

Sharing Resources across Jurisdictions: A Roadmap to Success



Center for Sharing
Public Health Services

Rethinking Boundaries for Better Health

May 19, 2015

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Presenters

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Learning Objectives

- ◆ Provide an overview of the Roadmap for cross-jurisdictional sharing of public health services.
- ◆ Provide success factors for engaging in cross-jurisdictional sharing initiatives.
- ◆ Provide highlights about sharing community health outreach workers among multiple health districts in Nebraska (Central District, South Heartland District, and Two Rivers).



A Brief History of LPH Sharing in Nebraska: Local Needs and Examples

Teresa Anderson, MSN, APRN-CNS

Health Director, Central District Health Department

and

Michele Bever, PhD, MPH

Executive Director, South Heartland District Health Department



- ❖ *A bit of statewide context...*
- ❖ *Three LHDs and an identified need*
- ❖ *Use of Roadmap: Phase One: Explore, Phase 2: Prepare and Plan*
- ❖ *Phase 3 Implement: Executing a sharing arrangement (Memorandum of Understanding)*
- ❖ *Next steps...Phase 3: Monitoring, progress, evaluation*

Overview of this (Brief) Session



Introduce the Center for Sharing PH Services



Describe different types of sharing arrangements



Describe success factors for CJS projects



Provide examples of tool to assist in CJS

Center for Sharing Public Health Services

- ◆ DOB: May 2012
- ◆ National initiative
 - ◆ Managed by the Kansas Health Institute
 - ◆ Funded by the Robert Wood Johnson Foundation
- ◆ Goal:
 - ◆ Explore, inform, track and disseminate learning about shared approaches to delivering public health services



Definitions

➤ *Cross-jurisdictional sharing* is the **deliberate exercise** of public authority to **enable collaboration across jurisdictional boundaries** to deliver essential public health services.

➤ *Collaboration* means working across boundaries and in multi-organizational arrangements to solve problems that cannot be solved – or easily solved – by single organizations or jurisdictions.*

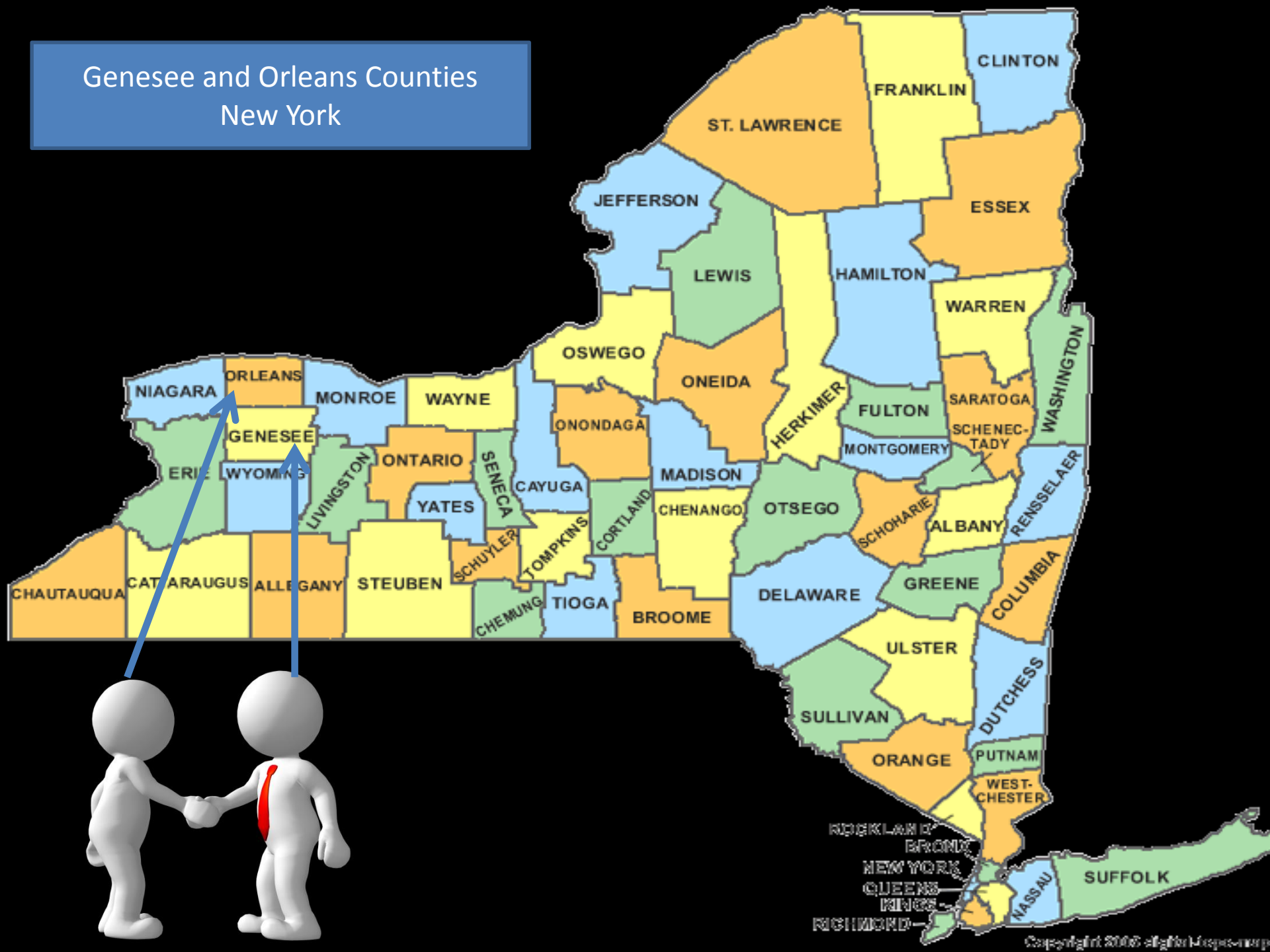
*Source: Rosemary O'Leary, School of Public Affairs and Administration, University of Kansas

Cross-Jurisdictional Sharing Spectrum			
Informal and Customary Arrangements	Service-Related Arrangements	Shared Functions with Joint Oversight	Regionalization
<ul style="list-style-type: none"> • “Handshake” • Information sharing • Equipment sharing • Coordination • Assistance for surge capacity 	<ul style="list-style-type: none"> • Service provision agreements (e.g., contract to provide immunization services) • Purchase of staff time (e.g., environmental health specialist) 	<ul style="list-style-type: none"> • Joint projects addressing all jurisdictions involved (e.g., shared HIV program) • Shared capacity (e.g., joint epidemiology services) 	<ul style="list-style-type: none"> • New entity formed by merging existing local public health agencies • Consolidation of one or more local public health agencies into an existing local public health agency
Looser Integration		Tighter Integration	

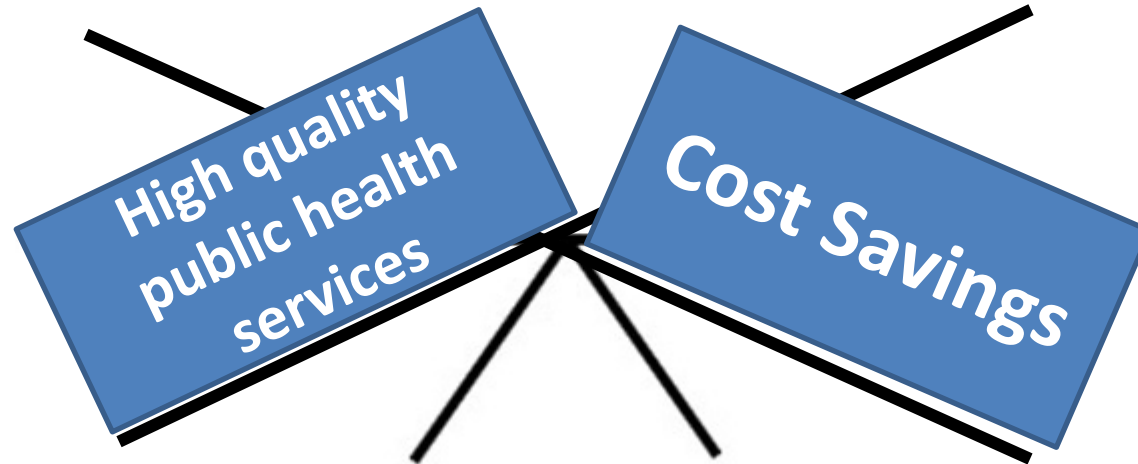
Source: Center for Sharing Public Health Services. Adapted from: Kaufman, N. (2010) which in turn was adapted from Ruggini, J. (2006); Holdsworth, A. (2006).



Genesee and Orleans Counties New York



Greatest Public Health Need

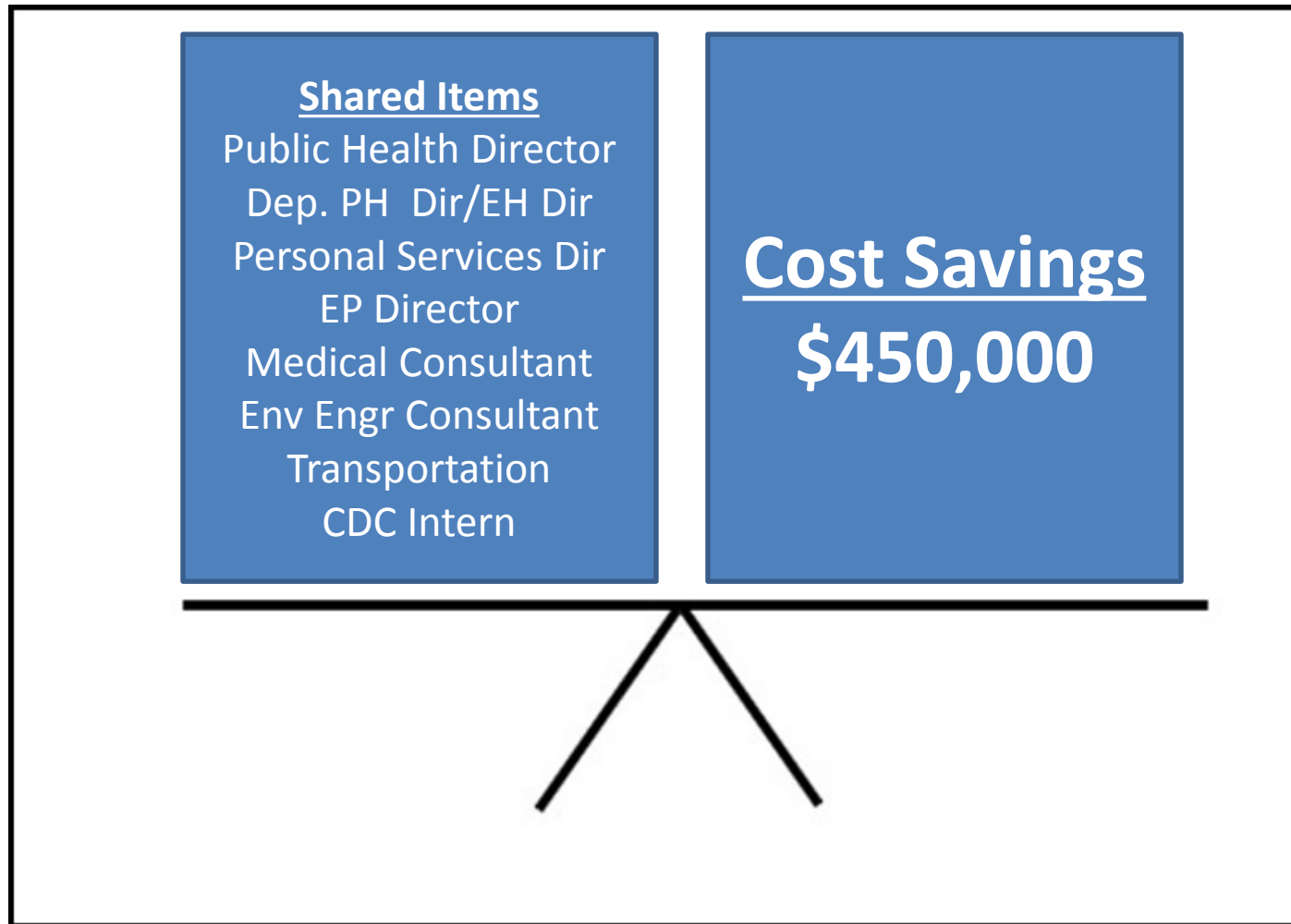


Greatest Public Health Need

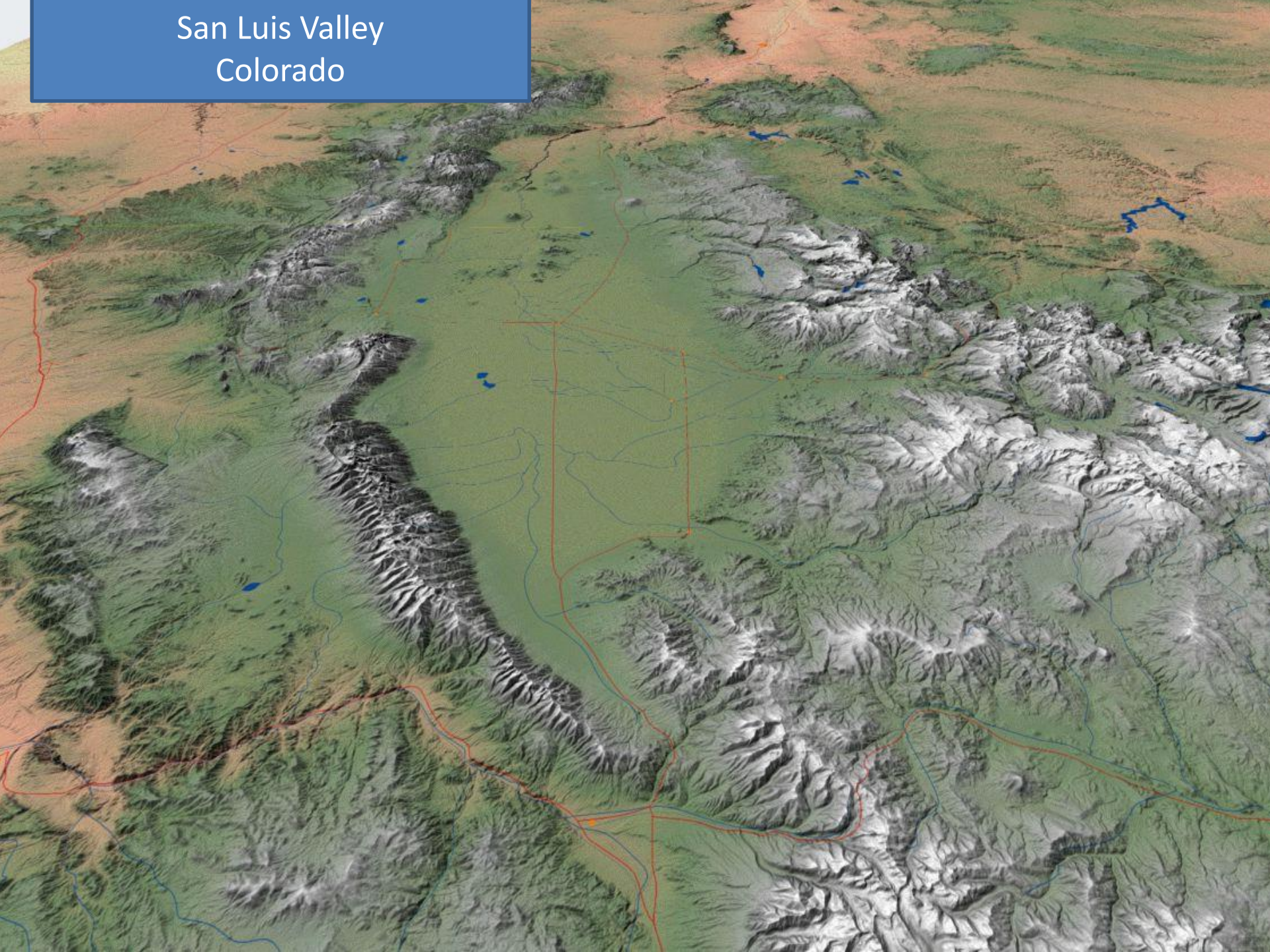
**High quality
public health
services**

Cost Savings

Shared Services with Joint Oversight

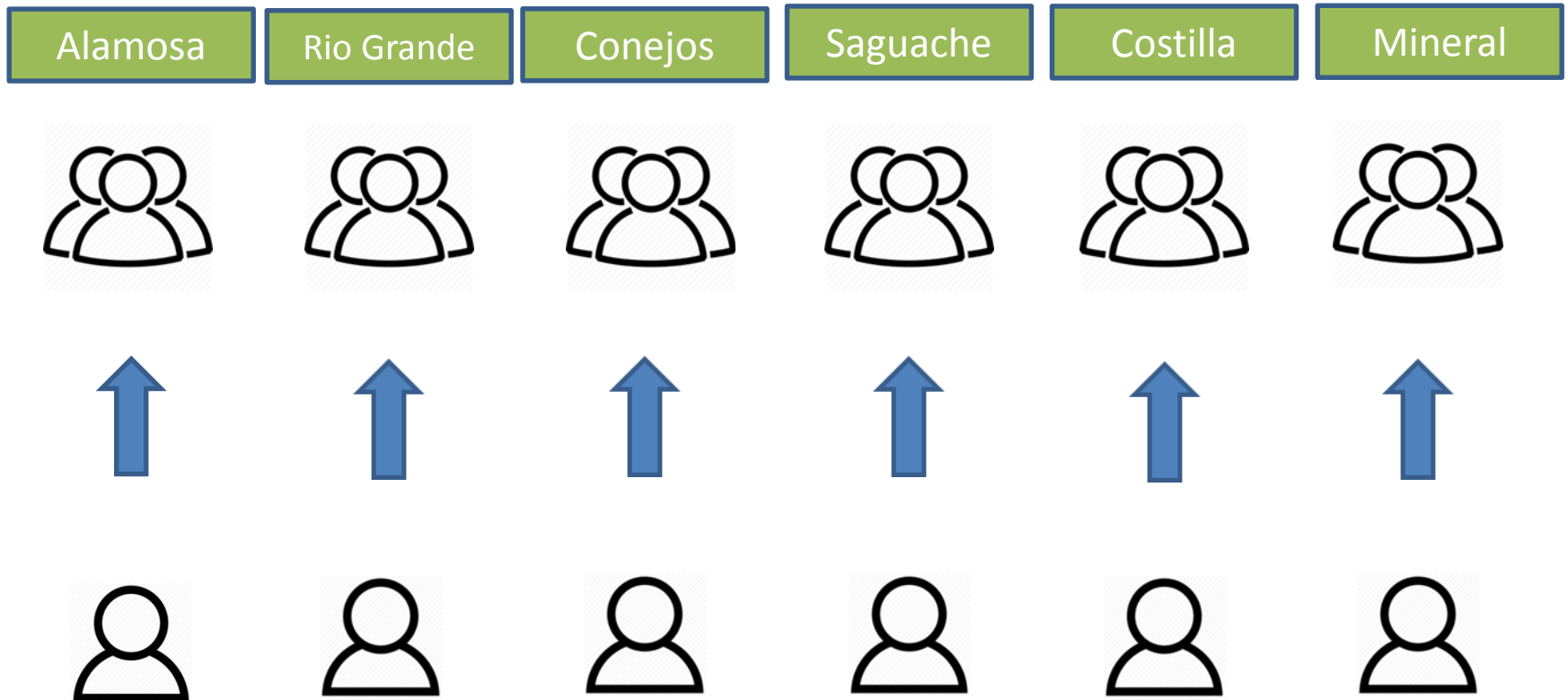


San Luis Valley
Colorado

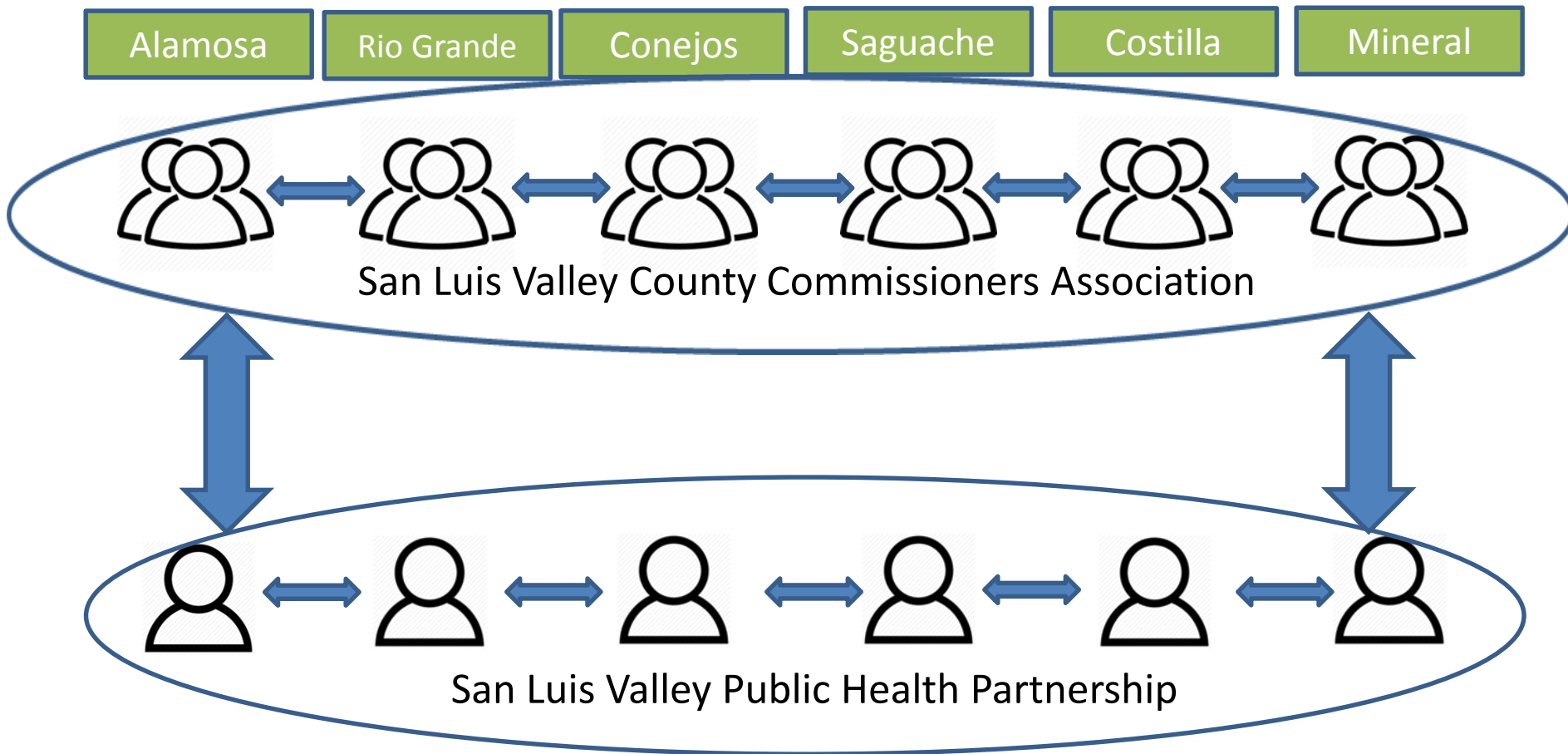




San Luis Valley



San Luis Valley

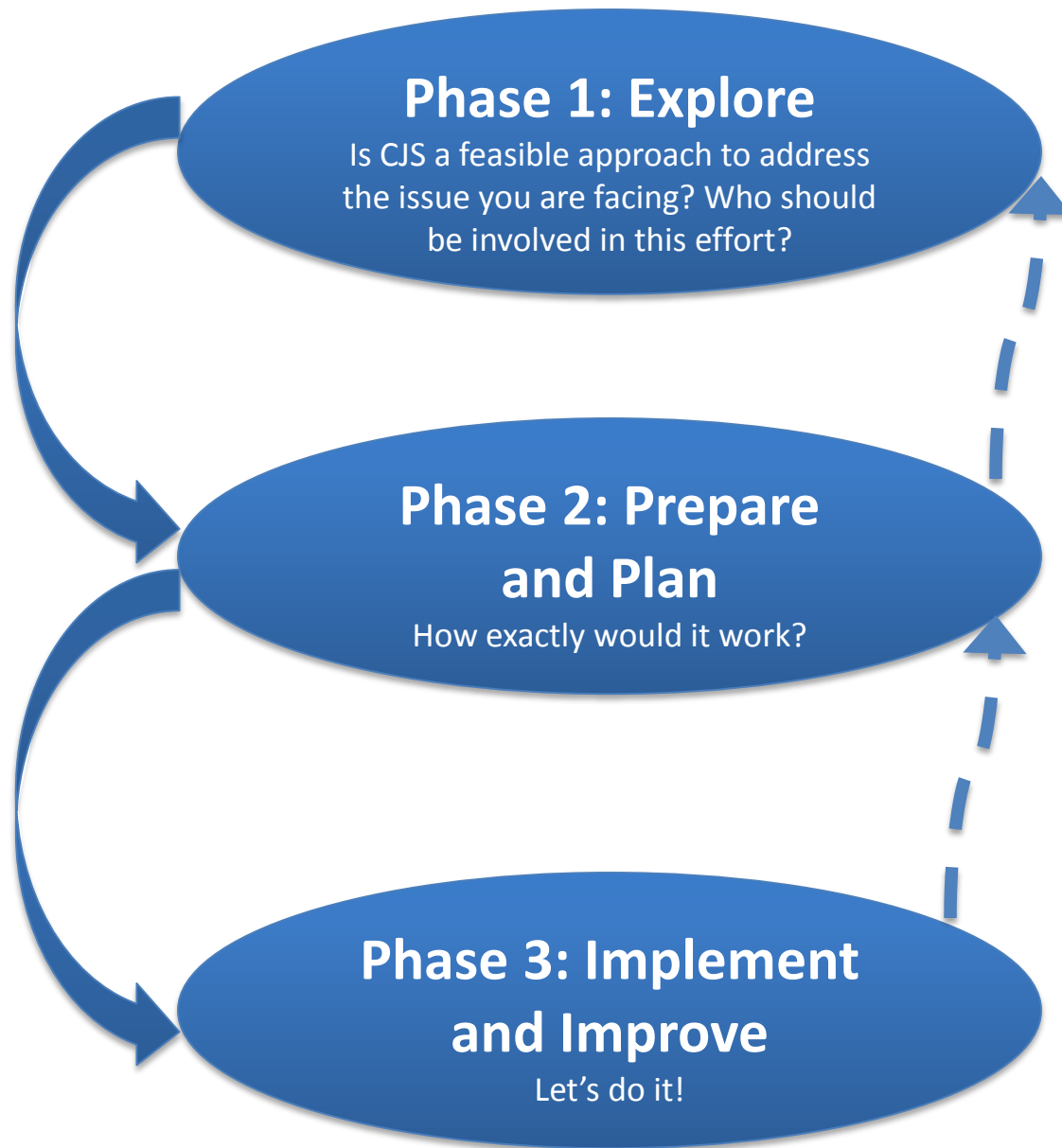


Service-Related Agreements

- ◆ Intergovernmental Agreement
- ◆ Virtual partnership entity
- ◆ Operating Agreement

Is There a Good Path?

- ◆ *A roadmap to develop cross-jurisdictional sharing (CJS) initiatives*
 - ◆ Developed by the CSPHS
 - ◆ Based on what we have learned from demonstration sites (and other published material)
 - ◆ Available at:
<http://www.phsharing.org/roadmap/>



Phase 1: Explore

Is CJS a feasible approach to address the issue you are facing? Who should be involved in this effort?

Areas	Examples of Issues to Consider	Success Factors
Goals and expectations: WHY would you consider CJS?	<ol style="list-style-type: none"> 1) What is the issue that needs to be addressed? 2) Is CJS likely to help solve the issue being addressed? 3) What are the goals of the CJS initiative being considered? 	<ul style="list-style-type: none"> • Clarity of objectives • Balanced approach
Scope of the agreement: WHAT services and capacities would be shared?	<ol style="list-style-type: none"> 1) What are the PH services currently offered by each jurisdiction? 2) What are the CJS agreements currently in place? 3) What are the service gaps to fill? 4) What could be considered for sharing? <ol style="list-style-type: none"> a) Functions (e.g., billing, HR, IT) b) Programs (e.g., WIC, environmental health) c) Capacity (e.g., epidemiology, lab) 5) What issues should NOT be considered because of lack of support? What are the boundaries of this initiative that should not be trespassed? 	<ul style="list-style-type: none"> • Trust • Clarity of objectives
Partners and stakeholders: WHO are the partners that should be involved? What is the history of their relationships?	<ol style="list-style-type: none"> 1) What is the history of their relationships? 2) What are the motivations of each key partner? 3) What are the guiding principles that the CJS effort would have? Do all the partners share these principles? 4) What individuals and groups does the issue affect, and how? 	<ul style="list-style-type: none"> • Strong interpersonal relationships • Senior level support • Strong change management plan

Phase 2: Prepare and Plan

How exactly would it work? (1 of 2)

Areas	Examples of Issues to Consider	Success Factors
Context and history	<ol style="list-style-type: none"> 1) Strengths-weaknesses-threats-opportunities 2) What can be learned from past CJS initiatives? 	<ul style="list-style-type: none"> • History of successful collaboration
Governance	<ol style="list-style-type: none"> 1) What are the governance options being considered for the new CJS agreement? Is there at least one governance option that could be acceptable to everybody? 2) What is an organizational structure adequate to assure proper management? 	<ul style="list-style-type: none"> • Trust • Balanced approach • Strong project management skills
Fiscal and service implications	<ol style="list-style-type: none"> 1) Does the plan achieve a balance between increasing efficiency and effectiveness? 2) Will public health essential services be provided in a manner that meets or exceeds current levels of performance? 	<ul style="list-style-type: none"> • Balanced approach
Legal sharing agreement	<ol style="list-style-type: none"> 1) What kind of agreement will be at the base for the CJS initiative? 2) Who will have the authority to make decisions? 3) Who will have the authority to allocate resources? 	<ul style="list-style-type: none"> • Trust • Senior level support • Strong project management skills
Legal issues	<ol style="list-style-type: none"> 1) Are there issues related to personnel and vendor contracts (e.g., benefits, collective bargaining agreements, procurement processes, etc.)? 2) Are there any liability and insurance issues to be addressed? 	<ul style="list-style-type: none"> • Strong project management skills • Strong change management plan

Phase 2: Prepare and Plan

How exactly would it work? (2 of 2)

Areas	Examples of Issues to Consider	Success Factors
Logistical issues	<ol style="list-style-type: none"> 1) What are the implications of the new agreement for buildings, office space, transportation, other properties, etc.? 2) Are there adequate facilities to house all personnel, equipment, and programs within reasonable geographical proximity to the customers for the shared services? 	<ul style="list-style-type: none"> • Strong project management skills • Strong change management plan
Communications	<ol style="list-style-type: none"> 1) How will the parties communicate? 2) Are there external audiences with whom the partners also should communicate? If so, is there a communications strategic plan in place? 	<ul style="list-style-type: none"> • Effective communications
Change management	<ol style="list-style-type: none"> 1) How are the changes produced by the CJS initiative going to be managed? <ul style="list-style-type: none"> ▪ Who will be affected by the changes? ▪ Who is going to want this initiative? ▪ Who is going to oppose it? ▪ Who has the most to gain? ▪ Who has the most to lose? 2) What is the change management plan for this initiative? 	<ul style="list-style-type: none"> • Strong change management plan
Timeline	<ol style="list-style-type: none"> 1) Is there a timeline including specific steps that have to be taken for the success of the sharing initiative? 	<ul style="list-style-type: none"> • Strong project management skills
Monitoring	<ol style="list-style-type: none"> 1) How would you know if the CJS initiative is successful? 2) Who will monitor the implementation and results of the CJS initiative? 3) What will be the measures to monitor to assess the results of the initiative? 	<ul style="list-style-type: none"> • Strong project management skills

Phase 3: Implement and Improve

Let's do it!

Areas	Examples of Issues to Consider	Success Factors
Implementation and management	<ol style="list-style-type: none"> 1) Are the activities being implemented as planned? 2) Is there a strong project management team in place? 3) Is senior-level support being secured? 	<ul style="list-style-type: none"> • Senior level support • Strong project management skills
Communications and change management	<ol style="list-style-type: none"> 1) Are the change management and the communications plans being implemented? 2) Is communications among all parties affected flowing well? 3) What are the specific concerns and communications needs of each group affected by the new initiative? 	<ul style="list-style-type: none"> • Effective communications • Strong change management plan
Monitoring and improving	<ol style="list-style-type: none"> 1) Are the results of the activities satisfactory? <ul style="list-style-type: none"> ▪ Is the level of satisfaction of the stakeholders and groups affected by the initiative high? ▪ Are the goals of improved effectiveness and efficiency being achieved? ▪ Is there a need to revise the initiative's initial goals? ▪ What are the adjustments that need to be made to the plan? 2) Is the knowledge acquired being shared within and outside the project team? 	<ul style="list-style-type: none"> • Strong project management skills • Effective communications

Factors for Success

Prerequisites	Facilitating factors	Project characteristics
Clarity of objectives	Success in prior collaborations	Senior-level support
A balanced approach (mutual advantages)	A sense of “regional” identity	Strong project management skills
TRUST!	Positive personal relationships	Strong change management plans
		Effective communication

From Theory to Practice

OVERVIEW: A ROADMAP TO DEVELOP CROSS-JURISDICTIONAL SHARING INITIATIVES

Select a link below to access tools and resources

[Select this link to go back to the roadmap overview](#)

	Areas	Examples of Issues to Consider	Tools and Resources
Phase One: Explore	Goals and expectations: WHY would you consider CJS?	What is the issue that needs to be addressed? Can the solutions to the issue be found through internal management activities or reallocation of existing resources? Is CJS likely to help solve the issue being addressed? What are the goals of the CJS initiative being considered?	Self-Assessment of Progress Along the CJS Roadmap Other Resources
	Scope of the agreement: WHAT services and capacities would be shared?	What are the public health services currently offered by each jurisdiction? What are the CJS agreements currently in place? What can we learn from them? What are the service gaps to fill? What could be considered for sharing? a) Functions (e.g., billing, HR, IT) b) Programs (e.g., WIC, environmental health) c) Capacity (e.g., epidemiology, lab) What issues should NOT be considered because of lack of support? What are the boundaries of this initiative that should not be trespassed?	Tools: • Assessment of Existing Services • Assessment of One CJS Arrangement • Assessment of Existing CJS Arrangements: Detailed Survey • Assessment of Existing CJS Arrangements: Abbreviated Survey Other Resources
	Partners and stakeholders: WHO are the partners that should be involved?	What is the history of relationships among the jurisdictions affected by this effort? What are the motivations of each key partner? Is there political willingness among stakeholders and those affected by the issue to explore CJS as a possible solution? Is CJS a feasible option? What are the guiding principles that the CJS effort would have? Do all the partners share these principles? What other individuals and groups does the issue affect, and how? Is the model being considered feasible? Will it have the support of stakeholders and those affected by the CJS initiative?	Tools: • Collaborative Trust Scale Other Resources
	Context and history	What are possible strengths-weaknesses-opportunities-threats (SWOT) to consider in the development of the new initiative's action plan?	Resources

What Services Is Each Jurisdiction Offering?

Q3.1: Which of the following functions and services currently exist in your health department? Check all that apply.

- ☐ Emergency Preparedness (1): If checked, complete *Sub-Section 3.1 — Emergency Preparedness* (page 3)
- ☐ Epidemiology or Surveillance (2): If checked, complete *Sub-Section 3.2 — Epidemiology or Surveillance* (page 4)
- ☐ Physician and Nursing Services (3): If checked, complete *Sub-Section 3.3 — Physician and Nursing Services* (page 5)
- ☐ Communicable Disease Screening or Treatment (4): If checked, complete *Sub-Section 3.4 — Communicable Disease Screening or Treatment* (page 6)
- ☐ Chronic Disease Screening or Treatment (5): If checked, complete *Sub-Section 3.5 — Chronic Disease Screening or Treatment* (page 7)
- ☐ Maternal and Child Health Services (6): If checked, complete *Sub-Section 3.6 — Maternal and Child Health Services* (page 8)
- ☐ Population-Based Primary Prevention Programs (7): If checked, complete *Sub-Section 3.7 — Prevention* (page 9)
- ☐ Inspection, Permit or Licensing (8): If checked, complete *Sub-Section 3.8 — Inspection, Permit or Licensing* (page 10)
- ☐ Environmental Health Services (9): If checked, complete *Sub-Section 3.9 — Environmental Health Services* (page 11)

What Services Are Currently Shared?

SECTION 5 — CURRENT SHARED SERVICES

This section focuses on the current status of service sharing in your health department. As a reminder — the purpose of this survey, shared services are defined as sharing of resources (such as staffing, equipment or funds) with OTHER LOCAL OR TRIBAL HEALTH DEPARTMENTS on an ONGOING basis (or, in the case of mutual aid agreements, on an as-needed basis). See Section 1 for details.

Q5: For which programmatic areas or organizational functions does your health department share resources? Check all that apply.

- ☐ Emergency preparedness (1): If checked, complete *Sub-Section 5.1 — Preparedness* (page 7)
- ☐ Epidemiology or surveillance (2): If checked, complete *Sub-Section 5.2 — Epidemiology* (page 10)
- ☐ Physician and nursing services (3): If checked, complete *Sub-Section 5.3 — Physician and nursing services* (page 13)
- ☐ Communicable disease screening or treatment (4): If checked, complete *Sub-Section 5.4 — Communicable disease screening or treatment* (page 16)
- ☐ Chronic disease screening or treatment (5): If checked, complete *Sub-Section 5.5 — Chronic disease screening or treatment* (page 19)
- ☐ Maternal and child health services (6): If checked, complete *Sub-Section 5.6 — Maternal and child health services* (page 22)
- ☐ Population-based primary prevention programs (7): If checked, complete *Sub-Section 5.7 — Prevention* (page 25)
- ☐ Inspection, permit or licensing (8): If checked, complete *Sub-Section 5.8 — Licensing* (page 28)
- ☐ Environmental health programs other than inspection, permit or licensing (9): If checked, complete *Sub-Section 5.9 — Environment* (page 31)
- ☐ Community health assessment (10): If checked, complete *Sub-Section 5.10 — Community health assessment* (page 34)
- ☐ Administrative, planning and support services (11): If checked, complete *Sub-Section 5.11 — Administration* (page 37)
- ☐ Laboratory services (12): If checked, complete *Sub-Section 5.12 — Laboratory* (page 40)

How Much Sharing Is Taking Place?

Sharing Services Across WDPH Regions



Greater than 50% of respondents across each WDPH Region currently share services

Collaborative Trust Scale

SECTION 2 — SURVEY

Date of Survey:

Thank you for your cooperation in assessing the current status of the inter-organizational level of trust among the CJS collaborative. The following statements will assess several different dimensions of trust, reliability and communication among CJS partners. This tool can offer a framework to help people think about the kind of partnership they want and what they need to do together to create it. Please take your time and respond to each sentence by circling the answer or number associated with the statement that best describes how much you agree or disagree with the statements.

- 1.) The collaborative partners share a common vision of the end goal of what working together should accomplish.

Completely Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Completely Agree
1	2	3	4	5

Score Q1:

2.) I have faith in the abilities of my teammates

SECTION 3 — SCORING SHEET

Subsections scores and total overall scores are determined by adding together the scores for items that make up each sub-scale and for the survey overall. Scores for each subsection can range from 5– 25 for each respondent. Once data has been collected, ratings can be summed and averaged into a single index of trust. Means can be calculated based on all items in the scale, as well as separately for each dimension.

		Trust in Partner Knowledge and Skills							
		#2	#6	#12	#19	#24	Subsection Score		
		0	0	0	0	0	0		
		Trust in Partner Integrity							
		#4	#9	#14	#18	#22	Subsection Score		
		0	0	0	0	0	0		
		Trust in Partner Investment in Community Well-Being							
		#5	#7	#11	#16	#21	Subsection Score		
		0	0	0	0	0	0		
		Trust in Partner Behavior (Predictability)							
		#3	#8	#15	#20	#23	Subsection Score		
		0	0	0	0	0	0		
		Trust in Communication							
		#1	#10	#13	#17	#25	Subsection Score		
		0	0	0	0	0	0		
		Total Trust Instrument Score (add all subsection scores)						0	

Self-Assessment of Progress Along the CJS Roadmap

Please assign values using the formula below:

Completely Agree = 4 points

Somewhat Agree = 3 points

Somewhat Disagree = 1 point

Completely Disagree = 0 points

SECTION 2 (continued) — QUESTIONS FOR PHASE ONE: EXPLORE

WHO should be involved? Who are appropriate partners?

- Q2.10: There is an awareness of the history of relationships among the jurisdictions affected by this effort.
- Q2.11: It is clear what the motivations of each key partner are.
- Q2.12: We have explored the political willingness among stakeholders and those affected by the issue to consider CJS as a possible solution. They have an idea of the feasibility of a CJS option.
- Q2.13: The partners agree upon the guiding principles that a CJS effort would have.
- Q2.14: We are aware of other individuals and groups which the issues of concern affect and how.
- Q2.15: The model of sharing being considered has the support of stakeholders and those affected by the CJS initiative.

Score for this area 0

DETERMINING AND DISTRIBUTING COSTS OF SHARED PUBLIC HEALTH SERVICES

APRIL 2015



Figure 11. Summary of Cost-Sharing Strategies

Strategy	Definition	Comments	HPM Example
Equal share	Total costs divided by the number of participating local health jurisdictions	Simple, but overlooks differences in cost drivers, prevalence, and other factors that affect total costs	County A: \$250,000 ($\$500,000 / 2$ counties = \$250,000) County B: \$250,000 ($\$500,000 / 2$ counties = \$250,000)
Per capita sharing	Total costs divided by the proportion of the population served that resides in each partner jurisdiction	Most effective for jurisdictions roughly the same size with comparable needs for the service being shared	County A: \$300,000 ($\$500,000 \times .60$) County B: \$200,000 ($\$500,000 \times .40$)
Cost plus fixed fee	Per capita sharing plus a fixed payment to one jurisdiction to cover potential cost increases	Effective when the capability or service involves step-fixed costs that are difficult to predict or plan	County B: \$235,000 ($\$200,000 + \$35,000$) County A: \$265,000 ($\$500,000 - \$235,000$)
Ability to pay	Total costs divided by each partner jurisdiction's relative wealth	Can redirect resources from wealthier to less wealthy jurisdictions	County B: \$312,500 ($\$250,000 \times 1.25$) County A: \$187,500 ($\$500,000 - \$312,500$)
Ability to generate revenue	Total costs divided by each partner jurisdiction's relative ability to generate revenue	Can redirect resources from one jurisdiction to another based on revenues	County A: \$287,500 ($\$250,000 \times 1.15$) County B: \$212,500 ($\$500,000 - \$287,500$)
Prevalence	Total costs divided by each partner jurisdiction's relative prevalence of some observable public health problem	Fair and transparent, but requires a good proxy of the underlying public health problem in question	County A: \$350,000 ($\$500,000 \times .70$) County B: \$150,000 ($\$500,000 \times .30$)
Weighted formula	Total costs are apportioned according to a formula that combines several strategies	Effective way to accommodate multiple partner's cost apportionment needs and priorities; can become quite complex	County A: $\$305,000 (\$500,000 \times [(.60 \times .25) + (.70 \times .50) + (.44 \times .25)]) =$ $(\$500,000 \times [.15 + .35 + .11]) = (\$500,000 \times .61)$ County B: $\$195,000 (\$500,000 \times [(.40 \times .25) + (.30 \times .50) + (.56 \times .25)]) =$ $(\$500,000 \times [.10 + .15 + .14]) = (\$500,000 \times .39)$
Fee for service	Total costs are divided by units (i.e., sessions, vaccinations, etc.) of a capability or service delivered	Most effective when the capability or service has a clear and observable deliverable	County A: \$350,000 ($\$200 \times 1,750$) County B: \$150,000 ($\200×750)

Resources Related to Northern Michigan CJS

[read more >](#)

Northern Michigan Public Health Alliance Memorandum of Understanding

The document is a memorandum outlining the shared mission, vision, and need for cooperation among the health departments of the Northern Michigan... [read more >](#)

Northern Michigan Public Health Alliance, 2015-2017 Strategic Plan At-A-Glance

The document provides an overview of the Northern Michigan Public Health Alliance's strategic plan, including what the partnership hopes to... [read more >](#)

Northern Michigan: 2013 Community Health Assessment Priorities by County

This document lists the priority areas identified by community health needs assessments conducted in different counties and shared health department... [read more >](#)

Michigan Community Dental Clinics: Quality Improvement with a Patient Centered Perspective (Webinar)

The Northern Michigan CJS Demonstration site presented a webinar in collaboration with the Center for Sharing Public Health Services on August 5,... [read more >](#)

Benzie Leelanau District Health Department: Plan of Organization Update (Presentation)

The presentation discusses why this district health department began to explore sharing a health officer with a nearby local health department,... [read more >](#)

What is Next?

- ◆ Many questions remain:
 - ◆ Is this model applicable to CJS involving:
 - ◆ States?
 - ◆ Tribes?
 - ◆ System-wide changes?
 - ◆ Public-private and public-non profit collaborations?
 - ◆ What are the long-term effects of CJS?
 - ◆ Sustainability in changing environment
 - ◆ How do we *measure* success beyond a single project?
 - ◆ Impact on effectiveness and efficiency of P.H. system



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*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.*



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