

# Hosting a Franklin County Health District at the FRCOG



**PRESENTATION TO THE PUBLIC HEALTH PLANNING  
GROUP**

**9/19/11**

# Presentation Overview



- **FRCOG OVERVIEW AND STRUCTURE**
- **PROPOSED STRUCTURE OF HEALTH DISTRICT AT FRCOG**
- **ANSWERS TO FACILITATOR QUESTIONS**
- **RESPONSES TO TOP 5 PLANNING GROUP CRITERIA**
- **RESPONSES TO REMAINING PLANNING GROUP CRITERIA**

# FRCOG Overview and Structure



- **FRCOG HISTORY**
- **FRCOG AT A GLANCE**
- **FRCOG COUNCIL**
- **STRENGTHS OF FRCOG**

# FRCOG History

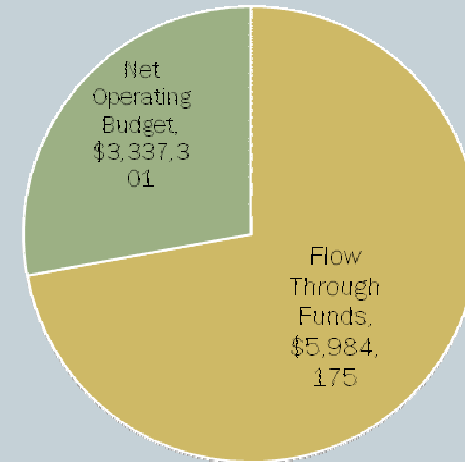


- Formerly the Franklin County Commission
  - County services; Jail; Registry of Deeds; Courthouse
  - Involuntary cherry sheet assessment
- Governor Weld intent on eliminating county government
- 1997 Franklin County voluntarily abolished itself
  - Charter to establish FRCOG was created by municipal officials and adopted by all 26 towns
  - Jail, Registry of Deeds and all real property transferred to state
  - Now a voluntary membership organization to deliver municipal and regional services

# FRCOG At A Glance

- Number of Employees:
  - 30 Full-time; 11 Part-time
  - 40 Full-Time Equivalents in total
- Total Budget – \$9.7m.
- Net Operating Budget – \$3.3m
- Source of Funds of Estimated Net Operating Budget:
  - 7% Regional Services Assessment
  - 69% Grants (state and federal)
  - 20% Fee for Service Program Assessments
  - 4% Misc. fees, interest, financial services, county road reimbursements, etc.
- Regional Services Assessment:
  - Used for administration of FRCOG, special projects and advocacy.
  - Has been reduced by 9.3% since 2001.

## FRCOG FY 11



**Flow Through Funds:** FRCOG in fiduciary role; primarily federal Homeland Security funds for western MA.

# FRCOG Council



## ❑ Composition:

- ❑ Select Board Member or Representative from each town (26)
- ❑ 2 regionally-elected to represent citizens
- ❑ 1 Franklin Regional Planning Board member

## ❑ Responsibilities:

- ❑ Policy creation and oversight
  - ❑ For policy issues: 1 person/1 vote
- ❑ Budget creation and oversight
  - ❑ For financial issues: weighted vote by EQV and population

## ❑ Subcommittees:

- ❑ Finance, Personnel, Bylaw and Executive Committees

# Strengths of the FRCOG



- ❑ Established infrastructure
- ❑ Accountable governance
- ❑ Experience with hosting regional programs
- ❑ Solid track record of grant writing and financial management
- ❑ Known entity
- ❑ Systems and structures in place for seamless start up

# Proposed Structure of Health District at FRCOG



- **STAFFING**
- **OVERSIGHT BOARD**
- **BUDGETING AND FINANCIAL OVERSIGHT**

# Health District Staffing



- ❑ **District Staff would be employees of the FRCOG**
  - ❑ Responsible to FRCOG policies and procedures
  - ❑ Covered by COG insurance and benefits
  - ❑ Supervised by FRCOG staff but also accountable to Oversight Board and Boards of Health
- ❑ **Hiring**
  - ❑ FRCOG hiring procedures
  - ❑ Oversight Board members and FRCOG administration will be the hiring committee for all District positions.
- ❑ **Performance Evaluation**
  - ❑ Oversight Board annually establishes District goals
  - ❑ Incorporated into FRCOG Employee Goals and Objectives performance system
  - ❑ Health Director responsible for supervisions, evaluation and discipline

# Health District Oversight Board



## ❑ Composition and Voting

- ❑ As proposed by DIG Planning Group

## ❑ Roles and Responsibilities

- ❑ Develop annual and long-term goals for District
- ❑ Set District priorities
- ❑ Active involvement with hiring
- ❑ Set District fees and assessment formula
- ❑ Adopt any District-wide regulations
- ❑ Develop draft operating budgets
- ❑ Review financial status

# Budgeting and Financial Oversight



## ❑ FRCOG Budgeting Process:

- ❑ Programs develop budgets and present budgets to Finance Committee.
- ❑ Finance Committee presents full FRCOG budget to Council.
- ❑ Effective checks and balances system to ensure quality service at reasonable cost.

## ❑ District Budgeting Years 1 and 2:

- ❑ Budget developed by Oversight Board and FRCOG during Grant writing.
- ❑ Budget amendments identified by FRCOG and/or Oversight Board and brought to COG Finance Committee for approval.

## ❑ District Budgeting Years 3 and beyond:

- ❑ District's Health Director, FRCOG Finance Department and Oversight Board monitor spending and review financial reports.
- ❑ Budget levels will be based on prior year costs and coming year priorities.
- ❑ The Oversight Board and District Director develop budget and meet with the FRCOG Finance Committee to discuss.
- ❑ A budget recommended by both bodies will be brought to the FRCOG Council

# Questions from Facilitators



- **EXPERIENCE HOSTING SIMILAR ENTITIES**
- **POSSIBLE CHALLENGES WITH BEING HOST AGENCY AND HOW THEY WOULD BE OVERCOME**
- **ACCOMMODATION OF THE PROPOSED TIERED PUBLIC HEALTH DISTRICT MODEL**
- **ORGANIZATION'S CAPACITY TO WRITE THE DIG IMPLEMENTATION GRANT.**
- **ABILITY TO MEET WORKFORCE REQUIREMENTS STIPULATED IN RFP.**
- **ACCOMMODATION OF PROPOSED GOVERNANCE MODEL.**

# FRCOG's Experience Hosting Similar Entities



- ❑ **Five similar municipal service programs**
  - ❑ Voluntary participation
  - ❑ Annual service contracts
  - ❑ Unique and separate budgets
  - ❑ Fair and equitable assessments formulas based on service
- ❑ **Two similar program oversight committees**
  - ❑ Franklin County Emergency Communication System (FCECS) Oversight Committee
  - ❑ Franklin County Cooperative Inspection Program (FCCIP) Advisory Board

# FRCOG's Experience Hosting Similar Entities

## ❑ FCECS Oversight Committee

- ❑ Oversees the operation of emergency communication in FC.
- ❑ Members selected by representative agencies: Fire, Police, Tristate Mutual Aid, FRCOG Council, Franklin EMS, Shelburne Control, Sheriff's Department.
- ❑ Determines the system's insurance, capital needs, maintenance.
- ❑ Oversees emergency repairs and system expansion.
- ❑ Develops the annual operating budget and user assessment formula.

## ❑ FCCIP Advisory Board

- ❑ Members appointed by the select board
- ❑ Reviews and approves budget and sets permit fees.
- ❑ Policy and programmatic changes and priorities.
- ❑ Involved in hiring.
- ❑ Brings feedback from stakeholders and acts as municipal liaison.

## Possible/Perceived Challenges with Being Host Agency and How They Would be Overcome



- ❑ Budget approval is with FRCOG Council.
  - ❑ Historically has not been a problem.
  - ❑ Acts as a good checks and balances system.
  - ❑ It forces staff to always think about how to improve service at lowest possible cost.
- ❑ Muni assessment has to be approved by Town Meeting.
  - ❑ We believe the model will be more palatable to munis who are wary of districts given experience with RSDs.
- ❑ Voluntary participation too fragile.
  - ❑ Will advocate that service contracts require 1 year notice to leave district.
  - ❑ Again, puts pressure on COG to provide quality service.
- ❑ If formation under Ch. 40(4)a does not work then we can consider creating a formal district.

# Accommodation of the proposed tiered public health district model



- ❑ COG willing to accommodate the comprehensive and shared service model.
- ❑ All of our municipal service programs operate with a similar model (towns have an option of buying all or some services). To be successful and solvent we have learned:
  - ❑ Towns must commit to the services they need for a year.
  - ❑ Assessments are based on historical data or some other allocation method that is fair and equitable.
  - ❑ Fee for service (buy it when you need it) will be a limited offering and only available in emergencies or if there is staff capacity.

## Organization's capacity to write the DIG implementation grant.



- ❑ The FRCOG is committed to this process and have allocated staff time to grant writing.
- ❑ The FRCOG has a strong track record of grant writing success.
- ❑ The FRCOG understands the goals of DPH and can write a strongly competitive grant.

## Ability to meet workforce requirements stipulated in RFP.



- ❑ The FRCOG is committed to hiring the needed staff at the required skill levels.

## Accommodation of proposed governance model.



- ❑ The FRCOG agrees to implement the recommendations of the Planning Group, which we understand to be:
  - ❑ Oversight Board will be composed of members from participating towns.
  - ❑ The voting structure will be ***One Town, One Vote by scope of involvement.***
  - ❑ The Board will meet regularly and get reports from staff, give input on priorities, set district fees, adopt any district-wide regulations, and review financial status. It will be involved in strategic planning, staff hiring, and any grant applications.
- ❑ If the towns that choose to participate in the District want to change the governance structure, the FRCOG is open to discussing changes.

# Responses to Top 5 Planning Group Host Agency Criteria:



- **CAPACITY TO PURSUE OTHER FUNDING SOURCES**
- **EXPERIENCE WITH FULL RANGE OF PUBLIC HEALTH SERVICE DELIVERY AND ADMINISTRATION ON A LARGER SCALE**
- **STABLE HISTORY, EXISTING INFRASTRUCTURE AND CAPACITY TO CARRY OUT THE ANTICIPATED REQUIREMENTS**
- **ABILITY TO MANAGE INFRASTRUCTURE: MANAGING DATA & CONTRACTS, AND COLLECTING ASSESSMENT REVENUE**
- **PROVIDES THE LOWEST OVERHEAD COST**

# Capacity to pursue other funding sources



- ❑ The FRCOG has the grant writing, management, and accounting capacity to pursue and manage other funding sources.
- ❑ We receive, responsibly manage, and are audited for over \$4 million of grant funding a year.
- ❑ We have federal grants with EDA, EPA, HUD, DOJ, FHWA.
- ❑ We have state grants with DPH, EOHED, DHCD, MassDOT.

# Experience with full range of public health service delivery and administration on a larger scale



## ❑ Community Coalition for Teens

- ❑ A teen pregnancy and substance abuse prevention program.
- ❑ Provides technical assistance in substance abuse prevention to schools and community agencies, survey and data evaluation services to school districts, and county-wide social norms and alcohol access prevention campaigns.

## ❑ Regional Health Inspection Program

- ❑ Serves 8 towns that pay annual assessment for defined services.
- ❑ Budget is a combination of town assessments and grants.
- ❑ Grant work includes hoarding assistance, private well water tracking, food inspection improvement.

## ❑ Town Nursing Program

- ❑ Serves 2 towns.
- ❑ Works closely with the UMass School of Nursing

## ❑ Mohawk Area Public Health Coalition

- ❑ Allocates funding and provides service to Boards of Health for emergency planning.
- ❑ Coordinated and part of a larger Regional Preparedness Program.

## Stable history, existing infrastructure and capacity to carry out the anticipated requirements



- ❑ The FRCOG has been in existence for 12 years and 200 years prior as the Franklin County Commission.
- ❑ We operate 5 municipal service programs, 4 large grant-funded programs, and numerous special projects and services.
- ❑ We manage and are fiduciary to over \$9.5 million/year and have a net operating budget of approximately \$3.3 million.
- ❑ Our infrastructure includes state of the art accounting software, expertise in procurement law and contract management, experience with invoicing, and an excellent reputation with state and federal funders.
- ❑ In early 2012 we will be moving into a new centrally-located facility in Greenfield, which would be available to the District staff.

## Ability to manage infrastructure: managing data & contracts, and collecting assessment revenue.



- ❑ The FRCOG's municipal service programs:
  - ❑ Town Accounting (12 towns), Building Inspection (15 towns), Town Nursing (2 Towns), Regional Health (8 towns), Cooperative Purchasing (30 + towns).
  - ❑ All programs have separate budgets and annual assessments that are collected quarterly by the FRCOG.
- ❑ The FRCOG currently manages more than 3 dozen state and federal grants.
- ❑ Recently implemented online permitting software that will be available to all of the district towns.

## Provides the lowest overhead cost



- ❑ The FRCOG does not charge a set “administrative rate” that is a percentage of all program funds.
- ❑ It annually develops an indirect rate that analyzes and allocates all indirect costs (all costs that are not a staff service hour)
  - ❑ Health insurance, benefit time, facility costs, administrative cost of processing payroll and bills, hardware and software costs, etc.
- ❑ While an unfamiliar method to many and at first a seemingly large percentage, it has proven to be a clean and accountable method.
- ❑ Locally and federally audited annually.

# Responses to Remaining Planning Group Criteria



❑ *Maximizes the possibilities for synergies and the interrelationship of service .*

- ❑ A regional health district located at the FRCOG would be ideally situated to collaborate and coordinate with several FRCOG programs:
  - ❑ FCCIP on issues of housing safety
  - ❑ CCT and our youth substance abuse prevention team on addressing tobacco and alcohol abuse prevention
  - ❑ Regional Preparedness on emergency dispensing sites, sheltering, outreach to vulnerable populations, and other emergency preparedness issues
- ❑ The FRCOG also has good relationships with the HCOG and could explore coordination and collaboration with the Health District being created in Hampshire County

❑ *Politically acceptable to towns.*

- ❑ As an entity covering the entire county and governed by representatives from each town, the FRCOG is a uniquely accountable organization.
  - ❑ Our personnel policies are set by town representatives, our salary grades and rates are set by town representatives, our budgets are approved by town representatives, and our Executive Director is closely supervised by a committee of five Franklin county residents.

- ❑ *Responsive to the DPH Request for Responses (RFR)*
  - ❑ The FRCOG can meet the relevant requirements of the RFR.
- ❑ *Aligns with the style of governance that the group adopts.*
  - ❑ Yes, previously addressed.
- ❑ *Possibility of phased or incremental implementation*
  - ❑ Yes, this is how all FRCOG municipal service programs have grown.
- ❑ *Responsive to the kinds of liability local communities are needing to manage*
  - ❑ The FRCOG has liability insurance and is committed to complying with the requirements of the funding, laws and regulations.
- ❑ *Aligns with service needs adopted by the group*
  - ❑ The FRCOG has experience with providing all of the services envisioned by the Planning Group, except animal inspection, and would be committed to hiring credentialed staff who are able to provide and manage the services the towns want.

- ❑ *Provides secure in-kind space*
  - ❑ The FRCOG offices at the new Transit Center will be secure, handicapped accessible, and affordable.
- ❑ *Willingness and ability to train current health agents serving district member towns to upgrade their skills*
  - ❑ The FRCOG is committed to professional development, and would support existing agents hired to work in the district expanding their skill set. We would be committed to meeting the workforce credential transitional period requirements in the RFR.
- ❑ *Centrally located*
  - ❑ Our main office is in Greenfield, though we have staff working all over the county.
- ❑ *Willingness to allow member towns discretion in local fees (separate from district assessment)*
  - ❑ Yes, but this will be a policy decision of the Oversight Board.
- ❑ *Ability to work with technical consultants*
  - ❑ Yes.

❑ *Has current public health prevention initiatives underway*

❑ Current prevention initiatives underway include:

- ❑ Well water safety and food inspection policy development through the Regional Health Agent
- ❑ Medication management services through the Town Nurse
- ❑ Substance abuse prevention social norms campaigns and alcohol access prevention campaigns (compliance checks, alcohol purchase surveys and “shoulder taps”) through the Community Coalition for Teens.

# Questions?

