



Considerations for Shared Governance Structures

**A TOOLKIT OF THE MINNESOTA SHARED SERVICES LEARNING COLLABORATIVE
JANUARY 2015**

ABOUT THIS TOOLKIT

The purpose of **Considerations for Shared Governance Structures**, the Minnesota Shared Services Learning Collaborative (SSLC) Toolkit, is to build on and expand portions of [Updating Minnesota's Blueprint for Public Health \(PDF\)](#) as it relates to cross-jurisdictional sharing. The *Blueprint*, produced by a workgroup of the [State Community Health Services Advisory Committee \(SCHSAC\)](#) in 2011, outlines several recommendations and position statements related to strengthening local public health governance and administration. In the event of governance or organizational change, particularly involving shared governance for multiple counties, the *Blueprint* offers guiding questions to aid in planning and implementation.

This toolkit provides a set of planning and communication tools to assist community health boards who are exploring or planning changes to governance or administration. Many tools will also be useful for the exploration of cross-jurisdictional arrangements more generally.



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This icon indicates a tool or document is available

Considerations for Shared Governance Structures was produced as part of a two-year grant from the Robert Wood Johnson Foundation and the Center for Sharing Public Health Services (2013-2015), designed to help health departments explore how cross jurisdictional sharing might better equip them to fulfill their mission of protecting and promoting the health of communities served.

The MDH Public Health Practice Section would like to acknowledge the community health boards that shared locally-developed tools and other documents with MDH staff. This toolkit would not exist without their generosity.

MORE INFORMATION



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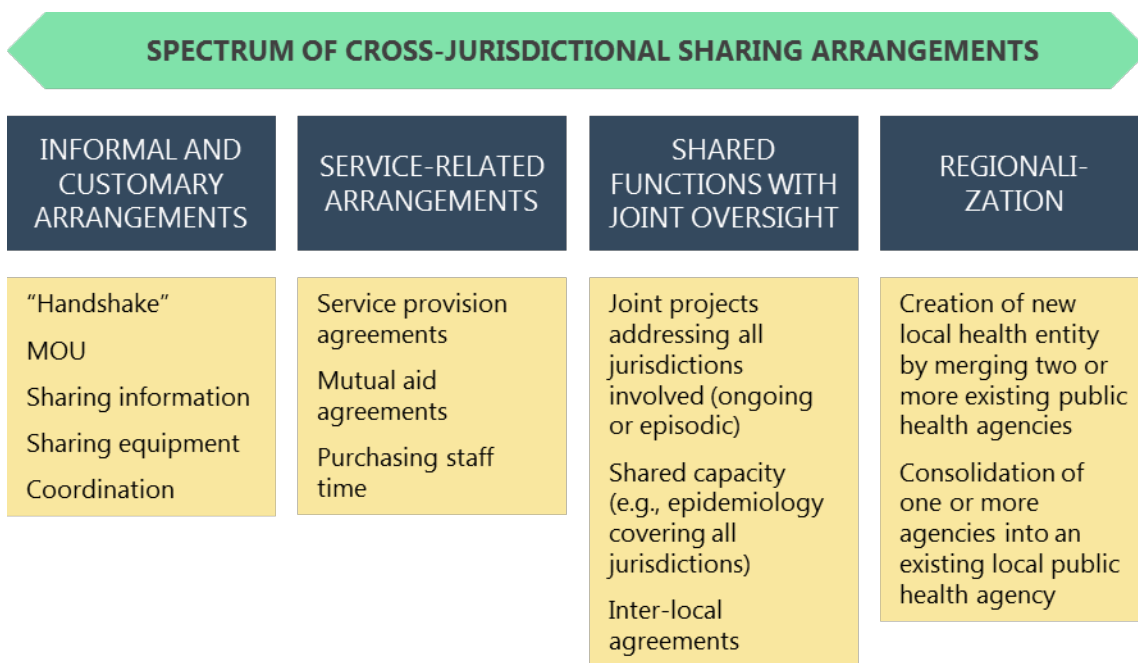


Minnesota Department of Health

BACKGROUND

In 2010, the SCHSAC Blueprint for Successful Local Health Departments Workgroup released [Updating Minnesota's Blueprint for Public Health \(PDF\)](#). This workgroup was charged with identifying factors that lead to strong local public health departments, and recommending strategies for strengthening the roles of local health departments, community health boards, and their leadership. In part, this workgroup was called to examine the increased organizational and governance structure changes that were occurring at the local level across Minnesota. Roughly five years have passed since the release of the *Blueprint*, but the theme of local public health governance change has continued to be prevalent across the state.

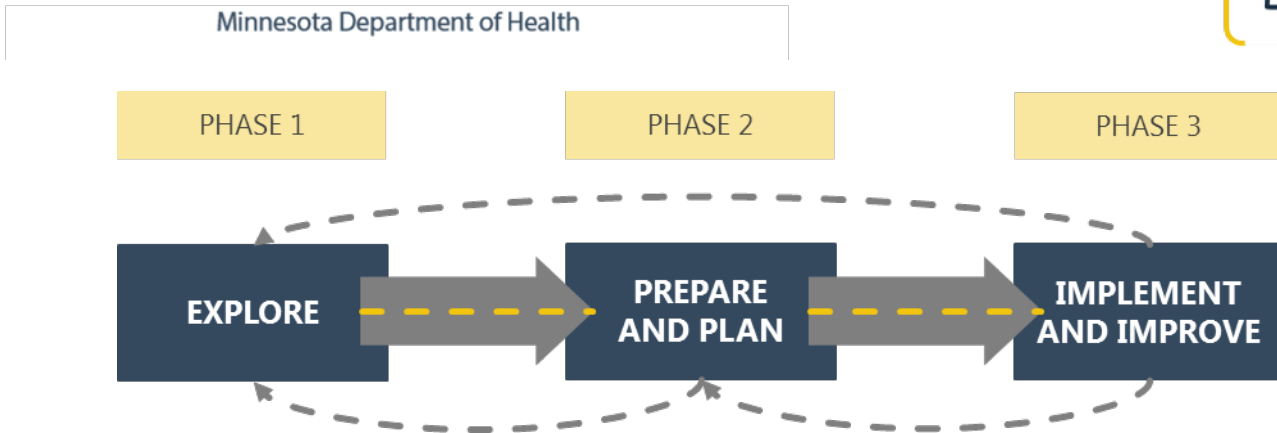
At the national level, interest in cross-jurisdictional sharing (CJS) of public health services has begun to grow, in part, due to the leadership of the Robert Wood Johnson Foundation and their interest in investigating the benefits and challenges associated with local public health agencies sharing services. In 2010, Robert Wood Johnson funded the [Center for Sharing Public Health Services \(CSPHS\)](#) to better understand how public health agencies, policymakers, their partners, and key stakeholders collaborate to provide essential public health services, improve efficiency, and control costs. As part of their work, CSPHS summarized the nature of cross-jurisdictional sharing using this spectrum:



CSPHS indicates that there is not a one-size-fits-all approach to cross-jurisdictional sharing. Instead, this broad spectrum represents the possible sharing arrangements into which public health services might fit.

The [Roadmap to Develop Cross-Jurisdictional Sharing Initiatives](#), also created by CSPHS, is another resource that can be used to guide jurisdictions through the process of considering a shared services arrangement. The Roadmap is comprised of three phases:

1. **Explore:** Jurisdictions explore issues related to *why* sharing would be beneficial, *what* could be shared, and *who* should be involved
2. **Prepare and Plan:** Jurisdictions prepare and plan by examining whether and how the issues addressed and agreed to in the Explore phase can be implemented
3. **Implement and Improve:** Jurisdictions implement and improve the agreed-upon sharing arrangement



Finally, in 2013, CSPHS initiated a national learning community to explore cross-jurisdictional sharing. Through the course of the learning community, CSPHS identified factors that lead to successful cross-jurisdictional sharing.

- **Prerequisites:** Clarity of objectives, balanced approach, and trust
- **Facilitating Factors:** Success in prior collaborations, sense of regional identity, and positive interpersonal relationships
- **Project Characteristics:** Senior-level support, strong project management skills, strong change management plans, and effective communication

The Minnesota Shared Services Learning Collaborative (MN SSLC) participated in the national learning community. Minnesota’s project provided a venue for 12 projects from around the state to learn about, discuss, and share cross-jurisdictional sharing accomplishments.

This toolkit has been created to supplement the experience, evidence, and learning that have taken place as a result of the activities described above. It is a resource developed as part of Minnesota’s collaborative process, and fits well within the exploratory phase described in the CSPHS Roadmap.

DISCUSSION GUIDE

The decision to change governance structure is a policy change that should not be undertaken without careful thought and consideration, as outlined in Appendix F (A Discussion Guide for Exploring Public Health Governance Structure Change) in *Updating Minnesota’s Blueprint for Public Health*. Given recent governance structure changes that have been discussed by local public health leaders across Minnesota, the discussion questions included in the appendix have been updated to better reflect the conversations that need to occur during the exploration process. These questions can be incorporated into the meetings that occur between partners engaged in cross-jurisdictional sharing conversations.



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[Discussion Guide \(PDF\)](#)



TOOLS

TOOL	PURPOSE	INTENDED AUDIENCE
<u>Discussion Questions (PDF)</u>	Facilitate the exploration of governance or organizational change and its impact on public health activities	Varied: Planning team, policymakers
<u>Board Proposal (DOC)</u>	To be clear with your city or county board of local elected officials about what you are hoping to accomplish	Policymakers
<u>Project Charter (DOC)</u>	Statement of the project’s scope, objectives, phases, and participants	Public health director, CHS planning team
<u>Change Management (DOC)</u>	Guide to identify considerations and actions related to facilitating organizational change	Public health director, public health supervisors
<u>Public Health 101 (PPT)</u>	Ground decision makers in public health concepts and history	All involved, with emphasis on those not already familiar with public health
<u>Public Health in Our Jurisdiction (PPT)</u>	Inform about local demographics and trends as they relate to public health	All involved, with emphasis on those not already familiar with data as it relates to public health
<u>Environmental Scan (PPT)</u>	Provide information about what is happening in the state/country that impacts public health	All involved
<u>Market Analysis (PPT)</u>	Provide information about economic development and demographic change in the area	All involved
<u>Service Analysis – High Level (XLS), Service Analysis – Detailed (XLS)</u>	Identify and compare public health services offered by each partner	Planning team
<u>Staffing Analysis (XLS)</u>	Identify and compare staff FTEs across programs for all partners	Planning team
<u>Expenditure Analysis (XLS)</u>	Identify and compare expenditures for each partner	Planning team
<u>Income Analysis (XLS)</u>	Identify and compare financial assets for each partner	Planning team
<u>Decision Matrix (XLS)</u>	Assist in identifying programs that might benefit from cross-jurisdictional sharing	Planning team



SUGGESTED MEETING OUTLINES

This outline is applicable to those public health departments who are contemplating a change in their governance structure. The process outlined here has been utilized in several planning initiatives that have recently taken place in Minnesota. This outline is a guide, and should be adapted to fit your specific circumstances and need.

I. PROJECT INITIATION

As you begin to consider changing a public health governance structure, there are several questions and tips that we urge you to consider and discuss with partners.

QUESTIONS

- What is the impetus for this planning initiative?
- Why is the change being considered now?
- Who needs to be at the table? Who are the key stakeholders? Consider adding consumer representatives (it is helpful if they are familiar with public health) as they often bring a fresh perspective and will keep in mind the community impact of any proposed changes.

TIPS

- Develop a proposal to bring to the board. This ensures that you are clear about what you are hoping to accomplish, answers the “why?” questions, and provides a projected timeframe.



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[Sample Board Proposal \(DOC\)](#)

- Seek board approval and support of the initiative.
- Spend time assessing readiness for change with stakeholders and staff.



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[Steps to Successful Change Management \(DOC\)](#)

- Develop a project charter/statement of work. This document will keep the initiative focused and will prevent distractions and diversions into important but unrelated issues.



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[Project Charter Template \(DOC\)](#)

- Identify a set of projected tasks, timelines, and person(s) responsible for moving the project forward.
- Identify a facilitator. It may be helpful to have someone from outside the agencies act as facilitator; this strategy will allow for directors and other stakeholders to fully participate.
- Determine who will take minutes.
- Develop a communication plan to keep staff and other stakeholders informed.

ADDITIONAL RESOURCES

Stake: [Garnering Support for Change \[Vimeo\]](#) by Chris McGoff, Founder, The Clearing. This three-minute video describes how each member of your audience or partnership comes to the table with a particular interest in the process.



II. FIRST MEETING

Consider the following for your first meeting:

- Start with a welcome and introductions (icebreaker).
- Discuss the purpose: Why are we here? What question needs to be answered? Why now? (E.g., would the constituents of our counties be better served through a governance or organizational change?)
- Provide an overview of the planning process. Think about sharing some or all of the Project Charter.
- Set ground rules.
- Create a parking lot (a place to list issues that come up, are not relevant to this planning initiative, but should be addressed at some point in the future).
- Discuss the history of the community health board(s).
- Identify lessons learned from previous and current public health collaborations/cross-jurisdictional sharing/joint powers agreements.
- Identify lessons learned from the other county collaborations/cross-jurisdictional sharing/joint powers agreements.
- Facilitate general discussion, questions and answers, concerns.
- Determine decision-making methods for coming to an agreement or making recommendations to respective boards.
- Set future meeting dates. If there is considerable time between meetings, you may lose momentum.
- Harvest: Bring closure to the meeting by discussing what was noticed during the group's time together, discussing what has shifted or changed since the last meeting, or describing new learning. It is important to keep notes of these discussions for future reference.
- Check out: Always ask if there is a need for information that has not already been provided. It is important to keep notes of these discussions for future reference.

ADDITIONAL RESOURCES

[Cross-Jurisdictional Sharing Roadmap](#) by the Center for Sharing Public Health Services. The Center for Sharing Public Health Services has created A Roadmap to Develop Cross-Jurisdictional Sharing Initiatives to help guide jurisdictions through the process of considering or establishing cross-jurisdictional sharing (CJS) arrangements.



III. SECOND MEETING

Consider the following for your second meeting:

- Welcome participants.
- Discuss “aha moments” (a moment of realization or insight). Something may have occurred to you since the last meeting.
- Review minutes and the agenda.
- Provide an overview of the community health services system in Minnesota.



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[Public Health in Minnesota \(PPT\)](#)

- Discuss: Who is the public health client? (Do not discount the importance of this question. For other teams, this topic has resulted in interesting discussions.)
- Discuss: What is predictive of a successful local public health department in our jurisdiction(s)?
- Review cross-jurisdictional sharing and public health redesign efforts at both the Minnesota and national levels.
- Review existing joint powers agreements (JPAs): If one is in place, does it need to be updated? Considering asking the Minnesota Counties Intergovernmental Trust to give a presentation on JPAs and the difference between a JPA entity and a JPA collaboration.
- Determine the questions that need to be answered by the end of the process.
- Harvest and check out.

ADDITIONAL RESOURCES

[Cross-Jurisdictional Sharing Roadmap](#) by the Center for Sharing Public Health Services. The Center for Sharing Public Health Services has created A Roadmap to Develop Cross-Jurisdictional Sharing Initiatives to help guide jurisdictions through the process of considering or establishing cross-jurisdictional sharing (CJS) arrangements.

[Minnesota Counties Intergovernmental Trust](#). MCIT provides Minnesota counties and associated members cost-effective coverage with comprehensive and quality risk management services. MCIT is a joint powers entity made up of Minnesota counties and associated public entities that pool resources to provide property, casualty and workers' compensation coverage to members. MCIT also offers risk management and loss control services.

[Updating Minnesota's Blueprint for Public Health \(PDF\)](#) by the SCHSAC Blueprint for Successful Local Health Departments Workgroup. What makes a strong local public health organization? What factors contribute to its success? How do different "operating environments" influence public health outcomes for the community? This report seeks to answer these and other questions.

[FUTURES Project](#) by the Association of Minnesota Counties. County Futures is intended to be a leadership, research, and development committee, conducted in a safe environment that encourages candid and respectful discussion, creative thinking, and exposure to emerging trends and issues that promote/create effective and efficient public services.



IV. THIRD MEETING AND SUBSEQUENT MEETINGS

Consider the following for your third meeting, and subsequent meetings:

- Welcome participants.
- Discuss “aha moments.”
- Check in with the project charter, timeline(s), and deliverables.
- Review the demographics of your jurisdictions, and relevant information about health factors and outcomes.



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[Demographics and Health Statistics \(PPT\)](#)

- Review the economic/market analysis of your jurisdictions. The Minnesota Department of Employment and Economic Development (DEED) accepts request for a market analysis of counties and regions. DEED regional staff may also be able to present this data.



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[Market Analysis \(PPT\)](#)

- Consider the value of public health services: What additional value does public health bring to the community? How do public health basic programs align with and/or further policy goals?
- Compare the missions, visions, and values of participating entities. Do we have a common vision for public health in the participating counties? What would a strong public health system look like? Compare programs/services. Are programs/services in alignment with best practices? What are the gaps?



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[Service Comparison – High Level \(XLS\)](#), [Service Comparison – Detailed \(XLS\)](#)

- Compare staffing.



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[Staffing Comparison \(XLS\)](#)

- Compare fiscal information, including budgets, per capita tax levy, and per capita public health expenditures.



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[Expenditure Analysis \(XLS\)](#)
[Income Analysis \(XLS\)](#)

- Identify trends and future challenges.
- Complete a SWOT analysis. Learn more: [MDH QI Toolbox: SWOT Analysis](#).
- Consider inviting other public health leaders to present on their organizational structures.
- Harvest and check out.

ADDITIONAL RESOURCES

[Minnesota Department of Employment and Economic Development \(DEED\)](#). DEED accepts request for a market analysis of counties and regions. DEED regional staff may also be able to present this data.



V. CLOSING STEPS

As the closing steps in this project begin to draw near, review the following list of questions to ensure they have been discussed during the planning process. If a question or two have not been the focus of conversation, draw your partners into a discussion, as all of these are key considerations.

- Would cross-jurisdictional sharing support the population-based, primary prevention approach of public health for our agencies?
- Who will explain, discuss, and recommend public health policy to the board? Will the top public health leader have access to the board?
- How will the proposed change affect the management structure? Will the top public health manager be in a position of sufficient authority to allow for effective responses to public health issues? Will that person have the authority to put forward the jurisdiction's position in discussions with the Minnesota Department of Health?
- What are the opportunities/efficiencies of the proposed structure (e.g., increased specialization, reduced redundancy, enhanced customer service)?
- What are the barriers/disadvantages of the proposed structure? (Is there potential for public health to lose its identity or value? Are staff concerned?)
- What are some unintended consequences?



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[Benefits Analysis / Decision-Making Matrix \(XLS\)](#)

ADDITIONAL QUESTIONS FOR MULTI-COUNTY COLLABORATIONS

- How will services be provided in each county? What measures will be put in place to ensure equitable distribution of resources? What does equitable mean for those counties? Will all services be provided at a multi-county level, or will some be specific to a particular county (based on assessment of needs)?
- What are potential disadvantages of combining into a larger jurisdiction? How might these challenges be addressed in the planning phase of the transition?
- Do you need to make any changes to relevant community health improvement plans, strategic plans, or other documents?



VI. FINAL MEETING

Consider the following for your last meeting:

- Review: Recommendations and discussions, pros and cons.
- Ask: What if we decided to do nothing?
- Ask: What is the impetus for change (brief review of why)?
- Ask: What happens if not all of the counties are in agreement?
- Review your goal, and discuss the extent to which it has been achieved.
- Call the question: What is the recommendation of this planning committee?
- Determine who will carry the recommendation(s) to the board.
- Identify next steps based on the recommendation.
- Review the parking lot and the project charter, and take steps to address unresolved issues.
- Review the process: What worked well? What changes would you recommend?
- Discuss: What are your takeaways or “aha moments”?