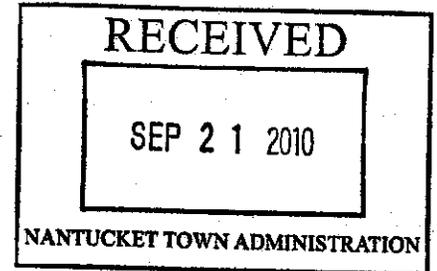


TOWN OF NANTUCKET
COUNCIL FOR HUMAN SERVICES

SEPTEMBER 15, 2010



TO: BOARD OF SELECTMEN,
TOWN OF NANTUCKET

FROM NANTUCKET COUNCIL FOR HUMAN SERVICES [CHS]
Dorothy Hertz, Chair

RE **BACK TO BASICS – CHS REPORT AND RECOMMENDATIONS
FOR FY 2012 HEALTH AND HUMAN SERVICES CONTRACTS**

This Report -- **Back To Basics – CHS Report and Recommendations for FY 2012 Health and Human Services Contracts** was developed in response to the charge of the Board of Selectmen [BOS] on June 2, 2010. The Report's Appendix is now being finalized and will be forwarded to the BOS on Tuesday, September 21, 2010.

This topic is one of concern to the community. Given the brief time allowed for the formulation of this report, we believe it is prudent to assure that there is an opportunity for public review and input. Accordingly as indicated in our action plan dated July 16, 2010, CHS has scheduled a public hearing on the Back to Basics Report on September 30, 2010. If appropriate, following that hearing, CHS may file a supplemental report to reflect public comment and our responses.

INTRODUCTION

Following the guidelines set out in the BOS's charge, this Report 1) summarizes the consultation process used by CHS; 2) presents the Community Needs Statement, which the CHS formulated as the basis for developing its recommendations and as a scope of services for human services contract solicitations [see Attachment A]; 3) presents our general recommendations for the FY 2012 human services budget; and 4) outlines our specific recommendations for the contracting process as requested by the BOS.

BOS CHARGE TO CHS

On June 2, 2010, The BOS charged CHS to develop recommendations after consultation with a) the Town's 2006 Community Needs Assessment; b) agencies providing human services on Nantucket; c) clients of such agencies insofar as possible; and d) other sources of information concerning the community's needs.

The BOS asked for recommendations based upon this consultation process and further requested that such recommendations include or take into consideration: a) specific services to be sought for each contract; b) use of the current contracts as a baseline; c) methods for determining levels of funding; d) a process for contract monitoring; e) comparative criteria for evaluating proposals; f) a process for assessing the effectiveness of the contracting process on a regular basis; and g) potential contract improvements. (In this report we have consolidated our recommendations for several related items where we deemed it appropriate.)

1. SUMMARY OF THE CONSULTATION PROCESS

In order to develop informed and practical recommendations, the CHS developed an action plan that was submitted to the BOS on July 16, 2010. In accordance with that plan, we engaged in a consultation process as directed by the BOS and contemplated by Chapter 12 of the Nantucket Code (the enabling bylaw). This consultation process (which is fully addressed in the Appendix) included the following activities:

- a) a written questionnaire sent to 30 social service agencies and providers seeking information on the services they provide and assessment of the level and types of needs they perceive for their services and other human services (July 9, 2010);
- b) a public hearing was conducted on July 28, 2010 for all agencies and interested community members. (This resulted in an informative question-and-answer session and allowed CHS to follow up on the responses and comments of service providers on our questionnaire);
- c) review of the 2006 Community Needs Assessment Survey;
- d) review of recent unemployment data for Nantucket and comparison to statewide data;
- e) review of recent foreclosure data for Nantucket and comparison to statewide data;
- f) review of recent Food Stamp data for applicants and recipients from Nantucket zip codes;
- g) review of 2009 – 2010 articles that reported on issues relating to human services needs and the actions of the Town in addressing such issues;
- h) review of data on use of fuel assistance resources on Nantucket;
- i) interviews with additional selected community service providers eliciting their assessment of the "most significant human service need among the population they serve;"
- j) review of the process used by the Contract Review Committee in previous contract solicitation and monitoring;
- k) review of the provisions of the Massachusetts Procurement Code;
- l) review of sample solicitation documents used by the Town of Nantucket and other jurisdictions.

Full documentation of these activities will accompany the **Appendix to the Back To Basics Report**. The Appendix will be transmitted on September 21, 2010.

2. THE COMMUNITY NEEDS STATEMENT PROVIDES A FRAMEWORK FOR CATEGORIZING SERVICES ACCORDING TO NEED AND SHOULD BE USED AS A “SCOPE OF SERVICES” FOR CONTRACT SOLICITATION

CHS developed a Community Needs Statement [See Attachment A] that identifies and defines levels of need that were determined through the consultation process. The Community Needs Statement matches types of services within the levels set forth below. In general, the services identified are those that the Town currently supports through third party contracts overseen directly by the Town department of human services or makes directly available in-house through its department of human services.

As detailed in Section 4 below, we recommend that the Community Needs Statement serve as a “Scope of Services” for the solicitation process for human services contracts.

Level One Services address Basic Necessities. CHS has defined Basic Necessities as those required by all community members to sustain life itself: nutrition, shelter and utilities.

Level Two Services address Other Fundamental Needs. We have defined Other Fundamental Needs as those that enable community members to live healthy lives in safety and with self respect.

These needs include access to health care and disease prevention and management, mental health care, and dental care. Included here are both direct services and enrollment in insurance and other programs that assure access to needed care; child and elder day care; domestic violence prevention, substance abuse prevention and treatment, support for persons and families with developmental challenges, and access to civil legal services to secure and protect both Basic Necessities and Other Fundamental Needs.

Within all these identified needs we also include related educational programs that enable community members to better understand and access services for themselves.

Level Three Services include Emergency and Disaster Preparedness activities and services that are ancillary to police, fire, and harbor protection and which serve to protect and preserve the lives of community members at risk during emergencies. These include emergency relief, shelter and rescue.

3. GENERAL RECOMMENDATIONS FOR DELIVERY OF HUMAN SERVICES ON NANTUCKET

Drawing on our consultation process and the Community Needs Statement the CHS makes the following general recommendations:

a) The Town should not privatize its Human Services function. There is compelling evidence that the Town needs an in-house department of human services.

Nantucket is a unique area geographically and demographically. Although other areas of the Commonwealth can easily leverage resources throughout a region, Nantucket has only a limited ability to access regionalized human services delivery, being an outlying island separate from any adjacent resources. Services the department provides to community members are not replicated in the private sector. In our consultation process CHS repeatedly heard that private-non-profit agencies regularly refer their clients to the department for services and other resources which they do not provide. (See partial transcript of July 28, 2010 Public Hearing.)

Moreover, through repeated votes at annual Town meetings over many years, the Town has stated its responsibility for the well-being of its citizens through maintaining a town human services function that provides certain human services to the people of the community. The Town, through its annual Town meeting, has voted also to provide additional services through outsourced contracts with private agencies and monitored by the Town department of human services.

As directed by Town meeting and in light of today's economic realities, we therefore conclude that the Town should continue to provide the in-house essential core services it currently provides (See Human Services Task and priorities Report in the Appendix.) and should also support outsourcing certain services, giving appropriate consideration to those Level One Services that address Basic Necessities as identified in the Community Needs Statement. Opportunities for a regional approach, should of course, be optimized.

Finally, as a cost-effective measure, the CHS strongly recommends that oversight and monitoring of contracted services remain the responsibility of the department of human services with the support of the Town's procurement officer. The department of human services possesses the institutional and programmatic knowledge of those services and is best suited to assure that services are well coordinated and appropriately rendered. Responsibility for monitoring or oversight of such contracts should not be delegated to organizations, agencies or individuals not directly accountable through channels of Town management, or to recipients of contract funding from the Town.

b) The Town should continue to encourage the Healthy Community Collaborative [HCC]. The CHS recognizes that this group of service providers has formed a flexible, resilient and loose affiliation whose work can be beneficial

to the community and to Town government. Although still at an embryonic stage, the HCC can develop into a valuable and effective asset to the community.

The affiliated service providers are positioned to develop and share information and to support programmatic coordination for improving of Human Services delivery across the Island. In addition, through their efforts to solicit funding from other sources through collaborative grant writing, HCC providers may well reduce the financial burden on Town government for provision of certain services, thereby enabling the Town to concentrate on Level One Services (Basic Necessities) funding.

c) The BOS should approve the following three-pronged approach for setting funding levels for human services contracts. First, if feasible, we recommend keeping the human services contract budget at its existing level (\$317,883). The economic realities identified in our consultation process justify such a level. However, the CHS recognizes that the budget process is a dynamic one, subject to modification and dependent upon the economy, actions of the BOS, the Finance Committee, and annual Town Meeting and that we cannot dictate funding levels.

As the second prong of the funding approach, the CHS strongly recommends that whatever the final allocation, the BOS should adopt a policy that not less than 30 percent of that final allocation be directed to Level One Services – those which meet the Basic Necessities required to sustain life itself.

As the third prong, given the prospect of limited municipal funds in the future, we recommend that the BOS should adopt as policy that no individual agency or organization be awarded a contract exceeding 25 percent of the total Town allocation for any given year. The rationale for this policy is to encourage collaboration among agencies providing services. Jurisdictions that have used such an approach are instructive, suggesting that Nantucket's contracting program would hereby be strengthened.

4. CHS RECOMMENDS A NEEDS-BASED SOLICITATION PROCESS ALLOWING PROVIDERS TO OFFER SERVICES RESPONSIVE TO THE COMMUNITY'S IDENTIFIED NEEDS, WITH THE COMMUNITY NEEDS STATEMENT SERVING AS A "SCOPE OF SERVICES" FOR CONTRACT SOLICITATION

The charge from the BOS - to identify specific services for each contract and to make recommendations on using the current contracts as a baseline for scope of services - suggests that the CHS should prioritize services currently provided. As we proceeded through the consultation process, however, we envisioned a more streamlined and prudent approach: first to identify the needs of the community; then to categorize those needs in a sensible way so potential

vendors could demonstrate how their services would respond to those needs. This approach is more consistent with a typical municipal contract solicitation process.

Accordingly, we first must identify the contract requirements – here, the requirements are the pressing human services needs of the members of our community, as set forth in our Community Needs Statement. Next, we must establish a streamlined solicitation process offering providers a fair opportunity to respond to the solicitation.

Accordingly, the CHS recommends that the Community Needs Statement be used as a “Scope of Services” in the solicitation process for all the Human Services the Town acquires through contractors.

We note that use of our Community Needs Statement as a “Scope of Services” in the solicitation process would work for contracts for individual services or multiple services and for contracts at virtually any funding level.

5. THE TOWN SHOULD UTILIZE PROCESSES AVAILABLE UNDER THE MASSACHUSETTS PROCUREMENT CODE CHAPTER 30B, TO REGULARIZE, STREAMLINE, AND SIMPLIFY THE CONTRACT SOLICITATION PROCESS.

a) Contracts under \$5,000 -- CHS strongly recommends that for human services contract awards under \$5,000, the Town procurement officer should let the contract in accordance with sound business practices under MGL Chapter 30B Section 2. This simplified process requires no advertising. Although used typically for procurement of supplies, it appears that it would be appropriate for such services as those provided by one vendor, South Coastal County Legal Services which provides services for just \$3,900 used in travel costs.

b) Contracts for \$5,000 to \$24,999 – Another five of the ten vendors who were awarded contracts for FY2011 requested funding under \$25,000. For contracts in that range, Chapter 30B requires only that the procurement officer solicit written or oral quotes. There is no requirement for advertising, and the contract is awarded to the responsible person offering the lowest price. For human services contracts in this range, this simplified solicitation process under Chapter 30B would be appropriate. CHS would be pleased to work with the procurement officer to design a simplified solicitation instrument using the Community Needs Statement and following the general recommendations made elsewhere in this report as appropriate.

c) Contracts for \$25,000 and over - Here the solicitation process under Chapter 30B requires advertised sealed bids or proposals. We recommend that contracts for human services would be most appropriately awarded under

Section 6 of Chapter 30B, which contemplates a Request for Proposals and contract award to the most advantageous proposal from a responsive and responsible proposer, taking into consideration price and evaluation criteria.

6. COMPARATIVE CRITERIA FOR EVALUATING PROPOSALS

For services where a Request for Proposals is required or preferred, the CHS strongly recommends using a two-tiered process for contract award. First, the proposer should demonstrate that it possesses identified minimum requirements before the proposal will be evaluated further. Otherwise, the proposal should be rejected without further evaluation.

Minimum Requirements

The following should be included as minimum requirements in the solicitation instrument. The proposer must demonstrate in writing the following:

- a)** The services offered are among those identified within one or more of the levels set forth in the Community Needs Statement.
- b)** Proposer has current and continuing staffing and other necessary resources sufficient to provide the proposed services to the community of Nantucket during the proposed contract period.
- c)** Proposer has successfully provided the same or similar services to residents of Nantucket for at least two years prior to the date of the Proposal submission. In lieu of this requirement, Proposer may demonstrate that it has successfully provided the same or similar services to similar communities for at least two years prior to the date of the proposal submission.
- d)** Proposer is an individual or business organization in compliance and in good standing with all applicable federal, state and local taxing, financial and regulatory agencies. The Town's financial officer shall provide a list of documents that Proposer may submit to fulfill this requirement, and shall have the responsibility to review the submissions and make a determination for each proposer whether this minimum requirement is met.
- e)** Proposer must provide copies of its most recent 990 IRS form and the most recent audited financial statement if the proposed is required to keep such documents.

Specific Suggested Comparative Evaluation Criteria

CHS understands that proposals may properly be evaluated through a point system or a more generalized ranking system that rates proposals as highly advantageous, advantageous, or not advantageous. In general, CHS favors use of a point system, however, this may not be feasible or practical in all instances.

Additionally, whether defining point levels to be assigned for responses to each comparative criterion or defining the characteristics of the response to the criterion that justify a rating as to its level of advantageousness, CHS concludes that such tasks should likely be done at a later stage on a case-by-case basis for each request for proposal. Accordingly, CHS would be pleased to work with the Town procurement officer at the appropriate time in order to determine whether a point system or a ranking system is preferable and to assist in crafting the necessary details in each case.

Notwithstanding the forgoing, CHS offers the following comparative criteria that we deemed to be appropriate in judging the quality of proposals for providing human services. Here we draw from our experience, the consultation process, and solicitation documents we reviewed both from the Town and human services contract solicitations done in other jurisdictions. We offer these by way of example, recognizing that further crafting and additional criteria may be appropriate in certain cases. Again, CHS would be pleased to assist the procurement officer in the process of further refinement of these criteria as appropriate.

CHS recommends that the following comparative evaluation criteria be included in requests for proposals for human services:

- a) Length of time of proposer's experience in successfully performing the services offered.** Once the Proposer has met the threshold set out in the minimum requirements review, it is nevertheless important to rate or rank proposers in accordance with the length of time they have successfully performed the services offered. Points could be awarded for each year of service up to a maximum number of points, or an advantageousness rating could be crafted, e.g., minimum 2 years: not advantageous; 2 – 4 years: advantageous; more than 4 years: highly advantageous.
- b) Quality of proposer's program narrative.** The proposal should be well organized and easily understood. It should clearly present verifiable data, describe the services offered, define milestones where appropriate, and identify the target population to be served, describe the means and method of delivery, and justify their applicability to the target population, justify the pricing element of the proposal (whether fee for service or hourly rate). It should demonstrate that the proposer clearly understands the needs set out in the Community Needs Statement and show how those needs will be addressed by the services offered. It should include a description of the proposer's history of success and lessons learned from experience. (Points or advantageousness rankings should be further crafted for this criterion.)
- c) Description of outcomes.** The proposal should state clearly what the desired outcomes are for the proposed services and show how those outcomes will be achieved and substantiate that they will be achieved. (Points or advantageousness rankings should be further crafted for this criterion.)

- d) Quality of proposer's budget.** The budget should be included in each proposal should contain a realistic detailed description of income and expense and address how the proposer intends to leverage its funding sources for successful outcomes. (Points or advantageousness rankings should be further crafted for this criterion.)
- e) Staffing description.** The proposal should identify the staffing positions that will perform these services, their qualifications, certifications and experience. It should provide a description of staff supervision and, if applicable, how the program itself will be supported by any parent or other supporting organization. (Points or advantageousness rankings should be further crafted for this criterion.)
- f) Showing of cost effectiveness.** The proposal should demonstrate how the services will be successfully performed in the most cost-effective manner. (Points or advantageousness rankings should be further crafted for this criterion.)
- g) Showing of collaborative funding efforts.** The proposal should offer possibilities to supplement its resources through other public and private funding and, describe any efforts that have been made in this direction, their past success, and likely future outcome. (Points or advantageousness rankings should be further crafted for this criterion.)
- h) Showing of programmatic collaboration.** If applicable, the proposal should describe any collaboration with other service partners, such as letters of commitment, interagency agreements, etc. Proposer must clearly describe the roles and resources that are shared. (Points or advantageousness rankings should be further crafted for this criterion.)
- i) Collection of results data.** The proposal should describe how the results of its services will be measured and validated i.e., how its services have positively impacted clients and the community as a whole. (Points or advantageousness rankings should be further crafted for this criterion.)
- j) Monitoring Plan.** In addition to the general monitoring process required as part of the Town's oversight of the contract, the proposal should describe a streamlined monitoring plan that will be easy to administer by both the Town and the proposer/contractor, provide an effective review of contract performance (The Town may or may not choose to adopt such plan in whole or in part.) and include a customer satisfaction survey component. (Points or advantageousness rankings should be further crafted for this criterion.)
- k) Innovation.** Proposer should describe any innovative or strategic methodologies for providing services that would more effectively meet the needs identified in the Community Needs Statement. (Points or advantageousness rankings should be further crafted for this criterion.)

The CHS recognizes that for contracts that are not let through an RFP process, it may not be possible to set certain comparative evaluation criteria. However, the CHS recommends that insofar as feasible, the Town procurement officer craft appropriate minimum requirements for those solicitations to assure that agencies providing services to the most needy members of our community meet

appropriate business and fiscal standards. CHS will be pleased to consult with the procurement officer to achieve this goal.

Notwithstanding our recommendation regarding the letting of these contracts under the statutory municipal contracting process, CHS notes that the award winning process used successfully for many years by the Contract Review Committee provided substantial flexibility and benefit to the Town in determining funding levels and allocations. It also offered a structure by which the Finance Committee could effectively apply its expertise in the contracting process. The CHS hopes that this ability for the Finance Committee to review, question and analyze these contracts will not be lost or forestalled by moving to a new process. CHS would be pleased to work with the Finance Committee in order to assure that it has access and visibility into the new process.

7. METHODS FOR DETERMINING LEVELS OF FUNDING

As set forth above in Section 3 (c) of this Report, the CHS concludes that, funding for contracted human services should remain at current levels if feasible. Additionally we recommend that 30 percent of whatever final budget allocation is set by the Town be directed to Level One Services – those which meet the Basic Necessities required to sustain life itself. Finally, the Town should adopt a policy similar to policies utilized in other towns that no individual agency or organization be awarded a contract for more than 25 percent of the total Town allocation for any given year.

8. PROCESS FOR CONTRACT MONITORING

As stated above in the Report at Section 6 subsection (j) of Specific Suggested Comparative Evaluation Criteria, proposers for contracts of \$25,000 and over should include a requirement to propose a streamlined monitoring process that at minimum meets the requirements set out in the RFP and includes a customer satisfaction survey component.

In addition to any monitoring activities identified by the proposer, CHS also recommends the following monitoring activities be undertaken with every contract whether let through an RFP or some other solicitation process contemplated by Chapter 30B:

- a) All contractors shall submit required municipal forms and quarterly reports.
- b) Invoices shall be submitted promptly on the dates required and shall include each line item expenditure and reporting requirement. No payment shall be made unless contractor meets this requirement.
- c) All contractors shall document and comply with performance objectives designed to measure the outcomes of their services and programs
- d) All contractors shall timely submit quarterly data sheets.

- e) Each contractor may be spot monitored during FY 2012 for a review of compliance with municipal policies, approved project goals and the quality of fiscal and administrative operations.

9. PROCESS FOR REGULAR EVALUATION OF THE EFFECTIVENESS OF THE CONTRACTING PROCESS / POTENTIAL CONTRACT IMPROVEMENT

CHS recommends that a simple Customer Satisfaction Survey be developed for each contract insofar as practical. For contracts let through the RFP process, the evaluation criteria should include the requirement the proposer submit such a survey. Users of the services should be asked to complete surveys and the contract should require submission of a compilation and submission to such surveys as part of the contract monitoring requirements.

For contracts that do not meet the \$25,000 threshold, vendors should be encouraged to create and submit such surveys.

In addition to customer satisfaction surveys, the Town Procurement Officer should prepare a similar customer survey to be completed by all proposers whether or not they receive contract awards. These should be compiled and used as a basis for determining potential improvements in the contracting process.

It has been suggested that the contract process might be improved by allowing multi-year contracts. CHS notes that Chapter 30B allows for multi year contract terms. Notwithstanding this provision, CHS recommends annual contracting given the fluid state of human services needs on Nantucket. If a three-year term is determined to be preferable by the procurement officer, the CHS recommends that the contract provide that it be affirmatively renewed for each successive year and that the contract specifically provide for a notice and renewal process. Of course, the contracts are subject to funding appropriation for each fiscal year.

Attachment A

COMMUNITY NEEDS STATEMENT		
Level	Definition	Services Included
Level One Basic Necessities	Required by all community members in order to sustain life itself	<p>Nutrition (e.g. food pantry, meals on wheels, food stamps)</p> <p>Shelter (e.g. affordable safe housing, rental assistance, emergency aid to homeless persons)</p> <p>Utilities (e.g. fuel assistance, other utilities assistance programs)</p>
Level Two Other Fundamental Needs	Enable community members to live decent, healthy lives in safety and with self respect	<p>Access to: health care and disease prevention and management, mental health care, and dental care (this includes both direct services and enrollment in insurance and other programs which provide access including education programs that foster self sufficiency);</p> <p>Child and elder day care</p> <p>Domestic violence prevention and victim support and education;</p> <p>Substance abuse prevention and education and treatment;</p> <p>Support and education for persons and families with developmental challenges</p> <p>Access to civil legal services and education that protect both basic necessities and other fundamental needs.</p>
Level Three Emergency / Disaster Preparedness	Required by the community as a whole in times of emergency / disaster	All necessary services ancillary to police, fire and harbor protection agencies to protect the population

APPENDIX – TABLE OF CONTENTS

This Appendix compiles the materials, data and other information CHS reviewed to formulate its Recommendations:

1. Introduction -- Summary of CHS Recommendations
2. BOS Charge to CHS – June 2, 2010
3. CHS Plan of Action July -- 16, 2010
4. Questionnaire Sent To Human Services agencies eliciting their assessment of Town needs; Responses from Agencies
5. Minutes of July 28, 2010 Public Hearing on CHS Report allowing open discussion of Community Needs – (audio file of hearing to be on Town website)
6. 2006 Community Needs Assessment Survey
7. Unemployment data for Nantucket showing levels trending upward at a rate higher than other communities
8. Foreclosure and Cost of Living Data for Nantucket showing significant increases in foreclosure activity and substantially higher cost of living on Nantucket with housing costs as most significant factor.
9. Food stamp and other nutrition program information reflecting increased need for supplemental nutrition programs on Nantucket.
10. Town Human Services Department Activities – Tasks and Priorities
11. Summary of News Articles (2008 – 2010) concerning Human Services needs on Nantucket and Town's response
12. Description of Fuel Assistance programs administered by Town Department of Human Services
13. Summary of Interviews Conducted with Community leaders/providers concerning their assessment of the most pressing needs of the community
14. Summary of the existing Contract review process for awarding human services contracts
15. Procurement Code - Chart for Massachusetts General Law relating to contracts for supplies and Services
16. Sample contract solicitation documents for human services used by other entities and jurisdictions

Introduction

INTRODUCTION

CareerBuilders reported as recently as September 2010 on a nationwide survey of more than 4,400 workers. The report concluded that: "As the effects of the recession linger on, one place it continues to have a tight grip is on workers' wallets. Nearly eight in ten workers (77%) [in 2010] are living paycheck to paycheck to make ends meet. Sixty-one percent of workers said that they felt they lived paycheck to paycheck to make ends meet in 2009. Workers went on to say that sometimes they are unable to make ends meet at all, one in five (22%) saying they have missed payments on bills in the last year."

Do these statistics sound familiar? They are reflected in the materials, data, interviews and testimony taken at a public hearing on July 28, 2010 and compiled here. They are consistent with the findings made by the Nantucket Council for Human Services (CHS). On Nantucket, families are being forced to make decisions among making mortgage payments, feeding their families, or providing heat and electricity. Too many members of our community now struggle with these crises on a daily basis. The department of human services (DHS), over the last fifteen months has seen a significant increase in Island families reporting difficulties accessing these basic human necessities.

The lack of affordable housing, has an immediate and direct effect on our future economic and social well-being. In high cost of living communities like Nantucket, because the supply of affordable housing has not kept up with the needs of the population, the people who provide the bulk of vital services - teachers, firefighters, police officers, clerical, retail, construction and restaurant workers - often cannot afford to live here. As a result of the collapse of the building boom construction has dropped dramatically within the last two years and many families have given up and left the Island.

Nantucket as a community is dependent on service industry workers as well as essential service providers. All these community members are finding it increasingly difficult to live here. Compounding the difficulties -- With unemployment rates reaching the highest levels in over two decades, it is the self-employed (who represent 46% of our Island community) that are most impacted since they are not eligible for unemployment benefits.

As a community, we plan for growth in terms of land use, roads, natural resources, and infrastructure. It is important not to forget the essence of our community-**the people**. CHS hopes its work on this report will inform the decisions of the Board of Selectmen, serve the community well and help to protect the most needy in our midst.

SUMMARY OF CHS RECOMMENDATIONS ON BOS CHARGE

- 1. Adopt Community Needs Statement as “Scope of Services” for Human Services contracts -- Levels of Services include:**
 - a. Basic necessities – required to sustain life
 - b. Other fundamental needs – to enable health, safety and self respect
 - c. Emergency preparedness / response – protection ancillary to police power agencies

- 2. Retain in-house Department of Human Services to assure:**
 - a. Unique services provided
 - b. Needed oversight of contracted services

- 3. Encourage Healthy Community Collaborative**

- 4. Use three pronged approach for human services contract funding:**
 - a. Retain current allocation level (approximately \$300K) if feasible
 - b. Allocate 30% of final allocation for Basic Necessities
 - c. No vendor to receive more than 25% of final allocation

- 5. Simplify procurement for services under \$25,000 per Chapter 30B**

- 6. Use RFP process for solicitations of \$25k and over**
 - a. Use two tiered process – vendor to meet minimum requirements before evaluation as suggested in report
 - b. Use comparative evaluation criteria suggested in report
 - c. Craft point system/ advantageousness ranking on case by case basis for each RFP

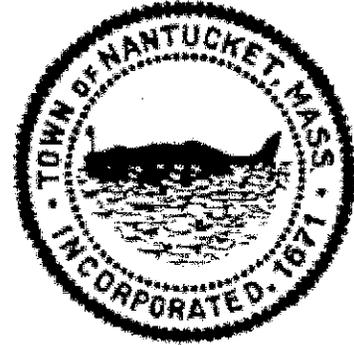
- 7. Use typical municipal contract monitoring and allow vendors to propose additional monitoring process pertinent to their services**

- 8. Evaluate contracting process effectiveness through customer survey of vendors**

Charge to the CHS

Town of Nantucket

MEMO



TO: Council for Human Services

FROM: C. Elizabeth Gibson *CEG*
Town Manager

CC: Board of Selectmen
Council for Human Services Coordinator, Maryanne Worth
Asst. Town Manager, Gregg Tivnan
Projects Administrator, Diane O'Neil

DATE: June 6, 2010

RE: FY 2012 Health & Human Services Contracts Request for Proposals

At its meeting of June 2, 2010, the Board of Selectmen voted to request that the CHS undertake the attached directive. Please let us know if there are any questions concerning this matter. Thank you.

from the desk of....

C. Elizabeth Gibson
Town Manager
16 Broad Street
Nantucket, MA 02554
508-228-7255
lgibson@nantucket-ma.gov

Directive/Resolution to Council for Human Services Regarding Scope of Services for FY 2012 Health & Human Services Contract RFP(s)

The Council for Human Services is created through chapter 12 of the Nantucket Code. The enabling bylaw reads:

There is hereby established a Council for Human Services which shall see to the provision of all needed human services in a manner which can best serve the residents of Nantucket, the coordination of the efforts of existing service organizations and the undertaking of efforts to obtain assistance and financial aid from federal, state and local governments, as well as private state and local governments, as well as private organizations, and the improvement of the provision of these services.

In keeping with the above bylaw, the Council for Human Services is charged to develop recommendations for the Scope of Services for the RFP(s) to be issued for FY 2012 health and human services contracts for specific services to be provided to residents of the Town. The Council should consult with the Town's Community Needs Assessment survey from 2006, as well as consultation with agencies, their clients where possible, and any other source of information concerning the community's needs, in developing its recommendations. The objective should be to provide recommendations to the Board of Selectmen in a timely fashion so that RFP(s) may be issued and responses received in sufficient time for the development of the FY 2012 budget. Recommendations should include or take into consideration:

- Specific services being sought per each contract
- Use of the current contracts as a baseline for scope of services
- Methods for determining levels of funding
- Process for monitoring contract
- Comparative criteria for evaluating proposals
- Process for assessing the effectiveness of the contracting process on a regular basis
- How might contracts be improved? Multi-year? Multi-agency?

The Council's recommendations should be submitted to the Board for its review by September 15, 2010.

from the desk of....

C. Elizabeth Gibson
Town Manager
16 Broad Street
Nantucket, MA 02554
508-228-7255
cgibson@nantucket-ma.gov

CHS Plan of Action

CHS PLAN OF ACTION

1. Set up an appointment with Diane O'Neil and Greg Tivnan to discuss the logistics of developing a "Scope of Services" document. What does she need from us to work with? Whether there should be separate solicitations done differently because of different dollar amount limits requirements or whether different services could be combined in one solicitation and bidders be allowed to bid on one or more types of services. Ask administration to provide the council with samples of RFP's the Town has issued.
 - a. July 15, 2010 Status – On July 8, 2010 CHS met with Town Manager Libby Gibson. Also present was Selectman Kopko. Ms Gibson informed the Council that Ms O'Neil would not meet with the Council or with a subcommittee of the Council regarding the Town's procurement policies. She informed the Council that it could submit written questions to Ms. Gibson and she would consider such questions. We believe that this is not an efficient process for a body whose report is due to the Board on September 15, 2010. We continue to seek an opportunity to meet with Ms. O'Neil. We note Ms. O'Neil regularly attends a number of meetings of Think Local First, a private organization seeking to promote local businesses. While we understand the many obligations of Town administration, we believe that a Council mandated by Town bylaw, appointed by the Board of Selectmen and tasked with a specific charge from that Board should be given reasonable access to internal Town expertise. We believe that it is entirely reasonable and supportive to transparency for the Council to expect that Ms O'Neil be made available for an hour to engage in an interactive discussion of the Town's solicitation policies.
2. Prepare a letter to all health and human services providers/agencies requesting their "consultation" on Nantucket's "needed services" They will submit written comments based on questions provided. Questions might include: agency history and mission, project overview, statement of need, social service needs they see as a priority, project description, implementation plan, eligibility documentation, efforts to involve low income clients (Client testimonies) program evaluation, Feasibility, matching funds and funding history, agencies ideas for determining levels of funding, appropriate comparative criteria for evaluating proposals and effective contract monitoring. (NOTE: The CHS will use the 2006 Needs Assessment survey to determine current needs) *ON TOWN WEBSITE
 - a. July 15, 2010 Status – We have published a public notice regarding this process and have prepared and mailed the referenced letter to health and human services agencies. We have also provided this

request to the Healthy Community Collaborative and the Human Services Study Work Group. We intend to make it as widely available as possible in order to get input from as many stakeholders as possible. We are working to make this available on the Town website.

3. The department will submit comments on services currently provided by the Town and also Scope of Services for current contracts.
4. All comments will be posted on the Town website
 - a. July 15, 2010 Status – We are working on making all materials available on the Town website.
5. After the written comments have been received from the agencies and posted on the Town website, there will be a public hearing to discuss the submittals and to allow public comment on all of them and an opportunity for the agencies and the public to further comment.
 - a. July 15, 2010 Status – The public hearing is currently scheduled for July 28, 2010.
6. The CHS will collate and summarize the comments, prepare a draft of recommendations to the BOS, publish the draft on the Town website, hold a public hearing on the draft; revise it if appropriate and approval the final for submission to the BOS.
 - a. July 15, 2010 Status – We are continuing to assess the possibility of a public hearing on the draft recommendations given the September 15 deadline.

Attachment 3

Draft Timeline

July 1, 2010

Meet Consider Plan of Action

Notice of Availability of Agency Questionnaire

Advertise for Response to Questionnaire

Deadline for Responses to CHS

Publish Responses on Town Website

Public Hearing / Comment on Responses

CHS draft recommendations

Public Hearing on draft recommendations

Sept. 15, 2010

Final Recommendations submitted to BOS

Questionnaire and Responses

Questionnaire to Agencies *Responses are due back in our office no later than Friday July 23^d

1. Agency History and Mission

1. State the agencies mission. 2. Provide a brief organizational history 3. Provide a summary of agencies current programs and activities (1 page)

2. Project Overview

Briefly describe the proposed project, including the category of service as listed.
1A) The population to be served and services to be provided.

a. If a new program/program component, describe how the proposed services represent a quantifiable increase of services and program activities.

b. If previously funded by the Town, describe how the Town funds were used to maintain services and program activities. (1 Page)

3. Statement of Need

Identify and describe existing unmet needs to be addressed by the project. What methods and or data were used to identify and verify the need for the project?
(1 Page)

4. Social Service Needs

Describe how your organization will coordinate with other organizations that provide similar services in the community. How will you develop linkages not already in place? Does any organization other than your own, offer this type of service? If yes describe how your program will enhance these efforts. If this is a new program how does the project fill a gap in social service needs in Nantucket? (2 pages)

5. Project Description

Describe outcome, goals, objectives and activities to be accomplished by this project. Describe in detail, the characteristics of the target population. Identify the number of unduplicated persons to be served by the project. Describe how you will reach out to the target population. (1-page)

6A. Implementation Plan (If this is a new project)

Describe specific steps to be taken to implement the project. Identify potential barriers to service delivery. Explain how these barriers will be addressed. Attach a proposed schedule, which identifies target dates for each phase of implementation. (1 page)

6B. Implementation plan (If this is an existing project)

Please identify barriers to service delivery that you have encountered in the past and explain what specific steps have been, or will be taken to mitigate these barriers. (It is assumed all projects have challenges) describe the specific steps to be taken to improve the quality of services and/or expand project activities, if applicable

7. Eligibility Documentation

Indicate and describe what form of procedures and documentation will be used to track program activities and client services

8. Efforts to involve low income individuals and families

If funded, describe agency efforts to involve, to the maximum extent practical, low income individuals and families in developing, constructing, renovating, maintaining and operating programs assisted with Town Funds.

9. Program Evaluation

Please provide 3-5 outcomes that you will measure for your program. Three components that you should keep in mind are: 1) **you will be measuring outcomes** (example-the program participant will successfully complete substance abuse treatment) **rather than inputs** (Example-the program participant will attend substance abuse sessions) 2) There must be a time frame for each outcome appropriate to the contract term. 3) There must be a percentage /number indicating the level of achievement. You should develop outcomes that are appropriate and attainable given the population that you serve. Also please project the number of unduplicated clients served by your agency for this project.

Actual Outcomes (for previously funded town projects)

If this is an existing program, describe the past progress in meeting your stated goals regarding each of your outcomes. Also describe other program accomplishments.

10. Budget Attach a copy of organizations most recent annual fiscal budget including all projected/actual revenue and expenses, 12 month projection and actual expenditures to date. Please include last IRS form 990, if you are a tax exempt organization. Please attach a separate budget for proposed project. Budgets should include only costs attributed directly to the proposed project.

11. Feasibility and matching funds for the project

Identify the status of any other funding applications and state whether or not the implementation of the project is contingent on receiving funds from other sources.

12. Nature and purpose of organization and organizations experience and qualifications

Include organizations years of experience in providing service provision; 2) Organization's background and experience, including the experience of your principal staff, concerning the proposed project or similar projects. In addition attach a list of the board of directors and verification of non- profit status.

Questionnaire RESPONSES

Family Planning Response

From our perspective, the island has changed demographics dramatically since 2006. We see the needs for medical/social care across the board for our hispanic neighbors. When they qualify for HSN they can get care but if they have to pay a huge deductible, they neglect needed care. We are able to provide access to GYN services on our sliding pay scale which means they pay very little, if anything. Our funding is always questionable at the State and Fed levels and if we're not bringing in as many paying customers, you can see where that leaves us. We had a freeze on all spending and had to take furlough hours and a pay reduction in order to get through the fiscal year ending June 30.

The Nantucket Suicide Prevention Coalition is a broad based inclusive alliance of island professionals. These concerned citizens are committed to working together to prevent suicide on Nantucket. Currently there is representation for the Nantucket Public School district, Nantucket Police Department, Nantucket Fire Department/EMT, Clergy, Nantucket Cottage Hospital, Family and Children's Services, A Safe Place, The Board of Selectmen, DMH and DPH.

The Nantucket Suicide Prevention Coalition mission is to support and develop effective suicide prevention initiatives by providing leadership and advocacy, promoting collaborations among organizations, recommending and implementing programs and policy and facilitating trainings for the islands professional and community members.

The Nantucket Suicide Prevention Coalition was an outgrowth of the Post Traumatic Stress Management group trained by Dr. Robert Macy in the winter of 2008. From the more than (PTSM) 70 people trained came an executive committee to tackle the challenging issues facing Nantucket. In the fall of 2009, the PTSM executive committee moved to a coalition model, the Nantucket Suicide Prevention Coalition. From its inception, the Coalition has been a public private partnership, involving government agencies including the Department of Public Health and Department of Mental Health working in partnership with community based agencies and interested individuals.

Nantucket Suicide Prevention Coalition

Programs and Protocols

1. Student Assistance Program in NHS and now beginning in CPS
Tim Comings licensed Drug and Alcohol Counselor
2. After school canteen now open in both NHS and CPS
3. Drop inn center in the high school
Sherry Copeland licensed counselor
4. Peers helping Peers program implemented
5. Drug and alcohol education in drivers Ed for kids and parents as well as a new health and wellness program in both CPS and NHS
6. Signs of Suicide program implemented in the high school for all grades 2008-2009. In 2009-210 the freshmen and 8th grade class was screened. The percentage of students that referred friends went from 24% to 54% during the year.
7. Written protocols are in place in the school system for students exhibiting suicidal ideations. Protocols are for teachers, admin, food service, maintenance personnel and bus drivers. These protocols were shared with Police dept, EMT and hospital.
8. Written protocols are in place for transiting students back into school after a hospitalization.
9. Question Persuade Refer. This program is for community members to respond to signs of suicide. Training is on going with a very long list that will start up again in September. Groups trained to date:
Nantucket Boys and Girls Club
The New School
Some Bartenders
10. Held dances and other events on weekend nights in the winter. Will continue and expand this winter. The Brotherhood has been very gracious and we are looking to other establishments as well this winter.
11. Rejuvenated the Gay Straight Alliance Club in the High School.

12. On going education in suicide prevention for the private and public clinicians, hospital personal, npd and the fire department's emts.

Spring 2010: The SPRC program Assessing Suicide Risk and Management was offered. Close to 30 clinicians were trained.

Spring 2010: Dr. Jacobs hosted a webinar on the SAFE T program for doctors and Nurses. One office participated and several nurses at the hospital participated. It was very well received and will be offered again.

13. Community forums

Ask the Psychiatricians: Winter 2009. Two psychiatricians held an open forum discussing medicines for depression, bipolar and other disorders. More than 50 people attended.

Depression in the Work Place: Spring 2010 Partnered with the Nantucket Island Chamber of Commerce and offered two sessions for business owners on how to manage employees with depression. More than 70 people were trained. This was very well received. The program is part of the DPH Mental Health Initiative.

Signs of Depression in Older Adults: On going forums beginning in 2010. This forum has a panel of local experts from various organizations. Representatives for Palliative Care of Nantucket, Nantucket Cottage Hospital, Elder Services of the Cape and Islands, Visiting Nurses speak to elders and their families on signs of depression and what resources are available to them on Nantucket.

14. Partner annually with ASAP to implement the Youth Risk Behavioral Survey. Data is presented to schools and community annually. The 2009 results will be presented in October 2010 during Red Ribbon Week.

15. Ongoing meetings with both the private and public clinicians to exchange information.

16. 2010 high school ID cards will have help line phone numbers to the back.

17. Education Options. This new program in the high school was designed for students with mental health issue with the focus on keeping the kids on island rather than in a placement off island.

18. Community Organizer, CO, is on the Steering Committee of the Cape and Island Suicide Prevention Coalition.

19. Members of the NSPC presented at the 8th Annual Suicide Prevention Conference and CO will present at the Ounce of Prevention Conference in October 2009. CO also presented at the conference.

20. NBHS added a child and adolescent neurophysiologist. This is an important addition as now there is only one psychiatrist who sees young people two days each month. There is currently an 8 week wait list. This was made possible by a grant to the Coalition by Mass General Hospital
21. Annually the Coalition sponsors events for National Suicide Prevention week.
22. Safe Harbor Support Group was formed for suicide survivors. This was funded by the grant from Mass General. It began in June 2010. It is currently facilitate by Maura and David Wilson from the Samaritans of the Cape and Islands. There is a survivor on Nantucket who will be trained to lead the group in the upcoming months.
23. The Coalition partnered with the Alliance for Substance Abuse Prevention, the Drug Free Community grant project, the Nantucket Police Department and the Nantucket High School to host Parent Not A Pal program. This program was mandatory for parents of students attending the Junior Prom and Senior Ball. The program discusses the states underage drinking laws.
24. The Coalition partnered with the Alliance for Substance Abuse Prevention, the Drug Free Community grant project, the Nantucket Police Department in a program to return unwanted prescription medications in June 2010. This will be repeated regularly.
25. The Coalition will host the AFSP National Survivor Day in November.
26. Dr Sally Spencer-Thomas will come in October to host a forum for middle aged men call Men Up.
27. The Coalition funded a suicide prevention training, CONNECT, and trained 11 island professionals. This was funded by the Massachusetts General Hospital grant. We collaborated with the Cape and Island Suicide Prevention Coalition by inviting 4 of there members to attend as well. Community wide training is being planned with sessions set up for pubic school coaches, person trainers, and "sitters" at the Nantucket Cottage Hospital.
28. In collaboration with the Alliance for Substance Abuse Prevention, A Safe Place, Nantucket Aids Network and Nantucket Family Planning, the Coalition was successful is securing grant money from the Nantucket Golf Club to implement a Youth Leadership Development Program.

Updated July 2010

Nantucket Cottage Hospital

1. Agency History and Mission

The mission of Nantucket Cottage Hospital includes being the islands primary source of a full range of health and wellness services. This includes responding to the needs of an increasingly diverse and expanding community.

Founded in 1911, the Hospital has been sole health care facility for our island for just shy of 100 years.

Services are extremely broad as we attempt to meet the full array health and wellness needs for an ever changing population. Inpatient acute medical care, outpatient care, emergency services, rehab services, cardiac rehab, surgery, dialysis, and community services are just some of the typical areas covered by this sole community provider.

2. Project overview

Nantucket Cottage Hospital's Social Service Department, which consists of 1 FT MSW, 5 on call MSW's, 1 SW Assistant, 2 Health Care Advocates, 1 FT Interpreter and 12 on call interpreters, continues to provide an average of 30 hours per week of a broad range of social services to the residents and visitors of Nantucket. That is essentially $\frac{3}{4}$ of a FT Town Social Worker. Areas addressed include financial assistance, insurance counseling, and enrollment assistance in all Public Health programs, administration of the Lifeline PERS program, mental health counseling, case management, crisis intervention, long term planning and pro active planning for gaps in service. All ages are served from infancy to geriatrics. Targeted clientele include all residents, visitors, legal and illegal immigrants. Specific issues include debt and budget counseling, need for medications, explanations and enrollment in Mass Health and State insurances, health care access, home care evaluations, homelessness, interpreter needs and utilization of multiple funds to address transportation needs for ongoing medical care as well as discretionary money to assist a wide variety of ever growing needs

Services include but are not limited to:

Health Care Access and Insurance assistance: This department is the primary site on island for enrollment in Mass Health, Commonwealth Care/Choice, WIC, Food Stamps and other Public Health Programs. It also serves over 600 elders per

year manage the complicated and ever changing Medicare D Drug program as well as explain traditional Medicare benefits. We work closely with the Social Security Administration to facilitate disability applications and access SSDI, SSI and retirement benefits. We are a designated VA site and this office assists veterans understand and access their benefits.

Financial Assistance and Fund Management: Includes evaluations, assessments, referrals, and budget counseling. Various funds are administered such as Marla Lamb Fund, Andrew Holdgate Fund, the Shorty Fund, the Hospice Supplemental Fund and the Indigent Fund to assist with a variety of monetary issues that preclude ongoing care.

Long Term Planning: Consultation and information provision on both financial planning and setting up home services for the elderly/disabled.

Crisis Intervention: Address a variety of issues including but not limited to substance abuse, mental health, housing and financial.

Case Management and referral: Knowledge of community resources to address a wide variety of needs for all age groups

Interpreter Program: Qualified interpreter services beyond the legal requirement of the Emergency Department including providing specialized training for medical interpretation for members of the community. On call availability now in place.

Lifeline Program: Manages the PERS including installation, maintenance, inventory, billing and receivables. This is the only program in NE that has one person doing all of the above.

Outreach: Identify and engage underserved and at risk community members to foster personal autonomy and healthy behaviors and to promote appropriate utilization of home care and other community resources. This includes outreach to all islanders to help access health care.

All the above services are in addition to the department's primary functions which are Social Work and Discharge Planning services to the hospitals med-surg inpatient unit. Social Work services also include covering the Emergency Department, Visiting Nurses, Hospice and Palliative Care and the Dialysis Unit. Administrative duties are the MSW's responsibilities which recently added overseeing an on call staff of 5 MSW's to provide on call emergency behavioral health evaluations for any insured patient that presents to NCH's ED.

The above services have been provided for over 24 years and are only increasing in both need and utilization and the financial crisis we are all in will only continue to heighten the number of people on Island who will be affected in some way. In comparing FY 09 with FY 08, we found that there was yet another increase in both number of contacts and the number of hours put in. The number of total contacts rose from 5633 in FY '08 to 6032 in FY '09, an increase of 9.43%. The number of hours logged rose from 1609 in FY '08 to 1813 in FY '09, an 8.87% increase. The Hospital continues to try and recognize it's obligation to the community by having sufficient staff to address matters beyond its immediate

jurisdiction and clearly utilizes the Social Services Department to that end. We hired another FT MSW 2 years ago to provide relief to the Social Work Manager. She was responsible for the Emergency Department, Visiting Nurses and Hospice and Palliative Care to insure adequate social services are available. Unfortunately, this position had to be eliminated this year due to budget cuts. We still maintain 2 Health Care Advocates who provide over 50% of their time to the community needs, not direct hospital patients. This I might add is extremely atypical of Social Work Departments in other hospitals on the mainland and even our sister island of Martha's Vineyard. In other towns the services provided in NCH are optimistically provided by already strapped –both fiscally and by limited manpower- social service agencies within each community.

3. Statement of Need

As identified in the Mission Statement and Project Overview, the need of this repeated request is to address the wide variety of social service needs of this community that are routinely un or under addressed each year. In other words, to continue to provide the services of a Town Social Worker. Expansion of these needs has grown over the 19 plus years of being identified in this forum. By taking the lead in addressing these needs, the Hospital hired a Health Care Advocate in '03 to tackle the problem of health care access. In '07 we hired another .6 FTE (Enrollment Specialist) to assist her meet the increasing demands. This has allowed the Hospital to become the primary site for Mass Health enrollment as well as all other public health programs, including the State insurance programs. We will continue to provide these community social services via education, enrollment assistance and follow-up. Limited access to health care can be attributable to many factors including but not limited to; a lack of education, language barriers and isolation. Up until the inception of the Health Care Advocates position, the Social Services office tried to address access to health care with only 2 employees. These two, the manager and a FT assistant were also responsible for Discharge Planning for the inpatient unit and the ER, social work services for the Visiting Nurses and Hospice, the Lifeline PERS program, Dialysis counseling, all administrative responsibilities while maintaining an open door policy to provide social work services to anyone that entered! These services have already been identified in the first section. By comparison, Martha's Vineyard had 7.5 FTE's to address the same services and that did not include any Town Social Work! These 7.5 FTEs, however, were distributed between the hospital, 2 VNA's, an outpatient mental health facility and a separate insurance advocacy agency! On Nantucket, the hospital addresses all and in doing so, makes it easier for the community to access services.

4. Social Service Needs

The Social Service Department has always worked cooperatively with all Human and Social Service agencies on island. Routine collaborative, interagency meetings occur monthly with different focuses. Being the primary health care provider has always put us in a unique position to be a strong catalyst for community collaboration.

The proposed service is not replicated by any other Social or Human Service agency. There will always continue to be some minor overlaps with other human services agencies as there will be in almost any social and/or human service arena as compassionate individuals try to meet a client or patient need. However, on Nantucket there is no area where such a wide array of human needs are uniformly met at one place in a single cohesive manner that typically doesn't require additional pursuit of information on the individual's part. It is therefore understandable why it has become an integral part of the health and human service delivery here on Nantucket for the past 24 years.

5. Project Description

The outcome and goals remain the same as they have for the past 19 years, simply be available to the Nantucket community to address the wide variety of unmet needs identified above. Nantucket has been ahead of the curve in a lot of ways over the past years in that we try to provide necessary human services that are in most mainland communities very difficult to access. This in turn gives us a better quality of life. As mentioned above, the target population is the entire island and all of our visitors. There is no specific way of reaching out other than routine identification of the hospital's services in our weekly paper, regular interagency communication and word of mouth.

6B. Implementation plan

The biggest single barrier is finances. The hospital takes on the lion's share of salaries and associated costs for the entire Social Work Department. The small amount we have been getting from the Town offsets a small portion of our costs. With the difficult financial situation we are in there is no guarantee that the hospital can continue to support the department's longstanding community activities. Downsizing to insure that solely hospital needs are met is a very real possibility. This would be a huge loss to the community that has come to depend on this department to meet so many different needs from getting on Mass Health to getting to a doctors appointment on the mainland to figuring out-with a little well thought out financial help-how they will simply get by month by month without a job.

7. Eligibility Documentation

We will continue to track both the number of contacts we have with community members as well as the number of hours logged. This applies to the Social Service Manager, his assistant and both Health Care Advocates.

8. Efforts to involve low income individuals and families

Low income families already comprise the larger part of our population served.

9. Program Evaluation-Actual Outcomes

Since this program has been in existence for so many years, the progress in meeting outcomes are generally derived from the ever increasing numbers of people served. Every year the numbers go up. For example, in calendar year '07 we put in 1513 hours. In '08 we put in 1658 hours. In '09 we put in 2165 hours! The number of contacts during that same 3 year review went up from 5426 in '07 to 6749 in '09!

To also track the wide variety of individual issues we address daily would not be warranted at this time given the relatively small amount of money we receive from the Town and the additional time it would take to set up and maintain such specific recording processes. These numbers are monitored quarterly.

10. Budget

Nantucket Cottage Hospital's cost per service is approximately \$12.00. This is calculated by a) recognizing the varying length of contacts-from as short as 5 minutes to as long as 1 ½ hours- will average approximately 18-20 minutes per contact and b) then average the number of hours provided by each staff member of the Social Service office and their wages. In this case, the Health Care Advocates provide approximately 55% of the 30 hours per week with the balance being split between the MSW and Social Work Assistant.

For additional tax forms and other related documents please see budget submission from our FY '11 application to the Town.

11. Feasibility and matching funds for the project

There are no other funding sources other than Nantucket Cottage Hospital. Grants are not an option to offset non profit hospital Social Work Departments.

12. Nature and purpose of organizations experience and qualifications.

I would imagine this is fairly self explanatory but the Hospital has been in existence since 1911 and the Social Work Department, originated in 1985, was done so by the very same manager and MSW that holds the position presently. Under his direction and with support from Hospital leadership, it was allowed to expand beyond the typical departmental responsibilities to encompass issues outside of the Hospital. Additional support staff have various amounts of experience but are all under the supervision of the experienced and successful Social Service Manager. Three staff members are fluent and certified in Spanish to insure non English speaking patients needs are met with the same level of care and compassion that others are provided.

The list of our board of directors and verification of our non profit status are also included in our FY'11 application.

Martha's Vineyard Community Services
Family Support Program
Response to Questionnaire
July 20, 2010

1) Agency History and Mission

The mission of Martha's Vineyard Community Services, Inc., a CARF accredited community based organization founded in 1961, is to enhance the lives of those it serves by meeting the comprehensive needs of individuals, families, and the community through a partnership of programs that provide accessible health, education and human services of the highest quality. The programs of the agency are: the Early Childhood Programs, Island Counseling Center, and Disability Services, CONNECT to end violence and the Thrift Shop.

More than 6000 individuals are served by these programs annually. MVCS consumers reflect the specific diversity of the Vineyard community, including: the impoverished and the affluent, white, African-American, Brazilian and other Hispanic, Asian, Native-American and multiracial individuals and families, heterosexual and homosexual individuals and couples, children and adults. The core values which guide our work reflect our belief that the health and well-being of each individual and family we service is a right, not a privilege. We also believe in human potential and are committed to empowering individuals to make informed choices. In addition, the mission of the Disability Services Program, of which Family Support Services is an integral part, is to promote maximum community integration and independence of individuals with disabilities.

The Family Support Services Program at MVCS was established in 1988 and has consistently provided individualized supports based on each family's strengths, needs, abilities and preferences to approximately 40 families annually within the unique rural island communities of Martha's Vineyard and Nantucket.

Martha's Vineyard Community Services fosters and supports the principles of self-determination and family empowerment through the development of a network of cohesive agency services and provision of a broad spectrum of educational opportunities which reaffirm the basic rights of individuals.

2) Project Overview

Funding provided by the Town of Nantucket currently enables the Family Support Program of MVCS to continue to provide services exclusively for Nantucket families that include family members who have developmental disabilities. The mission of the Family Support Program is to "do what it takes" to support families, including providing support to build capacities, to make family connections and to provide information and training. This funding supports the provision of services including Program Director's contacts and advocacy with and on behalf of families, travel expenses in support of families, including trips to the island and provision of transportation to off-island medical appointments as well as other program offerings, including providing training and education opportunities. The Family Support Program makes available to families a wide array of services and supports which can include: adaptive equipment, resource library materials, case management, resource and referral, connections to Massachusetts Families Organizing for Change (MFOFC) and Family Leadership Training, education and training, and transportation.

Currently, the Program Director makes contacts with and on behalf of the 14 Nantucket families supported on average of one to two times per month based on need. Follow-up and advocacy via phone are provided from the offices of MVCS. In addition to providing support on the island, families are also supported to attend off-island medical appointments, workshops and trainings and transportation to a variety of settings upon request as needed. Historically the Program Director has assisted parents,

parent groups and local non-profit organizations to access funds to secure speakers at island events as well as camperships for island children. In addition, Program Director works to maintain and strengthen existing partnerships, as well as develop new partnerships with island organizations/agencies that can potentially offer new referrals to the program or provide support to families involved in the program.

3) Statement of Need

As noted in the 2004 Resident Survey, the services and supports provided to families through the Family Support Program are not currently available through any other entity on Nantucket. The Family Support Program provides individual support to families to meet the changing needs of their family members with disabilities as they move through the life cycle. Flexible supports, information and referral and a helping hand are examples of supports provided by the program. Given that no on-island organization provides this discrete service, the Family Support Program has worked to meet the unmet needs for supports and services to families that include family members who have developmental disabilities living on Nantucket since 1992.

4) Social Services Needs

Historically the Family Support Program has worked in collaboration with a number of agencies and organizations on Nantucket to provide comprehensive supports and services to families on Nantucket. Partnerships have included the following organizations: the Community Network for Children (CNC); Special Needs Advisory Council (SNAC); Sports and Therapeutic/Accessible Recreation, Inc. (STAR); Nantucket Public Schools; Nantucket Autism Speaks Resource Center; Child and Family Services of Nantucket (FCSN). Moving forward, linkages with other community partners will be of high priority. Targeted outreach to the following agencies/organizations will hopefully increase opportunities for families served as well as potentially increase program referral base: Renew connections with Early Intervention Program case worker on island through Cape Cod Child Development; Nantucket Public Schools, specifically the new director of Special Education as well as renewed connections with Pathways Preschool and school guidance counselors; renew connections with Social Services at Nantucket Cottage Hospital; Massachusetts Rehabilitation Commission (MRC) currently has a new Area Director who will be approached to continue efforts to bring MRC services to Nantucket and to create linkages with the Nantucket Public Schools concerning providing comprehensive transition services to students ages 14-22 years.

5) Project Description

Families served by the Family Support Program include families that include family members who have developmental disabilities. Currently 14 families are served and all have been determined eligible for services through the Department of Developmental Services (DDS) Intake and Eligibility Division. In the spring of 2010, DDS issued a statewide Request for Response (RFR) for all Family Support Programs and

Martha's Vineyard Community Services
Family Support Program
Response to Questionnaire
July 20, 2010

MVCS was awarded the new contract with services starting July 1, 2010 (FY11). The current service model includes a Family Support Center, which is designed to provide resource and referral information as well as information and training opportunities for the broader community, not only for individuals who have been determined eligible for services through DDS. Service navigation and other specific services will continue to be available only to those individuals who have met the criteria for eligibility for DDS and are referred from the DDS Area Office. The Family Support Center model will provide more opportunities for interaction and support to the broader population of families that include family members with disabilities and will hopefully strengthen the network of support available to families.

As mentioned earlier, partnerships can provide opportunities to update/educate other community organizations and agencies about current services available through the program and potentially provide sources of referrals between programs. Program Director plans to perform active outreach to groups that are meeting regularly and that look at meeting broad community needs on an ongoing basis. Goals of the program include providing opportunities for families to connect and network, which is a goal that has been actively worked on at the request of parents on Nantucket. Activities that address this goal have included the provision of information and training opportunities, both on and off island, as well as partnerships with on-island organizations to make available a short term parent networking and support group. Feedback on these connecting and networking opportunities indicates a high need for these efforts to continue.

In addition, the goal of advocacy concerning the unique issues of the island continues to be of great importance. Program Director continues active involvement on a variety of local, regional and state-wide committees and boards, consistently seeking to have the interests of the islands taken into consideration in decision-making.

6) Implementation Plan

Several barriers exist in providing services to families who live on Nantucket, some of which have the potential to improve significantly with community support and investment. For example, MVCS is not located within the Nantucket community, which presents barriers for staff to have consistent involvement in committee work and initiatives that are ongoing on the island. Program Director has long-standing relationships with a number of community partners who have consistently provided updates on relevant issues that effect families served and who provide linkages to other on-island resources for families. Exploration of the use of the internet technologies could potentially provide opportunities for increased involvement in on-island initiatives. Another barrier is ongoing visibility to potential referral sources. Due to program funding constraints, Program Director is on island approximately one-two times per month which may be a factor in the lower than anticipated referral rate from a number of potential referral sources. Moving forward, active outreach to inform and

educate a variety of on-island organizations/agencies will hopefully put the program more prominently on the radar screen of island resources which could be potential referral resources and community partners in the future. Another barrier to service provision can be the weather. On a number of occasions, Program Director has had to cancel/change plans to come to the island, has been unable to leave the island or plans with families have had to be revised due to weather-related issues. Adjustments to the weather are a way of life for Nantucket residents and will be addressed as needed by the program.

7) Eligibility Documentation

Program activities and services to families are tracked in a variety of ways. Program Director uses a monthly calendar to document contacts with and on behalf of families on an ongoing basis. Contacts are documented using a letter system which indicates the contact type:

- A- Face-to-face contact
- B- Telephone/e-mail contact
- C- Supports/arranges services on behalf of family
- D- Provides direct respite care
- E- Assists with family- directed respite
- F- Participates in small group activities for family members

The monthly calendar shows number and type of contacts for each month at a glance. For each notation on the monthly calendar, a contact note, copy of e-mail, etc. is put on file documenting the contact.

In addition to family contacts, reporting of program activities is done monthly to the MVCS Executive Director in a monthly report, flyers for all program-sponsored events are on file for the fiscal year and historically performance objectives agreed upon by the Family Support Program and DDS have been reported quarterly with a narrative summary. Additionally, to monitor and improve the quality of services provided, the Family Support Program has developed Indicators annually to measure performance in the dimensions of Efficiency, Efficacy, Satisfaction and Accessibility. Data is collected monthly and reported on quarterly to the Quality Improvement Council at MVCS.

8) Efforts to involve low income individuals and families

All families who are referred to the Family Support Program will be supported to complete the intake and Eligibility process with DDS regardless of income. Currently there are no income guidelines to accessing services through the Family Support Program. All other families who are seeking support through the Family Support Center and who do not need to go through the intake and Eligibility process will also be supported regardless of income.

9) Program Evaluation

Family Support Program Performance Indicators for FY11 have been developed. The performance indicators are based on feedback from consumer satisfaction surveys that are sent out on an annual basis, DDS guidelines, and CARF standards as well as from discussion with the Director of Quality Improvement and the MVCS Quality Improvement Council.

FY11 Performance Indicators include the following:

Efficacy- Families involved in the program will accomplish at least one goal established in their Family Support Plan during the fiscal year. Target: 100% in FY 11.

Access- Program Director will perform strategic outreach to community organizations/agencies to enhance referral process to the program. Target- 6 organizations in FY 11

Satisfaction- Parents will rate education and training opportunities in the top two rating categories (Excellent or Very Good). Target-100% in FY 11

Efficiency- Trainings will be set up through the program during the fiscal year. Target- 5 trainings in FY 11

In addition, CARF will survey the program in the first half of calendar year 2011 as part of the triennial accreditation process.

10) Budget

- The agency's FY10 budget for the time period 7/1/09 – 6/30/10 is attached.
- The latest Form 990 for FY09 is attached.
- A separate budget for the Family Support program is attached.

11) Feasibility and matching funds for the project

Currently the program is partially funded by a contract with the Department of Disability Services for FY11. There are no applications for grant funding or any other funding sources pending at this time in support of the Family Support Program.

12) Nature and purpose of organization and organization's experience and qualifications

The Family Support Program has been in existence for 21 years, administered through MVCS, and has changed and evolved over time to meet the unique needs of families living on the Islands. Current Program Director has been involved with the program since the inception of services in 1988 and has actively sought out alliances and connections that have enhanced the delivery of services and supports through the program for the past two decades. Program Director has been involved in a number of initiatives historically which have directly benefited families from both islands, including participation on the Development Committee for the Family Leadership Series in MA and has provided support to plan and implement the Region V Family Leadership Series since 1990. In addition to a variety of other area committee work, Program Director currently serves on the state-wide advisory board as a Member At Large of the grassroots organization Massachusetts Families Organizing for Change (MFOFC), which provides access to state-of-the-art programming information and training and also creates opportunities and connections for families served. Program Director has also been actively involved in advocacy on the state-wide level, providing information concerning budget and funding issues to families and involving families in larger advocacy efforts. Program Director has attended/taken advantage of a wide variety of training opportunities that have increased awareness on a number of topics that improve services to families, including cultural awareness, leadership and advocacy, history of services to individuals with disabilities, use of technology, etc. A copy of the board of directors is attached. Also a copy of the agency's non-profit status is attached.

Martha's Vineyard Community Services
 FY10 Board Approved Agency Budget

PROPOSED BUDGET #5	PROPOSED
AJO 6,26,09	
REVENUE	
Contributions, Annual Appeal	384,750
Auction	510,000
Special Events	17,500
Foundation/Grants	344,361
Revenue - Interest Income	20,000
Revenue- Thrift Shop	343,000
Contracted Services-Stats & Federal	2,017,965
Third party	681,210
Self Pay	470,513
Endowment	10,000
TOTAL REVENUE	4,799,299
EXPENSES	
Payroll	2,933,736
Fringe Benefits/Payroll Tax	575,773
Unemployment	27,600
TOTAL PERSONNEL EXPENSE	3,537,109
OTHER PROGRAM COST	
Workman's Comp	22,000
Occupancy	393,970
Facility/Equipment Depreciation	144,924
Direct Care Specialist	109,906
Staff Training	37,428
Staff Mileage/Travel	55,458
Meals	47,509
Client Support	84,879
Vehicle Expense/Depreciation	6,600
Program Supplies/Materials/Office Supplies	60,188
Legal/Audite	48,500
Management Consultant	11,900
Board & Staff Development	5,200
Other Fees/Dues/Subscriptions	89,589
Program Support	251,565
Prof Liability Insurance	11,550
Uncompensated Care	30,800
TOTAL OTHER PROGRAM COST	1,413,166
TOTAL EXPENSES	4,950,275
Allocation of Administration	
TOTI Expenses & Administration	
Fundraising Dollars	-150,976

Internal Revenue Service

Date: June 29, 2006

MARTHAS VINEYARD COMMUNITY
SERVICES INC
111 EDGARTOWN RD
VINEYARD HVN MA 02568-5601 115

Department of the Treasury
P. O. Box 2508
Cincinnati, OH 45201

Person to Contact:

Ms. Kendall Hilson ID 31-07340
Customer Service Representative

Toll Free Telephone Number:

877-829-5500

Federal Identification Number:

04-2301598

Dear Sir or Madam:

This is in response to your request of June 29, 2006, regarding your organization's tax-exempt status.

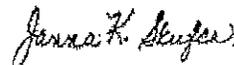
In February 1963 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under section 509(a)(2) of the Internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,



Janna K. Skufca, Director, TE/GE
Customer Account Services

Martha's Vineyard Community Services
111 Edgartown Road, Oak Bluffs, MA 02557
Mailing address: 111 Edgartown Road, Vineyard Haven, MA 02568

Board of Directors
FY 10

Wlet Bacheller, President
P.O. Box 1692
Vineyard Haven, MA 02568
508-693-0927
hwuebtohn@verizon.net

Dianne Durawa
P.O. Box 5053
Edgartown, MA 02539
508-627-3076
dvdmv@hotmail.com

Diane Smadbeck
RR1 65-A-3
Edgartown, MA 02539
508-627-7518
dstnadbeck@gmail.com

Victor Capoccia, Vice President
P.O. Box 4823
Vineyard Haven, Ma 02568
508 696 1038 (H) VH
609 240 4681 cell (most reliable)
617 926 1964 (alt home)
vcapoccia@sorospy.org

Sandra Grymes
P.O. Box 1392
Oak Bluffs, MA 02557
508 696-0579
gusolu@aol.net

Paula Smith
44 West Tisbury Road
Edgartown, MA 02539
(H) 508-939-4030
8 Rachael Circle
Franklin, MA 02038
508-520-3921
(C) 617-957-8472
paula.e.smith@us.pwc.com

Carole Cohen
16 Tennis Lane
Chilmark, MA 02535
(H) 645-2773
1177 22nd St. NW #7C
Washington, D.C. 20037
202-965-1715
Fax -- 202-965-4502
cccohen@aol.com

Lucy Hackney
319 Main Street
Vineyard Haven, MA 02568
4200 Pine Street #105
Phila., PA 19104
508-693-0467
215-386-1666
ldhackney@aol.com

Darren Lobdell
61 Stony Hill Rd.
Vineyard Haven, MA 02568
508-560-3111
darrenlobdell@gmail.com

T. George Davis, Asst. Treasurer
P.O. Box 1150
Vineyard Haven, MA 02568
(W) 508-693-8820
(C) 508-524-7598
pankis@aol.com

Paul Pimentel, Treasurer
P.O. Box 9000-221
3 Penny Lane
Edgartown, MA 02539
508-627-7980
ppimentel@noresco.com

Doug DeBettencourt
P.O. Box 1933
Oak Bluffs, MA 02557
508 693-0084
(C) 508 560-1286
ddcourt@comcast.net

Elizabeth B. Rawlins,
P.O. Box 135
Oak Bluffs, MA 02557
508-693-3716
RawlinsE19@comcast.net

Chris Decker, Secretary
P.O. Box 1674
Vineyard Haven, MA 02568-1674
508-693-1806 (W) 693-4222
Fax -- 508-693-7068
chris@TISBURYPRINTER.COM

Erin Simmons
P.O. Box 1643
Edgartown, MA 02539
508-939-4034
simmonsmy@comcast.net

Martha's Vineyard Community Services, Inc.
 FY12 Budget Draft - Family Support Program

Line Item	Family Support Program
Program Manager - S Clauss-Zanger	4 hours per week
Program Director - K. Hackett	15 hours per week
<hr/>	
Payroll Total	\$ 25,878.00
Payroll Taxes - FICA	\$ 1,915.00
Fringe Benefits - health, dental, vision, life insurance	\$ 5,645.00
TOTAL PERSONNEL EXPENSE	\$ 33,438.00
OTHER DIRECT CARE	
Staff Training	\$ 100.00
Program Supplies	\$ 250.00
Staff Travel	
Air Fare - 20 round trips @ 470.00 per book for 4 books	\$ 1,880.00
Car Rental - 20 times @ 60.00 each	\$ 1,200.00
Mileage - off-island appointments - 7 appt. @ 250 miles @ .50/mi	\$ 875.00
Total Travel	\$ 3,955.00
Program Support	
Postage, telephone, professional liability insurance, internet, etc.	\$ 700.00
Occupancy	
Facility Depreciation	\$ 300.00
Mortgage Interest	\$ 300.00
Utilities	\$ 315.00
Facility Operation/Mt	\$ 630.00
Equip/Computer Maint	\$ 350.00
Equipment Depreciation	\$ 100.00
Facility General Liability	\$ 135.00
Total Occupancy	\$ 1,530.00
Total Direct Expense	\$ 39,973.00
Allocation of Admin @ 15.00%	\$ 5,996.00
Total Program Expense	\$ 45,969.00
FY12 Estimated DDS Revenue Available for 15 families on Nantucket	\$ 31,200.00
Difference / Shortfall	\$ (14,769.00)

Martha's Vineyard Community Services, Inc.
 FY12 Budget Draft - Family Support Program

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FY12 Estimated DDS Revenue Available for 15 families on Nantucket	\$ 31,200.00
Difference / Shortfall	\$ (14,769.00)



July 16, 2010

Ms. Mary Anne Worth
Coordinator
Town of Nantucket
Council for Human Services
2 Fairgrounds Road
Nantucket, MA 02554

Dear Ms. Worth:

Enclose, please find the Elder Services response to the Town of Nantucket Questionnaire for 2012. We are responding for continuation of funding of the Meals on Wheels program.

If you have any question, please do not hesitate to contact Sheri Hunt, Nantucket Director, or me, at 508-394-4630.

Sincerely,

A handwritten signature in black ink, appearing to read 'Deborah Tranfaglia', with a long horizontal flourish extending to the right.

Deborah Tranfaglia
Chief Financial Officer

Elder Services of Cape Cod and the Islands, Inc.
Town of Nantucket Questionnaire 2012

Agency Mission Statement: Elder Services of Cape Cod and the Islands, Inc., is a private, not-for-profit, community based organization dedicated to promoting the welfare, enhancing the quality of life, and maintaining the dignity of elders in Nantucket, Barnstable, and Dukes Counties (with the exception of the town of Gosnold).

Organizational History

Elder Services of Cape Cod and the Islands was founded in 1972, Governed by a volunteer Board of Directors, the organization is dedicated to promoting the welfare enhancing the quality of life, and maintaining the dignity of elders. We work through communities and their citizens to identify and respond to the needs, problems and concerns of elders and their families. The Board of Directors is composed both of individuals representing each of our Cape and Islands towns, and of individuals representing the community at large. The Board provides overall direction, formulates policy, allocates resources, and oversees the general operations and programs of the agency.

Current Programs

Home Care Program: Services are provided in the home to assist elders in remaining in the community setting. To qualify, residents must be 60 years of age or older, meet financial eligibility requirements, and have certain care needs.

Protective Services: For 24-hour assistance to elders subjected to physical or emotional abuse, neglect, financial exploitation or self-neglect.

Long Term Care Screening: Determines medical eligibility for those planning to enter nursing homes or adult day health programs or other Medicaid reimbursed services. It is required when Medicaid will pay for services and optional for private pay.

Long Term Care Ombudsman Program: Regular visits are made by certified advocates to assist residents of nursing and rest homes in resolving any complaints/concerns they may have with the facility.

Mature Worker Program: Provides employment and training to income eligible individuals 55 and older. The part-time employment assists and expands community services and gives work experience and training to participants.

Family Caregiver Support: A program designed to support the caregiver through information, advocacy and education. We connect caregivers to existing community services that meet their needs and the needs of their care recipients. In-home and telephone assessments are performed to evaluate the care-giving needs.

Senior Service Corps: Recruits and places volunteers (age 55 and older) in public and private not-for-profit agencies. Volunteers are supported through orientation, insurance, travel reimbursement and recognition.

Money Management Program: Matches trained volunteers with income eligible seniors who need assistance with bill paying. Money management is often a crucial means for avoiding the loss of independence and alleviating "at-risk" situations.

Community Grants: As the Area Agency on Aging, we are responsible for the ongoing assessment of the needs of elders in the 22 communities on the Cape and Islands. Some of the services funded by the Area Agency on Aging (available to area seniors regardless of income) are: In-home counseling; legal services; and transportation services.

Information & Referral: Our I&R service is a central source of information about a broad range of services available to elders. Anyone may call I&R for help in locating resources.

Senior Nutrition Program: See description of this service on Project Overview of this proposal.

Elder Services of Cape Cod and the Islands, Inc.
Town of Nantucket Questionnaire 2012

2. Project Overview

Briefly describe the proposed project, including the category of service as listed.

Senior Nutrition Program: The Senior Nutrition Program is composed of two interrelated components; *Meals-on-Wheels* and *Senior Dining Centers*. Both components of the program combat the social isolation experienced by so many elders while at the same time providing a well-balanced lunch. The Meals-on-Wheels program also provides a daily safety check for homebound elders by the volunteer delivering the meal.

We are asking the Town of Nantucket (and every other town on the Cape and Islands) to support the **Meals-on-Wheels** part of the Senior Program.

Meals-on-Wheels are a critical component of a community-based program designed to assist elders to remain independent as long as possible, in a non-institutional setting. The program provides a nutritionally balanced meal and daily contact with a volunteer, thus providing socialization, reassurance and a safety check.

Nutrition is a key to keeping elders at maximum physical and mental capacity. Nutritional deficiencies lead to an increase in medical problems and mental confusion. Many elders are not able to prepare a meal because of physical and/or mental problems. The Meals-on-Wheels program ensures, at minimum cost, a nutritionally correct meal. In addition, the program provides a daily check on elders, thus identifying potential problems. For some elders the continuation of meals may make the difference between staying at home and being in a nursing or rest home.

1A) The population to be served and services to be provided.

Any Nantucket resident who is 60 or older, who is homebound, and who lacks a support system to provide a meal each day is eligible to receive Meals-on-Wheels.

a. If a new program/program component, describe how the proposed services represent a quantifiable increase of services and program activities. **N/A**

b. If previously funded by the Town, describe how the Town funds were used to maintain services and program activities. (1 Page)

In the Town of Nantucket, in the fiscal year that just ended (FY'10) 69 residents over the age of 60 were served 8,700 Meals-on-Wheels last year. Elder Services served 5,299 meals in dining centers to 94 Nantucket residents.

Elder Services of Cape Cod and the Islands, Inc.
Town of Nantucket Questionnaire 2012

3.Statement of Need

Identify and describe existing unmet needs to be addressed by the project. What methods and or data were used to identify and verify the need for the project?
(1 Page)

Programs that address: Mental Health & Emotional Well-Being: *The Nutrition program is essential in addressing mental health needs such as; isolation, stress, anxiety by providing a healthy, nutritionally balanced meal and provides a safety check on the elder each weekday by a visit of a volunteer Meals-on-Wheels driver.*

4.Social Service Needs

Describe how your organization will coordinate with other organizations that provide similar services in the community.

Elder Services collaborates with many agencies providing services to elders in our communities. Three examples of this collaboration are: The Adult Community Day Center; The Saltmarsh Senior Center; and the Nantucket Cottage Hospital.

How will you develop linkages not already in place?

The Nantucket Director is a member of the Nantucket Human Services Collaborative Work Group / Healthy Committee work group.

Does any organization other than your own, offer this type of service? **NO**

If yes describe how your program will enhance these efforts. If this is a new program how does the project fill a gap in social service needs in Nantucket? (2 pages) N/A

5.Project Description

Describe outcome, goals, objectives and activities to be accomplished by this project. Describe in detail, the characteristics of the target population.

Elder Services' goals are:

- To ensure basic quality of life and dignity for elders
- To develop, directly or indirectly, services and programs-based on identified needs-which will assure a continuum of care for elders.
- To empower elders to be their own advocates and providers of service based on individual abilities and needs.
- To provide a central resource of elder issues, programs, services and needs for elders, families, agencies, a interested community organizations and individuals.
- To continue to modify and expand the community services as needs and issues require.

Identify the number of unduplicated persons to be served by the project.

In the Town of Nantucket, in the fiscal year that just ended (FY'10) 69 residents over the age of 60 were served 8,700 Meals-on-Wheels last year. Elder Services served 5,299 meals

Elder Services of Cape Cod and the Islands, Inc.
Town of Nantucket Questionnaire 2012

in dining centers to 94 Nantucket residents. This is a total of 163 unduplicated clients served for FY 2010.

Describe how you will reach out to the target population. (1-page)

Elder Services collaborates with many agencies providing services to elders in our communities. Three examples of this collaboration are: The Adult Community Day Center; The Saltmarsh Senior Center; and the Nantucket Cottage Hospital. These agencies refer clients to Elder Services.

6A. Implementation Plan (If this is a new project) - N/A

Describe specific steps to be taken to implement the project. Identify potential barriers to service delivery. Explain how these barriers will be addressed. Attach a proposed schedule, which identifies target dates for each phase of implementation. (1 page)

6B. Implementation plan (If this is an existing project)

Please identify barriers to service delivery that you have encountered in the past and explain what specific steps have been, or will be taken to mitigate these barriers. (It is assumed all projects have challenges) describe the specific steps to be taken to improve the quality of services and/or expand project activities, if applicable

Funding for the Elder Services Nutrition program has been stagnant for many years and program costs increase. We look to control costs and fundraise to assist with program needs. We have not needed to place clients on a wait list the Nutrition program at this time.

7. Eligibility Documentation

Indicate and describe what form of procedures and documentation will be used to track program activities and client services.

We currently use a client tracking software program called SAMS. This is a program developed by order of the Executive Office of Elder Affairs. All client assessments and services are recorded in this database.

Elder Services of Cape Cod and the Islands, Inc.
Town of Nantucket Questionnaire 2012

8. Efforts to involve low income individuals and families

If funded, describe agency efforts to involve, to the maximum extent practical, low income individuals and families in developing, constructing, renovating, maintaining and operating programs assisted with Town Funds.

To qualify for services, an individual must be elderly (age 60 or older) or handicapped, homebound, and unable to prepare (and without a support system to prepare) noontime meals. Home visits are made by a staff member to determine eligibility. The program is not means-tested, but individuals are given an opportunity to contribute based on ability to pay. The program tends to serve individuals of greatest economic need. The program keeps careful statistics on the number of meals served and the number of elders served, as required by around Title IIIC of the Federal Older Americans Act.

9. Program Evaluation

Please provide 3-5 outcomes that you will measure for your program. Three components that you should keep in mind are: 1) **you will be measuring outcomes** (example-the program participant will successfully complete substance abuse treatment) **rather than inputs** (Example-the program participant will attend substance abuse sessions) 2) There must be a time frame for each outcome appropriate to the contract term. 3) There must be a percentage /number indicating the level of achievement. You should develop outcomes that are appropriate and attainable given the population that you serve. Also please project the number of unduplicated clients served by your agency for this project.

Actual Outcomes (for previously funded town projects)

If this is an existing program, describe the past progress in meeting your stated goals regarding each of your outcomes. Also describe other program accomplishments.

Goal: To maintain and/or improve wellness and decrease social and emotional isolation of elders residing in the Town of Nantucket by encouraging adequate nutrition.

Objective 1: To provide nutrition services for elders residing in the Town of Nantucket. To provide nutritionally balanced home delivered meals up to seven days a week for homebound elders.

Objective 2: To promote awareness of health and nutritional practices through education and informal activities.

2a: Provide at least 2 in-service training sessions to Nutrition Program staff members.

2b: Distribute monthly meal menus with nutritional education information to all Nutrition Program participants.

2c: Participate in nutrition related community programs as appropriate.

2d: Expansion of the Farmers Market program and distribution of food coupons.

Elder Services of Cape Cod and the Islands, Inc.
Town of Nantucket Questionnaire 2012

Objective 3: To avoid the need to resort to a wait-list for Meals-on-Wheels services in the Town of Nantucket by expansion of fund raising projects to offset State and Federal funding cuts.

Performance Measures: Daily, Monthly and Annual statistics will continue to be maintained regarding the number of meals served and the number of elders served. A detailed record is kept of program activities that promote health and nutrition practices through education and informal activities.

How we evaluate our effectiveness:

A high quality program that continues to meet the needs of our elderly participants is the utmost priority for Elder Services. We strive to maintain a quality program through the following measures:

- ✓ Periodic client satisfaction surveys.
- ✓ Regular written feedback by site managers on meal quality.
- ✓ Regular group meetings with site managers to discuss program and meal quality.
- ✓ Regular meetings of the Nutrition Committee to discuss program and meal quality. This committee is an adjunct to the Board of Directors and is composed of members from most of our towns. Members regularly visit their local nutrition sites to get a first hand view of the program.
- ✓ Periodic audits of our food provider, including kitchen visits and inspections.

10. Budget Attach a copy of organizations most recent annual fiscal budget including all projected/actual revenue and expenses, 12 month projection and actual expenditures to date. Please include last IRS form 990, if you are a tax exempt organization. Please attach a separate budget for proposed project. Budgets should include only costs attributed directly to the proposed project.

11. Feasibility and matching funds for the project

Identify the status of any other funding applications and state whether or not the implementation of the project is contingent on receiving funds from other sources.

Elder Services' primary financial support is provided through the Massachusetts Executive Office of Elder Affairs and includes funds from the Commonwealth of Massachusetts and Title III of the Federal Older Americans Act.

Additional funding comes from grants, contributions by individuals and corporations, towns, counties, councils on aging, "friends" organizations, and other organizations.

Elder Services of Cape Cod and the Islands, Inc.
Town of Nantucket Questionnaire 2012

Although some programs have participant financial eligibility criteria imposed by funding sources, other agency programs and services are available to all older residents in our communities.

12. Nature and purpose of organization and organizations experience and qualifications

Include organizations years of experience in providing service provision; 2) Organization's background and experience, including the experience of your principal staff, concerning the proposed project or similar projects. In addition attach a list of the board of directors and verification of non-profit status.

Elder Services of Cape Cod and the Islands is the federally designated Area Agency on Aging (AAA) and the state designated Aging Services Access Point (ASAP) for our three county area. Our Area Agency on Aging Advisory Council is composed of community members and local elected officials. Members represent the interests of elders by reviewing and commenting on Elder Services policies, programs and actions.

List of Board of Directors

The Board of Directors includes nominees from each Council on Aging on the Cape and Islands, as well as members nominated "at large" by the Board of Directors. Members are elected for 3-year terms and may serve a maximum of 2 consecutive terms.

THE BOARD OF DIRECTORS OF ELDER SERVICES OF CAPE COD AND THE ISLANDS, INC.

Paula George, **President**, 151 Southgate Drive, Hyannis
Karen Marciante, **Vice President**, 528 Forest Street, Brewster
Gerald Douglass, **Clerk**, 54 Snead Drive, Mashpee
Severen Snook, **Treasurer** P.O. Box 336, East Dennis
Judith Ahlborg, 31 Arnolds Cartway, Brewster
Sharon Chatham, 150 Rock Harbor Road, Orleans
Randi J. Cherchiglia, 13 King Philip Drive, Dennis
Susan K. Clegg, 19 Player Circle, Mashpee
Catherine Dumican, 370 Long Pond Road, Chatham
Rosemary Farley, 193 Stoney Hill Road, Chatham
Rev. E. Bonnie Goodwin, 39 Meadowbrook Road, West Yarmouth
Claire Hickey, 4 Tracy Lane, PO Box 1303, Harwich
Maureen Hurst, 6 B George Path, Provincetown
Francois Marin, 31 Hillside Road, Harwich
Laura McDowell-May, P.O. Box 910, Dennis
Thomas B. McGlenn, Box 1194, 14C Still Dock, Nantucket
Marian E. McLoughlin, 56 Cranberry Trail, East Sandwich
Anne Quinn, 4 General Howard Road, South Yarmouth
Colette Silverman, VNA, 255 Independence Drive, Hyannis
Madeline Taylor, 1431 Iyannough Road #16, Hyannis
Gloria Walsh, 43 County Road, Bourne.
Sandra Wonders, PO Box 1144, Wellfleet.

Elder Services of Cape Cod and the Islands, Inc.
Town of Nantucket Questionnaire 2012

Evidence of IRS 501(c)3 status

One copy enclosed.

**Elder Services of Cape Cod and the Islands
Nutrition Program**

Total Meals Budgeted / Served 260,000 267,200

	Fiscal Year	Budgeted
	<u>2009</u>	Fiscal Year
		<u>2010</u>
<u>Revenues</u>		
Gifts/Special Events	\$ 56,000	\$ 70,000
Barnstable County	\$ 75,000	\$ 70,000
Martha's Vineyard COA	\$ 36,750	\$ 36,750
Town of Brewster	\$ 7,500	\$ 7,500
Town of Bourne	\$ 1,000	\$ 1,000
Town of Chatham	\$ 8,243	\$ 8,243
Town of Dennis	\$ 5,000	\$ 5,000
Town of Falmouth	\$ 25,000	\$ 15,000
Town of Nantucket	\$ 8,000	\$ 8,000
Town of Orleans	\$ 2,500	\$ 2,500
Town of Sandwich	\$ 1,000	\$ 1,000
Town of Truro	\$ 750	\$ 750
Town of Wellfleet	\$ 1,500	\$ 1,500
Town of Yarmouth	\$ 20,000	\$ 20,000
Federal / EOE A	\$ 746,733	\$ 886,262
USDA - Commodity Credits	\$ 55,000	\$ 50,000
Client Fees	\$ 239,200	\$ 248,868
Recovery from Home Care	\$ 540,000	\$ 540,000
Other	\$ 200	\$ 200
	<hr/>	<hr/>
	\$ 1,829,376	\$ 1,972,573
<u>Expenses</u>		
Employee Salaries	610,116	637,164
Payroll Taxes and Fringe Benefits	197,742	217,565
Occupancy	41,911	41,010
Program Expenses	66,500	65,000
Staff Training	750	750
Staff Travel	33,500	37,000
Volunteer Travel	84,757	86,000
Contracted Foods	830,720	876,052
Client Transportation	21,000	21,000
Administration	19,974	19,017
Indirect Expense	135,595	139,373
	<hr/>	<hr/>
	2,042,565	2,138,931
Agency Shortfall	\$ (213,189)	\$ (166,358)
Cost per meal	\$ 7.86	\$ 8.00

Address any reply to:

Bo s.-EO-73-1399

Department of the Treasury

District Director

Internal Revenue Service

Date:

In reply refer to:

DEC 4 1973

AU:EO:JL



Cape & Islands Home Care Corporation
79 Winter Street
Hyannis, Mass. 02601

Gentlemen:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

We have further determined you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in section 509(a)(2).

You are not liable for social security (FICA) taxes unless you file a waiver of exemption certificate as provided in the Federal Insurance Contributions Act. You are not liable for the taxes imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes under sections 2055, 2106, and 2522 of the Code.

If your purposes, character, or method of operation is changed, you must let us know so we can consider the effect of the change on your exempt status. Also, you must inform us of all changes in your name or address.

If your gross receipts each year are normally more than \$5,000, you are required to file Form 990, Return of Organization Exempt From Income Tax, by the 15th day of the fifth month after the end of your annual accounting period. The law imposes a penalty of \$10 a day, up to a maximum of \$5,000, for failure to file a return on time.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

Please keep this determination letter in your permanent records.

Sincerely yours,

William E. Williams
WILLIAM E. WILLIAMS
District Director

Nantucket Employee Assistance PROGRAM

Questionnaire to Agencies *Responses are due back in our office no later than Friday July 23rd

1. Agency History and Mission

1. State the agencies mission. 2. Provide a brief organizational history 3. Provide a summary of agencies current programs and activities (1 page)

Mission: to provide respectful workplaces for Nantucket employers and employees.

Nantucket Employee Assistance Program was started in 2007 to provide on-island EAP services to overcome the lag of response by off-island EAP providers and to provide local support indicative of the Nantucket employment culture.

NEAP provides crisis intervention, urgent and emergency response care, training for supervisors and managers, management consultations, employee confidential consultations, face-to-face sessions for the assessment and resolution of issues that interfere with employee effectiveness, Trainings on the legal requirements for sexual harassment prevention, violence in the workplace prevention, drug and alcohol awareness and workplace requirements and compliance as per workplace policy.

2. Project Overview

Briefly describe the proposed project, including the category of service as listed.

1A) The population to be served and services to be provided.

The population is town employees, and their families.

a. If a new program/program component, describe how the proposed services represent a quantifiable increase of services and program activities.

The advantage of using an on-island EAP is response time, convenience for patrons, awareness of cultural issues, and complete service repertoire.

b. If previously funded by the Town, describe how the Town funds were used to maintain services and program activities. (1 Page)

Town currently purchases off-island services.

3. Statement of Need

Identify and describe existing unmet needs to be addressed by the project. What methods and or data were used to identify and verify the need for the project?

(1 Page)

NEAP services the Nantucket Public School and has addressed the needs of employee issue that arise in a day when an distressed employee needs assistance. NEAP has been able to attend to the issue on site and in the private NEAP office. as one example.

The data is reported on a utilization report quarterly and broken down by problems so that workplace issues can be assessed in percentages. EAP is needed by the Town because of the

public works employees who drive vehicles are must submit to safety testing for drugs and alcohol by the Federal Department of Transportation.

4.Social Service Needs

Describe how your organization will coordinate with other organizations that provide similar services in the community. How will you develop linkages not already in place? Does any organization other than your own, offer this type of service? If yes describe how your program will enhance these efforts. If this is a new program how does the project fill a gap in social service needs in Nantucket? (2 pages)

No other organization on island provides a comprehensive EAP program. The organizations NEAP uses are Behavioral Health for anger management, ASAP and BH for specific Drug and Alcohol services, Safe place for domestic violence, planned parenthood for sexual issues, rental assistance, food pantry, affordable housing, and many other resources the island agencies provide.

5.Project Description

Describe outcome, goals, objectives and activities to be accomplished by this project. Describe in detail, the characteristics of the target population. Identify the number of unduplicated persons to be served by the project. Describe how you will reach out to the target population. (1-page)

The program improves the relationship of employee and employers and thereby develops employee retention which in turn save the organization money in rehiring and retraining. It creates a culture of value through respect.

The target population is any and all Nantucket employees and their families.

NEAP has a publicity program and promotions to alert each employee of the services and ways to access the services.

6A. Implementation Plan (If this is a new project)

Describe specific steps to be taken to implement the project. Identify potential barriers to service delivery. Explain how these barriers will be addressed. Attach a proposed schedule, which identifies target dates for each phase of implementation. (1 page)

6B.Implementation plan (If this is an existing project)

Please identify barriers to service delivery that you have encountered in the past and explain what specific steps have been, or will be taken to mitigate these barriers. (It is assumed all projects have challenges) describe the specific steps to be taken to improve the quality of services and/or expand project activities, if applicable

Keeping the NEAP services in front of employee, managers, supervisors and helping them to access the services is an on-going job. This takes frequent orientation groups, publicity materials to be used in-house, e-communications and a point-person to be the liaison, especially through the HR depart.

7. Eligibility Documentation

Indicate and describe what form of procedures and documentation will be used to track program activities and client services.

There is a quarterly utilization report distributed with data on number of employees or family members using the service, for what problems, whether the intervention was face-to-face, phone, or other forms of access. Use of the program by the managers, supervisors or the organization for training purposes, the number of attendees, the results of the training efficacy tallied from the attendee survey at the end of the training. These are just a few of way data is conveyed for employers to evaluate the effectiveness of the program.

8. Efforts to involve low income individuals and families

If funded, describe agency efforts to involve, to the maximum extent practical, low income individuals and families in developing, constructing, renovating, maintaining and operating programs assisted with Town Funds.

For the Town EAP contract, all those served through NEAP are paid by town funds.

9. Program Evaluation

Please provide 3-5 outcomes that you will measure for your program. Three components that you should keep in mind are: 1) **you will be measuring outcomes** (example-the program participant will successfully complete substance abuse treatment) **rather than inputs** (Example-the program participant will attend substance abuse sessions) 2) There must be a time frame for each outcome appropriate to the contract term. 3) There must be a percentage /number indicating the level of achievement. You should develop outcomes that are appropriate and attainable given the population that you serve. Also please project the number of unduplicated clients served by your agency for this project.

The number of contact is recorded, as is the number of participants who used the service; the number of visits used; the referral used (if any), and a follow-up dialogue with participant to see if the services helped, if the referral was used and useful; if the productivity at work has improved. If it was a supervisor referral the supervisor is given a satisfaction survey as a follow-up to assess the improvement in work issue that was addressed with the employee. All data is recorded on an excel spreadsheet with percentages for each category and a total of the percentage as compared with the population to be served. At the end of the 4th quarter a composite utilization report is generated so the trend per quarter can be determined.

Actual Outcomes (for previously funded town projects)

If this is an existing program, describe the past progress in meeting your stated goals regarding each of your outcomes. Also describe other program accomplishments.

10. Budget Attach a copy of organizations most recent annual fiscal budget including all projected/actual revenue and expenses, 12 month projection and actual expenditures to date. Please include last IRS form 990, if you are a tax exempt organization. Please attach a separate budget for proposed project. Budgets should include only costs attributed directly to the proposed project.

The program has no specific budget. It is a capitated contract with the organization which covers the contracted services for the requisite number of people. The NEAP operation is private for-profit.

11. Feasibility and matching funds for the project

Identify the status of any other funding applications and state whether or not the implementation of the project is contingent on receiving funds from other sources.

This program is private and independent. It is not funded.

12. Nature and purpose of organization and organizations experience and qualifications

Include organizations years of experience in providing service provision; 2) Organization's background and experience, including the experience of your principal staff, concerning the proposed project or similar projects. In addition attach a list of the board of directors and verification of non-profit status.

The founder and director of the program has 30 years of counseling experience and 18 years of direct EAP experience. She is a certified employee assistance professional (CEAP) and was the director of large EAP program in Hawaii through a social service agency that competed with the private sector EAP and held more EAP contracts than any competitor. The program services 5 islands with 7 offices and 25 staff. The director of NEAP was the clinical and program director of this program for 3 years.

On Nantucket, NEAP has 3 clinicians, all local, licensed practitioners adept in substance abuse, crisis intervention, family and couples dynamics, local, regional, and national resources.

Family + Childrens / ASAP

Questionnaire to Agencies *Responses are due back in our office no later than Friday July 23rd

1. Agency History and Mission

1. State the agencies mission.

To aid families and individuals in the problems of living by providing family stabilization services through skilled professionals."

2. Provide a brief organizational history

General History

- 1964 the Board of Directors for Nantucket Family and Children's Services of Nantucket County was officially formed.
- 1972 FCSNC established Nantucket Counseling services serving people with severe and persistent mental illness.
- 1984 Intergenerational services were initiated providing individual bereavement support to those who have lost a loved one. Care givers offers support to primary care givers of people who are struggling with aging loved ones or severely physically ill loved one. Additionally there is a group that focuses on the issues related to aging.
- 1990 Fare grounds House was established to provide residential and day treatment for people living with severe and persistent mental illness.
- 1994 public school contract began providing educational and psychological testing. Educational and behavioral consultations are available to school and parents.
- 1995 Sherman House began as supported living for people with severe and persistent mental illness. Capacity 2.
- 2001 FCSNC took over operation of Cottage Hospitals outpatient substance abuse services. The clinic was renamed Nantucket Behavioral Health Services (NBHS). It is licensed by the commonwealth of Massachusetts as a mental health and substance abuse outpatient clinic.
- 2006 FCSNC opened the Nantucket Sober House with a capacity of 4 residents with one House Manager.
- 2007 FCSNC began the Nantucket Addictions program providing out patients counseling, Group counseling and initiated the Bridging the Gap program to assist transition from treatment to the 12 step community.

- FCSNC expands from one Psychiatrist here one day a month to three Psychiatrists here 8 days a month.
- 2008 FCSNC Started the Nantucket Student Assistance Program with funding from the Tower Foundation and the United Way of Cape Cod and the Islands.
- 2009 FCSNC started the Nantucket Suicide Prevention/outreach program with funding from DPH and DMH.
- 2009 FCSNC expands services to include a Clinical Neurophysiologist providing Neuropsychological testing for Children and Adolescence one weekend a month.
- 2010 FCSNC opens our Family Stabilization team / Program



VISION STATEMENT: *Nantucket Island has a shared community vision and a common goal that cultivates a healthy lifestyle for each of its residents; it is a community that sets its standards to enhance cultural diversity as well as to improve the social and emotional well being of its youth.*

MISSION STATEMENT: *To provide leadership, education, and support in the community for the prevention and treatment of substance abuse, alcoholism, drug dependence, and related problems.*

The Alliance for Substance Abuse Prevention, Inc. (ASAP) is a tax-exempt non-profit 501 (c)(3) corporation formed in 1995 from the merger of the community's Nantucket Council on Alcoholism and Drug Dependence, *incorporated in 1974*, and the school's Substance Abuse Advisory Council. Clearly, both councils had a long history of addressing substance abuse issues and prevention needs on Nantucket, however ***this new alliance, ASAP, evolved specifically in response to a shared desire to reduce duplication and to coordinate the prevention efforts of the broad diversity representative of the community.***

In 2000, ASAP was designated by the Board of Selectman as the town prevention committee for substance abuse, and through a comprehensive 18-month strategic planning process beginning in 2005 (led by consultants utilizing the federal Strategic Prevention Framework), ASAP formed a cross-sector collaborative of community leaders, parents, youth, school administration and teachers; youth development and fraternal, civic and volunteer organizations; health care and business professionals; law enforcement; and the media, that together serve as a community-wide substance abuse prevention coalition (refer to C1 & H1).

GOALS:

Goal One: Reduce lifetime substance abuse (SA) and the use of Alcohol, Tobacco and Other Drugs (ATOD) among Nantucket residents (with a focus on

youth) through comprehensive individual, environmental and family strategies; and

Goal Two: Educate and mobilize all sectors of the community toward a culture that values and supports substance abuse prevention and sustainability, thereby sustaining and institutionalizing the ASAP organization, coalition and mission.

3. Provide a summary of agencies current programs and activities

FAMILY AND CHILDREN'S SERVICES

Outpatient Mental Health Counseling:

FCSN provides a broad range of mental health services to adolescents, adults, couples, and families who have experienced stress and conflict in their lives. The staff has expertise in helping people with problems including mood disorders, relationship and family issues, Suicide, job stress, and many other life crises and transitions. Our team of Social Workers, Counselors, and Psychologists provide a continuum of community-based services. Counseling services include individual psycho-therapy for adults and adolescents, psychiatric services, substance abuse services and family therapy.

Beginning in August of 2010 FCSNC will open our Family Stabilization Team and Program. Family stabilization will respond to family based emergency and work with families as they work together to solve problems within the family.

Addiction services

Beginning in May of 2007 FCSN began implementing a SAMSHA approved research based curriculum called Living in Balance that is designed for maximum customization, the Living in Balance program provides a comprehensive, group-oriented treatment framework for use in outpatient, short-term, or long-term residential settings.

- emphasizes group process and interaction (discussion, role plays)
- uses a bio-psychosocial approach to strengthening neglected areas of an addict's life
- allows clients to enter the program at any point in the cycle of sessions
- features session-specific guidance and strategies for clinicians
- teaches clients to use relaxation and visualization techniques
- associated with a successful outcome study

All clients who present for Substance Abuse problems will attend this 12 week program. During the first three weeks of the program the client will also be

seeing an individual counselor for evaluation. After that they will attend only the group unless otherwise indicated and agreed upon by the URC team.

Sober House

The recovery process takes time - time to reverse the negative life patterns, which have accumulated over time by an addiction driven life. Managing life with others in a sober living environment, learning to take responsibility again, making a commitment to sobriety, and attending 12 Step meetings regularly are the beginnings of a responsible, sobriety centered life. Reconnections to work, family, and community life can then follow.

FCSN Sober house has space for five men that are allowed to stay for up to 18 months. Rent is set at \$800 a month. Consideration of a sliding scale can be made; however, sober housing is designed to empower an individual to self-sufficiency within 18 months.

Residents come to us from many sources - some are self referred, others come from treatment facilities, detox, counseling centers, therapists, the correctional system, shelters, veterans' programs, or the streets. One thing they all have in common - wanting to stay sober. Many of our residents literally have nowhere else to go in order to stay sober and still live affordably.

Emergency Mental Health Crisis Response:

The emergency response team is available 24 hours a day 365 days a week to respond to Psychiatric and Substance Abuse emergencies through the Hospital and Police Department. The emergency response team responds by providing a mental functioning assessment & evaluation, treatment planning and placement recommendation, stabilization support. Staff is supervised by a licensed Clinical Psychologist and hold a minimum of a Masters Degree in Social Work or Mental Health Counseling. We have five clinicians that provide coverage for this program. Currently the Emergency Response services are averaging between 30 and 40 calls a month.

School and Family Based Services:

The School and Family Based Services are an innovative idea that combines a traditional Student Assistance program with a Family Stabilization Team. Traditional Student assistance is designed to identify children and youth at risk of alcohol and other drug related problems and intervene or refer them to treatment. We will be using a SAMSAH approved program called PROJECT SUCCESS.

Psychiatric Services

In February of 2006 the psychiatric coverage provided by FCSN was one day a month. At this time we provide psychiatric and Pharmacological services 9 days a month. The services are provided by a three licensed Psychiatrists with specialties as an addictionologist, adolescent and child psychiatry and adult psychiatry and Psychopharmacology. The majority of these services are funded through third party reimbursement except in those cases when an individual has no insurance or inadequate insurance.



WHAT ARE WE DOING TO ADDRESS THE NEEDS IDENTIFIED?

PREVENTION • EARLY INTERVENTION • TREATMENT • & RECOVERY PROGRAMS

Family & Children's Services of Nantucket County, Inc. provides mental health and substance abuse services to the community at-large and does not discriminate on the basis of age, race, gender, religious affiliation, sexual orientation or ability to pay. FCSNC has a sliding fee scale that begins at zero payment. The facility is handicapped accessible and meets ADA requirements.

As a mandated service delivery provider, FCSNC's outpatient clinic must directly meet the needs of the Nantucket community. The Town's Council for Health & Human Services continues to prioritize 'mental health and substance abuse issues' as a major concern among the Nantucket community, across all income and age categories. As such, the demand for substance abuse services continues to rise, with an increase in the percentage of clients presenting with a primary substance abuse diagnosis. Of the clients served in the first quarter of this 2010 fiscal year, nearly 68% were diagnosed with a primary substance abuse issue. Better than 80% of the clinic's caseload reports either a significant substance abuse problem in a close family member, or a secondary mental health diagnosis, such as a major depressive disorder.

As the current financial and unemployment crises continue to impact our community, drug and alcohol use is likely to further increase. People at risk for substance use disorders will have even greater needs for prevention, early intervention, treatment and recovery support services.

Community-wide Approach is Proven Most Effective

Research substantiates that effective prevention hinges on the extent to which service providers, schools, parents, law enforcement, business, the faith community, the recovery community and other community groups work comprehensively and collaboratively through community-wide efforts to implement a full array of education, prevention, enforcement, treatment and recovery initiatives.¹

Implementing environmental strategies (*to change the conditions in the community that reduce risk factors and increase protective factors for substance abuse*) is the optimal way to ensure the entire community, rather than just a select number of individuals, benefits

¹ CADCA, 2009. Treno, A.J., Gruenewald, P.J.; Lee, J.P.; et al. (2006) American Journal of Prevention Medicine. 31(4) 307-315.

from prevention. This approach targets all community sectors with comprehensive strategies to change community environments and norms that lead to population level outcomes (*Community Anti-Drug Coalitions of America, CADCA, 2009*).

The Alliance for Substance Abuse Prevention, Inc. is a community-wide substance abuse prevention coalition, presently with *32 Board of Directors serving from among each of the 12 community sectors* (see H 1). To implement our prevention strategies, ASAP will partner with Family & Children's Services of Nantucket County (FCSNC), the Town of Nantucket (*Health & Human Services, Board of Selectmen, Alcohol Licensing Agent*), the Nantucket Public Schools (*students, teachers, administration, Student Assistance Program Director, others*), the Nantucket Police Department (*Chief of Police, School Resource Officer*), the *Communities Mobilizing for Change on Alcohol* (CMCA) Strategy Team (19 members), the ASAP Data Committee (superintendent; student assistance program director; middle & high school principals; three high school students; Executive Directors of A Safe Place, AIDS Network, FCSNC & ASAP; others to be added from among hospital, police and island physicians), ASAP Communications Committee, consultants with Health Imperatives (HI) of Southeastern MA, & grant management staff from the federal ONDCP/SAMHSA Drug Free Communities Support Program. FCSNC will serve as the fiscal administrator to receive funds, with the ASAP Financial Oversight Committee serving as the decision-making collaborative to oversee grant implementation/fiscal oversight.

SUBSTANCE ABUSE PREVENTION PROGRAMS, ACTIVITIES & STRATEGIES

Drug Free Communities Support Program /Communities Mobilizing for Change on Alcohol

Goals: (1) To establish and strengthen collaboration among ASAP Coalition partner organizations in support of our community's efforts to prevent and reduce substance abuse among youth; and (2) Reduce substance abuse among youth and, over time, among adults by addressing the issues in our community that increase the risk of substance abuse and promoting the factors that minimize the risk of substance abuse, the Alliance for Substance Abuse Prevention (ASAP) Coalition will **implement environmental strategies** (including those of the *Communities Mobilizing for Change on Alcohol, CMCA Strategy Team*) to:

1. Reduce access to alcohol, marijuana and other drugs through social sources, including parents, community members, siblings and peers (*Safe Home Pledge, Social Host Liability, Sticker Shock*);
2. Change policies, regulations and ordinances to reduce availability and consumption of alcohol, marijuana and other drugs and its negative effects (*town and school drug and alcohol policies, marijuana by-law, compliance checks, shoulder taps, party patrols, restricting sales and advertising, responsible beverage server training and alcohol licensing*);
3. Provide information sessions for parents and community (*Spanish/English*) to increase the perception of risk and harm for substance abuse and increase disapproval for youth consumption;
4. Promote healthy community norms through social marketing messages; and
5. Correct misperceptions among parents and youth as to the prevalence and dangers of substance abuse, through a social norms campaign.

Healthy Alternative Activities for Youth

- ASAP will continue to collaborate with the schools, including the Student Assistance Program Director (also the SADD Co-Advisor, in partnership with the NPD School Resource Officer), and other coalition partners to incorporate recreational, enrichment, and leisure activities into our approach to prevention. Activities include among myriad activities such as open gym, after-school and weekend events, dances, and off-island trips. ASAP's priority is to help create alternative opportunities for youth whose leisure time may lack the supervision, stimulation or positive outlets for self-discovery that s/he needs.

Youth Development Opportunities

- ***ASAP Board of Directors, Strategic Planning and Committees*** – The ASAP Coalition has demonstrated a consistent record of engaging Nantucket youth with all aspects of the organization, beginning with the 2006-2007 Strategic Planning Sessions, involving youth and youth groups for input with decision-making, planning and implementation alongside community stakeholders; the Red Ribbon prevention campaign, the 'Community Forum on Underage Drinking' in both 2006 and 2008; Sticker Shock and media campaigns. The implementation plan for the Drug Free Communities Support Program includes forming a Youth Advisory Council. By networking with and surveying their peers, these student representatives provide pivotal input toward identifying and creating the activities and selecting the community service opportunities that interest and meet the needs of our own Nantucket youth.
- ***Red Ribbon Prevention Campaign*** planning, implementation and youth-centered activities, including the Poster, Essay & Video Spot Contests, with the goal of providing an opportunity for Nantucket youth to promote healthy messages to the community, and among their peers
- ***Social Norms Media Messages*** – Nantucket High School students will take a leadership role in the coalition's social norms campaign – to reduce misperceptions held among our youth and community regarding current substance abuse, by creating 'messages' that celebrate what MOST students are actually doing – where misperceptions are known to exist.
- ***SADD, Students Against Destructive Decisions***, a peer leadership organization dedicated to preventing destructive decisions, particularly underage drinking, other drug use, impaired driving, teen violence and teen depression and suicide, with co-advisors, Student Assistance Program Director and the School Resource Officer. *SADD's Mission is to provide students with the best prevention and intervention tools possible to deal with the issues of underage drinking, other drug use, impaired driving and other destructive decisions, including self-harm.* In 2008, ASAP/CMCA funded the *MADD Youth in Action (YIA)* <http://www.youthinaction.org/> training for SADD, a program designed to reduce underage drinking by targeting social and retail availability of alcohol for youth under the age of 21. By partnering youth with law enforcement, targeting adults in the community, and focusing on alcohol sales to minors, *Youth In Action* aims to change the perceptions of underage drinking, through activities such as 'Sticker Shock' Campaigns (see below). YIA projects focus on three areas: social, alcohol retailers, and law enforcement. All of these components make up the environmental prevention strategy of CMCA, now integrated into the DFC Program. The immediate goal of YIA's prevention strategy is to reduce the access of alcohol for those under the age of 21. The long-term goal of *Youth In Action* is to change perceptions (knowledge, attitude and beliefs) of underage drinking among the adults in the community, law enforcement, alcohol retailers and young adults. *Youth in Action Mission Statement: To reduce the social*

and retail availability of alcohol to minors and support enforcement of underage drinking laws.

- **Sticker Shock Campaigns** – To celebrate Red Ribbon Week, the Nantucket Students Against Destructive Decisions (SADD) Chapter and the *Communities Mobilizing for Change on Alcohol* (CMCA) Project launched the first-ever, island-wide 'Sticker Shock' Campaign. Designed by youth activists in Pennsylvania in 1998, Sticker Shock Campaigns represent a collaborative effort between youth, retailers, prevention professionals, concerned community members, and law enforcement with the shared goals of educating legal consumers about providing alcohol to minors and raising public awareness about underage drinking.

By engaging youth to place stickers on all multi-packs of beer, wine coolers, and any other alcohol products that might appeal to underage drinkers, a sticker shock campaign is a way to remind those of us who are of legal age, that it is illegal, unsafe, and unhealthy to provide alcohol to minors. Stickers with a 'Hey you!! It is illegal to provide alcohol for people under 21!' message are on display at the participating liquor stores, including –The Islander, Hatch's Package Store, Murray's Beverage Store, and Epernay Fine Wines.

- **Community Educational Forums and Panel Discussions** – At the 14 April 2008 *Town Hall Forum on Underage Drinking*, a group of four Nantucket High School students addressed the community around issues they identified in the school and community which they felt may be contributing to the unhealthy choices some of their peers make. These forums provide an opportunity for youth groups to help both the school and community to reduce underage drinking. This youth-led community forum helped to inform the audience about local alcohol issues that affect youth, served as a starting point for community action, generated news media coverage, while raising awareness and building support for change.

Prevention Strategies to Strengthen & Improve Healthy Nantucket Community Norms

- **Marketing & Media Campaign** – Research shows that our attitudes toward alcohol, tobacco and other drug use (especially youth attitudes) are not rigid but malleable, shaped by the continuous flood of messages that wash over us (Office of National Drug Control Policy). Throughout the year, ASAP works directly with local newspapers, television, radio and media advocates to impact the way Nantucketers of all ages talk and think about alcohol, tobacco and other drugs, thereby *strengthening and improving healthy Nantucket community norms*. ASAP launched a prevention ad campaign during the Summer 2009, targeting youth to 'make healthy choices', and raising community awareness about the MA Social Host Liability Laws.
- **Social Norms Campaign** – A prevention strategy to reduce misperceptions among youth is to implement a social norms campaign. Simply put, a social norms campaign involves measuring actual substance use and perceptions of use among a group of students (e.g. through our annual NHS YRBS), then working together to create 'messages' that celebrate what MOST students are actually doing – where misperceptions are known to exist. For example, only 33% of NHS students currently report smoking marijuana, however there is a misperception among NHS students that 89% of NHS student believe their peers currently smoke marijuana. This misperception may be contributing to a 'false' peer pressure to use marijuana. *Social norms marketing attempts to correct these misperceptions by confronting youth with true norms, with the assumption that if youth begin to accept the true behavioral*

norms (i.e. 'most don't use') they will change their behavior to align more closely with the true norm, thereby decreasing actual use rates.

- Red Ribbon Prevention Awareness Campaign** – ASAP annually celebrates Red Ribbon Week and, with the help of other community leaders, joins with the island's parents, teachers and adult volunteers to help educate our children about the dangers of drugs, alcohol and tobacco. National Red Ribbon Week is an alcohol and drug prevention awareness campaign observed annually during the last full week in October – in FY 2011, October 25th – 29th, 2010. ASAP regards Red Ribbon Week as our 'kick off' to a year of prevention activities and events in the school and the community and provides an opportunity for students, parents, teachers, friends, neighbors and everyone who works and lives in the community to praise the safe healthy choices that MOST young people and adults make everyday on Nantucket.

2. Project Overview

Briefly describe the proposed project, including the category of service as listed.

1A) The population to be served and services to be provided.

FCSNC & ASAP

Population served: Any person on the Island is eligible for service.

b. If previously funded by the Town, describe how the Town funds were used to maintain services and program activities.

FCSN

Town funds are used to support our Sliding fee scale and ensure that services are available to all people regardless of financial ability, Insurance Status including inadequate insurance coverage. Town funds impact all services except the Student Assistance Program and the Suicide Prevention / Outreach program which receive dedicated funds from other sources.

Family & Children's Services of Nantucket County, Inc.

Of the total funding request, **\$71,250.00** is designated to support **Outpatient Mental Health Counseling** (a portion of which is dedicated to Adolescent and children as identified below). Service delivery is defined as face-to-face contact of a client with a clinician.

Projected Service Units	Time Allotted	Unit Cost	Offset: Client-Based Income	Offset: Fund Raising / Other sources	Town Funding
5,328	One Hour	\$95.00	\$35.00	\$46.63	\$13.37

An additional **\$53,750.00** is requested to support **Outpatient Substance Abuse Services**. Service delivery is defined as face-to-face contact of a client with a clinician.

Projected Service Units	Time Allotted	Unit Cost	Offset: Client-Based Income	Offset: Fund Raising / Other sources	Town Funding
3,880	One Hour	\$95.	\$35.	\$46.15	\$13.85

It is also of significance to note that the Town funding under this application will not be used for the provision of either Adult or Adolescent and Child Psychiatric care, however the Town will benefit from these services as FCSN will continue to provide care on a sliding fee scale when necessary.

Projected Service Units	Time Allotted	Unit Cost	Offset: Client-Based Income	Offset: Fund Raising / Other sources	Town Funding
1,330	15 - 30 minutes	\$140.	\$85.	\$55.	\$0

ASAP

Funds will be used to support prevention based programs: Red Ribbon Campaign, Community Educational Forums, SADD, Social Norms Messaging And Healthy Alternative Activities for Youth.

3. Statement of Need

Identify and describe existing unmet needs to be addressed by the project. What methods and or data were used to identify and verify the need for the project?

Over the last 36 months the Island of Nantucket has been hit with multiple teen and adult suicide completions and attempts. The frequency of and intervals between completions and the methodology are consistent with identified contagion mechanisms and a potential suicide cluster. In the case of this community it appears the potential cluster has been active among teens, but may now be expanding to include adults. *Multiple domains of research are now indicating that friends/Family of both completers and attempters are at a significantly increased risk for suicidal behaviors.*

According to the most recent Human Services Needs Assessment conducted by the Council Human Services there was an overwhelming response for the services that the Family and Children's Services of Nantucket Provide:

A lot of anxiety and stress in the Household	26%
A lot of Depression in the Household	24%
Alcohol and Other Drug abuse	11%
Children/Teens with Emotional/Behavioral Problems	20%
Children/Teenagers Sad, discouraged, depressed	21%

In addition recent research shows that Alcohol and other drug treatment actually saves communities money:

- over 150 different studies on the cost effectiveness and/or cost benefit of alcohol and drug treatment services determined that for every \$1 spent on alcohol and drug treatment services the cost savings range from a high of \$23 to a low of \$4 (Harwood, Malhotra, Villariveria, Liu, Chong and Gilani)
- Every American pays \$277 in state taxes to "shovel up" the wreckage of substance abuse (through state agency budgets such as Corrections, Medicaid, Public Safety and Welfare), but only pays \$10 for direct services to prevent and/or treat alcohol and drug problems. (National Center on Addiction and Substance Abuse at Columbia University)

FCSNC provides mental health and substance abuse services to the community at large and does not discriminate on the basis of age, race, gender, religious affiliation, sexual orientation or ability to pay. FCSNC has a sliding fee scale that begins at 0. The facility is handicapped accessible and meets ADA requirements.

FCSNC outpatient clinic mandate directly meets the needs of the Nantucket community. The town's list of priority problems continues to include the issues and ramifications of substance abuse. It remains a major concern of community members. The demand for substance abuse services continues to rise; the percentage of clients with a primary substance abuse diagnosis continues to increase.

FCSNC is the only State licensed Mental Health facility on Island. We provide over 85% of Psychiatric service to the Island and have a cross section of staff that are licensed in all fields of the Mental Health and Behavioral Health arena. Without town funding we would down size by two full time clinicians and one Clinical Psychiatrist thereby creating an actual client need gap of approximately 150 individuals per year. In addition we would be unable to provide the generous sliding scale that we currently do. Currently we average 25 people a month on sliding scale the runs from \$5 dollars a session to \$40 dollars a sessions. We estimate that approximately 15 of those people would also be forced to discontinue services as a result of lost town funding.

The ASAP Coalition utilized the data collected through the Youth Risk Behavior Survey, as well as additional quantitative and qualitative data gathered by the ASAP Coalition (including through the Nantucket Police Department, Nantucket Behavioral Health Services, school personnel, the Town's Council for Human Services, youth, parents, the Hispanic community, and others) to determine the critical risk factors associated with underage alcohol and other drug use on Nantucket. *These factors have been identified through research as putting youth at higher risk for alcohol and other drug use.*² The following **Nantucket risk factors** were identified:

² *Communities that Care, Risk and Protective Factors*

- ♦ **Early initiation of the problem behavior (underage alcohol and drug use)** – Nantucket youth begin drinking alcohol early, and are consistently younger when compared to their peers in the MA & U.S;
- ♦ **Friends who engage in the problem behavior**– Although 30-day rates have decreased over the past year, alcohol use is the normative drug of choice for Nantucket High School students, with the rate of use higher than the state or the nation;
- ♦ **Favorable parental attitudes & involvement in the problem behavior** – Many parents and older siblings believe that drinking is a ‘rite of passage’ for youth and in some cases, they may actually knowingly provide alcohol to youth. Sixty-five percent of NHS students reported that there are times when his/her parent(s) allow the student to drink³.
- ♦ **Community laws and norms accepting and/or encouraging use** – Nantucket youth are raised in a summer ‘party culture’ environment that highlights and sustains favorable substance abuse attitudes and behaviors throughout the year, which allows for easy underage access to alcohol and promotes involvement in high risk underage use.
- ♦ **Availability (alcohol and other drugs)** – Seventy-seven percent of NHS students believe that alcohol is ‘sort of’ or ‘very easy’ to get ‘if you wanted some’; 71% of NHS students believe that marijuana is ‘sort of’ or ‘very easy’ to get ‘if you wanted some’;
- ♦ **Low parental monitoring** – Nantucket’s high cost of living, combined with a lack of affordable housing (often causing seasonal displacement, or the ‘island shuffle’, with increased stress on families) mandates most parents to work outside the home, sometimes working two or more jobs, oftentimes requiring them to leave their children unsupervised for significant amounts of time during the out-of-school hours;
- ♦ **Low perceived risk of alcohol use** – the pervasive ‘rite of passage’ norm undermines the belief that underage use is ‘very wrong,’ risky or harmful. Community traditions such as Figawi, Bartender’s Ball, Daffodil Weekend, Wine Festival, Christmas Stroll, Guinness Book of World Records for most martini toasts 2006, 2007, 2008 and 2009 all promote alcohol use and consumption, and increase access to youth;
- ♦ **Low availability of screening and intervention**– Nantucket’s isolation as an island community limits access to a wide variety of drug and alcohol programs and mental health resources and services more readily available on the mainland, including screening and brief intervention, detoxification and treatment; in addition, there is a ‘knot’ in the system of identification and referral – due to entitlement, protection, denial and parent (generational) participation in the problem behavior;

4. Social Service Needs

Describe how your organization will coordinate with other organizations that provide similar services in the community. How will you develop linkages not already in place? Does any organization other than your own, offer this type of service? If yes describe how your program will enhance these efforts. If this is a new program how does the project fill a gap in social service needs in Nantucket?

³ 2008 Nantucket High School Revised Youth Risk Behavior Survey

We are the only organization currently licensed to provide medical Psychiatric services and Mental Health Services with the State.

We currently participate in a regular meeting of Private practitioners and our staff that facilitates ongoing referrals and coordinates psychiatric services for those clinicians that would like to utilize our Psychiatric support with their clients.

In addition, we are members of the Nantucket Healthy community collaborative.

Currently we are involved in the following collaborative linkages:

- Nantucket Cottage Hospital providing emergency mental health evaluations and placement.
- Nantucket Public Schools providing clinical evaluations, family social work, and clinical therapy for children and families in the School. Student Assistance Program
- Nantucket New School providing clinical evaluations, family social work, and clinical therapy for children and families in the School.
- Nantucket Aids Network the Narcan education and training program.
- Nantucket Suicide Prevention Coalition ongoing training and communications for community based Suicide Prevention initiatives.
- Alliance for Substance Abuse Services Program and financial management and support.
- Drug Free Communities Program and Financial management and support
- Sea Pony Farm Therapeutic riding and support to at risk and hard to reach kids.
- Bridging the Gap initiative is a formalized program that assists people in connecting while in treatment with the 12 step community thereby easing the transition and increasing the potential for successful ongoing recovery.
- Working with the Nantucket Police Department to develop and train officers in Mental Health response to potentially dangerous situations involving clients in a mental health crisis.

Interagency Collaboration

Family and Children's Services of Nantucket County, the Alliance for Substance Abuse Prevention, Nantucket AIDS Network, A Safe Place, Nantucket Family Planning, and Nantucket Cottage Hospital are committed to working together to network and collaborate to formalize coordinated strategies toward the development of an unduplicated, seamless provision for Human Services in the Nantucket community.

Our Goal is:

1. To foster and promote comprehensive, cohesive, and coordinated approaches to human services and community resources for individuals and families in need.
2. To identify and address service gaps and risk factors in our community.
3. To prioritize unmet service needs.
4. To develop and oversee a system of prevention, intervention, outreach assessment, direct care and aftercare for individuals and families in need.
5. To develop strategies and programs to meet current and future needs.
6. To monitor the effectiveness and efficiency of collaborative projects.

Our programs share the common goal of working to improve the health, social and economic well being of the individuals, families and community we serve. While our programs may serve

different clients and offer different services, many of our clients often have multiple problems, and many of them seek services from a number of agencies. Increasingly, political leaders, advocates, researchers and public administrators are recognizing that social problems cannot always be solved within the constraints of individual programs and funding silos. Many of our client's problems cannot be solved within the confines of a single program. As a result, there is a growing recognition that success will, in many cases, depend upon our ability to work together to create 'ready access' to the comprehensive services needed. Moreover, as we develop programs and services for our own clients we must often supplement them with services and programs from other agencies. Often we deal with the same employers, providers, and community organizations. We are increasingly interdependent and can benefit greatly and learn much from increasing the opportunities to work together more closely.

While there are barriers, opportunities are even more plentiful. Agency and program administrators have great flexibility in the use of the resources that are made available to them. The organizations joining together in this collaborative effort are committed to accomplishing these immediate and future goals:

- ♦ Application processes that are simplified and coordinated.
- ♦ Information / data that is centralized and shared.
- ♦ One-stop and no wrong door approaches to be developed and implemented.
- ♦ Agencies engaged in joint planning.
- ♦ Agencies developing outcome measures, for joint projects, with accountability systems that can recognize and reward cooperation and shared outcomes.

Our organizations are committed to working together to identify opportunities; highlight promising practices; provide shared access to resources; and to work to remove barriers.



The Alliance for Substance Abuse Prevention, Inc.

Community Mobilizing & Capacity Building

The Alliance for Substance Abuse Prevention Coalition engaged the community in strategic planning sessions to develop a sustainable Substance Abuse Prevention Plan For Nantucket Youth. From the earliest stages, the coalition recognized the need for *community-wide mobilization and involvement* and formed collaborations and partnerships with key community stakeholders, increasing membership more than *six-fold* by May 2009, many from among human service organizations. ASAP's cross-sectored coalition has provided a wealth of data and viewpoints on youth alcohol, tobacco and other drug use (ATOD) issues. It also provides links to resources and opportunities to *implement collaborative strategies*. The Executive Director of Family & Children's Services, Superintendent of Schools, Chief of Nantucket Police Department, Board of Selectmen liaison, teachers, parents, business owners (including a licensed alcohol vendor), health & human service providers, media representatives, youth and youth-serving organization leaders, the faith-based and Hispanic community, are among many key members active within the Coalition (see H-1).

Drug Free Communities Support Program

To implement our environmental prevention strategies (to strengthen community collaboration to prevent/reduce substance abuse among youth), ASAP will partner

with Family & Children's Services of Nantucket County (*fiscal administration, office space, parent information sessions, consultant to DFC Coordinator*), the Town of Nantucket (*Health & Human Services, Board of Selectmen, Alcohol Licensing Agent, Responsible Beverage Server Training*), the Nantucket Public Schools (*NHS & CPS Youth Risk Behavior Survey, SADD, Sticker Shock Campaigns, Safe Home Pledge*), the Nantucket Police Department (*Chief of Police, School Resource Officer – Town & School Alcohol Policy, Compliance Checks, Sticker Shock Campaigns*), the *Communities Mobilizing for Change on Alcohol* Strategy Team (see below), the ASAP Data Committee (see below), ASAP Communications Committee (print, TV media representatives/social marketing and comprehensive media campaign), consultants with Health Imperatives of Southeastern MA, and grant management staff from the federal ONDCP/SAMHSA Drug Free Communities Program.

Red Ribbon Prevention Week Campaign

The annual alcohol and drug prevention awareness campaign, sponsored by the ASAP Coalition, with support from the Health & Human Services Grant, the Prevention Committee, Board of Selectmen (Proclamation), Nantucket Public Schools, Nantucket Police Department, the Boys & Girls Club, the Lighthouse School, the Nantucket New School, the Nantucket Atheneum, Epernay Fine Wines, Nantucket Health Club, Annye's Whole Foods, among myriad others.

Communities Mobilizing for Change on Alcohol

Seeks participation and leadership from all sectors of the community in its efforts to reduce underage drinking, by reducing access of alcohol to youth. In order to impact the conditions on Nantucket that support underage substance use, the community as a whole must become invested and mobilized to make changes regarding availability and accessibility of alcohol to minors. Strategy Team includes 19 community members from among ASAP, Nantucket Police Department, Nantucket AIDS Network, Council for Human Services, Boys & Girls Club, Parks & Recreation, others.

Data & Evaluation Committee

ASAP committee comprised of the Superintendent of Schools; Student Assistance Program Director; CPS & NHS Principals; three NHS students; Executive Directors of A Safe Place, Nantucket AIDS Network, FCSNC & ASAP; with hospital, NPD and island physicians to be added. The Data Committee is an innovative approach to improve data collection methods among island agencies, with a shared goal to more accurately identify actual island health indicators, to share data whenever appropriate, & to collaborate for improved outcomes. The purpose of the ASAP Data Committee is to: 1) ensure the ASAP Coalition & community have a voice in evaluation planning & implementation; 2) to increase the capacity of the group regarding key elements of assessment & evaluation; & 3) to build partnerships for implementation & evaluation.

A Safe Place

Partnership with ASAP & CMCA to sponsor Rohypnol 'Roofies on the Rocks' Ad Campaign; and 2007, 2008 and 2009 Alcohol & Sexual Assault Awareness Month

media awareness campaign, with 'It Can Happen Here' signs posted in the NRTA Shuttle, and posters placed throughout the community.

5. Project Description

Describe outcome, goals, objectives and activities to be accomplished by this project. Describe in detail, the characteristics of the target population. Identify the number of unduplicated persons to be served by the project. Describe how you will reach out to the target population. (1-page)

The **OBJECTIVES** of the organizations are to:

- ✦ Provide the highest quality Mental Health & Substance Abuse services available, regardless of a person's ability to pay
- ✦ Improve access to Mental Health and Substance Abuse treatment
- ✦ Support environmental prevention strategies in the community
- ✦ Assist families in coping with life problems
- ✦ Educate the community regarding Mental Health and Substance abuse related issues
- ✦ Build and maintain a diverse 12-sector community coalition; conduct an annual coalition self-assessment
- ✦ Create and/or strengthen community partnerships and collaborations to improve services
- ✦ Assess community needs and resources through a variety of quantitative and qualitative data collection methods
- ✦ Build capacity, skills and community education in substance abuse prevention for Nantucket
- ✦ Identify, fund and implement evidence-based prevention programs that meet needs identified in assessment
- ✦ Develop, plan, implement and evaluate strategic substance abuse prevention and action plans
- ✦ Provide accessible information and resources to the public – health fairs, community events, schools, coalition partners
- ✦ Identify, develop and sponsor social marketing and media campaigns to educate, improve healthy norms & reduce SA
- ✦ Seek meaningful youth involvement in all aspects of the ASAP organization and committees
- ✦ Sponsor and/or support youth development opportunities and healthy alternative activities for youth
- ✦ Support, coordinate & fund environmental prevention strategies, including *Communities Mobilizing for Change on Alcohol*
- ✦ Build sustainability for substance abuse prevention through local, state & federal grant applications & fundraising strategies
- ✦ Influence local, state & federal policy development to improve healthy community norms and protective factors and/or reduce risk factors for substance abuse among Nantucket residents and visitors of all ages, with a focus on Nantucket youth

The targeted population is the Island population of Nantucket.

FCSN

# Clients served this quarter	<u>406</u>	Year to Date	<u>1,466</u>
# Unduplicated Clients this quarter	<u>95</u>	Year to Date	<u>503</u>
# Clients with Insurance this quarter	<u>256</u>	Year to Date	<u>973</u>
# Clients underinsured or with no insurance this quarter	<u>150</u>	Year to Date	<u>655</u>
2. OUT-PATIENT Substance Abuse Services			
# Clients served this quarter	<u>385</u>	Year to Date	<u>973</u>
# Unduplicated Clients this quarter	<u>106</u>	Year to Date	<u>388</u>
# Clients with Insurance this quarter	<u>80</u>	Year to Date	<u>514</u>
# Clients underinsured or with no insurance this quarter	<u>26</u>	Year to Date	<u>263</u>

ASAP

Prevention Programs, by nature, are targeted at all people in the community. For a prevention program to be effective it must include:

Social Norms Campaign – A prevention strategy to reduce misperceptions among youth. A social norms campaign involves measuring actual substance use and perceptions of use among a group of students.

Marketing & Media Campaign - Research shows that our attitudes toward alcohol, tobacco and other drug use (especially youth attitudes) are not rigid but malleable, shaped by the continuous flood of messages that wash over us (Office of National Drug Control Policy). Throughout the year, ASAP works directly with local newspapers, television, radio and media advocates to impact the way Nantucketers of all ages talk and think about alcohol, tobacco and other drugs, thereby *strengthening and improving healthy Nantucket community norms*.

Healthy Alternative Activities for Youth - ASAP will continue to collaborate with the schools, including the Student Assistance Program Director (also the SADD Co-Advisor, in partnership with the NPD School Resource Officer), and other coalition partners to incorporate recreational, enrichment, and leisure activities into our approach to prevention.

6B. Implementation plan (If this is an existing project)

Please identify barriers to service delivery that you have encountered in the past and explain what specific steps have been, or will be taken to mitigate these barriers. (It is assumed all projects have challenges) describe the specific steps to be taken to improve the quality of services and/or expand project activities, if applicable

The largest barriers faced by both our programs revolve around adequate funding to provide for high quality programming and staffing. (please see evaluation process for how we monitor and improve programming)

7. Eligibility Documentation

Indicate and describe what form of procedures and documentation will be used to track program activities and client services

Both organizations submit to extensive oversight by both the Federal Government (SAMHSA and the MA Departments of Public Health and Mental Health to ensure client services and program activities.)

8. Efforts to involve low income individuals and families

If funded, describe agency efforts to involve, to the maximum extent practical, low income individuals and families in developing, constructing, renovating, maintaining and operating programs assisted with Town Funds.

FCSN has a sliding fee scale that reaches to \$0 if necessary. All clients are given an application for the Sliding fee scale should they choose. (see Attached)

ASAP programs are provided free of charge to all participants.

9. Program Evaluation

Please provide 3-5 outcomes that you will measure for your program. Three components that you should keep in mind are: 1) **you will be measuring outcomes** (example-the program participant will successfully complete substance abuse treatment) **rather than inputs** (Example-the program participant will attend substance abuse sessions) 2) There must be a time frame for each outcome appropriate to the contract term. 3) There must be a percentage /number indicating the level of achievement. You should develop outcomes that are appropriate and attainable given the population that you serve. Also please project the number of unduplicated clients served by your agency for this project.

Family & Children's Services of Nantucket County, Inc.

1. All FCSNC clients receive a client satisfaction survey every 6 months. Beginning in the spring of 2007 quarterly open forums are for clients and family members to evaluate effectiveness of the programs offered by FCSNC. The clinical team conducts monthly Quality Improvement Meetings to review areas that need improvement, establishes steps to take to meet service goals, and evaluates progress.
2. The Department of Mental Health analyzes clinical data on a quarterly basis. The data compares our service delivery in specific areas (e.g. number of psychiatric hospitalizations) to those delivered to other communities across the state.
3. The Department of Public Health analyzes clinical data on a quarterly basis. The data compares our service delivery in specific areas (e.g. number of psychiatric hospitalizations) to those delivered to other communities across the state.
4. The State Health Insurance Collaborative (MBHP) and Blue Cross Blue Shield

- audit files every year to assure compliance.
5. Since the summer of 2006, FCSNC has implemented a clinical oversight committee of our Board of Directors, comprised of Board and Community members. This committee monitors clients' satisfaction, therapist utilization, program effectiveness, clinical quality and regularly audits agency cases and case review meetings to analyze clinic quality.
 6. Financially the agency is audited according to Federal A-133 standards and State Unified Reporting standards every year.



The Alliance for Substance Abuse Prevention, Inc.

Evaluation is critical to understanding, clarifying and supporting the ASAP Coalition's efforts. With technical assistance from consultants at Health Imperatives, our evaluation plan is linked to the Goals and Action Plan for our Drug Free Communities Support Program, our Strategic Prevention Plan, and to the Logic Model – through the use of *needs assessment* (evaluations that help describe our community); *process evaluation* (describing our coalition and how well it is functioning, e.g. number of completed surveys; number of Safe Home Pledges distributed, signed and returned; number of alcohol licensees participating in Sticker Shock or Responsible Beverage Server Training; the number of attendees at the public information sessions); and *outcome evaluation* (describing how successful our given strategies have impacted our intended goals, i.e. outcome evaluation measures *changes in knowledge, skills, attitudes or behaviors, e.g. a parent's belief that it would be 'very wrong' for their high school aged son/daughter to regularly use alcohol*).

To that end, the ASAP Board of Directors formed a **Data Committee** in September 2007, comprised of the Superintendent of Schools, Nantucket High School Principal, three NHS students, Executive Directors of Nantucket AIDS Network and ASAP. Recently the MA DMH Community Organizer, Director of Student Assistance Program, Executive Director of FCSNC and A Safe Place, and the Director of Students Services also joined the committee. Meeting quarterly, the ASAP Data Committee is charged with improving data collection methods among agencies to more accurately reflect actual island health indicators and to share data whenever appropriate.

The purposes of the Data Committee are to: 1) Ensure that the ASAP Coalition and Nantucket Community have a voice in evaluation planning and implementation; 2) Increase the capacity of the group regarding key elements of assessment and evaluation; and to 3) Build partnerships for evaluation. The Data Committee, which will be expanded to include other human service organizations (Hospital CEO, NPD, island physicians, others), will aid in creating culturally appropriate evaluation tools and ensure that any issues unique to Nantucket are considered in planning, reporting and presenting results.

On October 29, 2009, members of the Data Committee served as panelists to respond to community questions and discussion around the release of the April

13, 2009 Youth Risk Behavior Survey results, presented in a 'Community Dialogue' to parents, students and community members.

To help us measure our contribution to community health (by changing community conditions, reducing risk and affecting drug behaviors) our coalition evaluation plan will include **tracking community change** (any instance of a new or modified policy, program or practice facilitated by a coalition in its community to reduce rates of substance abuse), **an analysis of contribution** (acknowledges that aside from the coalition's work, there are many other influences on rates of drug use. Rather than try to prove that all the positive outcomes are attributable to the coalition's work, an analysis of contribution seeks out, describes and places in context a coalition's contribution to those outcomes) and conduct an **annual coalition self-assessment**.

Actual Outcomes (for previously funded town projects)

If this is an existing program, describe the past progress in meeting your stated goals regarding each of your outcomes. Also describe other program accomplishments.

FCSN

Summary of Clients seen through the end of Fiscal year 2009 – 2010

1. OUT-PATIENT Mental Health Counseling

# Clients served this quarter	<u>406</u>	Year to Date <u>1,466</u>
# Unduplicated Clients this quarter	<u>95</u>	Year to Date <u>503</u>
# Clients with Insurance this quarter	<u>256</u>	Year to Date <u>973</u>
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2. OUT-PATIENT Substance Abuse Services

# Clients served this quarter	<u>385</u>	Year to Date <u>973</u>
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# Clients with Insurance this quarter	<u>80</u>	Year to Date <u>514</u>
# Clients underinsured or with no insurance this quarter	<u>26</u>	Year to Date <u>263</u>

Emergency Services: (these numbers are in addition to those listed above)

47 adult emergency calls responded to in the community, hospital or Police station. These are mental health or addiction related emergencies often times suicide related as an attempt of ideation with plan of action.

Youth Services: (these numbers are in addition to those listed above)

Drop in – 283 students

Emergency consultation evaluation – 62 students

Ongoing support / counseling – 28

SAP -

244 students were seen individually (163 males, 81 females).
156 (64% were self or peer referrals.)

Up to three hours of Prevention Research Institute's "Prime for Life" curriculum were presented to Driver Ed. classes in after school sessions with a total of 57 students. Two sessions of the accompanying Parent Education nights were held with 45 parents

Peers Helping Peers

This program is now in its second year. Students are nominated by other students based on the criteria of identifying peers they trust and confide in. Prospective group members must be willing to make commitments to refrain from substance abuse and be available to talk with their peers on an informal basis. Applications and interviews with candidates were completed and students attended a training retreat at the American Youth Foundation's "Merrowvista Education Center" on Nov. 20 through 22.

The current group includes 30 students. They are continuing to do outreach to their peers on an informal basis both in and out of school hours and have repeatedly been instrumental in bringing students to the attention of staff and parents with regard to risk of harm.

10. Budget Attach a copy of organizations most recent annual fiscal budget including all projected/actual revenue and expenses, 12 month projection and actual expenditures to date. Please include last IRS form 990, if you are a tax exempt organization. Please attach a separate budget for proposed project. Budgets should include only costs attributed directly to the proposed project.

See attachments

11. Feasibility and matching funds for the project

Identify the status of any other funding applications and state whether or not the implementation of the project is contingent on receiving funds from other sources.

See Attachements

12. Nature and purpose of organization and organizations experience and qualifications

Include organizations years of experience in providing service provision; 2) Organization's background and experience, including the experience of your principal staff, concerning the proposed project or similar projects. In addition attach a list of the board of directors and verification of non- profit status.

See history at beginning of document

NANTUCKET BEHAVIORAL HEALTH SERVICES

**SLIDING FEE SCALE
FOR SELF PAY CLIENTS
FY 2006**

Client Name: _____

A client that has insurance and chooses not to use their insurance will be required to pay the full amount of each session. They will not be placed onto the sliding fee scale.

NO CLIENT IS REFUSED SERVICES DUE TO ABILITY TO PAY

(All fees adjusted per application documentation)

	A	B	C	D	E	F
Diagnostic Services	25	40	50	75	90	150
Individual Therapy	25	40	50	75	90	100
Couples/Family	25	40	50	75	90	100
Case Consultation	25	40	50	75	90	100
Group Therapy	20	20	25	35	40	50
Medication Visit	20	30	35	45	50	60

ANNUAL NET INCOME (adjusted per application documentation)

FAMILY SIZE	A	B	C	D	E	F
1	0-16,999	17,000-20,999	21,000 - 24,999	25,000-29,999	30,000 - 35,999	Over 36,000
2	0-24,999	25,000-29,999	30,000-37,999	38,000-44,999	45,000-49,999	Over 50,000
3	0-29,999	30,000-35,999	36,000-42,999	43,000-48,999	49,000-54,999	Over 55,000
4	0-35,999	36,000-44,999	45,000-49,999	50,000-53,999	54,000-58,999	Over 60,000
5	0-44,999	45,000-49,999	50,000-54,999	55,000-59,999	60,000-65,999	Over 66,000
6	0-49,999	50,000-59,999	60,000-66,999	67,000-70,999	71,000-74,999	Over 75,000

Adjusted Sliding fee: _____

Approved: _____
Executive Director, NBHS

DATE: _____

The Alliance for Substance Abuse Prevention, Inc., ASAP Coalition (Nantucket, MA)
LOGIC MODEL - Marijuana

Problem Statement: The Nantucket ASAP Coalition will reduce the 30-day use of Marijuana for Grade 8-12 student 5% by 2014, as measured by the bi-annual Youth Risk Behavior Survey (YRBS) 33% of NHS students reported using Marijuana within past 30 days (32% of females; 37% males), higher than the current rate for MA (25%), and higher than the national average (20%). Average Age of First Use: 13.94 years; 7% reported using Marijuana before the age of 13, lower than the MA rate (9%) and national rate (8%) for first use of marijuana before the age of 13. Lifetime use of Marijuana: 51% of NHS students reported using Marijuana at least once in their lifetime, higher than the MA average (41%) and national rate (38%); Actual 30 day Marijuana use 33%; 89% misperceive typical NHS peers use Marijuana in past 30 days; 28% (or less) of Grade 8-12 students report using Marijuana within the past 30 days, as measured by the bi-annual Youth Risk Behavior Survey (YRBS)

Target 2014:

PROBLEM

ROOT CAUSES / RISK FACTOR

"But why..."

Early Initiation of Marijuana Use

Data Sources:
Quantitative: YRBS 2009 -- Average age 1st use 13.94; 7% reported using before age 13, lower than MA state (9%) & national rate (8%)
 NPD arrest records & Evidence Room
Qualitative: Youth Focus Groups; Key Informant Interviews (law enforcement, treatment providers, SRO & key school personnel)

'Easy' Social Access

Data Sources:
Quantitative: 2009 YRBS -- 71% of NHS students believe Marijuana is "easy" to get; NPD Arrest records
Qualitative: Key Informant Interviews (law enforcement, SRO, & key school staff, treatment providers)

Youth Use of Marijuana Higher than MA state & National Averages

Youth Risk Behavior Survey (Quantitative)
 2006 - 34% NHS students used Marijuana within past 30 days; 51% Lifetime Use
 2007 - 34% NHS students used Marijuana within past 30 days
 2008 - 33% NHS students used Marijuana within past 30 days
 (see State & National Averages above)
Key Informant Interviews (Qualitative)
 Law Enforcement
 Treatment Providers
 School Administration, Guidance

LOCAL CONDITIONS

"But why here..."

Favorable Parental Attitudes /Engagement

Data Sources:
Quantitative: NPD Police Records/ YRBS - 22% NHS students believed their parents would think it NOT wrong to use marijuana; 89% NHS students misperceive peer use (33% Actual use)
Qualitative: Key Informant Interviews (law enforcement, treatment providers)

Misperceptions Concerning Peer Use

MA 2008 Decriminalization of Marijuana (1 oz or less)

Data Sources:
Quantitative: 2008 MGL YRBS
Data: Parent & Community Survey
Data: NPD Police Arrest Records
Qualitative: Key Informant Interviews (law enforcement, school administration & key staff, treatment providers)

Parents / other adults protect youth from consequences of use

The Alliance for Substance Abuse Prevention, Inc., ASAP Coalition (Nantucket, MA)
LOGIC MODEL - Prescription Drugs (Rx Drugs)

Problem Statement: ASAP Coalition will decrease NHS student 30-day use/lifetime use of Prescription (Rx) Drugs 5% by 2014 as measured by the bi-annual Youth Risk Behavior Survey (YRBS)

Baseline 2009:
 8% of NHS students reported using a Rx Drug within past 30 days to get high, or taken extra doses just to get high
 18% of NHS students reported using a Rx Drug to get high, or taken extra doses just to get high, in their lifetime
 3% (or less) of NHS students report using a Rx Drug to get high, or take extra doses just to get high within past 30 days
 13% (or less) of NHS students report using a Rx Drug to get high, or take extra doses just to get high within their lifetime

Target 2014:

PROBLEM

Youth Use/Misuse Prescription (Rx) Drugs

Youth Risk Behavior Survey (Quantitative)
 2005 - 10% NHS students used Rx Drugs within past 30 days
 2007 - 9% NHS students used Rx Drugs within past 30 days
 2008 - 19% NHS students used Rx Drugs within past 30 days
Key Informant Interviews (Qualitative)
 Law Enforcement
 Treatment Providers
 School Administration, Guidance

ROOT CAUSES / RISK FACTOR

"But why..."

Social Access / Availability

Data Sources:
Quantitative: YRBS 2008 - 35% of NHS students report easy access to Prescription Drugs from social sources
 Parent & Community Survey 2010- Data Collection from Pharmacists, NPD Evidence Room
Qualitative: Key Informant Interviews (law enforcement, treatment providers)

Low Perception for Risk of Harm

Data Sources:
Quantitative: 2009 YRBS - 64% misperceive typical NHS peer 30 day use (8% actual); Parent & Community Survey; Data Collection from Pharmacists, NPD Arrest Records & Evidence Room
Qualitative: Key Informant Interviews (law

LOCAL CONDITIONS

"But why here..."

Youth Obtain Rx Drugs from Home

Data Sources:
Quantitative: Police Arrest Records
 Parent & Community Survey 2010 - 95.1% do not properly dispose of unused Prescription Drugs
Qualitative: Key Informant Interviews (law enforcement, treatment providers)

Youth Obtain Rx Drugs from Friends

Rx Medications readily prescribed by local MDs, professionals

Data Sources:
Quantitative: Hospital Admission Records, YRBS Data, Parent & Community Survey Data
Qualitative: Key Informant Interviews (law enforcement, treatment providers)

Rx Medications readily used by parents, family & friends

The Alliance for Substance Abuse Prevention, Inc., ASAP Coalition (Nantucket, MA)
LOGIC MODEL – Underage Alcohol Consumption (UAD – Underage Drinking)

Problem Statement: The Nantucket ASAP Coalition will reduce the 30-day use of Alcohol for Grade 8-12 students 5% by 2014, as measured by the bi-annual Youth Risk Behavior Survey (YRBS)
Baseline 2009: 52% of NHS students reported using Alcohol within past 30 days; 72% has had one or more drink in their lifetime; 37% engaged in binge-drinking; 21% report drinking & driving; 42% admit to riding in a car with a driver who had been drinking
Target 2014: 47% (or less) of Grade 8-12 students report use of Alcohol within the past 30 days, as measured by the bi-annual Youth Risk Behavior Survey (YRBS)

PROBLEM

Youth use ALCOHOL at rates higher than MA and National averages

ROOT CAUSES / RISK FACTOR

"But why..."

Community Laws & Norms

Data Sources:
 Quantitative: YRBS 2009 – Over 50% of NHS students report there were times (at/next parents permitted them to drink alcohol
 Parent & Community Survey 2010; Community Survey 2004 & 2006
 Qualitative: Key Informant Interviews (law enforcement, treatment providers)

Favorable Parental Attitude & Involvement in Alcohol Use/Abuse

Data Sources:
 Within past 30 days 49% engaged in binge drinking & driving, 43% had been drinking 2008 – 58% NHS students within past 30 days reported drinking; 17% report rode with driver who had been drinking
 Key Informant Interviews (Qualitative)
 Law Enforcement; Treatment Providers; School Administration; Guidelines

Data Sources:
 Quantitative: YRBS 2009 – 77% of NHS students report "easy access" to Alcohol from social sources
 Qualitative: Youth Focus Groups; Key Informant Interviews (law enforcement, treatment providers)

LOCAL CONDITIONS

"But why here..."

Vacation 'Party Culture' & Community Traditions Highlight & Sustain Favorable Attitudes for Alcohol Use & Abuse

Data Sources:
 Quantitative: Police Arrest Records; Parent & Community Survey 2010
 Qualitative: Key Informant Interviews (law enforcement, key community leaders, treatment providers)

Pervasive Generational 'Rite of Passage' Norm

Youth Risk Behavior Survey
 students used Alcohol vs. 34% engaged in binge drinking
 2011/2008

Data Sources:
 Quantitative: Hospital Admission records; YRBS Data; Parent & Community Survey Data
 Qualitative: Key Informant Interviews (law enforcement, treatment providers)

Generational Tradition: Older Youth Provide for Younger Youth

FY 2011 PROPOSED BUDGET

Town of Nantucket Health & Human Services Grant Proposal Family and Children's Services of Nantucket County, Inc., and The Alliance for Substance Abuse Prevention, Inc.

	FY 2011 July 1, 2010 – June 30, 2011
INCOME	
DMH Crisis Intervention	156,000
DPH Substance Abuse	15,583
M.V. Community Services	15,000
ONDPC/SAMSHA Drug Free Communities Grant	125,000
TOWN of Nantucket/Health & Human Services	185,000
Fundraising	55,000
Second Hand Shop	100,000
Nantucket Public Schools	75,000
Income from Interest	2,500
Miscellaneous Income	2,500
Private Insurance	171,425
Self Pay OP	90,000
Self Pay DAE	25,000
Rental Income Sober House	24,000
Rental Income Sherman	14,400
Cape & Islands United Way	40,000
Community Foundation for Nantucket	4,000
Nantucket Children's Foundation/Golf Club	8,000
Peter & Elizabeth C. Tower Foundation	41,500
TOTAL INCOME	\$ 1,149,908
EXPENSES	
OP Occupancy Expense	
Electricity	7,000
Water	1,050
Maintenance	5,000
Maintenance Equipment	2,000
Internet Cable Service	1,200
Storage	
Employee Expense	
Salaries	798,052
FICA	57,968
Unemployment Compensation	15,000
Workers Compensation	2,800
Health & Dental Insurance	110,662
Administration Expense	
Office Expense (not supplies)	7,000
Legal Fees OP	7,000
Audit/Accounting OP	12,000

Office Equipment	3,100
Insurance All	22,000
Fin. & Service Charge	750
Office Supplies OP	8,099
Telephone OP	6,000
Postage & Delivery	6,000
Travel & Training staff	18,453
Travel Client/outreach	2,000
Advertising	6,000
TOTAL OPERATING EXPENSE	1,099,134
Sober House	
Electricity	2,700
Heating Fuel	6,800
Maintenance	5,000
Total SH	14,500
Sherman House	
Electricity	1,500
Heating Fuel	5,750
Maintenance Facility	356
Maintenance Grounds	500
Rubbish Removal	600
Total Sherman Hse	8,706
ASAP Prevention Initiatives	43,360
Seconds Shop	
Lease	25,200
Electricity	800
Second Shop Sales Tax	750
Telephone	750
Total Second Shop	27,500
TOTAL EXPENSE	\$ 1,149,908

ALLIANCE FOR SUBSTANCE ABUSE PREVENTION, INC.

FY 2010 PROJECTED BUDGET

July 1, 2009 – June 30, 2010

	PROPOSED	DFC Grant Awarded	
REVENUES:	October 20, 2008	REVISED AUGUST 2009	TOTAL
SUB-TOTAL	TOTAL	SUB-TOTAL	TOTAL
FY '09 Net Income Rollover – Chk Acct Bal 000499-5948 & 000539-0887 (includes \$5K TSP earmark)			15,680
AA Drop-In Center Income	4,500		4,320
Grants, Foundations, Donations	141,000		161,000
PNE/ Bank of America/Nantucket Bank	5,000	1,000	
Nantucket Children's Charity Foundation	10,000	10,000	
MDPH, Bureau Substance Abuse Services, CMCA Grant	0	0	
SAMHSA, Drug Free Communities Grant	100,000	125,000	
Foundations (Tower, Tupancy Harris, Weszi, Other)	20,000	10,000	
Community Foundation for Nantucket	2,500	0	
Private Donations – Received		10,000	
Local Grants, Donations – Proposed	3,500	5,000	
Fundraising Events	5,500		2,000
Water Tasting – 2010	2,500	0	
First Night or Winter Celebration (January/February 2010)	2,500	0	
Red Ribbon Awareness Campaign events	500	2,000	
TOWN of NANTUCKET HUMAN SERVICES FUNDING REQUEST	61,280		30,000
Part-time Coalition Coordinator (ASAP ED)	33,280	7,500	
Prevention / Red Ribbon Educational Forums & Events	8,000	3,200	
Healthy Alternative Activities for Youth	10,000	8,000	
Scholarship for Treatment & Recovery	10,000	8,000	
Social Marketing & Media Campaign	0	3,300	
TOTAL PROJECTED REVENUES:	\$ 212,280		213,000
EXPENDITURES:		REVISED	
I. ENFORCEMENT – Drug-Free Communities Support	100,000		125,000
1) Personnel			FCSNC
Program Director (ASAP Executive Director)		16,640	
Bookkeeper		5,200	
DFC Coordinator		54,560	
2) Coordinator Fringe Benefits: FICA, MA State tax, unemployment, benefits (health, dental, etc)		8,725	
3) Travel		10,553	
4) Equipment		0	
5) Supplies		0	
6) Contractual (HOSM, NFD, 21 Proof RBST, Inventory New Media)		26,750	
6) Other (MRBS, Advertising, Facility Rental)		2,572	
II. COLLABORATION, CAPACITY-BUILDING, COMMUNITY-MOBILIZING	37,780		27,410
A) Coalition, capacity-building, Community-Mobilizing	4,500	750	
B) Facility Rental (meetings, forums, information sessions)		1,400	
B) Executive Director (\$32 per hr x (20hr/ 25hr per wk x 52w per yr=)	33,280	24,960	
1) FICA, State taxes, health benefits (independent Contractor)	0		
III. COMMUNICATIONS	15,750		14,017
A) Website, E-newsletter, E-calendar for youth	2,500	1,617	
B) Community Education (\$800 per forum x 2)	1,000	1,000	
Outreach materials: pamphlets, books, videos, publications	1,000	500	
C) Social Norms Marketing (data collection, analysis)	5,000	5,000	
D) Media Campaign (create consistent community norm)	6,250	5,000	
E) NRTA & Steamship Authority Advertising		900	
IV. EDUCATION & AWARENESS	15,000		9,100
A) Red Ribbon Campaign Events (Year round)	10,000	4,000	
B) Responsible Beverage Server Training	5,000	2,500	
C) Refreshments / Dinner			
1) Parent Information Sessions (\$200. each)		400	
2) Parent Information Dinners (\$250 each)		1,000	
3) Community Forums (\$350 each)		700	
D) Promotional Supplies (Social Marketing Campaign)		500	
V. ASSESSMENT, INTERVENTION/TREATMENT/RECOVERY	15,500		19,128
A) Youth Risk Behavior Survey, NHS & CPS	3,000	4,928	
B) Community Needs Assessment/Parent Survey	600	500	
C) Treatment Scholarship Program (FY08 HHS – \$5,000; FY10 HHS \$9,000)	12,000	13,000	
E) Recovery Month Initiatives	0	700	
VI. HEALTHY ALTERNATIVES/YOUTH DEVELOPMENT	16,500		8,000
A) Student-initiated Recreational Programs, Events & Activities	5,000	4,000	
B) Youth Development, Community Service, Enrichment Activities	5,000	2,000	
C) SADD, Students Against Destructive Decisions	3,500	1,650	
D) Movie Night / Dinner Theatre	500	350	
E) "Take It Back" Forums, Poster & Essay Contest, Other	2,500	0	
OPERATING EXPENSES	11,750		10,645
A) Office Supplies (paper, toner, files, binders, etc)	1,200	2,500	
B) Postage	300	600	
B) Staff Professional Development (Workshop Fees, Travel, Hotel)	3,500	2,500	
C) Dues & Fees, Professional Organizations	500	445	
D) Accountant (annual audit/HHS tax preparation)	750	750	
E) Liability Insurance (Commercial General, Directors & Officers)	4,000	2,250	
F) Miscellaneous, including fundraising expenses, mailbox rental	1,500	640	
G) Phone (508,228,1362)	0	900	
TOTAL PROPOSED FY 2010 REVENUES / EXPENDITURES:	\$ 212,280		\$ 213,000

KEY: DFC Grant Required Non-Federal Match
 DFC Grant Proposed Federal Fund Expen
 CRC Health & Human Services Earmarks
 Fixed Expenditures
 Priority Expenditures
 Discretionary

FY 2010 YEAR TO DATE INCOME & EXPENSE REPORT

a/o Friday - 13 November 2009
Alliance for Substance Abuse Prevention, Inc.

ASAP BOARD OF DIRECTORS

July 1, 2009 - June 30, 2010

ASAP OPERATING ACCOUNT: Executive Director Report



Opening Balance PNB/Fleet Checking Account: 000459-5948

Bank Deposit Date:	Source:	Amount:	Detail:
13-Jul-09	Rainwater Foundation	10,000.00	Todd Rainwater and Lowell Dohrmond Donation
11-Aug-09	Nantucket Group AA	460.00	Drop-In Center, July
18-Sep-09	Jacqueline Egan/James Merberg	2,000.00	Egan Family Donation
18-Sep-09	Nantucket Group AA	460.00	Drop-In Center, August
19-Oct-09	Henry J. Balliet	100.00	Donation
19-Oct-09	Rotary Club of Nantucket	300.00	Donation
19-Oct-09	Nantucket Group AA	420.00	Drop-In Center September
19-Oct-09	Gregory Marzanno	200.00	Donation
4-Nov-09	Town of Nantucket	7,500.00	1st Quarter FY 2010 Health & Human Services
4-Nov-09	Nantucket Group AA	420.00	Drop-In Center October
10-Nov-09	Trayworks, Inc	800.00	Donation / Summer Ad Campaign
TOTAL FY 2009 REVENUES:		\$ 22,660.00	

22,660

\$13,944.81

Bank of America Business Line of Credit (\$13,000) AVAILABLE

ITEMIZED EXPENDITURES:

DATE:	PAY TO THE ORDER OF:	CHECKS:	AMOUNT:	DETAIL:
14-Jul-09	Nantucket Storage Center	CheckCard	87.75	Storage Fee July 15 to August 14
14-Jul-09	Friends of NP-Schools	1709	650.00	Full Page Color Ad Patriots Celebrity Softball Game /22 July 2009
14-Jul-09	Bank of America	CheckCard	186.00	Line of Credit/Card 6203
31-Jul-09	Karyn S. Lindsay	1711	4,000.00	Payroll: 5 weeks June 29 - July 31
05-Aug-09	United States Postal Service	CheckCard	40.92	Parent Mailing / Binge Drinking / 98 letters to 2009 NHS graduates
05-Aug-09	Inquirer & Mirror	1713	206.63	Display Ad 18 July 09 / Social Host Liability Laws
11-Aug-09	Corrigdon & Coleman	1714	1,281.28	Commercial General Liability Insurance 6.10.09 to 6.10.10
11-Aug-09	Nantucket Office Products	1715	76.53	Invoice 104172 (4.89); 104353 (37.99) 104787 (33.65)
11-Aug-09	Verizon	1716	68.47	July 3 to August 2
11-Aug-09	Nantucket Island Chamber Commerce	1717	100.00	FY 2010 Annual Dues
11-Aug-09	Bartlett's Farm	CheckCard	17.96	Mailing refreshments
17-Aug-09	Nantucket Storage Center	CheckCard	87.75	Storage Fee August 15 to September 14
04-Sep-09	Nantucket Police Charitable	1716	150.00	1/4 page Red Ribbon Ad / October 28th Concert booklet
06-Sep-09	Ecoscribe Communications	CheckCard	97.00	Continuing 'All Access Pass' to NonProfit Marketing online courses & fundraising strategies
15-Sep-09	Nantucket Storage Center	CheckCard	87.75	Storage Fee September 15 to October 14
16-Sep-09	Nantucket Island Chamber Commerce	CheckCard	40.00	Mailing Labels / Mile of Dollars Fundraiser
17-Sep-09	Nantucket Office Products	1719	12.60	24# Stairmaster (100 sheets) Parent Letter/binge drinking
17-Sep-09	Inquirer & Mirror	1720	557.88	8.13; 8.20; 8.27 Summer Ad Campaign ('SummerTime' & 'Social Host')
18-Sep-09	Verizon	1721	74.60	3 August to 2 September
30-Sep-09	Hertz	CheckCard	47.32	Deliver Grant to United Way/Ventis
	Prevention Partners	CheckCard	1,441.72	Red Ribbon Supplies / NES, CPS & NHS
	FACE Resources	CheckCard	169.00	Take It Back Activities for Change/SADD
	School Specialty	CheckCard	153.05	NES Supplies/Bulletin Board
	Red Ribbon Works	CheckCard	56.55	Red Ribbon/NES
	Nantucket Storage Center	CheckCard	87.75	Storage Fee October 15 to November 14
21-Sep-09	The River Source	1722	5,007.00	\$5,000 (TSP); \$7, (bank check) 708 E 2nd Avenue, Mesa, AZ 86210
19-Oct-09	Nantucket Office Products	1723	60.77	Invoice 106493; HP Ink cartridges (5)
19-Oct-09	Verizon	1724	178.61	September 3 to October 2 (\$50.15); Change of Address (\$118.66)
19-Oct-09	Staples	CheckCard	595.62	HP Color LaserJet CP3525cn Ink Cartridges (5); Pens (2 box)
21-Oct-09	Circle Bracelets	CheckCard	520.00	1100 Adult Bracelets; 1100 Youth Bracelets - 'Make Healthy Choices Nantucket'
22-Oct-09	FACE Resources	CheckCard	45.00	Say Boo to Drugs; Smoking Bugs Me Stickers/NES
28-Oct-09	Grand Union	CheckCard	11.42	Red Beverage Napkins, Red Cups
29-Oct-09	Island Variety	CheckCard	32.27	Acrylic Frames (3); Napkins; Tablecloths (2)

\$0.00

Karyn S. Lindsay, Executive Director
Alliance for Substance Abuse Prevention, Inc.
Health Human Services a/o 13 Nov 2009

ALLIANCE FOR SUBSTANCE ABUSE PREVENTION, INC.

FY 2011 PROPOSED DRAFT BUDGET

July 1, 2010 – June 30, 2011

REVENUES:	SUB-TOTAL	TOTAL:	Percentages
AA, AL-ANON Drop-In Center Income		4,320	2%
Grants, Foundations, Donations		157,000	69%
PNB/ Bank of America/Nantucket Bank	2,500		
Nantucket Children's Charity Foundation	2,500		
SAMHSA, Drug Free Communities Grant (FCSNC Fiscal Mgmt.)	125,000		
Foundations (Tower, Tupancy Harris, Weezie)	5,000		
Cape & Islands United Way	15,000		
Private Donations	5,000		
Local Grants, Donations	2,500		
Fundraising Events		5,500	2%
Water Tasting – 2011	2,500		
Mile of Dollars Fundraiser (Partnership FCSNC)	2,500		
Red Ribbon Awareness Campaign	500		

TOWN of NANTUCKET HUMAN SERVICES FUNDING REQUEST		60,000	27%
Part-time (.75 FTE) Executive Director	16,640		
Environmental Prevention Programs, Activities & Initiatives	43,360		

TOTAL PROJECTED REVENUES:	\$	226,820	
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EXPENDITURES:			Percentages
I. IL POLICY & ENFORCEMENT – CMCA		125,000	55%
A) ONDOP/SAMHSA, Drug Free Communities Support Program	Fiscal Management FCSNC		
1) ASAP / DFC Coordinator	54,560		
Program Director (ASAP Executive Director)	16,640		
FCSNC Bookkeeper	5,200		
2) DFC Coordinator Fringe Benefits (FICA, MA State tax, health, dental, other)	8,725		
3) Travel	10,553		
4) Equipment	0		
5) Supplies	0		
6) Contractual (Health Imperatives, NPD, 21 Proof RBST, Nanov New Media)	26,750		
7) Administrative Support (NPS/Lead Agency; ASAP/Supervisor)	2,572		
III. COLLABORATION, CAPACITY-BUILDING, COMMUNITY-MOBILIZING		34,360	15%
A) Coalition, capacity-building, Community-Mobilizing	1,080		
B) Executive Director (\$32 per hr x .75 FTE, less \$16,640 DFC)	33,280		
1) FICA, State taxes, health benefits (Independent Contractor)	0		
IV. COMMUNICATION & MEDIA MARKETING		16,250	7%
A) Website, E-newsletter, E-calendar for youth	750		
B) Community Education (\$500 per forum x 2 / Jan 10 – May 10)	1,500		
Outreach materials: pamphlets, books, videos, publications	500		
Social Norms Marketing (data collection, analysis)	6,500		
Media Campaign (create consistent community norm)	6,500		
NRTA & Steamship Authority Advertising	500		
EDUCATION & AWARENESS		10,050	4%
Red Ribbon Campaign Events (Year round)	6,000		
Responsible Beverage Server Training	0		
Refreshments/Dinners	0		
1) Parent Information Sessions (\$200 each)	1,000		
2) Parent Information Dinners (\$250 each)	1,000		
3) Community Forums (\$350 each)	1,050		
Promotional Materials	1,000		
ASSESSMENT / INTERVENTION / RECOVERY		9,000	4%
1) Youth Risk Behavior Survey, NHS & OPS	6,000		
2) Community Needs Assessment	2,500		
3) Treatment Scholarship Program	FCSNC		
4) Recovery Month Initiatives	750		
YOUTH DEVELOPMENT/HEALTHY ALTERNATIVES		17,500	8%
1) Student-Initiated Recreational Programs, Events & Activities	5,000		
2) Youth Development Opportunities	7,500		
3) SADD, Students Against Destructive Decisions	5,000		
OPERATING EXPENSES		14,660	7%
A) Office Supplies, Postage	2,500		
B) Postage	1,200		
C) Staff Professional Development (Workshop Fees, Travel, Hotel)	5,000		
D) Dues & Fees, Professional Organizations	500		
E) Accountant (annual audit/IRS tax preparation)	750		
F) Liability Insurance (Commercial General, Directors & Officers)	2,250		
G) Miscellaneous, including Fundraising expenses, Mailbox Rental	1,500		
H) Telephone (608.228.1362)	860		

TOTAL PROPOSED FY2011 REVENUES / EXPENDITURES:	\$	226,820	
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American Red Cross

American Red Cross, Cape Cod and Islands Chapter
Nantucket Preparedness Initiative

American Red Cross, Cape and Islands Chapter
286 South Street, Hyannis, MA 02601
Name of Executive Director Glen Beasley
Phone: 508-775-1540 x. 16 Fax: 508-771-2209 Email: ccexdir@cape.com
Name of person completing this questionnaire, if different: Erica Waasdorp
Title: Campaign Manager Phone: 508-776-1224 Email: ewaasdorp@cciredcross.org.

Questionnaire to Agencies

1. Agency History and Mission

1. State the agencies mission.

The **American Red Cross** is the nation's foremost emergency response organization, offering neutral humanitarian care to the victims of war and devastating natural disasters as well as local disasters such as fires, Hazardous Materials accidents and more, providing victims of these disasters with shelter, food and emotional support.

The Red Cross is not a government agency and does not receive federal or state funding. Local Chapters do receive some human resource support from the American Red Cross Headquarters, however, each Chapter is responsible for raising adequate funds to support all of its activities, including recruiting and training volunteers, and teaching life saving skills within its geographical coverage area. It relies on donations of time, money, and blood from the American public to successfully do its work.

2. Provide a brief organizational history

The **American Red Cross Cape Cod and Islands Chapter** is one of almost 700 locally-supported chapters of the American National Red Cross, founded in 1881 and headquartered in Washington, DC.

The **Cape Cod and Islands Chapter** was founded in 1917 to serve the residents of and visitors to Cape Cod, Nantucket and Martha's Vineyard. It is headquartered in Hyannis and operates with 3 full time staff including the Director of Preparedness, the Director of Emergency Services and the Director of Chapter Administration and Volunteer Development, and 3 part-time staff, including the Executive Director, the Health and Safety Coordinator, and an Administrative Assistant. Full and part-time staff members play a key role in the successful implementation of all of the Chapter's programs. This includes the close coordination of and effective communication with 300 trained disaster volunteers located in key positions throughout the Cape and Islands. These volunteers hold leadership and supervisory positions as well as serve as emergency responders in the case of an emergency or natural disaster. Without the close and efficient working relationship between the Chapter's staff and this network of volunteers, the organization would not be able to achieve the level of outreach and readiness it currently holds.

The Chapter serves a year-round population of approximately 300,000 residents, which grows to about one million with summer visitors and residents. This includes daily and longer-term visitors, second homeowners, and seasonal employees from outside of the Cape and Islands, needed to support the summer hospitality industries.

July 2010

3. Provide a summary of agencies current programs and activities (1 page)

Today, in addition to domestic disaster relief, the American Red Cross offers compassionate services in five other areas: **community services** for affected victims after a disaster; **support and comfort for military members and their families** including **emergency messaging**; the **collection, processing and distribution of lifesaving blood and blood products**; **educational programs** that promote health and safety; and **international relief and development programs**.

Local services focus on the following program areas:

- **Local Disaster Relief Support Fund and Emergency Response Vehicles** -- provides relief support to First Aid Responders and Disaster-affected clients at the scene of an emergency
- **Health and Safety Training** - this includes providing Training for Life saving training both online and off-line in CPR/AED and First Aid, Water Safety for children and adults, Lifeguard training, Chokesaver for Restaurant Emergencies, Pet First Aid and more...
- **Be Ready Be Prepared: The Final Approach** -- provides shelter supplies (cots, blankets, pads, comfort and activity kits), volunteer training and Emergency Response Vehicle support in support of the sheltering and human needs for residents after a disaster.
- **Be Red Cross Ready: Sheltering at Home** -- educating the Cape & Islands Community to help people prevent and be prepared in the case of a disaster
- **Disaster Action Team Volunteer Training and Growth** -- continuous training, recruitment and outfitting a strong volunteer base are essential to the Red Cross mission
- **Services to Armed Forces and Supporting Military Families** -- operating a volunteer-operated Red Cross Resource Center on the Massachusetts Military Reservation
- **International Social Services** -- helping to support vulnerable people around the globe to prevent, prepare for and respond to disasters.

The American Red Cross Cape Cod and Islands works in close cooperation with local police and fire departments, emergency managers and local and off-Cape medical facilities. This demonstrates the effectiveness of this Red Cross Chapter -- working with 23 towns - *each with their own town government* - and one Native American tribe. It is also a major partner in the Barnstable County Regional Sheltering Plan, a network of law enforcement, fire service, health care, public health, public works, EMS and military and other affiliated agencies. This network ensures that in the case of a natural or other disaster, relief efforts are coordinated, communication is unbroken, and the community is served.

2. Project Overview

Briefly describe the proposed project, including the category of service as listed.
1A) The population to be served and services to be provided.

The American Red Cross, Cape Cod and Islands Chapter has launched the final stage of its Nantucket Preparedness Initiative, aimed at benefiting **every resident on the Island**, regardless of background, ethnicity, language, residency or household income.

(The American Red Cross does not discriminate as one its major Foundation principles).

The American Red Cross now has \$43,000 left to raise to support the Nantucket Preparedness Initiative. The plan consists of pre-positioning the necessary sheltering equipment and recruit, train and equip the volunteer team necessary to be prepared and respond to an emergency when the need arises on Nantucket. All funds raised towards this plan will stay on the Island.

a. If a new program/program component, describe how the proposed services represent a quantifiable increase of services and program activities.

This project is not a new project for the American Red Cross, but it is a new project for Nantucket and it has not been funded by the town. The American Red Cross needs to raise the funds locally and they will stay local. The American Red Cross is not a government organization and is as such dependent upon the donations of time and money from members of the American public as well as local residents. This Nantucket Preparedness Initiative will be the final step in ensuring that Nantucket has the resources to support local disaster relief efforts and supporting the residents on the Island.

b. If previously funded by the Town, describe how the Town funds were used to maintain services and program activities. (1 Page)

The American Red Cross has not received funding from the town before.

3. Statement of Need

Identify and describe existing unmet needs to be addressed by the project. What methods and or data were used to identify and verify the need for the project?
(1 Page)

The American Red Cross is there when someone needs it. After a fire, after an airplane crash, after a flood, after a winter storm, when someone has lost everything, the Red Cross is there, with food, shelter, someone to talk to. This disaster relief support is provided free of charge to everyone who needs it. In addition, the Red Cross supports the first responders on the scene with waters, snacks, gatorades etc. to keep them fueled for the task at hand.

After several grants were written and initial fundraising efforts, the Chapter has approximately \$43,000 left to raise towards the overall project. A delivery of 1,000 blankets is in preparation and the chapter trained 12 disaster volunteers, but more are needed. What typically happens in the case of a disaster, spontaneous volunteers will occur, but they need trained volunteers to direct them. This requires an ongoing training need, which will take place through exercises locally, on Cape Cod and even off-Cape, if a volunteer desires to be deployed elsewhere. Based upon National American Red Cross Research, especially after Hurricane's Katrina and Gustav and Ike and through its collaboration with the Barnstable County Regional Emergency Planning Committee, all local emergency managers on and off-Island, and many other organizations locally, the Chapter has established benchmarks to indicate how many shelter supplies are needed to support the Island of Nantucket.

Based upon requests from Nantucket volunteers, the need for a reliable and safe vehicle was established first, which was subsequently supported by a local Foundation. Now, the next phase, the balance of shelter materials, communications and training of volunteers and leadership as well needs to be met, to ensure that there are adequate materials to handle at least 1,000 Nantucket residents. This need is rather immediate as our area is often hit by storms and the residents are very limited in transportation should the ferries and airplanes be grounded because of heavy winds or power outages. That is why the finalization of this project is so important.

Nobody does what the American Red Cross does and everybody as come to expect the American Red Cross to be there, 24/7/365. However, most people think the American Red Cross is a government funded agency. This is NOT the case. The American Red Cross is totally dependent upon the donations of time and money from the American Public.

4. Social Service Needs

Describe how your organization will coordinate with other organizations that provide similar services in the community. How will you develop linkages not already in place? Does any organization other than your own, offer this type of service? If yes describe how your program will enhance these efforts. If this is a new program how does the project fill a gap in social service needs in Nantucket? (2 pages)

The American Red Cross is collaborating with volunteers locally, other organizations such as Emergency Managers, Fire, Police, Medical Reserve Corps, hospital, Salvation Army, food pantries and the like to ensure that there is communication and collaboration rather than chaos and duplication. Nobody does what the American Red Cross does: Mass Care and Mass Feeding after disaster as well as support of residents after local disasters.

5. Project Description

Describe outcome, goals, objectives and activities to be accomplished by this project. Describe in detail, the characteristics of the target population. Identify the number of unduplicated persons to be served by the project. Describe how you will reach out to the target population. (1-page)

The American Red Cross, Cape Cod and Islands Chapter has launched the final stage of its Nantucket Preparedness Initiative, aimed at benefiting every resident on the Island. With a special Cape and Islands United Way community challenge, the American Red Cross now has \$43,000 left to raise to support the Nantucket Preparedness Initiative.

The plan consists of pre-positioning the equipment and recruit, train and equip the volunteer team necessary to be prepared and respond to an emergency when the need arises on Nantucket. All funds raised towards this plan will stay on the Island. Once the funds are raised, this project is finished and only funds for maintenance purposes need to be raised.

More particularly, this means:

- Pre-position the materials and equipment to support shelter and mass care for 1,000.
- Incorporate current communications and data equipment to support a major shelter operation.

American Red Cross, Cape Cod and Islands Chapter
Nantucket Preparedness Initiative

- Modernize the emergency support vehicle to support response requirements
- Expand volunteer recruitment and training initiatives enabling each member of the Nantucket community to be part of the preparedness solution with specific focus on the youth and diverse members of Nantucket.
- Demonstrate that the Red Cross is committed to partner with other organizations and residents within the Nantucket community through Memoranda of Understanding with other response agencies and Emergency Management on the Island
- Provide improved access to training systems through targeted outreach programs increasing the number of residents trained in critical life saving skills training.
- Demonstrate donor support will be directed to continuously improve the quality of Red Cross service delivery, community preparedness, education and disaster response on Nantucket.

The Cape Cod and Islands Chapter is continuing to build its disaster volunteer team on the Island. The chapter has finalized the training of 12 new disaster volunteers to join the existing 10 trained volunteers in place on the island led by Red Cross Zone Leader Reverend Georgia Snell.

Donor funds from all over Cape Cod and the Islands enabled the initial pre-positioning of the equipment to shelter 100 people, which is maintained in a Red Cross response trailer positioned on the Fire station. All Disaster Relief Support is provided free of charge. The Chapter is actively pursuing donor and foundation funds to support the Preparedness Initiative for and by Nantucket.

This initiative will be a success if the shelter supplies are positioned and the Red Cross volunteers can do their job, reliably.

6A. Implementation Plan (If this is a new project)

Describe specific steps to be taken to implement the project. Identify potential barriers to service delivery. Explain how these barriers will be addressed. Attach a proposed schedule, which identifies target dates for each phase of implementation. (1 page)

The American Red Cross has the blankets ready to deliver and will purchase shelter supplies as soon as it raises the money to support those. An Emergency Response Vehicle is already in place and volunteers have been trained to use it and drive it. The chapter has trained volunteers in place who can teach training classes for volunteers. The next training is scheduled for the fall and can be done in collaboration with the Nantucket community school. Communications equipment and all other support will again be purchased as the funds are raised. The standards are based upon National Red Cross standards which have been tested.

6B. Implementation plan (If this is an existing project)

Please identify barriers to service delivery that you have encountered in the past and explain what specific steps have been, or will be taken to mitigate these barriers. (It is assumed all projects have challenges) describe the specific steps to be taken to improve the quality of services and/or expand project activities, if applicable

7. Eligibility Documentation

July 2010

Indicate and describe what form of procedures and documentation will be used to track program activities and client services

The American Red Cross has an extensive recording system in place, for each 'incident' supported by disaster volunteers. In addition, it has a so called Chapter Disaster Readiness Assessment tool in place which is completed annually by employees and volunteers who manage the Disaster Services Program. The purpose of this assessment is to gain a clear understanding of each chapter's ability to respond and deliver services should a disaster occur within its jurisdiction and to identify opportunities that exist for further development of resources and relationships critical to disaster response.

This will be tracked at the local chapter as well as entered into a national tracking system. Training for volunteers is tracked in a so called Disaster Services Human Resource system. In addition, of course, there will be tracking system in place to see how many shelter supplies are where and they are mapped on the Shelter supply lists and overviews. Client services are tracked and followed up on as well, all according to National American Red Cross guidelines. Samples of these tracking systems are available upon request. Also, should a shelter need to be operated, the Red Cross tracks its clients in the Safe and Well so that family members off-Island can find out quickly if their family member is in a shelter.

8. Efforts to involve low income individuals and families

If funded, describe agency efforts to involve, to the maximum extent practical, low income individuals and families in developing, constructing, renovating, maintaining and operating programs assisted with Town Funds.

The American Red Cross does not discriminate and it will fully support low income individuals to become trained volunteers and it will also support every resident who is in need after a disaster. In addition, the Chapter has disaster preparedness presentations in place that can be provided in English, Spanish, Portuguese if needed, supported by materials in those languages as well.

9. Program Evaluation

Please provide 3-5 outcomes that you will measure for your program. Three components that you should keep in mind are: 1) **you will be measuring outcomes** (example-the program participant will successfully complete substance abuse treatment) **rather than inputs** (Example-the program participant will attend substance abuse sessions) 2) There must be a time frame for each outcome appropriate to the contract term. 3) There must be a percentage /number indicating the level of achievement. You should develop outcomes that are appropriate and attainable given the population that you serve. Also please project the number of unduplicated clients served by your agency for this project.

This request covers fiscal year 2010/2011 which runs from July 1st, 2010 through June 30th, 2011.

American Red Cross, Cape Cod and Islands Chapter
Nantucket Preparedness Initiative

The shelter supplies to support 1,000 residents can be bought, counted and stored and tracked before the end of the fiscal year.

Every resident who requires food, shelter and mental health support after a disaster will receive this free of charge without discrimination. This is not dependent upon the time frame nor is there a limit to it.

Trained volunteers can perform their service to the best of their abilities. Realistically, this means some 12 to 24 volunteers can be trained every year. Typically 30% of all volunteers are available to support disaster relief efforts, which means that continuous training is needed. Realistically, the chapter can organize two training classes annually, consisting of 6 different training subjects/of one night each.

Nantucket residents will know that they are safe in the hands of the Red Cross as the Red Cross will be there to support them no matter what time, day or night. There is no time limit or number limit to this.

The American Red Cross serves every resident on Nantucket as well as visitors.

Actual Outcomes (for previously funded town projects)

If this is an existing program, describe the past progress in meeting your stated goals regarding each of your outcomes. Also describe other program accomplishments.

The American Red Cross, Cape Cod and Islands Chapter has not received town funding.

10. Budget Attach a copy of organizations most recent annual fiscal budget including all projected/actual revenue and expenses, 12 month projection and actual expenditures to date. Please include last IRS form 990, if you are a tax exempt organization. Please attach a separate budget for proposed project. Budgets should include only costs attributed directly to the proposed project.

Organization Budget for FY2009/2010 and FY2010/2011 is attached. Project budget is attached.

11. Feasibility and matching funds for the project

Identify the status of any other funding applications and state whether or not the implementation of the project is contingent on receiving funds from other sources.

The Cape Cod and Islands Chapter, American Red Cross, has raised \$15,000 towards the total goal of \$58,000 for this Preparedness Initiative, leaving it with \$43,000 left to raise. Matching funds are being generated with a challenge grant from the Cape and Islands United Way, up to \$10,000 and additional foundations have been approached but all of them are pending. Personal donor asks are next on the list of items to execute, but a challenge from the town to support this Initiative would certainly be a major boost.

1.2. Nature and purpose of organization and organizations experience and qualifications

Include organizations years of experience in providing service provision; 2) Organization's background and experience, including the experience of your principal staff, concerning the proposed project or similar projects. In addition attach a list of the board of directors and verification of non-profit status.

The Staff list follows. For the purposes of this request, please note the following.

**American Red Cross, Cape Cod & Islands Chapter
STAFF LIST**

Jennifer Carlson-Benoit, Director of Emergency Services

Ms. Carlson-Benoit is responsible for International Social Services (ISS), Services to Armed Forces (SAF) and Disaster Services.

ISS includes messaging, community presentations, and holocaust services. SAF includes messaging, informational services, community presentations, and response-readiness 365 days a year. Managed by volunteer-led teams, Disaster Services responds to local, regional, and national disaster situations 365 days a year, supporting emergency workers and providing disaster-caused needs to clients regardless of their income status.

Jenn Carlson Benoit, the Director of Emergency Services has an extensive number of years of experience in disaster relief support. During the recent floods in Northeast Massachusetts and Cape Cod, she was the State Emergency services Director. She has just earned her Certified Emergency Manager[®] (CEM)[®] credential. The (CEM)[®] designation is the highest honor of professional achievement available from the International Association of Emergency Managers (IAEM), which has in its membership more than 4,500 emergency managers, representing local, state and federal government; private industry; and military emergency managers.

Jenn Carlson-Benoit is now one of only 1,519 Certified Emergency Managers[®] in the nation. To earn this accreditation, she had to submit an extensive credentials package, a management essay and a written examination. The credentials requirements include experience, references, education, training and contributions to the profession. The management essay requires respondents to submit a response to a scenario they might face while fulfilling emergency management responsibilities. To maintain certification, (CEM)[®] recipients must submit additional training and contributions to the profession every five years.

Glen Beasley, Executive Director (Part-Time)

As Executive Director, Mr. Beasley is responsible for achieving performance targets for the Cape Cod and Islands Chapter of the Red Cross.

This includes oversight of service delivery and support for regional activities and goals. He has management responsibility for the Chapter's employees and volunteers. Serving as the Chapter's chief fundraiser, Mr. Beasley ensures that the chapter is meeting fundraising and revenue goals as well as closely monitoring expense targets.

Terri Tarozzi, Chapter Administration and Volunteer Development

American Red Cross, Cape Cod and Islands Chapter
Nantucket Preparedness Initiative

Ms. Tarozzi performs administrative, budgetary, organizational and operational studies and analyses of back-office processes, enabling the Chapter to focus on mission-related service delivery. She also provides systems support, data entry and maintenance and ensures that the Chapter is meeting reporting requirements mandated by the national office.

Ms. Tarozzi also coordinates volunteer activities and makes process improvements as needed to keep the Chapter and its volunteers prepared with a continually high level of readiness and with activities achieving overwhelmingly positive results.

Karen Whiting, Director of Preparedness

Ms. Whiting is responsible for the Chapter's health and safety educational programs, products, and services which are marketed to individuals, organizations and companies within the region's jurisdiction. She maintains current business relationships and develops new business opportunities as appropriate for the logistical and operational components of the Chapter's programs.

Wendy Pierce, Health & Safety Coordinator (Part-time)

Ms. Pierce coordinates all the Chapter's instructors, overseeing the work flow, training schedules and ensuring standardized teaching practices.

Flo Roberts, Administrative Assistant (Part-Time)

Ms. Roberts provides customer service for class registrations and certifications and processes payments for all health and safety classes.

*The Board list follows. **Board of Directors List** Effective July 1, 2010*

(Actual board membership: 16, Maximum board membership allowed: 20)

Officers:

Hilary Greene, Chair; Clara Barton Society Committee Chair

Professional Affiliation: Volunteer Coordinator, Habitat for Humanity of Cape Cod
Place of Residence: Centerville, MA 02632

Enzo Allegretti, Vice Chair; Finance Committee

Professional Affiliation: Dean & Professor Emeritus CC (SUNY)
Place of Residence: Brewster, MA 02631

Deirdre Casey, Secretary

Professional Affiliation: Retired, Gillette Company
Place of Residence: Yarmouth Port, MA 02675

**Steve Lowell, Chair, Treasurer & Finance Committee Chair;
Clara Barton Society Committee**

Professional Affiliation: Executive Vice President & COO, Cape Cod Cooperative
Bank
Place of Residence: Hyannis, MA 02601

Board Members:

July 2010

American Red Cross, Cape Cod and Islands Chapter
Nantucket Preparedness Initiative

Rev. Bill Barker, D. Min., D.D., Nominating Committee
Professional Affiliation: Pastor
Place of Residence: South Wellfleet, MA 02633

James Cummings
Professional Affiliation: Sheriff, Barnstable County
Place of Residence: Bourne, MA 02532

Maiza Eloy
Professional Affiliation: Realtor, Today Real Estate
Place of Residence: Hyannis, MA 02601

Patrick Foran, Clara Barton Society Committee
Professional Affiliation: President, Foran Realty
Place of Residence: East Dennis, MA 02641

Rev. Bernard Harris, Sr., M. Div.; Chair, Nominating Committee
Professional Affiliation: Senior Pastor, Zion Union Church
Place of Residence: Hyannis, MA 02601

Ann Hunt, Finance Committee
Professional Affiliation: Vice President, Sovereign Bank
Place of Residence: Edgartown, MA

**American Red Cross, Cape Cod and Islands Chapter
Board of Directors List (cont.)**

Sheila Lyons
Professional Affiliation: Barnstable County Commissioner
Place of Residence: Wellfleet, MA 02667

Maureen McNamara
Professional Affiliation: Engineering Assistant, Onset Computer
Place of Residence: Sandwich, MA 02563

Leslie Marsh, Audit Committee Chair
Professional Affiliation: Vice President, Sovereign Bank
Place of Residence: Mashpee, MA 02649

Raymond Partridge, MD
Professional Affiliation: Retired, Rheumatologist Cape Cod Hospital
Place of Residence: Marstons Mills, MA 02648

Richard Williams, Nominating Committee
Professional Affiliation: Retired, Economist

July 2010

American Red Cross, Cape Cod and Islands Chapter
Nantucket Preparedness Initiative

Place of Residence: Chilmark, MA 02535

Elizabeth D. Young, CDR, USCG, Clara Barton Society Committee

Professional Affiliation: Deputy Executive Officer, Coast Guard Air Station Cape
Cod

Place of Residence: Marstons Mills, MA 02648

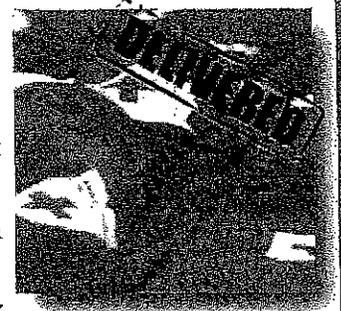
Be Ready Be Prepared on the Island: the Final Approach



The American Red Cross empowers *ordinary* people to perform *extraordinary* acts in emergency situations. We train. We mobilize. We connect donors and volunteers to those in urgent need of a helping hand.

Whether it is a hurricane or a heart attack, a call for blood or a call for help, the American Red Cross is there.

Help the Island Be Ready and Prepared.



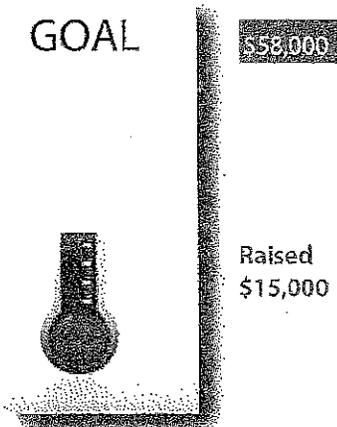
We have the emergency response vehicle and the blankets, but what is an ERV without a bed and a volunteer to tuck you in when a disaster strikes?

Preparing and Supporting the Residents and Communities on Nantucket, when a disaster strikes, in support of the Regional Sheltering Plan is vital for survival.

Every year, Volunteer-led Red Cross Disaster Action Teams support many families & individuals after a fire, flood or other disaster. The Red Cross provides a safe place to stay, food, and someone to talk to.

These same Disaster Action Team Members also support the hundreds of firefighters, first responders and other emergency personnel by providing things like snacks, coffee, refreshments, and support. Our disaster teams are there, no matter what the time of day or night, and stay on the scene as long as it takes to ensure all disaster-affected clients are cared for.

GOAL



Yearly Cost to run the Nantucket Disaster Action Team

- 1,000 Blankets
- Shelter and Mass Care Equipment, Materials, Kits, Gear
- Transportation: Newer / Used ERV Vehicle
- Communications: Computers, Low and High Band Radios
- Training of Leadership
- Recruitment, Train and Equip New Disaster Volunteers
- Develop and Deliver Life Saving Skill Scholarship Program
- Common Systems, Operations and Administrative Support

Total Campaign Budget

\$58,000

All Disaster Relief Services are FREE to those who need them.

The Cape Cod and Islands Chapter of the American Red Cross does **NOT** receive government funding, nor does it charge a penny for lifesaving emergency and disaster relief services. 100% of the money raised will be used for local services and all donations are tax-deductible. **Our ability to help others depends on you and we need your help today.**

Will you help us reach this goal and help Nantucket be prepared?

Simply go to www.cciredcross.org, call (508) 775-1540, or send in your donation today!

Please consider: Whether it's a hurricane or a heart attack, a call for blood or a call for help, all evenings, weekends and holidays, the Red Cross is there 24/7. **And we can't do it without you.**

Thank you for your support!



American Red Cross

Cape Cod and Islands Chapter

286 South Street Hyannis, MA 02601

T: (508) 775-1540 F: (508) 771-2209

capecodandislandsredcross.org

Internal Revenue Service

Date: July 20, 2006

AMERICAN NATIONAL RED CROSS
2025 E ST NW
WASHINGTON DC 20006-5009

Department of the Treasury
P. O. Box 2508
Cincinnati, OH 45201

Person to Contact:
Ms. Dalton 31-07967
Customer Service Specialist
Toll Free Telephone Number:
877-829-5500
Federal Identification Number:
53-0196605

Dear Sir or Madam:

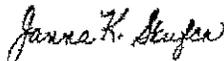
This is in response to your request of July 20, 2006, regarding your organization's tax-exempt status.

Our records indicate that the American National Red Cross is exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code of 1986 and is classified as a publicly supported organization, and not a private foundation, because it is described in sections 509(a)(1) and 170(b)(1)(a)(vi) of the Code. Donors may deduct contributions to it as provided in section 170 of the Code. This organization was recognized as exempt in December 1938:

Even though the American National Red Cross was issued an individual ruling, this ruling covers its chapters, branches, and auxiliaries.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,



Janna K. Skufca, Director, TE/GE
Customer Account Services

Cape Cod Islands Chapter, American Red Cross

Budget Overview

Fiscal Years 2010 and 2011

Fiscal Year 2011
July '10 - June '11

Fiscal Year 2010
July '09 - June '10

Budget Notes	Income	Fiscal Year 2010 July '09 - June '10	Fiscal Year 2011 July '10 - June '11
1	Federated	\$0	\$10,000
2	Monetary Contributions	276,500	230,000
3	Special Events	20,000	30,000
4	Bequests	19,000	19,000
5	In-Kind Donations	50,000	50,000
6	Grants	70,000	60,000
7	Investment Income	10,000	5,000
8	Contracts	20,000	30,000
9	Products & Service	200,000	230,000
10	Inter Red Cross revenues	0	7,494
	Total Income	\$685,500	\$671,494

Budget Notes	Expense	Fiscal Year 2010 July '09 - June '10	Fiscal Year 2011 July '10 - June '11
1	Compensation	246,325	241,659
2	Employee Benefits	75,800	77,625
3	Travel	5,000	5,000
4	Financial & Material Assistance	15,800	14,610
5	Supplies & Materials	93,500	36,920
6	Equipment, Maintenance & Rental	15,000	15,000
7	Contractual Services	182,462	174,932
8	Inter Red Cross expenses	0	35,097
9	Chapter Assessment	80,613	60,651
10	Depreciation	10,000	10,000
	Total Expense	\$725,500	\$671,494

Net Income

(\$60,000)

\$0

Revenue Budget Notes:	
1	Federated income is defined by National accounting rules as United Way Income. On Cape Cod and the Islands, this is grant driver, not 'automatic'.
2	Private donations, corporate support
3	Fundraising Events
4	Planned Giving and bequest and/or legacies
5	In-Kind Donations including vehicles, blankets, comfort supplies, some print advertising and special events
6	Foundation support
7	Interest income generated by investment/endorsement accounts
8	Clothing bin donations and State contract for Nurse's Aid Testing and Medication Administration Program (MAP)
9	Health and Safety classes and sale of CPR/AED equipment and miscellaneous program campaigns
Expense Budget Notes:	
1	Full and Part-Time Staff Salary and Wages
2	Employee Benefits
3	Travel to support training of staff and volunteers
4	Set aside funds for Disaster Clients for fires and other emergency needs.
5	Supplies & materials to support all lines of services in Chapter
6	Emergency Rescue Vehicles, Maintenance and Repair for all chapter equipment/leases
7	All operating expenses under contract with Chapter, includes, phone, electric, gas, rent, and other contractors etc.
8	Inter Red Cross expenses paid to other chapters to support the Cape Cod and Islands Chapter, e.g. program services, back room administration in finance and health & safety services.
9	Support services paid to National Office based on chapter's jurisdictional population, estimated earnings, and 3 year history of revenue to support local programs and services.
10	Depreciation on assets
<p>Note: Net Income for FY10 reflects a negative of \$60,000 for FY10, which was caused by sale of building/prepayment of lease for the year.</p> <p>FY11 is a balanced budget. More collaboration between Red Cross chapters and National is expected to generate economies of scale.</p>	

Agency Questionnaire
Nantucket Emergency Food Pantry
2 Madaket Road
Nantucket, MA. 02554
andyreis@comcast.net
Tel: 508-228-7438

1. Agency History and Mission

The Nantucket Emergency Food Pantry (the "Food Pantry") is a community outreach program of the Nantucket Interfaith Council. The Council aspires to live in a community of neighbors who help each other and especially those who are most vulnerable. The Food Pantry's Bylaws, establishing its Board, are dated October 1994, but the Interfaith Council operated a food pantry directly for about five years prior to that date.

Our mission is to supply emergency food on a temporary basis to those persons with no income or inadequate income, including persons with limited resources, the elderly, handicapped, and others in special circumstances. The Food Pantry's assistance is available until the client's circumstances improve.

2. Project Overview

The Food Pantry is open two times per week in the lower-use first, second, and fourth quarters (4-6 pm Tuesdays and Thursdays) and, in the highest-use third quarter, three times per week (adding 5-7 pm on Wednesdays). The Food Pantry's presence in Nantucket allows families with an urgent but temporary shortfall in income to obtain adequate food during the time of hardship. In a few cases (typically elderly and handicapped), there is a chronic shortfall in income that cannot be corrected by available interventions, and the Food Pantry serves these needy cases as well.

Targeted clientele include the disadvantaged elderly and handicapped individuals living on a low fixed income; low-income workers struggling with the high cost of living on Nantucket, particularly in the winter months; persons with chronic illnesses causing loss of income; single-parent families who have not received court-ordered child support; families struggling with high medical expenses or other unexpected increases in living costs; families with a temporary loss of income due to illness of income-earner, or that person's death, disability, loss of employment, or other unforeseen circumstances.

In recent years, the Town of Nantucket has supplied only \$20,000 of the total budget of the Food Pantry, which in 2010 was \$113,085. Although the Food Pantry has received funding from other sources to provide emergency food pantry services on Nantucket, this additional funding is used to provide food that could not be supplied to Nantucket families using only the funds from the Town. In other words, the funding is supplemental to the Town's contract funds.

Although it has provided only \$20,000 of the total funding for the Food Pantry, the Town contract is an essential base for operations. The regular quarterly payments help to ensure stability of the Food Pantry's funding base and to carry out the administrative function necessary to keeping the pantry in operation. Although the Food Pantry will continue to seek funding and donated food from a

range of sources, and will continue its relationship with the Boston Food Bank, these other sources will, as in the past, supplement the Town contract funds rather than *replace* the Town's funds. In addition to the Town contract, the generosity of individuals and businesses on Nantucket, along with more traditional sources of donations and grants, has enabled the Food Pantry to meet the needs of Nantucket families. We anticipate, and hope, that this pattern of funding from a variety of sources will continue to be sufficient to meet the need in 2011 and 2012.

We expect that, at a minimum, similar funding will be required for FY 2012. Ideally we would like to see funding increase so that we can handle the increased workload associated with the numbers of clients seen in the past two years.

3. Statement of Need

With the high cost of living on Nantucket, including housing costs that at the lower income levels rise to more than 50% of income, any unexpected expense or decrease in family income can trigger a financial crisis with an accompanying urgent need for emergency food assistance. For families in dire financial straits, the Emergency Food Pantry provides basic foodstuffs to ensure that family members have enough to eat, especially children, who have a vital need for good nutrition and should not suffer because parents are laid-off, ill, or injured.

In FY 2009 the Food Pantry directly served approximately 3,622 people (including children), a 150% increase over the preceding years. In FY 2010 (just completed) the figure rose to 4,455 people, another 23% increase over 2009. Food costs, excluding donated food from the Boston Food Bank, in FY 2010 equaled \$50,567.64, an 18% increase over FY 2009 when the Boston Food Bank in-kind food donations did not exist.

Nantucket has no other consistently available food source for people in need. No other social service agency on the island provides a similar service.

4. Social Service Needs

Users of the Nantucket Food Pantry typically are referred by a collaborating health or human service provider, including Community Network for Children; Nantucket Cottage Hospital, A Safe Place, Nantucket AIDS Network, Saltmarsh Center, Nantucket Behavioral Health Services, Nantucket Rental Assistance Program, Nantucket Housing Office, congregations and clergy and WIC and Food Stamp programs .

The Food Pantry also refers its clients to these agencies as appropriate if clients appear to need the services of these agencies.

5. Project Description

The Food Pantry expects to continue operations in FY 2011 and 2012 in much the same fashion as in the previous program years. Hours of operation will increase/decrease to meet the need. Also, in order to handle the increasing numbers of people served and in order to maintain the highest level of public health and safety standards, we are currently exploring the possibility of moving the pantry into larger space and are currently working with a private sector landlord and a potential donor to handle the costs associated with such a move.

Goals of the program include:

1. Maintenance of regular Food Pantry hours with consistent recordkeeping, efficient and compassionate service to clients, provision of nourishing food appropriate for the family size of the client seeking assistance,
2. Compliance with applicable health and safety laws and regulations,
3. Effective collaboration with the Boston Food Bank and adherence to its standards and requirements,
4. Consultation with a nutritionist to determine contents of individual and family "shopping bags,"
5. Outreach to underserved individuals and communities.

6. Implementation plan

The Food Pantry has a 20 year track record of serving families in need on Nantucket. As we face unprecedented usage, we are at a critical point in the Food Pantry's history as we bring our operations to an organizational level that supports the emerging high level of need. In addition to increased funding and grant-writing that has taken place, our new connection with the Boston Food Bank will help to support the cost of meeting Nantucket's increased need.

Over the last year, we have begun the important step of meeting the organizational challenge of moving from a more informal "family" organizational style to a "program" style with clear operating policies and procedures and consistent Board oversight.

In addition, we are concerned that despite obvious usage increase, there is still an underserved population of folks needing food on the island. Anecdotal evidence suggests that there are families who hesitate to seek Food Pantry help. We are considering ways to seek out this "invisible" need, including the preparation of brochures for various communities and increasing deliveries to those who are less mobile.

Finally as the numbers of people visiting the pantry has increased, it has become clear that additional space is needed to both operate efficiently and to insure the safety of clients and volunteers alike. Accordingly, we are working on a proposal to move the pantry to larger space.

7. Eligibility Documentation

No one is turned away from the Food Pantry. However, after multiple visits the Director may refer a client to other human services agencies for assistance in locating more resources to help with the continuing economic hardship.

In February 2010 the Food Pantry began distributing some USDA-supplied food obtained through the Boston Food Bank; the USDA restricts its supplies to families with limited income. The USDA qualification grid is used so that a shopper registers as qualified or not qualified for USDA food.

All clients register for Food Pantry assistance. An individual "shopper" registers by filling out a card that includes the number of family members (number of adults plus the number and ages of children), so that we can keep track of the total number of "clients." Bags are distributed on the basis of family size.

8. Efforts to involve low income individuals and families

Services of the food pantry are open to all persons, but are used almost exclusively by low-income families and individuals in need.

9. Program Evaluation

The program will measure success based on the following:

1. The Pantry to be available to provide food and staples to persons in need a minimum of two times per week, three times per week during the peak winter months and sufficient food supplies which are family size appropriate will be available for all those who come through the door.
2. Shopping bags will be nutritious and contents will be reviewed with both the Boston Food Bank and with a nutritionist.
3. All safety and health standards will be met and proper certifications in place.
4. The Board will be advised on a monthly basis of service usage, budget projections and expenditures, emerging issues and anticipated changes needed for service delivery.

10. Budget

Attach a copy of organization's most recent annual fiscal budget including all projected/actual revenue and expenses, 12 month projection and actual expenditures to date. Please include last IRS form 990, if you are a tax exempt organization. Please attach a separate budget for proposed project. Budgets should include only costs attributed directly to the proposed project.

Attached.

11. Feasibility and matching funds for the project

Funding sources for FY 2011 include:

Source	Projected	Approved/Received
Donations	\$38,000	\$115.00
Fundraisers	\$29,500	
In Kind Food	\$59,000	
Cash Cards	\$500	\$200
Town Contract	\$20,000	\$20,000
Other Grants	\$30,000	
Total Income	\$177,000	

12. Nature and purpose of organization and organizations experience and qualifications

As noted above, the Nantucket Emergency Food Pantry has been officially in operation for 16 years and in operation for over 20 years.

The Food Pantry currently operates with one program director, one part-time program coordinator/bookkeeper and several volunteers.

The Food Pantry Director is responsible for overseeing the operations of the Food Pantry. The Director is responsible for supervising 10 volunteers who work in the Food Pantry pre-bagging food and distributing bags to shoppers. The

Director is responsible for other tasks, many of which the Director himself performs; some of which are assigned to volunteers. These tasks include:

1. Assuring that adequate supplies are on hand for each day of operation and that the food is stored in accordance with health regulations. The Health Department has inspected and certified the Food Pantry in Fall 2009.
2. Shopping, picking up donated food from donation boxes, transporting food to the Food Pantry, stacking food in the storage area, setting food out on shelves, consulting with the Boston Food Bank about available food (new), arranging for Boston Food Bank deliveries to the Cape on our behalf, arranging transport of food from the Cape to Nantucket (new).
3. Delivering shopping bags of food to those who are housebound or who cannot visit the Food Pantry (which is not handicap accessible); delivering food in an emergency situation.
4. Registering shoppers, checking in shoppers, helping shoppers determine whether they are qualified under USDA rules (new), assigning cards, making referrals to the Department of Human Services, NRAP, and local clergy.
5. Meeting at least once monthly with the Board and once monthly with the Board chair; completing reports to the Board; assisting with the preparation of budgets and usage projections
6. Fundraising

The part-time program coordinator/bookkeeper manages the accounting and financial systems of the program, assists the board in the formulation of policies and employee/volunteer procedures, prepares grant requests, assists with community outreach and handles donor correspondence and fundraising.

Nantucket Emergency Food Pantry

Questionnaire Attachments

FY 2010 Budget

FY 2011 Budget

FY 2010 Financial Statement

IRS Tax Exempt Status Determination

State Certificate of Exemption

Food Pantry Board Member List

Interfaith Council Board Member List

FOOD PANTRY BUDGET FISCAL YEAR 2010 (JULY 1, 2009-JUNE 30, 2010)

INCOME AND EXPENSES	YEAR	AS OF	June 30 2010	Notes
DONATIONS	\$15,000.00			
Corporations		4671.19		
Foundations/Trusts		\$11,388.32		
Churches		\$2,114.50		
Individuals/Businesses		\$30,721.40		
Island Wide		\$1,131.24		
FUNDRAISERS				
Volleyball Fundraiser	\$2,500.00	\$2,076.00		
Stop ans Shop Fundraiser	\$2,500.00	\$1,408.80		
Chef's Dinner	\$14,000.00	\$14,000.00		
Cinco's Restaurant	\$7,000.00	\$6,400.00		
Muse	\$500.00	\$1,959.50		
Other Restaurants	\$1,500.00	\$1,315.00		Slip 14
Other		\$900.00		Zumbathon
GRANTS -Private	\$30,000.00			
Bank of America		\$10,000.00		
CFN		\$3,500.00		
Government Grants/Contracts				
Town Contract (CRC)	\$20,000.00	\$20,000.00		
FEMA		\$1,500.00		deposited 6/8/10
Other	\$8,000.00			
TOTAL INCOME	\$101,000.00	\$113,085.95		
EXPENSES	Budgeted	Spent YTD	Diff	Still Need
Advertising	\$1,500.00	\$838.00		
Fundraising Expenses	\$3,000.00	\$3,759.85		
Food and Dairy Purchases	\$37,000.00	\$50,567.64		
Insurance				
Workers Comp	\$1,100.00	\$762.33		
Liability	\$1,500.00	\$1,433.00		
Bank Fees		\$97.05		
Payroll				
FP Administrator	\$26,668.00	\$26,668.86		
Program Coordinator	\$7,680.00	\$7,680.00		
Bookkeeper	\$9,680.00	\$8,580.00		
Payroll Tax	\$3,368.00	\$3,283.12		
payroll Other		\$225.00		
Office Expenses				
Payroll Processing	\$620.00	\$679.44		
Postage and Delivery	\$100.00	\$161.47		
Office Supplies	\$500.00	\$589.49		
Equipment	\$549.00	\$1,554.99		0
Telephone	\$625.00	\$784.48		
Internet	\$360.00	\$274.31		

Food Pantry Proposed Budget 2011 (July 1, 2010 -June 30, 2011)

Income & Expense	Total			
Income	PROPOSED	ACTUAL	DIFF	NOTES
Donations				
Cash	\$35,000	\$25.00		
Island Wide Cash	\$3,000	\$90.00		
Useable Food-Local	\$14,000			
Cash Cards	\$500	\$200.00		
Boston Food Bank	\$45,000			
Fundraisers				
Volleyball Fundraiser	\$2,500			
Stop & Shop Fundraiser	\$2,500			
Chef's Dinner	\$18,000			
Restaurants	\$5,000			
Other Fundraisers	\$1,500			
Grants	\$30,000			
Town Contract	\$20,000			
Total Income	\$177,000	\$315.00		
Expense		TO DATE	REMAIN	
Advertising	\$1,500	\$100.00		
Food & Dairy Purchases	\$36,000	\$770.24		
Transfer of Donated Food	\$59,000			
Used Cash Cards	\$500	\$200.00		
Insurance				
Worker's Comp	\$1,200			
Liability	\$1,600			
Vehicle	\$924			
Office Supplies	\$900			
Equipment	\$5,000			
Payroll				
Administrator	\$38,720			
Program Coordinator	\$14,040			
Payroll Tax	\$4,036			
Payroll Processing	\$800			
Postage and Delivery	\$500			
Telephone	\$900			
Internet	\$380			
Rent/ Space Expenses				
Utilities in space	\$3,000			
Christian Science	\$3,000			
Inspections/Permits	\$500			
Travel/Conferences	\$1,000			
Vehilce Expenses	\$3,500			

Total Expense

\$177,000 \$1,070.24

Bank Balance as of	13-Jul	\$18,230.14
Petty Cash		\$200.02
IFC General Acct		\$146.32

07/22/10

Nantucket Food Pantry
Profit & Loss
 July 2009 through June 2010

Nantucket Emergency Food Pantry
 Financial Statement FY 2010

Jul '09 - Jun 10

Ordinary Income/Expense

Income

Donations by General Public

Corporate Contributions	4,671.19
Foundations/Trusts	11,388.32
Gifts from Churches	2,114.50
Individ, Business Contributions	30,721.40
Island Wide Giving Program	1,131.24
Total Donations by General Public	50,026.65

Fundraising Income

Chef's Dinner	14,000.00
Restaurant Fundraisers	
Cinco Fundraiser	6,400.00
Muse Restaurant	1,959.50
Slip 14 Restaurant	1,315.00
Total Restaurant Fundraisers	9,674.50

Volleyball	2,076.00
Zumbathon Fundraiser	900.00
Fundraising Income - Other	1,408.80

Total Fundraising Income **28,059.30**

Government Grants/Contracts

Contract Review Committee-CRC	25,000.00
Federal Emergency Mgt Grant	1,500.00
Total Government Grants/Contracts	26,500.00

Grants

Bank of America	10,000.00
Comm. Foundation for Nantucket	3,500.00
Total Grants	13,500.00

Income Interfaith Council

MLK Celebration	391.00
Other	30.00

Total Income Interfaith Council **421.00**

Other Types of Income

NRAP Reimbursement -Salary	28,732.72
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07/22/10

Nantucket Food Pantry
Profit & Loss
 July 2009 through June 2010

	<u>Jul '09 - Jun 10</u>
Other Types of Income - Other	38.33
Total Other Types of Income	<u>28,771.05</u>
 Total Income	 147,278.00
 Expense	
Business Expenses	
Advertisement	
Nantucket Independent	838.00
Total Advertisement	<u>838.00</u>
Fundraiser Expense	
Chef's Dinner	627.68
Volleyball	3,132.17
Total Fundraiser Expense	<u>3,759.85</u>
General & Administrative	
Bank Returned Checks	175.00
Bank Service Fee	97.05
Debit Card Fee	5.95
Membership Fees	137.50
Office Supplies	589.49
Postage	161.47
Printing and Copying	80.50
Processing Fees Sure Payroll	679.44
Rent - Office	
Christian Science Society	3,000.00
Total Rent - Office	<u>3,000.00</u>
Vehicle Expenses	
Gasoline	225.00
Steamship tickets	215.00
Vehicle Expenses - Other	12,419.00
Total Vehicle Expenses	<u>12,859.00</u>
Total General & Administrative	17,785.40
Insurance	
General Liability Insurance	1,433.00
Van Insurance	742.00
Worker's Comp.	762.33
Total Insurance	<u>2,937.33</u>

07/22/10

Nantucket Food Pantry
Profit & Loss
July 2009 through June 2010

	<u>Jul '09 - Jun 10</u>
Total Business Expenses	25,320.58
Facilities and Equipment	
Equip Purchase and Maintenance	1,554.99
Pantry Maintenance Services	95.00
Facilities and Equipment - Other	50.00
Total Facilities and Equipment	<u>1,699.99</u>
FICA	0.00
Food Supplies	
Nantucket Milk	342.45
Stop & Shop	50,225.19
Total Food Supplies	<u>50,567.64</u>
Interfaith Council Expenses	
MLK Expenses	125.00
Interfaith Council Expenses - Other	150.00
Total Interfaith Council Expenses	<u>275.00</u>
Other expense	
NRAP Administrator Transfer	
Federal Withholding	0.00
FICA	0.00
Gross salary	0.00
Med. FICA	0.00
State of MA	0.00
Total NRAP Administrator Transfer	<u>0.00</u>
Total Other expense	0.00
Payroll Expenses	
Employee Payroll-Salaries	
FP Administrator	
Med FICA	0.00
Total FP Administrator	<u>0.00</u>
FP Administrator Salary	26,668.86
FP Bookkeeper	
FICA	0.00
Med. FICA	0.00
State of MA	0.00
Total FP Bookkeeper	<u>0.00</u>

07/22/10

Nantucket Food Pantry
Profit & Loss
 July 2009 through June 2010

	<u>Jul '09 - Jun 10</u>
FP Bookkeeper Salary	8,580.00
NRAP Administrator Salary	24,996.00
Proram Coordinator Salary	7,680.00
Total Employee Payroll-Salaries	<u>67,924.86</u>
Employer Payroll Taxes	
FICA	4,211.37
MED FICA	984.88
Total Employer Payroll Taxes	<u>5,196.25</u>
Payroll -Other	225.00
Total Payroll Expenses	<u>73,346.11</u>
State of MA	0.00
Technology	
Internet	274.31
Total Technology	<u>274.31</u>
Telecommunications	
Telephone	784.48
Total Telecommunications	<u>784.48</u>
Travel and Meetings	
Travel	472.20
Travel and Meetings - Other	30.98
Total Travel and Meetings	<u>503.18</u>
Total Expense	<u>152,771.29</u>
Net Ordinary Income	-5,493.29
Other Income/Expense	
Other Income	
Bank Interest	1,240.47
Grants for Transfer to NRAP	10,000.00
Total Other Income	<u>11,240.47</u>
Other Expense	
Grant Reimbursement to NRAP	10,000.00
Total Other Expense	<u>10,000.00</u>
Net Other Income	1,240.47

07/22/10

Nantucket Food Pantry
Profit & Loss
July 2009 through June 2010

Jul '09 - Jun 10

Net Income

-4,252.82

Note: A certified audit is not required by the IRS
As a religious organization, board members are
audited separately

Internal Revenue Service

Date: December 10, 2004

NANTUCKET INTERFAITH COUNCIL
% PAUL CLARKE
PO BOX 782
NANTUCKET MA 02554-0782

Department of the Treasury
P. O. Box 2508
Cincinnati, OH 45201

Person to Contact:
Dalphene Naegele 31-04012
Customer Service Specialist
Toll Free Telephone Number:
8:00 a.m. to 6:30 p.m. EST
877-829-5500
Fax Number:
513-263-3756
Federal Identification Number:
04-3194441

Dear Sir or Madam:

This is in response to your request of December 10, 2004, regarding your organization's tax-exempt status.

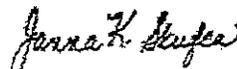
In June 1998 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under sections 509(a)(1) and 170(b)(1)(A)(i) of the Internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,



Janna K. Skufca, Director, TE/GE
Customer Account Services



Form ST-2
Certificate of Exemption

Massachusetts
Department of
Revenue

Certification is hereby made that the organization herein named is an exempt purchaser under General Laws, Chapter 64H, sections 6(d) and (e). All purchases of tangible personal property by this organization are exempt from taxation under said chapter to the extent that such property is used in the conduct of the business of the purchaser. Any abuse or misuse of this certificate by any tax-exempt organization or any unauthorized use of this certificate by any individual constitutes a serious violation and will lead to revocation. Willful misuse of this Certificate of Exemption is subject to criminal sanctions of up to one year in prison and \$10,000 (\$50,000 for corporations) in fines. (See reverse side.)

NANTUCKET INTERFAITH COUNCIL
PO BOX 782
NANTUCKET MA 02584

EXEMPTION NUMBER E
043-194-441
ISSUE DATE
01/01/10
CERTIFICATE EXPIRES ON
01/01/20

NOT ASSIGNABLE OR TRANSFERABLE

COMMISSIONER OF REVENUE
NAVJEET BAL

Appendix 1

Board Members and Meeting Schedule

Food Pantry Board Members

Rev. Jennifer Brooks, Unitarian Church (Chair)
Susan Levine, Congregation Shirat Ha'Yam
Rev. Nancy Nelson, Methodist Church
Rev. Dr. Eugene McDowell, St. Paul's Episcopal Church
Terry Ann Vigil, First Reader, Christian Science Church
IFC President Sara Jones (ex officio, voting)

Meeting Schedule

The Food Pantry Board meets monthly at the Interfaith Council office at 2 Madaket Road. Meetings are held at 11 am on the third Wednesday of each month.

NANTUCKET INTERFAITH COUNCIL MEMBERSHIP
2010 – 2011 (Revised 7/22/10)

Jean Allen
508 228-9031
St. Mary's Church
acknyc@comcast.net

John Bartlett, NIFC Registrar
115 Main Street
508 228-1135
Congregational Church

Louise I. Benoit
508 325-4029
Seventh Day Adventist
Weza29@verizon.net

Helene Blair
508-228-1472
St. Mary's Catholic Church
heleneblr@aol.com

Rev. Jennifer Brooks
W/H-508 228-7597, M-332-9548
Unitarian Church
nantucketminister@comcast.net

TBA
508 228-0100
St. Mary's Catholic Church
stmarys@nantucket.net

Janis Carreiro
NRAP Administrator
NRAP office 508 901-1320
nrapoffice@comcast.net

Kevin Dugan
Home – 228-1179
kevintdugan@yahoo.com

Mrs. Susan Hochwald
508 257-9742
Congregation Shirat HaYam
seas527@comcast.net

Joan Hull, Vice President, NIFC
Christian Science Society
508 680-4218 cell
jmhulls4@gmail.com

Meg Hunter
Unitarian Church
508-325-0380 (O)
meghunter@verizon.net

Sara Jones, Treasurer, NIFC
St. Paul's Episcopal Church
508 221-6801
QueSaraSally@comcast.net

Rev. Donovan Kerr
508 648-0576; 508 825-0805
New Life Ministries Intl.
info@newlifenantucket.org

Patience Killen, Quaker Meeting
508-325-2625 (cell), 508-228-1330
508-228-4449
patience@jordanre.com

Rev. Dr. Gary Klingsporn, Minister
508 228-0950 (church office)
508 228-0450 home
Congregational Church
gklingsporn@comcast.net

Anne Kronenberg
Summer Street Church
508-228-9303
ark1@comcast.net

NANTUCKET INTERFAITH COUNCIL MEMBERSHIP
2010 – 2011 (Revised 7/22/10)

Rev. Richard Leland
508-228-5738
Summer Street Church
rich@summerstreetchurch.org

Susan Levine
Phone: 508 257-9059
Congregation Shirat Ha'Yam
smsl314@aol.com

The Rev. Dr. Eugene McDowell
St. Paul's Episcopal Church
508 228-0916
gene@stpaulschurchnantucket.org

TBA
United Methodist Church
revnancy@nantucket.net

Taffy Palenski
508 228-7656
Baha'i Faith
nantucketsheep@aol.com

Nancy Rappaport
Unitarian Universalist Church
Nancyiris7@yahoo.com

Andy Reis, Food Pantry
508 228-7438
andyreis@comcast.net

Rev. Bruce Rigden
773-329-3748
Sconset Chapel (summers)
911 West Fullerton Ave
Chicago IL 60614

Volney Sinclair
Living Faith Church of Nantucket
508 332-9588
Volsinco@msn.com

Rev. Georgia Ann Snell
508 325-4547
Stillwaters Community Worship
snellhotel@gmail.com

Mrs. Penny Snow
508 228-6314, 228-1122
Congregational Church
pfsnow@comcast.net

Rev. Bill Steelman, President, NIFC
508 325-5825
Assistant Pastor
Congregational Church

Terry Anne Vigil, Secretary, NIFC
508 325-9679, 617-304-1120
Christian Science Church
terryannevigil@gmail.com
terryanne199@hotmail.com

Mrs. Maryanne Worth
Mrs. Ann Medina
Council for Human Services
508 325-7559
mworth@nantucket-ma.gov

Youth leaders:
Mary Casey
caseym@stpaulschurchnantucket.org
St. Paul's
Ian Williams
828 699-2121 cell
iangreywilliams@gmail.com

NANTUCKET INTERFAITH COUNCIL MEMBERSHIP
2010 – 2011 (Revised 7/22/10)

Sally Ure, sallyure@verizon.net
Lizie Hagenstein, lizieh@comcast.net
Co-Directors of Religious Education and
the Youth Leaders at the UU Church

Chip Davis, davisc@nps.k12.ma.us
Youth Leader at the Congregational
Church

Avi Teken, tekenavi@rcn.com,
Cantor and teacher of the Hebrew School
for Congregation Shirat Ha'Yam

Darey Creech, Young Life
New Life Ministries

Nantucket High School/Student Assistance
Program
Tim Comings 228-7280 X1247
comingst@nps.k12.ma.us

Agency Questionnaire
Nantucket Rental Assistance Program
2 Madaket Road
Nantucket, MA. 02554
nrpoffice@comcast.net
Tel: 508-901-1320

1. Agency History and Mission

The Nantucket Rental Assistance Program (NRAP) was established in late 2003 by the Nantucket Interfaith Council to address a critical need on this island for affordable year-round rental housing for its full-time residents. Our mission is to help low-moderate income residents get into, maintain and afford stable year-round rental housing.

The program is designed to provide short-term immediate rental assistance which will enable residents to work and remain living on-island. The Interfaith Council's work is centered on the human needs of Islanders. As the cost of housing on Nantucket increased dramatically in the last two decades, year-round Island residents began approaching clergy members of the Council for help with finding year round housing to both avoid the " Nantucket Shuffle," (moving constantly from seasonal to seasonal housing) and to afford the cost of rents during periods when income was decreased due to loss of seasonal or other employment, family illness, or other financial crisis. " In light of this growing problem, the Interfaith Council decided to develop a program to assist Islanders who are in urgent need of year round affordable housing, who need a subsidy in order to afford their monthly rent and/or who face the threat of homelessness due to a short term inability to pay their rent .

NRAP has been in operation now for six years. During this time NRAP has helped 239 households with rental subsidy assistance totaling \$408,000. During the first five years of our existence we averaged about 17 households, \$39,000 per year. However, requests for assistance during the past two years have doubled the average yearly record and we have averaged assistance to 60 families at \$106,000 per year. This trend is indicative of a significant year-round population at or below the median income level, high rental costs on the island due to the lack of affordable housing, and a sharp increase in the number of workers laid off due to the continuing economic turndown.

The NRAP Board established criteria for the program by researching other programs rental subsidy programs both on the Cape and Islands and throughout eastern Massachusetts. For our purposes it was decided to have three categories of assistance available to residents who qualified. We began by offering help with first and/or last rental payments (but not security deposits), monthly assistance for as long as 18 months or until our maximum dollar limit per family has been met and emergency assistance. We have continued using these three forms of assistance, conditional upon the client being a resident for at least two years, usually employed, and willing to furnish NRAP with verifiable financial and family information. We have also worked with landlords to secure appropriate year-round leases for clients, to reduce rent where possible, and to ascertain that the housing is suitable and meets basic safety and health requirements.

2. Project Overview

a. NRAP provides assistance to moderate and low income Nantucket working families by (1) paying the first and/or last month's rent so that the family can move into a stable year-round rental unit, (2) providing a monthly subsidy to reduce the family's cost of housing; or (3) paying a substantial part of the rent for a limited period due to a financial crisis resulting from serious illness, temporary wage loss, or other critical emergency. Assistance is limited to \$3,000 over an 18-month period for working residents who have lived on-island for at least 2 years.

As the local economy has waned and unemployment has become widespread, especially in the service and construction industries, many more of our year round residents have been unable to pay their rent and have faced eviction or potential eviction with nowhere to go. For fiscal year ending June 30, 2009 (the latest figures currently available), 58% of families assisted were long time island residents having lived here more than 10 years, most of whom had never faced an inability to pay their rent before. 45% were single parents living on one income, most without any child support. 80% were families. 20 % single individuals. Over the last two years, NRAP has experienced a three-fold increase in applications for assistance and, within our available resources paid out assistance to 60 applicants in the amount of \$114,165 in FY 2009 and \$98,436 to another 60 families in the just completed FY 2010 (as compared to 38 applicants at \$64,695 paid in FY 08).

We expect the program to continue during FY 2012 using essentially the same structure as has served the community well in the past. But, we remain open to changes that may be required especially if the current economic conditions remain or worsen. We will also explore joint housing programs with other housing stakeholders. For example, a Safe Place, Housing Nantucket and NRAP have applied jointly for special funding to deal with emergency housing issues involving domestic abuse.

b. NRAP has received funding from the Town of Nantucket for the past 5 years. Funds received for FY 2011 equal \$20,000. This funding represents approximately 12% of the organization's proposed total yearly income. We expect that, at a minimum, similar funding will be required for FY 2012. Ideally we would like to see funding increase so that we are not faced with turning clients away or with the potential of running out of rental assistance funding late in the FY as we faced in both FY 2009 and FY2010. Thankfully, the Tupancy-Harris Foundation (in FY 2009) and the Community Foundation for Nantucket (in FY 2010) assisted us in a special campaign to cover needed rental assistance funding.

Funding from the Town has enabled us to move the organization from a purely volunteer based organization to a professionally run organization with the hiring of a program director. Adding this administrative function has given the Board

the opportunity to thoroughly evaluate requests for assistance, to adjust our assistance methodology to fit the current economic climate, to negotiate with landlords on tenant issues, to more thoroughly ascertain the suitability of rental units, to form new partnerships, to seek new funding sources and to more fully measure the program's impact on the community.

In the last 24 months, we have established a physical office location, revised our application form and interview process, begun more in-depth investigation of applicant qualifications and backgrounds, instituted a more detailed review of housing conditions, established a records management process, developed monthly financial and activity reporting to the Board, and have become an active member of the housing community both here on the island and on the Cape.

More importantly, funding from the town provides a basic level of support which allows us to devote more funding towards rental assistance and seek grants and donations from other sources.

3. Statement of Need

NRAP is currently the only on-island program which provides short-term rental assistance to low to moderate income residents who generally earn no more than 80% of the area median income and who face a financial crisis which threatens their ability to secure and/or remain in safe, affordable rental housing, especially in units provided by the private sector. While other Nantucket housing groups work to create new ownership and rental units that will become available over the next several years, these programs do not satisfy the current needs of the low-to-moderate-income community in Nantucket. Nor is it likely that a sufficient number of units will ever be built to meet demand. For the foreseeable future, there will be a significant gap in the number of affordable rentals available versus those that are needed. NRAP fills a critical need by working primarily with private sector landlords to help maintain the current inventory of rental units. We also work closely with the two rental housing providers on the island (the Nantucket Housing Authority and Housing Nantucket) to provide limited assistance to their tenants, primarily during periods of temporary layoff or illness.

With a permanent or year-round population of 10, 513 (based on STDB Online 2007 figures), only an estimated 1,435 dwellings on the island available for rental (based on 2000 census figures), and with the island having only 56-60 affordable rental units existing between Miacomet Village, and Housing Nantucket, it will be a long while before there is a sufficient affordable housing inventory available to meet the needs of island renters. In the interim, the NRAP is currently the only alternative for many island families to help them meet the need of some form of rental assistance. Without our assistance, many would be forced to become homeless or leave the island.

Based on the continuing increase in applications received since July 2008 and the continued economic slow-down on the island, we fully anticipate that the need for assistance will continue for the next two years, at a minimum and will meet or exceed that of 2009. Based on FY 2009 figures, 68% of clients assisted are paying more than 30% of their gross wages on rental payments before they seek assistance and all were earning wages at or below the 80% median wage for the county. With very little housing available at their wage earning capacity to qualify as "affordable housing", these clients would otherwise "fall through the cracks" without some assistance. NRAP works with landlords to help provide the rental units needed at a fair market rate and to work out repayment plans were serious back rent issues exist so that eviction proceedings are avoided.

Even in a vibrant economy, housing remains the number one issue facing Nantucket's middle income and low income families. The number of affordable housing units on the island remains significantly below that which is needed (3% versus the state wide goal of 10%). While plans proceed to increase this

number, NRAP stands alone as a stop gap program to help families move into and remain in year-round housing, predominately with private sector landlords many of whom themselves earn needed supplemental income from renting their units to help them meet the island's high cost of living. NRAP also provides a balance to a well-rounded housing plan that included both public and private housing solutions. This program enables existing residents to remain in our community despite high housing prices and other related costs.

4. Social Service Needs

Operating under the umbrella of the Nantucket Interfaith Council, which oversees both NRAP and the Emergency Food Pantry who work together hand in hand, NRAP works in partnership with other human service and housing advocates on the island. The Town of Nantucket Council for Human Services provides applicant referrals and helps our clients with other household services such as fuel assistance, health insurance registration, food stamps, etc. We work closely with the Town of Nantucket Planning and Economic Development (NPEDC) housing planner on housing issues and with working with landlords whose units are not currently properly certified. We work with both Housing Nantucket and The Nantucket Housing Authority on affordable housing unit searches and tenant issues, with A Safe Place to collaborate on rental issues involving battered and abused spouses and children, and with Habitat for Humanity to advertise new ownership opportunities to our clients.

We are an active member of the newly formed Nantucket Healthy Community Collaborative and have been a founding member of the Housing Stakeholders Work Group which meets quarterly to collaboratively work on housing and rental issues facing the community.

NRAP operates without any significant advertising for its program. Applicants come to us primarily through referral from various social service organizations on the island, including the Council for Human Services, Nantucket Housing, A Safe Place, the Nantucket Cottage Hospital, the Nantucket Community School, local island counseling services, local physicians, the island clergy and word of mouth. As such we maintain a close working relationship with these agencies and often work together to service clients and their families who need assistance with multiple human services and mental health needs.

We have also developed relationships with off-island Cape Cod housing agencies and have become an active member of the Cape and Islands Regional Network to End Homelessness.

NRAP has now developed into a "main stream" housing program on the island as more and more people have become aware of the program and we have received significant positive publicity in the media.

As noted above, NRAP is the only program on island at present which works primarily with the island's private sector rental community.

5. Project Description

In order to receive rental assistance, applicants must be year-round residents who have lived on-island for at least two years. They must be able to show current employment and/or the potential for future employment and must demonstrate a financial ability to continue their rental payments after our assistance has concluded. They must provide detailed financial documents to show earnings and financial status. They must complete a detailed application, provide pertinent lease and financial documents and provide written authority to the NRAP program to verify all data provided. Landlords participating in the program must provide details of their leasing policies, meet town safety and health regulations, rent their units at a reasonable market rate, and commit to year-round housing.

NRAP has four major goals for FY 2011/2012 as follow:

1. *To provide rental assistance to low to moderate income year-round islanders facing both temporary and longer term financial difficulty by means of the program's current payment methodology. Goal: Assist a minimum of 60 individuals/families based on need and available funding.*
2. *To develop and deliver a useful tenant/landlord advocacy program that will (a) help tenants understand their rights and duties as good tenants, better manage their financial responsibilities, learn good budgeting techniques to survive both during the off-season and during the current economic turndown, improve their credit and avoid eviction, and (b) provide landlords with information on legal leasing document preparation, proper eviction procedures, and the requirements of providing safe and healthful properties. We are currently working in partnership with Housing Nantucket to have NRAP landlords attend educational forums developed by that organization and the Community School. We have also made arrangements with a local bookkeeping contractor to provide one hour of guidance to a selected number of clients with chronic fiscal difficulties.*
3. *Continue to raise awareness in the community of the need for decent affordable housing, by (a) forming working partnerships with other housing entities both on the Cape and Islands that will increase the number of affordable housing units, (b) encouraging private landlords to provide reliable year-round housing that is not subject to seasonal fluctuation and (c) participating in the identification and listing of available affordable rental units, especially those in the private sector.*
4. *Increase the effectiveness and continuity of the NRAP program via increased and consistent funding, improved program measurement and increased presence in the housing community.*

6. Implementation plan

Other than funding, the barriers we have encountered over the last year include:

1. The severe economic conditions on the island. Several clients who have anticipated a return to work have found themselves with no employment for longer periods of time and/or a loss of unemployment benefits and have requested extended benefits. We have tried to accommodate requests with the most likelihood for re-employment within our current parameters, but a consideration of upping the maximum benefit may need to be considered if the current economic conditions continue.
2. A Lack of an Island wide database of private rental units. We have many clients coming to us who are homeless or near homeless looking for year-round rental units which they can rent with our financial assistance. In many instances, although the clients qualify for assistance, there is no rental unit identified into which they can move and cases are put on hold until a unit is found by the client. We will continue to work with the NPEDC Housing Planner and local real estate agencies to identify affordable year round rental units available.
3. Issues involving substandard apartments which are rented without proper occupancy permits. We have seen several clients who are currently living in "illegal basement apartments" who need help paying their rent. While we will not pay for substandard units, we have advised both the landlords and tenants of steps which can be taken to either make the unit a valid accessory apartment under zoning code 139-2 or advised the tenant that we will assist in moving them to a suitable location.

7. Eligibility Documentation

The Administrator provides professional management and administration of the entire NRAP program. These duties are diverse and complex and require a detailed knowledge of housing issues, related services provided by other human service agencies, financial oversight, town and state rules and regulations concerning suitable housing, contract management, community interaction, participation and collaboration with other town and non-profits involved in housing.

The process to be used to substantiate each application and payment decision includes:

- Client Intake including detailed consultation and interviewing of client's housing, family and financial situation,

- Verification of client and client family application data, including the interviewing of employers and other references, review of financial data, tax returns, bank statements, etc.

- Discussion/negotiation/mediation with landlords

- Review of suitability of rental unit requirements, including review of occupancy status with the town building department and public health officials, where needed.

- Collaboration with the NRAP board on application requests, and coordination with the Food Pantry Director for clients needing assistance with feeding their families,

- Coordination of other needed client and client family services, including individual financial and legal counseling, as well as other family needs, including services for children.

- Assistance to landlords on rental requirements/leasing issues, security deposits, proper eviction procedures, etc.

- Documentation and maintenance of confidential client records,

- Preparation of monthly and annual reports/statistics to the board and to funding agencies, as required

- Preparation of annual surveys verifying results

8. Efforts to involve low income individuals and families

All clients served fall within the low-moderate income level.

9. Program Evaluation

All applications for rental assistance will be reviewed solely by the program director and verified as to their eligibility, then forwarded to NRAP Board for consideration.

Monthly reports concerning client numbers and amounts funded are provided to the Board. These will be made available to appropriate funding agencies as requested.

In addition to the monthly monitoring process, a mid-year review of the program will be done after six months. This will include the number of clients served and the amounts given out, an analysis of the application process and approval process – including timeliness and confidentiality, and a financial update.

Program funds will be monitored to ensure commitments will be met and to ensure that plans for additional funding, as needed, can be put in place in a timely fashion. A summary evaluation report will be prepared in July, indicating the successes of the program, areas for improvement, and new avenues available for helping renters continue to rent on a year-round basis.

Output Goal: Quantifiably measure the success of the NRAP program.

Conduct an annual survey of all tenants and landlords who have utilized the program to determine

(1) the number of tenants who have remained at the rental unit at least one year,

(2) the number of tenants who have been able to continue to pay rent in a timely manner for at least 6 months after assistance.

10. Budget

Attach a copy of organizations most recent annual fiscal budget including all projected/actual revenue and expenses, 12 month projection and actual expenditures to date. Please include last IRS form 990, if you are a tax exempt organization. Please attach a separate budget for proposed project.

Budgets should include only costs attributed directly to the proposed project.

Attached.

11. Feasibility and matching funds for the project

Funding sources for FY 2011 include:

Source	Projected	Approved/Received
Donations	\$6,000	\$189 to date
Fundraisers	\$1,000	
Town Contract	\$20,000	\$20,000
CPC	\$95,000	\$95,000
CACCI Reimbursement	\$15,000	\$15,000
Tupancy	\$15,000	\$10,000
Bank of America	\$10,000	
Community Foundation	\$3000	
FEMA	\$1,500	\$1,500
Other Grants	\$5,000	\$5,000
Total Income	\$171,500	\$141,689

12. Nature and purpose of organization and organizations experience and qualifications

As noted above, NRAP has been in operation for seven years and has evolved from a purely volunteer based operation to one which is now professionally managed and which has gained significant standing in the community.

NRAP currently operates with one employee, who is a professional manager, and a five person volunteer Board.

Duties of the director include the:

- Interviewing of clients
- Verification of client application data
- Discussion/mediation with landlords
- Review of suitability of rental unit requirements
- Collaboration with the NRAP board on application requests
- Maintenance of confidential client records
- Preparation and management of the NRAP budget
- Preparation of monthly and annual reports/statistics
- Preparation of annual surveys
- Networking/collaboration and partnership with other housing agencies and human service personnel
- Preparation of grant requests
- Providing training to clients and landlords on financial and housing issues
- Working with town and state officials on housing issues

The current Director, Janis E Carreiro, comes to the organization after having completed a 30 year career with the US Department of Labor. Starting out as an investigator of federal labor laws, she continued on to hold various management positions ultimately becoming the Regional Administrator for the Office of the Assistant Secretary for Administration and Management. She was responsible for providing administration, financial management and human resource management for the Department's 15 agencies and bureaus located in the Boston and New York regions, including Puerto Rico. Her office managed several large government contracts. She served on the Federal Executive Committee and worked with executives from all federal agencies in the two regions, including the Dept of Health and Human Services, HUD, FEMA etc.

A listing of the current Board of directors of both the NRAP and Interfaith Council is attached.

Public Hearing Minutes

Council for Human Services
July 28, 2010
2 Fairgrounds Road

Minutes of the meeting of July 28, 2010: The meeting took place at 2pm at 2 Fairgrounds Road, Nantucket, MA 02554

I. Members Present: Dorothy Hertz, chair., Linda Barrett, sec., John Belash, Sue Marques, Augie Ramos, Mary Wawro, Linda Williams

Members Absent: Maria Pena, Rachel Rosen

Staff Present: Maryanne Worth, Ann Medina

Members of Public Present: Margaretta Andrews, CFNan; Janis Carreiro, NRAP, Interfaith Council/ Food Pantry; Jenny Garneau, Community Organizer of Nantucket Suicide Prevention Coalition, DMH; Kat Robinson Grieder, A Safe Place; Kathi Hacket, MV Comm. Services/Family Support Services; Linda Roberts, Director of the Salt Marsh Senior Center; Randi Wight, Council on Aging member; Susan Bennett Witte, Housing Planner.

II. Quorum: The meeting was called to order at 2:07pm: a quorum was established.

III. Approval of the Agenda: A motion was made, unanimous vote in favor.

Introductions: Members of the public introduced themselves as did the CHS members.

IV. Action/Discussion: Public Hearing/Public Comment: The representatives of the various agencies told us what they thought the problems in the community were according to what they see with their clients. They answered our questions as to what the causes of these problems may be, who and how many people are affected, what the consequences may be if they did not receive Town funds and if any other agency on the island also did the services they do, as well as other related questions. These discussions ended at 3:41pm.

V. Approval of Minutes: Minutes of July 15, 2010; a motion was made to approve the minutes with correction, voted to approve with Linda Williams abstaining as she wasn't at the meeting. Minutes of July 21, 2010; a motion was made to approve the minutes with correction, so voted with Linda Williams again abstaining for same reason. The notes of July 26, 2010 were approved by Linda Barrett, Dorothy Hertz and Augie Ramos as they were the only ones who attended.

VI. Other Business: An email was read from CFNan about having a member of our council on the committee to select a consultant for their study. A question of ethics came up and a motion was made by Mary to table

choosing anyone to be on the committee until the question was answered by the Ethics Committee. The vote was unanimously in favor of the motion. A motion was made by Sue to extend the deadline for the responses to the questionnaire until August 4, 2010. A unanimous vote was made in favor of the motion.

Next Meeting: The next meeting will be August 3, 2010 at 4:30pm at 2 Fairgrounds Road.

Agenda: To prioritize the community needs is the agenda for next meeting.

Motion to Adjourn: A motion was made and seconded to adjourn the meeting at 4:21pm, so voted.

Respectfully submitted by,

Linda Barrett

Secretary

Approved August 3, 2010 *lmb*

Specific question(s) you want to frame to the community:

1. State the problem, in general terms
2. Give specific examples of the problem.
3. What are the reasons for the problem? (What is the most probable reason.)
4. How many people are affected?
5. What are the consequences of not intervening? (Town funding)
6. What strategies have been shown to work on a particular problem.
7. What are the factors that you believe have led to this issue?
8. What do you believe has influenced the Change?
9. What alternative would you suggest if services were not available on Island?
10. Are you worried that your funding will be cut off by the Town and if so how would you make up the loss.

2006 Community Survey

**Town of Nantucket
Health & Human Services
Needs Assessment Study**

**Executive Summary to Report of
Findings Nantucket Community
Survey – 2006**

Survey Research Findings
and
Latest U. S. Census Statistics

September 2006

Prepared under contract to the Town of Nantucket, MA
by the Family-Centered Institute, Inc. 66 Massasoit Trail Brewster, MA.02631
(508) 896-4724 <http://www.fcii.us>

Executive Summary

Nantucket Health & Human Services Needs Assessment Study – 2006

Research Overview:

This Report draws upon two separate and distinct sources of information; 1) the latest U.S. Census Bureau statistics regarding Nantucket County, and 2) responses to the most recent comprehensive survey of human needs on the Island (the Nantucket Community Survey – 2006). Together, these two sources provide both a broad and an in-depth “picture” of the needs of the year-round, resident population of Nantucket.

Latest U.S. Census Bureau Statistics:

These statistics draw heavily upon data compiled by the Census Bureau during the Census 2000 in the early part of the year 2000. These Census 2000 data have been updated to a minor degree by later official estimates of various statistics, including; total population count, poverty rates, median household income, and total housing count. However, in general, the Census 2000 data is the latest officially available information.

Future U.S. Census Bureau Statistics:

In the future, the Census Bureau plans to release updated statistics for Nantucket County which will derive from the Bureau’s new American Community Survey (ACS) research. The Census Bureau is expected to release ACS statistics for Nantucket County sometime prior to 2010.

Nantucket Community Survey – 2006 Statistics:

These locally-developed statistics draw heavily upon responses to Nantucket County’s own research. In April of 2006, one out of every two Nantucket households was randomly selected to participate in a new survey, entitled the Nantucket Community Survey - 2006. Over seven hundred year-round residents participated in this study, providing more than 270,000 pieces of information detailing their current healthcare and other human services needs. The Nantucket Community Survey - 2006 survey questionnaire is designed to dove-tail exactly with, complement, and supplement data from the Census Bureau’s up-coming American Community Survey.

Research Questions

The Nantucket Health and Human Services Needs Assessment Study - 2006 research set out to answer three fundamental questions:

1. *What Are the Human Needs?*
2. *How Serious Are The Human Needs?*
3. *Who Are The Needy?*

What Are The Human Needs? Human services encompass an extremely broad range of categories, ranging from public services like education, healthcare, mass transit, public and affordable housing, public safety, and financial assistance (Medicaid, Food Stamps, TAFDC), just to name a few. Human services are not simple “welfare” and other forms of public assistance. Human services touch all citizens in one way or another and to a greater or lesser degree depending upon our lifestyle, personal resources, our age, our level of health or disability, and degree of need. Individual need for human services varies from person to person and changes as we go through life. Human services are a part of every-one’s life.

How Serious Are The Human Needs? We are fortunate in that most of our human needs are well taken care of here on Nantucket. Nantucket Island is home to some of the finest medical practitioners and healthcare facilities; myriad services for senior and elder citizens through the Council on Aging Saltmarsh Center are legendary. Specialized help in the areas of mental health, alcoholism and drug abuse counseling are available within the Cape and Islands region. But, as with any system of services, there is always room for improvement. Populations grow and diversify, age distributions change, children are born, families move on and off the Island the bottom line, needs do change.

Who Are The Needy? We are all needy to some degree. Fortunately for most of us, our needs are mostly met through our own resources (education, work, income, personal and family strengths and resources). Unfortunately, some individuals’ personal strengths and resources are limited or tragedies may befall them, and from time to time they are unable to completely provide for all of their individual and family needs. It is important on an on-going basis to identify those among us who are in serious need of our community resources and support services. The priority in services must be to provide for the neediest among us.

The “Most Needy” Islanders

To reiterate: We are all needy to some degree. But, who among the Nantucket population is the most needy? This is not a simple question. In recent years, researchers have taken on that challenge, and have developed a method of determining on a “scale” which of the households surveyed include the neediest Islanders. There are two primary ways to determine needs within a population. First, one can gather demographic information about a particular group of people, and then try to estimate (using someone else's research findings) how needy these people *should be* as a result of their demographic characteristics. This method generally yields questionable results.

A second, and we believe better method, is to ask people directly about the types and severity of problems that affect members of their household, and then to categorize households according to the number and severity of those problems. We feel that this method yields the more valid information. This is the approach used by the Nantucket Health and Human Services Needs Assessment Study - 2006 researchers.

Nantucket Household Issue Groups

By statistically examining and analyzing the massive amount of information about household problems reported by respondents to the Nantucket Community Survey -2006, we have concluded that four groupings uniquely define all Island households. That is, every Nantucket household shares common difficulties and challenges with others in one of the four groups.

Briefly, these “household issue” groups that are characterized by the major issues and challenges which confront them can be described as follows:

Group #1 Households: (represents approximately 1,735 Nantucket residents in about 485 households)
(See also Appendix 2.B)

Thumbnail Sketch:

Very low-income, mostly: “working poor,” young-to-middle-age family households generally with multiple working adults and one child, who rent their home. Many Group #1 households have a history of at least brief homelessness, are cultural/ethnic, linguistic, or racial minorities, include only one parent, receive MassHealth (Medicaid), include health uninsured adults and children, and reside in Census Tracts 9502 or 9504. Considerably fewer reside in Census Tract 9505.

Perceived challenges include a lack of money and mental health problems. Eighty-seven percent (87%) of Group #1 households report one or more serious barrier to obtaining needed human services. Perceived barriers include services too costly, work-related impediments, and inadequate health insurance coverage:

Group #2 Households: (represents approximately 675 Nantucket residents in about 175 households)
(See also Appendix 2.B)

Thumbnail Sketch:

Low-income, mostly “working poor,” larger, young family households with multiple children, who rent their home. Many Group #2 households have a history of at least brief homelessness, are cultural/ethnic, linguistic, or racial minorities, receive some financial assistance including MassHealth (Medicaid), include only one parent, include adults who are in only fair-to-poor health, include health uninsured adults), have at least some dental care coverage, and reside in Census Tract 9504. Considerably fewer reside in Census Tracts 9502 or 9505.

Perceived challenges primarily revolve around a lack of money. Ninety-seven percent (97%) of Group #2 households report one or more serious barrier to obtaining needed human services. Perceived barriers include services too costly, insufficient services capacity, work-related impediments, and a lack of information.

Group #3 Households: [defined as NOT All Adults “Retired”] (represents approximately 6,725 Nantucket residents in about 2,615 households)
(See also Appendix 2.B)

Thumbnail Sketch:

Moderate-to-high-income, working, smaller, middle-age, 2-adult family households generally with no more than one child, who own their home. Includes some retirees (but no household where all adults are retired). Household members are primarily white. Group #3 households generally have at least one adult working full-time, year-round, and reside in Census Tracts 9502 or 9505. By definition, not all adults in Group #3 households are retired.

Perceived challenges include mental health problems and a lack of money. (Note: While these challenges are similar to those of Group #4, they are somewhat more serious). Thirty-two percent (32%) of Group #3 households report one or more serious barrier to obtaining needed human services. Perceived barriers include; services too costly, insufficient services capacity, and work-related impediments. (Note: Perceived barriers to service are reported to be very low as compared to barriers reported by Groups #1 and #2.)

Group #4 Households: [defined as ALL Adults are “Retired”] (represents approximately 1,195 Nantucket residents in about 725 households)
(See also Appendix 2.B)

Thumbnail Sketch:

All “retired”, low-income, small, childless, older-adult (age 65+) family households, who own their home. Household members are primarily white and are generally covered by Medicare. Many are one adult households and reside in Census Tracts 9501 or 9503. Considerably fewer reside in Census Tracts 9502 and 9504. By definition, all adults in Group #4 households are retired.

Perceived challenges include; mental health problems, overweight persons, and a lack of money. (Note: Perceived challenges are similar to those of Groups #3 except somewhat less serious). Only nineteen percent (19%) of Group #4 house-

holds report any serious barriers to obtaining needed human services. Perceived barriers include insufficient services capacity, services not being convenient, and services too costly. (Note: Perceived barriers to service are reported to be extremely low as compared to barriers reported by Groups #1 and #2 and even quite low relative to those reported by Group #3 households.)

The Most Needy on Nantucket (in total, represents approximately 2,370 Island residents in about 645 households)

An analysis of the previous information concerning household issue groups on Nantucket shows that the “most needy” groups of individuals on Nantucket live in Group #1 and #2 households. (See also Appendix 2.B)

Specifically, respondents living in these two groups of households report encountering the highest levels of issues/problems and experiencing some of the most serious difficulties in overcoming barriers while attempting to access needed human services.

Thumbnail Sketch:

Low-income, mostly “working poor,” young-to-middle-age family, renter households with one or two children. Many most needy households are cultural/ethnic, linguistic, or racial minorities, include only one parent, receive some financial assistance including MassHealth (Medicaid), include adults in only fair-to-poor health, include health uninsured adults and children, and reside in Census Tracts 9502 or 9504. Considerably fewer live in Census Tract 9505.

Perceived challenges include a lack of money, mental health issues, overcrowded housing, and a lack of opportunities for skill building and advancement at work. Ninety percent (90%) of Nantucket’s most needy households report serious barriers to obtaining needed human services. Perceived barriers include the high cost of services, work-related impediments, insufficient services capacity, discrimination, and a lack of information about health and services.

Statistical Highlights - Community Discussion Points

Changing Socio-Demographics

POPULATION DYNAMICS: (Latest: 2000 – 2005)

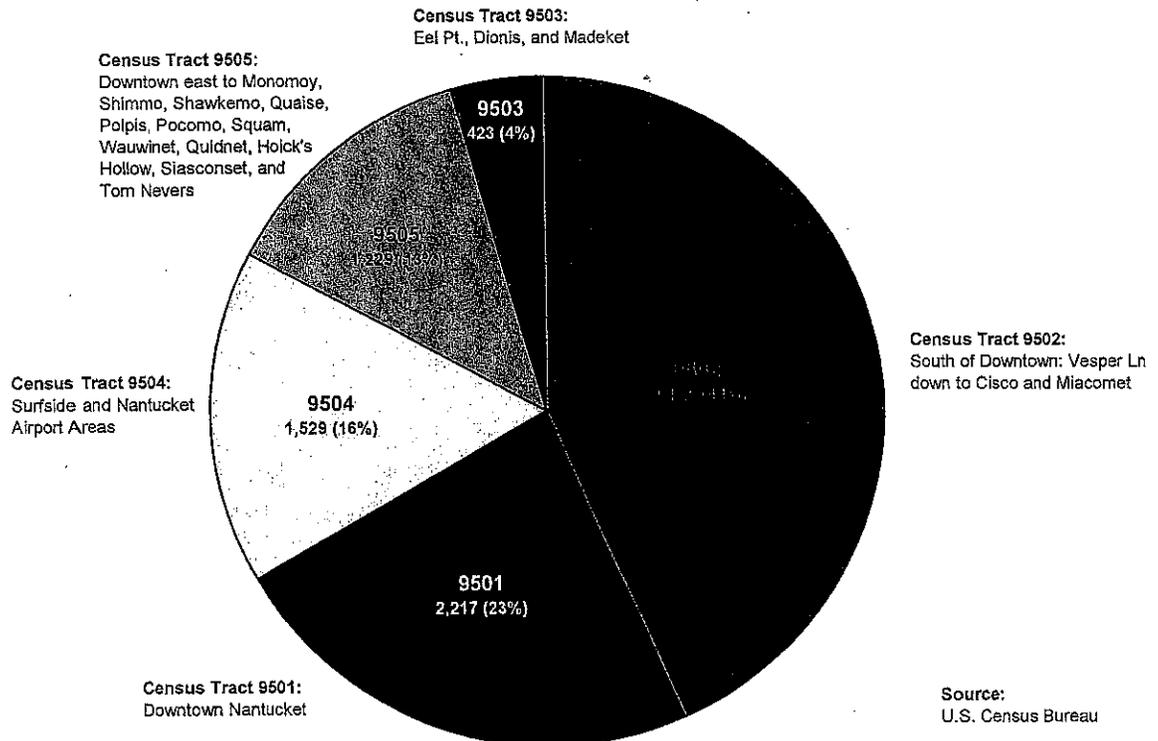
Nantucket County: Permanent, Year-Round Residents

- 2000 – 2005 Estimated Growth;
 - 7% increase in total number of residents
 - Gain of nearly 650 people
 - 16% increase in total number of households
 - Gain of over 590 households

Massachusetts: Permanent, Year-Round Residents

- 2000 – 2005 Estimated Growth;
 - 0.8% increase in total number of residents
 - Gain of almost 50,000 people
 - 0.8% increase in total number of households
 - Gain of nearly 20,000 households

Nantucket Population by Census Tract



Year 2000 Total Population: 9,520 Persons

AGE DYNAMICS: (Historic: Prior Decade)

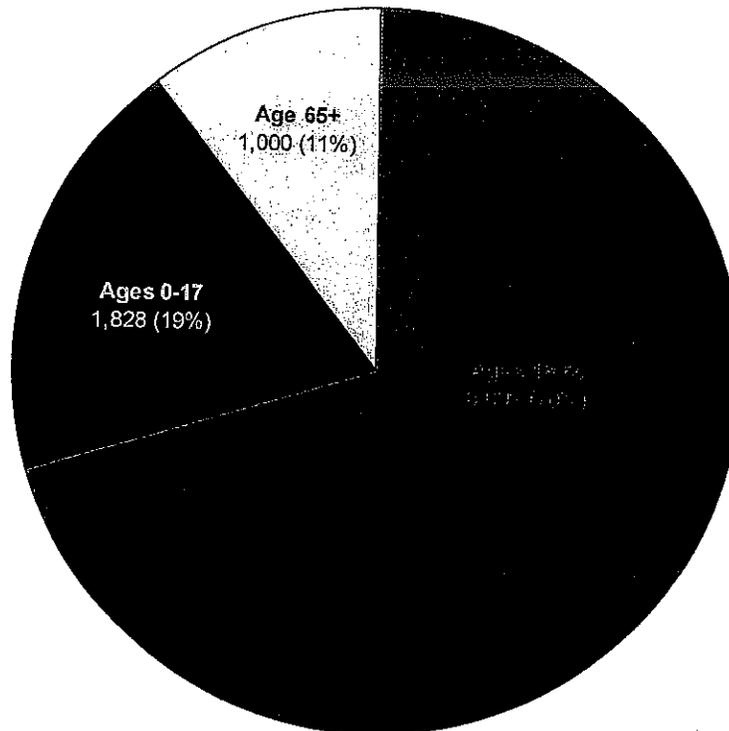
Nantucket County: Permanent, Year-Round Residents

- 1990-2000 Historic Growth;
 - 46% increase in total number of children (age 17 or younger)
 - Gain of more than 575 children
 - 22% increase in number of persons over age 65 years
 - Gain of nearly 180 elders
 - 4% increase in median age [50% younger:50% older]
 - From 35.4 to 36.7 years

Massachusetts: Permanent, Year-Round Residents

- 1990-2000 Historic Growth;
 - 11% increase in total number of children (age 17 or younger)
 - Gain of nearly 174,000 children
 - 5% increase in number of persons over age 65 years
 - Gain of nearly 41,000 elders
 - 9% increase in median age [50% younger:50% older]
 - From 33.5 to 36.5 years

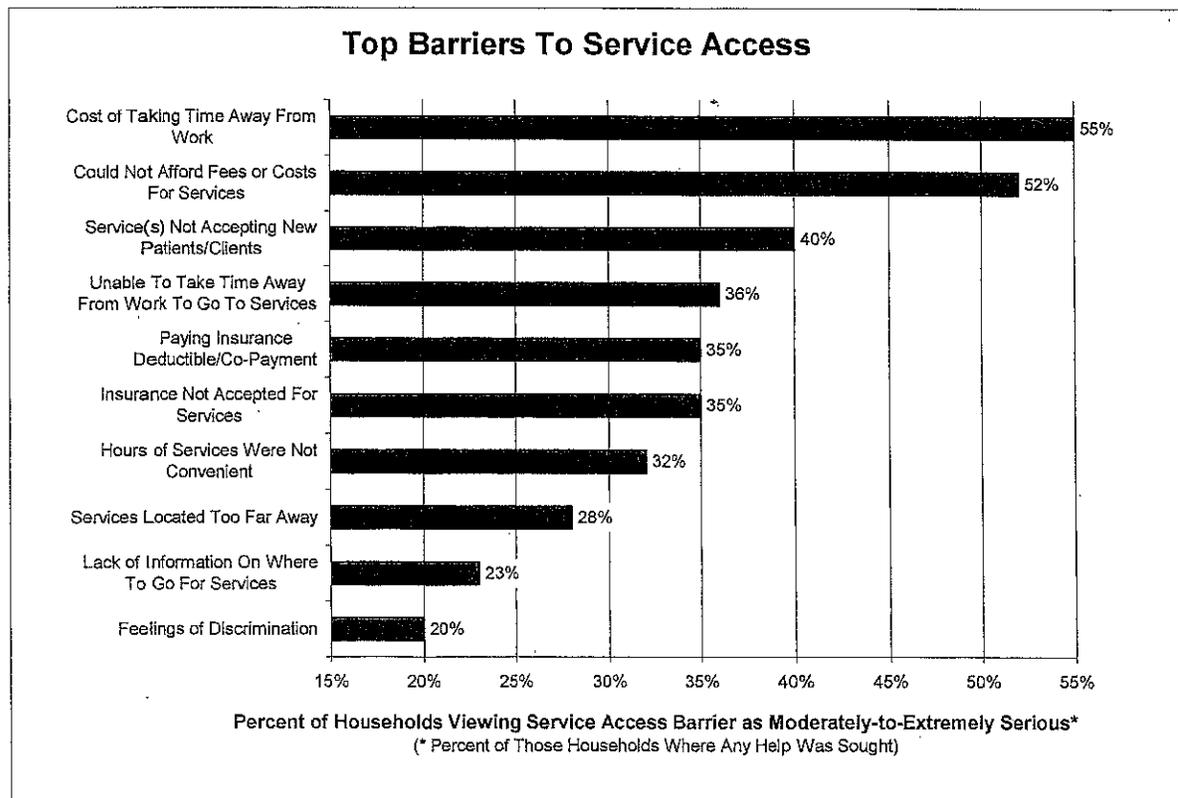
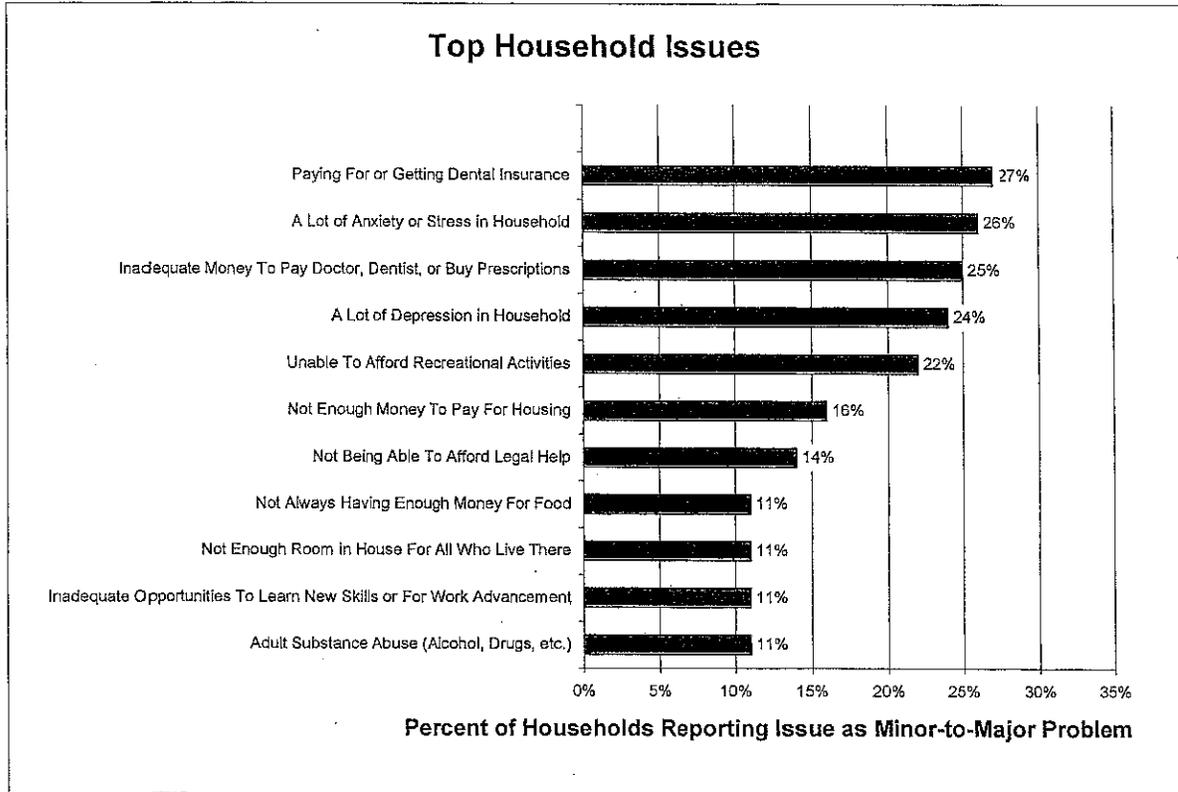
Nantucket Population by Age Range



Source:
U.S. Census Bureau

Year 2000 Total Population: 9,520 Persons

Top Household Issues & Service Barriers



Basic Needs (Employment, Health & Healthcare, Housing, Income Security, Public Safety & Violence, and Transportation)

EMPLOYMENT-RELATED

All Surveyed Households:

- 67% of households report at least one adult working full-time, year-round
- 19% of households report ALL adults retired
- 42% of households report someone being gainfully self-employed
- 9% are “working poor” households

Most Needy Households:

- 71% of households report at least one adult working full-time, year-round
- 5% of households report ALL adults retired
- 32% of households report someone being gainfully self-employed
- 26% are “working poor” households

HEALTH & HEALTHCARE-RELATED

All Surveyed Households:

- About 2,450 Islanders (23.8%) do not have health insurance coverage:
 - 25.9% of adults have no health insurance
 - 15.7% of children have no health insurance
- 78% of households report some insurance that covers prescriptions
- 37% of households have some insurance with dental coverage
- 26% of households have someone enrolled in Medicare Part A (17% in Part B)
- 25% of households report difficulty paying for medical care or prescriptions
- 26% of households have someone without health insurance
- 9% of households have someone enrolled in MassHealth (Medicaid)
- 19% of households used a hospital Emergency Room 3+ times in the past year
- 4% of households report someone receiving home healthcare/home aide services
- 4% of households have child(ren) without health insurance
- Of those surveyed households encountering some service access barrier(s):
 - 35% report that difficulty “paying insurance deductible/co-payment” is a service access barrier
 - 40% report that “services not accepting new patients” is a service access barrier
 - 35% report that their “insurance not [being] accepted for services” is a service access barrier
 - 20% report “feelings of discrimination.”

Most Needy Households:

- About 750 of most needy Islanders (45.8%) do not have health insurance coverage:
 - 55.9% of most needy adults have no health insurance
 - 26.7% of most needy children have no health insurance (very small sample!)
- 63% of households report some insurance that covers prescriptions
- 44% of households have some insurance with dental coverage
- 4% of households have someone enrolled in Medicare Part A (0.5% in Part B)
- 83% of households report difficulty paying for medical care or prescriptions
- 59% of households have someone without health insurance
- 22% of households have someone enrolled in MassHealth (Medicaid)
- 33% of households used a hospital ER 3+ times in the past year
- 3% of households report someone receiving home healthcare/home aide services
- 14% of households have child(ren) without health insurance (very small sample!)
- Of those most needy households encountering some service access barrier(s):
 - 50% report that difficulty “paying insurance deductible/co-payment” is a service access barrier
 - 44% of report that “services not accepting new patients” is a service access barrier
 - 45% report that their “insurance not [being] accepted for services” is a service access barrier
 - 37% report “feelings of discrimination.”

HOUSING-RELATED

All Surveyed Households:

- 61% of households own their home
- 30% of households rent their home
- 11% of households report living in overcrowded housing
- 7% of households report problems with discrimination
- 2% of households are considered "homeless"
- 2% of households report having received PRIVATE charity housing assistance
- Median monthly housing payments = \$1,000-\$1,499
 - 17% is total housing payments as a percentage of annual household income

Most Needy Households:

- 20% of households own their home
- 63% of households rent their home
- 49% of households report living in overcrowded housing
- 27% of households report problems with discrimination
- 9% of households are considered "homeless"
- 6% of households report having received PRIVATE charity housing assistance
- Median monthly housing payments = \$1,500-\$1,999
 - 49% is total housing payments as a percentage of annual household income

RENTAL HOUSING-RELATED

All Surveyed Renter Households:

- 23% of households are living BELOW 200% of the Federal Poverty Level
- 28% report only ONE ADULT in the household (adult living alone or a single parent)
- 35% report their household is at "Financial Risk"
- 20% report "Not always having enough money for food"
- 28% report "Feelings of discrimination" (2% report a MAJOR discrimination problem)
- 8% report currently NOT MEETING their rental housing costs
- 0% report being subsidized with a Section 8 housing voucher
- 20% report member(s) going without needed MEDICAL and/or DENTAL care
- 5% often need FREE FOOD (from food pantry, charity kitchen, friends/relatives)
- 15% report paying rental housing costs with "Borrowed" money (credit cards, loans, etc.)

Renter Most Needy Households:

- 38% of households are living BELOW 200% of the Federal Poverty Level
- 12% report only ONE ADULT in the household (adult living alone or a single parent)
- 37% report their household is at "Financial Risk"
- 53% report "Not always having enough money for food"
- 41% report "Feelings of discrimination" (6% report a MAJOR discrimination problem)
- 27% report currently NOT MEETING their rental housing costs
- 0% report being subsidized with a Section 8 housing voucher
- 52% report member(s) going without needed MEDICAL and/or DENTAL care
- 18% often need FREE FOOD (from food pantry, charity kitchen, friends/relatives)
- 32% report paying rental housing costs with "Borrowed" money (credit cards, loans, etc.)

INCOME SECURITY-RELATED

All Surveyed Households:

- 44% of households report income below the County median (\$75,000-\$99,999*)
- 15% of households are living under 200% of poverty level
- 16% of households report not being able to afford housing
- 9% of households are considered "working poor"
- 5% of households report someone receiving PUBLIC financial assistance
- 4% of households report someone receiving PRIVATE assistance/cash grant
- Of those surveyed households encountering some service access barrier(s):
 - 52% report not being able to "afford fees or costs for services" is a service access barrier
 - 55% report prohibitive costs of "taking time away from work" is a service access barrier
 - 35% report difficulty "paying insurance deductible/co-payment" is a service access barrier
 - 35% report that their health insurance is "not accepted for services."

Most Needy Households:

- 68% of households report income below the County median (\$75,000-\$99,999*)
- 36% of households are living under 200% of poverty level
- 72% of households report not being able to afford housing
- 26% of households are considered "working poor"
- 8% of households report someone receiving PUBLIC financial assistance
- 14% of households report someone receiving PRIVATE assistance/cash grant
- Of those most needy households encountering some service access barrier(s):
 - 84% report not being able to "afford fees or costs for services" is a service access barrier
 - 71% report prohibitive costs of "taking time away from work" is a service access barrier
 - 50% report difficulty "paying insurance deductible/co-payment" is a service access barrier
 - 45% report that their health insurance is "not accepted for services."

* Family-Centered Institute, Inc. year 2006 estimate of median household income in Nantucket County, MA
(Median Point = ½ are above and ½ are below the income range \$75,000-\$99,999)

PUBLIC SAFETY- & VIOLENCE RELATED

All Surveyed Households:

- 14% of households report not being able to afford legal help
- 11% of households report serious substance abuse problems
- 4% of households report physical conflict in the household
- Of surveyed households which include young people (ages 0-17):
 - 20% report children/teenagers with behavioral/emotional problems
 - 19% report child(ren) return from school to a house with no adult present
 - 19% report child(ren) verbally abuse members of own household
 - 16% report child(ren) fights/hurts siblings or adults in household
 - 7% report underage drinking
 - 4% report child(ren) "sometimes" or "often" attend an unsafe school
 - 3% report child(ren) involved in physical fights at school/in neighborhood

Most Needy Households:

- 54% of households report not being able to afford legal help
- 32% of households report serious substance abuse problems
- 17% of households report physical conflict in the household
- Of most needy households which include young people (ages 0-17):
 - 34% report children or teenagers with behavioral or emotional problems
 - 5% report child(ren) return from school to a house with no adult present
 - 22% report child(ren) verbally abuse members of own household
 - 21% report child(ren) fights/hurts siblings or adults in household
 - 4% report underage drinking
 - 8% report child(ren) "sometimes" or "often" attending an unsafe school
 - 10% report child(ren) involved in physical fights at school/in neighborhood

TRANSPORTATION-RELATED

All Surveyed Households:

- 10% of households report not having a working car/truck when needed
- Of those surveyed households encountering some service access barrier(s):
 - 28% report services being “too far away” as a barrier to service access
 - 16% cite a “lack of transportation” as a serious barrier to service access
 - 20% report “feelings of discrimination” as a barrier to service access

Most Needy Households:

- 37% of most needy households report not having a working car/truck when needed
- Of those most needy households encountering some service access barrier(s):
 - 36% report services being “too far away” as a barrier to service access
 - 27% cite a “lack of transportation” as a barrier to service access
 - 37% report “feelings of discrimination” as a barrier to service access

Children and Family

PROTECTIVE FACTORS*:

All Surveyed Households With Young People (ages 0-17):

- 90% of households: Child(ren) almost always have transportation to youth activities
- 19% of households: Child(ren) return from school to a house with adult(s) present
- 89% of households: Child(ren) have access to safe/appropriate youth programs
- 50% of households: Child(ren) are covered by both medical & dental insurance
- 27% of households: Child(ren) are covered by MassHealth (Medicaid) or CMSP**

Most Needy Households With Young People (ages 0-17):

- 79% of households: Child(ren) almost always have transportation to youth activities
- 5% of households: Child(ren) return from school to a house with adult(s) present
- 74% of households: Child(ren) have access to safe/appropriate youth programs
- 54% of households: Child(ren) are covered by both medical & dental insurance
- 48% of households: Child(ren) are covered by MassHealth (Medicaid) or CMSP**

* At least one child in the household is reported to be advantaged by the particular Protective Factor.

** CMSP: Massachusetts' Children's Medical Security Plan.

RISK FACTORS*:**

All Surveyed Households With Young People (ages 0-17):

- 46% of households: Child(ren) act stubbornly at home or in school
- 32% of households: Child(ren) act disrespectfully toward others
- 25% of households: Child(ren) are disobedient or defy adults
- 23% of households: Child(ren) seem stressed out, nervous, or worried
- 20% report children/teenagers experiencing behavioral/emotional problems
- 20% report being unable to find or afford appropriate child care services
- 21% of households: Child(ren) appear overly sad, discouraged, or depressed
- 16% of households: Child(ren) fight with/hurt siblings or adult household members

Most Needy Households With Young People (ages 0-17):

- 46% of households: Child(ren) act stubbornly at home or in school
- 37% of households: Child(ren) act disrespectfully toward others
- 36% of households: Child(ren) are disobedient or defy adults
- 29% of households: Child(ren) seem stressed out, nervous, or worried
- 34% report children/teenagers experiencing behavioral/emotional problems
- 52% report being unable to find or afford appropriate child care services
- 33% of households: Child(ren) appear overly sad, discouraged, or depressed
- 21% of households: Child(ren) fight with/hurt siblings or adult household members

*** At least one child in the household is reported to be disadvantaged by the particular Risk Factor.

Quality of Life

QUALITY OF LIFE ISSUES & SERVICE BARRIERS

All Surveyed Households: Problems & Barriers Reported

- 26% of households report “having a lot of anxiety or stress in the household”
- 24% of households report “a lot of depression in the household”
- 22% of households report “not being able to afford recreational activities”
- 11% of households report “not always having enough money for food”
- 11% of households report “adult substance abuse (alcohol, drugs, etc.)”
- 9% of households report “experiencing an alcohol and/or drug problem”
- 10% of households report “seriously overweight person(s) in household”
- 7% of households report “not able to afford nutritious food”
- Of those surveyed households encountering some service access barrier(s):
 - 20% report “feelings of discrimination” as a barrier to service access

Most Needy Households: Problems & Barriers Reported

- 69% of households report “having a lot of anxiety or stress in the household”
- 63% of households report “a lot of depression in the household”
- 71% of households report “not being able to afford recreational activities”
- 51% of households report “not always having enough money for food”
- 32% of households report “adult substance abuse (alcohol, drugs, etc.)”
- 28% of households report “experiencing an alcohol and/or drug problem”
- 18% of households report “seriously overweight person(s) in household”
- 40% of households report “not able to afford nutritious food”
- Of those most needy households encountering some service access barrier(s):
 - 37% report “feelings of discrimination” as a barrier to service access

DISABILITY AND CHRONIC CONDITIONS

All Surveyed Households:

- 12% of households report that some member is disabled or chronically ill
- 10% of households report that some member is in fair-to-poor health
- Of those surveyed households which include young people (ages 0-17):
 - 14% have child(ren) with a chronic illness (asthma, diabetes, etc.)
 - 6% have child(ren) with a disability (vision, physical, mental, etc.)

Most Needy Households:

- 10% of households report that some member is disabled or chronically ill
- 13% of households report that some member is in fair-to-poor health
- Of those most needy households which include young people (ages 0-17):
 - 25% have child(ren) with a chronic illness (asthma, diabetes, etc.)
 - 8% have child(ren) with a disability (vision, physical, mental, etc.)

CARE GIVING

All Surveyed Households:

- 6% of households report a member who is a PRIMARY caregiver for an aged, disabled, or chronically ill person
- 4% of households report someone is receiving healthcare/home aide services

Most Needy Households:

- 7% of households report a member who is a PRIMARY caregiver for an aged, disabled, or chronically ill person
- 3% of households report someone is receiving healthcare/home aide services

Life Skills

EDUCATIONAL ATTAINMENT

All Surveyed Households: Year-Round Residents

- Proportion of households with someone who has earned an educational credential;
 - 88% report at least one high school diploma or GED
 - 61% report at least one 4-year college degree (BA, BS, etc.)
 - 30% report at least one graduate degree (MA, MS, Ph.D., etc.)
 - 13% report at least one 2-year college degree (Associates, etc.)
- 11% of households report member(s) with inadequate opportunities to learn new skills or for advancement at work
- 4% of households have someone who left high school without a diploma

Most Needy Households: Year-Round Residents

- Proportion of households with someone who has earned an educational credential;
 - 85% report at least one high school diploma or GED
 - 39% report at least one 4-year college degree (BA, BS, etc.)
 - 24% report at least one graduate degree (MA, MS, Ph.D., etc.)
 - 19% report at least one 2-year college degree (Associates, etc.)
- 52% of households report member(s) with inadequate opportunities to learn new skills or for advancement at work
- 10% of households report someone who left high school without a diploma

CHANGING CAREERS

All Surveyed Households: Year-Round Residents

- 21% of households have someone considering upgrading or changing their career
 - 20% of these report an interest in healthcare work
 - 9% of these report an interest in electrician work
- Perceived Education/Training Needs:
 - 24% of these report a need for English language training
 - 18% of these report a need for trade license (plumber/electrician, etc.)
- What Might Prevent Upgrading/Career Change?
 - 53% of these report a problem with off-Island travel for education/training
 - 36% of these report a problem with the costs of education/training

Most Needy Households: Year-Round Residents

- 51% of households have someone considering upgrading or changing their career
 - 25% of these report an interest in healthcare work
 - 12% of these report an interest in electrician or landscaping work
- Perceived Education/Training Needs:
 - 40% of these report a need for English language training
 - 19% of these report a need for trade license (plumber/electrician, etc.)
- What Might Prevent Upgrading/Career Change?
 - 54% of these report a problem with off-Island travel for education/training
 - 48% of these report a problem with the costs of education/training

CONVERSATIONS ABOUT TOBACCO, DRUGS, AND ALCOHOL

All Surveyed Households With Young People (age 0-17):

- 78% of parents have talked with their pre-teens/teens about cigarettes
- 77% of parents have talked with their pre-teens/teens about underage drinking
- 61% of parents have talked with their pre-teens/teens about marijuana
- How do parents feel when talking with their youth about illegal substances?
 - 47% feel "open"
 - 47% feel "comfortable"
 - 33% feel "respectful"
 - 27% feel "concerned"
 - 26% feel "sensible"
 - 26% feel "understood"
- 66% of parents say they trust their youth to make safe/responsible decisions about using tobacco, alcohol, and illegal drugs
- 77% of parents strongly agree that it is OK to "check-out" their youth's room
- 53% of parents strongly disagree the amount underage age drinking is exaggerated
- 78% of parents strongly disagree with their youth attending a party where drinks are available to underage youth
- 81% of parents strongly agree with "stiffer" penalties for adults who allow underage youth to drink
- 52% of parents strongly agree that "gateway" drugs pose a serious problem for Nantucket youth
- 48% of parents think "stolen prescriptions" are the MOST harmful illegal item
- 44% of parents think "beer/coolers" are the MOST harmful illegal item
- 34% of parents say they would like to discuss with their youth about substance abuse

Most Needy Households With Young People (age 0-17):

- 59% of parents have talked with their pre-teens/teens about cigarettes
- 52% of parents have talked with their pre-teens/teens about underage drinking
- 37% of parents have talked with their pre-teens/teens about marijuana
- How do parents feel when talking with their youth about illegal substances?
 - 29% feel "open"
 - 22% feel "comfortable"
 - 23% feel "respectful"
 - 13% feel "concerned"
 - 22% feel "sensible"
 - 14% feel "understood"
- 46% of parents say they trust their youth to make safe/responsible decisions about using tobacco, alcohol, and illegal drugs
- 71% of parents strongly agree that it is OK to "check-out" their youth's room
- 63% of parents strongly disagree the amount underage age drinking is exaggerated
- 85% of parents strongly disagree with their youth attending a party where drinks are available to underage youth
- 83% of parents strongly agree with "stiffer" penalties for adults who allow underage youth to drink
- 49% of parents strongly agree that "gateway" drugs pose a serious problem for Nantucket youth
- 36% of parents think "stolen prescriptions" are the MOST harmful illegal item
- 44% of parents think "beer/coolers" are the MOST harmful illegal item
- 36% of parents say they would like to discuss with their youth about substance abuse

WHAT'S NEXT? . . . RECOMMENDATIONS FOR ACTION

The Council For Human Services and the Nantucket Health & Human Services Needs Assessment Study Steering Committee have identified six fundamental problem areas, based upon research findings. The Council will probe more deeply into these areas:

- **ECONOMIC ISSUES** (income, employment, job skills)
- **HEALTHCARE** (health insurance, medical care, dental care)
- **HOUSING** (affordable, permanent, year-round)
- **INFORMATION** (about services, referrals, dissemination)
- **MENTAL HEALTH & EMOTIONAL WELL-BEING** (children, youth, adults)
- **SUBSTANCE ABUSE** (tobacco, alcohol, drugs-youth and adult use)

Clearly some of these areas overlap areas being examined and addressed by the various planning efforts currently underway across the Island. The Council For Human Services has already begun sharing findings from this recent Study with other Town groups and will continue dialogue on these most critical planning issues.

PROCESS OVER THE NEXT TWELVE MONTHS . . .

Initially, the Council For Human Services will present the Study findings at a series of public meetings. Further, the findings will be made widely available--to Town committees, including the Planning Commission, various housing meetings, as well as, resident groups, civic organizations, and any groups requesting the presentation. The goal of these presentations will be to educate as well as to determine cooperative courses of action to address key health and human services issues.

The Council For Human services will sponsor a series of Focused Discussion meetings at which Town officials and residents will be invited to probe more deeply into key problem areas. The goal of the Focused Discussions is twofold – to educate and to suggest/discuss options for community action. A panel of local experts will be invited to discuss each issue, and all interested persons will be encouraged to attend and to participate. Recommendations from those Focused Discussion Meetings will help prioritize community actions.

The Nantucket Health & Human Services Needs Assessment Study Findings Report is available at the Council For Human Services, 2 Fairgrounds Rd (325-7559). A copy is on file at the public library, at the public schools (Learning & Resource Center), and the Board of Selectman office. The Council, in conjunction with our project consultant, the Family-Centered Institute, Inc., will assist funders, community organizations, and other interested parties in utilizing this Report and implementing recommendations from the Focused Discussion sessions.

The Nantucket Health & Human Services Needs Assessment Study - conducted during 2006 by:

NANTUCKET COUNCIL FOR HUMAN SERVICES 2006 STUDY STEERING COMMITTEE:

John Belash
Nancy Funderberg, Co-Chair
Mary Kendall
Alice McWade
Michelle Meckler
Patty Roggeveen, Co-Chair
Rachel Rosen
Nancy Seaverns

STUDY ADMINISTRATION: COUNCIL FOR HUMAN SERVICES
Maryanne Worth, Coordinator
Ann Medina, Administrative Assistant

Community Volunteers:

Hundreds of Islanders took part in the Study, many by assisting researchers in the Town-wide distribution of survey questionnaires. The following individuals were trained as Survey Volunteers and, as such, deserve special recognition for their major contributions to the success of the in-community distribution and collection of surveys:

Louise Benoit	Alice McWade	Linda Roberts
Mary Casey	Michelle Meckler	Patty Roggeveen
Cindy Clarkson	Ann Medina	Nancy Seaverns
Andrea Dougan	Joan Ottinger	Glenora Kelly Smith
Nancy Funderberg	Maria Pena	Helen Trebby
Toby Greenberg	Kitty Pochman	Maryanne Worth
Sheri Hunt	Russell Pope	
Karen Lindsey	Pauline Proch	... Thanks to You All

Unemployment Data

Headline: "For Nantucket workers, the seasonal employment cycle results in severe unemployment from December through April."

Monthly Unemployment Rate: Nantucket vs. Massachusetts		
Month	Unemployment Rate	
	Nantucket	Mass.
July 2010	4.7	9.1
June 2010	5.4	8.8
May 2010	7.7	9.1
April 2010	10.6	9.1
March 2010	15.0	9.3
February 2010	17.0	10.0
January 2010	16.8	10.4
December 2009	10.7	9.1
November 2009	8.9	8.7
October 2009	6.2	8.7
September 2009	5.0	9.0
August 2009	3.9	8.6
July 2009	3.9	8.8

Source: Bureau of Labor Statistics, US Dept. of Labor.

UNEMPLOYMENT

The Division of Unemployment Assistance (DUA)

Administers the unemployment insurance program, providing temporary assistance to unemployed Massachusetts workers. The Commonwealth of Massachusetts provides a wide range of services to help citizens who have exhausted or may soon exhaust their unemployment insurance claim.

* Information from Massachusetts Executive Office of Labor and Workforce Development Division of Unemployment Assistance

Foot note* 2006 Community Needs Survey 42% of all surveyed households report someone gainfully self-employed

Labor Force and Unemployment Data Selection Criteria: Geographic Area: City or Town Area: Nantucket Time Frame: Most Recent 13 Months Not Seasonally Adjusted Data

Month	Year	Labor Force	Employed	Unemployed	Area Rate	Massachusetts Rate
July	2010	10,275	9,795	480	4.7	9.1
June	2010	9,183	8,690	493	5.4	8.8
May	2010	7,368	6,804	564	7.7	9.1
April	2010	6,358	5,682	676	10.6	9.1
March	2010	5,916	5,030	886	15	9.3
February	2010	5,911	4,909	1,002	17	10
January	2010	5,921	4,924	997	16.8	10.4
December	2009	6,743	6,023	720	10.7	9.1
November	2009	6,971	6,348	623	8.9	8.7
October	2009	7,857	7,370	487	6.2	8.7
September	2009	9,252	8,789	463	5	9
August	2009	10,846	10,422	424	3.9	8.6
July	2009	11,081	10,653	428	3.9	8.8

**Foreclosures
Cost of Living
(Housing)
Data**

CAPE COD NEEDY FUND

Dorothy Hertz spoke with Martha J. Field, Intake Assistant

Since 1936, the Cape Cod Times Needy Fund has been helping needy families through emergencies. The money it raises helps local families and individuals pay for food, rent, mortgage payments, utility and heating bills, medical costs and other basic expenses. The mission of the Needy Fund is to provide financial assistance to Cape Cod and Island residents for basic human needs.

\$40,000 was expended to 32 families on Nantucket. The money was used for mortgage/rent payments, taxes and food.

HOUSING

Maryanne spoke with Janis Carriero, program director

Nantucket Interfaith Council-Nantucket Rental Assistance Program NRAP

NRAP provides financial assistance of up to \$3,000 in an 18-month period for rental housing on Nantucket. Funds are based on need and eligibility.

NRAP has been in operation for 7 years. During this period we have helped 239 households with rental subsidy totaling \$408,000. During the first five years of our existence we averaged assistance to 17 families at \$39,000 per year.

However, for the past two years applications for assistance have more than tripled the previous yearly averages and we have provided assistance during each of the last two years to 60 families at an average of \$106,000 per year.

Over the past two years, **54%** of our recipients have been long time island residents, having lived here 10 years or more; **42%** have been single parents, both male and female, living on one income; **75%** have been families of all types. All are earning wages at or below the 80% median income for the county.

Last year we received 83 applications and paid out \$98,436 in rental assistance to 64 adults and their families. Based on the continuing increase in applications received since July (18 to date) and the expected continuation of the economic slowdown on the island, we fully anticipate that the need for assistance will continue at these increasing levels for the next two years. As of this date, since our fiscal year began in July, we have already paid out \$23,039 to 20 clients as opposed to \$15,581 to 12 clients during the same period last FY; a **48%** increase in rental payments made.

FORECLOSURES (see attached information)

Foreclosure Indicators for Nantucket Properties, 2008-2010

Indicator of Foreclosure Activity	2008	2009	2010
Foreclosure petitions (initiated by lender)	40	81	
Foreclosure auction notices	9	38	
Foreclosure deeds (final stage)	3	25	
Foreclosures on Nantucket properties filed with Land Court (Boston), 1/2/2009 - 2/11/2010			296
Source: Data compiled by The Warren Group, reported in Inquirer and Mirror, Feb. 11, 2010.			

Headline: "Foreclosure activity on Nantucket has risen dramatically since 2008, as more Nantucketers struggled with unemployment and other economic hardships."

Headline: "Advertised mortgage sales on Nantucket continue to rise, foreshadowing further foreclosures in 2011."

Advertised Mortgage Sales of Foreclosed Nantucket Properties, 2008-2010	
Period	No. of Advertised Sales
January-March, 2009	26
April-June, 2009	11
July-September, 2009	25
October-November (2 months only)	32
January - March, 2010	38
April-June, 2010	50
July-September, 2010	40

Source: Data compiled from weekly Inquirer and Mirror.

COST OF LIVING DATA -- Housing

Attached are printouts showing a comparison of cost of living data for Nantucket in comparison the national average and in comparison to other cities in the Commonwealth – Marble head, Vineyard Haven, Boston, West Springfield and Hyannis. (This was derived from the Sperling's BestPlaces website.)

In every instance, the cost of living in Nantucket is far more expensive with housing the biggest factor in the differential. Housing costs in Nantucket are between 40% more expensive (in Boston) to 364% more expensive (in Hyannis).



Welcome! | Please [sign in](#) | New to BestPlaces? [Sign up here](#) | [About membership.](#)

Home >
Cost of Living Calculator
> Comparing Hyannis to Nantucket

Cost of Living Comparison: Hyannis, Massachusetts - Nantucket, Massachusetts

[Change cities](#)

Nantucket is **112%** more expensive than Hyannis.

Housing is the biggest factor in the cost of living difference.

Housing is **364%** more expensive in Nantucket.

A salary of **\$50,000** in Hyannis, Massachusetts should increase to **\$106,062** in Nantucket, Massachusetts

Hyannis U.S. Avg. Nantucket

Cost of Living Comparison: Marblehead, Massachusetts - Nantucket, Massachusetts

Change cities

Nantucket is **51%** more expensive than Marblehead.

Housing is the biggest factor in the cost of living difference.

Housing is **99%** more expensive in Nantucket.

A salary of **\$50,000** in Marblehead, Massachusetts should increase to **\$75,586** in Nantucket, Massachusetts

Marblehead U.S. Avg. Nantucket

» **Compare these cities in over 100 categories**

Cost of Living Indexes	Marblehead	Nantucket
<u>Overall</u>	149	226
<u>Food</u>	109	108
<u>Housing</u>	218	435
<u>Utilities</u>	141	140
<u>Transportation</u>	97	100
<u>Health</u>	119	114
<u>Miscellaneous</u>	108	111

100=national average

Cost of Living Comparison: Vineyard Haven, Massachusetts - Nantucket, Massachusetts

[Change cities](#)

Nantucket is **44%** more expensive than Vineyard Haven.

Housing is the biggest factor in the cost of living difference.

Housing is **81%** more expensive in Nantucket.

A salary of **\$50,000** in Vineyard Haven, Massachusetts should increase to **\$72,063** in Nantucket, Massachusetts

Vineyard Haven U.S. Avg. Nantucket

» **Compare these cities in over 100 categories**

Cost of Living Indexes	Vineyard Haven	Nantucket
<u>Overall</u>	157	226
<u>Food</u>	107	108
<u>Housing</u>	239	435
<u>Utilities</u>	141	140
<u>Transportation</u>	99	100
<u>Health</u>	116	114
<u>Miscellaneous</u>	109	111

100=national average

Cost of Living Comparison: Boston, Massachusetts - Nantucket, Massachusetts

[Change cities](#)

Nantucket is **40%** more expensive than Boston.

Housing is the biggest factor in the cost of living difference.

Housing is **87%** more expensive in Nantucket.

A salary of **\$50,000** in Boston, Massachusetts should increase to **\$69,833** in Nantucket, Massachusetts

Boston U.S. Avg. Nantucket

» [Compare these cities in over 100 categories](#)

Cost of Living Indexes	Boston	Nantucket
<u>Overall</u>	162	226
<u>Food</u>	117	108
<u>Housing</u>	232	435
<u>Utilities</u>	159	140
<u>Transportation</u>	101	100
<u>Health</u>	126	114
<u>Miscellaneous</u>	124	111

100=national average

Cost of Living Comparison: West Springfield, Massachusetts - Nantucket, Massachusetts

[Change cities](#)

Nantucket is **112%** more expensive than West Springfield.

Housing is the biggest factor in the cost of living difference.

Housing is **354%** more expensive in Nantucket.

A salary of **\$50,000** in West Springfield, Massachusetts should increase to **\$105,962** in Nantucket, Massachusetts

West Springfield U.S. Avg. Nantucket

» **Compare these cities in over 100 categories**

Cost of Living Indexes	West Springfield	Nantucket
<u>Overall</u>	107	226
<u>Food</u>	107	108
<u>Housing</u>	96	435
<u>Utilities</u>	140	140
<u>Transportation</u>	99	100
<u>Health</u>	117	114
<u>Miscellaneous</u>	110	111

100=national average

Food Stamp Data

Department of Transitional Assistance DTA (SNAP) Food Stamps

Ann spoke with Donald Brown, DTA area director

SNAP, the Supplemental Nutrition Assistance Program, is a government assistance program to help low-income households pay for food. SNAP used to be called the Food Stamp program. The amount of SNAP food stamps a household gets depends on the household's size, income, and expenses.

SNAP Applications from Nantucket Zip Codes

Month	Number of Applications
November 2008	16
December 2008	14
January 2009	27
February 2009	23
March 2009	17
April 2009	22
November 2009	30
December 2009	30
January 2010	24
February 2010	28
March 2010	24
April 2010	23

Foot note: (75 applications completed on file with clients From August 2009 to June 28th 2010) in the office)

NUTRITION

The Department of Children and Family Services DCF (formally Department of Social Services DSS)

Dorothy Hertz spoke with Bill Fisher Adoption department Plymouth office and Ron Selecski, director of subsidy for DFC

The Department of Children and Families (DCF) is the Massachusetts state agency charged with the responsibility of protecting children from child abuse and neglect.

The current state subsidy cost per day to feed a child is:

\$14.37 - Under 11 years of age

\$15.47 - Ages 11 - 14

\$17.16 - Age 15 and above

Nantucket Emergency Food Pantry

Maryanne spoke with Andy Reis, program director

The Nantucket Emergency food pantry's mission is to supply emergency food on a temporary basis to those persons with no income or inadequate income, including persons with limited resources, the elderly, handicapped, and others in special circumstances. The food pantries assistance is available until the clients circumstances improve.

In FY 2009, the Food Pantry directly served approximately **3,622** people (including children), a **150%** increase over preceding years. In FY 2010 (just completed) the figure rose to **4,455 people**, another **23%** over FY 2009. Food costs, excluding donated food from the Boston Food Bank (which began providing us with food in the late winter of 2010) totaled \$50,567.64 In FY 2010, we experienced an 18% increase in food costs over FY 2009 when the Boston Food Bank in-kind food donations did not exist. This FY to date, during July we experienced a **41%** increase in customers over the same period last July. Based on this, we anticipate that the need for Food Pantry services will continue to grow.

Human Services Department Tasks

**Department: HUMAN SERVICES
Tasks and Priorities**

Task	Description	Amount of Time per Activity/Task
Office Duties	<p><u>PHONE</u>: Our 2rd line is devoted to our Spanish population, referrals made to interpreters messages and appointments recorded from both lines</p> <p><u>MEETINGS</u>: Scheduling, packets, minutes, agendas, attendance</p> <p><u>COPYING, FAXING, FILING, ORDERING, TIME SHEETS, AND WARRANTS MANAGING DEPARTMENTAL FINANCES/BUDGET</u> Maintains department's page on Town Web site</p>	10 Hours
Provides direct service, case management, assistance with assessing local Human Services and/or appropriate referrals, as need dictates. *Indicate Direct services	<p>Emergency and or Crisis situations</p> <p>Immigration Issues/H2B, green card, US Citizenship etc.</p> <p>Fuel Assistance</p> <p>Salvation Army Program</p> <p>Weatherization & furnace repair program</p> <p>Joe Kennedy fuel & pharmacy programs</p> <p>Cape Cod Needy Fund</p> <p>Insurance Enrollment/ MA Health, Commonwealth Care /choice Medicare D etc. Discount Prescription Drug Programs SSDI/ Disability issues</p> <p>Affordable Housing/ Homelessness/ Shelter Placement /NRAP Evictions</p> <p>Legal Service issues</p> <p>Dental Care</p> <p>Mental health/substance abuse referrals</p> <p>Emergency Food Deliveries</p> <p>Food stamps</p> <p>TAFDC</p>	Average 30 hours a week

Task/Project	Description	Time of Year Occurrence
<p>“Community Liaison” for Health and Human Services</p>	<p>Regular contact with General public, Media, Other Town departments, State agencies, other cities and Towns which handle similar issues as Nantucket, Human Service agencies & Health providers Identify priority of needs in the community and implement courses of action with clearly identified methodology and delineated time lines Assists identified local organizations in researching information required to address needs/issues under their jurisdiction: and in planning and administering programs and addressing identified needs, as requested Attendance of meetings on and off Island Prepares and submits routine columns and other submissions to appropriate media vehicles.</p>	
<p>Attendance of Off- Island Meetings</p>	<p>Nantucket Steering Committee member for Dept. of Public Health/ Community Health Network Town Human Service representative state Local Officials of Human Services Council (LOHSC) Board member: Tri-County Council for Oral Health Excellence</p>	<p>Monthly Monthly Monthly Monthly</p>
<p>Attendance of On-Island Meetings</p> <p>*Attendance of various meetings and workshops throughout the year pertaining to Human Services</p>	<p>Steering committee member for the Cape and Islands Suicide Prevention Coalition ON- Island Meetings Department Head and Town Administrator meetings Nantucket Interfaith Council Member ASAP Board member</p>	<p>Monthly Monthly Monthly</p>
<p>Council for Human Services (CHS) Meetings</p>	<p>The purpose of CHS is to identify priorities in community needs and implement courses of action with clear identified methodology and delineated time lines. Monthly Coordinator Reports, minutes, and handouts are provided to the Council at each meeting.</p>	<p>Monthly and as needed</p>

Task/Project	Description	Time of Year Occurrence
Human Service Contract Review Committee (HSCRC)	HSCRC, the purpose of which is to determine Human Service funding priorities. A reviews budget request submitted annually communicates grant recommendations to BOS and finance committee and supports Article 9 ATM. The coordinator develops contractual agreements with Health and Human Service providers, monitors Scope of Services for compliance by quarterly reports / site visits, provides administrative assistance and information as required by the annual review of all Health and Human Service provider requests for Town funding.	Meets 4 hours a week every week from October to January. Only 8% of this department's time is spent on CRC. 92% is spent on the rest of the departments work.
English Helpline/Spanish Helpline is a current catalog of all existing Nantucket Health & Human Service organizations including specific functions and methods of operation.	Implements and maintains a clearinghouse for information about available Health and Human Services on and off island. Publishes, distributes and annually updates the English Helpline/Spanish Helpline directory.	12 months
Fin Com/ATM	CHS Budget Article 9	Nov. through April as requested
BOS Meetings Community Educational workshops on the basis of Community Needs Assessment Survey 9-06	Examples: Immigration Issues/H2B workshop, Healthy Communities /Healthy Youth forum, Developmental Assets/Rick Phillips, Grant Writing Workshop, Know your rights workshop, facilitation training, State Budget cuts on Health and HS, DPH workshop on state priority of needs, Conducting focus groups, Disability SSI/SSDI workshop, Energy forums, Weatherization workshop, Community wellness fair, 211 workshop, money management workshop etc.	As requested Average of 2 per year

**2009-2010
Newspaper
Articles**

REVIEW OF NEWSPAPER ARTICLES REPORTING ON ISSUES RELATING TO HUMAN SERVICES NEEDS AND THE ACTIONS OF THE TOWN IN ADDRESSING SUCH ISSUES

Responding to the charge of the BOS to determine what human services are most needed on Nantucket, CHS undertook to examine as many relevant data and information sources as possible during the short time allotted for the task. Among the other sources examined, per the BOS charge, CHS members collected and reviewed articles from local newspapers over approximately the past 18 months.

We have assembled summarized and attached these articles as part of this Appendix.

The facts reported here provide additional support for the conclusions in our Community Needs Statement. These newspaper articles and stories chronicle a continued need for services as the economic recession has worsened and deepened. They also demonstrate that the Community is fiercely concerned about the provision of Basic Necessities for our population and wants to continue to provide for an ongoing Town human services function.

Article 1 -- Need Identified -- Nutrition --

November 20, 2008 – the Inquirer and Mirror reports that the Food pantry served 1500 persons in FY 2007 and expects to exceed that number in 2008 based upon the first month of operation in the FY 2008 when the food Pantry served 348 people. The article also reports on food services provided by Elder Services at Saltmarsh and to homebound persons, Thanksgiving and Christmas Meals provides to any need person in conjunction with he American Legion.

Article 2 -- Need Identified -- Shelter --

January 29, 2009 – the Inquirer and Mirror reports a five fold increase in requests to the Interfaith Council's Rental Assistance Program. It and quotes the Rental Assistance Administrator as saying she has never seen anything like this winter's recession. She notes the "sense of shock and despair" among persons seeking rental assistance. The article cites as a cause of this increase in need for shelter assistance Nantucket's unemployment rate which increased at a rate among the highest in the Commonwealth -- soaring from 2.7% to 6.3% in a single month from November to December 2007. The article reported that Rob Smith, then director of the Executive Office of Labor and Workforce development predicted "a bumpy ride in 2009."

Article 3 -- Needs Identified -- Food / Shelter / Utilities / Mental Health Care / Substance Abuse Prevention and Treatment

February 12, 2009 – The Inquirer and Mirror reports that lost jobs and dwindling financial options lead to depression and the need for food, heating and emergency shelter assistance. The Town Director of Human Services reported a doubling of service request applications in the fact of a 10 percent cut in Town spending. The State expanded its fuel assistance benefits. The director of NBHS reported loss of state funding in the midst of the most significant downturn in the economy since 1988. He also cited increases in alcohol and drug related problems and a doubling of emergency calls over the past three years.

Article 4 -- Need Identified – Elder Day Care

March 12, 2009 – The Inquirer and Mirror reports that the Board of Selectmen restore Adult Community Day Care Program that promotes independent living among the elderly and assists them I being able to stay at home longer.

Article 5 -- Need Identified – Nutrition

December 17, 2009 – The Inquirer and Mirror reports a continuing climb in the school-lunch deficit. Families appear unable to make payments for school lunches.

Article 6 -- Need Identified – Human Services Provided in-house by Town

January 28, 2010 – The Inquirer and Mirror reported on criticism of a proposal by Chairman Selectman Kopko to cut \$30,000 from Human Services budget and eliminate services provided in-house through the Town. The Proposal was adopted by the Board 4 – 1 with Selectman Chadwick opposed.

Article 7 -- Need Identified – Shelter

February 11, 2010 – The Inquirer and Mirror reported that foreclosure activity on Nantucket had reached the highest levels in over a decade. The details of this report are tabulated along with other foreclosure data in this Appendix at Section 1 (e).

Article 8 -- Needs Identified – Basic necessities / Other Fundamental Needs

February 24, 2010 – The Independent reported that the Nantucket Finance Committee had asked for additional information supporting the recommendations for human services contracts submitted by the Contract Review Committee. (After a final “truing up” of the existing needs, the Finance Committee later adopted the recommendations of the Contract Review Committee which included

an increase of some \$30,000 for human services contracts and the retention of the in-house services provided directly by the Town.)

Article 9 -- Need Identified – Nutrition

February 25, 2010 -- The Inquirer and Mirror reported that the Food Pantry was experiencing a “skyrocketing” demand for food. The director reported a 56 percent increase in needs over the last year’s already record breaking numbers. Citing unemployment as the cause of this increase, the director also stated he believed that more people were actually in need of food but were too embarrassed to appear at the food pantry. It was estimated that 5 percent of Nantucket households are served by the food pantry. The third quarter saw a 70 percent increase over last year (2009) which saw a 315 percent increase over 2008.

Article 10 -- Need Identified – Human Services Provided in-house by Town

February 25, 2010 – The Inquirer and Mirror reported on a public hearing held on the proposed elimination of the town’s provision of in-house human services thereby saving some \$30,000 from the town’s budget. The article chronicles the public’s objections to the plan and the statements of those justifying it. Selectman Atherton stated that he had reconsidered his original support for the plan and his regret for originally supporting the plan. Selectman Roggeveen acknowledged that “the proposal may have appeared to be abrupt to those who haven’t (sic) closely followed the Board’s discussions over the past year.” Others “gave heartfelt testimony” about the value of the human services department and called for the department “to remain because of the consistency and the services it provides.”

Article 11 -- Need Identified – Human Services Provided in-house by Town

March 3, 2010 -- The Independent reported on the public hearing on proposed elimination of in-house services (see above). It cited “outcry from a number of factions, including the Interfaith Council and island citizens concerned that the change is happening too fast and clients may lose services if their connection with the department is severed before the collaborative is fully functioning.”

Article 12 -- Need Identified – Human Services Provided in-house by Town

March 4, 2010 – The Inquirer and Mirror reported that the Selectmen had voted to continue the human services department to the end of 2010.

Article 13 -- Need Identified – Nutrition

March 18, 2010 – Veritas reported that budget cuts to food services in schools are planned for FY 2011 to reduce costs from \$169,000 to \$70,000.

Article 14 -- Need Identified – Shelter

March 31, 2010 – The Independent reported that the housing bank home rule petition faced an uphill battle prompting town officials to drop it despite the fact that “The lack of affordable housing for island residents who make up the essential fabric of the community’s work force is a longstanding issue organizations such as the Housing office have wrangled with in many ways.”

Article 15 -- Need Identified – Human Services Provided in-house by Town

April 1, 2010 – The inquirer and Mirror published an op-ed article by Selectman Rick Atherton that outlined his reasons for reconsidering his earlier support of the proposal to eliminate in-house human services. He stated that the Board and the town manager should have taken additional time to “get it right” before acting. He stated “[W]e need not and we should not set aside the sense of responsibility that Nantucket has for the well-being of its citizens. Maintaining a town human services function, in some form, is the appropriate statement that we continue to affirm a commitment to the well being of all our citizens.”

Article 16 -- Need Identified – Human Services Provided in-house by Town

April 8, 2010 – The Inquirer and Mirror reported that the Board of Selectmen “unanimously adopted a resolution put forward by Rick Atherton to ‘set aside’ the board’s January 13 vote to endorse Kopko’s plan, and withdraw its support for Article 33 which would have changed the structure of the Council for Human Services, another key component of the plan.” The resolution also contained a new charge to the HSCWSG to “develop options” in addition to the original collaborative model.

Article 17 -- Need identified – Nutrition

June 17, 2010 – The inquirer and Mirror reported that school food services workers hours and benefits were to be cut to meet the deficit of \$170,000.

Article 18 -- Need Identified – Nutrition

July 8, 2010 – The Inquirer and Mirror reported that the schools lunch program will reduce the hours of its employees and limit its menu of hot lunch options with the expectation of saving \$100,000.

Article 19 -- Need Identified – Nutrition

August 25, 2010 – The Nantucket Independent reported that the Meals on Wheels Program may be in jeopardy due to the inability of the Nantucket Cottage Hospital to continue to provide its kitchen for meal preparation.

Article 20 -- Need Identified – Nutrition

August 26, 2010 – The Inquirer and Mirror reported that bids are being sought to provide Meals on Wheels, however the quality of the program to be offered is open to question.

Article 21 -- Needs Identified – Nutrition, shelter, utilities

September 9, 2010 – The Inquirer and Mirror reports that the economic outlook continues to be uncertain with foreclosure activity continuing to be accelerated, businesses such as restaurants, car sales, construction other retail and other trades still feeling the effects of the recession.

Lean times easier for families in need thanks to donations to Food Pantry

Nov. 20, 2008

By ELIOT BAKER
I&M Staff Writer

"A bone to the dog is not charity. Charity is the bone shared with the dog, when you are just as hungry as the dog."

— Jack London
B racing for a tough winter made chiller by high energy prices and a frozen economy, many islanders still manage to find something to give to their wanting neighbors.

Nantucket's generosity has kept its emergency food pantry's shelves stocked for years. That generosity is expected to persist in the face of this year's economic pinch said Kevin Dugan, head of the Nantucket Food Pantry in the Parish House of St. Paul's Church.

"The people of Nantucket are very generous and very community-minded," said Dugan. "We receive a lot of donations. The best kind that we get is either monetary or one of those Stop & Shop gift cards in any

welcome to seek help," said Dugan.

"You see all walks of life," he said. "Over the course of time you'll see lots of single mothers here. Nantucket is a very safe place for single mothers. Single mothers and families. Those are the folks who we should be seeing and those are the folks that we want to help."

The Nantucket Food Pantry works with the Interfaith Council to buy food using funds from island residents' donations. Donated food is also accepted at the Food Pantry. A new partnership with the Rotary Club has improved stocks, with boxes of food and Stop & Shop cards being donated by Rotary members once a month.

The Nantucket Food Pantry maintains a steady five-person volunteer crew and has managed to keep up with demand by re-stocking on a weekly basis to minimize wastefulness and

PANTRY, PAGE 5A



Photo by Nicole Harnishfeger

Kevin Dugan stacks canned goods in the emergency Food Pantry. This winter the demand is predicted to be the greatest yet.

denomination." Dugan said the food pantry served about 1,500 people last year. He expects that number to increase this year based on the 348 people who have already frequented the Food Pantry since the first fiscal quarter began on Oct. 1. Hunger and needness afflict many sectors of Nantucket life and all are

Pantry

(Continued from page 1A)
Nov 20, 2008

streamline costs.

Getting food is made as simple as possible, said Dugan, since most Nantucketers don't want to ask for help.

"When a person is in crisis, the last thing they want to do is sit a long time at a desk and go through their life story when they need it today," said Dugan.

Some, however, would like nothing more than to share their life story — or portions of it — over a hot meal. The approaching holidays tend to make loneliness particularly acute for some of Nantucket's older population. Elder Services of Cape Cod & the Islands will host their annual Thanksgiving dinner on Friday, Nov. 21 at the Saltmarsh Senior Center on 81 Washington Street.

The rest of the year, Elder Services runs the Meals on Wheels program, which provides a nutritious daily meal to homebound people over 60, five days a week. A \$2 per-meal donation is asked to maintain the program, but no one is ever denied food.

"On Thanksgiving day itself, we team up with the American Legion, who deliver hot, homemade meals to anyone who needs it," said Elder Services director, Sherri Hunt, also a volunteer driver for Meals on Wheels. "(But) we encourage any of our folks who can get out of their house and who could get something out of the social benefit of being there to get out there (to the American Legion's Thanksgiving dinner)."

The American Legion takes America's oldest tradition, Thanksgiving, seriously. On Nov. 27, they expect to serve roughly 125 to 150 dinners provided at last year's Babe Patterson Thanksgiving Day Dinner at Legion Hall on Washington Street after fielding earlier inquiries on availability amidst the bleak economy, said commander David Barrett.

"The American Legion is still serving their country as part of their commitment to continue serving the community even though active

duty is fulfilled," said Barrett. "We never stop serving."

The Legion's efforts span the generations. Babe Patterson, long-time member of the American Legion, dedicated much of his effort to the Thanksgiving program, said Barrett. Today, Barrett's son James is the commander of the Sons of the American Legion.

"Without the sons of the American Legion I don't know what we would do," said Barrett. "They are keeping it alive. And now James's son, Eric, is volunteering."

While anyone in need is welcome to the dinner, Barrett said special attention is paid to elderly shut-ins.

"Some older veterans we pick up just to make sure they do get down, even if it's just for a little while," said Barrett, adding that the meal is free but donations are accepted. "I've seen a woman with tears in her eyes give us a dollar. It's good to see people interact with others with a family feeling. A lot of these people

go day after day without coming into contact with a person."

American Legion members do the cooking and comprise a large component of the several-dozen volunteer force.

Elder Services also hosts a free Christmas dinner with food prepared and donated by E.J. and Robin Harvey from Seagrille restaurant. Hunt said she was a little nervous that this year's fourth annual Christmas dinner would be scaled back given the economy, but Robin said they're on, and would not turn away anyone in need. Hunt expects this year's demand to exceed last year's roughly 100 dinners delivered.

Islanders might have little say over the forces shaping Nantucket's economy, but their community spirit remains largely under their control this holiday season. Giving a few hours or charitable dollars could mean all

the difference for a child, a grandparent, a veteran, or a family.

"My daughter and I have been volunteering for the Christmas Meals on Wheels every year since the program started four years ago," said Hunt, adding that so many islanders have volunteered their time to deliver meals she actually has to turn some away. "Volunteering is a hard thing to stop doing when that's a part of your holiday."

Assistance (Continued from page 5A)

was a significant factor.

Retail, another pillar of the island economy, has also been hit hard. Statistically grouped within the trade, transportation and utilities sector, 14,100 jobs were lost on the year statewide. The education and health sectors appeared to be holding their own, although Smith has seen statistical samples leading him to question that.

"It's normal to see construction hit hardest in the beginning of a recession, but what we see eventually, if the recession lasts long

enough, is that the sectors that support the other sectors start to take a hit because there's less for them to do," said Smith, who believed the biggest job losses since the economy nose-dived after Thanksgiving have probably occurred among business professionals and the sciences. "Lawyers, accountants, architects, other types of business services that support the financial industry, they all follow (the plight of) construction and manufacturing. It's only a matter of time in a recession."

Help is on the horizon, albeit farther away than some need. Smith's office has ramped up its hours and debt capacity to field the growing wave of unemployment claims. And Governor Deval Patrick has mobilized the Executive Office of Labor and Workforce Development to be ready to quickly distribute the economic recovery package planned by President Obama.

"It's gonna be a few months before we see a light at the end of the tunnel," said Smith. "The forecast that we're seeing now is that

we're in for a bumpy ride in 2009."

In the meantime, islanders are encouraged to give what they can to organizations like the Interfaith Council's Rental Assistance Program. Carreiro said an especially touching gesture was made by the Landmark House's elderly residents, who gathered their limited resources to make a small but "poignant" donation.

The rental assistance program provides short-term housing funding of no more than \$3,000 over 18 months. Qualified applicants must

be full-time Nantucket residents for at least two years who are facing short-term economic problems such as illness or lay-offs with prospects for future employment. Their housing must be safe and adequate - dormitory housing does not qualify.

"There's a sense of shock and despair, and they really want to keep this quiet," said Carreiro. "It's a small island. They are very proud. We try to preserve their anonymity to the point that I'm the only one who knows who these people are."

Jan. 29, 2009
More island families than ever seeking assistance for rent, food

By ELIOT BAKER
I&M Staff Writer

Island jobs have disappeared at an alarming rate along with the withering U.S. economy, according to statistics released Tuesday by the state Executive Office of Labor and Workforce Development.

Concurrently, officials at Nantucket's human services and relief organizations have been besieged with a record number of requests for assistance with paying rent, heating homes, buying Christmas presents and even obtaining food. While donations have helped keep these vital services afloat, more help is needed to keep pace with the surge in demand.

"It's been really awful," said Rev. Georgia Ann Snell, president of the Nantucket Interfaith Council's rental assistance program. "We have had an overwhelming number of people who have no jobs, no way to pay the rent. Some want \$500 a month for a couple months to get by. Others need first and last month's rent. Others need help with emergencies."

It's a compound problem: laid-off workers cannot pay the rent to landlords who are struggling to make mortgage payments, said rental assistance program administrator Janice Carreiro. Satisfying an estimated five-fold increase in rental assistance demand has required creative solutions between landlord and tenants involving lowered rents, restructured leases, and reduced payment plans.

erous than ever from private citizens and from groups such as the Community Preservation Committee, Bank of America, the Community Foundation for Nantucket, the Tupancy-Harris Foundation, and the Nantucket Golf Club Charitable Foundation. Even so, rent relief is not keeping pace as a desperately underemployed island population struggles to stay above water.

Workers of all education and skill levels have been vulnerable. Carrerio's front-row seat to the recession has witnessed hard-luck stories such as: an elderly individual whose Social Security couldn't cover rent after being laid off from a supplemental job; a family with an ill child who fell behind in rent after leaving the island for specialized care; a middle-aged couple in dire straits after the husband's company

ASSISTANCE, PAGE 5A

Thursday, January 29, 2009

Assistance (Continued from page 1A)

folded while he was recovering from bypass surgery . . . The list has been seemingly endless.

"We're hanging on by our fingernails," said Carreiro, adding that she's never seen anything like this winter's recession. "It has been quite hectic. I'm seeing on average two people a day, and that's been going on steadily for the last several weeks."

Grim labor statistics bear out the woeful tales. Nan-

tucket's unemployment rate jumped from 4.5 percent in November to 6.3 percent in December, after soaring from a minuscule 2.7 percent in December 2007, the month experts agree the national recession began. That translates to 261 more unemployed islanders this December than last.

Statewide unemployment rose a full point after November to 6.9 percent in December, compared to the

The Inquirer and Mirror, Nantucket, Mass.

7.2 percent national average.

Rob Smith, director of policy and planning for the Executive Office of Labor and Workforce Development, said that while Nantucket's current unemployment is in the middle of the pack statewide, our upward unemployment trend is among the state's highest.

"These are really indicators, not real numbers," said Smith, who noted that Nan-

employment rate last year practically indicated full employment.

"What's important is to look at what direction they're moving and at what magnitude. So in Nantucket we see there's more unemployment and the magnitude is disconcerting . . . When we start seeing unemployment go over 5 percent we start seeing it's a problem. Over 6 percent it's troubling"

The greatest hemorrhage of jobs by sector statewide has occurred in construction. While Smith had no figures pertaining precisely to Nantucket, over 11,700 construction jobs were lost statewide during 2008, down 8.5 percent. Smith said the Cape and Islands was probably the region hardest-hit by rising unemployment in the commonwealth, and speculated halting construction

ASSISTANCE, PAGE

Feb. 12, 2009

Inquirer & Mirror

Human services agencies struggle to mee

BY ELIOT BAKER
I&M Staff Writer

Following funding cuts across the board, Nantucket's health and human services are rubbing their penies together as they scramble to keep pace with surging demand spurred by the gloomy economy.

"It's hard; a lot of people living paycheck to paycheck are worried about losing their jobs," said Maryanne Worth, who as coordinator for the Council of Human

Services has had a front-row seat to the recession. "It just takes one thing to go wrong and it can devastate a family."

It is a compounding problem. Lost jobs and dwindling financial options lead to elevated depression rates and need for food, heating and shelter emergency assistance. But funding for these services quickly evaporates as the qualifying underserved population swells with the shrinking economy.

She said a homeless individual entered her office last week who hadn't eaten in two days.

Worth has seen roughly a doubling in service-request applications to exacerbate with 10 percent town spending cuts. Fuel assistance requests have skyrocketed, particularly since the state

Department of Housing and Community Development expanded benefits. Worth encourages more islanders to seek out fuel assistance information, as it's possible some will now meet eligibility for the first time.

While depression and substance abuse are no strangers to Nantucket, this

Feb. 12, 2009

mounting demand

year has been unprecedented, said director of Nantucket Behavioral Health Services, Peter Swenson. NBHS lost \$64,000 in state funding this year, but was provided discrete state funds for suicide prevention to keep those services afloat.

"Anxiety, depression, alcohol and drug use all

tend to increase in a downturn of the economy," said Swenson. "This is the most significant downturn I've ever seen since (beginning this work) in 1988."

The worst behavioral problems have remained connected to alcohol and

SERVICES, PAGE 8A

Services (Continued from page 2A)

I & M Feb. 12, 2009

other drugs. Abuse of prescription drugs oxycontin and oxycodone has risen amongst high school children and young adults over the fall and winter. Alcohol-related problems and incidents are on the rise.

"Three years ago when I started here, we were seeing anywhere between 15 to 20 emergency calls for response per month, and now it's about 35 to 40," said Swenson.

Counseling demand has doubled across the board in all age groups, with individ-

ual counseling slots developing waiting lists for the first time.

"We're triaging like a MASH unit," said Swenson, who has lost counselors with the state budget cuts. "Anyone posing a risk to their self or others, we get them in immediately."

Funding woes have also hit the Nantucket Alliance for Substance Abuse Prevention, which collects surveys on substance abuse prevalence and designs prevention strategies, accord-

ingly. The 2006 state grants have dried up, said alliance executive director Karyn Lindsay, and town funding stayed level at \$30,000 after a request of \$61,000.

Island services have banded together to pool resources to seek funding and recruit volunteers to overcome resource shortages. Nantucket Behavioral Health is linking together with Nantucket Cottage Hospital and the Alliance for Substance Abuse Prevention to provide a continu-

um of care from prevention to treatment.

"One thing I have seen because of all of this is the realization that we're all on the same boat," said Worth. "So I feel there's an increase in collaboration and cooperation and we're all trying to help each other, which is great. . . It kind of is what Nantucket is all about. It's a very unique place and when someone is in trouble the community seems to really around the issue or the trouble."

March 12, 2009

Adult day care alive for another year

By Jason Graziadei
I&M Senior Writer

Under pressure to restore funding for the Adult Community Day Care program, the Board of Selectmen voted unanimously last week to use \$130,000 from half a million that had been planned to replenish the town's reserve fund in next year's budget to keep it going one more year.

While they indicated the importance of the senior-care program, known as ACDC, the Selectmen made it clear to its proponents that it would likely be the last time the town would subsidize the ACDC, and that they should seek alternative funding sources to keep it going in the future.

A handful of citizens attended last Wednesday's meeting asking the Selectmen to restore funding for the program, and dozens more signed a petition supporting the ACDC that was delivered to the Town & County Building last week. The board had recently endorsed a budget that would have eliminated all funding for the program, based on a recommendation from the town administration that it was not an essential service of the local government.

"I am respectfully asking you to reconsider the elimination of the ACDC in the budget," said Jeanette Topham at last week's meeting. "It's a very important program to Jack and me, as well as to all the other clients and their families. It promotes independent living and assists them with being able to stay at home longer.

"There is a group of interested people willing to explore avenues of greater funding and other space," she continued. "I'm asking you to fund the program another year to allow us to explore other options. We know this is a difficult year

ACDC, PAGE 2A

the program one more year and notify the program we'll do whatever we can to help them, but we expect times to get tougher, not easier, in the next few years," Kopko said. "When the administration considers essential services of the town, we're probably not going to that way forever."

Just before the board voted unanimously to restore funding for the ACDC, assistant town man-

ager Malachy Rice appeared to warn the Selectmen about using money that had been planned for the reserve fund.

"The reserve fund gives you flexibility during the course of the year to address

declines in revenue," Rice said. "During uncertain economic times, building your reserves is critically important to address the uncertain landscape in the next 18 months."

ACDC (Continued from page 1A)

for everyone financially. We're not asking for millions, only \$130,000 taken out of the 2010 budget."

The ACDC currently serves around a dozen senior citizens and their families, but has had to share space with the Park and Recreation department's Teen Center house on First Way, a situation that has hindered both programs.

Selectmen Michael Kopko

and Brian Chadwick both voiced their support to restore funding for the program, and Kopko first suggested using money that had previously been allocated for the reserve fund. Chadwick also expressed his reservations about the decision.

"I received a lot of phone calls about people trying to save the program, and I could support that in a way, if people from the ACDC

realize this is money we don't have right now," Chadwick said. "I would support it with the caveat that people from ACDC realize it's a one-time fix and this program's facility is not good for the people who utilize it. The Teen Center is not a facility for it."

Kopko also indicated that the ACDC should not expect to be funded by the town after fiscal year 2010.

"I think the town can give

ffered by a peripheral
proach that experts
do not recommend
that is perhaps the
lar—cutting all pro-
the same percentage.
can weaken essential
and leave the charity
ed to both survive the
and thrive in the sub-
economic rebound. It
it make much sense;
am might be crippled
percent cut, while an-
d endure a 20-percent
fine.

ing a meat cleaver
need a scalpel,” says
Piana, president of La
sociates, a consulting
neryville, Calif., that
s in nonprofit restruc-

nmer, Catholic Char-
me kept the overnight
en at its own expense,
g into reserves and
ecutives to take sal-
But with the state’s
get projections look-
worse than this year’s,
nn knows that state
r the summer shelter
return anytime soon.
ys he will not sacrifice
ial health of Catholic
Spokane by asking
he bill on the \$75,000
rogram for a second
ve year. Barring a gift
hite knight,” the over-
lter will close from
ugh October.

making heart deci-
h a calculator,” Mr.

eligible, endured a \$3.2-million
cut this year—about 15 percent
of its budget.

The charity depends on the
state for nearly all its revenue,
so it quickly eliminated 20 per-
cent of its 350-person staff,
through layoffs and leaving
open positions unfilled.

But those cuts only solved the

ployee, Jennifer Bell, is help-
ing Ms. Helwig find a suitable
group home, and serves as a li-
aison with Maryland’s Devel-
opmental Disabilities Admin-
istration, which has not yet de-
cided whether it will pay for the
skilled nursing care Justin will
need in a group home.

But the Helwigs, who live in

Financial Crunch Expected to Worsen in 2010

Continued from Page 1

much on the program side. Ulti-
mately, you’ll be forced to make
some cutbacks in your staff.”

Demand Rises

The charities are retrench-
ing even as a greater number of
people are requesting their ser-
vices.

Fifty-eight percent of the
charities in the latest survey
noted an increase in demand,
up from 30 percent a year ago.

For years, many philanthropy
experts have argued that the
nation has too many charities,
and that mergers might be one
solution to the problem.

But amid the economic crisis,
mergers have been rare. Only
19 percent of charity leaders in
last month’s survey said they
had examined opportunities to
merge with or acquire another
nonprofit group, down 1 per-
centage point from the 2008
survey.

“People thought there would
be a mass rush to merge, but

that’s a tricky proposition,” says
Alan Tuck, head of Bridgespan’s
New York office and a co-author
of the report. “In the nonprofit
world, there is not enough sup-
port in place for implementing
mergers, and that inhibits ac-
tivity.”

Long Recovery

The survey also lends credi-
bility to a forecast that charity
leaders have been making for
months: fund raising in 2010
could be even rougher than in
2009.

More than two-thirds of the
charity leaders said they had
been told by their supporters
that future grants and gifts are
likely to decline.

“There are definitely signs
that it could be a while before
things turn around,” Mr. Tuck
says.

More information about the
report, “A Year of Managing
Through Tough Times,” can be
obtained at <http://bridgespan.org>.

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Dec. 17, 2009

School-lunch deficit continues to climb

By Elliot Baker
I&M Staff Writer

Providing a daily lunch continues to get costlier for the Nantucket Public Schools despite cutbacks to staff and food offerings, according to a presentation at Tuesday's School Committee meeting.

The school-lunch program has already incurred a \$95,389 deficit through the school year's first three months, losing \$17,279 more than the same period last year. The deficit continues to trend upward due to a combination of rising wages and falling revenues, particularly since the school ceased selling chips and soda in 2004, said assistant to the superintendent for business Glenn Field.

The school is on pace to exceed last year's \$168,876 loss, which was on par with recent years' budgeted operating losses. Families' late payments for lunches could cut that number down by \$20,000, said Field.

"It is a combination of payroll costs increasing while revenues have been slammed," said Field. School Committee chairman Dr. Timothy Lepore recounted the 2004 School Committee vote

that banned certain unhealthy foods from being sold at school. Director of food services Linda Peterson said that bottled water sells comparably to soda, but other perishable items like sandwiches have not been particularly profitable.

"When we were providing evil food - potato chips, soft drinks - we did well," said Lepore. "It was a decision of the School Committee to move toward a more healthy, balanced food service and that has put us in the red."

Field said that even before 2004, the school-lunch program functioned on a \$90,000 to \$100,000 annual operating loss.

Requests for free and reduced-price lunches have increased from 7 to 11 percent this year, presumably due to islanders' financial struggles within the shriveling economy, said Peterson.

Lepore expressed some incredulity as to why Nantucket's reduced-price lunch participation numbers did not approach Barnstable's 25 percent, and recommended intensified outreach to enroll more qualifying families for free and reduced lunches. Doing so, he said, would both ease families'

financial burdens while improving the district's options for securing government grants to help fund the lunch program.

Families are encouraged to contact Peterson to see if they qualify for the free and reduced lunch program. Qualifications follow federal guidelines, and require proofs such as a social security number or two paychecks.

Outsourcing could potentially reduce lunch costs. School lunches were served for several years by outside contractor Chartwells until 2001. But Field said he's contacted all three available contractors and none are willing to negotiate a contract with Nantucket due to cost-challenges associated with the island's remote location.

Field said Nantucket's food-service staff's salaries and benefits are unsurpassed in the commonwealth, where minimum wage with limited or no benefits is common. Payroll dropped from \$435,070 in 2008 to \$385,761 in 2009, and will fall more this year with another eliminated position, said Peterson.

Lepore said the challenges facing the lunch program mirror those of the schools' oil contract.

Nantucket pays a premium price for its food and its fuel, well above rates for other Massachusetts school districts, which benefit from an agreement with the state for commodities.

Field said raising lunch prices would seem a logical option to cut the operating loss, but noted that Nantucket students already pays roughly \$1.50 more per lunch than other districts. He said cut-backs to the lunch offerings themselves would be relatively insignificant without compromising nutrition at state-mandated minimum levels.

Peterson asked the School Committee to help implement a payment program that would enable her to better collect outstanding payments. Her department spends over \$400 per month in postage sending reminders to families who've gotten behind on lunch payments.

One option open to the school would be to list non-compliant families as debtors to the town, making town services locked to them. Lepore said the School Committee felt that "was a fairly big hammer" and shied away from publicly embarrassing families struggling to pay their children's lunch bills.

Inquirer & Mirror

January 28, 2010

Critics speak out on BOS plan to cut human-services dept.

Jan. 28, 2010

Potential
savings
called not
worth risks

By Jason Graziadei
I&M Senior Writer

As the need for social services on Nantucket has grown during the ongoing economic recession, the Board of Selectmen's plan to revamp the town's funding mechanism for the agencies that provide them has drawn criticism from some in the human-services field.

Selectmen chairman Michael Kopko's proposal to eliminate the town's Human Services Department, which has been endorsed by his fellow board members and the town administration, and outsource its duties to a private "human services collaborative" umbrella agency is the most controversial aspect of the plan.



Rev. Jennifer Brooks

Besides saving the town roughly \$30,000 per year, Kopko said the elimination of the department would allow the town to allocate more funding to the island's established human-services agencies, such as Nantucket Behavioral Health Services, A Safe Place and the Emergency Food Pantry. Critics have argued that the collaborative may be a positive change, but eliminating the town's human-services department would jeopardize the direct services provided by its two-person staff.

As the Selectmen endorsed the town administration's budget proposal last week, the board

"If you..cut for a savings of \$30,000 and things go wrong - you could lose not only the money...but you're going to harm Nantucket's families."

— Rev. Jennifer Brooks
Unitarian Church

got an earful from a group in the audience that included Rev. Jennifer Brooks, Finance Committee member Michael Rosen, and Council for Human Services member Linda Williams, who roundly criticized the proposed elimination of the town's Human Services Department. The got a second earful last night.

"I feel the process was much too-rushed, and that people may fall through the cracks," said Sarah Jones, president of the Nantucket Interfaith Council last night, as she requested that

SERVICES, PAGE 12A



Services: "People will suffer...and lose services"

(Continued from page 1A)

the Selectmen reinstate funding for the department.

Brooks, Williams and Rosen argued that the department's responsibilities could not easily be replaced by the proposed collaborative, and that much-needed services would likely be lost. They pointed out that the collaborative was not even formed yet and remained only a concept.

"If you precipitously and prematurely cut the Department of Human Services for a savings of \$30,000, if things go wrong, and they could go badly wrong, you could lose not only the money that is many times \$30,000, but you're going to harm Nantucket's families," Brooks said.

Last night, she announced that the board of the Nantucket Emergency Food Pantry approved a resolution requesting that the Selectmen continue to fund the human services department. "I know that I was told last week that there is a plan and details will follow," Brooks said. "But I want to offer you a theological perspective: the devil is in the details."

Williams said she and others would fight the elimination of the department all the way to Town Meeting floor.

"People will suffer and people will lose services," Williams said. "The word 'human' is missing from the discussion."

The current head of the town's Human Services Department, Maryanne Worth, said she was not authorized to comment to the press about the board's proposed elimination of her department, and referred all questions to town manager Libby Gibson. According to a recent report delivered to Gibson by Worth, her department provided "direct services" to roughly 2,000 island families over the past year.

"I've asked her not to publicly comment because she's in an awkward position," Gibson said Wednesday. "She and I have talked about it and she indicated a number of concerns, some of which I share about the details, but it does have the support of town administration."

In the current fiscal year, the town allocated nearly \$300,000 in taxpayer money to nine human-services agencies, which each made separate applications

for funding to the Contract Review Committee, which reviews the requests and forwards its recommendations to the Selectmen.

Under Kopko's plan, the island's human-services organizations would come together as a "collaborative," and make a single, unified application to the town for funding, and decide among themselves how the cash should be divided.

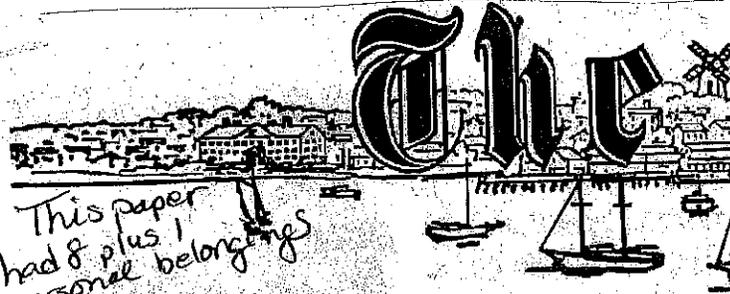
Instead of paying for the salaries, benefits and operating costs of the two-person staff of the current human services department, roughly \$130,000, the town would instead allocate \$65,000 for the purpose of establishing a coordinator position managed through the collaborative. The new coordinator position "would provide administrative services and perform those referral and direct services currently provided by the Town Human Services Department that may not be picked up by agencies in the Collaborative," according to Kopko's written proposal to the board.

The move would allow the town to cover the full \$317,883 human services funding recommendation from its Contract Review Committee, and realize a net savings to the town general-fund budget of roughly \$30,000.

"Change is hard, and I can understand people's reluctance to want to change and I can understand their wanting to know the details. That's perfectly reasonable," Kopko said. "We're not proposing eliminating any services and we're actually proposing more money for direct services. I think this is a good move for human services in general, and for the community. I think it will expand services. It's not to say Maryanne (Worth) doesn't provide important services and no one feels good about people's employment being affected, but my job is to look at the big picture."

A "Human Services Collaborative Work Group" has been meeting in recent weeks to formulate the structure and implementation of the new agency, and while it has voted to endorse Kopko's proposal, its final report on the collaborative model to the Selectmen is not due until March. The work group includes Kopko, Rev. Jackie McGrady, schools superintendent Bob Pel-

licone, Finance Committee member Christy Kickham, at large members Toby Greenberg, Neil Paterson and Jack Gardner, as well as Lou Bassano, of the Advisory Committee of Non-Voting Taxpayers. Former Nantucket selectman and Nantucket AIDS Network executive director Cheryl Bartlett, now with the state Department of Public Health; and Steve Jochim, of the state Department of Mental Health, are non-voting members of the work group. Kopko said that representatives from the island's human-services agencies were purposefully not included in the work group, because they would have a direct stake in its recommendations to the board.



This paper had 8 plus 1 personal belongings

February 11, 2010

Na

VOL. 189 NO. 37 USPS 264-720 The Inquirer

Foreclosures hit highest levels in over a decade

By Jason Graziadei
I&M Senior Writer

Foreclosure activity on Nantucket rose dramatically in 2009, with petitions, auctions and final foreclosure deeds all more than doubling the previous year.

According to data compiled by The Warren Group, a real-estate data firm which publishes *Banker & Tradesmen*, the number of foreclosure petitions initiated by lenders on Nantucket doubled from 40 in 2008 to 81 last year. The number of foreclosure auction notices more than tripled on the island, rising from nine in 2008 to 38 in 2009.

Actual foreclosure deeds, the final step in the process which indicates that a property owner lost their home through foreclosure, jumped from three in 2008 to 25 last year.

While many of the island homes in question are seasonal vacation properties – including Point Breeze hotel developer Bob Matthews' Cliff Road summer house, appraised at over \$13 million – several are occupied by year-round Nantucket residents.

"The numbers are up, and to be expected with the economy like this," said H. Flint Ranney, the owner of Denby Real Estate who for years has carefully tracked the island real-estate market. "It's the highest rate since 1990 to 1992. That was the last real recession, but it's not anywhere near that. It was worse back then."

The foreclosure statistics recorded at the Land Court in Boston were even more startling. Since Jan. 2, 2009, there have been 296 mortgage foreclosures filed for properties on

FORECLOSURES, PAGE 5A

Fore Petitions
40 - 2008
81 - 2009

Auction Notices
9 - 2008
38 - 2009

Foreclosure Deeds
3 - 2008
25 - 2009

1/2/2009 - 2/11/2010

296 mortgage foreclosures

1

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Foreclosures: Unprecedented filings for Nantucket

(Continued from page 1A)

Nantucket, according to Land Court recorder Deborah Patterson. That number, however, was not broken down into petitions, auctions and foreclosure deeds, so it was unclear how many people had actually lost their homes.

The filing of a petition by a lender is only the first step in the foreclosure process, and many homeowners either regain their footing financially or sell their house before it is actually reclaimed through a foreclosure deed.

Nantucket Bank, the island's largest residential lender, which is now owned by the Spanish banking giant Santander, has seen a spike in the number of foreclosure petitions it has initiated, but actual foreclosure deeds remain low. Quint Waters, the bank's senior vice president for lending, said it had reclaimed only three or four homes through foreclosure deeds, and had managed to avoid taking the final step in the process in many cases by working with homeowners to modify their loan payments.

"It's definitely been noticeably tougher, as you can tell," Waters said of the foreclosures on Nantucket over the past year. "In the first 13 years I've been here we'd had no foreclosures at all, and now we've had a few. We're up to three or four residential (foreclosures) and one commercial that I can think of in the last two years, but percentage-wise it's very low."

While The Inquirer and Mir-

ror has been filled with legal notices for foreclosure petitions over the past year, many initiated by Nantucket Bank, that's not an indication that all those properties were actually taken over by the bank, Waters said.

"Just because you see a notice in the paper, it doesn't mean it will go to foreclosure," he said. "The important thing is we've been trying to stay close to our customers having problems and work out other arrangements. I think that, so far, has made a difference. I'm knocking on wood. The last thing we want to do is foreclose on anyone."

While Waters said Nantucket Bank had "a couple thousand" residential loans on the island, as well as 60 to 70 commercial loans, he declined to reveal the specific numbers or the precise count of foreclosure deeds or loan modifications the bank had initiated.

At Pacific National Bank, the island's other long-established lender now owned by Bank of America, senior residential loan officer Beth Ann Meehan has witnessed the same trends identified by Waters, but seemed optimistic that 2010 would not be as severe as the past 12 months as far as foreclosures on Nantucket.

"People get in trouble but find ways to appease the bank and I do think the banks have gotten better with their modification process," Meehan. "I'm just hopeful that the people in serious trouble have already gotten to the point of foreclosure and a short sale, and that we won't see many more coming. Hopefully

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January 28, 2010 - Inquirer & Mirror
Critics speak out on BOS plan to cut
human-services dept. cont.

On Tuesday, the Contract Review Committee (CRC) voted 3-2, with Kopko and Kickham opposed, to request that the Selectmen not eliminate the human services department and restore funding for its operations and salaries in their budget plan. Jack Gardner, a member of both the CRC and the human services collaborative work group, abstained from the vote. The chairman of the CRC, Mary Wawro, described Kopko's proposal as hastily put together, and lacking the necessary details that would allow for thoughtful consideration.

page 3

Brian Chadwick, the lone selectmen to vote against Kopko's proposal, said his criticism of the plan was simple: "I voted against it because the same thing can be accomplished without firing two individuals who've worked for the town for many years. We can still have a collaborative without a Town Meeting vote, and we can also change the makeup of the Council for Human Services through Town Meeting."

Peter Swenson, the director of Nantucket's Family and Children's Services agency, otherwise known as Nantucket Behavioral Health Services, has taken the lead on forming the collaborative group, and spoken in favor of the model at recent Selectmen's meetings. Swenson's agency is by far the largest recipient of town funding, and received \$122,100 in the current fiscal year, more than one-third of the total human-services funding allocation.

Matthews: House that hosted Clintons, home to Ranney family

Feb. 11, 2010

(Continued from page 5A)

But his ambitious bid to convert the historic hotel into a private luxury club with hotel residences collapsed in 2009, as TD Bank moved to foreclose on the property and empty-pocketed contractors lined up in court to sue Matthews for unpaid wages.

Just a year after Matthews had hosted actor Jim Belushi and eight-time Grammy winner Natalie Cole for performances in the grand ballroom of the Point Breeze in 2008 to hype the development, the Nantucket project imploded in embarrassing fashion, as TD Bank erected

fences and no-trespassing signs, and weeds began to reclaim the property.

Matthews could not be reached for comment this week.

Last July, five subcontractors who worked on the Point Breeze project and claim they are owed more than \$2 million by Matthews attempted to put him into involuntary bankruptcy in federal court.

The Chapter 7 claim against Matthews and his company, PB Realty Holdings, followed claims by other contractors who alleged that the developer had used the \$40 million credit line from TD Bank for the Point Breeze project to fraudulently convert the designated funds to his various other holding companies and for his own personal gain.

And his financial troubles in Massachusetts were just the beginning, as similar issues arose with his projects in the Sunshine State.

Matthews' Florida project, the unfinished Palm House hotel, also went into foreclosure last year. In October, an auction of the property, which had been marred by accusations of fraud, was finalized after a judge ruled that real estate investor Glenn F. Straub's \$10 million bid for the property and his acquisition



Bob Matthews

likely to be sold

of the title would stand, according to a report in the Palm Beach Daily News.

According to another recent newspaper report, Matthews owes the Internal Revenue Service \$501,172 for unpaid income taxes in 2006 and 2008, and is also on the hook for a \$290,183 unpaid tax bill on his \$15.8 million Palm Beach mansion.

The Palm Beach County tax collector has an annual sale of delinquent tax certificates which began June 1, and Matthews \$290,183 tax bill was sold to an unnamed bidder, according to the newspaper, and Matthews may buy back the certificate with a 7.5 percent interest fee.

Foreclosure on Matthews' Cliff Road home

By Jason Graziadei
I&M Senior Writer

TD Bank, the New Jersey-based lender that will auction off the Point Breeze hotel property later this month, has moved to foreclose on the summer home of the project's developer, Bob Matthews.

A foreclosure petition was filed on behalf of TD Bank for Matthews' property at 11 Cliff Road, a short walk from the Point Breeze property which now sits vacant, with only the exterior construction completed.

Matthews, a flamboyant developer from Florida and a former Nantucket socialite during the summer months, once host-

ed then-President Bill Clinton and Hilary Rodham Clinton at the Cliff Road home in 1999.

According to Registry of Deeds records, Matthews purchased the home in January 1994 for \$1.9 million from Denby Real Estate owner H. Flint Ranney. Ten years later, records indicate Matthews took out two mortgages worth nearly \$8 million in 2004, using the Cliff Road home as collateral.

Matthews used the home as collateral again in January 2008 to secure a \$40.5 million construction loan from TD Bank to finance the Point Breeze project. The foreclosure petition filed by TD Bank relates specifically to the \$40.5 million loan. A sec-

ond lender, JPMorgan Chase, which assumed control of a \$6 million mortgage on the property originally from Washington Mutual Bank, also moved to foreclose on Matthews' summer home this week.

Between existing mortgages, liens and attachments on the Cliff Road home, there is nearly \$60 million worth of encumbrances listed on the property.

Today, the 7,000 square-foot home is valued at just over \$13 million, according to Vision Appraisal.

While the filing of a foreclosure petition by a lender is only the first step in the process, and many homeowners either regain their footing financially or sell

their house before it is reclaimed through a foreclosure deed, the move by TD Bank was an indication of just how precarious the finances of the once high-flying Matthews have become.

Ranney said Wednesday that he was not surprised to learn that the Cliff Road home was entering the foreclosure process.

"I'd buy it back for the price I sold it to him," Ranney quipped. "He did put a hot tub on the widow's walk on the roof."

Matthews purchased the Point Breeze from the Gonnella family for \$3.7 million in 2005, and unveiled his controversial plans for the property shortly.

MATTHEWS, PAGE 12A

Foreclosures: Unprecedented filings for Nantucket

page 3

J+M

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we've seen the bottom."

Pacific National Bank does not handle the foreclosure process if a local resident runs into trouble with their loan — it's processed by an off-island division of Bank of America — Meehan said, but people do come to her with questions, looking for advice. She cited the government's Making Home Affordable program as one option for distressed homeowners that has improved since it was first rolled out by the feds.

"I do think banks have gotten better with their modification process," Meehan said. "Early on, when the Making Home Affordable program came out, it was my sense that all banks were having trouble starting up. Some banks were having trouble, not doing modifications quickly enough."

While Nantucket Bank does not participate in the Making Home Affordable program, Waters said the bank has been working with its customers "in the same spirit" as the program, and attempting to find solutions when a family loses an income or encounters another financial hardship.

There has been some indication over the past year that a small number of homeowners on the island are choosing to simply walk away from their home and mortgage, rather than attempt to stick it out on Nantucket and pursue a loan modification. The trend has been more prevalent in other sagging real estate markets around the country, as under-water homeowners, owing far more on their mortgage than

the value of their property, decide to walk away.

"Our foreclosures were people that were in bankruptcy, there wasn't any alternative, and they're walking away from their properties," Waters said. "We've seen a little bit of that. We try to persuade them to put it on the market and sell it and hopefully they can get some of their equity out of it and pay the bank off. When the bank gets a hold of it, we're not going to be able to sell it for as much as they could because people smell a problem and want a deal."

Nantucket's dramatic foreclosure statistics dwarfed the percentage increase in other Massachusetts cities and towns, including Martha's Vineyard. On Nantucket's sister island, foreclosure petitions were up 57 percent from 77 in 2008 to 121 in 2009. Foreclosure deeds increased 65 percent, from 23 in 2008 to 38 in 2009, according to the Warren Group statistics.

Across Massachusetts, foreclosure deeds fell by 25 percent from 2008 to 2009, but foreclosure petitions increased nearly 27 percent.

"The good news is that not as many homeowners lost their homes to foreclosure in 2009 as they did the prior year. The bad news is that more people faced foreclosure, as they struggled with unemployment and other economic hardships," said Timothy M. Warren Jr., CEO of The Warren Group, in a press release.

Independent

FinCom scrutinizes funds for human service agencies

Feb. 24, 2010

By MARY LANCASTER
INDEPENDENT WRITER

The Finance Committee sent the Contract Review Committee back to the drawing board to "true up" funding requests from island human service agencies.

At a Finance Committee meeting last Thursday, the CRC's chairman Mary Wawro presented her advisory committee's recommendations for \$317,883 to be shared by 10 local agencies for FY11, an amount already approved by the Board of Selectmen.

The town contracts with these agencies to provide services and the CRC audits those contracts on a quar-

terly basis to ensure compliance. Agencies are allowed to receive funding from the town after demonstrating that all other sources of funding have been exhausted. Town Meeting has the final vote on whether to approve the funds or not.

In her opening statements, Wawro explained that in prior years her committee has voted unanimously on its recommendations; however, this year some members expressed concern over the allocations because of the Human Services Collaborative Work Group's proposal to close the Department of Human

See FINCOM, page 3

Continued from page 1

Services on June 30. The collaborative plans on hiring an administrator.

Assistant Finance director Irene Larivee told the FinCom that, due to concerns about loss of services under this plan, options are being explored to fund the town's human services department for six months in FY11 so it operates in tandem with the new collaborative, if such a group is actually running by the start of the fiscal year. This plan would offer a transition period until the collaborative is established.

The options include a reserve fund transfer, a reduction to the reserve fund appropriation of \$574,000 by \$69,000 to cover salaries and overhead costs of the department for six months. The town manager will determine the point at which the tandem operation is no longer necessary.

The CRC allocations are \$152,100 to the Alliance for Substance Abuse Prevention and Family and Children's Services (Nantucket Behavioral Health), which submitted a joint application this year seeking \$185,000. It was noted that the two agencies recently received a \$650,000 grant. While Wawro explained that money is to be used specifically for substance abuse issues, FinCom chair Jim Kelly asked the CRC to "go back and true up" the numbers to be sure the entire allocation is still necessary.

Kelly said he was not challenging the agency budgets as much as seeking to clarify information to adhere to the FinCom's mission to ensure taxpayer dollars are well spent. He said the committee asks similar questions during every budget presentation.

"They are all worthy causes and do wonderful work in our community," he said of the 10 human service organizations applying for funds. "The CRC had gone through rigorous examinations of them. We were asking lots of questions, but we do of all the budget reviews and I think [the CRC] shined. I thought it was an excellent discussion."

The sum of \$50,000 is recommended for A Safe Place, which asked for \$60,000. Elder Services of Cape Cod and the Islands stands to receive its level funding request of \$8,000 to

THE NANTUCKET INDEPE

2
"Some nights we give out
1,500 pounds of food. The
growth is unprecedented."

— ANDY REIS
The Food Pantry director

8

run the Meals on Wheels program. In 2009, there were 9,310 meals served to 71 residents age 60 or older at an estimated price of \$7.86 per meal. South Coastal Counties Legal Services is slated to receive \$3,900, up \$100 from last year, to defray travel expenses for its attorneys visiting Nantucket once a month. The lawyers provide free civil legal representation for low-income and elderly citizens.

Nantucket Cottage Hospital's Social Services office is recommended to receive \$32,500 of its \$63,477 request to aid needy clients in obtaining insurance, financial assistance for health care costs, crisis intervention and more. The office has two social workers, one assistant, two health care advocates and an interpreter. Kelly questioned this funding in light of the fact that the hospital is giving money to Behavioral Health through a community benefit program. Actually, funds from this program went to Nantucket's Suicide Prevention Coalition and, because it is not a registered nonprofit, the coalition asked Behavioral Health to manage its funds, explained Peter Swenson, director of Behavioral Health.

Wawro told the committee that the CRC has historically supported the deficit-burdened hospital to help keep it open. Last year its allocation was reduced, but the CRC wants to begin restoring the funding. The community benefit contribution, which amounts to a percentage of revenue, never came from the local hospital before its affiliation three years ago with Massachusetts General Hospital. Now, MGH, through Nantucket Cottage Hospital, is distributing the program funds to the island community. The NCH Social Services office is not eligible for the money because of the affiliation.

The \$20,000 recommendation to

help cover the \$25,000 salary, rent and office expenses for the Interfaith Council's Rental Assistance Program also came under examination.

Kelly viewed the amount as being approximately 20 percent of what the program paid out to clients last year, a percentage he felt was high. Wawro explained that the administrator, Janis Carreiro, has broad duties. They include client intakes, examination of financial documents, interactions with landlords, grant writing and other tasks. Carreiro is also the administrator for the Interfaith Council's Emergency Food Pantry.

The Food Pantry, recommended to receive its level funding of \$20,000, was also scrutinized. The amount is sought to help cover a \$30,000 three-quarter staff position. An estimated 5,400 people will need the pantry's service in FY11. For FY10, year-to-date, the pantry's requests for food has risen more than 50 percent from last year, and it has expanded its hours from two to three afternoons a week.

When Kelly learned that the local pantry recently became a member client of the Greater Boston Food Bank, which will allow the island agency to purchase food in bulk at low cost, he questioned the need for taxpayer contributions, and said since the allocation is for administrative costs it must be monitored.

Andy Reis, the pantry's director, explained that the Boston Food Bank gives qualifying pantries free USDA foods and supplementary foods from the Massachusetts Emergency Food Assistance Program.

Reis further explained that not all the Boston Bank's food is free and what is available varies from day to day. Approximately 50 percent of the island pantry's food for the busy months of January through March will likely come from the Boston Bank, though perishables and fill-in goods will still be purchased locally. A need for town funds remains to defray administrative expenses.

"We are going to the Boston Food Bank because we will far exceed what we had budgeted when this fiscal year ends," said Reis. "When February is over, even with the three loads from Boston we will have spent over \$9,000 at the local level. Some nights we give out 1,500 pounds of food. The growth

is unprecedented. The Food Bank is covering the extra need we couldn't have provided without fundraisers or going back to the town for more money."

In remaining recommended allocations, Nantucket Family Planning is to receive its requested \$8,383. Kelly raised another question about the \$13,000 appropriation of the \$15,000 request from Martha's Vineyard Community Services. The agency, under the state Department of Mental Retardation, has worked since 1992 with island families having severely disabled children.

The program's advocate travels to the island as needed and also meets families at the boat and takes them to treatment centers, among other services. Kelly asked the CRC to investigate how often the representative could visit Nantucket if the town funding is cut.

Kelly also asked for data from Nantucket AIDS Network identifying a significant increase in diseases such as AIDS and hepatitis to justify the \$10,000 appropriation of its \$20,000 CRC request for use in HIV/AIDS testing, education and outreach programs.

The only application denied was from Habitat for Humanity Nantucket, seeking \$10,000 to buy new construction tools. It was suggested that Habitat look into purchasing reconditioned tools and/or approach the Nantucket Affordable Housing Trust for assistance.

Page 3

FinCom scrutinizes funds for human service agencies

Feb. 24, 2010

Independent

Wawro said she is not upset or concerned that Kelly has asked for additional information on the funding requests, saying some of her committee members wanted to do the same exercise but did not have time before the CRC presentation to the Finance Committee.

"I am going to prepare a request to the agencies to 'true up' the numbers, and will ask for another meeting of the CRC to see if we want to change our recommendations based on the facts," said Wawro. "In the past we have asked for additional information. I was pleased the FinCom got down to that level of detail. I'm not objecting because it gives our committee a chance to take one last look and make sure our recommendations are sound." ■

Skyrocketing demand has food

Inquirer & Mirror

Thousands of pounds a week arriving from Greater Boston Food Bank

Feb. 25, 2010

By Eliot Baker
I&M Staff Writer

Faced with unprecedented demand, the Nantucket Emergency Food Pantry has reached out to a mainland organization for help. And the Greater Boston Food Bank has responded.

Food pantry director Andy Reis said that thanks to a new partnership between the two organizations, about half of the 3,000 pounds of food he and his volunteers distribute each week to roughly 200 different households is now procured from the Greater Boston Food Bank. It's part of a government food-relief program by which Nantucket may access free food, although transporting it from Harwich to

the food pantry at St. Paul's Episcopal Church on Fair Street has been a logistical nightmare that's required the purchase of a cargo van.

Reis has also opened the food pantry an extra day this winter to meet the increased need, which he said is 56 percent higher than last year's already record-breaking numbers. He credits a dedicated 10-person volunteer corps for providing a welcoming, anonymous environment for the "shoppers," some of whom are so shocked at finding themselves having to ask for help feeding their families that they ask if it's possible to have food delivered to them to avoid being spotted at the food pantry's doors.

"The majority of our clients

"The majority of our clients are unemployed, and I think for some, the idea of being unemployed is a new concept to them."

— Andy Reis

Director, food pantry

are currently unemployed, and I think for some, the idea of being unemployed is a new concept to them," said Reis. "The point is that the food pantry is seeing the need is great out there, and as good of a job as we're doing to meet that need, I think that there's probably just as many people out there that are unwilling to come down here."

FOOD, PAGE 12A

New York, New York

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pantry turning to mainland for help

Feb. 25, 2010 11M



Photo by Nicole Harnishfeger

Emergency Food Pantry director Andy Reis with a shipment from the Greater Boston Food Bank this week.

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Connor Kuratek, a 2006 magna cum laude graduate of Columbia University, has been awarded a Harvard Fellowship based on a paper he wrote about Indian bankruptcy reform.

of events for local street entertain-
tainment, a lower Manhattan business specializing in the operation of private clubs and restaurants.

Timothy Kuratek, a 2009

work can be viewed online at Timothy Kuratek Photography.

The Kurateks' parents are Robert and Welby Kuratek of Nantucket. They are all graduates of Nantucket High School.

Food: Pantry sees unprecedented demand

Feb. 25, 2010

(Continued from page 1A)

Reis calculated that the food pantry serves roughly 5 percent of Nantucket's households. Given that the unemployment rate hovers around 10 percent, he believes many people who could use the help are letting negative stigma attached to using the food pantry keep them away.

Yet use continues to rise. The third fiscal quarter, from January to March, has seen a 70 percent increase over last year, which saw a 315 percent increase over fiscal year 2008.

Reis said volunteers will sometimes distribute 127 bags of groceries to the equivalent of 57 households in a single two-hour period the food pantry is open, Monday, Tuesday and Thursday from 4-6 p.m. He estimated that the food pantry will provide nearly 50,000 meals to 5,400 total shoppers, including repeat visitors, this year.

"The Greater Boston Food Bank is a great asset, but it's only one piece of the puzzle," said Reis. "We budgeted \$37,000 for food this year and we've already exceeded that amount."

Most of the food pantry's budget is supplied by grants and \$20,000 allocated by the town's Human Services Contract Review Committee, which accounts for 17 percent of this year's budget. It receives another roughly \$14,000 in donated food. Most of the food stocking its shelves outside of the Greater

Boston Food Bank goods will continue to be purchased from Stop & Shop, which assists Reis in getting the most bang for his buck.

Reis and the food pantry board realized after crunching fiscal 2009's numbers that its old operating model would not be able to keep pace with islanders' expanding need. The board decided to link up with the Greater Boston Food Bank, and eventually had its application approved in January after leaping through a series of bureaucratic hoops to obtain a Health Department permit. Nantucket received its first food shipment from Boston Feb. 1.

Reis said the Greater Boston Food Bank delivers food to the Cape region in Harwich three times per month. Not having a proper hauling vehicle, Reis arranged with the Falmouth food bank to deliver a load of food from Harwich directly to the Steamship Authority, who agreed to send it along to Nantucket for pick-up.

While convenient, the arrangement was discontinued after two weeks because Falmouth could only transport 1,000 pounds of food per shipment due to shipping logistics, half of what Reis could pick up with his own vehicle. Indeed, last week Reis transported 2,200 pounds of food from Harwich to Nantucket in the food pantry's newly-purchased van.

But ultimately, all of the food pantry's efforts depend on the

volunteers' efforts.

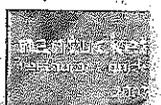
"We could not do this without the efforts of the volunteers," said Reis. "I just can not express the gratitude they deserve. They get compensated zilch. And it's not only the volunteers that are in the pantry but it's the volunteers of the Nantucket Emergency Food Bank board and then we fall under the Nantucket Interfaith Council, and there is a lot of volunteerism in that council."

Donations of unopened and currently dated food are accepted at the Food Pantry distribution center off the St. Paul's parking lot on Fair Street, and at all island churches. The food pantry is open 4-6 p.m. Monday, Tuesday and Thursday, and at other times in an emergency. In case of an emergency, leave a message on the Food Pantry's voicemail at (508) 228-7438 or speak to any island clergy member.

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Thursday, February 25, 2010

department elimination
voice their concerns

Opponents of human-services

By Jason Graziadei
I&M Senior Writer

Critics of a plan to eliminate the town's human-services department and outsource its responsibilities to a private contractor aired their concerns during a public hearing Tuesday, while selectman Rick Atherton said he had reconsidered his original vote in favor of the plan and offered a compromise proposal.

During a meeting which stretched over two and a half hours, a range of island residents voiced their opposition and concerns regarding the elimination of the human services department, from those directly involved in the delivery of such services, like Linda Williams, Mary Wawro and Louise Benoit, to those who have received assistance from the department, like Vanessa Philips.

"I represent part of the 2,000 people who receive help from

human services," Philips said. "My mother has had a lot of challenges here on the island. She's rented, done the Nantucket shuffle, and we've done it with her. She's lived out of her car, and when she had no place to turn, she knew she could turn to human services and (director) Maryanne Worth.

"It's sad to think they'll be eliminated," Philips added. "We've created a bond with them, to go to these people not to any agency, and to know they're going to be eliminated is very sad."

The board's plan was originally proposed by chairman Michael Kopko, who presented it as a way to both save the town money, and allocate more funds to Nantucket's existing non-profit human services agencies such as Nantucket Behavioral Health Services, A Safe Place and the Emergency Food Pantry. Kopko has since taken the lead on promoting the concept of outsourc-

ing the responsibilities of the town department by awarding a \$65,000 contract to an individual or agency to take on those duties.

The discussion of Kopko's proposal has been ongoing at the same time the Human Services Collaborative Work Group has been studying the collaborative model for service delivery, in which the town's various non-profits would come together under an umbrella agency to find efficiencies and other ways to collaborate. Kopko has maintained that the elimination of the department is a separate development from the work group's consideration of the collaborative concept, but there has been obvious confusion among the public and those in the human services arena about the connection between the two.

Critics have questioned whether the coordinator could indeed take on all the referral and direct services provided by

department

the department, and worry that some services may fall through the cracks. Others, including D. Anne Atherton, Rick Atherton's wife, questioned the process by which the board had voted in favor of Kopko's proposal, and whether it had considered alternative options.

"I hear that you understand we're not happy with the process moving forward because we weren't involved in the process, we don't know what other configurations you considered, what were the pros and cons," D. Anne Atherton said. "Is there something between the elimination of the department and outsourcing it? Or having a town human services officer as part of the town administration?"

Selectman Atherton announced at the start of the meeting that he had reconsidered his initial support of Kopko's plan, and would ask his fellow selectmen to continue funding the human services

lass.

elimination voice their concerns

department through the next fiscal year. During last night's meeting, he pushed the board to at least consider it as an option.

"I would ask that the board add an option for consideration, and the option would be simple: not move forward with budget-

ing for the contract at this time, and budget a number for the department's continuation," Atherton said. "That does not mean that as we go forward and all the unclear items are worked out, and the collaborative takes formation, that we could work

through this process."

Despite Atherton's insistence, his motion died for lack of a second.

The Finance Department recently developed three options

OPPOSE, PAGE 11A

prepared to migrate, and eventually attack the United States. In 1939, he traveled as a string correspondent for United Press to Japanese-occupied northern China, Manchuria and Canton before returning to the United States.

In 1941, Mr. Coolidge earned a master's degree in international affairs from Harvard University. Soon after, he accepted a posting with the Foreign Broadcasting Information Service (FBIS) in Oregon where he helped translate Japanese broadcasts for the U.S. govern-

ment where he served on the international staff of SEATO, the Southeast Asia Treaty Organization. Mr. Coolidge's final overseas posting was to Ankara, Turkey where he assisted Abbas Ali Khalatbari, secretary general of CENTO, the Central Treaty Organization for the U.K., U.S., Turkey, Iran and Pakistan. He retired from the State Department in 1972 after 25 years of service and returned to his home in Eethesda.

Mr. Coolidge had a lifelong fascination with boats, sailing,

boats and cruised extensively on his own sailboats, first *Talc*, then *Pollux*. He was a devoted member of the Sycamore Island Club in Maryland and donated historic small boats to the collections of maritime museums such as the Mystic Seaport in Connecticut and the Antique Boat Museum in Clayton, N.Y.

He was a lifelong amateur photographer, enjoying both the camera equipment and the many photos he took of family and places from his many travels.

Ossipee, N.H. and his wife Jan, and Elizabeth Coolidge of Lexington, Mass. and her spouse Elizabeth Sackton; and his six grandchildren, George and Ben Nitzburg, Christine and Caroline Coolidge, and Noah and Emma Coolidge.

A memorial service will be held on Nantucket in the summer. In lieu of flowers, donations may be made to the J.C. Campbell Folk School or the Nantucket Conservation Foundation. **3**

Oppose: Displeasure with human-services dept. elimination

Feb. 25, 2010
(Continued from page 5A)

for the board to consider with regard to the elimination of the human services department. One stipulated that the elimination of the department would proceed, but the board could request a transfer from the reserve fund to continue funding the department if a contract for the coordinator position is not executed by June 30, the end of the current fiscal year. Another option would allocate \$69,000 from the reserve fund to provide "tandem operations" of the town department and the contracted coordinator position until the end of the year, after which the department would be dissolved.

A third option would fund both the department and the coordinator position until the end of the year by tapping the budget projection for contractual allowances, rather than the reserve fund.

The board talked briefly about the options presented by the Finance Department last night, but will not decide on a course of action until next week. During Tuesday's public hearing, selectman Patty Roggeveen acknowledged that the proposal may have appeared to be abrupt to those who hadn't closely followed the board's discussions over the past year.

"The abruptness of how it happened, we'll take that hit," Roggeveen said. "It's always

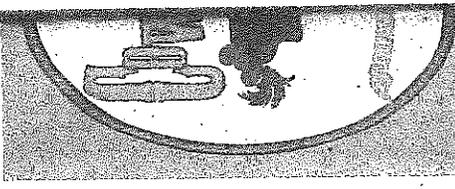
painful when change happens, but it's productive to come together and make what turns into our delivery of services a quantitative and qualitative model."

As others in attendance at Tuesday's meeting gave heartfelt testimony about the value of the human services department and Worth's leadership, Kopko emphasized that there was no intention to eliminate any services provided by the department, while acknowledging the difficult proposition of laying off staff.

"One thing we all agree on, at an administrative level and at the Board of Selectmen level, we don't want to see anything fall through the cracks, or services to home."

But Williams and others appeared unconvinced.

"I don't agree with what's going on and I'll keep saying it until I fall over dead," Williams said. "The department needs to remain because of the consistency and the services it provides. If you have a consultant operating out of some nebulous place, it's not one stop shopping. They'll be going over there for one service and over there for another. I'm going to disagree until Town Meeting and until the cows come home."



① Sizable crowd attends public session March 3, 2010 on Human Services Collaborative

BY MARY LANCASTER
INDEPENDENT WRITER

Approximately 50 people crowded into the town's 2 Fairgrounds Road conference room last Tuesday for the selectmen's information session on the proposed Human Services Collaborative. The meeting was sponsored by the selectmen because that board recently approved the Human Services Collaborative Work Group's recommendation to close the Human Services Department on June 30.

The purpose of the move is to save the town money by launching a collaborative model for local human service agencies with an independent coordinator under contract as the collaborative administrator.

The proposal has drawn outcry from a number of factions, including the Interfaith Council and island citizens concerned that the change is happening too fast and clients may lose services if their connection with the department is severed before the collaborative is fully functioning.

More than one person at the session spoke out in support of Human Services Department coordinator Maryanne Worth, her associations with clients and

her knowledge about referrals for their needs, and against her losing her job.

Vanessa Phillips told the board that she was speaking for her family and friends and representing the 2,000 clients who obtain support from Worth's office. She explained that her mother, who works for the town, has lived here 23 years. Over the course of time she fell on hard luck and once lived in her car, but found she could turn to Worth for the aid she required.

"They are always there to help," she said, adding that she is disabled. Through Worth, she was able to apply for a fuel subsidy and other assistance. "You've created a bond with them," she continued. "To know they are going to be eliminated is very sad. These people aren't doing their jobs because they have to do it, they are doing it because they love to do it. They are like our family. Why break the bond?"

Selectmen chair and chair of the Collaborative Work Group, Michael Kopko, told Phillips that services will not be lost, but that as the town looks at how it does all business in the next years there will be lost jobs and reorganization.

"The world has changed and it's not going back. Nantucket has grown and has more complex issues and expen-

Sizable Crowd attends public session

on Human Services Collaborative ^②

March 3, 2010

sive government than ever, [but] when we talk about people's jobs we're not talking about things. They are people and we recognize that."

Louise Benoit, a member of the Interfaith Council and Alliance for Substance Abuse Prevention as well as founder of Island Wide Giving, said she supports the collaborative concept providing that all those connected with human services are part of it. Reiterating the bond that Phillips mentioned, Benoit said if the department must be closed why not give Worth the new coordinator's position.

"It's not something you can advertise for — it's just there," she said.

Kopko said by law the town must write a request for proposals for the coordinator's job because it will be a contracted position. He also explained that he hopes the job description will include a need for knowledge about Nantucket and the island's human services.

Selectman Rick Atherton told the gathering that he intended to ask the board to continue funding the Human Services Department on some level and hold off on issuing a contract for a coordinator until a collaborative is in place. That proposal was made at last Wednesday's selectmen's meeting, but his mo-

tion was not seconded. The topic is to be discussed again at tonight's meeting when a full board is present. Other options for human services already under consideration include a reserve fund transfer, a reserve fund reduction or a reduction in the town's union contractual allowance to continue operating the department for six months while the collaborative is established.

Kopko said the work group will present a preliminary report on the collaborative model to the selectmen on March 17 but that no deadline for its final report is set.

"This is not a delay, it is another layer of specificity on what is proposed for service delivery," explained selectman Patty Roggeveen.

Mary Wawro, chair of the Contract Review Committee that also stands to be eliminated with implementation of the collaborative, told Roggeveen that she had just made "the best case" for stepping back to let the collaborative develop incrementally before eliminating the town department.

"We have heard that and we're there," said Roggeveen, adding that it is important to discuss the coordinator's accountability for service delivery. "You have my commitment that that question will be answered." ■

Selectmen agree to compromise, extend life of human-services dept.

March 4, 2010

I&M

By Jason Graziadei
I&M Senior Writer

Reconsidering its plan to immediately eliminate the town's human-services department at the end of the current fiscal year June 30, the Selectmen voted 3-1 last night to tap the town's reserve fund in order to keep it operating until the end of 2010.

Responding to criticism that it was moving too fast in dissolving the department, the board considered three options put forward by the Finance Department last night, and opted for a small concession on the date for phasing out the human-services department and its two-person staff.

Selectmen Michael Kopko, Allen Reinhard and Patty Roggeveen voted in favor of the compromise, with Rick Atherton opposed.

The Selectmen's plan to eliminate the department and outsource its duties to a private contractor while helping to orchestrate a new human-services collaborative with the island's non-profit agencies has dominated the discussions of the board and the Finance Committee over the past month. Critics have argued that the decision to eliminate the department was rushed, and some services it provides could fall through the cracks in the transition to providing them through a private "coordinator" position.

The discussion of Kopko's proposal to eliminate the department has been ongoing at the same time the Human Services Collaborative Work Group has been studying the collaborative model for service delivery, in which the town's various non-profits would come together under an umbrella agency to

find efficiencies and other ways to collaborate.

Kopko has maintained that the elimination of the department is a separate development from the work group's consideration of the collaborative concept, but there has been obvious confusion among the public and those in the human-services arena about the connection between the two.

He emphasized last night that the plan boiled down to a desire to provide more funding to the human-services agencies that provide direct services to islanders in need, and save the town money.

At a public forum last week, Atherton announced at the start of the meeting that he had reconsidered his initial support of Kopko's plan for the human-services department, and asked his fellow Selectmen at the board's meeting the following night to continue funding the department through June 2011 at some level, not necessarily its full \$130,000 budget. Despite Atherton's insistence, his motion died for lack of a second.

Atherton again sought support for that option last night, but was similarly rejected.

"The option I put forward is one that I would ask the board to consider again," Atherton said. "If and when we're ready to move forward with the changes, the human-services contractor issue, if we're ready then the board could make those changes at this time. It doesn't mean the town has to operate the department for a full year. It could occur in six months or nine months. What I've had trouble with is acting before a plan was developed in sufficient detail to have a fairly broad consensus and have it be positively received and accomplish the goals we've

set out."

Kopko, along with Reinhard and Roggeveen, said they wanted a firm commitment on a date to dissolve the human-services department and not keep the status quo.

"My sense is this option is a happy medium between what Rick is asking us to do and what we initially proposed," Kopko said. "It provides a level of funding to the department for six months and provides funding for an RFP (request for proposals for the contractor position). What I like about it is it sets a deadline and doesn't leave it open-ended. It requires us to act and make it happen."

Along the same lines as Atherton's proposal to continue funding the department, the Finance Committee voted unanimously Monday "to recommend to the Board of Selectmen that they consider the option of maintaining the current funding of the human-services department for fiscal year 2011."

Finance Committee member Christy Kickham, who also serves on the Selectmen-appointed human-services work group, said Monday that the transition to the collaborative will be "complicated" and indicated his own concerns about moving too quickly to eliminate the human-services department.

"They are nowhere near establishing a collaborative yet, and we're prematurely setting up a system, as far as the town's concerned, when the other side isn't ready yet," Kickham said. "And I don't see them being ready for awhile. I'm fully in favor of holding off and restoring funding to the human-services department. I think that's sound and responsible, and it would be irresponsible to go the other way."

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VERITAS

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Food services face further cuts as soon as 2011

GEORGIE MORLEY
assistant editor

Whether they are scheduled to go to early, middle or late lunch, the students of Nantucket High School look forward to the 28 minute break they get each day. Lunch is a time to catch up with friends and refuel for the remainder of classes. For a majority of students, lunch is purchased from the school cafeteria.

Schools across the nation are required by State law to offer their students with a balanced, nutritious lunch due to the National School Lunch Program [NSLP]. Sixty-four years ago, Harry Truman signed the National School Lunch Act. Truman recognized the power of good nutrition, especially in growing students and said that, "Nothing is more important in our national life than the welfare of our children and proper nourishment comes first in attaining this welfare." According to the Massachusetts Department of Elementary and Secondary Education [MDESE], over 219 billion lunches have been served since the act was established.

Nantucket Public Schools are required to not only provide enough food for their students, but they also must meet strict state and federal guidelines established by the NSLP. According to MDESE, schools must meet, "the Dietary Guidelines for Americans," which recommends that no more than 30 percent of an individual's calories come from fat, and less than ten percent from saturated fat. Regulations also establish a standard for school meals to provide one-third of the Recommended Daily Allowances of protein, Vitamin A, Vitamin C, iron, calcium, and calories. Meals offered must also follow the basic structure, "minimum component quanti-

ties of meat or meat alternate; vegetables and fruits; grains and breads; and milk."

Each year, state funding for the program shrinks. Nantucket High School Financial Director Glenn Field believes that trying to create a diverse lunch program on a budget has created a slippery slope.

"The State thought it would be wonderful to bus and feed every student so they provide the funding knowing that schools needed the supplies," said Field. "But, over the past 20 or 30 years the state has had less tax revenue because no one likes paying taxes. So that leaves the schools high and dry."

"I think the kids have too many options as it is."

-Robert Pellicone
*Superintendent of Nantucket
Public Schools*

Declining tax revenues, along with the recent economic down turn, has put a huge hole in the Nantucket Public School's lunch budget. For the past five years the program has been running at \$112,000 to \$120,000 loss each year. For the past three years, the program has cost on average more than \$165,000, which is primarily funded by the cost of the lunches with a small percentage coming from the state (the state is only required to reimburse for the free and reduced lunch program). In 2009, this was only \$41,676 or approximately 23% of the total cost.

With food and fuel costs rising, and state aid shrinking, the school committee and financial department was forced to make serious cuts to the program.

"Our first 'budget cut' is envisioned for next year, fiscal year 2011. We're planning to reduce costs from \$168,000 to

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VERITAS - Food Services face further cuts as soon as 2011

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\$70,000," said Field.

"There are only two places to cut: food costs and labor costs," he continued. "We can help cut down both by simplifying the menu offered," said Field. He also commented that during a routine inspection by NSLP, members of the inspection were impressed with not only the cleanliness and nutrition of the Nantucket Public

School cafeteria facilities, but also the variety of lunch choices.

"It's like we're offering a buffet," said Field. "They were blown away by the fact we had an "a la carte" option and not just a hot meal like most schools offer."

However, lunch variety may

change as soon as next school year. Proposed cuts would cause menu options to become limited, mirroring a model similar to that of the elementary school where only one meal is served.

"This isn't a restaurant, if they don't like what they serve then they can bring their own lunches," said Field.

"I think the kids have too many options as it is," said Nantucket Public Schools superintendent Robert Pellicone. "If I could, I would get rid of everything except for the hot meals, and have some prepared sandwiches as an alternative."

Both Pellicone and Field feel that nutrition is important for students, but argue that the school only has a finite amount of money and at the end of the day they would rather see it going to teachers than food.

"In my opinion, if the choice is between keeping staff in the classroom or jazzing up the food options, I'm going to go with the staff," said Field.

Budget aside, Nantucket is put in a unique and difficult situation due to its location. "Many off-island schools have companies that takeover their lunch program and can even make a profit," said Field. "I've talked with them and as soon as they find out where we are the refuse to work for us." He also added both labor and food costs are much greater on Nantucket than on the mainland.

"Over there, they're paying minimum

wage, which is eight dollars. We're paying our staff \$16 per hour. On top of that, food transportation makes food costs 35% more expensive than on the mainland."

One question still remains. How important is a good meal during the school day? History teacher Peter Panchy feels that the quality of food served should not be sacrificed due to cuts.

"Even with financial constraints I still hope they offer breakfast and more than just hot lunch because I think for some kids these are the best meals they're getting all day," he said.

If the planned cuts are indeed made in the next year, the head of Food Services for Nantucket Public Schools, Linda Peterson, has a daunting challenge ahead. To be able to run a food program that meets Federal requirements on half the current costs will not be easy. Despite being apprehensive about the budget cut rumors, Panchy has faith in Peterson's abilities: "Linda Peterson and her staff do an excellent job at feeding all of us at school, students and workers," he said.

Since first taking over the public school's Food Service department, Peterson has made numerous efforts to streamline the budget. She developed the customer billing that is sent out monthly. She also itemized the point of sales system [POS] in order to make inventory more efficient. Peterson's latest cost cutting project has been the

registration of the schools on www.myschoolaccount.com, which helps simplify the billing system as well as tracking food purchased at the school for each customer.

Peterson goes to great lengths to satisfy the students and staff at the schools despite enormous constraints. She juggles the multitude of restrictions and is still able to provide nutritional options; however, she is nervous about the years to come and the proposed deep cuts in the program.

"The children do not like the limited offerings," said Peterson. "They especially want made to order sandwiches and the salad bar back on the menu."

Peterson's determination and enthusiasm appears to be at an all time high, but even she is beginning to feel the pinch.

"I feel like a magician with a hat I am supposed to pull all these rabbits out of, but the hat keeps shrinking every year," she said.

Housing Bank Home Rule Petition faces uphill battle; town officials say let it drop

By MARY LANCASTER
INDEPENDENT WRITER

March 31, 2010

The lack of affordable housing for island residents who make up the essential fabric of the community's work force is a long-standing issue organizations such as the Housing Office have wrangled with in many ways.

In 2006 voters at a Special Town Meeting approved a Home Rule Petition to establish a Housing Bank that would be funded through a one percent fee on property sales levied against the seller. The intent of the bank concept is to establish rental and ownership housing opportunities for residents earning 150 percent or less of Nantucket's median household income.

The petition did not pass at the state level that first year and was reaffirmed by voters in 2008 and 2009 so the proposal could remain active in the legislature. This year, town officials do not support the reaffirmation, citing establishment about a year ago of the Nantucket Affordable Hous-

ing Trust Fund, with a mission similar to the Housing Bank and which is supported through grants, Community Preservation Act monies and donations.

Nantucket's legislative Representative Tim Madden said this week that the petition left the Committee on Revenue with a favorable recommendation a month ago; however, state real estate lobbyists are fighting it.

"I would support what the town wants to happen. I would support the Housing Bank bill going back to the legislature, but it has been an uphill battle because no one wants new taxes," said Madden.

The whole affair is frustrating for town housing specialist Susan Bennett Witte, explaining that historically, the idea for the Bank appeared before the planning office had a housing specialist and was initially proposed around 2004 by local housing advocates.

"The big difference between the two is the revenue source. We would rather have a source for housing, but there are influential lobbying groups vow-

ing to see the Home Rule Petition killed because it would set precedent and other communities fear this taxation would affect them," Witte said.

"The Massachusetts Association of Realtors has a war chest to murder this sort of legislation. They consider it a regressive tax. I have told lobbyists that the Nantucket community wants this and that it is just for Nantucket. It would be great if we had it, but in a few years [they] found all the votes that could be paid off with campaign contributions. Increasing taxes, which is how this is seen, is not popular with politicians."

While Witte, who is a realtor, also backs the Housing Trust Fund, she noted that it needs money from grants, hopefully tax-deductible contributions and the Community Preservation Act. The main difference between the two concepts is that the Trust Fund has no dedicated funding resource, said Witte.

"In three months of this year there were seven sales [of properties] between \$2 and \$3 million, five sales over \$3 million and one for over \$19 mil-

lion that could have generated money for the Housing Bank," she explained. "The Bank was set up to receive one percent of sales over \$2 million. From the \$54 million in sales we would have had \$547,000 in the first

three months of this year.

"It's not that we've got this thing and we don't need that thing. [The Home Rule Petition] is just not going to pass. Money talks and unfortunately, we need money here." ■

April 1, 2010 Inquirer & Mirror

mind on human-services issue ←

Selectman explains reasons for changing his

By Rick Atherton
Contributing Writer

Several weeks ago I cast a vote to eliminate the Town of Nantucket's Human Services Department. It is a vote I have come to regret.

By way of background, the Board of Selectmen established a Human Services Collaborative Work Study Group last fall. The charge to the work study group was to assess how the town presently assists in the delivery of human services and whether or not we can do better.

This certainly seemed like a good idea then, and I believe it is now. After all, we have been doing what we have been doing the way we have been doing it for the last 20 years. My assumption, and I believe that of the other members of the Board of Selectmen, was that the work study group would draft a report and make recommendations to the board. After due consideration – and public input – the board would decide how best to proceed. Sounded reasonable to me.

But that's not what happened.

In the midst of the budget discussions in early January, members of the board received a "proposal" concerning the human-service activities of the town. The board briefly reviewed the "proposal" at that time, although it was not a formal agenda item. The "proposal" called for the elimination of the Human Services Department, and in its place, an outsourced "Human Services Coordinator," as well as some additional related actions, all of which were independent of each other.

As I remember that discussion, one member felt that a report was needed from the work study group. The town manager's budget recommendations had made no reference to the elimination of the Human Services Department, nor had any earlier presentations. The board had had a number of conversations over the past months about the benefits of a collaborative on Nantucket. But, I, for one, do not recall ever hearing anything about the possible dissolution of the department, nor a significant change in the committee structures of the town's

Council for Human Services and the Contract Review Committee until that time.

One might have thought that the "proposal" was the result of the good thinking and work of the work study group. But, the hope that the group was the process that had brought forward the plan was misplaced. According to the records of its proceedings, the work study group had not developed, nor voted on, any "proposal" prior to the board's meetings in January. This was not made clear to us at the time.

A week later, the BOS agenda included this item: "VI. 1. Presentation on Human Services Collaborative Proposal: Discussion of Proposal." The "proposal" was fleshed out more than the prior week. The vote? Four in favor, including me. Against, one: Selectman Chadwick. Good for Brian for voting no. I wish I had. Not because in the end this might not be a reasonable course of action, but because, we – and I include the town manager, as well as the Board of Selectmen – should have taken the time to make sure that we were getting

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Selectman explains reasons for changing his

mind on human-services issue

it right before acting. After all, outsourcing the town's role in providing for the human-services needs of our citizens is not like outsourcing trash pick-up.

I have tried to revisit what we did because I believe we should have waited for an independent report from the work study group before taking such an important action as dissolving a town department, particularly in the absence of a coherent rationale, the development of various options, an assessment of the pros and cons of each, and a well-organized plan for the continued delivery of human services to the community.

Over the past few weeks I have come to the opinion that the Town of Nantucket made a statement 23 years ago in establishing a Council for Human Services and at some time decided it was important enough to provide funding for a staff member to work full-time to support that mission. The disestablishment of that commitment does not sit well with me. In my opinion, we cannot outsource our sense of civic responsibility to a private contractor.

This is not to say the level of resources devoted to the activity as currently constituted is the correct one. If not, we can modify it to the proper level.

This is not to say the structure of citizen support for that mission through the Council for Human Services and the Contract Review Committee does not need review and perhaps should also be modified.

But we need not, and should not, set aside the sense of responsibility that Nantucket has for the well-being of its citizens. Maintaining a town human-services function, in some form, is the appropriate statement that we continue to affirm a commitment to the well being of all our citizens.

For me, it is as simple as that.

Rick Atherton is a member of the Board of Selectmen and a former Finance Committee member.

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Inquirer & Mirror

April 8, 2010

Selectmen back off plan to eliminate human-services dept.

By Jason Graziadei
I&M Senior Writer

Reversing course on its plan to eliminate the town's Department of Human Services, the Board of Selectmen voted unanimously last Thursday morning to rescind its earlier decision to shake up the human services arena.

After months of intense debate with opponents of the plan, originally brought forward by selectmen chairman Michael Kopko, the board offered a concession in early March that would have delayed the elimination of the department from the end of June to the end of 2010. But ongoing concerns that the decision was rushed, and that services might fall through the cracks in the transition to a private contractor, prompted the Selectmen to scrap the plan entirely, and await a report from the Human Services Collaborative Work Study Group.

Kopko, the strongest advocate for eliminating the town department and outsourcing its work, did not attend the meeting. His fellow selectmen unanimously adopted a resolution put forward by Rick Atherton to "set aside" the board's Jan. 13 vote to

and rejected the changes by voting to insert funding for the department in this year's municipal budget.

Atherton's resolution also contained a new and expanded charge to the Human Services Collaborative Work Study Group, which is analyzing the collaborative model for service delivery. The new charge will extend the group's deadline to report its finding to the board, and mandate that it "develop options" in addition to the original collaborative model.

"There was concern on my part that the vote in January had a predetermined, fairly specific outcome, and that came about before we got a chance to figure out what configuration might be reasonable," Atherton said during last Thursday's meeting. "In retrospect, I think the January decision was premature. All this tries to do is clarify the board's intent, that we await a report and make sure the work group is comfortable with their charge and have their charge expanded to make sure they consider different possible configurations for the town's involvement in human services."

Kopko said this week that last Thursday morning's unusual public meeting of the Selectmen was called by vice chairman Patty Roggeveen, and that he was not consulted as to whether he could attend or not. Since he had plans that morning, Kopko did not attend, but said he was stunned that the board had taken the vote it did.

"It's kind of a shock," Kopko said. "It was out of the blue. I'm disappointed, obviously. I think this is a good board and we get a lot done and I often think we can be getting more done and moving forward with stuff. Some people are more cautious and some people are more political than I'm comfortable with sometimes."

"I think it's too bad," Kopko continued. "I think we can be doing a lot better, but we've committed to another year of what we're doing. I certainly will continue to pursue these changes. I think people are falling through the cracks, we have needs that aren't being met, and I intend to grow the services offered on the island so those needs are met."

The only selectman who originally voted against Kopko's plan back in January, selectman



Selectman Michael Kopko

endorse Kopko's plan, and withdrew its support for Article 33 at Town Meeting, which would have changed the structure of the Council for Human Services, another key component of the plan.

Although Atherton originally voted in favor of Kopko's proposal back in January, his support wavered shortly thereafter, and he has since sought support from the board to reconsider its position. The Finance Committee similarly expressed its concern about eliminating the human-services department,

Brian Chadwick expressed his pleasure that the board had ultimately come around to the conclusion that eliminating the human services department without a proven alternative was not appropriate. "I kept chipping away," Chadwick said.

Thursday, June 17, 2010

The Inquirer and Mirror, Nantucket, Ma.

Schools' food-service workers face steep cuts

By Eliot Baker
I&M Staff Writer

Elementary-school lunch coordinator Doreen Cartwright had a startling end to a pleasant evening dining out with a friend last Thursday when a school colleague approached her with some bad news.

"He said, 'Have you heard that all the lunch people were going to be cut to 19 hours and would lose all their benefits?'" recalled Cartwright at Tuesday's School Committee meeting, which was attended by several food-service workers.

Cartwright was not clued in to such proposed cuts, which were more drastic than those presented last month to the School Committee to lower the lunch program's \$170,000 annual operating deficit. Cartwright contacted superintendent Robert Pellicone, who came to her office and informed her that the cuts were indeed on the table.

"In reviewing the current debt in our food-service program, we are reaching the \$200,000 level," said Pellicone. "I recommended to (food-services direc-

"The problem is, we have a long-term, experienced staff of food-service workers and they've done a tremendous job and they're a stellar crew, but they get paid in that context."

— Tim Lepore
School Committee

tor) Linda (Peterson) that we pull back our over-20-hour employees to 19 (hours per week, and) to reduce all benefits, thereby saving the district over \$125,000 in salary and benefits, and it puts every employee on an even playing field. We will be discussing this option with others on Friday."

School committee member Dr. Timothy Lepore will be a part of the food services committee attending Friday's discussion. Lepore recognized the lunch program's great financial difficulties since the 2004 School Committee vote — followed later by a state vote — that banned schools from selling soda and chips, removing as much as \$70,000 in food revenue from the school

budget.

But Lepore was concerned about the food-service workers as well as the children they serve.

"The problem is, we have a long-term, experienced staff of food-service workers and they've done a tremendous job and they're a stellar crew, but they get paid in that context," said Lepore. "You could probably do that on the cheap but I'm not sure that that's the best approach."

School finance director Glenn Field said last month that Nantucket food-service employees' wages are two to three times that of their colleagues in other districts, and their benefits are unprecedented throughout the

state. At that meeting, Field and Peterson proposed a 20 percent cutback in staff hours to shave \$50,000 from the lunch deficit. Another \$50,000 is expected to be saved by limiting school-lunch offerings to one hot meal choice per day along with a sandwich.

"Our competitors on the mainland have the luxury of unlimited talent and staff at state minimum wage," said Field last month. "Our people have been with us for a long time, but our salary profile defies any comprehension."

While some School Committee members have suggested tightening up delinquent lunch-bill collections and bringing in more revenue with new offerings, Field said such efforts would provide, at best, minimal results. Uncollected lunch money last year represented a relatively small hit to the budget at \$14,482, and students have failed to buy healthier foods in volumes approaching those of the chips and soda days.

"My first priority is to make

Cuts: Food-service workers' hours in jeopardy

June 17, 2010

(Continued from page 9A)

sure these kids have a good meal at least once a day and not all our kids have that opportunity," said Lepore. "I feel strongly about this issue. This is all wrapped up in our dietary deficit."

Nantucket hasn't raised its school lunch prices since 2003, and has been reluctant to do so since those prices are still as much as \$1.25 higher than the state average, Field said last month. Food is much costlier on Nantucket due to distribution charges for delivering perishable

"Our competitors on the mainland have the luxury of unlimited talent and staff at state minimum wage."

— Glenn Field
School finance director

goods 30 miles out to sea.

The proposed cut in food-service workers' hours and benefits is not final, and options will be discussed Friday with the

administration and the Food Services Committee.

"These are long-term employees that get a lot of satisfaction from their job," said Lepore. "I just want to be careful that we don't lose people like this because they have a history. You can bring people in off the street for minimum wage, but do they know who's the kid that's afraid to go to lunch because he doesn't have enough money? You can't replace that institutional memory. You save a couple bucks but you lose that institutional knowledge and that connection to the kids."

July 8, 2010

The Inquirer and Mirror, Nantucket, Mass.

Schools trim lunch-staff hours, but preserve benefits

By Eliot Baker
I&M Staff Writer

School-system food-service employees will retain their benefits and work 20-25 hours a week, making the budget-driven wage cuts announced at Tuesday's School Committee meeting significant but not as dramatic as those proposed in June, which provoked an outcry from the food-service staff.

The schools' lunch program operates at a \$170,000 annual deficit, and this coming fiscal year's budget called for shaving \$100,000 from that deficit, a measure which school director of finance Glenn Field said could only be achieved through lowering Nantucket's uniquely-high salary and benefits profile and by removing lunch options.

"Those are your only two moving parts," said Field.

The slash in hours should save the district \$70,000, said Field. Removing à la carte items and providing only one hot lunch menu option per day is expected to reduce the deficit by another \$30,000.

Field said that a representative from the state Department of Elementary and Secondary Education strongly supported removing à la carte options.

"This nationally-subsidized program was meant to provide a well-balanced meal, it wasn't meant to provide treats and snacks," said Field.

The more drastic June proposal

called for reducing hours to 19 per week and eliminating health benefits for food-service personnel, many of whom have served the district for many years. But Field said in June that Nantucket's generous compensation plan dwarfed those of districts across the commonwealth, who generally pay two to three times less to their food-service workers.

"Our competitors on the mainland have the luxury of unlimited talent and staff at state minimum wage," said Field last month. "Our people have been with us for a long time, but our salary profile defies any comprehension."

Food-services director Linda Peterson met with administration to iron out the compromise last month. She said breakfast options will remain unchanged, as breakfast is better-subscribed and loses less money than lunch.

While some School Committee members have suggested tightening up delinquent lunch-bill collections and bringing in more revenue with new offerings, Field said such efforts would provide, at best, minimal results. Uncollected lunch money last year represented a relatively small hit to the budget at \$14,482, and students have failed to buy healthier foods in the volume approaching those when it was still legal for schools to sell chips and soda.

Nantucket hasn't raised its school-lunch prices since 2003, and has been reluctant to do so since those prices are still as much as

\$1.25 higher than the state average, Field said last month. Food is much costlier on Nantucket due to distribution charges for delivering perishable goods 30 miles out to sea.

New superintendent Michael Cozort said the Food Services Committee will continue to examine how to collect on outstanding lunch debts from families, as well as other options to improve the lunch program's financial outlook.

Also at Tuesday's meeting, Cozort announced that interim director of facilities Dave Kanyock will continue in his post through Oct. 3. Kanyock and two outside applicants were interviewing for the position.

"I became concerned that we were running late in those interviews and decided to retain the services of Dave Kanyock through Oct. 31 to make sure the summer projects are finished," said Cozort. "I will assess his work and those projects over the coming months."

Also at Tuesday's meeting, Cozort said that new Cyrus Peirce Middle School principal Scott Meadows will move his wife and four school-aged children from Virginia to the island July 15 and will begin work on July 19.

Also at the Tuesday's meeting, the School Committee ratified the contract of the Nantucket Teacher's Association Educational Support Personnel.

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Senior meals programs in jeopardy

The Nantucket
Independent

①

Aug. 25, 2010

By MARY LANCASTER
INDEPENDENT WRITER

On Monday and Tuesday, every Nantucket Elder Services nutrition client and all the volunteers for its Meals on Wheels program were hand-delivered an announcement that as of December 31 the hospital will no longer provide its kitchen for preparation of local senior citizen meals.

This decision, said to be due to new construction at Cottage Hospital and concern for the safety of program volunteers, has the potential to affect nutritional needs for a significant portion of the island community who may be homebound, are on low, fixed incomes or are those who enjoy the social opportunities the lunches at the Saltmarsh Senior Center offer.

See MEALS, page 3

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PHOTO BY ROB BENCHLEY

Nancy Adam receives a lunch from Elder Service's Mark Budaj in her home at the Landmark House.

① #19



Meals

Continued from page 1

Sheri Hunt, director of the Nantucket Elder Services agency, said that in FY09 the year-round program run by Mark Budaj served 9,310 dinners to Meals on Wheels clients who receive their food at home and 5,460 lunches at Saltmarsh. The hospital has held the food service bid for at least 20 years.

Hunt said that during this year's Request for Proposals and bidding process for the next three-to-five-year contract, the hospital sent a letter to Elder Services saying they would only provide meals for one more year and at a 58 percent increase over the current contract price. The one-year arrangement was approved by the executive office of Elder Affairs; however, during negotiations for a lower price, the hospital stated it would only allow use of its kitchen for six more months. Elder Services declined that option and received a three-month extension of the current contract at a new, slightly lower reimbursement than the hospital had requested so that the meals program could be rebid. The current contract price that is paid to NCH and that expires September 30, is \$5.55 per meal. The one-year, 58-percent increase requested by the hospital would have raised their reimbursement to \$8.76 per meal. The six-month renegotiation would have lowered the price to \$8.01 per meal; the three-month contract extension requested by Elder Services has lowered the price further to \$7.41 per meal.

At the moment, Hunt has no alternative kitchens lined up.

"My volunteers are devastated — everyone is devastated. This is to bring awareness to the community and other potential providers in the community," said Hunt. "The fact that the hospital has had this service for 20 years makes me think there may be someone else who can provide this. It is people's parents, grandparents and next door neighbors who benefit from these programs."

According to NCH community re-

THE NANTUCKET INDEX

lutions director Chuck Gifford, the hospital submitted a standard form to Elder Services' main office in South Dennis in a bid for a new contract, but the bid was not accepted. He said it is his understanding that NCH will be among the upcoming bidders, adding that for the time being volunteers cannot use their former entrance to pick up the food because an MRI truck is parked there.

"We want the people who receive that service to continue to receive it," said Gifford. "Nobody is getting cut off at this point."

The situation is different from that, according to Ellen McDonough, the clinical director at Elder Services' main Cape office. McDonough said the latest bidding process for the nutrition contract began in March. It was suggested to NCH that a full proposal be submitted along with a letter explaining that the hospital only wanted the contract for one year instead of the three-year minimum. By the June 7 bidding deadline, Elder Services had only received a letter from NCH seeking the one-year extension and asking for payment at "an exorbitant price." While the one-year offer was accepted, the much higher reimbursement was not feasible. During price negotiations, NCH indicated about a month ago that a moderately reduced payment would be agreeable but for just six months, not for a year.

"I suppose I would have to dedicate myself to eating a lot of sandwiches or cereal," Adam said of how she anticipated being affected if the program ends. "It's such a nice outreach program. It's a shame the hospital is dropping it. I'm hoping someone will

Landmark House resident Nancy Adam has been receiving Meals on Wheels for about six years. She said that besides appreciating the prepared dinners, because it is difficult for her to stand and cook, the deliveries are "pretty much my company."

"We felt with the bidding process that wouldn't help us," explained McDonough, adding that it is "inaccurate" to claim that NCH submitted a bid in a formal proposal model.

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Senior meals programs in jeopardy

"The Nantucket Independent" Aug 25, 2010

step in and that they can think of it as outreach. For many people who live in separate homes, it is a socializing event. Not only that, the price is so phenomenally doable."

Chicken Box co-owner Rocky Fox has been delivering Meals on Wheels for eight years. He began soon after the nightclub's former bartender Robert Harris died, because he saw how much the program meant to him while he was ill and at home. As a result of his own experiences as a volunteer meals driver, Fox said he has become more involved with many island charities. He has great admiration for the program and hopes it will continue.

"I have time on my hands and I love, love, love the program," said Fox. "Some people only have the postman and their meals delivery." He said he finds the island elders fascinating people with so much to share and teach that he usually spends an hour with them during his visits.

"I leave that hour a day with a smile on my face every day," he said. "I'd be really, really sad if this program stopped, and I can't imagine the ramifications for the people who wouldn't receive a meal."

The MOW and Saltmarsh meals

are offered five days a week with frozen entrees delivered to homebound clients who request them for weekends. Each client is asked to pay \$2 per meal but is not refused food if they are unable to afford that donation. Elder Services' shortfall for Nantucket is \$4.69 per meal, even though the agency receives \$8,000 annually through a Council for Human Services grant to offset the MOW deficit. Hunt explained that the average client contribution is 93 cents per meal. Breaking down the \$8,000 according to meal volume, Elder Services of Nantucket obtains 67 cents for each lunch. ESN receives \$3.50 per meal in federal and state funds and \$1.71 per meal from other grants. Hunt added that if a client receives home care services through her agency their home worker is paid \$2.02 by the agency's in-house nutrition department to deliver the meals as part of their visits.

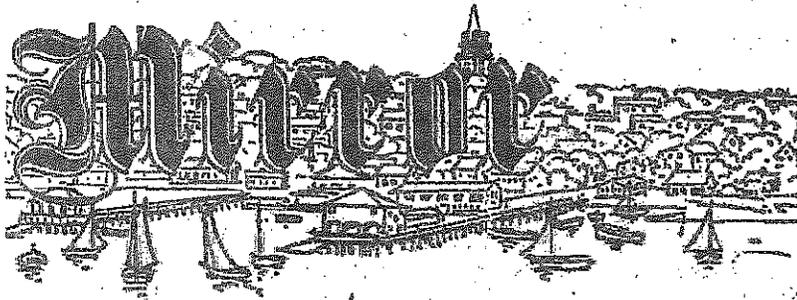
Whoever holds the meals contract is provided with a weekly menu developed by the nutritionist in Boston's Elder Affairs executive office. The kitchen provider then orders the food for the dishes based on the menus, prepares the meals on site and packages the dinners in sealed, biodegradable containers for MOW clients who received instructions on how to reheat them. The senior center meals are prepared in stainless steel hotel pans, refrigerated, and then placed in ovens the next day. On the day they are served, the meals are placed in a transport container to be delivered free by A-1 Taxi to Saltmarsh with coolers of milk, butter and bread.

Hunt said her "worst nightmare" is not being able to find another kitchen. This could mean that to continue the island nutrition program, the food would have to be sent here by a mainland provider via plane or boat, likely in frozen rather than fresh condition.

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Legal notices for bids will be published in early September. On September 15 from 9:30 to 11:30 a.m. at Landmark House there will be an informational bidder's conference to explain how the program works.

"We really are hopeful people will come," said Hunt. She said the new bid will be awarded on October 26. ■



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Lunch programs for seniors at risk: Bidding Sept. 15

By Eliot Baker
I&M Staff Writer

Martha Bouton wanted nothing more than to go home. Recovering from major surgery last April at Our Island Home, she was relieved to find she could continue her recovery at home by signing up for Meals on Wheels, the government-mandated program overseen by Elder Services of Cape Cod and the Islands which uses volunteers to deliver meals and provide safety checks to people 60 and older who have difficulty preparing food for themselves.

"It's just been a big help that I was able to come home," said Bouton, 85. "They wouldn't have let me come home without something

like that. At my age, it takes a while to get over surgery . . . It's nice to see someone every day and say hello for a minute, and all of them say, 'Is there anything I can do for you while I'm here?'"

But Meals on Wheels and its affiliated Congregate Lunch senior-dining program at the Saltmarsh Senior Center are in jeopardy, after Nantucket Cottage Hospital indicated it intended to stop providing the meals after 20 years. Hospital officials, who said they have been providing the meals at a loss, cited the necessity of focusing on critical healthcare services amidst a recession and concerns over construction in their decision to stop catering the Meals on Wheels and

LUNCH, PAGE 5A

(Continued from page 1A)

senior-dining program once its contract ends Dec. 30.

Elder Services is now looking to find a new provider, and has scheduled a bidding conference for Sept. 15.

While Meals on Wheels will continue in some form, the senior-dining program could disappear without a local caterer, said Sheri Hunt, director of Nantucket's Elder Services office. Should no local caterer come forward, frozen meals will be shipped in from the Cape and distributed from a storage facility to Meals on Wheels clients. But health and logistical requirements for the congregate lunch program would not be met in the frozen-meals scenario, and ESCCI is not mandated to support the program at which 5,455 meals have already been served this year to dozens of seniors who depend on it daily for both nutrition and socialization.

"Most of our folks who do our senior-dining program, that is their event for the day," said Elder Services nutrition coordinator Mark Budaj, who oversees the congregate lunch program that gets its meals delivered for free by A-1 Delivery. "They come here for social interaction and a balanced, nutritional meal. Their interaction is often limited to just a volunteer driver and maybe the mailman. That's what's so important about the congregate lunch."

On Wednesday, 13 seniors joked and conversed as they sat down to a meal at the Saltmarsh Center. Tony Mello, 86, graduated from Nantucket High School in 1942 and is a frequent diner who looks forward to seeing his friends at the center every day.

"I'm here all the time and it's the best thing there is," he said. "We've watched them come and go."

Hunt worried about the quality of frozen meals and was disheartened that such an established essential service had become threatened. She voiced hope that a local provider would step forward, who could be anyone from a caterer to a restaurant to a school cafeteria.

"These folks are our commu-

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Seniors: Socialization important aspect of mid-day meal

nity's parents, our grandparents, they might be your next-door neighbors," said Hunt, who also advocates for the elderly when health issues arise or when dubious lenders and scam artists attempt to prey on her clients. "These are vital programs for the seniors in our community."

They are islanders like Susan Crecca, 76, who for years volunteered for the senior-dining program at the Saltmarsh Center while her mentally-handicapped daughter would frequent it twice a week for its social aspects. Then Crecca's husband died last winter. A few months later, she lost the use of one hand to a condition called dystonia, which is slowly claiming her other hand as well.

Circumstances forced Crecca to go from volunteer to participant in both Meals on Wheels and senior dining user.

"It's just been really good," said Crecca. "I don't know what the town would do without the Meals on Wheels and without the thing down at the Saltmarsh. For those people, it's their social life."

Nantucket Cottage Hospital spokesman Chuck Gifford said the hospital will make another bid at the Sept. 15 conference, after initially informing ESCCI it didn't in-

tend to re-bid the contract. The original decision to discontinue Meals on Wheels service was due to financial constraints from this year's unprecedented \$4.3 million hospital deficit, as well as safety concerns for volunteers over pending construction and the placement of an MRI truck at the shipping and loading dock, which has disrupted the flow of service with the kitchen staff, he said.

More importantly, Gifford said the hospital has a number of planned improvements to the facility, including the kitchen itself. Hospital officials were worried that renovations to the kitchen and elsewhere might force them to disrupt service for Meals on Wheels.

"Our core mission is to provide acute medical care," said Gifford. "Meals on Wheels is an important community service but we can't continue to keep subsidizing it, either... We will most likely be back at that table (to bid Sept. 15)."

The hospital has bid unchallenged for the government-funded program for two decades, but providing meals at well below cost, which he said was \$7.41 per meal for food, staff and resources. The hospital has received \$5.55 per meal each year of its current five-year contract, which included

three years and the option for an automatic two-year extension. Those two roll-over years contained a clause that went unclaimed that would have allowed the hospital to receive up to a 5 percent raise each year.

The hospital first informed ESCCI in April that it would seek only a one-year contract, but at a 58 percent higher rate of reimbursement equal to \$8.76 per meal. Elder Services officials were surprised at the steep elevation in reimbursement requested, particularly when the hospital hadn't taken advantage of the 5-percent yearly raises, and the hospital came back with a six-month proposal for \$8.01 per meal.

"My understanding is the person who... was administering the contract didn't understand that (ability to bump the fee 5 percent) and didn't follow through with that, so that's our bad," said Gifford.

While that cost was two to three times higher than any other contract in the Dukes, Barnstable and Nantucket counties serviced by ESCCI, clinical programs director Ellen McDonough said she understood wages and costs were significantly higher on Nantucket. But the six-month stipulation of the contract was a deal-breaker, as entering into less than a five-year contract already required an irregular process that necessitated a special petition to the state's Office of Elder Services.

Furthermore, a six-month contract would have ended March 30, leaving ESCCI seeking a new caterer in the dead of winter, when potential bidders on Nantucket might be unavailable.

The hospital will provide meals for \$5.55 in reimbursement through the current five-year contract's termination Sept. 30. But it will receive what Gifford said was the break-even fee of \$7.41 per meal for the remainder of the three-month extension.

Meals on Wheels is a deficit program administered by Elder Services, with the state providing only 44 percent of funding. The remainder, said Linda Zevitas, director of nutrition programs for ESCCI, breaks down roughly to 8

Seniors: Congregate lunch program in danger of ending

(Continued from page 5A)

percent funding from towns and counties, 3 percent from gifts, 12 percent from client contributions (as with the \$2 customers pay at the Saltmarsh Congregate Lunch), and up to 25 percent in separate federal funding for elder-services home care.

Zevitas said that Meals on Wheels was expected to be funded by ESCCI so providers would gain at least a slim profit.

"Costs will be covered: We aren't looking for anyone to bid who isn't a sustainable caterer," said Zevitas, noting that ESCCI has never entered into a frozen-meal arrangement, although other New England sites have. "So it's important that anybody who bids feels they can stay in it. The good thing is it's a wonderful source of income, a forever source of income, and we do offer yearly cost increases because the costs of things go up. So we're hoping there are people over there who would love to do this program."

With 69 seniors enrolled in Meals on Wheels and dozens of others attending the Saltmarsh Center's Congregate Lunch program — sometimes over 70 show up for Thanksgiving and Christ-

hours on his delivery route conversing with island seniors.

"I'm very emotional about the Meals on Wheels (and senior dining) program. I truly am. For the elderly to lose food, to stop being fed, I'm going to do whatever I can to make that not happen... Sometimes it's the only interaction other than a pet that they might have in a day. So my time is not that precious that I can't sit down and afford to talk once in a while. They're so damn appreciative it will humble you."

"If we don't get bidders, it's going to be a big challenge. It's not like we can go off to the next town and get meals."

— Sherri Hunt
Director, Nantucket Elder Services

"Nobody is doing fundraisers for the elderly. Sometimes, because they're not heard, they're forgotten."

— Rocky Fox
Volunteer, Meals on Wheels

mas lunch — Hunt said her organization served 14,155 meals thus far in 2009, 8,700 Meals on Wheels and 5,455 congregate lunches, which use the same food but are served at the Saltmarsh Center. Similar numbers are expected this year.

"It is going to be a big challenge," said Hunt. "We have to be hopeful. We have to be. If we don't get bidders, then it's going to be a big challenge. It's not like we can go off to the next town and get meals."

Hunt stressed that Meals on Wheels is 100 percent volunteer-driven outside of her staff of herself, Budaj, one per-diem staff

member and one part-time staff member.

Six volunteers interviewed this week about Meals on Wheels were all noticeably upset about the uncertainty surrounding the program's future. One, Rocky Fox, co-owner of The Chicken Box nightclub, said he owes every philanthropic endeavor he's done on island to the epiphany he experienced delivering and serving meals to elders.

"Nobody is doing fundraisers for the elderly. Sometimes, because they're not heard, they're forgotten," said Fox, who has done everything from clean dishes at the Saltmarsh Center to spend two

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The Inquirer & Mirror
Sept. 9, 2010

Economic outlook for year rounders remains uncertain

Building permits down more from last year's levels

By Jason Graziadei
I&M Senior Writer

As September begins and the island prepares to bid good-bye to the summer crowds, Nantucket's year-round businesses are looking warily ahead to an uncertain fall and winter.

The building industry, one of the main engines of the island economy along with tourism, remains mired in a deep slump, and shows few signs of recovering. Only 26 building permits for new-home construction have been issued so far this year, a pace that lags behind the 43 issued in 2009, the lowest level on record for Nantucket. Many island builders are relying on small projects and renovations, along with caretaking work, to make ends meet. There is

little hope of reaching the heights of the building boom of 2004-05, when work was plentiful, and tradesmen from the mainland descended on Nantucket in droves seeking a piece of the pie.

"We're facing a new world order here, and I don't think we can expect it to be like it was," said Jay Hanley, of Blue Star Construction. "We've all had to trim budgets and change our lifestyles a little. We were living in a world that was not realistic and most people recognize that. But the guys that are honest and good and work hard will continue to have the ability to make a living out here."

While Hanley said Blue Star avoided layoffs during the downturn and has enough work ahead to stay busy during the winter, the company has had to get more aggressive with its pricing and bidding on projects, as competition for work has ramped up.

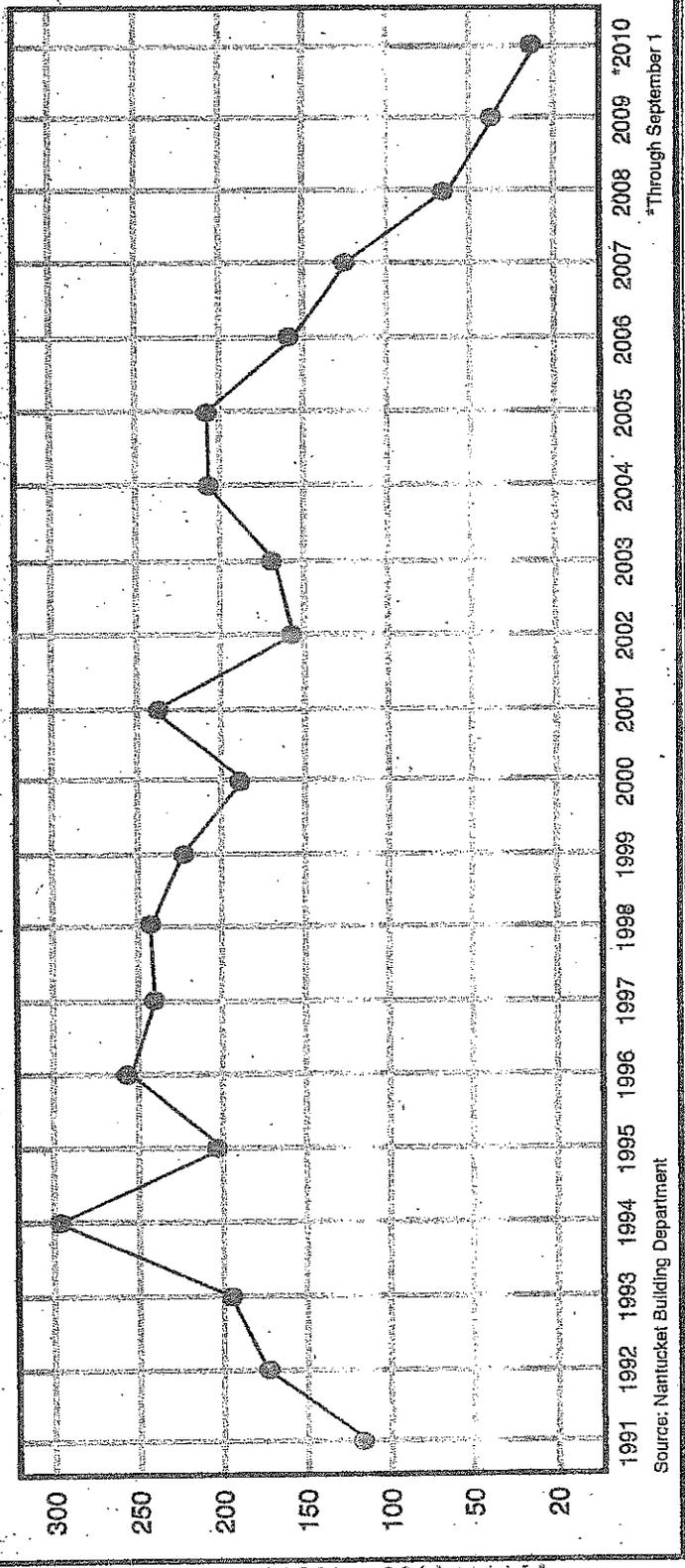
Scott O'Connor, of O'Connor Custom Builders, said his company is working with roughly half

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SINGLE FAMILY BUILDING PERMITS



Since 2005 there has been a steady annual decline in the number of building permits taken out for single family homes, with 2010 being the low water mark to date.

Economy: Application for single family permits plummet

(Continued from page 1A)

the number of employees in his office and carpenters out in the field compared to several years ago.

"One year was difficult enough, but when you get into two and three years in a row, it's disheartening," O'Connor said. "Not much is changing. It's not that people don't have the money, they're just reluctant to spend because of the negative energy in the economy. But we're plugging along with a lot of little stuff, caretaking and small jobs to supplement."

The year-round island businesses that support the building industry and derive much of their income from it — the restaurants, coffee shops and material suppliers — are all feeling the effects of the recession and slowdown in the island's construction arena.

"I think it's mixed right now, because the season was good for a lot of people, but it's hard to know what's going to happen in the fall," said Terri Dion, who owns the coffee shops Fast Forward and Espresso to Go. "I'm going into it with open eyes and no expectations, just hoping it's better than last winter, but I don't know. Last winter was pretty quiet. (The tradesmen) are a huge part of our business, and I've talked to a lot of people. Some are busy and some aren't."

For Faregrounds Restaurant

owner Kim Puder, the decline in the building industry has been noticeable, and she said she was unsure what to expect over the fall and winter.

"They're just not here. We don't have the trades coming in that we used to," Puder said. "What's tough about our island is not only do we go through the cyclical nature, but it's coupled with the fact that we're seasonal. It's really been up and down."

Don Allen Ford owner Bill Tornovish sold dozens of pickup trucks and work vans during the boom years, but today his lot is filled with Smart Cars and fuel-efficient vehicles. Business has picked up for the Polpis Road dealership, Tornovish said, and he is back to selling 20 to 25 vehicles per month compared to the "awful" year of 2009 when only five or 10 cars were moving off the lot each month. The addition of Don Allen's Quick Lane service center, which expanded its operation to other makes and models besides just Fords, has also boosted business.

"Things are looking up. I'm a little cautious with the trades right now, but I'm optimistic," Tornovish said. "As far as sales, when you had a lot of house-building and projects going on, things were really good. We sold a lot of vans and work trucks, but that part of the business is gone completely. We're still selling a few trucks here and there, but not the

work vans. I don't have any in stock."

The owners of The Brotherhood of Thieves, one of the mainstays of downtown Nantucket during the winter months, are currently weighing whether to close the popular bar and restaurant, but are leaning toward staying open, albeit with reduced hours and only the downstairs portion of the establishment.

"We've had continuous discussions about it and it's an issue of economics as much as anything," co-owner Larry Whelden said. "Staying open in the winter is a very expensive thing to do. But we think it's the right thing to do for the community. If everything closes up, the downtown becomes dormant and it's not a very lively community."

"Our decision is likely going to be to stay open, but we're leaning in the direction of modifying our hours and not keeping the whole place open, to scale it down and limit our losses," Whelden added.

At Marine Home Center, one of the island's major lumber suppliers and retail outlets, business is up, but only slightly, said Peter Palandjian, the chairman and CEO of Intercontinental Real Estate Corporation, which purchased the supply house in 2008.

"We're above budget, but just by a little bit," Palandjian said. "The numbers are a little flat relative to last year. I think we'll be slightly

above last year, and we're running a tighter operation from an expense standpoint. But I think things are going to be flat for awhile. Marine is sensitive to home-building, and we sell more lumber when people are building."

From 1991 through 2007, Nantucket averaged 197 building permits for new single-family home construction each year. In 2008, the number plummeted to 64 permits, which was followed up by an even more dismal 43 in 2009. Nantucket building commissioner Bernie Bartlett used the word "quiet" several times when describing the activity in his office and the construction going on around the island.

"No one wants to spend any money because they don't know what's going to happen with the economy," Bartlett said. "It's quiet. They're all waiting for the November election to see what happens, so we'll see whether things turn around with the election. Everyone is keeping their powder dry."

Like many island construction firms, Nantucket Building Company has had to adapt to the downturn. Co-owner Devin Remick moved the company's office into his home last year, and took on a caretaking business which has sustained the company as traditional construction work dried up.

ECONOMY, PAGE 8A

Economy: Some see uptick

(Continued from page 7A)

"We were dead last winter, and the only thing that kept us alive was our caretaking," Remick said. "If I didn't have that I'd be in trouble. I'm not seeing a lot of new construction. I know there's a little bit out there, and there's some I'm pricing out this fall, but it's mostly renovation work. Our projects for the fall are all renovation work and a lot of little stuff."

Skinner Construction Company owner John Skinner tells a similar tale.

"It's a competitive world out there and we had to really sharpen our pencils to get business," Skinner said. "We're doing more renovations than we used to. We're bidding some projects for the fall, but there's not a lot out there."

Some of that renovation work is no doubt coming from homebuyers, due to an uptick in the island real estate market, which through the end of July had seen significant gains in both the number of transactions and dollar volume of sales over the same period last year. In the first seven months of 2009, 116 sales totaling \$158.37 million were recorded, compared to 187 sales generating \$269.6 million in 2010. Last year closed with a surge, however, as \$206.8 million in sales was recorded in the fourth quarter alone. It's unclear whether that positive trend will continue this year.

For those with the means, 2010 has also remained a buyer's market, as both the average Nantucket home price (\$1.86 million) and median home price (\$1.09 million) have declined, by 17 and 29 percent respectively since last year.

Many real-estate brokers remain optimistic about the coming months.

"Typically the last few months of the year are the strongest. And that will probably be the case this year too. Yes, the median and average are still down. There are more sales than last year, but at lower prices. It's a sign of the economic times and the pressure is on homeowners who must sell," said Rob Ranney, an appraiser and Realtor with Denby Real Estate.

"Foreclosures are still way up and we haven't seen that diminish yet, which is not good. Overall it appears promising in the sense that activity is strong, but it has been dampened by lower prices."

The few year-round downtown retail outlets, such as Murray's Toggery on Main Street, said summer business was up compared to 2009, but was still lower than years past.

"I think people's attitudes were a little more comfortable, and they tended to spend a little more this year, but it's not a boom time or anything like that," said Murray's vice-president Trish Bridier.

The self-proclaimed "Home of Nantucket Reds," Murray's was forced to shorten its store hours last year, and the outlook for the upcoming fall and winter remains uncertain.

"I'm afraid it's going to be really slow this fall and winter, I just

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cont. Economic outlook for year
rounders remains uncertain

"I think people's attitudes were a little more comfortable, and they tended to spend a little more this year, but it's not a boom time or anything like that."

*— Trish Bridier
Owner, Murray's Toggery*

have that feeling," Bridier said. "I think it's going to be quiet, so we have to be careful and cautious."

Mike Forth, the new president of the Nantucket Builders Association, said the organization had not met since June, so it was hard to take the pulse of its membership. Forth, a former member of builder Kent Murphy's team, struck out on his own a year ago, and said he is hoping that business will pick up in the fall for island contractors.

"The summer is never a good indicator of what's coming to the builders because right now no one wants work done," Forth said. "I think it is a little harder. You've got to work a little harder to get it. There's work available, but it's not anything like it was."

The outgoing executive director of the Nantucket Island Chamber of Commerce, Tracy Bakalar, said the island's year-round economy depends on local residents sup-

The outgoing executive director of the Nantucket Island Chamber of Commerce, Tracy Bakalar, said the island's year-round economy depends on local residents supporting those businesses that remain open in the off-season. While building may not return to previous heights, Bakalar said, the island should encourage online entrepreneurs to relocate to Nantucket.

"I think we're still in recovery mode," Bakalar said. "It's been a slow recovery, and for year-round businesses, we need year-round Nantucketers to support them. For the builders, having fewer workers fly over and boat over every morning is a good thing. I think the recession has helped weed out the off-island opportunists."

"But we're still not immune to the national economy and we shouldn't think that we are," she continued. "The key is supporting each other and doing everything we can to keep our dollars here when we spend. Even if it costs a few dollars more, it's an investment in our community."

— I&M Assistant Editor Josh Balling contributed to this report.

Fuel Assistance

FUEL ASSISTANCE

South Shore Community Action Council SSCAC (Fuel Assistance Program) *Applications processed through the department of human services Maryanne spoke with Denise Tetreault, Area Director

The fuel assistance is a program to help you with your winter heating bills. The fuel assistance program provides low income households with help paying home heating bills. Typically the program runs from November 1 until April 30 every year. Once your application is approved both you and your primary heating company (vendor) receive a written notification from SSCAC indicating the amount you have been approved for.

The department of Housing and Community Development administers the federal fuel assistance program for Massachusetts. South Shore Community Action Council is our regional office that processes the applications and makes the determination for eligibility. The department of human services is an intake site to help enroll Nantucket residents in this program.

There was over **240,000** applications were taken state wide last year. Client expenditures were **9.8 million dollars** for this program. Our regional office processed over **14,000** applications with more than **12,000 households** served last year. **3,998** were first time applicants and **1,432** were unemployed households, an increase of **54%** from last year.

On Nantucket for the 2007-2008 season **47 households** alone were assisted with fuel assistance this year resulting in **\$36,530.61** dollars expended to Nantucket residents for this program. For the 2008-2009 season, **91 households** of the **102 intakes** our office did received fuel assistance. This resulted in **\$85,531.83** dollars expended to Nantucket residents for this program. In the 2009-2010 season **120 households** were approved for fuel assistance and **\$108,040.85** was expended to these families for fuel assistance. **In the two year time span we have seen the number of households increase by 39%. Data reveals on a local level and statewide there is an increase of need for fuel assistance.**

The Salvation Army (Massachusetts Good Neighbor Energy Fund)

Dorothy Hertz spoke with Will Lesley, Boston Chapter

The Massachusetts Good Neighbor Energy Fund is available to any Massachusetts resident who, because of temporary financial difficulty, cannot meet a month's energy expense and is not eligible for state or federal energy assistance. Income for either the prior twelve months or the past month (times 12 months for a total annual figure) must fall between 60 and 80 percent of the state's median income levels.

During the 2009-2010 season the Salvation Army helped (20) Island families with mortgage/rent payments and (15) families with fuel. (Total 35 Nantucket families helped)

Interviews

INTERVIEWS

QUESTION: WHAT DO YOU SEE AS THE MOST PRESSING NEEDS IN OUR COMMUNITY?

Wee Whalers Jean Hughes-owner/director interviewed
Wee Whalers Day Care Center is a preschool located in Nantucket, Massachusetts. It accepts 3 to 5 year olds.

1. "Economic problems are hitting all my clientele"
Out of my 43 students that attend 18.6% students are funded through a subsidy grant from the Nantucket Golf Club. We have seen an increase for potty training and speech therapy with these young children.

Montessori Children's House Mickey Perry, director interviewed
A private, independent, non-profit pre-school. They have been providing quality education to children ages 2 years and 9 months - through Kindergarten, for over 25 years.

1. Parents struggling to pay tuition
2. Having to make tough choices some pay tuition/ fall behind on rent/mortgage
3. More parents requesting financial aid.
4. Parents struggling to feed and keep lights/heat on for children
5. Children's house ran a program for families (English as a second language) Need for more programs like this.
6. "Two income families have become one."

Interview with Joe Aguiar Nantucket Elementary School Principal

Problems/Needs - Influence change in economics-families struggling to make ends meet-Families leaving

- ♦ #1 Food 10% out of 650 kids
- ♦ #2 Loss of Jobs -unemployment
- ♦ #3 Appropriate Housing

Need parenting skills classes-and education on how the immigrant populations are affected by the law

Non English speaking kids- Increase in numbers -no preschool training

Lunch program issue- Kids coming to school hungry, not enough money to buy lunch- program has a deficit due to non payment of lunches

Increase of numbers of grandparents taking care of kids

Kids coming into kindergarten/1st grade kids have serious mental health issues
? Cause Maybe there is not enough Mental Health counselors to deal with the problems on island.

Interview John Buckey- High School Principal

Problems/needs

- ♦ Lack of knowledge of what's available
- ♦ Lack of knowledge about all human service programs/agencies and what they do
- ♦ Increase mental health services (stress from home or schools)

Facts: less than 5% drop out of HS

Numbers low for free school lunch program? Reason ? Stigma, or not income eligible.

Students with language barriers minority Marilyn Barrett does a lot of outreach for NHS.

School's focus is academic

Idea- Alternative night school (180 day program) for students to learn English and basic literacy skills

Small Friends Thayer Laffey, program manager interviewed

Providing the highest quality early education and care for the children of Nantucket year-round, regardless of financial ability, children ages three months through five years with an early education and care environment with trained and nurturing professionals.

1. Increase of lack of funds for day care and basic family funds.
2. Increase of number of children in need of CFS subsidy
3. CFS on island social worker needed
4. Increase of people requesting financial aid, late on tuition payments and parents requesting comparable rates to off island daycares.
5. Increase in needs for A Safe Place services
6. Two family income is now a one person income per family.
7. Better mental health providers for young children.
8. Recommends funding to continue for Safe Place
9. Number of free lunches funded through child and adult care food program has increased.

Nantucket School Lunch Program Linda Peterson, manager interviewed

Average Lunch Cost

NES \$2.50/meal

NHS \$4.25-\$6.20/meal

CPS \$4.25-\$6.20/meal

11% of 2009-2010 students enrolled in free lunch program

There was a \$50,000 deficit at the school lunch program from unpaid bills last year.

Pays for some children's meals out of her own pocket. Working on a fund for children that come to school with no lunch/breakfast who do not qualify for the free lunch program.

Footnote* 2006 community survey showed Renter-Most needy Households 53% report "not always having enough money for food"

VFW Trish Patterson interviewed

Served over 250 families last year for a thanksgiving meal.

Contract Review Process

CONTRACT REVIEW COMMITTEE PRIORITIES

It is the policy of the Human Services Contract Review Committee to make its funding recommendations based on an assessment of each request with the following criteria in mind:

- 1) is the service essential to the health and welfare of Nantucket residents?
- 2) will the service survive if Town funding is not appropriated?
- 3) does the service duplicate or overlap other local service(s)?
- 4) are Town funds the last funding sources after other sources have been tapped and exhausted?
- 5) does the proposed service address priorities determined through needs assessments performed by the Council for Human Services?

**Please also address your funding request(s) to the
"Profile of Nantucketers in most need"
as identified by the 1995-96 research project:**

THE HUMAN CONDITION
NANTUCKET'S HEALTH & HUMAN SERVICES COMMUNITY NEEDS ASSESSMENT

CRC Criteria

SUBJECT: Presentation talking points (A letter is sent to all applicants prior to their meetings with this information.)

Since only 30 minutes is allotted for your presentation, it's important to highlight the valuable contributions you are making to our community: it would be helpful to us if you would emphasize the following:

Is the service provided essential to the well-being of the community? (Be specific, how many people are involved, what is the nature of the service provided?)

What percentage of your total budget does the grant represent?

How is the Town money being spent?

Is there any other way that the agency could fund these services?

What would happen to the provided service if the Grant is not approved?

If you only received partial funding what project or service would be your priority.

CRC Committee Priorities These were our original priorities / mandates of this committee.

It is the policy of the Human Service Contract Review Committee to make funding recommendations based on an assessment of each request with the following criteria in mind:

- 1.) Is the service essentially to the health and welfare of Nantucket residents?
- 2.) Will the service survive if Town funding is not appropriated?
- 3.) Does the agency/services duplicate or overlap other local service(s)?
- 4.) Are Town funds the last funding sources available after all other sources have been tapped and exhausted?
- 5.) Does the proposed service address priorities determined through needs assessments performed by the Council for Human Services?

CRC Criteria

The criteria evaluation of the requests has evolved over the years. They gone from a form checklist (See Sample A attachment) to the criteria we used last year as listed below was (sample A and B plus the CRC original priorities). Every year the committee reviews all the past practices and come up with the method they all feel most comfortable with. The last 2 years John Belash has also given a workshop on how to read 990's to the committee. This is been extremely helpful in evaluating the organizations financial picture.

Sample A (SEE Attachment)

Sample B 2008-2009 criteria also used (*Listed BELOW)

1. Urgency. How urgent are the problems this proposal solves or addresses?
2. Does it address the problems listed in the most recent 2006 community needs survey?
3. Collaboration and coordination. Will this recommendation increase collaboration and coordination of services and providers from different sectors and across populations?
4. Will it address multiple issues and problems?
5. Is this the biggest bang for the buck?
6. Is there potential for long term sustainability?
7. Does it emphasize or have a prevention or public education component?

SAMPLE A

HUMAN SERVICES GRANT REVIEW COMMITTEE - CRITERIA FOR REVIEW OF PROPOSALS

ORGANIZATION _____

Proposal meets identified community need (5 if it is most true - 0 if it is least true)

- Proposal addresses community needs as assessed and prioritized by CHS _____
- Proposal serves large number of citizens _____
- Proposal serves "most needy" citizens _____

Proposal meets financial standards (5 if it is most true - 0 if it is least true)

- Organization has submitted appropriate financial statements _____
- Financial information in proposal presented clearly and concisely _____
- Organization demonstrates prudent financial management _____
- Internal financial controls and accountability are demonstrated _____
- Organization is forthcoming in providing financial information _____
- Proposal expenditure is realistic _____
- Proposal has other sources of income (sliding fee scale, etc.) _____

Proposal meets agency and program standards (5 if it is true - 0 if it is less true)

- Professional, qualified, efficient and effective staff _____
- Program assessed to be effective by clients, community, CHS _____
- Program provides service not duplicated in community _____
- Organization has effective, involved board, providing oversight, accountability _____

Agency has met previous expectations and obligations (if applicable) (5-0)

- CHS staff evaluation - reporting is good _____
- CHS staff evaluation - program provided is good _____

Demonstrations of community support (5 if it is true - 0 if it is less true)

- There is collaboration with other community organizations _____
- Funds are raised from other community sources _____
- There is volunteer involvement _____
- The Board of Directors plays a role in governance, policy, planning _____
- There is anecdotal evidence of success in the community _____

*Service will stop without town funding
Town funds are last possible funding source*

CRC HISTORY

The human services contract review committee (HSCRC) was established in September 1993 in response to concerns at the 1993 Annual Town Meeting within the Finance Committee, regarding appropriations to Health and Human Services providers. Many Fin Com members were not familiar with different services and Town Meeting voters asked for accountability of funds. The first year the Committee reviewed and recommended funding for human service providers was for fiscal year 1995.

CRC PURPOSE

- Determine Human Services funding priorities
- Annually review all Health and Human Services provider requests for Town funding
- Communicate grant recommendations to the BOS and Fin Com.

This has resulted in

- increased accountability within the funded organizations
- increased coordination among agencies
- elimination of duplication of services
- a greater understanding and support in the community for Health and Human Services.

The responsibility of Human Services Coordinator is to monitor the use of local funds through the Contract Review Committee

- Develop contractual agreements with Health and Human Services providers
- Monitor scope of services for compliance
- Provide administrative assistance and information as required by the CRC

The HSCRC is made up of 7 members. The committee includes 2 Community at large members, 2 Council for Human Services members, 1 Planning and Economic Development Commission member, 1 Finance Committee member and 1 Board of Selectmen representative. They are charged with the duty of increasing accountability of Health and Human Services organizations that receive Town funds. The committee established a "budget request" process, which requires organizations to submit a proposal describing the activities of the organization and explaining its needs. A criteria developed by the committee is used in evaluating these requests. The committee starts the process in October and meet every week (they meet on an average of four hours a week) right through until the end of January and as needed up until Town Meeting. All applicants are given a chance to explain their requests to the committee. The committee makes their recommendations to the BOS and Fin Com.

Eleven applicants applied to the HSCRC this year resulting in **\$418,760** of requests to the Town. **\$317,883** was awarded at FY 11 ATM to 10 applicants.

FUNDING CATEGORIES for FY11

- 3% ELDERS-(Elder Services)
- 16% HEALTH AND SOCIAL SERVICES-(NCH, NAN, Family Planning)
- 48% SUBSTANCE ABUSE/MENTAL HEALTH-(ASAP, Family and Children's Services)
- 4% CHILDREN-(MVCS)
- 6% HOUSING-(NRAP)
- 16% DOMESTIC SAFETY- (A Safe Place)
- 7% FAMILY EMERGENCIES-(Food Pantry, Legal Services)

Kenneth E. Pickard Municipal Innovation Award

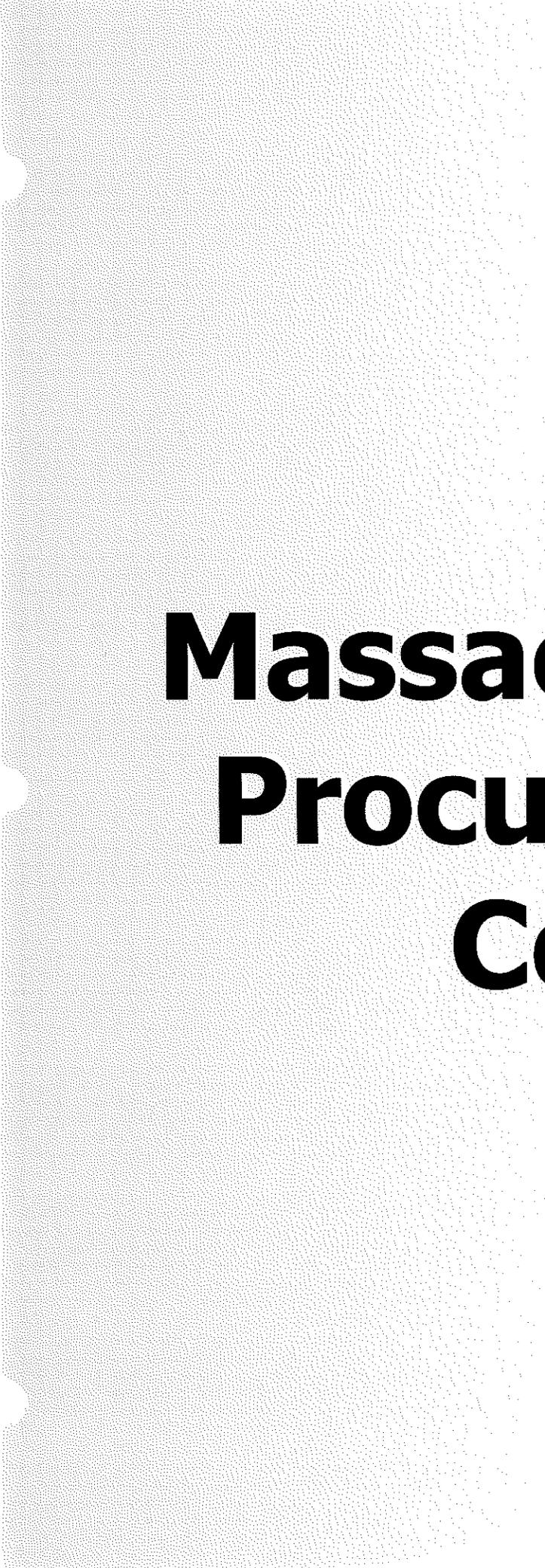
Town of Nantucket
Human Services Contract Review Committee

Concerned with lack of accountability for town funds appropriated for local health and human services organizations, the town of Nantucket established a Human Services Contract Review Committee.

Local leaders formed the committee in response to finding that some health and human service organizations receiving Town funding had changes in their missions. In another case, Town appropriation made up of 1/3 of an organizations budget – a percentage unparalleled in other communities.

The human services contract review committee, made up of local officials and residents, is charged with the duty of increasing accountability of health and human service organizations that receive town funds. The committee established a "Budget Request" process, which requires the organizations to submit a proposal describing the activities of the organization and explaining its needs. The committee asked organizations to address several issues, including: if they would be able to survive without Town funding; if organizations provided services that overlapped with each other; and if all avenues of funding had been explored.

The results from this project have been significant; the cost of funding human services organizations was reduced by 17% at the 1994 town meeting and by another 15% in 1995. Still many of the health and human service agencies still receive town funds, including food pantry, adult day care services, and legal services. Also there is now increase accountability within the funded organizations. Another positive outcome from this project is the increased coordination among the agencies, provoking innovative joint proposals. Finally, there is a greater understanding and support for health and human services the Town's funding provides to its citizens.



Massachusetts Procurement Code

M.G.L. c.30B Procurement of Supplies and Services

Estimated Contract Amount	Under \$5,000	\$5,000 to \$24,999	\$25,000 and over
Procurement Procedure	Sound business practices. ¹	Solicit three written or oral quotes.	Sealed bids or proposals. (M.G.L. c.30B, §§5 or 6).
Advertising Required	No.	No.	Advertise once in a newspaper of general circulation at least two weeks before bids or proposals are due, and post a notice on your jurisdiction's bulletin board or website for two weeks before bids or proposals are due. If \$100,000 or more, advertise once in the <i>Goods and Services Bulletin</i> .
Award contract to:	Responsible ² person offering a competitive price.	Responsible person offering the lowest price.	Under §5, the responsive ³ and responsible bidder offering the lowest price. Under §6, the most advantageous proposal from a responsive and responsible proposer taking into consideration price and evaluation criteria.
Written Contract⁴	No.	Yes.	Yes.
Maximum Contract Term⁵	Three years, unless majority vote authorizes longer.	Three years, unless majority vote authorizes longer.	Three years, unless majority vote authorizes longer.

¹ M.G.L. c.30B, §2 defines sound business practices as "ensuring the receipt of favorable prices by periodically soliciting price lists or quotes."

² M.G.L. c.30B, §2 defines a responsible bidder or offeror as "a person who has the capability to perform fully the contract requirements, and the integrity and reliability which assures good faith performance."

³ M.G.L. c.30B, §2 defines a responsive bidder or offeror as "a person who has submitted a bid or proposal which conforms in all respects to the invitation for bids or request for proposals."

⁴ M.G.L. c.30B, §17(a) states "All contracts in the amount of [\$5,000] or more shall be in writing, and the governmental body shall make no payment for a supply or service rendered prior to the execution of such contract."

⁵ M.G.L. c.30B, §12(b) states "Unless authorized by majority vote, a procurement officer shall not award a contract for a term exceeding three years, including any renewal, extension, or option."

Sample Solicitation Documents

ATTACHMENT A



Healthy Community

The following is a working definition of "healthy community," based on the World Health Organization's definition of "health" and the experience of the Barnstable County Human Condition Project's "community-based research," 1995-2009.

"A healthy community is characterized not merely by the absence of disease or infirmity, by the physical, mental, and social well-being of all its members, documented by health status indicators understood and affirmed by community members."

At a minimum, these indicators need to be data based, [science-based] and incorporate physical, mental, and social health outcomes including but not limited to:

- * Poverty
- * Homelessness
- * Meaningful Employment
- * Public Safety
- * Addiction
- * Discrimination
- * Prevalence of preventable diseases and disabilities
- * Access to potable water and nutritious food

Application of these indicators needs to include outcomes such as these for marginalized populations, including, but not limited to:

- * Racial, ethnic, and/or linguistic minorities
- * Elderly
- * Children
- * People with mental illness
- * Immigrants
- * Low income
- * People with disabilities

The Massachusetts Department of Public Health issue priorities for Community Health Initiatives are as follows:

1. Elimination of racial and ethnic health disparities and their social determinants
2. Promote wellness in home, workplace, school and community
3. Prevent and manage chronic disease



DRAFT

2010 Request for Proposals (RFP)

RFP Announcement

CHNA 27 is seeking applications from non profit and public entities proposing to address issues that eliminate health disparities, promote wellness, and prevent/manage chronic disease for individuals who are elderly and persons with disabilities.

During 2010/11 approximately \$80,000 will be distributed across the geographic area of CHNA 27 to selected eligible organizations through grants ranging from \$15,000 to \$40,000.

CHNA seeks proposals that feature:

- Organizational experience and capacity
- Clarity of goals
- Directly address priorities listed
- Regional Impact
- Projections of numbers impacted
- Ability to adhere to proposed timelines
- Reasonable Budget Projections
- Collaboration
- Innovation and Modeling potential
- Measureable Outcomes
- Locally and Consumer Informed

Background of CHNA

Created by the Department of Public Health in 1992, the CHNAs are an initiative to improve health through local collaborations. CHNA 27 is a partnership between the Massachusetts Department of Public Health, the Regional Center for Healthy Communities, Barnstable County, residents, hospitals, local service agencies, schools, businesses, boards of health, and other concerned citizens who are working together to identify the health needs of member communities, find ways to address those needs, and improve the health of the community. The Cape & Islands CHNA (CHNA 27) is one of 27 Community Health Network Areas (CHNA) across Massachusetts and includes the counties of Barnstable, Nantucket & Dukes.

Purpose of CHNA 27

- To learn about agencies and services and other members of the continuum of care
- To pursue improvements in the health status indicators pursuant to the mandate from DPH
- To support and collaborate with members around issues and problems
- To make recommendations to County, State and Federal governments on policy and legislation
- To acquire new information and skills

Please Submit All Documents to:

addressed to:

CHNA 27

CHNA 27
2010 Request for Proposals (RFP)

Response Requirements *continued*:

V. Impact, Outcomes and Leveraging Resources: (15 points)

- Provide evidence of the projected impact of your services or program in the community served.
- Specify how your proposal will utilize proven **evidence based approaches** resulting in improved health outcomes.
- What specific tools will you use to measure your activities? **List specific outcomes.**
- Does the project leverage additional sources of cash or in-kind support? Please list in detail.

V1. Local and Consumer Input: (10 points)

- Describe your organization's understanding of the community you seek to serve.
- How do consumers shape the design, planning, implementation, or review of your proposal?

V11. Project Budget: (10 points) Provide an itemized budget for your program. *You must include line item costs with justification, e.g. brief description of each cost.*

Frequently Asked Questions about the CHNA Grant Process

<i>Where should the completed application be submitted</i>	<i>To whom should questions be directed?</i> Questions on this process and application may be directed to Email: CHNA27@gmail.com.
<i>What is the proposal evaluation process?</i>	
<ol style="list-style-type: none"> 1. Applications are to be submitted by announced Due Date. 2. Proposals will be evaluated by a CHNA RFP Review Committee. 3. Committee members may not be affiliated with any submitted proposal. 4. Grants will be recommended for award based on the proposal meeting the criteria outlined in the application requirements. 5. The CHNA RFP Review Committee will submit its recommendations for funding to the CHNA Steering Committee for endorsement. 6. Awards are officially voted on and approved by the full CHNA. 	
<i>How will funds be distributed?</i>	
Recipients will be awarded 50% of project funds at the start of the project and 50% at the 6 month point. This funding is subject to and pending availability of funds and grantees' obligations to comply with Project Agreement (See Attachment C)	
<i>What are the program and fiscal reporting requirements?</i>	
<ul style="list-style-type: none"> • The grantee is responsible for submitting an interim and final report outlining progress towards meeting goals and quantifiable project deliverables along with itemized budget expenditures. • Funds remaining at the end of the grant period must be returned to CHNA. • Grantees agree to provide a brief presentation to the CHNA at the completion of the grant. 	

CHNA 27
2010 Request for Proposals (RFP)

Response Requirements

Please organize your response following the format outlined below. Responses will be evaluated using a point system; maximum points will be awarded for complete, well developed responses. Incomplete proposals will not be considered.

I. Narrative Project Description (20 points)

- Provide a brief overview of the proposed project.
- Include clearly defined goals and other planning indicators such as timeline.
- Identify the unmet need and how meeting this need addresses eliminating health disparities, promoting wellness, and/or preventing/managing chronic disease for individuals who are *elderly and persons with disabilities*.
- Describe how you will incorporate Healthy Community Principles (Attachment A) in development of your project.
- Identify target population(s) and project how many will be served.
- Identify how you have ensured that your project does not duplicate an existing service.

II. Organizational Preparedness and Capacity (15 Points)

- Include Mission Statement
- Capacity to manage project, and
- Evidence of experience in providing services to the population(s) as outlined in the RFP.

III. Project Collaboration: (15 points) Describe how this proposal features collaboration.

- Discuss the ways your organization plans to collaborate with other agencies, companies, etc.
 - ✓ *Identify the specific role and responsibility of all staff and collaborating partner(s).*
 - ✓ *Does the project have one or more collaborating organizations sharing resources and decision-making?*
 - ✓ *Have the collaborating organizations agreed which agency will serve as the "lead organization" to receive funds and oversee the implementation of the program?*
 - ✓ *Who will act as the Fiscal Agent? Describe that agreement.*
- Provide letters of support (add as Attachments) from at least two community collaborators including information on how they will be involved in the project.
- Explain how you will **participate** in CHNA 27 (for example: attendance at monthly meetings, serving as a member of the Steering Committee, participation on standing committees, etc.)

IV. Project Innovation and Replication Potential: (15 points)

- Describe any or all innovation(s) demonstrated in your proposal's services or program(s).
- Outline any potential for replicating these proposal's services or program(s) to other non-profits, businesses, or government agencies, etc.
- Does the project involve expansion of an existing program or is it a new service?
- Specify how your proposal will utilize **innovative approaches** resulting in improved health outcomes.

CHNA 27
2010 Request for Proposals (RFP)

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CHNA 27

2010 Request for Proposals (RFP)

Response Requirements *continued*:

V. Impact, Outcomes and Leveraging Resources: (15 points)

- Provide evidence of the projected impact of your services or program in the community served.
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<ol style="list-style-type: none"> 1. Applications are to be submitted by announced Due Date. 2. Proposals will be evaluated by a CHNA RFP Review Committee. 3. Committee members may not be affiliated with any submitted proposal. 4. Grants will be recommended for award based on the proposal meeting the criteria outlined in the application requirements. 5. The CHNA RFP Review Committee will submit its recommendations for funding to the CHNA Steering Committee for endorsement. 6. Awards are officially voted on and approved by the full CHNA. 	
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City of Brockton

Procurement Department

JAMES E. HARRINGTON
MICHAEL C. MORRIS
MAYOR

PROCUREMENT OFFICER

CHIEF

ADDENDUM #1

TO: All Potential Proposers

FROM: Michael Morris/Chief Procurement Officer

SUBJ: Addendum #1 to Human Resource Services RFP
Cnt. #DHR 11-13

DATE: May 6, 2010

Please be advised that there has been a change in the deadline date of submittal for project #DHR 11-13 (see below).

Change From:

One original (including any/all appropriate signed attachments) and five copies each in separately sealed envelopes marked DHR Price Proposal & DHR Non-Price Proposal respectively are to be either received through the mail or hand delivered to the Procurement Dept., 45 School Street, Third Floor, City Hall, Brockton, MA. 02301 no later than Friday, May 7th, 2010 by 4:30 p.m. or it shall not be accepted.

Change To:

One original (including any/all appropriate signed attachments) and five copies each in separately sealed envelopes marked DHR Price Proposal & DHR Non-Price Proposal respectively are to be either received through the mail or hand delivered to the Procurement Dept., 45 School Street, Third Floor, City Hall, Brockton, MA. 02301 **no later than Friday, May 14th, 2010 by 4:30 p.m.** or it shall not be accepted.

Any questions or concerns please feel free to contact me at (508) 580-7191.

CITY OF BROCKTON

**Mayor's Office
Division of Human Resources
45 School Street
Brockton, MA 02301**

**REQUEST FOR PROPOSALS-FY'11
HUMAN RESOURCE SERVICES
Project #DHR 11-13**

GENERAL INFORMATION

The City of Brockton, a municipal corporation chartered in 1881, through the Mayor's Office, Division of Human Resources, (hereinafter known as the DHR), is generated from municipal tax revenues (Ref. Chapter 59 of the Massachusetts General Laws.) Human Resource activities refer to individually definable functions and/or group-related tasks that are completed within the frame work of a contractual agreement or memorandum of understanding from this municipality. The duration shall be up to three years, subject to appropriation each year, directly benefiting a majority of Brockton's residents. The DHR is seeking to fund a variety of documentable projects/programs that shall assist vulnerable populations, motivate self-sufficiency and/or improve the social environment of the City.

PROJECT GUIDELINES

1. Eligible Agencies

Agencies or organizations eligible to apply are public & private non-profit tax-exempt organizations and/or proprietary institutions that are delivering human resources activities in Brockton excluding state, county, or other legal governmental entities. They must provide documented proof of their existence, be in good financial standing and are current and up to date with both the Secretary of State's Office and the IRS or shall not be accepted.

2. Submission of RFP

One original (including any/all appropriate signed attachments) and five copies each in separately sealed envelopes marked DHR Price Proposal & DHR Non-Price Proposal respectively are to be either received through the mail or hand delivered to the Procurement Dept., 45 School Street, Third Floor, City Hall, Brockton, MA. 02301 no later than Friday, May 7th, 2010 by 4:30 p.m. or it shall not be accepted.

3. Duration of Funding

Funds for any approved program(s) shall only be utilized during the course of the municipal fiscal year. July 1, 2010 through June 30, 2011. Agreements may be subject to an Option to Extend Agreement for two additional years, subject to City appropriation.

4. Ineligible Activities.

A. Deficit-financing of any eligible DHR related activity.

B. Construction/Rehabilitation/Renovation of:

1. Buildings and facilities for the general conduct of government such as City Hall & Municipal/County/State related facilities

2. Stadiums, sports arenas, auditoriums, concert halls, community-wide cultural and art centers, museums, libraries and similar structures which are used by the general public.

3. Educational Institutions. Exceptions may be made if part of a human service activity relating to either specific categorical populations and/or neighborhood facility is conducted

4. Mass transit/supportive transportation facilities/services except on a per unit basis for elderly, handicapped, homeless, etc.

5. Health and/or medical facilities. Except when part of either a neighborhood or categorically focused eligible DHR activity.

C. General purchase of any equipment and/or maintenance costs that are NOT in support of an eligible DHR approved human resources activity

D. Any expenditure for personal property or gain.

E. General building and/or highway construction.

F. Treatment works for sewage or industrial waste.

G. Political lobbying (Ref. Hatch Act) and/or religious activities.

H. Direct income payments to families excluding emergency contractual allocations for food, utilities, clothing and shelter.

I. Parks, playground, and other community-wide recreational facilities or related supportive services

J. Board of Health/City of Brockton related activities (i.e. code enforcement, Community Nursing services, etc.)

K. State mandated or locally-initiated, educational-related activities

L. Cultural/Arts Activities

M. Fringe-benefits

5. Eligible Activities

With the exclusion of those ineligible activities above, the DHR is interested in supporting programs and services which would assist and protect the City's more vulnerable populations, motivate self-sufficiency, & improve the social environment, including:

- A. Advocacy/Outreach services.
- B. Emergency Services (i.e. food, shelter, utilities, clothing, and crisis-intervention.)
- C. Women-in-Transition (Services for those who have been raped, battered, sexually assaulted, and/or prevention/support-related activities, etc.)
- D. Legal services (categorically-focused).
- E. Elder services (i.e. Case management, home, health, and homemaker support excluding Day Care and Protective Services).
- F. Mental Health Services
- G. Services to the physically challenged (outpatient, day activities, etc.).
- H. Day care –all age ranges.
- I. Protective Services-families, youth, and the elderly.
- J. Information & Referral Services
- K. General Counseling Services (non-billable)
- L. Substance Abuse Services (drugs, alcohol, tobacco, etc.)
- M. Training for-DHR eligible activities.

6. Project Considerations

A. The City shall take serious consideration for FY'11 funding for proposals that demonstrate the capacity to effectively deliver services at a reasonable cost.

B. Additionally, special attention shall be given to projects that propose to supplement DHR funding with other public, private matching grants as well as in-kind resources from the applicant.

C. FY'11 DHR priorities include emergency services and youth (24 & under) development activities.

7. Location of Project Activities

The program/project(s) activities must be Brockton-based unless the applicant agency can demonstrate that by operating outside of the City, the services provided would benefit a majority of Brockton residents.

8. Funding Categories

The DHR shall consider two major proposal models for DHR funding

A. Track A- the continuation of existing services for Brockton residents

B. Track B- new, innovative, or expanded services to Brockton residents

9. Corporate Information

All applicant agencies are required to submit the following data

A. Corporate Certification

B. The most recent Annual Audit Report

C. Current list of Board of Directors & Officers of the Corporation

10. Personnel Information

All applicant agencies are required to submit the following

A. Personnel policy

B. Job descriptions of Applicant's Contact person and Supervisory staff of proposed DHR activities

C. Resumes and/or background information on any staff (full or part-time) through any proposed DHR agreement.

11. Affirmative Action/EEO Information

All agencies must submit an Affirmative Action and/or Equal Employment Opportunity Plan(s) developed by their respective organization.

12. Americans For Disabilities Act compliance Report

All applicant agencies must submit a brief outline or report detailing how the proposed activity(s) is/or shall be made accessible to disabled residents of this community.

13. Fringe Benefit Policy

Fringe Benefits are ineligible

14. Allocations Revisions

Any approved funding can only be used as stated per approved DHR contract. Any changes may only be made through a written explanation by the vendor no less than two weeks prior to the next invoice (monthly/quarterly) on why they feel any changes(s) is/are necessary, by either the Executive Director or Board Chairperson. The DHR reserves the right to determine whether revisions are acceptable and may withhold funds pending additional information if it deems that the agency's request for revision is not in the best interest of residents of this municipality.

15. Municipal Review

The Mayor's Office/DHR and/or the designated review committee for FY'11 funding shall be required to enter into a budget approved contractual agreement with the City of Brockton for the operation of the approved activity/project. The Director of Community and Social Services shall handle all related contract development. The DHR assumes no responsibility for any corporate payroll but shall reimburse approved vendors quarterly for approved expenditures. Invoices will be due on October 15, 2010, January 15, 2011, April 15, 2011 and **June 15, 2011** and all agreements shall detail each analyzed line-item expenditure under the contract. In addition, all invoices MUST include the required reporting or no reimbursements will be given.

16. Project Award Policy

Any approved project applicant, after being reviewed for FY'11 funding by the Mayor (and designated authority) shall be required to enter into a budget approved contractual agreement with the City of Brockton for the operation of the approved activity/project. The Director of Community and Social Services shall handle all related contract development. The DHR assumes no responsibility for any corporate payroll, but shall reimburse approved vendors on the basis for the previous quarters' approved expenditures after timely submittal of proper invoices. All agreements shall detail each analyzed line-item expenditure under contract.

17. Management/Supervision

Any approved Vendor(s) shall be responsible for ongoing management/supervision of any project/activity and must outline how this will be accomplished through the narrative section of the municipal RFP.

18. Required Reporting

All applicant agencies, upon approval of funding for FY'11, shall be subject to complete municipal forms/reports quarterly subject to contract development. These reports will be due at the same time as the invoices on October 15, 2010, January 15, 2011, April 15, 2011 and **June 15, 2011**. All DHR approved agencies must submit the quarterly data sheets. Accurate and timely completion of all requirements is mandatory, subject to withholding of DHR funding and shall be the sole responsibility of any approved DHR vendor. Any documentation should be reviewed prior to submission to the DHR for both quality assurance purposes and specific outcomes as per any contractual agreement.

19. Monitoring/Auditing

Any approved agency will be subject to spot monitoring during the course of FY'11 for review of compliance with municipal policies, approved projects goals, and the quality of fiscal/administrative operations.

20. Financial Pre-Conditions

All applicants shall be in good financial standing which is defined as having no outstanding debt such as water, sewer, property taxes etc. to the municipality. The only exception to this is a mutually agreed upon written payment plan that is attached to the RFP non-price proposal signed by the agency and a representative from the City Treasurer's Office.

21. Award Ceiling

Given the limited municipal funds that applicant agencies may apply for due to the ongoing financial ramifications, no applicant shall be awarded more than 25% of the total DHR budget for any given year. Any vendor's request that exceeds this percentage will be penalized when being reviewed for consideration. The projected amount available for FY'11 shall be 75,000 subject to City Council appropriation.

22. Option to Extend Provision

The City of Brockton through the DHR reserves the right to extend any approved agreement for two consecutive twelve-month periods, subjects to annual City appropriation in FY'12 & FY'13.

23. Appeals Policy

All applicant agencies, upon receipt of a verification notice from the Mayor's Office, may appeal the decision through written response. The Mayor, through his/her designee reserves the right to either accept, revise, and/or reject any appeal through unilateral action or delegation of the response to a designated reviewing authority.

24. Technical Assistance

Questions, concerns, and requests for technical assistance in the preparation of project proposals should be directed to the Koren Cappiello, Director of Community & Social Services, Mayor's Office, 45 School Street, Brockton, MA 02301, City Hall at 508-897-6822.

25. Decisions for the DHR RFP funding shall be based on the following:

- Minimum Evaluation Criteria
- Comparative Evaluation Criteria
- DHR Review Committee Tiebreaker Provisions

26. Collaboration

Eligible DHR activities may be co-joined for both application and project purposes in a collaborative effort between potential vendors

APPLICANT AGENCY CHECKLIST
FOR DHR PROPOSALS
FISCAL YEAR 2011

Has the applicant Agency included the following information/attachments as part of the proposal package submitted?

1. Corporate information
2. Personnel Information
- 3 Affirmative Action/EEO Plans

4. Handicapped Provisions
5. Bonding (if capital request)
6. Licenses, Accreditations, Affiliations
- ** 7. Narrative
 - a. Tasks
 - b. Goals
 - c. Documentation verifying needs
 - d. Funding strategies (present/future)
 - e. Obstacles/barriers
8. Letters of support (no more than 5)
9. Budget breakdown

*It is the preference of the DHR that all proposals be typed.

Please Mail/Hand Deliver To:

Date _____

Office of the Mayor
City Hall, 45 School St.
Brockton, MA 02301
Attn: Chief Procurement Officer

DHR Review _____
Mayoral Review _____
Approved _____
Disapproved _____
Revised _____

*** PROPOSAL FOR DIVISION OF HUMAN RESOURCES FUNDING
MAYOR'S OFFICE- CITY OF BROCKTON

1) GENERAL PROJECT INFORMATION*

A. Project Title(s) _____

B. Applicant Agency _____

C. Address _____

D. Telephone _____

E. Proposal Contact Person _____

F. Project(s) Location (if different than C) _____

G. Areas of Geographic Impact

- | | |
|------------------------------------|---------------------------------------|
| <input type="checkbox"/> North | <input type="checkbox"/> East |
| <input type="checkbox"/> South | <input type="checkbox"/> West |
| <input type="checkbox"/> City-Wide | <input type="checkbox"/> Neighborhood |

H. Category

A. Track I- continuation of existing services _____

B. Track II- new, innovative _____

I hereby certify that the information contained in this application submitted to the Mayor's Office/DHR, City of Brockton, is correct to the best of my knowledge. Additionally, I, as signatory, am the official of the above-named agency having the authority to commit the corporation to the intent as specified in this proposal.

Director _____
(TYPED NAME) (SIGNATURE)

Board Chairperson _____
(TYPED NAME) (SIGNATURE)

Project Narrative

Refer to Eligible Activities Section in the Instruction Package.

Use additional pages if necessary on all sections where applicable.

- A. What service/project does this program intend to deliver with documentation of why it is needed in the community?
- B. Why has this organization been capable of delivering this service(s)?
- C. List and describe services/projects that the organization is currently providing in FY'10 and anticipate providing in FY'11.
- D. Describe how this service/project is/or would be managed/supervised.
- E. Describe benefits that clients would derive from being provided this service.
- F. Describe any obstacles or barriers other than funding in developing or continuing this service.
- G. What accreditations, licenses, or affiliations have some bearing on the provisions of these services?
- H. Describe any current or projected cost sharing strategies for the provisions and/or continuance of these services beyond FY'11 (i.e. third party payments, public sector funding, United Way, etc.).

* No more than ten (10) typewritten double-spaced pages unless applicant deems it necessary.

PRICE PROPOSAL
BUDGET INSTRUCTIONS

The Price Proposal is broken down into five main categories: Salaries, Fringe Benefits, Ordinary Maintenance, Matching Funds, and Purchase of Service.

1. Salaries

- A. The definition of this section is self-explanatory.
- B. Part-time/partial allocations should be so noted if part of matching/donated funds agreement with or without municipal funding directly ties into the applicant agency's request.
- C. All salary requests should be tied into the job description.

2. Ordinary Maintenance

- A. This includes all those items, which are in support of any DHR activity (supplies, equipment etc.).
- B. Any Ordinary Maintenance request should not exceed 10% of the total allocation requested.
- C. Applicant agencies are encouraged to absorb as much of the Ordinary Maintenance costs as possible as in-kind contribution to the project/activity for which municipal funds are requested.
- D. Training and/or travel costs should also be included under this section of the budget.
- E. Ordinary Maintenance costs cannot be freestanding, but must be specifically delineated as part of a DHR project/activity request.

3. Matching Funds

4. Purchase of Service

- A. Include any/all unit of service costs on an individual basis as well as the annualized total request.
- B. Reference how rates were determined (federal, state, or corporate determination).

COMPARATIVE EVALUATION CRITERIA

- 1) Applicant has met one or more of the currently listed priorities for the DHR in FY'11.
(Highly Advantageous = 15 points)
- 2) Applicant has five or more years experience working in the community in the same field. (Highly Advantageous = 10 points)
- 3) Applicant has demonstrated a serious, compelling and/or unique need for this service
(Highly Advantageous = 40 points)
- 4) Quality of the Applicant's narrative overall (clear, verifiable data etc.)
(Highly Advantageous = 30 points)
- 5) Applicant has had a positive (documented) working relationship with either the School Dept. or the city of Brockton (or both) for three or more years. (Highly Advantageous = 5 points)

Maximum of 100 points

MINIMUM EVALUATION CRITERIA

- 1) Applicant organization must have a facility here in Brockton for at least one year.
- 2) Applicant must be providing services to residents of Brockton for at least two years.
- 3) Applicant must document being in good financial standing with the City, State or the federal IRS at the time of proposal submission. This means that the applicant must not be in arrears to any of the aforementioned levels of government.
- 4) Applicant must either verify that they are a nonprofit tax-exempt organization (i.e. 501C3 & Chapter 180 non-profit status verifies at the time of submission), or a proprietary organization, or sole proprietorship and be in good standing with same.

**CITY OF BROCKTON
TAX CERTIFICATE
APPENDIX "A"**

I CERTIFY UNDER THE PAINS AND PENALTIES OF PERJURY, THAT I TO THE BEST OF MY KNOWLEDGE AND BELIEF HAVE FILED ALL STATE TAX RETURNS AND PAID ALL STATE TAXES REQUIRED UNDER THE LAW.

FOR USE BY CORPORATIONS ONLY:

CORPORATE NAME
(MANDATORY IF A CORPORATION)

BY _____
SIGNATURE OF CORPORATE OFFICER

FEDERAL IDENTIFICATION NUMBER

FOR USE BY INDIVIDUALS OR COMPANIES OTHER THAN CORPORATION ONLY:

* _____
SIGNATURE OF INDIVIDUAL
(MANDATORY IF NOT A CORPORATION)

** _____
SOCIAL SECURITY NUMBER

*APPROVAL OF CONTRACT OR OTHER AGREEMENT WILL NOT BE GRANTED UNLESS THIS CERTIFICATION CLAUSE IS SIGNED BY THE APPLICANT.

**YOUR SOCIAL SECURITY NUMBER WILL BE FURNISHED TO THE MASSACHUSETTS DEPARTMENT OF REVENUE TO DETERMINE WHETHER YOU HAVE MET TAX FILING OR TAX PAYMENT OBLIGATIONS.

CERTIFICATE OF VOTE
(CORPORATIONS ONLY)

I, _____
:CLERK/OFFICER OF _____
HEREBY NOTIFY THAT AT A MEETING OF THE BOARD OF
DIRECTORS/OFFICIALS OF SAID CORPORATION/COMPANY, HELD ON _____
THE FOLLOWING VOTE WAS PASSED:

VOTE TO AUTHORIZE _____ TO SIGN IN BEHALF OF THE
CORPORATION/COMPANY WITH THE CITY OF BROCKTON FOR _____

CLERK/OFFICER

APPENDIX "B"
AFFIDAVIT OF CLERK OF CORPORATION VENDOR
(To be signed and completed by Clerk)

I, _____, certify as follows:

(Print full name of Clerk)

1. I am the Clerk of _____ (print exact name of corporation) which is duly organized and incorporated under the laws of the Commonwealth of Massachusetts (or State of _____) and is/is not (circle one) duly registered to do business in the Commonwealth of Massachusetts with a principal place of business at _____.
2. That the names, residential addresses and title officers of the above named corporation are as follows:

President Address

Vice President Address

Treasurer Address

Resident Agent Address

3. That the above named corporation was incorporated on _____.
4. The federal tax identification number of said corporation is _____.
5. That the above named corporation is in good standing with the Secretary of the Commonwealth of Massachusetts or the State of _____ (if incorporated under the laws of a foreign State) and has filed all federal and state tax returns and paid all federal, state and/or local taxes required under law.
6. _____ is authorized to sign contract/agreements on behalf of _____ pursuant to a vote of the Board of Directors/Officers on _____.

PERTAINING TO NON-MASSACHUSETTS CORPORATIONS:

7. I, on behalf of the within corporation, do hereby acknowledge that by this contract, this corporation is transacting business within the Commonwealth of Massachusetts as defined by M.G.L. Chapter 223 A, Section 1, et seq. And is subject to the jurisdiction of its courts.

SIGNED under the pains and penalties of perjury this _____ day of _____, 2010 .

Signature of Clerk

**REGISTRATION FORM
APPENDIX "C"**

DATE: _____

TYPED NAME: _____

SIGNATURE: _____

TITLE: _____

COMPANY: _____

BUSINESS ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE NO: _____ FAX NO: _____

IF CORPORATION:

1. GIVE YOUR CORRECT CORPORATE NAME:

2. STATE AND DATE OF INCORPORATION:

3. IF FOREIGN CORPORATION, GIVE MASSACHUSETTS REGISTRATION DATE:

IF COMPANY, GIVE the OWNER'S NAME AND TITLE:

IF PARTNERSHIP, GIVE NAMES AND ADDRESSES OF PARTNERS:

IF TRUST OR LEGAL ENTITY, GIVE NAMES AND ADDRESSES OF TRUST OR LEGAL ENTITY:

**ATTESTATION CLAUSE
APPENDIX "D"**

Under Section 35 of Chapter 233, political subdivisions and agencies of the Commonwealth must annually furnish to the Commissioner of Revenue a list of all persons who have provided goods, services or real estate space in the aggregate of five thousand dollars (\$5,000) or more.

Chapter 233 of the Acts of 1983, Sections 35 & 36 require that each provider or vendor of goods and services to any municipal agency must attest that it/he is in compliance of all the laws relating to taxes.

The Attestation must occur at the time of issuing, renewing, or extending a license, contract, or agreement.

Any person/company failing to execute the Attestation Clause shall not be allowed to obtain, renew, or extend a license, contract, or agreement.

Each successful bidder shall certify that he is in compliance with Chapter 233 by providing a social security number of a federal identification number when a contract is issued.

COMPANY: _____

TYPED NAME: _____

SIGNATURE: _____

TITLE: _____

BONA FIDE PROPOSAL

As per Chapter 30B, Section 10, any person submitting a proposal for the procurement or disposal of supplies or services to any governmental body shall certify in writing, on the proposal, as follows:

The undersigned certifies under penalties of perjury that this proposal has been made and submitted in good faith and made without collusion or fraud with any other person. As used in this certification, the word "person" shall mean any natural person, business, partnership, corporation, union, committee, club, or other organization, entity, or group of individuals.

Name of person signing proposal _____

Company: _____

EACH VENDOR SHOULD SIGN BOTH PARTS OF THIS FORM AND SUBMIT IT WITH THE PROPOSAL.

**DEVIATION SHEET
APPENDIX "E"**

All deviations and/or substitutions from the original specified item (or equal) must be noted in writing and shall be reviewed by the lead department.

PLEASE LIST BELOW:

COMPANY: _____

TYPED NAME: _____

SIGNATURE: _____

TITLE: _____

CERTIFICATE OF INSURANCE
APPENDIX "F"
(Service Contracts Only)

As successful proposer on the _____ contract you must supply the City of Brockton with a properly endorsed **CERTIFICATE OF INSURANCE**. Both the City of Brockton and the vendor shall be named as co-insured and the City shall be named as owner, and certificates of insurance shall be furnished to both parties. Reporting of accidents and claims shall be done by the vendor. This Certificate must accompany the Contract.

INSURANCE REQUIREMENTS:

WORKERS' COMPENSATION: The Contractor, before commencing performance of the work required to be done under the Contract, shall provide for the payment of compensation, provided by the General Laws (ter. Ed.) Chapter 152 as amended to all persons to be employed by him in connection with said performance and shall continue in full force throughout the period of this Contract.

PUBLIC LIABILITY: The Contractor will indemnify and hold harmless the City of Brockton and departments, against all suits, actions, claims, costs or damages to which the City or its department may be subject or put by reason of damages to the property of anyone other than the City, arising or resulting from the fault, negligence or wrongful omission of the Contractor. Within fifteen (15) days after the award of this Contract the Contractor shall, at his own expense, procure and maintain any Public Liability in limits of \$500,000/\$1,000,000 and Property Damage Insurance of \$50,000/\$100,000. The above policies shall contain a provision worded as follows.

"The insurance Company waives any right to subrogation against the City of Brockton which may arise by reason of any payments under this policy."

The policy must contain on the face a notation that it cannot be canceled without at least thirty (30) days notice in writing to the City as owner.

The certificates of all policies shall provide for notice of cancellation of the Contracting officer and the certificates shall indicate that the above provisions have been included.

**ASSURANCE OF NONDISCRIMINATION COMPLIANCE
APPENDIX "G"**

The undersigned certifies that it does not subject employees or applicants for employment by this firm to discrimination on the basis of race, color, national origin, handicap, age or sex, in any of the following areas:

1. Recruitment, hiring, upgrading, promotion, whether for full-time or part-time employment, consideration for demotion, transfer, layoff, or rehires.
2. Rates of pay or any other form of compensation and changed in compensation.
3. Job assignments and seniority status.
4. Granting and returning from leaves of absence, leave for pregnancy, or any other leave.
5. Fringe benefits available by virtue of employment, whether or not administered by the recipient.
6. Selection and financial support for training, including apprenticeship, professional meetings, conferences, and other related activities, selection for tuition assistance, and selection for sabbaticals and leaves of absence to pursue training.
7. Employer-sponsored activities, including social or recreational programs.
8. Any other term, condition, or privilege or employment.

NAME OF PROPOSER: _____

BY: _____

TITLE: _____

ADDRESS: _____

TELEPHONE: _____

DATE: _____

MINORITY/WOMEN BUSINESS CLASSIFICATION STATEMENT

1. Our firm is principally (more than 50%) minority owned.
YES _____ NO _____
2. Our firm is principally (more than 50%) woman owned.
YES _____ NO _____
3. Our firm is registered with S.O.M.B.A. (State Office of Minority & Business Assistance)
YES _____ NO _____
SOMWBA CERTIFICATION CATEGORY: _____
MBE _____ WBE _____

APPENDIX "H"

A. The undersigned proposes to supply: _____

B. The undersigned offers the following information as evidence of his qualifications to perform the work as bid upon, according to all the requirements of the specifications.

1. Have been in business under present business name for _____ years.
2. Are you fully licensed to do business under this contract? _____
3. Do you comply with all ordinances and regulations mandated by M.G.L. and the community in which you are located? _____
4. Ever fail to complete any work awarded? _____
5. Have you been involved in litigation in the past five (5) years? _____
6. List at least three (3) state, local or private companies and/or organizations which you have served recently of similar character as required for the above-mentioned.

LOCATION

DESCRIPTION OF WORK

1. _____
2. _____
3. _____

C. Proposers shall indicate firm date of delivery on receipt of contract and subsequent purchase order form the City of Brockton.

DELIVERY DATE: _____

COMPANY: _____

TYPED NAME: _____

SIGNATURE: _____

TITLE: _____

D. Proposers shall note that this proposal reflects all changes in addendum/amendment numbers:

APPENDIX "I"

CERTIFICATE OF INDEMNIFICATION & RELEASE

The Recipient shall indemnify and hold the City of Brockton harmless from any and all acts & omissions arising out of this contract by the recipient, its agents, employees or representatives. Furthermore the term recipient shall include the aforementioned wherever stated in the contract.

Further, the recipient shall indemnify and hold harmless the city of Brockton against any/all suits, claims, actions, costs or damages to which the city may be subject to by reason of damages to the property or person of anyone, arising or resulting from fault, negligence, or wrongful omissions by the recipient. Said indemnification and hold harmless should apply in any event that a claim is brought against the City of Brockton for said acts caused by others.

The recipient, their agent(s), representatives or employees shall release and hold the City of Brockton harmless for any injury to themselves, corporate officers, agents, representatives or employees in connection with the performance or omission of this agreement or any related sub-contract thereof.

Authorized Signature

APPENDIX "J"

CERTIFICATE OF NON-COLLUSION

The undersigned certifies under the penalty of perjury that this proposal has been made and submitted in good faith and without collusion or fraud with any other person. As used in this certification, the word "person" shall mean any natural person, business partnership, corporation, union, committee, club, or other organization, entity, or group of individuals.

(Authorized Signature)

(Name of business)

MEMORANDUM OF UNDERSTANDING
CITY OF BROCKTON/MAYOR'S OFFICE &
MAINSRING COALITION FOR THE HOMELESS, INC.

COMMUNITY DISPATCHING INITIATIVE

The City of Brockton/Mayor's Office has been working in collaboration with the Brockton Area Homeless Planning Group, a consortia of local public & private social service agencies over the past several years. They have determined that there is a high priority to shelter homeless families on a nightly and/or weekend emergency basis while the family is awaiting determination of Emergency Assistance (EA) eligibility through the Department of Transitional Assistance (DTA), an appeal of a denial of EA benefits is pending, or a family is ineligible for shelter based on DTA criteria. The City of Brockton in conjunction with the MainSpring Coalition for the Homeless Inc. has developed and enhanced a Community Dispatching Initiative (hereinafter known as the CDI) with the following conditions and provisions for the period beginning August 1, 2001, and ending June 30, 2002.

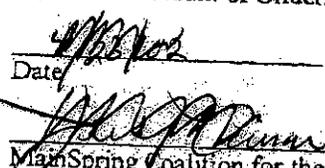
- 1) Families will not be turned away when the alternatives are sleeping in a car, in the open, in an abandoned building or worse.
- 2) The MainSpring Coalition staff will do an intake on each family, providing a private area with a phone, to determine if there are family members, friends, or workplace associates with whom they can stay temporarily. If necessary, transportation will be provided within the Commonwealth of Massachusetts.
- 3) If there are no alternatives (Ref #2) MainSpring Coalition staff will arrange for temporary shelter for mother and children either in the single women's unit or at the Ruth House which is operated by Lutheran Social Services. Placement at those facilities is subject to availability. If there is a dad or significant other, he will be sheltered in the men's unit.
- 4) If there is no room at MainSpring House or Ruth House or if the family configuration makes staying at the shelters unadvisable, Mainspring family program staff will secure shelter at a local motel. Transportation will be provided if necessary. Arrangements will be made to ensure that the family has access to sufficient food.
- 5) The morning of the next regularly scheduled work day, transportation will be provided if necessary for the family to get to the Brockton Area DTA Office or to return to MainSpring House to meet with stabilization/intervention staff. After assessing the family's situation, MainSpring staff will advocate for them to obtain needed services or direct them to the appropriate resources for further support.

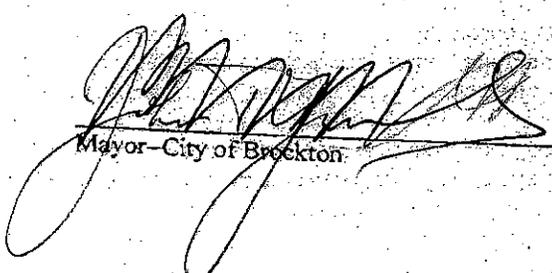
In turn the City of Brockton/Mayor's Office through the Division of Human Resources agrees to the following:

- 1) To fund the CDI in FY02 up to \$4,995.00, on a reimbursement/case by case basis
- 2) To fund day-staff supervision for families on weekends at MainSpring House on a case by case basis up to \$12.00 per hour through a normal 8 hour shift
- 3) To fund transportation for families when necessary by cab or by drivers employed by the Coalition up to \$12.00 per hour, with a \$.30 per mile unit rate mileage reimbursement
- 4) To fund hotel/motel support for families under the CDI for up to 5 days (extended only through mutual concurrence from both the City and MainSpring Coalition)
- 5) To fund food (MainSpring House meals or super market vouchers) to support CDI eligible families staying in hotel/motels

This Memorandum of Understand (MOU) may be revised with the consent of all parties concerned.

Date


MainSpring Coalition for the Homeless, Inc.


Mayor - City of Brockton