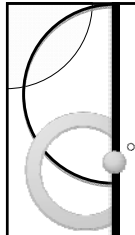


Effective Public Health Collaborations

*Quabbin Health District: Gail Gramarossa,
Belchertown Board of Health*

*Shared Health Inspector: Ben Wood,
Northampton Health Department*

Sept. 2, 2010



The 2nd Annual Regionalization Tool Kit: A Practical Guide to Sharing Municipal Services

Workshop: Effective Public Health Collaborations

Presented by:

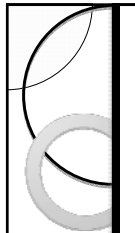
Gail Gramarossa, MPH, CHES Quabbin Health
District/Belchertown Board of Health

&

Ben Wood, MPH, Director, Northampton Health
Department

September 2, 2010

Hogan Conference Center Worcester, MA

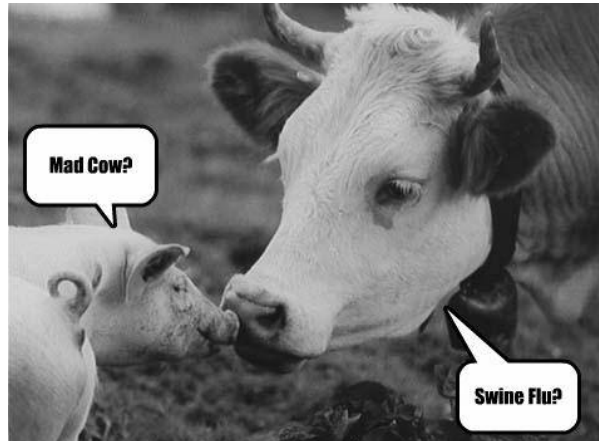


Objectives for the Session

Participants will gain increased knowledge and understanding of the :

- History, structure, governance, finances, staffing and functioning of the 3-town Quabbin Health District (QHD)
- Structure, finances, benefits and challenges of the Northampton Health Department's (NHD) model using shared health inspection staff
- Lessons learned from both programs

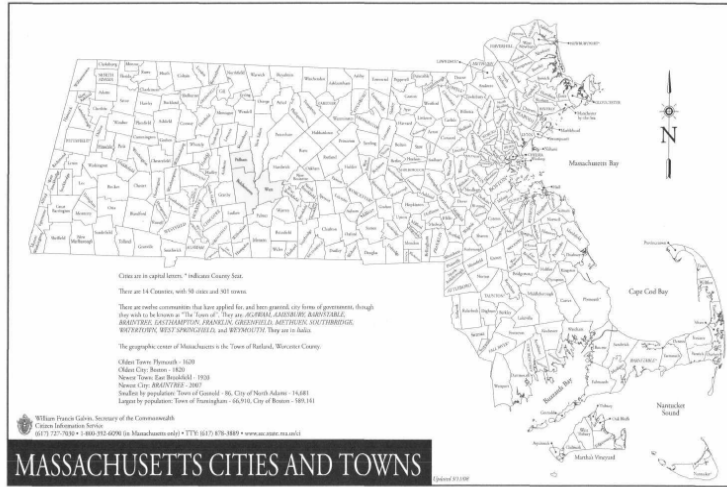
Public Health in the 21st Century



Quabbin Health District (QHD)

- The Quabbin Health District serves the 3 communities of Belchertown, Ware, and Pelham - a total population of 25,000 residents in about 120 square miles in Hampshire County.
- The Health District is a joint effort of the local Boards of Health to provide their towns with high-quality, well-trained public health professionals and effective community services.
- QHD provides each town with shared personnel, equipment and other resources to enforce provisions of the State Sanitary Code and Environmental Code.

Where is it?



QHD Logo



Public Health
Prevent. Promote. Protect.

Quabbin Health District





Quabbin Health District: History

- Officially formed in 1980 – celebrating its 30th anniversary this year
- Formed under Section 27A of Chapter 111 of the Massachusetts General Laws
- Applied for and received MDPH funding for start-up – a multi-year grant that decreased over time



Quabbin Health District: History

- Formed in response to major issues and community problems, i.e., septic systems, a hazardous landfill, lack of oversight and consistency in public health services; citizen complaints; MDPH and DEP concerns about unmet state mandates
- Membership is established by town meeting vote

Town Meeting Vote to Join QHD

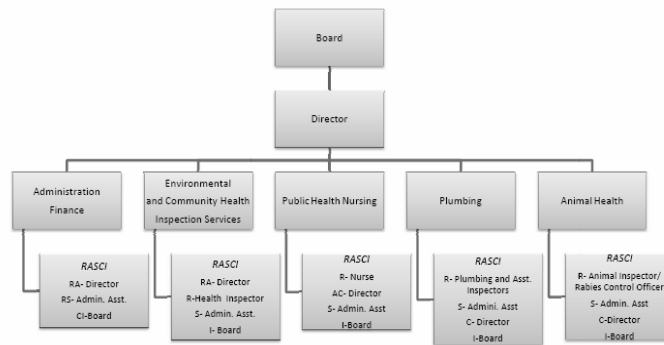
Example of Town Meeting Warrant

Article:

To vote pursuant to the provisions of MGL Chapter 111, section 27A as amended, to join the health district known as the Quabbin Health District presently comprising of the Towns of Ware and Belchertown for the purposes more particularly set forth in said Chapter 111, sec 27A, as amended

QHD Structure

Quabbin Health District Department Organizational Chart



RASCI- Role and Responsibility Charting

The RASCI model constitutes of the following:

- **Responsible:** that is the person who is owner of the problem/project
- **Accountable:** that is the person to whom "R" is Accountable and is the authority who approves to sign off on work before it is effective
- **Supportive:** that is a person who provides resources or plays a supporting role in implementation
- **Consulted:** that is a person who provides information and/or expertise necessary to complete the project
- **Informed:** that is a person who needs to be notified of results but need not necessarily be consulted



QHD Board of Directors

- The Board of Directors is the QHD governing body. It manages, controls, and directs the *personnel* and *fiscal* affairs as well as the property and resources of the District.
- The Board of Directors consists of nine (9) members, and is made up from three (3) board of health members from each town. Each member of the Board of Directors has one (1) vote in the decisions of the District.



Officers of the QHD Board

- Officers of the Quabbin Health District are:
 - Chairperson
 - Vice-Chairperson
 - Secretary
 - Treasurer; District Treasurer is a Town Treasurer of one of the towns in the District (and thus is not a voting board member.)
- The Chairperson, Vice-Chairperson, and Secretary are elected annually from among the Board of Directors.

Locals Boards Retain Authority

- From By-laws: *In matters under the sole jurisdiction of a member town, the District has no voice. The matter shall be handled as a local issue with the Board of Health concerned and the agent acting in his or her official capacity. Examples include: Title V variance requests, housing code cases, enacting local regulations, etc.*
- Each local Board of Health develops, promulgates and enacts its own local regulations tailored to its town's needs and public health priorities.
- Staff must know the differences for enforcement and compliance activities in each town.

Joint Staffing & Personnel Policies

QUABBIN HEALTH DISTRICT, MASSACHUSETTS
PROPOSED CLASSIFICATION AND COMPENSATION PLAN
STAFFING REVIEW
PERFORMANCE APPRAISAL SYSTEM

FOR
ALL STAFF POSITIONS



November, 1997

Submitted by:

Human Resources Services

Aleksandra E. Stapczynski
Personnel Management Consultant



QHD Staff Deployment

- Health Director and Inspector work in all three communities and maintain fully functional workplaces in both the Ware and Belchertown Town Halls.
- The District provides administrative / clerical personnel at both locations as well.
- We also have public health nurses in Ware and Belchertown



QHD Full-time, Paid Director

Duties of the Director of Public Health include:

- Managing the day-to-day activities; making decisions necessary to effectively perform the work of the Board and the Department.
- Implements all work authorized by the Board of Health and supervises and directs the work of the other staff by clarifying duties, providing direction, support, correction as necessary, and referral to Board for discipline as warranted.
- Develops a draft budget to present to the Board for final approval and is responsible for daily financial stewardship.
- Makes sound recommendations and provides professional advice to the Board.
- Keeps the Board informed - fully and accurately - on public health activities, progress, and problems at local, regional, and state levels.



Coordination & Communication

- The QHD Board of Directors - along with the Public Health Director - *meet quarterly* to discuss personnel/budgetary issues, strategic planning, emerging public health issues, and community needs.
- Each of the 3 BOH *meets monthly* to do its own local business; the QHD Public Health Director attends all 3 meetings.



QHD Finances & Budget

QHD Size & Scope:

- Overall FY 2010 QHD budget is \$242,976.00

Individual Town Assessments:

- Belchertown - \$121,493.00
- Ware - \$109,334.70
- Pelham - \$12,148.30



QHD Finances & Budget

- The QHD Board annually determines:
 - QHD budget for the fiscal year
 - percentage to be paid by each member community
 - assess each town their fair share based on population and need.
- The assessment is forwarded to town's Board of Assessors to be included in the tax levy.



By-law Language about Finances

“Each member town shall pay for its share of services as determined by the "Statement of Financial Support". Subject to the provisions of section 52 of Chapter 41 of Massachusetts General Law, the town treasurer of member towns shall pay to the District Treasurer such sums not exceeding the amount certified by the Board of Directors as the member town's proportion of the costs and expenses of the District. ”



More Detailed Questions about Finances & Budget

Contact:

Judy Metcalf, RS, CHO
Director of Public Health
Quabbin Health District

Phone: (413) 967-9615

E-mail: jmetcalf@townofware.com



Pros & Cons of the Health District Model

Pros:

- Provides resources to hire well-qualified, highly trained & credentialed staff
- Consistent application of regs/laws; consistency of service delivery in region
- Higher level of public health services than one town could ever do alone
- Cost-effective way to meet state mandates and enforce local regulations



Pros & Cons of the Health District Model

Pros:

- Staff can share info between member towns and from state and national PH resources
- Board members can 'compare notes' and consider similar regs or 'tweak' regs
- Coordination of major initiatives such as H1N1 clinics
- Staff can identify regional health issues and trends as they arise in the member towns



Pros & Cons of the Health District Model

Cons:

- Staff attend lots of meetings, especially the Public Health Director
- Board members need to commit to their local BOH and to the QHD Board meetings
- Variations in local regs require staff to juggle when enforcing compliance in each town
- Need to interface and work closely with 3 different municipalities and their specific governmental bodies



Pros & Cons of the Health District Model

- Overall, the pros outweigh the cons and the QHD plans to be around for some time – maybe 30 more years?
- The 3 towns are currently satisfied with the resources available and the community public health results



Contact Information

Gail Gramarossa, MPH, CHES
Public Health Consultant/Member of
QHD Board of Directors

and

Belchertown Board of Health
glgramarossa@charter.net

Phone: (413) 323-4489



Contact Information

Judy Metcalf, RS, CHO
Director of Public Health
Quabbin Health District
Phone: (413) 967-9615
E-mail: jmetcalf@townofware.com



Northampton Health Department

- Full service health department serving population of ~30,000 in Western Ma.
- Board of Health (currently 3 members) that have hire/fire authority over department director.
- Mayor and City Council determine annual budget.
- List of handouts:
 - Sample contract of shared service, MGL Ch40, S4A, Info sheet on public health accreditation



Northampton Staffing Structure

- Total of 5 staff members
 - Director (1FTE)
 - Health Inspectors (1.5 FTE)
 - Public Health Nurse (.5 FTE)
 - Clerk (.5 FTE)
- 2 Shared positions (.5 FTE Inspector, Amherst and PH Nurse, Easthampton)



Shared Service Agreements

- How did we come together under this arrangement? (Focus on Amherst agreement)
 - Was not planned!
 - Best candidate a part-time employee of Amherst: needed a win-win for both towns.
 - Both towns had history of shared service agreements (not necessarily with health services)
 - Note: PH nurse agreement came out of identified service deficiency



What are the legal issues to deal with?

- MGL Ch40, S4A

“....may enter on behalf of such unit into an agreement with one or more other governmental units to perform jointly or for such other unit or units any services....”

- EASY! But what about unions....?

- Municipal Relief Bill: (Section 41), decisions to enter into inter-municipal agreements or join regional entities not subject to collective bargaining



How is governance organized?

- In both of our shared service positions there is a primary employer (Amherst for the inspector, Northampton for the nurse).

- Benefits (time off, health insurance, workers comp, etc.) are dictated by primary employer
- If union in home town, position is unionized
- Supervision:
 - My town, my rules!



How is the financing organized?

- Quarterly payments
- Some issues:
 - Different paycales
- Some benefits:
 - Sharing benefit cost
 - Enabled Northampton to increase hourly offer



Pros and Cons of Shared Service Agreements

- Pros:
 - Flexibility
 - Professional development
 - Cost savings
 - Information sharing
 - With few \$, access to professional services
 - Home rule (pro or con?)
- Cons:
 - Yearly agreements: more vulnerable than formal district relationships
 - Some administrative issues



Thoughts on Regionalization and Standards of service

- PHAB: who, what, why of public health accreditation.
 - Community Health Assessments, Health Improvement Plans: How can we do it????
- Regionalization!
 - Maximizes efficiencies for the delivery of state mandated services, freeing resources for the delivery of other essential services.



Contact Information

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Director of Public Health
Northampton Health Department
Phone: (413) 587-1213
E-mail: bwood@northamptonma.gov

BY-LAWS of the QUABBIN HEALTH DISTRICT

Article I. Purpose

Section 1. The Quabbin Health District, hereafter called “The District”, shall be formed under the provisions of Section 27A of Chapter 111 of the Massachusetts General Laws for the purpose of promoting a higher standard of public health in the District by group effort.

Article II. Membership

Section 1. The District shall consist of the Boards of Health of the Towns of Belchertown, Ware and Pelham, hereafter called “member towns”, which towns have voted to join together in formation of a health district as provided under Section 27A of Chapter 111 of the Massachusetts General Laws.

Section 2. Any other town or towns may petition the District for an amendment to these by-laws to provide for their membership in the District. Upon District approval, the District shall set forth the terms for said town or towns admittance including the payment and reapportionment accordingly of the District’s current fiscal year obligations and outstanding capital costs, if any. Any other town or towns seeking membership must also vote at their respective town meeting to accept and subscribe to the statutes governing the District and to the provisions of its by-laws.

Section 3. Any member town of the district may withdraw from the District by a majority vote taken at the annual town meeting of such member town, and said vote to withdraw shall become effective on the last day of the next fiscal year. The Board of Health of the town seeking to withdraw shall notify the District in writing at least ninety (90) days in advance of annual town meeting. Upon a majority vote to withdraw, the Board of Health of the withdrawing town shall so notify the District and request the District to draw up an amendment to these by-laws to provide for their withdrawal. The town seeking to withdraw or has voted to withdraw shall remain liable for (1) its share of any unpaid operating costs which have been certified by the District Treasurer to the Treasurer of the withdrawing town, including the full amount so certified for the entire year in which the withdrawal takes effect, and (2) that the said town shall remain liable to the District for its share of the indebtedness of the District outstanding at the time of such withdrawal, and for interest thereon, to the same extent and to the same manner as though the town had not withdrawn from the District. In the event of withdrawal by a member town, revenues existing or receivable, real or other property, fixed or other tangible assets and materials owned by or in the possession of the District shall be retained by the District.

Article III. The Governing Body

Section 1. The Board of Directors of the Quabbin Health district shall constitute its governing body. It shall manage, control, and direct the affairs and property of the District. The Board of Directors shall be a joint committee composed of Board of Health members from member towns. The Board of Directors shall consist of nine (9) members, and be made up from three (3) board of health members from each town. Each member of the Board of Directors shall have one (1) vote in the decisions of the District.

Section 2. A quorum for the transaction or deliberation of any business shall consist of a majority of members of the Board of Directors.

Section 3. When a quorum is present at a meeting, a majority of the votes properly casted shall decide. Votes may be casted in the affirmative or negative. The minutes of the meeting will also accurately reflect any member abstaining from voting. Voting practices shall consist of general accepted procedures. Motions shall be made and seconded. The chairperson shall call for discussion prior to a vote on the motion. Motions may be amended and seconded. A vote on the amendment will occur prior to a vote on the original motion.

Section 4. The Board of Directors shall hold regular meetings at least four (4) times per year, the date and time to be determined by the chairperson. Special meetings or emergency meetings, if warranted by the situation, may be called at any time by the chairperson. The meeting place shall rotate among the town offices of member towns.

Section 5. Notices of regular meetings, including the date, time and location, and the agenda shall be mailed by the District's administrative staff to each member of the Board of Directors at their residence or place of business at least thirty (30) days prior to the meeting. Prior to or upon receipt of the regular meeting notice, members may request additional items be placed on the agenda for discussion by notifying the health officer at the administrative offices of the District until fifteen (15) days prior to the meeting. At the close of business on the fifteenth (15th) day prior to the meeting, an amended agenda, if any, will be mailed or otherwise sent to each member. After the fifteenth (15th) day, changes to the agenda can only occur if the chairperson determines the matter is of an emergency nature and each member is notified of the emergency addition to the agenda at least forty-eight (48) hours in advance. Any emergency changes to the agenda may be discussed at the meeting, but voting shall be postponed until the next meeting date. The chairperson may call an emergency or special meeting to take action on the specific matter. At least two (2) special budget meetings will be scheduled annually. Special meeting notification will be mailed to each member of the Board of Directors by the District's administrative staff at least five (5) days prior to the meeting date, and shall include the topic(s) for deliberation. Members will be notified of emergency meetings at least forty-eight (48) hours in advance by telephone, e-mail, or facsimile.

Section 6. All meetings of the Quabbin Health Board of Directors and its subcommittees shall be posted with the Town Clerk's Office of each member town at least forty-eight (48) hours in advance of the meeting, with the exception of emergencies. The notice shall contain the date, time and location of the meeting.

Section 7. Subcommittees may be appointed and charged by the Board of Directors to research, investigate, and make recommendations to the Board on a variety of issues pertaining to the District's administration. Subcommittees shall consist of one (1) Board of Director member from each member town.

Article IV. Officers

Section 1. The officers of the Quabbin Health District shall be a Chairperson, Vice-Chairperson, Secretary, and Treasurer. The District Treasurer shall also be a Town Treasurer of one of the Towns in the District (and thus shall not be a voting board member). The Chairperson, Vice-Chairperson, and Secretary shall be elected annually from among the Board of Directors.

Section 2. The Chairperson shall:

- a. Preside at all meetings of the District Board of Directors.
- b. Call meetings of the District Board of Directors.
- c. Establish the agenda for each meeting.
- d. Shall be the primary contact person for the Board of Directors with the District staff and the public.
- e. Perform all acts and duties usually pertaining to the office.
- f. Make determinations if matters are of an emergency nature.

Section 3. The Vice-Chairperson shall:

- a. In the absence, disability, or refusal to serve of the chairperson, perform all the duties of that office.

Section 4. The Secretary shall:

- a. Ensure that accurate minutes of all meetings of the Board of Directors are kept.
- b. Perform other duties and have other powers as the Board of Directors shall from time to time designate, including being the authorized signature for the Board of Directors when so directed.

Section 5. The Treasurer shall:

- a. Be an appointed officer of the Board of Directors.
- b. Sign as treasurer all checks of the District.
- c. Be responsible for the receipt and deposit in depositories designated by the District of all funds of the District, and disbursement of the same upon warrants approved and signed by the health officer.
- d. Ensure the keeping of full and accurate accounting of all financial transactions in District records.
- e. Submit a full report of all business matters pertaining to his/her office upon request of the Board of Directors, and make all reports required by law.
- f. Furnish a bond with sufficient security for the faithful performance of his/her duties.
- g. Direct the activities of the Treasurer's agent.
- h. Performance of other duties as may be required by law or the Board of Directors.

Section 6. The chairperson, vice-chairperson, and secretary of the Board of Directors shall be nominated and elected annually at the fall meeting of the Board. The terms of office are for one (1) year. Officers may be removed from office upon 2/3rd majority vote of a quorum of the Board of Directors. Vacancies due to resignations or removal shall be filled by nomination and election at the next scheduled meeting of the Board.

Article V. Administrative Personnel

Section 1. The Health Officer shall:

- a. Be appointed by the Board of Directors and he/she shall act in accordance with section 27A of Chapter 111 of Massachusetts General Law. He/She shall meet the qualification as determined by the Board of Directors.
- b. Perform such duties and receive such compensation as the Board of Directors shall determine. The Board of Directors shall have full power of discharge.
- c. Be contracted for an employment term of one (1) year with re-hiring contingent on satisfactory performance as agreed upon by a majority of the Board of Directors.
- d. Be an agent of the Board of Health of member towns, insofar as the duties in any given member town, shall be considered an employee of and responsible to the Board of Health of said town.
- e. Bring all new projects or objectives before the Chairperson who shall submit them to the Board of Directors for action.

Section 2. The Assistant Health Officer shall:

- a. Be appointed by the Board of Directors and he/she shall act in accordance with section 27A of Chapter 111 of Massachusetts General Law. He/She shall meet the qualification as determined by the Board of Directors.
- b. Perform such duties and receive such compensation as the Board of Directors shall determine. The Board of Directors shall have full power of discharge.
- c. Be contracted for an employment term of one (1) year with re-hiring contingent on satisfactory performance as agreed upon by a majority of the Board of Directors.
- d. Be an agent of the Board of Health of member towns, insofar as the duties in any given member town, shall be considered an employee of and responsible to the Board of Health of said town.

Section 3. The Clerk/Treasurer's Agent shall:

- a. Be appointed by the Board of Directors and he/she shall act in accordance with section 27A of Chapter 111 of Massachusetts General Law. He/She shall meet the qualification as determined by the Board of Directors.
- b. Perform such duties and receive such compensation as the Board of Directors shall determine. The Board of Directors shall have full power of discharge.
- c. Be contracted for an employment term of one (1) year with re-hiring contingent on satisfactory performance as agreed upon by a majority of the Board of Directors.

Section 4. Auxiliary Personnel shall:

- a. Be hired or contracted to perform such duties, for the length of time so designated by the Board of Directors. The Board of Directors shall have full power of discharge.
- b. Be compensated as determined by the Board of Directors.

Article VI. The District

Section 1. The Board of Directors shall be the governing body of the District. It being the intent of these By-laws to vest the Board of Directors with all the powers possessed by the District itself so far as this delegation is not inconsistent with the Laws of the Commonwealth of Massachusetts or these By-laws.

Section 2. The District shall determine administrative, fiscal, and personnel policies pertaining to its management, operation, control, and direction.

Section 3. Records compiled on environmental inspections and testing performed by, or in possession of District employees must be reported promptly to the Board of Health concerned. Such records and any information contained therein are the property of the Board of Health of the town concerned.

Section 4. In matters under the sole jurisdiction of a member town, the District shall have no voice. The matter shall be handled as a local issue with the Board of Health concerned and the agent acting in his or her official capacity.

Section 5. In matter effecting the member towns as a whole, a majority of Board of Director members present at a meeting of the District shall rule.

Section 6. The District shall annually determine its estimated expenses for the following year and prepare an operating budget.

Section 7. The "Statement of Financial Support" shall fix and determine the proportion of the operating budget of the District to be paid by the member towns. The "Statement of Financial Support" may be renegotiated in good faith by member towns each year to reflect an equitable payment for anticipated increase or decrease in services.

Section 8. Each member town shall pay its share of services as determined by the "Statement of Financial Support". Subject to the provisions of section 52 of Chapter 41 of Massachusetts General Law, the town treasurer of member towns shall pay to the District Treasurer such sums not exceeding the amount certified by the Board of Directors as the member town's proportion of the costs and expenses of the district. Said sums are due and payable in full within 30 days of request of payment. Payment schedules or extensions may be granted by a majority vote of the Board of Directors. If such sums are not paid, the District shall take action as warranted to collect the money due from the member town in default, and may cease providing services.

Section 9. The fiscal year of the District shall commence January 1st and end on the 31st day of the following December. The District shall maintain such records and accounts, including property, personnel, and financial records, to ensure a proper accounting for all funds. At the close of the fiscal year, a review of the accounts of the District for the year shall be performed by a Certified Public Accountant, which may include a standard business audit if so directed by the Board of Directors, and placed on file for inspection by each member town.

Article VII. Dissolution

Section 1. In the event of dissolution of the District, those revenues existing or receivable, real or other properties, fixed or other tangible assets and materials owned by the District as of the date the district ceases to exist, shall be distributed to those towns who were member towns prior to the dissolution, upon the schedule of appropriation of distribution and/or payment to be fixed upon the relative respective contributions of operating and capital costs by the member towns to the District while a member town of the District.

Section 2. This section shall not be construed to substantially impair the rights and obligations of the District, or its member towns to pay all outstanding indebtedness of the district.

Article VIII. Amendments

Section 1. These by-laws may be amended by a two-thirds ($2/3^{\text{rd}}$) vote of those Board of Director members voting at a meeting after thirty (30) days notice, provided the proposed changes have been sent to the Board of Health of each member town.

Article IX. Severability

Section 1. In the event that any provisions of these By-laws shall be deemed invalid, unreasonable, or unenforceable by any Court of competent jurisdiction, such provision shall be stricken from the by-laws or modified so as to render it reasonable, and the remaining provisions of these by-laws or the modified provision above, shall remain in full force and effect; and to this the provisions of these By-laws are hereby declared severable.

**QUABBIN HEALTH DISTRICT
2009 ANNUAL REPORT**

The Quabbin Health District is a regional health department serving the communities of Belchertown, Ware, and Pelham. It was established by town meeting vote in 1980 and is the joint effort of the local Boards of Health to provide their towns with public health professionals and services. Our primary duties center on enforcing provisions of the State Sanitary Code and Environmental Code under the jurisdiction of the Board of Health. We also provide technical assistance and educational services to residents and other municipal departments. The Quabbin Health District serves a total population of approximately 25,000 residents in an area of about 120 square miles in Hampshire County. The following table lists the major activity/ services provided to each town in the District during 2009.

	Belchertown	Ware	Pelham
PercTest / Deepholes and Soil Evaluations	78	30	5
Septic Application Review (New Construction)	18	4	1
Septic Application Review (Repair)	54	20	6
Septic Installation Inspections and Re-inspections	61	28	7
Well Application Review	22	N/A	2
Housing Inspections (upon complaint) And Re-inspections	25	74	6
Rental Voucher Inspections (upon request)	0	12	0
Lead Paint Inspections	1	0	0
Food Service Inspections (routine)	71	63	0
Food Service Inspections (follow-up)	6	5	0

Food Service Inspections (complaint)	4	16	0
New or Remodeled Food Establishment Openings	3	1	0
Mobile Temporary Food Inspections	32	20	0
Nuisance Orders Issued	8	28	2
Nuisance Complaints Investigated and follow-up inspections conducted	16	52	4
Tanning Bed Licensure	3	4	0
Children Recreational Camp Inspections and Licensing	2	0	0
Court Appearances	2	0	0
Public Pool and Sauna Inspections	2	1	N/A
Meetings/ Hearings	15	19	10

Total: Inspection Activities District-wide

The Quabbin Health District is governed by a Board of Directors, which is composed of the elected Board of Health members from all three communities within the District. The meeting places rotate among the three Town Halls. During 2010 the main agenda items discussed by the regional District Board were the 2010 budget, town assessments, and the rising cost of health insurance and pension costs.

The Health Director and Inspector work in all three communities and maintain fully functional workplaces in both the Ware and Belchertown Town Halls. The District provides administrative / clerical personnel at both locations as well.

The arrival of H1N1 in the spring of 2009 resulted in much of our time and attention being directed towards addressing the pandemic flu outbreak. We launched a public education campaign and collaborated with all partners, especially with each of the public and private schools located within the District. Federal grant money for H1N1 response was applied for and received in each District community. The grants allowed us to orchestrate our very successful

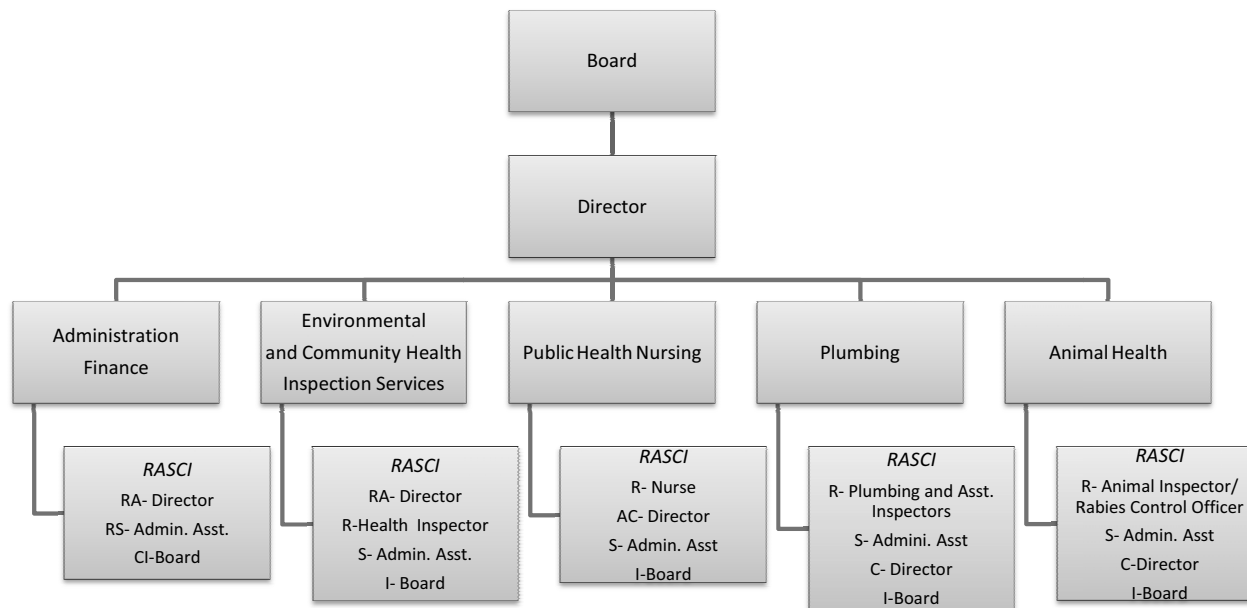
response. Each school was provided the tools they needed to help stop the spread of H1N1. Public locations were also outfitted with educational posters and hand sanitizing stations. Once the H1N1 vaccine was available, the grants allowed us to staff and supply vaccination clinics. Our efforts began with vaccinating school children. As of the writing of this report, approximately 1,725 residents of Belchertown, Ware, and Pelham have received the H1N1 vaccine at free Board of Health clinics held in each community.

I would like to thank all members of the District Board of Directors for their continued support. I would also like to acknowledge the hard work and effort shown by my co-workers: Ryan Fitzmeyer, Health Inspector; Betty Barlow, Administrative Assistant; and Mary Grenier, Senior Clerk. I also would like to thank Ware Public Health Nurse Abby Melendy, R.N. and Belchertown Public Nurse Margarita Canuel, R.N. for their hard work this year. H1N1 posed a challenge and they rose to meet it.

Sincerely,

Judy Metcalf, R.S., C.H.O.
Director of Public Health
Quabbin Health District

Quabbin Health District Department Organizational Chart



RASCI- Role and Responsibility Charting

The **RASCI** model constitutes of the following:

- **Responsible:** that is the person who is owner of the problem/project
- **Accountable:** that is the person to whom "R" is Accountable and is the authority who approves to sign off on work before it is effective
- **Supportive:** that is a person who provides resources or plays a supporting role in implementation
- **Consulted:** that is a person who provides information and/or expertise necessary to complete the project
- **Informed:** that is a person who needs to be notified of results but need not necessarily be consulted

Employee	Title	Employer
Judy Metcalf, RS., CHO	Director of Public Health	Quabbin Health District
Ryan Fitzemeyer	Health Inspector	Quabbin Health District
Betty Barlow	Administrative Assistant/ Treasurer's Agent	Quabbin Health District
Paul Nowicki	Treasurer	Quabbin Health District
Abby Melendy, RN	Public Health Nurse	Town of Ware/ BoH
Joseph Ciejka	Plumbing Inspector	Town of Ware/ BoH
Carl Marco	Assistant Plumbing Inspector	Town of Ware/ BoH
Officer Thomas Kularski	Animal Inspector/ Rabies Control Officer	Town of Ware/ BoH
Margarita Canuel, RN	Public Health Nurse	Town of Belchertown via Wing Memorial Hospital
Thomas Flebotte	Animal Inspector	Town of Belchertown/ BoH
Andrew French	Plumbing Inspector	Town of Pelham/ BoH
Debra Litchenburg, DVM	Animal Inspector	Town of Pelham/ BoH

M.G.L - Chapter 40, Section 4A The General Laws of Massachusetts

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PART I. ADMINISTRATION OF THE GOVERNMENT

TITLE VII. CITIES, TOWNS AND DISTRICTS

CHAPTER 40. POWERS AND DUTIES OF CITIES AND TOWNS

Chapter 40: Section 4A. Governmental units; joint operation of public activities; termination of agreement; "governmental unit" defined; financial safeguards

[First paragraph effective until July 18, 2008. For text effective July 18, 2008, see below.]

Section 4A. The chief executive officer of a city or town, or a board, committee or officer otherwise authorized by law to execute a contract in the name of a governmental unit, as hereinafter defined, may enter on behalf of such unit into an agreement with one or more other governmental units to perform jointly or for such other unit or units any services, activities or undertakings which any of the contracting units is authorized by law to perform, if such agreement is authorized by the parties thereto, in a city by the city council with the approval of the mayor, and in a town or district by the town or district meeting; provided, however, that when such agreement involves the expenditure of funds for educational purposes accepted pursuant to section fifty-three A of chapter forty-four, or the expenditure of funds for establishing supplementary education centers and innovative educational programs, the agreement and its termination shall be authorized by the school committee. Any such agreement shall be for such maximum term, not exceeding twenty-five years, and shall establish such maximum financial liability of the parties, as may be specified in the authorizing votes of the parties thereto. A governmental unit, when duly authorized to do so in accordance with the provisions of law applicable to it, may raise money by any lawful means, including the incurring of debt for purposes for which it may legally incur debt, to meet its obligations under such agreement. Notwithstanding any provisions of law or charter to the contrary, no governmental unit shall be exempt from liability for its obligations under an agreement lawfully entered

into in accordance with this section. The words "governmental unit" as used herein shall mean a city, town, a regional school district, a district as defined in section one A, regional planning commissions, however constituted, regional transit authorities established under the provisions of chapter one hundred and sixty-one B, a water and sewer commission established under the provisions of chapter forty N or of a special law, and counties.

[First paragraph as amended by 2008, 188, Secs. 1 and 2 effective July 18, 2008. For text effective until July 18, 2008, see above.]

The chief executive officer of a city or town, or a board, committee or officer authorized by law to execute a contract in the name of a governmental unit may, on behalf of the unit, enter into an agreement with another governmental unit to perform jointly or for that unit's services, activities or undertakings which any of the contracting units is authorized by law to perform, if the agreement is authorized by the parties thereto, in a city by the city council with the approval of the mayor, in a town by the board of selectmen and in a district by the prudential committee; provided, however, that when the agreement involves the expenditure of funds for establishing supplementary education centers and innovative educational programs, the agreement and its termination shall be authorized by the school committee. Any such agreement shall be for such maximum term, not exceeding twenty-five years, and shall establish such maximum financial liability of the parties, as may be specified in the authorizing votes of the parties thereto. A governmental unit, when duly authorized to do so in accordance with the provisions of law applicable to it, may raise money by any lawful means, including the incurring of debt for purposes for which it may legally incur debt, to meet its obligations under such agreement. Notwithstanding any provisions of law or charter to the contrary, no governmental unit shall be exempt from liability for its obligations under an agreement lawfully entered into in accordance with this section. For the purposes of this section, a "governmental unit" shall mean a city, town or a regional school district, a district as defined in section 1A, a regional planning commission, however constituted, a regional transit authority established under chapter 161B, a water and sewer commission established under chapter 40N or by special law, a county, or a state agency as defined in section 1 of chapter 6A.

All agreements put into effect under this section shall provide sufficient financial safeguards for all participants, including, but not limited to: accurate and comprehensive records of services performed, costs incurred, and reimbursements and contributions received; the performance of regular audits of such records; and provisions for officers responsible for the agreement to give appropriate performance bonds. The agreement shall also require that periodic financial statements be issued to all participants. Nothing in this section shall prohibit any agreement entered into between governmental units from containing procedures for withdrawal of a governmental unit from said agreement.

All bills and payrolls submitted for work done under any such agreement shall be plainly marked to indicate that the work was done under authority thereof. Any reimbursement for or contribution toward the cost of such work shall be made at such intervals as the agreement provides. The amount of reimbursement received under any such agreement by any governmental unit shall be credited on its books to the account of estimated receipts, but any funds received under the provisions of section fifty-three A of chapter forty-four for contribution toward the cost of such work may be expended in accordance with the said provisions. The equipment and employees of a governmental unit while engaged in performing any such service, activity or undertaking under such an agreement shall be deemed to be engaged in the service and employment of such unit, notwithstanding such service, activity or undertaking is being performed in or for another governmental unit or units.

SERVICE CONTRACT FOR THE PROVISION OF
PUBLIC HEALTH NURSING SERVICES THE
CITY OF NORTHAMPTON
AND
THE CITY OF EASTHAMPTON

This Agreement is hereby entered into this ___ day of _____, 2010, by and between the CITY OF EASTHAMPTON ("Easthampton") and the CITY OF NORTHAMPTON ("Northampton") to enable the Public Health Nurse of the City of Northampton ("Nurse") to perform the duties of such office for the City of Easthampton:

1. Purpose: The purpose of this contract is to permit the Public Health Nurse of Northampton to provide Public Health Nursing services, as described herein, to Easthampton through its Board of Health. This Agreement is authorized by General Laws Chapter 40A, Section 4A, for the provision of nursing services.
2. Term: This contract is for Fiscal Year 2011 (Agreement date through June 30, 2011) and may be renewed on an annual basis by the mutual written agreement of both parties. Either party may terminate this Agreement by providing the other with sixty (60) days written notice.
3. Scope of Services: Northampton will provide Public Health Nursing services to Easthampton as described in the Job description attached hereto as Appendix A, which is incorporated herein. The Nurse will work under the supervision and direction of the Easthampton Board of Health and shall provide nursing services for a fixed number of hours per week, as directed by said Board. Said hours to be mutually agreed to by the Nurse and the Easthampton Board of Health at the outset of this agreement. It is understood by both parties that nursing services will not be provided when the Nurse is utilizing earned leave (vacation, personal days, sick leave).
4. Reporting Requirements: The Easthampton Board of Health shall keep accurate and comprehensive records of the services performed,

and the costs incurred. Such information shall be provided to the Mayor of either Northampton or Easthampton upon their request.

- 5. Payment Provisions: Easthampton shall pay to Northampton the sum of \$ for each hour of service performed by the Public Health Nurse for the City of Easthampton. Said sum represents the nurse's current hourly wage of \$, plus a % charge for overhead and fringe benefits.

Easthampton shall reimburse Northampton for such services on a quarterly basis, said payments being made to Board of Health of the City of Northampton.

Pursuant to the provisions of General Laws Chapter 40, Section 4A, both parties agree that the Public Health Nurse will remain, and for all purposes be considered throughout the duration of this contract for services (or any extension thereof), a full-time, regular employee of the City of Northampton.

IN WITNESS WHEREOF, the parties hereunto set their hands and seals
This ____ day of _____ 2010

CITY OF NORTHAMPTON

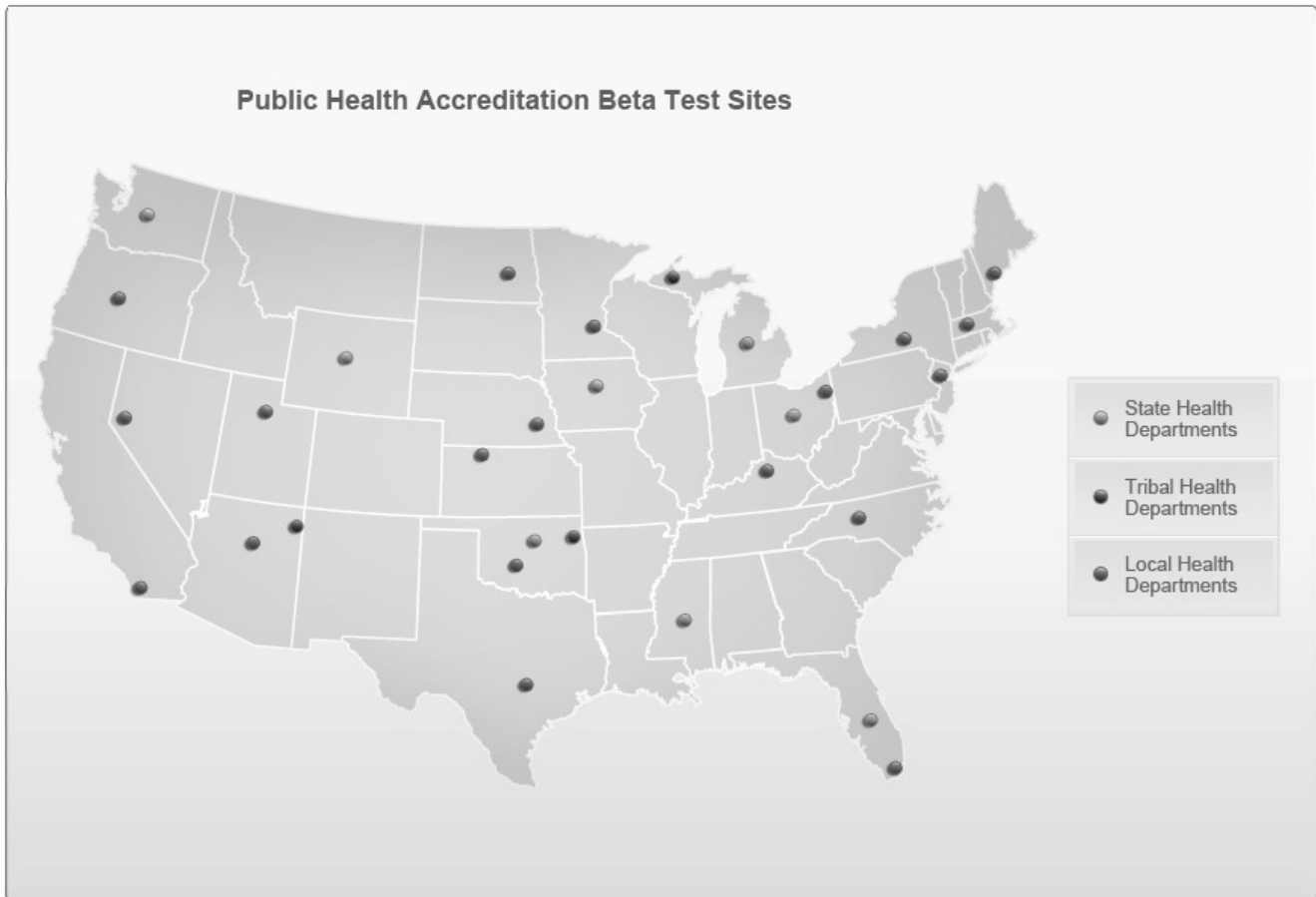
CITY OF EASTHAMPTON

Mary Clare Higgins, Mayor

Michael A. Tautznik, Mayor

Public Health Accreditation Board National Beta Test

The Public Health Accreditation Board (PHAB) has selected **thirty health departments** to participate in a beta test of the national voluntary public health accreditation program. The map below shows the locations of the eight state, 19 local and three tribal health departments that are participating in the beta test. To represent the diversity of health departments across the country, the beta test health departments vary in size, structure, population served, governance, geographic region and degree of preparedness for accreditation. Between fall 2009 and the end of 2010, the beta test sites will work through the entire accreditation process and provide valuable, on-going feedback and evaluation. Based on the feedback, PHAB will refine and improve the accreditation program to ensure that it is effective, feasible, is applicable to all public health departments, and that it promotes continuous quality improvement. Visit www.phaboard.org for more information.



Local Health Departments

- Coconino County Health Department (AZ)
- County of San Diego Health and Human Services Agency (CA)
- Miami-Dade County Health Department (FL)
- Norton County Health Department (KS)
- Franklin County Health Department (KY)
- City of Portland Public Health Division (ME)
- Northampton Health Department and Quabbin Health District (MA)
- Hennepin County Human Services and Public Health Department (MN)
- Public Health Solutions District Health Department (NE)

- Carson City Health & Human Services (NV)
- Township of Bloomfield Department of Health & Human Services (NJ)
- Tioga County Health Department (NY)
- The Public Health Authority of Cabarrus County, Inc (NC)
- Central Valley Health District (ND)
- Mahoning County District Board of Health (OH)
- Comanche County Health Department (OK)
- Deschutes County Health Services (OR)
- Austin/Travis County Health and Human Services (TX)
- Tooele County Health Department (UT)

State Health Departments

- Florida Department of Health
- Iowa Department of Public Health
- Michigan Department of Community Health
- Mississippi State Department of Health
- Ohio Department of Health
- Oklahoma State Department of Health
- Washington State Department of Health
- Wyoming Department of Health

Tribal Health Departments

- The Navajo Nation Division of Health (AZ)
- Keweenaw Bay Indian Community – Dept. of Health & Human Services (MI)
- Cherokee Nation Health Service (OK)



What is public health accreditation?

The goal of the accreditation program is to advance the continuous quality improvement of all state, local, tribal, and territorial health departments across the country. With broad input and support, the Public Health Accreditation Board (PHAB) has developed standards that health departments can put into practice to ensure they are providing the best services possible to keep their communities safe and healthy. These standards will be used to assess health departments for accreditation. Preparing for and seeking accreditation will drive health departments to continuously improve the quality of services they deliver.

What is the beta test and why is it important?

From fall 2009 through the end of 2010, the national public health accreditation program will be tested in the field with 30 public health departments. To represent a broad cross-section, the beta test sites vary in size, geographic location, structure, governance and preparedness for accreditation. Based on the feedback from the health departments, PHAB will refine and improve the accreditation program to ensure that it is effective, feasible, is applicable to all health departments and promotes continuous quality improvement. The accreditation beta test offers a unique opportunity for public health departments to have a hand in shaping the future of public health.

How can public health leaders and practitioners contribute to the beta test?

Public health departments are the most valuable resource for the on-the-ground, critical feedback needed to revise and enhance the accreditation program prior to the national launch. PHAB welcomes comments on documents and processes and will provide opportunities for stakeholders to submit suggestions and recommendations throughout the beta test.

How widespread is support for public health accreditation?

The overwhelming number of applications PHAB received from health departments nationwide to participate in the beta test signals that the field recognizes the need for, and value of, a public health accreditation program. Health agencies understand that accreditation can provide them with valuable, measureable feedback on their performance; increased accountability; enhanced credibility and visibility among key stakeholders; improved staff morale; and proof that public funds are being used to better protect, promote and preserve their community's health. Public health departments across the country are already preparing for accreditation in advance of the 2011 launch.

Who is involved in public health accreditation?

PHAB is funded by the Robert Wood Johnson Foundation and the Centers for Disease Control and Prevention. The public health accreditation program has broad support from leaders and practitioners from the national, state, and local levels. National partners and supporters include the American Public Health Association (APHA), Association of State and Territorial Health Officials (ASTHO), National Association of County and City Health Officials (NACCHO), National Association of Local Boards of Health (NALBOH), National Network of Public Health Institutes (NNPHI) and National Indian Health Board (NIHB).

To learn more about public health accreditation and the beta test, visit www.phaboard.org.