# Planning Checklist – Phase One: Explore

The following planning checklist was developed using the Center for Sharing Public Health Services (CSPHS) framework, *A Roadmap to Develop Cross-Jurisdictional Sharing Initiatives.*  The CSPHS framework includes the three process phases that cross-jurisdictional sharing arrangements typically move through: 1) ***Explore***, 2) ***Prepare and Plan***, and 3) ***Implement and Improve***.



Source: *A Roadmap to Develop Cross-Jurisdictional Sharing Initiatives.*  Center for Sharing Public Health Services (CSPHS) framework, 2013.

## References Used

The development of the planning checklist was informed by a literature review on shared services in government and public health, the CSPHS framework, health officer interviews held from June – August 2013, and board of health discussion groups held from September 2013 – February 2014 in the Northwoods Shared Services Project area.

## Using the Checklist

This tool is more comprehensive than the criteria tool featured earlier. The criteria tool questions are contained within this checklist and are in **bold**. A health officer and health department staff could use the questions to determine if participation in a shared arrangement would be beneficial and feasible.

A group of health officers could use the checklist and associated tools and resources to explore an issue that could potentially be solved by a cross-jurisdictional sharing arrangement and to prepare for talking with their respective policy boards.

The tool could be used in its entirety or in the adapted or shorter version, *Criteria Tool for Entering Into a Shared Service Arrangement.*

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| Planning Checklist - Phase One: Explore |
| Products: Description of Proposed Shared Arrangement, Criteria Tool, Fiscal Analysis |
| Description of Shared Arrangement | Describe the issue that needs to be addressed: |
| Describe the goals of the CJS initiative being considered:  |
| Describe what services and capacities would be shared: |
| Describe who would be involved in the arrangement: |
| Describe how the services would be funded: Describe what in-kind resources would be contributed:  |
| Goals and expectations: Why would you consider CJS? | Criteria  | Decision |
| Will a CJS help solve the issue being addressed? | YES NOComments:  |
| Is the issue more easily addressed through a CJS than through internal management activities or reallocation of existing resources? | YES NOComments:  |
| Is a positive outcome expected for our community? | YES NOComments:  |
| **Is the initiative in alignment with our mission and core values?** | **YES NO****Comments:**  |
| Does the initiative leverage additional resources to advance one or more community, public health agency, jurisdiction or policy board priority areas? | YES NOComments:  |

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| Goals and expectations: Why would you consider CJS?, continued | **Is the proposed program or service evidence based, and when applicable, designed to improve population health?** | **YES NO****Comments:**  |
| **Will the shared service help us accomplish at least one of the following:*** **Achieve an essential public health service,**
* **Enhance the quality of the existing service,**
* **Provide a mandated service,**
* **Improve capacity for achieving public health accreditation?**
 | **YES NO****Comments:**  |
| Is the service the same or higher quality as we currently offer in our jurisdiction? | YES NO N/A IF NEWComments:  |
| Does the agreement enhance our health department’s staffing or give us access to staff expertise? | YES NOComments:  |
| Are the goals and expected outcomes for the first year and subsequent years of the proposed CJS clearly stated? | YES NOComments:  |
| Scope of the agreement: | **Does the proposed agreement assure adequate service levels for the investment of resources for our agency?**  | **YES NO****Comments:**  |
| **Is the proposed agreement clear about which services will be shared and NOT shared, including:****a) Functions (e.g. billing, human resources, IT)****b) Programs and Capacity (e.g. WIC, environmental health, epidemiology, lab)?** | **YES NO****Comments:**  |
| Is the proposed agreement clear about associated services that will NOT be shared? | YES NOComments:  |
| Partners and stakeholders | **Do the parties in the agreement have experience working together in other CJS agreements, trust each other and have an understanding of the culture and history of each jurisdiction?** | **YES NO****Previous lessons learned:** |
| Are the motivations of each key partner clearly understood by the other partners? | YES NOComments:  |
| Is there is a political willingness among stakeholders and those affected by the issue to explore CJS as a possible solution? | YES NOComments:  |

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| Partners and stakeholders, continued | Have the partners agreed upon guiding principles for the CJS? | YES NOComments:  |
| Are the partners likely to get their policy board’s (e.g. Board of Health, Health Committee, HHS Committee, Tribal Health Board, Tribal Council, County Board) support if needed? | YES NOComments:  |
| **Is there adequate support for the CJS from constituents, clients, and other stakeholders who may be affected by it?** | **YES NO UNSURE****Comments:**  |
| **Are the proposed outcomes, service model and delivery, and staffing model feasible and supported by the partners, stakeholders and others affected by the CJS initiative?** | **YES NO UNSURE****Comments:**  |
| **Are the partners in agreement on their respective roles and responsibilities and are they willing to enter into a written agreement?** | **YES NO****Comments:**  |
| Is there consistency in the arrangement with other partnerships that the agency/jurisdiction has entered into? | YES NOComments:  |
| Do the partners share common resources such as health care networks, community services networks, and media markets? | YES NOComments:  |
| Fiscal Implications | **Is there a clear fiscal or service benefit such as:** * **New services for less money than could be achieved by doing it alone**
* **Enhanced quality of service for an affordable investment**
* **Savings through avoiding capital costs over the medium and long term (3-10 years)**
* **Reduced annual rates of increase in expenditures Decreased annual operating cost**
* **No increase in annual operating costs**
* **Lower than expected rate of increase in annual operating costs?**
 | **YES NO****Comments:**  |
| Are there funding incentives for a CJS model? | YES NOComments:  |

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| Fiscal Implications, continued | **Is funding adequate to support staff and resources needed to meet program/service outcomes? Do funds pay for the increased indirect costs to the lead agency?**  | **YES NO****Comments:**  |
| Is there start-up funding for the initial planning phase? | YES NOComments:  |
| **Is funding 2 – 5 years versus one-time, one year funding that is unlikely to be sustainable? Is there a plan for sustainable funding?** | **YES NO****Comments:**  |
| Has the fiscal implication of not entering into a CJS been considered? Would we NOT be eligible for future funding opportunities with the CJS?  | YES NOComments:  |
| Are there opportunities for securing additional grants by working in a CJS model?  | YES NOComments:  |
| Leadership | Is there a key partner in the CJS who can act as the fiscal agent?  | YES NOComments:  |
| **Does the lead agency have experience managing CJS arrangements and the appropriate infrastructure in place for all reporting requirements? (See Fiscal Lead Tool for more specific criteria on being a fiscal lead.)**  | **YES NO****Comments:**  |
| Are the partners in the CJS in agreement on who would act as the lead agency?  | YES NOComments:  |
| Personnel  | **Can we recruit staff from the area workforce with the desired expertise in the location(s) needed?**  | **YES NO****Comments:**  |

Adapted from *A Roadmap to Develop Cross-Jurisdictional Sharing Initiatives,* Center for Sharing Public Health Services, 2013.