Center for Sharing Public Health Services
Rethinking Boundaries for Better Health

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CJS Case Report

San Luis Valley Public Health Partnership

Background

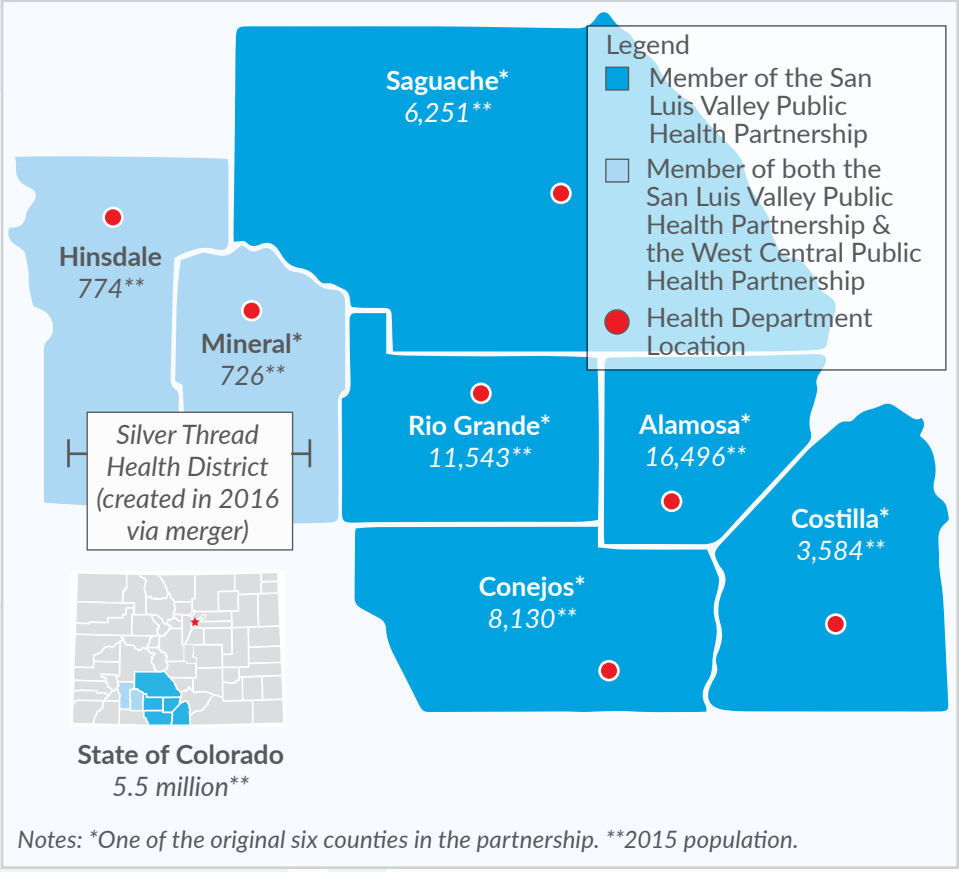
The San Luis Valley is a geographically isolated, high desert valley in southern Colorado. The region encompasses 80,256 square miles that are served by three rural and three frontier counties. Colorado's public health system is decentralized, and each of these counties is served by a local health department.

The San Luis Valley Public Health Partnership (the partnership) was developed to facilitate cross-jurisdictional sharing (CJS) arrangements among the six counties, with a specific goal of optimizing the effectiveness, efficiency, capacity and performance of core public health services.

In 2013, the partnership secured a two-year grant from the Center for Sharing Public Health Services (the Center) to help them explore new ways to work together and formalize their partnership. The Center is funded by the Robert Wood Johnson Foundation.

The Colorado Department of Public Health and Environment (the state) also played a supportive role by providing both funding and strategic planning to the partnership.

In late 2016, the Center followed-up with the site and found that—through the partnership—a variety of CJS



*Notes: *One of the original six counties in the partnership. **2015 population.*

The partnership has resulted in increased public health effectiveness. For example:

- *Residents have access to a greater range of public health services and functional capacities.*
- *Expertise is shared more easily among the health departments, resulting in improved service quality.*
- *Health departments throughout the region are represented at a greater range of policy and planning tables.*

arrangements for shared staff, services and programs have emerged. In addition, the state continues supporting the partnership by providing grants and by promoting it to funders and other local public health agencies interested in CJS arrangements.

Efforts During the Initial Grant Funding Period

Activities and Accomplishments

Health departments in these six counties have worked together on specific topics for many years. Through this grant they sought to explore new ways to work together and formalize their partnership. The group hired a partnership coordinator and contracted with a professional facilitator to guide their efforts, and thus the San Luis Valley Public Health Partnership was born.

Stakeholders from the partnership engaged in strategic planning, monthly conference calls and quarterly in-person meetings. They established the group's structure and operations, and discussed current issues, opportunities and requirements. They also developed an inventory of existing CJS arrangements throughout the region.

An inter-governmental agreement was signed by the chair of each county commission in the region. It formally recognizes and supports the partnership and the participation of local health officials in its activities.

The partnership also generated mission, vision and values statements and guiding principles. In addition, they produced an operating agreement that addresses the partnership's leadership, decision-making and other operational structures and processes.

They communicated with key stakeholders on a regular basis, and continue to hold routine meetings focused on collaborating for effective and efficient public health services and programs.

The partnership worked diligently to engage policymakers throughout the San Luis Valley, recognizing the benefits of having their formal support. They recruited a commissioner to be their liaison to the San Luis Valley County Commissioners Association, which is comprised of all eighteen commissioners from the region. The liaison participated in partnership meetings, assisted with strategies to effectively communicate about partnership activities and helped design the inter-governmental agreement that formally supports the partnership.

This resulted in a high level of commitment among local policymakers, as evidenced when thirty local policymakers and public health representatives attended a meeting held during a Center site visit that was hosted by the partnership as one of their grant requirements. The meeting included seventeen county commissioners and two county administrators.

At first, the partnership identified opportunities to convene commissioners association members solely for the purpose of addressing public health issues. Now, however, all commissioners association meeting agendas include a regular report on the partnership's activities and next steps. By asking the commissioners association to include public health as a regular agenda item at their existing meetings, the partnership facilitates routine engagement and also elevates public health to the same level of recognition as other public services and functions routinely addressed by the commissioners association.

The partnership undertook an informal regional environmental health assessment to determine the needs of individual counties and to consider how a regional program might be structured. This marked the first effort toward a CJS arrangement under the new partnership, and the work included lengthy discussions on the scope of work, funding, staffing and supervision.

By the end of the initial grant funding period, the partnership had developed and implemented a regional environmental health program. Previously, all environmental health services were provided by the state. The

CJS arrangement provided the staff, capacity and resources to implement the program regionally, which made it possible to have more of a local presence and thus deliver environmental health services more responsive to local needs. The program costs reflect an intensely negotiated agreement regarding staff salary and travel reimbursement rate, as these amounts vary across the participating counties. Moreover, the carefully negotiated cost allocations vary by county and take into account travel distances (a significant factor given the vastness of the region), the number of facilities to inspect, the number of people in each county and the estimated amount of time environmental health staff spend in the various jurisdictions.

The partnership implemented a communications plan focused on their website and a routine electronic newsletter. The website was branded with the partnership logo and housed all of the partnership information, including a meeting calendar, articles on current partnership events and milestones, announcements and links to the Center's website. The electronic newsletter was sent to seventy individuals, including members of the commissioners association, the San Luis Valley Council of Governments and other partners. Website visits increased markedly following a newsletter release.

By the end of the initial grant funding period, the partnership was able to leverage additional funding to continue its coordinator position.

Challenges

Three of the six public health directors left their positions during the initial grant funding period. This amount of turnover was higher than usual and demonstrated the need to carefully enlist the participation of new directors in the partnership. To this end, the partnership coordinator developed an orientation program for new directors. Two new directors joined the partnership and were willing to continue participating in it and supporting partnership goals. Both also found the advice and support of the other directors extremely valuable as they transitioned to their new roles. A third director moved within the partnership from one health department to another and thus did not require an orientation.

The partnership also recognized the importance of engaging new county commissioners as term limits expire and turnover occurs with this group. The partnership coordinator was tasked with delivering an orientation to incoming county commissioners.

Toward the end of the initial grant funding period, Mineral County Health Department began to share a public health director with neighboring Hinsdale County. This became the first step in a more significant change, as the counties decided to merge public health functions into one health district. The establishment of the district drove a legislative change about the fiscal agent for such arrangements. The old law dictated that the fiscal agent would be the county with the largest population. However, since Hinsdale and Mineral Counties have similar size, the "largest" could change frequently, making stable management difficult. Colorado Senate Bill 94, signed on April 5, 2016, addressed this issue by allowing the involved counties to determine which would serve as the fiscal agent.

While Mineral County Health Department is in the San Luis Valley Public Health Partnership, Hinsdale County Health Department is not. Instead, it is a member of the West Central Public Health Partnership (WCPHP). The health district currently participates in both partnerships.

One Year Later

The Center for Sharing Public Health Services checked in with the collaboration during 2017 to learn how it had evolved.

New Health District

The most significant contextual change relates to the establishment of the new health district that serves both Mineral and Hinsdale Counties, known as Silver Thread Health District. Although this situation potentially introduces some complexities regarding the district's participation in the respective partnerships, a relatively simple approach has been adopted. The district director is a voting member of both partnerships and will engage in shared services with the partnerships on a case-by-case basis. This is, in fact, the same principle that guides all of the partnership's activities. Counties can pick and choose the initiatives in which they will participate.

The following are some examples of how the new health district works with each partnership:

- Environmental Health Program: Mineral County is continuing with the San Luis Valley partnership and Hinsdale County is continuing with WCPHP.
- Tobacco Education, Prevention and Cessation Grant: Mineral County is part of the WCPHP grant, so the San Luis Valley partnership grant serves just five counties.
- Child Fatality Review: Mineral County participates in the child fatality review with the San Luis Valley partnership and Hinsdale County participates with WCPHP, because related services (coroner's office and the district attorney) are also regionalized in this manner.

Regardless of the Mineral-Hinsdale merger, the San Luis Valley Public Health Partnership maintains a strong regional identity inclusive of Mineral County. A high level of trust and positive personal relationships continue to thrive among all partners.

Policymaker Engagement

Policymaker support for the partnership continues to be strong throughout the region. As stated earlier, partnership updates have been institutionalized in commissioners association quarterly meetings. A written update is provided by the partnership coordinator and the partnership chair is usually present to answer questions or add comments.

A commissioner from Saguache County served as the partnership's original liaison to the commissioners association and was instrumental in designing the partnership's inter-governmental agreement. That commissioner left his position because of term-limits. The partnership coordinator provided an orientation for the new commissioner, which all other commissioners from Saguache County attended. The partnership now has a new liaison — a commissioner from Alamosa County.

Health Department Director Turnover

As of late 2017, only one of the original six health department directors held the same position. The orientation provided by the partnership coordinator has proven continually to be effective in bringing new directors up to speed on the partnership and its activities. The new directors note the benefit of working with a group of neighboring colleagues to come up to speed in their positions.

The partnership chair has transitioned three times over the life of the partnership. Terms have lasted two years, although that was not originally envisioned. When the partnership updated its

operating agreement in 2017, two-year terms for the chair were added along with other operating changes, such as brief job descriptions for fiscal agents, clarifications on employee supervision and evaluation, instructions for reporting and compliance, a list of partnership policies and documents and an updated mission statement.

Activities and Accomplishments

The regional environmental health program has expanded, and several new shared services and programs have been added — all of which continue to build on the success of the initial collaboration. New shared services continue to reflect efficiencies and effectiveness that would not be realized if those services were to be provided by individual counties. The two health directors newest to the partnership recognized early in their tenures that their counties were able to provide more public health services than would be possible without the partnership.

Environmental Health Program

To address the need for a branding strategy, the partnership adopted a policy on standardized email signatures and logo use for correspondence from shared employees. Most partnership and shared-services correspondence uses letterhead with all six county logos across the bottom of the page and the partnership logo at the top. However, a departure from this branding was in order when Alamosa County, the fiscal agent and supervisor for the shared environmental health program, needed to send a license renewal letter that made it obvious which county was collecting the funds. For this program only, the staff added the Alamosa County logo to the top of the partnership letterhead beside the partnership logo, then left all the county logos across the bottom of the page. Over time the health departments and customers grew accustomed to this new format.

The shared environmental health program has expanded from one regional environmental health specialist to a regional environmental health program manager/regional environmental health specialist, one full-time technician and a half-time administrative technician. Planning is ongoing to add another half-time position to the inspection staff in 2018. This growth reflects the need for more inspections and public education throughout the region.

The program is funded through base county funding from the state health department, inspection and licensure fees, grants for specific work or training and a nominal local contribution from each county. Cost allocations were determined by a calculation based on geography, travel distances and times, the number of facilities, the population and the time individual staff would spend providing service.

The partnership decided to house an inspector in Rio Grande County to reduce mileage costs, though that has not had as much impact as hoped. Rio Grande County, which provides no-cost office space and overhead/indirect costs for the inspector, values their in-kind contribution at $3,000. The other partnership members accept this contribution in lieu of payment.

An increase in the local contribution was necessary and began in January 2017, bringing the shared-cost local annual total to $37,355.

The environmental health program has received several new grants over the past two years including radon testing, standardization of inspections to ensure compliance with FDA standards and tire disposal. To date, the state health department handles air and water quality issues in cooperation with the local program, which issues air quality alerts on the partnership letterhead.

The program is still evolving. For example, the environmental health program manager recently developed a "Report of Public Health Concern" form to gather and track complaint-reporting calls to public health agencies and to track emerging issues. In another example, they have found it time-consuming to manage the training of those who answer the phones in all counties, as it has not yet been integrated in their job duties.

Home Health Program

The home health program managed by Alamosa County has begun to come under the umbrella of the partnership. Alamosa County Public Health Department provides skilled home health services throughout the region. Historically the program operated independently of other health department programs, but the new director worked to integrate all programs within the agency. This led to thinking about the integration of home health services into the partnership as well. Other partnership members agreed that this link is critical to understanding and supporting vulnerable populations throughout the region and, in particular, will ensure that these populations are appropriately and accurately accounted for during emergencies.

Tobacco Education, Prevention and Cessation Grants

Rio Grande County is the fiscal agent for a three-year tobacco education, prevention and cessation grant from the state that serves three counties in the partnership. Costilla County serves as the fiscal agent for the same grant for two more partnership counties. A single regional coordinator manages both grants as an employee of Rio Grande County, which invoices Costilla County for the coordinator's time. Although the arrangement presents some administrative complexities given the different administrative processes in each county, the arrangement is working well from an operational perspective. Mineral County is the only county in the partnership that doesn't participate, because it is part of West Central Public Health Partnership's grant.

Behavioral Health and Health Care Integration

Rio Grande County also serves as the fiscal agent for a three-year state innovation model grant to integrate behavioral health and health care. The work entails behavioral health knowledge assessment, depression self-management and stigma-reduction education throughout the region, with an intense effort in Rio Grande County to strengthen the integration of behavioral health and health care — something that has largely been accomplished in the other counties in the region.

Regional Representation

One partnership member fulfills the public health roles of connector, convener and coordinator in various venues at the regional level. For example, one person serves on the Regional Care Collaboration Organization, which comprises over fifty agencies committed to regular, ongoing dialogue to promote care coordination among "dual-eligibles" — people with both Medicaid and Medicare. In another example, one person represents the partnership on a new state-led health care connector program focused on challenges facing the health care sector and designed to facilitate collaboration among health care organizations (e.g., hospitals, clinics, behavioral and home health), public entities and higher education. A third example is that the partnership has representation on an initiative from the Colorado Department of Labor to look at health-sector workforce issues; specifically, the challenge faced by many entities in the region around staff recruitment, retention and development.

CHA/CHIP

The partnership also is discussing options for conducting a regional community health improvement process. Partners have identified

goals and activities from individual community health assessments that are common to all, and yet they recognize the benefit of completing the full process at the regional level. The partnership began to consider different ways to accomplish data collection and analysis; for example, they could do so through a partnership with a university, by utilizing student interns or by hiring additional personnel. The latter option would be complicated by a current lack of space to house additional staff.

Communications

Finally, an informal survey revealed that the need for the website and newsletter as a central part of the communications plan had diminished now that the partnership is meeting on a regular basis. The website now serves primarily as a repository for partnership documentation and contact information.

Challenges and Emerging Issues

As shared staff and activities continue to grow, several management issues are emerging. These include issues regarding shared personnel and communications.

Shared employees have expressed the need for standardized performance feedback and a process to address problems that they encounter in individual health departments. Although each shared position is an employee of a single health department, meaningful performance evaluations must include feedback from all health departments the position serves. The partnership developed an evaluation form specific for shared employees. Conversely, when a shared employee encounters difficulties with a health department, it is critical to have a clear and agreed-upon process to address the problems. Accordingly, the partnership devised a flowchart that specifies lines of communication, decision points and decision-makers when problems occur.

Lesson Learned

Myriad details must be addressed in the policies and procedures that govern the sharing of staff across multiple health departments.

A shared staff retreat was first held in January 2016 and was well-received by the shared employees. Now that several new issues have emerged, the partnership coordinator is holding recurring retreats for all shared staff to surface any additional issues, elicit feedback and identify any additional policies and processes needed to support the effectiveness of all shared positions.

As partnership activities continue to expand, the respective counties have reached their limits in terms of administrative and supervisory capacity and office space. The partnership has recognized the need to be strategic as they move forward by identifying priority areas for collaboration and carefully determining how to accommodate additional staff and grant administration activities. Two directors' retreats were held in 2016 to look more closely at projected needs and opportunities to share services. The directors examined challenges and opportunities related to these capacity issues and identified several potential strategies for managing and expanding shared activities. Results included planning for a feasibility study to reveal a new vision for managing shared staff and services and also hiring a "contract" fiscal agent.

Lesson Learned

Be strategic about pursuing new opportunities and plan carefully for the infrastructure needed to support them.

Partnership members also are recognizing the need to employ change management strategies as shared staff and activities grow. Along these lines, the partners plan to provide more consistent communications for all staff in the six health departments to ensure that all are aware of new employees, programs and services shared within the partnership.

Finally, updated onsite wastewater treatment rules passed by the state in 2014 have illuminated the local public health responsibilities in this area. Onsite wastewater treatment activities have historically been under the purview of county land use or building departments, with earmarked public health funds going directly to these departments. However, the new requirements specify that local boards of health also need to be involved. The requirements fall short of formally recognizing public health and its contributions to monitoring and enforcement activities, and local health departments in the region have found it tricky to navigate their role when they have been brought into a complaint process. The partnership is working to help agencies understand and clearly define the role of public health in this arena.

Perspectives from the Partnership

Two individuals have had a key role in the partnership since its inception: Della Cox-Vieira, the current director of Alamosa County Health Department (who served as the director of Saguache County Health Department when the effort began) and Kimberly Bryant, who provides staff support to this effort. Cox-Vieira and Bryant provided the following perspective on the partnership.

Exploring

The initial exploration was aided by several characteristics of partnership members. The six health directors were all like-minded regarding their vision for public health in the San Luis Valley, they all enjoyed very good interpersonal relationships, and they trusted one another. Moreover, they collectively embodied a varied and complementary skill set.

In addition, strong support from the state health department to establish a shared environmental health program was key. This program was an important foundation for establishing the partnership, and the support helped maintain momentum early on.

Planning

During the planning phase, three strategies were particularly useful in securing strong support from the county commissioners.

First, the state health department provided technical support for the development of a feasibility study regarding the shared environmental health program. The study detailed the environmental health services needed by each county, making it easy for commissioners to see the benefits of the program.

Second, the partnership scheduled its grant-required site visit during the planning phase. The visibility that the national team brought to this effort further facilitated smooth passage of the inter-governmental agreement (IGA), as the commissioners appreciated partaking in a "learning laboratory."

Third, the health directors were very precise with their language about cross-jurisdictional sharing. The term "regionalization" was never used to describe the valley-wide environmental health program or other potential collaborations. Rather, the health directors referred to a "partnership" or "shared programs." The partnership remains as an "informal" collaboration, without any legal designation (such as a nonprofit corporation).

Finally, the partnership credits the very broad, general nature of the IGA with providing both the necessary approval and maximum flexibility for their arrangement. The partnership's operating principles are important to the functioning of the partnership but intentionally were not included in the IGA as commissioners didn't need to be involved at that level. The partnership developed an internal Operating Agreement which defines general roles and a decision-making process.

Implement and Improve

As partnership agencies reached their capacity for taking on new projects and staff, they began to examine options for project and fiscal management from other organizations. This type of support would enable the agencies to provide even more shared services.

Over time, partnership members who participated in community coalitions began representing the whole partnership and not just their own county. This approach has helped to expand public health initiatives throughout the region. Vieira and Bryant recommend that other partnerships build this role into their collaborations at the outset, as appropriate.

Another evolution involved contact with the county commissioners. Once the IGA was signed the coordinator attended the San Luis Valley County Commissioners

Association meetings to provide updates on partnership activities and manage expectations. Over time, the county commissioner who serves as a liaison between the partnership and the commissioners association took on this role. In hindsight, this transition could have taken place even sooner, saving time and travel expenses for partnership staff — both of which are significant, given the vast distances between counties.

Sustainability

The partnership is an established entity, as demonstrated by its continued existence amid a high turnover of the health directors — only one of six original members has had the same job since the partnership began. There has been turnover among the county commissioners and the liaison as well.

The philosophy of the original partners was to strengthen public health throughout the valley while simultaneously maintaining the unique local flavor in each county. If the state begins to promote more regionalization, the local aspect of shared public health could get lost if partnership members aren't deliberate about maintaining it. The partnership's guiding principles address the desired balance between a valley-wide and county-specific focus, and the partnership will need to occasionally refer back to the principles as they move forward.

Moving forward, Vieira recognizes the importance on all agreeing on the specifics of "what" will be accomplished and "why" selected projects are priorities before moving forward with "how" to get them accomplished. This approach will help assure the sustainability of future agreements, both within the partnership and in collaborations with other community partners.

To date, a partnership coordinator has played a critical role in organizing meetings, developing capacity, and ensuring communication within the partnership. Without organized collaboration the public health directors would not communicate regularly or as frequently, and the partnership would suffer as a result. To date the partnership coordinator position has been supported through various grants.

All partnership members would benefit from having access to valley-wide data, and thus data sharing also would help sustain the partnership and improve health equity in the region. Although the partnership has laid the groundwork for data sharing, they do not have the infrastructure to support evaluation or a data manager. This is a good example of a non-programmatic way to enhance collaboration, and an area that could be addressed early on when a partnership forms.

CENTER FOR SHARING PUBLIC HEALTH SERVICES

The Center for Sharing Public Health Services helps communities learn how to work across jurisdictional boundaries to deliver public health services. The Center serves as a national resource on cross-jurisdictional sharing (CJS), building the evidence and producing and disseminating tools, methods and models to assist public health agencies and policymakers as they consider and adopt CJS approaches. The Center is funded by the Robert Wood Johnson Foundation and is managed by the Kansas Health Institute.

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