

CASE STUDY: Robert Wood Johnson Foundation, Cross-Jurisdictional Services Project, Southwest Washington: 2014-2015

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INTRODUCTION

This case study examines the RWJF Cross-Jurisdictional Services Project of Southwest Washington. The participants were seeking to develop a governance structure that could be used for a wide variety of projects and services.

Background materials were reviewed, project participants were interviewed several times: in-person, by telephone, individually, and in groups. Communications also took place through email. In addition, the consultant has worked with the agencies and these individuals on other public health and human services projects as a peer and consultant over the past three decades.

The Southwest Washington Cross Jurisdictional Sharing project was formed to explore the idea of implementing a governance structure that will support a shared approach to delivering efficient public health services in ways that respect the unique political, organizational and financial realities of four Southwest Washington counties and one tribal nation. The overall goal of the project was to explore a Cross-Jurisdictional structure, develop an effective implementation plan, and a basic set of procedures to ensure the provision of efficient public health services and better health outcomes across the southwest Washington region. Deliverables included: 1) A report on a shared governance model for CJS; and 2) A work plan, based on this analysis, describing steps for implementing the mutually agreed upon model and governance structure¹

After eight meetings, the team ultimately determined that further pursuit of the original goal would not be productive. This case study is intended to understand how the effort progressed, factors that hindered the desired progress, and lessons that could inform other jurisdictions interested in similar pursuits. Included in this case study is a description of the region and individual participating agencies, descriptions of other collaborative projects that have taken place in this region, an examination of the variety of changes in law and leadership that took place during the grant period, an examination of the project from the “Factors for Success” framework developed by the Center for Sharing Public Health Services, and conclusions from the perspective of the consultant.

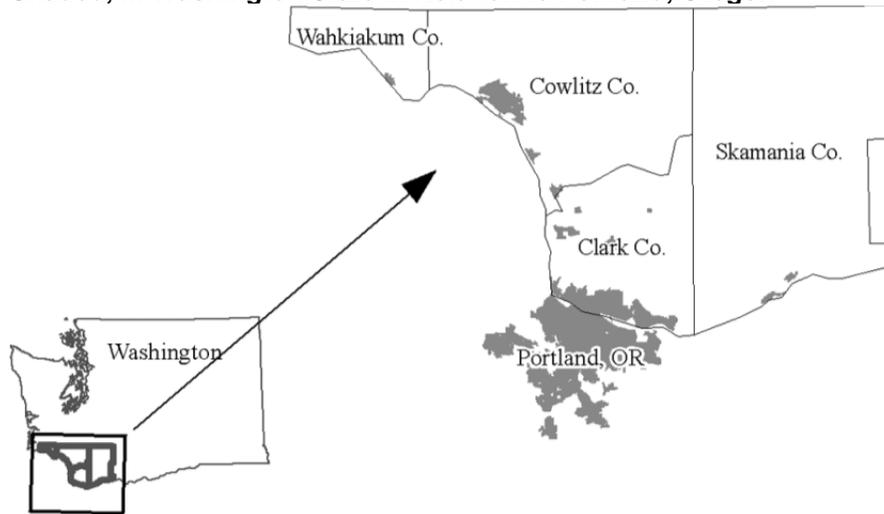
DESCRIPTION OF THE REGION

Participating Agencies

The local health departments that participated in this project are located in Southwest Washington State (Figure 1). The four county departments (Clark, Cowlitz, Skamania, and Wahkiakum) are each governed by its own local Board of Health made up of three elected county commissioners. The tribal department is the Cowlitz Indian Tribe, a sovereign Nation currently (August 2014) without reservation lands that received federal recognition in the year 2000 and has 3,600 enrolled members from the region. A 22-person tribal council, which has delegated some health and human services governance functions to an 8-person health board, governs the Tribal Health Department.

¹ Cowlitz County contract with Robert Wood Johnson Foundation, December 2012.

FIGURE 1 • The Location of Clark, Cowlitz, Skamania, and Wahkiakum Counties, With Cities Shaded, in Washington State in Relation to Portland, Oregon



Each agency has its own full-time director. These agencies provide a wide continuum of services to their populations. The diversity of the jurisdictions, departments, and respective backgrounds of each director is noted in Table 1.

TABLE 1 • Description of the 5 Case Study Organizations as of April 2013

Category	Clark County	Cowlitz County	Skamania County	Wahkiakum County	Cowlitz Tribe
Population ²	435,500	103,300	11,300	4,020	Cowlitz Tribal members live in most Washington State Counties ³
Geographic size (square miles)	628	1,238	1,656	264	N/A
Largest city	Vancouver	Longview	Stevenson	Cathlamet	N/A
Largest city population ⁴	164,500	36,940	1,515	500	N/A
Agency type	Public Health separate from Human Services: separate administrative structures.	Public Health and Human Services combined Departments			

² Washington State Office of Financial Management, April 1, 2013 Population of Cities, Towns and Counties

³ There are approximately 6,150 American Indian/Alaskan Native residents of Clark and Cowlitz Counties, according to the 2010 Office of Financial Management “Population by Race” estimate.

⁴ Washington State Office of Financial Management, April 1, 2013 Population of Cities, Towns and Counties

Category	Clark County		Cowlitz County	Skamania County	Wahkiakum County	Cowlitz Tribe
Public Health FTE	78		29	4.9	4.8	35
Human Services FTE	58		4	6.3	13.2	41
Agency Director credentials ⁵	Public Health: MD, MPH, CPH	Human Services: BA, MPA	LICSW, BCD ACSW, HMHS	LICSW, CADCI	BS, RS	MEd
Years in local government practice	Public Health: 33	Human Services: 20	10	7	30	16
Years in current position	Public Health: 1	Human Services: 6	8	7	2	10

Examples of Non-Public Health Regional Entities

The Counties including Clark, Cowlitz, Skamania, and Wahkiakum work together in various configurations and with various funding and population issues outside public health and human services. These efforts, while addressing many population needs, may – or may not – contribute to the “development of regional identity” factor found by the Center for Sharing Public Health Services in successful cross-jurisdictional projects. The examples have various County partners, and all have been in existence for decades. Some of these configurations include:

- **Region IV Homeland Security:** Coordinates and facilitates emergency management activities *in Clark, Cowlitz, Skamania, and Wahkiakum Counties*. Works with and is funded by County Emergency Management (EMS) agencies and the Washington State Emergency Management Division (EMD). This region was formed by declaration of the EMD, and includes the same configuration of Counties as the Cross-Jurisdictional project.
- **Southwest Region EMS and Trauma Care Council (SWREMS & TCC):** This is a private, non-profit organization established to work with the Washington State Department of Health, County Emergency Management System (EMS) councils, hospitals, pre-hospital EMS providers, and other regional healthcare partners to develop and enhance an EMS and trauma care system. The SWREMS & TCC serves *Clark, Cowlitz, Klickitat, Skamania, South Pacific, and Wahkiakum* counties. This region was formed by the Washington State Department of Health and includes two Counties in addition to those participating in the Cross-Jurisdictional project.
- **Regional Transportation Council:** This agency serves as the Metropolitan Planning Organization for Clark County and conducts the federally required transportation planning process that is a condition for the receipt of federal transportation funds. The agency also serves as the Regional Transportation Planning Organization, as required by the State Growth Management Act, for *Clark, Skamania, and Klickitat Counties*. This region was formed voluntarily by the Counties and

⁵ Abbreviations: FTE, Full-time equivalents; ACSW, Academy of Certified Social Workers; BCD, Board-certified clinical diplomat; CACDI, Certified alcohol and other drugs of addiction counselor; HMHS, Hispanic mental health specialist; LICSW, Licensed social worker; MD, Medical Doctor; MPH, Master of Public Health; CPH, Certified Public Health; BA, Bachelor of Arts; MPA, Master of Public Administration; BS, Bachelor of Science; RS, Registered Sanitarian; MEd, Master of Education.

includes a different configuration of Counties than those participating in the Cross-Jurisdictional project.

- Southwest Washington Area Agency on Aging and Disabilities: This agency is the local program that provides information and services on a range of assistance for older adults and those who care for them. They provide access to critical information including: available services; mobility assistance programs, meal plans & housing; assistance in gaining access to services; individual counseling, support groups and caregiver training; respite care; and supplemental services, on a limited basis. This Area Agency on Aging serves the following counties: *Clark, Cowlitz, Klickitat, Skamania, and Wahkiakum*. This region was formed voluntarily by the Counties, and includes one additional County – Klickitat.
- Southwest Washington Workforce Development Council (SWWDC): The mission of the SWWDC is to prepare and promote a skilled and adaptive workforce for a thriving economy in Southwest Washington. This nonprofit organization was founded in 2002, and is the Workforce Investment Board (WIB) for *Clark, Cowlitz and Wahkiakum* counties. They bring together funding, state agencies, local service companies, colleges and community-based organizations to provide employment and training services to businesses, job seekers and youth. This region was formed voluntarily by the Counties, and does not include Skamania County.

OTHER PUBLIC HEALTH-RELATED COLLABORATIVE PROJECTS

Public health and human service agencies within the four Counties have collaborated, and continue to collaborate, on a wide variety of programs and projects. Participating agencies have engaged in a host of collaborations with different purposes partners, funding sources, governance, and terms. See Appendix A for greater detail, including governing mechanisms, for these collaborative projects.

Regional Health Officer

A contract arrangement allowed every jurisdiction to have a well-trained and highly experienced Health Officer that they might not otherwise be able to afford, experience some economies of scale, and approach communicable disease and environmental health issues more consistently across all Counties. Clark County hired, employed, and supervised the Health Officer and Deputy Health Officers with input from directors of health from each County. Employees were fully-qualified public health physicians; Cowlitz, Skamania, and Wahkiakum were in need of such expertise; contracts for services were developed to fulfill the need presented.

Community Transformation Grant – Healthy Living Collaborative

This initiative was created to support activities aimed at reducing the burden of chronic diseases through improved nutrition and increased physical activity within communities. Projects include active living, healthy eating, tobacco-free living, and clinical preventive services. Clark and Cowlitz Counties are funded for direct services while Skamania and Wahkiakum Counties are included in the region and funded from monies contracted to the largest Counties, if they so choose. A governance agreement specific to this project between Clark and Cowlitz addressed communication, formation of a leadership team, decision making principles, defined consensus, and a dispute resolution process.

Public Health Preparedness and Response Region 4

The Region IV Public Health Governing Council focuses on developing regional policy, establishes a shared strategic vision, approves policies and budgets, and oversees preparedness grants and programs. The Governing Council is voluntarily convened, and is composed of Public Health Agency Administrators and Health Officers from each member agency. This work is funded by federal and state grants; the

Washington State Department of Health contracts the funds to the largest County in nine established regions across the State. In addition, each health department receives state and federal money and support for public health emergency preparedness activities.

Regional Support Network reconfiguration - Southwest Washington Behavioral Health

This County-based Medicaid per-capita mental health managed care system is governed by the Clark, Cowlitz, and Skamania County Boards of County Commissioners appointed representatives. The governance structure allows for weighted vote proportionate to County size/financial risk: Clark with three, Cowlitz with two, and Skamania with one. This is a very different governance and “power” structure than any other public health-related project. Inclusion of the Cowlitz Tribe on the governing board is under continuing discussion.

Regional Health Alliance

This non-profit corporation was formed in preparation for the changes in health care delivery envisioned by the Affordable Care Act. The corporation leverages expertise and resources across multiple service delivery systems to improve quality and the integration of healthcare for low-income persons served by multiple systems. This organization includes a wide variety of service providers across the Counties, as well as elected County Commissioner representation and participation. The original, stated intention of the group is to form a “Community of Health” project to create a regional service area that aligns to the same region for integration of medical and behavioral health services.

PROJECT ACTIVITIES

Background

In the early summer of 2012 the Robert Wood Johnson Foundation (RWJF) announced a grant to support local health jurisdictions (LHJs) and their policy makers to study and implement projects that cross jurisdictional boundaries. This opportunity seemed right for the Southwest Washington region as there had been many projects and programs shared among the LHJs in recent years. Most notably, response to the H1N1 pandemic was seen as a very successful joint project, supported by public health preparedness planning and grants.⁶

The Southwest Washington application states the LHJs wanted to participate in the learning community to share their experience in creating and implementing shared services and learn from others. The departments realized that the current public health governance structure was not sufficient for overseeing all potential cross-jurisdictional joint services. Each project had a different governance structure. The ultimate goal was to create a consistent, cross-jurisdictional structure with an effective implementation plan, and a basic set of procedures that to ensure efficient public health services across Southwest Washington.

Goals and Expectations

In the application Project Goals were further articulated into objectives.

⁶ Wiesman J., Melnick A., Bright J., Carreon C., Richards K., Sherrill J., Vines J., “Lessons learned From a Policy Decision to Coordinate a Multijurisdiction H1N1 Response With a Single Incident Management Team,” *Journal of Public Health Management Practice*, 2011, 17(1), 28-35.

- Goal 1: Analyze governance models for the purpose of identifying those that best meet the needs of the participating jurisdictions and which all Boards of Health would likely support that reflects effective and efficient delivery of public health services across our jurisdictions and Cowlitz Tribe. Objectives included:
 - Identify three possible governance structures that will effectively support shared service programs.
 - Identify services that have the potential to be shared effectively
 - Identify the strengths and weaknesses of the three possible structures.
 - Create policies and procedures that address equality in an inter-jurisdictional context.
 - Articulate the organizational structures, such as human resources policies and supervision expectations needed to support CJS.
 - Conduct workshops with the boards of health to explore and consider models that they can publicly support.

- Goal 2: Create a work plan for implementing the mutually agreed upon model and governance structure to oversee key cross-jurisdictional projects and programs. Objectives included:
 - Host stakeholder meetings to share the governance model and identify the key elements of an implementation plan.
 - Based on the identified model, identify the members of workgroups that agree to lead the implementation effort.
 - Develop a work plan for implementation of a mutually acceptable governance structure to oversee key cross jurisdictional projects and programs.

As the project developed, the participants revised the goals and expectations. The one-page description from the Center for Sharing Public Health Services (http://www.phsharing.org/wp-content/uploads/2014/01/WA_overview.pdf) contains another view of the Proposed Project Outcomes:

1. Development of grids related to each entities' services and what might be potential programs to be delivered across jurisdictions.
2. Creation of a scoring criteria to evaluate potential shared programs
3. The pilot of a software program that would allow for scenario planning as criteria shift
4. Use of group decision making to evaluate potential for shared health officer for the region to replace out-going health officer.
5. Development of methods to fulfill the need for greater specificity regarding criteria in the face of immense change due to staff turnover and the implementation of the Affordable Care Act in Washington State.
6. Continue to develop skills that allow for discreet evaluation of cross-jurisdictional sharing in light of continued uncertainty due to the Affordable Care Act's implementation in Washington State.

Progress

Beginning in April 2013, the participants held monthly meetings. The meetings were held on the same day, and at the same location, as other cross-jurisdictional efforts. During these monthly meetings the group worked on re-configuration of the mental health regional support network and also met with other partners on the Regional Health Alliance.

The first meeting focused on discussion of governance models. The group was never able to select three governance structures to evaluate.

Subsequent meetings focused on developing a list of services delivered in each jurisdiction, including identification of those programs that could benefit from sharing of resources. The grid that was developed served as a foundation for considering cross-jurisdictional sharing activities.

The group also developed a weighted decision making criteria for determining what are most and least important dimensions for consideration in cross-jurisdictional efforts. Criteria included: impact across jurisdictions, easily done remotely, funding sustainability, regional sustainability, agreement among jurisdictions, jurisdictions do not have capacity on their own, neutral or positive Return on Investment (ROI), availability of skilled workers needed, political will, contract compliance, cost of implementation, and operational ease.

Although the use of a software program for decision-making was considered, the participants decided against it. The identified software was not compatible with some agency computer systems. Neither the decision making criteria nor the computer software accurately reflected outcomes of past cross-jurisdictional efforts when tested against past successful projects.

Meanwhile, 2013 and 2014 brought a number of changes to Washington State and the Southwest Washington region: specifically in state law and both elected and appointed leadership. These changes were dramatic and affected the work of the Cross-Jurisdictional Services Project.

During the 2014 legislative session two laws were enacted that changed the relationships among County agencies involved in managing and/or delivering behavioral health services, i.e., mental health and chemical dependency treatment. See Appendix B for more information. These new laws seek to further the intent of the Affordable Care Act and integrate medical and behavioral health care. All of the participants involved in the Cross-Jurisdictional project manage some aspect of behavioral health services for their respective populations.

The new laws called for Each County legislative authority (County Commission that act as the Board of Health) and the County participants in the Cross-Jurisdictional project to choose one of two differing approaches on how to proceed:

1. Communities could move forward quickly to fully implement the new laws, and thus take advantage of incentive payments to a region or group of Counties. This approach requires full integration of Medicaid contracts for services for mental health, chemical dependency, and medical care by 2016.
2. Communities could move forward more slowly to implement integration of mental health and chemical dependency service (behavioral health), in a more measured approach, accomplishing integration of behavioral health services by 2016, and full integration of behavioral and medical care by 2020.

Requirements of the new laws include geographic continuity and a minimum number of “covered Medicaid lives” to become a region for the purposes of becoming a Behavioral Health Organization. Wahkiakum County, one of the smallest Counties in the State, borders Cowlitz and Pacific Counties. Because both Cowlitz and Pacific chose to join with Counties to the North, the requirements left Wahkiakum County with little choice in approach and choice of County partners. Wahkiakum was “forced” to join with Counties to the North rather than staying with Clark and Skamania.

This change of law and differing choices as to how to move forward had a profound impact on the work of the Cross-Jurisdictional project, due to the disagreement among participants on the approach and timelines associated.

Elections that took place in late 2012 brought considerably different political approaches in 2013 for the four Counties. Incumbent County Commissioners in Clark, Cowlitz, and Skamania were leaders in formation of the re-configuration of the Regional Support Network. All were replaced by newly elected Commissioners. Out of a total of twelve County Commission positions of which eight were up for election in 2012, six Commissioners were new in January 2013. Newly elected County Commissioners in each County brought about new and different alliances, and new and different approaches to issues, including whether to share (or not) services across jurisdictional boundaries.

At the same time, the largest population center, Clark County, experienced significant turnover in County management positions, including changes of Director, Health Officer, and public health agency structure, during 2013. The administrative structure of Clark County Public Health changed to combine the positions of Director and Health Officer into one, and eliminate one Deputy Director position.

Finally, the regional Health Officer agreement needed to be modified due to the change in administrative structure (combination of the position of Director and Health Officer) at Clark County. After Cowlitz, Skamania, and Wahkiakum jointly reviewed a slate of candidates, and interviewed five, Cowlitz chose to hire a different Health Officer; Skamania and Wahkiakum chose to share the same Health Officer. The shared, regional Health Officer position no longer exists.

ANALYSIS OF THE RWJF CROSS-JURISDICTIONAL SERVICES PROJECT

This section of the paper is an analysis of the project, from the perspective of the consultant, using the framework of the Center for Shared Public Health Services findings regarding factors for success of cross-jurisdictional projects.

Based on their experience with the Cross-Jurisdictional Services Learning Community, the Center for Shared Public Health Services has identified prerequisites, facilitating factors, and project characteristics that greatly contribute to successful cross-jurisdictional services.^{7 8}

- Prerequisites include: clarity of objectives, a balanced approach (mutual advantages), and trust.
- Facilitating factors include: success in prior collaborations, a sense of “regional” identity, and positive personal relationships.
- Project characteristics include: senior level support, strong project management skills, strong change management plans, and effective communication.

Prerequisite: Clarity of Objectives

According to the Center’s findings, clarity of purpose is essential. Participants must understand the motivation for CJS for each stakeholder group, and also recognize that goals may be different – among stakeholders, and between appointed and elected officials. Goals should: explicitly state values or improvements of importance to stakeholders; be measurable; be time specific. Questions to ask: How will you know if your change is successful? What is important to different stakeholder groups?

⁷ http://www.phsharing.org/wp-content/uploads/2013/05/2013-PD39-JHyde_Success_CJSS_3-13-13.pdf

⁸ Pat Libbey, email communication, May 13, 2014

- The original project scope of the Southwest Washington grant application sought to learn about cross-jurisdictional governance structures that could be used to evaluate and manage services. The objective of a new governance structure was discussed at the first meeting, but was not discussed nor evaluated again, according to meeting notes.
- It was not clear to participants the product required of the grant. In interviews, most participants understood the required product to be governance policies and agreements for oversight of cross-jurisdictional services. The lead County, however, saw the overriding product to be a list of possible cross-jurisdictional projects and a tool to evaluate possible shared projects, with oversight structures to develop unique to each service.
- The consultant observed that participants did not agree on the project goals. While meeting agendas contained stated meeting and project objectives, they were not reflected in any of the meeting notes reviewed.
- Through the case study development process, it became clear that participants approached this effort from different philosophical approaches: (1) a desire to strengthen population health across the region such that all might gain but it might not result in the highest possible gain for a single county - optimizing for the whole but possibly sub-optimizing for an individual jurisdiction; or (2) participate in regional endeavors with the specific intent of maximizing the potential improvement for the jurisdiction, even if at some cost to others. These differing philosophies, although not clearly stated during the project, appear to be at the heart of some of the difficulties experienced by the group.

Prerequisite: Balanced Approach – Mutual Advantage

Each participating organization and the different stakeholders must benefit in order for cross-jurisdictional efforts to work. Jurisdictions may gain different things, but all must feel that the effort gives them something of value.

- One participant – not from the largest County – did not see mutual benefit from relationships and projects with the largest county, and felt his jurisdiction needed “protection” from the larger organization in this and other projects. This participant expressed in interviews that the larger County was able to gain more advantage due to size and resources, and the smaller Counties needed to ensure attention was paid to the smaller populations. The fear expressed was that smaller Counties would lose resources and services, and more would be provided in the larger County.

Prerequisite: Trust

Trust among participants is foundational to collaborative work. It is important to understand the history of relationships between participants and with stakeholders within and across jurisdictions.

- Participants agreed that trust among the participants was undermined early in the project due to the lack of agreement and communication about hiring of a new health officer for the region. Trust was damaged when participants did not communicate about expectations and role of a shared, regional health officer. This experience weakened the relationship and damaged trust among the participants.
- During the course of the Cross-Jurisdictional project, participants also worked on complex changes including formation of a Regional Health Alliance (in collaboration with a wide variety of other partners throughout the region) and creation of a new Regional Support Network for provision of mental health services in the region. Both of these projects brought out differences in approach, communication styles, and disagreements on individual versus regional

advantages. Trust was affected when participants perceived lack of integrity, predictability, and communication from each other.

- Participants agreed that the project lead be participant, facilitator, lead communicator with RWJF and the Center for Sharing Public Health Services did not serve the project well, and contributed to breaking of trust among participants. A better solution, for this project, would have been to hire an objective facilitator at the beginning of the project.

Facilitating Factor: Success in Prior Collaborations

Success breeds success. Prior successful collaborations are a predictor (although not a guarantee) of success in the future. Has there been previous work together? What was the quality of any experiences with previous work? What made the work successful?

- This measure was the project's most supportive "predictor" of success. See section entitled *History of Other Collaborative Projects* for the various collaborations that the Counties have worked together in the past. Unfortunately, however, as the Cross-Jurisdictional project time progressed, other factors outweighed the experience of prior successes.

Facilitating Factor: Sense of "Regional" Identity

A regional identity may exist for a number of reasons, e.g., when local governments are aligned on common issues, when a geographical feature provides a natural boundary (e.g., a mountain range, body of water, etc.), in metropolitan "areas" with a defined city center, or other areas in which residents typically work, live, recreate and/or shop across two or more political jurisdictions. The existence of a regional identity improves the chance of success in shared public health projects.

- Clark County is where many services are available to people from the smaller Counties in the region – and serves as a commercial "hub" of the region by many residents. However, despite various collaborations among the participating agencies, a broader, consistent "regional" identity is not present.

Facilitating Factor: Positive Personal Relationships

Center for Sharing of Public Health Services research suggests that participants' investment in time upfront, getting to know each other as individuals and understanding the culture of the jurisdictions, will help joint projects succeed. Positive relationships can help move projects forward despite set-backs.

- This grant was originally considered, and participation accepted, because of positive, personal, relationships among the original applicant group. During past collaborations, openness by the former public health agency director of the largest County to gather input and take advice from smaller Counties facilitated participants' desire to "come to the table." During this project, however, conflicts among the participants became personal. These personal issues were clearly expressed to the consultant during interviews and at the May meeting. Disagreements and dissatisfaction from other projects (Regional Support Network re-configuration, Regional Health Alliance, Shared Health Officer services) began to negatively influence the Cross-Jurisdictional project and personal relationships among participants. One participant observed during an interview: "It is easy to work together when everyone agrees; it is much harder to deal with disagreements – particularly when they become personal."

Project Characteristics: Senior Level Support

Center findings indicate the need to identify a champion for the work in every jurisdiction involved. Depending on the project, the champion may be elected or appointed. The champion needs to be in a leadership position, viewed as credible among multiple stakeholders and positioned to help ensure appropriate financial and human resources for service sharing. It is important to identify what information they need to advocate on behalf of a project. Champions also need to know what project managers need to carry out the service sharing plan.

- Even though examination of governance structures was an objective of the grant, the focus shifted to description of projects and services provided by each agency. This list of services became an important product, as reflected in meeting notes and by participants during interviews.
- Participants could not agree about what to present to elected officials on the concept and value of shared services. One participant observed that “Without such basic agreements, personalities and details seem to get in the way of sharing services.”
- Only one organization had consistent elected representation to the project – a County Commissioner that attended two of the Learning Community meetings.

Project Characteristics: Strong Project Management

To be successful, a project must be supported by strong project management. Elements of project management include: clear leadership, dedicated time and resources to complete the work at hand, and well-defined roles and responsibilities of project team members, including communication channels, constituent focus, benchmarks and expectations. The team must create clearly defined action steps – these may change over time, and when that happens the changes must be reflected in a revised work plan.

- During interviews, participants agreed that competing priorities of the project team leader and participants interfered with attention to this project. Project goals and objectives were not clear, and were not brought to attention of the participants in regular communications.
- A representative group of the project team attended the kick-off meeting of the Shared Services Learning Community in January 2013. Meeting notes reflect that while the grant timeline began in January 2013, the first meeting of the group was not held until April, leaving three months without action.
- One grant deliverable was to create a matrix of services provided by each agency. The refinement of this matrix took up more than half of the meetings held for this project, instead of being completed by email or other means in-between meetings.

Project Characteristics: Strong Change Management Plans

Change management involves specifically tending to the multitude of changes that will occur in the process of developing and implementing a shared arrangement. It also involves adapting plans as needed to accommodate external/environmental changes that can affect the project.

- Major environmental changes impacted the ability to complete this project as described above (most notably turnover of stakeholders and the passage of state legislation). The participants did not address the effect of these changes on the project’s stated objectives.

Project Characteristics: Effective Communication

Center findings suggest it is important to develop a communication strategy early in the planning process, and to deliberately adhere to its implementation.

- This project did not have a communication plan. Each participant in this project fills a position with great responsibility and authority. Each person has a large job, with many competing interests that must be balanced, while answering to elected officials that may or may not have a clear understanding of the issues. It is the observation of the consultant that widely differing communication styles contributed to lack of organized, consistent communication among the group. At the same time, delays and lack of goal clarity contributed to ineffective communication.

CONCLUSIONS

Other collaborations, and disagreements and challenges associated with these other projects, negatively influenced the work of the Cross-Jurisdictional project. Most notable of the negative influences are the re-configuration of the Regional Support Network, the Regional Health Alliance, and the change from a regional Health Officer. These continue to influence the relationships among the project participants.

Case in point: at the July 3, 2014 governing board meeting of Southwest Washington Behavioral Health (the newly-configured regional support network), proposals by Cowlitz County to equalize the voting structure of the governing board (one vote per County rather than weighted according to population) and include the Cowlitz Tribe on the governing board was not passed. This has resulted in Cowlitz County government pursuit of leaving this arrangement and collaborating with different Counties to form a new Behavioral Health Organization. Because the new state law requires service areas be contiguous, Wahkiakum County will also join the new region, separating from Clark and Skamania to form a Behavioral Health Organization. Clark and Skamania Counties selected to remain in the Southwest Washington region and to move in the direction to be an “Early Adopter” for full Medicaid integration (behavioral health and medical care) by 2016.

The inclusion of the Cowlitz Tribe in this project is a very important aspect of cross-jurisdictional collaboration. Tribal governments, while sovereign entities, deal with issues important to their people with County and other local governments. The Cowlitz Tribal Health Council, and the agency administration, values the collaboration with Counties across their ten-County geographic service area.

The Southwest Washington Cross-Jurisdictional project was not completed as described in the grant application due to several factors. The most apparent was erosion of trust among the participants as negotiations around other collaborations progressed. Unclear objectives and lack of strong project management, along with insufficient communication contributed to the project moving extremely slowly. The participants will continue to collaborate on public health projects. Recovering trust is essential to the success of future endeavors.

APPENDIX A: DESCRIPTIONS OF OTHER PUBLIC HEALTH-RELATED COLLABORATIVE PROJECTS

Regional Health Officer

The arrangement allowed every jurisdiction to have a well-trained and highly experienced Health Officer that they might not otherwise be able to afford, experience some economies of scale, and approach communicable disease and environmental health issues more consistently across all Counties.

- **Governance:** Clark County hired and supervised the Health Officer and Deputy Health Officers with input from directors of health from each County
- **How leadership was chosen:** Clark County employed a fully-qualified public health physician; Cowlitz, Skamania, and Wahkiakum were in need of such expertise; contracts for services were developed to fulfill the need presented.
- **Purpose:** Provision of Health Officer services as required by law and regulation. Contract called for:
 - Individual to serve as Health Officer of record
 - Public health and medical consultation and leadership
 - Implement, evaluate, and refine a regional plan to provide health officer services
 - Primarily consultative to individual County public health agencies
- **Partnering agencies:** Clark, Cowlitz, Skamania, Wahkiakum public health
- **Type of agreement:** Intergovernmental per RCW 36.115
- **Funding source:** County general funds, and other sources as appropriate to specific projects.
- **Term of agreement:** January 2010 – December 2013
- **Evaluation plan / elements:**
 - Standard policies and procedures.
 - Key health officer functions including on-call coverage and media protocols.
 - Accessibility: on-site twice per week; phone or electronic 24 hours per day; respond within 24 hours to non-urgent 80% of the time; respond within 30 minutes to urgent 90% of the time.
 - Work plan with priorities developed.
 - Process evaluation: meet twice yearly; identify areas for quality improvement, update work plan.
- **Additional information:** Contract provided for payment, termination of 30 days' notice, indemnification, insurance, non-discrimination, records, contingent upon adequate funding appropriation, Health Information Portability and Accountability Act (HIPAA).

Community Transformation Grant – Healthy Living Collaborative

This initiative was created to support activities aimed at reducing the burden of chronic diseases through improved nutrition and increased physical activity within communities. Projects include active living, healthy eating, tobacco-free living, and clinical preventive services. Clark and Cowlitz Counties are funded for direct services while Skamania and Wahkiakum Counties are included in the region and funded from monies contracted to the largest Counties, if they so choose. In 2014 Clark and Cowlitz Counties allocated monies to Skamania and Wahkiakum; Skamania chose to forego the federal grant money and allow Wahkiakum a larger amount for their projects. In addition, the Comprehensive Health Education Foundation has contributed funding to these efforts and has supported formation of a non-profit organization to continue activities in the region.

- **Governance:** Governance Agreement specific to this project between Clark and Cowlitz addressed the following issues:

- Communication from Washington State Department of Health (DOH) to both Clark and Cowlitz.
 - Leadership team established: directors, coordinators, program managers.
 - Decision making principles outlined.
 - Consensus defined.
 - Dispute resolution process outlined.
- **How leadership is chosen:** Washington State Department of Health contracts with Clark as the largest County, designated as the “Hub” County. The “Hub” is responsible to oversee projects carried out in each of the regional Counties, and to oversee and provide assistance to all Counties within the region, regardless of direct funding. Counties were funded based on a number of factors including health outcomes, yet not all Counties in a region were funded directly. Clark and Cowlitz developed a subcontract that specifically addressed governance as stated above.
- **Purpose:** implement the strategies and outcomes as determined by Washington State Department of Health (DOH): reduce tobacco exposure, Complete Streets projects, improving access to healthy foods, and providing clinical linkages.
- **Partnering agencies:** Clark and Cowlitz public health (funded directly by DOH for projects and services); Skamania and Wahkiakum County public health are indirect partners (not funded by DOH unless the direct-funded Counties chose to do so); the non-profit partnership includes a diverse group of community partners from each County who work to promote policy, systems, and environmental changes that create and support healthy communities. The non-profit agency received additional private funding to continue projects within the region.
- **Type of agreement:** Interlocal RCW 39.34
- **Funding source:** federal funds, subject to completion of grant deliverables and Congressional allocation; private funds support policy and environmental changes in communities.
- **Term of agreement:** Began October 2013; subject to federal funding and/or end of 5-year grant period.
- **Evaluation plan / elements:** Established by Washington State Department of Health contract:
- Create two private market housing units that do not allow smoking; includes compliance evaluation.
 - Assessment, education, and technical assistance for Complete Streets projects and initiatives.
 - Organization, education, technical assistance, and evaluation of increased access to healthy foods in select communities.
 - Clinical linkage: promote health information network and health home model of care.
 - Update community needs assessments for each community.
- **Additional information:** Federal certifications and assurances included in contract. Federal funds are dependent on allocations from Congress.

Public Health Preparedness and Response Region 4

A Governing Council focused on developing regional policy, established a shared strategic vision, approved policies and budgets, and oversees preparedness grants and programs. This arrangement includes the Cowlitz Tribal Health Director and County public health directors on the Governing Council. The value of this system was proven during the 2009 H1N1 Pandemic and the formation of a regional Incident Management Team that assumed command of this public health emergency.

- **Governance:** The policy authority and governance of Region IV Public Health is the Region IV Public Health Governing Council, voluntarily convened, and composed of Public Health Agency

Administrators and Health Officers from each member agency. Public Health Agency Administrators and Health Officers are responsible to their respective County and Tribal Boards of Health.

- **How leadership is chosen:** Washington State Department of Health contracted for lead agency through the largest population County in each region; the Governing Council was voluntarily formed and chooses leadership among the individual agency representatives.
- **Purpose:** Provide guidance for implementing and coordinating the emergency activities of each health department, either collectively or independently, and to provide direction for responding with state, federal, and tribal agencies during any public health emergency. By using the regional plan the county health departments in Region IV Public Health (region established by the Washington State Department of Health) efficiently establish a National Incident Management System (NIMS) compliant response framework.
- **Partnering agencies:** Clark, Cowlitz, Skamania, and Wahkiakum public health, and Cowlitz Tribe
- **Type of agreement:** Regional Emergency Response Plan and mutual aid agreements.
- **Funding source:** State and Federal allocations for public health emergency preparedness.
- **Term of agreement:** Ongoing
- **Evaluation plan / elements:** Periodic drills, exercises, reviews and updates of emergency response plans.

Additional information: The Plan is distributed to all participating local and county agencies, American Indian Tribes, selected state and federal government agencies, the American Red Cross, and selected private organizations.

Regional Support Network reconfiguration - Southwest Washington Behavioral Health

This County-based Medicaid per-capita mental health managed care system is governed by the Clark, Cowlitz, and Skamania County Boards of County Commissioners appointed representatives. The voting structure is seen as a power imbalance by some participants, yet allows for the government with the largest population and financial risk to have the most influence. In 2014, the Washington State Legislature passed 2SSB 6312 that changed the name of Regional Support Networks to Behavioral Health Organizations and begins integration of mental health and chemical dependency resources and service delivery for Medicaid clients. The bill calls for the Washington State agencies of Department of Social & Health Services and the Health Care Authority to establish (new) regions of contiguous Counties by December 2014, integrate chemical dependency and mental health contracts by April 1, 2016, and fully integrated (physical and behavioral health) contracts by January 1, 2020.

- **Governance:** The governance structure allows for weighted vote proportionate to County size/financial risk: Clark with three, Cowlitz with two, and Skamania with one. This is a very different governance and “power” structure than any other public health-related project. Inclusion of the Cowlitz Tribe on the governing board is under continuing discussion; this decision was voted and approved but the Interlocal Agreement has yet to be finalized.
- **How leadership is chosen:** each County Commission appoints one member and an alternate to the Governing Board.
- **Purpose:** establish a consolidated Regional Support Network (RSN) to be known as the Southwest Washington Behavioral Health Regional Support Network hereinafter SWBH to carry out the responsibilities of a Regional Support Network as defined in state law for the residents of Clark, Cowlitz, and Skamania Counties
- **Partnering agencies:** Clark, Cowlitz, Skamania Counties
- **Type of agreement:** Interlocal RCW 39.34

- **Funding source:** State and Federal allocations for behavioral health services; County matching funds and risk reserves required by state law and contract.
- **Term of agreement:** 2012: five years; however 2SSB 6312 essentially dissolves RSNs effective in 2020 by requiring Medicaid managed care integrated contracts for physical and behavioral health services.
- **Evaluation plan / elements:** Not addressed. Implied by reference to state and federal contracts.
- **Additional information:**
 - Unanimous vote required for: appointment of administrator, change in legal status, addition of parties.
 - Advisory board established.
 - Establishes proportional excess liability (risk).
 - Transfers County risk reserves to Southwest Washington Behavioral Health.
 - Provides for 210 day notice, prior to end of fiscal year, for withdrawal.
 - Companion contracts for County Liaison Coordinator in Cowlitz and Skamania Counties, and other specific service programs in Cowlitz (none in Skamania). Office space is paid in Cowlitz.

Regional Health Alliance

This non-profit corporation was formed in preparation for the changes in health care delivery envisioned by the Affordable Care Act. The corporation leverages expertise and resources across multiple service delivery systems to improve quality and the integration of healthcare for low-income persons served by multiple systems. This organization includes a wide variety of service providers across the Counties, as well as elected Commissioner representation and participation. The most recent decision by the governing body included Klickitatt and eliminated Cowlitz and Wahkiakum Counties for a grant application for state funding established by E2SHB 2572, which moves to integrate behavioral and physical health contracts and services by 2016 – “early adopters”. The original, stated intention of the group is to form a “Community of Health” project to create a regional service area that aligns to the same region for integration of medical and behavioral health services.

- **Governance:** Board of Directors established in by-laws: County governments, Cowlitz Tribe, health systems, health plans, education; 3-year terms of each appointed member.
- **How leadership is chosen:** appointed by Board of Directors; By-laws stipulate a president, vice-president, secretary, treasurer, and executive director.
- **Purpose:** The primary purposes of the Corporation are to:
 - Promote better quality health in Southwest Washington;
 - Assist local governments (Clark, Cowlitz, Skamania and Wahkiakum counties), Cowlitz Tribal government, Washington State government and vulnerable low income populations (and providers serving them) in managing health care and human service resources;
 - Coordinate and integrate health care and human service resources;
 - Assist in tracking regional data to ensure effectiveness of care while monitoring health indicators for progress;
 - Assist in prevention of chronic health conditions in the region;
 - Pursue activities consistent with the above.
- **Partnering agencies:** Clark, Cowlitz, Skamania, Wahkiakum County government, public health and human services, medical and behavioral health (mental health and chemical dependency) providers, Clark College, health plans, Cowlitz Tribe, Area Agency on Aging, housing/homeless providers, non-profit behavioral health provider, consumer.

- Type of agreement: Non-profit corporation with established by-laws and operating procedures
- Funding source: County, State, and Federal, private grants, public grants and member organization contributions.
- Term of agreement: Ongoing
- Evaluation plan / elements: not addressed
- Additional information: By-laws outline quorum, voting, dissent, compensation, removal, officers and duties, financial and other records, non-discrimination, dissolution, amendments, conflict of interest and restricted activities.

APPENDIX B: CHANGES DURING GRANT PERIOD - DETAILS

2013 and 2014 brought a number of changes to Washington State and the Southwest Washington region: specifically in state law and leadership, both elected and appointed. These changes are described more specifically here.

Changes in Washington State Law

During the 2014 legislative session two laws were enacted that changed the relationships among County agencies involved in managing and/or delivering behavioral health services – mental health and chemical dependency treatment. These new laws seek to further the intent of the Affordable Care Act and integrate medical and behavioral health care.

- E2SHB 2572 establishes two pilot project “communities of health” – regional non-profit entities that seek to improve health, improve quality of care, and lower costs. Funds are made available for start-up costs.
- 2SSB 6312 changes “regional support networks” to “behavioral health organizations” which effectively includes chemical dependency treatment programs with mental health treatment programs; directs current regional support networks (RSNs) to submit a detailed plan for providing behavioral health services; directs the Washington State Department of Social & Health Services (DSHS) to purchase Medicaid medical and behavioral health services through managed care contracts by April 1, 2016; directs establishment of regional service areas that must be geographically contiguous Counties; requires community behavioral health programs be fully integrated Medicaid managed care for mental health, chemical dependency, and physical health by January 1, 2020.

Changes in Elected Leadership

Elections that took place in late 2012 brought considerably different political approaches in 2013 for the four Counties. Each County had changes of their County Commissioners with the elections. The newly elected County Commissioners critically examined current cross-jurisdictional agreements. New alliances are being considered by each of the participating Counties, some include new partnerships.

Changes in Appointed leadership

The largest population center, Clark County, experienced significant turnover in County management positions during 2013. The County Administrator, Deputy County Administrator, Budget Director, Chief Civil Deputy Prosecuting Attorney (who defends the commissioners and departments), the Environmental Services Director and the Diversity Coordinator all moved to new positions outside Clark County government. In addition, Clark County chose to not replace the Budget Director position.

Change in Public Health leadership

Clark County, the largest public health agency in the region had a change of leadership and agency structure in 2013. The individual formerly occupying the position of Director moved to become the Washington State Secretary of Health, while the individual occupying the Regional Health Officer position became the Director and Health Officer for Clark County. Agency leadership structure also changed, by combination of the positions of director and health officer, and elimination of one agency administrator position. The person formerly in the acting director position then left Clark County for a different position in Oregon.

In late 2012 Wahkiakum County hired a new person to fill the vacant position of Director of Health & Human Services. When the original RWJF grant was written, the position was temporarily held by a consultant hired to evaluate the structure, policies and procedures, and need for the public health and social services agency in Wahkiakum County. The person currently filling the vacancy (Director) has over thirty-years of experience in public health and human services programs.

Potential Change in Clark County Government Structure

Clark County will be holding an election to become a “charter county” in November 2014. If the proposed charter is adopted by the citizens it will eliminate the 3-member full-time County Commission in favor of a 5-member commission, all part-time, with an appointed County Manager. If this change takes place, the approach to issues could be dramatically different, depending on the philosophy of those elected and appointed to the new positions.

Addition of Clark Community Services Director to the RWJ-CJS project

While this person was included in the original grant application, she was not part of the ongoing meetings. The decision to include the Clark County Community Services Director by the RWJ-CJS participants was made in February 2014, half-way through the grant project period. The hope was that success in other partnerships with the person in this position would support success in the RWJ-CJS project.

APPENDIX C: PROJECT PARTICIPANTS

Clark County:

- Alan Melnick, Director and Health Officer, Clark County Public Health
- Vanessa Gaston, Director, Clark County Community Services

Cowlitz County:

- Carlos Carreon, Director, Cowlitz County Public Health and Human Services

Cowlitz Tribe:

- Jim Sherill, Director, Cowlitz Tribe Health and Human Services
- Steve Kutz, Deputy Director, Cowlitz Tribe Health and Human Services

Skamania County:

- Kirby Richards, Director, Skamania County Community Services

Wahkiakum County:

- Sue Cameron, Director Wahkiakum County Health and Human Services