

# DPH CAPACITY ASSESSMENT RECAP AND NEXT STEPS

What did the 3/23/23 report say about what we need to focus on as a group of 15 towns?

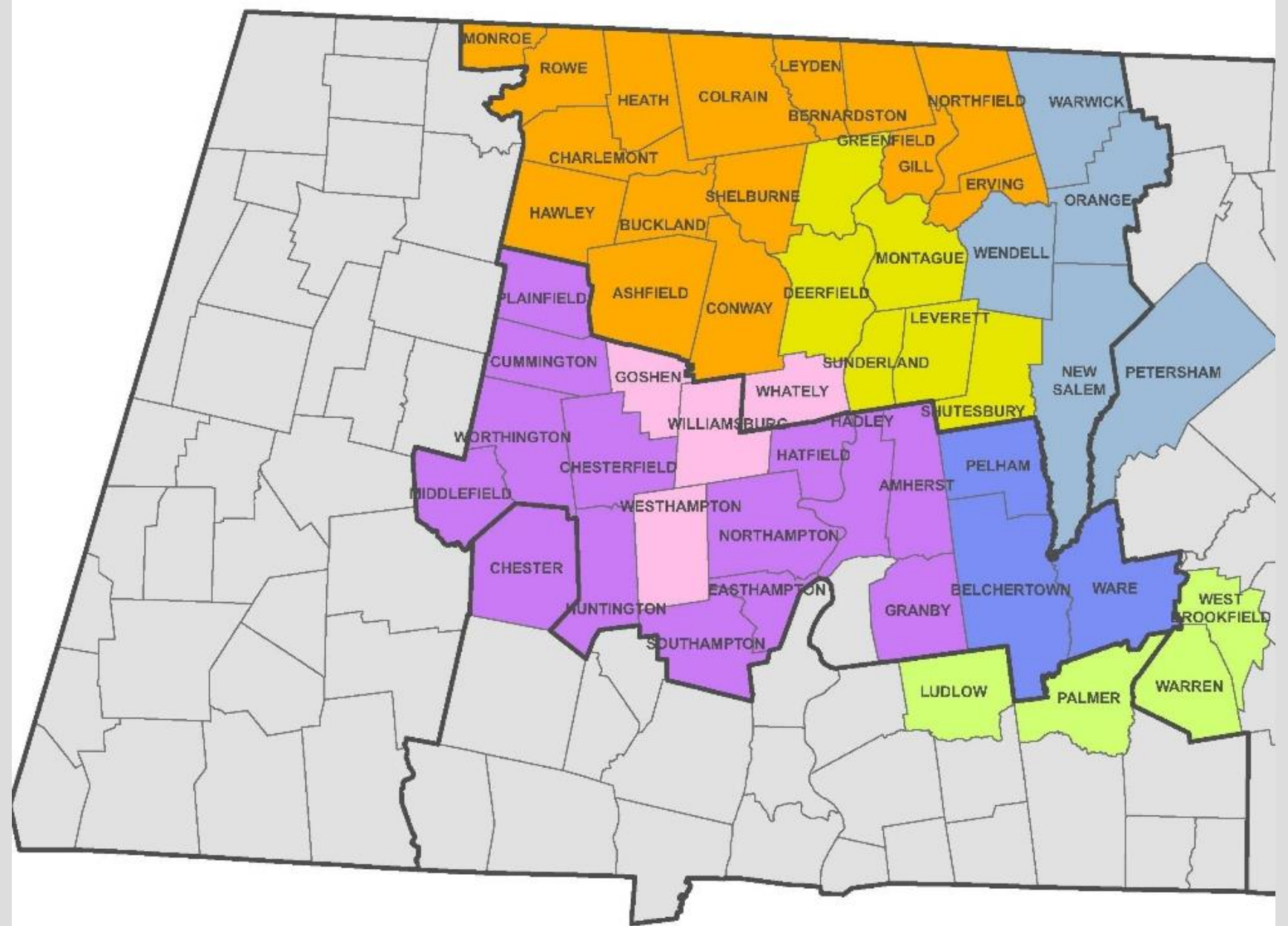
# WHAT IS THE DPH CAPACITY ASSESSMENT AND WHY IS IT HAPPENING?









- Massachusetts is in the middle of transforming our local public health system from one designed for the 19<sup>th</sup> century to a modern one.
- A 19-member Special Commission on Local and Public Health met for three years and issued a Blueprint for Public Health Excellence that recommended modernizing the system through having performance standards, workforce credentialing, data collection and service sharing.
- Advocates fought to get \$200million in ARPA dollars to implement the recommendations.
- Our 15 towns received a Public Health Excellence (PHE) Grant from this funding.
- PHE grants are a big part of how the transformation is happening.
  - They set standards for workforce training
  - They have established performance standards
  - They fund sharing of staff
- Today's report is an assessment of how well set up we are to do the work that is required of us. It is NOT an assessment of our performance as a group of towns and a group of public health staff, it is a chance to figure out where we might want to work together better or differently to get ready to meet the performance standards.

NOTE: There are limitations to this data – it was based on a survey we all took as well as documents that in some cases were not available (like inspections requested from before we served that town, and the MAVEN data was based on filling out the entire online form, not on how quickly we reached out to people with COVID – which was our priority). It also was based on the current staffing at the time.

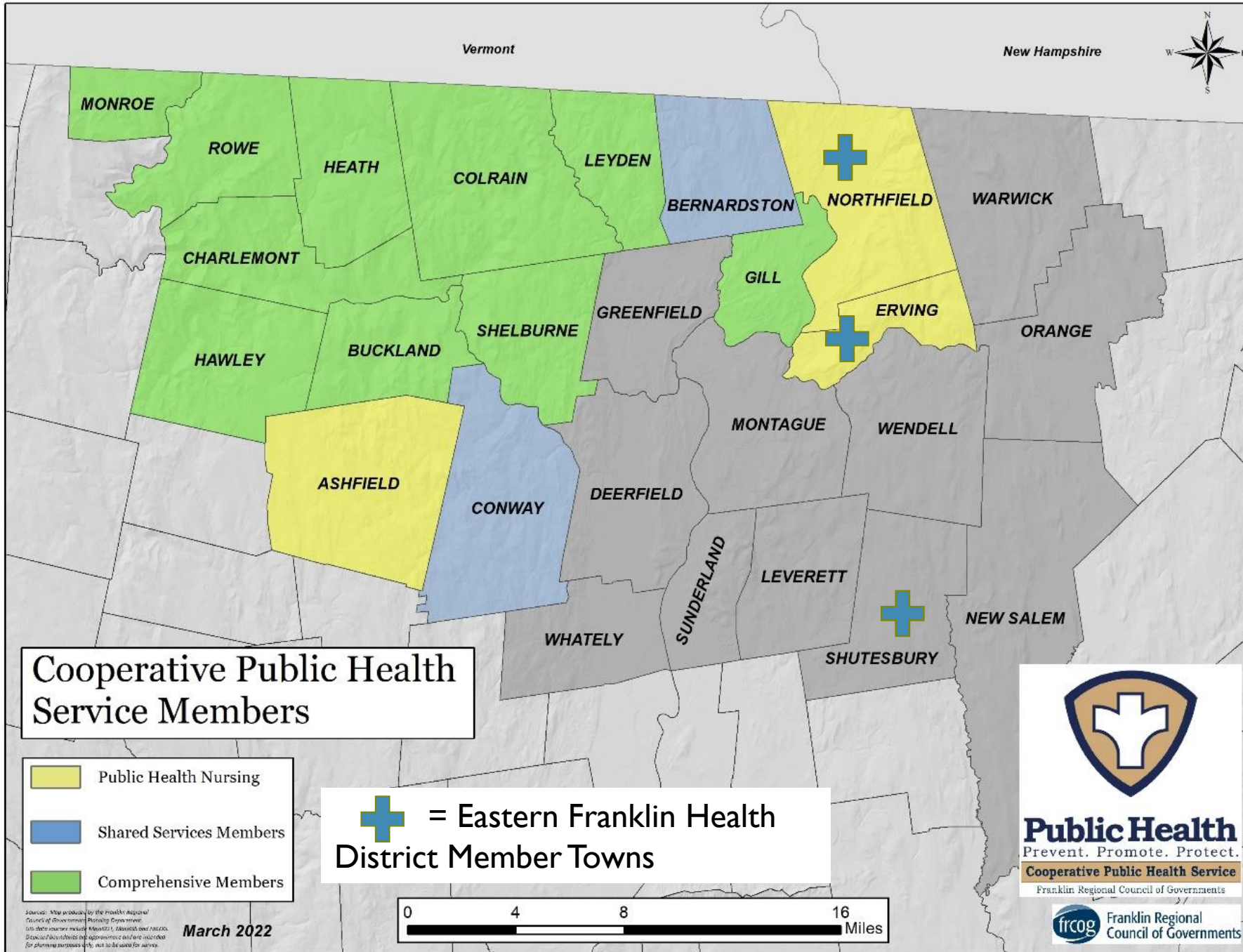
**WHO ELSE IS  
DOING THIS  
WORK?**

**PUBLIC HEALTH  
EXCELLENCE  
COLLABORATIVES  
AKA SHARED  
SERVICES  
ARRANGEMENTS  
(SSAS)  
IN FRANKLIN AND  
HAMPSHIRE  
COUNTY**



- |   |   |   |
|---|---|---|
|  Northampton PHE Grant     |  Cooperative Public Health Service         |  Mill Town Public Health Collaborative |
|  Foothills Health District |  Valley Health Collaborative               |  County Boundary                       |
|  Quabbin Health District   |  North Quabbin Public Health Collaborative |   |

Sources: Map produced by the Franklin & Hampshire Council of Governments Planning Department. GIS data sources include MassDOT, Mas Depicted boundaries are approximate and for planning purposes only, not to be used.



OUR “SSA” –  
THE  
COOPERATIVE  
PUBLIC HEALTH  
SERVICE AND  
EASTERN  
FRANKLIN  
HEALTH  
DISTRICTS



Randy Crochier, Kurt Schellenberg, CPHS Health Agents

Dave Powers, Bernardston BOH, Septic and Private Wells, Bernardston

Dave Balk and Kathie Bridges, Northfield BOH, Title 5 Agents for Northfield

Lisa White, Meg Ryan and Maureen O'Reilly – serve all 15 towns

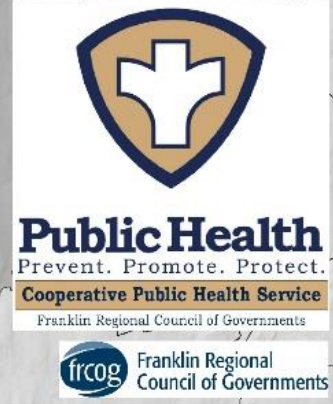
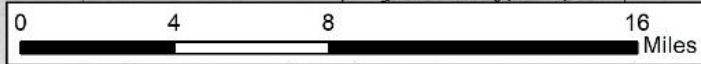
Claudia Sarti, Eastern Franklin Health District Health Agent

Claudia Sarti, Community Sanitation and Food, Ashfield

Carl Nelke, Septic and Private Wells, Ashfield & Conway

Cooperative Public Health Service Members

- Public Health Nursing
- Shared Services Members
- Comprehensive Members



# PUBLIC HEALTH STAFF IN THE COOPERATIVE PUBLIC HEALTH SERVICE DISTRICT TOWNS

## THIS MEANS THE SURVEY WAS ANSWERED IN MULTIPLE WAYS:

1. Phase Two, the Workforce Assessment Survey, was answered by all of us (BOH members and paid staff).

2. Phase One and Three were answered by:

- Lisa White for all 15 towns for the Communicable Disease section
- Randy Crochier for Buckland, Charlemont, Colrain, Gill, Hawley, Heath, Leyden, Monroe, Rowe, and Shelburne.
- Claudia Sarti for the Eastern Franklin Health District towns (including information for Northfield Board of Health Members who serve as Title 5 Agents, David Balk and Kathie Bridges)
- Carl Nelke for Conway and Ashfield for Septic and Wells, Randy for Administration, Food and Community Sanitation
- Dave Powers for Bernardston for Septic and Wells, Randy for Administration, Food and Community Sanitation
- Claudia Sarti for Ashfield for Administration, Community Sanitation and Food

## CAPACITY CHALLENGES IDENTIFIED IN THE DPH CAPACITY ASSESSMENT REPORT

Many of the agents in the 15 towns are using different forms and documentation, and some of them do not meet the state standard.

The state wants a change in how we document MAVEN cases.

There is a need for training and certifications among the agents and board members acting as agents.

There is a need for more BOH member training.

## DPH REPORT RECOMMENDATIONS FOR OUR 15 TOWNS

1. Improve paperwork/documentation and Improve administrative capacity
2. Get more training – agents
3. Get more training – BOH members
4. Improve our tobacco control work across the 15 towns
5. Consider doing more service-sharing within the 15 towns to increase consistency and efficiency, especially in food, housing, and Title 5.
6. Increase staffing for Communicable Disease work.



# DIGGING INTO THE RECOMMENDATIONS

# IMPROVE OUR TOBACCO CONTROL WORK

- DPH recommendation is to join the Pioneer Valley Tobacco Control Coalition in order to meet the standards (of having up to date regulations, conducting compliance checks, issuing fines, etc.)
- Towns that DO have tobacco sales and are NOT members of the Pioneer Valley Tobacco Coalition, which provides help with updating local regulations and conducts compliance checks:
  - Ashfield
  - Bernardston
  - Colrain
  - Conway
  - Erving
  - Northfield

Note: There is no currently open state funding to do this work, but we have reached out to find out if we can get help joining the existing local collaborative, hosted by South Hadley. We **could** upgrade all of our local regulations with the support of state-funded programs, but might need to fund compliance checks out of our own budget.

## IMPROVE PAPERWORK AND DOCUMENTATION

- DPH recommendation is to investigate why documentation was not accurate – are staffing, training, or software needed?
- All agents and BOH members working as agents will need to participate in the state’s mandatory classroom and field trainings provided through DPH, LPHI, and Field Training Hub. This will include training on proper documentation.
- Any towns not using software for inspections could consider making the transition. CPHS uses WinWam for Food, Housing, Camps, and more.
- Any towns not using permitting software could consider making the transition. CPHS uses Full Circle Technology’s Permit Eyes.

## IMPROVE ADMINISTRATIVE CAPACITY (RELATED TO BACKUP DOCUMENTATION)

- DPH recommendation here is the same as the documentation one.
- Steps to address our need for better administrative capacity could include:
  - Create a Clerk role at CPHS
  - Create a shared Clerk role for Eastern Franklin Health District (would require some shared agreement on forms and fees and policies between the three towns)
  - Ensure that all BOH Clerks and district Clerks take Local Public Health Institute's Clerk Training online and participate in Field Training Hub Clerk trainings.

# BOH MEMBER TRAINING

- DPH recommendation: BOH members all need Foundations course, ICS/NIMS.
- All BOHs are required to have at least one member attend the DPH Racial Justice Training, with preference for it to be all members. Still need to complete as of 4/3/23: Bernardston, Colrain, Erving, Northfield, Monroe, Shelburne, Erving. DPH has more times to sign up for the racial justice training in coming months.
- All BOH Members have access to the online Foundations of Local Public Health training through the LPHI. This training is mandatory for all BOH members. We do not have data on who has taken it – if you have, please send that info to Phoebe.
- All BOH Members have access to an online ICS/NIMS training that is also required. We do not have data on who has taken it – if you have, please send that info to Phoebe.
- Additional optional trainings that help explain the codes, inspections, and make it easier to oversee the work of the Agents and Nurses are also available on LPHI website.



# AGENT TRAINING

- DPH recommendation was to fill the gaps in training identified among the health agents and BOH members who act as health agents.
- All staff are required to take the DPH racial justice training being offered this spring. Completed so far: Maureen, Meg, Randy, Kurt, Phoebe. Still needed: Claudia, Carl, Dave Powers, David Balk, Kathie Bridges
- Over the next few years, all agents and BOH members working as agents will need to participate in the state's mandatory classroom and field trainings provided through DPH, LPHI, and Field Training Hub. Agents who only work in one area only need to take that training.

This will include:

- Title 5 Training
- Food Inspection Training
- Summer Camp Inspection Training
- Housing Inspection Training
- And more!

# AGENT TRAINING & CERTIFICATIONS, CONT'D.

- Summary of needed trainings
  - Soil Evaluator: CPHS Comprehensive Towns, Erving, and Bernardston need a Soil Evaluator on staff: CPHS and Erving will be done by the end of Spring 2023, when Kurt, Randy, and Claudia finish the training. Northfield's two BOH member/agents have this certification.
  - Lead Determinator – Kurt needs the field training (DPH has not made it available). Randy has it, Claudia needs to renew her license. They are the three that do housing inspections.
  - Septic System Inspector – All towns covered by agents with this credential.
  - Certified Pool Operator: Kurt, Randy have this, Claudia does not yet. This means Erving, Northfield, Ashfield need coverage for this (if there are pools).
  - Additional Community Sanitation trainings on the LPHI website: all agents need some of them. They can be done in the coming year. These cover a wide range of issues like body art, tanning, nuisances, tobacco control, etc.
  - Racial Justice training. Still need to complete as of 4/3/23 – still gathering data
  - ICS/NIMS – still gathering data
  - Registered Sanitarian – none of the health agents have this certification, which is required within 6 years of hire. A waiver is available for people who have been working for the same town for 7 years. Randy will apply for the waiver, Kurt will sit for the RS exam later this year, Claudia is interested in sitting for the exam later as well.

## INCREASING SHARED SERVICES

- DPH recommendation is to consider how we can share public health work more within the fifteen towns. Some ideas:
  - If there is interest we could explore what that might look like by checking in with all the agents about their interest in serving more towns or doing more work in the towns they work in.
  - If there are some towns missing a specific credential, in some cases it may be more efficient to use someone else who has it already rather than spend the time and money to get it for everyone.
  - Nursing and community health education/epidemiology are already totally integrated.
  - We could also explore sharing inspection and permitting software across more towns.

# COMMUNICABLE DISEASE WORK

- DPH Report found that the MAVEN forms were not all completed within the required time (varies by disease). DPH recommendation was to increase infectious disease staffing.
- We met with DPH Bureau of Infectious Disease and Laboratory Sciences about the MAVEN protocol to learn how they measured our performance and how we should change our disease protocols moving forward. We learned some things:
  - We were graded on how long it took us to acknowledge infectious disease cases and fully complete the case report forms online in the 15 towns in 2019 and 2021 (note that we did not serve all 5 in 2019, and Lisa was our only nurse and was part time until November 2019).
  - COVID response was NOT included in the analysis.
  - DPH wants even non-urgent cases like Lyme and Influenza to be rapidly acknowledged and moved along the “work flow” – this will be easy to do moving forward with the staff we have.
- Nursing and Epi staff have all the required trainings.
- We currently do not recommend any change in the nursing/epidemiology program

# NEXT STEPS

- Talk with Eastern Franklin Health District about any priorities for sharing
- Consider the priority for each possible recommendation based on feasibility and need... and identify the high priority ones.
- Identify the cost of that work.
- Include in work plan and budget due in May.