



# OFFICE OF THE BOARD OF SELECTMEN

Veronica Kell, *Chairman*

Joseph Shank, *Vice Chairman*

Chaz Sexton-Diranian, *Clerk*

Ross Perry, *Interim Town Administrator*

## SELECTMEN'S MEETING MINUTES FOR AUGUST 17, 2021, AT 6:00 P.M.

TCAM Inc. is inviting you to a scheduled Zoom meeting.

Join Zoom meeting

<https://us02web.zoom.us/j/85338580850?pwd=a0NHbmtZakdtVHdZYWRGSXgyNm52dz09>

Meeting ID: 853 3858 0850

Passcode: 294062

### I. PRELIMINARIES - VOTES MAY BE TAKEN:

#### 1.1 VK called the meeting to order at 6:00P.M.

Roll call vote:

Chairman, Veronica Kell (VK)

Vice-Chairman, Joseph Shank (JS)

Clerk, Charles Sexton-Diranian (CSD)

#### 1.2 Pledge of Allegiance

#### 1.3 VK announced the meeting is being tape recorded.

#### 1.4 Chairman's Additions or Deletions.

4.2 Energy Committee will not be present

#### 1.5 Public Comment Period. (none)

#### 1.6 Review/Approve the meeting minutes

CSD moved to approve the meeting minutes for March 16, 2021. JS seconded. VK to accept as amended. Unanimous vote.

### ~~II. APPOINTMENTS AND HEARINGS - VOTES MAY BE TAKEN:-~~

### III. APPOINTMENTS OF OFFICIALS/PERSONNEL - VOTES MAY BE TAKEN:

6:20P.M. Joint meeting with the Planning Board per separately posted agenda

Carol Hoffses, Planning Board Member present.

CSD: I make a motion to appoint Julie Byers as full member to the Planning Board for a term to expire April 27, 2022 or the next Annual Town Election. JS seconded. Unanimous vote. Carol Hoffses, Planning Board (YES)

### IV. MEETING BUSINESS - VOTES MAY BE TAKEN:

#### 4.1 Nate Erwin - Boston Medical Center plan and grant discussion on opioid crisis

The Board met with Mr. Erwin, Boston Medical Center, Gary Shepherd, Deputy Fire-EMS Chief, Marty Scott, Fire-EMS Captain and Jay Sartell, Police Chief met with the Board to discuss the HEALing Communities Study and Grant opportunities. (see attached presentation)

#### HEALing Communities Study:

- NIH funded grant aimed at reducing opioid overdose deaths in Massachusetts, New York, Kentucky, and Ohio.





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- Wave 1 Communities: Brocton, Bourne & Sandwich, Gloucester, Holyoke, Lowell, Plymouth, Salem, Shirley & Townsend.
- Advisory Board: Provides guidance on the overall direction of the project. Informs decision-making. Advises on design and implementation. Have representation from all 16 communities as well as expert practitioners and leaders from across the state.

### Additional topics:

- Costs after the grant has been expended
- Statistics, tracking, and networking improvements
- Aftercare and changing behaviors
- Family Care
- Not supported by Big Pharma
- Partnerships with Gamma

### 4.2 Discussion municipal aggregation with the Energy Committee

Mr. Perry, Interim Town Administrator explained Municipal Aggregation is a process where municipalities can aggregate the electrical load of customers within their borders to procure competitive supply of electricity.

VK: liaison to the Energy Committee to meet with the Committee and bring feedback to the Board (see attached letter from the Energy Committee).

### 4.3 Discuss Town Hall office hours

The Board agreed to speak with Department Heads for discussion of Town Hall office hours.

### 4.4 Electronic sign board policy and use request form

Mr. Perry presented the Board with a draft policy and approval form (see attached)

CSD read the policy into the record. Second reading of the policy will be at the next meeting.

### 4.5 Discussion CvRF-MP consulting.

CSD: I move that we go with Capital Strategic Solutions in regard to their proposal for the CARES Act & FEMA Grant Support Services for the Town of Townsend. JS seconded. Unanimous vote.

CSD: I make a motion to allow the Interim Town Administrator to sign the proposal for the CARES Act & FEMA Grant Support Services with Capital Strategic Solutions. JS seconded. Unanimous vote.

## V. WORK SESSION - VOTES MAY BE TAKEN:

### 5.1 Town Administrator's Updates and Reports. (see attached report)

- Hanging the flags on Main Street for holidays
- Electronic Sign Board Policy & Form
- Extended time allowed for an unregistered car complaint on 85 Tyler Road





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- Working with Water Superintendent on a water main project
- Informal meeting with Representatives from the five unions

### 5.2 Reports from Board liaisons.

VK:

Attended Finance Committee Meeting

Attended Conservation Commission Meeting

JS:

Alarmed by an issue after a Conservation Meeting

Meeting with Fire Chief and all is going well with Police & Fire Department.

CSD:

Recreation - Successful summer program

Attorney General approved 2 warrant articles from the Planning Board

- Scenic Roads and Age Restriction bylaw

### 5.3 Announcements, Communications, etc.

Funds are available for heating, windows, septic systems, painting, etc., and applicants must be income qualified. Thursday, August 19th, 7 p.m., Diane Hansen from Community Opportunities Group (COG) who administers the grant for the town will be present and will explain more about the program and answer questions.

### 5.4 Next meeting 8/31/21 at 6:00P.M.

5.5 CSD moved to review and sign payroll and bills payable warrants next week out of session. JS seconded. Unanimous vote.

JS may not be able to attend August 31, 2021

~~VI. EXECUTIVE SESSION – VOTES MAY BE TAKEN.~~

### VII. ADJOURNMENT:

CSD moved to adjourn at 7:58P.M. JS seconded. Unanimous vote.

Respectfully submitted by,

Carolyn Smart  
Executive Assistant

For a details discussion please click here: <https://youtu.be/fqHFnj35Tmk>



**Board of Selectmen Meeting jointly  
With the Planning Board  
Agenda**

**Tuesday August 17, 2021, at 6:20 PM**

VIRTUAL MEETING

VIA: ZOOM PER GOVERNOR'S ORDER SUSPENDING CERTAIN PROVISIONS  
OF THE OPEN MEETNIG LAW, G.L. c. 30A, § 20†

**PUBLIC ACCESS ZOOM MEETING LINK: Join Zoom Meeting**

<https://us02web.zoom.us/j/85338580850?pwd=a0NHbmtZakdtVHdZYWRGSXgyNm52dz09>

**Meeting ID: 853 3858 0850**

**Passcode: 294062**

**All are invited to Attend - Materials and documents are available digitally upon  
request by emailing [bfaxon@townsendma.gov](mailto:bfaxon@townsendma.gov).**

**1 Preliminaries: votes may be taken.**

1.1 Call the meeting to order and roll call.

**2 Appointments: votes may be taken.**

2.1 Discussion with Planning Board: appointment of Julie Byars as a Full Member to the Planning Board for a term to expire on 4/27/2022, or the next Annual Town election.

**3 Adjournment**

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† Per the Governor's Order, and during the State of Emergency now-in-effect or until sooner rescinded, public bodies are relieved from the requirement that they conduct their meetings in a public place that is open and physically accessible to the public; provided, however, that all public bodies shall ensure public access to deliberations through adequate, alternative means, which include (but are not limited to) telephone, internet or satellite enabled audio or video conferencing or other technology that enables the public to clearly follow the proceedings of the public body while they are occurring. The Order also allows remote participation by all members of a public body; and waives the requirements that a quorum and the chair be physically present at the meeting location.





**Greeley Road Water Main**

I'm working with the Water Superintendent to post this project per procurement law and the Town will be soliciting at least three quotes. Pending contractor response, the intention is to start the project around the end of September or early October.

**Union contracts**

I've had informal meetings with the representatives from the five unions.

**Draft agenda 8/21/21**

- Joint meeting with the Audit and Finance Committees to review FY21 Financial Statement and Management Letter
- Discuss emergency broadband benefits fund
- Decide on rate of pay for recycling center personnel

Respectfully submitted:

Ross Perry

Interim Town Administrator



**Flags:**

The issue of hanging flags along Main St for key holidays appears to be resolved

The Hwy Dept will provide a 6-wheel truck and the Flag committee will have a volunteer ride along and install / remove the flags. They will communicate ahead of time to coordinate this work. If needed, Hwy will provide a chase vehicle with flashing lights.

I checked with the Town's insurance carrier and no additional coverage is needed for this work.

Mass DOT said nothing extra is needed to do this work along a State Hwy. The State Police do not need to provide a traffic detail

Thank you to Jim Smith for helping with this solution.

**Town Electric Sign Board usage policy and request form:**

Following up a discussion at a previous Board meeting, I propose the policy and use form that is in your meeting packet. If the Board agrees, request forms will be signed the Board Chair, saving time over waiting for a full Board approval. Public Safety will have priority use of the electronic sign and will not use the request form process.

**85 Tyler Rd.**

The person renting at that location said he's removed several of the unlicensed vehicles and asked for more time to finish the removal before fines are imposed. I asked the police department to check, and they verified that some progress has been made. Accordingly, I called the tenant and notified the property owner that the deadline for the removal of all the unlicensed vehicles is extended to August 29, 2021.





## TEC

### TOWNSEND ENERGY COMMITTEE

272 Main Street

Townsend, Massachusetts, MA 01469

Brent R Carney, Chairman; Michael Brown, Ph.D., Vice-Chairman; Kathy Thompson;  
Edward Hermann; Ron Montgomery

Dear Board of Selectmen:

The Townsend Energy Committee recommends that Townsend engaged the below service providers to obtain information about potential savings and advantages to Municipal Energy Aggregation and consider pursuing competitive Energy Aggregation contract electric rates as an alternative to standard electric rates for all our public buildings. Municipal Electric Aggregation is also available for Town governments to organize on behalf of residential customers but at this time we are suggesting that the Town look to save money and/or anchor the rate part of costs for periods of time that may aid planning.

The Committee has had exposure to two firms that specialize in Commercial, Industrial and Government Property. We hope the Town will contact these and other brokers to learn next steps and get quotes.

#### **Freedom Energy Logistics (FEL), Auburn, NH.:**

The committee had a virtual meeting with Steve Jorgensen, representative in February 2021. FEL is a licensed Massachusetts energy broker that may help with Electric and Natural Gas rates.

Learn more about FEL: <https://felpower.com/>

Contact: Steve Jorgensen, 603-790-8785, [steve.jorgensen@FELpower.com](mailto:steve.jorgensen@FELpower.com)

#### **Constellation Energy (Separate Commercial / Muni Div)**

A pair of Committee Members attended a seminar where we learned the benefits of aggregation. Constellation is endorsed by the Massachusetts Municipal Association. About 90 Mass Cities and Towns use their services.

Learn more about MMA's "Munenergy Program":

<https://associations.constellation.com/mma/>

Contact: Charlotte Diogo, 508-208-4387, [charlotte.diogo@constellation.com](mailto:charlotte.diogo@constellation.com)


Sincerely,



Brent R Carney

Energy Committee Chair, on behalf of the Townsend Energy Committee






Presented to:  
**Energy Committee**  
**Town of Townsend, MA**

February 2021

Presented by:  
**Steve Jorgensen**  
**Freedom Energy Logistics**




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### Freedom Energy Logistics

**Our Mission:** is to be our clients' go-to Energy Advisor providing the most effective energy supply management and renewable solutions in support of their unique business goals and sustainability objectives.

As your Energy Advisor, our team:

- Take the time to understand your energy goals and objectives
- Advocates for you and works to continually add value
- Offers a comprehensive portfolio of energy management solutions that are custom tailored to support your unique energy requirements, bottom-line objectives, risk tolerance, and sustainability goals
- Focuses on delivering client service and excellence for your long-term satisfaction


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### Understanding Townsend's Goals and Energy Future

- What is your current energy procurement strategy?
  - Utility supply?
  - Cost stability?
- Which benchmarks do you use to measure success?
  - Usage? Annual cost?
  - Cost vs utility? Cost vs budget?
- Do you have sustainability goals or other planned energy initiatives?
  - Carbon footprint? Green initiatives? Solar?
  - EV Fleet/Charge Points?

As your Energy Advisor, Freedom assists you through the process.




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## Freedom Energy Logistics – Service Offerings

- Freedom offers a wide-range of energy solutions to best-suit our clients' requirements.
- Depending on the Town's energy objectives, we will strategize with you to provide the most effective solution to achieve your energy goals.

<b>Electricity</b> <ul style="list-style-type: none"> <li>• Price-to-hold</li> <li>• Capacity Day Market</li> <li>• Forward Response</li> <li>• Fuel Supply</li> </ul>	<b>Oil/Track</b> <ul style="list-style-type: none"> <li>• Lease Back Program</li> <li>• Lease Back studies</li> <li>• Budget Price setting</li> <li>• Emergency Alerts</li> </ul>
<b>Go Green</b> <ul style="list-style-type: none"> <li>• Virtual Net Metering</li> <li>• LED &amp; Efficiency</li> <li>• Electric Vehicle &amp; Storage</li> <li>• Energy Audits</li> </ul>	<b>Natural Gas</b> <ul style="list-style-type: none"> <li>• Natural Gas Supply</li> <li>• Virtual Hedging</li> <li>• Gas-to-Liquid</li> <li>• Fuel Supply</li> </ul>



## Choose a Solution that Supports Townsend's Energy Goals



A fixed price electricity solution enables you to lock in a set rate for your supply. Your monthly bill varies based on consumption, but the rate you pay remains fixed.

### Benefits:

- Provides budget certainty, price stability and predictability of your operational costs
- Protects you from energy-market price volatility
- Supports a Town's low risk tolerance for budget flexibility
- Offers contract terms typically from 12 to 48 months

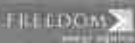
This is a popular solution for Cities and Towns across MA based on their goals.



## Freedom Energy Logistics

Our team adds value as we work with you. We ...

- Continually monitor the market
- Understand the difference between Municipal and C&I loads/budgets and manage accordingly
- Know the importance of vetting contracts in advance of a bid date
- Avoid language that allows termination damages when routine load shifting occurs each year
- Deliver competitive, transparent bidding based on vetted, fundamentally equivalent contracts and rounds of indicative pricing
- Provide Post contract support:
  - Monitoring enrollments
  - Assisting with drops, adds, and contract amendments during the term
  - Advocating for you in event of a billing dispute
- Proactively manage your account





## Next Steps ...

Submit your Energy Bills  
Provide Authorizations  
Schedule Time for our Next Meeting



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## Freedom Energy Logistics



**2021 BUSINESS REVIEW**  
Recognized Excellence Award  
2021 Outstanding Performance - 1st Place  
2021 Customer Satisfaction

**ISO 9001**  
Award of Excellence for Quality Management System  
2020 ISO 9001 Certification

**STAR OVER 100**  
2020 Award of Excellence for Quality Management System

**2020 ACHIEVEMENT AWARD**  
Award of Excellence for Quality Management System

**2020 ACHIEVEMENT AWARD**  
Award of Excellence for Quality Management System



**Contact:** Steve Jorgensen  
steve.jorgensen@felpower.com  
603-625-2244



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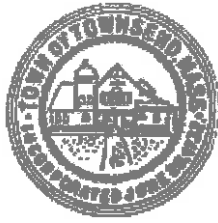
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# Townsend

## MASSACHUSETTS

### Sign Board Usage Policy

(Electronic trailer mounted sign)

- Town business only – not for private, corporate or religious functions
- Town business includes but is not limited to:
  - Traffic routing and road / building closures
  - Elections, Town Meetings, Public hearing notices
  - Water bans
  - Welcome home to military personnel
  - Town events
  - Fundraising events related to town functions such as Library, COA,
  - Health related issues
- Precedence will be given to emergencies, as determined by Public Safety officials. This could mean interrupting a previously approved sign posting. (Public Safety officials do not need approval to post messages related to an emergency.)
- Requests for postings should be submitted at least two weeks prior to the event, except in the case of emergency.
- Using the attached form, sign requests should be approved by the Select Board Chair.
- The Town agrees to loan the sign to other communities for use during an emergency.

Date policy approved by Select Board: \_\_\_\_\_





# Townsend

## MASSACHUSETTS

### Request for use of the Town Electric Sign Board

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Reason: \_\_\_\_\_

Message to be displayed: (max 8 characters per line, including spaces, max 3 lines per screen, max 2 screens) (Shorter is better)

_____	_____
_____	_____
_____	_____

Requested dates: \_\_\_\_\_  
Start End

Every effort will be made to honor the requested sign dates. However, emergency uses and scheduling of other requests may result in limits to the number of days for each message.

Submit the form to the Select Board office at the Town Hall or [Selectboard@townsendma.gov](mailto:Selectboard@townsendma.gov)

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#### Official Use

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Chair's decision: ☐ Approved ☐ Denied

Chair's signature: \_\_\_\_\_

Approved request sent to: \_\_\_\_\_ date: \_\_\_\_\_





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# **Proposal for CARES Act & FEMA Grant Support Services for the Town of Townsend**

Presented by



**Overview**



Capital Strategic Solutions (CSS) is a certified **Women-Owned Business** that specializes in grant writing and administration, community/public relations, community engagement, crisis communication, website design services and tactical social media outreach. At CSS, we provide specialized grant writing and administration focused on state and federal grant programs. We offer professional consulting services through an authentic exchange with our clients and by building meaningful relationships. CSS provides support services to assist our clients in developing the tools that they need for success. Our team focuses on the organization and flow of information and will conduct research to allow our clients to increase their productivity. We strive to obtain sustainable results that benefit the community.

## Primary Goal

Capital Strategic Solutions will provide specialized consulting services to include grant management and reporting in an effort to maximize the Town of Townsend's drawdown of state and federal funding streams from the CARES Act, FEMA and other Covid-19 pandemic response programs.

CSS is prepared to offer the following services including, but not limited to:

- **Development of a comprehensive portfolio with multiple funding streams to support the Town of Townsend's Covid-19 pandemic disaster response**
- **Financial, procurement and administrative support services associated with FEMA, Cares Act and COVID-19 funding**
- **Management of the Town's disaster response funding streams in compliance with the Office of Management and Budgets (OMB) Uniform Administrative Requirements, cost principles and audit requirements for federal awards**

## CARES Act and FEMA Pandemic Recovery Funding

Capital Strategic Solutions will develop a comprehensive recovery funding portfolio for the Town of Townsend with multiple funding streams to support the Town's Covid-19 pandemic disaster response. The portfolio will include reimbursement programs, grants or loans from various federal or state programs, especially those identified in CARES Act, through FEMA and other Covid-19 related state and federal legislation.

CSS will manage the flow of response funding programs through submission, approval, denial and appeals, and/or implementation and closeout of all related projects. This effort shall augment and expand the Town's capacity for cost tracking, recordkeeping, records retention and fiscal management to support the recovery programs associated with the pandemic. CSS will develop a fiscal management tool to assist in tracking all Covid-19 pandemic response funding and expenditures and shall provide appropriate written and oral reporting of all funding streams related to Covid-19 pandemic response funding.



## Financial, Procurement & Administrative Support Services

Capital Strategic Services has decades of experience working with municipal finance, state and federal procurement requirements. The Project Manager also possesses extensive experience and training related to emergency management and federal grants management. CSS is prepared to provide the administrative support that is necessary to appropriately file for reimbursements through state and federal funding and shall supply the Town of Townsend with full reporting on all grant activities related to the Covid-19 pandemic response funding on a weekly, bi-weekly or monthly basis at the discretion of the Town.

### Project Manager:

**Designated Project Manager: Jennifer Thompson, MPA**

With over twenty years of experience in the public sector, Jennifer has spent much of her career managing multimillion dollar budgets, infrastructure funding, and administering state and federal grants in both large and small communities. She has a strong background and training in emergency management and is MCPPO certified. Jennifer holds a Masters Degree in Public Administration, a Bachelors Degree in Communications, as well as many professional certifications.

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A *Not to Exceed* proposal for the fiscal management and reporting of grant funding related to response from the Covid-19 pandemic (specifically CARES Act and FEMA funding) for a period covering five months is ***Twenty-Five Thousand Six Hundred Dollars (\$25,600)***. Work will commence upon the signed acceptance of the proposed services as described above.

*Nichol M. Figueiredo*

Authorized by Nichol M. Figueiredo  
Chief Executive Officer  
Capital Strategic Solutions, LLC.  
August 2, 2021

Authorized by \_\_\_\_\_

\_\_\_\_\_  
Town of Townsend  
August 2, 2021



[Send Files](#)[Contact](#)[Inquiries](#)

## Governmental Accounting Support

# Thank You

Thank you for submitting your inquiry! We have received your information and one of our team members will follow up with you shortly. If you need immediate assistance, please feel free to call us at 800.282.2440.

### Locations

Merrimack, New Hampshire  
Andover, Massachusetts  
Greenfield, Massachusetts  
Ellsworth, Maine

### Contact

**800.282.2440**

**Send us a Message**

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My questions:

1. How was the experience working with CSS/Jennifer Thompson?
2. Would you use them again?

**Capital Strategic Services References: 2 responses.**

- 1) Town of Clinton, Community & Economic Development Director **Phillip Duffy, 978-356-4113** - *Number is in error*
- 2) Town of Easton, Director of Public Works **David Field, 508-230-0800** - *Very happy with CSS services, and still contracted with them. Using them in a PR capacity: social media; web page updates; hotline # screening to direct to correct department. Also PFAS outreach & hotline for that.*
- 3) Town of Westminster, Assistant Director of Public Works **Patrick Haley, 978-868-0326**
- 4) Town of Holden, Director of Public Works **John Woodsmall, 774-696-0960**
- 5) Central Mass Stormwater Coalition Project Manager **Kerry Reed, 803-960-3671** - *Kerry is the chair of this committee. Good experience with CSS. Still using them for social media outreach. Very responsive; clear invoicing and great communications (if a report is needed; answering questions, etc)*
- 6) City of Cambridge Public Works Project Manager **Diane Stokes, 701-696-7000**

**Jennifer Thompson References Specific to Similar Projects**

- 1) Management of town-wide response and disaster recovery related to Covid-19 pandemic including managing CARES Act funding  
Town of Plainville  
Point of Contact/Reference: **Chief Justin Alexander, Emergency Management Director, 508-455-7556** - *left message*
- 2) Management and disaster recovery including FEMA submittal and audit – multiple snowstorms  
Town of Plainville  
Point of Contact/Reference: **Paul Scott, DPW Director, 774-462-1164**
- 3) Management and disaster recovery including FEMA submittal and audit – multiple snowstorms  
City of Framingham  
Point of Contact/Reference: **Daniel Nau, Highway Director, 508-958-0889**
- 4) Management of over 250 million in ARRA funding including mandatory federal reporting  
City of Framingham  
Point of Contact/Reference: **William Sedewitz, Director of Engineering, 508-328-4544** - *Jennifer is outstanding!! In all roles she held. Excellent technically. Capital improvement budget. Grant work +++.*



### **Capital Strategic Services References:**

- 1.) Town of Clinton, Community & Economic Development Director **Phillip Duffy, 978-356-4113**
- 2.) Town of Easton, Director of Public Works **David Field, 508-230-0800**
- 3.) Town of Westminster, Assistant Director of Public Works **Patrick Haley, 978-868-0326**
- 4.) Town of Holden, Director of Public Works **John Woodsmall, 774-696-0960**
- 5.) Central Mass Stormwater Coalition Project Manager **Kerry Reed, 803-960-3671**
- 6.) City of Cambridge Public Works Project Manager **Diane Stokes, 701-696-7000**

### **Jennifer Thompson References Specific to Similar Projects**

- 1.) Management of town-wide response and disaster recovery related to Covid-19 pandemic including managing CARES Act funding  
Town of Plainville  
Point of Contact/Reference: **Chief Justin Alexander, Emergency Management Director, 508-455-7556**
- 2.) Management and disaster recovery including FEMA submittal and audit – multiple snowstorms  
Town of Plainville  
Point of Contact/Reference: **Paul Scott, DPW Director, 774-462-1164**
- 3.) Management and disaster recovery including FEMA submittal and audit – multiple snowstorms  
City of Framingham  
Point of Contact/Reference: **Daniel Nau, Highway Director, 508-958-0889**
- 4.) Management of over 250 million in ARRA funding including mandatory federal reporting  
City of Framingham  
Point of Contact/Reference: **William Sedewitz, Director of Engineering, 508-328-4544**



**FW: New submission from Partner With Our Outsourcing Team**

**Scott McIntire** <[smcintire@melansoncpas.com](mailto:smcintire@melansoncpas.com)>

Mon 8/16/2021 8:10 AM

**To:** Veronica Kell <[vkell@townsendma.gov](mailto:vkell@townsendma.gov)>

Good morning Veronica,

We are the outside independent auditor for the Town, and professional standards would not permit us to provide this service.

Thanks for the inquiry.

Thank you,

Scott

**Scott McIntire, CPA**

2020-2021



P: 603.882.1111 | D: 603.484.6850 | [melansoncpas.com](http://melansoncpas.com)

9 Executive Park Drive, Suite 100, Merrimack, NH 03054

Merrimack, NH | Andover, MA | Greenfield, MA | Ellsworth, ME

[Facebook](#) | [LinkedIn](#) | [Twitter](#)



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**From:** Alina Korsak <[akorsak@melansoncpas.com](mailto:akorsak@melansoncpas.com)>

**Sent:** Thursday, August 12, 2021 2:01 PM

**To:** Scott McIntire <[smcintire@melansoncpas.com](mailto:smcintire@melansoncpas.com)>

**Subject:** FW: New submission from Partner With Our Outsourcing Team

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**From:** Nicole Manning <[nmanning@melansoncpas.com](mailto:nmanning@melansoncpas.com)>

**Sent:** Thursday, August 12, 2021 1:57 PM



**To:** Alina Korsak <[akorsak@melansoncpas.com](mailto:akorsak@melansoncpas.com)>

**Subject:** FW: New submission from Partner With Our Outsourcing Team

Hi Alina,

This request just came through for Outsourced Accounting through the website. Can you please follow-up?

Thanks!

-Nicole

**Nicole Manning**

*Nicole Manning*



P: 603.882.1111 | D: 603.484.6874 | [melansoncpas.com](http://melansoncpas.com)

9 Executive Park Drive, Suite 100, Merrimack, NH 03054

Merrimack, NH | Andover, MA | Greenfield, MA | Ellsworth, ME

[Facebook](#) | [LinkedIn](#) | [Twitter](#)




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**From:** Melanson CPAs <[websiteinquiry@melansoncpas.com](mailto:websiteinquiry@melansoncpas.com)>

**Date:** Thursday, August 12, 2021 at 1:49 PM

**To:** Contact Us <[ContactUs@melansoncpas.com](mailto:ContactUs@melansoncpas.com)>

**Subject:** New submission from Partner With Our Outsourcing Team

**Municipality Name**

Town of Townsend

**State**

MA

**Name**

Veronica Kell

**Email**

[vkell@townsendma.gov](mailto:vkell@townsendma.gov)

**Phone**





**Re: Town of Townsend - CARES Act reconciliation consulting**

Veronica Kell <vkell@townsendma.gov>

Fri 7/23/2021 1:00 PM

To: Hannah.York@claconnect.com <Hannah.York@claconnect.com>

Hi Hannah,

Is your firm available to consult for accounting for Covid funds (CvRf-MP)?

Veronica

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**From:** Veronica Kell

**Sent:** Friday, July 9, 2021 9:12 AM

**To:** Hannah.York@claconnect.com <Hannah.York@claconnect.com>

**Subject:** Town of Townsend - CARES Act reconciliation consulting

Hello, Hannah,

I received your contact information from Terry Walsh, our interim Town Accountant.

The town was without an accountant from March to mid-June. Our interim accounting team is very busy with FY21 work to be completed and the start-up of FY22. Terry mentioned that your firm helped Ashby with the management of Covid/CARES Act funding.

Townsend did receive CARES Act funds. We are interested in finding help with the accounting of these funds that have been and are being expended.

Please let me know if this is something that you could talk with us about.

Sincerely,  
Veronica

Veronica Kell  
Board of Selectmen



**RE: Townsend CARES**

Theresa Walsh <twalsh@townsendma.gov>

Wed 8/4/2021 1:38 PM

To: York, Hannah <Hannah.York@claconnect.com>

Cc: Ramos, Seila <Seila.Ramos@claconnect.com>; Veronica Kell <vkell@townsendma.gov>

Hi Hannah:

Thanks for your response. We totally understand.

Best of luck to you.

Terry Walsh

Theresa Walsh  
Interim Town Accountant  
272 Main St  
Townsend MA 01463  
978-597-1700 ex 1705  
twalsh@townsend ma.gov

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**From:** York, Hannah <Hannah.York@claconnect.com>

**Sent:** Wednesday, August 4, 2021 12:42 PM

**To:** Theresa Walsh <twalsh@townsendma.gov>

**Cc:** Ramos, Seila <Seila.Ramos@claconnect.com>

**Subject:** Townsend CARES

Terry,

I'm sorry to take so long. Unfortunately, we are absolutely buried right now with Year end, CAREs, FEMA and now ARPA. At this time I don't think we can take on any additional work. I am sorry, if things change I will let you know.

Thank you

**Hannah York, CPA, CGA**

Principal

State and Local Government

**Direct 781-402-6430** Mobile 210-347-9233

CLA (CliftonLarsonAllen LLP)

[hannah.york@CLAconnect.com](mailto:hannah.york@CLAconnect.com)

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Wealth Advisory | Outsourcing | Audit, Tax, and Consulting



NIH  
**HEAL**  
INITIATIVE

HEALing Communities Study

# Welcome to the HEALing Communities Study

6/1/2021



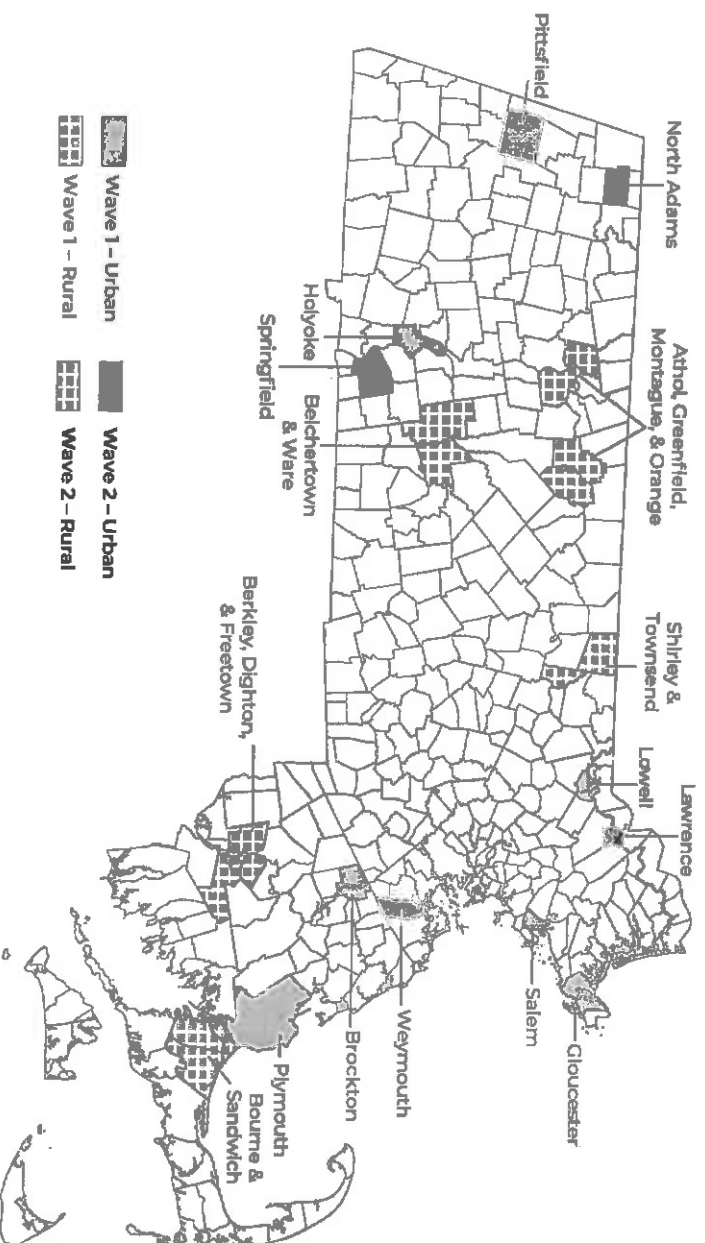
NIH HEAL Initiative and Healing 10 End Addiction Long-term are service marks of the U.S. Department of Health and Human Services.

HCS MA PHASE 0 MEETING INTERNAL DOCUMENT



# HEALing Communities Study

- NIH funded grant aimed at **reducing opioid overdose deaths** in Massachusetts, New York, Kentucky, and Ohio - Learn more at [www.healingcommunitiesstudy.org](http://www.healingcommunitiesstudy.org)
- Wave 1 Communities: Brockton, Bourne & Sandwich, Gloucester, Holyoke, Lowell, Plymouth, Salem, Shirley & Townsend





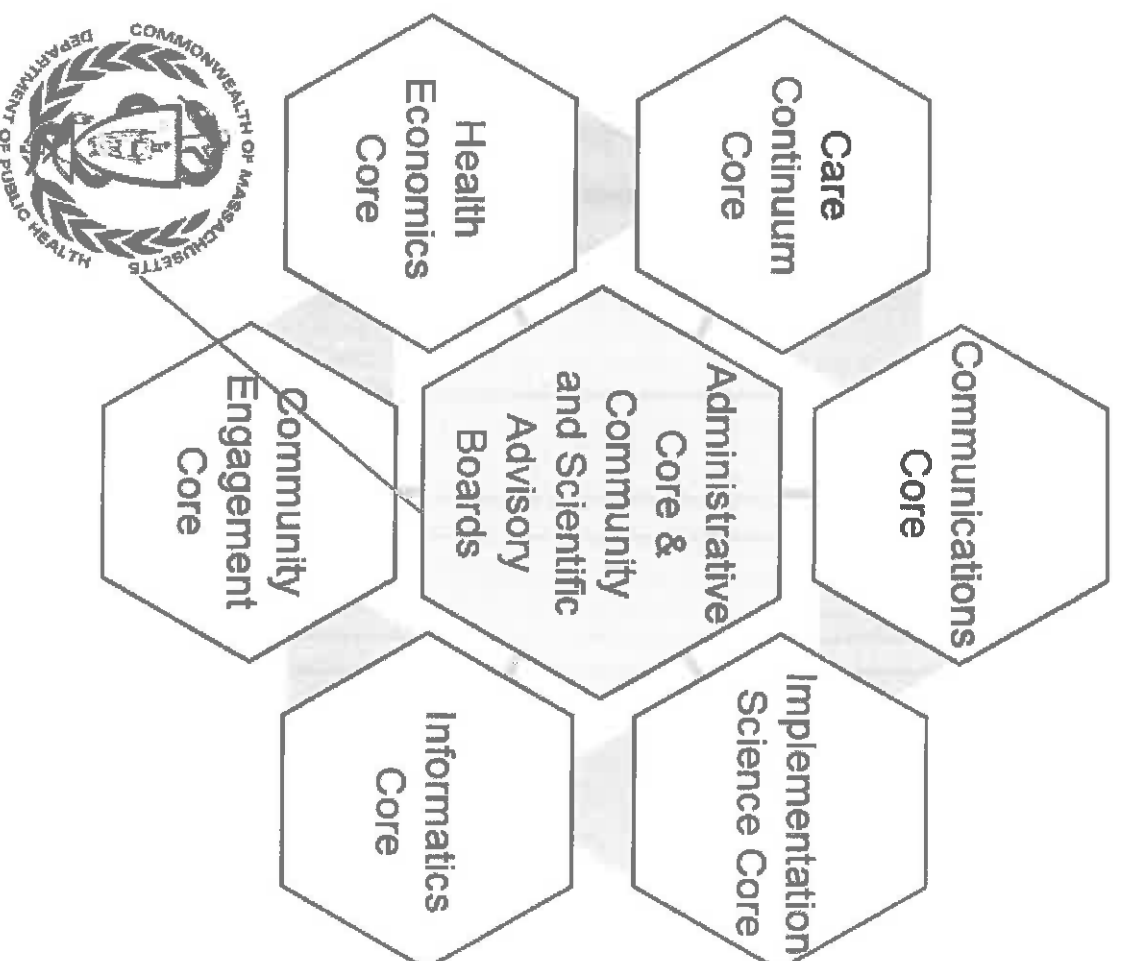


# What is the HCS goal?

- **To reduce opioid overdose deaths by 40%.**
  - **To sustain what works and share our lessons learned broadly**



# A little bit about the MA HCS team



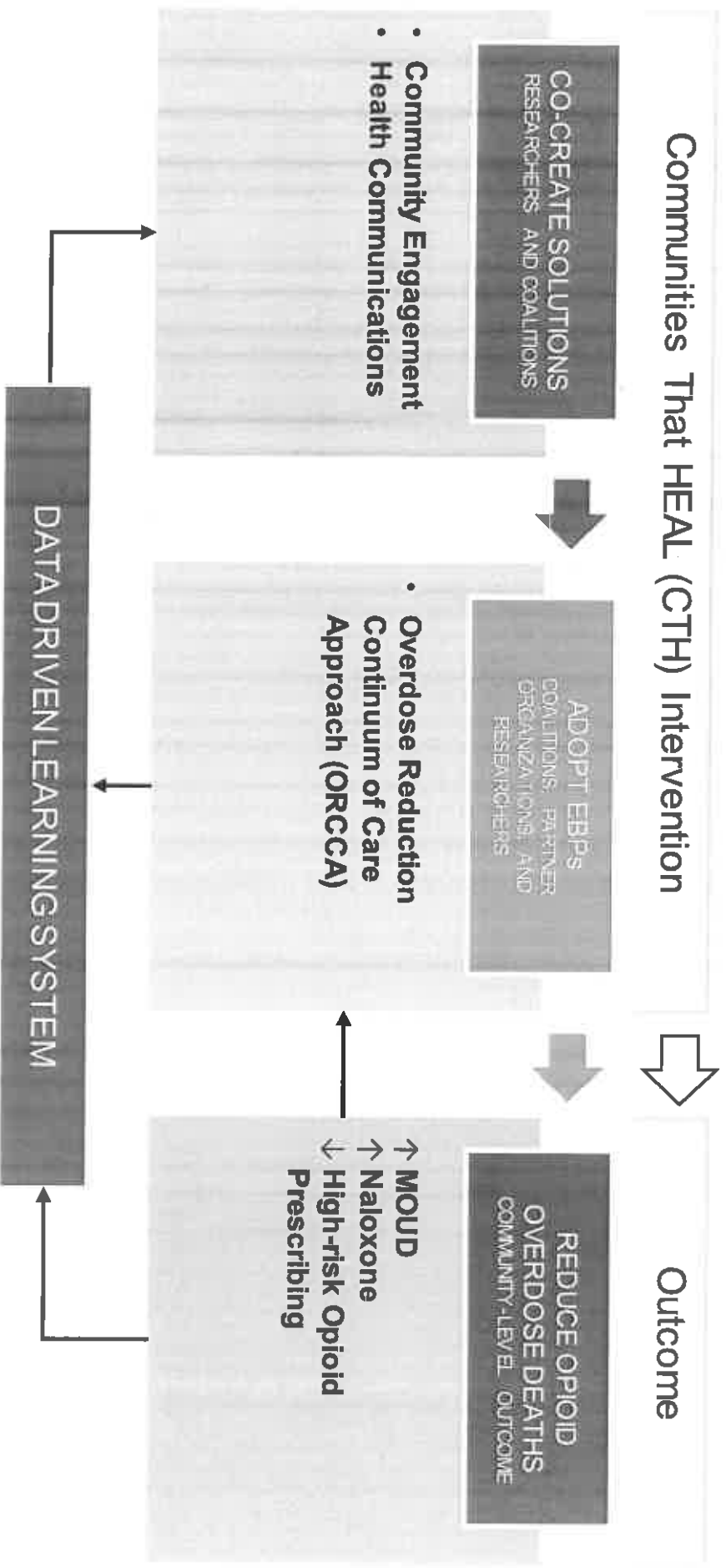


## **Our Community Advisory Board (CAB)**

- Provides guidance on the overall direction of the project.
- Informs decision-making.
- Advises on design and implementation.
- Will have representation from all 16 communities as well as expert practitioners and leaders from across the state.



# Overview of HCS Study Design







# CTH partnerships key to real-world implementation of addiction treatment

Review local data to identify treatment needs

Community coalitions

HCS funding and TTA

State DPH officials

Assist in implementing EBPs

Facilitate collaboration, access to data, policy changes



# Communities That HEAL Intervention

## Wave 1 Overview

NIH  
HEAL  
INITIATIVE

HEALing Communities Study



NOTE: Dates represent estimated start of each phase. HCS = HEALing Communities Study; ORCCA = Opioid Overdose Reduction Continuum of Care Approach; EBP = Evidence-based Practices.



# Questions and Discussion



## Background: The HEALing Communities Study

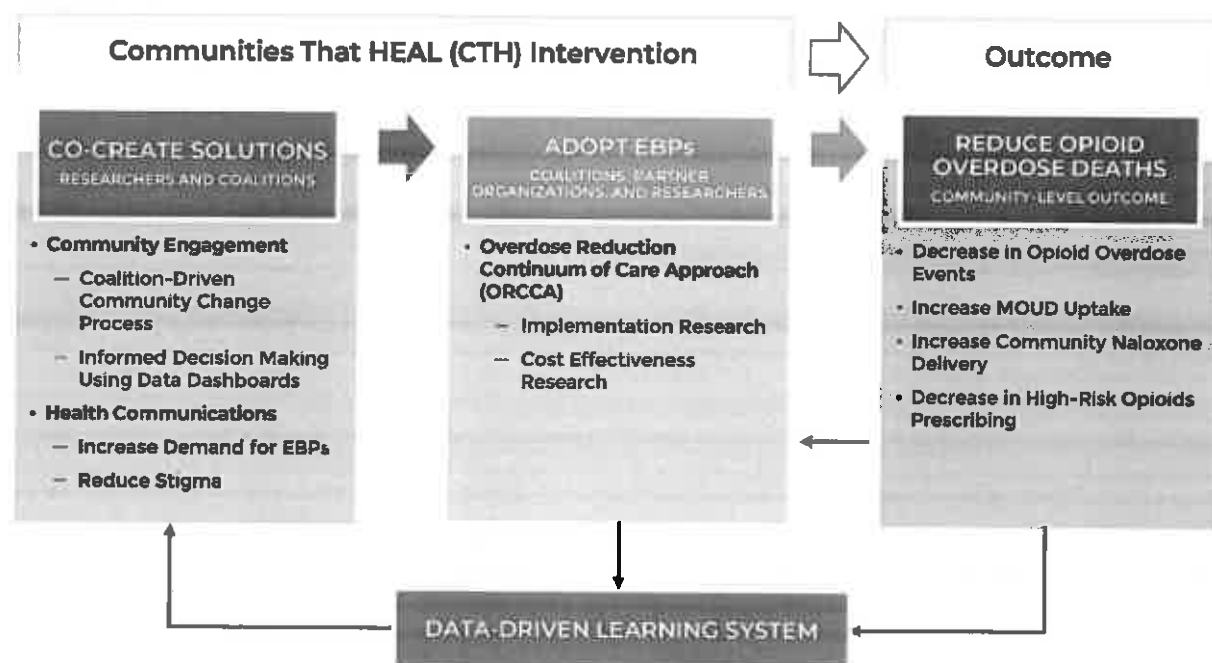
Massachusetts is among the 10 US states with the highest rates of opioid-related overdose deaths. It is one of four states participating in the federal HEALing Communities Study<sup>1</sup> (HCS), with the goal of reducing opioid overdose deaths by 40% in participating communities. The Massachusetts grant was awarded to a research team at Boston Medical Center (BMC). With an awareness that collaboration between researchers and community partners is essential to reducing opioid-related overdose deaths, the study is guided by shared decision-making and a community-engaged process.

## The Communities That Heal Intervention

The team at Boston Medical Center will work with community members via coalition building and a data driven decision making process to implement the Communities That HEAL (CTH) Intervention. The CTH intervention is designed to reduce opioid-related overdose deaths across health care, behavioral health, justice, and other community settings by:

1. Increasing naloxone (Narcan) distribution and overdose prevention education
2. Increasing access to medication for opioid use disorder
3. Improving opioid prescribing safety

**Figure 1: Conceptual Framework for the Communities That HEAL Intervention**



<sup>1</sup> The HEALing Communities Study is part of the national Helping to End Addiction Long-term<sup>SM</sup> Initiative, or NIH HEAL Initiative<sup>SM</sup>. The Massachusetts study team is comprised of Principal Investigator Jeffrey Samet, MD, of Boston Medical Center (BMC); representatives of the Massachusetts Department of Public Health; and subject matter experts at BMC, Boston University, and several other academic institutions in Massachusetts.





## Massachusetts HCS Communities

Sixteen rural and urban communities across Massachusetts that have been highly affected by the opioid overdose crisis were recruited to participate in the study. In October 2019, the 16 communities were randomly assigned either to Wave 1 or Wave 2, which determined the types of activities the study will undertake in the communities until December 31, 2021. The randomization process ensured that Wave 1 and Wave 2 communities are similar in terms of rural or urban status, population size, and opioid overdose burden.

Massachusetts HCS Wave Assignments	
Wave 1 Communities	Wave 2 Communities
Bourne/Sandwich	Berkeley/Dighton/Freetown
Brockton	Belchertown/Ware
Gloucester	Greenfield/Montague/Athol/Orange
Holyoke	Lawrence
Lowell	North Adams
Plymouth	Pittsfield
Salem	Springfield
Shirley/Townsend	Weymouth

Through December 2021, BMC will provide funds, training, and technical assistance to Wave 1 communities to implement the CTH intervention process to:

- Identify local needs and existing resources related to the opioid overdose crisis.
- Select and implement a range of evidence-based practices to reduce opioid overdose deaths.
- Communicate messages to reduce the stigma of opioid use disorder and increase the number of individuals receiving medication for opioid use disorder.
- Accelerate access to medication for opioid use disorder for individuals at high risk during hospitalization, incarceration, or detoxification.

Each component is based on evidence that informs the strategies to reduce the negative impact of opioid use disorder, initiate and maintain people with opioid use disorder in treatment, and ultimately save lives.

During this timeframe, Wave 2 communities and coalitions will receive resources for related data improvement projects and are preparing to implement the CTH intervention beginning in January 2022.

The ultimate effectiveness and sustainability of the Massachusetts HEALing Communities Study lies in the participating communities. Boston Medical Center is committed to facilitating an ongoing reciprocal relationship with HEAL communities that amplifies the impact of knowledge gained from the research study.

For more information, see [healtogetherma.org](https://healtogetherma.org) or email [heal@bmc.org](mailto:heal@bmc.org).



**HCS Massachusetts Action Plan Summary - Coalition: Shirley & Townsend (based on 18 months: 8/2020 - 12/2021)**  
**3/17/2021, \$625,946**

ORCCA Objective 1: Increase Opioid Overdose Prevention Education and Naloxone Distribution (OEND)	
Direct distribution (required) 1 of 2	
Selected Strategy (from ORCCA: specific strategy)	Direct distribution to at-risk individuals and their social networks and/or high-risk venues <b>- Naloxone will be distributed by HARM REDUCTION SPECIALIST(S) (HRS) via direct outreach to high-risk populations</b>
ORCCA Goal (How it advances the overall HCS goal?)	<ul style="list-style-type: none"> <li>➤ Creation of a system to increase distribution of Naloxone. <ul style="list-style-type: none"> <li>○ from 3 access points to 12 in S/T</li> <li>○ from 55 access points to 82 in S/T and communities within a 20 mi radius.</li> </ul> </li> <li>➤ We will reach a larger high-risk population with greater frequency.</li> <li>➤ Adds .5 bi-lingual HRS to reach non-English speaking individuals with SUD and their families</li> </ul>
Targeted populations	<ol style="list-style-type: none"> <li>1) homeless individuals living in encampments</li> <li>2) housed individuals who use opioids</li> <li>3) current and recent court-involved individuals</li> <li>4) individuals who have previously overdosed</li> <li>5) individuals newly released from SUD treatment facilities</li> <li>6) individuals newly released from psychiatric facilities</li> <li>7) individuals for whom English is a 2nd language</li> <li>8) individuals engaged in mental health services</li> <li>9) individuals recently released from HOC</li> <li>10) individuals living in rural areas not serviced by public transportation</li> </ol>
High-Risk Sectors (BH, CI, HC)	BH – 5, 6, 8 CI – 3, 9
Specific Activities Needed to Implement Selected Strategy: (who, what, when, where)	<p>Hire Harm Reduction Specialist (HRS) who will prioritize Shirley/Townsend. HRS will be employed by Restoration Recovery and will conduct mobile outreach to:</p> <ol style="list-style-type: none"> <li>1. High risk areas in S/T as identified and informed by COIN (Community Outreach Initiative Network), S/T residents with lived experience and other members of the coalition.</li> <li>2. Housed individuals who use opioids as identified by COIN, outreach efforts/word of mouth, direct mail, and social media communications campaign.</li> <li>3. Former and current court-involved individuals as identified COIN, Office of Community Corrections (OCC) and South Middlesex Correctional Center</li> <li>4. Individuals who have previously overdosed as identified by referral agreements among partners e.g., Restoration Recovery, COIN, Nashoba ED, Emerson ED and Leominster ED.</li> <li>5. Individuals newly released from SUD treatment as identified via referral agreements between RR and area providers including Community Healthlink, AdCare, Spectrum, Recovery Centers of America, Washburn House, etc.</li> <li>6. Individuals newly released from psychiatric facilities as identified via referral agreements between RR and area providers including Community Healthlink, TaraVista, Worcester Recovery Center, Bournwood, etc.</li> </ol>



	<p>7. Individuals for whom English is a 2nd language as identified via referral agreements with Spanish American Center</p> <p>8. Individuals engaged in mental health services as identified by referral agreements with area mental health providers e.g., CHL, etc.</p> <ul style="list-style-type: none"> <li>- HRS will provide Narcan and "first touch" to individuals at highest risk and then connect people to Recovery Coach and Community Health Worker for referral and engagement in MOUD and community services.</li> <li>- The HRS will work as part of a multi-disciplinary team which includes the OBAT nurse, RC, MSW, CHW and RC Supervisor/Program Director to provide wrap around person-centered, strength-based care to individuals at high-risk of overdose living in S/T and nearby communities.</li> </ul>
TA Needed	Assistance to develop MOUs, Harm Reduction job description and OEND training via Gary Langis, Mary Wheeler & BMC
HCS Funds Needed	\$146,912.
<b>Direct distribution (required) 2 of 2</b>	
Selected Strategy (from ORCCA: specific strategy)	<p>Direct distribution to at-risk individuals and their social networks and/or high-risk venues</p> <ul style="list-style-type: none"> <li>- <b>Naloxone distribution expansion to individuals newly released from Worcester HOC with post-incarceration naloxone kits, with special focus on residents of S/T.</b></li> </ul>
ORCCA Goal (How it advances the overall HCS goal?)	Expands existing efforts to distribute Naloxone by adding coordination between providers of Naloxone to reach individuals not currently being served e.g., those released by Worcester House of Correction and those living in S/T who are geographically underserved by harm reduction services
Targeted Populations	<p>1) Individuals recently released from corrections.</p> <p>2) Individuals living in rural areas who are geographically underserved by harm reduction services</p>
High-Risk Sectors (BH, CJ, HC)	CJ - Individuals recently released from corrections
Specific Activities Needed to Implement Selected Strategy: (who, what, when, where)	<p>1. HRS will collaborate with COIN and PAARI to identify individuals in S/T who have been recently released from corrections.</p> <p>2. HRS will conduct outreach to identified individuals to both provide Naloxone and to engage individuals in MOUD services if they wish.</p>
TA Needed	TA by Margaret Hester, BMC Criminal Justice Specialist to explore additional opportunities to serve individuals with SUD who are court-involved.
HCS Funds Needed	Cost of intervention included "Direct Distribution 1 of 2"
<b>Distribution by referral (optional) 1 of 4</b>	
Selected Strategies	<p>Distribution by referral, refer at pharmacy.</p> <p><b>-NALOXONE COPAYS WILL COVERED FOR RESIDENTS OF SHIRLEY/TOWNSEND AT "CONSUMER FRIENDLY" PHARMACIES* in Shirley and Townsend.</b></p> <p>* consumer friendly as determined by regularly surveying/interviewing our target populations</p>
ORCCA Goal (How it advances the overall HCS goal?)	<p>➢ Increases number of Narcan "consumer friendly" (as defined by those receiving services and/or impacted by SUD) pharmacies from 0 to at least 1 in each town (S/T) as well as surrounding towns.</p> <p>➢ Eliminates cost as a barrier to accessing Narcan by prescription e.g., cost of co-pays, eliminated</p>
Targeted Populations	1) Individuals who use opioids



	2) Current and recent court-involved individuals 3) Individuals who have previously overdosed 4) Individuals newly released from SUD treatment facilities. 5) Individuals newly released from psychiatric facilities. 6) Individuals engaged in mental health services. 7) Individuals recently released from HOC. 8) Individuals with chronic illness 9) Families and friends of individuals 1-8	
High-Risk Sectors (BH, CI, HC)	BH – 5,6,9 CI – 2,7,9 HC – 8,9	
Specific Activities Needed to Implement Selected Strategy: (who, what, when, where)	<ul style="list-style-type: none"> <li>➤ Anchor site OBAT nurse and coalition pharmacy advisor (Kristen B.) will establish working relationship with pharmacy and bridge Narcan accessibility with community.</li> <li>➤ Safe prescriber champion continue outreach to pharmacies/pharmacist in Shirley/Townsend</li> <li>➤ Co-pays for residents of S/T will be eliminated.</li> </ul>	
TA Needed	Pharmacies may benefit from academic detailing; BMC IS team will aid with qualitative data	
HCS Funds Needed		\$2,640.
<b>Distribution by referral (optional) 2 of 4</b>		
Selected Strategies	<b>DISTRIBUTION BY REFERRAL TO DISPENSING PROGRAM</b> - <b>NALOXONE AND OEND EDUCATION PROVIDED TO RELIGIOUS ORGANIZATIONS</b>	
ORCCA Goal (How it advances the overall HCS goal?)	<ul style="list-style-type: none"> <li>➤ Increases number and variety of Naloxone access points in S/T.</li> <li>➤ Increases knowledge of addiction, recovery, and harm reduction across multiple sectors</li> </ul>	
Targeted Populations	1) Individuals who use opioids 2) current and recent court-involved individuals 3) Individuals who have previously overdosed 4) Individuals newly released from SUD treatment facilities. 5) Individuals newly released from psychiatric facilities. 6) Individuals engaged in mental health services. 7) Individuals recently released from HOC. 8) Individuals with chronic illness 9) Families and friends of individuals 1-7	
High-Risk Sector (BH, CI, HC)	BH – 5,6,9 CI – 2,7,9 HC – 8,9	
Specific Activities Needed to Implement Selected Strategy: (who, what, when, where)	<ul style="list-style-type: none"> <li>➤ As a member of the North Central Massachusetts Interfaith Council, Restoration Recovery will facilitate connecting the Anchor site OBAT nurse and/or HRS and/or RC to faith community in S/T to identify churches which would be receptive to Naloxone education and Naloxone.</li> </ul>	





	<ul style="list-style-type: none"> <li>➤ OBAT nurse and/or HRS and/or RC will conduct outreach to faith community in S/T to identify churches which would be receptive to Naloxone education and Naloxone.</li> <li>➤ Churches which are receptive will receive Naloxone education and Naloxone.</li> </ul>
TA Needed	OEND training via Gary Langis, Mary Wheeler & BMC.
HCS Funds Needed	Cost included in salaries of HRS, RC, OBAT nurse, Restoration Recovery Program Director, and "Direct Distribution 1 of 2
<b>Distribution by referral (optional) 3 of 7</b>	
Selected Strategies	<p>Distribution by referral to dispensing program.</p> <p><b>-NARCAN WILL BE INITIATED BY SELF-REQUEST VIA TECHNOLOGY THROUGH AN APP DEVELOPED BY JRI WITH SPECIFIC SHIRLEY AND TOWNSEND RESOURCES</b></p>
ORCCA Goal (How it advances the overall HCS goal?)	Increase number and variety of Naloxone access points in S/T
Targeted Populations	<ol style="list-style-type: none"> <li>1) homeless individuals living in encampments</li> <li>2) housed individuals who use opioids</li> <li>3) current and recent court-involved individuals</li> <li>4) individuals who have previously overdosed</li> <li>5) individuals newly released from SUD treatment facilities</li> <li>6) individuals newly released from psychiatric facilities</li> <li>7) individuals for whom English is a 2nd language</li> <li>8) individuals engaged in mental health services</li> <li>9) individuals recently released from HOC</li> <li>10) individuals living in rural areas not serviced by public transportation</li> <li>11) individuals with chronic illness</li> </ol>
High-Risk Sectors (BH, CI, HC)	<p>BH – 6,8</p> <p>CI – 3,9</p> <p>HC - 11</p>
Specific Activities Needed to Implement Selected Strategy: who, what, when, where)	<ol style="list-style-type: none"> <li>1. JRI (Harm Reduction provider for S/T) will provide app which can be used to request Narcan by mail and receive training on Narcan administration.</li> <li>2. The JRI app will be configured by RR for S/T to include providers in Worcester County e.g., CHL, LUK, Inc., Restoration Recovery, Cleanslate, Spanish American Center, etc., where people from S/T are more likely to seek services.</li> <li>3. Harm Reduction Specialist (HRS) and Recovery Coach will provide phone number(s) to call or text to request Naloxone</li> </ol>
TA Needed	Assistance to develop sustainable plan which will meet the harm reduction needs of S/T.
HCS Funds Needed	\$5,000.
<b>Distribution by referral (optional) 4 of 7</b>	
Selected Strategies	<p>Distribution by referral: Immediate availability in over-dose hotspots</p> <p><b>-NALOXBOX(ES) will be installed at locations in Shirley and Townsend where individuals at high risk are known to frequent</b></p>
ORCCA Goal (How it advances the overall HCS goal?)	Increase number and variety of Naloxone access points in S/T and nearby communities.



Targeted Populations	1) homeless individuals living in encampments 2) housed individuals who use opioids 3) current and recent court-involved individuals 4) Individuals who have previously overdosed 5) Individuals who inject drugs 6) Individuals with mental illness 7) Bystanders/general population of S/T and nearby communities 8) Park Rangers
High-Risk Sectors (BH, CI, HC)	BH – 6 CI – 3
Specific Activities Needed to Implement Selected Strategy: (who, what, when, where)	1. Harm Reduction Specialist and/or Mobile OBAT nurse will engage decision makers in S/T vicinity to educate and seek their support for placement of Naloxones in <ol style="list-style-type: none"> <li>state parks in S/T vicinity</li> <li>transportation venues in S/T vicinity</li> </ol> 2. Naloxones will be situated at <ol style="list-style-type: none"> <li>Willard Brook State Forrest in West Townsend</li> <li>Pearl Hill State Park in Townsend</li> <li>Shirley Train Station</li> <li>Leominster Train Station</li> </ol> 3. Naloxones will be maintained by HRS hired by Restoration Recovery
TA Needed	OEND training via Gary Langis, Mary Wheeler & BMC.
HCS Funds Needed	\$4,350.
ORCCA Objective 2: Outreach and Delivery of MOUD to High-Risk Populations	
MOUD Expansion (Required)	
Selected Strategy	Expand MOUD treatment to high-risk populations in high-risk venues and/or telemedicine, interim MOUD and med units. - <b>Provide OBAT BY MOBILE TELEMEDICINE</b>
ORCCA Goal (How it advances the overall HCS goal?)	Increase census at local OBATs (CHL Leominster and Emerson Hospital; efforts already underway); both sites already have excess capacity currently.
Targeted Populations	1) homeless individuals living in encampments 2) housed individuals who use opioids 3) current and recent court-involved individuals 4) Individuals who have previously overdosed 5) Individuals newly released from SUD treatment facilities 6) Individuals newly released from psychiatric facilities 7) Individuals for whom English is a 2nd language 8) Individuals engaged in mental health services 9) Individuals recently released from HOC
High-Risk Sectors	CI – 3, 9 BH – 5, 6 & 8



(BH, CI, HC)	
Specific Activities Needed to Implement Selected Strategy: (who, what, when, where)	<ol style="list-style-type: none"> <li>1. Recovery Coaches and HRS will conduct outreach to increase awareness of MOUD services available at CHL, Cleanslate, ChoiceOne, Spectrum, Fitchburg Comprehensive Treatment Center, etc.</li> <li>2. Recovery Coaches and HRS will help connect individuals in S/T who are interested in receiving MOUD or learning more about MOUD to CHL OBAT nurse</li> <li>3. CHL OBAT nurse will travel to individuals in S/T to provide mobile OBAT</li> </ol>
TA Needed	PCSS training(s) on how to provide MOUD by telemedicine and mobile services.
HCS Funds Needed	[Salary for Outreach RN and Recovery Coach (Anchor site expenses- NOT a COALITION expense)]
<b>MOUD Treatment Engagement and Retention (Incarcerated)</b>	
Selected Strategy	<b>MOUD Treatment Engagement and Retention</b> <b>Enhancement of clinical delivery approaches. Hire 2 RECOVERY COACHES</b> <ul style="list-style-type: none"> <li>o 1 AT RESTORATION RECOVERY</li> <li>o 1 at CHL (already hired—INCLUDED IN OBAT MOBILE BY TELEMEDICINE STRATEGY ABOVE)</li> </ul>
ORCCA Goal (How it advances the overall HCS goal?)	<ul style="list-style-type: none"> <li>➤ Creates person-centered, strength-based supports to assist individuals in S/T with SUD to build recovery capital necessary to begin and maintain recovery.</li> <li>➤ Eliminates or greatly reduces transportation as a barrier to MOUD services</li> </ul>
Targeted Populations	<ol style="list-style-type: none"> <li>1) homeless individuals living in encampments</li> <li>2) housed individuals who use opioids</li> <li>3) current and recent court-involved individuals</li> <li>4) individuals who have previously overdosed</li> <li>5) individuals newly released from SUD treatment facilities</li> <li>6) individuals newly released from psychiatric facilities</li> <li>7) individuals for whom English is a 2nd language</li> <li>8) individuals engaged in mental health services</li> <li>9) individuals recently released from HOC</li> <li>10) individuals living in rural areas not serviced by public transportation</li> <li>11) individuals with chronic illness</li> </ol>
High-Risk Sectors (BH, CI, HC)	BH – 6,8 CI – 3,9 HC - 11
Specific Activities Needed to Implement Selected Strategy: (who, what, when, where)	<ol style="list-style-type: none"> <li>1) A Recovery Coach will be hired by Restoration Recovery.</li> <li>2) Two Recovery Coaches will develop and maintain respective caseloads and provide coverage to each other, prioritizing S/T. (Recovery Coach #1 already hired by Anchor Agency/CHL)</li> <li>3) Individuals who are at high risk will be referred to Recovery Coaches by               <ol style="list-style-type: none"> <li>a. The HRS, who encounters individuals while conducting outreach in high-risk areas in S/T as detailed in section above: Direct distribution 1 of 2.</li> <li>b. ED's per agreement with hospitals following overdose.</li> </ol> </li> </ol>



	4) The Recovery Coaches will work as part of a multi-disciplinary team which includes the OBAT nurse, HRS, MSW, CHW and RC Supervisor/Program Director to provide wrap around person-centered, strength-based SUD care to individuals at high-risk of overdose living in S/T and nearby communities.
TA Needed	TA needed to develop MOUs with hospitals
HCS Funds Needed	
<b>MOUD Treatment Engagement and Retention (Required)</b>	
	\$72,883.
Selected Strategy	MOUD Treatment Engagement and Retention <ul style="list-style-type: none"> <li>- Enhancement of clinical delivery approaches: Hire, train and support a CERTIFIED RECOVERY COACH SUPERVISOR/PROGRAM DIRECTOR FOR RECOVERY HUB</li> </ul>
ORCCA Goal (How it advances the overall HCS goal?)	<ul style="list-style-type: none"> <li>➤ Adds a certified recovery coach supervisor to Restoration Recovery where it does not currently exist.</li> <li>➤ Creates a "Recovery Hub" in close proximity to S/T</li> </ul>
Targeted Populations	<ul style="list-style-type: none"> <li>1) homeless individuals living in encampments</li> <li>2) housed individuals who use opioids</li> <li>3) current and recent court-involved individuals</li> <li>4) individuals who have previously overdosed</li> <li>5) Individuals newly released from SUD treatment facilities</li> <li>6) Individuals newly released from psychiatric facilities</li> <li>7) Individuals for whom English is a 2nd language</li> <li>8) Individuals engaged in mental health services</li> <li>9) Individuals recently released from HOC</li> <li>10) Individuals living in rural areas not serviced by public transportation</li> </ul>
High-Risk Sectors (BH, CJ, HC)	BH – 5,6,8 CJ – 3,9
Specific Activities Needed to Implement Selected Strategy: (who, what, when, where)	<ul style="list-style-type: none"> <li>1. Hire a .75 Program Director/Certified Recovery Coach Supervisor/RN (PD) at Restoration Recovery</li> <li>2. Hire a .5 admin to support the Hub.</li> <li>3. Engage Human Resource support for 4.25 FTEs.</li> <li>4. Engage Accounting and book-keeping</li> <li>5. The PD will provide direct support to Harm Reduction Specialist, Recovery Coach at RR, and dotted line supervision to CHW and CHL Recovery Coach and act as primary liaison to EDs, TaraVista &amp; LUK, Inc</li> <li>6. The PD will receive OBAT training.</li> <li>7. The PD will work as part of a multi-disciplinary team which includes the OBAT nurse, RC, MSW, CHW and HRS to provide wrap around person-centered, strength-based SUD care to individuals at high-risk of overdose living in S/T and nearby communities.</li> </ul>
TA Needed	TA to research ways to sustain Restoration Recovery beyond the life of the study. OBAT training for Program Director/Certified Recovery Coach Supervisor/RN
HCS Funds Needed	
<b>MOUD Linkage (Required)</b>	
	\$257,140.
Selected Strategy	Linkage programs and linking MOUD as linkage adjunct: Facilitating Same Day access to MOUD





ORCCA Goal (How it advances the overall HCS goal?)	Link clients presenting to EDs and/or Restoration Recovery with immediate, low threshold MOUD using telemedicine technology. This option does not currently exist in S/T or nearby communities.
Targeted Populations	<ol style="list-style-type: none"> <li>1) homeless individuals living in encampments</li> <li>2) housed individuals who use opioids</li> <li>3) current and recent court-involved individuals</li> <li>4) individuals who have previously overdosed</li> <li>5) individuals newly released from SUD treatment facilities</li> <li>6) individuals newly released from psychiatric facilities</li> <li>7) individuals for whom English is a 2nd language</li> <li>8) individuals engaged in mental health services</li> <li>9) individuals recently released from HOC</li> <li>10) individuals living in rural areas not serviced by public transportation</li> <li>11) individuals with chronic illness</li> </ol>
High-Risk Sectors (BH, CI, HC)	BH – 6,8 CI – 3,9 HC - 11
Specific Activities Needed to Implement Selected Strategy: (who, what, when, where)	<ol style="list-style-type: none"> <li>1) Develop processes and related agreements between Nashoba Medical Center ED, Emerson ED, Leominster Hospital, CHL OBAT, and Restoration Recovery for the development and utilization of low threshold, immediate access to MOUD at local EDs and Restoration Recovery</li> <li>2) Develop a 'decision tree' which will facilitate the delivery of immediate access to MOUD by individuals seeking MOUD while visiting Restoration Recovery.</li> </ol>
TA Needed	Guidance/training to increase number of waived physicians at Eds: Nashoba, Emerson, Leominster + support to develop protocols, MOUs, etc.
HCS Funds Needed	Need TA re how to make RR sustainable through billable services.  \$76,950
<b>MOUD Treatment Engagement and Retention (required)</b>	
Selected Strategy	<b>Use of virtual retention approaches (e.g., mobile, web, digital therapeutics)</b> - <b>Technology (RECOVERY/HARM REDUCTION APP) will be used to enhance retention and engagement of individuals in sustained treatment.</b> - <b>Telemedicine will be used by OBAT nurse to enhance retention and engagement of individuals in sustained treatment.</b>
ORCCA Goal (How it advances the overall HCS goal?)	Create innovative approaches for retaining high-risk individuals in MOUD treatment through frequent engagement via supports not currently being provided.
Targeted Populations	<ol style="list-style-type: none"> <li>1) homeless individuals living in encampments</li> <li>2) housed individuals who use opioids</li> <li>3) current and recent court-involved individuals</li> <li>4) individuals who have previously overdosed</li> <li>5) individuals newly released from SUD treatment facilities</li> <li>6) individuals newly released from psychiatric facilities</li> <li>7) individuals for whom English is a 2nd language</li> </ol>



	<p>8) Individuals engaged in mental health services</p> <p>9) Individuals recently released from HOC</p> <p>10) Individuals living in rural areas not serviced by public transportation</p> <p>11) Individuals with chronic illness</p>
High-Risk Sectors (BH, CI, HC)	<p>BH – 5,6,8</p> <p>CI – 3,9</p> <p>HC- 11</p>
Specific Activities Needed to Implement Selected Strategy: (who, what, when, where)	<ol style="list-style-type: none"> <li>1. In addition to mobile visits, OBAT nurse will utilize telemedicine to check in with MOUD clients.</li> <li>2. RCs, HRS and Community Health Worker will use mobile phones to check in with individuals.</li> <li>3. RCs, HRS and Community Health Worker will promote the use retention and engagement features of JRI app.</li> </ol>
TA Needed	Data manager, Jane Carpenter, to determine if/how app can be used to survey individuals engaged in treatment
HCS Funds Needed	Cost of app, mobile phones for RC, HRS and CHW included in Direct distribution 1 of 2, Distribution by referral 3 of 4, and MOUD Engagement and Retention
<b>MOUD Engagement and Retention (required)</b>	
Selected Strategy	<p>MOUD Treatment, engagement, and retention: Improve access to treatment for co-occurring disorders by hiring a .5 MSW with expertise in treatment of co-occurring disorders at Restoration Recovery Center</p> <p>- Hire a .5 MSW WITH POLYSUBSTANCE USE EXPERTISE</p> <p>- Addiction 101 including MOUD training provided to area mental health providers</p> <p>- Develop MOU with LUK, Inc. or other appropriate MH provider for the purposes of cross training and referral</p>
ORCCA Goal (How it advances the overall HCS goal?)	<ul style="list-style-type: none"> <li>➤ Adds Mental Health and Polysubstance expertise and capacity at Restoration Recovery where this does not currently exist.</li> <li>➤ Actively engages individuals with serious mental health issues and/or polysubstance use disorders into treatment including MOUD.</li> <li>➤ Helps to mitigate mental illness as a barrier to MOUD.</li> <li>➤ Adds Trauma Informed Care expertise to Restoration Recovery where it does not currently exist.</li> <li>➤ Adds GBLTQJ expertise to Restoration Recovery where it does not currently exist via</li> </ul>
Targeted Populations	<ol style="list-style-type: none"> <li>1) Individuals newly released from psychiatric facilities</li> <li>2) Individuals with co-occurring mental illness and SUD</li> <li>3) Individuals living in rural areas not serviced by public transportation</li> </ol>
High-Risk Sectors (BH, CI, HC)	BH – 1, 2
Specific Activities Needed to Implement Selected Strategy: (who, what, when, where)	<ol style="list-style-type: none"> <li>1) Part-time masters level clinician (MSW) with polysubstance expertise will be hired by RR and will provide on-site, mobile and telehealth for S/T.</li> <li>2) The MSW will work as part of a multi-disciplinary team which includes the OBAT nurse, RC, HRS, CHW and RC Supervisor/Program Director to provide wrap around person-centered, strength-based care to individuals at high-risk of overdose living in S/T and nearby communities.</li> </ol>
TA Needed	BMC staff to provide Addiction 101 including MOUD training with CEU's to area mental health providers.
HCS Funds Needed	\$66,271.



MOUD Engagement and Retention (Required)	
Selected Strategy	Reducing barriers to housing, transportation, childcare, and accessing other community benefits for high-risk populations - Transportation vouchers for people seeking MOUD or OEND  <i>*consumer friendly as determined by regularly surveying/interviewing our target populations</i>
ORCCA Goal (How it advances the overall HCS goal?)	Eliminates transportation as a barrier to MOUD and OEND services for residents of Shirley and Townsend.
Targeted Populations	1) homeless individuals living in encampments 2) housed individuals who use opioids 3) current and recent court-involved individuals 4) individuals who have previously overdosed 5) individuals newly released from SUD treatment facilities 6) individuals newly released from psychiatric facilities 7) individuals for whom English is a 2nd language 8) individuals engaged in mental health services 9) individuals recently released from HOC 10) Individuals with chronic illness 11) Individuals living in rural areas not serviced by public transportation
High-Risk Sectors (BH, CI, HC)	BH – 2,4,5,6,8,9 HC – 10 CI – 3, 9
Specific Activities Needed to Implement Selected Strategy: (who, what, when, where)	1. Restoration Recovery will develop a system to coordinate and reimburse for consumer-friendly* transportation options e.g., non-emergency medical transport options.  <i>*consumer friendly as determined by regularly surveying our target populations</i>
TA Needed	BMC will provide technical assistance to develop and execute an action plan for the transportation vouchers.
HCS Funds Needed	\$4,600.
ORCCA Objective 3: Improve Prescription Opioid Safety	
Safer Prescribing/Dispensing (Required)	
Selected Strategy	Safer Prescribing/ Dispensing - <b>SAFER OPIOID DISPENSING</b> by pharmacies - <b>INCREASE CO-PRESCRIBING</b> Narcan with opioid Rx
ORCCA Goal (How it advances the overall HCS goal?)	(Partnerships with local pharmacies to review/assess high-risk prescribing. These partnerships are expected to help pharmacists' partner with prescribers in the area on a patient-by-patient basis when high-risk prescribing is observed.  (2) Expanded SCOPE of Pain training for physicians, nurse practitioners, physician assistants, and pharmacists in the area. Focus (per regional PDMP data) will be on reducing (i) new long-term opioid prescriptions when inappropriate, and (ii) benzodiazepine co-prescribing.



Targeted Populations	Pharmacists; primary care clinicians, surgeons and surgical subspecialists, and pain physicians; and other opioid prescribers, such as nurse practitioners and physician assistants.
High-Risk Sectors (BH, CI, HC)	HC
Specific Activities Needed to Implement Selected Strategy: (who, what, when, where)	(1) Have ensured contact between Safer Opioid Prescribing Subgroup (Kristen Bruzzi, PharmD, Genoa Healthcare) and each area pharmacy by July 31, 2020. (2) Restoration Recovery will develop partnerships with local pharmacies to review/assess high-risk prescribing. These partnerships are expected to help pharmacists' partner with prescribers in the area on a patient-by-patient basis when high-risk prescribing is observed. (3) Institute ≥1 SCOPE of Pain training with widespread advertising to physicians in the region by October 31, 2020.
TA Needed	SCOPE of Pain training support needed.
HCS Funds Needed	NO HCS FUNDS NEEDED
Safer Disposal Practices (optional)	
Selected Strategy	Safer Disposal Practices - MED DROP BOX MAPPING - PROMOTION TO COMMUNITY OF LOCATION AND PURPOSE OF MED DROP BOXES
ORCCA Goal (How it advances the overall HCS goal?)	Reduces opportunity for illicit use of opiates and other prescription drugs by individuals in S/T and surrounding communities
Targeted Populations	General population of Shirley Townsend and surrounding areas
High-Risk Sectors (BH, CI, HC)	Assumes all high-risk populations are included in general population
Specific Activities Needed to Implement Selected Strategy: (who, what, when, where)	1. Determine location of all medication dropboxes in the region by October 31, 2020. 2. Where need is identified by pharmacies and other community members, new dropboxes will be implemented per discussion with local officials. 3. Location and purpose of med drop boxes will be promoted to S/T and surrounding communities.
TA Needed	Data TA to map existing med drop boxes.
HCS Funds Needed	NO HCS FUNDS NEEDED





# Shirley & Townsend HEAL Coalition Charter

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## HEALING COMMUNITIES STUDY

The HEALing Communities Study aims to build on existing prevention, treatment and recovery programs in communities to prevent deaths from opioids. The overall goal is to reduce opioid-related overdose deaths by 40%. The Study is taking place in Massachusetts, Ohio, Kentucky, and New York. The study will be collecting data on the coalition process and cost of this effort.

## MISSION

The Shirley & Townsend HEAL Coalition's mission is to develop an action plan that is appropriate for the citizens of Shirley & Townsend and aims to reduce opioid overdose deaths by 40%. The Shirley & Townsend HEAL Coalition will prioritize building on existing community programs.

## MEMBERSHIP

## CRITERIA

Do we need any modifications in this section?

Membership, and being a "member in good standing," is defined as, a participant who has attended at least two coalition meetings and was present at one of the last three coalition meetings. In addition, members in good standing abide by the ground rules and participate in the decision-making process outlined in this charter.



SHIRLEY & TOWNSEND HEAL COALITION MEMBERS

- Take the lead in reviewing monitoring data, provide feedback and collaborate with partner organizations to optimize the impact of the strategies, and decide on any changes in the action plan.
- Work together to maximize the effectiveness of each strategy on the action plan.
- Participate in surveys and interviews with study personnel (required by the study).

IMPLEMENTING ORGANIZATIONS

- Work with fiscal agent to complete service agreements and submit invoices for reimbursement.
- Provide qualitative and quantitative data on monthly basis via SmartSheets.
- Implement steps to improve the performance of an intervention that is not meeting its approved SMART Goals.

COMMUNITY ENGAGEMENT FACILITATOR (NATE ERWIN)

- Hired by the HEALing Communities Study at Boston Medical Center
- Guide discussions and decision making among members of the Shirley & Townsend HEAL Coalition, ensuring that all diverse viewpoints are considered. Ensure adherence to the ground rules and charter, encourage collaboration and creative thinking.
- Ensure that discussion and options in the action plan are consistent with the ORCCA menu and evidence-based practices.
- Connect Shirley & Townsend HEAL Coalition members with other subject matter experts as needed.
- Develop agendas, in consultation with the Community Coordinator.
- Document and distribute recommendations, decisions, questions, and action items following meetings.
- Serve as executive decision-maker, in consultation with community coordinator, in breaches of ground rules, ethics, and prolonged impasses.
- Support conflict resolution and address impasse among members.

COMMUNITY COORDINATOR (SUSAN BUCHHOLZ)

- Hired by the Spanish American Center and supervised by Neddy Latimer, Executive Director.
- Assist in identifying additional members to serve on the Shirley & Townsend HEAL Coalition.
- Work with the Facilitator to plan meetings/agendas, identify training needs, help with data collection, and other coalition-related tasks as needed.
- Co-facilitate Shirley & Townsend HEAL Coalition meetings and Shirley & Townsend HEAL Working Group meetings.
- Support diverse perspectives, constructive dialogue, and decision-making processes among Shirley & Townsend HEAL Coalition members with a variety of backgrounds.

COMMUNITY FACULTY (AVIK CHATTERJEE)

- Works with the HEALing Communities Study at Boston Medical Center.



- Represent Shirley & Townsend 's interests on the CAB.
- Attend Shirley & Townsend HEAL Coalition meetings.
- Support constructive dialogue by involving community voices and through consistent conversations and listening sessions over the course of the study.
- The CAB reviews and provides feedback on the action plan from each community, in consultation with the HEALing Communities Study Steering Committee.

## SHIRLEY & TOWNSEND COMMUNITY ADVISORY BOARD (CAB) MEMBER (JENNIFER COLECCHI)

- Manage service agreements with all implementing organizations.
- Coordinate overall budget as well as budget for each individual implementing organization.
- Submit reimbursement requests to BMC and provide reimbursement to implementing organizations.
- Work alongside HEALing Communities Study Finance Department at Boston Medical Center for any financial modifications to any strategy on the action plan.

## FISCAL AGENT (SPANISH AMERICAN CENTER)

- HCS-MA research team will provide ongoing feedback on the recommendations as the group develops the action plan. Chosen strategies will be vetted based on the following criteria: Adherence to ORCCA, priority given to high risk populations, budget, feasibility and potential impact, and sustainability
- Respect knowledge and expertise existing in the community.
- Provide training and technical assistance when requested by the Shirley & Townsend HEAL Coalition.
- Document the coalition development process, learn from Shirley & Townsend HEAL Coalition members about their experiences through surveys and interviews, includes calculating costs to Shirley & Townsend HEAL Coalition members and communities.
- If the coalition and implementing organizations cannot reach agreement on recommendations or do not implement steps to improve performance of an intervention, the HCS-MA research team may decide to reallocate funding or make other changes in the interest of achieving study goals. BMC study team has final decision authority about funding.

## HEALING COMMUNITIES STUDY (HCS-MA) RESEARCH TEAM AT BOSTON MEDICAL CENTER

- Hired by the HEALing Communities Study at Boston Medical Center.
- Strategize with community partners around how to share, explain, and visualize data with the coalition.
- Integrate community data into a web-based Monitoring Report that allows coalition members to monitor progress of each strategy.

## COMMUNITY DATA MANAGER (JANE CARPENTER)

- Provide content expertise about the interventions. Assist coalition with making informed decisions about which interventions to choose, and provide technical assistance.
- Respond to additional technical assistance requests from Shirley & Townsend HEAL Coalition members, outside of the action plan.



Coalition Meeting Dates	Time
Thursday, August 19 <sup>th</sup> 2021	9:00 AM
Thursday, September 16 <sup>th</sup> 2021	9:00 AM
Thursday, October 21 <sup>st</sup> 2021	9:00 AM
Thursday, November 18 <sup>th</sup> 2021	9:00 AM
Thursday, December 16 <sup>th</sup> 2021	9:00 AM
Thursday, January 20 <sup>th</sup> 2022	9:00 AM
Thursday, February 17 <sup>th</sup> 2022	9:00 AM
Thursday, March 17 <sup>th</sup> 2022	9:00 AM

Tentative based on Stakeholder Interviews and Polling:

*Depending on the subcommittee this may need to be broken down further.*

- Shirley & Townsend HEAL Coalition Subcommittees(s) will meet \_\_\_\_\_ for \_\_\_\_\_, as needed and as determined by the overall coalition.
- The full Shirley & Townsend HEAL Coalition will meet on \_\_\_\_\_ for \_\_\_\_\_, which may change in accordance with the needs related to the development and implementation of the action plan.

## MEETING FREQUENCY AND DURATION

- The Implementation Science team (HEALing Communities Study) will take meeting minutes. The Facilitator and Community Coordinator will work together to summarize decisions and recommendations made by the coalition. Summaries will be distributed to all Shirley & Townsend HEAL Coalition members and posted on the Community Portal.
- The Facilitator will send meeting agendas and materials in advance of each meeting.
- Shirley & Townsend HEAL Coalition meetings and Shirley & Townsend HEAL Coalition calls/meetings will be co-facilitated by the Facilitator and Community Coordinator. Agendas, agreements, and action items will be documented and distributed to participants.

## FACILITATION

The Shirley & Townsend HEAL Coalition consists of 1 Monitoring Subcommittee to track the action plan and make recommendations and 2 executive committees (Shirley Committee and Townsend Committee) that makes decisions about the action plan. The broader coalition of members will provide input during monthly coalition meetings.

## OPERATIONS

- The CAB will serve in an advisory capacity, ensuring that research activities reflect community interests and are aligned with local norms and values.





- Members may send a representative in their place if they are unable to attend. Inconsistent or lack of attendance will result in discontinuation of priority roles on subcommittees.
- Members agree to avoid attributing negative motives to others, and to work to build trust and respect. Members may challenge and discuss ideas while avoiding personal attacks and the use of intimidation.
- Members agree not to use information shared in the coalition meetings in a manner that harms other members outside of the coalition meetings.

## AGREEMENTS FOR PARTICIPATION (GROUND RULES)

- The, Shirley, Townsend, Monitoring subcommittees will come to a decision through majority voting.
- The monitoring subcommittee will play a key role in monitoring the effectiveness of the interventions and making sure they are reaching priority populations.
- All coalition members may provide input on the recommendations.
- The Executive Committee will seek consensus to make the final decision about which interventions will be implemented.
- If the Executive Committee cannot reach consensus on the action plan, components of the action plan, or any other issue requiring a decision, they will use majority voting to address impasse. Executive Committee members with a conflict of interest on any given issue will recuse themselves from voting on that particular issue.

The detailed decision making process is as follows:

The Shirley & Townsend HEAL Coalition will use data to select interventions that will make up the action plan. Members will disclose potential conflicts of interest as they relate to decision making.

*This is the proposed decision-making structure informed by stakeholder assessments over the last two months. It will be discussed, reformed, and finalized in the charter subcommittee.*

Decisions will be made 1.) in a Monitoring, Shirley, and/or Townsend subcommittee, 2.) brought to the coalition, and 3.) finalized in Executive Committee. All action plan strategies must be promoting evidence based practices. All communications strategies must meet one of the two criteria: 1) distribution of campaign materials created by the HEALing Communities Study or, 2) Advertise approved evidence-based strategies included within the HCS community's Action Plan

## PROCESS OF DECISION-MAKING ON ACTION PLAN AND COMMUNICATIONS STRATEGIES

- Questions to consider:  
Should we have an evening recap for those who cannot make the day meeting?

Thursday, April 21 2022	9:00 AM
Thursday, May 19 <sup>th</sup> 2022	9:00 AM
Thursday, June 16 <sup>th</sup> 2022	9:00 AM



- is determined to have violated Boston Medical Center's Code of Conduct, principally Privacy, Professional Conduct, and Safe and Secure Workplace.
- is determined to have disrespected the inclusive, participatory and diverse nature of the coalition and/or is determined to create a climate that prevents the ability for others to speak freely.
- use of information shared in the coalition meetings for personal gain,
- use of coalition information, which either intentionally or unintentionally, disrupts action plan implementation or obstructs the coalition's work,
- use of coalition position to advance personal agendas or harm another member of the coalition or the community,
- misrepresentation of, or spreading misinformation about, the coalition and/or coalition members.
- is determined to have abused their position as a member, including, but not limited to:
- is determined to have violated the ground rules.

Members may be asked to leave the Shirley & Townsend HEAL Coalition on one or more of the following grounds:

The individual/member in question has the opportunity to speak on their own behalf at a coalition meeting prior to a final decision being made. Discontinuing membership will be at the discretion of the Facilitator in consultation with the Community Coordinator and the HEALing Communities Study team.

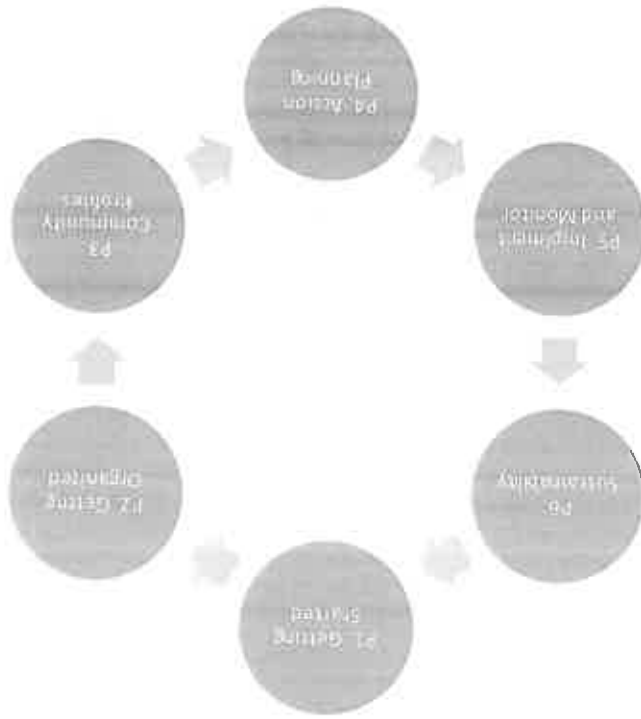
## GROUNDS FOR DISCONTINUING MEMBERSHIP

Members will be open about potential conflicts of interest during the planning process. Members are asked to let the group know about potential conflicts of interest. The Community Engagement Facilitator and Community Coalition Manager will record potential conflicts of interests.

## CONFLICTS OF INTEREST

- Members will disclose potential conflicts of interest to the group during the planning process and anytime they stand to gain financially from a decision
- Should members receive media inquiries regarding the Healing Communities Study and/or the Shirley & Townsend HEAL Coalition, they should bring these inquiries to the attention of the Facilitator and/or Coalition Manager. The Facilitator and Coalition Manager will ensure folks know ahead of time if the press will be at the meeting.
- Members may raise issues or concerns about the Facilitator to the Community Coordinator. Members may raise issues or concerns about the Community Coordinator to the Facilitator. The Community Coordinator and the Facilitator will work together to resolve issues, and will consult with the HEALing Communities Study team for a resolution.
- Members may raise issues or concerns regarding other members of the coalition to the Facilitator at any time to seek a resolution. The Facilitator will treat the issue as confidential. The Facilitator will gather information, compare the concerns against the ground rules, and consult with the Community Coordinator and HEALing Communities Study team for a resolution.





## PHASES

HEALing Communities Study is studying how the coalition building process and coalition-led decision-making work. If communities cannot make the deadline, this will be included as a finding in the research. Communities will not be penalized for missing deadlines outlined by the HEALing Communities Study. This process is iterative and community teams may need to return to components of phases to maximize the Communities that HEAL model.

## TIMELINE AND MILESTONES

Discontinuing membership will be at the discretion of the Facilitator in consultation with the Community Coordinator and the HEALing Communities Study team.



<b>Dates</b>	<b>Deliverables</b>
Phase 1: January - February 2020	Coalition Charter
Phase 2: February - March 2020	Decision making procedure
Phase 3: April – May 2020	Community Profile, Data Dashboard feedback
Phase 4: April – June 2020	Community Action Plan
Phase 5: July 2020 – June 2022	Programs up and running,
Phase 6: Throughout study	Data Dashboard, Learning Collaborative(s), Communications Campaigns

