



SELECTBOARD AGENDA & MEETING NOTICE

December 6, 2021

***Indicates item added after the 48 hour posting
bold underlined time = invited guest or advertised hearing
(all other times are approximate)

Location: Gill Town Hall, 2nd Floor

Face coverings required per Board of Health mandate.

5:30 PM Call to Order (If the meeting is being videotaped, announce that fact. If remote participation will occur, announce member & reason, & need for roll call voting)

Old Business

- Review of Minutes

New Business

- Fire Department Updates
 - Mass Dept of Fire Services FY22 Firefighter Safety Equipment Grant – submitted 11/24, requesting \$10,500 toward \$13,230 cost for battery-powered spreader tool (“Jaws of Life”)
 - FEMA FFY21 Assistance to Firefighters Grant – application due 12/17
 - Burn Permits – online only; Shelburne Control no longer processing requests via telephone
- Resignation – Alex Wiltz from the Police Department, effective 11/15/21
- 2017 Police Cruiser accident – update and next steps
- Suggestion of a Commemorative Plaque on the French King Bridge – Feedback to MassDOT
- Mass In Motion Grant – sign on request from FRCOG
- Sewer Rate Increase for Riverside Sewer System – Preliminary Discussion
- Tax Rate Classification Hearing – schedule for December 20th meeting?
- Other business as may arise after the agenda has been posted.
- Public Service Announcements, if any

Warrants

FY22 #11 Vendors (\$54,142.66) & Payroll (\$22,036.09) – reviewed & signed on 11/22/21

FY22 #12 – review & sign

Adjournment

Other Invitations/Meetings:

Date	Time	Event	Location
Mon 12/20	5:30 PM	Selectboard meeting	Gill Town Hall, 2 nd floor
Mon 1/3	5:30 PM	Selectboard meeting	Gill Town Hall, 2 nd floor
Mon 1/17		Martin Luther King Jr. Holiday	
Tues 1/18	5:30 PM	Selectboard meeting	Gill Town Hall, 2 nd floor

TOWN OF GILL

MASSACHUSETTS



www.gillmass.org

SELECTBOARD MEETING MINUTES

November 22, 2021

Called to Order: The meeting was called to order at 5:30 PM in the 2nd floor meeting room at the Gill Town Hall.

Members Present: Randy Crochier, Charles Garbiel, and Greg Snedeker Members Absent: None

Others Present: Ray Purington, Town Administrator; Jerri Higgins, Julian Mendoza, and Janet Masucci

Review of Minutes: Randy made a motion, seconded by Charles, to approve the minutes of November 8, 2021. The motion was approved by unanimous vote.

Leaf Joy Retail Cannabis Establishment: Ray reported the Gill Zoning Board of Appeals approved the site plan and granted the special permit to allow the retail cannabis establishment proposed by Leaf Joy for 1 Main Road. The next step for the Town is to negotiate the Host Community Agreement with Leaf Joy. Ray has gathered a dozen examples of agreements from other towns and will synthesize those into a first draft for Gill's agreement. While the agreement is a negotiation, he stated at this time there is no reason to conduct those negotiations in executive session.

FY22 Recycling Dividend Program (RDP) Grant: The Town will receive \$4,200 from the Massachusetts DEP for this year's RDP grant. Grant funds can be used for the purchase of recycled content products, recycling bins and compost pails for residents, hazardous waste collection expenses, membership in the Franklin County Solid Waste Management District, and other approved expenses listed in the grant's guidelines. The grant funds can be carried over from year to year, and prior to receiving this \$4,200, the Town's grant fund has a balance of \$12,259. Randy made a motion, seconded by Charles, to accept the grant and authorize Ray to sign all required paperwork to accept and implement the grant. The motion was approved by a unanimous vote.

Sewer Commitments: The Selectboard reviewed two supplemental sewer commitments related to recent sales at 48 French King Highway and 16 Walnut Street. Randy made a motion, seconded by Charles, to approve and sign the sewer commitment of \$35.53 with a bill date of October 25, 2021 and the sewer commitment of \$43.60 with a bill date of November 9, 2021. The motion was approved by unanimous vote.

Appointment: Randy made a motion, seconded by Charles, to appoint Eve Brown-Waite of 46 Mountain Road to the Cultural Council for a 3-year term through November 22, 2024. The motion was approved by unanimous vote.

Opioid Settlement Agreements: Ray presented two proposed nationwide settlement agreements that will resolve all opioid litigation brought by states and local governments against the three largest pharmaceutical distributors, McKesson, Cardinal Health, and AmerisourceBergen, and one manufacturer, Janssen Pharmaceuticals and its parent company Johnson & Johnson. The Commonwealth of Massachusetts, through Attorney General Maura Healey, has joined both settlements and is encouraging cities and towns to do the same. At this time it is unknown how much Gill could receive from the settlements.

Proceeds from the settlement likely will need to be used on measures that respond to and curb opioid addiction, overdose, and death. For Gill, possible measures could include specialized training for emergency responders, purchasing Narcan (naloxone) for use by the Police and Fire Departments, and public health programs for opioid education and treatment.

Randy made a motion, seconded by Charles, to authorize Ray to sign both agreements on behalf of the Town. The motion was approved by unanimous vote.

AARP Age-Friendly Communities Network: The Selectboard reviewed an email from Roberta Potter, the Director of the Gill-Montague Council on Aging, recommending the Town join the AARP's Network of Age-Friendly Communities as part of LifePath's Age- and Dementia-Friendly Project in Franklin County and the North Quabbin region. Randy announced he will abstain from the vote, as he is the Program Manager of the Cooperative Public Health Service District and one of the District's nurses is partially paid by a LifePath grant from the Age-Friendly Project.

Montague has already joined the program, and as Gill shares its Council on Aging and Senior Center with Montague, this would be a natural fit. Potter and the Council on Aging will work with LifePath to develop surveys and otherwise gather information from Gill's seniors. Results from the program could be used to support grant applications for projects that improve Gill's "live-ability" for seniors. Belonging to the Age-Friendly program is not expected to impact or add workload to Gill's Town Hall staff. Charles made a motion, seconded by Greg, to sign a letter to AARP requesting to join the Network of Age-Friendly Communities. The motion was approved by a vote of 2 in favor and 0 opposed. Randy abstained from the vote.

Jerri Higgins and Julian Mendoza left the meeting at 5:55 PM.

Warrant: The Selectboard reviewed and signed the FY 2022 warrant # 11 with totals of \$54,142.66 for vendors and \$22,036.09 for payroll.

The meeting adjourned at 6:25 PM.

Minutes respectfully submitted by Ray Purington, Town Administrator

Signed copy on file. Approved on 12/06/2021

Charles Garbiel, Selectboard Clerk



EXECUTIVE OFFICE OF PUBLIC SAFETY & SECURITY
DEPARTMENT OF FIRE SERVICES



FY22 FIREFIGHTER SAFETY EQUIPMENT GRANT PROGRAM

COVER SHEET

Department Information

Legal Name of Applicant Agency: Town of Gill

Mailing Address: 196A Main Road PO Box:

Municipality: Gill Zip Code: 01354

Chief of Department

First Name: Gene Title: Fire Chief

Middle Initial: M Phone Number: 413-626-1237

Last Name: Beaubien Email Address: firedept@gillmass.org

Suffix:

Grant Manager*

First Name: Ray Title: Town Administrator

Middle Initial: Phone Number: 413-863-9347

Last Name: Purinton Email Address: administrator@gillmass.org

Suffix:

*Leave this section blank if Fire Chief will serve as Grant Manager.

Application Type

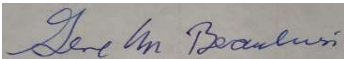
Select Application Type Below:

Single Department

If you are submitting a Regional Application, complete the "Supporting Regional Applicants" tab of this document. If you are not submitting a regional application, you may leave that tab blank.

Signature

As the Chief of the Department/Chief Executive, I am authorizing the department to solicit funds from the FY22 Firefighter Safety Equipment Grant Program from the Department of Fire Services (DFS). I have reviewed and approve of the contents of this application, and certify that all information provided is accurate. I have also reviewed and agree to abide by all terms and conditions in the Notice of Funding Opportunity. I further acknowledge that if my department incurs expenses for the grant prior to a contract for these grant funds being signed by DFS and my department, DFS will not be able to reimburse my department for those costs.

Name: Gene M Beaubien Signature:  Date: 11/24/2021



**EXECUTIVE OFFICE OF PUBLIC SAFETY & SECURITY
DEPARTMENT OF FIRE SERVICES**



FY22 FIREFIGHTER SAFETY EQUIPMENT GRANT PROGRAM

Application Narrative

Project Summary

Please explain all equipment being requested, quantities, and how it will be deployed/managed. Include details on installation, maintenance plans, how cost estimates were obtained, accessories to be included, and any other relevant information.

We are requesting 1 Hurst Edraulic Spreader package with batteries and charger. It will replace our used aging hydraulic spreader tool that was attached to a 2011 rescue vehicle when we bought it used in 2018. The new tool will be regularly serviced by Firematic, the company we will be purchasing the same through. The cost estimate was obtained by Firematic and is on the Massachusetts FIR-04 state bid list. The total package cost is \$13,230. We are applying for the total amount allotted for our population which is \$10,500. We will cover the difference with our budget.

Project Need

Please explain the reason grant funding is needed to purchase this equipment and connect it to one of the Purchase Justification options listed in the Notice of Funding Opportunity (i.e. There are 10 firefighters on my department without a compliant second set of turnout gear, my department has one thermal imaging camera which was purchased in 2012 and no longer functions properly, etc.).

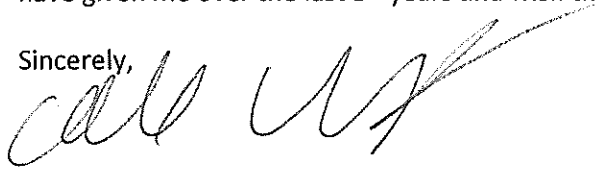
This is a battery powered extrication tool that will replace our current gas powered hydraulic spreaders. Our current spreader came with the 2011 rescue vehicle we bought used in 2018. It is powered by an external gas power plant that connects to the tool via hydraulic hoses. Those hoses and tool fittings leak and we often find puddles of hydraulic fluid in the tool compartment. The tools have been cleaned and serviced and yet we still find we have leak issues. The purpose and need of this grant is to replace our troublesome used spreaders with new NFPA compliant electronic spreaders. This will allow us to transition away from a gas power plant and hydraulic hoses. This will simplify the use of the tools for our firefighters by not tethering the tool to the vehicle and be more environmentally friendly by eliminating the need for fuel and fluids. In addition we should be able to keep track of our own maintenance plan to increase the lifespan of the new tool.

11/15/2021

Chief Redmond,

Please accept this as my letter of resignation from the Gill Police Department effective as of today. I have accepted a position in Pennsylvania and will be leaving the area. I appreciate the opportunity you have given me over the last 3+ years and wish the best in the coming years.

Sincerely,

A handwritten signature in black ink, appearing to read 'Alex Wiltz', with a long, sweeping horizontal stroke extending to the right.

Officer Alex Wiltz #12-9
Gill Police Department

From: Ramirez, Alwin T. (DOT) <alwin.ramirez@state.ma.us>
Sent: Friday, November 12, 2021 2:35 PM
To: Mariah Kurtz <mariah.kurtz@erving-ma.gov>; Bryan Smith <bryan.smith@erving-ma.gov>; highway@gillmass.org; townclerk@gillmass.org
Cc: Simmons, Paula K. (DOT) <paula.simmons@state.ma.us>; Sund, Daniel J. (DOT) <daniel.sund@state.ma.us>; Shrimpton, Jeffrey P. (DOT) <jeffrey.shrimpton@state.ma.us>; David Comerford <dcomerford@gill-eng.com>
Subject: [EXTERNAL]FW: PF: 608056, ERVING- GILL- PROTECTIVE SCREENING INSTALLATION, E-10-014=G-04-009 (OUC), ROUTE 2 OVER CONNECTICUT RIVER, French King Bridge

Good afternoon!

Please see email below from Ms. Stacey Hamel. In her email below she suggest providing a plaque on the bridge to commemorate the lives lost on the structure.

In order for this to occur MassDOT will need a letter from both municipalities. The letter is to describe what is going to be placed on the plaque. The text and narrative will be necessitated.

If you have any questions or concerns please feel at liberty to reach out to me.

Thank you



Alwin T. Ramirez

PM - Major Projects

10 Park Plaza, Rm 6500

Boston, MA 02116

Tel #: [857.368.9368](tel:857.368.9368) Mobile #: [617.823.0102](tel:617.823.0102)

Email: Alwin.Ramirez@dot.state.ma.us

From: stacey@hamel-homes.com <stacey@hamel-homes.com>
Sent: Monday, November 1, 2021 5:05 PM
To: Ramirez, Alwin T. (DOT) <Alwin.Ramirez@dot.state.ma.us>
Subject: French King Bridge

Hello Mr Ramirez,

My name is Stacey Hamel. I'm not sure if you recognize my name from various emails with the towns of Erving and Gill and members of FRCOG. I lost my son Bryan to suicide on the French King Bridge in 2018. I've been involved in the push for safety barriers on the Bridge for the past year and a half or so.

I understand that you were assigned project manager.

I have a question and I'm not sure who to ask. I'd like to talk to someone about a plaque of some sort for the railing. I haven't fleshed it out, but something that memorializes the lives lost at the bridge, at the same time honoring those that have helped to save lives there.

Is that something I could discuss with you or, if not, could you point me in the direction of the right person?

Thank you so much –

Stacey



Stacey Hamel | Realtor. CBR PSA | www.Hamel-Homes.com
ERA Key Realty Services | 304 Washington Street | Auburn, MA 01501
C: 774.289.6135 | Stacey@Hamel-Homes.com

Ray Purington/Gill Selectboard

From: Rachel Stoler <RStoler@frcog.org>
Sent: Wednesday, December 01, 2021 3:38 PM
Subject: Mass in Motion Grant sign-on request
Attachments: Mass in Motion 2022 Frequently Asked Questions.docx.pdf; Principles for Promoting Racial Equity and Key Term Glossary.pdf; Participant Agreement Form for FRCOG application.docx

December 1, 2021

TO: Franklin County/North Quabbin Municipal Leaders
FROM: Rachel Stoler and Phoebe Walker
RE: Mass in Motion Grant sign-on request

Franklin County has been involved in the Massachusetts Department of Public Health (DPH) Bureau of Community Health and Prevention's Mass in Motion Municipal Wellness & Leadership Initiative since 2012 through the Franklin Regional Council of Governments. Over the years, this initiative has worked to reduce the burden of chronic disease by addressing the community-level risk factors of access to healthy food and physical activity. In Franklin County, Mass in Motion has:

- Advocated for towns joining the Complete Streets program,
- Helped create the Age-Friendly Franklin County/North Quabbin network,
- Trained and supported school nutrition directors to increase their use of local foods,
- Supported town applications for a variety of grants to increase healthy eating and active living for all residents.
- Increased low-income residents access to local food through the Healthy Incentives Program
- Leveraged \$1.2 Million in investments in local chronic disease prevention efforts from the Department of Public Health and over \$1 Million in regional age-friendly planning and racial justice grants from the MA Community Health and Healthy Aging Funds.

The MA Department of Public Health has released a new Request for Responses, reopening the Mass in Motion program for applications due December 13, 2021. New contracts will begin on July 1, 2022 for up to 4 years, with opportunities to renew the contract for two additional 3-year periods, up to a total of ten years. I have attached responses to frequently asked questions, the Principles for Promoting Racial Equity, and the participant agreement form. The full Request for Response can be found [here](#).

The FRCOG is interested in applying for this funding to support Franklin County/North Quabbin municipalities in maximizing the impact of the regional Age-friendly Franklin County/North Quabbin initiative by providing staff time and small subcontracts to:

- Identify age-friendly practices and projects to implement at the town level
- Work with other towns on regional age-friendly efforts
- Find funding to support these age-friendly efforts.

Our population is aging rapidly -- there has already been a 62% increase in the number of residents over 65 in our region in the last decade, and our communities need to plan for this new reality.

In order to apply, we need your signature on the attached participant agreement! If your Select Board Chair, Town Administrator, or Mayor is authorized to support this application on behalf of your town, we hope you will do so and return the form to us ASAP. If this decision requires a vote of the Board, would you please let us know when and if it is

on the agenda? Our final application is due 12/13. We hope to have as many Franklin County/North Quabbin towns signed on as possible to demonstrate our region's interest in this initiative.

Please feel free to address questions or submit the forms to Rachel Stoler rstoler@frcog.org or 413-774-3167 x 121. Thank you for your interest in community-level policy, systems, and environment change to support the health of our residents.

Best regards,

Rachel Stoler	Phoebe Walker
Community Health Program Manager	Director of Community Services

Rachel Stoler (she,her)
Partnership for Youth/Communities That Care Coalition/Mass in Motion
Franklin Regional Council of Governments
12 Olive St., Suite 2
Greenfield, MA 01301

413-774-3167 x 121
rstoler@frcog.org



Virus-free. www.avg.com

PARTICIPANT AGREEMENT

Mass in Motion Municipal Wellness & Leadership Initiative RFR#XXXXXX

Signed forms are needed from:

- *Non-lead municipal governments when the lead applicant is a community-based organization*
- *All non-lead municipal governments included in a regional application or an application that includes multiple municipalities*
- *All partners named in response to application question 6 about multi-sectoral collaboration*

The _____ [insert City/Town or Organization name] agrees that our City/Town/Organization will participate in the proposal for the Mass in Motion Municipal Wellness & Leadership Initiative RFR submitted by the Franklin Regional Council of Governments (FRCOG). This agreement is evidence of our commitment to support the implementation of the requirements in this RFR if we are funded by the Massachusetts Department of Public Health (MDPH). We understand the program requirements and agree to:

- Support the lead applicant, as needed, to meet all administrative requirements detailed in the RFR and in-line with guidelines and annual calendar provided by MDPH upon award
- Work with lead applicant, resident, and organizational partners to implement MDPH Mass in Motion if awarded
- Provide capacity to operationalize the approach, practices, and effort detailed in the RFR
- Agree to advance and abide by the Principles for Promoting Racial Equity included as part of this RFR

Complete the following section only if participating municipality or organization has multiple departments who would be active partners in implementation:

These departments in _____ [insert City/Town/Organization Name] will work with other partners to implement Mass in Motion:

Department Name

*Add rows as needed

Chief Elected Official or Organization Chief Executive Officer/President

Name:

Title:

Signature and Date:



Franklin Regional Council of Governments

Frequently Asked Questions regarding the Mass in Motion Municipal Wellness and Leadership Initiative application for Franklin County

1) How will towns benefit from signing on to this application?

Towns will receive FRCOG staff support to work on local (individual town or groups of towns) age-friendly priorities, as well as access to a modest pool of funding to support implementation of age-friendly projects.

2) What will towns be expected to do if they sign on as a partner to this application?

Towns will be expected to share their age-friendly efforts with the rest of the region by submitting a short annual summary that may be used for press/publicity and sharing it at an annual gathering of partner towns and organizations.

3) One of the requirements of DPH, as part of this RFR, is that all participating municipalities abide by Principles of Promoting Racial Equity. What does it mean for my town to abide by the Principles for Promoting Racial Equity as stated in the participant agreement?

As a lead applicant, the FRCOG is expected to design a program that incorporates actions that reduce racial differences in health outcomes in our region. In signing on as a partner for the FRCOG's application, towns agree to use these principles to guide all efforts supported by the grant. This does not mean that towns are expected to be experts, rather that they be open to learning how to put these principles into practice. A full description of the Principles for Promoting Racial Equity and relevant vocabulary can be found in the attached document.

Principles for Promoting Racial Equity

Bureaus of Community Health and Prevention & Family Health and Nutrition

The Bureaus of Community Health and Prevention (BCHAP) and Family Health and Nutrition (BFHN) are committed to achieving health equity by promoting racial justice and addressing institutional¹ and structural² racism. All M and P procurements issued by BCHAP and BFHN must incorporate Principles for Promoting Racial Equity (The Mass in Motion Municipal Wellness & Leadership Initiative RFR is a P procurement). The principles are intended to provide prospective applicants with information about the Bureaus' commitment to addressing racial inequities in health and provide direction regarding expectations for racial equity³ work.

It is expected that applicants will review these principles carefully and consider their content when completing their application/bid response. Each prospective applicant should demonstrate how they will incorporate the principles into their service design. **DPH reviewers will be required to consider an applicant's ability to reflect on and incorporate these principles into their program design as they score proposals.** Please find resources for further learning and a glossary of terms at the end of this document.

Principle 1: Promote racial equity and address racial inequities in access to services and supports and health outcomes.

BCHAP and BFHN strive to promote racial equity and eliminate unfair disparities in health outcomes among populations in Massachusetts. These racial inequities include but are not limited to higher rates of infant mortality, educational achievement gaps, depression, and poorer access to services or resources. Inequities often result from social, economic or environmental disadvantages, sometimes called the social determinants of health, which adversely affect certain groups of people. Promotion of racial equity seeks to improve the structures that contribute to inequities so that everyone may achieve their highest potential. Addressing racial equity in public health utilizes data, focuses on the social determinants of health, incorporates cultural relevance, actively addresses structural racism, and is accountable to improving outcomes for People of Color and underrepresented populations.

Principle 2: Build and sustain the leadership of People of Color and those from underrepresented populations.

Organizations that work directly with People of Color⁴ and others from underrepresented populations (e.g. religion, disability, gender identity) will engage them in leadership roles within and beyond an advisory capacity. Creating meaningful ways to bring People of Color and

¹ **Institutional Racism** is defined as discriminatory treatment, unfair policies and practices, and inequitable opportunities and impacts within organizations and institutions, based on race.

² **Structural Racism** is defined as racial bias across institutions and society over time. It's the cumulative and compounded effects of an array of factors such as public policies, institutional practices, cultural representations, and other norms that work in various, often reinforcing, ways to perpetuate racial inequity.

³ **Racial Equity** means that race no longer predicts life outcomes and outcomes for all groups are improved.

⁴ **People of Color** is a political construct created by People of Color to describe people who would generally not be categorized as White.

underrepresented populations into the work of an organization goes beyond being “service” oriented. For example, People of Color in leadership means that People of Color who directly benefit from programs are engaged in shared and meaningful decision-making about the programs that impact their lives. Organizations should systematically engage People of Color and underrepresented populations in the planning, development, leadership, oversight and quality improvement of the program’s services using the “Nothing about us, without us” philosophy. This engagement and leadership values the lived experiences of People of Color and other underrepresented populations without exploiting or tokenizing them.

Principle 3: Ensure programming is data-driven, evidence-informed, theory-based, and directly highlights and addresses racial inequities.

“Data-driven” approaches are those that take into consideration available local and/or programmatic data as well as up-to-date understanding of risk and resilience factors based on race, and overtly incorporate this information into the design of programming. Such approaches should include an analysis of the data with a lens of racial equity/inequity. “Evidence-informed” and “theory-based” approaches are those that take into consideration the current, best available research on effective intervention and prevention strategies and/or logically incorporate theories about the causes of human behavior, social determinants of health, structural racism or other related issues into intervention and/or prevention strategies. Evidence-informed strategies should cite the evidence/research. Theory-based approaches should articulate the theory and the logical progression to the selected intervention or prevention strategy.

Principle 4: Provide services to People of Color through community collaboration and network-building.

Active and engaged partnerships are a critical component of efforts to promote public health. Organizations that are embedded in and partner with the community/other community-based organizations can better meet the needs of People of Color and their families.

People of Color are impacted by multiple inequities and issues: racism, sexism, economic inequality, homophobia, physical and mental illness, housing instability/homelessness, access to health care, substance misuse, etc. Thus, collaboration with other entities in the community that are working on these issues enhances organizations’ engagement with the community, increases awareness of and accountability to the community’s concerns, and enables organizations to be a partner in addressing the multiple issues that intersect with public health.

In addition to collaboration providing a vehicle for increasing access to supportive services for the clients with whom they work, programs can assist their community partners to help them understand the effects of racism and support People of Color’s needs. Community collaboration should include addressing social justice and racial inequities through education/cross-training with community partners.

Principle 5: Address structural and institutional racism through a variety of policy and systems strategies.

The causes of structural and institutional racism are rooted in the intersections of multiple forms of oppression. Policy and systems strategies as described below can each contribute to addressing the underlying causes and to changing the cultural norms that allow structural racism

to flourish. This work often takes place in community settings and involves connecting with people in their neighborhoods, schools, etc., while at the same time requiring internal work within the organization. These strategies often overlap; thus the categories are not exclusive.

Internal Structural changes within an organization involve intentional institutional restructuring based on anti-racist analysis. This should include reviews of all aspects of organizational life to ensure full participation of People of Color. This also involves implementing structures, policies and practices with inclusive decision making and other forms of power sharing on all levels of the organization.

Outreach increases awareness about structural and institutional racism and develops community relationships and trust in the organization. Outreach empowers communities to understand the impact of both structural and institutional racism in their lives and to seek services.

Education increases knowledge and understanding about structural and institutional racism, and changes attitudes and beliefs that uphold it.

Training develops skills and tools to take action to address structural and institutional racism.

Community Engagement is the intentional building and maintaining of relationships with and between organizations, community leaders and social networks that are empowered and collaborate in decisions to address structural and institutional racism. While it is important that efforts ensure White people are held accountable, everyone has a role in addressing structural and institutional racism.

Community Mobilization brings communities together to define the issues and create their own approaches to addressing the issues. Community mobilization meets people where they are to move together towards the transformation of the social, economic, and political systems that result in oppression and violence. Community mobilization creates change in communities by facilitating community ownership and action to address structural and institutional racism. Social and behavior change is a process which requires sustained long term relationships and investment of time.

Principle 6: Provide trauma- and resilience-informed approaches.

Trauma is a personal experience that may result from such experiences as: interpersonal violence including sexual or physical violence; severe neglect; loss; the witnessing of violence, terrorism, racism and/or disaster. Trauma may also affect groups of people collectively through cumulative exposure to traumatic events that affect communities, and trauma may affect subsequent generations. Examples of community trauma include slavery, mass incarceration, neighborhood violence, immigration raids, school segregation, war, etc.

Providers and organizations shall approach their work with a “trauma-informed” focus, based on understanding how the physical, emotional, behavioral, social and spiritual effects of trauma may be experienced by individuals and communities of color. Because individual or community

history of trauma is sometimes not explicitly known, trauma-informed approaches assume that every person may have been exposed to trauma, similar to the concept of “universal precautions” in healthcare. Trauma-informed approaches are sensitive to the impact of trauma and offer support while avoiding re-traumatization, but are not designed to specifically treat symptoms or syndromes related to trauma. Trauma-informed care allows individuals and communities to have as much control as possible over all aspects of the encounter, emphasizing their right to stop the encounter - or withdraw previous consent - at any point in time.

Resilience-informed is a strengths-based approach which means working with individuals and communities to identify and promote their inherent skills and resources to overcome adversity and to support and promote people’s social networks and emotional connectedness.

Principle 7: Promote a just society with equity in economic, political and social rights and opportunities for People of Color.

Social justice efforts seek to eliminate social and economic inequities and to promote respect for human dignity, inclusiveness of diversity and the physical and psychological wellbeing of populations impacted by social and racial injustices. Social justice work requires that organizations understand their roles in the context of social change and justice, actively challenge systems that continue to oppress all people, and see their work in the context of larger systemic patterns of privilege, oppression and discrimination. Organizations counter the belief that people’s situations are solely a result of their personality or choices and continually make the link between individual experiences and systemic oppression. Social justice efforts are required in all aspects of work including the provision of services, prevention, community engagement, leadership, recruitment and training of staff, board members and volunteers, and systems change and advocacy.

Resources for Further Learning

[American Public Health Association – Racism and Health](#)

[Robert Wood Johnson Foundation – Living with Discrimination Can Take a Toll on Health](#)

[American Journal of Public Health – Critical Race Theory, Race Equity, and Public Health](#)

[The Lancet - Structural racism and health inequities in the USA: evidence and interventions](#)

Glossary of Terms

Health Disparities: Differences between the health of one population and another in measures of who gets disease, who has disease, who dies from disease, and other adverse health conditions that exist among specific population groups in the US.⁵

Health Equity: The opportunity for everyone to attain his or her full health potential. No one is disadvantaged from achieving this potential because of his or her social position (e.g. class, socioeconomic status) or socially assigned circumstance (e.g. race, gender, ethnicity, religion, sexual orientation, geography, etc.).

Health Inequities: Differences in health status and mortality rates across population groups that are systemic, avoidable, unfair, and unjust. These differences are rooted in social and economic injustice, and are attributable to social, economic and environmental conditions in which people live, work, and play.⁶

People of Color: A political construct created by People of Color to describe people who would generally not be categorized as White.

Race: A socially constructed way of grouping people, based on skin color and other apparent physical differences, which has no genetic or scientific basis. This social construct was created and used to justify social and economic oppression of People of Color by Whites.⁷

Racial Justice: The creation and proactive reinforcement of policies, practices, attitudes, and actions that produce equitable power, access, opportunities, treatment and outcomes for all people, regardless of race.⁸

Racism: A system of advantage based on race. (David Wellman)

- **Internalized Racism** - The set of private beliefs, prejudices, and ideas that individuals have about the superiority of Whites and the inferiority of People of Color. Among

⁵ Adapted from NIH

⁶ Adapted from Margaret Whitehead

⁷ Adapted from *Race: The Power of an Illusion*.

⁸ Adapted from *the Applied Research Center*

people of color, it manifests as internalized racial oppression. Among Whites, it manifests as internalized racial superiority.

- **Interpersonal Racism** - The expression of racism between individuals. These are interactions occurring between individuals that often take place in the form of harassing, racial slurs, or telling of racial jokes.
- **Institutional Racism** - Discriminatory treatment, unfair policies and practices, and inequitable opportunities and impacts within organizations and institutions, based on race.
- **Structural Racism** - Racial bias across institutions and society over time. It's the cumulative and compounded effects of an array of factors such as public policies, institutional practices, cultural representations, and other norms that work in various, often reinforcing, ways to perpetuate racial inequity.

Resilience is the capacity for successful adaptation, positive functioning and competence in the face of adversity, chronic stress and change.

Social Determinants of Health: The circumstances in which people are born, grow, live, work, play, and age that influence access to resources and opportunities that promote health. The social determinants of health include housing, education, employment, environmental exposure, health care, public safety, food access, income, and health and social services.



Town of Montague

Water Pollution Control Facility

34 Greenfield Road

Montague MA 01351-9522

wpcf.supt@montague-ma.gov

(413) 773-8865

FAX: (413) 774-6231

TO: Town Administrator, Selectmen Board, Tax Collector

FROM: Chelsey Little, Superintendent WPCF

DATE: September 9, 2021

Sewer Rates FY 2022

Rates I through IV reflect a 4.3% increase.

I. Gill, Industrial Customers	Current Rate:	\$14.06 /1,000 gallons
	Previous Rate:	\$13.48/1,000gallons
II. T. Falls, Mont. Center, Mont. City, Lake Pleasant	Current Rate:	\$15.19/1,000 gallons
	Previous Rate:	\$14.56/1,000 gallons
III. 12 month Flat Rate	Current Rate:	\$840.45/FY
	Previous Rate:	\$805.80/FY
IV. Millers Falls	Current Rate:	\$15.19/1,000 gallons
	Previous Rate:	\$14.56/1,000 gallons

Septage

In Town & Town of Gill:

= \$95/1,000 gallons

Out of Town:

= \$110/1,000 gallons

Trucked-in Sludge Flat Rate

= \$900/9,000 gallons

Other

Interest Rate – 14% per Annum

Demand Charge - \$5.00

Minimum Bill - \$132.46/FY

Selectboard Approval

Richard Kuklewicz

Chris Boutwell