

Regional Dispatch Becoming Reality on North Shore

By JOHN OUELLETTE

Pennsylvania is nearly twice the size of Massachusetts in population and more than four times larger in land area, and yet it has only about one-quarter the number of public safety answering points, also known as emergency dispatch centers. Maryland, with a population and land area very close to the Bay State's, has less than one-tenth the number of dispatch centers. While Massachusetts has a long history of parochialism, a movement appears to be afoot to catch up to the rest of the country in the way 911 calls are handled.

Several regional efforts are close to joining Cape Cod and Berkshire County, which have been collaborating on public safety dispatch for a number of years. The movement got a substantial boost in the summer of 2008, when a new law created a state 911 Department and raised 911 surcharges, which enriched the revenue stream that can be used for dispatch-related grants. The Patrick administration has focused these grants on regional dispatch efforts, funding studies, telecommunications equipment purchases and new dispatch centers throughout the state.

One of these new regional centers is slated to be built in Essex County, where six communities—so far—have committed to a dispatch center on land controlled by the sheriff's department, adjacent to the county jail. The effort started five years ago, when Topsfield Fire Chief Ronald Giovanacci first started talking with his colleagues about collaborating. Nineteen communities submitted letters of interest in early 2006. Before long, Sheriff Frank Cousins was on board, offering land at the site of the jail and hiring a consultant

John Ouellette is the MMA's Publications Editor and Web Director. Mitch Evich is the MMA's Associate Editor.



WINSLOW MARTIN PHOTO

Joseph McGowan (left) of the Essex County Sheriff's Department stands with Sheriff Frank Cousins with the plans for a new regional dispatch center next to the county jail in Middleton.

to move the project forward.

While taking pains not to disparage the region's current 911 call-takers, Giovanacci, Cousins and local officials see many advantages to a regional dispatch center. Joseph McGowan, the project's point person in the sheriff's office, boils it down to three words: "tools, technology and training." Dispatchers at a regional center will have state-of-the-art tools and the latest technology. Rather than facing the numerous distractions in a typical police station, for example, the dispatchers in the regional center can focus exclusively on taking calls and alerting first responders. The consolidation of resources and enhanced technology will allow dispatchers to stay on the line with a caller during an emergency—providing CPR instructions, for example—while another dispatcher follows through with lining up the response resources. And the

dispatchers will receive training that will get them up to, and keep them at, professional standards set by APCO, the Association of Public-Safety Communications Officials-International. In short, the center will offer amenities that communities couldn't afford by going it alone.

"I think we in government have to look at different ways to deliver services to the public," Cousins says. "This will be something that others will be doing in other parts of the state."

The Essex County center is being modeled after the one in Berkshire County in that it will be hosted by the sheriff's department and the dispatchers will be sheriff's department employees. (This means the state picks up the tab for health and pension costs, and the sheriff's department provides human resources, purchasing, information technology, and maintenance services at no cost to the

participating communities.) Another model is a regional center in Lackawanna County, Pennsylvania, which is run by Thomas Dubas. The Essex County project hired Dubas as a consultant, and eight groups of local officials and public safety chiefs from the region made trips to the Lackawanna County center. "I think when they went down there, the chiefs were able to speak to chiefs, and they were not only able to see how it operates, but to get the real feedback from people that are involved in this," McGowan says. "I think it really opened people's eyes to what exists around the country—best practices—and people came back excited about it."

In order to protect local control, the center will be governed by three advisory boards, made up of officials from all participating communities. A Fire Advisory Board will set fire operating policies and procedures, a Police Advisory Board will do the same for police, and a Financial Advisory Board will be responsible for approving annual and supplemental budgets, apportioning costs to member communities, and approving annual operating and staffing plans. A subcommittee of the finance board will participate in collective bargaining activities, though the sheriff's office will retain authority to complete the bargaining process.

Last year, the project obtained \$7 million in state grants, which will cover the cost of construction and the telecommunications equipment. Participating communities will be responsible only for operating costs. Communities will be assessed at a rate of \$16.26 per capita per year, which totals \$643,359 for the city of Beverly, for example, \$266,664 for Amesbury, and \$53,674 for Essex. (As this issue went to press, the other communities that had committed to the project were Middleton, Topsfield and Wenham.) McGowan said he couldn't provide a total of the potential savings for the communities involved, because doing so would require intense scrutiny of each local budget to see how insurance, pension, technology, and other costs related to dispatch are accounted for. But Beverly Mayor Bill Scanlon says his city will save \$300,000 per year. "We think we're going to get a better service at a lower price," he says. "We expect to see truly professional dispatching. And we will be able to have fewer officers in our police station and more on the street." Another

advantage, he says, is "significant cost avoidance" in the area of equipment.

The state Division of Capital Asset Management, which is overseeing design and construction of the facility, put the project out to bid for construction in September. McGowan, meanwhile, is working to get final approval from one or two more communities in order to reach the project's threshold. Construction is expected to take about a year.

Nashoba Boards of Health Passes Test of Time

By MITCH EVICH

When Pepperell rejoined Nashoba Associated Boards of Health last summer after an absence of several decades, the town's decision was not just about local budget pressures and staff reductions; it was also a testament to the stability of a voluntary organization that has existed, with relatively few changes, for eighty years.

The Nashoba Associated Boards of Health (originally called the Nashoba Health District) was created during the early years of the Great Depression, thanks to a New York-based philanthropic foundation that provided funding in order to demonstrate that public health services could be administered more efficiently on a regional basis. Four years before the health district came into existence in 1931, Massachusetts approved legislation (Chapter 111, Section 27A) that made regional health districts possible. These days, the Ayer-based organization is providing services to fifteen communities in northern Middlesex and Worcester counties.

James Garreffi, the executive director of Nashoba Associated Boards of Health for the past six years and an employee for more than two decades, says that when the health district was formed, rural towns had few options. "They were such small towns that they couldn't really



MITCH EVICH PHOTO

Kalene Garbarz (right), a health agent employed by the Nashoba Associated Boards of Health, speaks during a meeting of the Pepperell Board of Health. Also pictured is Sandra Grogan, the Pepperell board's secretary.

afford to have anything," Garreffi says. "And through time they realized that they were able to have a competent staff [furnished by the Nashoba Health District] and still be able to afford it."

The district enlisted fourteen member towns at the start and grew to a peak of nineteen before several of the larger towns pulled out. Westford, the last town to leave, did so in the 1980s. By then Westford had grown significantly larger than any of the remaining towns. Other towns range from Berlin, which has about 2,800 residents, to Groton, with a population of roughly 10,600.

Nashoba Associated Boards of Health serves as the health agent on behalf of the board of health of each member community. Garreffi and six other employees based in Ayer constitute the environmental division, which handles a range of inspections related to sanitation, including restaurant and septic tank inspections, and represents towns in court when compliance orders are not heeded. Although Garreffi and his colleagues are empowered by the local boards of health to carry out tasks, authority still resides with the towns. "If I issue that order, the applicant or the person who gets that order may ask for a hearing," Garreffi says. "That hearing isn't with us—it's with the [local] board, which will ultimately make the decision on whether the order is sustained or modified." Environmental division services are funded through annual membership fees, which are loosely based on the size of each community. For example,

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Pepperell's annual fee is \$30,000.

Nashoba's much larger nursing division, based in Shirley, administers immunizations, furnishes health-related information, and makes house visits to seniors and others. Nursing division services are charged back to communities on a fee-for-service basis. Last fiscal year, Pepperell paid an additional \$24,000 for services furnished by the nursing division. Residents in participating towns can contract for other services through the nursing division, such as home health care. The nursing division accounts for about two-thirds of Nashoba Associated Boards of Health's income.

The costs that member towns pay have risen only marginally over the past twenty-four years: 8 or 9 percent for the environmental services and 12 to 13 percent on the nursing side, according to Garreffi. The towns themselves, through a governing board consisting of board of health members from each community, have the final say on increases.

The amount that each town pays for environmental division services is no longer on a strict per-capita basis, given the uneven growth in the region in recent decades. Garreffi says the Board of Directors has expressed interest in reviewing alternative means of assessment. He adds that the membership fees that towns pay for environmental-division services function much like an insurance policy. "The membership understands that in a health association, at any given time, a certain town may need more services," he says. "The idea is that over time, it balances out so everybody gets the services they need."

Pepperell Board of Health Chair Robert Lambert says that contracting with Nashoba Associated Boards of Health made sense for a number of reasons, such as offsetting the loss of the town nurse position and a 50 percent reduction in hours for the Pepperell Board of Health secretary, from thirty to fifteen. The move also enabled the town to cut a fifteen-hour health agent position that Lambert himself once filled. That role is now handled by Nashoba's Kalene Garbarz, who devotes well over twenty hours per week to Pepperell. At least two other Nashoba health agents also conduct inspections in the town. "We've had no complaints—and I'm usually the one to get them," Lambert says. "But I haven't heard from anyone so far." ❀