

**State Health Departments and  
Cross-Jurisdictional Sharing:  
Driving Effectiveness and Efficiency at the Local Level**



**Center for Sharing  
Public Health Services**

*Rethinking Boundaries for Better Health*

**October 9, 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 state health department strategies that can support local health department efforts to establish and operate cross-jurisdictional sharing (CJS) arrangements
- ◆ Describe state health department strategies that use a CJS approach to improve the delivery of state-funded public health services

# Introductory Remarks

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**Michael Fraser**  
Chief Executive Officer  
Association of State and Territorial Health  
Officials

# CJS in Minnesota

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**Chelsie Huntley**

Director

Center of Public Health Practice  
Minnesota Department of Health

# CJS in Montana

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## **Mandi Zanto**

Healthy Lifestyles Section Supervisor  
Chronic Disease Prevention and Health  
Promotion Bureau  
Public Health and Safety Division  
Montana Dept of Health and Human Services





# Center for Sharing Public Health Services

*Rethinking Boundaries for Better Health*

Introductory Remarks

**MICHAEL FRASER**  
**EXECUTIVE DIRECTOR, ASTHO**

# Two Central Roles for State Health Departments

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- ◆ Support and facilitate CJS efforts developed at the local level
- ◆ Use a CJS approach to increase effectiveness and efficiencies





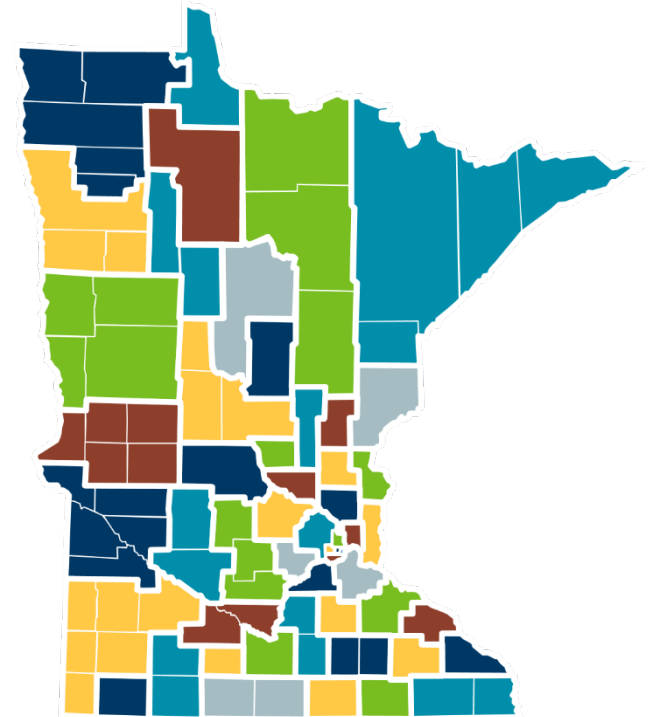
# Cross-Jurisdictional Sharing Among Local Health Departments

Chelsie Huntley | Director, Center for Public Health Practice

October 15, 2018

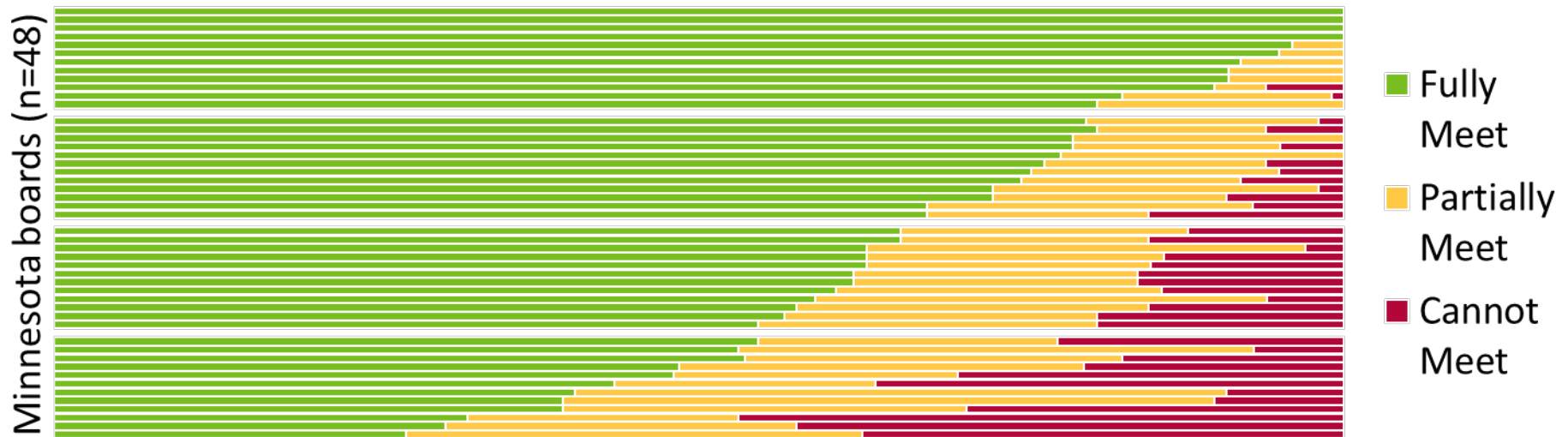
# Minnesota's Governmental Public Health System

- Decentralized State
- 51 Local Health Jurisdictions
- 11 Tribal Nations
- State Community Health Services Advisory Committee (SCHSAC) collaboratively addresses key issues



# Old capacity (red to green chart)

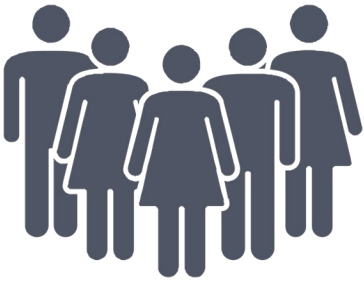
## Capacity of Minnesota community health boards to meet 100 national public health measures, 2014



*“If we were not working collaboratively, we would not be able to meet the requirements.”*

*- Minnesota Local Health Department*

# State Support Provided



Learning Community



Funding



Consultation and  
Technical Assistance



Tools

- Informal sharing is common
- Increase in sharing within multi-county jurisdictions
- Limited sharing between jurisdictions
- Funding incentives
- Evidence based practice requirements and technology incentivizes and supports sharing
- Continued capacity challenges = opportunity to reimagine our system



# Closing Thoughts

- Let locals lead
- Support and incentivize vs. design and mandate
- One size does not fit all
- Success leads to more sharing
- Relationships matter

# Thank you!

**Chelsie Huntley**

[Chelsie.huntley@state.mn.us](mailto:Chelsie.huntley@state.mn.us)

651-201-3882



# Improving Chronic Disease Coordination and Reducing Number of Contracts

Chronic Disease Prevention and Health Promotion  
Bureau

# Who We Are

- Montana Department of Public Health and Human Services
  - Public Health and Safety Division
    - Chronic Disease Prevention and Health Promotion Bureau
      - Tobacco Use Prevention Program
      - Arthritis Program
      - Asthma Control Program
      - Diabetes Prevention Program
      - Cardiovascular Health Program
      - Cancer Control Program
      - Nutrition and Physical Activity
      - Disability and Health
      - Worksite Wellness
      - School Health
      - Injury Prevention and EMS Trauma Systems



# History

- The Chronic Disease Prevention and Health Promotion Bureau began coordinating work in 2011
  - Efforts promoted through CDC grant
- Through CDC Grant the CDPHPB began to look at internal processes for coordination among programs
  - From our internal process changes, ideas were formulated on how to coordinate with our external partners

# Plan

- Assemble the team
  - Arthritis Program
  - Asthma Control Program
  - Cancer Control Program
  - Tobacco Use Prevention Program
  - Bureau Chief
- Aim
  - Increase collaboration and coordination in addressing chronic disease prevention and control at local health departments (LHD's) by regionalizing work and combining individual contracts



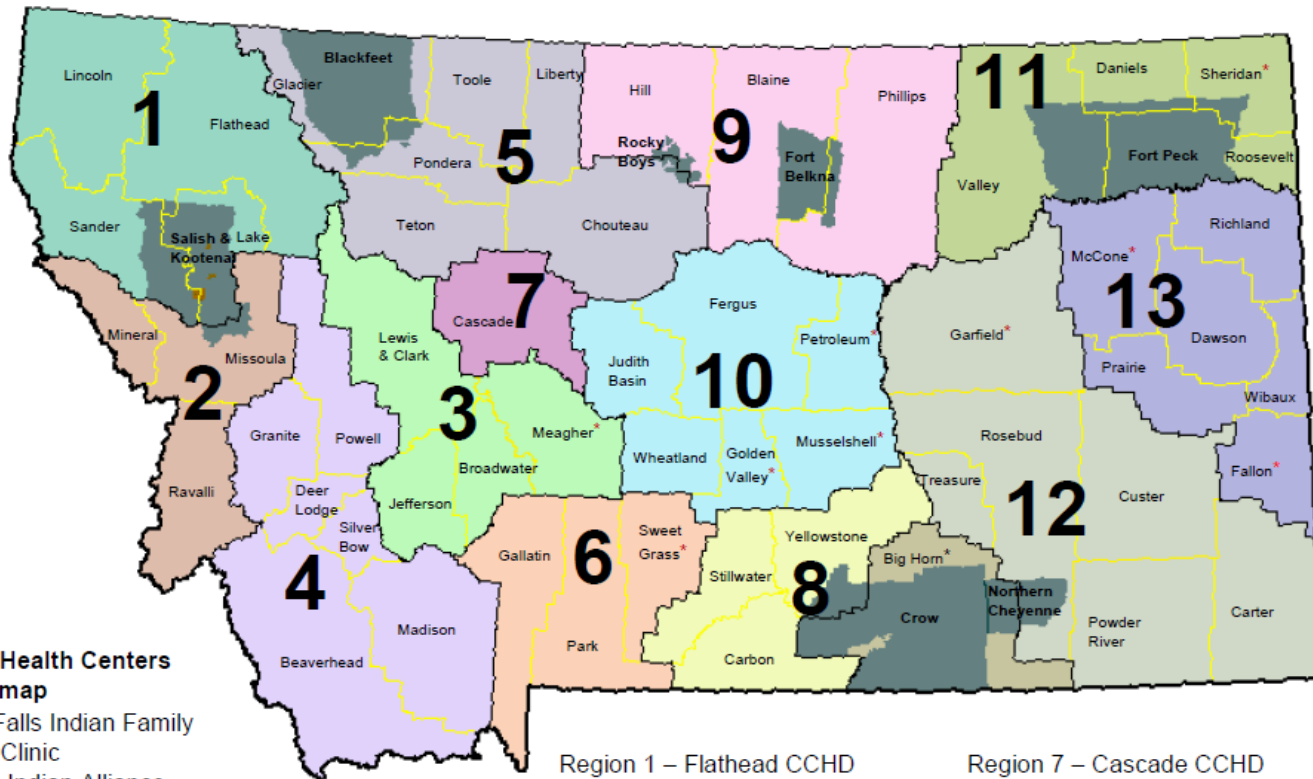
# How the Work Was Being Carried Out

- Each Chronic Disease Program contracted with local health departments separately
  - Cancer Control Programs contracted with 13 regions
  - Tobacco Use Prevention Program contracted with 48 Counties
  - Asthma Control Program contracted with 10 counties
  - Diabetes Program contracted with 2 counties
- Often asked LHDs to do similar work
  - Communicate with decision makers
  - Inform healthcare providers about services and/or referrals
  - Partner with Tribes
- Other CD programs were looking to contract with counties

# Improvements to the System

- Combine task orders into one task order for a LHD
  - Support coordinated deliverables
  - Use standard reporting system
- Use regional system already in place created by the Cancer Control Program
- Use reporting system already in place created by the Montana Tobacco Use Prevention Program-Catalyst

# Chronic Disease Regional Map



## Urban Indian Health Centers not noted on map

- Great Falls Indian Family Health Clinic
- Helena Indian Alliance
- Missoula Indian Center
- MT-WY Tribal Leaders Council
- North American Indian Alliance

Region 1 – Flathead CCHD  
 Region 2 – Missoula CCHD  
 Region 3 – Lewis & Clark CCHD  
 Region 4 – Butte-Silver Bow CCHD  
 Region 5 – Teton CCHD  
 Region 6 – Gallatin CCHD

Region 7 – Cascade CCHD  
 Region 8 – RiverStone Health  
 Region 9 – Blaine CCHD  
 Region 10 – Fergus CCHD/CMFP  
 Region 11 – Daniels CCHD  
 Region 12 – Custer CCHD  
 Region 13 – Richland CCHD

Chronic Disease Regional Map – Effective July 2017

\*Counties not receiving Tobacco funding (Fallon, Garfield, Golden Valley, McCone, Meagher, Musselshell, Petroleum, Sheridan, Sweet Grass)

\*Region 8, RiverStone Health, will provide cancer screening and worksite wellness services to Big Horn County

\*Region 12, Custer CCHD, via Treasure County, will provide tobacco prevention services to Big Horn County

# Implementation

- Implemented action plan
  - Met monthly
  - Met with LHDs
  - Made changes to Catalyst-all program deliverables reported on within one system
  - Set up standard email address for communication
  - Hosted bimonthly webinars
- Collected data
  - Catalyst
  - Satisfaction survey
  - Number of contracts each year

# Timeline

## Winter 2016/17

- Discuss regionalizing Tobacco contracts to match Cancer contracts

## July 2017

- Coordinated contracts start

## July 2017-June 2018

- Host bimonthly webinars on coordinated topics
- Review quarterly reports with LHDs

## Spring 2018

- New contracts go out, add Diabetes scope of work
- Propose new work related to hypertension

## Spring 2016

- Combine 8/11 Asthma contracts with Cancer contracts

## Spring 2017

- Host series of calls with local health departments about move to Hub and region model
- Propose new work related to arthritis to LHDs

## July 2017

- Regions submit coordinated workplan

## Winter 2018

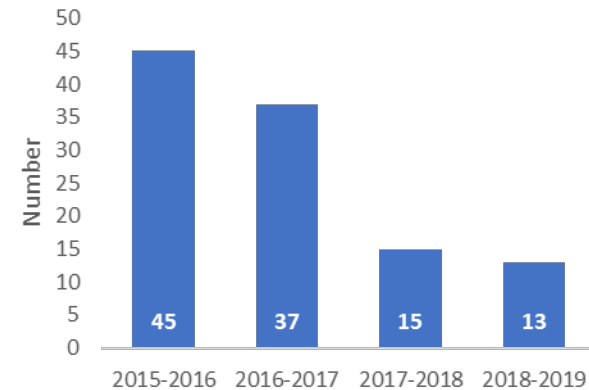
- Conduct satisfaction survey

## Fall 2018

- Host workshop for regions at MPHA Annual Conference

# Initial Evaluation

- Reduced task orders from 45 to 13
- Used existing contracts to incorporate work from other chronic disease programs rather than create new contracts
- Satisfaction survey results-Year 1
  - 45% agree or strongly agree guidance for developing a regional work plan was helpful
  - 51% agree or strongly agree they received adequate training to use catalyst for work planning
  - 64% agree or strongly agree that DPHHS staff were responsive to questions and concerns throughout the work plan process
  - 85% agree or strongly agree that the timeline for work plan completion was reasonable
  - About 1/3 of respondents were neutral to these questions





# Looking Ahead

- Contracts are out for FY19-Year 2
  - Changes were made to language in coordinated deliverables to be more clear
  - Includes scope of work related to Diabetes Prevention Program-elimination of 2 additional task orders
- Regional workshop in September 2018 to address questions about coordinated deliverables
- Coordinate program site visits for future contract years
- Formal In Depth Qualitative Evaluation
- Continue to make changes as necessary and include all points of view and feedback and data collected
  - **Coordination and collaboration takes time!**

# Thank You!!

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Healthy Lifestyles  
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Q&A

# Upcoming Webinars

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

December 7, 2018

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

## ◆ Ways to Organize Cross-Jurisdictional Sharing: Models Using a Third Party

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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[www.PHSharing.org](http://www.PHSharing.org)  
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(855) 476-3671

*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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**Please complete the webinar evaluation!**

[CSPHS Webinar Evaluation: State Health  
Departments and Cross-Jurisdictional Sharing](#)