Background

In 2008 Colorado passed the Colorado Public Health Act of 2008, which Governor Bill Ritter signed into law. The act requires identified boards, agencies, and public officials to collaboratively develop state and local public health plans that set priorities for the public health system in Colorado. Its primary purpose is to ensure that core public health services are available at a consistent standard of quality to everyone in Colorado.

Among its requirements, the act stipulates minimum qualifications for local public health directors and medical officers hired in the role of director. When the public health director of Kiowa County resigned in 2011, County Administrator Peggy Dunlap approached Jackie Brown, then director of Prowers County Public Health and Environment, for help in keeping the Kiowa County office functioning until the Kiowa County commissioners could identify a qualified candidate. For three to four months, Brown and her team in Prowers County oversaw the Kiowa County office, providing day-to-day management services such as contracts, accounting, and invoicing, in what Brown characterized as a “gentlemen’s agreement.” Brown herself provided human resource support to Kiowa County, reviewing applications and assisting with interviews.

A candidate was identified, but the $35,000 salary offered by the county was not sufficient. The county commissioners—Dick Scott (chair), Bill Kohler, and Donald Oswald, who also serve as the county board of health—considered working with a local hospital district to administer the public health office in Kiowa County. When Kathleen Matthews, director of the Office of Planning and Partnerships at Colorado Department of Public Health and Environment, learned of this option, she advised them that responsibilities associated with overseeing a public health office are very different from those required for running a hospital district. She urged the commissioners to maintain the public health office as a separate program or work with another neighboring county public health agency. With no leads for qualified personnel and no additional funding available to make the position more...
attractive, Dunlap and Brown sat down with Kiowa County commissioners to talk about a shared services agreement.

Prowers County Public Health and Environment Office had a history of working with Kiowa County Public Health on several programs over the years, such as sharing an environmental health officer among four counties (1996); implementing a nurse-family partnership program, which began with four counties and has grown to six counties (2000); and instituting an early periodic screening and diagnostic testing program among three counties (2004). With this history in mind, Brown suggested that Prowers County could provide the necessary staffing support and services required by state law to bring Kiowa County into compliance.

After several discussions, the commissioners asked Brown to develop a contract for the needed services. Following reviews by the two counties' commissioners and their attorneys, an intergovernmental agreement (IGA) was signed.

**The Case for Sharing Administrative Services**

“For small counties like ours, [sharing resources] is a matter of survival. If we don’t share, we’re in trouble,” said Oswald.

Kiowa County Public Health didn’t have many administrative systems in place when the agreement went into effect, and its office required considerable time to organize, including taking inventory and cataloging supplies. Prowers County staff undertook these tasks as part of the agreement.

Lisa Neuhold-McCullough, the former public health accountant for Prowers County Public Health and Environment, observed that contract management—processing invoices, deposits, journal entries, and bill coding—is very labor-intensive and one area in which Kiowa County required considerable help. “We discovered that Kiowa County did not have an approved indirect rate when we began working with them. In the state contracts that we administered, there is a cap of 10% of salary and fringe that is allowable for indirect reimbursement in the absence of a certified indirect rate. Most local departments have an approved indirect rate in the range of 20%–30%, much higher than the state cap. The bottom line is that Kiowa County was losing a huge part of their public health revenues by not having an approved rate. They were leaving a lot of money on the table,” said Neuhold-McCullough.

As Joe Marble, outgoing chair of the Prowers County Commission, observed, “We might have been pushed into this arrangement by economics, but it’s worked great.” His fellow commissioner, Henry Schnabel, echoed that thought, noting that Prowers County operations manager, also has developed a close working relationship with the Kiowa County Public Health office, especially in organizing the office and establishing business systems.

Commissioner Oswald noted the benefit of the IGA contract structure. “It’s open-ended and very easy to dissolve,” he explained. “We sign it on a yearly basis, but either party can opt out of it at any time. I think that helps reassure the public that we do have the power to change it if we need to.”

“I think openness between the two parties was important,” said Commissioner Kohler. “You have to go into [contract discussions] knowing that you can work [any problems] out. And if you can’t work it out, you probably shouldn’t be entering into any kind of agreement.”
has a long history of providing services to other nearby counties. “Regionalism just makes sense,” he said. Jo Lynn Idler also pointed out that Prowers County receives revenue from the arrangements. Marble characterized the relationship as a win-win proposition for all involved.

**Shared Services Model**

Prowers County Public Health and Environment and Kiowa County Public Health have remained as two distinct organizations, with Prowers County providing administrative and other public health core services to Kiowa County. The annual fee that Kiowa County pays for these services has been more than offset by the salary savings as well as the new revenues captured through the billing and invoicing services provided by Prowers County, according to Neuhold-McCullough.

Kiowa County maintains a public health office in Eads, Colorado, with an office manager who is an employee of the county. That individual’s work is overseen by Clark in her role as director of Kiowa County Public Health. Additional staff support for Kiowa County is provided by Prowers County Public Health and Environment based on a prorated budget. For example, if Idler works on contracts held by Kiowa County, she will charge her time to the Kiowa County account.

When asked about the value of shared services, Neuhold-McCullough suggested some caution: “If you have two agencies doing the exact same work, it makes sense to pool resources. Shared services can work if you’re comparing apples to apples,” she said. “But [the services] need to be compatible.” As Kathleen Matthews pointed out, “Administration and contracting can be complex, and it makes sense to share those services and allow more funding for direct public health work. Some services need to be provided on-site, but others can easily be managed from a distance. We have many different models of sharing services in Colorado that have evolved over time. Learning from each of these models can provide counties looking for solutions with a number of options.”

**Obstacles in Planning and Implementing the Agreement**

Commissioners from both counties had concerns going into contract discussions. Prowers County commissioners were hesitant about the possibility of paying for services being provided to Kiowa County. The implementation of strict accounting procedures for recording time spent on work done on each county’s projects was critical to securing their support. The use of the Prowers County timekeeping system, which enables staff to prorate their time among projects, ensured that a record of charges to each project would be maintained.

The Kiowa County commissioners were concerned about maintaining local control of the office. Dick Scott, chair of the Kiowa County Commission, noted that a number of local groups objected to having this work being performed outside the county. In particular, a local hospital district had indicated its interest in providing the necessary services, but the Colorado Department of Public Health and Environment recommended that the county not take that course of action because of the two very different natures of the health care services—public health care and individual health care—being provided. But as Commissioner Kohler explained, “We had to roll up our sleeves and do what’s best for the county” despite these objections.

“If I had to go back and do things over again,” said Brown, “I think the commissioners should have held public forums for the citizens. People didn’t understand why there was a need to make a change.” Scott also referenced the need to be more transparent with the public: “We have a great grapevine here. It’s faster than the Internet. But the public needs to know the facts. If people understand why decisions are being made, they’ll be receptive to change.”

Another obstacle that arose was staff workloads. Because of reduced funding from 2004 to 2009 due to the economic downturn, the staff in Prowers County had not received salary increases or bonuses in several years. Thus, when the new arrangement was implemented, some employees were concerned about the potential for increased workloads without any compensation. A revised staffing plan that realigned work shifts eliminated this concern.

**Benefits**

Most of those interviewed commented on the cost savings for Kiowa County as being the primary incentive for instituting the agreement. “This is saving us money. They [Prowers County Public Health and Environment] are working for our county,” said Kohler. From its standpoint, Prowers County is receiving new revenues as part of the arrangement, and those interviewed identified other benefits beyond the financial ones.
Scott and Kohler both commented on the level of quality and professionalism now available to the residents of county. “We have access to far more expertise now,” said Scott. “We would have been pretty far out in left field without them,” added Kohler. “The quality of our programs has never been higher.”

Another critical benefit is that Kiowa County Public Health is in compliance with core public health services required by state law. As a result, as Brown pointed out, residents of Kiowa County have improved access to public health programs. Idler observed that the number of people using Kiowa County Public Health has risen since the agreement went into effect.

“It’s been a real positive agreement,” stated Kohler. “It’s improved a lot of our programs. We’re in the best shape we’ve been in a long time.”

### Key Takeaways

Brown noted that one of the most important lessons for her was the need to be very inclusive and communicate with all the parties involved. “We worked hard to be transparent and open about the arrangement. But it would have been good to bring in an outside facilitator to lead discussions with the public about our plans. Being inclusionary from the beginning would have helped to preempt some of the public complaints that arose.” Scott emphasized this point as well: “Both parties needed to be open with each other and the public.”

The cooperation exhibited between the two counties as part of this arrangement is expected to make future collaborative efforts go more smoothly. As Scott observed, “One of the big pluses is that we’ve gotten to know and respect our neighbors.”

“Rural areas need to pool their resources in order to keep services affordable,” noted Schnabel.

### Study Participants

Jackie Brown, integrated care director, Southeast Health Group, Lamar

Wendy Buxton-Andrade, county commissioner, Prowers County

Tammie Clark, director, Prowers County Public Health and Environment, Lamar

Peggy Dunlap, county administrator, Kiowa County

Jo Lynn Idler, business operations manager, Prowers County Public Health and Environment, Lamar

Bill Kohler, county commissioner, Kiowa County

Joe Marble, county commissioner, Prowers County

Kathleen Matthews, director, Office of Planning and Partnerships, Colorado Department of Public Health and Environment

Lisa Neuhold-McCullough, former public health accountant, Prowers County

Donald Oswald, county commissioner, Kiowa County

Henry Schnabel, county commissioner, Prowers County

Richard Scott, county commissioner, Kiowa County
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The Center for Sharing Public Health Services helps communities learn how to work across jurisdictional boundaries to deliver essential public health services. The Center serves as a national resource on cross-jurisdictional sharing (CJS) by building 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.