

SECTION 1 — GENERAL INFORMATION

Introduction — The purpose of this survey is to gain a more complete understanding of one existing or planned shared service arrangement among a group of public health agency jurisdictions, to assess its utility and assist in planning additional sharing initiatives. This survey should take about 10 minutes.

The survey should be completed by each public health agency involved in the cross-jurisdictional sharing (CJS) agreement of interest. For example, if a group of 12 health departments wish to examine their existing sharing agreement, each of them will complete a survey.

For assistance in setting up an electronic version of the survey or for any other questions, please contact Gianfranco Pezzino at phsharing@khi.org.

Definitions — For the purposes of this survey, we are defining shared services as sharing of resources (such as staffing or equipment or funds) among public health departments on an ongoing basis (or, in the case of mutual aid agreements, on an as-needed basis). In some cases one or more partners may provide resources to support other partners. In other cases, partners may contribute jointly to assure the resources necessary for a shared service. The resources could be shared to support: a) Programs (like a joint WIC or environmental health program); b) Capacity (e.g., a shared epidemiologist in support of several programs); or c) Organizational functions (such as human resources or information technology). The basis for resource sharing as defined here can be formal (a contract or other written agreement) or informal (a mutual understanding or agreement). Another way to look at this is that each employee, project, resource, service, etc. that spans more than one public health agency jurisdiction is considered a shared resource.

What is not included in this definition? District agencies are, by their nature, cross-jurisdictional agencies and their programs will not be considered as shared services. However, if a district agency is providing (or receiving) services in a neighboring jurisdiction that is not within their district, those services would be considered shared. Resources shared among programs in the same jurisdiction, i.e., partnerships among departments in the same jurisdiction, are not considered shared services for the purpose of this survey.

Additional Resources — The Center for Sharing Public Health Services has other assessment tools for public health available on its website. See the complete list of available tools in the last section of this survey.

SECTION 2 — YOUR HEALTH DEPARTMENT AND SHARED SERVICES AGREEMENT

Note: Q2.1 will ask you to choose a project name for your group. **All public health jurisdictions in your group that complete the survey should use EXACTLY the same project name.**

Q2.1: Your project name: _____

Q2.2: Your name: _____

Q2.3: Your job title: _____

Q2.4: Health department: _____

Q2.5: Address: _____

Q2.6: City/town: _____

Q2.7: State: _____

Q2.8: ZIP code: _____

Q2.9: Your email address: _____

Q2.10: Phone number: _____

Q2.11: Please indicate the jurisdiction type that your health department serves.

- Town or township (1)
- City (2)
- County (3)
- Tribe/tribal clinic (4)
- Multi-jurisdictional district (including combined city/county) (5)

SECTION 3 — MOTIVATION FOR CHANGE

Q3.1: What reasons motivated your governance body (e.g., Board of Health) to explore or implement this shared service arrangement? (Please check all that apply.)

- Make better use of resources
- Save money
- Respond to program requirements
- Aid in recruitment of qualified staff
- Provide new services
- Provide better services
- Meet or prepare for voluntary accreditation requirements
- Increase department's credibility in community
- Increase department's independence
- Policymaker interest
- I don't know
- Other (please specify): _____

SECTION 4 — STAGE OF CJS DEVELOPMENT

Q4.1: Which phase best describes the current status of this CJS efforts? (Check only one.)

- Explore** — We are developing a conceptual feasibility study to answer questions such as: Why do we want to consider CJS? What services and capacities would be shared? Who are the partners that should be involved?
- Prepare and Plan** — We are preparing an implementation plan to answer questions such as: What governance options do we want to consider for our CJS initiative? Who will have the authority to make decisions? What is the timeline for implementation? How can we achieve a balance between increased efficiency and effectiveness?
- Implement and Improve** — We are implementing CJS initiatives

SECTION 5 — LEADERSHIP

Q5.1: Roles and responsibilities of cross-jurisdictional sharing partners in this agreement are clearly identified.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

- I Don't Know

Q5.2: A policymaker champion has been identified for this agreement.

- Strongly Agree
 Agree
 Neutral
 Disagree
 Strongly Disagree
 I Don't Know

SECTION 6 — GOVERNANCE

Q6.1: Who was involved in the development of this shared service arrangement? (Check all that apply)

- Health officer (1)
 Human services director (2)
 City attorney (3)
 County attorney (4)
 Tribal attorney (5)
 Private attorney/counsel (6)
 Elected officials (county, city, tribal) (7)
 County administrator (8)
 City administrator (9)
 Community partners (10)
 Local board of health (11)
 State board of health (12)
 State health department (13)
 Don't know (14)
 Other (please specify) (15) _____

Q6.2: In this sharing arrangement: (Check all that apply)

- My department has primary responsibility for this agreement (1)
 My department provides functions or services for another health department's jurisdiction (2)
 Another health department provides functions or services for our jurisdiction (3)
 Our health department shares a staff person with another health department (4)
 Our health department shares equipment with another health department (5)
 Other (please specify) (6) _____

Q6.3: Please name the other health department(s) engaged with you in this service sharing arrangement. Please list partner department and a contact person.

Q6.4: Do you have a formal agreement among policymaking bodies to govern this cross-jurisdictional sharing arrangement?

- Yes
- No

If YES: Continue to Q6.4.A.

Q6.4.A: If yes, please indicate the nature of the written document(s). (Please check all that apply.)

- Contract
- Memorandum of understanding
- Joint powers agreement
- Mutual aid agreement
- Agreement to provide surge capacity
- Board resolution or meeting minutes
- Written agreement, but unsure how to classify
- Other (please specify): _____

SECTION 7 — AREAS FOR SHARING

Q7.1: What are the areas covered by your agreement? (Please check all that apply.)

- Emergency preparedness
- Epidemiology or surveillance
- Physician and nursing services
- Communicable disease screening or treatment
- Maternal and child health services
- Population-based primary prevention programs
- Inspection, permit, or licensing
- Environmental health programs (other than inspection, permit, or licensing)
- Community health assessment
- Strategic planning
- Administrative, planning, and support services

- Laboratory services
- Other (please specify): _____
- We have not identified a specific area for CJS yet

Q7.2: Please indicate the year (approximate if you are not certain of exact year) that this shared service arrangement began.

- Before 1995
- 1995 – 2000 (1)
- 2001 – 2005 (2)
- 2006 – 2010 (3)
- After 2010 (4)
- Don't know (5)

Q7.3: Please indicate the date (approximate if you are not certain of exact date) that this shared service arrangement expires.

- 2014 (2)
- 2015 (3)
- 2016 (4)
- 2017 or beyond (5)
- No expiration date has been determined (6)
- Don't know (7)

Q7.4: Was the planning and development of this shared agreement funded through a dedicated funding stream?

- Yes
- No
- Don't know

If YES: Continue to Q7.4.A.

Q7.4.A: What was the source of funding?

Q7.4.B: What was the total amount of the initial funding?

Q7.4.C: How long was (or is) the initial funding available?

- Less than 1 year (1)
- 1–3 years (2)
- More than 3 years (3)

SECTION 8 — EVALUATION

Q8.1: Please briefly describe whether, in your experience, this shared service arrangement is accomplishing/has accomplished what your department hoped it would? (e.g., If you indicated in section 3 above that an arrangement was created in part to save money, has it saved money? If you intended to increase program capacity, has that been achieved?)

Q8.2: Does your department have any process in place for reviewing or evaluating this shared service arrangement?

- Yes (1)
- No (2)
- Do not know (3)

Q8.3: In your opinion, has this sharing agreement been successful in:

	YES	NO	DO NOT KNOW
Improving or expanding public health services			
Saving money or improving efficient use of resources			
Establishing a sustainable sharing model			
Fostering progress towards accreditation readiness			

SECTION 9 — CLOSING

Q9.1: Do you have any other comments regarding service sharing among health departments?

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SECTION 10 — ADDITIONAL RESOURCES

Assessment Tools for Public Health — The Center for Sharing Public Health Services has other assessment tools for public health available on its website. See the complete list of available tools in the last section of this survey.

Existing Services — A self-administered survey designed to gain a more complete understanding of existing public health services offered by a public health agency. (Publication Number: CSPHS/06-V1)

Existing CJS Arrangements: Abbreviated Survey — A self-administered survey designed to allow potential CJS partners with an overview of existing shared service arrangements among potential partners. (Publication Number: CSPHS/07-V1)

Existing CJS Arrangements: Detailed Survey — A self-administered survey designed to allow potential CJS partners a detailed and specific understanding of existing shared service arrangements among potential partners. (Publication Number: CSPHS/08-V1)