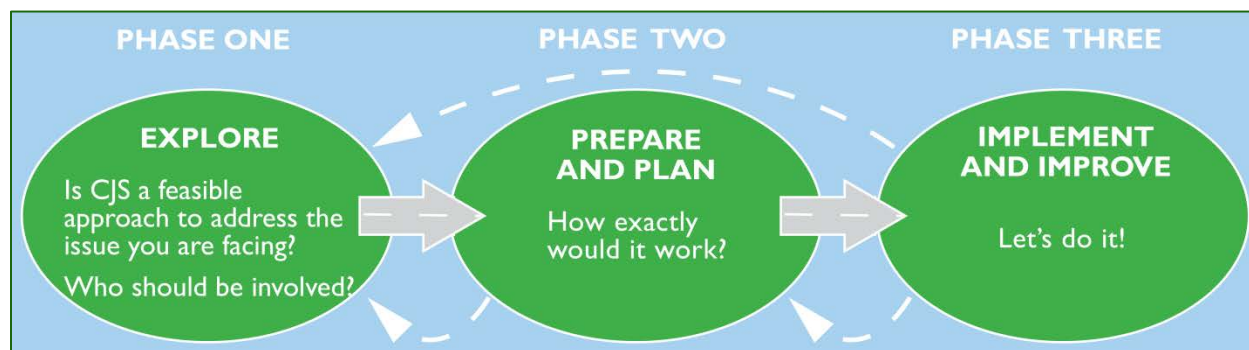# Section B: Phase One - Explore

Overview

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.

The feasibility or *Explore* phase of a cross-jurisdictional sharing arrangement often comes out of the need to address a public health issue or improve public health capacity.   State and federal funding changes, new mandates or the opportunity to secure new funding may be incentives to explore shared services.

Important Considerations for the Explore Phase

Relationships and trust between partners from past sharing arrangements often bring people together to explore new opportunities.   Discussions in the *Explore* phase typically occur around the following:

- Goals
- Scope of the agreement
- Partners
- Fiscal implications
- Leadership
- Personnel availability

A planning checklist and criteria tool for the *Explore* phase were developed based on the input from health officer interviews, policymaker discussion groups and the Center for Sharing Public Health Services framework, *A Roadmap to Develop Cross-Jurisdictional Sharing Initiatives*. The planning checklist covers a comprehensive list of issues around feasibility.

The criteria tool is an abbreviated list of the most important issues to discuss in the *Explore* phase and can be used for policy board discussions and decision-making. See Section B Tools for the planning checklist and criteria tool.

Fiscal Considerations

Fiscal implications of an arrangement are particularly important to the *Explore* phase. Policymakers in the project area frequently commented on the fiscal impact as an important criterion for any shared arrangement. Health officers commented on how cross-jurisdictional sharing arrangements may be more difficult to get through policy boards when local tax levy is funding the arrangement. (NSSP: Policymaker Discussion Groups, 2014) (NSSP: Interviews with Health Officers, 2013)

As jurisdictions explore entering into a sharing arrangement they will be considering the costs and benefits of services provided by the health department on its own versus a shared services agreement. Conducting an economic analysis of a public health service, including shared services arrangements, should include the following considerations:

- Resources used are justified.
- Benefits justify costs.
- There is a satisfactory return on the agency's investment.
- There is an effective utilization of agency resources. (Empire State Public Health Training Center, Doing a Lot with a Little: Economic Analysis in Public Health. See link below in Fiscal Considerations Resources.)

Estimating and Allocating Costs - Fiscal Implications of Shared Services

At the Shared Services Learning Community Meeting January 23-24, 2014, in San Diego, CA, Matt Stefanak, former General Health District of Mahoning County, Ohio Health Commissioner and CEO, suggested several key areas to look at in estimating resource needs and delivery costs including:

- Cost estimation models, time studies, activity logs, surveys, and program administrative data.
- Staffing needs assessments based on current staff productivity levels (FTE to service unit ratios).
- Service data or benchmarks from other communities.
- Direct, indirect and "start-up" costs.

Another important consideration in a shared service arrangement is how to allocate the cost across several jurisdictions. Different models may be used such as:

- Fee-for-service.
- Total population or target population (per capita).
- Property values or factors related to housing stock (for lead hazard inspection).
- Number of licensed establishments (licensing and inspection).
- Geographic size (square miles).
- Combination methods such as base funding plus per capita or other factors.

How stakeholders allocate the costs for a desired service level across jurisdictions is an important discussion item in the feasibility or exploration phase of a shared agreement.   All of the stakeholders need to feel that there is fairness around the cost for the proposed service level. (Stefanak, 2014)

Fiscal Considerations Resources

The following are sources of cost information and tools for estimating costs and benefits in public health that could be useful for analyzing costs and benefits of a shared services arrangement:

Consumer Price Index Inflation Calculator

Bureau of Labor Statistics

Calculates changes in prices for all goods and services based on the annual inflation rate.

http://www.bls.gov/data/inflation_calculator.htm

Cost-benefit Analysis: A Primer for Community Health Workers

University of AZ Rural Health Office and College of Public Health. Part of The Community Health Worker Evaluation Toolkit, sponsored by Annie E. Casey Foundation.

Comprehensive guide to economic analysis in public health programs that includes tips on evaluation and goal setting as well as how to measure costs and benefits. Cost-benefit analysis worksheet and helpful Costs and Benefits Checklists.

https://apps.publichealth.arizona.edu/CHWtoolkit/PDFs/Framewor/costbene.pdf

Doing a Lot with a Little: Economic Analysis in Public Health

Empire State Public Health Training Center

Free, 1-hour online class including Excel workbook and instructions for conducting a cost-benefit analysis.

http://www.phtc-online.org/learning/pages/catalog/alot/default.cfm

Economic Impact Analysis Tool

Rural Assistance Center

Online calculator for translating project-specific impacts into community-wide effects, including new health and community services provided, number of jobs created, wages earned, and overall impact on the economy. Potentially useful tool for the lead agency of a sharing arrangement to demonstrate the effect of personnel and other spending in the jurisdiction. (The site also has a link to information on planning for sustainability.)

http://www.raconline.org/success/impact.php

Estimate the Return on Investment for Public Health Improvement Projects

Association of State and Territorial Health Officials (ASTHO).

Excel workbook and Power Point slides that include results of beta testing the return on investment tool.

http://www.astho.org/t/article.aspx?artid=8699

NACCHO Public Health Uniform National Data System (PHUND$)

The National Association of County and City Health Officials (NACCHO)

PHUND$ is a web-based public health financial data collection and analysis portal. PHUND$ was created to provide public health member agencies with the ability to proactively assess their financial and operational performance.

http://phunds.naccho.org/

Public Health Economics and Tools

Centers for Disease Control and Prevention

A repository of numerous reports and tools for evaluating costs and burden of various health problems and the effectiveness and efficiency of health programs.

http://www.cdc.gov/stltpublichealth/pheconomics/

State Health Department Funding Allocations to Local Health Departments

Wisconsin Division of Public Health, Wisconsin Department of Health Services

For example, the Wisconsin Division of Public Health (DPH) funding allocations to local communities for specific programs are a resource to review since the formulas often consider base level funding plus a combination of factors that relate specifically to the public health program.

http://www.dhs.wisconsin.gov/health/gac/GAC2014/contracts/index.htm

Wisconsin Simplified Cost Analysis

Health Care Education and Training, Inc. (2012)

Cost analysis, time study, Power Point presentations from a series of workshops for Wisconsin local public health agencies on analyzing reproductive health service costs.

http://www.hcet.info/Pages/2012PastEventsWICostAnalysisStep1.aspx

Section B Tools

Tool Summaries

The following tools can be used to guide planning and decision-making in the *Explore* phase of a shared service agreement. A brief description of each tool follows.

Criteria Tool for Entering Into a Shared Service Arrangement

A tool for health officers and policy boards to use to make a decision about entering into a shared service arrangement. This tool contains the most important criteria for decision-making around cross-jurisdictional sharing arrangements. It is an abbreviated version of the Phase One: Explore Planning Checklist.

Criteria Tool For
Shared Arrangement

Planning Checklist – Phase One: Explore

This detailed planning checklist guides what to consider in exploring a shared service arrangement. It is a tool for health department staff and health officers to use to thoroughly explore the feasibility of a shared arrangement and to prepare to present to policy boards.

Planning Checklist -
Phase One - Explore

Project Charter

A project charter is a statement of the scope, objectives, expected milestones, and roles and responsibilities of staff. It can be used as a framework for partners to use during the *Explore* phase.

Project Charter

Collaborative Trust Scale

This tool, developed by the Center for Sharing Public Health Services, can be used to assess levels of trust and collaboration between potential partners in a sharing agreement.

Collaborative Trust
Scale

Comparison Tool – Fiscal, Service & Staff Implications

This comparison tool helps multiple jurisdictions compare the fiscal, service and staffing implications of providing a public health service within their own jurisdiction versus in a shared arrangement. A fillable form is provided.

Comparison Tool
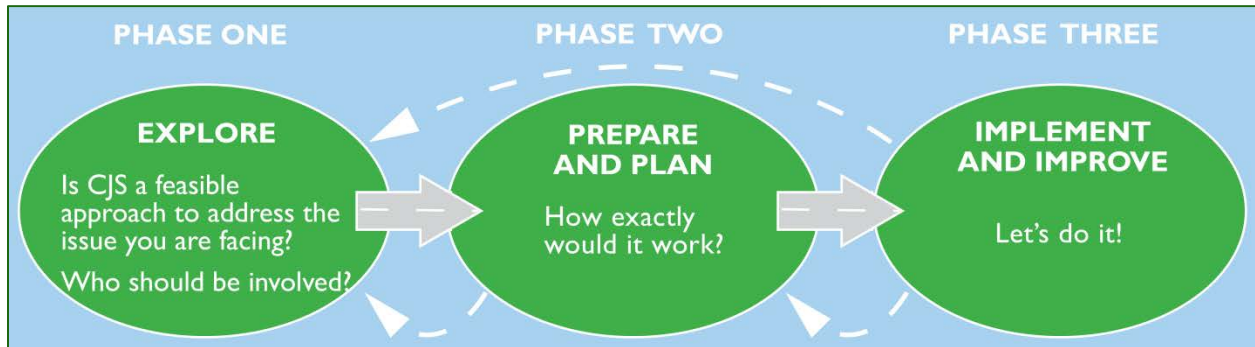Fiscal-Service-Staff

Fiscal Lead Tool

This tool is for any agency considering taking the fiscal lead in a shared services arrangement. It looks at important issues around fiscal, technology and personnel infrastructure.

Fiscal Lead Tool

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 policymaker discussion groups held from September 2013 – April 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.

Tool: Criteria Tool for Entering Into a Shared Service Arrangement

Tool: Criteria Tool for Entering Into a Shared Service Arrangement

Criteria Tool for Phase One: Explore		
	Criteria	Decision
Goals and expectations: Why would you consider CJS?	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: a) Functions (e.g. billing, human resources, information technology) b) 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:

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:

Tool: Criteria Tool for Entering Into a Shared Service Arrangement

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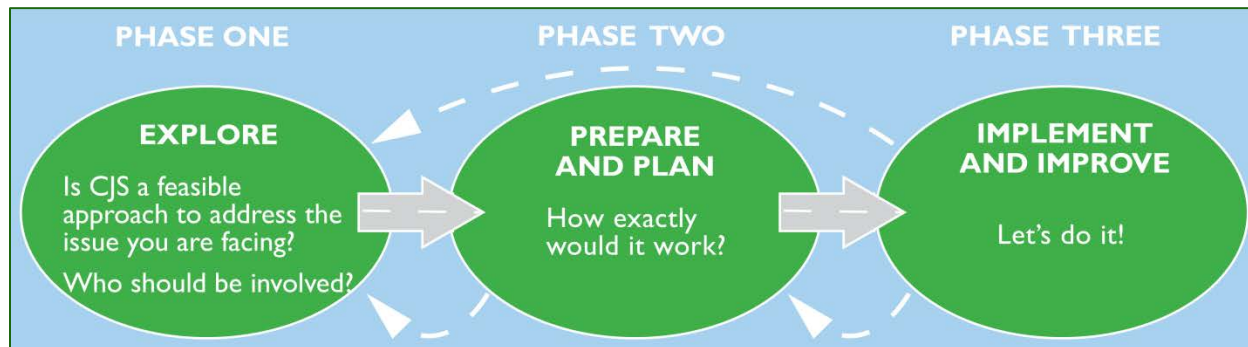
Source: *A Roadmap to Develop Cross-Jurisdictional Sharing Initiatives.* Center for Sharing Public Health Services (CSPHS) framework, 2013.

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 policymaker discussion groups held from September 2013 – April 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.*

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 NO Comments:
	Is the issue more easily addressed through a CJS than through internal management activities or reallocation of existing resources?	YES NO Comments:
	Is a positive outcome expected for our community?	YES NO Comments:
	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 NO Comments:

Tool: Planning Checklist – Phase One: Explore

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 NEW Comments:
	Does the agreement enhance our health department's staffing or give us access to staff expertise?	YES NO Comments:
	Are the goals and expected outcomes for the first year and subsequent years of the proposed CJS clearly stated?	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: 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 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:
	Are the motivations of each key partner clearly understood by the other partners?	YES NO Comments:
	Is there is a political willingness among stakeholders and those affected by the issue to explore CJS as a possible solution?	YES NO Comments:

Partners and stakeholders, continued	Have the partners agreed upon guiding principles for the CJS?	YES NO Comments:
	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 NO Comments:
	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 NO Comments:
	Do the partners share common resources such as health care networks, community services networks, and media markets?	YES NO Comments:
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 NO Comments:

Tool: Planning Checklist – Phase One: Explore

Tool: Planning Checklist – Phase One: Explore

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 NO Comments:
	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 NO Comments:
	Are there opportunities for securing additional grants by working in a CJS model?	YES NO Comments:
Leadership	Is there a key partner in the CJS who can act as the fiscal agent?	YES NO Comments:
	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 NO Comments:
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.

Project Charter

A. General Information

Project Title:	
Brief Project Description:	
Prepared By:	
Date:	*Version:*

B. Project Objective:

Explain the specific objectives of the project. For example: What value does this project add to the organization? How does this project align with the strategic priorities of the organization? What results are expected? What are the deliverables? What benefits will be realized? What problems will be resolved?

C. Assumptions

List and describe the assumptions made in the decision to charter this project.

Tool: Project Charter

Tool: Project Charter

D. Project Scope

Describe the scope of the project. The project scope establishes the boundaries of the project. It identifies the limits of the project and defines the deliverables.

List any requirements that are specifically excluded from the scope.

E. Project Milestones

List the major milestones and deliverables of the project.

Milestones	Deliverables	Date

Adapted from the Regents of the University of California, University of California – Berkeley

F. Impact Statement

List the impact this project may have on existing systems or units.

Potential Impact	Systems / Units Impacted

G. Roles and Responsibilities

Describe the roles and responsibilities of project team members followed by the names and contact information for those filling the roles. The table below gives some generic descriptions. Modify, overwrite, and add to these examples to accurately describe the roles and responsibilities for this project.

Sponsor: Provides overall direction on the project. Responsibilities include: approve the project charter and plan; secure resources for the project; confirm the project's goals and objectives; keep abreast of major project activities; make decisions on escalated issues; and assist in the resolution of roadblocks.

Name	Email / Phone

Project Manager: Leads in the planning and development of the project; manages the scope of the project. Responsibilities include: develop the project plan; identify project deliverables; identify risks and develop risk management plan; direct the project resources (team members); scope control and change management; oversee quality assurance of the project management process; maintain all documentation including the project plan; report and forecast project status; resolve conflicts within the project or between cross-functional teams; ensure that the project's product meets the business objectives; and communicate project status to stakeholders.

Name	Email / Phone

Team Member: Works toward the deliverables of the project. Responsibilities include: understand the work to be completed; complete research, data gathering, analysis, and documentation as outlined in the project plan; inform the project manager of issues, scope changes, and risk and quality concerns; proactively communicate status; and manage expectations.

Name	Email / Phone

Adapted from the Regents of the University of California, University of California – Berkeley

Tool: Project Charter

Tool: Project Charter

Customer: The person or department requesting the deliverable. Responsibilities include: partner with the sponsor or project manager to create the Project Charter; partner with the project manager to manage the project including the timeline, work plan, testing, resources, training, and documentation of procedures; work with the project team to identify the technical approach to be used and the deliverables to be furnished at the completion of the project; provide a clear definition of the business objective; sign-off on project deliverables; take ownership of the developed process and software.

Name	Email / Phone

Subject Matter Expert: Provides expertise on a specific subject. Responsibilities include: maintain up-to-date experience and knowledge on the subject matter; and provide advice on what is critical to the performance of a project task and what is nice-to-know.

Name	Email / Phone

H. Resources

Identify the initial funding, personnel, and other resources committed to this project by the project sponsor.

Resource	Constraints
Project Budget	$

I. Project Risks

Identify the high-level project risks and the strategies to mitigate them.

Risk	Mitigation Strategy

J. Success Measurements

Identify metric and target you are trying to achieve as a result of this project. For example, overall cost savings of $50K or reduce processing time by 25 percent.

Adapted from the Regents of the University of California, University of California – Berkeley

K. Signatures

The signatures of the people below document approval of the formal Project Charter. The project manager is empowered by this charter to proceed with the project as outlined in the charter.

Customer:		
Name	**Signature**	**Date**

Project Sponsors:		
Name	**Signature**	**Date**

Project Manager:		
Name	**Signature**	**Date**

Tool: Project Charter

Tool: Collaborative Trust Scale

Collaborative Trust Scale

SECTION 1 — GENERAL INFORMATION

OVERVIEW AND INSTRUCTIONS

The goal of this tool, ***Cross-Jurisdictional Sharing (CJS) Agreements Collaboration Trust Scale***, is to help evaluate levels of trust between collaboration partner organizations. This tool is designed to capture the following five dimensions of trust:

1. **Trust in Partner Knowledge and Skills** — the extent to which the collaborating group members and organizations exhibit skills, competencies and characteristics that allow them to have influence in some domain.
2. **Trust in Partner Integrity** — the extent to which the people and organizations involved is seen as honorable and their words match their actions.
3. **Trust in Partner Investment in Community Well-Being** — the extent to which the people and organizations involved not only care about their own organizations, communities and target populations, but are also seen to be genuinely caring and concerned about partnering organizations, collaborative team members, governments and community well-being.
4. **Trust in Partner Behavior (Predictability)** — the extent to which the partner organizations' (or organizational representatives') behaviors are consistent.
5. **Trust in Communication** — the extent to which the people and organizations involved can communicate and coordinate about difficult issues productively.

WHAT IS TRUST AND WHY SHOULD YOU ASSESS IT?

Trust is typically characterized as "the willingness of a party to be vulnerable to the outcomes of another party based on the expectation that the other will perform a particular action important to the trustor, irrespective of the ability to monitor or control that other party."[1] In simpler terms, trust is the belief that someone is reliable, good, honest and effective. Developing trust can be thought of as "the work before the work," meaning the mutual effort needed to build effective communications and relationships. Without it, other tasks get done less efficiently and effectively. Such trust is critical in situations where programs or organizations are dependent on the behavior and reliability of others for their own outcomes. Trust helps to reduce perceived risk, vulnerability and uncertainty.[2] Trust can also be a sensitive and emotional topic. It is often built slowly and can be eroded rapidly.

Using a tool, such as the one provided by this survey, can help make discussions about trust safer and more productive. The survey is a useful tool to help people explore together their differing expectations and experiences of one another.

MEASURING TRUST

Most instruments used to measure organizational trust have been developed to measure trust within individual organizations. The CJS Collaboration Trust Scale is aimed at measuring trust among partners from different organizations who come together with a common goal. Measuring inter-organizational trust helps quantify the interpersonal needs to predict and understand other people and organizations behavior.[3]

INSTRUCTIONS FOR ADMINISTRATORS

Surveys should be collected anonymously so that respondents feel more comfortable providing honest answers. If the number of participants from each partner organization is sufficiently larger to ensure anonymity then it may be useful to collect organizational identifiable information to assess trust from each partner organization's perspective. Each respondent should rate their level of agreement with each question on the survey using the Likert scale below.

Completely Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Completely Agree
1	2	3	4	5

SCORING

Subsection scores and total overall scores are determined by adding together the scores for items that make up each sub-scale and for the survey overall. Because of the extensive modification to the original trust instrument, this tool should not be considered validated and normative scores are not yet available. However, the consistency of the questions construction from the original instrument should provide reasonable reliability. This tool should be used to look at areas of relative strength and weakness in CJS interagency trust and provide a measurement for detecting change over time with repeated measurement. Scores for each subsection can range from 5–25 for each respondent.

Once data has been collected, ratings can be summed and averaged into a single index of trust. Means can be calculated based on all items in the scale, as well as separately for each dimension. This allows researchers to not only determine the participants' overall trust in their team and/or leader, but also specify which areas of trust are contributing most to the overall trust perceptions.

Items that make up each subsection are listed below.
1. Trust in Partner Knowledge and Skills — 2, 6, 12, 19, 24
2. Trust in Partner Integrity — 4, 9, 14, 18, 22
3. Trust in Partner Investment in Community Well-Being — 5, 7, 11, 16, 21
4. Trust in Partner Behavior (Predictability) — 3, 8, 15, 20, 23
5. Trust in Communication — 1, 10, 13, 17, 25

A scoring sheet is provided at the end of this document.

REFERENCES

1. Mayer, R., Davis, J., & Schoorman, F. (1995). An integrative model of organizational trust. *Academy of Management Review, 20*(3), 709–734.

2. Costa, A. C., Roe, R. A., & Taillieu, T. (2001). Trust Within Teams: The Relation With Performance Effectiveness. *European Journal of Work and Organizational Psychology 10*(3): 225–244.

3. Adams, B. D., Bryant, D. J., & Webb, R. D. G. (2001). *Trust in Teams: Literature Review.* DRDC Toronto Report CR-2001-042. Guelph, Ontario: Humansystems Incorporated.

Portions of this document were adapted from *Trust in Teams and Trust in Leaders Scales* (Adams & Sartori, 2005 & 2008).

Tool: Collaborative Trust Scale

Tool: Collaborative Trust Scale

SECTION 2 — SURVEY

Date of Survey: ▭

Thank you for your cooperation in assessing the current status of the inter-organizational level of trust among the CJS collaborative. The following statements will assess several different dimensions of trust, reliability and communication among CJS partners. This tool can offer a framework to help people think about the kind of partnership they want and what they need to do together to create it. Please take your time and respond to each sentence by circling the answer or number associated with the statement that best describes how much you agree or disagree with the statements.

1.) The collaborative partners share a common vision of the end goal of what working together should accomplish.

Completely Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Completely Agree
1	2	3	4	5

Score Q1: ▭

2.) I have faith in the abilities of my teammates.

Completely Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Completely Agree
1	2	3	4	5

Score Q2: ▭

3.) I know what to expect from my collaborative partners.

Completely Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Completely Agree
1	2	3	4	5

Score Q3: ▭

4.) I can depend on the collaborative partners to be fair.

Completely Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Completely Agree
1	2	3	4	5

Score Q4: ▭

Source: Center for Sharing Public Health Services

5.)   I believe that our collaborative partners have the best interests of our communities and shared issues or concerns in mind.

Completely Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Completely Agree
1	2	3	4	5

Score Q5:

6.)   I have confidence in the abilities of the collaboration leaders.

Completely Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Completely Agree
1	2	3	4	5

Score Q6:

7.)   I have confidence in the motivations of the collaborative partners.

Completely Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Completely Agree
1	2	3	4	5

Score Q7:

8.)   In times of uncertainty, the collaborative partners stick to the plan.

Completely Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Completely Agree
1	2	3	4	5

Score Q8:

9.)   The collaborative partners honor their word.

Completely Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Completely Agree
1	2	3	4	5

Score Q9:

Tool: Collaborative Trust Scale

Source: Center for Sharing Public Health Services

Tool: Collaborative Trust Scale

10.) The collaborative partners are reliable in terms of following through on commitments.

Completely Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Completely Agree
1	2	3	4	5

Score Q10:

11.) The collaborative partners are motivated to protect our common interests.

Completely Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Completely Agree
1	2	3	4	5

Score 11:

12.) The collaboration members are qualified to do their job.

Completely Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Completely Agree
1	2	3	4	5

Score Q12:

13.) The collaborative partners are willing to engage in frank, open and civil discussion (especially when disagreement exists).

Completely Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Completely Agree
1	2	3	4	5

Score Q13:

14.) The collaborative partners keep their promises.

Completely Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Completely Agree
1	2	3	4	5

Score Q14:

Source: Center for Sharing Public Health Services

15.) I usually know how members of the collaboration are going to react.

Completely Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Completely Agree
1	2	3	4	5

Score Q15:

16.) The leaders in this collaborative are genuinely concerned about CJS team members well-being.

Completely Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Completely Agree
1	2	3	4	5

Score Q16:

17.) The collaborative partners are willing to consider a variety of viewpoints and talk together (rather than at each other).

Completely Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Completely Agree
1	2	3	4	5

Score Q17:

18.) The collaborative partners are honest people.

Completely Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Completely Agree
1	2	3	4	5

Score Q18:

19.) The collaboration members and partners communicate well.

Completely Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Completely Agree
1	2	3	4	5

Score Q19:

Tool: Collaborative Trust Scale

Source: Center for Sharing Public Health Services

Tool: Collaborative Trust Scale

20.) The collaboration leaders behave in a consistent manner.

Completely Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Completely Agree
1	2	3	4	5

Score Q20:

21.) The collaborative partners are motivated to protect me as an individual.

Completely Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Completely Agree
1	2	3	4	5

Score Q21:

22.) The collaboration leaders put their words into action.

Completely Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Completely Agree
1	2	3	4	5

Score Q22:

23.) The collaborative partners are reliable.

Completely Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Completely Agree
1	2	3	4	5

Score Q23:

24.) The collaboration members are capable at their jobs.

Completely Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Completely Agree
1	2	3	4	5

Score Q24:

25.) I can communicate with other collaboration members in an open, trusting manner.

Completely Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Completely Agree
1	2	3	4	5

Score Q25:

Source: Center for Sharing Public Health Services

SECTION 3 — SCORING SHEET

Subsections scores and total overall scores are determined by adding together the scores for items that make up each sub-scale and for the survey overall. Scores for each subsection can range from 5– 25 for each respondent. Once data has been collected, ratings can be summed and averaged into a single index of trust. Means can be calculated based on all items in the scale, as well as separately for each dimension.

Trust in Partner Knowledge and Skills					
#2	**#6**	**#12**	**#19**	**#24**	**Subsection Score**
0	0	0	0	0	**0**

Trust in Partner Integrity					
#4	**#9**	**#14**	**#18**	**#22**	**Subsection Score**
0	0	0	0	0	**0**

Trust in Partner Investment in Community Well-Being					
#5	**#7**	**#11**	**#16**	**#21**	**Subsection Score**
0	0	0	0	0	**0**

Trust in Partner Behavior (Predictability)					
#3	**#8**	**#15**	**#20**	**#23**	**Subsection Score**
0	0	0	0	0	**0**

Trust in Communication					
#1	**#10**	**#13**	**#17**	**#25**	**Subsection Score**
0	0	0	0	0	**0**

Total Trust Instrument Score (add all subsection scores) | **0** |

Tool: Collaborative Trust Scale

Comparison Tool – Fiscal, Service & Staff Implications

Tool: Comparison Tool – Fiscal, Service & Staff Implications

	Health Department A	Health Department B	Health Department C	Health Department D	Total	Average
Current Arrangement						
Description of Current Service, include any variables between Health Departments						
Current Population Served by Program						
Units of Service						
Geographic Area (Square Miles)						
Grants, program-generated income, donations and tax levy for program						
Indirect allocation for program ($)						
Total program costs (personnel, operating, capital)						
FTEs for program (direct)						
FTEs (in-kind)						
FTE/Person in Population						
Total cost($)/population						
Total cost ($)/units of service						
Proposed Shared Arrangement						
Proposed Service to be Offered by Shared Arrangement						
Proposed Population to be Served by Shared Arrangement						
Units of Service						
Geographic Area (Square Miles)						
Grants, program-generated income, donations and tax levy for program						
Indirect allocation ($)						
Total costs (personnel, operating, capital)						
FTE for program (direct)						
In-kind for program (FTEs)						
FTE/Person in Population						
Total $/population						
Total $/units of service						

Color Codes
Text Entry
Number Entry
Calculated Field
N/A

Source: Northwoods Shared Services Project, 2014.

Fiscal Lead Tool

Purpose: Local governments are facing the need to provide high quality services and often-higher levels of service in the face of declining or unstable revenue. This challenge may result in organizations deciding to share services, with one agency assuming the role as fiscal agent or fiscal lead. This commitment has several implications and should be carefully considered, ensuring the fiscal lead has the capacity to handle the funds. Here are some items for consideration:

Question	Answer	Comments
Do you have the time to manage the funds?	Yes / No	
Will you have to consider subcontracting/legal considerations?	Yes / No	
What are the reporting requirements (e.g. single audit reporting)?		
Does it fit with mission/vision/strategic plan of the lead agency?	Yes / No	
Are you doing the service anyway (fixed cost is already there)?	Yes / No	
What are the grant guidelines/supplanting definitions?		
How do county/tribal guidelines impact accepting the money (e.g. travel reimbursement)?		
Do county/tribal personnel guidelines allow for travel across county borders?	Yes / No	
Will county/tribal professional liability insurance cover employees providing service in other jurisdictions?	Yes / No	
Do county/tribal administration/board audit guidelines and other financial policies allow you to accept funds from another jurisdiction?	Yes / No	
Does the amount of money or other benefits you are receiving cover overhead and direct expenses?	Yes / No	

Tool: Fiscal Lead Tool

Tool: Fiscal Lead Tool

Question	Answer	Comments
Do you have staff to carry out the responsibilities?	Yes / No	
Would you have to hire?	Yes / No	
Is the policy board supportive of the proposed CJS arrangement?	Yes / No	
Will there be support for the agreement from the county executive and corporation counsel, personnel/human resources, technology and financial departments?	Yes / No	
Is any lack of support likely to be a major obstacle to the success of the agreement?	Yes / No	
Will you be able to get the agreement through the appropriate county/tribal committees of jurisdiction and the county board/tribal council?	Yes / No	
Does the partnership have a written agreement that articulates the fiscal agent role?	Yes / No	
Are there clear expectations among partners of their respective roles and responsibilities?	Yes / No	
Are partners willing to enter into written agreement to articulate what their contribution and support will look like?	Yes / No	
Does the written agreement have an opt-out provision and is the time commitment reasonable?	Yes / No	

Source: Northwoods Shared Services Project, 2014.