

SECTION 1 — GENERAL INFORMATION

Introduction — The purpose of this survey is to gain a more complete understanding of existing shared service arrangements among a group of public health agency jurisdictions as a management strategy to provide essential public health services in those jurisdictions. Having a complete list of agreements, their purposes, and their characteristics may provide helpful information to assess their current utility and to plan additional sharing initiatives. This survey should take about 30 minutes (depending on how many shared services are listed).

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

The survey is easier to administer and analyze if it is done electronically. 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 project, 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

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)

Q2.12: How many people live in this jurisdiction?

Q2.13: What is the geographic size of this jurisdiction (in square miles)?

Q2.14: What is the number of FTEs in the health department (including independent contractors if they support the department on an ongoing basis as "staff extensions")?

SECTION 3 — YOUR GOVERNING BODY AND SHARED SERVICES

Q3.1: Has the extent to which your department shares services with other health departments changed in the past two years?

- ☐ No change because we were not and are not engaged in a service sharing arrangement (1)
- ☐ No change because we are sharing services to the same extent (2)
- ☐ Sharing to a greater extent than before (3)
- ☐ Sharing to a lesser extent than before (4)

Q3.2: Comments on previous question:

Q3.3: To what extent does your health department's governing body (e.g., city council or county board, board of health, or similar structure) approve arrangements to share services with other local or tribal health departments? (For the purpose of this survey, a governing body is the governmental entity that has the primary statutory or legal responsibility to promote and protect the public's health and prevent disease in humans.)

- ☐ Governing bodies never approve arrangements (1)
- ☐ Governing bodies approve some arrangements (2)
- ☐ Governing bodies approve all arrangements (3)
- ☐ Do not know (4)

Q3.4: What role(s) do elected officials play in arrangements to share services with other local or tribal health departments? (Check all that apply.)

- ☐ Decision maker (1)
- ☐ Oversight (2)
- ☐ Advisor (3)
- ☐ Serves on governing body (4)
- ☐ No role (5)
- ☐ Unknown (6)
- ☐ Other (please specify) (7)

Q3.5: Has your health department's governing body (e.g., city council or county board, board of health, or similar structure) discussed in the past two years, or is it currently discussing, the potential for DISCONTINUING a shared services arrangement? (If yes, please explain in the comment section)

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

Q3.6: Comments on previous question:

Q3.7: Has your health department's governing body (e.g., city council or county board, board of health, or similar structure) discussed in the past two years, or is it currently discussing, the potential for CREATION of a shared services arrangement? (If yes, please explain in the comment section)

- ☐ Yes (1)
- ☐ No (2) (Skip to Section 4 — Legal Issues)
- ☐ Do not know (3)

Q3.8: Comments on previous question:

If "Yes" to Q3.7 is selected

Q3.7.A: You indicated that your health department's governing body has discussed or is currently discussing a potential shared service arrangement. What reasons were/are being given for considering the arrangement? (Check all that apply.)

- ☐ To make better use of resources (1)
- ☐ To save money (2)
- ☐ To respond to program requirements (3)
- ☐ To aid in recruitment of qualified staff (4)
- ☐ To provide new services (5)
- ☐ To provide better services (6)
- ☐ To meet national voluntary accreditation standards (7)
- ☐ To increase our department's credibility within the community (8)
- ☐ To support our department's independence (9)
- ☐ Do not know (10)
- ☐ Other (please specify) (11)

SECTION 4 — LEGAL ISSUES

Q4.1: Are you aware of any statutes, rules, laws, codes, ordinances or regulations that AUTHORIZE or PERMIT sharing of services, supplies, equipment, personnel or other resources?

- ☐ Yes (1)
- ☐ No (2) (Skip to Q4.2)

If “Yes” to Q4.1 is selected

Q4.1.A: Please indicate the types of statutes, rules, laws, codes, ordinances or regulations you are aware of that AUTHORIZE or PERMIT sharing of services, supplies, equipment, personnel or other resources. (Check all that apply. If you have a specific example(s) to share, please do so in the comment section.)

- ☐ State level statutes or regulations (1)
- ☐ Local laws, ordinances or regulations (2)
- ☐ Tribal laws, codes, ordinances or regulations (3)
- ☐ Other (4)
- ☐ Do not know (5)

Q4.1.B: Comments on previous question:

Q4.2: Are you aware of any statutes, rules, laws, codes, ordinances or regulations that PROHIBIT or IMPEDE sharing of services, supplies, equipment, personnel or other resources?

- ☐ Yes (1)
- ☐ No (2) (Skip to Section 5 — Current Shared Services)

If “Yes” to Q4.2 is selected

Q4.2.A: Please indicate the types of statutes, rules, laws, codes, ordinances or regulations you are aware of that PROHIBIT or IMPEDE sharing of services, supplies, equipment, personnel or other resources. (Check all that apply. If you have a specific example(s) to share, please do so under "Comments".)

- ☐ State level statutes or regulations (1)
- ☐ Local laws, ordinances or regulations (2)
- ☐ Tribal laws, codes, ordinances or regulations (3)
- ☐ Other (4)

☐ Do not know (5)

Q4.2.B: Comments on previous question:

SECTION 5 — CURRENT SHARED SERVICES

This section focuses on the current status of service sharing in your health department. As a reminder — the purpose of this survey, shared services are defined as sharing of resources (such as staffing, equipment or funds) with OTHER LOCAL OR TRIBAL HEALTH DEPARTMENTS on an ONGOING basis (or, in the case of mutual aid agreements, on an as-needed basis). See Section 1 for details.

Q5: For which programmatic areas or organizational functions does your health department share resources? Check all that apply.

- ☐ Emergency preparedness (1): If checked, complete *Sub-Section 5.1 — Preparedness* (page 8)
- ☐ Epidemiology or surveillance (2): If checked, complete *Sub-Section 5.2 — Epidemiology* (page 11)
- ☐ Physician and nursing services (3): If checked, complete *Sub-Section 5.3 — Physician and nursing services* (page 16)
- ☐ Communicable disease screening or treatment (4): If checked, complete *Sub-Section 5.4 — Communicable disease screening or treatment* (page 20)
- ☐ Chronic disease screening or treatment (5): If checked, complete *Sub-Section 5.5 — Chronic disease screening or treatment* (page 24)
- ☐ Maternal and child health services (6): If checked, complete *Sub-Section 5.6 — Maternal and child health services* (page 28)
- ☐ Population-based primary prevention programs (7): If checked, complete *Sub-Section 5.7 — Prevention* (page 32)
- ☐ Inspection, permit or licensing (8): If checked, complete *Sub-Section 5.8 — Licensing* (page 37)
- ☐ Environmental health programs other than inspection, permit or licensing (9): If checked, complete *Sub-Section 5.9 — Environment* (page 41)
- ☐ Community health assessment (10): If checked, complete *Sub-Section 5.10 — Community health assessment* (page 45)
- ☐ Administrative, planning and support services (11): If checked, complete *Sub-Section 5.11 — Administration* (page 49)
- ☐ Laboratory services (12): If checked, complete *Sub-Section 5.12 — Laboratory* (page 53)
- ☐ Other (please specify) (13):

Sub-Section 5.1 — Preparedness

Q5.1.1: What functions of emergency preparedness are shared? (Check all that apply.)

- ☐ Medical Reserve Corps (1)
- ☐ Citizens Corps (2)
- ☐ General emergency preparedness and planning (3)
- ☐ Others (please specify) (4)

Q5.1.2: In the emergency preparedness 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)

Q5.1.3: Please name the other health department(s) engaged with you in this service sharing arrangement. Please list partner department and a contact person.

Q5.1.4: What were the motivations for creating this shared service arrangement? (Check all that apply.)

- ☐ To make better use of resources (1)
- ☐ To save money (2)
- ☐ To respond to program requirements (3)
- ☐ To respond to legal requirements (e.g., from state legislature or courts) (4)
- ☐ To aid in recruitment of qualified staff (5)
- ☐ To provide new services (6)
- ☐ To provide better services (7)
- ☐ To meet national voluntary accreditation standards (8)
- ☐ To support or increase the level of our department status per Chapter 140 (9)
- ☐ To increase our department's credibility within the community (10)
- ☐ To support our department's independence (11)
- ☐ Do not know (12)
- ☐ Other (please specify) (13)

Q5.1.5: Please briefly describe whether, in your experience, this shared service arrangement has accomplished what your department hoped it would? (e.g., If you indicated in the question 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?)

Q5.1.6: Who was involved in the development of this shared service arrangement? (Check all that apply.)

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

Q5.1.7: 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)

Q5.1.8: 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)

Q5.1.9: Does your department have any process in place for reviewing or evaluating this shared service arrangement?

- ☐ Yes (1)
- ☐ No (2) (Skip to Q5.1.10)
- ☐ Do not know (3)

If "Yes" to Q5.1.9 is selected

Q5.1.9.A: Briefly describe how you evaluate or review this shared service arrangement.

Q5.1.10: Do the participating health departments have a written agreement for this service sharing arrangement?

- ☐ Yes (1)
- ☐ No (2) (Skip to Q5.1.11)

If "Yes" to Q5.1.10 is selected

Q5.1.10.A: Please indicate the nature of the written document(s).

- ☐ Contract (i.e. a binding agreement between two or more parties) (1)
- ☐ Memorandum of understanding or memorandum of agreement (2)
- ☐ Mutual aid agreement (i.e. an agreement among emergency responders to lend assistance across jurisdictional boundaries) (3)

- ☐ Agreement to provide surge capacity different from mutual aid agreement (as in Domain 2 of PHAB standards) (4) Written agreement but unsure how to classify (5)
- ☐ Other (please specify) (6)

Q5.1.11: Was the planning and development of this shared approach funded through a dedicated funding stream?

- ☐ Yes (1)
- ☐ No (2) (Skip to sub-section 5.2 — Epidemiology)
- ☐ Don't know (3)

If "Yes" to Q5.1.11 is selected

Q5.1.11.A: If planning and development was funded, HOW was it funded?

Q5.1.11.B: What was the total amount of the initial funding?

Q5.1.11.C: How long was the initial funding available?

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

Sub-Section 5.2 — Epidemiology or Surveillance

Q5.2.1: What functions of epidemiology or surveillance are shared? (Check all that apply.)

- ☐ Epidemiologic services for outbreak and trend analysis (1)
- ☐ Local disease investigation (2)
- ☐ Laboratory services (3)
- ☐ Others (please specify) (4)

Q5.2.2: In the epidemiology or surveillance 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)

Q5.2.3: Please name the other health department(s) engaged with you in this service sharing arrangement. Please list partner department and a contact person.

Q5.2.4: What were the motivations for creating this shared service arrangement? (Check all that apply.)

- ☐ To make better use of resources (1)
- ☐ To save money (2)
- ☐ To respond to program requirements (3)
- ☐ To respond to legal requirements (e.g., from state legislature or courts) (4)
- ☐ To aid in recruitment of qualified staff (5)
- ☐ To provide new services (6)
- ☐ To provide better services (7)
- ☐ To meet national voluntary accreditation standards (8)
- ☐ To support or increase the level of our department status per Chapter 140 (9)
- ☐ To increase our department's credibility within the community (10)
- ☐ To support our department's independence (11)
- ☐ Do not know (12)
- ☐ Other (please specify) (13)

Q5.2.5: Please briefly describe whether, in your experience, this shared service arrangement has accomplished what your department hoped it would? (e.g., If you indicated in the question 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?)

Q5.2.6: Who was involved in development of this shared service arrangement? (Check all that apply.)

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

Q5.2.7: 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)

Q5.2.8: 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)

Q5.2.9: Does your department have any process in place for reviewing or evaluating this shared service arrangement?

- ☐ Yes (1)
- ☐ No (2) (Skip to Q5.2.10)
- ☐ Do not know (3)
- ☐ Comments (please specify) (4)

If “Yes” to Q5.2.9 is selected

Q5.2.9.A: Briefly describe how you evaluate or review this shared service arrangement.

Q5.2.10: Do the participating health departments have a written agreement for this service sharing arrangement?

- ☐ Yes (1)
- ☐ No (2) (Skip to Q5.2.11)
- ☐ Comments (please specify) (3)

Answer "Yes" to Q5.2.10 is selected

Q5.2.10.A: Please indicate the nature of the written document(s):

- ☐ Contract (i.e. a binding agreement between two or more parties) (1)
- ☐ Memorandum of understanding or memorandum of agreement (2)
- ☐ Mutual aid agreement (i.e. an agreement among emergency responders to lend assistance across jurisdictional boundaries) (3)
- ☐ Agreement to provide surge capacity different from mutual aid agreement (as in Domain 2 of PHAB standards) (4)
- ☐ Written agreement but unsure how to classify (5)
- ☐ Other (please specify) (6)

Q5.2.11: Was the planning and development of this shared approach funded through a dedicated funding stream?

- ☐ Yes (1)
- ☐ No (2) (Skip to sub-section 5.3— Physician and Nursing)
- ☐ Don't know (3)
- ☐ Comments (please specify) (4)

Answer if "Yes" to Q5.2.11 is selected

Q5.2.11.A: If planning and development was funded, HOW was it funded?

Q5.2.11.B: What was the total amount of the initial funding?

Q5.2.11.C: How long was the initial funding available?

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

Sub-Section 5.3 — Physician and Nursing Services

Q5.3.1: What functions of physician and nursing services are shared? (Check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> Childhood immunizations (1) | <input type="checkbox"/> Breast/cervical cancer screening (10) |
| <input type="checkbox"/> Travel immunizations (2) | <input type="checkbox"/> Infant home visiting (11) |
| <input type="checkbox"/> Local disease investigation (3) | <input type="checkbox"/> Blood pressure screening (12) |
| <input type="checkbox"/> STD testing and treatment (4) | <input type="checkbox"/> Lead screening (13) |
| <input type="checkbox"/> HIV testing (5) | <input type="checkbox"/> Primary medical care (14) |
| <input type="checkbox"/> Tuberculosis screening and treatment (6) | <input type="checkbox"/> School nursing (15) |
| <input type="checkbox"/> Vision/hearing (7) | <input type="checkbox"/> Laboratory services (16) |
| <input type="checkbox"/> Prenatal care (8) | <input type="checkbox"/> Others (please specify) (17) |
| <input type="checkbox"/> Family planning (9) | |

Q5.3.2: In the physician and nursing services 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)

Q5.3.3: Please name the other health department(s) engaged with you in this service sharing arrangement. Please list partner department and a contact person.

Q5.3.4: What were the motivations for creating this shared service arrangement? (Check all that apply.)

- ☐ To make better use of resources (1)
- ☐ To save money (2)
- ☐ To respond to program requirements (3)
- ☐ To respond to legal requirements (e.g., from state legislature or courts) (4)
- ☐ To aid in recruitment of qualified staff (5)
- ☐ To provide new services (6)
- ☐ To provide better services (7)
- ☐ To meet national voluntary accreditation standards (8)
- ☐ To support or increase the level of our department status per Chapter 140 (9)
- ☐ To increase our department's credibility within the community (10)
- ☐ To support our department's independence (11)
- ☐ Do not know (12)
- ☐ Other (please specify) (13)

Q5.3.5: Please briefly describe whether, in your experience, this shared service arrangement has accomplished what your department hoped it would? (e.g., If you indicated in the question 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?)

Q5.3.6: Who was involved in development of this shared service arrangement? (Check all that apply.)

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

Q5.3.7: 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)

Q5.3.8: 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)

Q5.3.9: Does your department have any process in place for reviewing or evaluating this shared service arrangement?

- ☐ Yes (1)
- ☐ No (2) Skip to Q5.3.10
- ☐ Do not know (3)
- ☐ Comments (please specify) (4)

If “Yes” to Q5.3.9 is selected

Q5.3.9.A: Briefly describe how you evaluate or review this shared service arrangement.

Q5.3.10: Do the participating health departments have a written agreement for this service sharing arrangement?

- ☐ Yes (1)
- ☐ No (2) (Skip to Q5.3.11)
- ☐ Comments (please specify) (3)

Answer “Yes” to Q5.3.10 is selected

Q5.3.10.A: Please indicate the nature of the written document(s):

- ☐ Contract (i.e. a binding agreement between two or more parties) (1)
- ☐ Memorandum of understanding or memorandum of agreement (2)
- ☐ Mutual aid agreement (i.e. an agreement among emergency responders to lend assistance across jurisdictional boundaries) (3)
- ☐ Agreement to provide surge capacity different from mutual aid agreement (as in Domain 2 of PHAB standards) (4)
- ☐ Written agreement but unsure how to classify (5)
- ☐ Other (please specify) (6)

Q5.3.11: Was the planning and development of this shared approach funded through a dedicated funding stream?

- ☐ Yes (1)
- ☐ No (2) (Skip to Sub-Section 5.4 — Communicable Disease Screening or Treatment)
- ☐ Don’t know (3)
- ☐ Comments (please specify) (4)

If Answer is Yes to Q5.3.11

Q5.3.11.A: If planning and development was funded, HOW was it funded?

Q5.3.11.B: What was the total amount of the initial funding?

Q5.3.11.C: How long was the initial funding available?

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

Sub-Section 5.4 — Communicable Disease Screening or Treatment

Q5.4.1: What functions of communicable disease screening or treatment are shared? (Check all that apply.)

- ☐ Local disease investigation (1)
- ☐ STD testing and treatment (2)
- ☐ HIV testing (3)
- ☐ Tuberculosis screening and treatment (4)
- ☐ Laboratory services (5)
- ☐ Epidemiologic services for outbreaks and trend analysis (6)
- ☐ Others (please specify) (7)

Q5.4.2: In the communicable disease screening or treatment 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)

Q5.4.3: Please name the other health department(s) engaged with you in this service sharing arrangement. Please list partner department and a contact person.

Q5.4.4: What were the motivations for creating this shared service arrangement? (Check all that apply.)

- ☐ To make better use of resources (1)
- ☐ To save money (2)
- ☐ To respond to program requirements (3)
- ☐ To respond to legal requirements (e.g., from state legislature or courts) (4)
- ☐ To aid in recruitment of qualified staff (5)
- ☐ To provide new services (6)
- ☐ To provide better services (7)
- ☐ To meet national voluntary accreditation standards (8)
- ☐ To support or increase the level of our department status per Chapter 140 (9)
- ☐ To increase our department's credibility within the community (10)
- ☐ To support our department's independence (11)
- ☐ Do not know (12)
- ☐ Other (please specify) (13)

Q5.4.5: Please briefly describe whether, in your experience, this shared service arrangement has accomplished what your department hoped it would? (e.g., If you indicated in the question 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?)

Q5.4.6: Who was involved in development of this shared service arrangement? (Check all that apply.)

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

Q5.4.7: Please indicate the year (approximate if you are not certain of exact year) that this shared service arrangement began.

- | | |
|--|--|
| <input type="checkbox"/> 1995 – 2000 (1) | <input type="checkbox"/> 2010 (7) |
| <input type="checkbox"/> 2001 – 2005 (2) | <input type="checkbox"/> 2011 (8) |
| <input type="checkbox"/> 2006 (3) | <input type="checkbox"/> 2012 (9) |
| <input type="checkbox"/> 2007 (4) | <input type="checkbox"/> 2013 (10) |
| <input type="checkbox"/> 2008 (5) | <input type="checkbox"/> Don't know (11) |
| <input type="checkbox"/> 2009 (6) | |

Q5.4.8: Please indicate the date (approximate if you are not certain of exact date) that this shared service arrangement expires.

- ☐ 2013 (1)
- ☐ 2014 (2)
- ☐ 2015 (3)
- ☐ 2016 (4)
- ☐ 2017 or beyond (5)
- ☐ No expiration date has been determined (6)
- ☐ Don't know (7)

Q5.4.9: Does your department have any process in place for reviewing or evaluating this shared service arrangement?

- ☐ Yes (1)
- ☐ No (2) (Skip to Q5.4.10)
- ☐ Do not know (3)
- ☐ Comments (please specify) (4)

If “Yes” to Q5.4.9 is selected

Q5.4.9.A: Briefly describe how you evaluate or review this shared service arrangement.

Q5.4.10: Do the participating health departments have a written agreement for this service sharing arrangement?

- ☐ Yes (1)
- ☐ No (2) (Skip to Q5.4.11)
- ☐ Comments (please specify) (3)

Answer "Yes" to Q5.4.10 is selected

Q5.4.10.A: Please indicate the nature of the written document(s):

- ☐ Contract (i.e. a binding agreement between two or more parties) (1)
- ☐ Memorandum of understanding or memorandum of agreement (2)
- ☐ Mutual aid agreement (i.e. an agreement among emergency responders to lend assistance across jurisdictional boundaries) (3)
- ☐ Agreement to provide surge capacity different from mutual aid agreement (as in Domain 2 of PHAB standards) (4)
- ☐ Written agreement but unsure how to classify (5)
- ☐ Other (please specify) (6)

Q5.4.11: Was the planning and development of this shared approach funded through a dedicated funding stream?

- ☐ Yes (1)
- ☐ No (2) (Skip to Sub-Section 5.5 — Chronic Disease Screening or Treatment)
- ☐ Don't know (3)
- ☐ Comments (please specify) (4)

If “Yes” to Q5.4.11 is selected

Q5.4.11.A: If planning and development was funded, HOW was it funded?

Q5.4.11.B: What was the total amount of the initial funding?

Q5.4.11.C: How long was the initial funding available?

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

Sub-Section 5.5 — **Chronic Disease Screening or Treatment**

Q5.5.1: What functions of chronic disease screening or treatment are shared? (Check all that apply.)

- ☐ Chronic disease reduction (1)
- ☐ Corporate wellness program (2)
- ☐ General health education (3)
- ☐ Breast/cervical cancer screening (4)
- ☐ Blood pressure screening (5)
- ☐ Lead screening (6)
- ☐ Diabetes prevention and treatment (7)
- ☐ Cardiovascular disease prevention and treatment (8)
- ☐ Others (please specify) (9)

Q5.5.2: In the chronic disease screening or treatment 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)

Q5.5.3: Please name the other health department(s) engaged with you in this service sharing arrangement. Please list partner department and a contact person.

Q5.5.4: What were the motivations for creating this shared service arrangement? (Check all that apply.)

- ☐ To make better use of resources (1)
- ☐ To save money (2)
- ☐ To respond to program requirements (3)
- ☐ To respond to legal requirements (e.g., from state legislature or courts) (4)
- ☐ To aid in recruitment of qualified staff (5)
- ☐ To provide new services (6)
- ☐ To provide better services (7)
- ☐ To meet national voluntary accreditation standards (8)
- ☐ To support or increase the level of our department status per Chapter 140 (9)
- ☐ To increase our department's credibility within the community (10)
- ☐ To support our department's independence (11)
- ☐ Do not know (12)
- ☐ Other (please specify) (13) _____

Q5.5.5: Please briefly describe whether, in your experience, this shared service arrangement has accomplished what your department hoped it would? (e.g., If you indicated in the question 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?)

Q5.5.6: Who was involved in development of this shared service arrangement? (Check all that apply.)

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

Q5.5.7: Please indicate the year (approximate if you are not certain of exact year) that this shared service arrangement began.

- | | |
|--|--|
| <input type="checkbox"/> 1995 – 2000 (1) | <input type="checkbox"/> 2010 (7) |
| <input type="checkbox"/> 2001 – 2005 (2) | <input type="checkbox"/> 2011 (8) |
| <input type="checkbox"/> 2006 (3) | <input type="checkbox"/> 2012 (9) |
| <input type="checkbox"/> 2007 (4) | <input type="checkbox"/> 2013 (10) |
| <input type="checkbox"/> 2008 (5) | <input type="checkbox"/> Don't know (11) |
| <input type="checkbox"/> 2009(6) | |

Q5.5.8: Please indicate the date (approximate if you are not certain of exact date) that this shared service arrangement expires.

- ☐ 2013 (1)
- ☐ 2014 (2)
- ☐ 2015 (3)
- ☐ 2016 (4)
- ☐ 2017 or beyond (5)
- ☐ No expiration date has been determined (6)
- ☐ Don't know (7)

Q5.5.9: Does your department have any process in place for reviewing or evaluating this shared service arrangement?

- ☐ Yes (1)
- ☐ No (2) (Skip to Q5.5.10)
- ☐ Do not know (3)
- ☐ Comments (please specify) (4)

If “Yes” to Q5.5.9 is selected

Q5.5.9.A: Briefly describe how you evaluate or review this shared service arrangement.

Q5.5.10: Do the participating health departments have a written agreement for this service sharing arrangement?

- ☐ Yes (1)
- ☐ No (2) (Skip to Q5.5.11)
- ☐ Comments (please specify) (3)

Answer “Yes” to Q5.5.10 is selected

Q5.5.10.A: Please indicate the nature of the written document(s):

- ☐ Contract (i.e. a binding agreement between two or more parties) (1)
- ☐ Memorandum of understanding or memorandum of agreement (2)
- ☐ Mutual aid agreement (i.e. an agreement among emergency responders to lend assistance across jurisdictional boundaries) (3)
- ☐ Agreement to provide surge capacity different from mutual aid agreement (as in Domain 2 of PHAB standards) (4)
- ☐ Written agreement but unsure how to classify (5)
- ☐ Other (please specify) (6)

Q5.5.11: Was the planning and development of this shared approach funded through a dedicated funding stream?

- ☐ Yes (1)
- ☐ No (2) (Skip to sub-section 5.6 — Maternal and Child Health Services)
- ☐ Don’t know (3)
- ☐ Comments (please specify) (4)

Answer “Yes” to Q5.5.11 is selected

Q5.5.11.A: If planning and development was funded, HOW was it funded?

Q5.5.11.B: What was the total amount of the initial funding?

Q5.5.11.C: How long was the initial funding available?

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

Sub-Section 5.6 — Maternal and Child Health Services

Q5.6.1: What functions of maternal and child health services are shared? (Check all that apply.)

- ☐ Childhood immunizations (1)
- ☐ Prenatal care (2)
- ☐ Family planning (3)
- ☐ Infant home visiting (4)
- ☐ WIC (5)
- ☐ Lead screening (6)
- ☐ Others (please specify) (7) _____

Q5.6.2: In the maternal and child health services 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)

Q5.6.3: Please name the other health department(s) engaged with you in this service sharing arrangement. Please list partner department and a contact person.

Q5.6.4: What were the motivations for creating this shared service arrangement? (Check all that apply.)

- ☐ To make better use of resources (1)
- ☐ To save money (2)
- ☐ To respond to program requirements (3)
- ☐ To respond to legal requirements (e.g., from state legislature or courts) (4)
- ☐ To aid in recruitment of qualified staff (5)
- ☐ To provide new services (6)
- ☐ To provide better services (7)
- ☐ To meet national voluntary accreditation standards (8)
- ☐ To support or increase the level of our department status per Chapter 140 (9)
- ☐ To increase our department's credibility within the community (10)
- ☐ To support our department's independence (11)
- ☐ Do not know (12)
- ☐ Other (please specify) (13)

Q5.6.5: Please briefly describe whether, in your experience, this shared service arrangement has accomplished what your department hoped it would? (e.g., If you indicated in the question 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?)

Q5.6.6: Who was involved in development of this shared service arrangement? (Check all that apply.)

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

Q5.6.7: Please indicate the year (approximate if you are not certain of exact year) that this shared service arrangement began.

- | | |
|--|--|
| <input type="checkbox"/> 1995 – 2000 (1) | <input type="checkbox"/> 2009 (6) |
| <input type="checkbox"/> 2001 – 2005 (2) | <input type="checkbox"/> 2010 (7) |
| <input type="checkbox"/> 2006 (3) | <input type="checkbox"/> 2011 (8) |
| <input type="checkbox"/> 2007 (4) | <input type="checkbox"/> 2012 (9) |
| <input checked="" type="checkbox"/> 2008 (5) | <input type="checkbox"/> 2013 (10) |
| | <input type="checkbox"/> Don't know (11) |

Q5.6.8: Please indicate the date (approximate if you are not certain of exact date) that this shared service arrangement expires.

- | | |
|-----------------------------------|---|
| <input type="checkbox"/> 2013 (1) | <input type="checkbox"/> 2017 or beyond (5) |
| <input type="checkbox"/> 2014 (2) | <input type="checkbox"/> No expiration date has been determined (6) |
| <input type="checkbox"/> 2015 (3) | <input type="checkbox"/> Don't know (7) |
| <input type="checkbox"/> 2016 (4) | |

Q5.6.9: Does your department have any process in place for reviewing or evaluating this shared service arrangement?

- ☐ Yes (1)
- ☐ No (2) (Skip to 5.6.10)
- ☐ Do not know (3)
- ☐ Comments (please specify) 4)

If "Yes" to Q5.6.9 is selected

Q5.6.9.A: Briefly describe how you evaluate or review this shared service arrangement.

Q5.6.10: Do the participating health departments have a written agreement for this service sharing arrangement?

- ☐ Yes (1)
- ☐ No (2) (Skip to 5.6.11)
- ☐ Comments (please specify) (3)

Answer “Yes” to Q5.6.10 is selected

Q5.6.10.A: Please indicate the nature of the written document(s):

- ☐ Contract (i.e. a binding agreement between two or more parties) (1)
- ☐ Memorandum of understanding or memorandum of agreement (2)
- ☐ Mutual aid agreement (i.e. an agreement among emergency responders to lend assistance across jurisdictional boundaries) (3)
- ☐ Agreement to provide surge capacity different from mutual aid agreement (as in Domain 2 of PHAB standards) (4)
- ☐ Written agreement but unsure how to classify (5)
- ☐ Other (please specify) (6)

Q5.6.11: Was the planning and development of this shared approach funded through a dedicated funding stream?

- ☐ Yes (1)
- ☐ No (2) (Skip to Sub-Section 5.7 — Prevention)
- ☐ Don’t know (3)
- ☐ Comments (please specify) (4)

Answer “Yes” to Q5.6.11 is selected

Q5.6.11.A: If planning and development was funded, HOW was it funded?

Q5.6.11.B: What was the total amount of the initial funding?

Q5.6.11.C: How long was the initial funding available?

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

Sub-Section 5.7 — Prevention

Q5.7.1: What functions of population-based primary prevention programs are shared? (Check all that apply.)

- ☐ Chronic disease reduction (1)
- ☐ General health education (2)
- ☐ Blood pressure screening (3)
- ☐ Diabetes prevention and treatment (4)
- ☐ Cardiovascular disease prevention and treatment (5)
- ☐ Injury prevention (6)
- ☐ Car seats (7)
- ☐ Traffic safety (8)
- ☐ Others (please specify) (9)

Q5.7.2: In the population-based primary prevention programs 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)

Q5.7.3: Please name the other health department(s) engaged with you in this service sharing arrangement. Please list partner department and a contact person.

Q5.7.4: What were the motivations for creating this shared service arrangement? (Check all that apply.)

- ☐ To make better use of resources (1)
- ☐ To save money (2)
- ☐ To respond to program requirements (3)
- ☐ To respond to legal requirements (e.g., from state legislature or courts) (4)
- ☐ To aid in recruitment of qualified staff (5)
- ☐ To provide new services (6)
- ☐ To provide better services (7)
- ☐ To meet national voluntary accreditation standards (8)
- ☐ To support or increase the level of our department status per Chapter 140 (9)
- ☐ To increase our department's credibility within the community (10)
- ☐ To support our department's independence (11)
- ☐ Do not know (12)
- ☐ Other (please specify) (13)

Q5.7.5: Please briefly describe whether, in your experience, this shared service arrangement has accomplished what your department hoped it would? (e.g., If you indicated in the question 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?)

Q5.7.6: Who was involved in development of this shared service arrangement? (Check all that apply.)

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

Q5.7.7: Please indicate the year (approximate if you are not certain of exact year) that this shared service arrangement began.

- | | |
|--|--|
| <input type="checkbox"/> 1995 – 2000 (1) | <input type="checkbox"/> 2009 (6) |
| <input type="checkbox"/> 2001 – 2005 (2) | <input type="checkbox"/> 2010 (7) |
| <input type="checkbox"/> 2006 (3) | <input type="checkbox"/> 2011 (8) |
| <input type="checkbox"/> 2007 (4) | <input type="checkbox"/> 2012 (9) |
| <input type="checkbox"/> 2008 (5) | <input type="checkbox"/> 2013 (10) |
| <input type="checkbox"/> 2009 (6) | <input type="checkbox"/> Don't know (11) |

Q5.7.8: Please indicate the date (approximate if you are not certain of exact date) that this shared service arrangement expires.

- ☐ 2013 (1)
- ☐ 2014 (2)
- ☐ 2015 (3)
- ☐ 2016 (4)
- ☐ 2017 or beyond (5)
- ☐ No expiration date has been determined (6)
- ☐ Don't know (7)

Q5.7.9: Does your department have any process in place for reviewing or evaluating this shared service arrangement?

- ☐ Yes (1)
- ☐ No (2) (Skip to Q5.7.10)
- ☐ Do not know (3)
- ☐ Comments (please specify) (4)

If "Yes" to Q5.7.9 is selected

Q5.7.9.A: Briefly describe how you evaluate or review this shared service arrangement.

Q5.7.10: Do the participating health departments have a written agreement for this service sharing arrangement?

- ☐ Yes (1)
- ☐ No (2) (Skip to Q5.7.11)
- ☐ Comments (please specify) (3)

If “Yes” to Q5.7.10 is selected

Q5.7.10.A: Please indicate the nature of the written document(s):

- ☐ Contract (i.e. a binding agreement between two or more parties) (1)
- ☐ Memorandum of understanding or memorandum of agreement (2)
- ☐ Mutual aid agreement (i.e. an agreement among emergency responders to lend assistance across jurisdictional boundaries) (3)
- ☐ Agreement to provide surge capacity different from mutual aid agreement (as in Domain 2 of PHAB standards) (4)
- ☐ Written agreement but unsure how to classify (5)
- ☐ Other (please specify) (6)

Q5.7.11: Was the planning and development of this shared approach funded through a dedicated funding stream?

- ☐ Yes (1)
- ☐ No (2) (Skip to Sub-Section 5.8 — Licensing)
- ☐ Don’t know (3)
- ☐ Comments (please specify) (4)

Answer “Yes” to Q5.7.11 is selected

Q5.7.11.A: If planning and development was funded, HOW was it funded?

Q5.7.11.B: What was the total amount of the initial funding?

Q5.7.11.C: How long was the initial funding available?

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

Sub-Section 5.8 — Licensing

Q5.8.1: What functions of inspection, permit and licensing are shared? (Check all that apply.)

- ☐ Inspections of food services operations (1)
- ☐ Inspections of retail food establishments (2)
- ☐ Commercial plumbing (3)
- ☐ Building codes (4)
- ☐ Smoke-free enforcement (5)
- ☐ Others (please specify) (6)

Q5.8.2: In the inspection, permit and licensing 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)

Q5.8.3: Please name the other health department(s) engaged with you in this service sharing arrangement. Please list partner department and a contact person.

Q5.8.4: What were the motivations for creating this shared service arrangement? (Check all that apply.)

- ☐ To make better use of resources (1)
- ☐ To save money (2)
- ☐ To respond to program requirements (3)
- ☐ To respond to legal requirements (e.g., from state legislature or courts) (4)
- ☐ To aid in recruitment of qualified staff (5)
- ☐ To provide new services (6)
- ☐ To provide better services (7)
- ☐ To meet national voluntary accreditation standards (8)
- ☐ To support or increase the level of our department status per Chapter 140 (9)
- ☐ To increase our department's credibility within the community (10)
- ☐ To support our department's independence (11)
- ☐ Do not know (12)
- ☐ Other (please specify) (13)

Q5.8.5: Please briefly describe whether, in your experience, this shared service arrangement has accomplished what your department hoped it would? (e.g., If you indicated in the question 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?)

Q5.8.6: Who was involved in development of this shared service arrangement? (Check all that apply.)

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

Q5.8.7: Please indicate the year (approximate if you are not certain of exact year) that this shared service arrangement began.

- | | |
|--|--|
| <input type="checkbox"/> 1995 – 2000 (1) | <input type="checkbox"/> 2010 (7) |
| <input type="checkbox"/> 2001 – 2005 (2) | <input type="checkbox"/> 2011 (8) |
| <input type="checkbox"/> 2006 (3) | <input type="checkbox"/> 2012 (9) |
| <input type="checkbox"/> 2007 (4) | <input type="checkbox"/> 2013 (10) |
| <input type="checkbox"/> 2008 (5) | <input type="checkbox"/> Don't know (11) |
| <input type="checkbox"/> 2009 (6) | |

Q5.8.8: Please indicate the date (approximate if you are not certain of exact date) that this shared service arrangement expires.

- ☐ 2013
- ☐ 2014 (2)
- ☐ 2015 (3)
- ☐ 2016 (4)
- ☐ 2017 or beyond (5)
- ☐ No expiration date has been determined (6)
- ☐ Don't know (7)

Q5.8.9: Does your department have any process in place for reviewing or evaluating this shared service arrangement?

- ☐ Yes (1)
- ☐ No (2) (Skip to Q5.8.10)
- ☐ Do not know (3)
- ☐ Comments (please specify) (4)

If "Yes" to Q5.8.9 is selected

Q5.8.9.A: Briefly describe how you evaluate or review this shared service arrangement.

Q5.8.10: Do the participating health departments have a written agreement for this service sharing arrangement?

- ☐ Yes (1)
- ☐ No (2) (Skip to 5.8.11)
- ☐ Comments (please specify) (3)

If "Yes" to Q5.8.10 is selected

Q5.8.10.A: Please indicate the nature of the written document(s):

- ☐ Contract (i.e. a binding agreement between two or more parties) (1)
- ☐ Memorandum of understanding or memorandum of agreement (2)
- ☐ Mutual aid agreement (i.e. an agreement among emergency responders to lend assistance across jurisdictional boundaries) (3)
- ☐ Agreement to provide surge capacity different from mutual aid agreement (as in Domain 2 of PHAB standards) (4)
- ☐ Written agreement but unsure how to classify (5)
- ☐ Other (please specify) (6)

Q5.8.11: Was the planning and development of this shared approach funded through a dedicated funding stream?

- | | |
|----------------------------------|--|
| <input type="checkbox"/> Yes (1) | <input type="checkbox"/> Don't know (3) |
| <input type="checkbox"/> No (2) | <input type="checkbox"/> Comments (please specify) (4) |
- (Skip to sub-section 5.9 — Environmental Health)

If "Yes" to Q5.8.11 is selected

Q5.8.11.A: If planning and development was funded, HOW was it funded?

Q5.8.11.B: What was the total amount of the initial funding?

Q5.8.11.C: How long was the initial funding available?

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

Sub-Section 5.9 — Environmental Health Programs

Q5.9.1: What functions of environmental health programs other than inspection, permit or licensing are shared? (Check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Lead assessment (1) | <input type="checkbox"/> Vector control (7) |
| <input type="checkbox"/> Lead abatement (2) | <input type="checkbox"/> Parks and camping sites (8) |
| <input type="checkbox"/> Radon (3) | <input type="checkbox"/> Recycling/litter prevention (9) |
| <input type="checkbox"/> Water (4) | <input type="checkbox"/> Others (please specify) (10) |
| <input type="checkbox"/> Sewage (5) | |
| <input type="checkbox"/> Solid waste (6) | |

Q5.9.2: In the environmental health programs other than inspection, permit or licensing 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)

Q5.9.3 Please name the other health department(s) engaged with you in this sharing arrangement. Please list partner department and a contact person.

Q5.9.4: What were the motivations for creating this shared service arrangement? (Check all that apply.)

- ☐ To make better use of resources (1)
- ☐ To save money (2)
- ☐ To respond to program requirements (3)
- ☐ To respond to legal requirements (e.g., from state legislature or courts) (4)
- ☐ To aid in recruitment of qualified staff (5)
- ☐ To provide new services (6)
- ☐ To provide better services (7)
- ☐ To meet national voluntary accreditation standards (8)
- ☐ To support or increase the level of our department status per Chapter 140 (9)
- ☐ To increase our department's credibility within the community (10)
- ☐ To support our department's independence (11)
- ☐ Do not know (12)
- ☐ Other (please specify) (13)

Q5.9.5: Please briefly describe whether, in your experience, this shared service arrangement has accomplished what your department hoped it would? (e.g., If you indicated in the question 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?)

Q5.9.6: Who was involved in development of this shared service arrangement? (Check all that apply.)

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

Q5.9.7: Please indicate the year (approximate if you are not certain of exact year) that this shared service arrangement began.

- | | |
|--|--|
| <input type="checkbox"/> 1995 – 2000 (1) | <input type="checkbox"/> 2010 (7) |
| <input type="checkbox"/> 2001 – 2005 (2) | <input type="checkbox"/> 2011 (8) |
| <input type="checkbox"/> 2006 (3) | <input type="checkbox"/> 2012 (9) |
| <input type="checkbox"/> 2007 (4) | <input type="checkbox"/> 2013 (10) |
| <input type="checkbox"/> 2008 (5) | <input type="checkbox"/> Don't know (11) |
| <input type="checkbox"/> 2009 (6) | |

Q5.9.8: Please indicate the date (approximate if you are not certain of exact date) that this shared service arrangement expires.

- | | |
|-----------------------------------|---|
| <input type="checkbox"/> 2013 (1) | <input type="checkbox"/> 2017 or beyond (5) |
| <input type="checkbox"/> 2014 (2) | <input type="checkbox"/> No expiration date has been determined (6) |
| <input type="checkbox"/> 2015 (3) | <input type="checkbox"/> Don't know (7) |
| <input type="checkbox"/> 2016 (4) | |

Q5.9.9: Does your department have any process in place for reviewing or evaluating this shared service arrangement?

- ☐ Yes (1)
- ☐ No (2) (Skip to Q5.9.10)
- ☐ Do not know (3)
- ☐ Comments (4)

If “Yes” to Q5.9.9 is selected

Q5.9.9.A: Briefly describe how you evaluate or review this shared service arrangement.

Q5.9.10: Do the participating health departments have a written agreement for this service sharing arrangement?

- ☐ Yes (1)
- ☐ No (2) (Skip to Q5.9.11)
- ☐ Comments (please specify) (3)

Answer “Yes” to Q5.9.10 is selected

Q5.9.10.A: Please indicate the nature of the written document(s):

- ☐ Contract (i.e. a binding agreement between two or more parties) (1)
- ☐ Memorandum of understanding or memorandum of agreement (2)
- ☐ Mutual aid agreement (i.e. an agreement among emergency responders to lend assistance across jurisdictional boundaries) (3)
- ☐ Agreement to provide surge capacity different from mutual aid agreement (as in Domain 2 of PHAB standards) (4)
- ☐ Written agreement but unsure how to classify (5)
- ☐ Other (please specify) (6)

Q5.9.11: Was the planning and development of this shared approach funded through a dedicated funding stream?

- ☐ Yes (1)
- ☐ No (2) (Skip to Sub-Section 5.10 — Community Health Assessment)
- ☐ Don’t know (3)
- ☐ Comments (please specify) (4)

Answer “Yes” to Q5.9.11 is selected

Q5.9.11.A: If planning and development was funded, HOW was it funded?

Q5.9.11.B: What was the total amount of the initial funding?

Q5.9.11.C: How long was the initial funding available?

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

Sub-Section 5.10 — Community Health Assessment

Q5.10.1: What functions of Community Health Assessment are shared? (Check all that apply.)

- ☐ Community Health Assessment services (1)
- ☐ Community Health Improvement planning (2)
- ☐ Others (please specify) (3)

Q5.10.2: In the Community Health Assessment 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)

Q5.10.3: Please name the other health department(s) engaged with you in this service sharing arrangement. Please list partner department and a contact person.

Q5.10.4: What were the motivations for creating this shared service arrangement? (Check all that apply.)

- ☐ To make better use of resources (1)
- ☐ To save money (2)
- ☐ To respond to program requirements (3)
- ☐ To respond to legal requirements (e.g., from state legislature or courts) (4)
- ☐ To aid in recruitment of qualified staff (5)
- ☐ To provide new services (6)
- ☐ To provide better services (7)
- ☐ To meet national voluntary accreditation standards (8)
- ☐ To support or increase the level of our department status per Chapter 140 (9)
- ☐ To increase our department's credibility within the community (10)
- ☐ To support our department's independence (11)
- ☐ Do not know (12)
- ☐ Other (please specify) (13)

Q5.10.5: Please briefly describe whether, in your experience, this shared service arrangement has accomplished what your department hoped it would? (e.g., If you indicated in the question 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?)

Q5.10.6: Who was involved in development of this shared service arrangement? (Check all that apply.)

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

Q5.10.7: Please indicate the year (approximate if you are not certain of exact year) that this shared service arrangement began.

- | | |
|--|--|
| <input type="checkbox"/> 1995 – 2000 (1) | <input type="checkbox"/> 2010 (7) |
| <input type="checkbox"/> 2001 – 2005 (2) | <input type="checkbox"/> 2011 (8) |
| <input type="checkbox"/> 2006 (3) | <input type="checkbox"/> 2012 (9) |
| <input type="checkbox"/> 2007 (4) | <input type="checkbox"/> 2013 (10) |
| <input type="checkbox"/> 2008 (5) | <input type="checkbox"/> Don't know (11) |
| <input type="checkbox"/> 2009 (6) | |

Q5.10.8: Please indicate the date (approximate if you are not certain of exact date) that this shared service arrangement expires.

- ☐ 2013 (1)
- ☐ 2014 (2)
- ☐ 2015 (3)
- ☐ 2016 (4)
- ☐ 2017 or beyond (5)
- ☐ No expiration date has been determined (6)
- ☐ Don't know (7)

Q5.10.9: Does your department have any process in place for reviewing or evaluating this shared service arrangement?

- ☐ Yes (1)
- ☐ No (2) (Skip to Q5.10.10)
- ☐ Do not know (3)
- ☐ Comments (please specify) (4)

If "Yes" to Q5.10.9 is selected

Q5.10.9.A: Briefly describe how you evaluate or review this shared service arrangement.

Q5.10.10: Do the participating health departments have a written agreement for this service sharing arrangement?

- ☐ Yes (1)
- ☐ No (2) (Skip to Q5.10.11)
- ☐ Comments (please specify) (3)

Answer “Yes” to Q5.10.10 is selected

Q5.10.10.A: Please indicate the nature of the written document(s):

- ☐ Contract (i.e. a binding agreement between two or more parties) (1)
- ☐ Memorandum of understanding or memorandum of agreement (2)
- ☐ Mutual aid agreement (i.e. an agreement among emergency responders to lend assistance across jurisdictional boundaries) (3)
- ☐ Agreement to provide surge capacity different from mutual aid agreement (as in Domain 2 of PHAB standards) (4)
- ☐ Written agreement but unsure how to classify (5)
- ☐ Other (please specify) (6)

Q5.10.11: Was the planning and development of this shared approach funded through a dedicated funding stream?

- ☐ Yes (1)
- ☐ No (2) (Skip to Sub-Section 5.11— Administration)
- ☐ Don’t know (3)
- ☐ Comments (4)

Answer “Yes” to Q5.10.11 is selected

Q5.10.11.A: If planning and development was funded, HOW was it funded?

Q5.10.11.B: What was the total amount of the initial funding?

Q5.10.11.C: How long was the initial funding available?

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

Sub-Section 5.11— Administration

Q5.11.1: What functions of administrative, planning and support services are shared? (Check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> Legal services (1) | <input type="checkbox"/> Public relations/public information officer (8) |
| <input type="checkbox"/> Human resources (2) | <input type="checkbox"/> Laboratory (9) |
| <input type="checkbox"/> Financial and fiscal management (3) | <input type="checkbox"/> Insurance (10) |
| <input type="checkbox"/> Purchasing (4) | <input type="checkbox"/> Accreditation guidance (11) |
| <input type="checkbox"/> Information technology (5) | <input type="checkbox"/> Policy development (12) |
| <input type="checkbox"/> Communications or public information (6) | <input type="checkbox"/> Evaluation/quality improvement (13) |
| <input type="checkbox"/> Marketing (7) | <input type="checkbox"/> Subject matter experts (14) |
| | <input type="checkbox"/> Others (please specify) (15) |

Q5.11.2: In the administrative, planning and support services 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)

Q5.11.3: Please name the other health department(s) engaged with you in this service sharing arrangement. Please list partner department and a contact person.

Q5.11.4: What were the motivations for creating this shared service arrangement? (Check all that apply.)

- ☐ To make better use of resources (1)
- ☐ To save money (2)
- ☐ To respond to program requirements (3)
- ☐ To respond to legal requirements (e.g., from state legislature or courts) (4)
- ☐ To aid in recruitment of qualified staff (5)
- ☐ To provide new services (6)
- ☐ To provide better services (7)
- ☐ To meet national voluntary accreditation standards (8)
- ☐ To support or increase the level of our department status per Chapter 140 (9)
- ☐ To increase our department's credibility within the community (10)
- ☐ To support our department's independence (11)
- ☐ Do not know (12)
- ☐ Other (please specify) (13)

Q5.11.5: Please briefly describe whether, in your experience, this shared service arrangement has accomplished what your department hoped it would? (e.g., If you indicated in the question 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?)

Q5.11.6: Who was involved in development of this shared service arrangement? (Check all that apply.)

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

Q5.11.7: Please indicate the year (approximate if you are not certain of exact year) that this shared service arrangement began.

- | | |
|--|--|
| <input type="checkbox"/> 1995 – 2000 (1) | <input type="checkbox"/> 2010 (7) |
| <input type="checkbox"/> 2001 – 2005 (2) | <input type="checkbox"/> 2011 (8) |
| <input type="checkbox"/> 2006 (3) | <input type="checkbox"/> 2012 (9) |
| <input type="checkbox"/> 2007 (4) | <input type="checkbox"/> 2013 (10) |
| <input type="checkbox"/> 2008 (5) | <input type="checkbox"/> Don't know (11) |
| <input type="checkbox"/> 2009 (6) | |

Q5.11.8: Please indicate the date (approximate if you are not certain of exact date) that this shared service arrangement expires.

- ☐ 2013 (1)
- ☐ 2014 (2)
- ☐ 2015 (3)
- ☐ 2016 (4)
- ☐ 2017 or beyond (5)
- ☐ No expiration date has been determined (6)
- ☐ Don't know (7)

Q5.11.9: Does your department have any process in place for reviewing or evaluating this shared service arrangement?

- ☐ Yes (1)
- ☐ No (2) (Skip to Q5.11.10)
- ☐ Do not know (3)
- ☐ Comments (4)

Answer "Yes" to Q5.11.9 is selected

Q5.11.9.A: Briefly describe how you evaluate or review this shared service arrangement.

Q5.11.10: Do the participating health departments have a written agreement for this service sharing arrangement?

- ☐ Yes (1)
- ☐ No (2) (Skip to Q5.11.11)
- ☐ Comments (3)

Answer “Yes” to Q5.11.10 is selected

Q5.11.10.A: Please indicate the nature of the written document(s):

- ☐ Contract (i.e. a binding agreement between two or more parties) (1)
- ☐ Memorandum of understanding or memorandum of agreement (2)
- ☐ Mutual aid agreement (i.e. an agreement among emergency responders to lend assistance across jurisdictional boundaries) (3)
- ☐ Agreement to provide surge capacity different from mutual aid agreement (as in Domain 2 of PHAB standards) (4)
- ☐ Written agreement but unsure how to classify (5)
- ☐ Other (please specify) (6)

Q5.11.11: Was the planning and development of this shared approach funded through a dedicated funding stream?

- ☐ Yes (1)
- ☐ No (2) (Skip to Sub-Section 5.12 — Laboratory Services)
- ☐ Don’t know (3)
- ☐ Comments (4)

Answer “Yes” to Q5.11.11 is selected

Q5.11.11.A: If planning and development was funded, HOW was it funded?

Q5.11.11.B: What was the total amount of the initial funding?

Q5.11.11.C: How long was the initial funding available?

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

Sub-Section 5.12 — Laboratory Services

Q5.12.1: What functions of laboratory services are shared? (Check all that apply.)

- ☐ Laboratory services (1)

Q5.12.2: In the laboratory services 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)

Q5.12.3: Please name the other health department(s) engaged with you in this service sharing arrangement. Please list partner department and a contact person.

Q5.12.4: What were the motivations for creating this shared service arrangement? (Check all that apply.)

- ☐ To make better use of resources (1)
- ☐ To save money (2)
- ☐ To respond to program requirements (3)
- ☐ To respond to legal requirements (e.g., from state Legislature or courts) (4)
- ☐ To aid in recruitment of qualified staff (5)
- ☐ To provide new services (6)
- ☐ To provide better services (7)
- ☐ To meet national voluntary accreditation standards (8)
- ☐ To support or increase the level of our department status per Chapter 140 (9)
- ☐ To increase our department's credibility within the community (10)
- ☐ To support our department's independence (11)
- ☐ Do not know (12)
- ☐ Other (please specify) (13)

Q5.12.5: Please briefly describe whether, in your experience, this shared service arrangement has accomplished what your department hoped it would? (e.g., If you indicated in the question 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?)

Q5.12.6: Who was involved in development of this shared service arrangement? (Check all that apply.)

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

Q5.12.7: Please indicate the year (approximate if you are not certain of exact year) that this shared service arrangement began.

- | | |
|--|--|
| <input type="checkbox"/> 1995 – 2000 (1) | <input type="checkbox"/> 2010 (7) |
| <input type="checkbox"/> 2001 – 2005 (2) | <input type="checkbox"/> 2011 (8) |
| <input type="checkbox"/> 2006 (3) | <input type="checkbox"/> 2012 (9) |
| <input type="checkbox"/> 2007 (4) | <input type="checkbox"/> 2013 (10) |
| <input type="checkbox"/> 2008 (5) | <input type="checkbox"/> Don't know (11) |
| <input type="checkbox"/> 2009 (6) | |

Q5.12.8: Please indicate the date (approximate if you are not certain of exact date) that this shared service arrangement expires.

- ☐ 2013 (1)
- ☐ 2014 (2)
- ☐ 2015 (3)
- ☐ 2016 (4)
- ☐ 2017 or beyond (5)
- ☐ No expiration date has been determined (6)
- ☐ Don't know (7)

Q5.12.9: Does your department have any process in place for reviewing or evaluating this shared service arrangement?

- ☐ Yes (1)
- ☐ No (2) (Skip to Q5.12.10)
- ☐ Do not know (3)
- ☐ Comments (please specify) (4)

Answer "Yes" to Q5.12.9 is selected

Q5.12.9.A: Briefly describe how you evaluate or review this shared service arrangement.

Q5.12.10: Do the participating health departments have a written agreement for this service sharing arrangement?

- ☐ Yes (1)
- ☐ No (2) (Skip to Q5.12.11)
- ☐ Comments (please specify) (3)

Answer "Yes" to Q5.12.10 is selected

Q5.12.10.A: Please indicate the nature of the written document(s):

- ☐ Contract (i.e. a binding agreement between two or more parties) (1)
- ☐ Memorandum of understanding or memorandum of agreement (2)
- ☐ Mutual aid agreement (i.e. an agreement among emergency responders to lend assistance across jurisdictional boundaries) (3)
- ☐ Agreement to provide surge capacity different from mutual aid agreement (as in Domain 2 of PHAB standards) (4)
- ☐ Written agreement but unsure how to classify (5)
- ☐ Other (please specify) (6)

Q5.12.11: Was the planning and development of this shared approach funded through a dedicated funding stream?

- ☐ Yes (1)
- ☐ No (2) (Skip to Section 6 — Shared Services Plans)
- ☐ Don't know (3)
- ☐ Comments (please specify) (4)

Answer "Yes" to Q5.12.11 is selected

Q5.12.11.A: If planning and development was funded, HOW was it funded?

Q5.12.11.B: What was the total amount of the initial funding?

Q5.12.11.C: How long was the initial funding available?

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

SECTION 6 — SHARED SERVICES PLANS

Q6.1: Is your health department EITHER CURRENTLY DEVELOPING OR CONSIDERING DEVELOPMENT of a shared services arrangement with another local or tribal health department(s)?

- ☐ Yes, we are currently in the process of or considering developing a new shared service arrangement (1)
- ☐ No (2) (Skip to Section 7)
- ☐ Do not know (3)
- ☐ Comments on Q6.1 (please specify):

If "Yes" to Q6.1 is selected

Q6.1.A: You indicated that you are either CURRENTLY DEVELOPING or CONSIDERING DEVELOPMENT of a shared services arrangement. Please select the arrangement type(s) that you are either developing or considering. (Check all that apply.)

- ☐ Emergency
- ☐ Preparedness (1)
- ☐ Epidemiology or surveillance (2)
- ☐ Physician and nursing services (3)
- ☐ Communicable disease screening or treatment (4)
- ☐ Chronic disease screening or treatment (5)
- ☐ Maternal and child health services (6)
- ☐ Population based primary prevention programs (7)
- ☐ Inspection, permit or licensing (8)
- ☐ Environmental health programs other than inspection, permit or licensing (9)
- ☐ Community health assessment (10)
- ☐ Administrative, planning and support services (11)
- ☐ Laboratory services (12)
- ☐ Other (please specify) (13) _____

Q6.1.B What was your department's motivation for creating or considering these new sharing services arrangements?

- ☐ To make better use of resources (1)
- ☐ To save money (2)
- ☐ To respond to program requirements (3)
- ☐ To respond to legal requirements (e.g., from state Legislature or courts) (4)
- ☐ To aid in recruitment of qualified staff (5)
- ☐ To provide new services (6)
- ☐ To provide better services (7)
- ☐ To meet national voluntary accreditation standards (8)
- ☐ To support or increase the level of our department status per Chapter 140 (9)
- ☐ To increase our department's credibility within the community (10)
- ☐ To support our department's independence (11)
- ☐ Do not know (12)
- ☐ Other (please specify) (13)

SECTION 7 — CLOSING

Q7.1: Do you have any other comments regarding service sharing among health departments?

Acknowledgements: The Center for Sharing Public Health Services thanks the following individuals and organizations for their contribution to the development of this instrument:

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- Colorado Public Health Practice-Based Research Network (with support provided by a grant from the Robert Wood Johnson Foundation's Public Health Law Research program).

SECTION 8 — 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)

One Existing CJS Arrangement — A self-administered survey designed to help current or potential CJS partners (public health agency jurisdictions) gain a clear definition, and better understanding of one current or planned shared service arrangement. (Publication Number: CSPHS/09-V1)