



NORTH CAROLINA
Local Health Department
Accreditation

Accreditation Origin Story

November 5, 2020



 GILLINGS SCHOOL OF GLOBAL PUBLIC HEALTH
North Carolina Institute for Public Health

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Presenters

- **Amy Belflower Thomas**, MHA, MSPH, CPH, Accreditation Administrator, NCIPH, UNC Chapel Hill
- **Virginia Niehaus**, JD, MPH, Director of Regulatory and Legal Affairs, North Carolina Division of Public Health
- **Jill Moore**, JD, MPH, Associate Professor of Public Health Law & Government, School of Government, UNC Chapel Hill
- **Margaret Benson Nemitz**, MPH, Community Assessment Coordinator, NCIPH, UNC Chapel Hill



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Winter Series

More Tools for your Superhero Utility Belt
December 8, 2020
10—11:30 a.m.
Registration is now open

Free tools like Tableau Public, Canva and Jamboard provide new opportunities to communicate with staff, partners and communities. This webinar will introduce these three tools, share how they can be beneficial to Accreditation, provide a brief orientation to getting started and provide space to discuss questions and lessons learned with one another.

Annual Update Webinar
January 21, 2021
9—11 a.m.
Registration will open in December.

Every January an update webinar is held to share NCLHDA Program updates for the coming year. All local health departments are encouraged to have at least one accreditation team member join the webinar. This year will provide an overview of the rollout of revision to the HDSA Interpretation Document. Registration will open in December.



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Workgroup Members

- **Chris Dobbins**, Chair, Standards and Evidence Committee of NCLHDA Board and Gaston County Health and Human Services
- **Rebecca McLeod**, NCLHDA Board and Burke County
- **Susan Little**, Standards and Evidence Committee of the NCLHDA Board and N.C. Division of Public Health
- **John Rouse**, N.C. Association of Local Health Directors and Harnett County
- **Emily Mayes**, AAC, Surry County Health and Nutrition Center
- **Ashley Stoop**, AAC, Albemarle Regional Health Services
- **Jo Morgan**, NCLHDA, Site Visit Coordinator
- **Victoria Hudson**, NCLHDA Site Visitor and Orange County
- **Tommy Jarrell**, NCLHDA Site Visitor and Richmond County Health and Human Services



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... and SMEs

- **Jill Moore**, UNC School of Government
- **Dorothea Brock**, Program Manager, N.C. Office of Rural Health
- **Tish Singletary**, Brach Head, Community & Clinical Connections for Prevention and Health Branch, N.C. Division of Public Health
- **Karen Stanley**, Program Manager, Healthy Communities, N.C. Division of Public Health
- **Kathy Dail**, Director, Community Health Assessment, N.C. Division of Public Health
- **Cornell Wright**, Executive Director, Office of Minority Health and Health Disparities, N.C. Division of Public Health
- **Lauren Howard**, Director, North Carolina Office on Disability and Health, N.C. Division of Public Health
- **Teresa Davis**, Regional Specialist, Division of Environmental health, On-Site Water Protection Branch, N.C. Division of Public Health
- **Catherine Ryan**, State Registrar and Director, N.C. Vital Records, N.C. Division of Public Health
- **Mary Beth Skarote**, Plans, Training and Exercise Officer, Public Health Preparedness and Response, N.C. Division of Public Health
- **Ty Adams**, Former IT Director, Albemarle Regional Health Services
- **Kathleen Brooks**, Public Health Administrative and Financial Consultant, N.C. Division of Public Health
- **Sally Herndon**, Head, Tobacco Prevention and Control Branch, N.C. Division of Public Health
- **Jim Martin**, Director of Policy and Programs, Tobacco Prevention and Control Branch, N.C. Division of Public Health
- **Dominick D'Erasmus**, HR Manager, N.C. Office of State Human Resources
- **James Harris**, HR Consultant I, N.C. Office of State Human Resources



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... and SMEs

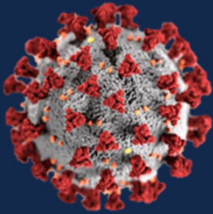
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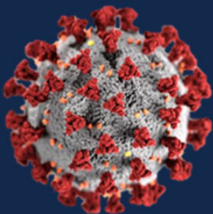
COVID-19



Pursuant to Section 1(3) of Executive Order 119, dated March 20, 2020, and the subdelegation of authority granted by the NCDHHS Secretary, dated March 26, 2020, the NC Local Health Department Accreditation Board ("Board") has authority, upon finding that the waiver will provide necessary relief to local health departments responding to the COVID-19 pandemic and will not endanger public health, to waive the accreditation scheduling requirements of 10A NCAC 48A .0205 and grant an extension of accreditation of no more than twelve (12) months.

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COVID-19



On April 8, 2020 the Board voted to waive accreditation scheduling requirements for twelve (12) months, effective May 9, 2020. This effectively grants all fully accredited health departments in North Carolina an accreditation extension of twelve (12) months.

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Additionally ...

The 12-month extension creates a unique opportunity for a “clean” implementation of HDSA revisions. Therefore, the program presented the Board with options to postpone/delay the Workgroup’s efforts due to COVID-19 or actually expedite it to take advantage of this opportunity.

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Accelerated Workgroup Timeline


- Workgroup meetings held May - September 2020
- Public comment on the suggested changes November – December 2020
- Plan for roll-out developed and communicated Feb-May 2021
- Effective date for changes – February 2021
- Training via webinar March – May 2021

Project Activities	Month/Year																																						
	2019												2020												2021														
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
Board plan review and adoption																																							
Appointment of Workgroup members																																							
Program Planning and Review																																							
Document creation																																							
Process orientation videoconference																																							
Review: Section 1																																							
Review: Section 2																																							
Review: Section 3																																							
Review: Section 4																																							
Review: Section 5																																							
Revisions Drafted																																							
Draft revisions released for comment																																							
Final Workgroup review																																							
Presentation to Standards and Evidence Committee																																							
Board revision review and adoption																																							
Plan for roll-out developed and communicated																																							
Trainings via webinar																																							
First Site Visits Affected																																							



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Key Features of the Plan

- Allows for changes to go into effect at start of the extension period
- Takes advantage of program staff time during extension period
- Assumes Board will adjust schedule next year during extension (Feb 2021 meeting)
- Assumes workgroup can start working in late May
- Implements changes quickly (effective 2.28.21)
- Implementation date not on January 1 like normal
- Only gives departments with fall 2021 visits ~6 months to deal with changes
- Initial training is via webinar, not in-person

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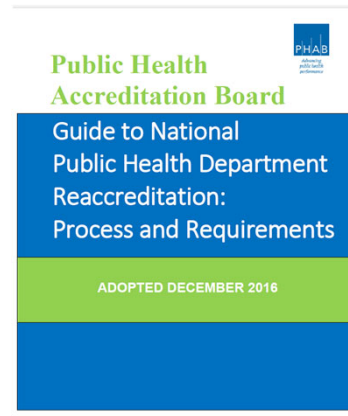
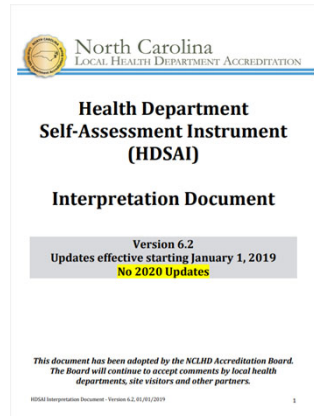
Criteria

Review criteria:

- continued need/relevance
- objectivity
- value add
- whether the content is assured elsewhere
- current professional practice

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Preparation Materials



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Preparation Materials

Activities organized by topic areas:

Topic	Number of Activities
Programs, services, board authorities, and confidentiality	26
Community health	30
Environmental health and clinical	27
Epidemiology and IT	31
Administration and finance	33



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Preparation Materials

Activity 9.6

DISSEMINATION OF INFORMATION

Activity 9.6: The local health department shall assure that information disseminated by the agency reflects the cultural and linguistic character of the local population as required by Title VI of the Civil Rights Act.

NCALHD Recommendation

Review

NCALHD Comments

Demonstrate this capability, require demonstrable evidence in documentation

RELATIONSHIP TO OTHER PROGRAMS

PHAB Equivalent Requirement

3.2.1 Communications with the public p. 30
3.3.2 Culturally sensitive and/or linguistically appropriate communication p. 30

Required in PHAB NOT in NCLHDA

Assured Elsewhere

Documentation requirement A can be part of the Title VI compliance plans required by the NCDHHS Office of Civil Rights.

METRICS: OVERALL LHD PERFORMANCE

# Agencies With Site Visits*	# Missed	# SQI	Change in SQI Over Time	LHD Size	Size of Population Served	Economic Tier	Consolidation Status
160	0	4	-	-	-	-	-

METRICS: SIGNIFICANT DIFFERENCE IN # SQI

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Preparation Materials

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NCALHD Recommendation

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METRICS: SIGNIFICANT DIFFERENCE IN # SQI

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NCALHD Recommendation	NCALHD Comments
Review	Demonstrate this capability, require demonstrable evidence in documentation

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compliance plans required by the NCDHHS Office of Civil Rights:

METRICS: OVERALL LHD PERFORMANCE				METRICS: SIGNIFICANT DIFFERENCE IN # SQI			
# Agencies With Site Visits*	# Missed	# SQI	Change in SQI Over Time	LHD Size	Size of Population Served	Economic Tier	Consolidation Status
160	0	4	-	-	-	-	-

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NCALHD Recommendation	NCALHD Comments
Review	Demonstrate this capability, require demonstrable evidence in documentation

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Preparation Materials

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Assured Elsewhere

Documentation requirement A can be part of the Title VI compliance plans required by the NCDHHS Office of Civil Rights.

# Agencies With Site Visits*	# Missed	# SQI	Change in SQI Over Time	LHD Size	Size of Population Served	Economic Tier	Consolidation Status
160	0	4	-	-	-	-	-

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Preparation Materials

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Agencies With Site Visits*

160

Missed

0

SQI

4

Change in SQI Over Time

-

METRICS: SIGNIFICANT DIFFERENCE IN # SQI

LHD Size

-

Size of Population Served

-

Economic Tier

-

Consolidation Status

-

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Preparation Materials

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NCALHD Recommendation

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NCALHD Comments

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Agencies With Site Visits*

160

Missed

0

SQI

4

Change in SQI Over Time

-

METRICS: SIGNIFICANT DIFFERENCE IN # SQI

LHD Size

-

Size of Population Served

-

Economic Tier

-

Consolidation Status

-

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Meeting Schedule and Topics

Date	Topic	Room
Friday, May 29 10 a.m. – 3 p.m.	Programs, Services, Board Authorities, and Confidentiality	Zoom
Tuesday, June 16 10 a.m. – 3p.m.	Community Health	Zoom
Friday, July 17 10 a.m. – 3 p.m.	Environmental Health & Clinical	Zoom
Friday, August 21 10 a.m. – 3 p.m.	Epidemiology & IT	Zoom
September 29, 2020 10 a.m. – 3 p.m.	Administration & Finance	Zoom

Meeting Attendees:

- Workgroup Members
- SMEs

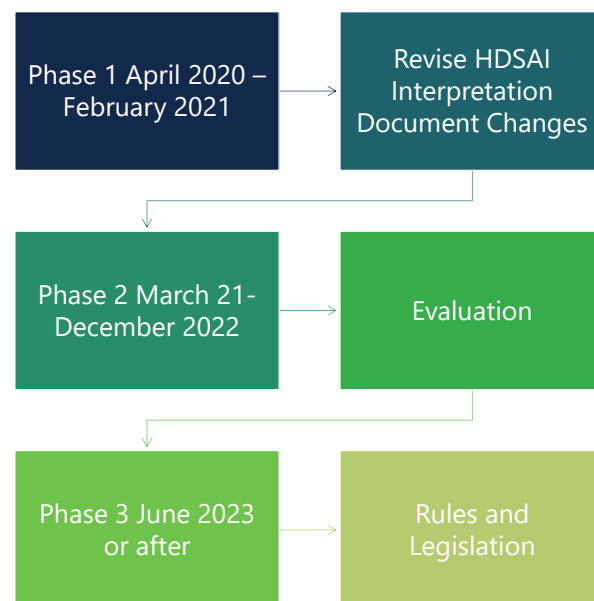


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Three Phased Approach

Note: These dates are subject to change due to COVID-19 and the timeline for Rules re-adoption.



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North Carolina Local Health Department Accreditation

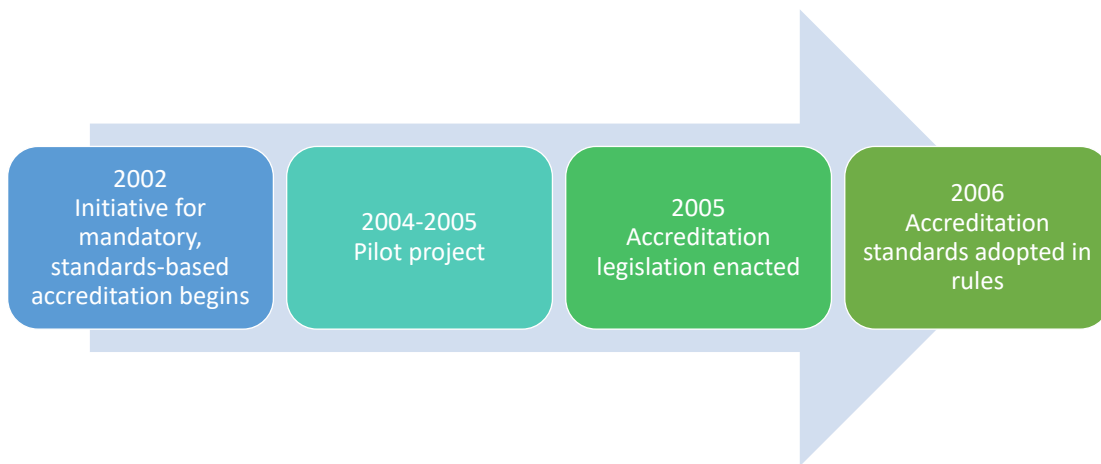
Jill Moore, JD, MPH
UNC School of Government
Virginia Niehaus, JD, MPH
NC Division of Public Health

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Background and History

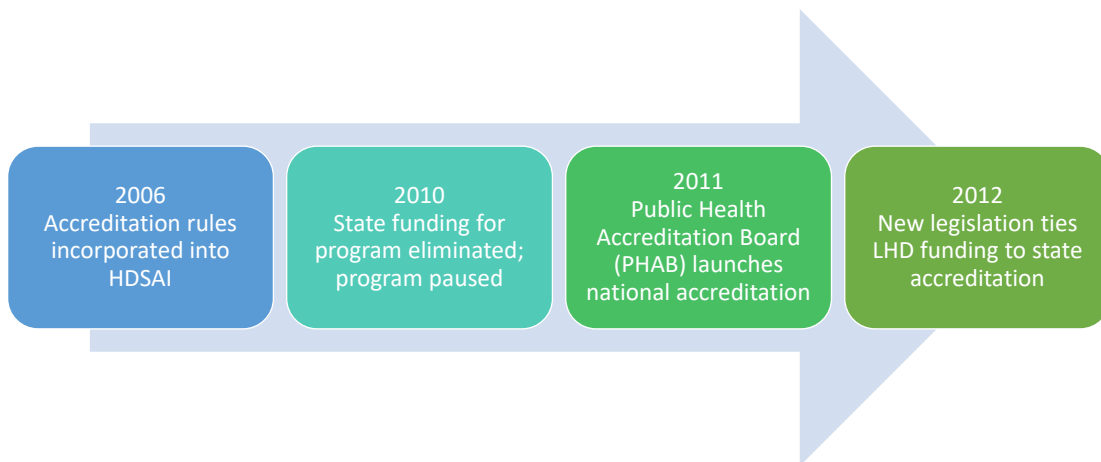
26

How did we get here? 2002-2006



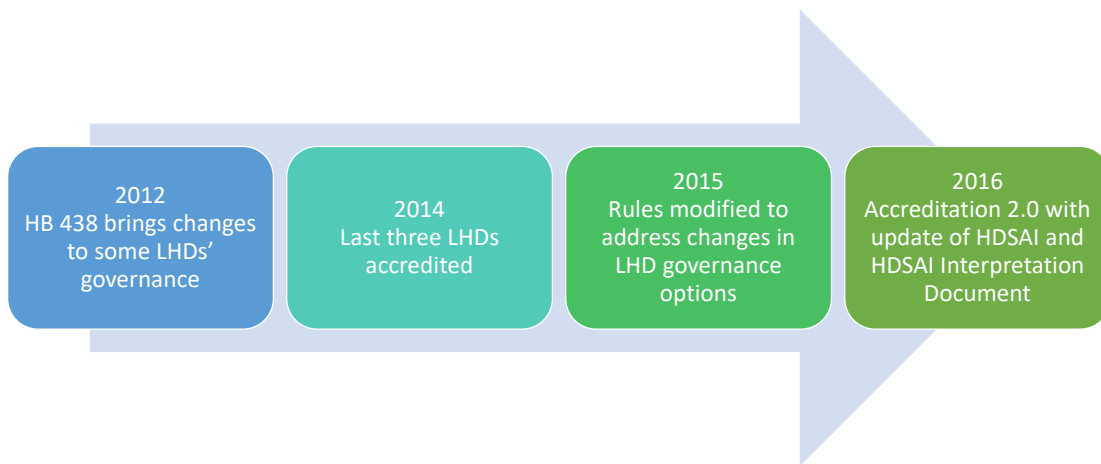
27

How did we get here? 2006-2012



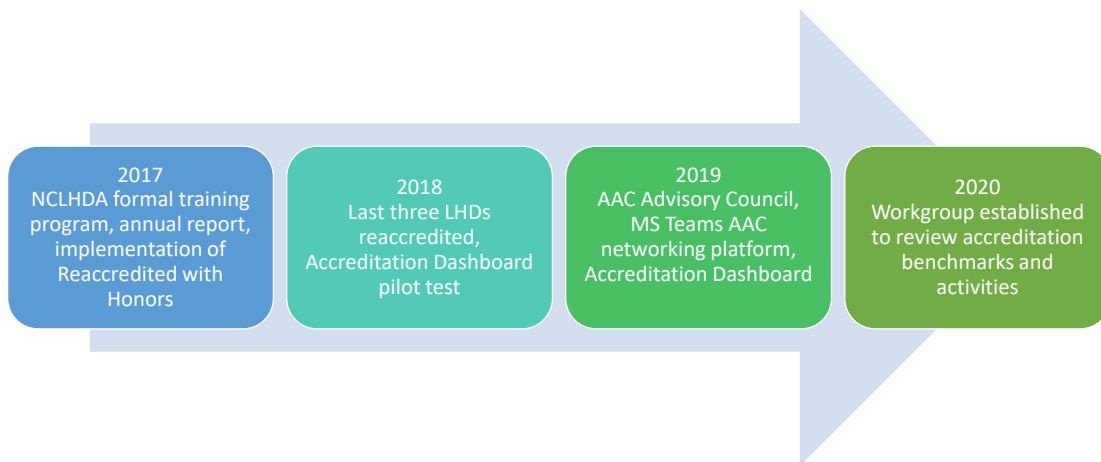
28

How did we get here? 2012-2016



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How did we get here? 2017-2020



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Local health departments must obtain and maintain accreditation.

The Commission for Public Health (CPH) must adopt rules establishing accreditation standards and process, as prescribed by statute.

The NC local health department accreditation board must assign each LHD the status of accredited, conditionally accredited, or unaccredited.

2005 Legislation: G.S. 130A-34.1



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G.S. 130A-34.1
requires the
Commission for
Public Health's
rules to address:

The accreditation process, including LHD self-assessment, a site visit, and assignment of accreditation status by the Accreditation Board.

An assessment of the local health department's capacity to provide the ten essential public health services.

LHD facilities and administration.

LHD staff competencies and training procedures or programs.

LHD governance and fiscal management.

Informal procedures for reviewing Accreditation Board decisions.

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Subchapter A: Administration

- Process
 - LHD self-assessment
 - Site visit
 - Board action
 - Informal review procedures
 - Re-accreditation

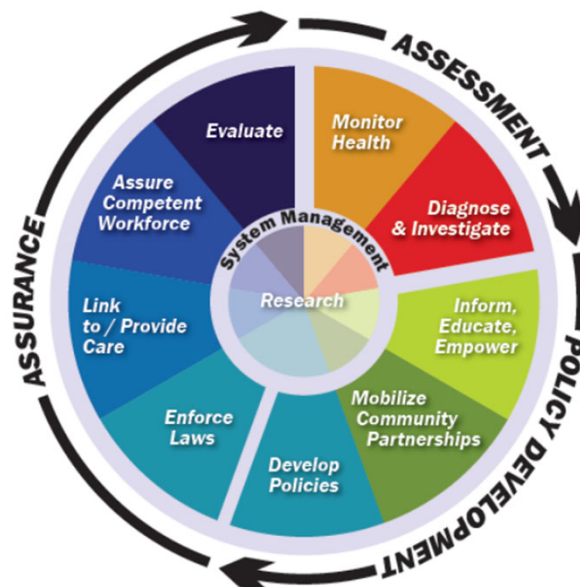
Subchapter B: Standards

- Scoring criteria
- Standards based on criteria set out in statute (essential services, research, facilities & administration, staff competencies & training, governance & fiscal management)
 - Benchmarks
 - Activities

2006 Rules: 10A NCAC Chapter 48

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Accreditation assesses LHD capacity to provide the 10 essential public health services (pre-2020 version)



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HDSAI Interpretation Document

Does not establish additional benchmarks or activities

Does:

- explain Board's interpretation of rules
- identify the evidence that will be used to determine if activities are satisfied
- integrate other existing program requirements



Health Department Self-Assessment Instrument (HDSAI)

Interpretation Document

Version 6.4
Updates effective starting January 1, 2020
APPLICABLE TO 2020 ONLY

On April 8, 2020, the NCLHD Accreditation Board voted to extend all accreditation cycles twelve months in accordance with Executive Order 119, Section 1(1) via authority granted by the Governor to the NCDHHS Secretary in response to the COVID-19 pandemic. This updated document was approved by the NCLHD Board on May 8, 2020 to provide retrospective guidance on addressing the extension.

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HDSAI Interpretation Document



Health Department Self-Assessment Instrument (HDSAI)

Interpretation Document

Version 6.4
Updates effective starting January 1, 2020
APPLICABLE TO 2020 ONLY

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Standard and Essential Services →

Benchmark →

Activity →

Documentation →

Interpretation →

Additional guidance for health districts and for consolidated human service agencies

Standard: Agency Core Functions and Essential Services
Function: Assessment
Essential Service 1: Monitor health status to identify and solve community health problems.
Benchmark 1: A local health department shall conduct and disseminate results of regular community health assessments.
Activity 1.2: The local health department shall update the community health assessment with an interim "State of the County's Health" report (or equivalent) annually. The report shall demonstrate that the local health department is tracking priority issues identified in the community health assessment, identifying emerging issues, and shall identify any new initiatives.
Documentation:
A. Since the previous site visit, copies of each annual SOTCH report produced
AND
B. Letters from NCDPH stating each SOTCH meets content requirements described above
AND
C. If applicable, a letter from NCDPH stating that CAP(s) have been accepted
INTERPRETATION
Intent
The intent of this activity is to show how the agency is continuing to use the data of the CHA in its work and as a report to the community on this work. The State of the County's Health (SOTCH) report also will use any data/statistics that the LHD wishes to report and will include new programs that may have been implemented by the LHD. For this activity, the department is required to update the community health assessment using a SOTCH report that is produced annually.
Guidance
This activity is required by NCDPH by Consolidated Agreement. The Consolidated Agreement between NCDPH and local health departments states that one of the responsibilities of the LHD is to "provide to the State ... a State of the County's Health Report each of the interim two or three years" between CHA cycles. It also seeks to show that the CHA is a key document for the work of the department. It does this by demonstrating that the local health department is following up on priority issues identified in the community health assessment, and that it will identify any emerging issues.
NCDPH has requirements for the SOTCH Report. The department must provide copies of all annual SOTCH reports 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

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Accreditation Board

Administratively located in NC Institute for Public Health

Membership prescribed by law:

- Four county commissioners
- Four local board of health members
- Three local health directors
- Three DPH staff members
- Three at-large members

G.S. 130A-34.1

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Board assigns accreditation status:

Accredited	Conditionally Accredited
Period of 4 years	Period of up to 2 years with agency reapplying when ready
	<div style="display: flex; justify-content: space-around;"> <div style="background-color: #4a86e8; color: white; padding: 10px; text-align: center;">Accredited</div> <div style="background-color: #4a86e8; color: white; padding: 10px; text-align: center;">Unaccredited</div> </div>

G.S. 130A-34.1

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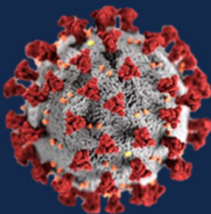
In order to receive state and federal public health funds, local health departments must obtain and maintain accreditation under North Carolina's accreditation system.

2012 Legislation: G.S. 130A-34.4



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COVID-19



- **Executive Order 119, Section 1(3)**
- **Executive Order 139, Section 1(B)(3)**

<https://www.nc.gov/covid-19/covid-19-orders>

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Procedures for Change

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Legislation (Statutes: G.S. 130A-34.1; 130A-34.4)

- Requires LHDs to be accredited and makes funding contingent upon accreditation
- Requires CPH to adopt rules addressing process and LHD accreditation standards

Rules (10A NCAC Chapter 48)

- Establishes the processes required by the legislation
- Establishes benchmarks and activities for the standards required by statute

Policy (HDSAI Interpretation Document)

- Explains Accreditation Board's interpretation of rules
- Identifies evidence to be used to satisfy the activities specified in the rules
- Integrates other existing program requirements

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<p>Standard: Agency Core Functions and Essential Services Function: Assessment Essential Service 2: Diagnose and investigate health problems and health hazards in the community. Benchmark 7: The local health department shall maintain and implement epidemiological case investigation protocols providing for rapid detection and containment of communicable disease outbreaks; environmental health hazards; potential biological, chemical and radiological threats. Activity 7.5: The local health director shall maintain periodic communication with local emergency managers. Documentation: A. Since the previous site visit, evidence of on-going communication <u>between the Health Director, or his/her designee, with Local Emergency Managers</u> INTERPRETATION Intent This activity is a companion to Activity 6.1. Good relationships are a key component of the local cooperation and planning needed to respond to a local threat. Plans are only good and effective if they are used, tested and revised. This is partially accomplished through the communication required by this activity. This activity requires the health director to have continued communication with local emergency leaders, directors and managers. The health director is responsible for providing the agency's leadership, and keeping in contact with all the emergency managers of the county or district. Guidance The direct reference in the activity is to the county's emergency management (or services) director. However, in the activity, managers is plural and would also refer to communications with emergency managers for other institutions in the county or district, such as the hospital or school system. There must be evidence of communication with Local Emergency Managers since the previous site visit. Evidence must demonstrate on-going (or regular means of) communication. On-going communication should be demonstrated by evidence of contact more than once per year. Evidence could be through meeting minutes or notes, correspondence, phone contact, email or personal conversation. Documentation without a paper record (such as a conversation) would need to be listed on a log or in personal notes.</p>		 	<p>Cannot change without going to Legislature</p> <p>Cannot change without going to CPH</p> <p>Can change and changes made mostly for clarification, typos, consistency, update to current names and titles</p>
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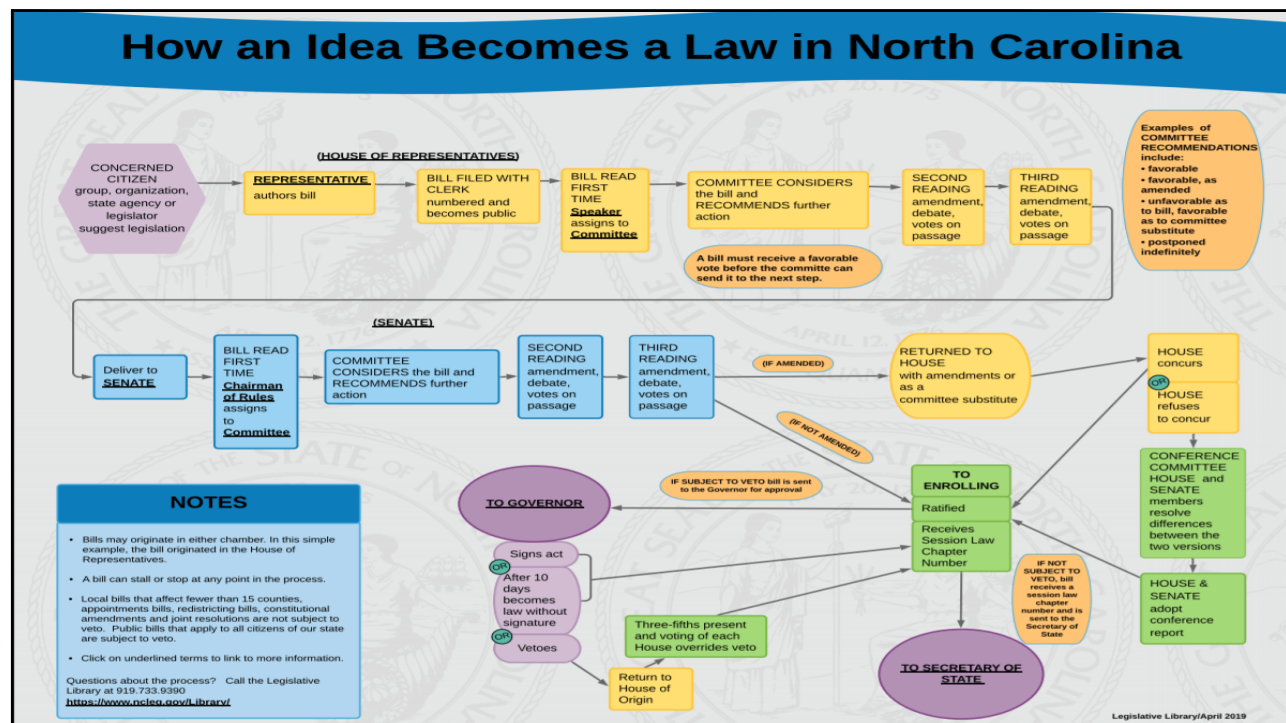
Role of NCLHDA Board

- Periodically review the Standards, Benchmarks, Activities, and HDSA Interpretation Document to ensure they meet evolving or newly identified needs or processes
- Receive and review requests for modification received from stakeholders
- Recommend rule changes to the Commission for Public Health, in accordance with Board Operational Guidelines

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Statutes

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Rules

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Rulemaking Authority

Rulemaking authority is granted to the NC Commission for Public Health to adopt implementing rules in consultation with the Board.

G.S. 130A-34.1(e) and (j)

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NC Commission for Public Health (CPH)

- Public health rulemaking body for North Carolina
 - authorized and directed by the legislature to adopt rules to protect and promote the health of the public and to implement public health programs administered by the Division of Public Health
- 13 members; 4 year terms
 - 9 appointed by the Governor
 - 4 elected by the NC Medical Society
- Quarterly meeting schedule

<https://cph.publichealth.nc.gov>

G.S. 130A, Article 1A

NCDHHS, Division of Public Health

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Process for Adopting a Rule

- A rule is **valid** only if adopted in *substantial compliance* with Article 2A of the Administrative Procedure Act (APA; G.S. Chapter 150B)
- Article 2A sets out a **uniform procedure** for the adoption of rules, including:
 - Permanent Rules
 - Emergency Rules
 - Temporary Rules
 - Periodic Review and Expiration of Existing Rules / Readoption

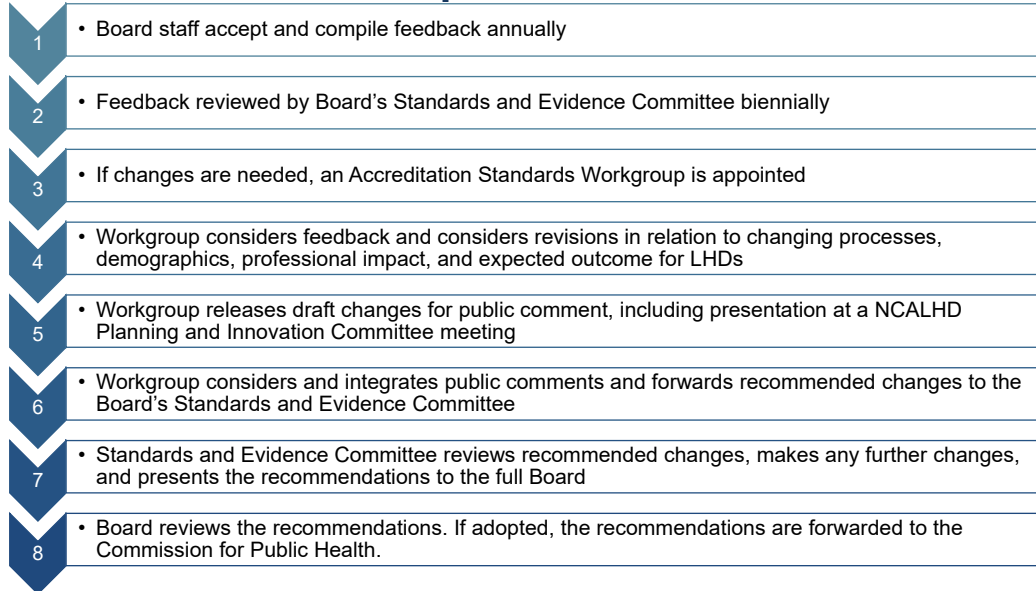
SOURCE: G.S. 150B-18

NCDHHS, Division of Public Health

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NCLHDA - Rule Development Process

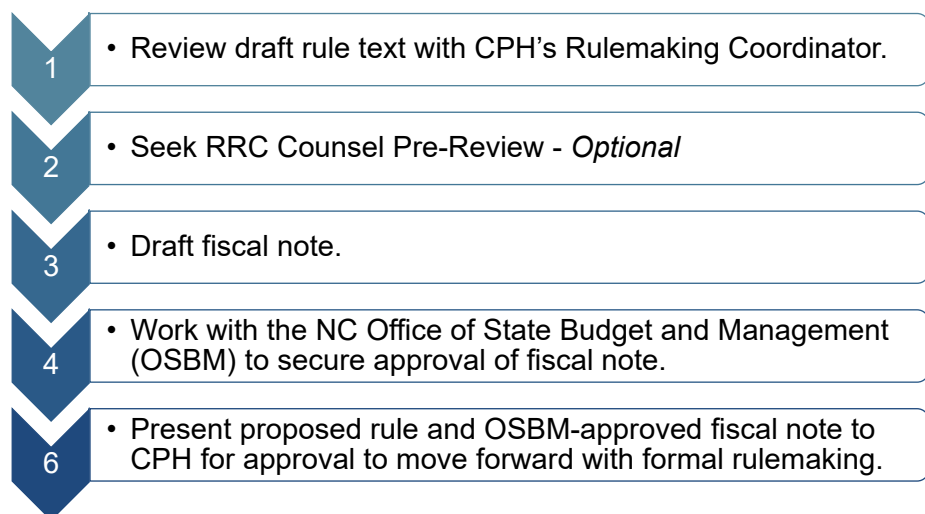


NCDHHS, Division of Public Health

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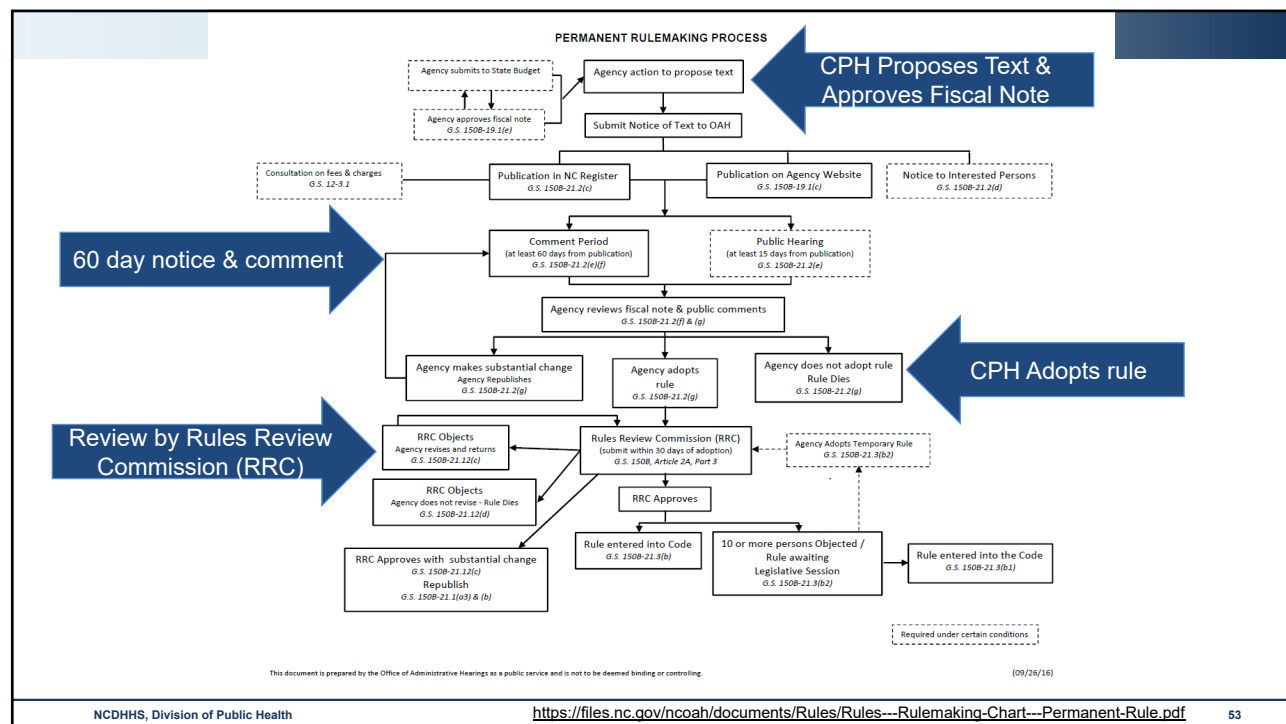
CPH – Additional Rule Development Process



NCDHHS, Division of Public Health

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Rules Review Commission (RRC)

- Comprised of 10 members appointed by the General Assembly
- Determines whether a rule meets the following criteria:
 - It is within the authority delegated to the agency by the General Assembly.
 - It is clear and unambiguous.
 - It is reasonably necessary to implement or interpret an enactment of the General Assembly, or of Congress, or a regulation of a federal agency.
 - It was adopted in accordance with G.S. 150B, Article 2A.
- The RRC shall not consider questions relating to the *quality or efficacy* of the rule.

SOURCE: G.S. 143B-30.1; G.S. 150B-21.9

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Periodic Review and Expiration of Existing Rules

- Established by SL 2013-413; Amended by SL 2019-140 (H590)
- Requires agencies to review their rules **every 10 years** to ensure the rules are still current, necessary, and within the agency's authority.
- There are two phases to the process:

– Phase 1: Periodic Review

– Phase 2: Readoption

- All rules deemed necessary
- In accordance with the permanent rulemaking process

- Next cycle starts mid-2020s

Classification Determinations	Action
Necessary	Readopt
Unnecessary	Expire

Necessary	Readopt
Unnecessary	Expire

SOURCE: G.S. 150B-21.3A

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Policy

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Policy

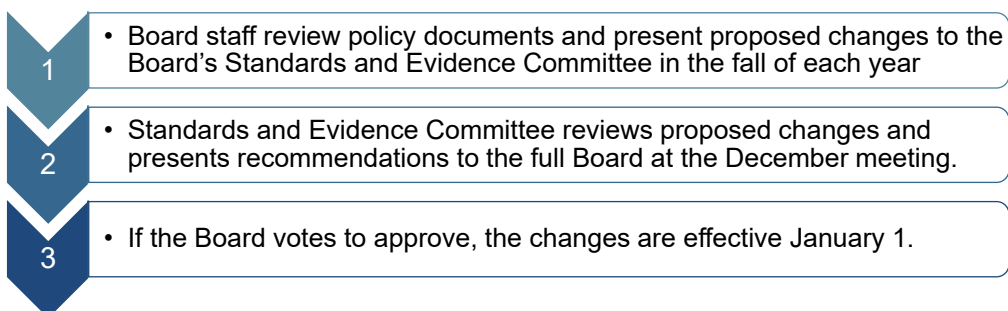
Any nonbinding interpretive statement within the delegated authority of an agency that merely defines, interprets, or explains the meaning of a statute or rule. The term includes any document issued by an agency which is intended and used purely to assist a person to comply with the law, such as a guidance document.

G.S. 150B-2(7a)

- Operational Guidelines
- HDSA Interpretation

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NCLHDA – Policy Amendment Process



- *Large-scale revisions follow the steps set out under rule development for the appointment of a workgroup and an opportunity for public comment.*
- *Emergency Revisions: Implemented as soon as developed, based on "emergency circumstances to meet public health needs"*

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Questions?

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Phase 1:

Public Comment Period



Who: Open to anyone!

What: A chance to review draft revisions to the HDSAI Interpretation Document, by activity

When: November 5 – December 12, 2020

Where: nclhdaccreditation.unc.edu/updates/calling-all-accreditation-stakeholders/

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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.

