MELROSE, WAKEFIELD, & STONEHAM HEALTH AND HUMAN SERVICES PROPOSAL FOR INCLUSION OF THE CITY OF MALDEN

Regionalization Efforts to Form Comprehensive Health Districts

OVERVIEW

This proposal aims to outline an exciting partnership opportunity between the City of Melrose, the Town of Wakefield, the Town of Stoneham, and the City of Malden. In accordance with Massachusetts General Laws Chapter 111, Sections 27A and 27B, cities and towns are authorized to share health agents and form comprehensive health districts.

The municipalities of Melrose, Wakefield, and Stoneham have already demonstrated success through their regional approach to public health. By coordinating efforts and pooling resources, these municipalities have made significant strides in addressing public health challenges. The City of Malden, with its strong history of collaboration, is a natural partner in this initiative.

Expanding our regional health and human services department to include Malden would serve multiple public health goals while also enhancing the quality of services offered across all four municipalities. This proposed partnership would provide an opportunity to increase workforce capacity without compromising the high standards of service our communities expect. Additionally, this collaboration would be a cost-saving measure for each municipality, allowing for more efficient use of resources. The expanded workforce capacity would help address pressing needs in environmental health, community wellness, and other public health areas.

The Objective

- Need #1: The opioid epidemic and mental health crisis remain a top priority; new funding sources as well as existing programs and infrastructure can be shared to better provide resources to vulnerable populations (ex. schools, seniors).
- Need #2: We can enhance social service accessibility by addressing barriers that prevent individuals from obtaining necessary support. By pooling additional Social Services Coordinators, we can create a more robust network to manage complex cases, ensuring that individuals facing multifaceted challenges—such as housing instability, financial hardship, mental health concerns, and healthcare navigation—receive comprehensive and timely assistance. Strengthening this support system will lead to better coordination, improved outcomes, and a more efficient response to community needs.
- Need #3: The Public Health Excellence Grant supports the efforts of regionalization and sharing of resources, falling in line with Massachusetts's goals for public health regionalization under Governor Healy.

The Opportunity

- Goal #1: The Public Health Excellence Grant aims to support local health jurisdictions in meeting minimum statutory requirements, including inspections, nursing services, and data analysis capacity. By pooling our collective expertise in housing and food inspections, we can enhance the quality and effectiveness of these services. The State seeks to achieve this by promoting regionalization and resource sharing, strengthening local health infrastructure. Becoming a larger region, this positions us for future grant opportunities, particularly those requiring a larger population served, ensuring continued funding and program sustainability.
- Goal #2: Adverse health conditions and social determinants of health experienced by our three communities at a rate more than 5% higher than the Massachusetts average overlap quite significantly. Coordinated education and prevention efforts that address community health factors can have a profound positive impact on the overall health of the communities, in addition to our relationship with Tufts Medicine (MelroseWakefield).
- Goal #3: We will be able to maximize grant funds such as the Opioid Abatement funds, Shared Services Grant via MA Public Health Excellence, and Drug Free Communities grant to expand existing programs (ex. Stoneham Coalition for a Safe & Healthy Community, Wakefield Unified Prevention Coalition, Melrose Health and Wellness Coalition) by coordinating amongst the four communities and potentially increase training for public safety departments around harm reduction and prevention.

The Solution

- Recommendation #1: Establish one regional Melrose, Wakefield, Stoneham, and Malden Health and Human Services Department.
- Recommendation #2: Establish a leadership team with the Mayor, Director of Health and Human Services, and Public Safety Directors.

OUR PROPOSAL

Melrose, Wakefield, and Stoneham Health and Human Services has a well-established structure and vision for enhancing community health through targeted, impactful interventions. As an extension of the Massachusetts Department of Public Health, we are uniquely positioned to address local health challenges with precision and efficiency. Integrating Malden into our regional model would enhance our collective resources, improve service delivery, and elevate the overall quality of public health initiatives for our residents.

Rationale

- Finance Challenges Ahead: Municipal finances are expected to face challenges in the coming years due to various factors at the federal, state, and local levels. This plan

provides a fiscally responsible, long-term strategy to ensure the sustainability of essential resources, allowing us to maintain critical services while adapting to evolving financial constraints.

- Expanding Access to Mental Health Resources: The upcoming Malden Behavioral Health Hospital presents a critical opportunity to enhance regional mental health support. Through our regionalization efforts, we can improve access to its specialized services for all residents, addressing the growing demand for comprehensive mental health care and ensuring more equitable distribution of resources across our communities.
- Human Services Expansion: Our partnership with Councils on Aging and local schools strengthens community health by supporting impactful programs that benefit residents of all ages. As advocates for initiatives like Dementia Friends and the Olweus Anti-Bullying Program, we promote a broad range of services that enhance well-being, foster inclusivity, and address critical public health needs.
- Strong, Uniform Tobacco Policy: Following the passage of the Nicotine Free Generation policy, consistent education and enforcement will be essential to ensuring compliance with tobacco regulations. A uniform approach will help prevent the sale of tobacco products to minors and curb the distribution of illegal tobacco, strengthening public health protections.

Budget Implications

The proposed regionalization budget would lead to cost savings for all municipalities involved. For the City of Malden, it would also represent an increase in capacity, as the traditional Health Director position would then encompass the services of three positions: a Health Director, a Senior Environmental Health Specialist, and a Senior Public Health Nurse.

Note: The figures presented below for the total compensation package are estimates, subject to small degrees of variation based on the final approved budget by each municipality.

Position	Salary	Health Insurance	Life Insurance	Medicare	Total Comp
Health Director	$200,000.00	$7,790.87	$ 0.00	$2,900.00	$210,690.87
Senior Public Health Nurse	$100,000.00	$10,224.40	$180.96	$1,450.00	$111,855.36
Senior Health Inspector	$100,000.00	$27,670.73	$180.96	$1,450.00	$129,301.69
Total:	$554,153.60	$58,686.00	$603.20	$8,035.23	$451,847.92

With an equal cost-sharing model of **25%** for each municipality, the compensation schedule is as follows:

Municipality	% Paid	Total Cost	Current FY25 Cost	Total Cost Savings
Melrose	25%	$112,961.98	$160,942.41	$47,980.43
Wakefield	25%	$112,961.98	$120,706.81	$7,744.83
Stoneham	25%	$112,961.98	$120,706.81	$7,744.83
Malden	25%	$112,961.98	$124,429.77	$11,467.79

Execution Strategy

To make the transition from separate public health entities to a regional health and human services department, multiple steps will be necessary to ensure success for each municipality. The experience of having worked closely with the City Council, Town Council, and Selectboard in Melrose, Wakefield, and Stoneham respectively, as well as the three Boards of Health, would translate well in this merging of departments and expansion of service coverage.

Technical/Project Approach

The first step in the process would be to perform a needs assessment of the City of Malden as well as the current iteration of the Malden Health Department. We would first assess the permits issued by the Town, including food, animals, pools, camps, tobacco, body art, bodywork, temporary food, lodgings, mobile food, septic, wells, and farmers' markets. Our next step would be to evaluate the current personnel and appropriate FTEs to gauge if the current resources can fulfill the minimum statutory requirements. Based on the results, we would make a recommendation of potential changes required to move towards meeting our goal.

By establishing a strategic plan and metrics for success, we will be able to determine the areas of improvement and how to address them. Program evaluation is a large part of the regional health department philosophy.

Resource mapping and community relationship building are two key areas of interest. Building strong relationships with community groups and organizations that provide services is key to collaboration and potential efforts in pursuing funding opportunities. Resource mapping allows the community to leverage existing resources within the Town as well as surrounding areas.

A detailed analysis of the MelroseWakefield Community Health Needs Assessment (CHNA) and Lawrence Memorial CHNA, as well as the Youth Risk Behavior Survey results, will provide us with a starting point for addressing community health concerns.

Resources

Key resources will include City leadership, including the Mayor, Police Chief, Fire Chief, Emergency Management Director, Malden Board of Health, and School Administration. Buy-in from City leadership, schools, and public safety sectors would facilitate a successful transition to a regional approach. The current regional health and human services model works well in part due to the close working relationship we have with the public safety departments in each municipality, as much of the work that we perform is most successful from a cross-disciplinary approach. Existing personnel and allotted budget are also important resources.

CONCLUSION

From previous experience, the three levels of successful local public health consist of uniform policymaking, education/outreach, and enforcement. The local Boards of Health are crucial in

evidence-based policymaking and fair enforcement. Education is dual-pronged; the Boards of Health and the public require tailored approaches to conveying information, ultimately affecting outcomes.

Overall, an opportunity to regionalize public health efforts at the local level is a chance to share resources more effectively, improve the quality of service, and streamline processes. We anticipate long-term benefits from a partnership between three communities that share similar challenges. With our combined resources and existing programs, we can expand our scope and reach in the community.