



Spectrum of Cross-Jurisdictional Sharing Arrangements

Overview

Cross-jurisdictional sharing (CJS) is the deliberate exercise of public authority to enable collaboration across jurisdictional boundaries to deliver essential public health services.

Collaboration allows communities to solve problems that cannot be solved — or easily solved — by single organizations or jurisdictions.

The Center for Sharing Public Health Services has identified four main types of CJS arrangements, as depicted on the *Spectrum of Cross-Jurisdictional Sharing Arrangements* (Figure 1).

The governance model, financial structure and decision-making process are different for each type of arrangement.

Moving from left to right along the *Spectrum*, the level of service integration increases, the level of jurisdictional autonomy decreases, and implementation becomes more complex, as can governance.

Figure 1. The *Spectrum* identifies four main types of cross-jurisdictional sharing arrangements.

Spectrum of Cross-Jurisdictional Sharing Arrangements			
As-Needed Assistance	Service-Related Arrangements	Shared Programs or Functions	Regionalization/Consolidation
<ul style="list-style-type: none"> ● Information sharing ● Equipment sharing ● Expertise sharing ● Assistance for surge capacity 	<ul style="list-style-type: none"> ● Service provision agreements (e.g., contract to provide immunization services) ● Purchase of staff time (e.g., environmental health specialist) 	<ul style="list-style-type: none"> ● Joint programs and services (e.g., shared HIV program) ● Joint shared capacity (e.g., epidemiology, communications) 	<ul style="list-style-type: none"> ● New entity formed by merging existing local public health agencies ● Consolidation of one or more local public health agencies into an existing local public health agency
Looser Integration		Tighter Integration	

Source: Center for Sharing Public Health Services. (2017).

Each type of arrangement can produce gains in effectiveness and efficiency, if implemented correctly following the steps outlined in the Center’s *Roadmap to Develop Cross-Jurisdictional Sharing Initiatives*.

Because there is not a one-size-fits-all approach to CJS, it is important

to refer to the *Spectrum* early and often during the CJS process that is outlined in the *Roadmap*.

2017 Updates

The Center updated the *Spectrum* in early 2017 to reflect lessons learned about CJS and other recent advances

in the field of Public Health Systems and Services.

The Center's original 2013 *Spectrum* was adapted from previous versions produced by J. Ruggini (2006), A. Holdsworth (2006) and N. Kaufman (2010).

Types of CJS Arrangements

As-Needed Assistance

On the left side of the *Spectrum* there is as-needed assistance, where one jurisdiction collaborates with other jurisdictions on an as-needed basis.

These arrangements are informal and customary, as well as episodic in nature.

Some examples of as-needed assistance include:

- Information sharing (e.g., notifying adjacent counties of a rise in pertussis cases)
- Expertise sharing (e.g., access to an epidemiologist)
- Equipment sharing (e.g., a handshake arrangement to share generators when needed)
- Assistance for surge capacity (e.g., providing additional nurses to an adjacent county)

Service-Related Arrangements

Unlike as-needed assistance, service-related arrangements involve regular and predictable sharing, usually formalized through contracts.

Some examples of service-related arrangements include:

- Service provision agreements (e.g., contract to provide immunization services)
- Purchase of staff time (e.g., purchasing the services of an environmental health specialist)
- Interstate compacts (e.g., interstate Health Care Compact to improve policies within states)

Shared Programs or Functions

If all entities contribute resources and have a formal role in decisions about how and when to deliver services, then the arrangement is a shared program or function.

Some examples include:

- Joint programs and services (e.g., shared stake in a regional HIV program)
- Joint shared capacity (e.g., shared oversight of a single epidemiologist)
- Joint ownership of assets (e.g., multiple counties contract to purchase heavy machinery)

Regionalization/Consolidation

On the right side of the *Spectrum* is regionalization/consolidation, where multiple jurisdictions are served by a single governmental entity that delivers all services and formally assumes the risks, costs and decision-making across the jurisdictions involved.

Some examples include:

- Merger (i.e., one local public health agency acquires one or more other agencies into itself)
- Consolidation (i.e., two or more local public health agencies combine to create a new agency)
- Regionalization (i.e., creation of a special district or a new entity to service a geographic area)

Conclusion

The Center views this *Spectrum* as a living document. As such, the Center will continue to refine and modify it over time, as new learnings emerge. Watch the Center's website for updates.

For more information, or to provide feedback about the *Spectrum*, please email phsharing@khi.org.

CENTER FOR SHARING PUBLIC HEALTH SERVICES

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), building the 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. Copyright© Center for Sharing Public Health Services, 2017. Materials may be reprinted with written permission.

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