



Michigan Local Public Health Accreditation Commission Meeting Minutes –  
Approved March 14, 2019  
January 10, 2019  
Michigan Public Health Institute - Interactive Learning Center

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**COMMISSIONERS:** Karen MacMaster, Bruce Bragg, Lynette Biery, Dan Hale, Betty Kellenberger, Bill Ridella, Marcus Cheatham, Sean Dunleavy, Sarah Lyon-Callo  
Conference Line: Vaughn Begick, Nick Derusha, Lisa Stefanovsky,

**GUESTS:** Jessie Jones, Kristy Medes, Brittney Spitzley, Erin Edgerton, Jon Gonzalez, Rachel Melody, Debra Tews, Kevin Hughes, Orlando Todd, Irda Dothage, Katie Macomber, Angelique Joynes

**REGRETS:** Michael Rip

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Meeting convened at 9:30 AM, chaired by Karen MacMaster.

**GENERAL ANNOUNCEMENTS – ALL MEMBERS**

The new Director of MDHHS will be announced later today.

**AGENDA APPROVAL – ALL MEMBERS**

Lyon-Callo moved to accept the agenda as written. Cheatham supported. The motion passed unanimously.

**COMMISSION BUSINESS**

Vice-Chair appointment for the Accreditation Commission – Marcus Cheatham accepts a nomination, no other nominations. Kellenberger and Dunleavy support, motion to accept Cheatham for Vice Chair for 1 year – passed unanimously.

**MINUTES OF PREVIOUS MEETING – ALL MEMBERS**

Kellenberger moved to accept the minutes from the previous meeting as written. Hale supported. The motion passed unanimously.

**UPDATE OF ON-SITE REVIEWS AND CORRECTIVE PLANS OF ACTION STATUS – JESSIE JONES**

Jones provided an overview of the Cycle Spreadsheets/Update of CPA Status.

Marquette County Health Department – March 12, 2018

- 7 missed indicators – CPAs fully implemented
- Did not participate in QIS
- No repeat Missed Indicators Cycle 6 & 7
- Motion Ridella, Cheatham support, motion passed zero opposed

Public Health – Muskegon County – June 4, 2018

- 2 missed indicators – CPAs fully implemented

- Did not participate in QIS
- No repeat Missed Indicators Cycle 6 & 7
- Motion Kellenberger, Lyon-Callo support, motion passed zero opposed

Huron County – September 24, 2018

- 1 missed indicator – CPA fully implemented
- Did not participate in QIS
- No repeat Missed Indicators Cycle 6 & 7
- Motion Dunleavy, Kellenberger support, motion passed zero opposed

Other LHD On-Site Review Updates – the following LHDs have had their On-Site Review and are in the process of completing their CPAs.

Van Buren – October 15, 2018

- Four missed indicators, 2 Food Service, 2 Onsite Wastewater
- Working through CPAs
- Did not participate QIS
- Did not have any repeat missed indicators

Ridella asked if they provide the WIC program? Biery noted they do not. Cheatham wondered how many LHDs do not provide the WIC in their LHDs. Edgerton confirmed that there are 5 LHDs that do not provide the WIC program.

Sanilac – October 22, 2018

- Eight missed indicators, 2 Food Service, 3 Onsite Wastewater, 3 CSHCS
- Working through CPAs
- Did not participate in the QIS
- Three repeat missed indicators - OSW 1.3, and CSHCS 3.2 and 6.6

Lyon-Callo asked about the outreach that is taking place for Sanilac. Todd shared that DEQ and MDARD go on-site to work with the sanitarians to update their policies.

DHD#4 – November 5, 2018

- Four missed indicators – 3 Food Service, 1 CSHCS
- Working through CPAs
- Did participate in the QIS – passed 9/9
- One repeat missed indicator – CSHCS 2.3

MacMaster asked whether the final reports go to the Reviewers or MPHI? Jones answered that MPHI and the Reviewers are notified automatically by the Accreditation Web Module.

St. Clair County Health Department – 11/26/2018

- Three missed indicators – 3 Family Planning
- Working through CPAs
- Did not participate in the QIS

- No repeat missed indicators

Bay County Health Department – December 3, 2018

- 4 missed indicators – 1 Immunizations, 2 Family Planning, 1 CSHCS
- Working through CPAs
- Did participate in the QIS – passed 9/9
- No repeat missed indicators

Tews asked about Lapeer in critical status, Jones indicated that the Reviewers are doing a follow-up visit with Lapeer for Onsite Wastewater; MPHI will follow up to make sure everything is in compliance. Cheatham asked if it was possible to extend past the one year implementation deadline if needed; Jones answered yes, the Local Governing Entity would have to submit a request in writing to the Commission and Commission members would need to vote by email if it came in past the next Commission meeting date (March 14, 2019).

Bragg asked how many LHDS are not implementing Family Planning services, and whether there is a process in place for the State to ensure quality for services not being delivered by the LHD. Edgerton confirmed that 15 LHDs do not offer this service. Todd shared that some LHDs partner with the program, even offering them space at their building. Bragg asked if the compliance criteria is the same for Planned Parenthood as for the LHDs that offer Family Planning services. Hale asked whether they are reviewed in a manner similar to the LHDs. Biery shared that they are reviewed by a contract arrangement. Todd added that the contract requirements are a little more often than the 3-year review cycle of Accreditation. Tews shared that the public health code mentions that they need to comply. Biery noted it seems that those that do not have Family Planning in the LHD, they struggle to keep a Nurse Practitioner hired. MacMaster suggested looking at the contracts to ensure that they align with MI Accreditation and the contracts with these entities require the same program requirements. Biery thinks a side by side comparison would be a good place to start.

#### **CORRESPONDENCE – JESSIE JONES**

Full Accreditation Notification Letters were included in the meeting binder for health departments that were recommended for Accreditation at the previous meeting:

- Tuscola County Health Department
- Grand Traverse County Health Agency

Bragg asked if a representative from the state that goes out to present these Certificates to the Boards of Commission/Health. Todd mentioned that he does this around the state, noting he presented in Tuscola County last month. Michigan’s Accreditation has set the standard for PHAB Accreditation around the nation!

#### **COMMITTEE REPORTS – JESSIE JONES**

Accreditation Data Reports –

Frequently Missed Indicator’s report: Of the 16 Reviews conducted to date in Cycle 7, Family Planning 8.1, CSHCS 2.3 and 3.2, Food Services 16 and Onsite Wastewater 4.1. Jones shared that since we are early in the cycle, these numbers will change.

Cheatam asked whether there was a reoccurring problem for FS 16. Dunleavy said they will report back about this this indicator 4.1, from the Reviewer side, if this is an education issue or if there are different things going on within this indicator.

MacMaster asked how we would move forward if it does turn out that it is the same indicator, with the same issue.. Todd shared that yes, we have done this before for CSHCS, we sat down with the Division and helped them to rewrite their MPRs and indicators during the standards review process, and some items were moved to the health department's contract with the state instead.

Jones mentioned that Family Planning has gone back to the locals and determined that turnover has been part of the issue. Cheatam asked if this information is shared with the locals, since this is what is going on across the state, but perhaps locals could use this information to guide their Accreditation. MacMaster wonders if it does turn out to be the same reason, then that information would be helpful for the commission to act and look further. Dunleavy shared that in the past we have done a training or gone back to the Program to help them update their MPR tool. Jones said in the past, we have asked the Commission member who oversees the program area to go back the program staff and ask them to look deeper into what is happening so they can report back to the Commission.

#### Quality Improvement Supplement (QIS) Report -

- Four out of 16 LHDs have participated to date and all have passed the QIS (meeting 9 out of the 9 indicators)
  - Branch-Hillsdale-St. Joseph Community Health Agency
  - Ottawa County Dept of Public Health
  - District Health Department #4
  - Bay County Health Department
  
- Ridella asked when QIS started. Jones stated the current version of the QIS started with Cycle 6. Ridella asked how many participated in the QIS by this time in Cycle 6. Jones reported seven out of the first 16 LHDs reviewed in Cycle 6 participated in the QIS. Jones noted that MPHI is working on Success Stories about Performance Management for the Technical Assistance Bank, getting input on how LHDs have successfully made performance management work for them so we can share these stories and lessons learned more widely.

#### Review Evaluations – Cycle 7

Commission members reviewed evaluation data to date. Dunleavy asked whether we are still experiencing issues getting this information or evaluations back from the programs. Dunleavy noted that HIV/STD has a higher response rates than the other programs, and inquired as to their process. Dothage shared that she sends a link to the review evaluation directly to the program staff. Jones noted that we have received feedback from the Reviewer/Managers meeting this past November with suggestions for improving this process which we will bring to a future meeting. Jones shared that when the On-Site Review Report has been finalized, the Health Officer

receives an email with this information and the evaluation link. MPHI follows up after two weeks with a reminder email to do their evaluations and submit their CPAs.

### **ACCREDITATION QUALITY IMPROVEMENT INITIATIVE (AQII) UPDATE – TEWS/JOYNES**

Tews presented an overview of the AQII process, followed by a description of the work of each sub-group presented by each sub-group leader.

**Cross-Sector Partnership** – Bill Ridella discussed they are focused on bringing Michigan Public Health in alignment with National standards, to advance efficiencies, health priorities, health equity and social justice. This work increases capacity for these LHDs, with the hopes that they are working to float all boats higher.

Discussion –

- Cheatham shared that we might look to PHAB to see how they write about the documentation requirements, such as what does it mean for a small health department or a low capacity rural health department to be “Chief Health Strategist.”
- Biery stated that the goal is for communities come together to determine who is the “Chief Health Strategist” for their community, everyone has parts and pieces of this, this documentation makes it feel as though the LHD must do it on their own.
- Lyon-Callo noted public health has a unique role to think about vulnerable populations and outbreaks such as Hepatitis A, and PFAS. How do we capture that the work is being done?
- Joynes reflected that the conversation mirrors the discussions of the sub-group, Ultimately, the evaluation questions are designed to ensure these activities are happening.
- Stefanovsky shared the example of Ottawa – the department has spent a lot of time on this, they have been both the lead and the support role, and have invested a lot of time defining the roles of the collaboration, who is good at what, and noted it can change depending on the need or project. The health department has been able to use the data to determine what the root causes are.
- Ridella mentioned the Reviewers are going to be key in this, leading the conversation across the department.
- Todd stated that several LHDs are already doing this work, as a Reviewer they often have a conversation to draw this information out from the LHD.
- Hughes noted PH 3.0 is helping to ensure that the LHD has a seat at the table, as a leader or a support role, but they will be there.
- Joynes shared that having other people at the table brings many different perspectives, like social determinants of health, being part of the Accreditation loop.
- Ridella noted the input from the Accreditation Commission will help to ensure that there is clarity and that the measures we have put forward are clear and can be met.
- MacMaster shared that “Chief Health Strategist” is not a hat we would wear, but it should be part of what the LHDs are doing all the time, not just at the “event”.

### **Workforce Development** – Kevin Hughes

Hughes gave an overview of the workforce development indicators, noting they are aimed at ensuring new staff that are coming into the workforce and getting up to speed as fast as possible

ensuring, as well as ensuring our current workforce is competent and well-trained. The indicators are aimed at creating this work in a way that is ongoing and cyclic.

Discussion –

- Tews comments that this would be part of Powers and Duties Indicator 1.9, and that PHAB has more rigorous requirements for workforce development. This MPR is more flexible for Michigan but nudges LHDs along.
- Bragg asked whether there is a role for a statewide initiative to establish criteria, noting that years ago in the Administrative Code there were definitions of the characteristics, qualities for different positions in the LHDs.
- Jones shared the requirements are still listed there, more specifically aimed at credentialing Most LHDs are using the Core Competencies for Public Health Professionals, which is quite lengthy, and we did not want to prescribe they use these over other sets of competencies.
- Todd shared that the PH 101 is available to help get new employees in Public Health to the same starting point.
- Jones stated that it is now available online at this link:  
<https://www.mphiaccredandqi.org/workforce-development/public-health-101-online-training/>
- Cheatham asked if an LHD has a workforce development plan in place, does it need to have certain positions listed and what other trainings would their staff need to attend.
- MacMaster asked when the department did the plan for this at the state and whether they did we do a crosswalk against the Core Competencies.
- Melody noted that OPIM did do a crosswalk with the Core Competencies and Civil Service requirements.
- Tews shared there is flexibility built in here to allow the LHD to be able to drill down the way they want to.
- Joynes shared it is meant as a starting point, but will not replace individual training plan. The aim is to help LHDs start to build the foundation for this work.

### **Quality Improvement – Nick Derusha**

Since the last time this was presented to the Commission, the only change was adding in the public health definition of quality improvement .

Discussion –

- Hale noted the Sub-group tried hard to take into consideration the wide variance of the LHDs regarding staff and funding to do this work.
- Lyon-Callo wondered if a definition of Quality Improvement (QI) means, under significance?
- Biery noted that there is not much in there about QI methods, it should be explicitly listed. Jones replied that we didn't want to tell the LHD what type of method they should use.
- Derusha we addressed this in Indicator 2, item 1. We did not want to prescribe exactly what tool they would use, but that they were using a tool of their choice to meet this.

- Melody noted the group was intentional to make sure we did not overlap what is in the QI Supplement (Agency Level) where this MPR (Program Level).
- Cheatham noted this is how we can get the LHDs to get started on this work.
- Hale summarized this helps them to get in the pool before they learn to swim.
- MacMaster shared that the heavy lift here is the Reviewers being trained so that they understand this work.
- Jones stated that the pilot plan is starting soon, the training will take place prior to the start of Beta Testing.
- Todd noted that this is something we are looking at the State level we are struggling with, we know we need to do this across programs.
- Joynes shared that sometimes after even three years you may not see the change to health outcomes in this short period, but that it is an improvement overall.
- Cheatham stated that you are trying something, you are moving the needle towards improvements.

### **New Investments and Resources Required –Joynes**

Joynes presented the AQII's resource recommendations, noting these are what AQII feels will be necessary to add for health departments to be successful in this work.

#### Discussion –

- Joynes asked if anyone have any issues with the participating health officers taking this information to the MALPH board on Monday.
- Jones stated this will allow us to get additional feedback to inform the next AQII conversation.
- MacMaster noted the need to continue documentation of the required resources, which will help inform funding needed going forward.

### **NEW BUSINESS – GOOD OF THE ORDER**

#### Other Items – New Business

Todd let the Commissioners know he received a request from the Western UP, which experienced two major events in 2018. A tanker spill and flooding have caused major issues and they are requesting a delay in their On-Site Review from August to November 2019.

Ridella motion, Dunleavy support passed unanimously.

MPHI will set the date and inform Programs.

Todd shared that Polly Hager from the BCCCNP program requested that they be removed from the Accreditation Process. as only nine health departments in Michigan are providing the BCCCNP program. Todd shared that Local Health Services is going to honor their request and remove them from the Accreditation process.

MacMaster thanked Marcus Cheatham for agreeing to be Co-Chair another year. MacMaster also announced this is Debra Tews last meeting, and we want to thank her for her time in Public Health. Her retirement party is scheduled for 1/16/2019 at the state.

Jones – The next meeting is Thursday, March 14, 2019 from 9:30 a.m. to 11:30 a.m.

Motion to adjourn the meeting by Kellenberger. Motion passed.

Meeting adjourned at 11:58 am by Karen MacMaster