Charles River Health District Shared Services Arrangement
Towns of Dover, Medfield, Needham, Sherborn

Remote Participation
June 10, 2025
9:00 AM

Members Present:
Daryl Beardsley - Sherborn Board of Health
Ed Cosgrove – Needham Board of Health
Kay Peterson - Dover Board of Health
Kathy Thompson - Medfield Board of Health

Others Present:
Jason Belmonte - Dover Health Director
Kerry Dunnell - Shared Services Manager
Christina Moore – Epidemiologist, DPH
Jessica Ferland - Program Coordinator, DPH
Jen Casey – Administration Specialist
Gail Hirsch – Public Health Nurse, Dover/Sherborn
Manizeh Afridi – BME Strategies
Tim McDonald – Needham Director of HHS

1) Introductions

The meeting was called to order at 9:00am and introductions were made.

2) Public Comment

There was no public comment at this time.

3) Approval of Minutes for November 21, 2024; January 30, 2025; February 25, 2025; February 27, 2025; March 25, 2025; March 27, 2025; April 23, 2025; April 29, 2025

Upon motion duly made and seconded it was voted to approve the meeting minutes of November 21, 2024; January 30, 2025; February 25, 2025; February 27, 2025; March 25, 2025; March 27, 2025; April 23, 2025; April 29, 2025, as presented. Motion passed: Needham – Y, Medfield – Y, Sherborn – Y, Dover – Y.

4) Foundations Public Health Services Results Presentation

Manizeh Afridi, BME Strategies, with Jessica Ferland and Cassandra Anderson, Office of Local & Regional Health, presented on the results. A full State level report will be made available in the fall. The Charles River Public Health District is made-up of four jurisdictions and all four have completed the data entry tools. The total Shared Service arrangement spending and staff FTEs for fiscal year 2024 includes municipal spending and spending by the shared service

arrangement. The total spending for the last fiscal year was $2.84M. 36.7% of the spending came from grant monies. There were eight grants received in the last fiscal year and $54,500 of that

was spent on community specific services. Regional positions included the following six occupation categories: office and admin support staff, behavioral health staff, environmental health, registered nurse, training hub staff, and the shared services coordinator. Of the total $2.84M spent across the shared service arrangement, $2.78M was spent specifically on the foundational public health services in fiscal year 2024. The highest percentages of spending were on organizational competencies and environmental public health. Across all foundational areas and capabilities, staff also spent the most time on organizational competencies and environmental public health. The group was asked to indicate its staff capacity and expertise for each service under each foundational area and capability. The two highest areas of capacity and expertise for shared services staff and all of the local public health entities in the shared service arrangement were organizational competencies and community partnership development. The highest areas of capacity and expertise were environmental public health and community partnership development. The two lower areas for shared staff were in maternal child and family health and communicable disease control. For the local public health entities, the two lower areas were in equity and maternal child and family health.

Regarding each of the 13 foundational areas and capabilities, the key take away is that the area that the majority of the group had high expertise and capacity in is environmental public health. The local public health entities in this group dedicated 14.2% of total spending and 15.8% of staff working hours to environmental public health. This means that the group is doing an excellent job in connecting folks with the correct partners in the communities and making sure that these services are being delivered in the communities. There may be an opportunity to leverage capacity and expertise that exists within the shared service arrangement, including staff trainings and sharing of knowledge. Regarding maternal child and family health, this was one of the areas that both shared staff and the local public health entities had relatively lower capacity and expertise in across the shared service arrangement. The local public health entities in this group dedicated 0.8% of total spending and 0.4% of staff working hours to maternal child and family health. Most local public health entities indicated that their community's needs for maternal child and family health were not met for most of the activities. A recommendation for this specific foundational area would be partnership development, including other municipal departments and regional groups to increase the shared service arrangement’s ability to meet community needs. The group may choose to increase staff capacity and expertise to meet performance standards through training and technical assistance, specifically focusing on environmental public health and communicable disease, as these are the two areas that are most closely aligned with current performance standards. The group may also choose to leverage the existing high capacity and expertise in some municipalities by hosting staff training sessions or engaging in internal resource sharing.

The goal is for the group to leverage the preliminary results and use certain tools to help each shared service arrangement utilize the data to inform decision making and planning.

There was discussion regarding Medfield moving from a full-time public health nurse to a part-time position.

It was agreed that each community would receive its individual data for review.

5) Staff Reports & Updates
    a. Public Health Nursing
    b. Environmental Health
    c. Program & Grants Management

Relevant updates were shared by the group. Ms. Dunnell noted that the deliverables are being finalized as the fiscal year ends. Additionally, public health nursing staff have met with the Red Cross regarding potential to obtain blood pressure checking stations free of charge. Finally, the shared services regional health nurse position should be able to be posted within the next week or so.

6) FY26 Budget & Workplan Proposal Presentation & Discussion
    a. Community Updates "Show & Tell"

Ms. Dunnell explained that a balanced budget must be submitted to Office of Local & Regional Health by June 23rd and reminded the group that the contract amount for the next two fiscal years (FY 26 & FY27) is $325,000 each year. To start discussion, Ms. Dunnell provided a budget that included all expenses incurred in FY 25, plus salary increases per Town of Needham compensation requirements, noting that the total expenses would be $345,000, $20,000 more than available. The group reviewed a proposed working budget and brainstormed ways to handle this overage. There was agreement to shift some of the cost for the "Dover Nurse" position from the Charles River budget to be paid using a portion of the CTCI funds available to the group for the next fiscal year. . Ms. Dunnell committed to making changes and providing an updated balanced budget to the group for approval at the June 17 meeting.

7) Next meetings: June 17, 2025, at 9:00AM Advisory Board meeting Part 2 in person, June 26, 2025 9:00AM Final Strategic Planning meeting via Zoom

8) Adjourn

Upon motion duly made and seconded it was voted to adjourn at 10:50am. Motion passed: Needham – Y, Medfield – Y, Sherborn – Y, Dover – Y.