HHSA Community Health Branch Accreditation Update

EMILY VADEN, MPH
ACCREDITATION COORDINATOR

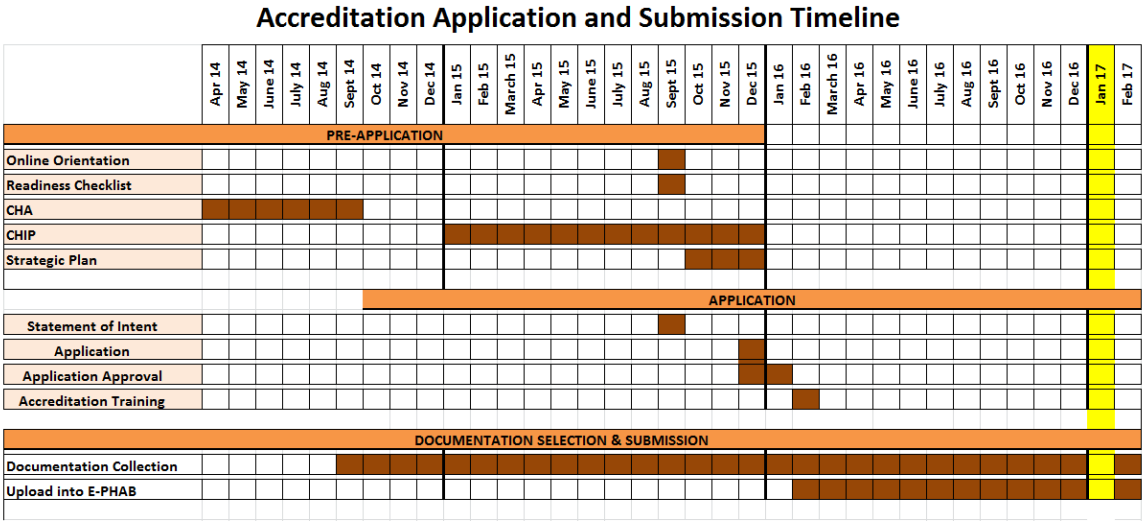
YOLO COUNTY HHSA

JANUARY 12, 2017

What are the benefits?

Reaping the Benefits of Accreditation Across the Nation

Where are we at in the process?



POST-SUBMISSION TIMELINE

HHSA submits documents (Feb 2017)

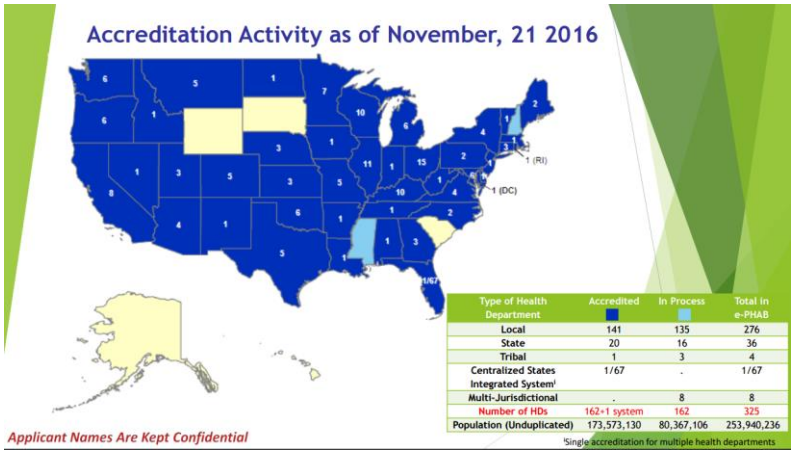
→ PHAB Site Visitors review documents (Must respond to requests for additional documents within 30 days)

→ Site visit occurs (6-12 months after submission)

→ Site visit report submitted to PHAB Accreditation Committee (within 2 weeks of site visit)

→ Decision rendered at quarterly Accreditation Committee Meeting

Who else is accredited?



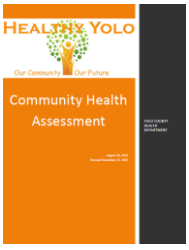
Type of Health Department	Accredited	In Process	Total in e-PHAB
Local	141	135	276
State	20	16	36
Tribal	1	3	4
Centralized States Integrated System[1]	1/67	.	1/67
Multi-Jurisdictional	.	8	8
Number of HDs	162+1 system	162	325
Population (Unduplicated)	173,573,130	80,367,106	253,940,236

[1]Single accreditation for multiple health departments

What is required?

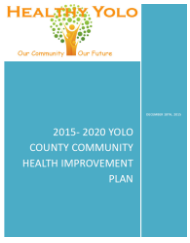
1. Conduct assessments focused on population health status and health issues facing the community
2. Investigate health problems and environmental public health hazards to protect the community
3. Inform and educate about public health issues and functions
4. Engage with the community to identify and solve health problems
5. Develop public health policies and plans
6. Enforce public health laws and regulations
7. Promote strategies to improve access to healthcare services
8. Maintain a competent public health workforce
9. Evaluate and continuously improve processes, programs, and interventions
10. Contribute to and apply the evidence base of public health
11. Maintain administrative and management capacity
12. Build a strong and effective relationship with governing entity

Recent accomplishments



August 2014

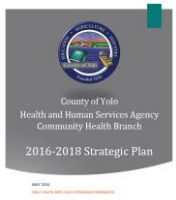
Available here



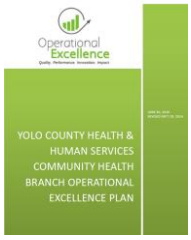
December 2015

Available here

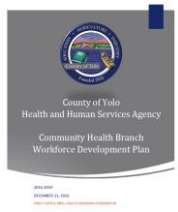
Chronic Disease Prevention Dashboard
Healthy Aging Dashboard
Mental Health Dashboard



May 2016

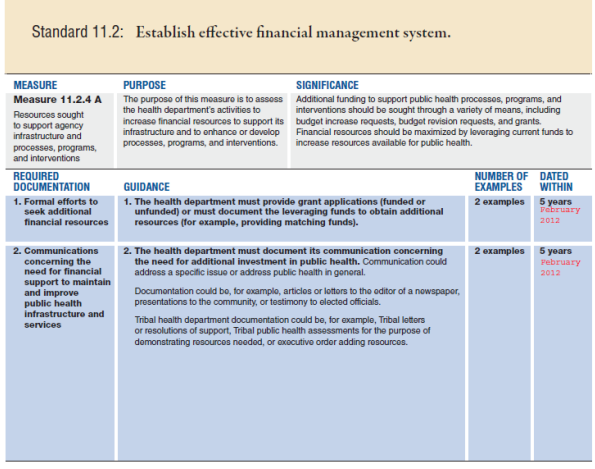


June 2016



December 2016

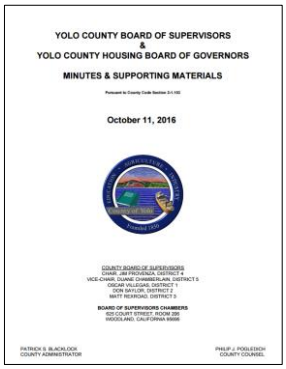
Health Council as a best practice



Standard 11.2: Establish effective financial management system.

MEASURE	PURPOSE	SIGNIFICANCE
Measure 11.2.4 A Resources sought to support agency infrastructure and processes, programs, and interventions	The purpose of this measure is to assess the health department's activities to increase financial resources to support its infrastructure and to enhance or develop processes, programs, and interventions.	Additional funding to support public health processes, programs, and interventions should be sought through a variety of means, including budget increase requests, budget revision requests, and grants. Financial resources should be maximized by leveraging current funds to increase resources available for public health.

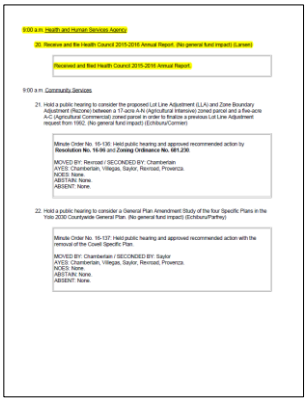
REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN
1. Formal efforts to seek additional financial resources	**1. The health department must provide grant applications (funded or unfunded) or must document the leveraging funds to obtain additional resources (for example, providing matching funds).**	**2 examples**	**5 years** February 2012
2. Communications concerning the need for financial support to maintain and improve public health infrastructure and services	**2. The health department must document its communication concerning the need for additional investment in public health.** Communication could address a specific issue or address public health in general. Documentation could be, for example, articles or letters to the editor of a newspaper, presentations to the community, or testimony to elected officials. Tribal health department documentation could be, for example, Tribal letters or resolutions of support, Tribal public health assessments for the purpose of demonstrating resources needed, or executive order adding resources.	**2 examples**	**5 years** February 2012



YOLO COUNTY BOARD OF SUPERVISORS
&
YOLO COUNTY HOUSING BOARD OF GOVERNORS

MINUTES & SUPPORTING MATERIALS

October 11, 2016



9:00 a.m. Health and Human Services Agency

20. Receive and file Health Council 2015-2016 Annual Report. (No general fund impact) (Larsen)

Received and filed Health Council 2015-2016 Annual Report

9:00 a.m. Community Services

21. Hold a public hearing to consider the proposed Lot Line Adjustment (LLA) and Zone Boundary Adjustment (Rezone) between a 17-acre A-N (Agricultural Intensive) zoned parcel and a five-acre A-C (Agricultural Commercial) zoned parcel in order to finalize a previous Lot Line Adjustment request from 1982. (No general fund impact) (Ochiltree/Cormier)

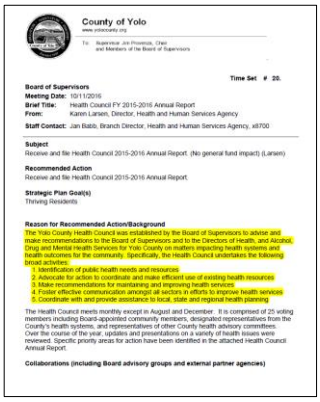
Minute Order No. 16-130: Held public hearing and approved recommended action by Resolution No. 16-96 and Zoning Ordinance No. 681.236.

MOVED BY: Rexroad / SECONDED BY: Chamberlain
AYES: Chamberlain, Villegas, Saylor, Rexroad, Provenza.
NOES: None.
ABSTAIN: None.
ABSENT: None.

22. Hold a public hearing to consider a General Plan Amendment Study of the four Specific Plans in the Yolo 2030 Countywide General Plan. (No general fund impact) (Ochiltree/Parfrey)

Minute Order No. 16-137: Held public hearing and approved recommended action with the removal of the Covell Specific Plan.

MOVED BY: Chamberlain / SECONDED BY: Saylor
AYES: Chamberlain, Villegas, Saylor, Rexroad, Provenza.
NOES: None.
ABSTAIN: None.
ABSENT: None.



County of Yolo
www.yolocounty.org

To: Supervisor Jim Provenza, Chair
and Members of the Board of Supervisors

Time Set # 20.

Board of Supervisors
Meeting Date: 10/11/2016
Brief Title: Health Council FY 2015-2016 Annual Report
From: Karen Larsen, Director, Health and Human Services Agency
Staff Contact: Jan Babb, Branch Director, Health and Human Services Agency, x8700

Subject
Receive and file Health Council 2015-2016 Annual Report. (No general fund impact) (Larsen)

Recommended Action
Receive and file Health Council 2015-2016 Annual Report.

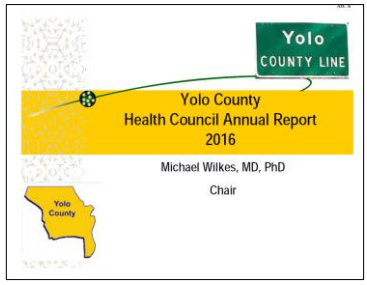
Strategic Plan Goal(s)
Thriving Residents

Reason for Recommended Action/Background
The Yolo County Health Council was established by the Board of Supervisors to advise and make recommendations to the Board of Supervisors and to the Directors of Health, and Alcohol, Drug and Mental Health Services for Yolo County on matters impacting health systems and health outcomes for the community. Specifically, the Health Council undertakes the following broad activities:

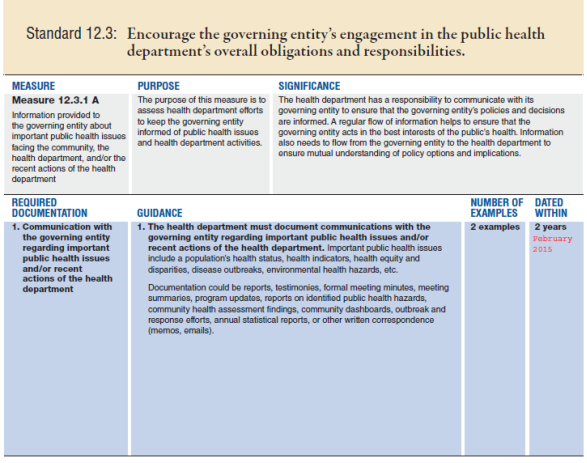
1. Identification of public health needs and resources
2. Advocate for action to coordinate and make efficient use of existing health resources
3. Make recommendations for maintaining and improving health services
4. Foster effective communication amongst all sectors in efforts to improve health services
5. Coordinate with and provide assistance to local, state and regional health planning

The Health Council meets monthly except in August and December. It is comprised of 25 voting members including Board-appointed community members, designated representatives from the County's health systems, and representatives of other County health advisory committees. Over the course of the year, updates and presentations on a variety of health issues were reviewed. Specific priority areas for action have been identified in the attached Health Council Annual Report.

Collaborations (including Board advisory groups and external partner agencies)



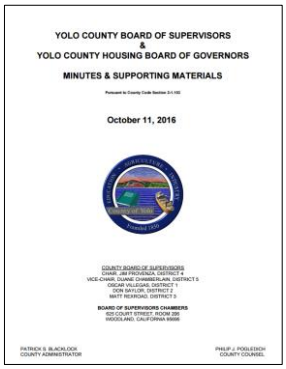
Health Council as a best practice



Standard 12.3: Encourage the governing entity's engagement in the public health department's overall obligations and responsibilities.

MEASURE	PURPOSE	SIGNIFICANCE
Measure 12.3.1 A Information provided to the governing entity about important public health issues facing the community, the health department, and/or the recent actions of the health department	The purpose of this measure is to assess health department efforts to keep the governing entity informed of public health issues and health department activities.	The health department has a responsibility to communicate with its governing entity to ensure that the governing entity's policies and decisions are informed. A regular flow of information helps to ensure that the governing entity acts in the best interests of the public's health. Information also needs to flow from the governing entity to the health department to ensure mutual understanding of policy options and implications.

REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN
1. Communication with the governing entity regarding important public health issues and/or recent actions of the health department	**1. The health department must document communications with the governing entity regarding important public health issues and/or recent actions of the health department.** Important public health issues include a population's health status, health indicators, health equity and disparities, disease outbreaks, environmental health hazards, etc. Documentation could be reports, testimonies, formal meeting minutes, meeting summaries, program updates, reports on identified public health hazards, community health assessment findings, community dashboards, outbreak and response efforts, annual statistical reports, or other written correspondence (memos, emails).	**2 examples**	**2 years** February 2015



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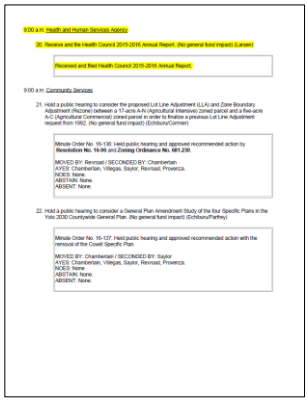

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NOES: None.
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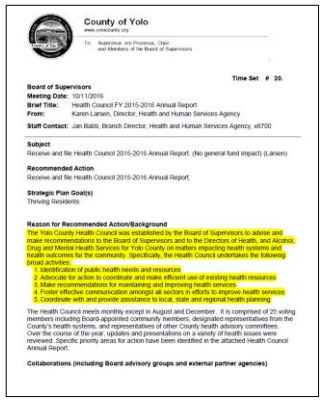

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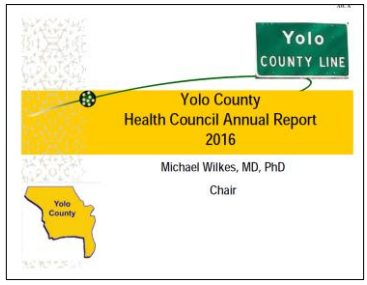
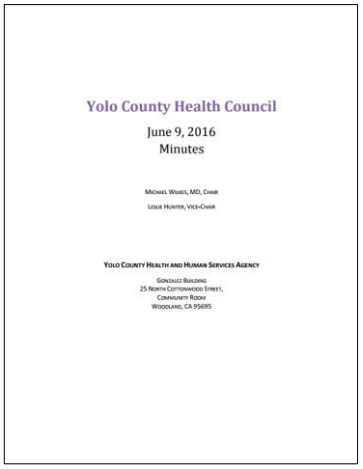


Health Council as a best practice

Standard 7.1: Assess health care service capacity and access to health care services.

MEASURE	PURPOSE	SIGNIFICANCE
Measure 7.1.1 A Process to assess the availability of health care services	The purpose of this measure is to assess the health department's participation in a collaborative process to develop an understanding of the population's access to needed health care services.	Collaborative efforts are required to assess the health care needs of the population of the Tribe, state, or community. The focus is on the need for primary care, particularly preventive primary care and chronic disease management. Health care services, for access planning purposes, include: clinical preventive services, emergency services, urgent care, occupational medicine, ambulatory care (primary and specialty), and dental treatment.

REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN
3. Consideration of emerging issues in public health, the health care system, and health care reimbursement	**3. The health department must document consideration of emerging issues that may impact access to care.** These might include changes in the structure of the health care system; types and numbers of health care professionals being trained; changes in reimbursement structure, rates, or payment mechanisms such as accountable care organizations; developing care models, for example, coordinated care organizations or convenient care clinics; and electronic medical records. Documentation could be, for example, meeting minutes, reports, or white papers.	**2 examples**	**5 years** February 2012



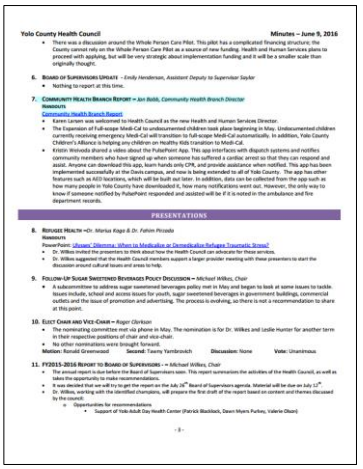
Yolo County Health Council

June 9, 2016
Minutes

MICHAEL WILKES, MD, CHAIR
LESLIE HUNTER, VICE-CHAIR

YOLO COUNTY HEALTH AND HUMAN SERVICES AGENCY

GONZALEZ BUILDING
25 NORTH COTTONWOOD STREET,
COMMUNITY ROOM
WOODLAND, CA 95695



Yolo County Health Council — Minutes – June 9, 2016

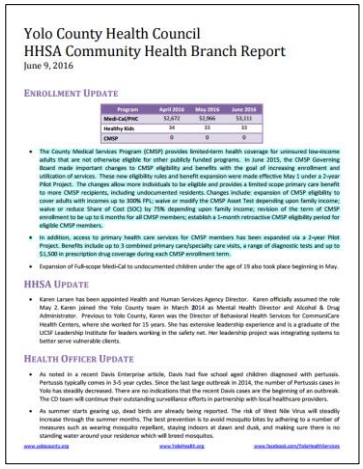
- There was a discussion around the Whole Person Care Pilot. This pilot has a complicated financing structure; the County cannot rely on the Whole Person Care Pilot as a source of new funding. Health and Human Services plans to proceed with applying, but will be very strategic about implementation funding and it will be a smaller scale than originally thought.

6. **BOARD OF SUPERVISORS UPDATE** – *Emily Henderson, Assistant Deputy to Supervisor Sayler*
   - Nothing to report at this time.
7. **COMMUNITY HEALTH BRANCH REPORT** – *Jon Robb, Community Health Branch Director*
   HANDOUTS
   Community Health Branch Report
   - Karen Larsen was welcomed to Health Council as the new Health and Human Services Director.
   - The Expansion of Full-scope Medi-Cal to undocumented children took place beginning in May. Undocumented children currently receiving emergency Medi-Cal will transition to full-scope Medi-Cal automatically. In addition, Yolo County Children's Alliance is helping any children on Healthy Kids transition to Medi-Cal.
   - Kristin Weivoda shared a video about the PulsePoint App. This app interfaces with dispatch systems and notifies community members who have signed up when someone has suffered a cardiac arrest so that they can respond and assist. Anyone can download this app, learn hands only CPR, and provide assistance when notified. This app has been implemented successfully at the Davis campus, and now is being extended to all of Yolo County. The app has other features such as AED locations, which will be built out later. In addition, data can be collected from the app such as how many people in Yolo County have downloaded it, how many notifications went out. However, the only way to know if someone notified by PulsePoint responded and assisted will be if it is noted in the ambulance and fire department records.

PRESENTATIONS

8. **REFUGEE HEALTH** –*Dr. Marisa Koga & Dr. Fahim Piccada*
   HANDOUTS
   PowerPoint: Utopia' Dilemma: When to Medicalize or Demedicalize Refugee Traumatic Stress?
   - Dr. Wilkes invited the presenters to think about how the Health Council can advocate for these services.
   - Dr. Wilkes suggested that the Health Council members support a larger provider meeting with these presenters to start the discussion around cultural issues and areas to help.
9. **FOLLOW-UP SUGAR SWEETENED BEVERAGES POLICY DISCUSSION** – *Michael Wilkes, Chair*
   - A subcommittee to address sugar sweetened beverages policy met in May and began to look at some issues to tackle. Issues include, school and access issues for youth, sugar sweetened beverages in government buildings, commercial outlets and the issue of promotion and advertising. The process is evolving, so there is not a recommendation to share at this point.
10. **ELECT CHAIR AND VICE-CHAIR** – *Roger Clarkson*
    - The nominating committee met via phone in May. The nomination is for Dr. Wilkes and Leslie Hunter for another term in their respective positions of chair and vice-chair.
    - No other nominations were brought forward.

    Motion: Ronald Greenwood **Second:** Tawny Yambrovich **Discussion:** None **Vote:** Unanimous
11. **FY2015-2016 REPORT TO BOARD OF SUPERVISORS** – *Michael Wilkes, Chair*
    - The annual report is due before the Board of Supervisors soon. This report summarizes the activities of the Health Council, as well as takes the opportunity to make recommendations.
    - It was decided that we will try to get the report on the July 26th Board of Supervisors agenda. Material will be due on July 12th.
    - Dr. Wilkes, working with the identified champions, will prepare the first draft of the report based on content and themes discussed by the council.
      - Opportunities for recommendations
        - Support of Yolo Adult Day Health Center (Patrick Blacklock, Dawn Myers Purkey, Valerie Olson)



Yolo County Health Council
HHSA Community Health Branch Report
June 9, 2016

ENROLLMENT UPDATE

Program	April 2016	May 2016	June 2016
Medi-Cal/PHC	52,672	52,966	53,111
Healthy Kids	34	33	33
CMSP	0	0	0

- The County Medical Services Program (CMSP) provides limited-term health coverage for uninsured low-income adults that are not otherwise eligible for other publicly funded programs. In June 2015, the CMSP Governing Board made important changes to CMSP eligibility and benefits with the goal of increasing enrollment and utilization of services. These new eligibility rules and benefit expansion were made effective May 1 under a 2-year Pilot Project. The changes allow more individuals to be eligible and provides a limited scope primary care benefit to more CMSP recipients, including undocumented residents. Changes include: expansion of CMSP eligibility to cover adults with incomes up to 300% FPL; waive or modify the CMSP Asset Test depending upon family income; waive or reduce Share of Cost (SOC) by 75% depending upon family income; revision of the term of CMSP enrollment to be up to 6 months for all CMSP members; establish a 1-month retroactive CMSP eligibility period for eligible CMSP members.
- In addition, access to primary health care services for CMSP members has been expanded via a 2-year Pilot Project. Benefits include up to 3 combined primary care/specialty care visits, a range of diagnostic tests and up to $1,500 in prescription drug coverage during each CMSP enrollment term.
- Expansion of Full-scope Medi-Cal to undocumented children under the age of 19 also took place beginning in May.

HHSA UPDATE

- Karen Larsen has been appointed Health and Human Services Agency Director. Karen officially assumed the role May 2. Karen joined the Yolo County team in March 2014 as Mental Health Director and Alcohol & Drug Administrator. Previous to Yolo County, Karen was the Director of Behavioral Health Services for CommuniCare Health Centers, where she worked for 15 years. She has extensive leadership experience and is a graduate of the UCSF Leadership Institute for leaders working in the safety net. Her leadership project was integrating systems to better serve vulnerable clients.

HEALTH OFFICER UPDATE

- As noted in a recent Davis Enterprise article, Davis had five school aged children diagnosed with pertussis. Pertussis typically comes in 3-5 year cycles. Since the last large outbreak in 2014, the number of Pertussis cases in Yolo has steadily decreased. There are no indications that the recent Davis cases are the beginning of an outbreak. The CD team will continue their outstanding surveillance efforts in partnership with local healthcare providers.
- As summer starts gearing up, dead birds are already being reported. The risk of West Nile Virus will steadily increase through the summer months. The best prevention is to avoid mosquito bites by adhering to a number of measures such as wearing mosquito repellant, staying indoors at dawn and dusk, and making sure there is no standing water around your residence which will breed mosquitos.

www.yolocounty.org www.YoloHealth.org www.facebook.com/YoloHealthServices

Contact Us

For more information on the Community Health Assessment and Community Health Improvement Plan, visit healthyyolo.org or email healthyyolo@yolocounty.org

For other accreditation questions you can contact Emily Vaden at emily.vaden@yolcounty.org