

# Types of Shared Services Arrangements Between Local Health Departments and Health Centers



## How to Use This Tool

This tool was prepared by the Center for Sharing Public Health Services (the Center) to help describe the types of sharing arrangements local health departments (LHDs) and health centers (HCs) can potentially use to engage. The tool has been adapted specifically to be applicable to resource sharing between local health departments (LHDs) and health centers (HCs) or federally qualified health center “look-alikes,” as defined by Section 330 of the Public Health Service Act. This document is part of a set of six tools produced by the Center in collaboration with the National Association of County and City Health Officials (NACCHO).

There are many different ways in which LHDs and HCs can share services and resources. This tool describes the four basic types of arrangements providing generic examples for each. When planning a sharing arrangement, it can be helpful for the parties to see the range of options available before selecting an approach best suited to their situation and needs. And it also can be helpful when describing sharing to others including governing bodies, other partners and the public.

The primary purpose of the tool is to inform the thinking and understanding of sharing arrangement possibilities. Please keep in mind some assumptions and limitations while using this document. It is not intended as a guide for analyzing or prioritizing the type of arrangement that would best suit the shared services being considered. Rather, that is addressed in the exploration and planning of the sharing arrangement itself. (See the primary exploration and planning tool, [Roadmap to Develop Shared Services Arrangements Between Local Health Departments and Health Centers](#).)

## Overview

By working together (i.e., pooling resources, sharing staff and/or programs) local health departments (LHD) and health centers (HC) may be able to accomplish more than they could alone.

Because there is not a one-size-fits-all approach to shared services arrangements, this document introduces a spectrum that identifies four main types of shared services arrangements (*Figure 1*). Generally, moving from left to right along the spectrum, as the level of service integration increases, the level of individual autonomy decreases, and implementation becomes more complex, as can governance. The governance model, financial structure and decision-making process can be different for each type of arrangement shown on the spectrum.



**Figure 1. Spectrum of Shared Services Arrangements Between Local Health Departments and Health Centers**

<b>Simple Collaboration</b>	<b>Service-Related Arrangements</b>	<b>Shared Programs or Functions</b>	<b>Delegation of Public Health and Health Center Roles and Responsibilities</b>
<ul style="list-style-type: none"> <li>• Sharing information</li> <li>• Establishing referral patterns</li> <li>• Participating together in community events or other activities</li> <li>• Working together on community health improvement planning and implementation efforts</li> </ul>	<ul style="list-style-type: none"> <li>• Service provision agreements</li> <li>• Other resource or asset provision agreements</li> </ul>	<ul style="list-style-type: none"> <li>• Joint programs and services</li> <li>• Joint functions</li> <li>• Co-location, public messaging and support functions</li> </ul>	<ul style="list-style-type: none"> <li>• Delegation of public health roles and responsibilities</li> <li>• Public sector provision of health center services</li> </ul>

## Simple Collaboration

On the far left side of the spectrum there is simple collaboration, where the LHD and HC work together without entering into any formal or legally binding type of agreement defining their working relationship or mutual obligations.

These arrangements are usually customary, having occurred over time, and often informal in nature.

Some examples of simple collaboration include:

- Sharing information (e.g., notifying one another regarding health conditions one or the other is experiencing or is otherwise aware of);
- Establishing referral patterns (e.g., referring clients for care provided by the other organization);
- Participating together in community events or other activities (e.g., jointly participating in community immunization drives, community health fairs, or back to school clinics); and

- Working together on community health improvement planning and implementation efforts.

## Service-Related Arrangements

Unlike simple collaboration, service-related arrangements involve regular and predictable sharing, usually through contracts or other legal agreements defining the relationship and mutual obligations.

Some examples of service-related sharing arrangements include:

- Service provision agreements (e.g., contract for one organization to provide specific services such as reproductive health or immunizations on behalf of the other organization); and
- Other resource or asset provision agreements (e.g., provision of facility or space in which to independently provide services).

## Shared Programs or Functions

If all organizations involved in the sharing arrangement contribute resources of some type and have a formal role in decisions, then the arrangement is a shared program or function. Shared programs or functions usually are operationalized through some form of legal agreement defining the working relationship or mutual obligations.

Some examples include:

- Joint programs and services (e.g., respective roles in providing an overall HIV program – testing, treatment, epidemiology and follow-up);
- Joint functions (e.g., a jointly conducted community health assessment and planning process); and
- Co-location, public messaging and support functions (e.g., while maintaining separate governance, the LHD and HC share a service location, jointly issue information to the media, and/or share administrative functions such as reception or billing).

## Delegation of Public Health and Health Center Roles and Responsibilities

On the far right side of the spectrum is delegation, where the LHD and HC have partnered in a way that enables one organization to deliver all services and, to the extent legally possible, assume the risks, costs and decision-making for all organizations involved. Full delegation arrangements are almost always implemented through some form of legal agreement among the governing bodies of the organizations.

Some examples include:

- Delegation of public health roles and responsibilities, e.g., local government contracts with a health center to provide public health services and delegates public health responsibilities and authorities to it; and
- Public sector provision of health center services, e.g., the public health department becomes the provider of health center services.

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