# SAPHE Regional Grant Partnership - Needham, Dover, Medfield, Sherborn

## Working Group Meeting 3 Summary – May 8, 2023

## Medfield Town Hall- Medfield

**Attendance**:

*Dover*: Kay Petersen (BOH Chair), Jason Belmonte (Health Agent)
*Sherborn*: Jeremy Marsette (Town Administrator)
*Needham*: Edward Cosgrove (BOH Chair), Tim MacDonald (DHHS Director), Diana Acosta (Shared Services Manager), Julie McCarthy (Epidemiologist)
*Medfield*: Brenda Healy (Public Health Nurse), Bridget Sweet (Health Agent)
*Staff*: Regan Checchio and Matt Costas, RVA

Stephen Resch (of Medfield) and Daryl Beardsley (of Sherborn) are both on the Working Group but were not in attendance.

**Agenda**: Third and final scheduled meeting of a Working Group consisting of representatives from the four towns included in the SAPHE Grant partnership. This meeting provided updates to the SAPHE Grant budget outlined by the State and the draft Memorandum of Understanding shared with the Working Group after meeting #2. Additionally, this meeting offered insight into the advisory board.

**Summary**

Moderator Regan Checchio, RVA, led the discussion.

***Meeting #2 recap***: A brief summary of the previous Working Group meeting, as well as the virtual check-in on April 24, 2023 were both presented. At the previous meeting, it was agreed that T. MacDonald of Needham would work with Needham Town Counsel to revise the draft MOU and get additional feedback on the MOU language. Additionally, Dover and Sherborn had agreed to continue to meet to finalize the details of their shared Public Health Nurse, including a job description, salary range, and fringe benefit rate. All Working Group members agreed to speak with their respective Boards of Health to share the progress of the MOU process and begin determining names for the advisory board and alternates.

***Budget Update and Work Plan Template***: D. Acosta (Needham) led this part of the discussion, beginning by stating that the SAPHE grant budget for FY24 increased from $150,000 to $281,553.51. This figure represents the base amount, and in future years the total budget from this grant is likely to increase. While there will be some year-to-year variation in the exact amount, it was noted that this funding is not expected to decrease significantly. D. Acosta will share details from the State as to how exactly this amount was determined. In terms of the

timeframe of this grant funding, while three years was mentioned as a minimum amount, a timeframe of five to eight years was determined to be more realistic.

The workplan and budget are both due on May 26, 2023. D. Acosta noted that she has a template workplan from the State, which she will circulate to the group along with all other forms she needs to fill out. Additionally, she noted that she will need the FY23 and FY24 municipal health department budget from each of the four communities; if the FY24 budget is not available, copies of the two most recent fiscal year budgets will suffice.

D. Acosta also discussed the existing requirements from the Sate to receive SAPHE Grant funding. First, an IMA is required, which the Working Group has identified as a goal and is currently working towards. Additionally, a full-time Shared Services Coordinator is required, which is fulfilled by D. Acosta's role. Finally, the State is requiring that communities receiving SAPHE Grant funding integrate shared services to meet standards, which is being done through this Working Group process as well.

D. Acosta explained that the FY24 workplan she is working on has several objectives. The first is shared staffing, specifically with regards to expanding tobacco use prevention, housing, and environmental protection. This topic was discussed in some more depth later in the meeting. The second objective is environmental protection. While a goal of the SAPHE Grant, there is still some confusion as to exactly what the State is looking for and D. Acosta said she would be reaching out in the near future for more information. Finally, backup documentation is an element of the workplan, such as housing and food inspection reports. This documentation will be reviewed over the next year as part of the SAPHE Grant process to see what areas are open to improvement.

Discussion then progressed to the topic of allowable expenses under the SAPHE Grant. T. MacDonald emphasized that the State is very serious about SAPHE Grant funding expanding public health infrastructure, not simply supplanting existing capacity and funding. While funds may be used to purchase equipment as part of a broader project, the idea is to expand capacity and not simply purchase new equipment or cover routine expenses.

Tobacco control was then discussed as an area where shared staffing and service sharing could be explored. T. MacDonald noted that Needham's current tobacco control program is not part of a formal Tobacco Control Coalition. As such, there are three options for this group with regards to tobacco control: they could join a Tobacco Control Coalition, each develop their own programs, or use Needham's model to create a shared services program. The four communities could potentially agree to some form of service sharing for tobacco control, either the other three communities joining Needham's program, starting their own or becoming part of the State's program. D. Acosta noted that plans can always be updated and amended over time. It was agreed that this topic warrants further investigation and discussion.

***Shared Public Health Nurse***: An update was then offered on Dover and Sherborn's shared Public Health Nurse. K. Petersen (Dover) stated that progress has been made but there is not much to report. The towns have solidified a job description that should be ready for posting. It was noted that Dover's Town Administrator is on board with the service sharing agreement but

has some specific questions that would be appropriate for members of the Working Group. One question was if the position could be 40 hours/week and split evenly between Dover and Sherborn. It was mentioned that this is likely feasible, but Dover's Town Administrator would like confirmation. K. Petersen agreed that Dover would coordinate with D. Acosta, T. MacDonald, and other relevant Working Group members to set up a meeting with the Town Administrator to answer these questions.

K. Petersen also commented that Dover was not positive on the fringe benefit rate for this position. In response, it was noted that Needham does not need this number to be final, but needs a definitive figure for budgeting purposes. It was agreed that erring on the high-end would be best, and a rate of 40% was deemed to be an appropriate estimation.

Finally, T. MacDonald noted that regional grant funds can be used to post the Shared Public Health Nurse position on LinkedIn or other job boards. Given that the price of posting the job on various boards would be small, it was noted that this money could come out of the current FY23 budget.

***MOU Draft***: As a reminder, the objective of the Working Group was to have the MOU finalized and signed by June 30, 2023. Two signatures will be required from each community: the Board of Health Director and the Town Administrator/Manager. It was noted that this may differ slightly between communities, as Medfield mentioned they would require going through the Select Board for this.

It was agreed that the June 30 deadline is reasonable, and the Working Group is on track to meet it. It was also agreed that, if all of the respective towns approve the MOU and there are no issues, it would not be necessary for the Working Group to convene again. However, if any issues arise it may be advisable for the group to meet virtually before the June 30 deadline.

***Advisory Board****:* As was agreed in previous meetings, each community will name one voting member of the Advisory Board, one alternate voting member, and the necessary non-voting staff to attend meetings. The respective Boards of Health will be the ones determining members.

Updates were offered on this process from the towns. Needham has named E. Cosgrove as its voting member, and that D. Acosta and T. MacDonald will stay on as non-voting staff. Needham is still determining who the alternate voting member will be. Dover's Board of Health meeting is scheduled for May 8, and will raise the issue there. Sherborn's Board of Health will meet later in May and will put the issue on the agenda.

The timeframe of Advisory Board meetings was then discussed. It was agreed that late-July or early-August would be a reasonable timeframe for the first meeting, with exact dates to follow once all members are set. This first meeting should be held virtually, given the difficulty of scheduling in-person meetings over the Summer. However, future Advisory Board meetings should be in-person, with meeting locations rotated throughout the four communities (as was done with this Working Group). It was agreed that there should be a standing date for these meetings (first Thursday of the month, for example) or that all meetings for the year should be booked in advance.

A discussion about Open Meeting Law, and if the Advisory Board meetings are subject to it, followed. Regardless of whether or not these meetings are required to adhere to Open Meeting Law, it was agreed that they should anyway for the sake of transparency. As such, the Working Group recommended that all meetings of the Advisory Board adhere to Open Meeting Law so notice would be posted on the appropriate Town websites.

***Implementation Plan****:* The Implementation Plan for this initiative was then discussed. The Implementation Plan was broken into three components, short term, medium term, and long term actions.

The short term encompasses the rest of FY23. As previously mentioned, the MOU should be signed by all four communities by June 30. Additionally, the workplan and budget for FY24 should be finalized and sent to the State. The entirety of the advisory board should be named and in-place. Finally, the Public Health Nurse job position should be posted.

The medium term encompasses FY24. The Advisory Board should meet quarterly (at a minimum), starting in July 2023. Additionally, an Advisory Board for FY25 should be named during this timeframe. The group should work towards developing an IMA, and prepare a workplan and budget for FY25. Finally, there should be routine updates and reporting from any regional shared service staff hired.

The long term looks past FY24 and is more broadly defined. A Mutual Aid Agreement should be developed by the Advisory Board, either between the four communities or between all of the Region 4AB communities. Additional opportunities for service sharing should also continue to be explored.

***Takeaways and Action Items***

- D. Acosta to share workplan template, along with more information as to how the exact SAPHE Grant funding amount was determined
- Dover, Sherborn, and Medfield to send D. Acosta their municipal health department budgets for FY23 and FY24. If FY24 is not available, the two most recent fiscal years' will suffice
- K. Petersen and Dover to coordinate with D. Acosta and T. MacDonald to answer any questions Dover's Town Administrator has regarding the Shared Public Health Nurse position
- T. MacDonald to send updated MOU to RVA. RVA to distribute to the other Towns.
- All Towns to finalize and sign MOU by June 30
- All Towns to finalize Advisory Board (voting member, alternate member, non-voting staff) via their Boards of Health
- D. Acosta to schedule first Advisory Board meeting (to be held virtually)
- RVA to draft a "project history" to provide supplemental narrative material about the Working Group and the MOU process. This document will include stakeholder interviews, meeting notes, etc. and will be shared with the Towns.