Project Title: Sharing approaches to tuberculosis care and prevention among two California counties, the State of California, and Baja California in Mexico
Grant ID #: 70628

This project has shown that binational collaborative efforts, such as this one, are not only possible, but can work successfully to improve overall care and treatment completion for binational cases.

Key Accomplishments:

- Memorandum of agreement (MOA) in final revision stage between the following key partners: State of Baja California, Secretariat of Health, the County of San Diego, department of Health & Human Services, the County of Imperial, Public Health Department, the International Community Foundation, and Puentes de Esperanza Contra Tuberculosis

- Puentes de Esperanza Contra Tuberculosis, A.C. registered as a legal nonprofit in Mexico and formalized its board of directors, in order to continue the work of collaborating closely with governmental agencies in both Mexico and the U.S. to assist with multi-drug resistant TB case management, continuity of care, contact investigation and cross-border reporting and public advocacy

- Brought together Imperial and San Diego counties to consider new ways to collaborate for binational patients

Next steps:

- Final revision and signing of MOA

- Site visit to the Grupo Sin Fronteras project in Texas, to share models and key lessons learned with another binational tuberculosis project

- Puentes de Esperanza- obtain needed legal status in Mexico to provide tax-deductibility for its Mexican donors

- Strategize on how to raise funds for ongoing binational TB work
What is Puentes de Esperanza?

Puentes de Esperanza is a program in Tijuana that cures multidrug-resistant forms of tuberculosis (MDR-TB) in Baja California. The Puentes program was originally sponsored by the US Agency for International Development (USAID), but when its funding was eliminated, the International Community Foundation (ICF) stepped in to ensure that the program and patient care continued. It is ICF’s goal to establish Puentes de Esperanza as its own nonprofit in Tijuana, so that the program may be expanded and continue to offer hope to TB patients in Baja California.

Why is Puentes important now?

The State of Baja California is the Mexican state with the highest incidence of TB with 49 cases per 100,000 in 2010. The elevated incidence of TB in Baja California contributes to increased TB risks for neighboring California. The California-Mexico border region is particularly vulnerable to the growing incidence of MDR-TB. In Baja California, there were 25 known cases of MDR-TB in 2010. In San Diego, California, there were 44 cases of MDR-TB over the past decade, two thirds having been born in or having close ties to Mexico. It is important to address this risk in order to protect our bi-national community from this deadly disease.

What are the future goals for Puentes?

The immediate goals of the program are to formalize cross-jurisdictional sharing arrangements between government agencies on both sides of the border and to establish Puentes as its own nonprofit in Tijuana, Mexico. Additionally, a key goal is to expand the care of Puentes to include more patients, as well as integrate new Video Directly-Observed Therapy (VDOT) techniques with its new academic partner, UCSD Medical School. ICF will continue to work with the Puentes team to provide care to our neighboring city!

For more information, call us at (619) 336-2250, or visit: www.icfdn.org
To donate to Puentes, visit: http://icf-xchange.org/puentes/
Local support for the San Luis Valley Public Health Partnership was formalized in December, 2013 through an *Inter-Governmental Agreement* between the six participating Counties. We also created an *Operating Agreement* 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 together 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 establishing the Partnership’s legitimacy and providing funding to find new ways to work together.

We now have five and a half shared regional public health employees with one more Environmental Health position to be filled in early 2015. Shared positions include Emergency Preparedness and Response, Epidemiology, Partnership Coordination and Environmental Health. As we move forward we seek to improve our structure for managing and evaluating shared employees and programs and to 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 grants in 2015 to keep us on track with our shared goals.

Our *Communication 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 have been active participants in the *Colorado Coalition for the Medically Underserved* and are grateful to the *West Central Public Health Partnership (WCP)* for helping us establish a strong and flexible organization. We held a Summit in April, 2014 with the *WCP* and *CDPHE* related to Environmental Health services.

Our biggest accomplishment has been the development of 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: “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 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 meet deliverables, explore new opportunities and build collaborative solutions and processes to help us remain a stable entity and continue moving forward in our work to improve public health.
Exploring sharing agreements to improve public health services throughout the San Luis Valley region of Colorado

Brief History of the Project
The Colorado Department of Health and the Environment: Office of Planning and Partnerships is joining with the Local Public Health Agencies in the San Luis Valley in southern Colorado to explore cross-jurisdictional public health sharing. This work is made possible through a generous grant 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 was awarded $124,980 for the two-year grant.

In a Nutshell…
The project goal is to explore cross-jurisdictional public health sharing models to come up with a contract among the six Counties in the Valley that describes the process and the considerations that have to be made before agreeing to share services and equipment. The contract will define how decisions are made and each participating county will have an equal say in these decisions.

SLVPHP Project Website Launched  slvphp.weebly.com
Please visit our website for more information. The website includes the mission and vision for the project, our organizational chart and a project schedule. We also link to the Center for Public Health Sharing website which has many resources and research related to our project.

If you have comments on the website or need any type of additional information on the project please feel free to contact us. You can use the contact form on the website or call our Project Coordinator, Kimberly Bryant kbryant@saguachecounty-co.gov or call 719-588-4527. Thank you.
Portland and Cumberland County, Maine Cross-Jurisdictional Sharing Project

### Indicator

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Portland</th>
<th>Cumberland County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>66,194</td>
<td>281,674</td>
</tr>
<tr>
<td>Density per square mile</td>
<td>3,106</td>
<td>337</td>
</tr>
<tr>
<td>Living in poverty</td>
<td>17.5%</td>
<td>10.5%</td>
</tr>
<tr>
<td>Children living in poverty</td>
<td>29.9%</td>
<td>17.3%</td>
</tr>
<tr>
<td>Racial and ethnic minorities</td>
<td>16.4%</td>
<td>8.3%</td>
</tr>
</tbody>
</table>


**Project Summary:** We plan to develop a sustainable cross-jurisdictional sharing (CJS) model for public health service delivery among the city health department, the county within which the city is located, and the state public health department. The team will determine where service gaps exist, analyze options for addressing those gaps, and develop a plan for how CJS could reduce those gaps.

**What is Cross-Jurisdictional Sharing?**
Cross-jurisdictional sharing enables health departments to share programs, services, and resources across the jurisdictions they serve.

**Key Activities and Outcomes**

<table>
<thead>
<tr>
<th>Period</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spring 2013</td>
<td>Convened a Leadership Team composed of municipal, county, state, and health system officials, and conducted a gap analysis with contract evaluators.</td>
</tr>
<tr>
<td>Summer and Fall 2013</td>
<td>Conducted and analyzed 4 discussion groups around the county to hear from other constituent groups about their public health service needs. The final report is available for reference.</td>
</tr>
<tr>
<td>Winter 2013-14</td>
<td>Evaluated the feasibility of various CJS models that would address identified gaps in service, focusing on scope, governance, and finance. This feasibility plan may service others engaged in cross-jurisdictional sharing.</td>
</tr>
<tr>
<td>Spring 2014</td>
<td>Pilot tested the piecemeal approach of sharing public health services by proposing to conduct restaurant inspection services in a City neighboring Portland.</td>
</tr>
<tr>
<td>Fall and Winter 2014</td>
<td>Improved the Public Health Division’s ability to communicate the importance of public health to key stakeholders through improvements to its Annual Report and health data fact sheets.</td>
</tr>
</tbody>
</table>

**For more information:**
Toho Soma, MPH, Project Director and Communications Coordinator
tsoma@portlandmaine.gov or 207-756-8054

The Portland and Cumberland County Cross-Jurisdictional Sharing Project is an initiative managed by the Center for Sharing Public Health Services with support from the Robert Wood Johnson Foundation.
Central Mass Regional Public Health Alliance

Building a Better Regional, Comprehensive Services Model to Improve Public Health

What is the Central Mass Regional Public Health Alliance (CMRPHA)?
The Central Mass Regional Public Health Alliance is a coalition of seven municipalities (Towns of Grafton, Holden, Leicester, Millbury, Shrewsbury, and West Boylston and the City of Worcester) working cooperatively to create and sustain a viable, cost-effective, and labor-efficient regional public health district. The regional health district provides a comprehensive array of services to partner municipalities through a single organization managed by Worcester’s Division of Public Health. The inspiration to develop a regional alliance arose from the considerable disparity in size, available resources, and kinds and types of resources offered by each municipality.

Key Goals, Initiatives, and Future Plans

<table>
<thead>
<tr>
<th>Build a Road to Sustainability</th>
<th>Develop a plan to expand and actively pursue a diverse set of resources and funding streams from grants, philanthropic contributions, healthcare revenue, and user fees. <strong>Update:</strong> Currently the Division of Public Health operates on a $1.7 million/year budget with 50% derived from grants and philanthropic contributions, 25% from regional partners and 25% from the City of Worcester</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve Organizational Effectiveness</td>
<td>Strengthen the qualifications of the local Public Health workforce, by recognizing the need to enhance professional development in order to deliver consistent services to the communities. <strong>Update:</strong> Public Health Staff (PHS) training included ServSafe, Certified Pool Operator, and MA Public Health Inspector Training (MA-PHIT) – Housing. Additionally, an internal Quality Council has been formed to identify areas of improvement and overall effectiveness</td>
</tr>
<tr>
<td>Mobilize a Community Coordinated Approach</td>
<td>Align partners’ mission and priorities of public health practices and leverage that knowledge into innovative and responsive community and public health approaches. Bringing together student (undergraduate, graduate, medical) interns with professors from academic institutions to assist the CMRPHA in local public health programs for the creation of a Center for Public Health Practice. <strong>Update:</strong> A formal Memorandum of Understanding (MOU) has been reached with Clark University to collaborate with the Division of Public Health in the creation of the Center for Public Health Practice. Similar</td>
</tr>
</tbody>
</table>

For more information contact: Derek Brindisi, Director, City of Worcester Division of Public Health
508-799-8531 or health@worcesterma.gov
http://www.worcesterma.gov/ocm/public-health

Updated 1/6/2015
Central Mass Regional Public Health Alliance

MOUs are under review with Worcester State University and the University of Massachusetts Medical School. Funding has been received from Clark University - $30k, UMass Memorial Medical Center - $30k, contributions were made by other organizations to include $50k from a local trust fund coordinated through Clark University, $42k from The Health Foundation and $72K from the Fairlawn Health Foundation.

Make Data-Driven and Evidence-Based Decisions
Conduct a Community Health Assessment that will be used to formulate a Community Health Improvement Plan with the vision of making the Greater Worcester area the healthiest district in New England by 2020. Update: Community Health Assessments (CHAs) and Community Improvement Plans (CHIPs) have been created for all the CMRPHA communities. Detailed report can be found at: http://www.worcesterma.gov/uploads/4d/a4/4da4fc5c6460990490334c1f5d255471/chip-report-2013.pdf

Achieve voluntary Accreditation
Improve the scope and quality of local public health services in Central MA, consistent with the “Ten Essential Services of Public Health” in order to acquire accreditation by 2015 through Public Health Accreditation Board. Update: Application for Public Health Accreditation Board (PHAB) has been submitted. The Division of Public Health, along with CMRPHA, is currently on track to be the first accredited Health Department in Massachusetts. Documents are in the process of being submitted for review and the division is awaiting a date for the official site visit.

For more information contact: Derek Brindisi, Director, City of Worcester Division of Public Health
508-799-8531 or health@worcesterma.gov
http://www.worcesterma.gov/ocm/public-health

Updated 1/6/2015
3-Year Strategic Plan

The Northern Michigan CJS Team’s Strategic Plan for 2015-2017 was created using the Technology of Participation. It details plans for the following Strategic Directions: 1) Implementing planning and uniform best practice; 2) Formalizing a public health alliance; 3) Launching a unified marketing plan; 4) Educating and engage policy-makers; 5) Maximizing coordinated technology for efficiency; and 5) Catalyzing creation of a public health workforce. Priorities are maternal and child health and information technology.

Northern Michigan Public Health Alliance

We have already formalized a public health alliance, one of the Strategic Plan’s Strategic Directions. Board of Health chairs and Health Officers from six local health departments (LHDs) representing 25 counties signed agreements based on documents developed by the San Luis Valley Public Health Partnership. The Alliance will oversee implementation of the Strategic Plan; at its first meeting, on 12/12, committees were organized for each of the remaining Strategic Directions.

As the Alliance was being established, we responded to several opportunities:

- **Northern Michigan Health Network**, sponsored by a major accountable care organization (ACO), invited Linda Yaroch, CJS Project Director (and now, Alliance Steering Committee Chair) to represent our 6 LHDs on its Board of Directors.
- **Michigan Blueprint for Health Innovation** is a $70 million, 4-year award to transform healthcare delivery in the State. ACOs and LHDs were invited to jointly propose geographic areas for consideration as Community Health Innovation Regions (CHIRs). We applied with the ACO on behalf of the region shared by the 6 LHDs in the Alliance and are eagerly awaiting announcement of CHIRs.
- **Michigan Health Endowment Foundation** grants are awards to statewide organizations. We successfully advocated for Michigan Association for Local Health (MALPH) to include Northern Michigan in their proposal for an initiative to improve immunization rates. On 12/17 MALPH learned the project will be funded but announcement on geographic areas for implementation are pending.
- **Michigan Health Innovation Grant** provides one-time awards for projects that will improve efficiency and effectiveness of public health services. We received a $35,000 grant the Team Lead role once the Robert Wood Johnson Foundation grant ends.
- **Michigan Birthing Hospital Grant Program** provides funding for hospitals with OB services and LHDs to jointly plan and implement improved referrals to maternal and child health public health programs. Our 6 LHDs partnered with the 9 OB hospitals in the region to successfully secure these funds.
- **Rural Health Network Develop Planning Program** grants support organizational arrangements to develop strategies for improving healthcare delivery systems. The Alliance is preparing a $100,000 proposal to strengthen the rural health care system as a whole in Northern Michigan.

**Benzie Leelanau District Health Department (BLDHD)**

BLDHD, one of the 6 LHDs in our project, lost its Health Officer, we offered to facilitate the Roadmap for Planning Cross Jurisdictional Sharing Initiatives with technical assistance from Patrick Libbey. A group of County Commissioners from Benzie and Leelanau counties, Health Officers from adjoining jurisdictions and other stakeholders made several key decisions during the exploration: 1) Keep the counties together and 2) Seek CJS arrangement for Health Officer/ Medical Director and information technology/billing. We successfully sought a one-time, $50,000 grant from MDCH to aid in transition. BLDHD recently queried the Alliance LHDs for interest in the arrangement. One agency, Health Department of Northwest Michigan, has informed BLDHD will discuss a potential contract with Board of Health at their February meeting.
Health departments in Northern Michigan face many challenges and vulnerabilities. We embrace opportunities created by the Affordable Care Act and Public Health Accreditation Board, yet recognize we must develop regional infrastructure to respond to community needs and emerging performance standards. We have a good start. Team members have a long history of working together and in different constellations, providing a solid foundation for the exploration.

Several cross-jurisdictional sharing arrangements are already in place, through they are fragmented and programmatic. Community health assessments will be complete across the region soon, supplying extensive data on needs and services. Momentum is growing across the state to adopt a capacity-based focus to public health. Timing could not be better for policy-makers and public health leaders to explore cross jurisdictional sharing arrangements.

The goal of the project is to explore CJS arrangements that will increase efficiency and enhance public health capacity across Northern Michigan.

**Major activities**

- Complete a comprehensive assessment of existing public health cross jurisdictional sharing arrangements
- Develop a strategic plan for cross jurisdictional sharing
- Complete a review and analysis of a variety of cross jurisdictional sharing models
- Determine which, if any, models to implement in Northern Michigan
- Determine the feasibility of applying to the Public Health Accreditation Board on a multi-jurisdictional basis
- Assess the capacity of the local health departments to implement the 10 Essential Public Health Services
Cross Jurisdictional Sharing Team Members

- Carl Altman, Board of Health Chair-District Health Department #4
- Les Atchison, Board of Health Chair-Health Department of Northwest Michigan
- Andy Baker-White, Associate Director-Network for Public Health Law Mid-States Region (Co-Chair)
- Debra Baumann, Interim Health Officer-District Health Department #2
- John Bruning, Health Officer, District Health Department #4
- Kathy Garthe, Vice President for Regional System Development--Munson Healthcare
- Therese Green, Director of Wellness Services and Community Relations--McLaren Northern Michigan
- Rebecca Head, Chief Executive Officer-RHead and Associates (Co-Chair)
- Jenifer Murray, Health Officer-Benzie-Leelanau District Health Department
- Bruce Miller, Executive Director--Northern Health Plan and TENCON
- Mark Miller, Director of Local Health Services Division, Michigan Department of Community Health
- Herb Lemcool, Chairman--Grand Traverse County Board of Commissioners
- Shelley Pinkleman, Board of Health Chair--District Health Department #10
- Carolyn Rentenbach, Board of Health Chair--District Health Department #10
- Wendy Trute, Health Officer--Grand Traverse County Health Department
- Linda Van Gills, Health Officer--District Health Department #10
- Kathy Vichunas, Board of Health Chair-District Health Department #2
- Linda Yaroch, Health Officer--Health Department of Northwest Michigan (Project Director)

For more information, contact Jane Sundmacher, CJS Team Lead
231-838-0358 or jsundmacher@nwhealth.org.

Funded with a grant from the Robert Wood Johnson Foundation
managed by the Center for Public Health Sharing Services
A Cross-Jurisdictional Sharing Initiative
managed by the Center for Sharing Public Health Services
with support from the Robert Wood Johnson Foundation

The West Central Minnesota Project Partners:
- Douglas County – Population 36,009
- Grant County – Population 6,018
- Pope County – Population 10,995
- Stevens County – Population 9,726
- Traverse County – Population 3,558

The Question that’s Awaiting an Answer:
Will integration of three local health departments result in a more efficient and effective Public Health Department with greater capacity to meet the current and future challenges facing our communities?

Summary of the Process:

January 2012 - The Horizon Community Health Board requests an exploration process to consider the benefits and drawbacks of integrating the 3 separate public health departments into a single 5-county Public Health Department. Public Health administrators begin to gather information in 6 primary focus areas: governance, programs and services, personnel and staffing, budget and finance, community partnerships and facilities.

December 2012 The governing boards of the 5 individual county partners, based on preliminary findings in the six focus areas, unanimously lend their support to continued exploration of integration. Grant support is secured from the Center for Sharing Public Health Services, an initiative supported by the Robert Wood Johnson Foundation.

Summer 2013 Project management efforts continue with development of proposed organizational chart, position descriptions, personnel policies and governing board composition. In addition, strong emphasis on change management including focused meetings with staff from the 3 Public Health Departments, governing boards from the 5 partner counties, and county department colleagues that may be impacted by the integration.

Winter 2013-2014 Final details of the proposal for an integrated 5-county public health department are compiled and distributed to individual county boards as well as staff from the 3 Public Health Departments.

March-April 2014 Individual county boards officially vote in favor of full integration.

May-Dec 2014 The final details come together….joint powers agreement, operating procedures, budget, collective bargaining discussions, employment offers, open enrollment health insurance and ancillary benefits, and combined IT services.

January 2015 A new year and a new Horizon Public Health!
MINNESOTA
Shared Services Learning Collaborative

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

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

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

Overview

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

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

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

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

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

Accomplishments

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

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

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

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

**Level 1 Partners**

**Partnership4Health CHB**
- Ronda Stock, Becker CHB
- Kathy McKay, Clay–Wilkin CHB
- Diane Thorson, Otter Tail CHB
- Debra Jacobs, Wilkin County Public Health

**Bloomington, Edina, and Richfield community health boards**
- Lisa Brodsky, Bloomington CHB
- Bonnie Paulsen, Bloomington CHB
- Jeff Brown, Edina CHB
- Betsy Osborn, Richfield CHB

**Kandiyohi-Renville Community Health Board**
- Ann Stehn, Kandiyohi County Public Health
- Jill Bruns, Renville County Public Health

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

**Level 2 Partners**

**Brown-Nicollet Community Health Board**
- Karen Moritz, Brown County Public Health
- Mary Hildebrandt, Nicollet County Public Health

**Carlton-Cook-Lake-St. Louis Community Health Board**
- Julie Myhre, Carlton-Cook-Lake-St. Louis CHB

**Fillmore-Houston Community Health Board**
- Lantha Stevens, Fillmore-Houston CHB

**Hennepin Community Health Board and Minneapolis Health Department**
- Rodger Amon, Hennepin County Human Services and Public Health Department
- Pam Blixt, Minneapolis Health Department

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

**North Country Community Health Board (Beltrami, Clearwater, Hubbard, and Lake of the Woods counties)**
- Bonnie Engen, North Country CHB

**Olmsted Community Health Board**
- Pete Giesen, Olmsted County CHB

---

1 The community health board (CHB) is the legal governing authority for local public health in Minnesota. CHBs have statutory responsibility under the Local Public Health Act and must address and implement the essential local public health activities, as well as assure regular assessment, prioritization, and action on community health needs.
Partnership4Health

This Shared Services Learning Collaborative partner is located in west central Minnesota and includes:

- Becker County
- Clay County
- Otter Tail County
- Wilkin County

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

What is the Purpose of the Project?

Plan, develop, garner board approval, and operationalize a new multi-county community health board (CHB) that will align with the Minnesota 2015-2019 Local Public Health Assessment and Planning cycle.

This includes the development of the required legal documents such as a Joint Powers Agreement, delegation agreements to the local boards of health, environmental health delegation agreement, and bylaws and operating procedures, as well as conducting a community health assessment, development of a strategic plan, community health improvement plan, and a quality improvement plan as a new CHB.

Why Now?

We, the directors of the respective four counties involved with Partnership4Health, have met regularly over the last several years to plan and implement a number of initiatives that have focused on improving efficiencies and effectiveness, such as:

- covering staffing vacancies,
- developing new programs that share staff across county lines, and
- sharing of staff expertise in high expertise/low volume services such as TB follow-up and finance.

Through our planning efforts, continued discussion, and exploration of future trends, we felt that the time was right to make a change in our governance structure, to:

- allow for even greater efficiencies, and provide for a strong and sustainable public health partnership that will be needed in order to meet the challenges ahead,
- align with state and national trends that have focused on local government redesign and cross-jurisdictional services,
- prepare for meeting public health accreditation standards,
- manage flat or decreasing funding for public health,
- recruit specialized services and realignment of staff through attrition and retirement, and
- become more attractive to funders with an increased population size and geographic area.
Key Activities and Outcomes

January-June 2013  Planning committee comprised of key stakeholders within each county.

July-August 2013  Develop graphic for Interdependent Governance and Service Model and Joint Powers Agreement

September-December 2013  Drafting of the Joint Powers Agreement for each county board; discussions with the Minnesota Department of Health (MDH) for expansion of delegation agreements for environmental services; complete a four-county community health assessment in conjunction with local hospitals

January-December 2014  All counties adopted the Joint Powers Agreement; utilized Quality Improvement Principles to create program work plans and standardize; Policies and procedures for some program areas; Shared work assignments for Emergency Preparedness work plan; shared cost of consultant to update policies and practices for Environmental Health; new funding opportunities obtained; transitioned grant agreements from 3 CHB’s to one CHB.

January 2015  Officially a new CHB; CHB Kickoff for all Managers and Staff-Cultivating Courage

For More Information

Diane Thorson, Otter Tail County Public Health, Fergus Falls, MN  
dthorson@co.ottertail.mn.us | 218-998-8333

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

This Minnesota Shared Services Learning Collaborative partner is located in southern Hennepin County (Twin Cities Metro Area) and includes:

- Bloomington Community Health Board
- Edina Community Health Board
- Richfield Community Health Board

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

What is the Purpose of the Project?

Identify opportunities to strengthen and improve existing shared services between the Bloomington, Edina, and Richfield (BER) community health boards.

Why Now?

The Edina and Richfield community health boards\(^1\) (CHBs) have contracted with the City of Bloomington for public health services since 1977. Over time, services have shifted, grants have come and gone, and there has been renewed pressure to show the benefits of public health programs and services. In addition, with decreasing funds, BER wishes to focus on improving efficiencies and effectiveness.

Key Activities and Outcomes

2013  
- Develop SSLC charter; meet with Minnesota Department of Health (MDH).
- Conduct historical, financial, and legal analysis of current contracts and level of services.
- Evaluate formal reporting mechanisms, e.g., annual and quarterly reports, monthly meetings.
- Formalize orientation process to shared services to new partners.

2014  
- Developed an orientation guide for new Public Health Administrators.
- Greater understanding of how to calculate and distribute the costs of shared services.
- Completed the shared services roadmap process for “Bloomington Edina Richfield Public Health Alliance”, creating a more formalized relationship.
- Developed Guiding Principles for the Alliance, including mission, vision and value statements.
- Submitted a joint application for public health accreditation.

For More Information

Lisa Brodsky, Bloomington Public Health, Bloomington, MN  
lbrodsky@ci.bloomington.mn.us  |  952-563-4962

\(^1\) The community health board (CHB) is the legal governing authority for local public health in Minnesota. CHBs have statutory responsibility under the Local Public Health Act and must address and implement the essential local public health activities, as well as assure regular assessment, prioritization, and action on community health needs.
Kandiyohi-Renville Community Health Board Environmental Services Integration

This Shared Services Learning Collaborative partner is located in southwest Minnesota and includes:
- Kandiyohi County Public Health
- Renville County Public Health

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

What is the Purpose of the Project?

Fully integrate an environmental health program between Kandiyohi and Renville public health departments.

The partners accomplished this by developing combined policies, protocols, ordinances, fee categories, and other legal requirements. In order to ensure the integration is successful, partners involved program staff and local/state policy makers and addressed their concerns.

Why Now?

Kandiyohi and Renville County Public Health Departments joined into a newly formed community health board (CHB) effective January 1, 2013. The two counties had worked with a cross-jurisdictional agreement for environmental services in the past. The Minnesota Department of Health (MDH) delegates licensing and inspection authority to local public health entities, and has strict guidelines and standards for these activities. MDH requested that Kandiyohi-Renville integrate its environmental health program to meet its standards for the delegation. Because of this, partners decided to first address full integration of this program.

The Kandiyohi-Renville CHB believes that local public health departments understand the unique needs and situations of their constituents, and can provide education, response, and resolution to local matters. Thus, the CHB strongly desired to make the environmental health program stronger and of better quality for both the citizens and licensed establishments it serves.

Key Activities and Outcomes

**Winter 2013**  Compared programs and identified and organize planning team

**Spring 2013**  Shared computerized inspection reports, involved IT, compared categories, gathered state and regional data, recommended integrated categories, updated back-up agreement.

Reviewed ordinances with input from MDH and legal, recommend changes.

**Summer 2013**  Developed integrated 2014 budget, finalized fees to cover program costs, amended policies and procedures for integrated program, finalized recommendation and approval to CHB on integrated budget, categories, fees and policies.

Refined internal processes and policies.
Fall 2013  Developed public, licensee, and stakeholder education plan, gave legal notice and held public hearings on local ordinances.

Obtained delegation agreement from MDH, sent license notices to establishments.

Sent out license notices as one entity.

Winter 2014  Sent out licenses as one entity.

Refined the processes (software, data management, categories, review process, etc.) of the integrated environmental licensing services, using PDSA and other tools.

Spring 2014  Conducted inter-rater reliability and standardization review of the Environmental Health Specialists.

Summer 2014  Participated in management evaluation by MDH. Updated policies per recommendations.

Winter 2015  Received AFDO Retail Standards Award to have both Environmental Health Specialists standardized. Will begin chart reviews for inter-rater reliability.

For More Information

Jill Bruns, Kandiyohi-Renville Public Health, Olivia, MN
jill_b@co.renville.mn.us | 320-523-3723

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

**Polk-Norman-Mahnomen Community Health Services** is a community health service partnership comprised of two local health departments and three counties (Polk County Public Health and Norman-Mahnomen Public Health).

**Polk-Norman-Mahnomen staff retreat**

*Team Building Challenge*

---

**The Idea**

**Polk-Norman-Mahnomen Community Health Board** was established in October of 2012.

PNM wanted to participate in the SSLC in order to learn about system level changes to improve the efficiency and effectiveness of the **Maternal Child Health- Family Home Visiting (FHV) programs** provided by the two local health departments. The project goal is to improve/combine at least 5 policies, procedures or practices to ensure consistent, high quality services for clients across the jurisdictions.

**Process:**

- Establishment of a FHV Workgroup
- Quarterly meetings of the workgroup
- Review and revise and develop common forms utilizing the CHB name
- Establish a formal cross-jurisdictional Requesting and Responding Document
- Consistent Evidence based FHV Models

---

**Minnesota Shared Services Learning Collaborative**

**Polk-Norman-Mahnomen Community Health Services**
<table>
<thead>
<tr>
<th>The Outcomes</th>
<th>Reflections</th>
</tr>
</thead>
<tbody>
<tr>
<td>❖ Developed a Force Field Analysis</td>
<td>❖ The Change Management webinar and “The Change Curve” Model were infinitely useful tools in improving the cross jurisdictional sharing process. It’s a challenge to keep board members, local county boards, staff and stakeholders involved in the change process rather than just informing them of the process. The buy-in and involvement improves when everyone is involved in the change process.</td>
</tr>
<tr>
<td>❖ Established common forms and documentation</td>
<td>❖ Surveying staff and facilitating board discussions were helpful.</td>
</tr>
<tr>
<td>❖ PNM Community Health Assessment and Strategic Planning began involving staff</td>
<td>❖ Working across county lines under separate health departments raises issues related to contracts, billing, and release of information.</td>
</tr>
<tr>
<td>❖ Electronic Health Information Exchange test completed by LHDs.</td>
<td></td>
</tr>
<tr>
<td>❖ Completed a PNM FHV Staff Feedback Survey</td>
<td></td>
</tr>
<tr>
<td>❖ PNM CHB Quality Improvement Culture Self Assessment Completed</td>
<td></td>
</tr>
<tr>
<td>❖ “Real Colors” strengths-based team building exercise for staff.</td>
<td></td>
</tr>
<tr>
<td>❖ PNM CHB Receiving and Responding Agreement Approved to facilitate cross jurisdictional staff sharing.</td>
<td></td>
</tr>
</tbody>
</table>
Polk-Norman-Mahnomen Community Health Services

This Shared Services Learning Collaborative partner is located in northwest Minnesota and includes:

- Polk County Public Health
- Norman-Mahnomen Public Health

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

What is the Purpose of the Project?

Assure strong family home visiting within public health, by improving efficiency and effectiveness for Maternal Child Health-Family Home Visiting (FHV) efforts within Polk County Public Health (PCPH) and Norman-Mahnomen Public Health (NMPH).

This project will 1) expand the sharing of FHV programs, services, and resources across Polk-Norman-Mahnomen Community Health Services (PNM CHS); 2) expand the quality of infrastructure and availability of services; 3) improve health IT processes, including electronic communication related to continuity of care; and 4) emphasize collaboration.

Aim Statement

By January 2015, the PNM FHV staff will improve at least five policies, procedures, or practices across jurisdictions, resulting in improved quality and consistency of services.

Why Now?

With a new, formal governance structure in place (effective January 2013), PNM CHS now has increased opportunities to collaborate and improve capacity across county boundaries.

PNM CHS' board of directors, administration, and local public health staff are committed to quality improvement and systems change through a meaningful planning, implementation, and evaluation processes.

Key Activities and Outcomes

| January 2013 | PCPH and NMPH FHV Planning committee meets every other month |
| Spring 2013  | Create common agency referral form for PNM FHV. |
| Summer 2013  | Develop a PNM CHS force field analysis to highlight background (past) and vision (future). This analysis allows PNM CHS to check progress and tend to restraining forces that may hamper progress. |
| Summer 2013  | Establish a common PNM CHS contact letter outlining services, which is mailed to clients that can’t be reached via phone. |
| Summer 2013  | Establish common PNM CHS TANF and high-risk eligibility forms |

For More Information

Sarah Reese, Polk County Public Health, Crookston, MN
sarah.reese@co.polk.mn.us | 218-281-3385
Exploring Cross-Jurisdictional Sharing in Yellowstone and Carbon Counties, MT

Yellowstone County:
Population: 151,882
County seat: Billings

Carbon County:
Population: 10,127
County seat: Red Lodge

**Goal:** Explore cross-jurisdictional public health sharing capabilities in Yellowstone and Carbon Counties.

**Background:** Carbon County (CC) and Yellowstone County (YC) provide a unique dichotomy of South Central Montana living. CC residents travel to YC to work and shop, while YC residents travel to CC for recreation in the Beartooth Mountains. Though directly adjacent to each other, their population sizes, as well as the size and structure of the local health departments vary drastically. Local public health is provided by a self-governed health district in Yellowstone County and a private hospital-based but county-governed agency in Carbon County.

Cross jurisdictional public health sharing arrangements already exist between the two counties, including informal or service-related arrangements for: Women, Infants, Children (WIC), Environmental Health, and Public Health Emergency Preparedness (PHEP). The most formal arrangement is the Cities Readiness Initiative (CRI).

**Key Activities:**
- Improve existing shared public health services
- Analyze cross-jurisdictional sharing models
- Explore new shared public health services
- Engage policy-makers

**Guiding Principles for Yellowstone and Carbon Counties Shared Public Health Model:**
- Benefits the residents, taxpayers, and public health agencies of both counties such that value of the shared model exceeds the sum of discrete models, and shares and leverages the partners’ resources (e.g., money, time, staff, expertise, knowledge, commitment, and reputation).
- Is predicated on and values open communication and collaboration
- Is committed to developing and delivering progressive, future-oriented public health services that are needed, evidence-based, high quality, effective, efficient, and sustainable
Accomplishments to Date:

- Completed site visit
- Gained a mutual understanding of structure, functions, operations, processes, strengths, and weaknesses of public health services in the two jurisdictions
- Legal analysis
- Consideration of differential of per capita public / tax funding for public health in the two jurisdictions and political implications of County tax dollars “crossing the county line”
- Inventory of current services offered by each jurisdiction, including an analysis of satisfaction with both the array of services and scope / extent of those services.
- Beginning to narrow the options for a shared service arrangement: expanding the district is out for now...determined that expansion of the district to include a second county is legally possible but impractical right now from political, economic, and governance perspectives but developed a process to consider other options to enhance and streamline services (e.g., contract management / performance of services in Carbon County by RiverStone Health)

Team members:
John Felton—President & CEO/ Health Officer, RiverStone Health
Jennifer Staton—Program Coordinator, RiverStone Health
Barbara Schneeman—Communications & Public Affairs Vice President, RiverStone Health
Michael Dennis—Chair, RiverStone Health Board of Health
Bea Ann Melichar—RiverStone Health Board of Health
Doug Tucker—Commissioner, Carbon County
Kelley Evans—CEO, Beartooth Billings Clinic
Roberta Cady — Public Health Nurse, Carbon County

For more information, contact Jennifer Staton, Team Lead
406-651-6443 or Jennifer.sta@riverstonehealth.org

Exploring Cross Jurisdictional Sharing in Yellowstone and Carbon Counties, MT
is an initiative managed by the Center for Sharing Public Health Services
with support from the Robert Wood Johnson Foundation.
Public Health Regional Partnership
Carson City and Douglas County

Collaborating Agencies
Carson City Health & Human Services (CCHHS)
Douglas County
Nevada Department of Public and Behavioral Health (DPBH)
University of Nevada–Reno

Project Goal
The project goal was to improve the level of environmental health services provided within Douglas County while increasing efficiency and allowing more local control.

Key Objectives
⇒ Optimize service delivery in the public health fields of environmental health and infectious disease reporting to the residents of Carson City and Douglas County
⇒ Increase efficiency by better utilization of staff and resources in both counties and strengthen cooperative relationships in delivering public health services to residents of northern Nevada.
⇒ Provide environmental health services in Douglas County by CCHHS that were being provided by the DPBH.

Project Outcomes Accomplished
Initial
⇒ Engaged a stakeholders group comprised of policymakers, community leaders, community health coalitions, the University of Nevada – Reno, and DPBH to analyze and implement a plan for CCHHS to provide environmental health services in Douglas County.
⇒ Obtained approval for transition of services from state to county responsibility.

Midterm
⇒ Completed an Information Technology Assessment and performed an upgrade to database to support a variety of Window applications in order to allow documentation and storing of inspection data.
⇒ Developed a public communication plan and logo.
⇒ Tested the software capacity between both jurisdictions.
⇒ Initiated daily operations on January 1, 2014.

Final
⇒ Described a recommended model for cross-jurisdictional arrangements within the toolkit.
⇒ Designed a toolkit to help other jurisdictions analyze the legal and financial implications for cross-jurisdictional sharing arrangements.
⇒ Provided information regarding cross-jurisdictional sharing activities to local public health officials, policymakers, and neighboring jurisdictions.
⇒ Analyzed service delivery and evaluated the transition plan.

For more information, contact Marena Works, MSN, MPH, APN, Carson City, Nevada
775-883-0703, mworks@carson.org.

Douglas County
Population 48,478
Area 738 sq mi
Number of permitted establishments 626

UPDATED: JANUARY 2015
About the Region
The eight counties making up the project area represent an area roughly equal in size to the six New England States combined. The region makes up about 57% of the Nevada land mass but has only 20% of the population. The population density is 8.73 per square mile but only 2.08 per square mile in the seven rural and frontier counties. Those seven counties make up 4.25% of the state’s population. Outside of Washoe County, the majority of public health services in the seven other counties are provided through the State.

Recent Activities
- Development of public health services inventory questionnaire
- Development of public health services gaps and priorities questionnaire
- Follow-up site visits with Counties to ground truth questionnaire results

Key Findings
- Several of the rural and frontier Counties do not have an appointed health officer.
- Other than the Washoe County Health District, only Churchill County routinely convenes a local board of health.
- Many local public health services are provided through the Nevada Division of Public and Behavioral Health.
- Often, local leadership does not have a thorough understanding of the importance or the work involved in providing these services.
- Local understanding of public health issues is typically not data driven.
- Distances between population centers and the lack of local infrastructure make sharing difficult.

Tactical Change
Rather than attempting to develop and implement cross-jurisdictional sharing arrangements in the near term, it was determined that a more feasible and appropriate use of the funds would be to provide assistance to the County best poised to revitalize their Board of Health and engagement in public health activities, which is Churchill County. This could then allow the other rural and frontier counties in the project area to benefit from an opportunity to observe the Churchill County Board of Health in action and an opportunity to discuss how the use of local data might be used to engage leadership within their own communities.

For more information, contact Randall Todd, DrPH, Washoe County Health District
775-328-2443 rtodd@washoeCounty.us
“Pursuing Integration of Public Health Services in Genesee and Orleans Counties, NY”

Counties across New York State (and elsewhere) continue to face unprecedented fiscal pressures without significant mandate relief. These burdens are often pushing counties to cut services and become more creative in how they deliver required essential services in a cost efficient manner. In response to this reality, the Genesee and Orleans County Health Departments have embarked upon an exciting joint cross jurisdictional sharing (CJS) venture seeking integration of select functions and services.

As a result of the Cross Jurisdictional Services initiative, direct fiscal savings have been actualized. Shared administration, staffing, travel expenses, medical and environmental engineering consultation, receiving a CDC PHAP Associate, and shared transportation savings have led to re-occurring annual savings/benefits of over $400,000 per year.

In addition to fiscal savings, qualitative improvements have also been accomplished. Shared staffing between Genesee and Orleans County Department of Health has helped identify and reduce duplications of efforts and coordinate public health education and community messaging via calendar postings and news columns. The CJS venture has also helped develop common fee schedules for sanitary codes as well as standardization of septic changes that are up to date and streamlined. Lastly, sharing of personnel across counties have fostered collaboration that lead to joint community health assessment and improvement plans.

In addition to assessment in the communities, the CJS project has also developed self-assessment and improvement plans for the upcoming future. Through Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis, senior leadership teams at Genesee and Orleans County Department of Health were able to identify three essential services for improvement. Furthermore, through Concept Systems (CS) analysis, the CJS team was able to survey all major stakeholders in order to identify the most important and feasible improvements to be made in the future.

Moving forward, Genesee and Orleans County will have a concise implementation plan in order to address and improve the essential services identified by Concept Systems the SWOT analysis and joint strategic planning. It is our goal that the findings from this CJS venture will be used to guide the health department’s accreditation process. We also hope that this endeavor will help shed light into innovative ways other public health agencies and other municipal operations might leverage resources, services and staff to respond to new world fiscal pressures while also better serving their respective communities.
“Pursuing Integration of Public Health Services
in
Genesee and Orleans Counties, NY”

Counties across New York State (and elsewhere) continue to face unprecedented fiscal pressures without significant mandate relief. These burdens are often pushing counties to cut services and become more creative in how they deliver required essential services in a cost efficient manner. In response to this reality, the Genesee and Orleans County Health Departments have embarked upon an exciting joint cross jurisdictional sharing (CJS) venture seeking integration of select functions and services. It is hoped that this endeavor will also help shed light into innovative ways other public health agencies might leverage resources, services and staff to respond to new world fiscal pressures while also better serving their respective communities. Aided in part by assistance from Lake Plains Community Care Network and a cross jurisdictional grant from the Robert Wood Johnson Foundation, the two counties’ journey has begun in earnest.

Actually first considered in thought and planning over six years ago, the two counties have over the past year and a half begun senior staff integration. Today the agencies now share three management positions, those being Public Health Director, Deputy Director/Director of Environmental Health and Director of Patient Services. According to Paul Pettit, the shared Public Health Director, “it has taken a lot of coffee and conversations with two county legislatures, two boards of health and the state health department to get things moving”. But moving, they certainly now are.

Besides sharing of senior management, other accomplishments to date include:

- Joint community health assessment activities
- Joint community health improvement plan development
- Joint purchasing of services in select areas
- The development of common fee schedules and sanitary codes
- Sharing of medical and environmental engineering consultation
- Coordination of Public Health Education and Community Messaging

As time passes, additional integration will be pursued as well specifically targeting ways to standardize and streamline operations and operational support while further seeking opportunities to conserve resources, improve quality, increase community engagement and to begin to prepare for potential national accreditation.

For Additional Information, contact:

Mr. Paul Pettit, MSL
Public Health Director
Genesee and Orleans County Health Departments
(585) 589-3250
paul.pettit@orleansny.com

A portion of the Genesee-Orleans CJS project is an initiative managed by the Center for Sharing Public Health Services with support from the Robert Wood Johnson Foundation.
Map prepared by the Guilford County Department of Public Health

PROJECT SMILE
Cross-Jurisdictional Sharing

Cabarrus and Guilford Counties
North Carolina

Cabarrus Health Alliance
- William F. Pilkington, DPA—Health Director
- Janie Woodie, DAlI—Practice Manager
- Julia Patterson, RN, BSN—Accreditation/QI Director
- Sue Yates—Finance Director

Guilford County Health Department
- Merle Green, MPH, MBA—Health Director
- Ken Carter—Assistant Health Director
- Mark Smith, PhD—Epidemiologist
- Cindy Toler, BS MT, ASCP, MBA—Program Manager

For additional Information:
Janie Woodie, DAlI, Practice Manager
Team Lead / Communications Coordinator

Cabarrus Health Alliance Dental Clinic
280 Concord Pkwy, Suite 110-A
Concord, NC 28027
JBWoodie@cabarrushealth.org
Office#: 704-920-1096
Fax#: 704-920-1071
Employing a shared approach to improving public health dental services in Cabarrus and Guilford Counties, North Carolina

**Project Jurisdictions and Population:**

- **Cabarrus County:** 178,011
- **Guilford County:** 489,671
- **Total Project Jurisdictions Population:** 667,628

**Total Project Jurisdictions Square Miles:** 1,007

**Long-term objectives include:**

- **Increase patient volume**
  Increase the number of underserved clients receiving care.

- **Improve efficiency**
  Decrease dental service expenses by capitalizing on shared services and processes.

- **Provide Innovative new services**
  Identify and provide new dental services needed by the community that are not currently being offered.

**Accomplishments:**

- Developed sharing and contractual agreements for:
  - Sharing of staff
  - Sharing of a mobile dental unit
  - Sharing of bulk purchasing

- Developed referral system within each county to track the number of referrals and referral sources

- Developed educational materials to be used in both counties

- Implemented a portable dental delivery system that can offer services across-jurisdictions
Building Public Health Capacities through Collaboration: Accelerating Progress in Northeast Ohio

Northeast Ohio Region: Portage County

Goal
Develop an informed and shared approach to assuring effective and efficient delivery of essential public health services in Portage County, Ohio.

Participants
City of Ravenna Health Department (RHD)
City of Kent Health Department (KHD)
Portage County Health Department (PCHD)
Task Force for Improving Public Health
Center for Public Policy & Health, College of Public Health, Kent State University

Project Description
This project builds on the work of the Task Force for Improving Public Health in Portage County, a voluntary stakeholder group formed in 2011 to improve public health in Portage County. In 2012, this Task Force recommended that the three health districts serving Portage County explore ways they can work together to improve the public health system in the county and pursue health department, accreditation.

With support from the Center for Sharing Public Health Services and the Robert Wood Johnson Foundation, project participants created three working groups to engage with one another and to foster collaborations that can improve public health in Portage County. Through the work of the working groups, the project team, and their community partners, the project has achieved a number of important accomplishments.

Accomplishments
• Developed a Strategy and Action Plan for improving public health in Portage County through collaborative pursuit of public health improvements and local health department accreditation.
• Steered the newly merged RHD and PCHD (PCHD now provides virtually all public health services for Ravenna) toward renewed public health improvement efforts, as well as financial savings – which were also achieved through the RHD-PCHD consolidation that occurred during the project period.
• Completed a county-wide Community Health Assessment (CHA) with extensive stakeholder involvement. This is creating a shared understanding of the public health needs in the county.
• Created an inventory of public health services and an analysis of the level of collaborative service provision in the county to help inform future collaborative efforts.
• Built stronger relationships with community stakeholders through outreach activities during the project, and these are likely to foster more effective public health improvement efforts in the future.

Next Steps
Continue collaborative efforts toward public health improvement, including completion of a Community Health Improvement Plan and continued engagement with the Task Force for Improving Public Health in Portage County.

Contact Information
Josh Filla (jfilla@kent.edu) and John Hoornbeek (jhoornbe@kent.edu) or 330-672-7148
Center for Public Policy and Health, College of Public Health, Kent State University  www.kent.edu/cpph/
County commissioner engagement in the Central Oregon CJS Project has been integral to its success. The first official meeting of the Project Leadership Team involved a strategic planning session in which a draft vision statement was presented. The statement “We envision a safe, prepared Central Oregon that is ready to respond in the most effective manner should emergency or disaster strike locally” was appended to add the words “or elsewhere.” This big picture approach is refreshing coming from policy makers.

Both commissioners and directors agreed that the tri-county medical surge plan and the collaborative exercise, which included commissioners, were significant accomplishments. The CJS grant enabled us to leverage an additional state of Oregon grant equivalent to 42% of our RWJF award, which covered developing and exercising the first Central Oregon Regional Medical Surge plan. All three counties have signed onto a preparedness omnibus mutual aid agreement as well.

Commissioners expressed that their involvement in the CJS project provided them with peace of mind knowing that public health is ready to respond in an emergency situation. They have directed local health departments to respond quickly to an emergency response regardless of immediate public health impact. It’s critical for us to show up early, and then stand down if we’re not needed.

Elected officials would like to see formalized agreements developed for CJS efforts to that will ensure that informal arrangements become “institutionalized” after their tenure. Health directors agreed that documenting and formalizing agreements is critical. Currently media communications affecting all three counties are co-branded, but developing a formal, written communication policy and procedure is essential to continue CJS work here. They found considerable value in the project and see broader implications for public health cross jurisdictional sharing.
Designed to enhance Central Oregon’s public health preparedness capacity, this project is a regional collaborative among Crook, Deschutes and Jefferson counties. Three county health administrators, three county commissioners, a regional non-profit director, and the project director comprise the CJS Leadership Team.

The team convened on January 25, 2013 for a strategic planning retreat. The project mission statement was adopted which laid the foundation for further CJS planning efforts as follows:

**Vision**

We envision a safe, prepared Central Oregon that is ready to respond in the most effective manner should emergency or disaster strike locally or elsewhere.

**Mission**

Create a cost effective and efficient shared model of public health emergency preparedness to enhance the protection, safety, and resilience of Central Oregon. Our goals are to develop:

- Tri County Public Health/Medical Reserve Corps
- Regional risk communication program
- Integrated training and exercise program
- Business operation plan for shared resources

For more information, contact Mary Goodwin, Project Director, marygo@deschutes.org or 541-322-7466.
Accomplishments & Lessons Learned

Jurisdictions continue to successfully progress further along the spectrum as their sharing arrangements mature. It’s only through successful shared services at any level of the spectrum that health departments will progress to more formalized and higher levels of sharing. While “Shared Function with Joint Oversight” might be a desirable direction for health departments to move toward for some public health functions or services, it requires a higher level of trust, experience and elected official support. Currently, local health departments have comfort in exploring shared services when grant dollars are involved, less likely with tax levy resources. The Northwoods Preparedness Collaborative fits this model, but we have witnessed how shared services on any level of the spectrum can change with staff turnover and unstable funding to justify investing in hiring a staff person. Since the dissolution of the Northwoods Preparedness Collaborative, several jurisdictions have entered into smaller sharing arrangements. We do not foresee jurisdictions entering into “Regionalization” due to the strong value of local control.

Next Steps

We have discussed the role of the Northern Region Department of Public Health, and the appropriateness and capacity to provide technical assistance to local jurisdictions wishing to share services. The State of Wisconsin Department of Health Services-Division of Public Health Northern Regional RADAR Team is charged with providing leadership in the development of public health system capacity and has been involved in facilitating local health department mergers in other parts of the state. We will continue to provide health departments with technical assistance through the grant period as they explore new possible sharing arrangements and formalize existing arrangements, connecting in the RADAR Team as appropriate as they will be providing long-term support and assistance.

Continuation of Resources

Counties will continue to consider opportunities for sharing services after the grant period, with technical assistance and support coming from the State of Wisconsin Department of Health Services-Division of Public Health Northern Regional RADAR Team. Monthly Northern Regional WALHDAB meetings provide an avenue for exploring such possibilities. The website, which houses the NorthwoodsSharedServices Toolkit (http://northwoodssharedservices.org), will continue to be available for the calendar year of 2015; after that, the need for continuation of the website will be assessed.
Northwoods Shared Services Project

A Partnership Project with Public Health and Policymakers

What is the purpose of the project?
The project is aimed at helping health departments and policymakers explore the potential of cross jurisdictional sharing to expand the quality and availability of services while also improving efficiency.

What is Cross Jurisdictional Sharing?
Cross jurisdictional sharing enables health departments to share programs, services, and resources across the jurisdictions they serve.

Key Activities/Outcomes

<table>
<thead>
<tr>
<th>Period</th>
<th>Activity Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spring - Summer 2013</td>
<td>Assessment of cross jurisdictional sharing arrangements, inventory of services, and interviews with health officers</td>
</tr>
<tr>
<td>Summer 2013</td>
<td>Public Health Accreditation Board (PHAB) self-assessment baseline</td>
</tr>
<tr>
<td>Summer-Fall 2013</td>
<td>Policymaker conversations (focus groups, discussion groups, phone conference calls, etc.)</td>
</tr>
<tr>
<td>Fall-Winter 2013</td>
<td>Develop tools, resources, recommendations, and sharing criteria</td>
</tr>
<tr>
<td></td>
<td>Policymaker conversations phase II</td>
</tr>
<tr>
<td>Winter 2013-14</td>
<td>Final report of recommendations</td>
</tr>
<tr>
<td>2014</td>
<td>Teams develop sharing criteria, identify sharing opportunities, complete PHAB self-assessment</td>
</tr>
</tbody>
</table>

For more information contact Chris Dobbe, Marathon County Health Department, Wausau, WI

chris.dobbe@co.marathon.wi.us  715-261-1915   http://northwoodssharedservices.org/