



Michigan Local Public Health Accreditation Commission Meeting Minutes –
Final – Approved January 10, 2019
September 17, 2018
Michigan Public Health Institute - Interactive Learning Center

COMMISSIONERS: Sue Moran, Marcus Cheatham, Bill Ridella, Betty Kellenberger, Dana DeBruyn, Sean Dunleavy, Lynette Biery, Sarah Lyon-Callo, Michael Rip, Dan Hale **Conference Line:** Nick Derusha, Lisa Stefanovsky

GUESTS: Karen MacMaster, Jessie Jones, Kristy Medes, Brittney Spitzley, Erin Edgerton, Rachel Melody, Debra Tews, Jon Gonzalez, Kevin Besey

REGRETS: Vaughn Begick, Bruce Bragg

Meeting convened at 9:30 AM, chaired by Sue Moran.

GENERAL ANNOUNCEMENTS – ALL MEMBERS

Sue Moran announced her retirement, hoped that everyone received her letter. Karen MacMaster, will now move into the interim Senior Deputy PHA. Sean Dunlevy (MDARD) is now a Commissioner, as Kevin Besey is moving into other roles for MDARD.

AGENDA APPROVAL – ALL MEMBERS

Cheatham moved to accept the agenda as written. Ridella supported. The motion passed unanimously.

MINUTES OF PREVIOUS MEETING – ALL MEMBERS

Kellenberger moved to accept the minutes from the previous meeting as written. Lyon-Callo 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.

Tuscola County Health Department – July 23, 2018

- No missed indicators
- Did not participate in QIS
- 2nd Cycle in a row with 0 Missed indicators
- Motion Cheatham, Kellenberger support, motion passed zero opposed

Grand Traverse County Health Department – August 6, 2018

- No missed indicators
- Did not participate in QIS

- 2nd Cycle in a row with 0 Missed indicators
- Motion Lyon-Callo, Ridella support, motion passed 0 opposed

Sharing information – these LHDs have had their On-Site Review and are in the process of completing their CPAs.

Ottawa County Department of Public Health – May 21, 2018

- 1 missed indicator in Onsite Wastewater
- CPA has been accepted with further action required
- Participated in the QIS, passed 9 out of 9 indicators
- 0 repeat missed indicators

Public Health - Muskegon County – June 4, 2018

- 2 missed indicators: 1 in Food Service, 1 in Children Special Health Care Services
- Food Service CPA has been accepted with further action required
- Did participate in the QIS
- 0 repeat missed indicators

Discussion took place on if LHDs that participated in the QIS in the previous cycle have been reviewed yet in this cycle. Jones shared that GTCHD participated in the QIS cycle last year but used the TA Bank of hours for a mock review, in which they identified they were not ready to participate in the QIS again this cycle.

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:

- Genesee County Health Department
- Branch-Hillsdale-St. Joseph Community Health Agency

COMMITTEE REPORTS – JESSIE JONES

Accreditation Data Reports -

- Frequently Missed indicator's report included – 2 indicators from Family Planning, 1 indicator from CSHCS, 1 indicator from Food Service, and 1 MPR. Jones shared that since we are early on in the cycle, these numbers will change.
- Moran asked for clarification on Onsite Wastewater Indicator 4.1, is it a complaint tracking process, are complaints only being tracked or are they tracked and being addressed? DeBruyn shared that complaints and follow-ups are being tracked.
- Biery shared that their program looked into the family planning missed indicators. They found that with the health departments that missed these indicators, there was significant staff turnover. In June a training took place on the federal standards and they also focused on the missed family planning indicators. There is a LHD family planning workgroup to review the indicators and better implement them. They are confident that as the cycle moves forward, we will not consistently see these indicators being missed.

Quality Improvement Supplement (QIS) Report -

- Only 2 LHD had participated to date and both have passed (meeting 9 out of the 9 indicators)
 - Branch-Hillsdale-St. Joseph Community Health Agency
 - Ottawa County Dept of Public Health
- Cheatham asked if any are PHAB accredited, and Jones shared that they are not.
- Ridella asked how many LHDs participated in the QIS last cycle, Jones shared about 54% and at this point we only have 2 LHD that participated in it last cycle that did not participate in it this cycle. GTCHD, like we talked about, participated in the TA Bank of hours and Chippewa who had a large amount of staff turnover.

Review Evaluations – Cycle 7

- Moran recommended that moving forward with the AQII subgroup work perhaps maybe we want to re-evaluate the evaluation process to find areas where it can be improved. Results tend to be consistent.

ACCREDITATION QUALITY IMPROVEMENT INITIATIVE (AQII) – DEBRA TEWS

Tews shared that AQII was tasked to review and revise the local public health accreditation standards and process in alignment with national standards to reflect performance, quality improvement and outcomes. The AQII recognizes that some LHDs may be meeting components of the proposed requirements, and that smaller and under-resourced LHDs will be challenged to meet existing requirements plus new standards. The limited funding, tools, training, TA, local/community resources, and assistance from governmental or non-profit public health organizations are helpful but not likely available to all health departments. AQII also recognizes additional investment and resources are need to build greater capacity and stronger public health infrastructure. During the review and revising of the standards and process, AQII wants to assure their work:

- Is considered good public health practice,
- Advance public health practice within individual jurisdictions and across Michigan,
- Move the needle toward quality improvement, measurable outcomes and improved health status,
- Build local health department capacity, and
- Be responsive to PHAC Recommendations.

Debra shared that herself, Angelique, and Nick presented the AQII's work to PHAC. The work was well-received and they concurred the group is on the right path. AQII will stay connected and provide future reports on their progress. Moran shared a summary and the history of PHAC and their charge. The top level priority categories include organization of state and local public health, funding and investment, health in all policies, and several recommendations that fall into the Accreditation category, how our local accreditation program can align with national accreditation. and how it aligns with PHAC. The AQII work will continue, with its current member's giving periodic updates to the PHAC. There was another set of recommendations from PHAC about the community needs assessment and community health improvement plan,

which is currently on hold. Moran shared that the funding and investment group is looking at issues around the funding formula that comes from some budget boiler plate. They are looking at how public health should be funded overall, including how to support accreditation.

Tews shared a brief overview of where the work is currently. The drafts presented involved collaboration that took place frequently. The group started in February, 7 LHD Health Officers, County Administrator, County Commissioner, Accreditation Reviewer, Reps from MDARD, MDEQ, PHI, member of the accreditation commission, LHS, and OPIM that made up 3 sub-groups. At least 12 additional meetings took place. MPHI have facilitated a lot of the meeting and work that took place. The indicators that are being presented today, are draft. The official drafts will be presented along with a timeline.

Cross-Sector Partnership Sub-group –

Ridella shared that there was a good mix of people and good participation on the conference calls. The sub group took a look at the PHAC recommendation, the PH 3.0 framework, and the current Cycle Powers and Duties Indicator 1.8. While putting this together, the group wanted to keep it broad and look into social determinants of health. The group decided to build upon the existing MPR Indicator 1.8 instead of recreating it. Ridella shared the revised Indicator and that the group added a definition. The group tried to achieve a wide variety of items for LHD to accomplish in the indicator may be met by section. LHD can meet at least 3/8 of the list showing their multiple sector partnership. The group wants the list to be flexible, so every LHD can meet them. The documentation required includes a list of documents that show collaboration. Evaluation questions are included to help the reviewer determine if the indicator has been met.

Cheatham asked about boundaries for time. Discussion took place that there is assumption that the activities and document required will be in the last three years (the last cycle). Discussion also took place about the documentation required list. Tews shared that they tried to keep it flexible by providing examples of types of documentation that can be used but also what the document should include.

Biery shared that some of her work with the Perinatal Collaborative could fulfil this indicator. Does this indicator only look at certain example in programs or is it the entire population? Ridella mentioned that the indicator states partnerships need to address local priorities. Cheatham shared that for many LHD, perinatal care is a priority. Moran shared that there is a state improvement plan that LHD can use to find priorities.

Moran brought up the importance of LHD partnering with the local health systems in their jurisdiction. Hepatitis A outbreak for example, some LHD had easy collaboration with their health systems, others did not. Moran asked if the indicator should include requirements or language that states LHDs must at least have partnerships with their health systems. Ridella shared that in his county they have four large health systems, in which they have lines of communication for infectious disease, however should leadership be involved? Cheatham shared that if you are involved with your health system and can actually articulate what is going

on in your community, you be able to achieve this indicator. Stefanovsky shared that some counties may have more of a difficult time collaborating with their health systems and it's difficult. There will be some challenges for some LHDs. Biery responded that LHDs can't just know what is going on in their jurisdiction, but be involved. Cheatham agreed.

Ridella invited the group to share their feedback to make this useful but a stretch for LHDs.

Quality Improvement Sub-group -

Derusha shared that the QI group was charged to come up with 1 new MPR – 2 new indicators totaling - 11 new MPRs, 22 new Indicators amongst the different Programs. There were lots of different perspectives and discussions throughout the meetings. Of the QI sub-group, which contains a good cross-section of health departments in Michigan, including some who are PHAB accredited. The purpose of this MPR and Indicators is to bring all local health departments in Michigan along, helping to engrain a culture of quality in each health department. Derusha shared the Indicators as they are currently drafted and then opened the floor to the group for further discussion.

Moran expressed that she wanted more information on draft Indicator 1, bullet 2 - stakeholder input. Nick noted that the "stakeholder input" should not just be staff, the other perspective from the groups we are working with, clients and LGE, not just client or staff surveys. Lyon-Callo pointed out that she felt the piece that was missing is the "for what". Biery pointed out that meeting at least one of the three; it is not a QI process. Jones added there are 4 basic principles to QI and to make sure we are not missing customer focus, this language was added. Biery mentioned that the outcome here is data, which drives the QI Process. Stefanovsky noted that she supports what we are trying to get at, and that some Programs are already doing this such as Family Planning requires a committee to review materials. Jones MPHI does the Quality Improvement Supplement Reviews; they look for the use QI tools and methods, such as customer satisfaction survey, to address and to improve. Biery noted the input should not become opinion. Tews pointed out that the evaluation questions help fill in the gaps or more concrete story, but agrees that the indicator could be strengthened.

Tews commented that this group is considering leaving the QIS in place, because this reviews the Agency QI Policy and Performance Management, and to infuse QI within the Agencies where this work would infuse it at the Program levels via the MPR/Indicators.

Workforce Development Sub-group –

Presented by Debra Tews (on behalf Kevin Hughes). This proposed indicator would be placed in the Powers and Duties section.

Tews described that the proposed indicator ties very closely with PHAB 8.2.1. The workgroup spent a lot of time thinking about where we are currently in regards to WFD in Michigan. Sue Moran, with Janet Oschevsky and LHS convened LHDs across the state and from that meeting the need for bolstering WFD in Michigan surfaced. OPIM and MPHI did a survey and the need for building Workforce Competencies and preparing for the future.

The AQII WFD Sub-group came up with 7 actions and an LHD would need evidence of meeting 3 of the 7. OPIM has been providing mini-grants and Technical Assistant funding to help build capacity. Kevin Besey noted that LHDs are all starting at different places; take them from where they are and bringing them along further.

Ridella asked a specific question about indicator 1.9 and whether it requires health departments to have a formal workforce development plan. Jones noted that LHDs do not need to do a formal WFD plan, but they need to look at their staff and move them forward. Besey noted that they may have an initial workforce assessment; they don't necessarily need to start over with another assessment but take the current assessment data to move them forward. Cheatham noted that the indicator requirements and other specific skills needed to carry out a job, need to support each other. Hale noted that he sees some duplication between the proposed QI and WFD indicators. Jones felt these two are separate enough, if a LHD was not focused in on WFD but QI is still happening at the program level. Derusha shared that QI specifically will be in each of the individual programs, the WFD will be in the Powers and Duties section, which is more broad.

Jones pointed out that the Quality Improvement Supplement, we ask them to have training available, in the new WFD we are asking them to prove it, and acknowledged the group still needs to do a very careful cross-walk between these three groups. Tews noted a thought, PHAB has built in purposeful redundancy built for its standards, in which a health department may be able to offer up documentation that may meet several indicators.

Moran commended the excellent work by all the Sub-groups; each group will take this feedback and make updates for the upcoming meeting.

CAPACITY BUILDING TO MEET NATIONAL STANDARDS – RACHEL MELODY

TA and Mini-Grants

The accreditation readiness mini-grants and the technical assistance bank of hours have ended for this fiscal year and OPIM has received final reports from all the mini-grantees. Ionia County Health Department completed a strategic planning process and a draft strategic plan, which is required to achieve PHAB accreditation. Berrien County Health Department completed a branding strategy, which is another one of the plans required by PHAB for accreditation. The Health Department of Northwest Michigan conducted a PHAB readiness self-assessment. The self-assessment is an activity in the PHAB readiness checklist and is also a requirement for accreditation. OPIM is pleased to say all this year's mini-grant awardees are at least a step closer to achieving PHAB accreditation than they were before the project period started. Through the TA bank, MPHI and OPIM staff provided assistance to District Health Department #2, Grand Traverse County Health Department, Branch-Hillsdale-St. Joseph District Health Department, Detroit Health Department, Barry-Eaton District Health Department. Assistance was provided on topics including community health assessment, strategic planning, and mock reviews of documentation for Michigan Accreditation's quality improvement supplement. OPIMs plan to provide TA and mini-grants to local and tribal health departments again in FY19.

The mini-grant RFP will likely be sent out in mid-December or early January and the TA bank application will be sent out around March.

QI Train the Trainer

The 3rd annual QI train the trainer event was held August 23rd- 25th in Mount Pleasant. There were 31 participants from state, local, and Tribal health departments and one staff person from DEQ. Participants attended a 3-day, in-depth training on quality improvement methods and tools. They also learned strategies to train others in their agency on QI. OPIM provided financial support for this training and staff from MPHI's Center for Healthy Communities conducted the training. OPIM is in the process of reviewing the meeting evaluations and so far, the feedback is very positive. Our plan is to provide this training again next summer to continue to build capacity for QI in Michigan's public health system.

MI-NAC

As a reminder, MI-NAC is a peer network for Michigan's LHDs and Tribes to share ideas and resources to advance quality improvement, performance management, and PHAB accreditation readiness. OPIM acts as convener and facilitator, while LHD and Tribal participants lead quarterly conversations via phone on topics selected by the group. The next MI-NAC call is scheduled to take place on September 25th at 2pm and if you're interested in learning more about how to join the calls you can email Rachel at melodyr1@michigan.gov.

MPPHC Pre-session

Melody reminded the Commission that the Michigan Premier Public Health Conference is coming up and promoted OPIM and MPHI's pre-session. OPIM, in collaboration with MPHI, will again offer a no-cost pre-session in advance of the Michigan Premier Public Health Conference. In the past, the pre-session has included an introduction to performance management and quality improvement. This year OPIM plans to cover these same topics and will also fold in a piece on workforce development. Time is built in for participants to break into small groups for skill-building activities and peer-to-peer sharing. The pre-session will take place on October 9th from 1-4pm and there is no cost to attend.

Tews reiterated their ability to provide support, TA and Mini-Grants to LHDs as the standards change and new standards are added, their focus is to meet PHAB standards but they also help to meet MI Accreditation.

NEW BUSINESS – GOOD OF THE ORDER

Jones – The next meeting is Thursday, January 10, 2019 from 9:30 a.m. to 12:00 p.m.

Other Items – New Business

Cheatham mentioned that he and 7 other LHDs are talking about PHAB re- accreditation. Wondering what funding might look like in the future, with Sue Moran retiring. Moran mentioned that there is a very strong and recurring theme in the Accreditation to move towards PHAC requirement. The voice is being carried forward, that part of the investment strategy of LHD is funding and moving toward National Standards. MacMaster mentioned, as

well, they did add language to the transition document, funding work-group has its initial meeting, 2 PHAC recommendations (cost sharing, looking at all State and local funding, boilerplate LHS) MDHHS has brought those three items together. They also looked at what we focused on that the Governor's commission intent is to look at all funding, through the budget office. In addition they want to know the formula that was used to see, everything going to LHD (level playing field, formulas that are consistent across different funding sources) since this comes from the Federal Government and other agencies. Ridella asked if they are looking at what the locals are putting in? MacMaster noted they would be looking at all of that. Besey mentioned that Food Service has a decreasing funding, over the past 10 years.

Dunleavy introduced a new Reviewer for the Food Service Program, Amanda Garvin.

DeBruyn made an update in regards to the PFAS perspective in Michigan. Over 1200 supplies have been sampled, only one - Parchment sample came back 70 parts/trillion. Results are being communicated through MDHHS, DEQ and MDARD and of course LPH – proactive sampling, multiple year timeline was decreased to 6 months but initial results/timeline changed. DeBruyn noted PFAS will not be reviewed as part of Onsite Wastewater Reviews. More information can be found at www.michigan.gov/pfasresponse

DeBruyn noted Septic Smart week, DEQ is doing tweets (social media campaign) 1 minute video about septic systems.

Jones – recapped meeting dates for 2019, meeting outlook calendar invites will be coming soon and note that January 10th will be a 2.5 hour business meeting

Motion to adjourn the meeting by Ridella. Motion passed.

Meeting adjourned at 11:15 am by Sue Moran