

Introduction

Chapter 16, Article 2, Section 5 of the West Virginia Code authorizes any two or more counties or any combination of counties and one or more municipalities within or partially within the county or counties to combine to create, establish and maintain a combined local board of health. It further authorizes the Commissioner to approve plans of combination of local boards of health.

This guidance was developed to provide appointing authorities, local boards of health and local health departments with an understanding of the principles the Commissioner will apply to requests for the approval of a plan to combine local boards of health. The principles, approved by the Commissioner, are designed to foster exceptional public health services to the citizens of our state in the most effective way and that ensure the state's public health staff are properly deployed and supported. It is important for the state to ensure that its public health system has a 21st century structure with the right network of institutions offering the proper range of services. Furthermore, these principles align with the recommendations of the West Virginia Public Health Impact Task Force by:

- **Maintaining a local public health presence:** Supporting local governments, local boards of health and health departments achieve economies of scale and maintain and advance the delivery of quality public health services in times of diminishing resources and increased expectations;
- **Conducting an assessment of the current systems and partner with stakeholders:** Supporting local governments, local boards of health and health departments should work to assess their current systems including operations and work with healthcare system partners to propose a minimum package of public health services that will be provided to all residents in the proposed jurisdiction;
- **Expanding best practices that promote the efficient and effective use of public resources:** Resource sharing is an effective way to improve the quality, the equitable provision of services statewide and to reduce operational costs. Research demonstrates that when a local board of health is serving a population of 100,000 and up to 500,000 services are delivered at the lowest possible cost with optimal cost savings and;
- **State's public policy should support a public health system that is accreditation ready:** Sharing resources is an effective way to build capacity to support functions such as administration, accreditation readiness, enhanced surveillance capabilities, health assessment and planning and the adoption and use of information technology.

Local Boards of Health should consider combining under the following conditions:

Local Health Departments consider combining for the many potential benefits, but the top two motivators fall in the categories of improved service delivery and cost savings. In West Virginia in 1981, a survey of LHDs within the Mid-Ohio Valley Region found that the services available to citizens varied greatly depending on which county they lived in, resulting in unmet need throughout the region and driving the need for regionalization. Likewise, a Wisconsin study on sharing services found that top motivators revolved around providing better services to more people by having increased expertise, resources, and staffing capacity to draw upon. At a time when more than half of all LHDs report reducing or eliminating services in at least one area due to decreasing budgets, consolidation is a logical solution to continue providing the public health services that citizens rely on.

In addition to service provision, LHDs are motivated to combine due to the high potential for cost savings. Combining local boards of health provides opportunities to reduce administrative and operational costs so each participating jurisdiction only pays a fraction of those costs. Additionally, by serving a larger population base, combining may allow for opportunities such as increased grant eligibility and more cost-effective service delivery. Illustratively, a study conducted on LHDs in Ohio found that consolidation resulted in an overall expenditure reduction of 16%.

Principles of Combining Local Boards of Health.

The six principles that will be utilized in assessing efforts to combine local boards of health are:

1. **Create significant potential for economies of scale and scope.** Consideration will be given to the potential for achieving cost efficiency in service delivery, consistent performance of duties relating to basic public health services and other health services and the enforcement of the laws of this state pertaining to public health. The Commissioner will consider the degree to which the service area meets or exceeds the minimum and maximum efficiency scale of 100,000 to 500,000 populations.
2. **Streamline administrative services while maintaining or improving service level and quality.** Potential for administrative efficiencies and savings which yield more effective service will be considered.
3. **Improve accessibility, regional identity, and compatibility.** Geographic proximity, transportation corridors, ensuring as much as possible a cultural fit, and other factors which strengthen the qualitative aspects of basic public health services will be considered.
4. **Avoid duplication of public health-related programs while optimizing access to public health services.** Consideration will be given to demand for services, program overlaps and duplications, and optimal staffing characteristics sufficient to offer and support the needed array of services.
5. **Increase opportunities to improve performance.** Enhancing opportunities for local health departments to raise their performance, management and leadership will be a goal.
6. **Enhance development of public health services.** Consideration will be given to plans of combination with the potential to improve basic public health services and other health services and the enforcement of public health laws through a more efficient delivery of services, community partnerships, and improved staffing.

With these principles in mind, it is recommended that local boards of health submitting plans of combination to the Commissioner for approval include the following documentation with the plan of combination:

| Recommended Documentation | Description |
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| Justification and History of Resource Sharing | A brief description of the jurisdictions seeking to combine, a justification for the plan of combination, and the history of resource sharing among the jurisdictions. |
| Demonstrated commitment of appointing authorities and assessment of jurisdictional needs | Signed resolutions of commitment to combine from each participating appointing authority (county commission and/or municipalities) and formation of Task Force to provide oversight of planning process. An assessment of interest to consolidate should be conducted with all surrounding jurisdictions. |
| Leadership, Management and Organizational Structure | A list of members of the individuals and/or transition team accountable to the appointing authorities, their roles and responsibilities, including the key point of contact for plan of combination. |
| Comprehensive Work Plan | A comprehensive work plan that guides the process of transitioning to and sustaining a combined board of health. The plan should include goals, objectives, activities, responsible personnel and contractual services, timeframes for monitoring and communicating progress to boards of health, appointing authorities and the Bureau, methods of addressing anticipated challenges, costs and benefits to all jurisdictions, budget, budget narrative and address the administrative and operational aspects of the transition. |