff or services	Right away	N/A	If funded, town will spend same amount as FY12, for more services	Draft budgets for FY 12 and 13 will be available in late October
Have an evaluation plan	With grant application	Oversight Board and FRCOG	N/A	Draft will be available in early November

ATTACHMENT A

Public Health District Incentive Grant Program  
LOCAL SUPPORT DOCUMENTATION FORM



Name of Proposed District: Franklin County Cooperative Public Health Service

Municipalities Included in Proposed District: \_\_\_\_\_

Check each box below to confirm that the applicants understand and intend to comply with the performance goals and requirements of the Public Health District Incentive Grant Program. Provide an explanation in Section 5 of the Application Narrative for any box that the applicants do not check.

The undersigned, duly authorized representatives of their municipalities, affirm that if awarded with an implementation grant, the Applicants will:

- Implement plans described in Narrative Section 5 for the proposed district, including governance, financial management, workforce qualifications, Board of Health training, and developing the proposed model of sharing staff and services.
- Implement plans described in Narrative Section 5 for required services of the district, including addressing specified responsibilities of Boards of Health, joining and utilizing MAVEN, completing and publicizing findings of a community health assessment, and conducting a sustained, district-wide initiative to promote healthy weight and/or prevent and reduce tobacco use in the district’s combined population.
- Submit periodic financial and program reports as required by MDPH.
- Cooperate in an independently funded evaluation of the District Incentive Grant program.
- The Applicants affirm that funds provided under this program will be used to augment rather than offset current municipal spending for public health staff or services.

**Signed on behalf of the Applicants** (Form must be signed by the municipal chief executive and authorized Board of Health representative or health commissioner from *each* Applicant municipality. Original signatures are required. Attach additional signature pages, if necessary. Applicants may duplicate this form, if desired, in order to gather required signatures on multiple copies of the form.)

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Signature

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Municipality

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Print Name

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Title

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Signature

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