

Staff Sharing in Public Health: A Checklist for Communicating with Elected and Appointed Officials



OVERVIEW

State and local governments continue to look for innovative ways to meet their financial obligations and contain costs. At the same time, they must become employers of choice to attract and retain the talent that can deliver high quality services. As local health departments seek innovative approaches to workforce recruitment and retention, one strategy is to share personnel who hold essential skill sets, whether on a one-time or ongoing basis. These staff sharing arrangements, while not yet common among local health departments, have the potential to improve efficiency and effectiveness of services while containing costs. Sharing personnel, positions, or services can address existing staff shortages, help jurisdictions make the most of available resources, enhance flexibility, improve communication and coordination, and even add capacity for more or improved services.

With this in mind, the Center for State and Local Government Excellence, with support from the Center for Sharing Public Health Services, conducted an environmental scan to identify local health departments that are participating in staff sharing arrangements, and then held key informant interviews with multiple personnel representing five staff sharing arrangements to better understand both the opportunities and the challenges associated with these arrangements. These health departments, diverse in geographic region, size, and governance structure, varied in the positions shared, from a health official to an environmental health director to a nutritionist/dietician. The information gathered from these interviews was used to develop the checklist that follows, a guide to communicating with elected and appointed officials about staff sharing in local public health.

ACKNOWLEDGEMENTS

This checklist was developed by Rivka Liss-Levinson, Ph.D. of the Center for State and Local Government Excellence (SLGE). The author would like to thank: staff from SLGE, the Center for Sharing Public Health Services (www.phsharing.org), the International City/County Management Association, the National Association of County Administrators, and the National League of Cities for their guidance and input; Rob Maguire Designs; and the local public health department personnel from jurisdictions in Minnesota, Missouri, New Jersey, New York, and North Carolina, who generously shared their experiences to help inform the checklist.

HOW TO USE THIS TOOL

The purpose of this checklist is to help public health departments evaluate the appropriateness of sharing staff among two or more jurisdictions and communicate about staff sharing arrangements with elected and appointed officials so that these decision-makers can make sound policies about sharing staff. The tool outlines important considerations related to logistics, governance, and organizational culture. The checklist has been organized into 5 sections, each corresponding to an action that is critical to successful staff sharing arrangements.



Define



Establish



Implement



Communicate



Evaluate

This guide also includes additional resources that may be of help to you during the process.

While there is no one-size-fits-all approach to staff sharing given how much local health departments vary in size, geographic location, governance structure, finances, and organizational culture, we have tried to be as inclusive as possible; some sections may be more or less relevant to your jurisdiction's particular situation.

Since such an arrangement will involve at least two agencies, it is recommended that each complete a copy of the following checklist, then compare notes to ensure that expectations are consistent and appropriate implementation steps are followed.



**Center for Sharing
Public Health Services**
Rethinking Boundaries for Better Health



SECTION 1: DEFINE THE STAFF SHARING ARRANGEMENT

1A Define the scope of the arrangement

- What personnel, positions, or services will be shared?
- Will the locations and hours of employment be increased, decreased, or stay the same?
- Will each jurisdiction maintain autonomy over policies and procedures?

1B Agree upon the purpose and expectations

- Have you identified your top priorities?
(Check all that apply)
 - Addressing existing staffing shortages
 - Solving communication or coordination issues
 - Increasing efficiency
 - Achieving cost savings
 - Making the most of available resources
 - Enhancing flexibility
 - Adding capacity to provide more or improved services
 - Other: _____

- Is the position's role viable for staff sharing?
- What bureaucratic, funding source, logistical, temporal or other issues might affect viability?
- Have you determined how the position will be filled?
 - New recruitment
 - Existing staff (with any savings via regular attrition)
 - Existing staff (with potential position elimination, layoffs, or transfers)
- Is either party expecting budgetary savings in the short-term?
- Have you built a business case for why you are recommending staff sharing?

1D Manage perceptions

- How will staff view the arrangement? *(Check all that apply)*
 - As an imposed arrangement, led by one agency
 - As an effort to cut staff
 - As an effort to eliminate or diminish union representation
 - As a positive step for mutual benefit
 - Other: _____
- How will clients/the public view the arrangement?
(Check all that apply)
 - As a reduction in service
 - As an inconvenience
 - As an expansion of services
 - As an improvement in service quality
 - Other: _____
- What impacts will it have on communication among service providers?
- How will the planning process and the new arrangement roll-out be communicated to the various stakeholders *(e.g., email, social media, client/customer paperwork, press releases, campaign)?*
- How will the communications and implementation plans mitigate any negative perceptions identified above?
- Does the communications plan include consideration of special client populations? *(e.g., non-English speaking, those with limited mobility)*
- What terminology are you using to describe the arrangement, and how will that affect perceptions about the arrangement and buy-in from various stakeholders?
- What are the short- and long-term expectations for the program? *(See Table A)*

1C Identify stakeholders

- | | | |
|---|---|--|
| <input type="checkbox"/> Agency leadership | <input type="checkbox"/> Marketing/communications/public information staff | <input type="checkbox"/> Third-party agencies
<i>(e.g., area health care providers, hospitals, insurers, social service agencies)</i> |
| <input type="checkbox"/> Human resources department | <input type="checkbox"/> Patient ombudsperson | <input type="checkbox"/> Clients <i>(e.g., patients, service recipients, business-sector customers, community groups, faith communities)</i> |
| <input type="checkbox"/> Staff in each jurisdiction | <input type="checkbox"/> Elected and appointed officials from participating jurisdictions | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Unions/employee groups | <input type="checkbox"/> State department of health | |
| <input type="checkbox"/> Boards of health or other governing bodies | | |

Table A

Program element <i>(e.g., staff travel time, "face time" with staff or clients, waiting time to receive direct services)</i>	Expectation in year one	Expectation long-term

Further Reflections:

One health department director interviewed emphasized the importance of language – how they describe the arrangement to stakeholders. In his department, they think of it as a collaboration, as developing integrated approaches across county lines that leverage strengths. In their communications, they avoid terms like consolidation and merging, choosing instead to use the term integration – combining the best of both worlds.



SECTION 2: ESTABLISH THE STAFF SHARING ARRANGEMENT

2A Build support to help manage change

- Have you taken steps to obtain buy-in/support within each organization, both for the concept and the proposed structure?
 - Have you shared a business case for why you are recommending staff sharing? Why is this a good thing? What is going to be gained? Have you developed a communications plan to keep staff informed?
- Have you built avenues to obtain honest feedback from potential opponents of change so that they don't end up fostering resistance to implementation?
- How are you building relationships and trust between individuals and groups from the participating jurisdictions?

2B Consider differences in organizational culture

- Have you discussed differences in organizational culture and how those might impact the services provided?
(e.g., hierarchical vs. decentralized decision-making, tight vs. loose control of purchasing authority, clash between civil service rules and informal operating procedures)

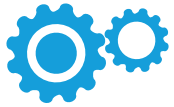
2C Prepare for program implementation

- Have you designated an overall project manager?

- Have you established an implementation team composed of champions from each organization?
- How long will the program take to establish?
- What issues need to be addressed before implementation starts?
 - What legal documentation, if any, is needed to outline the staff sharing arrangement?
 - Will the staff sharing arrangement require sharing of medical records?
 - Have appropriate HIPAA privacy protections been established?
 - Are there competencies or documentation that are needed to establish the arrangement?
 - Will additional training or orientations be needed?
 - What resources *(e.g., budget templates, tracking tools, contracts or letters of agreement)* do you need to guide the process of implementation?
 - Do you have these resources?
 - Are there others you can network with who can provide the tracking tools and forms that you need, or will they need to be developed?
- Is there an overall process improvement plan *(e.g., Lean Six Sigma, Gantt charts, etc.)*?

Further Reflections:

More than one jurisdiction reflected on the importance of in-person communication at various points throughout the process of establishing the arrangement to obtain buy-in. For one interviewee, this took the form of "coffee time" – informal networking opportunities to discuss questions or concerns, and for stakeholders to get to know the new staff member better. Having an opportunity to ask questions such as "why is this arrangement a good thing?" and "what are we going to gain?" eased the transition and increased buy-in.



SECTION 3: IMPLEMENT SHARED PERSONNEL LOGISTICS

3A Specify the rules and procedures for governance of the staff sharing arrangement

- Who will be the employer of record?
- Will the other jurisdiction reimburse for services, or will another method be used for payment?
- Which agency, and who specifically within the agency, will take the lead on employee performance appraisal and disciplinary issues?
 - What will the process be for handling performance issues?
 - What input will the other agency have on that process?
- How will implementation problems be resolved?
- Will you be combining any systems (e.g., HR, IT, finance)?
 - What challenges may be associated with doing so?
 - What challenges may be associated with keeping separate systems?

3B Develop a budget and processes for finance-related issues

- Is there a position(s) or specific hours to be provided, or are the services shared, with staffing levels to be determined as the needs dictate?
- What are the terms of the agreement?
 - Does it sunset annually, to be reauthorized in each year's budget for each jurisdiction?
 - Can the arrangement be terminated early following notice provided by one agency?
 - How much notice is needed to terminate the agreement?
- How do the jurisdictions' budgets, accounting, procurement, spending processes differ?
- Are the jurisdictions' fiscal years and budget approval timeframes the same?
- If additional costs are incurred beyond what is anticipated at contract approval, how will these be handled?



SECTION 4: COMMUNICATE WITH ELECTED AND APPOINTED OFFICIALS

4A Consider the decision-making involvement of elected and appointed officials

- What will the role of elected and appointed officials be throughout the process?
- At what point will they become involved?
- How will you ensure transparency and clear communication?

4B Determine how the partner agencies will ensure accountability

- Will there be regular updates to administration and elected officials (e.g., quarterly reports, meetings, online dashboards)?
- What information will be shared in these updates?
- Who will be responsible for these updates?
- Who needs to receive updates?
- Are updates being tailored to the recipient?
- How will the shared services be accountable to the public?

Further Reflections:

While interviewees warned against getting “too stuck in the weeds” with details, they did recognize that it is critical to think through potential barriers to implementation, both big and small. For example, an interviewee whose time is shared between two jurisdictions described how connectivity can be an issue due to the lack of integration between IT systems. This health officer has needed a separate computer while on travel due to not being able to connect to the VPN of the jurisdiction that is not her employer of record. Firewall and security can pose barriers to integrating.

Further Reflections:

One of the most dominant, recurring themes throughout the interviews was the importance of open and honest communication, and communicating regularly with county managers, the legislature or other governing bodies, and staff. While the frequency of communication varied by staff sharing arrangement, all agreed on the need for coordinated communication efforts across jurisdictions to ensure transparency and accountability.



SECTION 5: EVALUATE THE SUCCESS OF THE PROGRAM

5A Use metrics to evaluate the success of the arrangement

- What are the optimum measures of success for your program? How will you evaluate success?
 - Outputs
(e.g., number of clients served, processes completed)
 - Outcomes
(e.g., increase in client satisfaction ratings, decrease in negative community health indicators)
 - Efficiency
(e.g., response time, case closure rate, cases per staff member)
 - Financial goals
(e.g., program or administrative cost savings, joint grant support, state support, equity in cost sharing)
 - Managerial goals
(e.g., process improvement, enhanced communications, heightened focus on strategic objectives)

- Other: _____
- Are any measures of success not reportable due to HIPAA or other restrictions?
 - If so, what measures might provide an alternative
(e.g., aggregate metrics rather than individual patient outcomes)?
- When and how will you evaluate the program's results?
- What administrative steps are there for fine-tuning the arrangement prior to re-authorization at budget approval?

5B Consider additional staff sharing arrangements

- Does it make sense to share additional staff?
- If so, what internal and external stakeholders should be involved?

Further Reflections:

The formality and frequency with which these staff sharing arrangements are being evaluated varied across jurisdictions, ranging from annual reports on trends presented to a community health board to formal evaluation processes where boards of health provide commentary and cost savings are calculated, to weekly informal meetings to discuss how the arrangement is working out. Metrics on the staff sharing arrangement are important not only for evaluating the success of the current arrangement, but also for helping to assess the potential for sharing other positions. As one health department director explained, as it becomes more difficult to attract certain positions that require licenses (e.g., nurses, environmental health specialists), especially as the private sector has more competitive wages, documentation of a successful staff sharing arrangement could open opportunities for additional staff sharing where appropriate.

About the Center for State and Local Government Excellence

The Center for State and Local Government Excellence (SLGE) helps local and state governments become knowledgeable and competitive employers so they can attract and retain a talented and committed workforce. SLGE identifies leading practices and conducts research on public retirement plans, health and wellness benefits, workforce demographics and skill set needs, and labor force development. SLGE brings state and local leaders together with respected researchers. Access all SLGE publications and sign up for its newsletter at slge.org and follow @4govtexcellence on Twitter.

About the Center for Sharing Public Health Services

The Center for Sharing Public Health Services helps communities learn how to work across jurisdictional boundaries to deliver public health services. The Center serves as a national resource on cross-jurisdictional sharing (CJS), building the evidence and producing and disseminating tools, methods and models to assist public health agencies and policymakers as they consider and adopt CJS approaches. The Center is funded by the Robert Wood Johnson Foundation and is managed by the Kansas Health Institute.

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ADDITIONAL RESOURCES

Staff Sharing Arrangements for Local Public Health

<https://slge.org/assets/uploads/2018/02/2017-Public-Health-Shared-Staffing-Approaches.pdf>

This 2017 report from the Center for State and Local Government Excellence examines case studies of three cross-jurisdictional staff sharing arrangements in local public health organizations.

Roadmap to Develop Cross-Jurisdictional Sharing Initiatives

<https://phsharing.org/2016/09/13/a-roadmap-to-develop-cross-jurisdictional-sharing-initiatives/>

This tool from the Center for Sharing Public Health Services guides jurisdictions through the process of considering or establishing cross-jurisdictional sharing (CJS) arrangements.

Cross-Jurisdictional Sharing Map

<https://phsharing.org/2018/04/04/cjs-map/>

The Center for Sharing Public Health Services has developed an online map that represents a state-by-state data repository describing CJS initiatives across the nation.

CJS Resource Library

<https://phsharing.org/cjs-resource-library/>

The Center for Sharing Public Health Services' CJS Resource Library contains best practices, lessons learned and tools to assist jurisdictions that are considering or adopting cross-jurisdictional sharing (CJS) arrangements. While most tools and resources in the library primarily focus on public health CJS, some address public sector CJS more broadly.

Resources to Assist with CJS Arrangements

<https://phsharing.org/wp-content/uploads/2017/03/CenterResources.pdf>

This guide from the Center for Sharing Public Health Services has resources available to assist public health officials and policymakers as they consider and adopt CJS approaches.

COMPASS: Comprehensive Assistance for Shared Services

<https://compass.phsharing.org/#/home>

This interactive online tool developed by the Center for Sharing Public Health Services provides a wealth of material from sample legal agreements to communications techniques, all of which can be adapted to the unique situations facing each health department or jurisdiction.