

ROADMAP



A Roadmap to Develop Cross-Jurisdictional Sharing Initiatives

The Center's *Roadmap to Develop Cross-Jurisdictional Sharing Initiatives* is a guide for public health officials and policymakers who are considering or adopting CJS arrangements. The experiences of the demonstration sites, along with other research and expert opinions, provide the knowledge and insight that is the foundation of the

Technical Assistance



The Center for Sharing Public Health Services provides technical assistance, usually free of charge, to jurisdictions considering or adopting CJS approaches. [Click to learn more.](#)

CJS Spectrum



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

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Co-Director's Message

Gianfranco Pezzino, KHI senior fellow and strategy team leader, serves as co-director of the Center with Patrick Libbey, a former local public health official and former executive director of the National Association of County and City Health Officials. [Here they talk about cross-jurisdictional sharing. \[learn more >\]\(#\)](#)

Tools to Assist with CJS Arrangements



This new *handout* lists some of our favorite tools and resources to assist public health officials and policymakers as they consider and adopt CJS approaches.

Roadmap to Develop CJS Initiatives



View the Center's *Roadmap*, which helps guide jurisdictions through the process of considering or establishing CJS arrangements.

CJS Resource Library



The Center's website contains a large resource library on cross-jurisdictional sharing (CJS). [View recently added resources or select a category by using the button below.](#)

[Select a Category: CJS Resource Library >](#)

CJS Implementation and Impact Measurement Program



The Center has selected four sites to participate in its CJS Implementation and Impact Measurement Program, which focuses on calculating the impact of CJS.

Latest Articles

- [Toolkit: Cross-Jurisdictional Sharing Between Tribes and Counties for Emergency Management](#)
- [Prevalence and Scope of California Tribe-County Cross-Jurisdictional Sharing of Emergency Management Services](#)

Resources to Assist with CJS Arrangements

The Center for Sharing Public Health Services has resources available to assist public health officials and policymakers as they consider and adopt CJS approaches. Some are listed here. Many more are available on our website at <http://phsharing.org/>.

What is CJS?

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

A Roadmap to Develop Cross-Jurisdictional Sharing Initiatives

The *Roadmap* guides readers chronologically through three distinct phases of CJS – from exploring the feasibility of a sharing agreement, to planning and preparing a specific arrangement, to implementing and monitoring its progress. Along the way, it provides a broad range of topics to address and poses specific questions to answer. The *Roadmap* also offers links to a host of tools and resources to further facilitate the work. Find the *Roadmap* online at <http://phsharing.org/Roadmap>.

Determining and Distributing Costs of Shared Public Health Services

This guide helps to identify all costs associated with a shared service and presents options for allocating the costs across all jurisdictions participating in a CJS arrangement. (Please note: this resource is not designed to take the place of accountant services.) Find this publication online at <http://phsharing.org/Costs>.

Guide for Developing Legal Documents Governing Cross-Jurisdictional Sharing Arrangements

Prepared in collaboration with the Network for Public Health Law, this guide offers a checklist of items specific to CJS agreements to be considered for inclusion in any legal agreements that govern CJS arrangements. (Please note: this guide is not designed to replace the need for legal counsel in the development and implementation of a complete legal agreement.) Find this guide online at <http://phsharing.org/LegalChecklist>.

Success Factors in CJS Arrangements

This document describes several factors that can increase the likelihood that a CJS arrangement will be successful. This publication is available online at <http://phsharing.org/SuccessFactors>.

Consultation

Center staff also provides phone consultations and other forms of technical assistance, usually free of charge. For more information about these services, email phsharing@khi.org or call toll-free 1-855-476-3671.



Spectrum of Cross-Jurisdictional Sharing Arrangements

Overview

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

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

The Center's *Spectrum of Cross-Jurisdictional Sharing Arrangements* identifies four main types of CJS arrangements (Figure 1).

The governance model, financial structure and decision-making process can be different for each type of arrangement on the *Spectrum*. Generally, moving from left to right along the *Spectrum*, the level of service integration increases, the level of jurisdictional autonomy decreases, and implementation becomes more complex, as can governance.

Each type of arrangement can achieve gains in effectiveness and efficiency, if implemented correctly

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

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

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

following the steps outlined in Center's *Roadmap to Develop Cross-Jurisdictional Sharing Initiatives*.

Because there is not a one-size-fits-all approach to CJS, it is important to refer to the *Spectrum* early and often during the CJS process that is outlined in the *Roadmap*.

2017 Updates

The Center updated the *Spectrum* in early 2017 to reflect lessons learned about CJS and other recent advances in the field of Public Health Systems and Services.

The Center's original 2013 *Spectrum* was adapted from previous versions

TECHNICAL ASSISTANCE

A ROADMAP TO DEVELOP CROSS-JURISDICTIONAL SHARING INITIATIVES

Overview

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

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

This roadmap describes three phases to guide jurisdictions through the CJS process:

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

During each phase, we propose a series of questions to be answered. While the progression of phases should take place in the order presented, the questions posed within each phase do not necessarily have to follow the same order as listed in this document. If on further examination it becomes apparent

some key issues from an earlier phase were overlooked, it is important to go back and resolve those issues before moving forward.

For those just beginning their effort, the roadmap can provide an overview of how to develop a CJS arrangement and help ensure that key questions and issues will be addressed. For those well underway with a CJS effort, it can serve as a checkpoint as they go forward. And, for those experiencing barriers in their CJS work, the roadmap may help identify the issues and questions that need to be examined or re-examined before moving forward.

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

A Note About Planning

Before describing the phases in detail, it is important to note there are two separate and distinct planning processes that

enable jurisdictions to know *why* sharing is beneficial and *what* will be shared before moving into *how* to share. During *Phase One: Explore*, the planning activity is focused on conceptual feasibility, which establishes clarity about *why* to consider CJS and *what* to pursue. An important element of this phase is to make sure those most accountable and responsible are fully on board before moving forward. The second planning process occurs during *Phase Two: Prepare and Plan* and emphasizes operational feasibility and implementation. The implementation plan comes from *Phase Two*.

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

A ROADMAP TO DEVELOP CROSS-JURISDICTIONAL SHARING INITIATIVES

PHASE ONE

EXPLORE

Is CJS a feasible approach to address the issue you are facing?
Who should be involved?

PHASE TWO

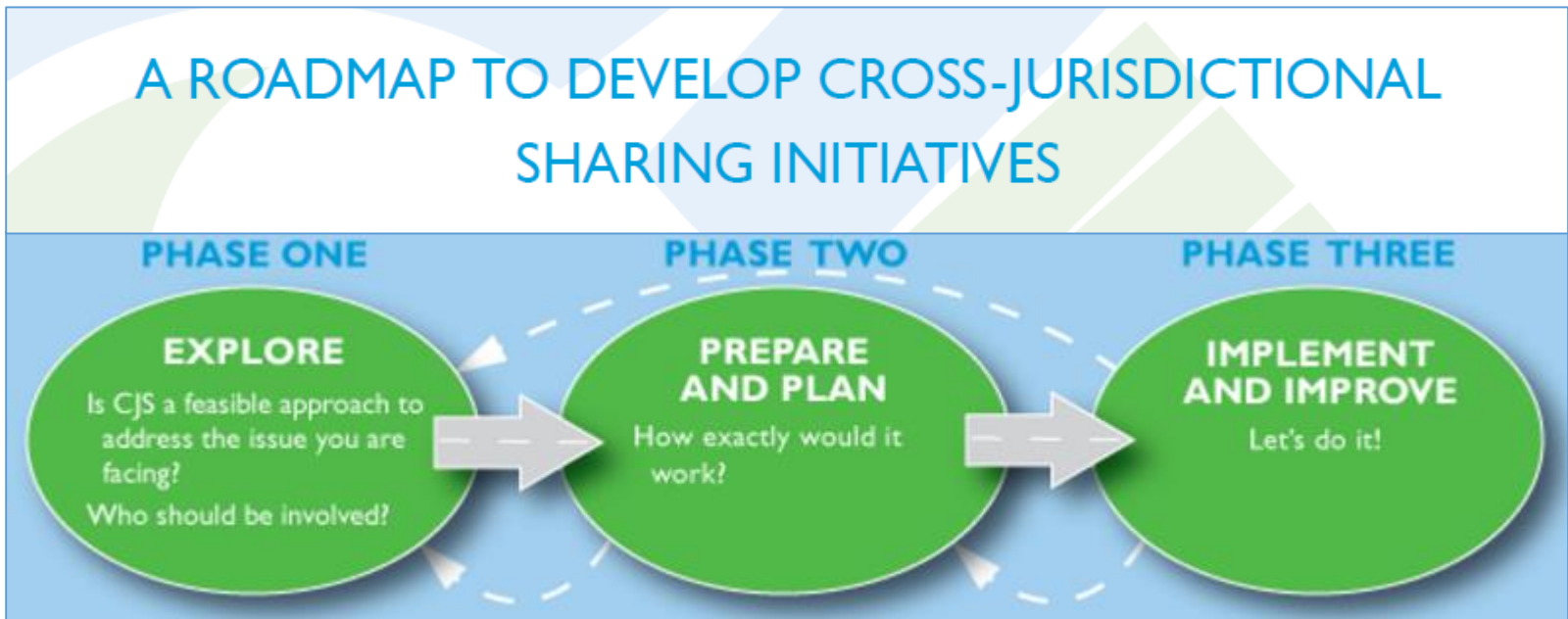
PREPARE AND PLAN

How exactly would it work?

PHASE THREE

IMPLEMENT AND IMPROVE

Let's do it!





SUCCESS FACTORS IN CROSS-JURISDICTIONAL SHARING ARRANGEMENTS

INTRODUCTION

Local policymakers and public health officials are increasingly turning to cross-jurisdictional sharing (CJS) as a way to improve the efficiency and effectiveness of public health services. By collaborating with other jurisdictions and sharing capacity and services, public health departments can create economies of scale that make the most of existing resources.

There are many kinds of CJS arrangements, from simple handshake agreements to full-scale consolidation or mergers of health departments. Throughout this wide spectrum of arrangements, there are several factors that can increase the likelihood that a CJS arrangement will be successful. We have divided these success factors into prerequisites, facilitating factors and project characteristics.

PREREQUISITES

Three important success factors should be in place before partners start to work on a sharing arrangement. If any are missing, we recommend that partners spend some time addressing them before a CJS initiative actually starts.

Clarity of Objectives

Public health officials, policymakers and other stakeholders from all jurisdictions need to state explicitly what their expectations are for the CJS initiative and to be in agreement about what the CJS arrangement will accomplish. Equally important

is understanding what is “off the table” in the sharing arrangement. Once objectives are determined and confirmed, it is important to review them often with all stakeholders in order to verify that they are still valid and to avoid misunderstandings, hurt feelings and damaged relationships.

Balanced Approach

Improved effectiveness (i.e., enhancing existing services or adding new ones) and increased efficiency (i.e., maximizing the results of each dollar invested) do not have to be mutually exclusive. While cost savings are often a result of the initiative, they should not be the only goal of a CJS arrangement. An excessive, unbalanced focus on one of these two elements is likely to compromise the other. The most successful CJS arrangements strive to maximize investment by achieving the best results with the amount of money available.

Trust

Trust is essential in all CJS arrangements. Partners in a CJS agreement must be confident that the other parties involved will make honest, good-faith efforts to achieve the common goals that were agreed upon. A successful outcome is dependent, in part, on the behavior and reliability of every jurisdiction involved. Trust is built slowly but can be lost swiftly. It also can be a sensitive and emotional topic. It is important, therefore, to consider

the existing trust level between the jurisdictions, organizations and stakeholders involved when determining the feasibility of a sharing arrangement. A tool to measure the existing trust level among partner organizations can be found at www.phsharing.org/assessment_tools/trust-scale.

FACILITATING FACTORS

There are three factors that facilitate a CJS arrangement. While the presence of these qualities is positive, their absence does not mean a CJS arrangement will fail. Partners in the arrangement can leverage the facilitating factors, if present.

SUCCESS FACTORS

Prerequisites

- Clarity of Objectives
- Balanced Approach
- Trust

Facilitating Factors

- Success in Prior Collaborations
- Sense of Regional Identity
- Positive Interpersonal Relationships

Project Characteristics

- Senior-Level Support
- Strong Project Management Skills
- Strong Change Management Plans
- Effective Communication



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DETERMINING AND DISTRIBUTING COSTS OF SHARED PUBLIC HEALTH SERVICES

APRIL 2015



GUIDE FOR DEVELOPING LEGAL DOCUMENTS GOVERNING CROSS-JURISDICTIONAL SHARING ARRANGEMENTS

HOW TO USE THIS TOOL

This tool was prepared by the Center for Sharing Public Health Services and the Network for Public Health Law to assist in developing legal agreements that govern cross-jurisdictional sharing (CJS) arrangements.

Each CJS agreement is based on unique needs and, therefore, has unique formats and characteristics. As a result, it would be difficult to develop a uniform template for CJS agreements due to differences in the types of CJS arrangements and because of variability in state and local laws, regulations, ordinances and procedures.

However, the authors are able to provide guidance through the following checklist (page 2), which was developed after reviewing the work of many teams engaged in CJS arrangements. The checklist is organized into tables that contain several themes the authors recommend be addressed in most legal sharing agreements. Each

table represents a section of a CJS agreement and lists the components that could be included in that section. Additional guidance and examples of legal agreements are available on the Center's website at <http://phsharing.org/category/resources/legal-sharing-agreements>.

Please keep in mind some assumptions and limitations while using this document. First of all, this guide does not replace the need for legal advice in developing and actualizing the legal agreement for a CJS arrangement. It is critically important that you work with legal counsel in preparing any agreements. Second, this guide contains only items that are specific to the CJS components of an agreement. Legal counsel will help you determine if more generic details should also be included in the legal document.

In addition, the checklist contained in this document should be used as general guidance, not as a step-by-step

guide. Some elements may not be universally applicable, and the order in which items are arranged may need to be changed depending on local needs and circumstances. Furthermore, some sections of the document may need to be modified depending on the specific characteristics of the programs or services to be shared.

Finally, this document is not a substitute for the careful exploration and planning that must take place before a discussion of the legal nature of the agreement even starts. That process, which is described in *Phase One: Explore* of the Center's *Roadmap to Develop Cross-jurisdictional Sharing Initiatives*, helps partners investigate the conceptual feasibility of the potential CJS arrangement. All partners should review *Phase One* before starting to draft a legal agreement.

If you have questions or need additional guidance, please email phsharing@khl.org.



Additional guidance and examples of legal agreements are available on the Center's website.

<http://phsharing.org/category/resources/legal-sharing-agreements>

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 psharing@khl.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.

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The survey should be completed by each public health agency involved in the cross-jurisdictional sharing (CJS) 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. For assistance or questions, please contact Gianfranco Pezzino at psharing@khl.org.

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California Tribal Epidemiology Center



Cross-Jurisdictional Sharing of Emergency Management Services

National Scope of Cross-Jurisdictional Sharing of Emergency Management Services

Toolkit: Cross-Jurisdictional Sharing Between Tribes and Counties for Emergency Management

