

EXPLORE

PLAN AND PREPARE

IMPLEMENT AND IMPROVE

ISSUES

ISSUES

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STAKEHOLDER ENGAGEMENT

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- Successfully engaged the business community. Seeking to engage municipal officials who may not see the value in restructuring public health service delivery. (ME)
- Seeking to help county commissioners better understand public health and how different services enhance quality of life. Seeking to establish and maintain stakeholder engagement, including having the right people involved. (MT)
- It's difficult to cooperate on some items while competing on others. (WA)
- For many years, some rural and frontier jurisdictions have been without a local health officer, and/or have not convened a local board of health meeting. Furthermore, public health services have historically been provided by the state with little or no involvement of local policy makers. Project staff is exploring feasibility of developing model dashboards of public health indicators for local board of health discussion. Project staff is also exploring feasibility of conducting a training / discussion opportunity for local health officers and policy makers. (NV-Northern)
- Seeking to engage (much smaller) Imperial County. (CA)
- The engagement of the community foundation as the team lead in this effort could be a good model for others working to engage local foundations in the work of public health. (CA)

- Policymakers need information on public health, essential services, national accreditation, yet their time is limited. (WI)
- Term limits make it difficult to establish base public health knowledge among policymakers and interfere with establishing policies and programs for the long term. (CO)
- It's been challenging to establish a process for engaging the elected officials from 5 separate counties due to the difficulty gaining access to them for the same amount of time we have had with staff. (MN-Horizon)
- Needed to establish a relationship with the new governor in the state of Baja, MX. (CA)

- Seeking to increase awareness of public health among policymakers. Also addressing a change in key players. (MN-BER)
- Seeking to engage governing entities on certain projects such as strategic planning. (MA)
- Facing lack of ongoing policymakers' input/ engagement. (NY)

OTHER

WORKING WITH THE PUBLIC

WORKING WITH THE PUBLIC

- Working on facilitating discussions that are strategic (vs tactical). (MT)

- Perception that media/public communication is dominated by Deschutes County (home of primary media outlets for Central Oregon) which has eight times the population of either of the two small counties has caused some tension. Regional letterhead has been developed to address the issue. (OR)

- We need to be aware that business owners may be confused with the transition. (NV-CC)

DISTANCE

DISTANCE

- Large distances between adjacent jurisdictions. (NV-Northern)

- Distance between the 2 counties. (NC)
- Geographical distance is challenging. (WI)

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OPERATIONS

- Developed an IT system that allows the 2 systems to talk to each other. (MN-K-R)
- Working to resolve differences in EHR software for the 2 LHDs. (MN-PNM)
- If consolidation is approved, merging the 3 financial systems into a single entity will be challenging as we strive to assure that each of the entity brings an equitable amount of resources (computers, cars, office space) to the new entity. (MN-Horizon)
- Will eventually issue environmental health licenses as a singular entity. (MN-K-R)
- Future consideration will be needed for logistics in sharing a provider and/or vendor options for purchasing in bulk to ensure delivery availability. (NC)

HUMAN RESOURCES

- The issues (concerns and fears) expressed by various stakeholder groups, particularly the staff impacted by the proposed consolidation, are extensive and highly detailed. Our inability to provide answers to the detailed questions has elevated the skepticism and fear of some. (MN-Horizon)
- Successfully addressed staff resistance by revisiting the “Why?” (MN-PNM)
- Currently working to identify and manage the impacts on staff of new processes and procedures (feeling of loss of power; changes in nearly all licensing processes). (MN-K-R)
- If consolidation is approved, the transition from the 3 existing and distinctly different pay and benefit plans to a single pay and benefit plan is expected to be complex due to the unique “promises” that the current employers made to its employees. (MN-Horizon)
- If consolidation is approved, transition policies for each of the 3 entities will need to be developed. (MN-Horizon)

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- Working to standardize processes and protocols. (MA)
- Will need to figure out how best to accommodate differences in processes (inspections, billing). (NV-CC)
- Need to develop a performance management tool to track information and facilitate data sharing among staff. (MA)

HUMAN RESOURCES

- Addressing a change in key players. (MN-BER)
- Anticipate some staff will perceive a personal loss of pay and/or benefits that may generate anger and distrust. (MN-Horizon)

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FINANCIAL ISSUES

- Issues for elected officials have focused almost exclusively on financial implications. Projecting accurate revenues and expenditures for a future, combined budget is challenging, at best. (MN-Horizon)
- Working on how to finance an expansion of public health services. (ME)
- Seeking a good public health-specific feasibility tool and ways to analyze fiscal impact & service level. (WI)
- Working on addressing the difference between how the state billed and how the health department now providing the service will bill. (NV-CC)
- Achieving consensus on how to finance and sustain the model will require significant discussion and commitment of partners. (OR)
- Facing lack of dependable funding; difficult to move forward on shared services in a meaningful way with scant funding of public health. (WI)
- Facing lack of knowledge and resources for assessing cost-benefit/return on investment. (WI)
- Working to combine separate budgets and develop centralized accounting. (MN-P4H)
- Public health services have historically been provided by the state, and the state is moving toward cost recovery for services provided to local jurisdictions. (NV-Northern)

AUTHORITY

- General concern about loss of local autonomy in a CJS arrangement. (OR)
- State law provides limited authority to local health officers of single jurisdictions compared to authority granted to health officers covering two or more jurisdictions. (NV-Northern)
- Potential authority issues with the state health department. (ME)

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ISSUES

FINANCIAL ISSUES

- Need to ensure that cost analysis work is politically acceptable. (MA)
- If consolidation is approved, anticipate some confusion and misunderstanding from community members and organizations regarding impact on people and communities currently being served. Will need “messaging” informing the community of the impending integration and impact on services. (MN-Horizon)
- Carson City and the State of Nevada had two different electronic filing systems and two different paper filing systems. It took a significant amount of staff time to enter files into the Carson City system and in doing so errors in billing were noted (the State had over-billed some Douglas County establishments). We are still in the process of fixing the errors and entering in records. (NV-CC)

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| ISSUES | <p>ISSUES</p> <p><u>SERVICES</u></p> <ul style="list-style-type: none"> • A joint community health assessment process led to the development of a joint/shared Community Health Implementation Plan. (NY) • Working to establish a formal organization with flexibility and nimbleness to respond to quickly to emerging issues and funding opportunities. (MI) • Governor's new Prosperity Regions—working to understand implications. (MI) • Working to develop criteria to select services to be shared. (MN-PNM) • Healthcare reform efforts may separate the counties currently working as a region into different regions, which could make it difficult to establish agreements. (WA) • Plan to formulate policy for PHEPR, Operations when not in Incident Command. (WA) • Public health services have historically been provided by the state. (NV-Northern) | ISSUES |

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| <p>PRODUCTS</p> <ul style="list-style-type: none"> ● Report on focus groups regarding Cross-Jurisdictional Sharing. Analysis of Portland Public Health services by municipality. (ME) ● Asset Map of public health service providers in Portage County. Inventory of current inter-departmental public health service collaborations. (OH) ● Survey of public health services and gaps. Survey of perceived importance of public health services. (NV-Northern) | <p>PRODUCTS</p> <ul style="list-style-type: none"> ● SWOT analysis. (OR) ● Monthly staff e-newsletter updates. Newly drafted position descriptions, a proposed pay classification system and a proposed pay plan. Draft personnel policies have also been developed that incorporate some current trends in governmental benefit plans. (MN-Horizon) ● Project charter. A set of categories of services and fees that are aligned. Identical ordinances passed by each county. Business process model that merged the “best” of each process. (MN-K-R) ● Project charter. (MN-PNM) ● Assessment of CJS arrangements at 6 local health departments. Slides for presentations to 6 Boards of Health. List of potential CJS arrangements to develop. 3 CJS priorities for the region. Practical Vision and Blockers to the Practical Vision. (MI) ● Project charter. Interdependent governance model. (MN-P4H) ● Project Charter. Governance board force field analysis. (MN-PNM) ● Mission Statement. Vision Statement. Values Statement. Organizational Chart. Communications Plan. Guiding Principles. “Services We Are Sharing Now.” Strategic Plan. Newsletters. Website. (CO) ● Guiding Principles for Carbon County and Yellowstone County Shared Public Health Services Model. List of potential service areas that fall under CJS—from the facilitated discussion. (MT) ● SWOT (SWOR) Report; Concept Systems Report and PowerPoint. (NY) ● Daily Activity Report template. (MA) | <p>PRODUCTS</p> <ul style="list-style-type: none"> ● Project charter. Financial analyses of current shared services, including tracking and assigning costs to each city for each contract. Revised brochures. (MN-BER) ● Daily activity report template gbasis of time-motion studies. (MA) ● Inter-Governmental Agreement Operational Agreement. (CO) |

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| <p>PROCESSES</p> | <p>PROCESSES</p> | <p>PROCESSES</p> |
| <p><u>COMMUNICATIONS</u></p> | <p><u>COMMUNICATIONS</u></p> | <p><u>COMMUNICATIONS</u></p> |
| <ul style="list-style-type: none"> •Quarterly leadership team meetings are helpful and draw from a broad cross-section of sectors and geographies, but inconsistent attendance can impede progress. Email updates have helped members stay current. (ME) | <ul style="list-style-type: none"> •Regular communications with health officers and board members. Face-to-face meetings with board members on their turf seemed to be a good tool for education, gathering opinions and discussing next steps. (WI) •Communication plan to provide updates in the absence of frequent face-to-face meetings has been successful. (CO) | <ul style="list-style-type: none"> •Communication with staff and customers about the new service delivery. (NV-CC) •Communication among staff/regional stakeholders, who are spread throughout the region, via monthly staff meetings and 2 weekly newsletters-one for staff only and one for regional stakeholders. (MA) |
| <p><u>FACILITATION TECHNIQUES</u></p> | <p><u>STAKEHOLDER ENGAGEMENT</u></p> | <p><u>STAKEHOLDER ENGAGEMENT</u></p> |
| <ul style="list-style-type: none"> •Facilitated discussion about what was “on or off the table” for the CJS Relationship. (MT) | <ul style="list-style-type: none"> •Stakeholder team engagement has been successful, and facilitated passage of county codes and the inter-local agreement. (NV-CC) •On-going challenges of availability to carve out time to allow key team members adequate time with the project. (NC) •Determining how best to engage policymakers so they have a deep understand of what they are being asked to decide without overburdening them with information in the process. (CO) | <ul style="list-style-type: none"> •Developed an orientation package for new key players. (MN-BER) |
| <p><u>FACILITATION TECHNIQUES</u></p> | <p><u>FACILITATION TECHNIQUES</u></p> | |
| <ul style="list-style-type: none"> •Use of Technology of Participation strategic planning method is being used successfully. (MI) •Seeking facilitation techniques for groups that are cooperating/competing at same time. (WA) | <p><u>OTHER</u></p> | |
| <p><u>OTHER</u></p> | <ul style="list-style-type: none"> •Focus on change management has been helpful. (MN-Horizon) (MN-P4H) •Project charter keeps everyone focused. (MN-K-R) •Need to understand and establish shared leadership. (MN-P4H) •Processes to foster consolidation of public health services involving the Ravenna Health Department and the Portage County Health Department. (OH) •Good synergy among team members. (WI) | |
| <ul style="list-style-type: none"> •Engaging the entire group in developing guiding principles. (MT) •Establishing workgroups made up of health department staff/leadership from three jurisdictions, academic institutions, and other health-related organizations (mental health/local hospitals, etc.). (OH) | | |

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| STATUS as of DECEMBER 31, 2014 | STATUS as of DECEMBER 31, 2014 | STATUS as of DECEMBER 31, 2014 |
| | <ul style="list-style-type: none"> ● Agreement on financing and sustaining a regional preparedness model. (OR) ● Vision statement incorporating cost estimates for various public health services. Signed agreements with pilot sites for Portland Public Health to provide expanded public health services in their municipality. Evaluation plan for monitoring progress. (ME) ● Strategy and Action Plan for joint efforts. (OH) ● Detailed plan to move forward with CJS efforts related to maternal and child health; decision on whether to pursue accreditation status. (MI) ● Variety of tools to assist with planning and preparing for CJS arrangements. (WI): <ul style="list-style-type: none"> - Sample organizational structure - Sample budget for CJS - Sample memorandum of understanding, mutual aid agreement - Sample communication plan - Sample data collection tool ● Clear vision for a regional environmental health program. Preliminary recruitment and retention plan for public health employees. Regional matrix to guide special-needs pediatric care coordination processes that will likely involve additional community partners, and an agreement within the partnership for sharing the staffing of specialty clinics. Preliminary plans for evaluating shared arrangements. (CO) ● Local Health Officers will be appointed in those jurisdictions that are currently working without such leadership and some level of shared planning and/or services will be emerging where geographically and financially feasible. (NV-Northern) | <ul style="list-style-type: none"> ● Strengthened and improved communication and understanding of shared services. (MN-BER) ● Fully established and operational environmental health inspections for Douglas County. (NV-CC) ● Recommendations for fee structures submitted to all governing entities. Accreditation status. (MA) ● Either a new (fully integrated) Horizon Public Health Department or an array of CJS arrangements. (MN-Horizon) ● An operational, fully integrated environmental health program. (MN-K-R) ● Sample evaluation plan in addition to evaluation resources and tools. (WI) ● Formalized/institutionalized senior staff and operational staff sharing, joint purchasing and joint planning and shared programmatic response relating to local community health needs/priorities. (NY) ● An operational 4-county community health board that has completed a community health assessment and community health improvement plan, a strategic plan, and a quality improvement plan. (MN-P4H) ● Improved, expanded and consistent Family Home Visiting services across the jurisdictions. (MN-PNM) ● Foundation for on-going educational program for expectant mothers in oral health care. Tools and resources on increasing referrals and oral health utilization. Recruitment and/or sharing of staff. Contracts for purchasing. Mobile dental unit sharing. (NC) ● We hope to fund a project coordinator in 2015 to continue to manage the day-to-details of partnership work. (CO) ● Improved service provision to Carbon County: WIC, Environmental Health, Emergency Preparedness. Potential expansion of services offered through the multi-jurisdictional health district. (MT) |

Legend:

CA: San Diego/Imperial Cos.-Baja CA Region

CO: San Luis Valley Partnership CO

MA: Central MA Regional PH Alliance

ME: Cumberland Co. ME CJS

MI: Northwest MI CJS

MN-Horizon: Horizon MN

MN-BER: Bloomington-Edina-Richfield CHB

MN-K-R: Kandiyohi & Renville CHB

MN-P4H: Partnership4Health CHB

MN-PNM: Polk & Norman-Mahnomen CHB

MT: Yellowstone/Carbon Cos. MT

NC: Project Smile NC

NV-CCDC: Carson City-Douglas Co. NV

NV-Northern: Northern NV Shared Services

NY: Genesee/Orleans Cos. PH NY

OH: Northeast OH

OR: Central OR CJS Preparedness OR

WA: Southwest WA

WI: Northwoods Shared Services Project WI