

# Form Follows Function: Supporting Service & Resource Sharing in Missouri

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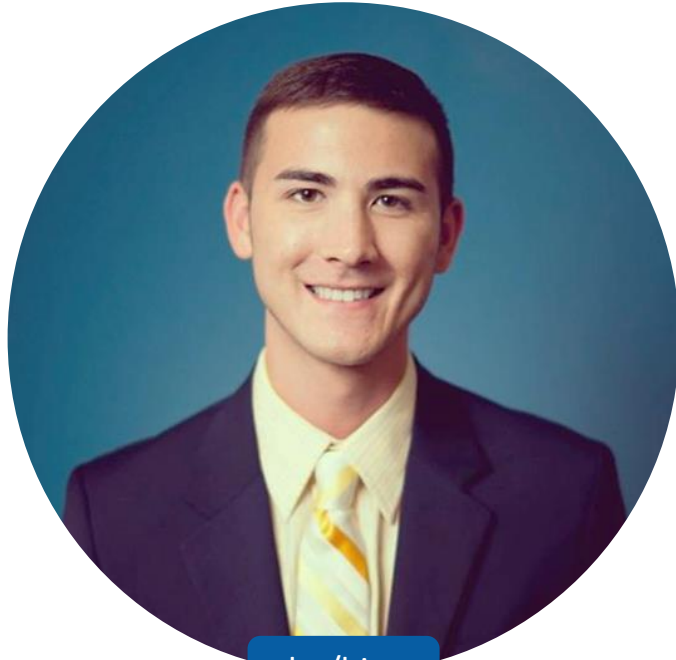
# Introductions in Chat

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- Name and Health Department/Organization
- A question you have about service and resource sharing

# Presenters

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# Today's Topics

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**Goal:** Support Missouri LPHAs in strengthening systems.

**Why PHAB is here:** Share more about service and resource sharing and how it can be utilized statewide.

## Agenda:

- Context
- State examples
- Recommendations

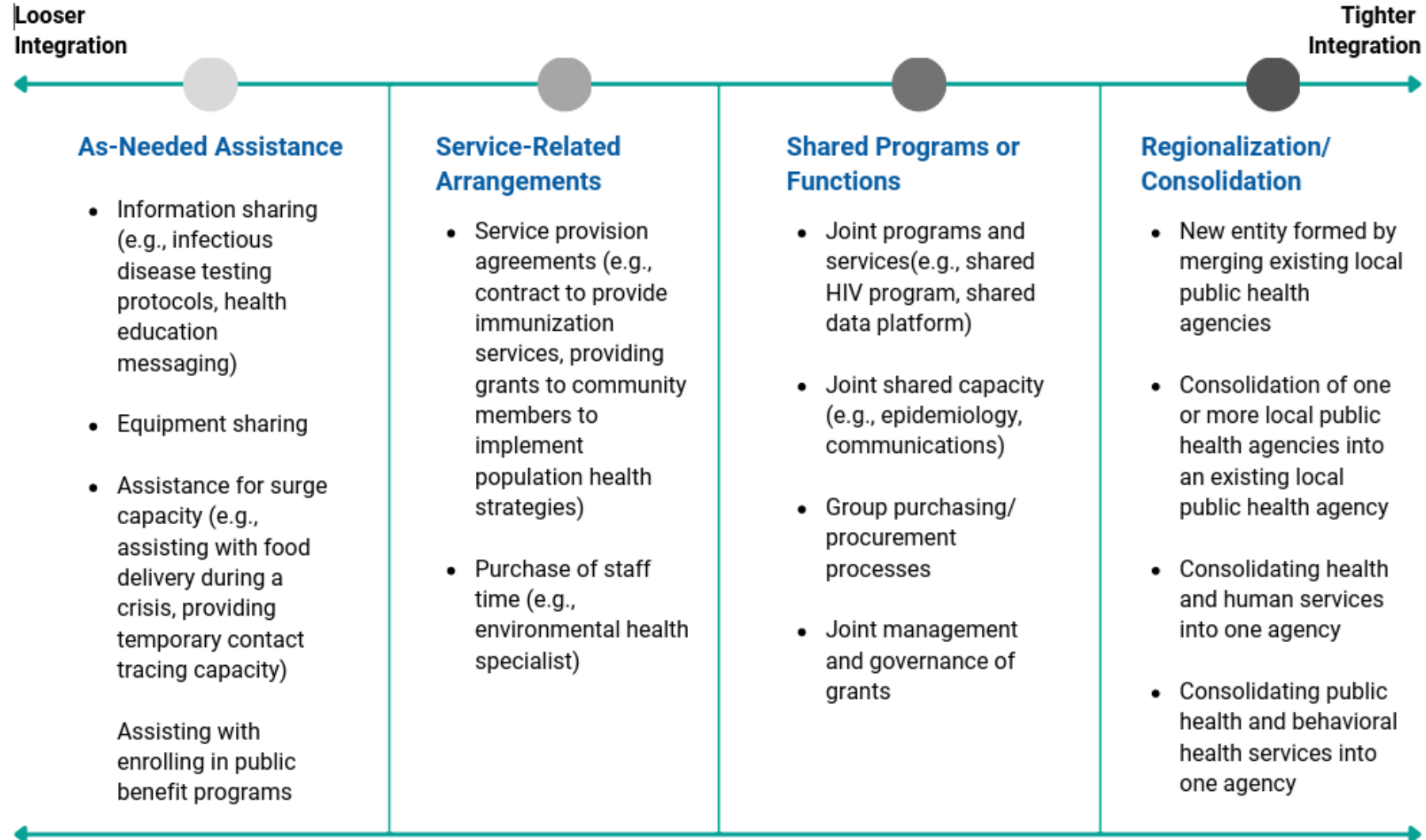
# Service and Resource Sharing (SRS)

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Service and resource sharing occurs when **staff, insights, expertise, techniques, and/or tools are shared across organizational, jurisdictional, and/or sectoral boundaries.**

- Protect and promote the health of people more effectively and efficiently.
- Accomplish more than one agency can do alone.
- Ensure that everyone is served by the Foundational Public Health Services.

# Spectrum of Sharing Agreements



# Why SRS Now?

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- The purely county-based model simply doesn't work in decentralized states
  - Workforce shortages
  - Infrastructure shortfalls
  - Funding cuts

# How Does SRS Work Best?

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- Local choice and flexibility are philosophical and practical underpinnings
- Form follows function
- Systemwide collaboration and design
  - Provides greatest opportunity for maximizing the available resources
  - Ensures that both state and local governmental structures and functions are considered and leveraged to the greatest degree

# Characteristics of Services that Lend Themselves to Sharing

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- Expensive services that are needed infrequently or sporadically
- Expensive or rare skill or expertise that can readily be applied in any community and/or does not need to be locally delivered
- Services with significant up-front capital and resource investments
- Services with little marginal cost to increased participation or service expansion
- Services that are/can be delivered virtually

# SRS Models

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- Local-to-local collaborations
- Regional models (districts, hub-and-spoke)
- Statewide/shared services

# Horizon Public Health

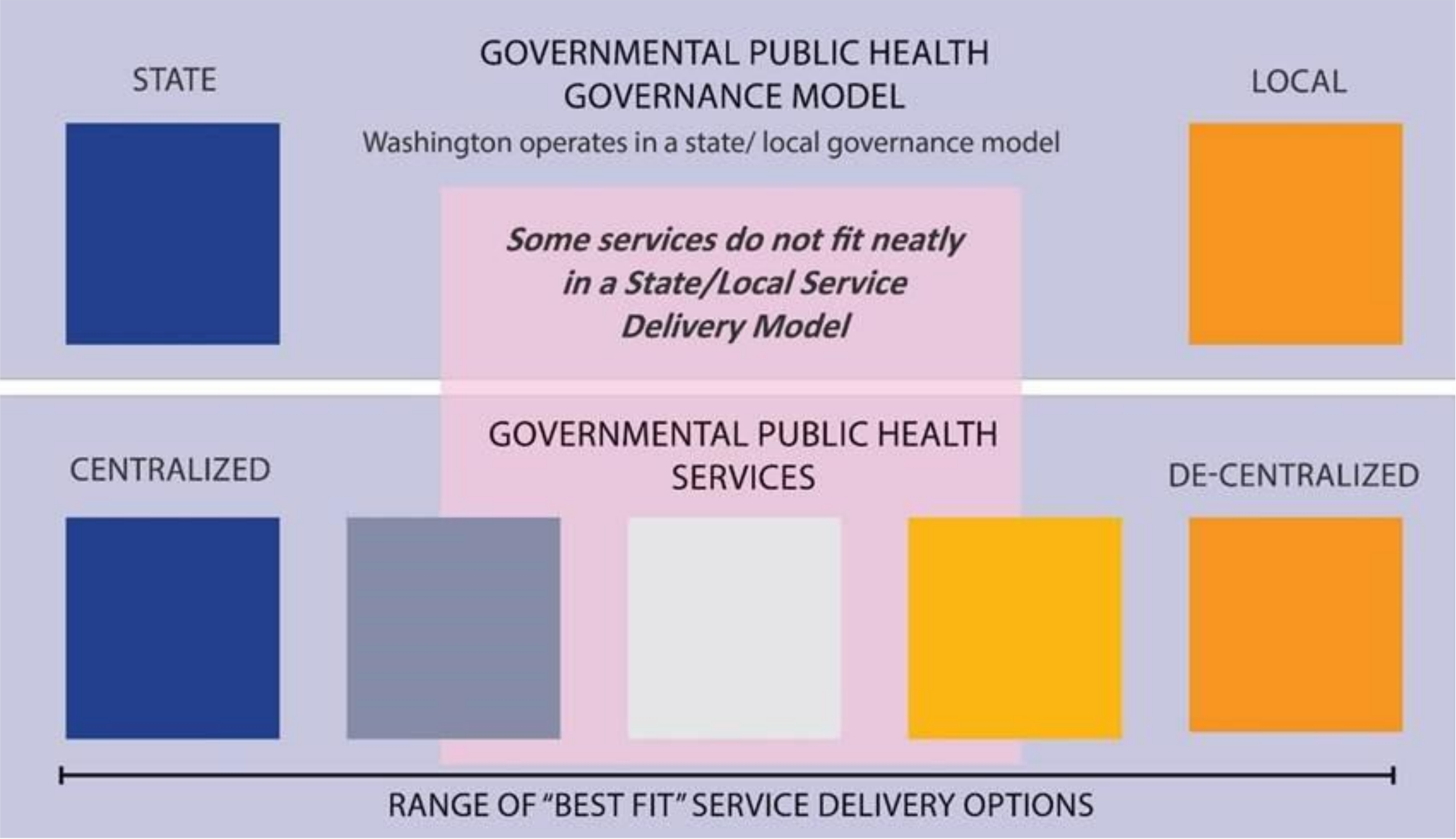
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- Driven by two local health officials who collectively served 5 counties and were looking at retirement
- The hardest sell was the county commissioners
- Each county kept its building and its nurses
- Added a lactation consultant

# GO Health

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- 2 separate health departments that share:
  - Management team
  - Some specific program staff
  - Cross-trained staff
  - Programs and policies
  - Procurement functions
- Just a few of the benefits they have realized:
  - Cost savings through better contract terms, reduced staff travel time
  - Program enhancements through better policies and procedures; attracting new grants given larger population served



# Examples of New Service Delivery Models in WA

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- TB Control headquartered in Seattle-King County
- VFC uses a hub-and-spoke model
- Tacoma-Pierce provides website services for several counties
- Spokane Regional Health Department provides communicable disease services for several surrounding counties

# SRS Models

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# State Examples

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- Minnesota: Infrastructure Fund
- Massachusetts: Locally-driven regions
- Wisconsin: Regional approaches to address FPHS

# Key Recommendations

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- Recognize SRS as an adaptive challenge
- Be deliberate: planning, evaluation, roadmap
- Invest in partnerships and collaboration
- Support change management and communication

# SRS Capacity Building Supports

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- Service and resource sharing strategy and implementation consultation and facilitation.
- Guidance on statewide strategy for transformation that includes service and resource sharing.
- Support with FPHS Capacity and Cost Assessment, Public Health Workforce Calculator, and other tools for transformation with a service and resource sharing lens.
- Service and Resource Sharing Examples Collection Form:  
[https://phaboard.qualtrics.com/jfe/form/SV\\_a2xIFspLAsYnRHw](https://phaboard.qualtrics.com/jfe/form/SV_a2xIFspLAsYnRHw)

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# Questions?





Thank  
You