

MINNESOTA

Shared Services Learning Collaborative



Public Health
Prevent. Promote. Protect.

Objectives – As a participant in this grant, Minnesota will pursue three objectives:

1. Support and assist grant partners in achieving two-year goals for CJS;
2. Implement a systematic, statewide approach to CJS; and
3. Foster a two-way exchange of information on CJS between the national community and Minnesota’s local public health system.

The project is supported in part by the Center for Sharing Public Health Services through funding from the Robert Wood Johnson Foundation.

Overview

We formed a Minnesota Shared Services Learning Collaborative (a.k.a. “The Minnesota mini-collaborative” or Minnesota SSLC). Our collaborative met quarterly and provided a regular venue to bring together public health leaders in our state to:

- **learn** from each other about CJS;
- **disseminate** information from the national collaborative broadly throughout our state;
- **support** and assist local CJS activities that are already in process; and
- **develop** tools (like a CJS readiness or self-assessment tool) to promote and support future CJS activities in Minnesota.

There were two levels of participation in our project (see reverse for partner list and map):

Level 1 – Four local teams that were implementing CJS in their jurisdictions and have an identified elected official “champion.” Level 1 teams set individual two-year CJS project goals and reported on their progress in Minnesota as part of the national learning community. They participated in national meetings and site visits, and participated in the Minnesota mini-collaborative. These teams: developed a single, integrated environmental health program between two counties; created a new multi-county governance structure; created uniform family home visiting procedures across three counties; and strengthened existing CJS arrangements in a multi-city structure.

Level 2 – Seven local partner teams, in an earlier or more exploratory phase of CJS. Level 2 teams developed two year aim statements for advancing CJS efforts, participated in the Minnesota mini-collaborative, and reported on their progress within the Minnesota. Many conducted organizational assessments to identify opportunities for potential sharing arrangements; others engaged in joint planning and/or performance improvement activities; one developed a joint emergency preparedness annex between city/county jurisdictions.

Accomplishments

Mini-Collaborative Meetings – Seven meetings were held to share CJS information, ideas, challenges and tips. Meetings highlighted local projects and resources for CJS and addressed topics such as change management, shared supervision, and engaging policymakers.

Development of Tools and Measures – MDH staff and local public health leaders developed a draft measure of CJS that will be included in future annual reporting cycles for local public health. In addition, MDH staff collected and improved a variety of planning tools for implementing new governance structures that will be compiled into a toolkit. Many of these tools will also be applicable to local jurisdictions planning for shared services without governance changes.

Supporting Local Activities – The SSLC supported local teams in reaching their goals for CJS by providing a structure for information sharing, technical assistance, and project management. MDH will continue to promote the use of CJS as a tool local public health leaders can use to strengthen public health services. MDH staff will collect lessons learned through the SSLC evaluation, disseminate information about CJS, and provide technical assistance as requested.

Local Partners of the Minnesota Shared Services Learning Collaborative

Detailed project descriptions can be found on our shared services learning collaborative website.

Level 1 Partners

Partnership4Health CHBⁱ

Ronda Stock, Becker CHB
Kathy McKay, Clay–Wilkin CHB
Diane Thorson, Otter Tail CHB
Debra Jacobs, Wilkin County Public Health

Bloomington, Edina, and Richfield community health boards

Lisa Brodsky, Bloomington CHB
Bonnie Paulsen, Bloomington CHB
Jeff Brown, Edina CHB
Betsy Osborn, Richfield CHB

Kandiyohi-Renville Community Health Board

Ann Stehn, Kandiyohi County Public Health
Jill Bruns, Renville County Public Health

Polk-Norman-Mahnomen Community Health Board

Jamie Hennen, Norman-Mahnomen Public Health
Sarah Reese, Polk County

Level 2 Partners

Brown-Nicollet Community Health Board

Karen Moritz, Brown County Public Health
Mary Hildebrandt, Nicollet County Public Health

Carlton-Cook-Lake-St. Louis Community Health Board

Julie Myhre, Carlton-Cook-Lake-St. Louis CHB

Fillmore-Houston Community Health Board

Lantha Stevens, Fillmore-Houston CHB

Hennepin Community Health Board and Minneapolis Health Department

Rodger Amon, Hennepin County Human Services and Public Health Department
Pam Blixt, Minneapolis Health Department

Isanti-Mille Lacs Community Health Board

Kathy Krenik-Minkler, Isanti County Public Health
Janelle Schroeder, Mille Lacs County Public Health

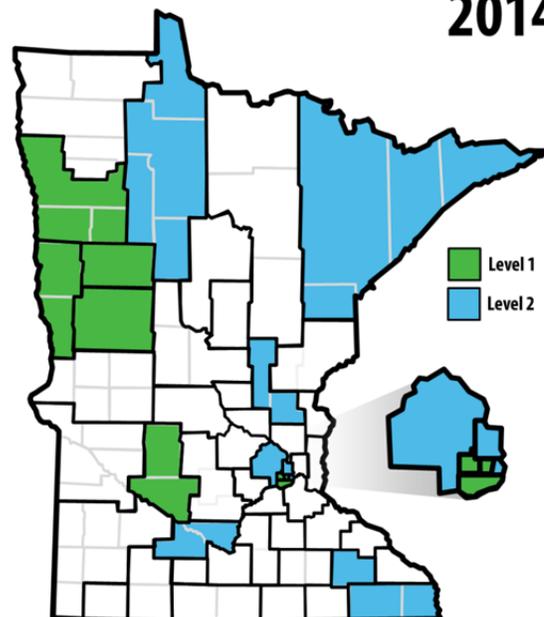
North Country Community Health Board (Beltrami, Clearwater, Hubbard, and Lake of the Woods counties)

Bonnie Engen, North Country CHB

Olmsted Community Health Board

Pete Giesen, Olmsted County CHB

Shared Services Learning Collaborative 2014



ⁱ The community health board (CHB) is the legal governing authority for local public health in Minnesota. CHBs have statutory responsibility under the Local Public Health Act and must address and implement the essential local public health activities, as well as assure regular assessment, prioritization, and action on community health needs.