October 22, 2009 LUARCC Meeting Notes

The meeting convened at 9:30 AM. Present were: John H. Fisher, III, Chair; Edwin Carman (for Acting Commissioner Charles Richman); Marvin Reed; Gary Passanante; Steven M. Cozza; State Treasurer David Rousseau. Absent was Robert Casey.

The minutes of the September 24, 2009 meeting were approved. Steve Cozza abstained.

Acting Executive Director's Report presented by Dennis Smeltzer

A draft of the Walter Rand Institute MOU will be sent to Rutgers Camden by the end of the day for review.

The LUARCC brochure will be updated over the next few weeks.

The Acting Executive Director met with county staff handling the Gloucester County tax assessment pilot program. Someone from the assessor's office is expected to make a presentation on the implementation of the pilot to the Commission in the next few months.

The Education Department is finishing evaluating school districts to determine which will be consolidated.

Roadmap is currently being worked on and will be completed by middle of November.

A Commissioner indicated that he would like to have a collaborative list of the various municipalities that are currently engaged in Shared Services or consolidation – where there are active studies. This information should be placed on the website so every member is aware of efforts that are being undertaken or discussed.

Other members agreed that this was a good idea and further added that the Commission should also reach out to the identified municipalities to keep the Commission involved in efforts around the State.

Presentation by the Division of Codes & Standards presented by Lou Mraw

The Division of Codes & Standards (DCS) is the enforcement arm of the Department of Community Affairs for the Uniform Construction Code. The DCS gathers budgetary and roster information from each municipal building department. One-third of New Jersey building departments are either involved in shared services with another municipality (140 municipalities) or the State (38 municipalities). DCS has left determination of the fee schedules up to each municipality, however, by statute the fund is to be revenue neutral. DCS has mandatory time frames for performance of certain services. New Jersey has 56 shared services agreements. Mr. Mraw said

he expects that when the economy improves, many municipalities will go back to having their own building department.

Mr. Mraw said that the DCS conducted staff analyses of local code enforcement operations on occasion. He also said that the DCS responded to complaints regarding inappropriate fee structures, but did not routinely or proactively study them.

Question was raised if anyone has ever looked at doing inspections on the county level. Mr. Mraw cited two examples of county operations, one in Ocean County and another one in Bergen County. However, both have closed shop.

The Commission would like to be able to examine all the fee schedules from all the municipalities. According to Mr. Mraw, this information is not on hand in the DCS so would have to be done by another means.

General discussion of the provision of building department services.

Progress of the Walter Rand Institute Project presented by Gwendolyn Harris
The WRI is interviewing potential staff members. Met with the North and South subcommittees. Met with Robert F. Casey.

Legislative Report presented by John H. Fisher, III
The Assembly Speaker's bill to strengthen LUARCC may come up in the "lame duck" session after the November elections. LUARCC, when it gets out into the field, will learn the obstacles to consolidation. Can propose some sort of State subsidy to cover early additional costs of consolidation or shared services until economies of scale take hold.

Update on Public Health presented by David Gruber, Senior Assistant Commissioner, Department of Health & Senior Services (A copy of that testimony is included here by reference)
Presented testimony concerning local public health services in New Jersey. There has been a reduction in local health departments from 115 to 107 since 2005.

Presentation by the New Jersey Health Officers' Association by Margaret Jahn, President: (A copy of that testimony is included here by reference)

There is a two phase examination of the provision of public health services going on at moment. Home rule issue is the biggest obstacle to consolidation of local public health departments.

A Commissioner said that the activities in public health my serve as a model for sharing other services.

General Discussion
Steven M. Cozza: can municipal personnel do consulting work for LUARCC?

This was followed by a general discussion of the subject. LUARCC will ask the Local Finance Board for guidance on the ethics of municipal personnel consulting for the Commission.

Adjournment.

Testimony before the Local Unit Alignment Reorganization and Consolidation Commission
David Gruber, Senior Assistant Commissioner
Division of Health Infrastructure Preparedness and Emergency Response
NJ Department of Health and Senior Services
October 22, 2009

Good morning Chairman Fisher and members of the Commission. Thank you for the opportunity to provide you with an update on activities in public health in New Jersey. My name is David Gruber, Senior Assistant Commissioner, at the Department of Health and Senior Services [on behalf of Commissioner Heather Howard]. I supervise the Division of Health Infrastructure Preparedness and Emergency Response at the Department. The Division of Health Infrastructure Preparedness is responsible for our state's local and regional health departments.

When I stood here before you exactly one year ago, my testimony included a description of our current public health infrastructure, its administrative responsibilities, services, and the possible impact consolidation may have on public health services and, by extension, on the health and safety of our residents. As you are well aware, the "home rule" philosophy of government in New Jersey and the reliance on local tax revenue as the primary source of funding has resulted in local systems, including public health, that are largely determined by, and responsive to, the needs of local communities and the priorities of local government officials.

Our concern has always been how to effectively coordinate the activities of a public health structure so that it functions as a cohesive system in responding to public health challenges that are not local, but regional or statewide in scope.

In the March 2009 LUARCC Report "A Quest for Efficiency in Local Governance" the Commission had two observations/recommendations to make for public health in New Jersey. First, the Commission praised the work of the DHSS in developing a monitoring and evaluation initiative and anticipated hearing more about best practices in performance measurement. Second, the Commission recommended that a regionalization study be undertaken in New Jersey for the purpose of determining how regionalization of local public health services might impact on cost or improve the quality of services.

With respect to the second recommendation, in just the past month, the Johns Hopkins Bloomberg School of Public Health issued a white paper called "New Jersey Public Health Agency Assessment/Improvement Study". This is the first part of a study which is intended to make recommendations for the organization, structure and funding of public health in NJ. The study points to troubling trends, such as the erosion of the public health workforce nationally and similar trends of which we are aware, anecdotally, in NJ. This trend will be investigated through a study undertaken

by the DHSS in conjunction with Johns Hopkins which will inventory public health staffing in New Jersey.

The Johns Hopkins paper also reiterates that NJ local health departments continue to be overwhelmingly reliant on local revenues - more so than any other state, and continues to have the lowest average annual per capita expenditures, state-wide.

With respect to the question of best practices in performance measurement, significant activities have taken place in that arena - all of which point to positive changes in the degree of collaboration and cohesion in public health.

1) The Commission had, in its 2009 report, noted the work of the DHSS in developing a monitoring and evaluation initiative. I am pleased to report that the performance evaluation of local health departments is well under way and has resulted in the on-site, administrative audits of 16 heath departments. We have engaged the services of a retired health officer to assist in conducting these evaluations, which has contributed to their depth and overall quality. After the site visit has taken place and the health department received its evaluation report, DHSS staff continues to work with health department staff, offering technical assistance and support.

2) The Commission also recognized the need for an effective and meaningful information system which would measure the capacity of the public health system to meet the challenges of our times. We are in the process of finalizing an agreement with Rutgers that will assist us in the development of such measures, including metrics on financing, services, and other measures of public health capacity.

3) Since 2004, New Jersey's public health system has built on existing networks of health officer associations which existed in many counties by creating more formalized partnerships called Governmental Public Health Partnerships (GPHPs). There are 14 GPHPs covering New Jersey 21 counties. Each GPHP consists of the health officers (or their representatives) of each local health department in a county or multi-county area. Specific roles of the GPHPs include: ensuring that all health department in a county are coordinated with respect to emergency preparedness and routine public health services; taking the lead in strategic health planning for the county; working with other health care entities in the county, such as federally qualified health centers (FQHCs), hospitals, other public health partners, and collaborating with community organizations and business entities. A significant achievement of the GPHPs has been the development of a Community Health Improvement Plan (CHIP) which identifies the public health priorities and improvement strategies for each county in NJ.

4) In the past year, the DHSS has been a partner in the "Multi State Learning Collaborative: Lead States in Quality Improvement" project, together with the NJ Health Officers' Association and the UMDNJ School of Public Health. This three-year, state-wide performance improvement initiative is funded by the Robert Wood

Johnson Foundation and managed by the National Network of Public Health Institutes. By the end of this endeavor, 34 health departments will have gone through a comprehensive training process in quality improvement and leadership. This participants have typically been members of a county-wide GPHP (Monmouth, Morris and Southern), once again reinforcing and building on regionalized planning and collaboration that has increasingly characterized the public health system in NJ.

5) There has also been a substantive move towards regionalization. in public health emergency preparedness and response at the State agency level. With the creation of five emergency health regions in NJ and the allocation of DHSS assets to support these regions, the intensification of collaboration has resulted in better communication, improved coordination of activities and policies and an enhanced use of technology to support emergency preparedness. This summer, in preparation for H1N1 fall activities, we also held a series of five all day workshops focusing on improved coordination in emergency communications, planning, implementation and cross-sectoral collaboration among all health departments and their emergency response partners. This intensive work has resulted in significant positive changes across the system.

6) Earlier this year, more than 100 stakeholders in New Jersey's public health system met to advance the effectiveness of public health in this State through participation in the State Public Health System Performance Assessment. The State Assessment is a questionnaire developed by the National Public Health Performance Standards Program (NPHPSP) of the U.S. Centers for Disease Control and Prevention (CDC) in collaboration with national public health organizations. It is also one of three instruments developed by the NPHPSP to measure the performance of the 10 Essential Public Health Services by public health systems at various levels in comparison to model standards.

New Jersey is one of the States to have made the greatest use of these instruments. Local health departments in 17 counties, through their county Governmental Public Health Partnerships (GPHPs), have completed the Local Public Health System Performance Assessment instrument as part of the process of developing their Community Health Improvement Plans (CHIPs), while 150 Local Boards of Health have completed the Local Public Health Governance Performance Assessment through an initiative of the New Jersey Local Boards of Health Association.

Last month, stakeholders were brought together to see the results of the State Assessment which provides us with a sense of what the larger public health community sees as our strengths and weaknesses, provides direction for future performance activities, and will serve as a baseline for measuring the results of these activities. Moreover, it is hoped that the collaborative process used to perform the Assessment will lead to a stronger perception among the stakeholders that they are integral parts of the larger public health system and provide an impetus to continue to work together to improve how that system functions to improve the public's health.

Performing the State Assessment completes the process of conducting an evaluation of public health in New Jersey at all levels. Our next steps include a review which consolidates all these efforts and begins to point the way for public health into the future.

In conclusion: we remain committed to maximizing our public health capacities in NJ, yet remain significantly constrained by the nature of home rule in our state. And while we are open to improvements in the structure of NJ's public health system, we are strong in our belief that any structural changes in public health must be an integral part of the overall solution to the challenges being addressed by this Commission.

Testimony before the Local Unit Alignment Reorganization and Consolidation Commission
Margaret Jahn, President
New Jersey Health Officer's Association
October 22, 2009

Good morning, Chairman Fisher and members of the Commission. I appreciate the opportunity to speak with you. My name is Margaret Jahn, President of the New Jersey Health Officer's Association. As you have heard from Mr. Gruber, we have been working in concert with the State Health Department in evaluating and assessing the public health system in New Jersey. I am sure that you recognize the complexities surrounding public health and understand that consolidation of local public health departments is not as easy as it may appear to be on the surface.

Today, I wish to update you with a brief overview of the New Jersey Public Heath Agency Assessment/Improvement Study and to expound on future research that the New Jersey Health Officers Association intends to pursue along with the State Department of Health.

The Public Heath Agency Assessment/Improvement Study is being conducted in two phases. The first phase amassed previous studies and data to develop a snapshot regarding the state of the public health system, and how we compare to other States. I believe that you have been provided a draft copy of that report. In short, the data speaks to much of what we already know about New Jersey's Public Health System; as we seek efficiencies and ways to share costs in public health, we must heed overarching issues that will affect our planning -- Issues such as health care reform, the current economic environment, the performance of local health departments and the movement toward voluntary national accreditation. Clearly, any one of these factors has potential to affect change toward further sharing of services and costs.**

Hence, as we move to Phase 2 of the study, we are excited to learn what can be done additionally to enhance public health and public health preparedness. By participating in the process and actively engaging in developing new ideas and directions, NJHOA believes that we can successfully satisfy the needs of New Jersey residents and keep costs at a minimum while respecting New Jersey's affinity for home rule.

I also wish to add that we value our continued partnership with the State Health Department and we applaud Commissioner Howard's desire to do what is right for the citizens of New Jersey. Too often, decisions are made in response to perceptions, and not that which is grounded in reality. The State has been vigilant in not jumping to unfounded conclusions about the local public health system and making broad changes that may ultimately jeopardize our residents.

I stand before you today, to remind you that local public health is a complicated system that is already woefully underfunded and understaffed. Financially, local

health departments are barely a blip on municipal and county budgets as compared to other essential services. We need to be mindful of the downside to consolidation efforts in public health. Can we improve efficiencies? Absolutely. We have already learned to do more with less and we are currently striving to further improve. Can we improve efficiencies without putting the residents of NJ at risk? That is something which we all need to weigh carefully in our decision making. The safety of the food in our restaurants, the air we breathe both indoors and outdoors, the quality of our water, the health of our people – all this – and more - rests with public health.

Local public health departments continue to be model agencies for regionalization. More importantly, as professionals, we value our contribution to the quality of life and public safety in New Jersey. We value our State partners and will continue to work with them to improve our system. This is not about job preservation, it's about doing what is right for the citizens of New Jersey. I wonder whether many of our counterpart agencies can make the same claim.

Thank you again for the opportunity to address your Commission. I am happy to answer any questions that you may have.