

## **Horizon Community Health Board 2012 Organizational Structure Committee**

### **Starting principles of agreement:**

- **Governance issues will be of primary significance.**
- **Integration is NOT the goal; it is a strategy for achieving the goals of quality and economies of scale. Implementing an integration strategy requires careful consideration. Integration is a “process” not a “thing”.**
- **Definition of integration: A systematic process of planning, implementing and evaluating delivery systems that share goals and resources. It seeks to improve the quality of population health in the community and to create economies of scale. The outcome of such a process is good quality public health activities provided for the population.**
- **All 3 Public Health governing boards have confirmed their interest in exploring integration as a strategy for assuring a strong public health infrastructure in our communities.**

### **Primary areas of consideration:**

1. **Governance – the most significant and the first issue that needs to be explored.**
  - **Involves reviewing statutory requirements, reviewing Blueprint discussion guide, defining expectations, granting of power and authority, consideration of delegated powers, levy authority, communication with MDH, and community assessment and community health improvement planning**
  - **Key partners in this discussion will be County Commissioners and PH Directors**
  - **Consultative partners will be the Horizon Legal Advisor, MCIT and Countryside Public Health**
2. **Budget and finance – Closely connected to governance issues**
  - **Assess current budget policies and processes for the 3 PH Departments; Identify similarities and differences**
  - **Establish shared budgeting principles**
  - **Key partners will be County Commissioners, PH Directors, PH Department financial managers**
  - **Consultative partners will be County Auditors, Countryside PH, and MDH**
3. **Programs and services -**
  - **Create crosswalk of services offered by 3 PH Departments; Identify and quantify current programs and services that are unique to one or more of the Agencies**

- Establish shared principles for program and service development and implementation; Consider and define equitable distribution of resources
  - Key partners will be County Commissioners, community members, PH Directors and Supervisors
4. Personnel/Staff issues –
- Consider implications of integration on staffing levels; address union issues
  - Key partners will be County Commissioners, PH Directors, union representation, non-union staff representation, County Coordinators, and Human Resource representatives from the counties
5. Community partnerships – Will likely be addressed concurrent with other primary issues
- Explore the potential impact of integration on existing community partnerships
  - Key partners will be PH Directors and Supervisors and representatives from some of the community partners i.e. schools, social services, medical clinics and hospitals, collaboratives
6. Physical facilities/offices – Least significant of the primary issues and most readily addressed
- Key partners will include County Commissioners, PH Directors and staff and community members

Proposed timeframe: 2012

- Feb CHB meeting
  - Approve recommendations of Task Force
  - Appoint subcommittee to explore areas of governance, finance and programs/services
- August CHB meeting
  - Status report approved and forwarded to individual governing boards
- November CHB meeting
  - Final recommendations approved by CHB and sent to individual governing boards for consideration