



Serving the Towns of Alford, Great Barrington, Lee, Lenox,  
Monterey, Mount Washington, New Marlborough, Otis,  
Sandisfield, Sheffield, Stockbridge and Tyringham

*"The mission of the Southern Berkshire Public Health Collaborative is to leverage partnerships in order to provide quality public health services that directly improve the health and well-being of the entire community."*

**SBPHC Meeting Minutes  
November 18, 2022 @ 9AM  
Great Barrington Conference Room, 334 Main St., Great Barrington, MA  
w/ Remote Option**

**Present in Person:** Pat Levine, Chair (SHF), Dianne Romeo (LNX), Brandi Page (OTS), Ellie Lovejoy (MTW), Jordan Chretien (NMB), Jim Wilusz (LEE), Jayne Smith (ALF), Rebecca Jurczyk (GTB), Jill Sweet (PHN)

**Present Remotely:** Steven Rubenstein (SNDS), Michael Hugo (MAHB)

**1. Administrative Items**

- a. **Review and Approve Sept 16, 2022 Minutes:** Motion to approve minutes as presented made by Dianne Romeo and seconded by Ellie Lovejoy. Motion passed 7-0. (Rebecca Jurczyk not yet present)

**2. Public Health Nursing Update**

**Quarterly Reports:** Jill reviewed the quarterly report and clarified that the Lee and Lenox TB case did not actually meet the definition of a case and so while it is included in the report, it was later clarified that they were not eligible cases. SBPHC has finished its schedule of clinics as of the previous night. Jill presented the numbers so far as 134 state supplied flu (for 18 and under + uninsured), 376 high dose flu (plus 14 "senior" dose flu from BPHA), 860 normal dose flu and 1216 COVID Pfizer Bivalent booster. Jill noted that a total of 2600 doses combined had been administered so far. Jill continues to collaborate with community partners to identify people who are homebound. So far, we have served 30 homebound individuals. We are currently planning a 5-11 COVID booster clinic at W.E.B. Dubois Middle School and will keep everyone updated on the date and time of that clinic.

Jill clarified that the state-supplied vaccine numbers administered were lower this year than they will be in future years because we are a new vaccine provider and this was our first year. High dose for 65+ was in high demand this year. There was a discussion on why primary care providers aren't pushing high-dose vaccine for seniors despite the public wanting it. Jayne mentioned the logistics of carrying multiple types of vaccines may be a deterrent to offices providing it despite it being CDC recommended for everyone 65+.

Jill stated that conducting all the clinics was a lot of work. The per-diem nurses, BOH volunteers and MRC volunteers were a huge help for this clinic effort. Ellie wondered whether the MRC volunteers are trained. Jayne confirmed that they have some training, although some of our workflows are different and we may do SBPHC-specific training next year before the clinics.

**Car Seat Program:** Jill reported that interest in the car seat program has increased.

**Flu:** The incidence of flu numbers is starting to pick up and Jill reported the numbers for some of the towns.

**Foodborne Illness:** We have had a few foodborne illness incidences this fall. Jill has followed up with the patient and notified the inspector from the town and ask that they conduct food inspection.

**Staffing:** In the process of hiring the second public health nurse.

### 3. Opioid Updates

Jayne checked in with the group to see if it was OK that the SBPHC members were included in the SCOWG emails and the collaborative members confirmed it was fine.

- a. **Overdose Settlement Subcommittee:** The SCOWG has discussed that they would like to ask towns to distribute their Opioid Settlement Funds to the Recovery Center, regardless of whether the Towns pool their funds with other towns or distribute the funds directly to the Recovery Center. There needs to be a process to ask select boards to make the decision on where the Opioid Settlement funds will be sent starting soon. Jayne will get more clarification on what the process must be for towns to appropriate their funds, including whether it needs to go to a town meeting. Reporting will be minimal since the amounts from each town are so low.

It would be helpful to have the Opioid Settlement Subcommittee finish the draft of the ask letter for select boards that could then be changed as a letter of support to the Recovery Center.

- b. **Public Overdose Emergency Kits:** Northampton is willing to provide the South County Opioid Working Group with ten (10) Opioid Rescue Kits as soon as the sites are solidified, including a plan for logistical details (monitoring/refilling) which would then be submitted to Northampton. Jayne is hoping to get a list of 20 sites, both in population centers and more remote areas, for these rescue kits. The Recovery Center and Harm Reduction are willing to give trainings and ensure a stock of naloxone for the designated kit sites, as well as any other locations in South County.
- c. **Prescription Disposal Logistics:** The Community EcoPower plant, which was the prescription drug disposal location for Berkshire County police departments, has closed meaning police departments have lost their disposal site. The SCOWG and GB BOH are working with the Great Barrington Police Department to find an alternate disposal location, such as Covanta or others out of state. Rebecca emphasized that it needs to be easy for the residents and the police. It was noted that mail-back envelopes and encouraging pharmacies to take back medications are also measures to reduce the pressure on police departments.

Rebecca did speak to Advowaste and their largest container may be appropriate for smaller towns, but it is cost-prohibitive for sites like Great Barrington that collect a large volume of prescriptions.

Jim mentioned that long-term we may want to look at SBPHC supporting a regional model of collecting and transporting/disposing of prescription drugs to take the burden of disposal off the

police departments. We also need to discuss with our delegation that now that incinerators are phasing out, there needs to be a plan to dispose of prescription drugs. Past conversations with pharmacies to take back their prescriptions have had mixed results, but it would be worth revisiting the issue with pharmacies to see if they are willing to be part of the solution.

We could also reach out to Fairview to see if they would be willing to distribute public benefit dollars towards this effort. Jayne and Rebecca agreed it would be good for them to meet brainstorm on this issue.

- d. **Sharps Containers:** The sharps kiosks have been shipped and Berkshire Harm Reduction is willing to provide our initial supply of containers. Next steps will be to get more sharps containers, develop educational material, finalize vendor contracts, and roll out the program to the public. The earliest the sharps container program can be rolled out will be January and will include Tri-town, Rural Recovery Center, Alford Transfer Station, in addition to the existing containers in Sheffield, Egremont, the Harm Reduction offices, and the mobile van unit.

#### 4. Topics for Discussion

- a. **DPH Capacity Assessment Update:** Most of the SBPHC towns are close to being done with the final phase of the capacity assessment. There are resources that are being made available for towns that have not submitted the assessment, including additional ways to submit materials as well as help scanning and uploading. The process of determining the needs for a PHE group will happen once all the towns finish their assessment, so it is important all the SBPHC get complete their assessments as soon as possible. Jayne offered to help any help collaborative towns that are struggling to get their Phase 3 Assessment submitted. Jim will provide the tobacco information quickly once a town requests it. One of the things that came out of this is that towns are struggling with records management, which hopefully will be able to be addressed with increased resources over time. It was emphasized that this is not an evaluation but rather a capacity assessment.

Mike Hugo reported that they DPH has crunched the first two rounds of the assessment and the team is moving very quickly to process the results.

- b. **Sustainability Subcommittee:** Jim suggested that a small subcommittee form to discuss sustainability. Pat mentioned that she would like to start seeing a quarterly report on the budget. Jim said that he does a quarterly report for the PHE grant and can send that out to the SBPHC group. Jim proposed to the collaborative to use the town appropriations to purchase vaccine and supplies, since that is a core function, and then use the vaccine administration funds to fund special regional programs (prescription disposal, online permitting, etc.) or to provide additional needed staff not covered in the anticipated Capacity dollars. All monies that have come in from the towns and reimbursement currently and will continue to go into a special revenue fund to be used for SBPHC benefit. Jim asked who would like to be part of the sustainability discussion. Some volunteers include Ellie, Rebecca, and perhaps Jordan may be interested if Scott is ok with it.
- c. **Staff/BOH appreciation get together:** Jim shared that there was going to be a small get together at Moe's next week to show appreciation to board members and staff for the past year and everyone was welcome.

- d. **Volunteer recognition:** Jim will look into seeing if we can do a volunteer appreciation to everyone who helped with the clinic.

## 5. Community Partner Updates:

- **Housing code:** Jayne mentioned that the new housing code will allow the BOH to waive some of the current requirements for alternative housing and that we may want to support dialogue with town government in each of the towns so everyone understands the implications of when a BOH is asked to waive requirements proposed alternative housing. Rebecca clarified that the option for alternative housing is only open to owner-occupied properties. There has been discussion with BPHA, under their role as a training hub, for a series of trainings to help flush out roles and bring awareness of the new housing code. This is particularly important because of the lack of affordable housing and increased prevalence of homelessness in our region. Jayne encouraged everyone to attend the upcoming housing training.
- **Emergency Statute for Homeless Shelters:** Mike Hugo shared that he has recently heard that DHCD has filed an emergency statute that exempts all homeless shelter from the sanitary code and restricts the BOH ability to implement requirements beyond the sanitary code. There is also a proposal to use hotels/motels for use for homelessness and there is some thought that it may be expanded to housing authority as well. This may be a preamble to help address the issue for migrant resettlements from Boston, which may happen in Berkshire County in the future. There is going to be a discussion at the Coalition for Public Health to get more information, including trying to see what bill was referenced to get these changes passed.
- **Stipends for Seasonal Workers:** Pat shared that VIM was included in a large PASA agricultural grant to provide \$600 unrestricted stipends directly to seasonal and regular farm workers. It was unclear whether seasonal workers harvesting cannabis would be eligible. Pat asked that we let her know of any organizations that may have seasonal or regular farmworkers. There will be advertising once the grant rules have been established. Rebecca mentioned to Pat to let GB know when they are ready to advertise so the GB public relations person can help get the word out.

## 6. Parking Lot

- Review Draft Articles of Organization (No discussion or action)

## 7. Citizen Speak Time

## 8. Upcoming Events

- a. [CLPH The Housing Code Training](#), November 29, 2022 from 10am-11am
- b. BCBOHA Fall Dinner, December 8, 2022: Guest Speaker on PFAS
- c. MHOA Quarterly Meeting, December 15, 2022: Health Inspection Skills Lab

## 9. Next Meeting Date: December 9, 2022: In-person with remote option

## 10. Adjourn Meeting: Ellie Lovejoy made a motion to adjourn. Motion was seconded by Dianne Romeo. Motion passed unanimously and meeting adjourned at 10:17am