Feasibility Study

January 27, 2015

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BACKGROUND SUMMARY

The San Luis Valley Public Health Partnership has been meeting formally since March, 2013. Local support for the Partnership was formalized in December, 2013 through an *Inter-Governmental Agreement* (Appendix C) between the six participating counties. We also created an *Operating Agreement* (Appendix B) as a roadmap for collaboration between the Public Health Directors, who make up the Partnership. Local Public Health Directors have a long history of working with the State Health Department, the Colorado Department of Public Health and Environment (CDPHE). The Robert Wood Johnson Foundation and the CDPHE Office of Planning and Partnerships have been invaluable in helping us establish the Partnership's legitimacy and providing funding to examine ways of working together.

As of December, 2014 we have five regional public health employees with one Environmental Health position to be filled soon. Regional positions include Emergency Preparedness and Response, Epidemiology, Partnership Coordination and Environmental Health. We will continue to investigate and institutionalize structures for managing shared employees and further develop a pipeline for qualified public health candidates to work in our region. Staffing challenges include turnover in four of the six Public Health Directors during the last two years, and one Partnership county merging into a public health district with a county in a neighboring partnership. We will fund the Partnership Coordinator position through CDPHE grants in 2015 to keep us on track with shared goals and objectives.

Our C*ommunication Plan* was a key to our success, and we offered a newsletter and website for information. We improved communications with policymakers and recently welcomed a new liaison to our Partnership from the *San Luis Valley County Commissioners Association*. Our site visit to Carson City, Nevada helped us imagine the possibilities of a regional Environmental Health program and understand the power of "branding". We developed a Partnership logo and will continue to develop our Public Health Partnership brand and our presence as a go-to entity for public health and environmental health initiatives in our region.

Engaging with existing alliances has made us stronger. We participate in the Colorado Coalition for the Medically Underserved; they bridge public health and healthcare issues. We are grateful to the West Central Colorado Public Health Partnership (WCP) for modeling a strong and effective organization. We held a summit in April, 2014 with the WCP related to Environmental Health services.

Besides formalizing our Partnership, we also completed our second goal of developing a plan and funding structure to initiate a regional Environmental Health program to localize many services previously provided by CDPHE. The creation of this program has been complex and time-consuming. Thoughtful and intentional discussion, learning and planning have brought the Partnership to a place of greater understanding and confidence. Local Boards of Health and County Commissioners' support has remained consistent throughout as "cautiously optimistic".

Next year's work will focus on implementing the Environmental Health Program and priority projects in the areas of chronic disease prevention and care coordination. We will be working across two partnerships with the new Silver Thread Public Health District bridging those partnerships. Planned activities are in line with the goals laid out in our local Public Health Improvement Plans. We also hope to begin developing a curriculum for engaging and educating decision-makers on the scope of public health services. We will continue to work closely together to explore new opportunities and build collaborative solutions and processes to help us continue moving forward in our work to improve public health. (See Appendix A: A Brief History of the San Luis Valley Public Health Partnership.)

PARTNERSHIP GOALS FOR 2014

Priority goals were selected by the San Luis Valley Public Health Partnership and are detailed in the Action Plans defined in the Partnership Strategic Plan which was published in October, 2013. This study will focus on the first two major goals, and where appropriate we will discuss the other two minor goals.

These priority Activities are:
1. Build a Regional Partnership that is structured, agreed-upon by local governments;
2. Build capacity for Environmental Health services provision in the region;
3. Public Health Workforce Development and Sustainability
4. Improve health care coordination for children with special needs

> "Groups of people *can* work together to accomplish amazing tasks. They can figure out ways to garner the necessary skills, funds, and time to solve community problems and improve human services. What you need are people who are well-organized, cooperative, and determined."

(Community Tool Box, *http://ctb.ku.edu/en/table-of-contents/implement/improving-services/coordination-cooperation-collaboration/main)*

INTRODUCTION TO THE FEASIBILITY STUDY

A Feasibility Study should answer the questions "Should we do this?" and "What do we need to do it?"

In this case we will examine the feasibility of creating and sustaining the San Luis Valley Public Health Partnership and the feasibility of building capacity for a regional environmental health program as outlined in our Strategic Plan. Basically, this is an examination of the factors that may influence our success in completing these goals. In this Feasibility Study we will evaluate our capacity to meet established goals and analyze the applicability of the sharing models that we are currently using. We will also discuss the monitoring and evaluation of our progress in meeting these goals.

An article in the *American Journal of Preventative Medicine* describes "eight areas of focus for feasibility studies… [as] acceptability, demand, implementation, practicality, adaptation, integration, expansion, limited-efficacy testing." (Bowen, pp. 452—457.) We will utilize these "areas of focus" to structure our analysis.

FEASIBILITY ANALYSIS

Acceptability: Do stakeholders support the plan?

By participating together in a cross-jurisdictional-sharing exploration grant from the Robert Wood Johnson Foundation the six Local Public Health Agency (LPHA) Directors affirmed their intent to work together. We made every effort to avoid creating excessive additional work burdens on the Partners though the Partnership Chair had a substantial supervisory load added in managing the content, volume, and frequency of information between the Coordinator and the other Partners. We limited our face-to-face meetings to four – six times per year and met by teleconference at other times. We served lunch at meetings and provided travel money through grant-funds. We reduced administrative burdens by hiring an experienced coordinator and an experienced facilitator.

We did not create a separate legal Partnership entity, but formalized the Partnership through an Operating Agreement and Intergovernmental Agreement (IGA) signed by the Boards of Commissioners in all six Counties. By remaining under the clear authority of the Boards of County Commissioners, we avoided problems in gaining the support of the Boards of Commissioners for our IGA (Appendix C).

While all six LPHA Directors were certain that working together on specific projects would benefit the entire region, other actors and decision-makers needed convincing. We managed the "acceptability" of our goal to create a strong Partnership by forming strong local relationships and cultivating trust through thoughtful communication and local leadership.
(Community Tool Box, *http://ctb.ku.edu/en/table-of-contents/implement/improving-services/coordination-cooperation-collaboration/main*)

FORM STRONG LOCAL RELATIONSHIPS
Community strengths, expectations and history all play a part in the development of public policy. In the San Luis Valley region, the perceived economic climate and potential economic impacts of any decision are given great consideration. In the public health arena, ideas regarding shared services, regionalization and accreditation are weighed against issues of local control, available resources and newcomer's expectations for speed, breadth and depth of services.

Each of our counties has a unique culture that is cherished by its residents. Although we can see the obvious benefit of pooling resources to improve services, we also see the need to protect the best interests of County residents. Taking the time to get to know each other and our unique County values and lifestyles can help us build a stronger partnership that will meet more of our needs. Providing networking opportunities at Partnership meetings and offering regular Partnership reports to the San Luis Valley County Commissioners Association (SLVCCA) have helped build these relationships.

CULTIVATE STABILITY THROUGH COMMUNICATION AND LEADERSHIP
Success in a collaborative effort such as this Partnership depends heavily on the individual skills of designated leaders. Trust and communication are among the most important skills that our leaders bring to us. Trust provides a cushion of patience as we work through issues and decisions. Internal partnership communication provides the information we need to see what we have in common, and helps us see what issues need tangible solutions and what just need airing out. Effective communications among project partners and other interested parties is critical to the success of the project.
(Community Tool Box, *http://ctb.ku.edu/en/table-of-contents/implement/improving-services/coordination-cooperation-collaboration/main*)

It is yet-to-be-determined how the public will accept the Partnership. We are in the process of determining the scope of our branding efforts. Initially, branding will be most visible through Environmental Health program activities.

Targeted and well-timed communications with Commissioners and Boards of Health provides strategic information to manage expectations. The Partnership liaison to the SLVCCA provides contextual input on timing and content for Partnership communications with the larger group of Commissioners.

The Coordinator, Chair and other Directors have long-standing relationships with at least several of the eighteen County Commissioners. The Commissioners trust their Public Health Directors to gather facts and weigh information before asking Commissioners' support of any program or initiative. If this level of trust did not exist, Partnership initiatives would not have moved forward as quickly as they have.

As the partners got to know each other better, trust in the Partnership Chair and Coordinator grew. Partners trusted the Chair and Coordinator to act professionally, be sensible, act on behalf of the entire region and bring only the most important decisions to the whole group. This trust allowed us to move forward quickly.

At our quarterly in-person meeting we schedule time for one Director to spotlight their county's cultural history and specific challenges, resources or opportunities in the public health arena. (Community Tool Box, *http://ctb.ku.edu/en/table-of-contents/implement/improving-services/coordination-cooperation-collaboration/main*)

Early on, we resolved to have each LPHA Director and a designated alternate on the Partnership mailing list. Our hope was to have the alternates participate in the meetings regularly, but this rarely occurred.

We established a "tone of cooperation" in the group, and codified expectations for participation in our Partnership *Operating Agreement* (Appendix B). We hired an experienced facilitator to help guide us through establishing the structure of the Partnership and improving our communications skills. Our facilitator provided us training on *Effective Communication* and *Conflict Prevention*. The facilitator moved us forward very quickly in establishing the Partnership *Mission, Vision and Values*, *S.W.O.T. Analysis* and *Guidelines for Shared Services*. The "Guidelines" became the foundation for our monitoring and evaluation plan. (Appendices D, E, and F and pages 14--17.)

In 2013, while the Partnership was being established and solidified, we realized that the SLVCCA meetings were not going to be a successful forum for open discussion. Commissioners were reluctant to ask questions or provide feedback in that venue. The Partnership Chair and Coordinator approached another leadership group – the San Luis Valley Council of Governments (COG) to obtain feedback when we did not receive feedback at SLVCCA meetings. We introduced the Partnership at a COG meeting in 2013, and attempted to recruit the members as a sounding board for ideas, issues and concerns. The following quarter we provided the *Guidelines for Shared Services* (Appendix F) and *Current Shared Services* table (Appendix G). The following quarter we met again and discussed general issues related to shared employees.

Demand: Do we need it?

Demand for public health and other social services is very high; always more than what our local programs can provide. Pressing problems can often sideline other work. Complex program solutions, such as determining the LPHA role in care coordination in an evolving Affordable Care Act landscape, require attention to healthcare industry developments and participation in resource planning in areas not traditionally known to public health (like insurance coverage and patient risk categorization). For programs like the Health Care Program for Children with Special Needs (HCP), no single county can address the shifting landscape alone: it begs for a cross-jurisdictional solution.

Goal: Build a Regional Partnership that is structured, agreed-upon by local governments
The need for a formal regional collaborative planning group has been well-established by the Directors of our local public health departments and is evidenced by the long list of Current Shared Services described by the Partnership in Appendix G. The Partnership will continue to work together to develop, prioritize and implement specific public health programs and activities. The existence of the Partnership increases LPHA capacity to address current and future public health issues. Participation by all Counties in the region affirms our commitment to work together when it makes sense to do so.

Goal: Build capacity for Environmental Health services provision in the region
The region has a need for Environmental Health services but at a county level the smaller counties do not have the need nor can afford full-time qualified employees. It is difficult at best to hire a qualified part-time professional without offering any benefits. Sharing employees will help all of the counties meet needs for Environmental Health services.

Goal: Public Health Workforce Development and Sustainability
Over the long-run, this is one of the most important goals for the Partnership to address. Due to the rural nature of the area, poverty levels and relatively low salaries, the pool of qualified candidates for jobs in public health continues to be very slim. For example, a recent vacancy in one of our Counties at the Director level yielded only three applications.

The pool of qualified candidates remains small. Strategies to increase this pool over time will be developed. These are anticipated to include accepting the “training ground” nature of jobs in the SLV for people who weren’t raised here and don’t have family ties. Salary scales tend toward the low end for some local governments so people may accept entry level jobs to gain experience and then apply for jobs elsewhere for more money, benefits and urban appeal. The advantage for people to accept entry-level jobs is that in our small jurisdictions, the jobs are more comprehensive and less stove piped – experience can be gained in several areas in a short time without “title” changes.

Goal: Improve health care coordination for children with special needs
The Partnership is in the process of defining goals and an action plan to improve health care coordination for children with special needs. Alamosa County continues to host “specialty clinics” several times a year to improve access to care for families with special needs children. Coordination of care and specialty clinics work to reduce the number of out-of-town trips to obtain specialty care. Imagine traveling to a city 200 miles away for one appointment for your child and then having to return a week or two later to have another appointment with a different specialty doctor. It is hoped that the State Improvement Model grant, recently awarded to Colorado, will define and improve the care coordination process.

Key challenges identified by the Public Health Partnership in this area include:

- Lack of medical records centralization
- Lack of funding
- Poor definition of "care coordination" at the program level

Integration: What will change?

The Partnership is establishing a regional Environmental Health Program beginning in the spring of 2015. See Appendix H for a case study of the program.

Through our work on a regional program design, we outlined a representative decision-making process in our Operating Agreement: "Whenever possible, decisions as to activities and the general direction of the Partnership will be made by consensus of those counties present at the meeting.... If a County fails to send a representative to a meeting at which decisions are made, it will be presumed that county is in agreement with those decisions." (Appendix B.)

The Partnership is branding itself as a forum for efficient communication with our community partners. Several organizations have already utilized this forum to discuss projects, receive input, and advise us of new services in our communities (San Luis Valley Ecosystem Council, San Luis Valley Behavioral Health Group). With an established and stable Partnership we can efficiently consider ideas for cooperation, collaboration or shared service delivery. We will have mechanisms in place to evaluate new ideas for shared activities. Working together bolsters the stability of all our programs and enables informal coordination of events and resources.

For State programs, meeting to provide information and make requests to one entity instead of six separate public health entities brings obvious efficiencies. The Colorado Department of Public Health and Environment, through the Office of Planning and Partnerships and Division of Environmental Health and Sustainability, has been extremely supportive. Both offices have provided funding, expertise and encouragement and the OPP Director is Co-Director of the cross-jurisdictional sharing project to explore shared-service possibilities.

As with so many social programs, our desire to address unmet needs exceeds current resources and capacities. While the Partnership clearly increases our capacity to address some local public health issues, it may also bolster our ability to stave off budgetary challenges: the larger population represented by the Partnership may allow us to apply for funding that previously would not have been accessible by the smaller population units of individual counties. We now have more brainpower working together to find the best paths for navigating changes to state and federal regulations and to assess and respond to local needs in the various counties. Our increased capacity to work together to solve complex and long-standing problems should aid continuity of vision and services as we adapt to changing political environments, resource availabilities and personnel changes.

PROVIDE CONTINUING EDUCATION ON THE SCOPE OF PUBLIC HEALTH

Historically, in the San Luis Valley public health was provided by "Nursing Services". This meant that the primary focus of services was centered on public health nursing functions such as: wellness screenings, immunizations, well baby visits, school screenings (hearing and vision), diabetic foot care and home visitation programs. The Public Health Act of 2008 created a platform for the provision of a more consistent suite of public health services across the state via local agencies headed by professionally-

prepared directors. The Act identified the core public health services that each county or multi-county district must either provide or "assure" within their jurisdiction. The focus of local work shifted toward population-based services that relied on community partnerships to assess and assure the provision of core public health services. Over the last ten years, a greater state and local focus on preventive services parallels national attempts to reign in the costs and disease burdens of chronic conditions like obesity, diabetes, and cardiopulmonary disease.

Public health activities and services are not well understood. The scope of activities of a rural public health department includes such diverse activities such as health promotion, communicable disease prevention and immunizations, emergency preparedness/response/recovery, water quality assurance, air quality warnings, retail food safety inspections and the safe removal and disposal of solid wastes like dead livestock.
(*SLVPHP Strategic Plan*, p. 7.)

In rural Colorado, most local Boards of Health are comprised of the Board of County Commissioners, whose control span the economic, infrastructural, human services and fiscal activities of their counties, as well as the variety of public health duties referenced above. Many counties have term limits on County Commissioner seats, and this generates a regular turnover in leadership, and a nearly constant need to orient new decision-makers. Many public health issues and solutions are complex, furthering the need for ongoing background education.

Transparency through frequent and publicly-available communication vehicles and public education on the scope of public health services and authority may offset the challenges created by a lack of understanding. These efforts, along with specific communication and education for decision-makers may help promote stable mechanisms for public health planning and funding in our region over the long run.

Implementation: Can we do it now?

The Partnership has been operating informally since early 2013. Since then, we have established a more structured entity that has been ratified by local governments. We successfully engaged policy-makers, and recruited liaisons to the Partnership from the SLV County Commissioners Association. A new liaison was recently named to replace our first liaison, when she reached her term limit as County Commissioner. We held an Environmental Health Summit with the West Central Public Health Partnership in April of 2014, and plan another summit in the late spring or early summer of 2015. One of our counties, Mineral County has joined up with neighboring Hinsdale County and is planning on forming the Silver Thread Public Health District. The Silver Thread PHD will participate in both our Partnership and West Central Partnership since it has one county in each of the two Partnerships. We look forward to what this cross-over brings to the process. This increased structure, and the presence of decision-maker liaison in our meetings has positioned the Partnership to work together with critical input from key informants.

Our most visible achievement is the establishment of the regional Environmental Health Program. The design and implementation of this program took a lot of resources and much coordination with Directors on requirements, needs, structure, funding. The scope of the program may change as the years go by, depending on state and federal requirements, budgetary constraints and changing local and business needs. The launch of this new regional program has helped to consolidate the Partnership in the minds of LPHA directors, and has highlighted the value of cross-jurisdictional sharing, at least for this

one program, in the minds of our county commissioners. This is a strong start, and helps facilitate the conversation around other sharing opportunities. It by no means consolidates the Partnership as a go-to for all things Public Health, though, and therefore we must continue to work strategically and communicate well to further our collaborative efforts into the future.

For continuity and stability we will establish an operational planning calendar to ensure we are constantly reviewing and upgrading our internal processes to meet current needs. This will include items such as: review mission, vision and purpose; review our formal agreements and review branding efforts.

ORGANIZATIONAL MAINTENANCE

Maintaining structural stability will help us avoid problems and misunderstandings. Following a formal Communication Plan, attention to a recognition program and offering occasional in-service training on leadership and/or emerging public health topics will bolster motivation, and maintain momentum and team cohesion. Formal agreements are required when sharing employees, equipment, facilities or staff.

These are our building blocks:

- Operating Agreement to define procedural ground rules and maintain a Stable Structure
- Intergovernmental Agreement among local Governments to address financing, governance, legal and policy issues
- Communication Plan
- Recognition Activities and Celebrations
- Leadership and Communication in-service training
- "Getting to Know You" talks on County Culture (Community Tool Box, *http://ctb.ku.edu/en/table-of-contents/implement/improving-services/coordination-cooperation-collaboration/main*)

ENGAGE POLICY-MAKERS

We strongly believe that our efforts to engage policymakers in the process of developing the partnership should continue. There are eighteen County Commissioners in this region, and a few more people participating in Local Boards of Health. Maintaining a relationship with them as a group is important for our stability and future efforts needing support, funding or formal agreements.

We will:

- Continue verbal and written updates on Partnership activities to SLV Commissioner's Association and SLV Council of Governments and provide enough information to obtain productive input
- Develop materials to provide Public Health orientation and education
- Utilize the Council of Governments to provide input and discussion on governance, legal and policy issues

Practicality: Are we self-reliant?

We are grateful that the RWJF grant allowed us to take the time necessary to develop resources and a structure for stability. The Center for Sharing Public Health Services provided just-in-time tools to us and their site visit to the SLV provided a much-needed boost in local confidence in our efforts. The State

Health Department, CDPHE, has been extremely helpful in providing technical expertise, moral support and transitional funding for the Environmental Health program and funding our coordinator.

We have enjoyed the benefits of the Robert Wood Johnson Foundation grant to provide travel funds and hospitality supplies. We will develop a brown-bag lunch policy for meetings and absorb travel costs into individual local budgets. The RWJF grant also funded salary for our coordinator and the Project Director.

In reviewing the success of the Partnership to date, the Directors credit having a dedicated Partnership Coordinator with keeping them on track with their goals, focusing on timelines and deliverables and planning and managing meetings. As we move forward with alternate funding in place, the Coordinator will now be responsible for deliverable outcomes from a CDPHE grant for Public Health Improvement Planning. This grant runs through October with a possibility of renewal. The goals for the grant are regional in nature and will be addressed in a similar process as we have used over the past two years.

Funding for the Environmental Health program comes primarily from fees-for-service and license renewals. Additional funding comes from grants for specific initiatives such as home radon testing. In our first year of operation the local contributions from each participating County do not exceed twenty percent of the estimated total annual cost of the program.
(*SLVPHP Plan for an Environmental Health Program*, p. 8.)

With the State CDPHE providing some transitional funding in the first program year, future funds may need to be sought from other sources.

Expansion and Adaptation: What else can we share?

We have experienced quite a bit of turnover in our public health directors over the last two years. Technically, we replaced four of the six, but one just switched counties making it a 50% change. The transitions have been relatively smooth. The Coordinator conducts an orientation for new Directors – covering the history and expectations for participating in the Partnership. Through CDPHE grant-making for Public Health Improvement Planning, the Partnership is able to continue the core funding for the Coordinator two days a week. The Coordinator organizes information and recommends processes to complete grant deliverables and move priority projects forward through the structure of the partnership. Continuing the professional coordination of our partnership will help to institutionalize the partnership.

As we move through the next year, it will be interesting to see what changes we consider in our review of the *Operating Agreement* and our M*ission/Vison/Values*.

Continuing our relationships with “Informing Partners” will help us stay informed and will continue to be a learning community for us. Informing Partners have included the regional mental health center, the West-Central Public Health Partnership, and the Colorado Coalition for the Medically Underserved, to name a few. As things evolve, we may find new ways we can contribute our knowledge and experience to these organizations as well.

The implementation of the new “Silver Thread Public Health District” – encompassing one of our SLV Partnership counties -- will undoubtedly create new challenges and opportunities.

Public Health Departments have always had to adapt to changing environments – social, political, economic and other influences. With the implementation of the Affordable Care Act, the role of public health in care coordination may change. The State of Colorado recently received a State Innovation Model grant award from the federal government for 65 million dollars to explore a patient-centered role for all health care providers including behavioral health and public health over the next several years.

There are other systemic, sometimes less-visible issues which interrupt service delivery. In our case, workforce supply is not otherwise addressed and requires a systemic long-term effort toward improvement. To address this challenge, we will:

Create transparency and build capacity in the employment of public health personnel

- Examine current shared-employee practices
- Identify areas of oversight, cost areas and needed policy changes
- Improve recruitment and retention
- Sustain resources for regional programs
- Review model policies to improve employment practices and recruitment and retention

Limited Testing: What happened when we tried it?

ESTABLISH THE SAN LUIS VALLEY PUBLIC HEALTH PARTNERSHIP

Formalizing the San Luis Valley Public Health Partnership was our primary goal. With the six-county approval of an *Inter-Governmental Agreement* and our internal *Operating Agreement*, we are now able to move forward with other initiatives and strengthen the Partnership.

ESTABLISH A REGIONAL ENVIRONMENTAL HEALTH PROGRAM

See Appendix H for a Case Study on our Environmental Health Program.

Historically, the SLV Environmental Health services have been provided by the CDPHE. With the regional program, we are now utilizing regional staff and locally informed rules and procedures. We are strengthening the retailer's ability to provide safer food, schools and childcare centers.

Building a local Environmental Health Program from the ground up was a litmus test for Partnership efficacy in creating regional solution. Over a one-year period from January, 2013 to December, 2014, we examined legal requirements and complaint and volumetric data to define regional needs. We built a program, found funding and hired a qualified program supervisor and a part-time clerk. Contracts between the Counties and the hosting fiscal agent, Alamosa County, have been signed. The program plan includes one county providing office space for an employee in another county. We gently shepherded the plan, regional fee schedule and shared-services contract through each county's political system and legal review process.

The creation of the program has been complex and time-consuming, particularly since it has been a part-time effort for all. Thoughtful and intentional discussion, learning and planning have brought the partnership to a place of greater understanding and confidence.

An Environmental Health needs survey and assessment was completed by the Partnership in 2013. The *San Luis Valley Plan for an Environmental Health Program* was published in December, 2014. The Plan details the needs, current services and gaps in services, and outline a plan and budget for establishing these services over the medium to long-term. The plan defines the local contributions for calendar-year

2015 and establishes a regional fee schedule for Retail Food Establishments that complies with state environmental health statutes. It illuminates local values for keeping the costs to consumers and businesses low, balanced with the need for tax-based support.

Working with the decision-makers in local jurisdictions on a regional fee schedule helped bring forth other issues and concerns about funding. This process also fostered the development of relationships between the County Commissioners with the Environmental Health Program Lead and Partnership Coordinator.

NEXT STEPS: ENVIRONMENTAL HEALTH PROGRAM

- Environmental Health services will begin to be provided to all six counties by regional staff as of February 2015. State License renewals were managed by regional staff in January, 2015.
- We will identify/hire the second full-time Regional Environmental Health employee in the first quarter of 2015. We expect that it will take six months to get them trained and independent.
- Regional staff will participate in the Food and Drug Administration (FDA) Food Safety Standards training and mentorships to establish a strong and consistent program.
- We would like to build capacity to offer voluntary food safety training in our local churches and civic organizations over the next two to three years.
- At some point in the near future, we will have to establish penalties as part of the correction plan for non-compliant businesses. To date, we have found that education has been enough to gain compliance for state-regulated activities.

(*SLVPHP Plan for an Environmental Health Program*, p. 11.)

CAPACITY ASSESSMENT UPDATE

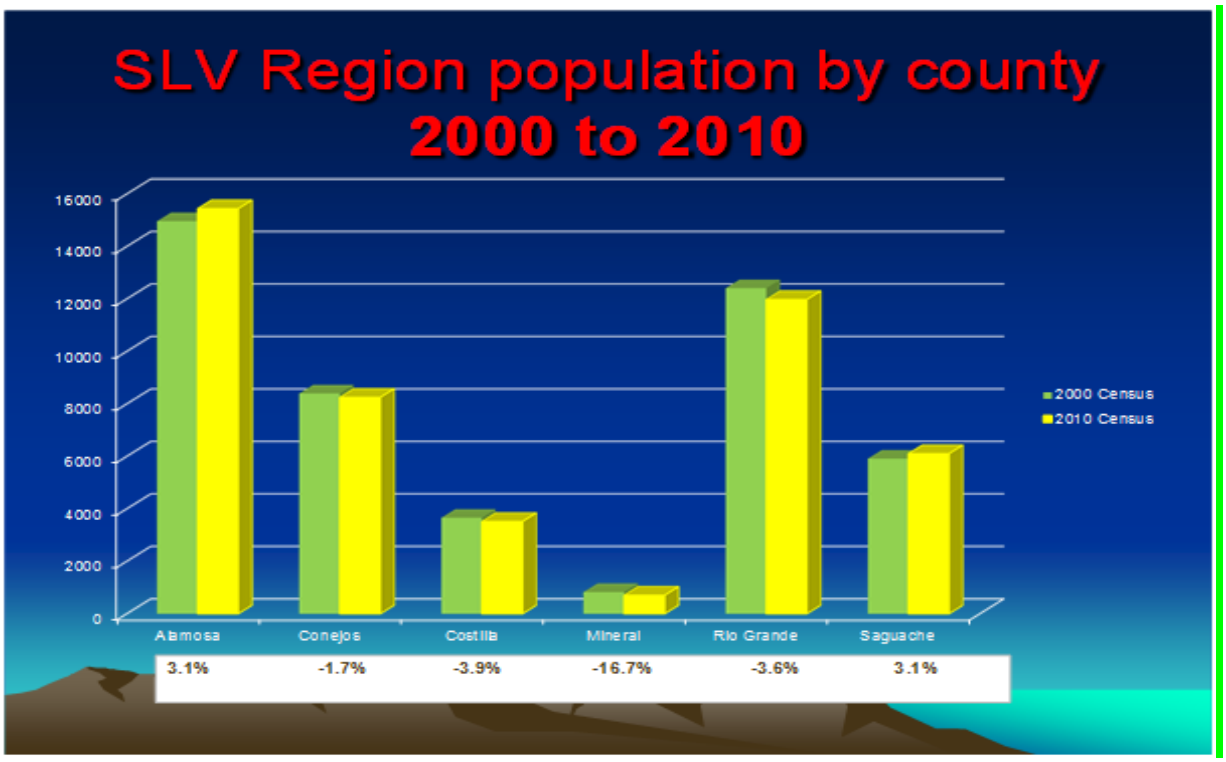
JURISDICTION

The San Luis Valley is comprised of about 8,200 square miles of mountains, farmland and desert. The Valley makes up 10% of the landmass of the state of Colorado, and is designated as a rural and frontier region with a population of 46,973 according to the 2010 census data.

Region wages are 62% of state average, and less than half the national average. The SLV has 9.3% higher percentage of residents living in poverty and nearly 15% higher percentage of children living in poverty than the state overall.

The San Luis Valley has been designated a Medically Underserved Population and a Low Income Primary Health Professional Shortage Area. There are no hospitals in Saguache County, Costilla County or Mineral County. There are Emergency Medical Service organizations in each county, mostly served by volunteers.

POPULATION



(*Saguache County Public Health improvement Plan, pp. 5--6.*)

CAPACITY ASSESSMENT 2011

A capacity assessment provides us with a method to measure our performance over time. *The Colorado Public Health Act of 2008* requires that state and local Public Health Improvement Plans be developed based on a community health assessment and capacity assessment every five years.
(Colorado Health Assessment and Planning System, *www.chd.dphe.state.co.us/chaps/Default.aspx)*

In 2011, the Colorado Department of Health and Environment performed a systematic state-wide baseline review of all Local Public Health Agencies (LPHAs) in the state. This baseline review was performed by CDPHE's Office of Planning and Partnership together with Colorado Association of Local Public Health Organizations (CALPHO) staff. All six counties participated in regional and local processes of identifying priorities and determining interventions. We completed the assessments locally and data was compiled at the state level. This process will be repeated in 2016 across the State of Colorado.

UPDATE

During the capacity assessment processes, the following issues were identified as constraints on public health infrastructure and services in this depressed national, state and local economic climate.

- A challenged public and environmental health infrastructure
- An aging public health workforce (at last 50% over age 50), and a lack of qualified human and financial resources personnel to replace this pool as workers begin to retire
- Strained and inadequate financial resources in a chronically impoverished region
- A history of addressing past public health priorities based on the availability of funding rather than through community assessment and strategic planning
- Inadequate environmental health resources among local jurisdictions and a reliance on state resources to evaluate and respond to environmental health concerns.

- A national recession which increased the need for public health interventions, especially prevention programs
- A low local and regional capacity for prevention planning and implementation"

(*Saguache County Public Health improvement Plan, p.6*.)

AREAS FOR IMPROVEMENT

Areas for improvement illuminated by the 2011 Capacity Assessment included:

- More training for staff
- Build capacity for local environmental health services
- More partnerships related to prevention and public education, communicable disease, chronic disease, maternal and child health and injury prevention

While many of these factors have not changed, the strength and momentum of the new Partnership is hoped to increase the potential for improvement. In particular:

- The Partnership helps us take advantage of the pool of professional expertise across the Valley counties.
- Much of the health data available to us is compiled regionally; the data is only available on a regional basis and not county-by-county. This results in a more efficient way to conduct data gathering and analysis when it comes to regional projects and employees.
- The new Silver Thread Public Health District will streamline some services and administrative tasks.
- We have increased our capacity to provide Environmental Health services by establishing a regional program.
- We will continue to improve on some of our common workforce issues including creating a pipeline of qualified candidates in public health positions. We also plan to examine our regional employee structure and make improvements so that excellent, qualified employees are retained.
- We plan to work together on our Community and Public Health Improvement Plans, including planning functions and coordinated public education campaigns.

FISCAL AND ECONOMIC RESOURCES

When the public health agencies in the San Luis Valley agreed to develop a regional approach to a portion of the public health improvement plan these fiscal impacts were identified:

- Incentives exist for a regional approach among funding sources;
- Sharing resources and collaborating on programming saves money for individual counties;
- Shared planning provided for higher population numbers when applying for grants;
- Shared resources make strategic use of limited professional resources; and maximized the availability of local expertise in more and different fields.

(*Saguache County Public Health improvement Plan, p.7*.)

The ability of a local health department to provide stable financial and human resources can enhance the quality of services and the quality of the personnel that are hired to provide them. Much of the public health budget in each county of the San Luis Valley is dependent on the financial support of CDPHE and additional grants for specific services. Of concern to service providers is the unpredictability of some of these resources.

The state budget is approved annually by the state legislature and is influenced by state revenues and commitments per the Joint Budget Committee, federal funding through such channels as the Centers for Disease Control and Prevention, etc.
(SLVPHP Strategic Plan, p.6.)

ORGANIZATIONAL RELATIONSHIPS

Informally, the Partners have reported a sense of stability due to the collaborative nature of the Partnership. Shared employees provide the opportunity for the Directors to share the burden of having to provide all public health issues to each local Board of Health. Opportunities to improve leadership, communication and policy-making skills are increased by coming together. The Partnership Coordinator provides some technical, organizational and communication expertise to the Partners.

Participation in the Shared Services Learning Community with the Center for Sharing Public Health Services has introduced us to other like-minded organizational across the country. We will continue to engage with our neighboring public health partnership and with state-wide learning partners. (Center for Sharing Public Health Services. *www.phsharing.org)*

Overall, the Partnership has increased our capacity to provide quality public health services and information to our citizens.

MONITORING, EVALUATION AND SUSTAINABILITY

MONITORING AND SUSTAINABILITY

We need to keep the information and evaluation loops going in order to continue a successful Partnership and the services and programs we collectively organize. In general, our evaluation efforts fall into these categories:

- Partnership stability
- Existing shared programs and services; shared employees
- Proposals for new shared programs and services

We plan to continue monitoring our success and making "course corrections" by structuring the review of our planning and evaluation tools. Our *Operational Planning Calendar* includes the following items:

PARTNERSHIP STABILITY

Maintaining structural stability helps avoid problems and misunderstandings. Following a formal communication plan, attention to recognition activities and in-service training on leadership, communication and policy-making skills will help us bolster participation and maintain momentum and team cohesion. These are the annual evaluation points we identified for partnership stability:

- Evaluate Partnership structure; Review *Mission, Vision and Values*; review and update *Operating Agreement*
- Review and Update the *Operational Planning Calendar* and factors contributing to planning successes and failures
- Review and plan for recognition and team-building activities
- Evaluate Partnership support and obstacles; current political and social climate; statute changes

- Update *Five-Year Plan* including:

- Review and update strategic planning goals
- Review evaluation efforts for partnership stability, existing programs, proposed programs and shared employees
- Identify educational/training priorities for Public Health Directors and Boards of Health members to develop leadership, communication and policy-making skills
- Plan updates to capacity assessments and Public Health improvement Plans and Community Health Survey
- Review progress and update goals for accreditation pre-requisites

- Update the *Communication Plan* including*:*

- Prepare annual meeting calendar and send invitations
- Update Organizational Chart
- Schedule quarterly updates to the County Commissioners Association
- (Create) and update public education and engagement plan
- Review continued participation with Informing Partnerships
- Schedule updates to the website and plan newsletter schedule
- Appoint liaisons to informing partnerships and other groups
- Review and evaluate branding efforts. Plan future efforts

EXISTING SHARED PROGRAMS AND SERVICES; SHARED EMPLOYEES

Continuous improvement increases the likelihood of sustaining the partnership and our successful shared services and programs. We will:

- Perform a quarterly review of financial status of Partnership grants and programs
- Review and update existing service agreements and contracts; identify and address needed corrective actions
- Perform annual evaluations of shared employees
- Perform regular evaluations of existing shared programs and services by asking:
    - Were there any unintended outcomes?
    - Were our strategies successful?
    - Are we getting the results we wanted?
    - How can the program be improved?
    - Is the program is being implemented effectively?

PROPOSALS FOR NEW SHARED PROGRAMS AND SERVICES

Selecting local Public Health goals is more of an art than a science. State and local mandates, the status of projects-in-progress and political and social climates all influence the possibilities and their potential for success.

The Colorado State Board of Health establishes a list of core public health services, the Office of Planning and Partnerships of Colorado Department of Public Health and Environment (CDPHE-OPP) maintains a statewide *Public Health Improvement Plan* which informs the local/regional plans. CDPHE has also developed a list of *Colorado's Winnable Battle*" for public health over a three-year period. All of these

priorities, along with those identified in the *Community Health Assessment* need to be considered. (Colorado Department of Public Health and Environment, *www.colorado.gov/cs/Satellite/CDPHE-Main/CBON/1251628821910*)

Partners will examine programs for duplication of services, underused assets and service gaps. Developing the capacity to address chronic risk behaviors (lack of physical activity, poor nutrition, tobacco use, and excessive alcohol consumption) and mindfulness of the *Social Determinants of Health* influenced the Partners as they defined the *Mission, Vision and Values* of the Partnership. Regional goals will also consider the M*ission, Vision and Values* adopted by the Partnership:

Mission statement:

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.

Vision statement:

We envision a sustainable partnership, with all Counties of the San Luis Valley working together through well-defined policies and decision criteria to:

- *Enhance public health expertise and efficiency*
- *Expand access and the quality of services for SLV citizens*
- *Respect the unique needs of individuals and counties*
- *Minimize the negative effects of social determinants on public health*

Values: *Accountability, Fiscal Responsibility, Flexibility, Innovation, Shared Benefits, Results Oriented, Respect*

FACTORS TO CONSIDER IN SELECTING REGIONAL GOALS

Evaluation

- The costs savings, efficiencies and/or positive health outcomes of a shared service or program can be demonstrated.
- A plan will be put in place that evaluates the effectiveness of the service or program
- Regular communications and reporting systems will be put in place that assure accountability and transparency "within the Partnership"

Working Together

- The six county local public health agencies (LPHAs) want to work together to improve public health
- There is sufficient trust between county decision-makers and between LPHA Directors to move forward
- Leaders are willing to consider information presented to help them make the best decisions
- Development and delivery is done with community involvement and with respect for community culture
- Management specifics of services and programs are determined on a flexible basis that take into account political, budgetary, technical expertise, logistical and other factors that exist

Funding

- There is a willingness to explore the re-allocation of resources to develop, implement and sustain models of shared public health services

- Adequate and fair funding, including overhead costs have been clearly identified
- Funding mechanisms will be assessed for sustainability
- Services will be prioritized among counties based on their needs, capacity and other factors and not according to an arbitrary schedule or arbitrary formula

Answers to the following questions will be considered when identifying regional priorities:

- Does this priority ensure that limited resources can be targeted, and important issues can be spotlighted?
- Is this a high priority, high visibility, issue that partner organizations and communities will come together to champion?
- Can these efforts occur alongside the maintenance of regular public health activities?
- Can the individual agency or partnership adequately address the priority, given current capacity levels and the resources required to maintain existing services?
- Is this priority a service or program duplication or better provided by another community organization?
- Can this priority be leveraged to shift resources toward the new focus area which was previously unaddressed?
- Is the data available adequate to assess success? How often and when should we collect data?

IMPACTS OF SHARED SERVICE MODELS

Our July, 2013 survey of *Services We are Currently Sharing* (Appendix G) illuminated the depth of existing public health sharing arrangements in the San Luis Valley. Not only are there both formal and informal shared arrangements, we also identified external arrangements that mimicked shared services: the Health Care Coalitions are one example of this. They link area emergency preparedness plans for collaboration with hospitals, clinics and long-term care facilities. The "Valley-Wide Health" system also links the local Public Health Agencies in a web of primary care facilities for our rural/ frontier area. These facilities are among the few physical structures available in the region as Alternate Care Facilities if needed for medical surges. Other examples of this arrangement include substance abuse prevention through the *San Luis Valley Prevention Coalition* and smoking cessation education are both funded through grants to private organizations (San Luis Valley Behavioral Health Group and San Luis Valley Health (regional hospital) respectively).

(See Table next page)

IMPACTS OF SHARED SERVICE MODELS

	INFORMAL **Office Space for Mental Health counselor**	**CONTRACTUAL** **HCP Staffing, Travel vaccinations, Early and Periodic Screening Program, Child Health Plan Enrollment, Public Health Vital Records, Options for Long-term Care (Home Health), Office Space for Environmental Health Specialist**	**SHARED EMPLOYEES** **Environmental Health Program, Emergency Preparedness and Response, Epidemiologist, Partnership Coordinator**	**EXTERNAL** **Valley Wide Health Systems. RCCO, Prevention Coalition, Smoking Cessation program**
Financial Implications	No charge for shared space. Small increase for hosting County in utility costs.	Combining services is more efficient. Size and stability of individual counties may affect grant-maker decisions.	Grant oversight has hidden costs which can be covered by "indirect" charges included in grant applications. Hidden costs include overhead costs, accounting time, supervision, human resource issues and supply costs.	Grants administered outside Public health Departments reduces potential overhead impacts.
Legal Implications	Potential liability for additional clients on premises.	Formalized contractual arrangements define liabilities and costs.	Inter-Governmental Agreements define supervision, costs, liabilities and scope of activities.	Grants administered outside Public health Departments reduce potential legal impacts.

	INFORMAL	CONTRACTUAL	SHARED EMPLOYEES	EXTERNAL
Human Resources			Alamosa County is the agent for all shared employees. Alamosa County is the only jurisdiction in the region with a full-time Human Resource employee. This implies more of an opportunity for the HR person to pursue continuing education and identify emerging standards and issues.	Grants administered outside Public health Departments reduce potential Human Resource impacts.
Facilities	Underutilized space provides access to care.	Formalized contractual arrangements make efficient use of facilities.	The cost of housing shared employees can be an in-kind contribution off-setting local cash contributions as in the case of Rio Grande County and one of our Environmental Health Specialists.	Grants administered outside Public health Departments reduce potential overhead impacts.
Leadership			Centralized leadership for shared employees may improve employee satisfaction. Provides consistent expectations.	No review process or real accountability of leadership to project members.

	INFORMAL	CONTRACTUAL	SHARED EMPLOYEES	EXTERNAL
Governance		Consistency across adjacent jurisdictions improves the customer experience.		
Political Will		Efficiencies make Commissioners happy when the service is consistent.	Efficiencies make Commissioners happy when the service is consistent.	Outside project management and administration is less costly to counties.

ACCREDITATION

None of the six SLV Public Health Agencies plan to attempt public health accreditation in the foreseeable future. We do not have the capacity for the amount of coordination that would be required, either as single agencies or as a collective. The support to apply for accreditation does not exist at this time.

However, it is useful and feasible for the Partnership agencies to begin to develop the *Community Health Improvement Plan;* a major prerequisite for accreditation. Examining the other prerequisite components as we develop a five-year strategic plan for the Partnership will be informative. Even if we do not pursue accreditation in the foreseeable future, achieving some of the pre-requisites will assist Partnership member agencies to improve service delivery over time.

APPENDIX A: BRIEF HISTORY OF THE SAN LUIS VALLEY PUBLIC HEALTH PARTNERSHIP

Each county in the San Luis Valley has a public health department which is governed by a Board of Health. In five of the six counties in the Valley, Boards of Health members are the three County Commissioners. In the sixth county, Rio Grande, the Board of Health also includes a city council member from each of the three largest population centers of Monte Vista, Del Norte and South Fork. Mineral County is in the process of forming the *Silver Thread Public Health District* with adjacent Hinsdale County and the Board of Health will include representatives from both counties.

In 2012, the CDPHE Office of Planning and Partnerships identified a grant opportunity to explore cross-jurisdictional public health sharing funded by the *Robert Wood Johnson Foundation* and managed through the Center for Sharing Public Health Services. 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. The Center brings teams from around the country together for shared learning and discovery. The San Luis Valley applied for and was awarded $125,000 for a two-year grant.

As part of this grant, the San Luis Valley Public Health Partnership participated as part of a "Shared Service Learning Community" across the nation to investigate and develop models for creating and sustaining shared services to improve overall public health. Through our shared experiences we hope to improve the expanse, effectiveness and efficiency of public health services. As we move forward, we will continually identify best practices – "what works" and also "what doesn't work".

In March of 2013, the partnership fiscal agent hired a part-time Coordinator to facilitate and execute the project work plan. A regular meeting schedule and communication platforms have been established. The Partnership has been meeting monthly by telephone and generally bi-monthly in person. The Partnership agreed on the mission, vision and values, completed a S.W.O.T. (Strengths, Opportunities, Weaknesses, and Threats) analysis and inventoried current shared services. This work was enhanced by hiring the same experienced facilitator who worked to establish the West Central Public Health Partnership, a similar effort that includes six counties on the western slope of Colorado.

In order to engage policymakers in the development of the Partnership, the Project Director or Coordinator makes a brief report to the San Luis Valley Commissioner's Association (SLVCCA) each quarter. In July of 2013 the Partnership determined that in-depth discussion and guidance with policy-makers would be beneficial. A presentation to the San Luis Valley Council of Governments was made and they accepted our request to review portions of our process. One County Commissioner participates as a member of the Partnership Steering Committee and is our liaison to the SLVCCA and the Council of Governments.

With the adoption of our Operating Agreement in the end of 2013 the Partnership has been defined as being the six County LPHA Directors (Alamosa, Conejos, Costilla, Rio Grande, Mineral and Saguache). Other public-health interested parties are invited to participate regularly in Partnership meetings as a Steering Committee and include a Liaison to the San Luis Valley County Commissioners Association (SLVCCA), the Partnership Coordinator, alternates for each Director and sometimes a professional facilitator to help us navigate the most difficult issues. The State Health Department (CDPHE) participants include the Director of the Colorado Department of Public Health and Environment, Office of Planning and Partnerships, their nurse-consultant and representatives from the Division of Environmental Health and Sustainability. Regional shared employees participate in discussions relating to topics of interest for them.

APPENDIX B: OPERATING AGREEMENT

SAN LUIS VALLEY PUBLIC HEALTH PARTNERSHIP
Operating Agreement

Steering Committee. The Steering Committee includes one representative from each local Public Health Agency (LPHA), one County Commissioner who is the liaison to the San Luis Valley County Commissioners Association and San Luis Valley Council of Governments, representative(s) from the Colorado Department of Health and Environment and shared regional project representatives.

Attendance at Partnership Meetings. It is expected that the LPHA Director or a consistent designated Alternate from each county will attend every meeting and conference call, whether in person or by telephone. In the event that a county cannot send a representative, that county shall have the responsibility of following up to determine what, if any, action is needed as a result of decisions made at the missed meeting. If a county fails to send a representative to two consecutive meetings, the Coordinator or Chair of the Partnership will contact that County's Manager or Administrator to verify that the county is still willing and able to participate.

Decisions of the Partnership. Any member may add an item to the agenda at the beginning of a Partnership meeting. Whenever possible, decisions as to activities and the general direction of the Partnership will be made by consensus of those counties present at the meeting. In the event that the Committee cannot reach consensus, decisions will be made by majority vote with each county LPHA Director having one vote (six votes total). In case of a tie vote, the measure will fail. If a county fails to send a representative to a meeting at which decisions are made, it will be presumed that county is in agreement with those decisions. We acknowledge that the San Luis Valley Public Health Partnership is not a legal entity and cannot enter into decisions that legally bind any or all of the participating counties. At the direction of the LPHA Director, the Alternate may case a vote on behalf of their county.

Non-participation in SLVPHP Activities or Projects. From time to time, a county or counties may decide not to participate in a specific activity or project of the Partnership. Said counties will not share in the resources or decision making for that particular activity or project.

Management of Partnership Resources. Grants and other resources may be obtained for the benefit of the Partnership. Decisions to pursue funding will be made by the Partnership as a whole. Unless distributed equally among participating counties, when funding is sought, the Steering Committee will agree on a lead county whose responsibility it will be to receive and manage those resources. Decisions as to how resources will be spent are to be made using the guidelines articulated above. The Steering Committee will receive a written accounting of those resources at a minimum of three times per year.

Membership in the San Luis Valley Public Health Partnership. County membership in the San Luis Valley Public Health Partnership is voluntary. The only requirement of membership is that a current Intergovernmental Agreement (IGA) be signed by a county's Board of County Commissioners. A county may withdraw from the Partnership at any time with the expectation that withdrawal will be accompanied by a vote of the Board of County Commissioners and written notice to the remaining partners.

ROLES

Chair of the San Luis Valley Public Health Partnership. The Partnership will be led by a Chair who is a Director of a San Luis Valley LPHA and is appointed by the Partnership at the final Partnership meeting of each calendar year. The Chair will serve a term of one year and may be reappointed to multiple terms. The primary duties of the Chair are to lead Partnership meetings and work with the Coordinator to plan those meetings for the effective use of time.

Vice Chair of the San Luis Valley Public Health Partnership. The Partnership will appoint a Vice Chair who is a Director of a San Luis Valley LPHA. The only duty of the Vice Chair will be to take over those functions filled by the Chair in the event that they are unable to fulfill them. It is expected that the Vice Chair will succeed the Chair in the event that the Chair is not reappointed to the position.

Coordinator of the San Luis Valley Public Health Partnership. The Partnership will select a Coordinator who will prepare and distribute meeting materials, agendas and minutes; arrange meeting logistics; act as Communication Coordinator and facilitate meetings at the discretion of the Chair.

Effective 12/31/13 Page 1 of 1

APPENDIX C: INTER-GOVERNMENTAL AGREEMENT

INTERGOVERNMENTAL AGREEMENT

For the San Luis Valley Public Health Partnership

This Intergovernmental Agreement, hereinafter referred to as the "Agreement" or "IGA" is made and entered into by and among the Board of County Commissioners of Alamosa County, Board of County Commissioners of Conejos County, Board of County Commissioners of Costilla County, Board of County Commissioners of Mineral County, Board of County Commissioners of Rio Grande County and the Board of County Commissioners of Saguache County, hereinafter referred to as the "Boards of County Commissioners" all of which statutory Counties are organized under and by virtue of the laws of the State of Colorado.

WITNESS:

WHEREAS, each of the parties to this Agreement is authorized by *C.R.S.* 29-1-201 *et. seq*. to contact one another and cooperate to provide any function, service or facility lawfully authorized to each of the cooperating or contracting parties including the sharing of costs; and

WHEREAS, the San Luis Valley Public Health Partnership, hereinafter referred to as the "Partnership", consists of Local Public Health Agency representation from the counties of Alamosa, Conejos, Costilla, Mineral, Rio Grande and Saguache, regional public health employees and a Facilitator; and,

WHEREAS, 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; and

WHEREAS, each of the parties to this Agreement have agreed to participate in the San Luis Valley Public Health Partnership in order to protect the people and environment and to promote health and prevent disease within each of the respective counties; and

WHEREAS, it is to the mutual advantage and benefit of the parties hereto that the parties agree to cooperate among themselves for policy direction, program development, coordination of resources and the development of plans to serve the public health and environmental health infrastructure of our respective counties and the region as a whole; and

WHEREAS, the Board of County Commissioners of the respective Counties have agreed that it is in the public interest of the citizens of the respective counties to cooperate in this effort to aid in building and strengthening the public health and environmental protection infrastructure within our respective jurisdictions.

NOW, THEREFORE, in consideration of their mutual covenants, the parties agree as follows:

I) PURPOSE

The purpose of this agreement is to establish official recognition of the collaborative body known as the San Luis Valley Public Health Partnership and its mission in order to set the stage for future collaboration and a sustainable partnership.

II) MUTUAL AUTHORITY AND RESPONSIBILITIES

The Boards of County Commissioners agree to strengthen the regional partnership by:

- Continuing this Agreement between the counties
- Encouraging and enabling staff to attend Partnership meetings and participate in Partnership activities
- Developing regional contracts, agreements and funding streams for Partnership activities and infrastructure

III) MISCELLANEOUS PROVISIONS

A) This agreement will be in effect from January 1, 2014 to December 31, 2017 and will automatically renew each year. Every three years all parties agree to review the terms and conditions and make mutually agreeable revisions to this Agreement.

B) Non-Assignability – It is anticipated that all of the parties to this Agreement are integral to its success, therefore, no part of this Agreement may be assigned to another party without the written consent of the other parties.

C) Severability – If any part of this Agreement should be held to be invalid, the remaining portions of the Agreement shall remain in full force and effect.

D) Termination – Any of the parties may terminate or change their participation in this agreement by providing thirty (30) days notice in writing to all other parties to the agreement.

E) Notices – Notice shall be deemed to have been received at the time of actual receipt of any hand delivery, upon the date of verified delivery by courier of package delivery service, or three (3) business days after the date of any properly addressed and prepaid notice sent by first class mail to the offices and addresses shown on the signature page.

I acknowledge that the provisions of this agreement have been reviewed, accepted and agreed to. I affirm that I have the authority to accept and sign this agreement.

For: Alamosa County
Darius Allen
Chair, Board of County Commissioners
8900 A Independence Way
Alamosa, CO 81101

X_____

DATE _____

For: Conejos County
Steve McCarroll
Chair, Board of County Commissioners
PO Box 157
Conejos, CO 81129

X_____

DATE _____

For: Costilla County
Delores Burns
Chair, Board of County Commissioners
PO Box 100
San Luis, CO 81152

X_____

DATE _____

For: Mineral County
Scott Lamb
Chair, Board of County Commissioners
PO Box 70
Creede, CO 81130

X_____

DATE _____

For: Saguache County
Linda Joseph
Chair, Board of County Commissioners
PO Box 655
Saguache, CO 81149

X_____

DATE _____

For: Rio Grande County
Karla Shriver
Chair, Board of County Commissioners
925 6th St, Rm 207
Del Norte, CO 81132

X_____

DATE _____

APPENDIX D: MISSION, VISION, VALUES

The SLV Public Health Partnership established these project statements:

Mission statement:

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.

Vision statement:

We envision a sustainable partnership, with all Counties of the San Luis Valley working together through well-defined policies and decision criteria to:

- *Enhance public health expertise and efficiency*
- *Expand access and the quality of services for SLV citizens*
- *Respect the unique needs of individuals and counties*
- *Minimize the negative effects of social determinants on public health*

Values:

- *Accountability*
- *Fiscal Responsibility*
- *Flexibility*
- *Innovation*
- *Shared Benefits*
- *Results Oriented*
- *Respect*

APPENDIX E: S.W.O.T. ANALYSIS

Strengths	**Weaknesses**
Good working relationship & a reputation for this with others	Limited resources (human, $$, etc.)
"Can do" region	Geographic isolation from one another; physical distances
Wise use of resources	May be difficult to involve some partners
Shared broad vision/mission re: Public Health (PH)	Some staff has limited PH background
Non-PH experience with cross-jurisdictional sharing	Unpredictability of resources & the stress it puts on people
Shared value of sharing	
We wear many hats & that's good	We wear many hats & that can be bad!
Independent	Tendency to be reactive
Efficiency/effectiveness of current shared services	Limited ability to respond to public needs
Staff support for partnership	
Can use phone conferencing, technology to meet regularly	
Opportunities	**Threats**
Existence of University	History—we have some failures, some grudges; creates trust issues
Valley Council of Governments	Public expectations out of balance with resources
Shared meetings of the County Commissioners in region	Uncertainty as to whether everyone will actually do what they say they would do
Exposure to national learning community because of the grant	Geographic distance; travel issues
Excitement of being a pilot project	Difficulty of dealing with jurisdictional authority
Opportunities for mentoring	Elected officials are sometimes not very familiar with Public Health
Opportunities for shared services will address some of our weaknesses & threats	Term limits for Commissioners; makes it difficult to create "champions" over time
Engagement of wider public	Changing regulations and standards
Opportunity to create regional expertise	Difficulty re: getting people to shared services even if we create them
More specialization; yields more expertise and reduces the pressure to know everything	

APPENDIX F: GUIDELINES FOR SHARED SERVICES

San Luis Valley Public Health Partnership
GUIDELINES FOR SHARED SERVICES
(Revised, September 30, 2013)

We will develop and implement shared services, programs and activities if the following guidelines are met:

- Adequate and fair funding, including overhead costs have been clearly identified.
- Funding mechanisms will be assessed for sustainability.
- Development and delivery are done with community involvement and with respect for community culture.
- A demonstrated need for the service exists across counties within the Partnership.
- The cost savings, efficiencies and/or positive health outcomes can be demonstrated.
- A plan has been put in place that evaluates the effectiveness of the service or program.
- Regular communications and reporting systems have been put in place that assure accountability and transparency within the Partnership.
- We can find, develop or recruit staff with the necessary skills and knowledge to effectively carry out the service or program.
- Services are prioritized among counties based on their needs, capacity and other factors and not according to an arbitrary schedule or formula.
- The management specifics of services and programs are determined on a flexible basis that takes into account political, budgetary, technical expertise, logistical and other factors that exist.

APPENDIX G: CURRENT SHARED SERVICES

Cross-Jurisdictional PUBLIC HEALTH SHARING in the San Luis Valley (Formal and Informal Sharing) July 2013

Health Department Receiving Service	Who Provides the Service?	What is the Shared Service?	Who Pays For it?	Type of Agreement?
ALL SLV **PH** (Public Health)	Alamosa	Emergency Preparedness, Planning, Training and Response (**EPR**) Includes Strategic National Stockpile, Incident Command, Public Info Officer, etc…	Pass through from Centers for Disease Control and Prevention (**CDC**) via Colorado Department of Health and the Environment (**CDPHE**) to Alamosa County Public Health	Contract between CDPHE and Alamosa County Renewed annually since 2003
ALL SLV PH	Alamosa	Epidemiologist	Pass through from CDC via CDPHE to Alamosa County Public Health	Contract between CDPHE and Alamosa County. Renewed annually since 2003 (Included in EPR contract)
ALL SLV PH	Alamosa	Specialty Clinics: Health Care Programs for Children with Special Needs (**HCP**)	Pass through from CDC via CDPHE to counties based on population census	Alamosa contract with CDPHE Informal for other participating counties
ALL SLV PH	Alamosa	Environmental Health Specialist ½ Restaurant Inspections ½ Needs Assessment to develop a regional plan for Environmental Health	CDPHE Core Services contract with Alamosa County Public Health	Alamosa contract with CDPHE Letter of Agreement with other 5 counties
ALL SLV PH	Rio Grande	Travel Vaccinations based on referrals from other counties' Public Health Departments & others	Fee for Service	Handshake

Health Department Receiving Service	Who Provides the Service?	What is the Shared Service?	Who Pays For it?	Type of Agreement?
Costilla Conejos Mineral Saguache Rio Grande Alamosa Lake Chaffee	Rio Grande County	Early and Periodic Screening, Diagnosis and Treatment (**EPSDT**) Healthy Communities (a health care benefit package for all Medicaid enrolled children ages 20 and under and all pregnant women). Child Health Plan Enrollment	Pass through from HCPF (Health Care Policy & Financing) to Rio Grande County	Contract
Saguache	Rio Grande	Public Health Vital Records (Birth and Death Certifications) [Also keeps records for the County Clerk]	User Fees	Contract
Costilla Conejos	Alamosa Clerk and Recorder	Vital Records	User Fees	
Costilla Saguache Mineral	Conejos Alamosa Rio Grande	Options for Long Term Care (Medicaid program)	Costilla Saguache Mineral	
Mineral	SLV Behavioral Health	Office Space and telephone for Mental Health Counselor	Mineral County	Memo of Understanding

Other significant shared activities:

ALL SLV PH	Cooperative Meetings	Regional Public Health Improvement Plan		
EAST: Alamosa, Costilla, Conejos WEST: Saguache, Mineral, Rio Grande	Cooperative Meetings	Health Care Coalitions to link area emergency preparedness plans and collaborate with hospitals, clinics and long-term care facilities		

Other significant shared Public Health services:

Health Department Receiving Service	Who Provides the Service?	What is the Shared Service?	Who Pays For it?	Type of Agreement?
ALL SLV PH	Valley Wide Health System	Permanent Clinics/ CICP/ Infrastructure/ Alternate Care Facilities/ Emergency Dental The Colorado Indigent Care Program (**CICP**) provides funding to clinics and hospitals so that medical services can be provided at a discount to Colorado residents that meet the eligibility requirements	Contracts, Grants and fee for service	Contract with the Federal Government
Costilla Alamosa Saguache	SLV Behavioral Health	"San Luis Valley/Alamosa Prevention Coalition" Substance Abuse Prevention	Pass through from Division of Behavioral Health (**DBH**) via SLVMHC to Costilla and Saguache Counties' Public Health Departments	Contract between DBH and SLVMHC Renewed Annually (Except Alamosa which approved it to 2014)
ALL SLV PH	**SLVRMC** Regional Medical Center (Hospital)	Cessation Education Hospital Shares grant proceeds For smoking cessation education	Grant from CDPHE	Handshake

APPENDIX H: CASE STUDY -- Build a Local Environmental Health Program

When the Partnership was first imagined, the Directors knew they wanted to build capacity for Environmental Health services provision in the region. What they produced was a full-on Environmental Health program that was in place six months before originally planned.

The Colorado Department of Public Health and Environment (CDPHE) supports local public health agencies in providing environmental health services within their communities in accordance with the 2008 *Public Health Act*. The San Luis Valley (SLV) region comprised six of the remaining 10 counties in the state that were relying on CDPHE to provide the regulatory oversight for the retail food, child care and schools within their region. While these are fundamental environmental health activities, providing the core public health service of environmental health goes beyond the provision of these inspection activities.

All SLV Public Health Directors agree on the need for a complete program to encompass all core environmental health services provided at the local level with the support of the state. Environmental health services are important to our residents as well as our many tourists who expect food, water and facilities to be safe.

BENEFITS OF A LOCAL ENVIRONMENTAL HEALTH PROGRAM

- Reflect local values in supporting businesses while protecting public health
- Local contact for the public and strong relationships with decision-makers and business owners
- Consistent messages, continuity of services and requirements
- Focus on prevention and health promotion through education of the public and retail businesses
- Better response time for emergencies and complaint investigation
- Faster scheduling for new business plan reviews and pre-inspections

Our current Environmental Health services are addressed by both local and state specialists as we move to a regional model of locally provided services. Some of the regulatory services provided by the CDPHE office (which is 200 miles away) have resulted in a general lack of depth in Environmental Health services in the SLV. Retail food, child care and schools services have been provided by a state-employed, locally residing staff person, who is retiring in early 2015.
Our current Environmental Health services are addressed by both local and state specialists as we move to a regional model of locally provided services. Some of the regulatory services provided by the CDPHE office (which is 200 miles away) have resulted in a general lack of depth in Environmental Health services in the SLV. Retail food, child care and schools services have been provided by a state-employed, locally residing staff person, who is retiring in early 2015.

As part of the transition to locally provided services, our newly hired SLV regional Environmental Health Specialist (EHS) first began providing retail food, child care and schools services to Alamosa County only, with the CDPHE employee continuing to provide these services to the other five counties in the SLV. With this employee's upcoming retirement the SLV has a unique opportunity to localize Environmental Health services.

Regional EHS investigates consumer complaints and responds to public health emergencies throughout the SLV when necessary. Air and water quality issues and complaints are directed to CDPHE in Denver, although Regional EHS may serve as liaison in these matters.

What We Want It to Look Like

To identify the scope for our program in the first two years, we examined

- local needs based on facilities in our Counties
- complaint logs and information from the public to identify other needs and priorities
- models of how other jurisdictions are providing services to their residents
- advantages and disadvantages of models and scope of services in relation to our vast area
- counties' priorities weighed with program stability
- results from our Public Health Improvement Plans

We want to provide the following Environmental Health activities locally:

- Prevention, Education and Outreach for all environmental issues
- Permitting of retail food establishments
- Provide *Certificates of Good Standing for Recreational Water and Body Art Facilities*
- Compliance Assistance with state and federal regulations
- Complaint Investigation for environmental health issues
- Environmental Health Emergency Response-chemical spills, natural disasters etc.
- Tracking, Monitoring and Reporting of food safety, child care facilities, schools etc.

There are a number of prevention and response activities that could be expanded beyond the retail food, child care and school inspection activities and include: strategic long-term planning for solid waste disposal, illegal dumping and hazardous materials disposal; drinking water inspections; oversight of construction activities regarding dust abatement, and food safety and sanitation plans for local special events. Additional opportunities to localize services include burn permitting and air quality monitoring. There are also recycling grants available for areas that wish to offer recycling of usual household waste.

The scope of an Environmental Health program also includes cottage industry food, indoor air quality testing and education (primarily about radon and lead), meth lab investigation and oversight of clean-up operations and oversight for confined animal feeding operations, education related to bedbug and mold complaints and referrals to appropriate agencies as needed. It does not include investigating nail and hair salons or hotel inspections beyond food service.

A regional environmental health program will also improve the following limitations that were identified in the statewide Community Health Assessment:

- Lack of capacity to meet core public health services
- Lack of data
- Limited local infrastructure
- Limited expertise
- Fragmented services

On-site Wastewater treatment inspections will continue in local land use departments with support for training and public health review from the Environmental Health Program.
The State (CDPHE) will continue to provide technical assistance, training, and support.
Air and water quality issues and complaints will continue to be directed to CDPHE in Denver, who will continue to perform these investigations. This process will be enhanced by having local Environmental Health program contacts.

We recommend that SLV Boards of Commissioners consider what exists within their jurisdiction when reviewing the Scope of Activities (on following pages), this plan and the associated budget. Areas can be targeted for services either during this review, or at a later date; planning can then be coordinated with regional EHS.

Local Point-Of-Contact

Having local Environmental Health staff will:

- Allow us to develop strong relationships with business owners
- Provide a focus on business-owner education rather than punishment for non-compliance
- Reflect local values in supporting businesses while protecting public health
- Expand services to include inspections of body art facilities and special/temporary events to better protect the health of our communities
- Provide local classes and public education on EH issues such as safe food handling
- Give the Commissioners, Boards of Health, and Public Health Directors a local resource when emergencies or complaints arise
- Provide a local contact for the public in case of air or water quality emergencies or complaints

Budget notes: We studied budgets for Environmental Health programs in similar jurisdictions. Just like other public health activities, funding comes from a variety of sources including some fee-for-service, state contract and grant opportunities. There is also a need for local support of the program from all six counties. Local Public Health Agencies have included the local contribution for 2015 in their proposed budgets. The local contribution for 2015 will be ½ the anticipated annual contribution for 2016 because we will use the first half of 2015 to get the program rolling (hiring and training a new employee).

For individual local contributions we looked at geography and travel distances and times, the number of facilities, the population, the time individual staff would spend serving this variety of services and wanted to choose a number that was easy to transition to as a beginning budget.

Rio Grande County will provide no-cost office space, supervision and overhead/indirect costs for the second Environmental Health employee and has valued their in-kind contribution at $3000 bringing the value of their total annual contribution to $7500.
(*SLVPHP Plan for an Environmental Health Program*, pp. 1—4, 8.)

APPENDIX I: DEFINITIONS AND ACRONYMS

Capacity: The ability of a system to provide services and programs. Answers the questions "what do we have now?" and "what are the limits to what we can do?"

CDPHE: Colorado Department of Public Health and Environment

COG: Council of Governments

Cross-Jurisdictional: Across areas of distinct governance

Center for Sharing Public Health Services: A national initiative managed by the Kansas Health Institute with support from the Robert Wood Johnson Foundation. The Center brings teams from around the country together for shared learning and discovery

Feasibility Study: Defines resources, political and social climate and any start-up expenses. Answers the question "can we do this?" and "what do we need to do it?"

Integrity: A quality of being honest and fair; true to one's word in a complete way *(*Merriam-Webster*, www.merriam-webster.com/dictionary)*

LPHA*:* Local Public Health Agency

Public Health Improvement Plan (PHIP): a comprehensive plan which analyzes public health needs and prioritizes these needs into action plans

PHP: Public Health Partnership

Respect: A feeling of admiring someone or something that is good, valuable, important, etc. *(*Merriam-Webster*, www.merriam-webster.com/dictionary)*

SLVPHP: San Luis Valley Public Health Partnership

Shared Services Learning Community: Sixteen sites across the United States participating in an exploration of sharing public health services. This learning community is managed by the Center for Sharing Public Health Services

Social Determinants of Health: The conditions in which people are born, grow, live, work and age. They are the economic and social conditions that influence people's health (Healthy Spaces and Places*, www.healthyplaces.org.au/site/glossary.php)*

SLVCCA: San Luis Valley County Commissioners Association

S.W.O.T. Analysis (Strengths, Weaknesses, Opportunities, Threats): A tool to evaluate the local climate for a successful initiative.

APPENDIX J: REFERENCES

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