Public Health Excellence Grant
Information Session

March 18 @ 5:00 pm - 6:30 pm

Sponsored by the Coalition for Local Public Health and the Franklin Regional Council of Governments
AGENDA -- 90 min total

● 5 min - Introductions/ What is CLPH -- Cheryl Sbarra/MAHB
● 10 min - Where did this funding come from? A Brief history of the Special Commission on Local and Regional Public Health and SAPHE -- Cheryl
● 10 min - Overview of the grant opportunity – Phoebe Walker/FRCOG
● 30 min - Regional sharing projects that would qualify for funding -- Barry Keppard/MAPC, Mike Hugo/MAHB, Phoebe Walker/FRCOG
● 15 min - Questions and Answers in Breakout Rooms by size of community - All
● 10 min - Wrap Up, Collection of Questions -- Cheryl Sbarra
Coalition for Local Public Health (CLPH)
Member Organizations

- Massachusetts Association of Health Boards
- Massachusetts Association of Public Health Nurses
- Massachusetts Environmental Health Association
- Massachusetts Health Officers Association
- Massachusetts Public Health Association
- Western Massachusetts Public Health Association
BACKGROUND CONTEXT
The Special Commission on Local and Regional Public Health was established in August 2016 to:

- assess the effectiveness and efficiency of municipal and regional public health systems, and
- to make recommendations regarding how to strengthen the delivery of public health services

The multisector commission includes the following named organizations in addition to 4 legislators, 8 appointees by the Governor, and 4 Executive Branch departments:

- Massachusetts Taxpayers Foundation
- Massachusetts Municipal Association
- Massachusetts Public Health Regionalization Working Group
- Massachusetts Health Officers Association
- Massachusetts Environmental Health Association
- Massachusetts Public Health Nurses Association
- The Western Massachusetts Public Health Association
Recommendations of the Special Commission:

- Elevating the standards by:
  - Identifying ways for cities & towns to meet statutory requirements
  - Assessing implementation of Foundational Public Health Services
- Strengthening service delivery by:
  - Increasing the number and scope of comprehensive public health districts
- Improving data reporting by:
  - Creating a standardized public health reporting system
  - Strengthening DPH, DEP, and local public health capacity to collect and share data
- Setting education and training standards by:
  - Making training accessible
  - Implementing workforce credentialing standards adopted by SCLRPH
  - Developing a system to ensure compliance
- Committing appropriate resources to implement the above recommendations

*Consensus findings and recommendations: Special Commission on Local and Regional Health*
SAPHE 1.0
State Action for Public Health Excellence (SAPHE) Act
State Action for Public Health Excellence (SAPHE) Act

- **January 2019** - Representatives Kane & Garlick and Senator Lewis filed legislation based on special commission recommendations
  - The bill advanced the goals of the Commission by:
    - Improving access to essential training for members of the local public health workforce
    - Creating an incentive program to support more effective and efficient delivery of services through cross-jurisdictional sharing
    - Moving Massachusetts toward national local public health standards

- **April 2020** - SAPHE Act signed into law by Governor Baker as Chapter 72 of the Acts of 2020, An Act Relative to Strengthening the Local and Regional Public Health System
Recent Local Public Health Wins

- Recent wins for Local Public Health include:
  - $1.7 million for the SAPHE Program in the FY20 and FY21 state budgets

- The first dedicated line item to local and regional Boards of Health
  - $10 million in the FY21 state budget
  - $10 million level-funded in the Governor's House 1 FY22 budget
SUPPORT LOCAL HEALTH TODAY FOR A SAFE & HEALTHY TOMORROW

SAPHE 2.0 Act - Statewide Accelerated Public Health for Every Community

- Ensure Minimum Public Health Standard for Every Community
- Create a Uniform Data Collection & Reporting System
- Increase Capacity & Effectiveness by incentivizing cross-jurisdictional sharing
- Establish a Sustainable State Funding Mechanism to support local boards of health & health departments
GRANT PROGRAM DETAILS
Grants of up to $300K annually for:

• The Public Health Excellence Grant Program is designed to improve the effectiveness and efficiency of local and regional public health by expanding opportunities for sharing of public health services.

• Applicants may submit proposals that fall into one of the following three categories:
  o To expand shared services arrangements to include more municipalities;
  o To expand shared services arrangements to provide a more comprehensive and equitable set of public health services and/or sustainable business model; or
  o To support new cross-jurisdictional sharing arrangements.
Scope of Service – Shared Services Composition

- Existing shared services arrangements have three options:
  1) include more municipalities,
  2) increase stability and functionality of an existing arrangement, or
  3) both

- One threshold for stability, for example, is meeting the Special Commission's workforce standards and demonstration of meeting the regulatory requirements for all of the participating municipalities.

- An existing district may use these resources to develop more comprehensive services and a sustainable business plan.

- Taking this approach does not preclude the district from expanding to include more municipalities in the future.
Scope of Service – Shared Services Composition

• A newly formed cross-jurisdictional sharing arrangement includes two or more municipalities that have demonstrated interest in establishing shared services in order to increase the capacity to carry out the statutory powers and duties of boards of health.

• The SCLRPH Blueprint (www.mass.gov/orgs/special-commission-on-local-and-regional-public-health) should serve as the foundation for applicants to select their cross-jurisdictional sharing activities tailored to regional needs.
Scope of Service – Governance

• Cross-jurisdictional sharing arrangements funded under this initiative will establish or maintain governance structures involving representatives of all participating municipalities.
• Governance boards will be required to meet regularly under established rules of procedure to make democratic decisions about cross-jurisdictional policies, personnel, operations, and finances.
• Each municipality shall retain its board of health legal authority unless a municipality votes to delegate part or all of its authority to the governance board and the governance board votes to accept it.
• Boards of health must approve agreements to delegate their legal authority.
Scope of Service – Data Collection and Sustainability

• DPH intends to use funds available under this initiative to enhance public health capacity to acquire, store, and use data to improve population health as recommended by the Special Commission on Local and Regional Public Health.

• Successful applicants will be required to participate in the data collection initiative.

• DPH intends to use funds available under this initiative to ensure cross-jurisdictional sharing arrangements supported through this program to achieve long term sustainability.
In light of the current COVID-19 public health emergency and burden on local health to respond to detailed scope of service at this time, applicants will be required to:

- designate a management position from lead entity to coordinate between municipalities and with DPH;
- submit letters of commitments to be part of the Shared Services Area from all municipalities by June 30;
- provide quarterly invoices and progress updates;
- attend monthly check-in meetings with OLRH staff;
- submit a full, detailed workplan for the shared service area within 3 months of the end of the current COVID-19 public health emergency;
- submit a detailed strategic plan that includes sustainability plans within 12 months of the end of current COVID-19 public health emergency; and
- commit to utilizing MAVEN, MIIS, workforce standards provided in Blueprint, and new local public health data reporting system under development.

Failure to comply with these requirements can lead to termination of contract.
Staffing

• It is anticipated that a significant portion of the funds will be used to support staffing (including contractors/consultants).
  ○ This could include Health Director/Agent, Deputy/Assistant Director, Inspector(s), Public Health Nurse(s), Epidemiologist(s), Shared Services Coordinator and/or Clerk.

• Staffing patterns should be arranged to meet the needs of the proposed cross-jurisdictional sharing arrangement and be in compliance with the Special Commission’s workforce standards.

• Each grant program will be required to have a management position from the lead entity whose responsibilities include coordination between municipalities and with DPH. Applicants must also identify an individual who is responsible for grant deliverables, being the point of contact for the grant, and attending required meetings and trainings. This could be the same individual.
Allowable Costs

- Grant funds can be used for staff salaries, benefits, payroll taxes, consultants, facilities, travel, program supplies, and related expenses.

- The primary purpose of this procurement is to expand local public health capacity by adding staff and/or consultants to provide direct public health services.

- The lead applicant may charge up to 15% to the grant for administrative costs. Funds cannot be used for equipment without prior written approval from DPH.

- Funds cannot be used for capital expenses under any circumstances.

- Funds cannot be used to supplant existing municipal funding for public health services.
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<tr>
<td>February 12, 2021</td>
<td>Notice of Intent</td>
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<td>March 1, 2021</td>
<td>Release of RFR</td>
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<td>March 11, 2021</td>
<td>Bidders’ Conference</td>
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<td>March 15, 2021</td>
<td>Letter of Intent (optional)</td>
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<td>March 25, 2021</td>
<td>Deadline for submission of questions</td>
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<td>April 1, 2021</td>
<td>Deadline for submission of applications</td>
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<td>April 14, 2021</td>
<td>Deadline for Forms that require ink signatures</td>
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<td>May 1, 2021</td>
<td>Anticipated Contract Start Date</td>
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Information on CommBuys

- RFR Documents
- Questions and Answers

Cross-Jurisdictional Sharing Models in Massachusetts
SHARING GRANTS

MICHAEL R. HUGO, J.D., GOVERNMENT AFFAIRS LIAISON

MASSACHUSETTS ASSOCIATION OF HEALTH BOARDS
MARTHA’S VINEYARD: FIERCELY INDEPENDENT

THEY SAID IT COULDN'T BE DONE
SO I DONE IT

makeameme.org
DUKES COUNTY: A Tale Of Six Towns

- Six Towns – 17,000 residents (Including Gosnold’s 75!)
- Boards of Health
  - Six boards, six directors, 18 board of health members
    - Staffing issues: Lack of sufficient environmental inspectors
      - 2.5 FTE
    - Lack of FT PH Nurse
    - Lack of Community Health Worker
      - Extraordinary SUD issues, housing, food insecurity,
    - Extremely high Lyme Disease rates
      - Massive Deer Population
INITIAL HURDLES

- Regular communication between Directors
  - While cordial, somewhat constrained in cross-jurisdictional sharing
  - VERY Overworked, understaffed and political heat
- Strength of building trades and hospitality industry
  - BOH Members include large scale contractors and hospitality providers
- Provincialism, no one size fits all
- Stigma
- Redirection of the effort was needed
CONSENSUS REACHED – DEER TICK/LYME DISEASE

- Incredibly large deer herd
- Prevalence of Lyme Disease
  - Bad for the tourist industry
  - Off-islanders return home sick, word spreads
  - Tularemia
    - The only 2 outbreaks ever in the US were both on MVI

MY WAY

YOUR WAY
SAPHE GRANT #1: DEER POPULATION
SECOND SHARING GRANT: Expansion Of Services And Increasing Intermunicipal Resources – Add Nantucket

- Environmental Health
  - Add shared Environmental Health Agent to be shared with MVI/Nantucket
    - Non-replaceable, as shared by 2 counties
- Community Health “+”
  - Add Hybrid Health Agent
    - Primarily community health, with environmental capacity for high season
- Hire biologist studied in SAPHE Grant #1
  - For both islands to share
    - Deer/tick/mosquito control
    - Cyanobacteria issues which rose in prominence in study for SAPHE #1
METROWEST PROJECT:

Addressing Inequities While Increasing Foundational P.H. Services
SCOPE OF WORK TO BE PERFORMED

- Community Health
  - Food insecurity
  - Epidemiology
  - Youth & aging issues
  - Behavioral Health (Mental health & substance use)
- Fill gaps in **key core areas:**
  - Support w/Environmental Health Inspections
  - PH Nursing: immunizations, communicable disease investigations
- PH workforce development, internships
- Accreditation and Communications
FUNDING & SCOPE

- Likely to exceed $300,000
  - DPH Shared Services Grant
  - Anchor healthcare institutions
  - Local Philanthropy (MWHCF)

- Interested community:
  - Framingham, Hopkinton, Hudson, Milford, Natick, Sudbury
  - Possibly: Holliston & Ashland
North Suffolk

- Existing shared service arrangement: North Suffolk Public Health Collaborative
- Assisting with meeting LHD goals and providing support as needed related to service delivery
- Providing framework for community health initiatives aligned with collaborative CHNA/CHIP (with community and hospitals)

PHE Shared Service Concept

Shared Regional Epidemiologist

Combined population: 110,000+

Purpose: Pandemic highlighted need for more data driven decision making, surveillance and evaluation.

Note: Currently planning role through CJS grant
North of Boston example

- Existing shared service arrangement: Limited, emerged from pandemic response related to nursing
- Assisting with meeting LHD goals related to case investigation and contact tracing
- Have previous working relationship through other coalition efforts (e.g., response to substance use disorders)

PHE Shared Service Concept

Shared Nurse, Inspector, Clerk and Grant Coordinator

Combined population: ~25,000

Purpose: Meet surge capacities and seasonal needs, meet administrative needs, and management of public health funding

Currently engaged in coordinated response to pandemic
South of Boston example

- Existing shared service arrangement: No formal sharing at present.
- Assisting with meeting LHD goals and providing support as needed related to service delivery
- Have previous working relationship through other shared municipal efforts (e.g., school district) and use similar on-demand/contracted services

PHE Shared Service Concept

Shared Nurse, Inspector, and Emergency Preparedness support

Combined population: ~56,000

Purpose: Expand staffing across the municipalities and allow each town to meet the statutory requirements and credentialing standards
Rural Regional Health District Model: The Franklin County Cooperative Public Health Service
CPHS Health District Overview

- Staff: 2 FT Health Agents and 1.5 Public Health Nurses (with a lot more right now!)
- Allows for both full and incremental membership
- Created by Chapter 40(4)a Inter-municipal agreement
- Host Agency Model -- hosted by Franklin Regional Council of Governments, a regional planning agency. Pays benefits, OPEB, etc.
- Integration: Online permitting for all public health permits, one shared fee schedule, food inspections done on tablets and data stored in a database.
- Governance: Oversight Board with 1 rep, 1 alternate from member towns meets monthly, oversees budget, fees, policy, grant applications.
The CPHS has four public health programs towns can join:

- Community Sanitation
- Food Safety
- Title 5 and Private Well Safety
- Public Health Nursing

Comprehensive Member Population: 12,630 -- 11 towns

Nursing-Only Population: 11,821-- 4 towns

PHE Grant Concepts:

- Health Director/Housing Inspector
- Nurse to focus on vaccine program and communicable disease management, Age-Friendly community planning
- Inspection Software
Breakout Room Discussion of Ideas and Questions

Choose your room by community size
Appoint a scribe/reporter
Discuss for 15 mins
Come back to share out