



UPDATED IN 2017

A Roadmap to Develop Cross-Jurisdictional Sharing Initiatives

Overview

Cross-jurisdictional sharing (CJS) is the deliberate exercise of public authority to enable collaboration across jurisdictional boundaries to deliver 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 created this *Roadmap* to help guide jurisdictions through the process of considering or establishing CJS arrangements.

What is Cross-Jurisdictional Sharing?

It is the deliberate exercise of **public authority** to enable **collaboration** across **jurisdictional boundaries** to deliver public health services.

public authority

The power or right of elected officials, senior government administrators or governing bodies to enter into CJS relationships

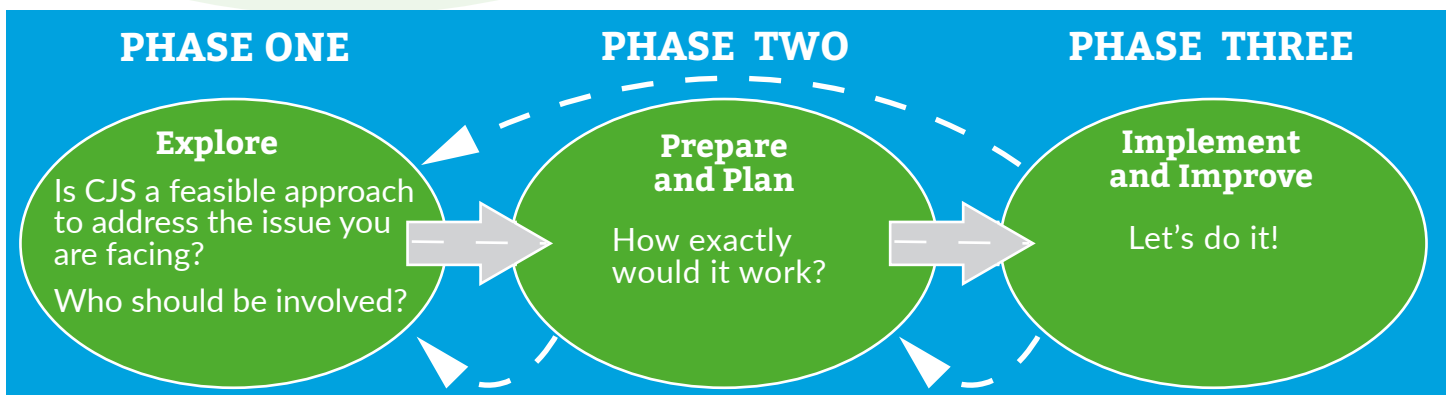
collaboration

Working across boundaries and in multi-organizational arrangements to solve problems that cannot be easily solved by single organizations or jurisdictions

jurisdictional boundaries

The geopolitical dividing lines between respective entities served by the participating public health departments

Overview of the Roadmap



Roadmap Phases

The *Roadmap* contains three distinct phases to guide jurisdictions through the CJS process:

- *Explore*
- *Prepare and Plan*
- *Implement and Improve*

During each phase, a series of questions should be answered. While the progression of phases should take place in the order presented, the questions posed within each phase do not necessarily have to follow the same order as listed in this document.

CJS partners should discuss all questions among themselves early in the process. Those questions that cannot be easily answered should become part of the larger CJS discussion.

If, on further examination, it becomes apparent some key issues from an earlier phase were overlooked, it is important to go back and resolve those issues before moving forward.

For those just beginning their effort, the *Roadmap* can provide an overview of how to develop a CJS arrangement and can help ensure that key questions and issues will be addressed. For those well underway with a CJS effort, it can serve as a checkpoint as they go forward. And, for those experiencing

barriers in their CJS work, the *Roadmap* may help identify the issues and questions that need to be examined or re-examined before moving forward.

Keep in mind, this *Roadmap* is intended to be more of a guide than a set of specific directions for those working on or considering CJS for their jurisdictions.

Types of CJS Arrangements

The Center's *Spectrum of Cross-Jurisdictional Sharing Arrangements* identifies four main types of CJS arrangements.

The governance model, financial structure and decision-making

process can be different for each type of arrangement on the *Spectrum*. Generally, 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.

Each type of arrangement has the potential to achieve gains in effectiveness and efficiency, particularly if designed and implemented following the steps outlined in this *Roadmap*.

Because there is not a one-size-fits-all approach to CJS, the steps in the *Roadmap* are designed to lead partners to the best type of arrangement for them.

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).

A Note About Planning

Before describing the phases in detail, it is important to note there are two separate and distinct planning processes that enable jurisdictions to know why sharing is beneficial and what will be shared before moving into how to share.

During *Phase One: Explore*, the planning activity is focused on conceptual feasibility, which establishes clarity about why to consider CJS and what to pursue. An important element of this phase is to make sure those most accountable and responsible are fully on board before moving forward.

The second planning process occurs during *Phase Two: Prepare and Plan* and emphasizes operational feasibility and implementation. The implementation plan comes from *Phase Two*.

Distinguishing between these two efforts is important. The activities in *Phase Two* must be based on the results of the exploratory activities from *Phase One*—these two phases can't be done concurrently. This reflects the complexity of CJS work and in particular the necessity of making sure those most

accountable and responsible are fully on board.

Phase One: Explore

The Center for Sharing Public Health Services has created this Roadmap to help guide jurisdictions through the process of considering or establishing CJS arrangements.

Successful CJS requires the support of both policymakers (with the authority to enter into the shared arrangement) and health officials (responsible for carrying it out). Actively engaging these key parties in the exploratory phase helps secure their commitment. It is not sufficient to work from assumptions regarding the parties' willingness; rather, it must be confirmed before moving on to implementation.

Activities in this phase identify:

- The respective and collective reasons or drivers for CJS;
- The history, culture, shared working experiences and public health perspectives of the participating jurisdictions;
- What is “on or off the table” when it comes to CJS relationships;
- What services or functions would be considered for sharing; and
- What is needed to develop and sustain the relationship among the jurisdictions.

CJS efforts that bypass the activities from *Phase One: Explore* may find themselves hitting unexpected roadblocks that could have been foreseen and addressed

by a more thorough exploratory examination. It is important to start with a clear understanding of what is wanted and why it is wanted before considering the operational details. For example, examining legal options before being clear about the scope and goals of an initiative could inadvertently allow the legal mechanism to drive what might be considered for sharing.

Phase Two: Prepare and Plan

During the *Prepare and Plan* phase, the activities examine whether and how the issues addressed and agreed to in the *Explore* phase can be implemented. The outcome of the *Prepare and Plan* phase is an implementation plan that will meet identified goals. The activities in this phase address the logistical and operational aspects of implementing the intended CJS arrangement. These issues include communications, ongoing change management, financing, legal means, staffing, labor relations, facilities, timeline and others appropriate to the specific arrangement.

Phase Three: Implement and Improve

The *Implement and Improve* phase focuses on ensuring implementation meets the overall plan and respective parties' goals underlying the CJS effort. In this phase, implementation progress is monitored and reported to partners and stakeholders. If needed, revisions to the implementation

plan are identified and initiated. And finally, the results of the CJS arrangement are evaluated relative to the desired outcomes of the key parties.

Conclusion

Since 2012, the Center for Sharing Public Health Services has provided technical assistance, resources and best practices to

communities interested in CJS approaches.

During that time, the Center has learned that CJS—if carefully implemented—can help policymakers and public health officials increase effectiveness and efficiency in public health services. CJS does this by generating economies of scale, by allowing public

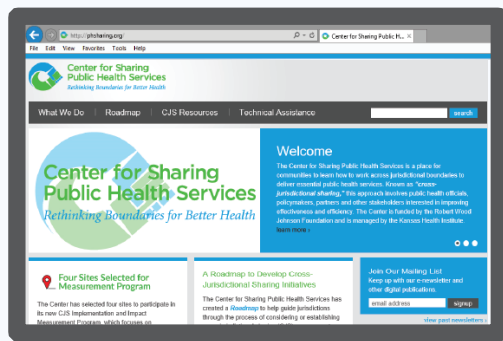
health departments to enhance services, and by providing programs that otherwise would not be economically feasible.

The Center views this *Roadmap* 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.

The Roadmap Starts Here



Additional resources are available on the Center’s website: www.phsharing.org



The Center provides resources to assist public health officials and policymakers as they consider and adopt CJS approaches. For an overview of the resources available, visit: www.phsharing.org/ResourcesAvailable

For more information, or to provide feedback about this publication, please email us at phsharing@khi.org.

Phase One: Explore

*Is CJS a feasible approach to address the issue you are facing?
Who should be involved in this effort?
Product: Conceptual feasibility study*

Areas	Examples of Issues to Consider
<p>Goals and expectations: <i>WHY would you consider CJS?</i></p>	<ul style="list-style-type: none"> • What is the issue that needs to be addressed? • Can the solutions to the issue be found through internal management activities or reallocation of existing resources? • Is CJS likely to help solve the issue being addressed? • What are the goals of the CJS initiative being considered?
<p>Scope of the agreement: <i>WHAT services and capacities would be shared?</i></p>	<ul style="list-style-type: none"> • What are the public health services currently offered by each jurisdiction? • What are the CJS agreements currently in place? What can we learn from them? • What are the service gaps to fill? • What could be considered for sharing? <ul style="list-style-type: none"> a) Functions (e.g., billing, human resources, information technology) b) Programs (e.g., WIC, environmental health) c) Capacity (e.g., epidemiology, lab) • What issues should NOT be considered because of lack of support? What are the boundaries of this initiative that should not be trespassed? Are there features from your existing service sharing that you would want to retain?
<p>Partners and stakeholders: <i>WHO are the partners that should be involved?</i></p>	<ul style="list-style-type: none"> • What is the history of relationships among the jurisdictions affected by this effort? • What are the motivations of each key partner? • Is there political willingness among stakeholders and those affected by the issue to explore CJS as a possible solution? Is CJS a feasible option? • What are the guiding principles that the CJS effort would have? Do all the partners share these principles? • What other individuals and groups does the issue affect, and how? • Is the model being considered feasible? Will it have the support of stakeholders and those affected by the CJS initiative?
<p>Context and history</p>	<ul style="list-style-type: none"> • What are possible strengths-weaknesses-opportunities-threats (SWOT) to consider in the development of the new initiative's action plan? • What can be learned from past CJS initiatives, including those that are not public health?

Phase Two: Prepare and Plan

How exactly would it work? Product: Implementation assessment and plan

Areas	Examples of Issues to Consider
Governance	<ul style="list-style-type: none">• What are the governance options being considered for the new CJS agreement?• What organizational structure is adequate to assure proper management?
Fiscal	<ul style="list-style-type: none">• Do you know the current and prospective cost of the service to be shared?• If applicable, how will cost be allocated? Or, what is the cost allocation plan among the jurisdictions?• What are existing and potential funding streams that can assure adequate and sustainable operational funding?• Are there issues that need to be addressed related to uneven levels of local taxation to support public health services among the jurisdictions involved?
Service implications	<ul style="list-style-type: none">• Does the plan achieve a balance between increasing efficiency and effectiveness?• Will public health essential services be provided in a manner that meets or exceeds current levels of performance?• What are the policies and procedures for the services that will be shared?• What are the reporting requirements for the services that will be shared?• What are the potential and existing funding streams?
Workforce issues	<ul style="list-style-type: none">• What human resources policies should be developed for shared employees?• What happens if a shared employee has an issue with another department?• What if the other department has a problem with a shared employee?• How will vacation time and other leave be handled for shared employees?• What workforce development trainings are needed? Has an assessment been performed to identify personnel skills and training needs?

Phase Two: Prepare and Plan

Continued from page 6

Areas	Examples of Issues to Consider
Legal sharing agreement	<ul style="list-style-type: none">• What kind of agreement will be at the base of the CJS initiative?• Is the decision-making process clearly identified?• Who will have the authority to allocate resources?• Is the duration of the agreement clearly identified?
Legal issues	<ul style="list-style-type: none">• Are there issues related to personnel and vendor contracts (e.g., benefits, collective bargaining agreements, procurement processes, etc.)?• Are there any liability and insurance issues to be addressed?• Does the CJS agreement conform to local and/or state rules, policies and procedures?
Logistical issues	<ul style="list-style-type: none">• Are there implications of the new agreement for buildings, office space, transportation, other properties, etc.?• Are there adequate facilities to house all personnel, equipment and programs within reasonable geographical proximity to the customers for the shared services?
Communications	<ul style="list-style-type: none">• How will the parties communicate?• Are there external audiences with whom the partners also should communicate? If so, is there a strategic communications plan in place?
Change management	<ul style="list-style-type: none">• What changes will occur as a result of the CJS arrangement? Who will be affected? How will changes be managed and communicated internally as well as externally?
Timeline	<ul style="list-style-type: none">• Is there a timeline including specific steps that have to be taken for the success of the sharing initiative?
Performance measurement	<ul style="list-style-type: none">• How would the partners measure success?• How would you know if the initiative is successful?• If a baseline measurement is necessary, do you have enough baseline data?

Phase Three: Implement and Improve

Let's do it!

Products: 1) Monitoring, progress and evaluation reports, 2) Knowledge-sharing documents, 3) Revised plan

Areas	Examples of Issues to Consider
Implementation and management	<ul style="list-style-type: none">• Are the activities being implemented as planned?• Is there a strong project management team in place?• Is senior-level support still assured?
Communications and change management	<ul style="list-style-type: none">• Are the change management and the communications plans being implemented?• Are communications among all parties affected flowing well?• What are the specific concerns and communications needs of each group affected by the new initiative?
Monitoring and improving	<ul style="list-style-type: none">• Are the results of the activities successful?<ul style="list-style-type: none">• Is there a high level of satisfaction among the stakeholders and groups affected by the initiative?• Are the goals of improved effectiveness and efficiency being achieved?• Are there processes in place to periodically review the arrangement's scope, goals and cost-sharing strategies, and to consider its continuation, modification or termination?• Is the knowledge acquired being shared with the project team and other stakeholders?
Future opportunities	<ul style="list-style-type: none">• Did this work for you in a way that opens the door for more sharing arrangements?

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.

212 SW Eighth Avenue, Suite 300 • Topeka, Kansas 66603-3936 • Telephone (855) 476-3671 • Email phsharing@khi.org • www.phsharing.org