

# Ways to Organize Cross-Jurisdictional Sharing: The Role of Third Parties



## Center for Sharing Public Health Services

*Rethinking Boundaries for Better Health*

**December 7, 2018**

10 a.m. Pacific/11 a.m. Mountain/12 noon Central/1 p.m. Eastern

# About Us

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- ◆ We provide access to tools, techniques, expertise and resources that support better collaboration and sharing across boundaries.
- ◆ We believe that when public health departments work together--pooling resources, sharing staff, expertise, funds and programs--across boundaries, they can accomplish more than they could do alone.
- ◆ And when public health departments have the support, tools, and expertise for better collaboration, they can better protect and promote the health of their communities.

# Today's Learning Objectives

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- ◆ Describe the benefits of using a third party to support cross-jurisdictional sharing (CJS) arrangements
- ◆ Describe two models that engage a third party in order to share services



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## **POLLING QUESTION**

***Participant Organization Representation***

# Today's Speakers

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**Kusuma Madamala, PhD**

Public Health Systems Consultant  
Portland, Oregon

**Laura Kittross, MPH, JD**

Public Health Program Manager  
Berkshire Regional Planning Commission  
Pittsfield, Massachusetts

**Wendy S. Hirschenberger, MPH, CPHA**

Health Officer  
Grand Traverse County Health Department  
Traverse City, Michigan

# Introductory Remarks

**Kusuma Madamala**  
Public Health Systems  
Consultant  
Portland, OR



# What is a Third Party?

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*A legal entity, separate and distinct from health departments, that provides, facilitates or otherwise supports a service or capacity shared by health departments.*

# Examples

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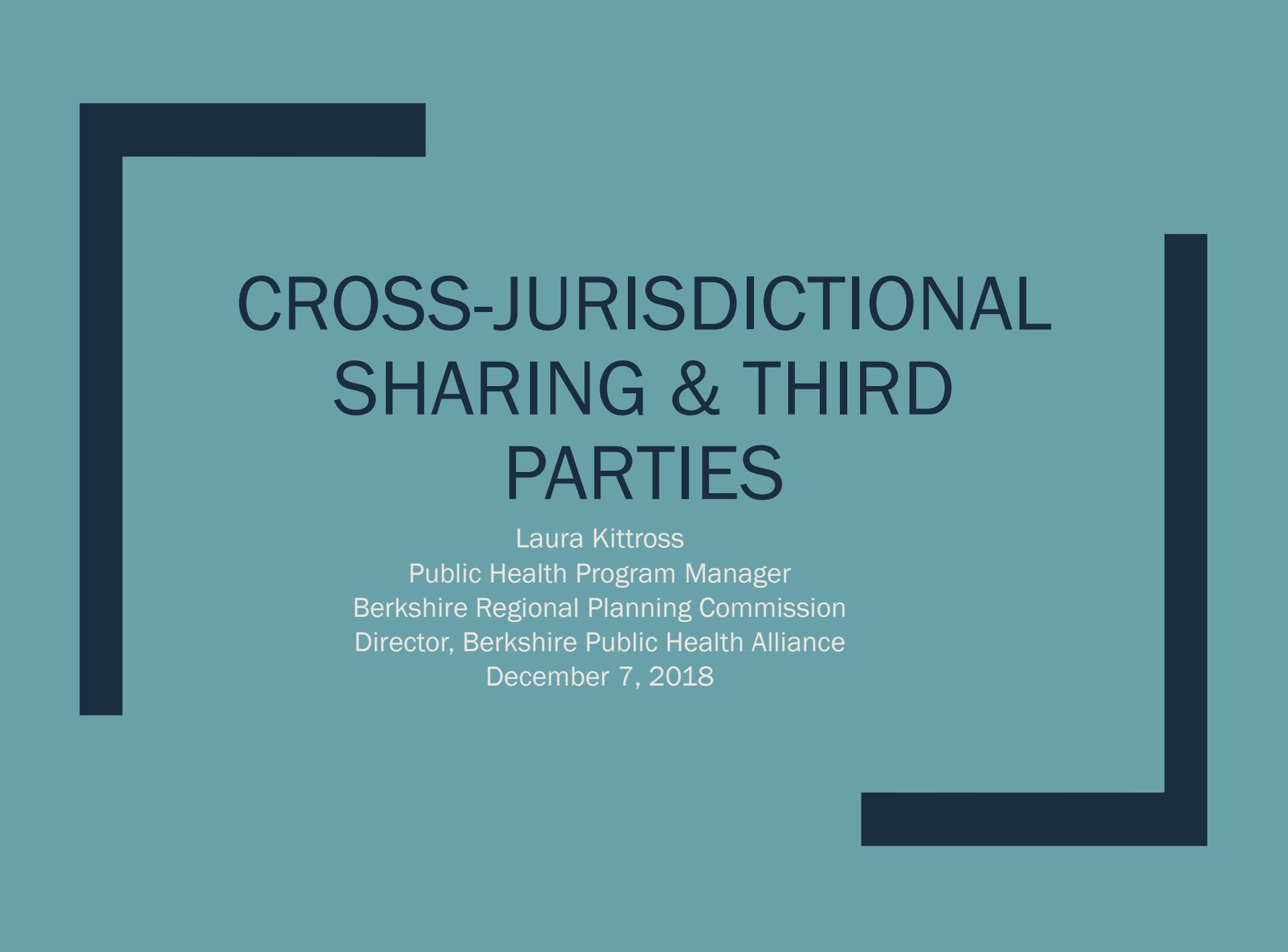
- ◆ Rural Health Network (western NY) – facilitated meetings around sharing a health director
- ◆ Rural health network (Finger Lakes region, NY) - developed detailed policies and procedures for surge capacity
- ◆ Nebraska Association of Local Health Directors - developed a health department website template and a mechanism to share human resources functions
- ◆ Metropolitan Area Planning Council (Cape Cod area, MA) – identified potential models for sharing public health services

# Berkshire Public Health Alliance

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Laura Kittross  
Public Health Program  
Manager  
Berkshire Regional Planning  
Commission  
Pittsfield, Massachusetts





# CROSS-JURISDICTIONAL SHARING & THIRD PARTIES

Laura Kittross

Public Health Program Manager

Berkshire Regional Planning Commission

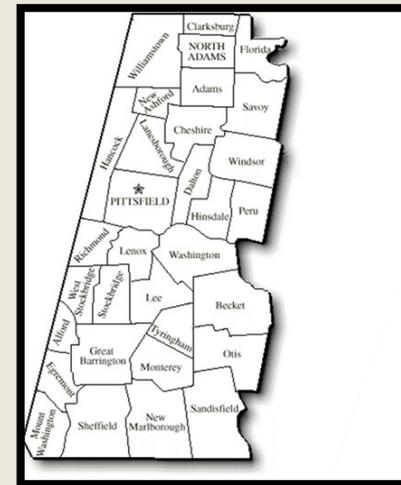
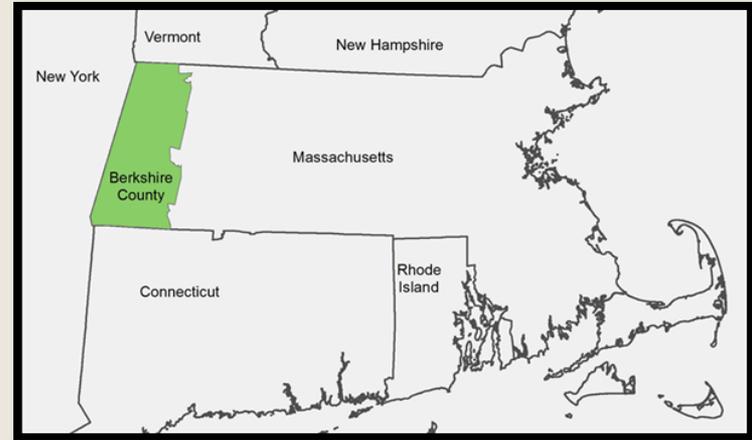
Director, Berkshire Public Health Alliance

December 7, 2018



# Berkshire County

- Far western county; furthest from state resources in Boston
- Second most rural county in MA; just over 126,000 people, more than 1/3 of whom live in the City of Pittsfield. The other 83,722 people spread over 900 square miles.
- Thirty-two municipalities; more than 1/2 under 2,000 residents.
- Like the rest of Massachusetts, no county government or infrastructure, meaning that each small town is responsible for all local public health services.



## Berkshire Regional Planning Commission (BRPC)

- Formed in 1966 by state legislation as the regional planning agency (RPA) for the 32 municipalities of Berkshire County.
- Mission: provide leadership and assistance to the County's municipalities, organizations and citizens in achieving County-wide inter-relationships, prosperity, opportunities, quality of life, strength and vibrancy.
- Initiatives and projects encompassing land use, transportation, economic development, environmental management, community development, housing, emergency preparedness and public health
- One of the few entities that serves the entire county
- Has acted as the fiscal host for Berkshire County Boards of Health Association (BCBOHA) and the public health emergency preparedness coalition since 2006.



# Early CJS Planning

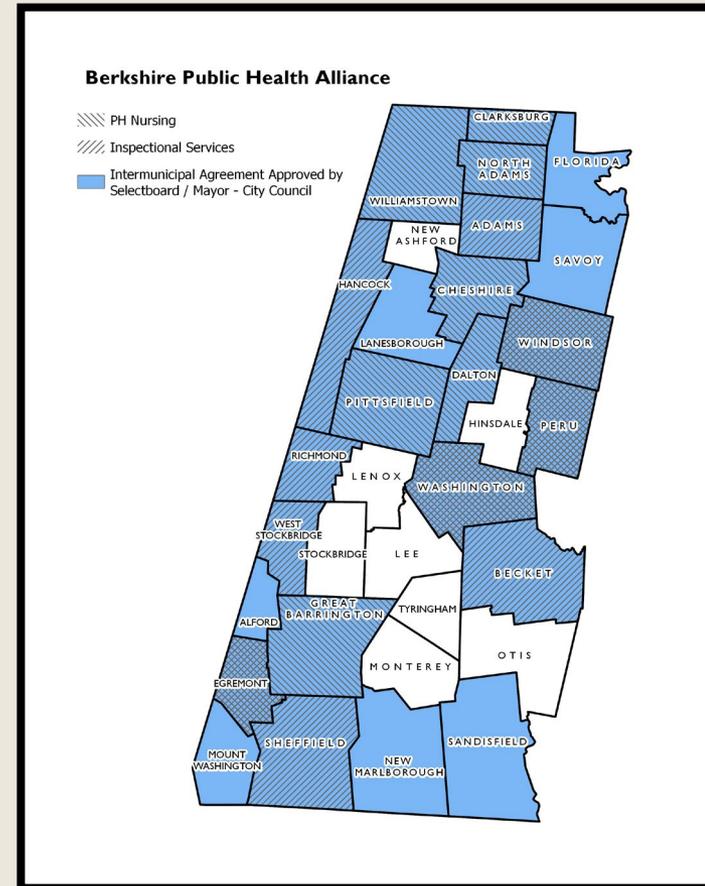
- During the H1N1 pandemic response in 2009, Berkshire County municipalities realized the value of responding in a regional manner.
- Led by Berkshire County Boards of Health Association (BCBOHA), began meeting in 2010 to discuss the idea of cross-jurisdictional sharing (regionalization).
- At least 22 municipalities were involved in planning (some more than others).
- At this time, BCBOHA staff were independent contractors of BRPC.
- Initial challenges included:
  - *Home Rule / local LBOH authority*
  - *Small BOH didn't know what they weren't doing*
  - *Job protection*
  - *Fiscal realities*
  - *Governance*
  - *Membership requirements*

# Alliance Formation

- In March 2011, awarded a state District Incentive Grant (DIG) Planning Grant, with BRPC as applicant.
- BRPC agreed to act as the fiscal host for the Berkshire Public Health Alliance, after none of the municipalities expressed interest in acting as host.
- BCBOHA/BRPC staff spent most of 2011 attending BOH and Selectboard meetings, to explain the Alliance, and encourage membership.
- In November 2011, the Alliance was formally created, when 21 municipalities signed an Inter-Municipal Agreement (IMA) with each other and with BRPC as fiscal host. IMA required agreement of both the BOH and the Selectboard or City Council/Mayor.
- IMA allowed, but did not require, the municipalities to share public health services.
- Initially, Alliance staff (all part-time: director, admin asst, inspectors & nurses) were independent contractors of BRPC
- In July 2013, BCBOHA and Alliance staff became employees of BRPC.
- Initial adoption of services was slow, but steady.
- Supported/subsidized by DIG Implementation grants for first four years.

## Berkshire Public Health Alliance Today

- 24 municipalities are now members, covering 90% of the County's population (3 added since inception).
- LBOH are far more aware of their statutory responsibilities; three towns went from a Board of Selectmen acting as a BOH to a separate BOH.
- Six towns comprehensive inspectional services; at least four others occasional (Title 5, housing, camps).
- Ten municipalities comprehensive public health nursing services.
- Contracts are with BRPC, on behalf of the Alliance.
- Standardized recommended fee schedule, forms, regulations & office policies & procedures.
- Multiple regional grants: DIG, CIC, Opioid Prevention, Food Protection & others.
- Staff includes BRPC employees: Director (Public Health Program Manager), admin (PH Prog staff), Senior Inspector, back-up inspector. Public Health Nurses are independent contractors (2, p/t).
- Governing Board meets quarterly; Chair/ADC in contact more frequently.
- Some towns have become inactive, but none have chosen to leave the Alliance.



Laura Kittross, Public Health Program Manager  
Berkshire Regional Planning Commission  
Director, Berkshire Public Health Alliance  
Director, Berkshire County Boards of Health Association

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# No. Michigan Public Health Alliance

**Wendy Hirschenberger**

Health Officer

Grand Traverse County

Health Department

Traverse City, Michigan



# **The Northern Michigan Public Health Alliance The Community Health Innovation Region and The Northern Health Plan**



## Northern Michigan Public Health Alliance (Alliance)

Cooperate in developing and implementing public health services that increase the capacity of our region's health care delivery system, contain costs, maximize assets and more effectively impact health outcomes through the following strategies:

- Strategically structure services, measure outcomes, engage the community and carefully develop effective practices
- Develop, implement and sustain models of shared public health services
- Increase capacity, maximize strengths, align vision and replicate best practices
- Share resources/work collaboratively to improve health equity and outcomes





-  **Conducted Assessments**
-  **Awarded Grants**
-  **Implemented Programs**
-  **Established Teams**
-  **Created Solutions**

## Northern Michigan Community Health Innovation Region (CHIR)

- Engage a broad group of stakeholders to identify and address factors that affect residents' health, such as housing, transportation and food insecurity as well as high-quality medical care
- Create a neutral space for partners to unite around a common vision, aligning their objectives and services to meet the needs of the community
- Respond to residents' needs, creating conditions that meaningfully support individuals' ability to have a higher, more productive quality of life.

### Governance/Organization

- Charter and Memorandum of Understanding
- Steering Committee: 19 members representing multiple sectors
- Backbone Organization is Northern Michigan Public Health Alliance with Northern Health Plan as fiduciary



## Northern Health Plan

- Create a system for providing or arranging health care services for persons unable to pay for such services
- Furnish organizational and operational management and program direction for projects designed to alleviate the cost of uncompensated healthcare
- Develop and operate, with partners, programs to enhance economic and social wellbeing, improve health status, and increase access to health care
- Provide advice on methods and programs designed to decrease costs associated with uncompensated health care and to act as a clearinghouse for information involved in providing health care services

## Governance/Organization

- Not-for-profit organization
- Board of Directors: 7 members representing community and FQHC, health departments, and hospitals



**Northern  
Health  
Plan**

# Alliance Path Forward

We are committed to an Alliance that...

- Proactively responds to communities' public health needs
- Improves health outcomes
- Strengthens each local health department
- Works collaboratively to maximize and leverage resources
- Is visionary and innovative
- Commits to assuring health equity



# Strategic Sustainability Planning



# A Shared Vision. A Culture of Health.

3 Boards + 1 meeting = Alignment of Vision and Goals?



We are committed to an expanded Community Health Innovation Region that...

- Is based on a culture of collaboration and trust
- Improves health outcomes and health equity
- Advocates for resources and is sustainable
- Utilized a regional framework that is informed by local needs and resident voice
- Maintains fidelity to the Community Health Innovation model



# What is a Third Party?

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*A legal entity, separate and distinct from health departments, that provides, facilitates or otherwise supports a service or capacity shared by health departments.*



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## **POLLING QUESTION**

***Third Party Engagement***

# If you said “yes” . . .

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. . . please note the type of entity and the services it provides in the question box

# Q&A

# Upcoming Webinar

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## ◆ Ways to Organize Cross-Jurisdictional Sharing: Models Between Health Departments

January 18, 2019

10:00 a.m. PT/11:00 a.m. MT/12 noon CT/1:00 p.m. ET

# Resources

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## Presentations

The Center can provide CJS training or consultation at your statewide gathering. Email us for more information: [phsharing@khi.org](mailto:phsharing@khi.org)



No matter where you are in the CJS process, COMPASS will help guide you through each step. COMPASS is an interactive, online tool available at <https://compass.phsharing.org>

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## Additional Resources:

See our other favorite resources at <https://phsharing.org/ResourcesAvailable>



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**Please complete the webinar evaluation!**

**[Ways to Organize Cross-Jurisdictional Sharing:  
The Role of Third Parties](#)**