



North Carolina

LOCAL HEALTH DEPARTMENT ACCREDITATION



Amy Belflower Thomas
Health Directors' Legal Conference
April 4, 2018



THE NORTH CAROLINA
Institute for Public Health

Presentation Overview

1. Program updates
 1. Reaccreditation with Honors
 2. Conditional Accreditation Protocol
 3. Online evidence submission pilot
2. Review of Standard revision process
 1. Annual changes
 2. Changes requiring Rules Commission
3. Human services consolidation
4. Questions and comments*



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Program Updates



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Reaccreditation with Honors

- LHDs that miss one or fewer Activities within each of five Standards
- Congrats to inaugural class:
 - Anson County Health Department
 - Catawba County Public Health
 - Granville-Vance District Health Department
 - Macon County Health Department



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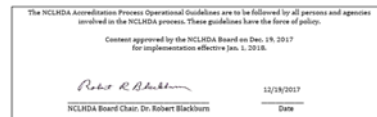
Operational Guidelines Adoption



- 20+ policies/procedures reorganized to three sets of Operational Guidelines:
 - Accreditation Process
 - Board
 - Site Visit Team

NCLHDA
ACCREDITATION
PROCESS

OPERATIONAL GUIDELINES



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Request for Review of the Site Visit Report

- Process clarified for:
 - Written Response: if a department disagrees with a finding.
 - Error of Fact: if the department finds an error that is quantifiable, objective and not subject to interpretation in its meaning.
- LHD may submit a Review Appeal to Board if disagree with Board's action for Written Response or Accreditation Administrator's findings of Error of Fact.



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Conditional Reaccreditation Recommendation Protocol

Purpose: to give an LHD an additional opportunity to submit evidence compiled during their accreditation cycle in order to meet accreditation requirements.

“10 Day Rule”

The written evidence **cannot be newly created or revised documentation**. It may be any documentation that was in place as of the beginning of the site visit.



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What if our Recommendation is for Conditional Reaccreditation?

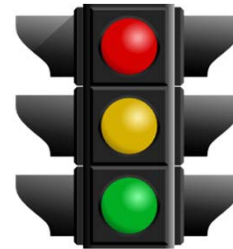
1. Carefully review your Site Visit Report and see which Standards you missed.
2. Consult page nine of the *NCLHDA Accreditation Process Operational Guidelines*.
3. If you have evidence to submit for an Activity within a missed Standard, follow Protocol and request evidence be reviewed.
4. Site Visit Team will review material off-site and reassess.
 1. If evidence now allows enough Activities within Standard to be met, recommendation is changed to Reaccreditation.
 2. If recommendation is not changed (either material not resubmitted or still does not meet), agency will likely become Conditionally Reaccredited at Board meeting and has two years to reapply for Reaccreditation.



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Online Evidence Portal Pilot

- Adapting a system for not only real-time evidence submission and review, but accountability
- 2018 pilots:
 - Albemarle Regional Health Services
 - Hyde County Health Department
 - Greene County Health Department
 - Martin-Tyrrell-Washington Health District
 - Wayne County Health Department



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Standard Revision Process



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NC Law

- **Senate Bill 804 - GS 130A-34.1**
 - Established NCLHDA Board within NCIPH (17 members appointed by NCDHHS Secretary)
 - Directs Commission to adopt rules establishing Standards for LHDs
 - Mandates all LHDs to obtain (by December 1, 2014) and maintain accreditation
- **10A NCAC 48B**
 - Defines scoring requirements by core function
 - Describes Benchmarks and Activities



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NC Law

10A NCAC 48B .0203 BENCHMARK 3

(a) Benchmark: The local health department shall maintain skills and capacity to collect, manage, integrate and display health-related data.

(b) Activities:

- (1) The local health department shall assure agency staff has expertise and training to collect, manage, integrate and display health-related data.
- (2) The local health department shall conduct an annual evaluation of the agency's data system (hardware and software) and plans for upgrades to improve the accessibility, quality and utilization of health data.

Standard: Agency Core Functions And Essential Services

Function: Assessment

Essential Service 1: Monitor health status to identify and solve community health problems.

Benchmark 3: The local health department shall maintain skills and capacity to collect, manage, integrate and display health-related data.

Activity 3.1: The local health department shall assure agency staff has expertise and training to collect, manage, integrate and display health-related data.

Documentation:

- A. Since the previous site visit, evidence of relevant expertise and/or training on collecting, managing, integrating and displaying health-related data for at least one (1) individual

INTERPRETATION

Intent

Assessment, and the future programming and policy that comes from it, must be based on accurate data. The LHD must build proficiency to gather and scrutinize that data, thus drawing valid conclusions on the meaning of the information. Individuals involved in carrying out this task for the department must be trained and will serve as a resource for all staff. This activity requires the department to assure that agency staff has the expertise and training needed to collect, manage, integrate and display health-related data.



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NC Law

- Board can assign the following status:
 - **Accredited**
 - **Conditionally Accredited**: period of up to two years with agency reapplying when ready
 - **Unaccredited**: upon expiration of conditional accreditation
- Being accredited is tied to funding:

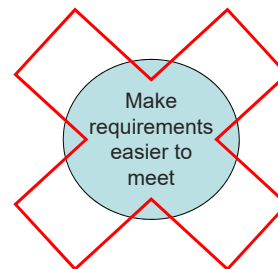
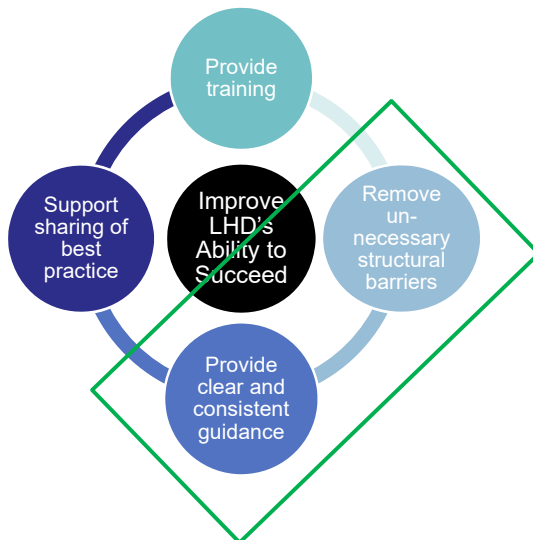
§ 130A-34.4. Strengthening local public health infrastructure.

- (a) By July 1, 2014, in order for a local health department to be eligible to receive State and federal public health funding from the Division of Public Health, the following criteria shall be met:
- (1) A local health department shall obtain and maintain accreditation pursuant to G.S. 130A-34.1.



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Overall Goal of Changes



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- Any changes to materials made on an annual basis effective January 1
 - Agencies held to what is effective as of their 90-day notification
- All materials on website
- Annual color scheme for changes — 2018
- Changes also detailed in Summary of Changes document



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Summary of Changes

- Provided whenever changes are made to assessment documents (HDSA, Interpretation)
- Lists and details changes made since last update
- Corresponds to changes marked in orange in updated documents


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Summary of changes to HDSA Interpretation Document
Effective Date: 01.01.18

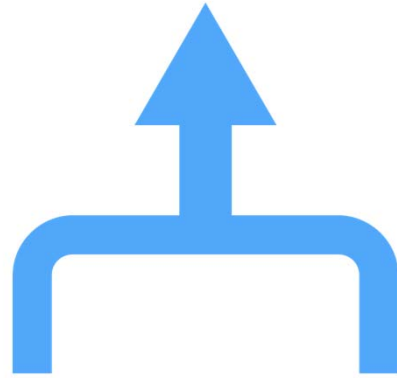
Note: Please see the actual documents for the complete information. Also note that minor grammatical edits are not included in the table below.

Page or Activity	Topic	Change
Entire Document		Color scheme added (gold as seen here) to coincide with the changes to other documents for this revision cycle. All changes from last revision (1.1.17) in gold font.
Cover & Footer		Effective date (1.1.18) and version (6.1) updated.
p. 8	Home Health	Language added to clarify that Home Health staff, even if independently accredited, may be chosen for personnel record review.
p. 10	Evidence - personnel records/training	Language added to clarify that local health departments must account for employee performance and basic training of all staff in policy or personnel contracts including contract and temporary staff.
1.1	CHA Self Assessment	NCDPH link removed as not currently active. Contact NCDPH for checklist.
1.2	SOTCH requirements	NCDPH link removed as not currently active. Contact NCDPH for requirements.
3.2	Annual evaluation of agency data system	Language added to the Guidance to clarify that plan and evaluation of the data system applies to the entire health department.
4.2	Monitor exposure to environmental health risks	Language added to Guidance to clarify that only reports with the needed action taken should be provided.



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Human Services Consolidation



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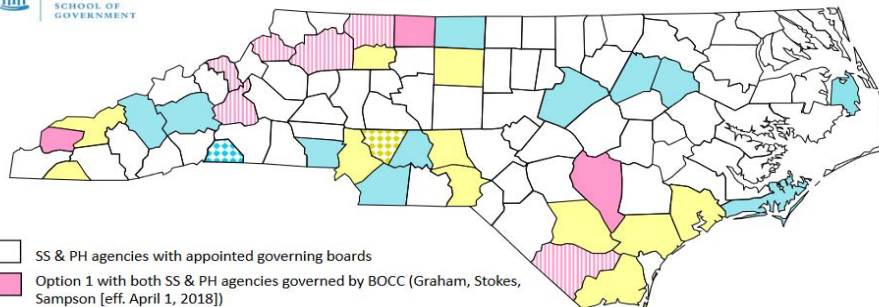
Changes in 2015

- 10A NCAC 48B amended April 1, 2015 due to HB 438
- Changes were made to HDSAI/Interpretation effective 6.1.15:
 - Benchmark 34 shuffled, including deleting one Activity
 - Where Advisory Committee allowed, specifically identified (38.2, 38.3, 39.1, 39.4, 40.1, 40.2, 41.1, 41.2, 41.3)
 - Where Consolidated Human Services Director applicable, specifically identified (37.1, 37.3, 37.4, 37.5, 37.6)



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PH and SS Organization and Governance Resolutions as of January 2018



- SS & PH agencies with appointed governing boards
- Option 1 with both SS & PH agencies governed by BOCC (Graham, Stokes, Sampson [eff. April 1, 2018])
- Option 1 with SS agency governed by BOCC, PH agency with appointed governing board (McDowell, Mitchell, Watauga, Wilkes, Surry, Columbus, Pitt)
- Option 2 with consolidated HS agency including SS & PH, appointed CHS board (Haywood, Buncombe, Gaston, Union, Stanly, Rockingham, Wake, Nash, Edgecombe, Carteret, Dare)
- Option 2 with consolidated HS agency include SS and other human services but not PH, governed by appointed CHS board (Polk)
- Option 3 with consolidated HS agency including SS & PH, governed by BOCC, health advisory committee (Clay, Swain, Yadkin, Mecklenburg [no advisory comm.], Guilford, Montgomery, Richmond, Bladen, Brunswick, Pender, Onslow)
- Option 3 with consolidated HS agency including SS & other human services but not PH, governed by BOCC (Cabarrus)



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**Are the NCLHDA
Standards
achievable for a
CHSA?**

**What do I do if
my agency is
consolidating in
the future?**

**How do I talk to my
county leaders
about NCLHDA?**

**Is it harder for a
CHSA to be
reaccredited?**

**Are the NCLHDA
Standards clear
for different
consolidation
scenarios?**



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- ✓ Recent data
- ✓ Tools within Interpretation Guidance
- ✓ Things to consider for consolidated agencies
- ✓ Trainings and Guidance documents

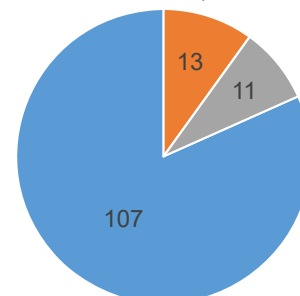


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Reaccreditation Data Assessment

- 131 Reaccreditations 2011-2018*
 - 17 initial Conditional Reaccreditation recommendations (13%)
- Health Agency Consolidation allowed in 2012
 - 24 Reaccreditations for consolidated agencies
 - 13 Governed by Boards of County Commissioners
 - 11 Governed by Consolidated Human Services Board
 - 107 Reaccreditations for Board of Health-governed agencies

Governance Structure of Local Health Agency Reaccreditations, 2011-2018



■ Traditional ■ Consolidated - BOCC ■ Consolidated - CHS

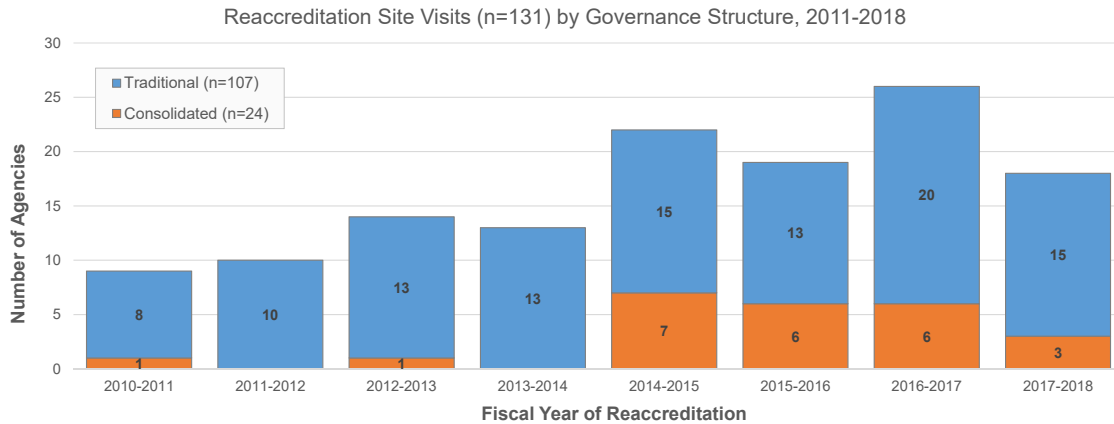
* Includes spring site visit reports, but not fall for 2018



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Reaccreditation Data Overview

- 131 Reaccreditation Site Visits, 2011-2018

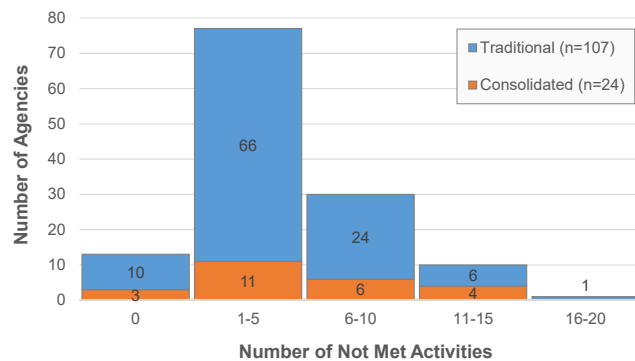


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Summary of Activities Not Met

- Of the 131 Reaccredited LHDs:

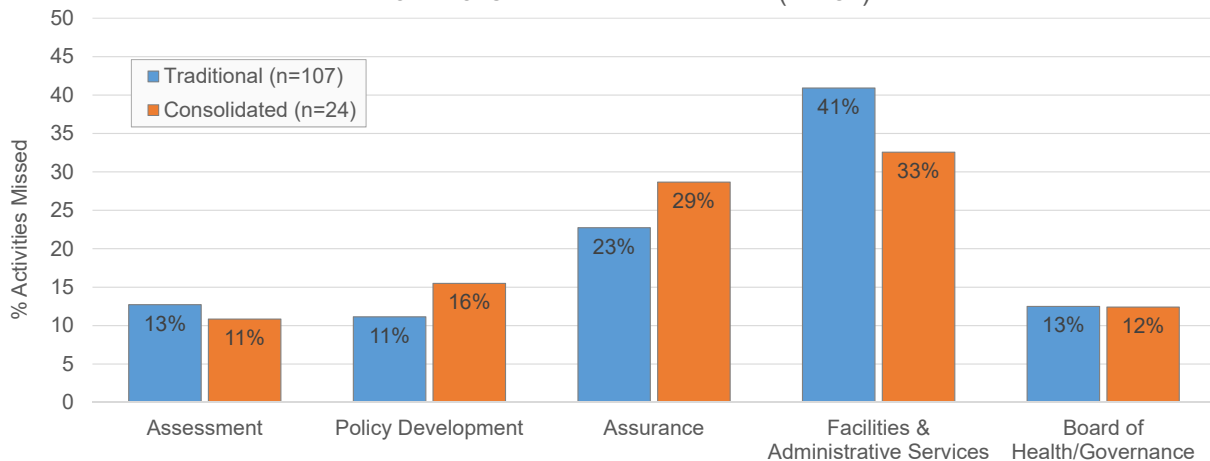
- Activities Not Met ranged from 0 to 19 Activities
- Mean = 4.3 Activities
- Median = 3 Activities



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Activities Not Met, 2011-2018

Activities Not Met, by Standard & Governance Type
FY2011-2018 LHD Reaccreditations (n=131)

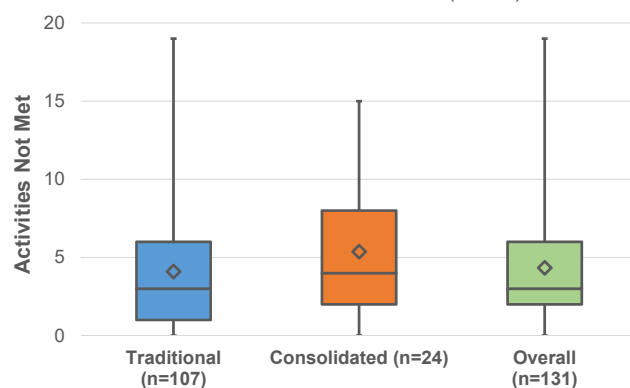


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Summary of Activities Not Met By Consolidation Status

- On average, consolidated agencies missed an average of only one more Activity than traditional LHDs
 - 5.4 vs 4.1 Activities
- This finding is not statistically significant due to limited sample size, but still notable

Box Plot of Activities Not Met, by Consolidation Status
2011-2018 LHD Reaccreditations (n=131)

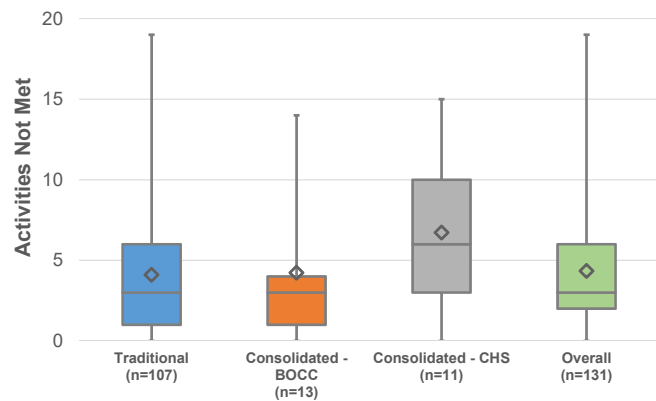


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Summary of Activities Not Met By Agency Governance

- Consolidated agencies governed by a CHS board averaged 2.5 more Activities missed compared to traditional
 - 6.7 vs 4.1 Activities
- Consolidated agencies governed by a BOCC were comparable to traditional agencies
 - 4.2 vs 4.1 Activities
- Small sample sizes, but still meaningful results

Box Plot of Activities Not Met, by Governance Structure
2011-2018 LHD Reaccreditations (n=131)



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Tools within Interpretation Guidance Sections

Added Guidance for Consolidated Human Services Agencies for every Activity

- Helps with specific scenarios
- Reminds about whether Advisory Board can address

produced since the previous site visit. The department must also provide the letter of receipt from NCDPH and any CAPs for each of the SOTCH reports that were submitted.
Additional Guidance for District Health Departments
If one SOTCH is not conducted for the district as a whole, then all SOTCH reports should be provided, including each letter (and CAP if applicable) from NCDPH.
Additional Guidance for Consolidated Human Services Agencies
None
Pieces of Evidence Required
A. 2 or 3
B. 2 or 3
C. 2 or 3 (if applicable)
SVT Review and Guiding Questions
✓ Were SOTCH reports provided for all non-CHA years since the previous site visit?
✓ Were SOTCH letters from DPH provided?
✓ If there was required corrective action, was there a follow-up letter from DPH?



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What Goes to Local Board of Health



If BOCC has assumed powers/duties of the Board of Health, whenever BOH is referred to, it equates to BOCC (e.g., Activity 2.4 — disease incidence/trend report).

Additional Guidance for Consolidated Human Services Agencies

This activity requires presentation to the local board of health- if the board of county commissioners or the consolidated human services board has assumed the duties of the board of health, then this presentation must be made to them (not an advisory committee on health).



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What Can Go to Advisory Committee



Guidance will be clear about whether the Advisory Committee can fulfill role (e.g., Activity 38.2 — CHA review).

Additional Guidance for Consolidated Human Services Agencies

If the board of county commissioners has assumed the powers/duties of the board of health, the advisory committee on health can fulfill this activity.



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BOCC is Acting on Behalf of Their Role as BOH



If BOCC has assumed powers/duties of the BOH, evidence must show that certain Activities are done firmly in their role as a BOH (e.g., Activity 14.4 — drafting ordinances and rules).

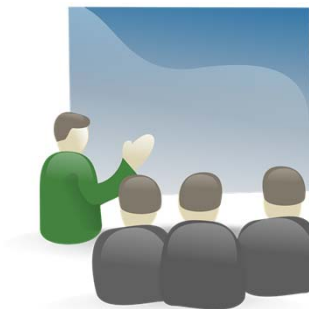


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Who Needs to be Trained



If BOCC has assumed powers/duties of the BOH, they must be trained on roles/responsibilities of BOH. You can choose to train your Advisory Committee, but that is not required.



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Who Hires a Health Director and Who Supervises



Assure that the appropriate person (BOH or consolidated director) in the chain of oversight is identified (e.g., Activity 37.1 — qualified LHD). This applies to hiring as well as things like signing off on performance evaluations and job descriptions.



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Trainings and Guidance Documents

Slides and four-page guide on website
(updated 1.1.18)



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**Roles and Responsibilities of Boards of
Health Related to North Carolina
Local Health Department Accreditation
(NCLHDA)**

Version Update: 1.1.18



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Roles and Responsibilities of Boards of Health Related to NC Local Health Department Accreditation (NCLHDA) Guide

Note that this guide is applicable to all Board of Health (BOH) governance structures— unless otherwise stated (such as specific mention/inclusion of the Advisory Committee on Health (ACH) being able to assist that activity), the activity is required of whatever Board (traditional BOH (single county, district, or authority), Consolidated Human Services (CHS) Board, or Board of County Commissioners (BOCC)) assumes the powers/duties of the traditional Board of Health. See the RDSM and RDSM Interpretation for more detailed information.

	Existence of Policy, Procedure, or Materials	Hear or Review	Discussion	Approval	Other Action or Involvement
Finance	13.4: minutes reflecting of 3 financial reports demonstrating assessment of financial responsibility	13.5: BOH/ACH minutes reflecting discussion of service costs proposed/ provided by LHD	17.2: policies in compliance with LHD's policy on policies (related to administration)	19.1: BOH/ACH correspondence with BOCC AND other units of government/ private foundations to support of LHD efforts to secure financial resources	
	19.1: minutes reflecting 2020 and approval of department fees	27.4: BOH minutes or CHS Director correspondence showing discussion & approval of a budget review to address workforce issues	27.4: BOH minutes or CHS Director correspondence showing discussion & approval of a budget review to address workforce issues	27.4: BOH minutes or CHS Director correspondence showing discussion & approval of a budget review to address workforce issues	
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Resources and Training Opportunities



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Accreditation 101: New AAC Bi-annual Training

Save the Date:

September 18 from 9 to 4
Hilton Charlotte University Place

Fee: \$60

Registration available in June

Audience:

**New AACs, Co-AACs
or Backup AACs**

**Please note this is NOT
for experienced AACs.**

Next training will be Spring 2019 in Eastern N.C.



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Accreditation 101: Team-based Training

- Offered by request at your local site (Jan.-May and Oct.-Nov. only)
- For groups of 15-20
- STRONGLY encourage partnering with neighboring LHDs
- Request “NCLHDA technical assistance” from your local AHEC



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Annual Skills-building Workshop

Save the Date:

Building Your Accreditation Toolbox

August 14-15, 2018

Sheraton Imperial in Durham

Registration will open in July with an expected fee of \$150 and state rate guarantee at the Sheraton.

Sessions focused on sharing best-practice models and addressing common challenges.

While aimed at AACs of all levels of experience, local accreditation team members are also invited.



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All counties in North Carolina have been accredited, and by May 2018, all 85 will have been reaccredited at least once.



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**Questions &
Discussion**



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Thank you.

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The North Carolina Local Health Department Accreditation Program is part of the North Carolina Institute for Public Health at the Gillings School of Global Public Health at the University of North Carolina at Chapel Hill.



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