



Michigan Local Public Health Accreditation Commission  
Meeting Minutes – Pending Approval  
March 12, 2015  
Capitol View Building

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**INTRODUCTION/TELECONFERENCE ROLL CALL**

**COMMISSION:** Bruce Bragg, Marcus Cheatham (Vice Chair), Kathy Forzley (dialed in), Dan Hale, Evelyn Kolbe, Corinne Miller, Mark Miller, Susan Moran (Chair), Michael Mortimore, Liane Shekter Smith, Lisa Stefanovsky (dialed in), and Rashmi Travis.

**GUESTS:** Kim Abed, Jon Gonzalez, Jessie Jones, Rachel Melody, Denise Reinhart, Debra Tews, and Sandra Walker.

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Meeting convened at 9:37 a.m.

**GENERAL ANNOUNCEMENTS – ALL MEMBERS**

Moran announced Governor Snyder’s Executive Order to merge the Department of Community Health and the Department of Human Services to create the Department of Health and Human Services. Moran stated that this executive order will become effective on April 10, 2015. Planning is currently underway for the new organizational structure and details will continue to be shared at future meetings.

Moran reviewed the Department of Community Health Executive Budget Recommendations that were presented in February. Some of the ongoing investments made for the 2016 fiscal year included investments in adult dental care for Medicaid recipients; continued expansion of Healthy Kids Dental in Kent, Wayne, and Oakland County; increased funding for autism services; investments in psychiatric residential treatment facilities; a \$900,000 investment for Fetal Alcohol Syndrome programs; and increased funding for Services to the Aging for nursing home culture and a quality improvement programs. Moran announced other one-time investments in Drug Policy Initiatives; University Autism Programs; the Mental Health and Wellness Commission; and the Pay for Success Initiative.

M. Miller announced that a Request for Proposal (RFP) will be available to local health departments (LHDs) in upcoming weeks for a new mini-grant opportunity created to support collaboration among LHDs. M. Miller discussed the success of six LHDs in Northern Michigan who collaborated over the past two years and formed the Northern Michigan Health Alliance. M. Miller hopes that this new mini-grant opportunity will encourage other LHDs to collaborate with their neighbors and find some efficiency by identifying opportunities to share programs, services, or possibly personnel.

C. Miller announced that she is exploring the possibility of hosting a training for LHDs on immunization waivers due to that the high volume of calls coming in from concerned parents. She hopes to find a speaker from the CDC to provide behavioral-based interview training. The goal would be to hold the training later this summer.

Jones introduced Kim Abed, Accreditation and Quality Improvement Specialist at MPHI, to the Commission.

### **AGENDA APPROVAL – ALL MEMBERS**

The agenda was reviewed and accepted. Mortimore initiated the vote, Hale moved to support, and the motion carried unanimously.

### **MINUTES OF PREVIOUS MEETING – ALL MEMBERS**

The minutes were reviewed and accepted. Travis initiated the vote, Mortimore seconded, and the motion carried unanimously.

### **LOCAL PUBLIC HEALTH DEPARTMENT ACCREDITATION CYCLE 5 SCHEDULE AND CPA STATUS UPDATES – JESSIE JONES**

Jones discussed the Cycle 5 Spreadsheet. The two LHDs highlighted in blue on the spreadsheet are pending recommendation for Accreditation by the Commission: Ionia County and Calhoun County.

The three LHDs highlighted in green on the spreadsheet still have outstanding Corrective Plans of Action (CPAs). These LHDs are Midland, Monroe, and Wayne. Midland has only one CPA, but is close to reaching their 90 day date. MPHJ will be sending them a reminder soon to confirm that they will have everything wrapped up by their deadline. Jones stated the Wayne and Monroe still have a bit more time to complete their CPAs.

Jones discussed the Cycle 6 Spreadsheet. To date, two LHDs have completed their On-site Reviews: Kalamazoo and Branch-Hillsdale-St. Joseph (BHSJ). Marquette County's review is occurring this week. Both BHSJ and Kalamazoo are pending implementation of their CPAs (if any). BHSJ's report is still coming in this week, so their CPA status has not yet been determined.

M. Miller asked if there have been any changes made to the scheduling process for Cycle 6. Jones stated no changes have been made; On-site Reviews are still being scheduled through the Web-based Reporting Module website. M. Miller acknowledged that MPHJ made some revisions to improve the website last summer/fall. Jones added that these revisions focused mainly on the processing technology, so users should not be affected by any changes made to the format of the website.

Mortimore asked if there were any issues regarding the time of the year LHDs were scheduled for their review. Jones stated that the St. Clair review historically fell on the week of Thanksgiving, but they have been rescheduled to earlier in November.

Tews asked if the changes made to Quality Improvement Supplement (QIS) for Cycle 6 have had any effect on the rate of participation seen with LHDs? Jones stated that in Cycle 5, out of the first six LHDs reviewed, two participated in the QIS. At this point in Cycle 6, we are seeing about the same rate of participation; Marquette is not participating in the QIS, but Chippewa is.

Jones commented that there has been some nervousness amongst LHDs regarding the addition of Performance Management section to the QIS, but shared that BHSJ recently had their Powers and Duties review last week and passed the QIS 100%. Jones pointed out that the QIS Tool includes footnotes stating that LHDs can be "in the process of adopting" a department-wide Performance Management system and do not have to have it fully implemented to pass the indicator. LHDs can also utilize the review as technical assistance to have their documents reviewed and have feedback provided.

## **ACCREDITATION STATUS RECOMMENDATION – JESSIE JONES**

Jones presented a summary of the LHDs eligible for Accreditation. Calhoun County Public Health Department's On-site Review occurred the week of March 17, 2014. Calhoun had two missed indicators in Food Service. Calhoun has fully implemented their CPAs. They did not have any commonly missed indicators in Cycles 4 and 5. Calhoun did not participate in the QIS. They are eligible for Accreditation. Cheatham motioned to recommend approval of Calhoun for Accreditation, Bragg supported, and the motion carried unanimously.

Ionia County Health Department's On-site Review occurred the week of May 19, 2014. Ionia had eight missed indicators: all eight were in Children's Special Health Care Services (CSHCS). Ionia has fully implemented their CPAs. They did not have any commonly missed indicators in Cycles 4 and 5. Ionia did not participate in QIS. They are eligible for Accreditation.

Mark noted that numerous conversations occurred between Ionia's Health Officer and Local Health Services regarding the missed indicators in CSHCS. The negotiations resulted in success for Ionia CSHCS.

Travis noted that CSHCS has developed 26 policies and procedures to offer as templates to LHDs to use as resources in meeting the program's indicators. They also created a webinar to support LHDs understanding of the changes and improvements that have been made for some of the CSHCS Minimum Program Requirements (MPRs).

Hale motioned to recommend approval of Ionia for Accreditation, Cheatham supported, and the motion carried unanimously.

Jones stated that the first On-site Review for Cycle 6 has been completed with the final report having been turned in early. Kalamazoo's On-site Review occurred the week of February 9, 2015. Kalamazoo had two missed indicators: both in CSHCS. CPAs for these indicators are due April 13, 2015. Kalamazoo did not participate in the QIS. They did not have and commonly missed indicators between Cycles 5 and 6.

Moran asked what reasons LHDs typically give when they choose not to participate in the QIS. Jones stated that Kalamazoo has not historically participated in the QIS and was unsure of any specific reasons given. M. Miller mentioned that Kalamazoo has a new Health Officer and they did not feel prepared yet to apply for the QIS.

Moran asked if we have the ability to offer LHDs technical assistance if they express interest in participating in the QIS. Jones stated that MPHI has time and funding to review all of the LHDs if they participate in the QIS and are encouraging LHDs to contact MPHI for technical assistance as needed.

Cheatham pointed out that LHDs should remember that not passing the QIS will not stop them from becoming Accredited. He encouraged LHDs to use the QIS as a tool in assessing where they are, and what they can still work to improve upon.

Moran stated she would like to encourage more LHDs to take advantage of the QIS.

## **FULL ACCREDITATION NOTIFICATION LETTERS – JESSIE JONES**

Benzie-Leelanau District Health Department, Berrien County Health Department, Ingham County Health Department, Macomb County Health Department, and Saginaw County Department of Public Health received their Cycle 5 Accreditation letters since the last Commission meeting in January 2015.

### **ACCREDITATION DATA REPORTS – JESSIE JONES**

There are no data reports to review this meeting. Cycle 5 reports were completed and reviewed last meeting and there are no data reports yet for Cycle 6.

M. Miller commented that it is common for LHDs to request a presentation to their Board of Health or Board of Commissioners upon receiving their Letter of Accreditation. These presentations and Accreditation Certificates highlight the end to a very big process and often generate a lot of positive publicity for the Accredited LHD. M. Miller stated that the Accreditation process involves 65 reviewers and managers, 1,500 LHD staff, 3 State departments, MPHI, the Accreditation Board of Commissioners, and 110 million dollars in contracts. He went on to thank the Commission and MPHI for their involvement in this process. M. Miller brought in an example of Saginaw's Accreditation Certificate to show the Commission.

Tews added that Michigan is the oldest and first Accreditation program in the nation.

### **NATIONAL ACCREDITATION UPDATE – DEBRA TEWS**

As of March 4, 2015, 67 health departments have achieved PHAB Accreditation, 59 of which are LHDs. There are 218 LHDs across the nation actively preparing for National Accreditation. Tews provided the Commission most recent map displaying these figures.

Tews announced the awardees for the four mini-grants provided by the Office of Performance Improvement and Management, through the Preventative Health and Human Services Block Grant. The mini-grant awardees are:

1. Kalamazoo County Health Department: to develop a Performance Management System.
2. The Northern Michigan Public Health Alliance: to create a Workforce Development Plan.
3. Keweenaw Bay Indian Community Department of Health and Human Services: to work on a Self-Assessment against PHAB Standards.
4. District Health Department #2: to work on QI training for staff and division QI.

The grant period begins this month and ends August 31, 2015

Tews added that LHDs that were not awarded a mini-grant are encouraged to apply for the no-cost technical assistance (TA) bank of hours which will become available this month. TA will relate to building performance management and QI capacity and/or improving guidance on preparing for PHAB prerequisites or documentation. There will be about 200 hours of TA offered.

Lastly, Tews shared that PHAB is in the process of vetting proposed revisions to its Accreditation process. They are seeking feedback on revisions made to the Readiness Checklists, Application Requirements, and Extension and Inactive status policy. The survey will close March 31, 2015 and revisions will be available Summer 2015.

C. Miller asked Tews to give an example of what a performance management system would look like at a LHD. Tews explained that the LHD would develop goals and objectives for their entire organization verses program specific goals and objectives. The performance management system would also include the monitoring of those goals and performance objectives as well as initiating QI efforts in the areas where set standards are not being met.

## **ACCREDITATION EFFICIENCIES COMMITTEE-MARK MILLER AND MARCUS CHEATHAM**

M. Miller has informed PHAB of the addition of Domain 9 into our Accreditation QIS section. A subsequent request was also sent letting PHAB know MLPHAP is planning on accepting National PHAB Accreditation in lieu of passing the QIS; giving LHDs a “by” on the QIS if they have been PHAB Accredited. It was also requested that PHAB accept our reviewer’s approval of the QIS in lieu of a review by PHAB for National Accreditation for Domain 9. It is unclear whether PHAB will accept this aspect of the proposal and have yet to receive a response.

With permission from the BHSJ Health Officer, M. Miller suggested sending PHAB the reviewers’ notes and comments from their recent On-site Review. Jessie reminded the Commission about the footnotes in the QIS Tool stating that performance management systems are allowed to be “in progress” and not fully implemented, so she isn’t sure that BHSJ would necessarily pass PHAB standards yet. M. Miller would still like to send our reviews’ notes as an example to provide them with some form reference for possible future collaboration.

M. Miller discussed the Accreditation Efficiencies Committee recommendation (AEC) to create a Crosswalk between the Michigan Local Public Health Accreditation Program (MLPHAP) MPRs and the MPRs required by PHAB. M. Miller acknowledged that the creation of this Crosswalk would be time-intensive for current staff so Jon Gonzalez has created a plan which would utilize interns to complete this project.

Gonzalez stated that the details of this plan were still being finalized, but it would most likely be a two-phased process. Phase one would include convening a group to meet 3-4 times over a period of a few months to investigate the MPRs of each Accreditation Program. In Phase two, the Crosswalk would be created, utilizing the information gained through the investigation. The Crosswalk would be presented to the Commission for a final vote and would then be disseminated to LHDs upon approval. Gonzalez stated the workgroup would ideally consist of interns, representatives from MDCH and MDARD, and three representatives from LHDs.

M. Miller added that when interns need technical assistance throughout the process they would be able to contact reviewers.

Tews commented that it will be important to involve contacts from the various programs to gain expertise. Tews suggested involving some program experts and reviewers to this group, as they will be well-versed in the specifics of each MPR.

Moran asked M. Miller to talk a little more about the purpose of this Crosswalk.

M. Miller explained that there has been a need for a Crosswalk between PHAB MPRs and MLPHAP MPRs since PHAB was first implemented. Now that it has been cited as a major recommendation from the AEC, it is important to start identifying and planning for specific ways we can meet this need. The Crosswalk would be a resource for LHDs to reference when preparing for PHAB Accreditation. LHDs could use the Crosswalk to identify documents they have for one accreditation program that may fulfill various requirements for the other.

Cheatham noted that Kaye Bender, President and CEO of PHAB, is very interested in hybridization.

Cheatham commented the AEC really felt that the MLPHAP should be driving quality improvement and performance management as much as possible by creating this road map to participate in PHAB we would be creating stretch goals for ourselves and show our commitment to effort to continually improve our own program.

Last meeting DEQ and MDARD's CQI (Continuous Quality Improvement) program for their food and for septic programs was discussed. M. Miller stated that this program has significantly decreased the length of time spent on their review. M. Miller suggested we look at this type CQI work for some of the other programs such as Family Planning that has a fairly extensive review with a lot of documentation requirements.

Rashmi stated they would be open to improving that process.

M. Miller will be in contact with Walker for some technical assistance. Moran commented she should look forward to receiving updates on these two projects; the Crosswalk and CQI project.

Another AEC recommendation was to explore the possibility of including PHAB Domains 1, 3, 5, 11, and 12 into our Power and Duties Review. M. Miller commented he was not sure LHS has the capacity to fulfill this recommendation and this would probably have to be a project with implementation that occurs at a later date.

Mortimore noted that Bragg headed-up a committee a few years ago that changed the Powers and Duties Section in Accreditation to make very specific to the Public Health Code. Mortimore asked the Commission if it would ever consider making the QIS a non-elective aspect of the MPHAP. He noted he did not want to muddy the waters of the work done previously by the committee Bragg was on.

Cheatham commented that many LHDs may inquire where quality improvement is stated in the Health Code.

Moran agreed that this was an important question posed to the Commission and feels it is important that LHDs are encouraged to continually improve themselves as an organization to better meet the changing needs of the healthcare system. Moran suggested this be made an agenda topic for a future meeting. Moran, M. Miller, and Bragg will discuss ways that this topic can be discussed more thoroughly at a future meeting.

M. Miller asked if MPHI could pull data from previous cycles on the number of LHDs who have participated in the QIS and the number of LHDs successful in passing. Jones confirmed that this data has been compiled. In Cycle 5 just over 50% of LHDs participated in the QIS. In the current cycle, two out of the six LHDs reviewed have participated which is consistent with the beginning of previous cycles.

Mortimore added that it may be interesting to explore the variables that determine whether a HD decides to participate in the QIS or not. This type data may be helpful in providing some ideas on how we get more of our LPH system in-tune with PHAB and QIS. Mortimore commented that he is guessing a large factor in a LHDs decision to participate is based on their organization's administrative infrastructure, budget, and staffing.

Cheatham stated that this could be related again to cross-jurisdictional sharing opportunities referenced earlier in the meeting.

M. Miller provided updates on last meeting's discussion regarding providing LHDs with an electronic version of the Review Evaluation. M. Miller stated that a draft will be created and vetted through MALPH for modifications, then brought to the Commission for approval in June.

Jones commented that MPHI had some ideas for modifications to the evaluation, especially for those items we are looking at changing or revising.

Stefanovsky was agreeable with this plan.

Meeting adjourned at 10:30am.