

Testimony
Health and Human Services Committee
Wednesday, June 16, 2010
North Dakota Department of Health

Good morning, Chairman Weisz and members of the Health and Human Services Committee. My name is Kelly Nagel, and I am the public health liaison for the North Dakota Department of Health. I am here to provide testimony on behalf of the state health officer regarding the development of the regional public health network pursuant to Senate Bill 2333.

Senate Bill 2333 provides an appropriation of \$275,000 to the Department of Health to fund a regional public health network pilot project. It requires the department to work with the newly created regional public health network task force, the State Health Council and the local public health units in distributing the funds.

The regional network task force met Dec. 22, 2009, to determine how to incorporate SB 2333 criteria in the grant application for the pilot project and a timeline for the project. Key dates and deadlines include (1) letter of interest due Feb 1, 2010; (2) proposals submitted by May 1, 2010; (3) sites awarded by June 15, 2010; and (4) project starts July 1, 2010, and ends June 30, 2011.

Two overall goals were identified for the pilot project: (1) determine whether it is possible to create an effective joint powers agreement (JPA) within the network and (2) determine whether a JPA has the potential to produce cost savings and more efficient and effective service delivery systems. The lead public health unit for the network was required to submit the application with the network proposal narrative, a draft JPA, and a proposed project budget outline and narrative.

Two regional sites submitted a proposal: Southeast Central (Jamestown region) and Southwest Central (Bismarck region). Both proposals were reviewed by a committee consisting of three local public health unit administrators and two individuals from the North Dakota Department of Health, myself and Deputy State Health Officer Arvy Smith. The review committee recommended Southeast Central's proposal be selected and fully funded at \$275,000 as requested.

Southeast Central had an average evaluation score among reviewers of 158.8 out of 200 possible points; whereas Southwest Central had an average of 137.8 points. The networks were required to select and share at least three administrative functions and at least three public health services. The services indicated in Southeast Central's proposal are family health services expanded to Wells and LaMoure counties; formation of sexual assault response teams in Barnes, LaMoure and Wells counties; and provision of nursing support to staff immunization clinics. The identified functions are centralized financial accounting, billing and accounts receivable; policy standardization for public health services; and implementation of community assessment data applications. The services and functions proposed intend to provide more standardization and consistency of services as well as efficiency in administrative functions using a regional approach, which is the true intent of SB 2333. They described the use of existing services that will be expanded to other jurisdictions with a sustainability plan. In addition, the proposal described a thorough assessment and planning process. They included a matrix of perceived improvement areas that will serve as the basis for evaluation. In addition, the proposal included a comprehensive set of administration functions.

The committee's recommendation was presented to the State Health Council on May 27, 2010, for final approval. The Council did approve Southeast Central's proposal. A contract awarding the \$275,000 is in the process of being drafted. Southeast Central will be required to submit quarterly expenditure and narrative reports, as well as progress reports on January 31, 2010, and July 31, 2011. The progress reports will include (a) the benefits and challenges of participating in a regional network, (b) progress towards the goals, (c) documentation of expenses necessary to sustain the network, (d) identification of any state laws or rules that need to be changed to continue the network, and (e) a recommendation of whether regional networks should be formed throughout the state and what services and functions should be shared.

This concludes my testimony. I am happy to answer any questions you may have.