

INTRODUCTION

The Center for Sharing Public Health Services visited the Shared Services Learning Community site in Genesee and Orleans Counties, New York, on October 15–16, 2014. This *Site Visit Report* documents the activities from the site visit as well as some of the Center’s observations.

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 4.

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 Genesee and Orleans Counties, New York

Genesee and Orleans Counties in Western New York have a combined population of around 100,000 people. Genesee County serves 59,454 people, 11.8 percent of whom live below the federal poverty level. Orleans County serves 42,235 people, 13.0 percent of whom live below the federal poverty level. Orleans County is smaller, but has more public health resources. The counties are sandwiched between two large metropolitan areas — Buffalo in Erie County and Rochester in Monroe County.

About the CJS Project

Ken Oakley, CEO of Lake Plains Community Care Network, is leading this CJS arrangement between Genesee County Department of Health and Orleans County Department of Health. The goal is to leverage resources, services and staff in order to better serve their communities, while responding to fiscal pressures.

SITE VISIT

Participants

The following members of the host team participated in the site visit:

- Ken Oakley, Chief Executive Officer of Lake Plains Community Care Network & R-AHEC
- Paul Petit, Public Health Director of Genesee County and Orleans County Health Departments
- Don Rowe, Director of the Office of Public Health Practice at the School of Public Health and Health Professions at the University at Buffalo

Additional members of the Genesee and Orleans Counties shared management team participated:

- David Whitcroft, Environmental Health Director
- Brenden Bedard, Community Services Director
- Mary Janet Sahukar, Nursing Consultant
- Albert Cheverie, Emergency Preparedness Coordinator

Additional members of the Genesee County Health Department participated:

- Sarah Balduf, Environmental Health Department
- Abigail Diegelman, Environmental Health Department
- Thomas Sacco, Environmental Health Department
- Carol Merriman, Senior Medical Billing Clerk
- Tammi Feringer, Administrative Officer/ Budget Officer
- Karen Smykowski, Executive Assistant
- Kristine Voos, Public Health Educator / Public Information Officer
- Deborah Johnson, Early Intervention/Preschool 3-5 Senior Case Manager

Additional members of the Orleans County Health Department participated:

- Shannyn Sanger, Senior Public Health Sanitarian
- Linda Garrison, Children with Special Health Care Needs Coordinator
- Nola Goodrich-Kresse, Public Health Educator
- John Rich, Public Health Sanitation
- Franscico Meza, Public Health Sanitation
- Nancy Kelly, Public Health Sanitation

- Deborah Restivo , Community Health Nurse

The following policymakers attended:

- Jay Gsell, Genesee County Manager
- Chuck Nesbitt, Orleans County Chief Administrative Officer
- Deanna Page, Genesee County Board of Health
- Alan Barcomb, M.D., Genesee County Board of Health
- John DeFilippis, Orleans County Board of Health and Legislator
- Paul Grout, Orleans County Board of Health
- Sallah Abbasey, M.D., Orleans County Board of Health
- Jim Robinson, M.D., Orleans County Board of Health
- Wendy Oakes Wilson, Orleans County Board of Health
- Gregory Young, M.D., Western Region Director, New York State Department of Health

Peer visitors from another Shared Services Learning Community Site attended the site visit:

- Horizon (Minnesota) Community Health Board:
 - Sandy Tubbs, Director of Performance Improvement and Planning at the Horizon Community Health Board

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

- Patrick M. Libbey, Co-Director
- Gianfranco Pezzino, Co-Director

Site Visit Activities

The site visitors met the host team at the Genesee County Health Department (GCHD) to receive context for the site visit. While there, they heard the perspectives of the shared management team. Afterwards, they met with members of the GCHD team who are located and work exclusively in Genesee County.

Next, there was a review of New York State rural public health priorities from Gregory Young, M.D.

Don Rowe gave the group an overview of regional public health collaborations.

Following lunch, they received operational perspectives from GCHD staff working in both counties and departed for the Orleans County Health Department (OCHD) to receive operational perspectives from OCHD staff working in both counties. Later that day, they met with other members of the OCHD team to hear individual county perspectives.

In the evening, all members of the group met with members from both boards of health and local policymakers.

On the second day of the site visit, public health leaders shared additional perspectives, followed by discussion from boards of health members and the Genesee county manager about governance and administrative perspectives. During the last part of the final day, the full group convened for a general discussion about integration issues, followed by a site visit debriefing from Center staff.

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, something with people within their working environment can help “complete the picture” and it 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.

Sharing a management team has worked well for the participants.

In the past, both health departments have experienced significant turnover of health officers and other staff. County administrators became concerned about the turnover and started considering sharing a health officer. The board of health in Genesee County was initially reluctant to follow this approach; however, the two boards reached an agreement and the health officer in Orleans County began serving as the health officer for both counties.

The arrangement worked well, so it was expanded. The counties now share an entire management team, including the health officer, an environmental health director, a community health services director and an emergency preparedness coordinator.

As a result of this sharing arrangement, turnover has been reduced, quality has been improved and cost savings have been achieved.

The counties have benefited from sharing resources and staff in their environmental health programs.

The environmental health programs work together, but are not fully integrated. They have an interlocal agreement that allows staff to work in both counties. For example, Orleans County provides most of the shared septic inspections, and Genesee County provides some lead screening and abatement services. They share services on a fee-for-service basis.

The environmental health programs also share leadership and are developing common policies and fee schedules in the area of septic inspections.

The health departments share several other functions and capacities.

The two health departments contract together for medical and environmental engineering consulting. They have one early childhood transportation provider that serves both counties. They have combined their public health education and community messaging. They are doing joint migrant work in both

counties. They share purchasing in some programs, but do not currently share other back office functions.

The counties developed a joint community health assessment and community health improvement plan (CHA/CHIP). They have begun a joint strategic planning process that will help guide their future activities.

In the future, they plan to do even more sharing.

The health departments plan to further standardize and streamline operations with the goal of conserving resources, improving quality and increasing community engagement. They continue to look for additional opportunities to share staff and other resources. They have discussed applying for accreditation, but haven't made a decision at this time.

The Boards of Health will meet together.

New York law requires each health department to have a separate board of health. However, members of the boards of health do not need to be residents of the counties they serve. Therefore, in the future, Genesee and Orleans Counties will appoint the same people to both boards of health. By realigning their boards in this way, they can make joint decisions.

The county administrators are deeply involved.

The concept of sharing at this site originated with the county administrators. They wanted to slow employee turnover, especially in the health officer position. Their overall goal is to sustain an efficient and functional public health system in both counties.

The county administrators work well together, which is a key factor in their success. They are engaged in other sharing work outside of public health, and have worked together for quite some time. They trust each other and have common goals. They are satisfied with the direction this initiative is going and would like to see it go further.

The arrangement has saved money.

The health departments have seen a combined savings from their work to date of over \$425,000 annually. That figure should increase over time as they continue to realize more savings and benefits from their CJS efforts.

The site involves third party partners.

The departments have augmented their CJS efforts by working with two neutral and non-governmental partners. The overall effort is being facilitated by Lake Plains Community Care Network (LPCCN), a nonprofit organization that fosters collaboration among area health care providers. Ken Oakley, CEO of LPCCN, is the team leader of the demonstration project. He is also a member of the Genesee County Board of Health. The University at Buffalo's School of Public Health and Health Professions is serving as

technical and policy advisor for the initiative and provide interns to help coordinate the sharing initiative.

There are state-level barriers that limit sharing.

New York State law prohibits Genesee and Orleans Counties from creating a stand-alone, two-county health district without prior approval from the state legislature.

There are other barriers to sharing as well. For example, the state's reporting system requirements make it impossible for a public health nurse in one county to review records entered by staff in the other county. State-level information technology creates barriers because a unique login must be used in each county. Therefore, managers cannot see records across counties. The state, however, is interested in the success of this sharing arrangement and is trying to facilitate the process to allow both counties to view records.

Some staff are concerned about the future.

A few staff members expressed discomfort and anxiety during the site visit about the future direction the shared services model could take. They seemed concerned that future sharing decisions could affect their roles and their jobs.

Lessons Learned

As a result of participating in this site visit, the Center staff came away with several insights that could be useful in this project and when working with other jurisdictions considering sharing arrangements.

A change management plan and communications plan could help alleviate staff concerns.

Managers can implement a thoughtful change management and communications plan to provide timely, clear information in order to ease staff concerns.

The strategic planning process could engage staff.

Genesee and Orleans Counties are about to begin a strategic planning process. By involving staff in the process, management could strengthen engagement among them. If they are unable to involve staff in the process itself, they could improve staff understanding and trust by sharing the results, including changes that may be coming and the rationale for the changes.

It could be helpful to have a change management plan in place before realigning the boards of health.

Prior to the realignment of the boards of health, communicating with staff about the reasons for the changes and how they could be affected would help alleviate concerns.

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.

Q: Please describe what you learned as a result of participating in the site visit:

I was once again affirmed in the importance of addressing a change management strategy as well as a project management strategy. It was also valuable for me to understand how significantly different state policy can impact cross-jurisdictional sharing arrangements.

...staff is very concerned about their jobs in this consolidation process and we must be sure to help them understand and know how this all fits together and will affect them in the end result.

Basically that we are on the right track and may be headed toward a greater degree of integration than originally anticipated. Also realized that the two-board integration should not be considered just a natural formality, but rather needs to be worked through in a deliberate and thoughtful process.

I learned that our cross-jurisdictional project is "cutting-edge" and we are the only Health Departments in the entire State of NY attempting this merge. / I learned that most problems/complaints are similar/universal to other shared service sites. / I learned that a shared service project takes several years to work out the "kinks". / I learned that there is a "roadmap" of sorts that is available and also being updated for projects to refer to.

Q: What, if anything, have you modified in your project's approach as a result of participating in this site visit?

Perhaps would increase to the level of ongoing communication between the Boards and the governmental leaders in determining ultimate project expectations (level of integration to be sought).

Being more cognizant about bringing Support Staff in to various projects early on.

Q: What is your advice to the Center as we plan future site visits?

It was very uncomfortable having department management present when being questioned. Several staff members were not asked to participate and others that did attend were told not to say anything therefore you did not get a true picture of the department.

Q: What is your advice to the other teams that host site visits?

All staff should be included.

Be open to different approaches and strategies. Be willing to change course as a result of what you learn at the SSLC meetings and the site visits.

Q: What else would you like to share about this site visit experience?

Help staff understand there aren't always clear answers or a clear process. Keep Support Staff in the loop at the very beginning as they really keep the departments running. Give them an opportunity to meet with their counterparts periodically as the process goes on so they can see what is appropriate for sharing and what is not.