

#### **Community Health Services Advisory Committee** CHIP | Health in All Policies Action Team **Meeting Minutes** November 2, 2022

<b>Members Present/Representation</b>	SPRCPH Staff:
☐ Hannah Fairman   Co District 1	Diane Holmgren   Deputy Director
☐ Alyssa Fritz   Co District 2	Cheryl Armstrong   Program Analyst
□ Alyssa Fritz   Co District 2 □ Georgie Kinsman   Co District 3 □ Ayah Mohammed   Co District 4 □ Manoj Doss   Co District 5 □ Pa Vang   Co District 6 □ Jennifer Arnold   Co District 7 □ Lucy Arias   County at Large □ Brady Johnson   County at Large □ Hongyi Lan   County at Large □ John Larkin   County at Large □ Erica Morris   County at Large □ Erica Morris   County at Large □ Steve Nelson   County at Large □ Rajaram Swaminathan   County at Large □ Rajaram Swaminathan   County at Large □ Carol Thunstrom   County at Large □ Mark Traynor   County at Large □ Christiaan Van Lierop   County at Large □ Hanna Getachew-Kreusser   City of Saint Paul	
<ul><li>☑ David Muhovich   City of Saint Paul</li><li>☐ Sarah Osman   City of Saint Paul</li></ul>	
☐ Sarah Osman   City of Saint Paul	
oxtimes Regina Rippel   City of Saint Paul	
☐ Kerri Elizabeth Sawyer   City of Saint Paul	

The meeting was called to Order at 5:30 p.m. by Chair Carol Thunstrom. Everyone was welcomed to the meeting and introductions were made around the table.

A motion was made by Mark Traynor and seconded by David Muhovich to approve the minutes as written for October 5, 2022. Motion passed by affirmation of the committee.

Healthy people, communities and environments in Ramsey County.

Public Health Accreditation Update SuzAnn Stenso-Velo, Planning Specialist Cheryl Armstrong, Program Analyst Please see slides attached to these minutes.

Question: Are the examples activities that were chosen in 2016, or do we choose more recent activities that meet criteria?

Response: It is pretty much an open book. COVID was a new experience for all of us, and the planning team brainstormed what activities taken on during the pandemic would fit PHAB criteria. SuzAnn can speak with other counties and agencies, and her PHAB contacts, to decide which activities fit the criteria.

Question: The accreditation efforts seem robust. Is it anticipated that PH will do well?

Response: There has been a new set of standards that emphasize ethics, outreach, and equity. PHAB adjusts to keep current.

Question: How many hours has the group dedicated to this work? Response: Initially the team met monthly, then bimonthly, then more often. Some of the activities would happen even if not required by PHAB, such as the Community Health Assessment. Some activities are required by statute. A lot of the documentation starts by thinking about how we can showcase our accomplishments to PHAB. It is helpful to have representation across departments. It is difficult to quantify the hours.

Question: Accredited courses at Bethel University require an additional FTE, based on how credits are awarded for courses.

Response: There are benefits to the LPHs for being accredited. 300 of the 3000 LPHs are accredited, so by being accredited we are among the top 10%. Accreditation is voluntary.

Question: Some committee members were here for the first PHAB effort. How great to have achieved it and now build on it.

Response: Many people worked with the accreditation team since 2016 and have developed a keen sense of what PHAB is looking for to award accreditation to LPHs.

Question: Is Quality Improvement required?

Response: Yes, there are very detailed requirements and varying levels of documentation.

Racial and Health Equity Update and

Innovation Grant Awards Kari Umanzor, Racial and Health Equity Liaison Please see the slides attached to these minutes.

Question: It is great to hear that community members are having a voice at the table. As part of the community, members can express needs as they come up.

Response: Kari appreciates the voices of community members, and feedback from this committee.

Question: Based on experiences at Bethel, it is recommended that if guidelines are for staff, it should be a policy. We should not require the same policies for community, since many things are not within our control.

Response: We appreciate this observation, and all voices at the table.

Legislative Update Melissa Finnegan, Government Relations Specialist Please see slides attached to these minutes.

Question: What are we doing to address the Rule 20 gap?

Response: Navigators, who are not part of the court team or CHS team, are tasked with making sure people connect with services, court dates, counseling and other supports. Melissa will need to look into the documents to get more details.

Question: Are there priorities that have bipartisan support, such as mental health, gun safety?

Response: Notably mental health, hunger relief and stable housing. The legislation around homelessness had Republican authors and support. Two key items around gun safety are red flag laws and background checks. Neither of these items have bipartisan support.

Question: Is the platform for Saint Paul very different from Ramsey County?

Response: Melissa has not looked at this issue recently. Saint Paul looks at city issues, not human delivery issues. Homelessness should be a common concern. Both Deputy Mayor Tincher and Commissioner Mattas-Castillo are invested in this issue.

Question: Regarding homelessness – is there any classification for foster kids? There should be a program to help homeless kids.

Response: Recently there was a homeless relief act for youth focused on keeping shelters open. We could consider Familiar Faces programs where repeat users of shelters could be in stable housing with a little support. Youth has been a topic of conversation and is an interest.

Question: Regarding the first episode of psychosis - how did this come about? Does not seem like a common occurrence.

Response: Melissa does not have the background on this issue.

Question: There was an article about a small city that addressed homelessness. They tracked down every person and why they are homeless. By tracking data, it helped design restoration and stabilization by addressing mental health or economic issues.

Response: Saint Paul is invested in outreach teams. Efforts to shut down encampments are due to public health risks. There is an intensive effort to lead people to shelters and eliminate barriers before an encampment is taken down.

Question: Regarding tiny homes, are we trying to build them in Ramsey County?

Response: Avivo Village in Minneapolis is a unique shelter that is a warehouse with tiny homes in it. The tiny home concept is interesting. Tens of millions of dollars of ARP can be put into housing. We need to consider what affordable housing looks like.

Question: How many homeless / unsheltered people are in Ramsey County?

Response: Approximately 1,600, but it seems like a revolving door. 40% identify as Ramsey County residents. 64% from other counties. We brought it up for funding in support of the state. People go back and forth across county boundaries depending on what services they need. Washington County recognizes that their residents seek services in Ramsey County.

Comment: It is surprising that a core causative idea is that we are becoming antisocial. Apartments used to accommodate roommates. Now it seems people need more space and more privacy. Often there is one person in a house. It is easy to get angry that there are so many homeless in this rich country.

Question: The legislative priorities align very well with public health priorities.

Response: The last page states that it supports LPH platforms, unless the board specifically excludes it.

#### Announcements and Updates

Diane mentioned that there is a request for volunteers. A grant was awarded by MDH for infrastructure to expand the Trusted Messenger (TM) model. TM started during the pandemic, but we now want to spread communication on other health topics. An RFP was submitted last month to submit proposals from several topics on a published list. The grant is \$1M and public health is contributing an additional \$400K. We request that member(s) of this committee sit on the RFP review committee. We do not know how many proposals we will get. There will be meetings scheduled, then a couple weeks to review and score proposals in December. You should not volunteer if you are submitting a proposal.

At the December meeting the budget for 24-25 will be discussed. We will ask the committee to look at how dollars are allocated and spent. Tax levy funds are more discretionary, and grants are more specific. We now have a lot of funding for Opioid overdose prevention, ARPA funds for violence prevention, and we are still wading into mental health. We need to reenergize this issue post-COVID. It can cause hard conversations when funding is being shifted, and work is reallocated in new directions. We will share info next month.

Minutes taken by Cathy St. Michel.

Motion to adjourn at 7:30 p.m. passed by affirmation of the committee.

Next meeting: November 2, 2022.



## Saint Paul – Ramsey County Public Health National Accreditation / Reaccreditation

SuzAnn Stenso-Velo, MPH Accreditation Coordinator CHS Advisory Committee 11/2/2022



## Interconnectivity



#### **PHAB Mission:**

Improve and protect the health of the public by advancing and transforming the quality and performance of governmental public health agencies in the U.S. and abroad.

> Public Health Accreditation Board





THE 10 ESSENTIAL PUBLIC HEALTH SERVICES

To protect and promote the health of all people in all communities

The 10 Essential Public Health Services provide a framework for public health to protect and promote the health of all people in all communities. To achieve optimal health for all, the Essential Public Health Services actively promote policies, systems, and services that enable good health and seek to remove obstacles and systemic and structural barriers, such as poverty, racism, gender discrimination, and other forms of oppression, that have resulted in health inequities. Everyone should have a fair and just opportunity to achieve good health and well-being.





Public Health Accreditation Board

Appropriate Agencies

## **STANDARDS:** AN OVERVIEW

	ASSESS				
DOMAIN 1:	Conduct and disseminate assessments focused on population health status and public health issues facing the community				
Standard 1.1:	Participate in or Lead a Collaborative Process Resulting in a Comprehensive Community Health Assessment				
Standard 1.2:	Collect and Maintain Reliable, Comparable, and Valid Data that Provide Information on Conditions of Public Health Importance and On the Health Status of the Population				
Standard 1.3:	Analyze Public Health Data to Identify Trends in Health Problems, Environmental Public Health Hazards, and Social and Economic Factors that Affect the Public's Health				
Standard 1.4:	.4: Provide and Use the Results of Health Data Analysis to Develop Recommendations Regarding Public Health Policy, Processes, Programs, or Interventions				
	INVESTIGATE				
DOMAIN 2:	Investigate health problems and environmental public health hazards to protect the community				
Standard 2.1:	Conduct Timely Investigations of Health Problems and Environmental Public Health Hazards				
Standard 2.2:					
Standard 2.3:	d 2.3: Ensure Access to Laboratory and Epidemiologic/Environmental Public Health Expertise and Capacity to Investigate and Contain/Mitigate Public Health Problems and Environmental Public Health Hazards				
Standard 2.4:	rd 2.4: Maintain a Plan with Policies and Procedures for Urgent and Non-Urgent Communications				
	INFORM & EDUCATE				
DOMAIN 3:	Inform and educate about public health issues and functions				
Standard 3.1:	Provide Health Education and Health Promotion Policies, Programs, Processes, and Interventions to Support Prevention and Wellness				
Standard 3.2:	Provide Information on Public Health Issues and Public Health Functions Through Multiple Methods to a Variety of Audiences				
	COMMUNITY ENGAGEMENT				
DOMAIN 4:	Engage with the community to identify and address health problems				
Standard 4.1:	Engage with the Public Health System and the Community in Identifying and Addressing Health Problems through Collaborative Processes				
Standard 4.2:	Promote the Community's Understanding of and Support for Policies and Strategies that will Improve the Public's Health				
	POLICIES & PLANS				
DOMAIN 5:	Develop public health policies and plans				
Standard 5.1:	Serve as a Primary and Expert Resource for Establishing and Maintaining Public Health Policies, Practices, and Capacity				
Standard 5.2:	Conduct a Comprehensive Planning Process Resulting in a Tribal/State/Community Health Improvement Plan				
Standard 5.3:	Develop and Implement a Health Department Organizational Strategic Plan				
Standard 5.4:	Maintain an All Hazards Emergency Operations Plan				
	PUBLIC HEALTH LAWS				
DOMAIN 6:	Enforce public health laws				
Standard 6.1:	Review Existing Laws and Work with Governing Entities and Elected/Appointed Officials to Update as Needed				
Standard 6.2:	Educate Individuals and Organizations on the Meaning, Purpose, and Benefit of Public Health Laws and How to Comply				
Standard 6.3:	Conduct and Monitor Public Health Enforcement Activities and Coordinate Notification of Violations among				



	ACCESS TO CARE
DOMAIN 7:	Promote strategies to improve access to health care
Standard 7.1:	Assess Health Care Service Capacity and Access to Health Care Services
Standard 7.2:	Identify and Implement Strategies to Improve Access to Health Care Services
	WORKFORCE
DOMAIN 8:	Maintain a competent public health workforce
Standard 8.1:	Encourage the Development of a Sufficient Number of Qualified Public Health Workers
Standard 8.2:	Ensure a Competent Workforce through Assessment of Staff Competencies, the Provision of Individual Training and Professional Development, and the Provision of a Supportive Work Environment
	OUALITY IMPROVMENT
DOMAIN 9:	Evaluate and continuously improve processes, programs, and interventions
Standard 9.1:	Use a Performance Management System to Monitor Achievement of Organizational Objectives
Standard 9.2:	Develop and Implement Quality Improvement Processes Integrated Into Organizational Practice, Programs, Processes, and Interventions
	EVIDENCE-BASED PRACTICES
DOMAIN 10:	Contribute to and apply the evidence base of public health
Standard 10.1:	Identify and Use the Best Available Evidence for Making Informed Public Health Practice Decisions
Standard 10.2:	Promote Understanding and Use of the Current Body of Research Results, Evaluations, and Evidence-Based Practices with Appropriate Audiences
	Fractices with Appropriate Addictices
	ADMINSTRATION & MANAGEMENT
DOMAIN 11:	Maintain administrative and management capacity
Standard 11.1:	Develop and Maintain an Operational Infrastructure to Support the Performance of Public Health Functions
Standard 11.2:	Establish Effective Financial Management Systems
	GOVERNANCE
DOMAIN 12:	Maintain capacity to engage the public health governing entity
Standard 12.1:	Maintain Current Operational Definitions and Statements of the Public Health Roles, Responsibilities, and Authorities
	Provide Information to the Governing Entity Regarding Public Health and the Official Responsibilities of the Health Department and of the Governing Entity
Standard 12.3:	Encourage the Governing Entity's Engagement In the Public Health Department's Overall Obligations and Responsibilities



## Why We Are Doing This

- 1. Advance the collective practice of public health;
- 2. Focus on performance, accountability, and a culture of quality improvement; and
- 3. Promote/emphasize:
  - a. Authentic, ongoing community engagement and community involvement;
  - b. Health equity;
  - c. Cross-health department communication and collaboration;
  - d. The role of the department as a community health development organization and mobilizer of resources for a healthier population;
  - e. The role of the health department as a leader in the evolving public health system; and
  - f. Linkages between the department's community health assessment, community health improvement plan, department strategic plan, workforce development plan, quality improvement plan, and the performance management system.



#### Value of PHAB Accreditation



## **Quality Improvement**

The percentage of respondents who said accreditation stimulates quality and performance improvement opportunities.<sup>1</sup>



# 74%

## **Partnerships**

The percentage of respondents who said that since becoming accredited, their health department's relationships with local community stakeholders have improved.<sup>1</sup>





## Accountability

The percentage of respondents who said accreditation improves accountability to external stakeholders.<sup>1</sup>





## Value of PHAB Accreditation (continued)



## Strengths/ Weaknesses

The percentage of respondents who said accreditation allows the health department to better identify strengths and weaknesses.



### Workforce

"By far the best [outcome of accreditation] is the validation for staff. They are really proud of accomplishing accreditation, and really proud of doing things the right way."2

#### Resources

"The work we have done to become accredited has helped us obtain other grants. Going through our CHA and CHIP goals, having a strategic plan in place, they have probably helped us secure some grants that we may not have obtained if we had not had those."2



### **Accreditation / Reaccreditation Process**





### **PHAB Guidance**



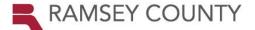
## **Public Health Accreditation Board**

Guide to National
Public Health Department
Reaccreditation:
Process and Requirements



## **PHAB Guidance - TOC**

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#### **Details – Details – Details**

#### DOMAIN 2

#### INVESTIGATE HEALTH PROBLEMS AND ENVIRONMENTAL PUBLIC HEALTH HAZARDS TO PROTECT THE COMMUNITY

#### Measure 2.1:

Public health problems and environmental public health hazards are investigated thoroughly, appropriately, and in a timely manner

This measure addresses continued conformity with Standards and Measures, Version 1.5:

Standard 2.1 Conduct timely investigations of health problems and environmental public health hazards

Standard 2.3 Ensure access to laboratory and epidemiologic/environmental public health expertise and capacity to investigate and contain

/mitigate public health problems and environmental public health hazards

Requirements	Guidance	Document(s)	Dated Within
Protocols for conducting investigations of public health problems and environmental public health hazards	Provide protocols that are in place for conducting investigations of public health problems and environmental public health hazards.  The protocol must include:     Protocols for investigations of infectious diseases.  Include in the protocols the role of the health department and how other agencies, departments, and/or community stakeholders may be involved.  b. Protocols for investigations of non-infectious public health problems or hazards.  Include how other agencies, departments, and/or community stakeholders are involved.	1 comprehensive protocol for all problems/hazards; or 2 protocols, one for infectious and one for non-infectious; or a set of several protocols that, together, address infectious and non-infectious health hazards	5 years



#### **DOCUMENTATION**

#### Type:

- Narrative description
- Adopted item (policy)
- Example

Cover sheet
 Required elements

 PHACT review



#### PHAB Reaccreditation Documentation Form

July 2020

Insert the text describing Standard and measure.

Health Depa	Health Department: Saint Paul – Ramsey County Public Health							
Measure & Requirement Number: #.#.#			Example Number: #	Date on Doc: mm/dd/yy				
Document De	escription							
Page #			Required Element					
				Add lines as needed				
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Date: mm/do	d/ <u>yy</u>	Author:						



#### DOCUMENTATION

#### Type:

- Narrative description
- Adopted item (policy)
- Example

#### Form >

- No cover
- Text right on form



#### PHAB Reaccreditation Documentation Form

July 2020

Measure 12.1: The health department's governing entity is informed about the health department's mission, goals, responsibilities, and programs

Requirement 1: Department of health governing entity or entities

#### **Health Department Name**

Saint Paul - Ramsey County Public Health

#### Requirement Narrative

Provide a narrative description of the health department's current governing entity or entities and their roles and responsibilities.

Ensure that the example addresses items (a) and (b) of the Guidance. The narrative must indicate where each element is located (bullets, labels). Do not upload documentation of an example.

#### Continued Advancement

Describe plans for advancement of the health department's work in the <u>particular area</u> addressed by this Requirement. (Optional)



## PHAB Website: phaboard.org



#### Strengthening Health Departments to Better Serve their Communities

Through public health accreditation and promotion of innovation, we support health departments in their work to promote and protect the health of the communities they serve. We believe both accreditation and innovation are critical to public health transformation; together they can ensure that health departments are continually improving in line with national public health standards while building health and equity. Through accreditation, we are committed to strengthening health departments' capacity to deliver essential public health services while inspiring new and innovative approaches to public health practice through the Public Health National Center for Innovations (PHNCI).

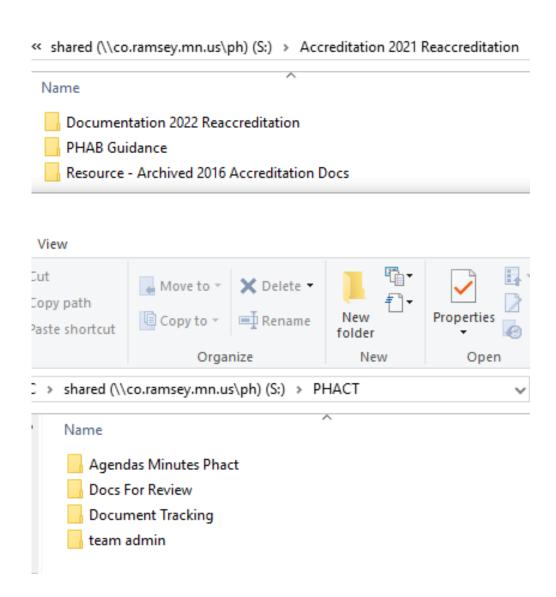




#### Resources

#### PH Shared drive:

- Guidance
- Documentation
- 2016 Archives
- PHACT members





## **SPRCPH Tracking Document**

	Dom.	Description	Required	Time	Responsible	Staff /	Potential Ideas	Due Date
1	Stand.		documents	Window-	DLT Member	Document		
	Meas			Count		Organizer		
				back				
				from				
				12/31/22				
	<b>~</b>	▼	▼	▼	~	<b>▼</b>	▼	▼

#### PHACT members

- Cheryl Armstrong
- Darleen Simmons
- Katie Keller
- Kim Klose
- Laura Andersen
- Arthur McIntyre
- Sharon Cross
- SuzAnn Stenso-Velo

**Accreditation Coordinator** 

suzann.stenso-velo@co.ramsey.mn.us





### **NEXT STEPS**



- Submit application to PHAB
- PHAB acceptance
- Upload all documentation
- Feedback from PHAB
- Provide additional documents
- Virtual site visit with PHAB
- Possible Action Plan
- Reaccreditation status



### **Reaccreditation - Success**



It's the Journey



## Thank You



## Racial and Health Equity Update



## **County Level - Update**



## **HWST Department RHE Liaisons Updates**

- Launched the HWST RECEAT Meetings in Sept. Next meeting: Tuesday, November 29th from 4:30-6:30pm
- Community Engagement Fund 2023, process is coming up. Departments will be applying for funds to support engagement efforts from January-June 2023.
- Community Engagement Safety Plan: to provide Ramsey County staff, partners, and volunteers with a consistent set of skills, awareness, and tools to maintain safety when in the field.
- Finalized the Hire for Equity Toolkit: reduce gender, racial, and other hidden biases in recruiting and hiring processes.



## **Department Level - Update**



## Racial & Health Equity Leadership Team (R-HELT) Updates

- Focusing on relaunching the IDI (Intercultural Developmental Inventory) in the Department. Would like for CHSAC members to participate in the assessment.
- Host two virtual sessions on REAL Talk: Debriefing the All-Staff Meeting
- Finalizing the Community Outreach Engagement Policy
- Board approved the Racial and Health Equity Community Innovation Award.
- Next R-HELT meeting November 10th, 2022, 10:30 12:30 pm in person Plato Building on the second floor.



## Racial and Health Equity Community Innovation Award

- Board approved R-HELT to grant \$240,000
- Working with Procurement Team, using method; Proof of Concept
- Application will be on Ramsey Demand Start with TA Support Sessions by the end of this year 2022.
- Hopes of awarding 12 organizations in mid-January and another 12 in June of 2023.
- Recruiting community members to be on the review panel.



#### **Contact Information**

Kari Umanzor: Kari.Umanzor@co.Ramsey.mn.us or 651.266.2469



## Community Health Services Advisory Committee (CHSAC) Legislative Update

November 2, 2022



### How 2022 Ended

- Both bodies adjourned for the year on May 23<sup>rd</sup>.
- Major spending bills were left undone.
- No agreement for a special session.
- Campaign season off and running.
  - Every legislative seat, and the Governor, is up for election.
  - Redistricting redrew the legislative district lines
  - Significant # retired





#### **Left on the Table – Public Health\***

- Ramsey County Continuum of Care Homeless Shelter Support Request
- Public Health System Transformation
- Public Health Emergency Preparedness
- Family Home Visiting \$\$

\* Two smaller HHS bills did pass in the last minutes of session.



### **Mental Health Omnibus Bill**

- Competency Restoration (addressing Rule 20 gap cases)
- No AMHI cut and criteria for future DHS formula changes
- Temporary Hospital Moratorium Exemption for Mental Health Hospitals
  - Includes Bethesda with certain specific stipulations
- Children's Residential Facility Crisis Stabilization Services
- First Episode of Psychosis grant program
- Youth Mental Health Urgency Room Pilot Project
  - Ramsey gets right of first refusal



#### **HHS MiniBus**

- Mental Health data sharing with law enforcement
- Expanding SNAP eligibility to 200% of the federal poverty line
- Opioids, Substance Use, & Addiction subcabinet & advisory council
- Maya's law, modifying procedures for child maltreatment face-to-face contact



# **Opioid Settlement Agreement**

- Necessary changes to state law to allow the negotiated agreement to go forward.
- 75% to counties and cities, 25% to the state.
- Ramsey County will receive \$15.8M
- Payments to counties will begin soon and will take place over 18 years.
- Funds must be used to address the impacts of the opioid crisis.



### Pigs Eye Landfill Task Force

- Passed as part of a larger Environmental Trust Fund spending bill
- "to coordinate efforts to remediate and restore the Pig's Eye Landfill Superfund site and address perfluoroalkyl and polyfluoroalkyl substances (PFAS) contamination of Battle Creek, Pig's Eye Lake, and nearby groundwater"
- Includes a seat for Ramsey County
- Task Force work must be completed by June 30, 2026



# Session 2023

- Begins January 3, 2023
- Budgeting year





### What's on the table?

- Unaddressed, "unfinished" issues \*\*
  - Taxes
  - Bonding
- Biennial budget year \*\*
  - Significant rollover surplus
  - Possible cloudy economic outlook
  - Campaign promises \*\*
    - DFL: Additional reproductive rights protections
    - Republican: Public safety commitments

### \*\* Election outcome dependent \*\*



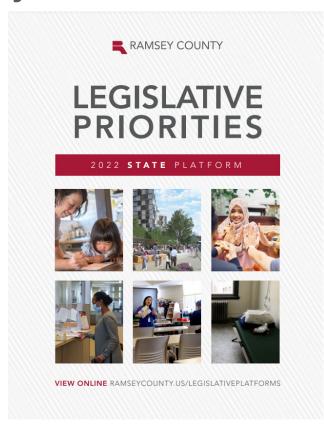
#### Known "unknowns" to consider

- Session logistics
  - Will advocacy efforts resume as normal?
- New administration, potentially
  - If Walz remains, will there be shake up in commissioners?
- New legislative leaders, potentially new majorities
- New committee chairs (with and without experience)
- State economic outlook



# **Ramsey County Platform**

- Set by the County Board each year.
- Sets forward the legislative priorities for the coming session.
- Two categories:
  - Support
  - Lead
- 2022 State Legislative Platform





# **Public Health Related Platform Categories**

- Increased Health Care Access
- Mental Health
- Infectious Disease Response Support
- Hunger Relief
- Climate Change
- Gun Safety
- Affordable and Stable Housing

#### **Timeline**

Summer – Ideas for additions developed within Ramsey County

Fall – Ideas reviewed by Directors and County Leadership and submitted for inclusion in the platform.

December – Platform is discussed and approved by the Board.



# **Questions?**

Contact Info: Melissa.Finnegan@ramseycounty.us; 651-278-8374