

## **INTRODUCTION**

The Center for Sharing Public Health Services visited the Shared Services Learning Community site in San Luis Valley, Colo., on Aug. 25–27, 2013. This *Site Visit Report* documents the activities from the site visit as well as some of the Center’s observations. The report reflects the Center for Sharing Public Health Services team observations at the time of the site visit.

The report includes a lengthy *Background* section for those not familiar with the partnership. For those familiar with the partnership, go directly to the *Observations* section, which starts on page 5.

## **BACKGROUND**

### **About the Center**

The Center for Sharing Public Health Services helps communities learn how to work across jurisdictional boundaries to deliver essential public health services. The Center serves as a national resource on cross-jurisdictional sharing (CJS), building the evidence and producing and disseminating tools, methods and models to assist public health agencies and policymakers as they consider and adopt CJS approaches.

***Building Evidence:*** One way the Center builds evidence is by working closely with a Shared Services Learning Community (SSLC), made up of demonstration projects in several states that encompass a diverse spectrum of CJS initiatives, from small-scale initiatives to full consolidation of health departments. The Center provides technical assistance and a forum that allows these communities to share lessons learned with each other and the Center. In return, the SSLC acts as a learning laboratory by providing real world experiences that the Center collects and analyzes and shares with the nation.

***Producing and disseminating tools, methods and models:*** The experiences of the SSLC, along with other research and expert opinions, provide the knowledge and insight the Center needs to provide tools and assistance to any community or group of communities considering CJS arrangements.

The Center for Sharing Public Health Services is a national initiative managed by the Kansas Health Institute with support from the Robert Wood Johnson Foundation.

### **About San Luis Valley**

San Luis Valley (SLV) is a geographically isolated, high desert valley situated in the southern Colorado Rockies. The valley is approximately 122 miles long and 74 miles wide. It extends from west of the Continental Divide on the northwest into New Mexico on the south. It includes the headwaters of the Rio Grande River and is home to the Great Sand Dunes National Park and Preserve. There are six Colorado counties in this stunningly beautiful valley. Alamosa, Conejos and Rio Grande are classified as

rural. The rest — Costilla, Mineral and Saguache — are classified as frontier. Median household income in all counties is below that of the state as a whole.

The motivation of geographic isolation and extreme weather is strong in San Luis Valley. There is a level of interdependency and a visceral knowledge that the counties must work together. This history of cross-jurisdictional sharing is not exclusive to public health. It was not deliberate. Over time, they simply agreed to different combinations of sharing which made sense.

Until recently, the local public health agencies in the area were considered county nursing agencies because they provided nursing services exclusively. In 2008, with the passage of the Colorado Public Health Act, the county nursing agencies became public health agencies. The new law brought increased service expectations and new responsibilities to the local public health agencies. One of those new responsibilities was environmental health services and core funding from the State was recently increased to plan and begin providing environmental health services at the regional level.

### **About the CJS Project**

The SSLC team in this region consists of the public health agencies from all six Colorado counties in the San Luis Valley. The SLVPHP is comprised of the originally-designated Steering Committee members: the Project Team, five additional Local Public Health Agency (LPHA) directors and one representative to the San Luis Valley County Commissioners Association (SLVCCA). They already work closely together, and a number of different sharing agreements are in place among various combinations of the health agencies. A substantial amount of trust exists within the group, even as some people retire and are replaced.

The team is pursuing a more formal structure for identifying and engaging in additional sharing arrangements. They want to be more deliberate and systematic to make sure that all six counties have the most robust public health capacity possible, and that programs are being evaluated. They would also like to create an Operating Agreement to guide the internal work of the Partnership.

Project Director Della Vieira, director of the Saguache County Public Health Department, is leading this particular effort.

They have created a mission statement, a vision statement and guiding principles, which can be found on their [website](#). They have also completed an [assessment of current sharing arrangements](#) and a [S.W.O.T. analysis](#).

#### **SLV Public Health Partnership Mission**

The mission of the San Luis Valley Public Health Partnership is to develop, implement and sustain models of shared public health services that increase capacity, contain costs, maximize assets, and more effectively impact health outcomes.

Soon, they will conduct a feasibility study examining CJS options, paying particular attention to important financing, governance, legal and policy issues. This work will be followed by the development of a strategic plan for CJS implementation among the participants.

This work will create the foundation for future sharing arrangements. One upcoming arrangement involves sharing locally provided environmental health services. They have already obtained an increase in their core services contract to hire a full-time staff member dedicated to providing environmental health services in Alamosa County (.5 FTE) and conducting an environmental health services needs assessment for the entire valley (.5 FTE). In the last half of 2014 the Partnership will develop a regional proposal regarding the provision of Environmental Health Services for each of the Counties to consider.

## **SITE VISIT**

### **Participants**

The host team included:

- Della Vieira, Director of Saguache County Public Health (Project Director)
- Kathleen Matthews, Director of the Colorado Department of Public Health, Office of Planning and Partnerships (Project Co-Director)
- Kimberly Bryant, Saguache County Public Health (Project and Communications Coordinator)
- Pat Perry, Director of Rio Grande County Public Health Agency
- Shelly Warrington, Director of Mineral County Public Health Agency
- Connie Edgar, Director of Conejos County Public Health and Nursing Service
- Mary Ann Martinez, Costilla County Public Health Agency
- Julie Geiser, Director of Alamosa County Public Health Department
- Ola Bovin, SLV Regional Epidemiologist
- Linda Smith, Regional Emergency Preparedness and Response
- Linda Joseph: Saguache County Commissioner; Health Officer; Chair of Board of Health; and Quarantine Officer

Visitors from two other Shared Services Learning Community Sites attended the site visit:

- Northern Nevada Shared Service Team:
  - Randall Todd, Director of Epidemiology and Public Health Preparedness at the Washoe County Health District in Reno
  - John Packham, Director of Health Policy and Research at the University of Nevada School of Medicine in Reno
  - Emily Brown, Coordinator from the Nevada State Health Division in Carson City
- Northwoods Shared Services Project in Wisconsin :

- Chris Dobbe, Project Team Lead and Program Coordinator of Marathon County Health Department in Wausau
- Terri Kramolis, Director and Health Officer from the Bayfield County Health Department in Washburn

The following members of the SLV Commissioners Association and the SLV Council of Governments also participated in the site visit:

- Marty Asplin: Trustee, Town of Saguache; SLV Council of Governments; Rio Grande County Board of Health, Del Norte
- Carol Schroeder, Rio Grande County Board of Health, Monte Vista
- Kathy Rogers: Mayor of Alamosa; SLV Council of Governments; Director of Communications and Marketing, San Luis Valley Health
- Darius Allen: County Commissioner, Alamosa County; Chair, SLV Council of Governments
- Mariann Dunne, County Commissioner, Alamosa County
- Pam Bricker, County Commissioner, Rio Grande County
- Doug Davie, County Commissioner, Rio Grande County
- Karla Shriver, County Commissioner, Rio Grande County; SLV Council of Governments
- Jason Anderson, County Commissioner, Saguache County
- Ken Anderson, County Commissioner, Saguache County
- Don Hollenshead, County Commissioner, Mineral County
- Ramona Weber, County Commissioner, Mineral County
- Delores Burns, County Commissioner, Costilla County
- Lawrence Pacheco, County Commissioner, Costilla County
- Steve McCarroll, County Commissioner, Conejos County
- John Sandoval, County Commissioner, Conejos County
- Suzanne Benton, County Administrator, Rio Grande County
- Wendi Maez, County Administrator, Saguache County
- LoriAnn Snow, RN, Alamosa County Public Health Department

Two representatives from the Center for Sharing Public Health Services facilitated the site visit:

- Patrick M. Libbey, Center Co-Director
- Grace Gorenflo, Senior Project Consultant

### **Site Visit Activities**

The visitors arrived at Denver International Airport on the afternoon of Sunday, Aug. 25. They traveled approximately four hours by van from Denver through the mountains to Crestone, Colo., which is located in Saguache County. The following morning, they traveled approximately one hour more to the

town of Alamosa, in Alamosa County, where they attended meetings at the Alamosa County Health Department.

During their morning meeting, they met with the SLV Public Health Partnership Steering Committee, where they held a facilitated dialog about leadership and operational issues related to sharing public health services. They also discussed contractual and financial issues involved in hiring and maintaining a new full-time staff member dedicated to providing environmental health services in the region.

In the afternoon, members of the SLV County Commissioners Association and the SLV Council of Governments joined them for a second facilitated dialog aimed at understanding area policymakers' perspectives on public health, as well as governance issues associated with sharing public health services.

On the morning of Tuesday, Aug. 27, they met in the town of Crestone, Colo., before departing for the Denver airport. The SLV Public Health Partnership team facilitated a "Conversation Café" as a way to capture key learnings from the site visit.

## **OBSERVATIONS**

Site visits provide a valuable learning opportunity, both for the Center staff and for the participants. There is only so much information the Center can gather from reports or phone calls. Meeting with people in their actual environment completes the picture and contributes to a better understanding of the project.

Some observations gleaned by the Center as a result of participating in the site visit are listed below.

### ***Geography plays a key role in this partnership.***

The San Luis Valley is bordered on all sides by mountains. As a result, the six counties in the valley make up one distinct geographical area. Inside the valley, people cross county lines every day to go to work, to visit hospitals and to acquire other services, creating a distinct "valley identity" in the region. Because health needs, disasters and poverty also cross county lines, the policymakers and public health officials in the region know they need to work together to address these and other shared issues effectively and efficiently. Therefore, a strong informal partnership that extends beyond public health exists between the counties in the valley.

### ***Attending policymakers' quarterly regional meetings is effective.***

Commissioners from all six counties have been meeting together quarterly on matters of importance to the region for quite some time. During the site visit, the participants attended one of these regional meetings. Fourteen of the eighteen county commissioners were in attendance.

At the regional meeting, it was obvious that the commissioners trust the Public Health Directors to analyze problems and develop solutions to important Public Health issues.

***The site is considering incorporating education about the role of public health into meetings with policymakers.***

Recent legislation transformed county nursing agencies in Colorado into public health agencies. The new law created a board of health role for the commissioners. Because this role is so new in Colorado, some commissioners may not view public health as a complete system, but instead might think of it more as a collection of independent services like home nursing visits and vaccinations. Moreover, the inclusion of environmental health services is new to these transformed agencies. The SLVPHP wants to deepen the current understanding of public health by offering background /foundational education, possibly at the commissioners' quarterly meetings.

This education will need to be ongoing, because county commissioners in the valley have eight-year term limits, creating a relatively high rate of turnover on the board of health. Currently, ten new commissioners are serving. To help build a foundation, the public health partnership is also considering including county administrators/managers, who don't have term limits, in the training. The Colorado Office of Planning and Partnerships at CDPHE has already developed some of these training materials.

***Established relationships and trust are important to the partnership.***

There is a long history of cooperation between elected officials and health officials in the valley. There is also a long history of sharing services, both formally and informally, among the health agencies. Historically, Public Health agencies in the valley have operated as six distinct counties that share some work. Moving forward, they will examine other opportunities for sharing programs and services in the interest of efficiency and in keeping the entire region healthy.

***A professional facilitator has been important in moving this partnership forward.***

As part of their work with the Center, the partnership in San Luis Valley enlisted a professional facilitator to help them stay on track and collaborate in ways they wouldn't have thought of on their own. This facilitator participated in the establishment of another public health partnership in West Central Colorado. Her expertise has been described as "invaluable" in guiding the SLVPHP through the forming and storming stages; her input on what to do first (establish Mission, Vision and Value statements, establish Guiding principles) and how to communicate within the Partnership have been key to their progress.

***The team had success using a shared services matrix to display current sharing arrangements.***

As part of the project, the team evaluated existing sharing arrangements in order to be more deliberate and systematic in working together to ensure that all six counties have the most robust public health capacity possible.

The evaluation focused on elements from the Center's Assessment Survey that were relevant to the area. A group interview with the team's Steering Committee was held to obtain more information about the services being shared by each jurisdiction.

They used the information to create a handout, or matrix, called [Cross-Jurisdictional Public Health Sharing in the San Luis Valley](#). The handout identifies formal and informal service sharing relationships in the region. It is organized by regional, inter-county, and other sharing arrangements.

Because most sharing arrangements developed over time as individual projects, seeing them all listed together in the matrix helped the team realize there is an emerging system to be managed as opposed to a series of unconnected cooperative agreements.

The handout was given to policymakers during the site visit. Commissioners appreciated the concise manner in which shared services were displayed. Visitors also liked the tool and considered replicating it at their site.

***Moving forward, the partnership is considering a more formal decision-making structure.***

The partnership has worked as a committee of the whole in a consensus-type of model. They want to continue working together collaboratively, but have recognized they may need a more structured decision-making mechanism going forward. An Operational Agreement will formalize the way in which decisions are made when consensus cannot be reached or if/when participation is lacking, or not all counties will participate. As the Partnership evolves, they also want to examine how to position or "free up" people for the leadership responsibilities of the Project Co-Director, and the organizational responsibilities of the Coordinator.

***The partnership is working through practical issues regarding a new environmental health position.***

There are financial and operational issues that need to be resolved in order to move forward with the environmental health position. Duties and lines of authority, both at the county and state level, need to be addressed. A defined regional scope of work and objectives will help them achieve what is needed at the regulatory and local levels. The counties already share an Epidemiologist, and Emergency Preparedness and Response staff which could provide a good model for the documents needed.

***The partnership will exist long after this project ends.***

The partnership has broadened its view of what they are trying to accomplish by working together. As a direct result of the site visit feedback, they are no longer calling their work a project, something that brings to mind a finite ending. And their project goal has become more of a milestone to be reached

than a final destination. They consider themselves an ongoing partnership working together to improve public health in the valley.

## **LESSONS LEARNED**

As a result of participating in this site visit, the Center staff came away with several insights that could be used in other sharing work.

### ***Emphasizing commonalities will help a partnership.***

The sense of community is so strong in San Luis Valley that it caused the site visitors to question how this could be replicated in their own CJS arrangements where geographical boundaries, like the surrounding mountains, are not quite so obvious or not present at all. Where geography does not play a strong roll, it may help to focus on shared issues or goals. It may also help to focus on other commonalities, like shared industry or history. A strong advocate can help to communicate commonalities and the benefits of sharing.

### ***Displaying current sharing arrangements in an understandable way helps build support for sharing.***

San Luis Valley's shared services matrix was a very effective, yet simple way to display sharing arrangements that were already occurring. When building support for sharing, it is important to give concrete local examples of sharing arrangements that have worked. It is also important to communicate things that are done at the regional level locally to help define the "regional" benefit and to help establish the benefits of a regional partnership.

### ***It is important to build sharing arrangements on good relationships and trust.***

Seeing this partnership in action reinforced for the Center the importance of good relationships and a history of working together as essential elements in cross-jurisdictional sharing arrangements. This history does not necessarily need to involve sharing services, but can be anything from mentoring to working together on state committees.

At the beginning of any CJS project, it is important to explore the joint working history, experiences and status of relationships among the jurisdictions considering a shared relationship. If there is not much history or if there is damaged trust, it may help to start with small sharing projects or other activities.

### ***It is very helpful to meet policymakers in their own forums.***

Meeting regularly with policymakers in their existing forums elevates public health issues to the same level as other regional issues. And it puts public health before them on a regular basis, so they are more aware of important issues.



***There are many issues to consider when different-sized jurisdictions work together.***

Shared employees in this region receive compensation and benefits from just one county, the one in which they are officially employed. The different counties have different policies, like mileage reimbursement rates. There is a difference of 8 cents a mile between the county with the lowest reimbursement rate and that with the highest reimbursement rate. This can make regional employee record-keeping cumbersome. Larger counties also tend to have more resources to manage contracts and provide supervision. However, if one county manages all the shared contracts, it can negatively impact that county's capacity.

### **SELECTED COMMENTS AND QUOTES FROM THE SITE VISIT AND FOLLOW-UP EVALUATIONS**

Shortly after the visit, the Center sent out an electronic evaluation. The comments below came from the site team and the site visitors via the evaluations.

*"Characterizing our efforts as a 'project' was counterproductive to establishing an ongoing partnership."*

*"We should look even more into natural regional partnerships."*

*"I also feel that, with a little modification, we could replicate the San Luis Valley model of regular meetings among participating jurisdictions to explicitly explore potential opportunities for CJS."*

*"Attending the meeting with all of the county commissioners was very helpful and I believe our insight and guidance helped them understand shared services and the benefits to be had for all, even if the need was not equal. "*

*"We also learned not to bite off too much as we develop and establish our partnership - don't establish too much policy and procedure at the beginning."*

*"We modified the table of sharing arrangements and are using it with all of our jurisdictions this fall."*