

A decorative graphic on the right side of the page features three overlapping circles of varying sizes, each composed of concentric blue rings. Two thin blue lines intersect at the top left and extend diagonally across the page, framing the circles.

Franklin County Cooperative Public Health Services Planning Grant Proposal

Submitted on behalf of the towns of:

Ashfield, Bernardston, Buckland, Charlemont, Colrain,
Conway, Deerfield, Gill, Greenfield, Hawley, Leyden,
Leverett, Monroe, Montague, Northfield, Orange,
Shelburne, Sunderland, and Whately

**Phoebe Walker, Franklin Regional Council of
Governments**
2/23/2011

1. *Background (10 points):*

- a. **Identify by name which municipalities are currently involved in planning to form the proposed district.** See Attachment G.
- b. **Rank the current level of interest for *each* of the cities or towns involved.** See Attachment G.
- c. **Identify additional municipalities that may be invited to join the planning process. How likely is it that they may become involved and why?** Of the 26 communities in Franklin County 19 are involved in this application. The others will be invited to attend Planning Group meetings and monitor the project's progress from updates on the project website. All non-participating towns will be evaluating whether they would be interested in joining before the implementation grant submission.
- d. **Identify leadership of the planning process (may include multiple parties).** The Leadership Team of the Planning Group was elected on 2/17/11, and are: Rob Lingle, Charlemont BOH member, and Nicole Zabko, Greenfield Health Director.
- e. **Explain how and why the process was initiated and who is involved:** This application is, first and foremost, the culmination of years of collaboration by different parts of Franklin County. Our towns have a long history of collaboration made necessary by their small size and distance from Boston -- 88% of the county's towns have fewer than 5,000 residents, and 17 towns are under 2,000. The model of cooperative local health services proposed in this application was the outcome of a recent Practice-Based Research Network grant which allowed a group of Franklin County communities to undertake a project called "Public Health Futures." In the Futures project, eight communities and the regional health agent engaged in a year-long review of the state of public health in Franklin County. The participating towns examined the statutory responsibilities of local health departments, the resources and current workloads of Franklin County Boards of Health, and what future challenges to local health our region will face. The group created a list of all the possible collaborations that towns could organize, and then ranked them based on their efficiency, capacity to improve public health, capacity to leverage funding sources and their possible opposition. During the December meeting members adopted a proposed model for future public health services in Franklin County (see Attachment E, Proposed Service Model), which is the basis of this Planning Grant application. Once the DIG RFP was released, all towns were invited to participate in the application. The towns currently involved are from across Franklin County, both large and small towns, those with and without professional support. The people involved include Board of Health members, Health Agents/Directors, Town Administrators, and Select Board Members.
- f. **Describe important existing collaborations or shared services involving the proposed municipal partners, if applicable.** The communities applying for this funding have years of experience in sharing governmental services. All but one of the participating towns are members of the Mohawk Area Public Health Coalition, all are members of the Franklin Regional Council of Governments Governing Council, the Regional Emergency Planning Committee, and most are members of the Franklin County Solid Waste District. In addition, many sub-groupings of the towns share other services like regional school districts, shared town accountants, a cooperative building, wiring, and plumbing inspection program, and a shared wastewater treatment plant. For many years small clusters of Franklin County towns have shared health services, including:
- The 8 towns which share the FRCOG's regional health inspection program (Ashfield, Bernardston, Buckland, Charlemont, Gill, Hawley, Heath, and Monroe)

- The three towns which currently make up the Foothills Health District (Whately in Franklin and Williamsburg and Goshen in Hampshire County)
- The three towns which form the Eastern Franklin District, and contract for health agent services together (Northfield, Erving, and Shutesbury)
- The towns of Sunderland and Leverett, which share the same health agent
- The towns of Conway and Deerfield, which share a regional Town Nurse through the FRCOG

g. **Identify the lead municipality or the administrative/fiscal agent for the district, if applicable, and how and why they were chosen.** One of the important questions which the Planning Group will address is the legal structure of the proposed cooperative program. All members understand that all options will be explored fully. Options that will be explored include:

- Hosting the service out of one of the participating towns' health departments
- Expanding the Foothills or Eastern Franklin Health District, both of which are participating
- Creating a free-standing District as a separate legal entity like the Franklin Cty. Solid Waste District
- Hosting the service out of the FRCOG or some other regional entity

h. **Existing districts should explain how and why they expect to expand.** See (g) above.

2. Goals and Objectives (10 points):

a. **Describe planning goals and objectives of the municipal partners. (Applicants may refer to Planning Activities described above.)**

Our goal is to create a model for shared public health services that:

- Addresses the gaps in what boards of health are currently able to provide
- Provides increased public health protections for the residents of our towns
- Maximizes non-municipal funds in support of local health services
- Gives participating towns meaningful oversight of policies, budget, fee schedule and hiring of staff.
- Improves the job of local Boards of Health in Franklin County

Our objectives during the planning process are:

- To complete the planning process in time to create an implementation planning grant application
- To include as many interested towns as possible in the planning process.
- To create a menu of services that maximizes the efficient use of credentialed staff.
- To create a fee schedule that supports an adequate level of government services.
- To create a governance document that gives every town a fair say in oversight of the program
- To choose a legal form or organization that provides the greatest benefit to member towns.
- To create a funding model that uses no more municipal funds than the current year's allocations in each town.

b. **Explain how local objectives relate to the overall objectives of the MDPH Public Health District Incentive Grant program.** The Franklin County Planning Group's goals and objectives fit perfectly with the objectives of the District Incentive Grant Program. We have taken important steps toward a cooperative public health program in this county in recent years, and the planning grant funding will provide a crucial support to taking this work to the next level – implementation.

c. **Confirm whether the partners intend to develop a proposal for a multi-year implementation award by the end of the planning process funded under this program.** The Franklin County Planning Group intends to have a final model for implementation by early August. There will then be a process of community outreach to both non-participating towns and additional stakeholders in participating communities. A final group of towns will work together on an implementation proposal that will be ready in time for an anticipated 9/30/11 deadline.

3. District Profile (15 points):

a. **Specify the population of each municipality currently involved in planning and the combined population size for the proposed district. &**

b. **Specify the land area for each municipality currently involved in planning and the total land area for the proposed district.** The population and land area for each municipality currently involved in planning are listed below. The total population of the proposed district is 64,543, and the total land area is 498.86 square miles. These numbers are based on the 2009 American Community Survey.

Town Name	Population (2009 est.)	Land Area (Sq. Mi.)	Town Name	Population (2009 est.)	Land Area (Sq. Mi.)
Ashfield	1,827	40.3	Leverett	1,787	22.85
Bernardston	2,235	23.41	Leyden	809	17.99
Buckland	1,989	19.56	Monroe	96	10.71
Charlemont	1,386	26.1	Montague	8,175	30.4
Colrain	1,855	43.38	Northfield	3,311	34.41
Conway	1,899	37.71	Orange	7,699	35.36
Deerfield	4,692	32.29	Shelburne	2,031	23.35
Gill	1,396	13.98	Sunderland	3,909	14.39
Greenfield	17,537	21.73	Whately	1,573	20.18
Hawley	337	30.86	TOTAL	64,543	498.86

c. **Specify whether the proposed district encompasses a single county.** The area covered encompasses nearly all of Franklin County, but not every single town is signing on to the grant.

d. **Does the proposed district fall wholly within the boundaries of an EOHS region (refer to Appendix B, below)?** Yes, Region One.

e. **Identify distinguishing population characteristics for each municipality and for the proposed district, e.g., age, race and ethnicity, poverty, housing, education.** The county covers 725 square miles with a population density of 102.2 people per square mile, compared with Massachusetts population density of 841. It is the only rural county in Massachusetts. According to the 2000 Census, the population of Franklin County is 96% white. From 1990 to 2009, the proportion of Latinos in the population of Franklin County grew from 1.2% to 2.8%, a 133% increase. The proportion of Franklin County residents who are Asian doubled between 1990 and 2000, and then stabilized. In Greenfield and Turners Falls (part of the Town of Montague), Latinos made up 3.5% of the total population in 1990. The Latino members of our community are primarily of Mexican and Puerto Rican origin. The median age for Franklin County is 40, which is slightly higher than the median age for the Commonwealth, approximately 37. Eighty-eight percent of County residents over 25 have a high school degree or higher compared with almost 85% for the Commonwealth. Approximately 29% of the County have a bachelor's degree or higher compared with 33%

for the Commonwealth. The poverty rates in the County range from 3% in Whately to almost 22% in Monroe. The American Community Survey from 2006-2008 estimates median household income for Franklin County as \$51,102 compared with \$64,684 in Massachusetts. In Franklin County 15.5% of the population aged 0 – 17 were living in poverty compared with 12.6% for Massachusetts and 18.2% for the United States. Almost 40% of the housing in the County was built before 1939, a far higher percentage than the statewide rate of 13%. In sum, the region is whiter, slightly older, slightly less well-educated, and has older housing than the state as a whole. The region has pockets of great poverty and a growing immigrant population that are not visible in the statistics.

f. **Describe public health challenges facing the proposed district population, if known.**

Residents of Franklin County face a number of public health challenges. This section summarizes some of the population-level health information available about those challenges. The region has aging housing stock, low incomes, and high rates of asthma and youth substance abuse. The region has a rate of 41 cases of Pertussis compared with 19 for the Commonwealth, possibly an outcome of the strong opposition to vaccination among many parents in the region (MassCHIP, crude rates of persons per 100,000). Alcohol abuse and drunk driving are a significant problem in the region, with 25% of high school students reporting that they had ridden in the car with someone who was drunk in the last 30 days (Franklin County/North Quabbin YRBS, 2009). The rate for Franklin County of admissions to DPH funded treatment programs is 1,635, nearly identical to the rate of 1637 for the Commonwealth. The region's Communities That Care Action Plan (2010) identifies a number of challenges for the young people in the Franklin County/North Quabbin region: Registry of Motor Vehicles Citation data for the 30 Franklin County and North Quabbin towns in our target area show there were 513 DWI violations and 62 crash-related DWI violations for drivers ages 16-20 for the four-year period from 2000 to 2004. And according to the Executive Office of Public Safety's 2000 report, in 1998, Franklin County's juvenile arrest rate for drug possession was 225 per 100,000 juveniles, compared to 138 per 100,000 statewide.

4. Capacity and Need (20 points):

a. **Describe current public health services provided by the proposed municipal partners, including noteworthy recent achievements and/or outstanding system strengths.** There is no easy way to summarize the work done by the numerous participating towns currently. All of the participating Boards of Health are regularly engaged in reviewing septic plans and installations, in inspecting food establishments, and in responding to some housing complaints. Most have found themselves in court enforcing housing issues at one time or another in the past few years. Few of the participating towns have any kind of a robust Public Health Nursing program, and few are able to complete their responsibilities with infectious disease control. Towns with recreational camps inspect them. Regulation of temporary food events is very uneven across the region, as is housing code enforcement. The Boards of Health in Franklin County have managed to do a great deal of innovative work over the past few years, despite the chronic understaffing of their departments:

- The 26 towns in the Mohawk Area Public Health Coalition collaborated on a survey of young people about their H1N1 flu vaccine behavior and opinions.
- 8 Towns recently collaborated on a food safety conference for food service employees
- Greenfield used an intern to create a landlord and tenant mold fact sheet in 2010.
- The Deerfield, Whately, Sunderland and Conway Boards of Health (Frontier EDS region) held the region's first drive-through EDS drill this year.
- 6 local Boards of Health received FDA Food Standard funding in the past year.

- The Town of Ashfield recently adopted an outside consultant law to allow it to require major projects in towns to hire and pay for consultants to address health issues.
- The Town of Montague passed a “pooper scooper” regulation in 2010
- The Regional Health Agent, the Greenfield Health Director, and a group of community-based organizations founded a Hoarding Task Force for the county that regularly convenes a cross-disciplinary committee and now holds funding for clutter support groups.
- Montague’s Health Director recently completed the Housing Inspector Certification Training and will be teaching the Training in Franklin County.
- Within the last five years, many Boards of Health spent months researching, drafting, hearing, adopting, and defending Outdoor Wood-burning Boiler regulations.
- The FRCOG’s Regional Town Nurse operates a walk- in wellness clinic during regular hours in the Deerfield and Conway town halls providing blood pressure screening, blood glucose testing, respiratory assessment, coordination with primary care physicians on issues of concern, and assistance with medication management.

b. **Provide examples, if applicable, of mandated Board of Health responsibilities that municipal partners are not able to carry out on a reliable basis.** Many mandated Board of Health responsibilities are not met in Franklin County:

- Only five of 26 towns in the County have any public health nursing capacity, leaving infectious disease response either unattended or in the hands of health agents and board members.
- Housing inspections and code enforcement are a persistent challenge in Franklin County. Few towns have the staff to adequately respond to unsafe housing conditions in our rural communities.
- Most communities lack a modern software application to track permits, fees, and inspection results. This makes it harder to ensure compliance, harder to get a sense of how revenues and expenses line up, and harder to quickly find important information.
- Five of the participating towns are not on MAVEN, slowing their infectious disease response time.
- Franklin County’s Boards of Health and Health Departments have yet to really begin to address the mandated responsibility of addressing prevention and wellness – none of our communities is planning for addressing the “Winnable Battles” currently.
- Many BOHs are too busy doing the work of health agents to be able to adequately identify needed policies and develop and enact them.
- Few BOHs have the time and training to effectively evaluate and monitor the work of their agents.
- Septic systems are another area of weakness in Franklin County. Not only is the state DEP gradually reducing its oversight and support of septic issues, but the demands on boards of health doing septic reviews are increasing. Many alternative systems require computer software to assess the plans, and to track compliance with monitoring requirements. Septic systems have the potential to create serious threats to public health if designed or installed incorrectly, and many BOHs do not have professional support in assessing and inspecting these systems.

A recent report by a CDC Public Health Specialist on the state of western Massachusetts’ local health departments (V. Carlson, *Western Massachusetts Board of Health Capacity Assessment*, 2010) concluded that the major gaps in services included: administrative support, continuing public health training and credentials for public health officials , communication capacity, familiarity and training with computer office applications and basic accounting tools, grant writing expertise, managing multiple activities beyond the basics, and nursing support (disease follow-up, flu clinics, and public health education).

c. **Describe special challenges or opportunities facing the proposed district related to history, geography, population, transportation infrastructure, industrial facilities, municipal financing, or other factors that the applicants consider important, if applicable.** The area of the proposed cooperative service encompasses a large geographic and rural area with a low-density population. The towns of Franklin County face many challenges in providing public health services, including:

- A history of reliance on volunteer board members to provide their own professional support. This leaves Board members without the time to pursue training and exercise the governance duties mandated in the National Public Health Performance Standards, as we learned when ten towns completed the self-assessment a few years ago.
- Town budgets that are dominated by school spending and leave little room for other town functions
- Low expectations on the part of residents for public health services
- A very scattered and hard to reach population, with significant variations in seasonal activity.
- The “fee-for-service” nature of many Boards of Health’s arrangements with their part-time agents provide a strong disincentive to relying more on professional staff – it is often too expensive.

However, as mentioned above in 1(f), the participating towns also have a long history of working together in numerous collaborative activities, which has laid the groundwork this grant application.

d. **Provide a summary of current staffing and staffing needs the proposed district could address.**

Most towns have very part time health agents who either work on a fee-for-service basis, or work under contract. Montague, Deerfield, and Orange each have a salaried health agent on staff, and Greenfield has two. The majority of towns in the proposed district do not have a public health nurse (in all of Franklin County, the sum total of paid public health nurse hours is just over 1 Full Time Equivalent). Most but not all of the participating towns have a paid clerk to the Board of Health, and even Montague, a town of 8,000, does not have access to full time administrative support. None of the towns has a community health educator, nor do any have enough staff to allow them to specialize and develop complementary areas of expertise. A comprehensive professional staff, available around the clock, with the appropriate software and equipment for the job, would make an exponential improvement to the staffing of public health in Franklin County. Two major needs would be addressed by having an integrated cooperative staff:

- First, more staff would allow towns to meet their mandated responsibilities. All of our towns are struggling to stay on top of the ever-increasing deluge of housing complaints, septic system plans to review, emergency preparedness work to be done, paperwork to be completed, and emergencies to be tended to. Agents are constantly putting out fires and rarely able to take the time they need to address the broader issues and many of their non-emergency duties.
- Second, having additional staff to rely on -- who do not cost more each time they are used -- would allow each Board of Health to focus on things they often do not have time for now. BOHs need more time to be able to take part in community assessments identifying the health needs of their communities, and then think about how to address the issues they discover. They need time to develop regulations to address upcoming issues like the public health effects of windmills proposed in many towns, and solid waste facility permitting. They need time to evaluate the work of their staff and monitor the outcomes of their programs/policies.

e. **Identify opportunities for how the proposed district could enable municipal partners to improve the scope and/or quality of public health services for their populations. For example, explain how a district could help address identified public health challenges facing the district population.** The proposed cooperative public health services would allow for some major improvement in the protections offered to the residents of Franklin County:

- Increased expertise available to boards of health
- More thorough review of septic plans and systems
- Improved infectious disease control
- Improved enforcement of housing code violations
- An ability to start addressing prevention and wellness issues

5. Planning Process (15 points):

a. **Describe the proposed planning process, including roles and responsibilities of prospective participants.** We are proposing a robust planning process that will consist of meetings every two weeks from the beginning of the grant period until September 30. Meeting participants will include Board of Health members, health agents, select board members and town administrators. Sub-committees will create draft answers to a series of questions falling broadly into the categories of service and governance (Attachment F). Final decisions on each question will be made by the whole group. The Planning Group will be facilitated by an outside consultant skilled at public participation and responsible for ensuring that all voices are heard and that we meet our aggressive set of deadlines for considering options and making decisions. The Leadership Team will be responsible for providing local leadership and oversight. Meetings will be held at times that work for all members, at accessible locations, and with food provided. Members traveling from across the 725 square miles of Franklin County will receive mileage reimbursement for their travel costs to Planning Group meetings. Planning Group meetings will be posted on the FRCOG calendar and notices will be sent to all towns for each meeting. All relevant materials will be available for review at (http://frcog.org/services/regional_services/svcs_local_health.php).

b. **Describe plans to ensure regular communication among planning partners.** The Planning Group will have an email list and the above-mentioned web page. As some Group members do not have high-speed access, notices will be sent by mail for those who request it.

c. **Identify consultants who may be used and explain their expected roles. Attach resume(s) or summary of consultant qualifications as an Appendix.** The FRCOG created a scope of services for a facilitator for the Planning Group and sent out a Request for Quotes. The Consultants selected are David Specht & Greg Hessel. See Attachment I for their qualifications.

d. **How will the partners involve additional municipalities in planning, if applicable?** Other Franklin County Towns will be welcome to join the planning at any point, and can monitor the Group's progress on the website if they are not attending meetings. At the end of the planning period (in August 2011) there will be a public workshop on the results of the planning process, and all non-participating towns will be invited to join the implementation grant application.

e. **Provide an anticipated planning schedule, including time line for developing an implementation grant proposal.** See Attachment D, Timeline.

6. Performance Goals and Requirements (20 points):

a. **If the proposed district does not meet the population, land mass, number of municipalities, and/or single county expectations stated on page 6, explain why.** The proposal meets the land mass and number of municipalities requirements from the RFP. It is also, for all practical purposes, a full county.

b. **If plans for a governance structure are already underway, please explain.** The Planning Group's plan to develop a governance structure is described under Planning Process, above, and in Attachment F.

c. **Identify opportunities, challenges or concerns that planning partners expect to address regarding workforce qualifications.** The current health agents in Franklin County are a highly qualified group of people who have a wide variety of professional backgrounds, from medical to scientific to the construction field, and a great deal of training and certifications between them. We anticipate that it is possible there will be some challenge in meeting the requirement from the RFR that the director of the proposed cooperative health service have a Masters' Degree. Currently only one of the four full time agents in the county has a Master's Degree, and in our largest community, Greenfield, the staff also lacks an RS or CHO.

d. **Identify opportunities, challenges or concerns that planning partners expect to address regarding BOH certification.** Many Planning Group members have identified a need for more training for themselves and their fellow Board members. Our only challenge would be getting the members to the training, if there is not one offered in western Mass. We are working with the other two Planning Grant applicants from western Massachusetts to ask MAHB to hold a session out here.

e. **What kind of district model do the partners intend to form—comprehensive or shared services? Why is this model expected to be most appropriate?** Please see Attachment E, Proposed District Model. The Public Health Futures Task Force examined a great deal of data over the past year, including the roles and responsibilities of local health departments, the health status of Franklin County communities, and our current abilities to meet core state requirements. In terms of planning for the future of our region, we saw the following changes on the horizon. 1. Greater diversity in population -- More linguistic capacity needed to communicate with the public. 2. More illness, particularly flu strains and more complicated TB cases, 3. Continued demands for emergency preparedness and response. 4. Ongoing challenges to local and state budgets. 5. Global warming, including: more mosquito and tick-borne diseases, more high heat days, more ice storms, more flooding. 6. Mandatory national accreditation of health departments.

In order to best meet these challenges, the Public Health Futures Task Force has endorsed a two-tiered cooperative public health service model. The district would provide for two levels of membership – a comprehensive health district and a community sanitation service -- and towns could decide which to join. The **limited** level would be access for a participating City or Town to community sanitation services. These would include housing inspections, housing court enforcement, hoarding case management, lead determinations and inspections, nuisance complaint investigations, recreational camp inspections and permitting, and pool inspections and permitting. These services are some of the most specialized public health services that Boards of Health provide, often calling for significant mental health and mediation skills,

and technical training. They are also among the most fraught with conflict and emotions for local officials. The **full** level of services would be membership in a comprehensive health cooperative/district. Services including all of the above community sanitation issues as well as food inspections (food service establishments, B&Bs and schools, etc. and temporary ones for fairs), septic work: perc tests, Title 5 inspections & septic plan technical reviews, transfer station permitting (when the new law takes effect), and public health nursing/community health, and infectious disease control and investigation.

f. **Identify opportunities, challenges, or concerns that planning partners expect to address regarding district service requirements, including mandated BOH responsibilities, community health assessment, participation in MAVEN, and addressing tobacco control or obesity through campaigns including policy change.** The participating communities see the requirement to conduct a community health assessment and address one of the “winnable battles” as an opportunity to finally expand beyond their core duties, as long as the funding provides enough support to add staff who are familiar with health assessments and committed to involving boards of health in them. We will have the advantage of having many of our towns already collaborating on alcohol compliance checks through the Communities That Care Coalition, a broad group of stakeholders committed to evidence-based substance abuse prevention. One of the four workgroups of the CTC Coalition is the Community Laws and Norms, which addresses policy change in Franklin County towns. In addition, most of the towns with tobacco regulations will be joining the Mt. Tom Tobacco Collaborative, and we will coordinate our policy work with that organization. Most of the participating towns are already using MAVEN and are very impressed with it.

g. **Explain whether and how the proposed district incorporates or overlays existing local public health collaborative structures.** The participating communities are all members of CHNA #26 and the Communities That Care coalition. All but Orange are members of MAPHCO, the EP coalition that covers most of Franklin County. There are no Mass in Motion grantees in the county.

h. **Explain whether and how the proposed district may integrate its activities with local hospitals, community health centers, MDPH contracted service providers, other health and human service providers, community development and civic engagement organizations, and/or higher education institutions.** The proposed cooperative public health service will work closely with the public health and human service infrastructure in Franklin County and the North Quabbin region. Staff will ensure that a local health presence is involved in meetings of the Franklin County Resource Network, the Franklin County Hoarding Task Force, the Mohawk Area Public Health Coalition, the Central Massachusetts Public Health Coalition, the Regional Emergency Planning Committee, the North Quabbin Community Coalition and the Communities That Care Coalition. We anticipate regularly using UMass School of Public Health and School of Nursing interns to increase programming options, beginning with one this summer. We would anticipate that the staff of the newly-formed cooperative service would participate fully in the preparedness exercises held in the participating towns, including Homeland Security exercises, Vt. Yankee exercises and REPC drills.

i. **Describe existing or potential collaborations involving Boards of Health and health departments with other municipal departments of government that influence the social determinants of population health, such as planning, transportation, economic development, and education.** There are no collaborations that meet this description in Franklin County and the North Quabbin region. However, the FRCOG’s Regional Planning Department has recently begun researching Health Impact Assessments, and we would anticipate the proposed service being involved in that work in the future. In addition, the FRCOG has been awarded a HUD Sustainability grant that will initiate a

community-wide exploration of how to improve sustainable community development in the region. If this grant is not cut by Congress, district staff will participate in the process.

7. Budget Narrative (10 points):

a. Explain how proposed planning grant funds will be used: Planning Grant funds will be used for the following purposes: to pay a consultant to facilitate the process, to provide for meals at all meetings, which will need to happen at night, and to reimburse planning group members for their mileage.

b. Provide details to support expense line items in the Budget Form, Attachment B. If salaried personnel will be used, provide names, positions, and current employers. Provide the percent of salary represented by payroll taxes and fringe benefits. Provide details about projected training, meeting, material, communication, and other costs. Provide a detailed justification for proposed overhead costs.

Salaries: FRCOG Director of Community Services Phoebe Walker will provide project management and oversight, drafting and editing subcommittee documents, and grant-writing. FRCOG staff working under a different funding source will provide research and data analysis support to the process, which will include compiling information about all participating towns' budgets, fee schedules, permit numbers, etc., as well as research support to the Planning Group sub-committees. Consultants: The Consultants have provided us with a not-to-exceed quote for the Planning Group process of \$15,889, based on an estimate of up to 128 hours of work between two consultants. Meeting Costs: Refreshments for meetings of the full Planning Group. \$120 x 10 meetings = \$1,200 Travel Reimbursement: Anticipated as: 15 people going an average of 40 miles roundtrip per meeting, reimbursed at the federal rate of 51 cents/mile. \$306 per meeting x 10 meetings = \$3060. Administration: The FRCOG will receive \$2,500 -- 8.5% administrative overhead -- to provide the following services: clerical support, meeting arrangements, grant reporting and billing, mileage reimbursement administration, insurance, legal counsel, web site support, fiscal management and auditing.

c. Provide details to support revenue line items in the Budget Form, Attachment B. The Planning Group is cognizant of the significant interest in this funding source across the state and has attempted to keep the funding request as low as possible. DLTA grant funds received by the FRCOG will provide for staff salary coverage to provide support to the process.

d. Describe in-kind services to be provided by the applicants, if applicable. The Franklin County Planning Group will be supported by multiple sources of in-kind support:

- Meeting space will be provided in-kind by the Franklin Regional Council of Governments (FRCOG) and Greenfield Community College (GCC)
- FRCOG administration will provide support for the participation of Phoebe Walker in the process until the grant is received (grant-writing, information and outreach, meeting facilitation).
- Montague, Greenfield and Orange will provide support for the participation of their salaried health agents. FRCOG funds will provide support for the participation of the Regional Health Agent.
- The UMASS School of Public Health will provide a summer MPH intern to assist in the implementation grant preparation.

Attachments

A. Local Support Documentation Forms

- i. Ashfield
- ii. Bernardston
- iii. Buckland
- iv. Charlemont
- v. Colrain
- vi. Conway
- vii. Deerfield
- viii. Gill
- ix. Greenfield
- x. Hawley
- xi. Leverett
- xii. Leyden
- xiii. Monroe
- xiv. Montague
- xv. Northfield
- xvi. Orange
- xvii. Shelburne
- xviii. Sunderland
- xix. Whately

B. Budget Form

C. Required Forms

D. Timeline

E. Proposed Service Model

F. Draft Planning Group Questions

G. Participating Towns, Signatures Submitted & Level of Interest

H. Support Letters from fellow Western Massachusetts applicants

I. Consultant Qualifications

- a. David Specht
- b. Greg Hessel

ATTACHMENT B (REQUIRED)—BUDGET FORM

Name of Proposed District: **Franklin County Cooperative Public Health Service**

Dates Budget will Cover: 3/31 , 2011 until 9/30 , 2011

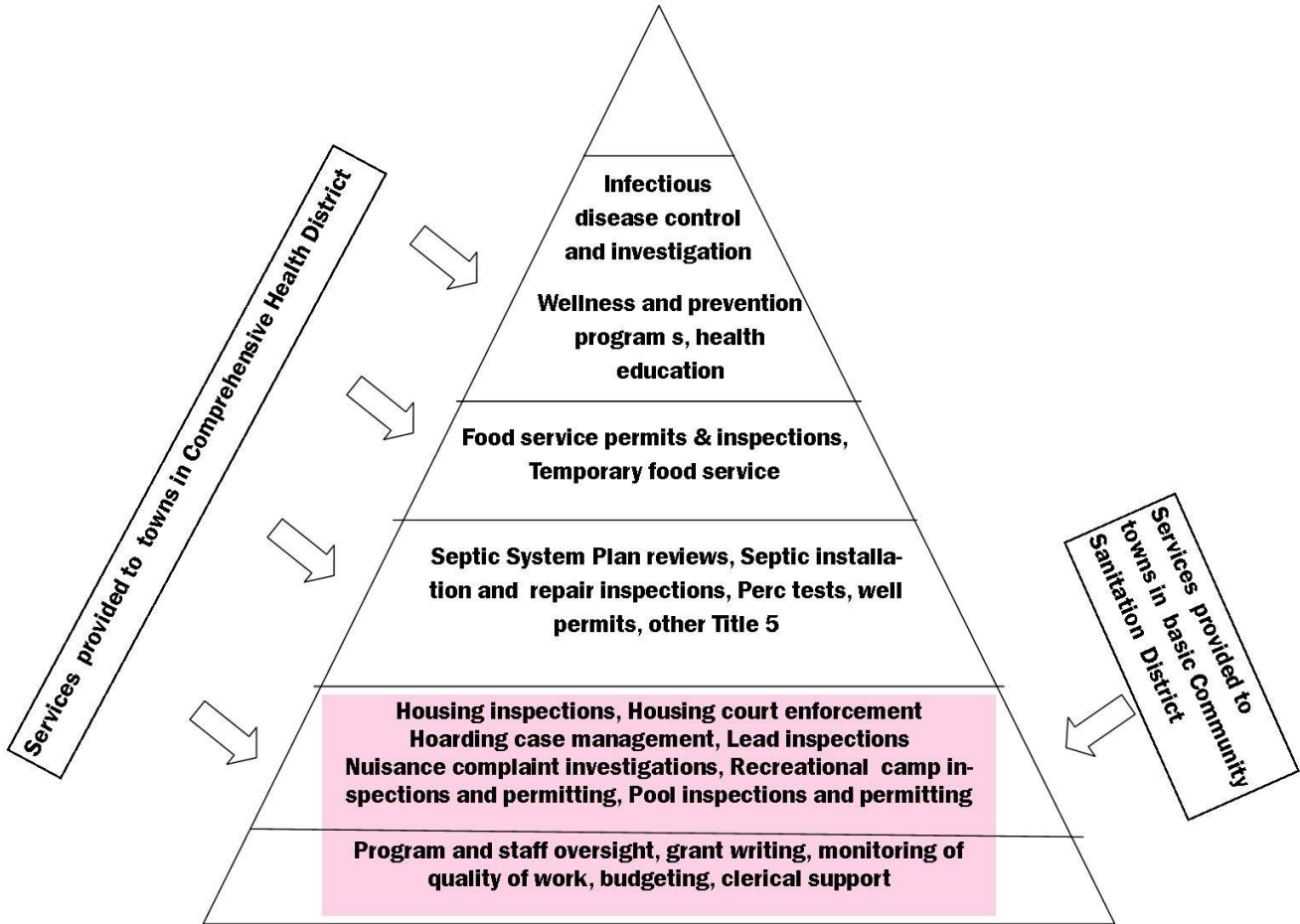
EXPENSES	Project Total	In-Kind	Total Request
Salaried Personnel (include name & position)			
Health Agents from participating towns	\$5,000	\$5,000	
FRCOG Staff	\$8,000	\$3,000	\$5,000
Sub-Total Salaried Personnel			
Payroll Taxes and Fringe Benefits (provide % of salary) 26.74%	\$1,340		\$1,340
Total Salaried Personnel			
Consultants			
David Specht & Greg Hessel	\$16,000		\$16,000
Total Consultants			
Training			
Meeting Support	\$1,200		\$1,200
Materials/Printing	\$ 450		\$ 450
Communication			
Other Costs			
Transportation reimbursement to Group Members	\$3,060		\$3,060
Total Other Costs			
Total Direct Expenses			
Indirect Costs (max. 12% -- actual – 8.5%)	\$2,500		\$2,500
TOTAL EXPENSES	\$37,550		\$29,550
REVENUE			
Municipal Cost Sharing: paid time by Town Staff		\$5,000	
Other Revenue: FRCOG DLTA grant		\$3,000	
TOTAL REVENUE		\$8,000	
NET REVENUE OR EXPENSE			

Attachment C: Required Forms

Attachment D: Timeline

Month	Kickoff Meeting	Planning Meetings	Sub-committee Meetings	Communication with non-participating towns	Workshop on final model	Grant writing mtgs w/ towns in imp. grant	Imp. Grant submission
April							
May							
June							
July							
August							
Sept.							

Attachment E: Proposed Service Model developed by the Public Health Futures Task Force



Proposed two-tier model for Franklin County Health District.

Attachment F: Draft Planning Group Questions

Service Questions

- What should be the service standards be?
 - Review inspection policies, community outreach, forms used, timelines required, etc. Discuss with each BOH.
- Who else should be involved in our planning for this shared service?
 - Reach out to courts, food program at DPH, human service organizations
- How many and what kind of staff do we need?
 - Develop job descriptions
 - Create organizational chart
 - Define interview process
- What kind of equipment & software do we need
 - Will we use e-permitting?
- Where & when is a district staff person needed?
 - At which BOH mtgs, how often?
 - Where should they hold office hours
 - Where should there be satellite sites?

Governance Questions:

- Who gets a vote on the governing body?
 - Review, modify, and approve template bylaws/operating procedures to cover budget approval process, weights of votes, roles and responsibilities
- What legal model should we use to organize? Need to discuss with BOS members and each BOH.
- Who will host the service and what is expected of the host?
 - District/expand a current one
 - Host Agency
 - Lead City/Town
 - District/separate new legal entity
- What will our shared fee structure be?
- What will our other (non-fee) revenue streams be?

Attachment G: Participating Towns, Signatures, and Level of Interest

	Town	Level of Interest (firmly committed, seriously interested, or willing to consider)	SB sign off on form	BOH sign off on form
1	Ashfield	Firmly committed	Yes	Yes
2	Bernardston	Firmly committed	Yes	Did not meet in time
3	Buckland	Firmly committed	Yes	Yes
4	Charlemont	Firmly committed	Yes	Yes
5	Colrain	Firmly committed	Yes	Yes
6	Conway	Firmly committed	Yes	Yes
7	Deerfield	Firmly committed	Yes	Yes
8	Gill	Firmly committed	Yes	Yes
9	Greenfield	Firmly committed	Yes, copy included	Yes, copy included
10	Hawley	Firmly committed	Yes	Yes
11	Leyden	Firmly committed	Yes	Yes
12	Leverett	Firmly committed	Expected, pending meeting	Yes
13	Monroe	Firmly committed	Yes	Yes
14	Montague	Firmly committed	Yes	Yes
15	Northfield	Firmly committed	Expected, pending meeting	Yes, but copy not included, misplaced in Town Hall
16	Orange	Firmly committed	Yes	Yes
17	Shelburne	Firmly committed	Yes	Yes
18	Sunderland	Firmly committed	Yes	Yes
19	Whately	Firmly committed	Yes	Yes

Due to the challenges of scheduling times for Boards of Health and Select Boards to both sign the same form in 19 towns during the winter storm season, some originals were not available to include in the application. All will be available at the FRCOG office by mid-March.

Attachment H: Support Letters from Western Massachusetts Applicants

Attachment I: Consultant Qualifications (a) – David Specht

David Specht is a professional consultant, facilitator and educator who serves as faculty for Champlain College's Masters Program in Mediation and Applied Conflict Studies and as Director of Research and Services to Organizations for Seeing Things Whole, a non-profit working with organizational leaders to create cultures that support ethical decision-making.

In his practice, David works with individuals, organizations and communities around planning, collaborative problem solving, managing difficult conversations, developing values-based decision-making practices, various forms of conflict engagement, and providing training in the areas of managing difficult conversations and meetings.

David's clients include organizations from around the country and have included for-profit organizations in the manufacturing, financial, entertainment and service sectors; religious, educational, and not-for-profit institutions; and government programs and agencies.

David is a graduate of Woodbury College's Conflict Management program, holds a BA in Psychology and Philosophy and a M. Div. from Andover Newton Theology School.

David is a contracted mediator, consultant and trainer with the Mediation and Training Collaborative in Greenfield, Massachusetts and the Dispute Resolution Center at Champlain College in Vermont. He is a member of the National Association for Conflict Resolution. He also serves as a facilitator and facilitator coach for Soliya, a program that brings together students from the U.S. and Arab-speaking worlds for dialogue and exploration.

Relevant projects include:

- Designed and led a process for Bloomfield Hills Public Schools (Michigan) involving taxpayers, school board, teachers, administrators and students to collaborate around difficult budget decisions.
- Designed and led a process for teachers, administrators and school board members for the Marlborough School District (New Hampshire) to prioritize needs and strategic emphases.
- Facilitated an open meeting for boards, committees and residents of Leverett to explore concerns related to land-use planning and ground water quality.
- Designed and led a joint planning retreat for the tenant's association board and housing authority board of a public housing development. (Brattleboro, Vermont)

Attachment I: Consultant Qualifications (b) – Greg Hessel

Greg Hessel is a professional trainer, facilitator, and consultant who has worked as an adjunct faculty in Woodbury College's Masters in Mediation Program and is Principal of ReGeneration Resources. Greg helps organizations grow, change, and manage conflict by providing change management, meeting facilitation, process redesign, systems redesign, training, and strategic planning services to organizations throughout New England. Greg is a graduate of Woodbury College's Conflict Management program and has a Master's of Science in Organizational Development from American University in Washington DC. Greg combines his expertise in managing conflict with a systems view of organizations to provide high quality interventions at the individual, group, and system's levels of organizations. By assessing organizational dynamics through multiple lenses, Greg takes pride in customizing interventions so that each client meets their individualized needs. Greg has extensive experience working with public sector and non-profit clients, designing and facilitating processes that lead to greater collaboration and improved performance. Relevant experiences include:

- Greg Hessel of ReGeneration Resources designed and facilitated seven meetings for the Vermont Department of Health that ended with a statewide strategic plan to address the disproportionate use of tobacco by some groups. The workgroup contained 20 to 35 members.
- ReGeneration Resources designed and facilitated a meeting for 20 school personnel from the Pittsfield School District and community partners that resulted in an agreement in regards to how a new collaborative afterschool program would be shaped.
- Greg Hessel of ReGeneration Resources designed and led a two hour meeting to help the Waterbury (VT) Select Board think about ways to improve its evaluation process.
- ReGeneration Resources led a year-long process of assessing and redesigning the collaborative relationship between Riverbend Community Mental Health (Concord, NH) and the schools that they work with in the treatment of students. This project was funded by the Foundation for Health (NH).
- ReGeneration Resources designed and led a day-long retreat for 25 board members of The Monadnock United Way to explore the relevancy of the organization's current mission.
- ReGeneration Resources lead a yearlong process of assessing and redesigning the collaborative relationship between Monadnock Family Services (Keene NH) and the schools they work with in the treatment of students.

Greg is a contracted trainer with Vermont Technical Colleges. He is a member of the OD Network, and the Association for Conflict Resolution.