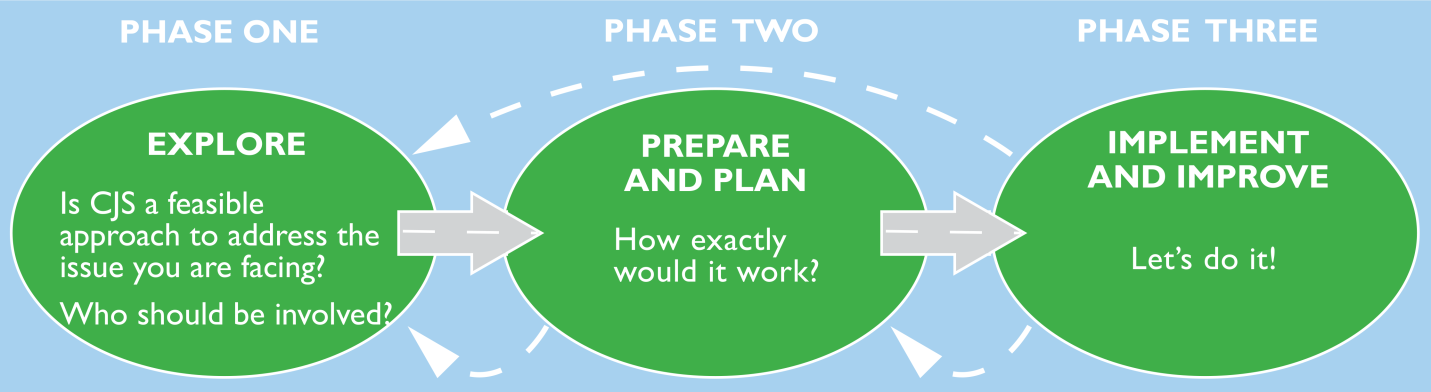
# Criteria Tool for Entering Into a Shared Service Arrangement

Multi-jurisdictional shared service arrangements typically move through several phases as described in 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.

This criteria tool was developed to help guide decision-making around entering into shared services arrangements in the ***Explore*** phase. The tool helps guide choices around key areas of success in shared service agreements including: goals and expectations, scope of the agreement, partners and stakeholders, fiscal implications, leadership and personnel.

## Criteria Development

The development of criteria 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 Tool

The tool is specific to public health and may be used by public health officers, health department staff and their policy board members.

A group of health officers could use the tool as an abbreviated planning checklist in the exploration and feasibility of a potential cross-jurisdictional sharing arrangement.

Health officers interested in entering into a multi-jurisdictional sharing arrangement could use the completed tool to review a potential arrangement with their respective policy board.

Once a decision has been made to move forward with a cross-jurisdictional sharing arrangement, additional tools are available to plan, implement and evaluate the shared service.

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| Criteria Tool for Phase One: Explore | | |
| Goals and expectations:  Why would you consider CJS? | Criteria | Decision |
| Is the initiative in alignment with our mission and core values? | YES NO  Comments: |
| 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 * advance initiatives in a priority area in our community health plan * enhance the quality of the existing service * help us provide a mandated service * improve capacity for achieving public health accreditation? | YES NO  Comments: |
| 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:   1. Functions (e.g. billing, human resources, information technology) 2. Programs and Capacity (e.g. WIC, environmental health, epidemiology, lab)? | YES NO  Comments: |
| 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: |
| Is there adequate support for the CJS from policymakers, 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: |

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| Fiscal & Service Implications | Is there a 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?   (See Comparison Tool for Fiscal-Service-Staff for greater detail) | YES NO  Comments: |
| 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 funding at least 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: |
| Leadership | 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: |
| Personnel | Can we recruit staff from the area workforce with the desired expertise in the location(s) needed? | YES NO  Comments: |