Public Health Cross-Jurisdictional Sharing Feasibility Analysis

Since this project's inception, there has been a call to evaluate some of the widely used local public health organizational structures for possible adaptation here. These structures have been identified as a city-county health department, a county health department, a regional health department, and interlocal agreements. This analysis uses the Robert Wood Johnson Foundation (RWJ)-funded Center for Sharing Public Health Services' (CSPHS) Roadmap (www.phsharing.org/technical-assistance) to Develop Cross-Jurisdictional Sharing Initiatives as a framework. The Roadmap examines three phases, the first two of which are used for this analysis.

Phase One: Explore, includes the following examples of issues to consider:

- **Goals and expectations**: Why would you consider CJS? What are the goals of the initiative?
  - The goal is to examine whether a different model of organizing, delivering and funding public health services in the Portland/Cumberland County region would improve the efficiency and effectiveness of these services, and perhaps allow for new services, as needed.
  - We are considering CJS because Maine does not have a robust sub-state public health infrastructure, and leveraging resources to address gaps means population health can be improved.
- **Scope of the agreement**: What services and capacities would be shared? What issues should and should not be considered for the project? How would the CJS agreement mitigate current service gaps?
  - Services to be shared have ranged, in discussion, from EMS planning and problem-solving, to substance abuse and mental health, to indoor air quality.
  - An issue of interest to nearly all participants has been food service establishment inspections.
- **Partners and stakeholders**: Who are the partners that should be involved? What is the history of their relationships?
  - The project began by casting a wide net to all municipalities in the county, county government, state public health department leaders, the Cumberland District Public Health Council, both hospitals and universities, and other relevant organizations.

  - Some partners have worked together for many years; others are new to one another. Thus, some have positive and negative experiences working together and others need to build new relationships.
- What are the **guiding principles** that the CJS efforts would have? Do all the partners share these principles?
  - The CJS efforts must result in services that are desired by those funding them, as well as improved health outcomes.
  - Long-term financial sustainability of CJS efforts is a critical consideration.

Since January 2013, this project has conducted an initial gap analysis, held three leadership team meetings, led four discussion sessions around Cumberland County , hosted a two-day site visit from the Center for Sharing Public Health Services and two other funded project sites, and attended two all-grantee learning meetings. The key findings of the gap analysis and the discussion sessions are summarized separately.

Some key learnings thus far:

- RWJ/CSPHS identifies an incremental process as the best road to successful regionalization and has expressly counseled against jumping to a new or different structure too quickly.
- RWJ/CSPHS identifies a shared regional identity as a key indicator of success. We do not have a strong county-based identity here.
- We have found the Central Massachusetts Regional Public Health Alliance, led by the City of Worcester's Division of Public Health, to be the most relevant model for us to consider replicating. They worked on an incremental basis to develop contractual relationships for services with neighboring towns.

Portland Public Health currently has a budget of $9.2 million, with about 100 staff in 6 program areas. Federal direct grants comprise 36% of the total budget, with the City contributing 23%, another 20% from Federal pass-through grants, 11% from MaineCare, Medicare and private insurance reimbursement, 6% in State grants and 4% other grants. This information is used partly as a basis for budget estimates below.

Option	Assumptions	Estimated Budget	Pro	Con
City-County Health Department	Portland's public health department would be governed by a Board of Health,	The National Association of County & City Health Officials' 2013 National	1 - This is a model used by numerous health departments around the country.	1 - There are no boards of health in Maine even at the State level. Sagadahoc County has what they

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	with representation from City and County government, and serve the entire county. The City would not provide 23% of health department funding. The County would have to provide at least 23% of the total budget.	Profile of Local Health Departments shows that the median total annual expenditures for a health department serving approximately 250,000 people to be about $11.1 million. Using this as a rough estimate, Portland Public Health would need about **$2 million in additional funding** in order to expand to serve the entire county.		call a virtual board of health, which the State does not recognize. There are no county health departments.
			2 - This model leverages Portland's long-standing health department and brings services proactively to the entire county.	2 - The County does not currently provide this scope or complexity of services.
			3 - Both the health department and the County are interested in regionalizing public health services.	3 - RWJ/CSPHS identifies an incremental process as the best road to successful regionalization and has expressly counseled against jumping to a different structure too quickly.
			4 - The full spectrum of public health services, both core and foundational, are provided throughout the County.	4 - RWJ/CSPHS identifies a shared regional identity as a key indicator of success. We do not have a strong county identity here.
			5 - The County does provide sheriff, emergency communications and assessing services to multiple municipalities.	5 – The increased funding would need to come from a county-wide tax or other new funding source. There is no existing funding source for this. Nearly all public and private grants fund specific initiatives and not operating expenses.
			6 – Public health would receive a more appropriate level of funding for services that are already provided to people in other towns.	

Option	Assumptions	Estimated Budget	Pro	Con
County Health Department	Either Portland's public health department becomes a County department or the County builds its own. Both options would report to the County Commissioners. If Portland's public health department were to become a County health department, this analysis assumes status quo service complement. If the County were to build its own public health department, this analysis is unsure as to the scope or service complement desired.	Either the same additional $2 million as described above or an unknown amount depending on the services and scope desired by the County.	1 - The full spectrum of public health services, both core and foundational, are provided throughout the County.	1 - The County does not currently provide this scope of services in any other arena.
				2 - The City is unlikely to be willing to dismantle its health department.
				3 – Either the additional $2 million or all funding would need to come from a county-wide tax or other new funding source. There is no existing funding source for this.
				4 - Jurisdictional/authority issues with the State would need to be sorted out.
				5 - RWJ/CSPHS identifies a shared regional identity as a key indicator of success. We do not have a county identity here.
			2 – Public health would receive a more appropriate level of funding for services that are already provided to people in other towns.	
Regional Health Department	Portland's public health department serves specific towns in the greater Portland area. A new organizational structure would need to be created.	Assuming a 10-town service area with 65% of the County's population, the budget would likely be similar to a county-wide public health department; approximately **$1.3 million in addition** to the $9.2 million Portland	1 – A quasi-governmental model such as the Portland Water District could be used.	1 - There is no existing funding mechanism for such an expansion.
				2 - For some services, such as food service inspections, delegated authority from the State will need to be obtained.
				3 – For other services, such as infectious disease epidemiology,

Option	Assumptions	Estimated Budget	Pro	Con
		currently operates.		the State would have to find a mechanism through which to grant authority to the regional entity.
				4 – The additional funding needed likely far exceeds the amount easily raised in fees.
			2 –Public health would receive a more appropriate level of funding for services that already serve people in other towns.	
Interlocal agreements	Portland's public health department contracts with towns individually for specific services.	Fluctuates based on scope of services under contract.	1 – Ensures buy-in at the local and state levels.	1 – Provides specific services but not broader population health initiatives.
			2 – Provides affordable, incremental steps to regionalize public health.	2 – Services are delivered to interested towns, so all residents of a region do not equally benefit. Needed services may not be delivered if the town is not interested in contracting for them.
				3 - For some services, such as food service inspections, delegated authority from the State will need to be obtained.
				4- Towns may have to commit more funds toward public health that they already receive from the State for free.

The project is now ready to move to **Phase Two: Prepare and Plan**, which includes the following examples of issue areas to consider:

- Context and history
- Governance options
- Fiscal and service implications: does the plan achieve a balance between increasing efficiency and effectiveness?
- Legal sharing agreement: who will have the authority to make decisions?
- Logistical issues
- Communications: how will the partners communicate with each other? With external stakeholders?
- Change management: what changes will occur as a result of the CJS arrangements? Who will be affected? How will changes be managed?
- Timeline
- Packaging the process so that other towns can easily replicate similar sharing agreements
- Implementation monitoring and evaluation