Foundational Public Health Services:

What's Sharing Got to Do with It?

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Learning Objectives

1. Identify Ohio local health departments' interest in shared services arrangements to achieve the Foundational Public Health Services.
2. Identify different types of shared services arrangements and how they might be best utilized to increase local health department capacity.
3. Achieve increased awareness of efforts in Ohio to establish a public health shared services Council of Governments.

"ACHIEVING FOUNDATIONAL PUBLIC HEALTH SERVICES IN OHIO'S LOCAL HEALTH DEPARTMENTS"

SELECT SURVEY RESULTS

Purpose of Survey

FOUNDATIONAL PUBLIC HEALTH SERVICES	SHARED SERVICES ARRANGEMENTS
✓Assess LHDs' familiarity with Foundational Public Health Services (FPHS) model.	✓Assess LHDs' familiarity with Shared Services Spectrum.
✓Assess LHDs' ability to provide FPHS.	✓**Assess the role shared services arrangements currently play in LHDs' provision of FPHS.**
✓Identify LHDs' technical assistance needs related to FPHS.	✓**Identify LHDs' interest in utilizing shared services arrangements to provide FPHS in the future.**
✓Identify LHDS' barriers to providing FPHS.	✓Identify LHDs' barriers to entering into shared services arrangements.

PUBLIC HEALTH IN THE 21ST CENTURY

Survey Participants

LHDs in all AOHC districts participated.

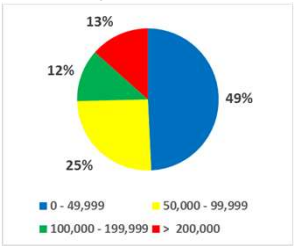
- 12/16 in Central District (75%)
- 14/22 in NW District (64%)
- 18/34 in NE District (53%)
- 12/23 in SW District (52%)
- 11/24 in SE District (46%)

PUBLIC HEALTH IN THE 21ST CENTURY

Survey Participants

All sizes of LHDs, by jurisdiction size, responded.

- 33 jurisdictions of 0-49,999
- 17 jurisdictions of 50,000-99,999
- 8 jurisdictions of 100,000-199,999
- 9 jurisdictions of ≥ 200,000

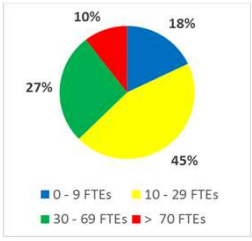


PUBLIC HEALTH IN THE 21ST CENTURY

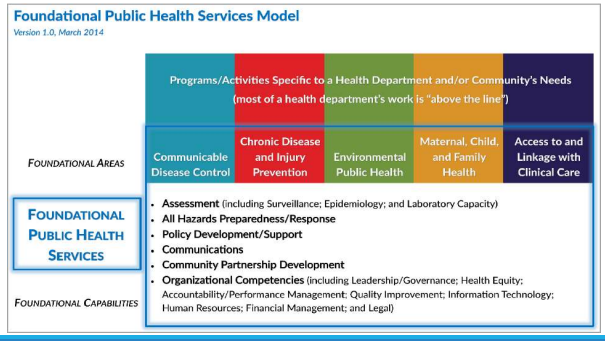
Survey Participants

All sizes of LHDs, by staff size, responded.

- 12 LHDs with 0-9 FTEs
- 30 LHDs with 10-29 FTEs
- 18 LHDs with 30-69 FTEs
- 7 LHDs with ≥70 FTEs



PUBLIC HEALTH IN THE 21ST CENTURY



PUBLIC HEALTH IN THE 21ST CENTURY

High + Moderate Levels of Interest in Future Sharing

Ability/Capacity to…	% with HIGH or MODERATE level of interest
Work actively with statewide and community partners to increase statewide and community rates of healthy eating and active living through a prioritized approach focusing on best and emerging practices aligned with national, state, and local guidelines for healthy eating and active living. (FOUNDATIONAL AREA: CHRONIC DISEASE AND INJURY PREVENTION)	90%

PUBLIC HEALTH IN THE 21ST CENTURY

High + Moderate Levels of Interest in Future Sharing

Ability/Capacity to…	% with HIGH or MODERATE level of interest
Access, analyze, and use data from (at least) seven specific information sources, including (1) U.S. Census data, (2) Vital statistics, (3) Notifiable conditions data, (4) Certain health care clinical and administrative data sets including available hospital discharge, insurance claims data, and Electronic Health Records (EHRs), (5) BRFSS, (6) Nontraditional community and environmental health indicators, such as housing, transportation, walkability/green space, agriculture, labor, and education, and (7) Local and state chart of accounts. (FOUNDATIONAL CAPABILITY: ASSESSMENT)	89%

PUBLIC HEALTH IN THE 21ST CENTURY

High + Moderate Levels of Interest in Future Sharing

Ability/Capacity to…	% with HIGH or MODERATE level of interest
Serve as a primary and expert resources for establishing, maintaining and developing basic PH policy recommendations that are evidence-based, grounded in law, and legally defendable. (FOUNDATIONAL CAPABILITY: POLICY DEVELOPMENT/ SUPPORT)	87%
Receive laboratory reports and other relevant data; conduct disease investigations, including contact tracing and notification; recognize, identify, and respond to outbreaks for notifiable conditions according to local, national, & state mandates. (FOUNDATIONAL AREA: COMMUNICABLE DISEASE CONTROL)	85%

PUBLIC HEALTH IN THE 21ST CENTURY

High + Moderate Levels of Interest in Future Sharing

Ability/Capacity to…	% with HIGH or MODERATE level of interest
Assure the availability of partner notification services for newly diagnosed cases of syphilis, gonorrhea, and HIV according to CDC guidelines. (FOUNDATIONAL AREA: COMMUNICABLE DISEASE CONTROL)	85%
Provide timely, statewide, and locally relevant and accurate information to the health care system and community on chronic disease and injury prevention and control. (FOUNDATIONAL AREA: CHRONIC DISEASE & INJURY PREVENTION)	84%

PUBLIC HEALTH IN THE 21ST CENTURY

High + Moderate Levels of Interest in Future Sharing

Ability/Capacity to...	% with HIGH or MODERATE level of interest
Prioritize and respond to data requests, including vital records, and to translate data into information and reports that are valid, statistically accurate, and accessible to the intended audiences. (FOUNDATIONAL CAPABILITY: ASSESSMENT)	84%
Develop and implement proactive health education/health prevention strategy (distinct from other risk communications) that disseminates timely and accurate info to public in culturally and linguistically appropriate formats. (FOUNDATIONAL CAPABILITY: COMMUNICATIONS)	83%

PUBLIC HEALTH IN THE 21ST CENTURY

High + Moderate Levels of Interest in Future Sharing

Ability/Capacity to...	% with HIGH or MODERATE level of interest
Conduct CHA & identify health priorities from CHA, including analysis of health disparities. (FOUNDATIONAL CAPABILITY: ASSESSMENT)	82%
INFORMATION TECHNOLOGY, INCLUDING PRIVACY & SECURITY: Maintain/procure hardware & software needed to access/analyze electronic health data, support LHD's operations; Support, use, & maintain communication technologies needed to interact with residents; Have proper systems in place to keep health and HR data confidential. (FOUNDATIONAL CAPABILITY: ORGANIZATIONAL COMPETENCIES)	82%

PUBLIC HEALTH IN THE 21ST CENTURY

High + Moderate Levels of Interest in Future Sharing

Ability/Capacity to...	% with HIGH or MODERATE level of interest
HEALTH EQUITY: Strategically coordinate health equity programming through a high level, strategic vision and/or subject matter expertise which can lead and act as resource to support such work across the department. (FOUNDATIONAL CAPABILITY: ORGANIZATIONAL COMPETENCIES)	82%
Identify statewide and local chronic disease and injury prevention community partners and their capacities, develop and implement a prioritized prevention plan, and seek funding for high priority initiatives. (FOUNDATIONAL AREA: CHRONIC DISEASE & INJURY PREVENTION)	82%

PUBLIC HEALTH IN THE 21ST CENTURY

High + Moderate Levels of Interest in Future Sharing

Ability/Capacity to…	% with HIGH or MODERATE level of interest
Provide timely, statewide, and locally relevant and accurate information to the health care system and community on communicable diseases and their control. (FOUNDATIONAL AREA: COMMUNICABLE DISEASE CONTROL)	82%
Support the recognition of outbreaks and other events of public health significance by assuring capacity for the identification and characterization of the causative agents of disease and their origin, including those that are rare and unusual. (FOUNDATIONAL AREA: COMMUNICABLE DISEASE CONTROL)	81%

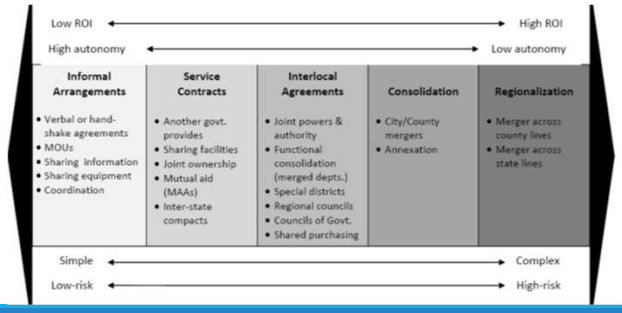
High + Moderate Levels of Interest in Future Sharing

Ability/Capacity to…	% with HIGH or MODERATE level of interest
Effectively inform and influence policies being considered by other governmental and non-governmental agencies within your jurisdiction that affect health but are beyond immediate scope or authority of the LHD. (FOUNDATIONAL CAPABILITY: POLICY DEVELOPMENT/ SUPPORT)	81%
Coordinate and integrate categorically-funded chronic disease and injury prevention programs and services. (FOUNDATIONAL AREA: CHRONIC DISEASE & INJURY PREVENTION)	80%

High + Moderate Levels of Interest in Future Sharing

Ability/Capacity to…	% with HIGH or MODERATE level of interest
Detail communication and media protocols the LHD will follow during a crisis, disaster, outbreak, or threat. (FOUNDATIONAL CAPABILITY: COMMUNICATIONS)	80%
Identify, disseminate, and promote emerging and evidence-based information about early interventions in the prenatal and early childhood period that promote lifelong health and positive social-emotional development. (FOUNDATIONAL AREA: MATERNAL/CHILD/FAMILY HEALTH)	80%

Shared Services Continuum



The Spectrum of Shared Services

Spectrum of Cross-Jurisdictional Sharing Arrangements			
As-Needed Assistance	Service-Related Arrangements	Shared Programs or Functions	Regionalization/ Consolidation
• Information sharing • Equipment sharing • Expertise sharing • Assistance for surge capacity	• Service provision agreements (e.g., contract to provide immunization services) • Purchase of staff time (e.g., environmental health specialist)	• Joint programs and services (e.g., shared HIV program) • Joint shared capacity (e.g., epidemiology, communica-tions)	• 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. (2017).

Informal Arrangements

Verbal or handshake agreements, MOUs, MOAs

Best suited for providing as-needed assistance; involves low level of risk and high degree of autonomy; probably doesn't involve payment for services

- Information sharing
- Equipment sharing
- Expertise sharing (e.g., subject matter expert providing information or answering questions)
- Assistance for surge capacity

Service Contracts

Contracts for specific goods or services between entities

Best suited for service-related arrangements where entities desire autonomy but are willing to accept some interdependence and risk

- Contracting for provision of specific services (e.g., immunization services) in another jurisdiction
- Purchasing staff time (e.g., epidemiologist, nurse practitioner)
- Renting space within another's facility

Interlocal Agreements

Special District, Council of Governments, Group Purchasing

Best suited for when entities wish to maintain their individual identities but are willing to share decision-making and risk

- Joint programs and services (e.g., shared communicable disease control)
- Joint shared capacity (e.g., marketing, community health assessment & planning, communications)
- Joint ownership of a facility, software, or EHR

Consolidation/Regionalization

Consolidating operations, staff, etc., of several entities

- Creation of a new entity by merging existing agencies (Horizon Public Health, created from health departments serving Douglas; Pope; and Grant, Stevens, and Traverse counties in MN)
- Consolidation of one or more entities into an existing agency(e.g., Findlay City HD and Hancock County HD; Steubenville City HD and Jefferson County HD)

Mid-East Ohio Regional Council of Governments

NATALIE LUPI, EXECUTIVE DIRECTOR, MEORC

SEPTEMBER 27, 2017

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"Problems can not be solved by using the same kind of thinking and awareness we used when we created them."

Albert Einstein

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Council of Governments (COGs)

Legal Authority is found in ORC Chapter 167.

... Any two or more governmental entities, may enter into an agreement with each other, to the extent that laws permit, to establish a regional council consisting of such entities.

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What is a COG?

It is a governmental entity.

It may perform any functions that the governmental entities that created it have the authority to perform.

A unique set of bylaws outline the governance structure and membership for each COG.

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What is a COG?

Each entity has a single representative on the COG Board. For example, DD COGs in Ohio are created by individual County DD Boards. A Superintendent from each member Board sits on the COG Board of Directors.

In Ohio, each COG is unique in relation to services or products performed for its members.

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History of COGs in Ohio's Developmental Disabilities System

Exploration began in late 1980s after three Boards joined forces to conduct a joint Board member in-service.

> *"We should do more of this type of thing"* concluded an attendee.

Regional DD leaders began exploring a collaborative structure and discovered ORC 167. This ultimately led to the establishment of MEORC in 1990. Today all 18 county DD boards in Region V are members.

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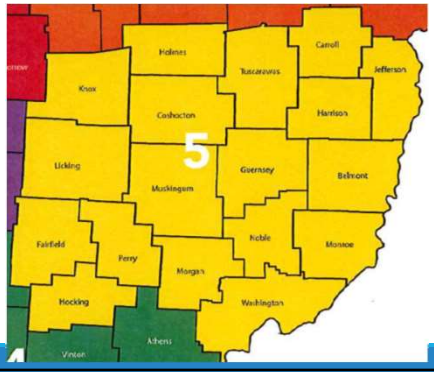
Map of Developmental Disabilities Regions

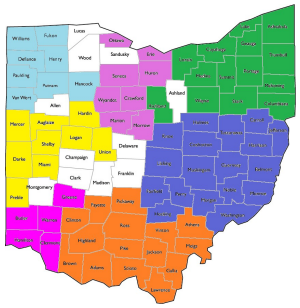
Close-up of DD Region **5**



COGs in Ohio's Developmental Disabilities System

Seven DD COGs exist today, providing an array of services to 77 County DD Boards.

1. West Central Ohio Network Council of Governments (WESTCON)
2. Clearwater Council of Governments
3. Northwest Ohio Waiver Administration Council (NOWAC)
4. Southern Ohio Council of Governments (SOCOG)
5. Mid East Ohio Regional Council of Governments (MEORC)
6. South Western Ohio Council of Governments (SWOCOG)
7. North East Ohio Network Council of Governments (NEON)



Developmental Disabilities COGs

Yellow	West Central Ohio Network COG (WESTCON)
Purple	Clearwater COG
Lt. Blue	Northwest Ohio Waiver Administration Council (NOWAC)
Orange	Southern Ohio COG (SOCOG)
Dk. Blue	Mid East Ohio Regional COG (MEORC)
Fuchsia	South Western Ohio COG (SWOCOG)
Green	North East Ohio Network COG (NEON)

Why utilize a COG?

A COG is an option that leaders can use to address challenges in a collective way.

It is a vehicle to collaborate with others who have like ideas related to challenges.

It is a vehicle for sharing resources to address challenges.

COG Board Members have input into decisions impacting the services or products the COG delivers and its budget.

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Why Utilize a COG?

It is a method to enhance sharing of beliefs, ideals, funding, and expertise among the members.

Boards are seeking more efficient, cost-effective means to use resources and funding.

It is a vehicle for creative solutions to problems.

In the current economic environment, health departments require strong leadership and new ways of thinking about challenges.

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Our Guiding Principle

If we can not provide a service or product effectively, at less cost to a member county board than it could be performed locally, then we should not be providing it, unless the service or product has value-added benefits that our members desire.

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What Can a COG Do? MEORC Business Product Listings

- Billing Services (ADS, SE/NMT)
- Budget Support Specialist
- Payment Processing
- Family Support Services Administration
- Human Resource Support
- Long range financial planning tools
- COG support – Back office administrative support
- MAC Coordination
- Payeeship Administration
- IT Facilitation & Collaboration

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What Can a COG Do? MEORC Project Mgt & Innovation Services

- Accreditation Expansion
- Systems level DODD compliance (yearly review)
- On-site review support
- Person-centered review & interventions
- Information & Knowledge management – data analysis and intervention strategies
- Person-centered organizational development
- Tailored Person-Centered Thinking Training

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What Can a COG Do? MEORC Project Mgt & Innovation Services

- Application of Lean Principles, Methods, and Tools
- Stakeholder Perception Surveys- National Core Indicator Survey
- Online Community Survey
- ImagiNetwork
- Nurse Quality Assessment Review
- Nursing Delegation
- Skilled Nursing Assessment & Consultation
- Eligibility Specialist (SSA Eligibility Role)
- Employment Navigation (SSA EN Role)
- Strategic Planning Facilitation

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What are MEORC Membership Benefits?

Collaborative Facilitations:

- Creative Supports
- Business Managers
- Technical Assistance for new rule implications, new accreditation areas of focus; policy templates are developed.

Nurse Liaison:

- Technical assistance to region and providers
- Region Nurse Collaborative meetings
- Healthcare Advisory Council (state workgroup)
- Nurses, Accreditation Contact Meetings

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Making the Business Case for

Shared Public Health Services in Northwest Ohio

6-Pact Local Government Innovation Fund Project
April 2014 - June 2015

Planned Strategy and Design: Public Health Shared Services Council of Governments

1. Deploying "shared services" approaches
2. Developing missing infrastructure and expertise needed for foundational capabilities
3. Coordinating and sharing support to achieve PHAB accreditation
4. Developing regional resources needed to achieve measurable improvements in the health of the region's citizens
5. Assuring that access to the Recommended Ohio Minimum Package of Public Health Services is available to all six counties' citizens, consistent with available funding

Planned Strategy and Design: Focus First on Foundational Capabilities

- Accreditation Guidance
- Chronic & Infectious Disease Epidemiology
- Community Health Assessment Planning
- Community Health Improvement Planning
- Emergency Preparedness Planning
- Health Policy Leadership
- Human Resources/Workforce Development
- Information Technology
- Medical Directorship
- Purchasing and Fiscal
- Subject Matter Experts

Cost of Planned Strategy and Design

First-year costs for establishing a robust COG of 12 FTEs

~$1,331,000

Cost of **$100,188 - $219,213 @** for 6-Pact members

Factors posing greatest challenges to shared services

#1	Lack of funding to pursue a shared services arrangement	60%
#2	Lack of other entities willing to enter into a shared services arrangement	38%
#3	Lack of sample bylaws, contract templates, guidelines, or similar documents for implementing shared services arrangements	34%
#4	Lack of experience with shared services arrangements (e.g., inexperience with service contracts, Councils of Governments, or other shared services models)	32%
#5	Lack of trust in potential shared services partners	26%

PUBLIC HEALTH IN THE 21ST CENTURY

Council of Governments Feasibility Pilot Study

Collaborating Entities:

- Mid East Ohio Regional Council (MEORC)
- 6-Pact Health Districts: Defiance, Fulton, Henry, Paulding, Putnam and Williams

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Council of Governments Feasibility Pilot Study

Study Purpose and Deliverables:

Research, explore, and test an innovative shared services approach to optimize the health of Ohioans with three deliverables:

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Council of Governments Feasibility Pilot Study

1. Conduct a feasibility analysis to determine whether it is more cost-effective for the 6-Pact health districts to build the "back office" infrastructure for a public health COG or to partner/contract with MEORC for these administrative services, as well as determining if there are any legal barriers to such a shared services agreement.

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Council of Governments Feasibility Pilot Study

2. Define and identify the most efficient way to establish a public health Council of Governments and effectively provide Foundational Public Health Services.
3. Explore the concept of shared services between COGs to serve as a strategic platform for achieving the expertise needed for foundational public health capabilities.

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MEORC and 6-Pact Activities

- ✓ Obtained legal advice from Bricker & Eckler Attorneys at Law.
- ✓ Invested time in learning about each other (LHDs, COGs).
- ✓ Analyzed 6-Pact LGIF Project, AOHC Public Health Futures Reports.
- ✓ Used 6-Pact original LGIF ROI and cost analysis for cost comparisons.
- ✓ Developed feasibility analysis of building or contracting for "back office" COG infrastructure.
- ✓ Analyzed approaches for the most efficient way to establish a public health COG and effectively provide Foundational Public Health Services.

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Any Legal Barriers to MEORC and 6-Pact Working Together?

Bricker and Eckler provided legal opinion that there were no legal barriers to MEORC providing services to LHDs. However, actions needed would include by-law changes, agreements, etc.

Shared Services Strategies Identified by Bricker & Eckler

1. Create separate LHD COG that interacts with MEORC.
2. Have LHDs represented by a single lead LHD.
3. MEORC facilitate services between LHDs.
4. LHDs contract directly with an existing COG.

Proposed Model: Hybrid COG

1. **Start by hiring one employee - an Executive Director – and purchase "back office" functions from another COG.**
   - Combine Executive/Accreditation Director positions from original COG structure.
   - Purchasing "back office" functions would allow COG Director to focus on mission-critical priorities.

Proposed Model: Hybrid COG

2. **Develop COG Strategic Plan with the 6 Health Commissioners.**
   - This would inform decisions about foundational capability needs and how they will be met.
   - Use proven tools for strategic planning.
   - Determine key areas of prioritization (long range and short range).
   - Establish routine check points and modify plan as necessary.

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Proposed Model: Hybrid COG

3. **Develop fee structure to support sharing only where LHDs need to share.**

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Back Office Administrative Functions to be purchased from another COG

Payroll and travel processing

Accounts Receivable: Grant and other invoicing

Accounts Payable: Payment processing

Financial Reporting: Board reports, budget development and reporting

Human Resources: Establishing required elements for payroll, personnel policy interpretation, and distribution of required standard personnel policies

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Other MEORC Services to Support Hybrid COG Option

FOUNDATIONAL CAPABILITIES (PURCHASED AS NEEDED):

- COG start up support
- Strategic Planning
- Business Planning
- Process improvement development
- Community surveys
- Community engagement focus groups
- Community health assessment
- Data Scientist (Analysis Expert)

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Feasibility Analysis

Determined it was **much more cost effective**

for the 6-Pact health districts

to purchase/contract for "Back Office" administrative services from an existing COG

for its public health shared COG

than to build this infrastructure entirely by themselves.

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Feasibility Analysis

Anticipated first-year costs to establish "Robust" COG

~$1,331,000

Anticipated first-year costs to establish Hybrid COG

~$145,000

Cost of ~$25,000 @ vs. $100,188 - $219,213@ for 6-Pact members

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Formative Steps Completed

- ✓ MEORC obtained no-cost extension of the COG Feasibility Pilot Study to continue work with 6-Pact to fully meet Deliverables 2 & 3 by June 2018.
- ✓ Seven Boards of Health established Public Health Services Council of Ohio 8/1/2017.
- ✓ COG organizational meeting held 8/8/2017 and registered with Auditor of State 8/9/2017.

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Next Steps for the Public Health Services Council of Ohio (PHSCO)

- ✓ Register name with Secretary of State.
- ✓ Complete MOU with MEORC for "back office administrative and support services" for Year 1 of operations.
- ✓ Work with MEORC to set up tax ID, Worker's Comp, employee health Insurance, and other matters.

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Timeline

- Complete actions to establish Executive Director position and determine initial COG funding and budget - Sept 2017
- Recruit, interview for Executive Director position - Oct 2017
- On-board Executive Director and determine Strategic Planning process - Nov 2017
- Complete Strategic Planning process - Dec 2017
- Move forward with implementing top priorities selected during the strategic planning process - 2018

MEORC Building Strong Communities

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