Michigan Local Public Health Accreditation Commission Meeting Minutes – Approved
March 27, 2017
Michigan Public Health Institute Interactive Learning Center

INTRODUCTIONS/TELECONFERENCE ROLL CALL

COMMISSION: Kathy Forzley, Kevin Besey, Sue Moran, Marcus Cheatham, Bruce Bragg, Lynette Biery, Lisa Stefanovsky (dialed in), Betty Kellenberger, Sean Dunleavy
GUESTS: Jessie Jones, Brittney Spitzley, Hannah Scott, Orlando Todd, Debra Tews, Dana DeBruyn

Meeting convened at 9:31 AM.

GENERAL ANNOUNCEMENTS – ALL MEMBERS

Susan Moran welcomed the Commission and invited the members to introduce themselves. After introductions, Moran welcomed two new Commission members, Lynette Biery and Dana Debruyn.

Dana DeBruyn is the Environmental Health section Chief at the Michigan Department of Environmental Quality (MDEQ). DeBruyn is replacing Carrie Monosmith as Commission member; her appointment to the Commission is currently in the process of approval.

Lynette Biery is replacing Rashmi Travis as Commission Member. Biery's initial training was as a physician's assistant – she still practices primary care twice a month. Biery worked for many years at the Michigan State University Institute for Health Policy, where she became familiar with various research topics and developed a background in program development, program management, and quality improvement (QI).

Moran also announced that Nick Derusha, Health Officer for Luce-Mackinac-Alger Schoolcraft District Health Department, has been formally appointed to the Commission, and will be joining at the next meeting.

AGENDA APPROVAL – ALL MEMBERS

The Commission reviewed the agenda. Marcus Cheatham motioned for approval of the agenda, Betty Kellenberger supported, and the motion carried unanimously.

MINUTES OF PREVIOUS MEETING – ALL MEMBERS

The Commission reviewed the minutes from the January 2017 meeting. Kathy Forzley motioned for approval of the minutes, Kellenberger supported, and the motion carried unanimously.

Moran asked for the Commission's permission to reorder the meeting agenda and begin by providing an update from the Public Health Advisory Commission, followed by updates from the Accreditation Enhancement Committee, and finally the Sanilac County Health Department discussion, then returning to the agenda as written. The meeting proceeded accordingly.

PUBLIC HEALTH ADVISORY COMMISSION UPDATE – SUSAN MORAN

The Public Health Advisory Commission was formed as part of the Governor's executive order. The Public Health Advisory Commission began meeting in January 2017, and will conclude its work the last week in March, with a report due April 1, 2017. The Public Health Advisory Commission was charged with making recommendations to the Governor for the optimal organization and efficiency of public health functions and services, both within state government and within and across local public health agencies. The Public Health Advisory Commission has approximately 19 members, with ex officio members from MDEQ, the Michigan Department of Licensing and Regulatory Affairs (LARA), Michigan Department of Agriculture and Rural Development (MDARD), and Michigan Department of Health and Human Services (MDHHS). Some Accreditation Commission members, including Kathy Forzley and Kevin Besey, served on the Public Health Advisory Commission

The Public Health Advisory Commission's overarching objectives in creating its recommendations included raising the "voice" of public health at both the local and state level, as well as raising the credibility, visibility, and accountability of public health work at these levels. These were the primary themes of the group's work, and guided its discussion and dialogue.

In regards to improving functions and efficiency and credibility, visibility, and accountability in local public health, Moran reported that PHAC is currently considering the following recommendations:

- A greater emphasis on building leadership capacity and capability
- An emphasis on moving to align more deliberately with Public Health Accreditation Board (PHAB) standards
    - National accreditation would not be required, but PHAB standards would be incorporated into State Accreditation criteria
    - A move away from strictly contract compliance minimums, while still mandating the requirements of the Public Health Code, towards ongoing QI

Moran stated that if these recommendations are included in the Public Health Advisory Commission's final report, they would then be referred to the Accreditation Commission for prioritizing and setting forth work strategies to achieve the recommendations.

Moran then asked Forzley and Besey if they had anything to add to Moran's updates. Forzley addressed Public Health Advisory Commission's recommendation to find ways to incentivize or support the movement to include national accreditation standards without explicitly requiring PHAB accreditation. In particular, Forzley noted the community health assessment and community health improvement plan as important components of national accreditation. Forzley added that the community health assessment is included in the Public Health Code; however, finding ways to work towards the national model by including stakeholders in the decision-making process was also discussed at length.

Forzley also noted efforts to involve local governing entities (LGEs) more closely in Accreditation reviews. She cited Sanilac County Health Department in particular as a scenario in which closer LGE involvement may have been beneficial. Forzley suggested that perhaps when MDHHS, MDARD, and MDEQ meet with the health officer, both during the Accreditation review and in the implementation of a Corrective Plan of Action (CPA), that the LGE be present also. This way, the LGE would be fully aware of any challenges facing the health department. Forzley added that LGEs are ultimately responsible for overseeing their health departments, and for supporting their health departments financially, and that LGEs should be asked what they can do to make their health departments more successful.

Moran added that in the past, the Accreditation standards have been reviewed by sub-groups, at which point they have been revised and remodeled. She stated that they have traditionally looked to the Accreditation Commission for memberships in these groups.

Bruce Bragg agreed with Moran's assessment that the Public Health Advisory Commission included leadership and membership that represents the broad spectrum of local public health. Bragg noted, however, that there are "weak link" voices, and cautioned that the efforts discussed must lead LHDs to

their best futures. Bragg cited past discussions and debates on what exactly the Accreditation Commission and process would be, and mentioned that one side of the debate initially wanted State Accreditation to look much more like the recommendations currently being considered. Bragg noted that he was against this proposal at the time because he did not believe the LHDs were ready for that level. He noted that, back then, their first concern was meeting legal responsibilities and ensuring that the LHDs understood what was defined by law in Michigan. Bragg believed that the program has since moved past this level, and is ready to implement improvements.

Moran agreed, and noted that it was important to ensure that local leadership understands its legal obligations. She mentioned some recommendations on leadership training specific to understanding Powers and Duties in the Public Health Code.

Moran asked Debra Tews if she would like to add anything to the discussion of recommendations. Tews agreed with Bragg's assessment that at the time the LHDs were not likely ready to address ongoing QI and other PHAB standards, but that now was the time to review these concepts again and consider implementation. Tews stated that with most LHDs now well able to meet current standards, now was the time to "raise the bar." Moran agreed, and added that there were still some struggling LHDs with weaknesses and gaps that must be addressed. She expressed concerns regarding the possibility of disasters that have demonstrably weakened the public health system.

Forzley noted another Public Health Advisory Commission recommendation: to look for ways to work at the federal level to find flexibility for hospitals completing community health assessments. Once on the path of community health assessment, these hospitals could then adjust their timelines and align to share local resources. Moran concurred, and mentioned the recommendation that the State public health entities should also align themselves with PHAB standards, if not actively seek national accreditation.

Cheatham expressed a concern about recommendations for State agencies. He noted that when the State "misbehaves," local health agencies are often impacted and given new constraints, especially in terms of being chief health strategists. Thus, it becomes difficult to lead at the local level. Cheatham hoped that PHAC will also provide strong recommendations for the State agencies.

Moran reiterated that the report is currently still in draft, and some recommendations may change. Regardless of changes, however, the overall objective was to look to elevating local public health leadership, and ensure that it has a strong element of accountability, authority, and responsibility to serve as chief health strategist, possessing the powers and duties therein also. Moran noted that, those these recommendations have been defined, there is still not one obvious, clear path to accomplishing them, and that there will likely be many possibilities.

Kevin Besey added that group has had several discussions on defining decision-making in local leadership to drive and organize changes, as well as to provide the accountability element. Moran agreed, stating that collaboration and communication appeared as key elements of the discussion.

Besey also noted that almost all of the examples discussed were related to environmental health and posited that this area is where many LHDs experience significant challenges.

Lisa Stefanovsky added that there are often competing purposes between LHDs, and that a shared mission and/or vision is important across local public health.

Bragg asked if the issues relating to environmental health were due to unclear statutes or related more to leadership and perception. Besey clarified that most of the issues were related to leadership and coordination. Forzley concurred, citing examples where divisions from different departments worked on the same problem, but worked from different laws and policies. She reiterated that the Public Health Code must prevail over other regulations and laws, in regards to public health. Forzley noted that the Public Health Advisory Commission's recommendations will include this emphasis.

Bragg reflected on the importance of periodic review. Moran thanked Kellenberger for her position on the Accreditation Commission, as she also sits on a Board of Health and can provide a valuable LGE perspective.

ACCREDITATION ENHANCEMENT COMMITTEE – ORLANDO TODD

Orlando Todd provided an update on the activities of the Accreditation Enhancement Committee. The Committee last met on October 4, 2016, at which time it discussed a material approach to Accreditation. From this discussion, the Committee decided to change its focus to strengthening government policies and public health capacity. MDARD, MDEQ, and MDHHS were each represented, and the Michigan Association for Local Public Health (MALPH) ensured that health officers from LHDs across the State were present.

Todd referenced one of the handout pages, which described the purpose of the Committee meeting. The Committee wanted to first determine a shared understanding and acknowledgement of how the LHD environment is changing, and also discussed a shared vision of improving local public health capacity.

The Committee's main areas of coverage were to develop a shared understanding of the changing LHD environment, to develop a shared vision for improving local public health capacity, and to develop recommendations to modify accreditation standards and processes to grow public health capacity. Todd described how workforce capacity and training emerged as areas of change for public health professionals – QI especially has emerged as a changing focus.

The next Committee meeting will take place on May 15, 2017, at the Interactive Learning Center at MPHI. The Committee will review the notes from its October meeting to draft an agenda for May. Todd noted that many of the recommendations from the October meeting are already under way, such as arrangements for Public Health law trainings starting this summer. This three-year training series is part of an effort to improve retention of key LHD leadership positions, such as health officers, medical directors, and nursing managers, as well as legal representation. Moran added that these trainings would also be available to members of the Accreditation Commission.

Todd noted that a major theme of Committee discussions has been accreditation as a form of QI. The Committee is in agreement that now is the time for QI to be better incorporated and built into the culture of Michigan's LHDs.

Todd reiterated that the key takeaways of the Committee meetings to date have been focus training and assessment of PHAC recommendations. He cited the first point of the second handout, which describes using existing sections of standards, such as Powers and Duties, to draft new standards around the role of community health strategist. Using information gathered from MPHI and the MDHHS Office of Performance Improvement and Management (OPIM), the Committee had developed language intended to facilitate PHAB accreditation for LHDs. Moran asked Todd to let the Accreditation Commission know when they could expect to see these revised standards. Jones assured Moran that they would receive that timeline soon, and that the work must be completed by June.

SANILAC COUNTY HEALTH DEPARTMENT UPDATE – ORLANDO TODD

Moran introduced the Sanilac County Health Department (SCHD) update as the next topic of discussion. Moran recalled that at the last Commission meeting in January, it appeared likely that the Commission was going to have to recommend Not Accredited status for SCHD. Since then, further communication took place between MDEQ, MDHHS, and SCHD to support SCHD in its deficiencies. Moran invited Todd to present these updates.

Todd explained that the missed indicator of concern involved demonstration of policy in onsite-wastewater review; specifically, SCHD's policies concerning investigation of complaints and permit approvals. At the time of the site visit, which was conducted during the week of October 19, 2015, SCHD

was using a new set of policies and did not have enough evidence collected to demonstrate its usage. Since the last Commission meeting in January, SCHD has been able to submit enough evidence of this compliance to meet the indicator.

Todd noted that helping SCHD to meet this indicator required a great deal of work from MDEQ and MDHHS. During the process, Todd had concerns regarding MDHHS' role in assisting SCHD; specifically, he wanted to ensure that MDHHS was meeting all of its obligations to SCHD based on the comprehensive agreement between the State and local health departments.

In the event that an LHD loses its Accreditation, the recommendation is first appealed in front of an administrative law judge. In such a case, Todd explained, each State agency must show evidence of fulfilling obligations as described in the comprehensive agreement, such as trainings and other activities. Todd acknowledged that in SCHD's case, MDHHS had these types of responsibilities.

DeBruyn agreed, and added that training continues to be available for the onsite wastewater and drinking water programs, but that staffing issues, particularly retention, remain an ongoing problem at SCHD.

Cheatham asked Todd if the following description of the appeals process was correct: if the Commission recommended Not Accredited status for SCHD, they would then either go to a judge for a consent order or would hire contractors to complete the needed improvements and bill SCHD accordingly. Todd confirmed that this was correct, and added that Not Accredited status can financially cripple an already struggling health department, and would likely require the State to intervene and provide missing services.

Forzley noted that the language of the Public Health Code that addresses this failure to perform essential services is quite intentional, and does define the State agencies' responsibilities as mandatory obligations. Todd agreed, and noted that part of the training series mentioned earlier will include a discussion on interpreting and defining the State's role both in assisting a struggling health department and in assuming a provider role if the LHD should fail to perform.

Forzley expressed concerns that the Public Health Code might not take precedence over rules created through the Accreditation program, and that it was potentially dangerous to make LHDs exempt from responsibilities in the event of failures due to lack of funds or staffing problems. Todd clarified that the comprehensive agreement points to responsibilities on both sides. He cited SCHD's example: there was a breach in communication between the State and the County over who was responsible for what, which the attorneys involved in an appeal would have identified and called into question.

Forzley also expressed concerns in regards to failures to perform that would have immediate impacts on human health, such as foodborne illness outbreaks or sewage issues. Todd clarified that statutory issues are still unquestionably the responsibility of the LHD, but issues related to the comprehensive agreement contract between State and local departments require interpretation.

Forzley noted also that SCHD's situation was the one which started the discussion stressing a higher level of involvement from LGEs, and asked if this had occurred within SCHD. Todd confirmed that he and Jon Gonzalez had met with the Sanilac County administrator to discuss problems such as lack of personnel and sanitarian pay. Besey asked if there were able to solve the sanitarian pay issue, and Todd explained that they had discovered it was also part of a more complicated union issue, though they had been able to work with the administrator to move some funding and hire two more sanitarians, and that the training structure for sanitarians at SCHD has been improved slightly, within the constraints of union rules.

Todd stated that his team and Moran's will meet with MDHHS' legal staff to clarify the roles and responsibilities described in the comprehensive agreements. Forzley added that the LHDs also have a responsibility to ask for assistance, especially when arguing that the failures to perform were outside of their control. Todd clarified that in SCHD's case, the problem had not been with training, but with the policies and their demonstrations of compliance.

Todd and his team were happy that SCHD and the State agencies were able to resolve the issue without needing to take it to an appeals process. He also remarked that the process had been very informative.

CYCLE SPREADSHEET/ACCREDITATION STATUS RECOMMENDATIONS – JESSIE JONES

Jones briefly reviewed the Cycle 6 spreadsheet. The Local Health Departments (LHDs) in grey have been awarded Accreditation for Cycle 6, those in blue are ready to be recommended for Accreditation, those in green are still in the Corrective Plan of Action (CPA) process, and those in red are still in the CPA process, but are within 90 days of their 1-year Approval date. Currently, no LHDs are in critical (red) status. Jones noted that two LHDs, Ingham County Health Department and Calhoun County Public Health Department, have had their Accreditation On-Site Reviews since the last Commission meeting, but their reports are not yet finalized.

Jones presented on Sanilac County Health Department (SCHD). The SCHD On-Site Review occurred in October 2015. The On-Site Review resulted in 12 missed indicators in Hearing, Onsite Wastewater Treatment Management, and Children's Special Health Care Services. SCHD did not participate in the Quality Improvement Supplement (QIS). They had one repeat missed indicator, in Children's Special Health Care Services, between Cycles 5 and 6. SCHD has completed all Accreditation requirements, and is ready to be recommended for Accreditation. Bragg asked Jones to confirm that SCHD was now in compliance with the minimum standards; Jones confirmed. Cheatham motioned to recommend SCHD for Accreditation, Forzley supported, and the motion carried unanimously.

Next, Jones presented on Detroit Health Department (DHealth). The DHealth On-Site Review occurred in February 2016. The On-Site Review resulted in eight missed indicators in Food Service and Children's Special Health Care Services. DHealth did not participate in the QIS and had no repeat missed indicators between Cycles 5 and 6. DHealth has completed all Accreditation requirements, and is ready to be recommended for Accreditation. Kellenberger motioned to recommend DHealth for Accreditation, Bragg supported, and the motion carried unanimously.

Bragg asked Moran to describe the current structure and status of DHealth. Moran explained that the city of Detroit is rebuilding its health department. New leadership is in place, including Dr. Joneigh Khaldun as health officer. Moran also confirmed that the previous health officer, Dr. Abdul El-Sayed, has stepped down from the position and announced his candidacy for Governor. DHealth will also be recruiting a new medical director. Moran stated that improving and enhancing DHealth's capacity for maternal and child health services has been a particular focus for rebuilding, due to the city's significantly high rate of infant mortality. Specifically, Moran mentioned the SisterFriends Detroit program championed by Dr. Khaldun. The program trains lay persons to work with pregnant women to educate and support them through their pregnancies and beyond. Moran and Todd also confirmed that DHealth's animal control program has been strengthened, as has food inspection services.

Todd explained that DHealth has taken back control of its essential services, most recently bringing the HIV/AIDS and STD clinic back within the health department, in partnership with Wayne State University Medical Center. Todd shared his and Moran's positive impressions of DHealth's progress, particularly the efforts of Dr.'s El-Sayed and Khaldun to strengthen the department and increase its funding.

Forzley asked if any of the essential services still reside at the Institute for Population Health. Todd confirmed that they did not. Moran then added that DHealth's lead case management system, developed under Dr. El-Sayed, is a noteworthy model. The model utilizes trained community health workers to reach out to families, encourage follow-up testing, and work to complete environmental assessments. Cheatham added that the language used to describe these workers is that they share a "lived experience." As a result, though the community health workers have less training than licensed nurses or equivalents, they are better trusted within the communities they serve.

Tews added that DHealth has expressed a strong interest in becoming PHAB accredited, and are actively working towards meeting PHAB standards. DHealth has utilized the technical assistance and mini-grant opportunities offered by MPHI.

Jones then presented on Luce-Mackinac-Alger-Schoolcraft District Health Department (LMAS). The LMAS On-Site Review occurred in May 2016. The On-Site Review resulted in 10 missed indicators in Food Service, Immunization, Family Planning, and Children's Special Health Care Services. LMAS did not participate in the QIS and had two repeat missed indicators between Cycles 5 and 6, both in Family Planning. LMAS has completed all Accreditation requirements and is ready to be recommended for Accreditation. Forzley motioned to recommend LMAS for Accreditation, Kellenberger supported, and the motion carried unanimously.

Next, Jones presented on District Health Department #10 (DHD#10). Jones noted that DHD#10 is nationally accredited through PHAB. The DHD#10 On-Site Review occurred in June 2016. The On-Site Review resulted in three missed indicators in Food Service and Children's Special Health Care Services. DHD#10 participated in the QIS, meeting nine out of the nine indicators. They had one repeat missed indicator between Cycles 5 and 6 in Children's Special Health Care Services.

After reviewing the criteria, Jones and Tews determined that DHD#10 was not eligible for Accreditation with Commendation due to the repeat missed indicator between Cycles 5 and 6. DHD#10 has completed all Accreditation requirements and is ready to be recommended for Accreditation. Bragg motioned to recommend DHD#10 for Accreditation, Forzley supported, and the motion carried unanimously.

UPDATE OF CORRECTIVE PLAN OF ACTION STATUS – JESSIE JONES

Jones presented on an update on Saginaw County Public Health Department (SCPHD). The SCPHD On-Site Review occurred in the last week of January 2017. The On-Site Review resulted in four missed indicators in Onsite Wastewater Treatment Management and Children's Special Health Care Services. SCPHD's CPAs are due on April 6, 2017. SCPHD participated in the QIS, meeting nine out of the nine indicators. They had no repeat missed indicators between Cycles 5 and 6.

FULL ACCREDITATION NOTIFICATION LETTERS – JESSIE JONES

Since the last Commission meeting in January 2017, MPHI drafted and sent out the Accreditation Notification Letters for Van Buren-Cass District Health Department, District Health Department #4, Bay County Health Department, District Health Department #2, Western Upper Peninsula Health Department, Kent County Health Department, Allegan County Health Department, Dickinson-Iron District Health Department, and Jackson County Health Department.

ACCREDITATION DATA REPORTS – JESSIE JONES

Jones stated that only one health department had responded to the review evaluation since the last Commission meeting. Because this information is more easily identifiable, the data are not included in the report if only one new response has been received.

Jones presented the Cycle 6 Missed Indicator by Frequency report and provided a list of the indicators most commonly missed by LHDs. The most frequently missed indicators for Cycle 6 to date are: Children's Special Health Care Services Indicators 3.2, 3.5, and 4.4.

Next, Jones presented the Quality Improvement Supplement (QIS) Missed Indicators Report. 17 out of 34 (50%) of the health departments reviewed to date in Cycle 6 have participated in the QIS. For those LHDs that have On-Site Reviews approaching, all three are participating in the QIS.

NEW BUSINESS/OTHER ITEMS – ALL MEMBERS

Biery shared information and copies of the press release for the "I Vaccinate" campaign conducted by MDHHS, the Franny Strong Foundation, and other partners. Biery explained that the Franny Strong Foundation was formed in honor of Francesca McNally, a child who died from pertussis at 12 weeks of age. This campaign is a recipient of $1,000,000 in radio and TV promotions contributed by the Michigan Association of Broadcasters.

Bragg asked Moran to comment, as a member of public health leadership, on the recent attempt to repeal the Affordable Cara Act (ACA). Moran started by addressing recent statements from Governor Snyder, pressing for the continuation of coverage of the Medicaid population through the ACA repeal, whatever form it might take. Moran noted that, from the public health perspective, maintaining access to coverage is very significant. The Medicaid director formerly worked for Mike Pence, when Pence was Governor of Indiana, and thus has at least some connection to the Trump administration. Moran also noted that the new Centers for Medicare & Medicaid Services (CMS) administrator, Seema Verma, was one of the architects of Indiana's expansion plan.

Moran explained that Michigan is well-positioned, having already undergone Medicaid expansion, in the event of a transition from per capita financing to a block grant model. Moran stated that there are positive and negative aspects of both models; one disadvantage of the block grant model is that there is less flexibility in terms of financing administrative and service strategies, but one advantage is that funding is maintained for the Medicaid population. However, Moran stated that MDHHS' preference is for per capita funding. In terms of strategy, Moran stated that Michigan will continue to work with its federal partners to stay informed of developments and offer recommendations.

Cheatham asked if there was any concern for the status of the Prevention and Public Health Fund or State Innovation Model (SIM) funding. Moran stated that SIM funds will remain; Michigan's SIM in particular has morphed into a more Medicaid-focused model than when it was initiated. Michigan's primary SIM focuses include: persons who frequently use emergency room services, Medicaid providers, and community health innovation agencies. Moran added that there is a large information technology (IT) component to SIM in terms of system support and health information technology (HIT).

Bragg asked if the current administration can or will move forward with plans to transition to a block grant model for Medicaid without legislation. Moran stated that she will look into the question, but expressed that there must be some laws in place to check administrative authority in this area.

Moran also clarified that the Prevention and Public Health Fund will also remain, but will likely come out of the ACA. There is also a current discussion over moving to a block grant model for this Fund as well. Moran stated that this was potentially an opportunity to move away from categorical funding; however, the move was unlikely to occur with any new funding added to the program.

With no additional items to discuss, Moran thanked the Commission for attending and concluded the meeting.

Meeting adjourned at 10:46 AM.