



# CASE STUDY: EXPLORATION OF PUBLIC HEALTH SHARED SERVICES

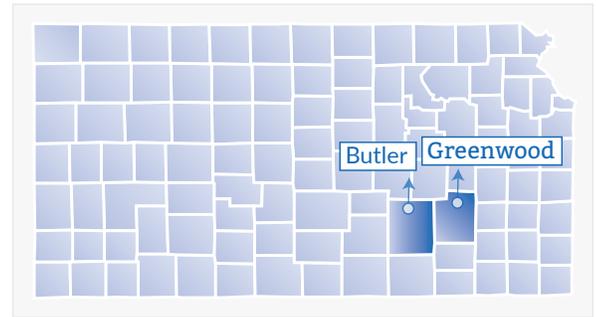
*Butler and Greenwood Counties in Kansas*

## Introduction

This case study features two counties that undertook a process to explore the development of a cross-jurisdictional sharing (CJS) arrangement for public health services. CJS is the deliberate exercise of public authority to enable collaboration across jurisdictional boundaries, such as county lines. CJS can increase effectiveness and efficiency by allowing public health policymakers to pool resources with other jurisdictions to make a larger impact. This case study is based on the experience of local health department personnel throughout the CJS exploration in 2016.

## History of Sharing

Butler and Greenwood Counties have a long history of public health service sharing. In 1949, through the approval of both county commissions, the two counties entered into an interlocal agreement that created the first multi-county health department in Kansas. The Butler and Greenwood Bi-County Health Department was managed by a single administrator who oversaw staff at both locations. This arrangement was in place for nearly 50 years until it dissolved in the late 1990s.



In the time since the Bi-County Health Department was first established in 1949, Greenwood County's population has decreased by nearly half, while Butler County's population has nearly doubled. In the 1990s, because the population decline had substantially diminished the tax base in Greenwood County, the county was unable to contribute the same amount of money as it had in the past. This created a funding inequity in which Butler County provided about 85 percent of the financial support for the health department. On a per capita basis, the financial contributions were approximately the same; however, the total amounts differed greatly, and this difference contributed to the perception of unfairness between the counties. The Butler County Commissioners believed that they were paying more than their fair share of the health department expenses and that Greenwood County was receiving services

### KEY POINTS

- Butler and Greenwood Counties developed the state's first multi-county health department in 1949. This arrangement lasted nearly 50 years.
- In 2016, the Butler and Greenwood County Health Departments conducted a feasibility study to explore a potential shared family planning program. Several barriers were identified: existing family planning services, funding challenges and trust between policymakers in the two counties.
- Due to the barriers identified in the feasibility study, the two health departments decided not to share the family planning program but learned key lessons in the process: trust, policymaker support and a mutually agreeable funding structure are critical elements of a successful CJS arrangement.

that were subsidized by Butler County taxpayers. The Bi-County Health Department was dissolved into two separate county departments, effective January 1, 1999.

Despite the challenges brought about by the dissolution of the Bi-County Health Department, Butler and Greenwood County Health Departments currently have some informal CJS arrangements. Though they are not in the same public health emergency preparedness region, they have informally agreed to offer support to each other during emergencies. Additionally, they occasionally share staff members in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) when assistance is needed to meet client needs. Because of the success of these informal sharing arrangements, the directors of the two health departments were interested in exploring more formal sharing to better serve their populations.

## Potential Need for CJS

In 2016, the directors of Butler and Greenwood County Health Departments came together to discuss the possibility of developing a collaborative program to deliver family planning services for both communities. Without a Federally Qualified Health Center (FQHC) in the community, family planning services can be too expensive for some people to obtain. It is the responsibility of local public health to find a solution to address this gap in the community.

Butler County already receives a grant from the Kansas Department of Health and Environment (KDHE) to provide family planning services, whereas the Greenwood County Health Department does not, due to limited capacity and appropriately qualified personnel. However, 6 percent of the clients who receive family planning services at the Butler County Health Department are Greenwood County residents, and the health department director at Greenwood County has received multiple inquiries about family planning services from residents. Having a qualified Advanced Practice Registered Nurse (APRN) on staff is a requirement for the family planning program; however, Butler County has had difficulty retaining an APRN due to the limited number of hours one is needed by a single health department.

The initial goal of exploring the CJS agreement was to provide necessary reproductive services and to increase the working hours of an APRN to increase longevity in that position. Furthermore, the directors hoped that if this was a successful arrangement, the program could be expanded to other small communities lacking family planning services.

## CJS Exploration Process

The two health department administrators followed the *Roadmap to Develop Cross-Jurisdictional Sharing Initiatives*, which is published by the Center for Sharing Public Health Services, to help guide jurisdictions through the process of considering or establishing CJS arrangements. There are three distinct phases on the *Roadmap*: Phase One—Explore; Phase Two—Prepare and Plan; and Phase Three—Implement and Improve.

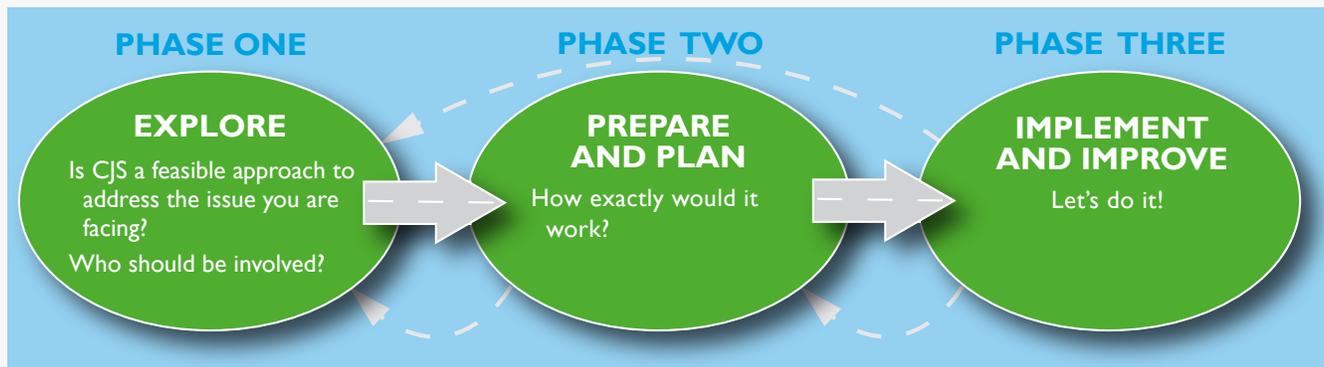
### Phase 1—Explore

The two administrators conducted a feasibility study for the CJS arrangement. The objective of the feasibility study was to see if a new program would be supported by the local lawmakers, the community and other providers in the area. It was important for each of these stakeholders to be supportive of the CJS arrangement and willing to commit to the success of a family planning clinic at the health department.

An initial meeting with the Greenwood County Commission resulted in the identification of barriers to the project. The commissioners were concerned about the time it would take to provide the services and whether the health department administrator would have the time to undertake additional responsibilities. The staff at Greenwood County Health Department is limited to one full-time administrator, a part-time office manager and a part-time clerk. Another constraint was funding for the arrangement. The Greenwood County Commissioners were very clear that there would be no additional county funds spent on the program.

The Butler County Board of County Commissioners also had some reservations about the sharing arrangement. The commissioners were adamant that if a sharing arrangement were to be developed, funds that were allocated for Butler County residents would not be used to support services

Figure 1. Phases on the Roadmap to Develop Cross-Jurisdictional Sharing Initiatives



Source: Center for Sharing Public Health Services, 2017.

delivered in Greenwood County. These were the same concerns that ended the Bi-County Health Department in the 1990s. The issue of trust was one significant barrier identified in the process.

Despite the identification of these barriers, the health department administrators continued with the feasibility study. To address the funding concerns, they worked to develop a budget and identify costs and possible funding streams to cover the required expenditures.

Another component of the feasibility study was to examine the support and expressed needs of the community relating to family planning services. A short survey for Greenwood County Health Department clients was developed for this purpose. It was through this survey that the administrators learned about an FQHC satellite clinic that was already providing family planning services in the community. The Flint Hills Community Health Center FQHC had established a clinic in Greenwood County that provided, among other services, comprehensive reproductive health services, which were delivered on a sliding-fee scale. Several commissioners from both counties had expressed concern over duplication of services, and had stated they would not support the health department delivering services that would be redundant in the community.

Because of the hesitation from policymakers about funding the arrangement, as well as the discovery of existing family planning services available in Greenwood County, the health department directors made the decision not to pursue a CJS arrangement. Instead, the Butler County Health

Department staff now notify Greenwood County residents about the presence of the FQHC in their county when contacted. Nevertheless, the lessons that the directors learned throughout the CJS exploration process are worth documenting in advance of future shared services exploration in these or other counties.

## Further Exploration and Lessons Learned

After it was determined that the CJS arrangement would not proceed, the health department administrators undertook a process to document some of the lessons learned. They gathered perspectives from one Butler County Commissioner regarding future sharing, and spoke with health department staff that are involved in CJS in South Central Kansas.

A conversation with the director of the Kingman County Health Department provided some insight into the factors that contribute to successful CJS between her health department and others. Kingman County is a member of the South Central Kansas Coalition for Public Health. The seven health departments have a long-standing partnership that is based on ensuring that all the counties receive efficient public health services. The counties jointly administer three services: family planning, WIC and public health emergency preparedness. Some of the initial challenges for this partnership included maintaining autonomy of each of the seven health departments in the region and determining a way to fund the services equitably. There is a high degree of trust and a strong working relationship between

the departments, and the expertise to provide services has been greatly improved through the sharing arrangement.

While trust has been an essential part of the success in the South Central Kansas Coalition for Public Health, it has been an issue between Butler and Greenwood Counties, and there are some residual effects from the dissolution of the former partnership that has created an underlying distrust and tension. The conversation with the Kingman County Health Department director highlighted the critical nature of trust between the counties as a prerequisite to successful CJS, and may be one area to improve upon prior to any future arrangements between Butler and Greenwood Counties.

Policymaker support also is key to a successful CJS arrangement. A follow-up conversation with one of the Butler County Commissioners provided some considerations for future sharing arrangements. This commissioner was most concerned that the CJS agreement would require local staff to contribute additional time to the new service, and that there was the potential for the services to become a financial burden. However, the commissioner felt that CJS may be the most efficient way to continue to provide needed programs and services. Butler County currently has partnerships with other counties through existing mutual aid agreements. One of them involves sending emergency medical services (EMS) to rural fire districts and another is an agreement with Marion County to share

the Butler County landfill. The commissioner believes that successful CJS agreements must be very detailed, and must include a description of deliverables and how resources will be shared. The commissioner commended the approach of exploring the feasibility of a CJS agreement—and possibly avoiding expensive mistakes—instead of jumping in head first without consideration of potential pitfalls.

## Conclusion

The Butler and Greenwood County Health Departments undertook a thoughtful process for determining the feasibility of a CJS arrangement for family planning services. The process identified some key barriers, including policymaker concerns about financial contributions, funding equity and duplicate services being provided in the community. These barriers resulted in the decision not to share services for this program. However, the counties saved time and money by going through the exploration process prior to entering into an arrangement. Additionally, the health department administrators were able to document some lessons learned as a result of the process—chief among them being the importance of trusting relationships between policymakers, and dedicating sufficient time to the development of the arrangement. The health department administrators remain committed to informal sharing, and may explore the feasibility of more formal sharing arrangements in the future.

### ABOUT THE ISSUE BRIEF

This brief is based on work done by Sarah M. Hartsig, M.S. Special thanks to Janice E. Powers, M.P.H., and Lela Day, R.N., directors of the Butler County and Greenwood County Health Departments for allowing us to share their experience. The project was supported by a grant from the Kansas Health Foundation. The Kansas Health Foundation is a private philanthropy dedicated to improving the health of all Kansans. For more information about the Kansas Health Foundation, visit [www.kansashealth.org](http://www.kansashealth.org). This brief is available online at [khi.org/policy/article/17-14](http://khi.org/policy/article/17-14).

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