

# Berkshire Public Health Alliance



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AND  
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Alliance Board Member**

**Worcester  
September 10, 2012**

# Overview



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- **Public Health**
- **Development of the Alliance**
- **The Berkshire Public Health Alliance**
- **Why this regional coordination model**
- **Current status of the Alliance**
- **Challenges**
- **Next Steps**

# What is Public Health?



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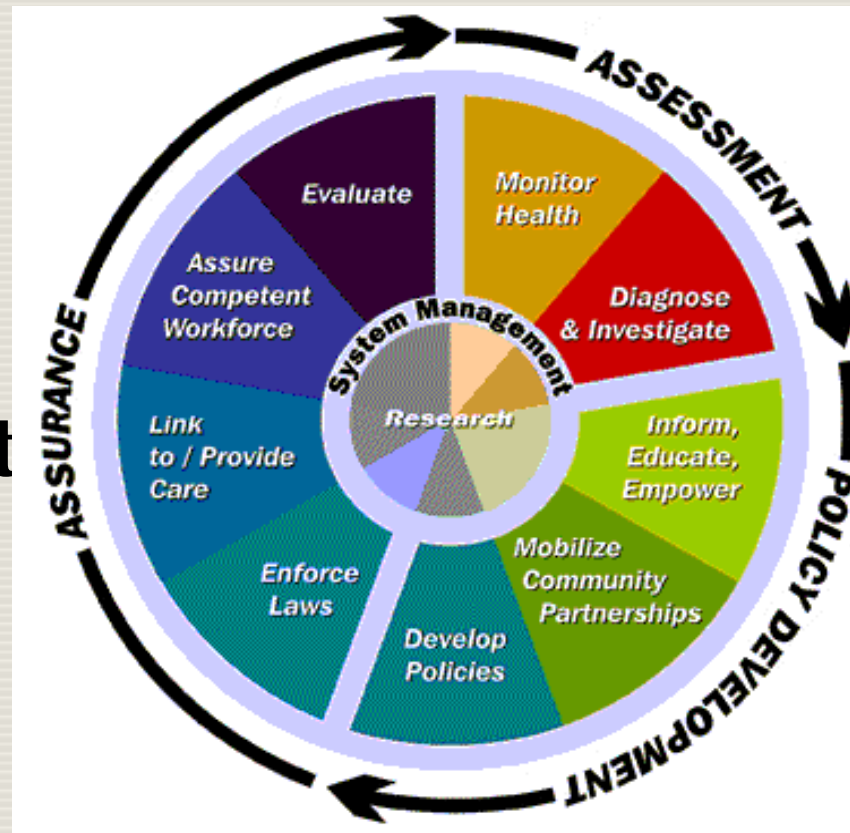
## Mission of Public Health

- **Promote**
- **Protect**
- **Preserve Life**

# Public Health Core Functions

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- **Assessment**
- **Policy Development**
- **Assurance**



# Berkshire County Public Health



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- **Local Boards of Health (BOH)**
  - **24/32 Berkshire Towns - less than 5,000 residents**
  - **Many Public Health services provided by volunteers**
  - **Limited local capacity and resources**
- **Berkshire County Boards of Health Association (BCBOHA)**
  - **32 local Boards of Health**
  - **75 years – professional association of BOH**
  - **Education and training**
  - **Emergency Planning Coordination**

# 5 years ago...



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- **BCBOHA Executive Board:**

- Berkshire Public Health system couldn't meet the professional needs and standards of the 21<sup>st</sup> Century.

- **BCBOHA Regional Coordination Workgroup**

- Created by BCBOHA members
- Met regularly
- **Assessed** the delivery of local public health services in Berkshire County
- Suggested regional coordination model

# Help along the Way...



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- **Community Health Assessment (CHA)** completed by BCBOHA staff
- **CDC** (Center for Disease Control and Prevention) **Fellow** on assignment in Western Mass completed a study of local BOH capacity
- **PBRN** (Practice Based Research Network) grant from Boston University funded dinner meetings to look at regional coordination
- **District Incentive Grants (DIG)** for Alliance - Berkshire Regional Planning Commission (BRPC)

# Assessment Results



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- **Size:** In Public Health, size matters: most states provided public health at the city and county level.
- **Mandates:** Small or large, all BOH are mandated in M.G.L. Chapter 111 and others to prevent diseases and enforce public health rules and regulations.
- **New:** Emerging diseases/emergencies are increasing.
- **Money:** BOH have more mandates; training/performance needs; and no more resources.
- **Berkshire County Health Ranking:** 11/14 in the State <http://www.countyhealthrankings.org/>



# Alliance Formed November, 2011



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**21 Berkshire Communities (64,000 residents) signed an Inter-Municipal Agreement (IMA) under Chapter 40A to share services/regional coordination to:**

- *Improve our delivery of mandated/needed services*
- *Ensure better health outcomes*
- *Leverage our resources, including seeking grants*

# Berkshire Public Health Alliance

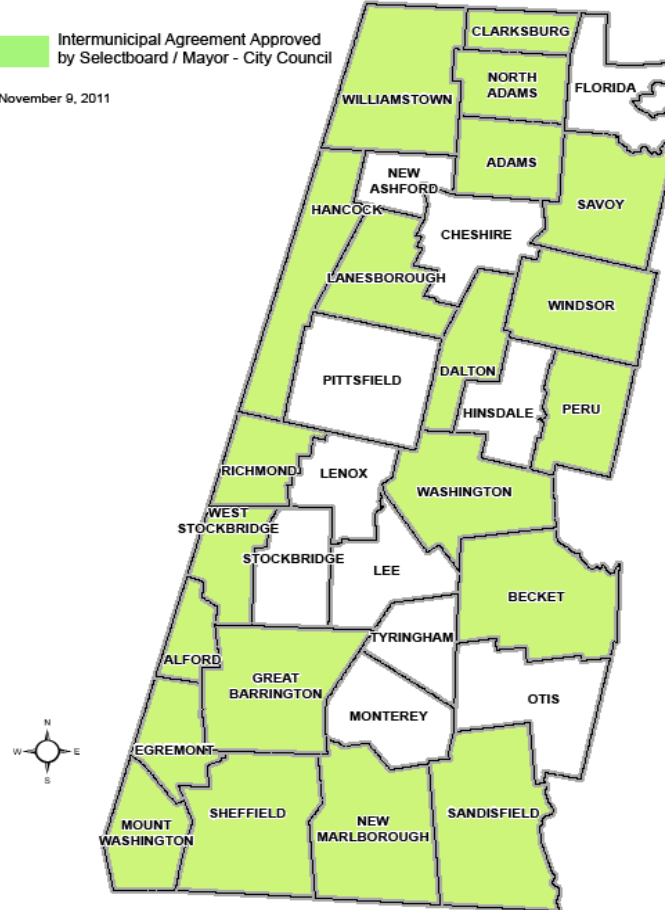


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## Berkshire Public Health Alliance

Intermunicipal Agreement Approved  
by Selectboard / Mayor - City Council

November 9, 2011



# Regional Coordination Strategy



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- 1. Each BOH retains authority/responsibility**
- 2. We share Grants and Programs**
- 3. We share Information and Procedures**
- 4. We share Regional Emergency Response**
- 5. We share Disease Surveillance**
- 6. We share Wellness Programs**
- 7. We share Inspectors**

# Regional Coordination Core Elements



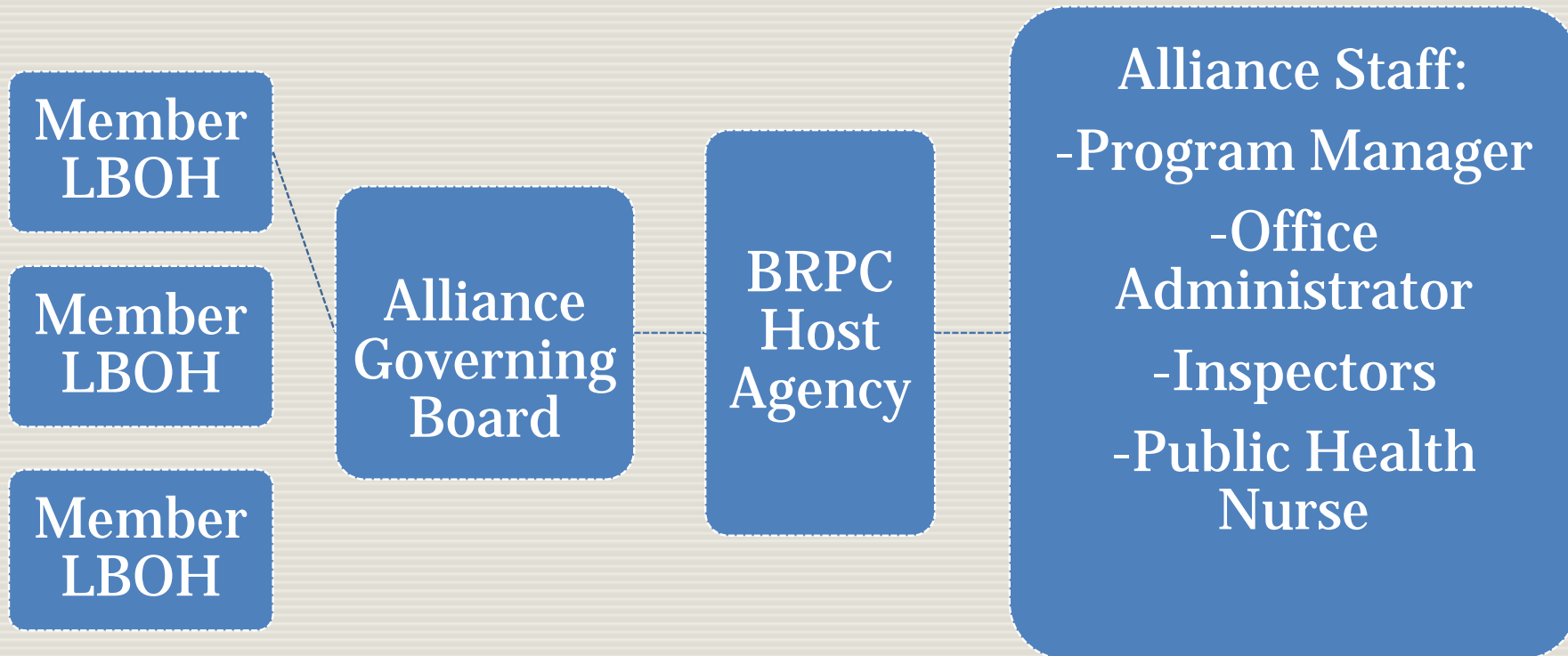
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- 1. Agreement among communities (IMA)**
- 2. Regional Governing Board**
  - Every Member has one vote
  - Meets at least quarterly and sets Policy and Budgets
  - Regional Program Oversight & Quality Assurance
- 3. Government Agency as Fiscal Agent**
  - Berkshire Regional Planning Commission
  - Manage grants, program finances and staff
  - File all required paperwork

# Alliance Organization



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# Alliance Administration



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- **Fiscal Host Agency:** Funded by a combination of grants and Alliance fees manages grants, contracts, staff, benefits, insurance, invoicing, reporting, etc.
- **Alliance Program Manager/Director:** likely grant funded to manage Alliance Programs.
- **Alliance Administrative Assistant:** to manage the office, filling, reports, billing, grant writing, etc. Funded by fees collected by the Alliance
- **Alliance Inspectors/PHN:** to provide services and programs

# Why this Shared Services Model?



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- **Flexible:** provides flexible, on-demand, trained, credentialed, experienced inspectors and staff
- **Builds on what we have.**
- **Wanted:** this is what the Members wanted
- **Host:** BRPC was the only county agency/Town willing to take on the task of Host Agency
- **Sustainability:** still theoretical as we need about 2000 billable hours to be self-sustaining.

# Legal Barriers



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- **Liability Issues:** Status of a Health Agent working in/for multiple towns and paid by 3rd party?
- **Governing Board Status:** Chapter 40A doesn't provide for a governing board. Need a structure with legal status and NO taxing authority
- **Ethics Commission Rules:** Disclosure requirements for Health Agents, BOH Members, staff working multiple towns and wear multiple hats (both compensated and uncompensated)



# Other Barriers



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- **Travel Distance** from one end of Berkshire to the other is about 2 hours, making travel expensive
- **Overhead Costs:** Overhead costs make Alliance fees seem higher than direct hirer as most Towns do not include basic overhead costs in LBOH Budgets
- **Transition Time:** Most Members have current staff performing some/most services. Will take time for natural turn-over.
- **Standardization:** Creating Alliance policies, procedures, forms that meet all Members' needs

# Inspectional Services Program



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## **Current Services Staffing Plan:**

- 2 part-time Registered Sanitarians on call

## **Planned:**

- Additional part-time food inspectors available for temporary events & other low risk inspections
- Additional part-time Title 5 inspectors to follow-up on septic system installations & other low risk
- Additional part-time specialists such as housing

# How it Works



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1. LBOH calls/emails inspector assigned as POC
2. (If that Inspector is not available, the LBOH calls the back-up or Alliance Office Staff)
3. Inspector logs request into web-based billing program
4. Inspector performs inspection
5. Inspector logs inspection into web system and sends inspection reports to LBOH who monitors
6. Monthly invoices sent automatically to LBOH for services performed

# Alliance Inspections Fees



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- Alliance Inspector Fee - \$50/hour, 1 hour minimum, billed to the nearest  $\frac{1}{4}$  hr. (includes travel time, mileage, materials, etc.)
- Alliance Pays Inspectors \$36/hour for actual time worked.
- \$14/hour covers overhead expenses, including invoices, reports, insurance, admin, training, etc.
  - Program Management/Training \$4.00/hr.
  - Monthly Invoicing and Overhead \$7.00/hr.
  - Reserve and New Program Support: \$3.00/hr.

# Public Health Nurse Program



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- Comprehensive Model - CIC grant supported!
- 2 part-time Public Health Nurses
- Fee based on population size (about \$1.00/person)
- Basic services include:
  - MAVEN
  - Disease surveillance and reporting
  - Flu Clinics
  - Wellness and prevention activities and programs
  - BOH support with issues such as elder housing
  - Basic TB case management coordination
  - Optional Camp and other feed inspections on request

# Going Forward



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- **Expand our service base**
- **Expand our services**
- **More coordination with other Public Health organizations**
- **Become self-funding**

# Questions?



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For copies of the Assessment reports, additional information and all the handouts:

[www.bcboha.org](http://www.bcboha.org), [www.berkshireplanning.org](http://www.berkshireplanning.org),  
[www.BerkshireHealth.org](http://www.BerkshireHealth.org)?

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