

Berkshire Public Health Alliance

Public Health Nurse Program

Adams, Alford, Becket, Clarksburg, Dalton, Egremont, Florida, Great Barrington, Hancock, Lanesborough, Mount Washington, New Marlborough, North Adams, Peru, Richmond, Sandisfield, Savoy, Sheffield, Washington, West Stockbridge, Williamstown, Windsor



1 Fenn Street, Suite #302

Pittsfield, MA 01201

Phone: 413-442-1521 x37 Mobile: 413-395-9700 Fax: 413-442-1521 x33 or 888-778-9809

[Berkshire Public Health Alliance website](#)

[Berkshire Regional Planning Commission website](#)

Report Date: April 1, 2014

Table of Contents

INTRODUCTORY LETTER	3
EXECUTIVE SUMMARY	5
SECTION 1: PARTNER COMMUNITIES	6
SECTION 2: GOALS	6
SECTION 3: IMPLEMENTATION PLAN	7
SECTION 4: BUDGET	8
SECTION 5: CHALLENGES AND SOLUTIONS.....	10
SECTION 6: OUTCOMES.....	12
CONTACT INFORMATION.....	13
REFERENCES	14
RESOURCES	14



Berkshire Public Health Alliance

1 Fenn Street Suite #302, Pittsfield, Massachusetts 01201

INTRODUCTORY LETTER

April 1, 2014

RE: Berkshire Public Health Alliance Public Health Nurse Program

The Alliance would like to thank the Community Innovation Challenge (CIC) Grant Program for funding the expansion and enhancement of a successful and innovative regional public health nursing program in Berkshire County. Public health nursing is a core public health service which prevents disease and improves health outcomes, creating healthier communities. Successful regional initiatives such as this one also strengthen collaborations and generate support for other regional ideas and services as communities learn the benefits of regional coordination.

The Berkshire Public Health Alliance (Alliance) is a network of the twenty-two Berkshire municipalities of Adams, Alford, Becket, Clarksburg, Dalton, Egremont, Florida, Great Barrington, Hancock, Lanesborough, Mount Washington, New Marlborough, North Adams, Peru, Richmond, Sandisfield, Savoy, Sheffield, Washington, West Stockbridge, Williamstown, and Windsor. Formed in November 2011 through an inter-municipal agreement (IMA) with Berkshire Regional Planning Commission (BRPC), the Alliance allows these municipalities to share resources and services in order to promote, preserve, and enhance Berkshire County's public health by meeting community needs, improving capabilities and providing equitable access to affordable public health nursing services in Berkshire County.

The Alliance PHN program provides participating communities with flexible public health nurse service options at an affordable cost. Comprehensive services such as disease surveillance and follow up on the Massachusetts Virtual Epidemiological Network (MAVEN), disease prevention and wellness clinics such as flu immunizations, public educational seminars, blood pressure clinics and health fairs; support for Boards of Health with housing complaints, and professional assessments concerning the safety of residents; investigation of disease outbreaks, management of tuberculosis (TB), and monthly wellness programs to promote healthy habits.

Years ago, most municipalities had access to public health nursing services, not only for mandated disease reporting, surveillance, and investigation, but for vaccination clinics, wellness clinics, health education and social services assistance. As resources shrank, most municipalities gave up

their public health nurses, to the point where in 2009, during the H1N1 pandemic, not a single Berkshire County municipality had a public health nurse on staff.

During this period, many communities contracted with the Visiting Nurse Association (VNA) to fill the void, or tried to handle public health mandated services on their own. Although the VNA rose to the challenge and performed admirably, their business is home care, not public health, and their ability to meet the public health needs of municipalities is limited, especially during emergencies or other unexpected occurrences. In addition, the VNAs and other organizations are often forced to charge additional fees for unexpected or emergency series, while the Alliance is able to offer services such as public flu clinics and oversight and investigation of active tuberculosis (TB) cases within the comprehensive fee charged to the municipality.

This year, the Alliance PHN program provided comprehensive services to seven municipalities totaling over 25,000 people, and backup services in several more, including the City of Pittsfield. The program continues to expand, with discussions underway with several more communities. Ideally to be able to offer the full range of services at an affordable cost, the Alliance estimates that it needs to serve around 30,000 people, which is our long-term goal for this program.

While some of the wellness program benefits will take several years to realize measurable savings and benefits, participating communities have already seen gains through:

- Lower costs for PHN services
- Access to specific, requested support and assessment services
- Lower training costs
- Access to a group self-insurance pool for disease emergencies
- Support for Board of Health initiatives
- Flu clinics that better meet the needs of all residents

To learn more about the Alliance PHN program, please feel free to call us at (413) 442-1521 x37.

Sincerely,

Laura Kittross
Director, Berkshire Public Health Alliance

Jim Huebner
Chair, Governing Board

EXECUTIVE SUMMARY

In 2013, the Berkshire Regional Planning Commission (BRPC) on behalf of the Berkshire Public Health Alliance (Alliance) received a second year of CIC funding in the amount of \$54,840, for the Year Two expansion of the Public Health Nursing Program. In July 2013, the three communities that had signed PHN contracts with the Alliance (Egremont, Great Barrington, Washington) renewed their contracts for FY 14. This momentum continued in 2013, as four new communities signed on for PHN contracts with the Alliance: the Towns of Clarksburg; Peru; Windsor; and the City of North Adams. This expansion more than doubled the number of residents with access to Alliance PHN services– from 8,867 to 25,832. Program income from public health nursing contracts increased from roughly \$8,000 in 2012 to over \$20,000 in 2013.

Staffing remained stable for the program in 2013, with two part-time public health nurses providing traditional and innovative public health nursing services, such as flu clinics, wellness programming, disease surveillance, investigation and follow-up, and training for municipal employees on such topics as CPR/AED and blood-borne pathogens.

The Alliance has completed much of the work of engaging and educating stakeholders, creating legal structures and contracts, setting up workable and fair fee structures, and realizing and adjusting to the budget challenges that are a result of providing services for a geographically large and diverse area. It has listened to member communities, and adjusted programming and services to fit the needs of those communities. Going forward, the Alliance is very well-poised to expand not only the number of municipalities it serves, but the types of programming, services, and education that is desired by the municipalities and community members of Berkshire County as a whole.

The success of the program can be measured in several ways. The seven municipalities that currently use our PHN program report that they are very pleased with their services, and all seven are expected to renew their PHN contracts in FY15. Although not a primary program goal, the PHN program has successfully demonstrated that it is possible to reduce the cost per resident for a public health program, while at the same time providing better services and more programming.

The success of the PHN program has assisted in opening up the possibilities for other regional collaborations, such as successful submissions to the Prevention and Wellness Trust Fund and the Massachusetts Opioid Abuse Prevention Collaborative. The PHN program continues to strengthen the participating municipalities' understanding of the potential benefits of a flexible

Inter-Municipal Agreement (IMA) that provides communities with option, but not the obligation, to easily share public health services.

The Alliance currently has additional communities interested in PHN services for FY 2014-2015, budgets. The Alliance expects to be self-sustaining through contracts, fee-for service activities, other grants and in-kind donations by FY 2015.

SECTION 1: PARTNER COMMUNITIES

In November 2011, twenty towns and one city in Berkshire County along with Berkshire Regional Planning Commission (BRPC) signed an Inter-Municipal Agreement (IMA) under Chapter 40, Section 4(A) to form the Berkshire Public Health Alliance. The Alliance is directed by a Governing Board comprised of one voting representative and one alternate from each of the participating municipalities.

The Alliance Governing Board, staff and the initial lead CIC applicant towns of Great Barrington, Egremont, and New Marlborough worked together to create the Alliance Public Health Nurse Program (PHNP) goals and policies, and signed and submitted the 2012 CIC grant application to create and support and Alliance-run public health nursing program. New Marlborough eventually declined to participate in the first year, and was replaced by the Town of Washington.

In 2013, the Alliance was the recipient of an additional CIC grant, for a Year 2 Expansion of the PHN program. The number of towns served by this program increased from three to seven, with the original 3 towns re-signing their contracts, followed by new contracts with the towns of Clarksburg, Windsor, Peru, and the City of North Adams. The City of Pittsfield also signed an MOU with the Alliance, to enable the Alliance to provide backup and supplemental public health nursing services (MAVEN and TB directly observed therapy).

2013 also saw the expansion of the number of municipalities signed on to the Alliance IMA, with the Town of Florida joining the Alliance.

SECTION 2: GOALS

The goals of the Berkshire Public Health Alliance Public Health Nursing Program Year 2 expansion were to expand the program to additional municipalities, to increase services and wellness programming (including mental health programming), provide flu clinics, and to increase disease surveillance and coordinate disease reporting for all Berkshire municipalities.

Short term objectives of the grant that were achieved include:

- Continued to educate the stakeholders on the benefits of comprehensive public health nursing services, using “ambassador services,” positive examples of our PHN programs in our Alliance contracted communities, visits to interested municipalities, and the number of people served;
- Continued to work directly with Alliance board members, local Boards of Health and community leaders to identify the public health needs of Alliance and other communities, and the best community-directed ways to address those needs;
- Completed signed contracts in four new communities for comprehensive public health nursing services;
- Worked with existing contracted Alliance communities to extend their municipality’s contract with the alliance for 2013/2014;
- Obtained a “read-only” status for MAVEN in 20 of 21 Alliance municipalities, and two additional Berkshire County municipalities, including the City of Pittsfield;
- Began regional disease surveillance program, allowing the PHN program to identify trends, increases and other unusual disease events. Through this effort, trends in Lyme Disease have been noted, enabling educational efforts to be effectively targeted. In addition, an unexpected level of new Hepatitis C infections was observed – an observation that was only possible because of the ability to compile disease reports across much of the County. Again, in response to this, increased and targeted Hepatitis C efforts will be undertaken in the PHN program;
- Offered wellness programming (flu clinics, tick and mosquito-related illness lectures, depression, meetings with Councils on Aging, others) to Alliance communities (open to all communities);
- Held a dozen flu clinics county-wide, vaccinating over 1,000 people;
- Developed and implemented an effective and achievable work plan that showed an increase in the number, quality of, and access to public health nursing services and activities in participating communities;
- Continued to provide an effective transition to Alliance-led regional Public Health Nurse Program;
- Demonstrated the feasibility and advantages of a cost-effective, professional, regional public health nurse program by controlling the costs of providing quality, uniform, professional public health nursing services; and
- Continued assessment and quality improvement of the PHN program

SECTION 3: IMPLEMENTATION PLAN

The Alliance Public Health Nursing Program (PHNP) started as a pilot regional program covering a large geographic area, and as such, required substantial planning and groundwork, administrative and otherwise, to get started. Alliance communities range in size from around 100

to almost 14,000, making it challenging to structure costs, programs and benefits that work for all communities. After the first year, we were able to more strategically address some of these challenges and how they would impact our programs.

The first portion of implementing the Year 2 program was the process of continuing to educate the stakeholders about the benefits, importance, and sustainability of the PHNP, and to actively identify additional communities with the ability and intention of joining the PHN program. With stable staffing in place and building upon a network of community partners identified in the prior year, program energies were spent expanding wellness programming throughout Alliance communities. During this time, we had an opportunity to talk to communities about their municipality, specifically as it relates to public health nursing, and public health needs of their citizens. By the beginning of FY 2014, an additional four municipalities were signed on to the PHNP (Clarksburg, North Adams, Peru, and Windsor), bringing the total municipalities contracted to receive public health nursing services from the Alliance to seven.

In early summer, Alliance PHN program staff, in partnership with Berkshire County Boards of Health Association (BCBOHA) and Fairview Hospital (FVH) developed an aggressive flu clinic schedule, more than tripling the number of flu clinics that were held by these organizations in 2013. At least one clinic was held in each of the Alliance's PHNP contracted municipalities; many, such as Great Barrington and North Adams, had three or more flu immunization clinics. Additionally, the partnership enabled the Alliance to take part in and support flu clinic activities outside the Alliance PHN-contracted communities. Altogether over 1,000 individuals of all ages were vaccinated against the flu, protecting not only these individuals, but other vulnerable residents.

Continuing to work with local Boards of Health (BOH), the Alliance staff set program priorities, worked to ensure local BOH oversight of the PHNP and increase BOH capacity, coordinated electronic disease reporting (21 of 22 Alliance municipalities, as well as the City of Pittsfield and the Town of Tyringham) have now given the Alliance "read capacity" on MAVEN), and worked with the Berkshire County Public Health Emergency Preparedness Coalition to support the coordination of local emergency preparedness.

The Alliance PHNP continues to be very successful and well-received by the communities utilizing its services. 2014 promises to be another year of programmatic expansion, as well as subscription expansion: at this time, the Towns of Becket, New Marlborough, Sheffield, Williamstown, and Adams have inquired about Alliance PHN services.

SECTION 4: BUDGET

Original Budget

PHNP Project Activity/Task	Description	Cost
Program Planning	Alliance Program Director Support (100 hrs @\$35/hr) <ul style="list-style-type: none"> • Grant management • Monitor PHN work plan • Review and monitor invoices and budgets • Liaison with participating communities, DPH 	\$3,500
	Alliance Administration/Support (100 hrs @\$20/hr) <ul style="list-style-type: none"> • Administrative support, assist with contracts, information services, billing 	\$2,000
	Public Health Nurse (960 hrs @\$32/hr) <ul style="list-style-type: none"> • Work with Alliance Director, Administration, Host • Management of PHN Plan • Community outreach, wellness programming, general PHN services • Flu and pneumonia clinic organization and administration • MAVEN reporting, coordination • Continuing education (training) • Insurance billing 	\$30,720
Program Costs	Vaccines (influenza, Pneumovax23)	\$3,700
	SmartVue Vaccine Monitoring System	\$500
	Clinic Supplies (band-aids, cotton balls, swabs, etc.)	\$500
	Office supplies	\$500
	Marketing (calendar production, copies, postage)	\$2,500
	Mileage	\$1,000
	EPSON portable scanner (for scanning insurance cards)	\$145
Program Evaluation	Qualified contractor or staff member to assess the PHN program, document and evaluate outcomes, suggest improvements and recommend future initiatives (10 hrs @\$35/hr)	\$350
Unforeseen	5% contingency, standard	\$2,270

Expenses		
Grant Management	BRPC overhead and administration costs -15%	\$7,155
TOTAL GRANT REQUEST		\$54,840

Amended Final Budget, January 2014

ITEM	TOTAL COST
Program Management	\$ 6,464.67
Public Health Nurses	\$40,857.84
Office Expenses	\$ 21.53
Travel (Mileage) and Meeting Expenses	\$ 416.65
Disease Contingency Fund	\$2,000
Grant Administration	\$4,221.54
Program Implementation Costs/Materials	\$857.77

TOTAL: \$54,840

Budget Narrative: In 2012, the Alliance received \$47,500 to develop a public health nursing program in the 21 Alliance communities. Much of the funding in the initial year of the program was used to educate stakeholders on the benefits of the program, enlist pilot communities, and hire part-time nursing staff. In 2013, a CIC expansion grant allowed the Alliance to significantly expand the number of communities served (from three to seven), as well as expand the mission of wellness programming and disease surveillance. In 2014, supported by a third year of CIC funding and increasing town fees for service, increased wellness programming, special programming around Lyme Disease and indoor air quality, trainings, more than 20 flu clinics and other services will be provided to the seven enrolled communities and up to three additional municipalities.

Overall, funding was spent as anticipated in 2013. Funding did need to be moved to support wages of the two public health nurses (the sheer volume of flu clinics/hours/travel time was more than was originally anticipated).

SECTION 5: CHALLENGES AND SOLUTIONS

Rural/Large Geography/Delivery of Services: Alliance member municipalities run from the southernmost point to the northernmost point of Berkshire County, approximately 80 miles and up to two hours driving time. It is very difficult and expensive to have a public health nurse drive from one end of the county to the other for a one-hour service, program, or meeting. A large portion of the Alliance PHN budget has the potential to be spent on travel time. The success of

our flu clinic programming meant that our nursing staff was travelling from Clarksburg to Sheffield – and many towns throughout. Adding to the challenge was that the vaccine was stored in Great Barrington (at Fairview Medical Center). This year, a vaccine refrigerator has been purchased, and the purchase of a vaccine monitoring system is underway. Additionally, the search for a Medical Director for the Alliance will ensure that we can be self-managing and self-sufficient, with vaccine stored in a central location (Pittsfield), as well as our own medical advisor on call if needed. We will continue to try to schedule meetings and wellness programming around the county in blocks of time to save travel and time; however, there will always be a certain cost associated with program delivery in a rural area.

MAVEN: The online MAVEN disease reporting system has been required by the Commonwealth for over a year, yet there still remain a few Alliance municipalities that are not online. The Alliance has been very active in supporting members in registering and maintaining a MAVEN capability. For those municipalities not on MAVEN, the Alliance has obtained “read” capacity for all but one, allowing the Alliance to monitor disease reports. One of the Alliance goals is to share disease information among communities to improve situational awareness and assist BOH in addressing public health events or outbreaks in a timelier, effective, regional manner. For the most part, the member communities have been receptive to the idea of this information sharing – and even communities outside the Alliance, such as Pittsfield and Tyringham, have decided to take part in the regional approach, allowing the Alliance “read” capacity for their MAVEN information. The Alliance has also developed a good working relationship with ISIS/MAVEN at The Department of Public Health, and has been successful in making MAVEN training accessible in Berkshire County for those municipalities that desire it.

Program Management and Staffing: The Alliance experienced some changes in staffing at the beginning of the grant contract year; one public health nurse left and another had to be hired. The interim director hired at the end of 2012 was replaced by a permanent director in the spring of 2013. The challenge of finding qualified staff willing to work part-time with no benefits will continue to have an impact on the organization’s ability to hire qualified personnel. Additionally, some staff (over 20 hours) in the public health program were required to become employees of Berkshire Regional Planning Commission (actin as fiscal host) as of July 1, 2013. This transition required staff time, as well as added cost (overhead, benefits) to an already very lean budget.

Governing Board Participation: The Alliance Governing Board structure requires a quorum of 12 of the 22 (formerly 11 of 21) municipalities in order to approve any policy or staff changes. Attendance at meetings has historically been a challenge; however, this year, as we have gone to quarterly meetings, attendance has improved. The quorum challenges, as well as the quarterly meetings, have had an impact on the expediency of information sharing and “getting things done.” The Alliance Director Committee, acting as an Executive Committee for the Governing Board, in partnership with Berkshire Regional Planning Commission, the Alliance Director and the Governing Board Chair, therefore, have had to take on the brunt of operational decisions.

Valuing Public Health; Adding the Line Item/VNA Loyalty: The Alliance PHN program is unanimously supported by the Governing Board and very well received by the municipalities that are using it. Seven communities use this program, and the number of the communities we serve is expected to increase. However, it takes some time and leadership for municipalities to change direction and sign on to new programs – especially when older, more familiar relationships are at stake. The Alliance is in most cases much cheaper than the existing contracts with the Visiting Nurse Associations (VNA) who have taken on this role in many communities. However, many communities prefer to stay with what and who they know. For those communities with no public health nurse, education regarding who the Alliance is, what we can do, and why it matters – continues to need to be done. For these (frequently very small communities), to add even a line item of \$1K to the budget seems enormous and/or unnecessary. In the second year, considerable time and effort was put into developing a fee schedule for municipalities – one that not only looked at population, but also population density and income levels (and adjusted for those variables). As the Alliance enters the third year of funding, a renewed, expanded effort is underway to visit each town to educate officials and residents about public health and what the Alliance can do for communities.

Workers Compensation Insurance and Medical Director: The Alliance had an extra budgetary challenge of the cost of purchasing workers compensation insurance for each of the nurses (this was not anticipated; and, as contractors, the nurses are not covered by Berkshire Regional Planning Commission). Additionally, the small stipend allotted for the Medical Director may not be enough of an incentive for an M.D. needed to sign standing orders for vaccines.

Wellness Programming/Finding the Right Fit: The PHN continues to work with communities to gauge what their specific public health needs are, and to find the right programming “fits.” Unlike the very successful flu clinics, some wellness programs saw very low attendance. Even though the programs (most around tick and mosquito-borne illness, some around heart health and healthy eating) were requested by the communities, not many residents attended these free programs. Wanting to go beyond sending materials (posters, flyers, pamphlets) every quarter, the public health staff continues to work closely with communities to find out what works best for them – for example, the Town of Windsor requested PHN staff visit targeted “shut-in” populations for wellness checks. We have networked with DPH and other regional providers of Stanford-certified Chronic Disease Self-Management Program training, in order to develop referral-based classes/programming/training regarding fall prevention, diabetes, and hypertension.

SECTION 6: OUTCOMES

- Add 3three to six additional communities to the Public Health: The Alliance re-signed all existing PHN contracts (Great Barrington, Egremont, Washington), and added four additional municipalities of Windsor, Peru, North Adams, and Clarksburg.
- MAVEN: Increased MAVEN capacity to 21 of 22 Alliance municipalities, increasing regional disease surveillance. Added read capacity from non-Alliance communities. Shared aggregate MAVEN reports with Alliance board, regional communities.
- Flu Clinics and Wellness Programming: Held in all contracted Alliance PHN communities, as well as other communities. Developed programming regarding nutrition, tick and mosquito-borne illness, and blood-borne pathogen training for municipalities. Public health materials distributed to communities on a regular basis.
- Successfully accept and process insurance information: Successful flu clinics and successful insurance submissions will result in high levels of reimbursement and additional revenue to the program, increasing sustainability and self-sufficiency
- Improved ability to meet state-mandated tuberculosis (TB) services: The Alliance continues to provide directly observed therapy (DOT) for active TB cases in the City of Pittsfield (non-Alliance municipality).
- Emergency Dispensing Site (EDS) Drill: Successful partnership with BCBOHA on EDS drills and training (Incident Command System, NIMS)

CONTACT INFORMATION

Laura Kittross, Program Manager, Public Health
 Berkshire Regional Planning Commission
 Director, Berkshire Public Health Alliance
 1 Fenn Street, Suite #201
 Pittsfield, MA 01201
 Phone: 413-442-1521 x3
lkittross@berkshireplanning.org

Thomas Matuszko, Assistant Director
 Berkshire Regional Planning Commission
 1 Fenn Street, Suite #201
 Pittsfield, MA 01201
 Phone: 413-442-1521 x34
tmatuszko@berkshireplanning.org

website: www.berkshirepublichealth.org

REFERENCES

IMA (Inter-Municipal Agreement): see 2012 Final Report for document
MAVEN Read-Only Contract (attached)
PHN Program Fee Schedule and Contract (attached)

RESOURCES

N/A

**Agreement Between
Berkshire Public Health Alliance
c/o Berkshire Regional Planning Commission as Host Agency
One Fenn Street
Pittsfield, MA 01201**

and

The Town of _____, MA

To enhance and improve regional surveillance of reportable, communicable and dangerous diseases in Berkshire County and surrounding areas, the Town of _____, MA agrees to allow the Berkshire Public Health Alliance (Alliance) the right to **view only** information reported by the Massachusetts Virtual Epidemiologic Network (MAVEN) for the Town of _____. All individual information provided through MAVEN will be kept confidential as per Alliance confidentiality policies. Aggregate, regional disease reports only will be made available to all participating Boards of Health.

As part of this agreement, the Alliance will perform no routine or emergency investigation or follow-up of these disease reports, nor will the Alliance provide any other services under this agreement.

The Town of _____ may cancel this permission at any time by writing to the Alliance at the following address:

1 Fenn St, Suite 302
Pittsfield, MA 01201

Signed by:

MUNICIPALITY BOH:

By: _____ **Date:** ____/____/____

_____, (title)

For the Town of _____

Address:

Phone:

Berkshire Public Health Alliance: Public Health Nursing Fees by Town					
For the period July 1, 2013 - June 30, 2014 (FY 14)					
Alliance Member Communities	Population (2010 Census)*	Percent Individuals below poverty level**	Per Capita Cost***	Base Fee	Town Fee (pop x per capita, adjusted for poverty level, plus base fee)
Adams	8,485	11.3%	\$ 0.70	\$ 500	\$ 5,768.34
Alford	494	3.6%	\$ 1.00	\$ 500	\$ 976.22
Becket	1,779	14.7%	\$ 1.00	\$ 500	\$ 2,017.49
Clarksburg	1,702	2.9%	\$ 1.00	\$ 500	\$ 2,152.64
Dalton	6,756	7.2%	\$ 0.70	\$ 500	\$ 4,888.70
Egremont	1,225	6.0%	\$ 1.00	\$ 500	\$ 1,651.50
Great Barrington	7,104	12.1%	\$ 0.70	\$ 500	\$ 4,871.09
Hancock	717	7.8%	\$ 1.00	\$ 500	\$ 1,161.07
Lanesboro	3,091	3.2%	\$ 1.00	\$ 500	\$ 3,492.09
Mount Washington	167	10.0%	\$ 1.00	\$ 500	\$ 650.30
New Marlborough	1,509	5.7%	\$ 1.00	\$ 500	\$ 1,922.99
North Adams	13,708	22.3%	\$ 0.70	\$ 500	\$ 7,955.78
Peru	847	7.1%	\$ 1.00	\$ 500	\$ 1,286.86
Richmond	1,475	2.9%	\$ 1.00	\$ 500	\$ 1,932.23
Sandisfield	915	4.5%	\$ 1.00	\$ 500	\$ 1,373.83
Savoy	708	6.3%	\$ 1.00	\$ 500	\$ 1,163.40

Sheffield	3,257	5.4%	\$ 1.00	\$ 500	\$ 3,581.12
Washington	538	5.8%	\$ 1.00	\$ 500	\$ 1,006.80
West Stockbridge	1,306	5.8%	\$ 1.00	\$ 500	\$ 1,730.25
Williamstown	7,754	7.1%	\$ 0.70	\$ 500	\$ 5,542.43
Windsor	899	1.3%	\$ 1.00	\$ 500	\$ 1,387.31
Non-Member Communities					
Cheshire	3,235	12.5%	\$ 1.00	\$ 1,000	\$ 3,830.63
Florida	752	6.3%	\$ 1.00	\$ 1,000	\$ 1,704.62
Hinsdale	2,032	3.9%	\$ 1.00	\$ 1,000	\$ 2,952.75
Lee	5,943	8.1%	\$ 1.00	\$ 1,000	\$ 6,461.62
Lenox	5,025	12.8%	\$ 1.00	\$ 1,000	\$ 5,381.80
Monterey	961	5.0%	\$ 1.00	\$ 1,000	\$ 1,912.95
New Ashford	228	1.3%	\$ 1.00	\$ 1,000	\$ 1,225.04
Otis	1,612	12.8%	\$ 1.00	\$ 1,000	\$ 2,405.66
Pittsfield	44,737	15.9%	\$ 0.70	\$ 1,000	\$ 27,336.67
Stockbridge	1,947	11.3%	\$ 1.00	\$ 1,000	\$ 2,726.99
Tyringham	327	3.9%	\$ 1.00	\$ 1,000	\$ 1,314.25
* 2010 Census numbers from Wikipedia					
** Individuals below poverty from Berkshire Benchmarks (US Census, 2007-2011)					
*** Per capita is \$1.00 per capita for populations below 6,000 and 70 cents per capita above 6,000					

Municipality	2010 Census*	Individuals below poverty level**	Base Fee	Per Capita	Fee before Adjustment	Density Adjustment	Total w/ Density Adjustment	Total w/ income & density Adjustments
Adams	8,485	11.3%	\$ 500	\$ 0.95	\$ 8,560.75	0.70	\$ 5,992.53	\$ 5,315.37
Alford	494	3.6%	\$ 500	\$ 0.95	\$ 969.30	1.00	\$ 969.30	\$ 934.41
Becket	1,779	14.7%	\$ 500	\$ 0.95	\$ 2,190.05	1.00	\$ 2,190.05	\$ 1,868.11
Clarksburg	1,702	2.9%	\$ 500	\$ 0.95	\$ 2,116.90	1.00	\$ 2,116.90	\$ 2,055.51
Dalton	6,756	7.2%	\$ 500	\$ 0.95	\$ 6,918.20	0.80	\$ 5,534.56	\$ 5,136.07
Egremont	1,225	6.0%	\$ 500	\$ 0.95	\$ 1,663.75	1.00	\$ 1,663.75	\$ 1,563.93
Great Barrington	7,104	12.1%	\$ 500	\$ 0.95	\$ 7,248.80	0.80	\$ 5,799.04	\$ 5,097.36
Hancock	717	7.8%	\$ 500	\$ 0.95	\$ 1,181.15	1.00	\$ 1,181.15	\$ 1,089.02
Lanesboro	3,091	3.2%	\$ 500	\$ 0.95	\$ 3,436.45	0.90	\$ 3,092.81	\$ 2,993.84
Mount Washington	167	10.0%	\$ 500	\$ 0.95	\$ 658.65	1.00	\$ 658.65	\$ 592.79
New Marlborough	1,509	5.7%	\$ 500	\$ 0.95	\$ 1,933.55	1.00	\$ 1,933.55	\$ 1,823.34
North Adams	13,708	17.2%	\$ 500	\$ 0.95	\$ 13,522.60	0.70	\$ 9,465.82	\$ 7,837.70
Peru	847	7.1%	\$ 500	\$ 0.95	\$ 1,304.65	1.00	\$ 1,304.65	\$ 1,212.02
Richmond	1,475	2.9%	\$ 500	\$ 0.95	\$ 1,901.25	1.00	\$ 1,901.25	\$ 1,846.11
Sandisfield		4.5%	\$	\$	\$		\$	\$

[illegible]

Berkshire Public Health Alliance: Public Health Nursing Fees by Town						
For the period July 1, 2013 - June 30, 2014 (FY 14)						
Alliance Member Communities	Populat ion (2010 Census) *	Percent Individ uals below poverty level**	Per Capit a Cost* **	Base Fee	FY 14 Town Fee (pop x per capita, adjusted for poverty level, plus base fee)	FY 15 Town Fee (1.5% increase)
Adams	8,485	11.3%	\$ 0.70	\$ 500	\$ 5,768.34	\$ 5,854.86
Alford	494	3.6%	\$ 1.00	\$ 500	\$ 976.22	\$ 990.86
Becket	1,779	14.7%	\$ 1.00	\$ 500	\$ 2,017.49	\$ 2,047.75
Clarksburg	1,702	2.9%	\$ 1.00	\$ 500	\$ 2,152.64	\$ 2,184.93
Dalton	6,756	7.2%	\$ 0.70	\$ 500	\$ 4,888.70	\$ 4,962.03
Egremont	1,225	6.0%	\$ 1.00	\$ 500	\$ 1,651.50	\$ 1,676.27
Great Barrington	7,104	12.1%	\$ 0.70	\$ 500	\$ 4,871.09	\$ 4,944.16
Hancock	717	7.8%	\$ 1.00	\$ 500	\$ 1,161.07	\$ 1,178.49
Lanesboro	3,091	3.2%	\$ 1.00	\$ 500	\$ 3,492.09	\$ 3,544.47
Mount Washington	167	10.0%	\$ 1.00	\$ 500	\$ 650.30	\$ 660.05
New Marlborough	1,509	5.7%	\$ 1.00	\$ 500	\$ 1,922.99	\$ 1,951.83
North Adams	13,708	22.3%	\$ 0.70	\$ 500	\$ 7,955.78	\$ 8,075.12
Peru	847	7.1%	\$ 1.00	\$ 500	\$ 1,286.86	\$ 1,306.17
Richmond	1,475	2.9%	\$ 1.00	\$ 500	\$ 1,932.23	\$ 1,961.21
Sandisfield	915	4.5%	\$ 1.00	\$ 500	\$ 1,373.83	\$ 1,394.43
Savoy		6.3%	\$	\$	\$	\$

	708		1.00	500	1,163.40	1,180.85
Sheffield	3,257	5.4%	\$ 1.00	\$ 500	\$ 3,581.12	\$ 3,634.84
Washington	538	5.8%	\$ 1.00	\$ 500	\$ 1,006.80	\$ 1,021.90
West Stockbridge	1,306	5.8%	\$ 1.00	\$ 500	\$ 1,730.25	\$ 1,756.21
Williamstown	7,754	7.1%	\$ 0.70	\$ 500	\$ 5,542.43	\$ 5,625.56
Windsor	899	1.3%	\$ 1.00	\$ 500	\$ 1,387.31	\$ 1,408.12
Non-Member Communities						
Cheshire	3,235	12.5%	\$ 1.00	\$ 1,000	\$ 3,830.63	\$ 3,888.08
Florida	752	6.3%	\$ 1.00	\$ 1,000	\$ 1,704.62	\$ 1,730.19
Hinsdale	2,032	3.9%	\$ 1.00	\$ 1,000	\$ 2,952.75	\$ 2,997.04
Lee	5,943	8.1%	\$ 1.00	\$ 1,000	\$ 6,461.62	\$ 6,558.54
Lenox	5,025	12.8%	\$ 1.00	\$ 1,000	\$ 5,381.80	\$ 5,462.53
Monterey	961	5.0%	\$ 1.00	\$ 1,000	\$ 1,912.95	\$ 1,941.64
New Ashford	228	1.3%	\$ 1.00	\$ 1,000	\$ 1,225.04	\$ 1,243.41
Otis	1,612	12.8%	\$ 1.00	\$ 1,000	\$ 2,405.66	\$ 2,441.75
Pittsfield	44,737	15.9%	\$ 0.70	\$ 1,000	\$ 27,336.67	\$ 27,746.72
Stockbridge	1,947	11.3%	\$ 1.00	\$ 1,000	\$ 2,726.99	\$ 2,767.89
Tyringham	327	3.9%	\$ 1.00	\$ 1,000	\$ 1,314.25	\$ 1,333.96
* 2010 Census numbers from Wikipedia						
** Individuals below poverty from Berkshire Benchmarks (US Census, 2007-2011)						
*** Per capita is \$1.00 per capita for populations below 6,000 and 70 cents per capita above 6,000						

Municipality	2010 Census*	Individuals below poverty level**	Base Fee	Per Capita	Fee before Adjustment	Density Adjustment	Total w/ Density Adjustment	Total w/ income & density Adjustments
Adams	8,485	11.3%	\$ 500	\$ 0.95	\$ 8,560.75	0.70	\$ 5,992.53	\$ 5,315.37
Alford	494	3.6%	\$ 500	\$ 0.95	\$ 969.30	1.00	\$ 969.30	\$ 934.41
Becket	1,779	14.7%	\$ 500	\$ 0.95	\$ 2,190.05	1.00	\$ 2,190.05	\$ 1,868.11
Clarksburg	1,702	2.9%	\$ 500	\$ 0.95	\$ 2,116.90	1.00	\$ 2,116.90	\$ 2,055.51
Dalton	6,756	7.2%	\$ 500	\$ 0.95	\$ 6,918.20	0.80	\$ 5,534.56	\$ 5,136.07
Egremont	1,225	6.0%	\$ 500	\$ 0.95	\$ 1,663.75	1.00	\$ 1,663.75	\$ 1,563.93
Great Barrington	7,104	12.1%	\$ 500	\$ 0.95	\$ 7,248.80	0.80	\$ 5,799.04	\$ 5,097.36
Hancock	717	7.8%	\$ 500	\$ 0.95	\$ 1,181.15	1.00	\$ 1,181.15	\$ 1,089.02
Lanesboro	3,091	3.2%	\$ 500	\$ 0.95	\$ 3,436.45	0.90	\$ 3,092.81	\$ 2,993.84
Mount Washington	167	10.0%	\$ 500	\$ 0.95	\$ 658.65	1.00	\$ 658.65	\$ 592.79
New Marlborough	1,509	5.7%	\$ 500	\$ 0.95	\$ 1,933.55	1.00	\$ 1,933.55	\$ 1,823.34
North Adams	13,708	17.2%	\$ 500	\$ 0.95	\$ 13,522.60	0.70	\$ 9,465.82	\$ 7,837.70
Peru	847	7.1%	\$ 500	\$ 0.95	\$ 1,304.65	1.00	\$ 1,304.65	\$ 1,212.02
Richmond	1,475	2.9%	\$ 500	\$ 0.95	\$ 1,901.25	1.00	\$ 1,901.25	\$ 1,846.11

Sandisfield	915	4.5%	\$ 500	\$ 0.95	\$ 1,369.2 5	1.00	\$ 1,369.25	\$ 1,307.63
Savoy		6.3%	\$ 500	\$ 0.95	\$ 500.00	1.00	\$ 500.00	\$ 468.50
Sheffield	3,257	5.4%	\$ 500	\$ 0.95	\$ 3,594.1 5	0.90	\$ 3,234.74	\$ 3,060.06
Washington	538	5.8%	\$ 500	\$ 0.95	\$ 1,011.1 0	1.00	\$ 1,011.10	\$ 952.46
West Stockbridge	1,306	5.8%	\$ 500	\$ 0.95	\$ 1,740.7 0	1.00	\$ 1,740.70	\$ 1,639.74
Williamstown	7,754	7.1%	\$ 500	\$ 0.95	\$ 7,866.3 0	0.70	\$ 5,506.41	\$ 5,115.45
Windsor	899	1.3%	\$ 500	\$ 0.95	\$ 1,354.0 5	1.00	\$ 1,354.05	\$ 1,336.45
Density Adjustment:	Below 5,000 none,	5000-7500 20% adjustment,						
	7500 up,	30% adjustment						