



## South Shore 5 Public Health Alliance

<b>Date:</b> October 7th
<b>Time:</b> 10am - 11am
<b>Meeting Location:</b> Town of Rockland Board of Health 242 Union St, Rockland, MA 02370 H. Bernard Monahan Memorial Meeting Room

### **Voting members in attendance:**

Kim Dixon, Director of Public Health/Health Agent, Hanover  
Nick Corcoran, Assistant Director, Marshfield  
Ben Margro, Health Agent, Norwell (arrived late)  
Lisa Cullity, Health Agent, Pembroke  
Delshaune Flipp, Health Agent, Rockland

### **Non-voting members in attendance:**

Haleigh Schultz, Shared Services Coordinator, BME Strategies  
Cynthia Baker, Coalition Management & Building Practice Lead, BME Strategies  
Derek Vozzella, Executive Administrative Assistant, Hanover  
Bethany Griles, Program Coordinator, Office of Local & Regional Health  
Keri Ball, Regional Public Health Nurse, SS5  
Lorena Rocha, Regional Social Worker, SS5

### **Non-member attendees:**

Maureen Jasie, Pembroke

### **A. Opening**

4/5 voting communities present, quorum was met.  
Haleigh called the meeting to order at 10:06 AM.

### **Motion to start the meeting**

Delshaune Flipp motioned to start the meeting, Lisa Cullity seconded the motion.

### **Roll Call Vote**

Hanover: Y  
Marshfield: Y



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Norwell: Absent

Pembroke: Y

Rockland: Y

***Motion approved.***

### **B. Approval of Past Meeting Minutes**

- a. The group confirmed their review of the September 9th and September 23rd meeting minutes. No requests for changes were presented.

### **Motion to approve outstanding meeting minutes**

Delshaune Flipp motioned to approve the September 9th and September 23rd meeting minutes, Lisa Cullity seconded.

### **Roll Call Vote**

Hanover: Y

Marshfield: Y

Norwell: Y

Pembroke: Y

Rockland: Y

***Motion approved.***

### **C. Announcements & Reminders**

- a. Attend or Testify at SAPHE 2.0 Virtual Public Hearings
  - i. Join OLRH for the third and final SAPHE 2.0 public hearing. The Department of Health is seeking input from partners to identify ways to improve the efficiency and effectiveness of local public health (LPH) service delivery. Hearings will be held on Zoom:
    1. October 8th, 6pm - 7:30pm
  - ii. If towns you're unable to attend, or if you feel more comfortable having BME share out on your behalf, Haleigh and Cynthia are more than happy to discuss options with you. This is the last opportunity for LPH feedback and ideas to be shared in a formal space.
  - iii. Open discussion:
    1. Kim noted that the training requirements are Hanover's biggest concern.
    2. Ben agreed with Kim. Training availability is getting worse, and municipalities don't have the financial flexibility to compensate.



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3. Cynthia noted that tomorrow's SAPHE 2.0 Public Hearing is an opportunity to speak directly to the Commissioner. DPH is responsible for implementation, but they don't have full control of the decision-making.
4. Lisa noted that similar conversations were had on the Cape 12 years ago. LPH walked through the same arguments and concerns. The PHE grant has been the greatest improvement in that time, but the other concerns remain. She noted that hiring and backfilling positions, needing to use personal time, and different expectations and requirements for Health Agents across different towns exacerbate the problems.
5. Lisa also noted the funding changes. Towns budgeted according to the state's promise for investment and support, which has now been rolled back. Towns aren't able to provide thousands of dollars to reconcile that difference.
6. The other towns echoed the differences across Health Agent positions. Depending on the town, its systems, and the requirements, Health Agents may do completely different things. Even within South Shore 5, those who deal with specific environmental and Title 5 challenges have different day-to-day work than those who don't. The frustration comes from every Health Agent having to meet the same Workforce Standards.
7. Ben argued that town overrides continue to present challenges. Norwell is extremely limited in capacity, funding, and flexibility within the Health Department and beyond. It's hard enough to meet required standards and provide basic services.
8. Lisa and Ben called out the nuances and restrictions within PHE spending, which prevent investment if a service or position is already included in a municipal budget. For towns who do provide those services, but still can't meet demand, there is no option for additional support without supplanting.
9. Lisa called out the lack of recognition in public health, especially following the pandemic. While other departments received recognition, compensation, and benefits, Health Departments and folks working in public health were excluded, despite work continuing throughout the pandemic. The other towns agreed, noting that they all continue to work out of a desire to protect the community and honor the mission statement of the towns and the coalition.
10. The towns argued that although the goals of SAPHE 2.0 are admirable, the lack of funding and support prevents attracting the best and brightest



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in the industry. On top of low salaries, it's impossible to find anyone who meets the minimum training and credentialing requirements.

11. Delshaune highlighted the fact that the Rockland Board of Health has appointing authority, rather than the town itself. Folks can be appointed regardless of qualifications, which might put them at risk of not meeting the Workforce Standards.
12. Lisa agreed with the challenge of working in tandem with a Board, especially if and when the Board controls the narrative around public health. Without collaboration and agreement, furthering public health efforts can be incredibly challenging for each town. The Boards aren't familiar with the requirements of SAPHE 2.0.
  - a. Lisa asked who will be responsible for ensuring standards and reporting are met - the Board, or DPH? What happens if there isn't funding to support those efforts?
13. Bethany noted that SAPHE 2.0 is contingent on having the appropriate funding. The requirements can't be met unless the funding availability supports them, which is explicitly written out in the mandate. Depending on the structure of each town, DPH can offer support and interface directly with Town Administration, Boards, or other stakeholders. Right now, only the data solution is directly impacted by the funding changes. Ultimately, Metrik will support providing data directly to LPH, which Health Departments and folks working in public health have lacked in the past.
  - a. All that was just shared is exactly what DPH and OLRH want to hear at tomorrow's SAPHE 2.0 Public Hearing. These one-on-one interactions are important, but so is bringing these concerns up in formal spaces at the state level.
  - b. The Special Commission is reconvening to discuss these priorities. DPH is working on listening and becoming more responsive to feedback. Building the data solution and mapping infrastructure is meant to take the burden off of LPH. What else is a priority?
14. Bethany reiterated that some portions of Metrik will be rolled out in the next few months. It won't be the comprehensive product that the State was hoping for, but it will aim to address LPH priorities. Each town should consider what would be the most helpful, and how the data solution can support you.
15. As for hiring, Bethany recommended leveraging connections with local universities and training programs. A lot of schools don't offer



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coursework and degrees in public health, so it's our responsibility to share out on what public health is and what we do. The State also supports internship opportunities.

16. Lisa brought back the sentiment that PHE is the most supportive program that has existed in the Massachusetts public health sphere to date.
  - a. Ben acknowledged PHE's importance, but noted that the funding and support is not equally divided between towns.
  - b. Bethany noted that in the event of services or positions existing in municipalities, PHE funding can support those town initiatives once local funding runs out. It isn't considered supplanting, so long as it doesn't replace or eliminate existing funding.
17. Lisa argued that getting communities to buy into the idea that one regional position amongst five communities makes sense, even if that person is incredibly well trained, is difficult.
  - a. Ben noted that these positions are not a priority to the towns, no matter how they are framed. The people who make decisions don't always understand the unique challenges that LPH faces.
18. Lisa highlighted the political climate, and the tension that exists in supporting important public health initiatives today. If one person challenges a public health idea or opportunity, it can be impossible to do the work.
  - a. Bethany suggested leveraging outreach and education. Partnership opportunities with local Councils on Aging, community partners, local public health organizations may help manage the narrative, especially when education can be provided in tandem with services. Public health is hard to see, until it's gone. We need to demonstrate the value of public health, while leveraging community pressure. The grant can help support those outreach and communication initiatives.
19. Kim noted that the Board of Health and Health Department is often reflected through other departments. While Fire, Police, etc., are more visible, the Health Department is working in the background. LPH isn't recognized because it isn't always seen.
20. Ben asked whether there has been any discussion around Gateway. It hosts a lot of town programs (such as MAVEN), and there was a rumor that all platforms would be merged to one central hub.
  - a. Bethany hasn't heard anything. It could be happening, but not within OLRH.



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- 21. Lisa recognized how important document digitization has been. Despite cuts and changing priorities, that has been a huge step forward for SS5 health departments. Removing that administrative lift increases capacity across the department.
  - iv. The group paused the discussion to cover the remaining announcements and reminders.
- b. Annual Notification Memorandum
  - i. Like last year, the Annual Notification Memorandum will go out to your communities by October 31st. The Notification provides a summary of each town's commitment to the PHE grant and participation in SS5.
  - ii. Contacts include:
    - 1. Town Manager or Administrator
    - 2. Chief Financial Officer or Town Accountant
    - 3. Select Board Chair or Board of Selectmen Chair
    - 4. Board of Health Chair
  - iii. Almost every town has updated contact information since last year - Haleigh will provide a summary to each town to confirm current information and request outstanding contacts.
    - 1. Each town to confirm contacts with Haleigh by EOW.
- c. RIZE Municipal Matching Grant
  - i. Cynthia introduced the RIZE Municipal Matching grant opportunity. Noting that each town is in a different place with their funding, this is a matching grant, which provides an opportunity to expand on ongoing efforts or support the initiation of efforts and programming around opioid abatement.
    - 1. The grant provides an opportunity for individual towns, or for regional collaboratives, to apply for additional funding and support. Regional collaboratives do not need to be formally formed, so long as there is demonstrated interest and commitment letters.
  - ii. There are some restrictions to the funding. Individual towns can receive up to \$50k in matched funds, while collaboratives can apply for up to \$150k. In some circumstances, the organization will consider funding above the 1:1 match limit.
  - iii. There are two tracks for the grant and application process:
    - 1. Start-up investment for new opioid abatement efforts. This might include:
      - a. Creating an Advisory Board
      - b. Adopting formal decision making processes
      - c. Stakeholder engagement



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- d. Partner outreach
  - e. Staff training
  - f. Strategic planning
  - g. Evaluation plans
- 2. Advanced track for those who are already established and have started spending their abatement funds. Programming might include:
  - a. Scaling existing programs
  - b. Building out more robust community monitoring systems
  - c. Data collection and analysis
  - d. Demonstration of impact
- iv. The grant will be offered again next year, but funding availability beyond FY27 is unclear. All towns should consider! BME is happy to help support the grant application process. All applications are due November 7th.
  - 1. Lisa recommended that all towns reach out to Plymouth County Outreach. They would be an awesome resource and partner for ongoing abatement and harm reduction work. Lisa asked whether SS5 could apply as a group and integrate community partners.
    - a. Cynthia confirmed that this would be an excellent start and opportunity! We can set up a meeting with that group.
    - b. Lorena has experience working with dual diagnoses in Pembroke Hospital. She's happy to help support an application.
    - c. All towns confirmed their interest. Norwell would need a commitment from Town Admin, who currently controls abatement funds. Marshfield will look into their existing partnership with Plymouth County Outreach.
  - 2. Cynthia noted that at the time of application, all that's needed is a vote representing intent to fund the program. If the application is accepted and recommended for reward, the lead municipality (which doesn't have to be Rockland), has 5 business days to obtain Letters of Commitment from each town.
- v. Haleigh and Cynthia will work on setting up an initial meeting with the Plymouth group to better understand what potential partnership might look like.

### **D. Feedback Session with the Office of Local & Regional Health**

*With SS5 Program Coordinator Bethany Griles*

- a. The group provided all feedback and discussion during the announcements and reminders.



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### **E. Adjournment**

- a. Upcoming meeting schedule:
  - i. Tuesday, October 21st
  - ii. Tuesday, November 4th
  - iii. Tuesday, November 18th
- b. Please let Haleigh know if you or your town is unable to attend an upcoming meeting. Some agenda items are group-dependent, so attendance updates will help her plan accordingly. Reach out to Haleigh with any questions or concerns around upcoming meetings.

### **Next Meeting**

The next coalition meeting will be held virtually on Tuesday, October 21st from 10am - 11am.

### **Motion to adjourn meeting**

Delshaune Flipp motioned to adjourn the meeting, Lisa Cullity seconded the motion.

### **Roll Call Vote**

Hanover: Y

Marshfield: Y

Norwell: Y

Pembroke: Y

Rockland: Y

***Motion approved.***

Meeting adjourned at 11:26 AM.