Shared Public Health Services

**Welcome Public Health Leaders!**

Thank you for assisting us with this important research on public health service sharing. The purpose of this project is to gain a more complete understanding of current and future use of shared service arrangements as a management strategy to provide essential public health services in our jurisdictions.

This survey should take 15­30 minutes of your time. Please respond no later than *<Insert date>*.

While we are asking you to identify yourself and your department, please be assured that results from this survey will be reported in aggregate and only the research team will know your individual responses.

If you have any questions, please contact *<insert name>* at *<insert information>*.

**Your Health Department & Shared Services**

We would like to learn about your health department and what, if any, public health services you currently share WITH OTHER LOCAL OR TRIBAL HEALTH DEPARTMENTS.

For purposes of this survey/project, we are defining shared services as SHARING OF RESOURCES (SUCH AS STAFFING OR EQUIPMENT OR FUNDS) ON AN ONGOING BASIS. The resources could be shared to support programs (like a joint WIC or environmental health program) or 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 "handshake" agreement).

Another way to look at this is that each employee, project, resource, service, etc. that spans more than one agency jurisdiction is considered a shared resource.

While we are asking you to identify yourself and your department, please be assured that results from this survey will be reported in aggregate and your individual responses will be known only to the research team.

**\*1. Please tell us about you and your health department.**

**Your Name:**

**Your Job Title:**

**Health Department:**

**Address:**

**City/Town:**

**State:**

**ZIP:**

**Your Email Address:**

**Phone Number:**

Shared Public Health Services

**\*2. Has the extent to which your department shares services with other health departments changed in the past 12 months?**

mlj

No change because we were not and are not engaged in a service sharing arrangement

mlj

No change because we are sharing services to the same extent

mlj

Sharing to a greater extent than before

mlj

Sharing to a lesser extent than before

Comments? (not required)

**Your Governing Body and Service Sharing**

**\*3. To what extent do your health department's governing bodies (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?**

mlj

Governing bodies never approve arrangements

mlj

Governing bodies approve some arrangements

mlj

Governing bodies approve all arrangements

mlj

Do not know

Comments? (not required)

**\*4. 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 under "Comments".)**

mlj

Yes

mlj No

mlj

Do not know

Comments? (not required)

Shared Public Health Services

**\*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 CREATION of a shared services arrangement?**

mlj

Yes

mlj No

mlj

Do not know

Comments? (not required)

**Governing Body Reasons**

**6. 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.)**

fec

To make better use of resources

fec

To save money

fec

To respond to program requirements

fec

To aid in recruitment of qualified staff

fec

To provide new services

fec

To provide better services

fec

To meet national voluntary accreditation standards

fec

To support or increase the level of our department status per Chapter 140

fec

To increase our department's credibility within the community

fec

To support our department's independence

fec

Do not know

fec

Other (please specify)

**Legal Issues**

In this section, we would like to gain a better understanding of legal arrangements that authorize or permit ­ OR ­ prohibit or impede service sharing.

Shared Public Health Services

**\*7. 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?**

mlj

Yes

mlj No

Comments? (not required)

**Legal issues II**

**\*8. 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 under "comments".)**

fec

State level statutes or regulations

fec

Local laws, ordinances or regulations

fec

Tribal laws, codes, ordinances or regulations

fec

Other

fec

Do not know

Comments? (not required)

**\*9. 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?**

mlj

Yes

mlj No

Comments? (not required)

**Legal Issues III**

Shared Public Health Services

**\*10. 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".)**

fec

State level statutes or regulations

fec

Local laws, ordinances or regulations

fec

Tribal laws, codes, ordinances or regulations

fec

Other

fec

Do not know

Comments? (not required)

**Current Shared Services**

This section focuses on the current status of service sharing in your health department.

As a reminder ­ This project is defining shared services as sharing of resources (such as staffing or equipment or funds) with OTHER LOCAL OR TRIBAL HEALTH DEPARTMENTS on an ONGOING basis. The resources could be shared to support programs (like a joint WIC or environmental health program) or organizational functions (such as human

resources or information technology). The basis for resource sharing as defined here can be formal (such as a contract or memorandum of understanding) or informal (such as a mutual understanding or "handshake" agreement).

**\*11. Does your health department currently share services (as defined above) with another local or Tribal health department(s)?**

mlj

Yes

mlj No

Comments? (not required)

**TYPES OF SHARING**

Here is a list of common types of public health service sharing arrangements. Please start at the TOP of the list and select the FIRST TYPE LISTED that is relevant to your health department.

IF YOU HAVE MORE THAN ONE TYPE OF SHARED SERVICE ARRANGEMENT, DON'T WORRY ­ the survey will prompt you to select and then share details of each as you progress.

Shared Public Health Services

**\*12. For which programmatic areas or organizational functions does your health department share resources? (Remember ­ start at the TOP of the list and select the FIRST TYPE LISTED that is relevant to your health department. See instructions above.)**

mlj

Emergency preparedness

mlj

Epidemiology or surveillance

mlj

Physician services

mlj

Communicable disease screening or treatment

mlj

Chronic disease screening or treatment

mlj

Maternal and child health services

mlj

Population­based primary prevention programs

mlj

Inspection or licensing

mlj

Environmental health programs other than inspection or licensing

mlj

Community health assessment

mlj

Human resources

mlj

Financial management

mlj

Purchasing

mlj

Information technology of management

mlj

Communications or public information

mlj

Other (please specify)

**EMERGENCY PREPAREDNESS: Description of existing arrangement**

**\*13. In the emergency preparedness service sharing arrangement: (check all that apply)**

fec

My department provides functions or services for another health department's jurisdiction

fec

Another health department provides functions or services for our jurisdiction

fec

Our health department shares a staff person with another health department

fec

Our health department shares equipment with another health department

Other (please specify)

Shared Public Health Services

**\*14. Please name the other health department(s) engaged with you in this service sharing arrangement. Please list partner department and a contact person.**

5

6

**\*15. What was your department's motivation for creating this shared service arrangement? (Check all that apply.)**

fec

To make better use of resources

fec

To save money

fec

To respond to program requirements

fec

To aid in recruitment of qualified staff

fec

To provide new services

fec

To provide better services

fec

To meet national voluntary accreditation standards

fec

To support or increase the level of our department status per Chapter 140

fec

To increase our department's credibility within the community

fec

To support our department's independence

fec

Do not know

fec

Other (please specify)

**\*16. 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?)**

5

6

Shared Public Health Services

**\*17. Who was involved in development of this shared service arrangement? (Check all that apply.)**

fec

Health Officer

fec

Human Services Director

fec

City Attorney

fec

County Attorney

fec

Tribal Attorney

fec

Private Attorney/Counsel

fec

Elected Officials (County, City, Tribal)

fec

County Administrator

fec

City Administrator

fec

Community Partners

fec

Don't Know

fec

Other (please specify)

**\*18. Please indicate the year (approximate if you are not certain of exact year) that this shared service arrangement began.**

mlj

1995­2000

mlj

2001­2005

mlj

2006

mlj

2007

mlj

2008

mlj

2009

mlj

2010

mlj

2011

mlj

2012

mlj

Don't know

Comments?

Shared Public Health Services

**\*19. Please indicate the date (approximate if you are not certain of exact date) that this shared service arrangement expires.**

mlj

2012

mlj

2013

mlj

2014

mlj

2015

mlj

2016 or beyond

mlj

No expiration date has been determined

mlj

Don't know

Comments? (not required)

**\*20. Does your department have any process in place for reviewing or evaluating this shared service arrangement?**

mlj

Yes

mlj No

mlj

Do not know

Comments? (not required)

**21. If applicable, briefly describe how you evaluate or review this shared service**

**arrangement.**

5

6

**\*22. Do the participating health departments have a written agreement for this service sharing arrangement?**

mlj

Yes

mlj No

Comments? (not required)

Shared Public Health Services

**23. If applicable, please indicate the nature of the written document(s):**

mlj

Contract (i.e. a binding agreement between two or more parties)

mlj

Memorandum of understanding or memorandum of agreement (i.e. an agreement between two or more parties indicating an intended

common line of action but without legal commitment)

mlj

Mutual aid agreement (i.e. an agreement among emergency responders to lend assistance across jurisdictional boundaries)

mlj

Agreement to provide surge capacity (as in Domain 2 of PHAB standards)

mlj

Written agreement but unsure how to classify

mlj

Other (please specify)

**24. If applicable, would you be wiling to share a copy of your document(s) with the**

**Network for Public Health Law for research analysis purposes? If yes, a project specialist will contact you via email.**

mlj

Yes

mlj No

Comments? (not required)

Shared Public Health Services

**\*25. Thank you for answering questions about your EMERGENCY PREPAREDNESS arrangement. Now please start at the TOP of the list again and select the NEXT programmatic area or organizational function that is relevant to your health department. If there are no others, check "We have no additional service sharing arrangements."**

mlj

Epidemiology or surveillance

mlj

Physician services

mlj

Communicable disease screening or treatment

mlj

Chronic disease screening or treatment

mlj

Maternal and child health services

mlj

Population­based primary prevention programs

mlj

Inspection or licensing

mlj

Environmental health programs other than inspection or licensing

mlj

Community health assessment

mlj

Human resources

mlj

Financial management

mlj

Purchasing

mlj

Information technology of management

mlj

Communications or public information

mlj

We have no additional service sharing arrangements

mlj

Other (please specify)

**EPIDEMIOLOGY OR SURVEILLANCE: Description of existing arrangement**

**\*26. In the EPIDEMIOLOGY OR SURVEILLANCE service sharing arrangement: (check all that apply)**

fec

My department provides functions or services for another health department's jurisdiction

fec

Another health department provides functions or services for our jurisdiction

fec

Our health department shares a staff person with another health department

fec

Our health department shares equipment with another health department

Other (please specify)

Shared Public Health Services

**\*27. Please name the other health department(s) engaged with you in this service sharing arrangement. Please list partner department and a contact person.**

5

6

**\*28. What was your department's motivation for creating this shared service arrangement? (Check all that apply.)**

fec

To make better use of resources

fec

To save money

fec

To respond to program requirements

fec

To aid in recruitment of qualified staff

fec

To provide new services

fec

To provide better services

fec

To meet national voluntary accreditation standards

fec

To support or increase the level of our department status per Chapter 140

fec

To increase our department's credibility within the community

fec

To support our department's independence

fec

Do not know

fec

Other (please specify)

**\*29. 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?)**

5

6

Shared Public Health Services

**\*30. Who was involved in development of this shared service arrangement? (Check all that apply.)**

fec

Health Officer

fec

Human Services Director

fec

City Attorney

fec

County Attorney

fec

Tribal Attorney

fec

Private Attorney/Counsel

fec

Elected Officials (County, City, Tribal)

fec

County Administrator

fec

City Administrator

fec

Community Partners

fec

Don't Know

fec

Other (please specify)

Shared Public Health Services

**\*31. Please indicate the year (approximate if you are not certain of exact year) that this shared service arrangement began.**

mlj

1995­2000

mlj

2001­2005

mlj

2006

mlj

2007

mlj

2008

mlj

2009

mlj

2010

mlj

2010

mlj

2011

mlj

2011

mlj

2012

mlj

2012

mlj

Don't know

mlj

Don't know

Comments?

**\*32. Please indicate the date (approximate if you are not certain of exact date) that this shared service arrangement expires.**

mlj

2012

mlj

2013

mlj

2014

mlj

2015

mlj

2016 or beyond

mlj

No expiration date has been determined

mlj

Don't know

Comments? (not required)

Shared Public Health Services

**\*33. Does your department have any process in place for reviewing or evaluating this shared service arrangement?**

mlj

Yes

mlj No

mlj

Do not know

Comments? (not required)

**34. If applicable, briefly describe how you evaluate or review this shared service**

**arrangement.**

5

6

**\*35. Do the participating health departments have a written agreement for this service sharing arrangement?**

mlj

Yes

mlj No

Comments? (not required)

**36. If applicable, please indicate the nature of the written document(s):**

mlj

Contract (i.e. a binding agreement between two or more parties)

mlj

Memorandum of understanding or memorandum of agreement (i.e. an agreement between two or more parties indicating an intended

common line of action but without legal commitment)

mlj

Mutual aid agreement (i.e. an agreement among emergency responders to lend assistance across jurisdictional boundaries)

mlj

Agreement to provide surge capacity (as in Domain 2 of PHAB standards)

mlj

Written agreement but unsure how to classify

mlj

Other (please specify)

Shared Public Health Services

**37. If applicable, would you be wiling to share a copy of your document(s) with the Network for Public Health Law for research analysis purposes? If yes, a project specialist will contact you via email.**

mlj

Yes

mlj No

Comments? (not required)

**\*38. Thank you for answering questions about your EPIDEMIOLOGY OR**

**SURVEILLANCE arrangement. Now please start at the TOP of the list again and select the**

**NEXT programmatic area or organizational function that is relevant to your health department. If there are no others, check "We have no additional service sharing arrangements."**

mlj

Physician services

mlj

Communicable disease screening or treatment

mlj

Chronic disease screening or treatment

mlj

Maternal and child health services

mlj

Population­based primary prevention programs

mlj

Inspection or licensing

mlj

Environmental health programs other than inspection or licensing

mlj

Community health assessment

mlj

Human resources

mlj

Financial management

mlj

Purchasing

mlj

Information technology of management

mlj

Communications or public information

mlj

We have no additional service sharing arrangements

mlj

Other (please specify)

**PHYSICIAN SERVICE: Description of existing arrangement**

Shared Public Health Services

**\*39. In the PHYSICIAN SERVICE service sharing arrangement: (check all that apply)**

fec

My department provides functions or services for another health department's jurisdiction

fec

Another health department provides functions or services for our jurisdiction

fec

Our health department shares a staff person with another health department

fec

Our health department shares equipment with another health department

Other (please specify)

**\*40. Please name the other health department(s) engaged with you in this service sharing arrangement. Please list partner department and a contact person.**

5

6

**\*41. What was your department's motivation for creating this shared service arrangement? (Check all that apply.)**

fec

To make better use of resources

fec

To save money

fec

To respond to program requirements

fec

To aid in recruitment of qualified staff

fec

To provide new services

fec

To provide better services

fec

To meet national voluntary accreditation standards

fec

To support or increase the level of our department status per Chapter 140

fec

To increase our department's credibility within the community

fec

To support our department's independence

fec

Do not know

fec

Other (please specify)

Shared Public Health Services

**\*42. 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?)**

5

6

**\*43. Who was involved in development of this shared service arrangement? (Check all that apply.)**

fec

Health Officer

fec

Human Services Director

fec

City Attorney

fec

County Attorney

fec

Tribal Attorney

fec

Private Attorney/Counsel

fec

Elected Officials (County, City, Tribal)

fec

County Administrator

fec

City Administrator

fec

Community Partners

fec

Don't Know

fec

Other (please specify)

Shared Public Health Services

**\*44. Please indicate the year (approximate if you are not certain of exact year) that this shared service arrangement began.**

mlj

1995­2000

mlj

2001­2005

mlj

2006

mlj

2007

mlj

2008

mlj

2009

mlj

2010

mlj

2011

mlj

2012

mlj

Don't know

Comments?

**\*45. Please indicate the date (approximate if you are not certain of exact date) that this shared service arrangement expires.**

mlj

2012

mlj

2013

mlj

2014

mlj

2015

mlj

2016 or beyond

mlj

No expiration date has been determined

mlj

Don't know

Comments? (not required)

**\*46. Does your department have any process in place for reviewing or evaluating this shared service arrangement?**

mlj

Yes

mlj No

mlj

Do not know

Comments? (not required)

Shared Public Health Services

**47. If applicable, briefly describe how you evaluate or review this shared service**

**arrangement.**

5

6

**\*48. Do the participating health departments have a written agreement for this service sharing arrangement?**

mlj

Yes

mlj No

Comments? (not required)

**49. If applicable, please indicate the nature of the written document(s):**

mlj

Contract (i.e. a binding agreement between two or more parties)

mlj

Memorandum of understanding or memorandum of agreement (i.e. an agreement between two or more parties indicating an intended

common line of action but without legal commitment)

mlj

Mutual aid agreement (i.e. an agreement among emergency responders to lend assistance across jurisdictional boundaries)

mlj

Agreement to provide surge capacity (as in Domain 2 of PHAB standards)

mlj

Written agreement but unsure how to classify

mlj

Other (please specify)

**50. If applicable, would you be wiling to share a copy of your document(s) with the**

**Network for Public Health Law for research analysis purposes? If yes, a project specialist will contact you via email.**

mlj

Yes

mlj No

Comments? (not required)

Shared Public Health Services

**\*51. Thank you for answering questions about your PHYSICIAN SERVICES arrangement. Now please start at the TOP of the list again and select the NEXT programmatic area or organizational function that is relevant to your health department. If there are no others, check "We have no additional service sharing arrangements."**

mlj

Communicable disease screening or treatment

mlj

Chronic disease screening or treatment

mlj

Maternal and child health services

mlj

Population­based primary prevention programs

mlj

Inspection or licensing

mlj

Environmental health programs other than inspection or licensing

mlj

Community health assessment

mlj

Human resources

mlj

Financial management

mlj

Purchasing

mlj

Information technology of management

mlj

Communications or public information

mlj

We have no additional service sharing arrangements

mlj

Other (please specify)

**COMMUNICABLE DISEASE SCREENING OR TREATMENT: Description of existing arrang...**

**\*52. In the COMMUNICABLE DISEASE SCREENING OR TREATMENT service sharing arrangement: (check all that apply)**

fec

My department provides functions or services for another health department's jurisdiction

fec

Another health department provides functions or services for our jurisdiction

fec

Our health department shares a staff person with another health department

fec

Our health department shares equipment with another health department

Other (please specify)

Shared Public Health Services

**\*53. Please name the other health department(s) engaged with you in this service sharing arrangement. Please list partner department and a contact person.**

5

6

**\*54. What was your department's motivation for creating this shared service arrangement? (Check all that apply.)**

fec

To make better use of resources

fec

To save money

fec

To respond to program requirements

fec

To aid in recruitment of qualified staff

fec

To provide new services

fec

To provide better services

fec

To meet national voluntary accreditation standards

fec

To support or increase the level of our department status per Chapter 140

fec

To increase our department's credibility within the community

fec

To support our department's independence

fec

Do not know

fec

Other (please specify)

**\*55. 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?)**

5

6

Shared Public Health Services

**\*56. Who was involved in development of this shared service arrangement? (Check all that apply.)**

fec

Health Officer

fec

Human Services Director

fec

City Attorney

fec

County Attorney

fec

Tribal Attorney

fec

Private Attorney/Counsel

fec

Elected Officials (County, City, Tribal)

fec

County Administrator

fec

City Administrator

fec

Community Partners

fec

Don't Know

fec

Other (please specify)

**\*57. Please indicate the year (approximate if you are not certain of exact year) that this shared service arrangement began.**

mlj

1995­2000

mlj

2001­2005

mlj

2006

mlj

2007

mlj

2008

mlj

2009

mlj

2010

mlj

2011

mlj

2012

mlj

Don't know

Comments?

Shared Public Health Services

**\*58. Please indicate the date (approximate if you are not certain of exact date) that this shared service arrangement expires.**

mlj

2012

mlj

2013

mlj

2014

mlj

2015

mlj

2016 or beyond

mlj

No expiration date has been determined

mlj

Don't know

Comments? (not required)

**\*59. Does your department have any process in place for reviewing or evaluating this shared service arrangement?**

mlj

Yes

mlj No

mlj

Do not know

Comments? (not required)

**60. If applicable, briefly describe how you evaluate or review this shared service**

**arrangement.**

5

6

**\*61. Do the participating health departments have a written agreement for this service sharing arrangement?**

mlj

Yes

mlj No

Comments? (not required)

Shared Public Health Services

**62. If applicable, please indicate the nature of the written document(s):**

mlj

Contract (i.e. a binding agreement between two or more parties)

mlj

Memorandum of understanding or memorandum of agreement (i.e. an agreement between two or more parties indicating an intended

common line of action but without legal commitment)

mlj

Mutual aid agreement (i.e. an agreement among emergency responders to lend assistance across jurisdictional boundaries)

mlj

Agreement to provide surge capacity (as in Domain 2 of PHAB standards)

mlj

Written agreement but unsure how to classify

mlj

Other (please specify)

**63. If applicable, would you be wiling to share a copy of your document(s) with the**

**Network for Public Health Law for research analysis purposes? If yes, a project specialist will contact you via email.**

mlj

Yes

mlj No

Comments? (not required)

Shared Public Health Services

**\*64. Thank you for answering questions about your COMMUNICABLE DISEASE arrangement. Now please start at the TOP of the list again and select the NEXT programmatic area or organizational function that is relevant to your health department. If there are no others, check "We have no additional service sharing arrangements."**

mlj

Chronic disease screening or treatment

mlj

Maternal and child health services

mlj

Population­based primary prevention programs

mlj

Inspection or licensing

mlj

Environmental health programs other than inspection or licensing

mlj

Community health assessment

mlj

Human resources

mlj

Financial management

mlj

Purchasing

mlj

Information technology of management

mlj

Communications or public information

mlj

We have no additional service sharing arrangements

mlj

Other (please specify)

**CHRONIC DISEASE SCREENING OR TREATMENT: Description of existing arrangement**

**\*65. In the CHRONIC DISEASE SCREENING OR TREATMENT service sharing arrangement: (check all that apply)**

fec

My department provides functions or services for another health department's jurisdiction

fec

Another health department provides functions or services for our jurisdiction

fec

Our health department shares a staff person with another health department

fec

Our health department shares equipment with another health department

Other (please specify)

Shared Public Health Services

**\*66. Please name the other health department(s) engaged with you in this service sharing arrangement. Please list partner department and a contact person.**

5

6

**\*67. What was your department's motivation for creating this shared service arrangement? (Check all that apply.)**

fec

To make better use of resources

fec

To save money

fec

To respond to program requirements

fec

To aid in recruitment of qualified staff

fec

To provide new services

fec

To provide better services

fec

To meet national voluntary accreditation standards

fec

To support or increase the level of our department status per Chapter 140

fec

To increase our department's credibility within the community

fec

To support our department's independence

fec

Do not know

fec

Other (please specify)

**\*68. 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?)**

5

6

Shared Public Health Services

**\*69. Who was involved in development of this shared service arrangement? (Check all that apply.)**

fec

Health Officer

fec

Human Services Director

fec

City Attorney

fec

County Attorney

fec

Tribal Attorney

fec

Private Attorney/Counsel

fec

Elected Officials (County, City, Tribal)

fec

County Administrator

fec

City Administrator

fec

Community Partners

fec

Don't Know

fec

Other (please specify)

**\*70. Please indicate the year (approximate if you are not certain of exact year) that this shared service arrangement began.**

mlj

1995­2000

mlj

2001­2005

mlj

2006

mlj

2007

mlj

2008

mlj

2009

mlj

2010

mlj

2011

mlj

2012

mlj

Don't know

Comments?

Shared Public Health Services

**\*71. Please indicate the date (approximate if you are not certain of exact date) that this shared service arrangement expires.**

mlj

2012

mlj

2013

mlj

2014

mlj

2015

mlj

2016 or beyond

mlj

No expiration date has been determined

mlj

Don't know

Comments? (not required)

**\*72. Does your department have any process in place for reviewing or evaluating this shared service arrangement?**

mlj

Yes

mlj No

mlj

Do not know

Comments? (not required)

**73. If applicable, briefly describe how you evaluate or review this shared service**

**arrangement.**

5

6

**\*74. Do the participating health departments have a written agreement for this service sharing arrangement?**

mlj

Yes

mlj No

Comments? (not required)

Shared Public Health Services

**75. If applicable, please indicate the nature of the written document(s):**

mlj

Contract (i.e. a binding agreement between two or more parties)

mlj

Memorandum of understanding or memorandum of agreement (i.e. an agreement between two or more parties indicating an intended

common line of action but without legal commitment)

mlj

Mutual aid agreement (i.e. an agreement among emergency responders to lend assistance across jurisdictional boundaries)

mlj

Agreement to provide surge capacity (as in Domain 2 of PHAB standards)

mlj

Written agreement but unsure how to classify

mlj

Other (please specify)

**76. If applicable, would you be wiling to share a copy of your document(s) with the**

**Network for Public Health Law for research analysis purposes? If yes, a project specialist will contact you via email.**

mlj

Yes

mlj No

Comments? (not required)

Shared Public Health Services

**\*77. Thank you for answering questions about your CHRONIC DISEASE arrangement. Now please start at the TOP of the list again and select the NEXT programmatic area or organizational function that is relevant to your health department. If there are no others, check "We have no additional service sharing arrangements."**

mlj

Maternal and child health services

mlj

Population­based primary prevention programs

mlj

Inspection or licensing

mlj

Environmental health programs other than inspection or licensing

mlj

Community health assessment

mlj

Human resources

mlj

Financial management

mlj

Purchasing

mlj

Information technology of management

mlj

Communications or public information

mlj

We have no additional service sharing arrangements

mlj

Other (please specify)

**MATERNAL & CHILD HEALTH SERVICES: Description of existing arrangement**

**\*78. In the MATERNAL & CHILD HEALTH SERVICES service sharing arrangement: (check all that apply)**

fec

My department provides functions or services for another health department's jurisdiction

fec

Another health department provides functions or services for our jurisdiction

fec

Our health department shares a staff person with another health department

fec

Our health department shares equipment with another health department

Other (please specify)

**\*79. Please name the other health department(s) engaged with you in this service sharing arrangement. Please list partner department and a contact person.**

5

6

Shared Public Health Services

**\*80. What was your department's motivation for creating this shared service arrangement? (Check all that apply.)**

fec

To make better use of resources

fec

To save money

fec

To respond to program requirements

fec

To aid in recruitment of qualified staff

fec

To provide new services

fec

To provide better services

fec

To meet national voluntary accreditation standards

fec

To support or increase the level of our department status per Chapter 140

fec

To increase our department's credibility within the community

fec

To support our department's independence

fec

Do not know

fec

Other (please specify)

**\*81. 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?)**

5

6

Shared Public Health Services

**\*82. Who was involved in development of this shared service arrangement? (Check all that apply.)**

fec

Health Officer

fec

Human Services Director

fec

City Attorney

fec

County Attorney

fec

Tribal Attorney

fec

Private Attorney/Counsel

fec

Elected Officials (County, City, Tribal)

fec

County Administrator

fec

City Administrator

fec

Community Partners

fec

Don't Know

fec

Other (please specify)

**\*83. Please indicate the year (approximate if you are not certain of exact year) that this shared service arrangement began.**

mlj

1995­2000

mlj

2001­2005

mlj

2006

mlj

2007

mlj

2008

mlj

2009

mlj

2010

mlj

2011

mlj

2012

mlj

Don't know

Comments?

Shared Public Health Services

**\*84. Please indicate the date (approximate if you are not certain of exact date) that this shared service arrangement expires.**

mlj

2012

mlj

2013

mlj

2014

mlj

2015

mlj

2016 or beyond

mlj

No expiration date has been determined

mlj

Don't know

Comments? (not required)

**\*85. Does your department have any process in place for reviewing or evaluating this shared service arrangement?**

mlj

Yes

mlj No

mlj

Do not know

Comments? (not required)

**86. If applicable, briefly describe how you evaluate or review this shared service**

**arrangement.**

5

6

**\*87. Do the participating health departments have a written agreement for this service sharing arrangement?**

mlj

Yes

mlj No

Comments? (not required)

Shared Public Health Services

**88. If applicable, please indicate the nature of the written document(s):**

mlj

Contract (i.e. a binding agreement between two or more parties)

mlj

Memorandum of understanding or memorandum of agreement (i.e. an agreement between two or more parties indicating an intended

common line of action but without legal commitment)

mlj

Mutual aid agreement (i.e. an agreement among emergency responders to lend assistance across jurisdictional boundaries)

mlj

Agreement to provide surge capacity (as in Domain 2 of PHAB standards)

mlj

Written agreement but unsure how to classify

mlj

Other (please specify)

**89. If applicable, would you be wiling to share a copy of your document(s) with the**

**Network for Public Health Law for research analysis purposes? If yes, a project specialist will contact you via email.**

mlj

Yes

mlj No

Comments? (not required)

**\*90. Thank you for answering questions about your MATERNAL AND CHILD HEALTH arrangement. Now please start at the TOP of the list again and select the NEXT programmatic area or organizational function that is relevant to your health department. If there are no others, check "We have no additional service sharing arrangements."**

mlj

Population­based primary prevention programs

mlj

Inspection or licensing

mlj

Environmental health programs other than inspection or licensing

mlj

Community health assessment

mlj

Human resources

mlj

Financial management

mlj

Purchasing

mlj

Information technology of management

mlj

Communications or public information

mlj

We have no additional service sharing arrangements

mlj

Other (please specify)

Shared Public Health Services

**POPULATION­BASED PRIMARY PREVENTION PROGRAM: Description of existing arrang...**

**\*91. In the POPULATION­BASED PRIMARY PREVENTION PROGRAM service sharing arrangement: (check all that apply)**

fec

My department provides functions or services for another health department's jurisdiction

fec

Another health department provides functions or services for our jurisdiction

fec

Our health department shares a staff person with another health department

fec

Our health department shares equipment with another health department

Other (please specify)

**\*92. Please name the other health department(s) engaged with you in this service sharing arrangement. Please list partner department and a contact person.**

5

6

**\*93. What was your department's motivation for creating this shared service arrangement? (Check all that apply.)**

fec

To make better use of resources

fec

To save money

fec

To respond to program requirements

fec

To aid in recruitment of qualified staff

fec

To provide new services

fec

To provide better services

fec

To meet national voluntary accreditation standards

fec

To support or increase the level of our department status per Chapter 140

fec

To increase our department's credibility within the community

fec

To support our department's independence

fec

Do not know

fec

Other (please specify)

Shared Public Health Services

**\*94. 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?)**

5

6

**\*95. Who was involved in development of this shared service arrangement? (Check all that apply.)**

fec

Health Officer

fec

Human Services Director

fec

City Attorney

fec

County Attorney

fec

Tribal Attorney

fec

Private Attorney/Counsel

fec

Elected Officials (County, City, Tribal)

fec

County Administrator

fec

City Administrator

fec

Community Partners

fec

Don't Know

fec

Other (please specify)

Shared Public Health Services

**\*96. Please indicate the year (approximate if you are not certain of exact year) that this shared service arrangement began.**

mlj

1995­2000

mlj

2001­2005

mlj

2006

mlj

2007

mlj

2008

mlj

2009

mlj

2010

mlj

2011

mlj

2012

mlj

Don't know

Comments?

**\*97. Please indicate the date (approximate if you are not certain of exact date) that this shared service arrangement expires.**

mlj

2012

mlj

2013

mlj

2014

mlj

2015

mlj

2016 or beyond

mlj

No expiration date has been determined

mlj

Don't know

Comments? (not required)

**\*98. Does your department have any process in place for reviewing or evaluating this shared service arrangement?**

mlj

Yes

mlj No

mlj

Do not know

Comments? (not required)

Shared Public Health Services

**99. If applicable, briefly describe how you evaluate or review this shared service**

**arrangement.**

5

6

**\*100. Do the participating health departments have a written agreement for this service sharing arrangement?**

mlj

Yes

mlj No

Comments? (not required)

**101. If applicable, please indicate the nature of the written document(s):**

mlj

Contract (i.e. a binding agreement between two or more parties)

mlj

Memorandum of understanding or memorandum of agreement (i.e. an agreement between two or more parties indicating an intended

common line of action but without legal commitment)

mlj

Mutual aid agreement (i.e. an agreement among emergency responders to lend assistance across jurisdictional boundaries)

mlj

Agreement to provide surge capacity (as in Domain 2 of PHAB standards)

mlj

Written agreement but unsure how to classify

mlj

Other (please specify)

**102. If applicable, would you be wiling to share a copy of your document(s) with the**

**Network for Public Health Law for research analysis purposes? If yes, a project specialist will contact you via email.**

mlj

Yes

mlj No

Comments? (not required)

Shared Public Health Services

**\*103. Thank you for answering questions about your POPULATION­BASED PRIMARY PREVENTION arrangement. Now please start at the TOP of the list again and select the NEXT programmatic area or organizational function that is relevant to your health department. If there are no others, check "We have no additional service sharing arrangements."**

mlj

Inspection or licensing

mlj

Environmental health programs other than inspection or licensing

mlj

Community health assessment

mlj

Human resources

mlj

Financial management

mlj

Purchasing

mlj

Information technology of management

mlj

Communications or public information

mlj

We have no additional service sharing arrangements

mlj

Other (please specify)

**INSPECTION OR LICENSING: Description of existing arrangement**

**\*104. In the INSPECTION OR LICENSING service sharing arrangement: (check all that apply)**

fec

My department provides functions or services for another health department's jurisdiction

fec

Another health department provides functions or services for our jurisdiction

fec

Our health department shares a staff person with another health department

fec

Our health department shares equipment with another health department

Other (please specify)

**\*105. Please name the other health department(s) engaged with you in this service sharing arrangement. Please list partner department and a contact person.**

5

6

Shared Public Health Services

**\*106. What was your department's motivation for creating this shared service arrangement? (Check all that apply.)**

fec

To make better use of resources

fec

To save money

fec

To respond to program requirements

fec

To aid in recruitment of qualified staff

fec

To provide new services

fec

To provide better services

fec

To meet national voluntary accreditation standards

fec

To support or increase the level of our department status per Chapter 140

fec

To increase our department's credibility within the community

fec

To support our department's independence

fec

Do not know

fec

Other (please specify)

**\*107. 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?)**

5

6

Shared Public Health Services

**\*108. Who was involved in development of this shared service arrangement? (Check all that apply.)**

fec

Health Officer

fec

Human Services Director

fec

City Attorney

fec

County Attorney

fec

Tribal Attorney

fec

Private Attorney/Counsel

fec

Elected Officials (County, City, Tribal)

fec

County Administrator

fec

City Administrator

fec

Community Partners

fec

Don't Know

fec

Other (please specify)

**\*109. Please indicate the year (approximate if you are not certain of exact year) that this shared service arrangement began.**

mlj

1995­2000

mlj

2001­2005

mlj

2006

mlj

2007

mlj

2008

mlj

2009

mlj

2010

mlj

2011

mlj

2012

mlj

Don't know

Comments?

Shared Public Health Services

**\*110. Please indicate the date (approximate if you are not certain of exact date) that this shared service arrangement expires.**

mlj

2012

mlj

2013

mlj

2014

mlj

2015

mlj

2016 or beyond

mlj

No expiration date has been determined

mlj

Don't know

Comments? (not required)

**\*111. Does your department have any process in place for reviewing or evaluating this shared service arrangement?**

mlj

Yes

mlj No

mlj

Do not know

Comments? (not required)

**112. If applicable, briefly describe how you evaluate or review this shared service**

**arrangement.**

5

6

**\*113. Do the participating health departments have a written agreement for this service sharing arrangement?**

mlj

Yes

mlj No

Comments? (not required)

Shared Public Health Services

**114. If applicable, please indicate the nature of the written document(s):**

mlj

Contract (i.e. a binding agreement between two or more parties)

mlj

Memorandum of understanding or memorandum of agreement (i.e. an agreement between two or more parties indicating an intended

common line of action but without legal commitment)

mlj

Mutual aid agreement (i.e. an agreement among emergency responders to lend assistance across jurisdictional boundaries)

mlj

Agreement to provide surge capacity (as in Domain 2 of PHAB standards)

mlj

Written agreement but unsure how to classify

mlj

Other (please specify)

**115. If applicable, would you be wiling to share a copy of your document(s) with the**

**Network for Public Health Law for research analysis purposes? If yes, a project specialist will contact you via email.**

mlj

Yes

mlj No

Comments? (not required)

**\*116. Thank you for answering questions about your INSPECTION OR LICENSING arrangement. Now please start at the TOP of the list again and select the NEXT programmatic area or organizational function that is relevant to your health department. If there are no others, check "We have no additional service sharing arrangements."**

mlj

Environmental health programs other than inspection or licensing

mlj

Community health assessment

mlj

Human resources

mlj

Financial management

mlj

Purchasing

mlj

Information technology of management

mlj

Communications or public information

mlj

We have no additional service sharing arrangements

mlj

Other (please specify)

**ENVIRONMENTAL HEALTH PROGRAMS OTHER THAN INSPECTION & LICENSING:Describe ex...**

Shared Public Health Services

**\*117. In the ENVIRONMENTAL HEALTH PROGRAMS OTHER THAN INSPECTION & LICENSING service sharing arrangement: (check all that apply)**

fec

My department provides functions or services for another health department's jurisdiction

fec

Another health department provides functions or services for our jurisdiction

fec

Our health department shares a staff person with another health department

fec

Our health department shares equipment with another health department

Other (please specify)

**\*118. Please name the other health department(s) engaged with you in this service sharing arrangement. Please list partner department and a contact person.**

5

6

**\*119. What was your department's motivation for creating this shared service arrangement? (Check all that apply.)**

fec

To make better use of resources

fec

To save money

fec

To respond to program requirements

fec

To aid in recruitment of qualified staff

fec

To provide new services

fec

To provide better services

fec

To meet national voluntary accreditation standards

fec

To support or increase the level of our department status per Chapter 140

fec

To increase our department's credibility within the community

fec

To support our department's independence

fec

Do not know

fec

Other (please specify)

Shared Public Health Services

**\*120. 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?)**

5

6

**\*121. Who was involved in development of this shared service arrangement? (Check all that apply.)**

fec

Health Officer

fec

Human Services Director

fec

City Attorney

fec

County Attorney

fec

Tribal Attorney

fec

Private Attorney/Counsel

fec

Elected Officials (County, City, Tribal)

fec

County Administrator

fec

City Administrator

fec

Community Partners

fec

Don't Know

fec

Other (please specify)

Shared Public Health Services

**\*122. Please indicate the year (approximate if you are not certain of exact year) that this shared service arrangement began.**

mlj

1995­2000

mlj

2001­2005

mlj

2006

mlj

2007

mlj

2008

mlj

2009

mlj

2010

mlj

2011

mlj

2012

mlj

Don't know

Comments?

**\*123. Please indicate the date (approximate if you are not certain of exact date) that this shared service arrangement expires.**

mlj

2012

mlj

2013

mlj

2014

mlj

2015

mlj

2016 or beyond

mlj

No expiration date has been determined

mlj

Don't know

Comments? (not required)

**\*124. Does your department have any process in place for reviewing or evaluating this shared service arrangement?**

mlj

Yes

mlj No

mlj

Do not know

Comments? (not required)

Shared Public Health Services

**125. If applicable, briefly describe how you evaluate or review this shared service**

**arrangement.**

5

6

**\*126. Do the participating health departments have a written agreement for this service sharing arrangement?**

mlj

Yes

mlj No

Comments? (not required)

**127. If applicable, please indicate the nature of the written document(s):**

mlj

Contract (i.e. a binding agreement between two or more parties)

mlj

Memorandum of understanding or memorandum of agreement (i.e. an agreement between two or more parties indicating an intended

common line of action but without legal commitment)

mlj

Mutual aid agreement (i.e. an agreement among emergency responders to lend assistance across jurisdictional boundaries)

mlj

Agreement to provide surge capacity (as in Domain 2 of PHAB standards)

mlj

Written agreement but unsure how to classify

mlj

Other (please specify)

**128. If applicable, would you be wiling to share a copy of your document(s) with the**

**Network for Public Health Law for research analysis purposes? If yes, a project specialist will contact you via email.**

mlj

Yes

mlj No

Comments? (not required)

Shared Public Health Services

**\*129. Thank you for answering questions about your ENVIRONMENTAL HEALTH PROGRAMS OTHER THAN INSPECTION & LICENSING arrangement. Now please start at the TOP of the list again and select the NEXT programmatic area or organizational function that is relevant to your health department. If there are no others, check "We have no additional service sharing arrangements."**

mlj

Community health assessment

mlj

Human resources

mlj

Financial management

mlj

Purchasing

mlj

Information technology of management

mlj

Communications or public information

mlj

We have no additional service sharing arrangements

mlj

Other (please specify)

**COMMUNITY HEALTH ASSESSMENT: Description of existing arrangement**

**\*130. In the COMMUNITY HEALTH ASSESSMENT service sharing arrangement: (check all that apply)**

fec

My department provides functions or services for another health department's jurisdiction

fec

Another health department provides functions or services for our jurisdiction

fec

Our health department shares a staff person with another health department

fec

Our health department shares equipment with another health department

Other (please specify)

**\*131. Please name the other health department(s) engaged with you in this service sharing arrangement. Please list partner department and a contact person.**

5

6

Shared Public Health Services

**\*132. What was your department's motivation for creating this shared service arrangement? (Check all that apply.)**

fec

To make better use of resources

fec

To save money

fec

To respond to program requirements

fec

To aid in recruitment of qualified staff

fec

To provide new services

fec

To provide better services

fec

To meet national voluntary accreditation standards

fec

To support or increase the level of our department status per Chapter 140

fec

To increase our department's credibility within the community

fec

To support our department's independence

fec

Do not know

fec

Other (please specify)

**\*133. 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?)**

5

6

Shared Public Health Services

**\*134. Who was involved in development of this shared service arrangement? (Check all that apply.)**

fec

Health Officer

fec

Human Services Director

fec

City Attorney

fec

County Attorney

fec

Tribal Attorney

fec

Private Attorney/Counsel

fec

Elected Officials (County, City, Tribal)

fec

County Administrator

fec

City Administrator

fec

Community Partners

fec

Don't Know

fec

Other (please specify)

**\*135. Please indicate the year (approximate if you are not certain of exact year) that this shared service arrangement began.**

mlj

1995­2000

mlj

2001­2005

mlj

2006

mlj

2007

mlj

2008

mlj

2009

mlj

2010

mlj

2011

mlj

2012

mlj

Don't know

Comments?

Shared Public Health Services

**\*136. Please indicate the date (approximate if you are not certain of exact date) that this shared service arrangement expires.**

mlj

2012

mlj

2013

mlj

2014

mlj

2015

mlj

2016 or beyond

mlj

No expiration date has been determined

mlj

Don't know

Comments? (not required)

**\*137. Does your department have any process in place for reviewing or evaluating this shared service arrangement?**

mlj

Yes

mlj No

mlj

Do not know

Comments? (not required)

**138. If applicable, briefly describe how you evaluate or review this shared service**

**arrangement.**

5

6

**\*139. Do the participating health departments have a written agreement for this service sharing arrangement?**

mlj

Yes

mlj No

Comments? (not required)

Shared Public Health Services

**140. If applicable, please indicate the nature of the written document(s):**

mlj

Contract (i.e. a binding agreement between two or more parties)

mlj

Memorandum of understanding or memorandum of agreement (i.e. an agreement between two or more parties indicating an intended

common line of action but without legal commitment)

mlj

Mutual aid agreement (i.e. an agreement among emergency responders to lend assistance across jurisdictional boundaries)

mlj

Agreement to provide surge capacity (as in Domain 2 of PHAB standards)

mlj

Written agreement but unsure how to classify

mlj

Other (please specify)

**141. If applicable, would you be wiling to share a copy of your document(s) with the**

**Network for Public Health Law for research analysis purposes? If yes, a project specialist will contact you via email.**

mlj

Yes

mlj No

Comments? (not required)

**\*142. Thank you for answering questions about your COMMUNITY HEALTH ASSESSMENT arrangement. Now please start at the TOP of the list again and select the NEXT programmatic area or organizational function that is relevant to your health department. If there are no others, check "We have no additional service sharing arrangements."**

mlj

Human resources

mlj

Financial management

mlj

Purchasing

mlj

Information technology of management

mlj

Communications or public information

mlj

We have no additional service sharing arrangements

mlj

Other (please specify)

**HUMAN RESOURCES: Description of existing arrangement**

Shared Public Health Services

**\*143. In the HUMAN RESOURCES service sharing arrangement: (check all that apply)**

fec

My department provides functions or services for another health department's jurisdiction

fec

Another health department provides functions or services for our jurisdiction

fec

Our health department shares a staff person with another health department

fec

Our health department shares equipment with another health department

Other (please specify)

**\*144. Please name the other health department(s) engaged with you in this service sharing arrangement. Please list partner department and a contact person.**

5

6

**\*145. What was your department's motivation for creating this shared service arrangement? (Check all that apply.)**

fec

To make better use of resources

fec

To save money

fec

To respond to program requirements

fec

To aid in recruitment of qualified staff

fec

To provide new services

fec

To provide better services

fec

To meet national voluntary accreditation standards

fec

To support or increase the level of our department status per Chapter 140

fec

To increase our department's credibility within the community

fec

To support our department's independence

fec

Do not know

fec

Other (please specify)

Shared Public Health Services

**\*146. 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?)**

5

6

**\*147. Who was involved in development of this shared service arrangement? (Check all that apply.)**

fec

Health Officer

fec

Human Services Director

fec

City Attorney

fec

County Attorney

fec

Tribal Attorney

fec

Private Attorney/Counsel

fec

Elected Officials (County, City, Tribal)

fec

County Administrator

fec

City Administrator

fec

Community Partners

fec

Don't Know

fec

Other (please specify)

Shared Public Health Services

**\*148. Please indicate the year (approximate if you are not certain of exact year) that this shared service arrangement began.**

mlj

1995­2000

mlj

2001­2005

mlj

2006

mlj

2007

mlj

2008

mlj

2009

mlj

2010

mlj

2011

mlj

2012

mlj

Don't know

Comments?

**\*149. Please indicate the date (approximate if you are not certain of exact date) that this shared service arrangement expires.**

mlj

2012

mlj

2013

mlj

2014

mlj

2015

mlj

2016 or beyond

mlj

No expiration date has been determined

mlj

Don't know

Comments? (not required)

**\*150. Does your department have any process in place for reviewing or evaluating this shared service arrangement?**

mlj

Yes

mlj No

mlj

Do not know

Comments? (not required)

Shared Public Health Services

**151. If applicable, briefly describe how you evaluate or review this shared service**

**arrangement.**

5

6

**\*152. Do the participating health departments have a written agreement for this service sharing arrangement?**

mlj

Yes

mlj No

Comments? (not required)

**153. If applicable, please indicate the nature of the written document(s):**

mlj

Contract (i.e. a binding agreement between two or more parties)

mlj

Memorandum of understanding or memorandum of agreement (i.e. an agreement between two or more parties indicating an intended

common line of action but without legal commitment)

mlj

Mutual aid agreement (i.e. an agreement among emergency responders to lend assistance across jurisdictional boundaries)

mlj

Agreement to provide surge capacity (as in Domain 2 of PHAB standards)

mlj

Written agreement but unsure how to classify

mlj

Other (please specify)

**154. If applicable, would you be wiling to share a copy of your document(s) with the**

**Network for Public Health Law for research analysis purposes? If yes, a project specialist will contact you via email.**

mlj

Yes

mlj No

Comments? (not required)

Shared Public Health Services

**\*155. Thank you for answering questions about your HUMAN RESOURCES arrangement. Now please start at the TOP of the list again and select the NEXT programmatic area or organizational function that is relevant to your health department. If there are no others, check "We have no additional service sharing arrangements."**

mlj

Financial management

mlj

Purchasing

mlj

Information technology of management

mlj

Communications or public information

mlj

We have no additional service sharing arrangements

mlj

Other (please specify)

**FINANCIAL MANAGEMENT: Description of existing arrangement**

**\*156. In the FINANCIAL MANAGEMENT service sharing arrangement: (check all that apply)**

fec

My department provides functions or services for another health department's jurisdiction

fec

Another health department provides functions or services for our jurisdiction

fec

Our health department shares a staff person with another health department

fec

Our health department shares equipment with another health department

Other (please specify)

**\*157. Please name the other health department(s) engaged with you in this service sharing arrangement. Please list partner department and a contact person.**

5

6

Shared Public Health Services

**\*158. What was your department's motivation for creating this shared service arrangement? (Check all that apply.)**

fec

To make better use of resources

fec

To save money

fec

To respond to program requirements

fec

To aid in recruitment of qualified staff

fec

To provide new services

fec

To provide better services

fec

To meet national voluntary accreditation standards

fec

To support or increase the level of our department status per Chapter 140

fec

To increase our department's credibility within the community

fec

To support our department's independence

fec

Do not know

fec

Other (please specify)

**\*159. 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?)**

5

6

Shared Public Health Services

**\*160. Who was involved in development of this shared service arrangement? (Check all that apply.)**

fec

Health Officer

fec

Human Services Director

fec

City Attorney

fec

County Attorney

fec

Tribal Attorney

fec

Private Attorney/Counsel

fec

Elected Officials (County, City, Tribal)

fec

County Administrator

fec

City Administrator

fec

Community Partners

fec

Don't Know

fec

Other (please specify)

**\*161. Please indicate the year (approximate if you are not certain of exact year) that this shared service arrangement began.**

mlj

1995­2000

mlj

2001­2005

mlj

2006

mlj

2007

mlj

2008

mlj

2009

mlj

2010

mlj

2011

mlj

2012

mlj

Don't know

Comments?

Shared Public Health Services

**\*162. Please indicate the date (approximate if you are not certain of exact date) that this shared service arrangement expires.**

mlj

2012

mlj

2013

mlj

2014

mlj

2015

mlj

2016 or beyond

mlj

No expiration date has been determined

mlj

Don't know

Comments? (not required)

**\*163. Does your department have any process in place for reviewing or evaluating this shared service arrangement?**

mlj

Yes

mlj No

mlj

Do not know

Comments? (not required)

**164. If applicable, briefly describe how you evaluate or review this shared service**

**arrangement.**

5

6

**\*165. Do the participating health departments have a written agreement for this service sharing arrangement?**

mlj

Yes

mlj No

Comments? (not required)

Shared Public Health Services

**166. If applicable, please indicate the nature of the written document(s):**

mlj

Contract (i.e. a binding agreement between two or more parties)

mlj

Memorandum of understanding or memorandum of agreement (i.e. an agreement between two or more parties indicating an intended

common line of action but without legal commitment)

mlj

Mutual aid agreement (i.e. an agreement among emergency responders to lend assistance across jurisdictional boundaries)

mlj

Agreement to provide surge capacity (as in Domain 2 of PHAB standards)

mlj

Written agreement but unsure how to classify

mlj

Other (please specify)

**167. If applicable, would you be wiling to share a copy of your document(s) with the**

**Network for Public Health Law for research analysis purposes? If yes, a project specialist will contact you via email.**

mlj

Yes

mlj No

Comments? (not required)

**\*168. Thank you for answering questions about your FINANCIAL MANAGEMENT arrangement. Now please start at the TOP of the list again and select the NEXT programmatic area or organizational function that is relevant to your health department. If there are no others, check "We have no additional service sharing arrangements."**

mlj

Purchasing

mlj

Information technology of management

mlj

Communications or public information

mlj

We have no additional service sharing arrangements

mlj

Other (please specify)

**PURCHASING: Description of existing arrangement**

Shared Public Health Services

**\*169. In the PURCHASING service sharing arrangement: (check all that apply)**

fec

My department provides functions or services for another health department's jurisdiction

fec

Another health department provides functions or services for our jurisdiction

fec

Our health department shares a staff person with another health department

fec

Our health department shares equipment with another health department

Other (please specify)

**\*170. Please name the other health department(s) engaged with you in this service sharing arrangement. Please list partner department and a contact person.**

5

6

**\*171. What was your department's motivation for creating this shared service arrangement? (Check all that apply.)**

fec

To make better use of resources

fec

To save money

fec

To respond to program requirements

fec

To aid in recruitment of qualified staff

fec

To provide new services

fec

To provide better services

fec

To meet national voluntary accreditation standards

fec

To support or increase the level of our department status per Chapter 140

fec

To increase our department's credibility within the community

fec

To support our department's independence

fec

Do not know

fec

Other (please specify)

Shared Public Health Services

**\*172. 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?)**

5

6

**\*173. Who was involved in development of this shared service arrangement? (Check all that apply.)**

fec

Health Officer

fec

Human Services Director

fec

City Attorney

fec

County Attorney

fec

Tribal Attorney

fec

Private Attorney/Counsel

fec

Elected Officials (County, City, Tribal)

fec

County Administrator

fec

City Administrator

fec

Community Partners

fec

Don't Know

fec

Other (please specify)

Shared Public Health Services

**\*174. Please indicate the year (approximate if you are not certain of exact year) that this shared service arrangement began.**

mlj

1995­2000

mlj

2001­2005

mlj

2006

mlj

2007

mlj

2008

mlj

2009

mlj

2010

mlj

2011

mlj

2012

mlj

Don't know

Comments?

**\*175. Please indicate the date (approximate if you are not certain of exact date) that this shared service arrangement expires.**

mlj

2012

mlj

2013

mlj

2014

mlj

2015

mlj

2016 or beyond

mlj

No expiration date has been determined

mlj

Don't know

Comments? (not required)

**\*176. Does your department have any process in place for reviewing or evaluating this shared service arrangement?**

mlj

Yes

mlj No

mlj

Do not know

Comments? (not required)

Shared Public Health Services

**177. If applicable, briefly describe how you evaluate or review this shared service**

**arrangement.**

5

6

**\*178. Do the participating health departments have a written agreement for this service sharing arrangement?**

mlj

Yes

mlj No

Comments? (not required)

**179. If applicable, please indicate the nature of the written document(s):**

mlj

Contract (i.e. a binding agreement between two or more parties)

mlj

Memorandum of understanding or memorandum of agreement (i.e. an agreement between two or more parties indicating an intended

common line of action but without legal commitment)

mlj

Mutual aid agreement (i.e. an agreement among emergency responders to lend assistance across jurisdictional boundaries)

mlj

Agreement to provide surge capacity (as in Domain 2 of PHAB standards)

mlj

Written agreement but unsure how to classify

mlj

Other (please specify)

**180. If applicable, would you be wiling to share a copy of your document(s) with the**

**Network for Public Health Law for research analysis purposes? If yes, a project specialist will contact you via email.**

mlj

Yes

mlj No

Comments? (not required)

Shared Public Health Services

**\*181. Thank you for answering questions about your PURCHASING arrangement. Now please start at the TOP of the list again and select the NEXT programmatic area or organizational function that is relevant to your health department. If there are no others, check "We have no additional service sharing arrangements."**

mlj

Information technology of management

mlj

Communications or public information

mlj

We have no additional service sharing arrangements

mlj

Other (please specify)

**INFORMATION TECHNOLOGY OR MANAGEMENT:Description of existing arrangement**

**\*182. In the INFORMATION TECHNOLOGY OR MANAGEMENT service sharing arrangement: (check all that apply)**

fec

My department provides functions or services for another health department's jurisdiction

fec

Another health department provides functions or services for our jurisdiction

fec

Our health department shares a staff person with another health department

fec

Our health department shares equipment with another health department

Other (please specify)

**\*183. Please name the other health department(s) engaged with you in this service sharing arrangement. Please list partner department and a contact person.**

5

6

Shared Public Health Services

**\*184. What was your department's motivation for creating this shared service arrangement? (Check all that apply.)**

fec

To make better use of resources

fec

To save money

fec

To respond to program requirements

fec

To aid in recruitment of qualified staff

fec

To provide new services

fec

To provide better services

fec

To meet national voluntary accreditation standards

fec

To support or increase the level of our department status per Chapter 140

fec

To increase our department's credibility within the community

fec

To support our department's independence

fec

Do not know

fec

Other (please specify)

**\*185. 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?)**

5

6

Shared Public Health Services

**\*186. Who was involved in development of this shared service arrangement? (Check all that apply.)**

fec

Health Officer

fec

Human Services Director

fec

City Attorney

fec

County Attorney

fec

Tribal Attorney

fec

Private Attorney/Counsel

fec

Elected Officials (County, City, Tribal)

fec

County Administrator

fec

City Administrator

fec

Community Partners

fec

Don't Know

fec

Other (please specify)

**\*187. Please indicate the year (approximate if you are not certain of exact year) that this shared service arrangement began.**

mlj

1995­2000

mlj

2001­2005

mlj

2006

mlj

2007

mlj

2008

mlj

2009

mlj

2010

mlj

2011

mlj

2012

mlj

Don't know

Comments?

Shared Public Health Services

**\*188. Please indicate the date (approximate if you are not certain of exact date) that this shared service arrangement expires.**

mlj

2012

mlj

2013

mlj

2014

mlj

2015

mlj

2016 or beyond

mlj

No expiration date has been determined

mlj

Don't know

Comments? (not required)

**\*189. Does your department have any process in place for reviewing or evaluating this shared service arrangement?**

mlj

Yes

mlj No

mlj

Do not know

Comments? (not required)

**190. If applicable, briefly describe how you evaluate or review this shared service**

**arrangement.**

5

6

**\*191. Do the participating health departments have a written agreement for this service sharing arrangement?**

mlj

Yes

mlj No

Comments? (not required)

Shared Public Health Services

**192. If applicable, please indicate the nature of the written document(s):**

mlj

Contract (i.e. a binding agreement between two or more parties)

mlj

Memorandum of understanding or memorandum of agreement (i.e. an agreement between two or more parties indicating an intended

common line of action but without legal commitment)

mlj

Mutual aid agreement (i.e. an agreement among emergency responders to lend assistance across jurisdictional boundaries)

mlj

Agreement to provide surge capacity (as in Domain 2 of PHAB standards)

mlj

Written agreement but unsure how to classify

mlj

Other (please specify)

**193. If applicable, would you be wiling to share a copy of your document(s) with the**

**Network for Public Health Law for research analysis purposes? If yes, a project specialist will contact you via email.**

mlj

Yes

mlj No

Comments? (not required)

**\*194. Thank you for answering questions about your INFORMATION TECHNOLOGY OR MANAGEMENT arrangement. Now please start at the TOP of the list again and select the NEXT programmatic area or organizational function that is relevant to your health department. If there are no others, check "We have no additional service sharing arrangements."**

mlj

Communications or public information

mlj

We have no additional service sharing arrangements

mlj

Other (please specify)

**COMMUNICATIONS OR PUBLIC INFORMATION:Description of existing arrangement**

Shared Public Health Services

**\*195. In the COMMUNICATIONS OR PUBLIC INFORMATION service sharing arrangement: (check all that apply)**

fec

My department provides functions or services for another health department's jurisdiction

fec

Another health department provides functions or services for our jurisdiction

fec

Our health department shares a staff person with another health department

fec

Our health department shares equipment with another health department

Other (please specify)

**\*196. Please name the other health department(s) engaged with you in this service sharing arrangement. Please list partner department and a contact person.**

5

6

**\*197. What was your department's motivation for creating this shared service arrangement? (Check all that apply.)**

fec

To make better use of resources

fec

To save money

fec

To respond to program requirements

fec

To aid in recruitment of qualified staff

fec

To provide new services

fec

To provide better services

fec

To meet national voluntary accreditation standards

fec

To support or increase the level of our department status per Chapter 140

fec

To increase our department's credibility within the community

fec

To support our department's independence

fec

Do not know

fec

Other (please specify)

Shared Public Health Services

**\*198. 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?)**

5

6

**\*199. Who was involved in development of this shared service arrangement? (Check all that apply.)**

fec

Health Officer

fec

Human Services Director

fec

City Attorney

fec

County Attorney

fec

Tribal Attorney

fec

Private Attorney/Counsel

fec

Elected Officials (County, City, Tribal)

fec

County Administrator

fec

City Administrator

fec

Community Partners

fec

Don't Know

fec

Other (please specify)

Shared Public Health Services

**\*200. Please indicate the year (approximate if you are not certain of exact year) that this shared service arrangement began.**

mlj

1995­2000

mlj

2001­2005

mlj

2006

mlj

2007

mlj

2008

mlj

2009

mlj

2010

mlj

2011

mlj

2012

mlj

Don't know

Comments?

**\*201. Please indicate the date (approximate if you are not certain of exact date) that this shared service arrangement expires.**

mlj

2012

mlj

2013

mlj

2014

mlj

2015

mlj

2016 or beyond

mlj

No expiration date has been determined

mlj

Don't know

Comments? (not required)

**\*202. Does your department have any process in place for reviewing or evaluating this shared service arrangement?**

mlj

Yes

mlj No

mlj

Do not know

Comments? (not required)

Shared Public Health Services

**203. If applicable, briefly describe how you evaluate or review this shared service**

**arrangement.**

5

6

**\*204. Do the participating health departments have a written agreement for this service sharing arrangement?**

mlj

Yes

mlj No

Comments? (not required)

**205. If applicable, please indicate the nature of the written document(s):**

mlj

Contract (i.e. a binding agreement between two or more parties)

mlj

Memorandum of understanding or memorandum of agreement (i.e. an agreement between two or more parties indicating an intended

common line of action but without legal commitment)

mlj

Mutual aid agreement (i.e. an agreement among emergency responders to lend assistance across jurisdictional boundaries)

mlj

Agreement to provide surge capacity (as in Domain 2 of PHAB standards)

mlj

Written agreement but unsure how to classify

mlj

Other (please specify)

**206. If applicable, would you be wiling to share a copy of your document(s) with the**

**Network for Public Health Law for research analysis purposes? If yes, a project specialist will contact you via email.**

mlj

Yes

mlj No

Comments? (not required)

Shared Public Health Services

**\*207. Thank you for answering questions about your COMMUNICATIONS OR PUBLIC INFORMATION arrangement. Now please start at the TOP of the list again and select the NEXT programmatic area or organizational function that is relevant to your health department. If there are no others, check "We have no additional service sharing arrangements."**

mlj

We have no additional service sharing arrangements

mlj

Other (please specify)

**OTHER: Description of existing arrangement**

**\*208. In the "OTHER" service sharing arrangement: (check all that apply)**

fec

My department provides functions or services for another health department's jurisdiction

fec

Another health department provides functions or services for our jurisdiction

fec

Our health department shares a staff person with another health department

fec

Our health department shares equipment with another health department

Other (please specify)

**\*209. Please name the other health department(s) engaged with you in this service sharing arrangement. Please list partner department and a contact person.**

5

6

Shared Public Health Services

**\*210. What was your department's motivation for creating this shared service arrangement? (Check all that apply.)**

fec

To make better use of resources

fec

To save money

fec

To respond to program requirements

fec

To aid in recruitment of qualified staff

fec

To provide new services

fec

To provide better services

fec

To meet national voluntary accreditation standards

fec

To support or increase the level of our department status per Chapter 140

fec

To increase our department's credibility within the community

fec

To support our department's independence

fec

Do not know

fec

Other (please specify)

**\*211. 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?)**

5

6

Shared Public Health Services

**\*212. Who was involved in development of this shared service arrangement? (Check all that apply.)**

fec

Health Officer

fec

Human Services Director

fec

City Attorney

fec

County Attorney

fec

Tribal Attorney

fec

Private Attorney/Counsel

fec

Elected Officials (County, City, Tribal)

fec

County Administrator

fec

City Administrator

fec

Community Partners

fec

Don't Know

fec

Other (please specify)

**\*213. Please indicate the year (approximate if you are not certain of exact year) that this shared service arrangement began.**

mlj

1995­2000

mlj

2001­2005

mlj

2006

mlj

2007

mlj

2008

mlj

2009

mlj

2010

mlj

2011

mlj

2012

mlj

Don't know

Comments?

Shared Public Health Services

**\*214. Please indicate the date (approximate if you are not certain of exact date) that this shared service arrangement expires.**

mlj

2012

mlj

2013

mlj

2014

mlj

2015

mlj

2016 or beyond

mlj

No expiration date has been determined

mlj

Don't know

Comments? (not required)

**\*215. Does your department have any process in place for reviewing or evaluating this shared service arrangement?**

mlj

Yes

mlj No

mlj

Do not know

Comments? (not required)

**216. If applicable, briefly describe how you evaluate or review this shared service**

**arrangement.**

5

6

**\*217. Do the participating health departments have a written agreement for this service sharing arrangement?**

mlj

Yes

mlj No

Comments? (not required)

Shared Public Health Services

**218. If applicable, please indicate the nature of the written document(s):**

mlj

Contract (i.e. a binding agreement between two or more parties)

mlj

Memorandum of understanding or memorandum of agreement (i.e. an agreement between two or more parties indicating an intended

common line of action but without legal commitment)

mlj

Mutual aid agreement (i.e. an agreement among emergency responders to lend assistance across jurisdictional boundaries)

mlj

Agreement to provide surge capacity (as in Domain 2 of PHAB standards)

mlj

Written agreement but unsure how to classify

mlj

Other (please specify)

**219. If applicable, would you be wiling to share a copy of your document(s) with the**

**Network for Public Health Law for research analysis purposes? If yes, a project specialist will contact you via email.**

mlj

Yes

mlj No

Comments? (not required)

**Shared Services Plans**

**\*220. Is your health department EITHER CURRENTLY DEVELOPING OR CONSIDERING DEVELOPMENT of a shared services arrangement with another local or Tribal health department(s)?**

mlj

Yes, we are currently in the process of developing a new shared service arrangement

mlj

Yes, we are currently considering development of a new shared service arrangement

mlj No

mlj

Do not know

Comments? (not required)

**TYPE(S) IN DEVELOPMENT OR UNDER CONSIDERATION**

Shared Public Health Services

**\*221. You indicated that you are either CURRENTLY DEVELOPING or CONSIDERING DEVELOPMENT of a shared services arrangement. Start from the TOP of this list and check the FIRST arrangement type that you are either developing or considering. You will be asked one question about this arrangement.**

**IF YOU ARE DEVELOPING OR CONSIDERING MORE THAN ONE TYPE OF SHARED SERVICE ARRANGEMENT, DON'T WORRY ­ the survey will prompt you to share details of each as you progress.**

mlj

Emergency preparedness

mlj

Epidemiology of surveillance

mlj

Physician services

mlj

Communicable disease screening or treatment

mlj

Chronic disease screening or treatment

mlj

Maternal and child health services

mlj

Population­based primary prevention programs

mlj

Inspection or licensing

mlj

Environmental health programs other than inspection or licensing

mlj

Community health assessment

mlj

Human resources

mlj

Financial management

mlj

Purchasing

mlj

Information technology of management

mlj

Communications or public information

mlj

Other (please specify)

**EMERGENCY PREPAREDNESS: Motivation**

Shared Public Health Services

**\*222. You indicated that you are either in the process of developing or considering development of a new EMERGENCY PREPAREDNESS shared service arrangement. What is your department's MOTIVATION for creating or considering creation of this shared service arrangement? (Check all that apply.)**

fec

To make better use of resources

fec

To save money

fec

To respond to program requirements

fec

To aid in recruitment of qualified staff

fec

To provide new services

fec

To provide better services

fec

To meet national voluntary accreditation standards

fec

To support or increase the level of our department status per Chapter 140

fec

To increase our department's credibility within the community

fec

To support our department's independence

fec

Do not know

fec

Other (please specify)

Shared Public Health Services

**\*223. Thank you for answering the question about your planned or potential**

**EMERGENCY PREPAREDNESS arrangement.**

**Now please start from the TOP of this list and indicate the NEXT programmatic area or organizational function on this list for which your health department may share resources? If there are no others, check "We have no additional service sharing arrangements in planning or under consideration."**

mlj

Epidemiology of surveillance

mlj

Physician services

mlj

Communicable disease screening or treatment

mlj

Chronic disease screening or treatment

mlj

Maternal and child health services

mlj

Population­based primary prevention programs

mlj

Inspection or licensing

mlj

Environmental health programs other than inspection or licensing

mlj

Community health assessment

mlj

Human resources

mlj

Financial management

mlj

Purchasing

mlj

Information technology of management

mlj

Communications or public information

mlj

We have no additional service sharing arrangements in planning or under consideration

mlj

Other (please specify)

**EPIDEMIOLOGY OR SURVEILLANCE: Motivation**

Shared Public Health Services

**\*224. You indicated that you are either in the process of developing or considering development of a new EPIDEMIOLOGY OR SURVEILLANCE shared service arrangement. What is your department's MOTIVATION for creating or considering creation of this shared service arrangement? (Check all that apply.)**

fec

To make better use of resources

fec

To save money

fec

To respond to program requirements

fec

To aid in recruitment of qualified staff

fec

To provide new services

fec

To provide better services

fec

To meet national voluntary accreditation standards

fec

To support or increase the level of our department status per Chapter 140

fec

To increase our department's credibility within the community

fec

To support our department's independence

fec

Do not know

fec

Other (please specify)

Shared Public Health Services

**\*225. Thank you for answering the question about your planned or potential**

**EPIDEMIOLOGY OR SURVEILLANCE arrangement.**

**Now please start from the TOP of this list and indicate the NEXT programmatic area or organizational function on this list for which your health department may share resources? If there are no others, check "We have no additional service sharing arrangements in planning or under consideration."**

mlj

Physician services

mlj

Communicable disease screening or treatment

mlj

Chronic disease screening or treatment

mlj

Maternal and child health services

mlj

Population­based primary prevention programs

mlj

Inspection or licensing

mlj

Environmental health programs other than inspection or licensing

mlj

Community health assessment

mlj

Human resources

mlj

Financial management

mlj

Purchasing

mlj

Information technology of management

mlj

Communications or public information

mlj

We have no additional service sharing arrangements in planning or under consideration

mlj

Other (please specify)

**PHYSICIAN SERVICES: Motivation**

Shared Public Health Services

**\*226. You indicated that you are either in the process of developing or considering development of a new PHYSICIAN SERVICES shared service arrangement. What is your department's MOTIVATION for creating or considering creation of this shared service arrangement? (Check all that apply.)**

fec

To make better use of resources

fec

To save money

fec

To respond to program requirements

fec

To aid in recruitment of qualified staff

fec

To provide new services

fec

To provide better services

fec

To meet national voluntary accreditation standards

fec

To support or increase the level of our department status per Chapter 140

fec

To increase our department's credibility within the community

fec

To support our department's independence

fec

Do not know

fec

Other (please specify)

Shared Public Health Services

**\*227. Thank you for answering the question about your planned or potential PHYSICIAN SERVICES arrangement.**

**Now please start from the TOP of this list and indicate the NEXT programmatic area or organizational function on this list for which your health department may share resources? If there are no others, check "We have no additional service sharing arrangements in planning or under consideration."**

mlj

Communicable disease screening or treatment

mlj

Chronic disease screening or treatment

mlj

Maternal and child health services

mlj

Population­based primary prevention programs

mlj

Inspection or licensing

mlj

Environmental health programs other than inspection or licensing

mlj

Community health assessment

mlj

Human resources

mlj

Financial management

mlj

Purchasing

mlj

Information technology of management

mlj

Communications or public information

mlj

We have no additional service sharing arrangements in planning or under consideration

mlj

Other (please specify)

**COMMUNICABLE DISEASE SCREENING OR TREATMENT: Motivation**

Shared Public Health Services

**\*228. You indicated that you are either in the process of developing or considering development of a new COMMUNICABLE DISEASE SCREENING OR TREATMENT shared service arrangement. What is your department's MOTIVATION for creating or considering creation of this shared service arrangement? (Check all that apply.)**

fec

To make better use of resources

fec

To save money

fec

To respond to program requirements

fec

To aid in recruitment of qualified staff

fec

To provide new services

fec

To provide better services

fec

To meet national voluntary accreditation standards

fec

To support or increase the level of our department status per Chapter 140

fec

To increase our department's credibility within the community

fec

To support our department's independence

fec

Do not know

fec

Other (please specify)

Shared Public Health Services

**\*229. Thank you for answering the question about your planned or potential**

**COMMUNICABLE DISEASE SCREENING OR TREATMENT arrangement.**

**Now please start from the TOP of this list and indicate the NEXT programmatic area or organizational function on this list for which your health department may share resources? If there are no others, check "We have no additional service sharing arrangements in planning or under consideration."**

mlj

Chronic disease screening or treatment

mlj

Maternal and child health services

mlj

Population­based primary prevention programs

mlj

Inspection or licensing

mlj

Environmental health programs other than inspection or licensing

mlj

Community health assessment

mlj

Human resources

mlj

Financial management

mlj

Purchasing

mlj

Information technology of management

mlj

Communications or public information

mlj

We have no additional service sharing arrangements in planning or under consideration

mlj

Other (please specify)

**CHRONIC DISEASE SCREENING OR TREATMENT: Motivation**

Shared Public Health Services

**\*230. You indicated that you are either in the process of developing or considering development of a new CHRONIC DISEASE SCREENING OR TREATMENT shared service arrangement. What is your department's MOTIVATION for creating or considering creation of this shared service arrangement? (Check all that apply.)**

fec

To make better use of resources

fec

To save money

fec

To respond to program requirements

fec

To aid in recruitment of qualified staff

fec

To provide new services

fec

To provide better services

fec

To meet national voluntary accreditation standards

fec

To support or increase the level of our department status per Chapter 140

fec

To increase our department's credibility within the community

fec

To support our department's independence

fec

Do not know

fec

Other (please specify)

Shared Public Health Services

**\*231. Thank you for answering the question about your planned or potential CHRONIC DISEASE SCREENING OR TREATMENT arrangement.**

**Now please start from the TOP of this list and indicate the NEXT programmatic area or organizational function on this list for which your health department may share resources? If there are no others, check "We have no additional service sharing arrangements in planning or under consideration."**

mlj

Maternal and child health services

mlj

Population­based primary prevention programs

mlj

Inspection or licensing

mlj

Environmental health programs other than inspection or licensing

mlj

Community health assessment

mlj

Human resources

mlj

Financial management

mlj

Purchasing

mlj

Information technology of management

mlj

Communications or public information

mlj

We have no additional service sharing arrangements in planning or under consideration

mlj

Other (please specify)

**MATERNAL & CHILD HEALTH SERVICES: Motivation**

Shared Public Health Services

**\*232. You indicated that you are either in the process of developing or considering development of a new MATERNAL & CHILD HEALTH SERVICES shared service arrangement. What is your department's MOTIVATION for creating or considering creation of this shared service arrangement? (Check all that apply.)**

fec

To make better use of resources

fec

To save money

fec

To respond to program requirements

fec

To aid in recruitment of qualified staff

fec

To provide new services

fec

To provide better services

fec

To meet national voluntary accreditation standards

fec

To support or increase the level of our department status per Chapter 140

fec

To increase our department's credibility within the community

fec

To support our department's independence

fec

Do not know

fec

Other (please specify)

Shared Public Health Services

**\*233. Thank you for answering the question about your planned or potential MATERNAL**

**& CHILD HEALTH SERVICES arrangement.**

**Now please start from the TOP of this list and indicate the NEXT programmatic area or organizational function on this list for which your health department may share resources? If there are no others, check "We have no additional service sharing arrangements in planning or under consideration."**

mlj

Population­based primary prevention programs

mlj

Inspection or licensing

mlj

Environmental health programs other than inspection or licensing

mlj

Community health assessment

mlj

Human resources

mlj

Financial management

mlj

Purchasing

mlj

Information technology of management

mlj

Communications or public information

mlj

We have no additional service sharing arrangements in planning or under consideration

mlj

Other (please specify)

**POPULATION­BASED PRIMARY PREVENTION PROGRAMS: Motivation**

Shared Public Health Services

**\*234. You indicated that you are either in the process of developing or considering development of a new POPULATION­BASED PRIMARY PREVENTION PROGRAMS shared service arrangement. What is your department's MOTIVATION for creating or considering creation of this shared service arrangement? (Check all that apply.)**

fec

To make better use of resources

fec

To save money

fec

To respond to program requirements

fec

To aid in recruitment of qualified staff

fec

To provide new services

fec

To provide better services

fec

To meet national voluntary accreditation standards

fec

To support or increase the level of our department status per Chapter 140

fec

To increase our department's credibility within the community

fec

To support our department's independence

fec

Do not know

fec

Other (please specify)

Shared Public Health Services

**\*235. Thank you for answering the question about your planned or potential**

**POPULATION­BASED PRIMARY PREVENTION PROGRAMS arrangement.**

**Now please start from the TOP of this list and indicate the NEXT programmatic area or organizational function on this list for which your health department may share resources? If there are no others, check "We have no additional service sharing arrangements in planning or under consideration."**

mlj

Inspection or licensing

mlj

Environmental health programs other than inspection or licensing

mlj

Community health assessment

mlj

Human resources

mlj

Financial management

mlj

Purchasing

mlj

Information technology of management

mlj

Communications or public information

mlj

We have no additional service sharing arrangements in planning or under consideration

mlj

Other (please specify)

**INSPECTION OR LICENSING: Motivation**

Shared Public Health Services

**\*236. You indicated that you are either in the process of developing or considering development of a new INSPECTION OR LICENSING shared service arrangement. What is your department's MOTIVATION for creating or considering creation of this shared service arrangement? (Check all that apply.)**

fec

To make better use of resources

fec

To save money

fec

To respond to program requirements

fec

To aid in recruitment of qualified staff

fec

To provide new services

fec

To provide better services

fec

To meet national voluntary accreditation standards

fec

To support or increase the level of our department status per Chapter 140

fec

To increase our department's credibility within the community

fec

To support our department's independence

fec

Do not know

fec

Other (please specify)

Shared Public Health Services

**\*237. Thank you for answering the question about your planned or potential**

**INSPECTION OR LICENSING arrangement.**

**Now please start from the TOP of this list and indicate the NEXT programmatic area or organizational function on this list for which your health department may share resources? If there are no others, check "We have no additional service sharing arrangements in planning or under consideration."**

mlj

Environmental health programs other than inspection or licensing

mlj

Community health assessment

mlj

Human resources

mlj

Financial management

mlj

Purchasing

mlj

Information technology of management

mlj

Communications or public information

mlj

We have no additional service sharing arrangements in planning or under consideration

mlj

Other (please specify)

**ENVIRONMENTAL HEALTH PROGRAMS OTHER THAN INSPECTION OR LICENSING: Motivatio...**

Shared Public Health Services

**\*238. You indicated that you are either in the process of developing or considering development of a new ENVIRONMENTAL HEALTH PROGRAMS OTHER THAN INSPECTION OR LICENSING shared service arrangement. What is your department's MOTIVATION for creating or considering creation of this shared service arrangement? (Check all that apply.)**

fec

To make better use of resources

fec

To save money

fec

To respond to program requirements

fec

To aid in recruitment of qualified staff

fec

To provide new services

fec

To provide better services

fec

To meet national voluntary accreditation standards

fec

To support or increase the level of our department status per Chapter 140

fec

To increase our department's credibility within the community

fec

To support our department's independence

fec

Do not know

fec

Other (please specify)

Shared Public Health Services

**\*239. Thank you for answering the question about your planned or potential ENVIRONMENTAL HEALTH PROGRAMS OTHER THAN INSPECTION OR LICENSING arrangement.**

**Now please start from the TOP of this list and indicate the NEXT programmatic area or organizational function on this list for which your health department may share resources? If there are no others, check "We have no additional service sharing arrangements in planning or under consideration."**

mlj

Community health assessment

mlj

Human resources

mlj

Financial management

mlj

Purchasing

mlj

Information technology of management

mlj

Communications or public information

mlj

We have no additional service sharing arrangements in planning or under consideration

mlj

Other (please specify)

**COMMUNITY HEALTH ASSESSMENT: Motivation**

Shared Public Health Services

**\*240. You indicated that you are either in the process of developing or considering development of a new COMMUNITY HEALTH ASSESSMENT shared service arrangement. What is your department's MOTIVATION for creating or considering creation of this shared service arrangement? (Check all that apply.)**

fec

To make better use of resources

fec

To save money

fec

To respond to program requirements

fec

To aid in recruitment of qualified staff

fec

To provide new services

fec

To provide better services

fec

To meet national voluntary accreditation standards

fec

To support or increase the level of our department status per Chapter 140

fec

To increase our department's credibility within the community

fec

To support our department's independence

fec

Do not know

fec

Other (please specify)

**\*241. Thank you for answering the question about your planned or potential**

**COMMUNITY HEALTH ASSESSMENT arrangement.**

**Now please start from the TOP of this list and indicate the NEXT programmatic area or organizational function on this list for which your health department may share resources? If there are no others, check "We have no additional service sharing arrangements in planning or under consideration."**

mlj

Human resources

mlj

Financial management

mlj

Purchasing

mlj

Information technology of management

mlj

Communications or public information

mlj

We have no additional service sharing arrangements in planning or under consideration

mlj

Other (please specify)

Shared Public Health Services

**HUMAN RESOURCES: Motivation**

**\*242. You indicated that you are either in the process of developing or considering development of a new HUMAN RESOURCES shared service arrangement. What is your department's MOTIVATION for creating or considering creation of this shared service arrangement? (Check all that apply.)**

fec

To make better use of resources

fec

To save money

fec

To respond to program requirements

fec

To aid in recruitment of qualified staff

fec

To provide new services

fec

To provide better services

fec

To meet national voluntary accreditation standards

fec

To support or increase the level of our department status per Chapter 140

fec

To increase our department's credibility within the community

fec

To support our department's independence

fec

Do not know

fec

Other (please specify)

Shared Public Health Services

**\*243. Thank you for answering the question about your planned or potential HUMAN RESOURCES arrangement.**

**Now please start from the TOP of this list and indicate the NEXT programmatic area or organizational function on this list for which your health department may share resources? If there are no others, check "We have no additional service sharing arrangements in planning or under consideration."**

mlj

Financial management

mlj

Purchasing

mlj

Information technology of management

mlj

Communications or public information

mlj

We have no additional service sharing arrangements in planning or under consideration

mlj

Other (please specify)

**FINANCIAL MANAGEMENT: Motivation**

Shared Public Health Services

**\*244. You indicated that you are either in the process of developing or considering development of a new FINANCIAL MANAGEMENT shared service arrangement. What is your department's MOTIVATION for creating or considering creation of this shared service arrangement? (Check all that apply.)**

fec

To make better use of resources

fec

To save money

fec

To respond to program requirements

fec

To aid in recruitment of qualified staff

fec

To provide new services

fec

To provide better services

fec

To meet national voluntary accreditation standards

fec

To support or increase the level of our department status per Chapter 140

fec

To increase our department's credibility within the community

fec

To support our department's independence

fec

Do not know

fec

Other (please specify)

**\*245. Thank you for answering the question about your planned or potential FINANCIAL MANAGEMENT arrangement.**

**Now please start from the TOP of this list and indicate the NEXT programmatic area or organizational function on this list for which your health department may share resources? If there are no others, check "We have no additional service sharing arrangements in planning or under consideration."**

mlj

Purchasing

mlj

Information technology of management

mlj

Communications or public information

mlj

We have no additional service sharing arrangements in planning or under consideration

mlj

Other (please specify)

**PURCHASING: Motivation**

Shared Public Health Services

**\*246. You indicated that you are either in the process of developing or considering development of a new PURCHASING shared service arrangement. What is your department's MOTIVATION for creating or considering creation of this shared service arrangement? (Check all that apply.)**

fec

To make better use of resources

fec

To save money

fec

To respond to program requirements

fec

To aid in recruitment of qualified staff

fec

To provide new services

fec

To provide better services

fec

To meet national voluntary accreditation standards

fec

To support or increase the level of our department status per Chapter 140

fec

To increase our department's credibility within the community

fec

To support our department's independence

fec

Do not know

fec

Other (please specify)

**\*247. Thank you for answering the question about your planned or potential**

**PURCHASING arrangement.**

**Now please start from the TOP of this list and indicate the NEXT programmatic area or organizational function on this list for which your health department may share resources? If there are no others, check "We have no additional service sharing arrangements in planning or under consideration."**

mlj

Information technology of management

mlj

Communications or public information

mlj

We have no additional service sharing arrangements in planning or under consideration

mlj

Other (please specify)

**INFORMATION TECHNOLOGY OR MANAGEMENT: Motivation**

Shared Public Health Services

**\*248. You indicated that you are either in the process of developing or considering development of a new INFORMATION TECHNOLOGY OR MANAGEMENT shared service arrangement. What is your department's MOTIVATION for creating or considering creation of this shared service arrangement? (Check all that apply.)**

fec

To make better use of resources

fec

To save money

fec

To respond to program requirements

fec

To aid in recruitment of qualified staff

fec

To provide new services

fec

To provide better services

fec

To meet national voluntary accreditation standards

fec

To support or increase the level of our department status per Chapter 140

fec

To increase our department's credibility within the community

fec

To support our department's independence

fec

Do not know

fec

Other (please specify)

**\*249. Thank you for answering the question about your planned or potential**

**INFORMATION TECHNOLOGY OR MANAGEMENT arrangement.**

**Now please start from the TOP of this list and indicate the NEXT programmatic area or organizational function on this list for which your health department may share resources? If there are no others, check "We have no additional service sharing arrangements in planning or under consideration."**

mlj

Communications or public information

mlj

We have no additional service sharing arrangements in planning or under consideration

mlj

Other (please specify)

**COMMUNICATIONS OR PUBLIC INFORMATION: Motivation**

Shared Public Health Services

**\*250. You indicated that you are either in the process of developing or considering development of a new COMMUNICATIONS OR PUBLIC INFORMATION shared service arrangement. What is your department's MOTIVATION for creating or considering creation of this shared service arrangement? (Check all that apply.)**

fec

To make better use of resources

fec

To save money

fec

To respond to program requirements

fec

To aid in recruitment of qualified staff

fec

To provide new services

fec

To provide better services

fec

To meet national voluntary accreditation standards

fec

To support or increase the level of our department status per Chapter 140

fec

To increase our department's credibility within the community

fec

To support our department's independence

fec

Do not know

fec

Other (please specify)

**\*251. Thank you for answering the question about your planned or potential**

**COMMUNICATIONS OR PUBLIC INFORMATION arrangement.**

**Now please start from the TOP of this list and indicate the NEXT programmatic area or organizational function on this list for which your health department may share resources? If there are no others, check "We have no additional service sharing arrangements in planning or under consideration."**

mlj

We have no additional service sharing arrangements in planning or under consideration

mlj

Other (please specify)

**"OTHER": Motivation**

Shared Public Health Services

**\*252. You indicated that you are either in the process of developing or considering development of a new "OTHER" shared service arrangement. What is your department's MOTIVATION for creating or considering creation of this shared service arrangement? (Check all that apply.)**

fec

To make better use of resources

fec

To save money

fec

To respond to program requirements

fec

To aid in recruitment of qualified staff

fec

To provide new services

fec

To provide better services

fec

To meet national voluntary accreditation standards

fec

To support or increase the level of our department status per Chapter 140

fec

To increase our department's credibility within the community

fec

To support our department's independence

fec

Do not know

fec

Other (please specify)

**In closing**

**253. Do you have any other comments regarding service sharing among health**

**departments?**

5

6