

September 12, 2007

TO: Mayor Chris Coleman
Members of the Saint Paul City Council
Board of Ramsey County Commissioners
Mr. David Twa, County Manager

FROM: Mary Ackermann, Chair
Saint Paul - Ramsey County Community Health Services Advisory Committee

RE: JOINT POWERS AGREEMENT MONITORING REPORT

Attached is a report compiled by staff and reviewed by The Saint Paul - Ramsey County Community Health Services Advisory Committee (CHSAC). The CHSAC is a citizen advisory committee composed of Mayoral and County Board representatives that review the work of the Department of Public Health. The CHSAC has reviewed this Joint Powers Agreement Monitoring Report and is now submitting the report as information to the Saint Paul City Council and the Ramsey County Board of Commissioners. The monitoring report is a task identified in the Joint Powers Agreement for Public Health dated July 1, 1997.

As outgoing Chairperson I am pleased to tell you that the Community Health Services Advisory Committee continues to be active in investigating important public health issues and advising the staff, the Director and elected officials of Saint Paul and Ramsey County on important public health topics. The Saint Paul - Ramsey County CHSAC has now had two annual meetings/forums (2005 and 2006) with the CHS Advisory Committees of Minneapolis and Hennepin County. The third annual meeting is planned for December 2007 on the topic of "our of school time and healthy youth development". These meetings are essential to the progress we are making in dealing with public health problems on a regional basis.

I believe the work of the CHSAC is valuable to the Director, the City Council and the County Board, and should continue indefinitely. The staff should be commended for it's hard work to keep all of the committees seats filled and the members prepared with meaningful presentations, discussions and draft recommendations. All of the members appreciate the resources of time and talent necessary to make the Committee successful.

**SAINT PAUL - RAMSEY COUNTY DEPARTMENT OF PUBLIC HEALTH
JOINT POWERS AGREEMENT IMPLEMENTATION
MONITORING REPORT**

September 2007

Background on the “coming together” of two public health departments

In 1976, the State legislature adopted the Community Health Services Act that identified counties as the provider of public health services in Minnesota. The Act, however, allowed cities operating public health departments at the time to be grandfathered into the new structure. To do so, they had to form their own community health service agency, establish a local board of health, prepare a community health services plan consistent with the county’s plan, establish an advisory committee, and get approval of the Minnesota Commissioner of Health. Five cities, including Saint Paul, elected to maintain their own public health services. Although Saint Paul chose to remain a city run health department, the City and County did establish a single advisory committee structure for both departments. Since 1992, the City and County have also worked together to create and implement a joint Community Health Services Plan.

In 1988, the Saint Paul City Council and the Ramsey County Board of Commissioners authorized a major effort to merge the two agencies. A host of issues were identified and teams of staff were established to resolve the issues. The majority of the most difficult issues related to personnel matters, and because all the demands could not be reached, the City withdrew from the negotiations and the merger attempt failed at that time.

In 1991, the State Legislature established the Ramsey County Local Government Services Study Commission to find ways to streamline City and County services. The Commission considered proposals to combine public safety communication centers, libraries, roads, attorneys and public health services. Again, an extensive amount of research was conducted. The Commission voted not to merge the two health departments. A strong minority report was filed dealing with public health and six other services provided by both the City and the County.

In 1994, the County again initiated a plan to enter into a management contract with the City to manage the health departments. The City was not prepared to do this at that time.

In 1995, the Mayor’s staff approached County staff and together, they initiated meetings regarding the merger of the two health agencies. A City and County Health Merger Group was formed to study the issue and to create a report and recommendation. A final report was completed in June, 1996.

In 1996, the Report recommended that the City and the County use the mechanism of a Joint Powers Agreement (JPA) to initiate the process that would lead to the eventual merger of the two departments. The

report concluded that implementing the JPA would: 1) result in coordinated management and service delivery; 2) save approximately \$100,000; 3) appropriately use the County's larger tax base to fund public health; 4) position the agency to handle expected Federal and State changes in health care; and 5) provide a measure of tax relief to Saint Paul property taxpayers who were paying twice for public health services. The public health services described in the Community Health Services Plan, the 1996 City and County public health budgets and the Ramsey County Solid Waste Master Plan would be provided by the City and the County.

The City retained responsibility for the following programs: housing complaints, vacant buildings, summary abatement, lead paint hazard reduction and control, truth in sale of housing, nuisance abatement, animal control, and food inspection and solid waste activities within the City. The City agreed to provide the following services on behalf of the County outside the City limits including: dangerous dog registration, lead paint hazard reduction and control. The new department was named the Saint Paul - Ramsey County Department of Public Health (SPRCDPH). Lead Paint Hazard Control and Lead Hazard Reduction programs were later added to the department in 1999 through a separate JPA.

Joint Powers Agreement (JPA)

The Joint Powers Agreement on Public Health (JPA) was adopted by both the Saint Paul City Council and the Ramsey County Board of Commissioners in December, 1996 and went into effect July 1, 1997. The JPA requires that a monitoring report be sent to the Mayor, City Council and County Commissioners describing how the SPRCDPH has complied and continues to comply with the Joint Powers Agreement. Provisions of the JPA include: setting a five-year term for the first term of the agreement; renewing the JPA every ten years after the initial five-year term; establishing conditions for the use of the land and building at 555 Cedar; and increasing the oversight for assuring that services will not be reduced without formal review through the CHS Plan or the annual budget process.

Labor Management Committee

A new Labor Management Committee was formed to meet on a regular basis to discuss JPA implementation and operational issues from the perspective of both labor and management. The Committee continues to meet on a bimonthly basis, to discuss workplace issues. Representatives from labor Unions as well as management and unrepresented employees are active participants on this committee of thirteen members. Issues are discussed and resolved by consensus. Agenda items include issues that are discussed at each and every meeting such as: budgets, office space, and health and safety. In addition, agenda items are submitted by committee members and the staff at-large prior to the meetings. An on-going topic of discussion is the "collaborative workplace environment". Summary meeting minutes are taken and distributed to all staff in the Department after each meeting.

Community Health Services Planning

Department planning staff recently conducted the 2007 Community Health Assessment. This health assessment will guide planning and program development for the next four years. Staff met with the CHSAC members in public meetings on three occasions: in December of 2006 to discuss the planning process schedule; in January 2007 to discuss the Community assessment data collected; and again in February 2007 to discuss the Level of Effort for Core Issues. A web-based, internet survey was conducted to identify priority problems and more than 500 people from the staff, the CHSAC, the community-at-large

participated. It is anticipated that draft program plans will be discussed at the October 2007 meeting, with review and approval to follow. The plan is due to the Minnesota Department of Health after approval by the Ramsey County Board of Commissioners.

This is the first plan being written under a revised planning process. This new process will establish local public health priorities based on an assessment of community health needs and assets and determine within six mandated areas, the mechanisms by which the community health board (CHB) will address the local public health priorities and achieve statewide outcomes within the limits of available funding. Every five years, the CHB also must notify the Commissioner of Health in writing of the statewide outcome and local priorities the CHB will address. Every year, the CHB must submit an annual report documenting progress toward statewide outcomes and local public health priorities.

A Change in Funding for Public Health Programs since the JPA

The Local Public Health (LPH) Grant established in 2003, is a consolidation of eight formerly separate grants to community health boards and tribal governments. The eight grants were: the Community Health Services Subsidy, the Maternal and Child Health Block Grant, the Women Infants and Children Grant, the Infant Mortality Grant, the Family Home Visiting Grant, the TANF Youth Risk Behavior Grant, the MN ENABL Grant, and the Eliminating Health Disparities Grant to Tribal Governments. Besides consolidating funds (and removing the need for eight separate grant applications), one of the most significant features of the LPH grant is the focused accountability for the funding on a set of statewide outcomes. Outcomes were developed by the Health Commissioner in consultation with the State CHS Advisory Committee and the MCH Advisory Committee.

The statewide outcomes are focused on improving health, and are associated with a set of essential local activities. Instead of the detailed CHS plans that were required under the previous statute and rules, the Local Public Health Grant requires community health boards to 1) establish local priorities based on an assessment of community health needs and assets; and 2) determine mechanisms to address the priorities and achieve statewide outcomes within the limits of available funding. The assessment, prioritization and planning processes still require community input, but this may take the form of public input or consideration of the recommendations of a community health advisory committee. The assessment, prioritization and planning processes also are to take into consideration the ten essential public health services.

After the initial year, the new statute established a five-year cycle for developing and reporting selected local priorities and statewide outcomes the boards address. An annual report is also required from every participating community health board to document progress on the outcomes.

A community health board that receives funding must provide a 75% match for the State General Funds in the Local Public Health Grant. Eligible local match sources include: local property taxes, reimbursements from third parties (i.e., Medicare, Medicaid, Veteran's Assistance, and private insurance), fees, other local funds, and donations or nonfederal grants that are used for community health services as defined in law. These are the same sources of local match that were allowable previously for the CHS Subsidy. A CHB that receives funding must provide at least a 50 percent match for their federal Maternal and Child Health award. Funds eligible to meet match requirements include: funds from local property taxes, reimbursements from third parties, fees, other funds, donations, nonfederal grants, or other state funds, including state funds received as part of the local public health grant. A new formula for distributing Local Public Health Grant

funds was developed and applies to all the consolidated funds except funds to tribal governments. The statute continues the State Community Health Services Advisory Committee (SCHSAC) indefinitely and the Maternal and Child Health Advisory Committee sunsets in 2007.

Financing of Public Health Programs within the City of St Paul 1997-2007

At the time of the JPA the City was concerned that public health services would continue to be provided to City residents at the same levels as before the JPA. The City Council did not want the County Board or its staff to decrease services within the City in an arbitrary manner. The City built in some assurances within the Joint Powers Agreement for the retention of public health services. Since 1997, the County has increased services within the City in response to identified needs. Service patterns have changed due to changing needs. Examples include: increase in services to refugees and immigrants, the majority who live in the City; TB control and monitoring; and public health emergency planning. The County did reduce or eliminate services in the areas of primary health care clinics and pediatric dentistry after a thorough evaluation of the changing needs and assurance of the ability of organizations or community partners to provide needed services. The County continues to provide funding to the Living at Home Block Nurse Program and Community Clinics, both programs which primarily benefit Saint Paul residents. The Saint Paul - Ramsey County Department of Public Health has never made a distinction between City and County residents when it comes to providing services. Services are provided based on evaluation of the needs. Funding follows the need and the greatest public health needs continue to be within the City.

Public Health Department Staffing Changes in the past 10 Years

In the Joint Powers Agreement, the County agreed to purchase the services of city employees from the City until such time as the County is able to staff services with County employees. Such staffing would be accomplished by transferring City positions which become vacant through attrition to the County. Any new positions which are created due to service needs are County positions. Through this process the city staff has decreased from 116 employees at the time of the initiation of the JPA to 58 employees on the city payroll as of July 1, 2007.

Capital Improvements at 555 Cedar - Juenemann Building - Public Health Center

At the time of the JPA in 1997, the City turned the Public Health Center over to the County. The County stated that it intended to continue to use the building for public health services, which it has done. The County has approved considerable Capital Improvement funding to improve the property. The following is a listing of approved improvements.

Window and Entrance Replacement	51,745
Roof Replacement	41,000
Window and Entrance Replacement	26,115
Extension of Fire System	59,000
Exterior Restoration	43,500
Window Replacement	65,000
Health, Safety and Security Improvements	26,000
Ceiling and Lighting Replacement in WIC	36,225
Sidewalks and Steps Replacement	47,960
General Building Improvements	84,744
Lab Equipment Replacement	99,290

Parking Lot and Ramp Repair/Resurface	109,030
Ceiling Tile Replacement, Lighting Improvement, Fire Suppression	560,931
TOTAL	\$1,250,000

Community Health Services Advisory Committee

The Joint Powers Agreement states that the committee will continue in effect in accordance with the process in effect at the time of the agreement unless otherwise agreed to, in writing, by the parties. Attached at the end of this report is the current roster of the member of the CHS Advisory Committee. The purpose of this committee is to advise, consult with, or make recommendations to the Saint Paul City Council, the Mayor, and the Ramsey County Board of Commissioners, on matters relating to policy development, legislation, maintenance, funding and evaluation of community health services. The Committee actively participates in the formation of the comprehensive plan for the development, implementation and operation of the public health services and programs provided.

The membership of the committee includes 13 County appointees and 10 Mayoral appointees. The composition of the committee represents as much as possible the following groups: persons interested in public health, recipients of public health services, public health professionals, persons interested in labor and licensed health professionals such as physicians, nurses and allied health professionals. The topics presented and discussed at the CHSAC during the last 18 months have included:

- Joint CHSAC meeting with Hennepin County and Minneapolis on the topic of Mind the Gap Report
- Sexual Violence and Preventing Teenage Pregnancy
- Report by Dr. Neal Holtan, Medical Director to SPRCDPH regarding his responsibilities and TB
- Presentation on St. Paul Schools Policy 537.00 Wellness policy, STEPS Grant update and Teen Parent Program
- Children’s Defense fund and Children’s Health Insurance
- Sexual Violence, STEPS grant update and Teen Parent Program
- Public Health Preparedness Update
- Abbreviated training on the Wakanheza Project
- Saint Paul and Ramsey County Legislative Issues for Session and Orientation of new members
- Second annual joint CHSAC meeting with Hennepin County and Minneapolis on the topic of Emergency Preparedness for special needs populations at Metro State - Urban Health Forum/Closing the Gap/Preparing for public health emergencies
- Community Assessment data document review and CHS planning
- Solid Waste Management in Ramsey County
- Correctional Health Programs
- Families in Crisis/ House Calls Program and Health Care for the Homeless

Significant Actions of the CHSAC Since 2004

July 2004	Resolution to ensure effective implementation of Saint Paul’s ban on smoking in bars and restaurants
August 2004	Letter to Ramsey County Board of Commissioners regarding the smoking ban
January 2006	Mind the Gap Report recommendations to the County Board and City Council

- March 2006 Letter to Lou Kanavati, Superintendent of St. Paul schools commenting on the District's Schools Policy 537.00 Wellness policy
- May 2006 Support recommendations to restrict smoking on Public Health Department property
- June 2006 Recommendations to County Board/City Council regarding issues of healthy families, teenage pregnancy, healthy lifestyles STEPS, smoke-free environments, children's health insurance)
- May 2007 Letter in support of Families in Crisis and Health Care for the Homeless grant funding

Staff comments Regarding the “Coming-together” of the Departments

As a significant part of this monitoring report, staff was asked to provide comments regarding the coming together of Saint Paul Public Health and the Ramsey County Department of Public Health. The following comments were provided:

“As a PHN (public health nurse) for the county, it is a huge advantage to have inter-office related access to “lead” information on the children of clients I serve due to information sharing between departments in the city and county. Being linked to the women's clinic makes it easier to stay aware of their services and coordinate care.”

“I have only been with the County a little over a year and can't really comment on this issue as an employee so recent. However, I did work with Ramsey County and the St. Paul Public Health Department and when they were separate, it was always very confusing about which agency should be contacted about what.”

“Although public health has always mobilized to respond to communicable disease events in our communities, that response capacity has been directed to small community outbreaks. However, in 2001 we were been given the charge to be ready to respond to very large, bioterrorism or pandemic-type of events. This charge includes coordination with hospitals, public safety officials and other jurisdiction. Public Health personnel are now listed as first responders in the nation's network of responders and as such has needed to re-train, re-tool and re-equip for this expanded responsibility. Preparedness staff have been hired to manage this change, but all staff participate in training and exercising these new roles.”

“The department has developed the capacity to work on policy issues of public health interest. This includes developing positions on issues; working with state, federal or local elected officials on solutions to public health problems and coordinating the department's policy response. Examples include immunization registries, state-wide smoking ban, and promotion of childhood immunizations.”

“A strategic focus on developing our capacity within environmental health to prepare for, respond to, and recover from emergencies and disasters has been underway since September 2004. Fueled in part by grant funding through the National Association of County and City Health Officials, this program has enabled us to: develop and implement training for environmental health staff, public health professionals, and others; engage in planning and plan development; enhance partnerships with local emergency managers, state agencies, and non-governmental organizations such as the American Red Cross; produce and disseminate tools and educational materials for licensed food establishments; evaluate and improve our data management systems; develop agreements with neighboring jurisdictions for mutual aid during emergency

response; generate and compile technical resources for field-based emergency response specific to environmental health responsibilities.”

“Preventive Health Services Section has seen its programs grow specifically in the areas of refugee screening and tuberculosis control. The sexually transmitted disease surveillance and control program has new screening technologies for GC, CT, HIV . The Room 111 and Family Planning programs have expanded into the Ramsey County correctional facilities. The Section has added diverse (Ethiopian, Somali, Hmong, Karen and Cambodian) staff members into positions that are not language specific. After the departments came together there was a phase-out and re-direction of Primary Care and Dental Clinic patients to other community-based resources and a refocusing of the TB Program away from provision of TSTs (Mantoux tests) for "routine" screening to TB and LTBI case management.”

The Future of the Saint Paul - Ramsey County Department of Public Health

On July 1, 1997, Saint Paul Public Health and the Ramsey County Department of Public Health joined together to create the Saint Paul – Ramsey County Department of Public Health. For the past 10 years, staff have learned about each other’s work, created new relationships and worked together to improve the health of the Saint Paul-Ramsey County community. With the “coming-together”, the department became the largest full-service public health department in Minnesota and one of the most important public health departments in the Upper Midwest.

Either one or both of the parties to the JPA can act to amend or end the JPA by written notification before one year prior to the 15th anniversary, on December 17, 2010. If no action is taken by that date, then the JPA’s term is extended to December 17, 2021. Staff and the CHSAC will prepare another monitoring report early in 2010.

To: Public Health Staff

From: Rob Fulton

RE: 10th Anniversary of the JPA Which Brought Together the City and County Health Departments

Date: June 28, 2007

On July 1, 1997 Saint Paul Public Health and the Ramsey County Department of Public Health joined together to create the Saint Paul – Ramsey County Department of Public Health. For the past 10 years, we have learned about each other's work, created new relationships and worked together to improve the health of our community. Many of you have heard me say that we have the largest full-service health department in Minnesota. I am very proud of this, and believe that through the work that all of you do, and the services that we provide, we are also the best health department in the Upper Midwest.

I hope you all had an opportunity to participate in a cake and ice cream event celebrating our 10th anniversary this week.. It is important to take time out from our busy schedules to recognize how much we have accomplished over these years, including:

- Involving many staff from both departments on work groups such as the 330 News; Name Change; Technology, Labor-Management and Transition Monitoring Team to successfully bring the two departments together in 1997.
- Dedicating the Don Juenemann Building in October 1999 and recognizing the need for increased attention to staff safety.
- Providing Immune Globulin to over a thousand people who were exposed to Hepatitis A at a Ramsey County restaurant in April 2000.
- Moving on from the shock of September 11, 2001 and subsequently learning about and practicing our public health preparedness roles and responsibilities.
- Serving thousands of immigrants, including the large group of Hmong who left the Wat Tham Krabok camp in 2004 and 2005, the Karen people, and many others from African countries.
- Reaching thousands of people in our community with a hand-washing message as soap was distributed and staff participated in 11 community parades celebrating the 150th anniversary of Public Health in Saint Paul and Ramsey County in 2004.
- Being awarded \$1,250,540 of capital improvements funding and completing numerous facility improvements at the Juenemann Building.
- Implementing the Ramsey County Smoke Free Restaurant Ordinance in 2005.
- Working with community and corporate partners to create a more peaceful community
- Providing home visiting and WIC services to tens of thousands of young families
- Providing assessments and case management to elderly and disabled people
- Treating and monitoring hundreds of people with TB
- Providing correctional health services

Thank you for your hard work, creating successes and positively affecting health outcomes in our community. I look forward to our continued work together as we create a healthy, safe environment for all people to live, work, and play in Ramsey County.

