



Town of Montague
Department, Board, Committee, Commission
BUDGET NARRATIVE

FY 19

Please complete this form electronically in its entirety!

Department: Board of Health Submitted by: Gina McNeely

Please describe and provide the rationale for any substantial changes in your FY19 line item budget submission.

(\$ -4,500)

After many years (since 2008) of struggling with a severely truncated nursing budget, after training and losing three registered nurses because five hours a week is simply not worth their while, and most important, having entered into an indefinite contract with the Greenfield Health Department in February of 2017 for their nurse, Cheryl Volpe, RN, BSN, to handle Montague's communicable disease state mandate via MAVEN (Massachusetts Virtual Epidemiological Network) the Montague Board of Health is surrendering to the wishes of the town not to fund a nurse in any meaningful way. It is and has been the town's choice not to offer nursing services to the elderly and most vulnerable in our community. Until the town chooses to fund a nurse budget that tenable and benefits the town I will cease begging every year for something the town does not want.

This is not to say that should town meeting at some point decide to fund a nurse, approving a budget that is commensurate with the sorely needed resources a public health nurse provides; that the Board of Health would not happily oversee the position and commence to improve the health of the populous of Montague, especially our elders and at risk demographic, **we would**. However, the reality is that Montague has made the decision not to fund a nurse to provide services to our most vulnerable residents and without funding no real strides can be made.

Did you receive funding for any special articles in FY18? What is the status of those expenditures/investments?

N/A

To-date in FY18, has your department experienced any notable successes, such as improving or providing new programs or services, or implementing new technologies? If so, please describe.

Yes! Thanks to the town, since December 8, 2014, we have had a funded 20 then 25 hour per week health inspector. Our food inspections are up to date, nuisance complaints are handled readily, court cases are filed in a timely manner and the overall look of Montague has improved. This is due to swift action on illegal dumping, housing complaints, trash complaints and numerous other complaints received annually at the Board of Health.

The Board of Health continues to have great success with its "Abandoned Housing Initiative" (a.k.a. Receivership). This program is fully funded by the Office of the Attorney General and at no cost to the town we have received hundreds of attorney hours free of charge.

- 132 L Street abandoned and vacant for at least 18 years now houses 8 families and the building is back on the tax rolls. *(Completed)*
- 110 L Street abandoned and vacant for at least 18 years now house 9 families and the building is back on the tax

rolls. *(Completed)*

- 18 Central Street a two family home that had fallen into disrepair when its owner became sick and died. *(Completed)*
- 16 Morris Avenue single family home, owner deceased no interested heirs, house was bringing property value down in neighborhood. *(In progress)*
- 3 Norman Circle single family *(serious hoarding situation)* home abandoned since 1998. This property would not going into receivership however, we used the Office of the Attorney General as leverage. The house is now empty and up for private sale.
- 111 L Street a three family house fallen to horrendous disrepair and taken over by squatters after the owner died. *(In progress)*
- We are excited to start conducting electronic inspections using CitizenServe and iPads that were bought solely with grant money.
- The health inspector has started a large database to enter burial permits going back to the 1970's this is a huge undertaking and she has worked tirelessly entering data. This project will help genealogists and will give us a better sense of who is buried in Montague and in which cemetery.

Are there challenges to your department's ability to meet its goals and objectives that are due to its FY18 operating budget? If so, offer your recommendation(s) for improving the situation.

One of my responsibilities is to keep myself and my staff safe. I have always used my own vehicle to conduct inspections. The health inspector also uses her private vehicle. In recent years this has become more dangerous as the opioid crisis continues to rip through our society. It is NOT safe for inspectors to use their own vehicle when going out to known drug houses. Further, we conduct housing inspections upon request, we never know what we are potentially walking into. Enforcing public health law is inherently dangerous. Some of that danger could be ameliorated by providing inspectors with an old police or DPW vehicle which is registered to the town not the inspectors.

(There is also always the risk of vandalism or retaliation causing harm to our private vehicles)

Are there other areas of your budget where you wish advocate for change, such as stipends, materials, and etcetera?

On December 17, 2003 due to the terrorist attack on September 11, 2001; local public health officials were deemed emergency responders by Presidential Directive HSPD-8. This directive has forever changed the responsibilities of local public health. Public Health Officials were *the only* first responders who were anonymous in a sea of blue and red; police officers, hazmat teams, and firefighters. Thus began the "branding" public health. Franklin County through our Emergency Preparedness coalition MAPHCO (*Mohawk Area Public Health Coalition*) used only grant funding to purchase jackets, vests and hats with the public health logo and public health printed on jackets so we could be recognized when we responded.

Clothing, boots, hats *are no longer grant funded* and we now need to ask for a small clothing allowance to make ourselves known as public health officials and to protect us from the elements. It is not safe to inspect abandoned houses without sturdy, nail/needle deterring boots.

We also work around heavy machinery and we work outdoors in freezing weather going down into five foot holes in the ground to conduct soil evaluations. Board of Health inspectors need proper safety equipment including outer clothing that identifies us and sturdy boots.