State of California—Health and Human Services Agency
California Department of Public Health

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Date: December 26, 2023

To: All Local Health Jurisdictions

From: Office of Policy and Planning

Regional Public Health Office

Subject: Alignment of Medi-Cal Managed Care Population Needs Assessment and Local Health Jurisdiction Community Health Assessments and Community Health Improvement Plans (CHIPs)

Purpose

The purpose of this memo is to provide guidance to local health jurisdictions (LHJs) on how to shift local health department Community Health Assessments (CHAs) and Community Health Improvement Plans (CHIPs) to a statewide, synchronized three-year cycle to prepare for a forthcoming requirement that the LHJ CHA be completed by December 2028 and the LHJ CHIP be completed by June 2029, and every three years thereafter. CDPH will be instituting this requirement via statute and will work closely with our local health jurisdictions during this process.

Background

While there is currently no requirement for local health departments to complete a CHA/CHIP, those that do, operate on varying cycles based on public health accreditation, hospital community needs assessments, and/or or other locally determined timelines. Recently, as part of the California Advancing Innovation in Medi-Cal (CalAIM) Population Health Management Initiative, all Medi-Cal Managed Care Plans (MCPs) will be required to engage in local health department CHA/CHIP processes to fulfill their Population Needs Assessment (PNA) requirement.

Local Health Jurisdiction CHAs/CHIPs

In 2011, the Public Health Accreditation Board (PHAB) launched the national public health accreditation program and began accrediting health departments in 2013. This voluntary accreditation process formalized the CHA/CHIP by establishing national standards for how a CHA/CHIP should be conducted.

Future of Public Health Funding secured in the 2022 Budget Act (Chapter 249, Statutes of 2022) requires local health jurisdictions to complete a three-year public health plan informed by the local health department CHA, CHIP, and/or Strategic Plan.

See Additional Resources below regarding Public Health Accreditation Standards and alignment efforts at the State level.

Medi-Cal Managed Care Plans – Population Needs Assessments (PNA):

For over 20 years, the Department of Health Care Services (DHCS) has required Medi-Cal Managed Care Plans (MCPs) to conduct regular assessments of their membership and submit data to DHCS. These assessments, called Population Needs Assessments (PNAs) were developed primarily to ensure that MCPs were meeting federal and state requirements on cultural and linguistic considerations, health education, performance metrics, and data collection. In May 2023, DHCS released a concept paper *Strengthening Medi-Cal Community Collaboration Through a Reimagined Population Needs Assessment (PNA)* that shared DHCS's vision for a reimagined PNA process centered around closer collaboration with the public health system and other community stakeholders to expand each Medi-Cal Managed Care Plan's understanding of its members and strengthen its relationship with the communities it serves.

As part of this reimagined approach, DHCS will require all MCPs to fulfill their PNA requirement to DHCS by participating meaningfully in the collaborative CHA/CHIP processes already led by local health jurisdictions, in counties where they have contracts.

Alignment of MCPs' PNAs and LHJs' CHAs/CHIPs

Reasons for Alignment of MCP PNA and LHJ CHA/CHIP

While most LHJs, based on PHAB Accreditation Standards and Measures, complete or update their local CHAs/CHIPs every 5 years, there are variations amongst LHJs who also opt for varying cadences (e.g., every 3 years or 5 years). The variation in timelines creates challenges in coordinating CHA/CHIPs with other community assessment and strategic planning processes. In response to DHCS' PNA concept paper, several stakeholders—including those from managed care and from public health—suggested that it would be helpful for CHA/CHIP timelines be synchronized to coordinate with MCPs, and potentially other sectors as well.

Aligning the work of MCPs' PNAs and LHJs' CHA/CHIPs have multiple benefits:

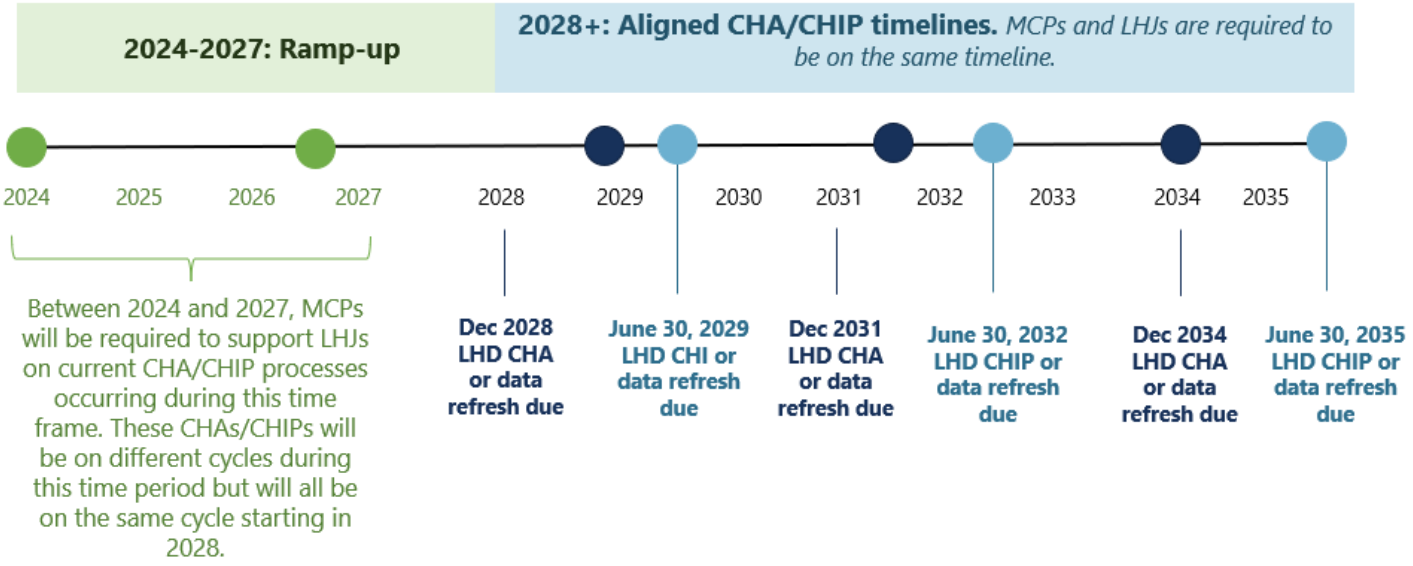
- Streamlines efforts to reduce duplication, redundancy and community survey fatigue.
- Supports opportunities for more strategic, efficient and effective use of resources.
- Integrates previously siloed data streams into a cohesive picture of the state of health in our community as well as opportunities for improvement.
- Establishes greater trust with the community through improved clarity and an improved sense of collective action and impact.

- Strengthens and extend the impact of the public health CHA/CHIP process as a resource to inform action across multiple and a diverse set of partners.
- Coordinates with other sectors that also conduct community assessments, including but not limited to Medi-Cal Managed Care Plans, non-profit hospitals, community based organization, and behavioral health partners.

New LHJ Requirement/Cycle:

CDPH will pursue a statutory change requiring LHJs, beginning January 1, 2028, to conduct and align with a 3-year CHA/CHIP cycle that will also align with DHCS MCP timelines. LHJs should plan to have their CHA (or an update to their existing CHA) completed by December 31, 2028, and their corresponding CHIP by June 2029.

This same cycle is required for each subsequent 3-year period (2031 and 2032, etc.). To support these alignment efforts, CDPH has also committed to completing its State Health Improvement Plan by December 31, 2028, and every three years following.



Entity	2024-2027 (this will serve as a planning/ramp up period)	2028	2029
LHJs	*Between 2024 and 2027, LHJs' CHAs/CHIPs will largely remain on different cycles. Some LHJs will be expected to complete a CHA, others a CHIP, others a full CHA/CHIP cycle, and some will still be in the*	**LHJs are required** to complete a CHA by December 2028	**LHJs are required** to complete a CHIP by June 2029

Entity	2024-2027 (this will serve as a planning/ramp up period)	2028	2029
	CHA/CHIP planning phases, within this three-year window. **LHJs are encouraged** to begin planning efforts with their respective MCPs		
MCPs	Per PHM Policy Guide, **MCPs are required to:** 1. Meaningfully contribute to: 1. Current CHA/CHIP underway, OR 2. Planning discussions and forthcoming CHA/CHIPs with LHJs if no current CHA/CHIP in place, and no current work underway *AND* 2. Use existing LHJ CHA/CHIPs to inform annual PHM Strategies	Per PHM Policy Guide, **MCPs are required** to: 1. Meaningfully contribute to CHAs which are on the same statewide three-year timeline. 2. Use existing LHJ CHAs to inform annual PHM Strategies.	Per PHM Policy Guide, **MCPs are required** to: 1. Meaningfully contribute to CHIPs, which are on the same statewide three-year timeline. 2. Use existing LHJ CHIPs to inform annual PHM Strategies.

Planning/Ramp Up Period (2024-2027)

The Administration is providing a three-year on ramp to help LHJs and their partners transition to a statewide three-year cycle. During this time, LHJs are strongly encouraged to do the following:

- Begin conversations with their CHA partners about the shift to a 3-year cycle, the value of doing so, and what challenges the partnership should address to meet this new assessment cycle.
- Connect with the MCPs in their jurisdiction to build a relationship, if they don't currently have one. Also note that starting in 2024, new MCPs are being introduced into many LHJs (See Medi-Cal Managed Care Procurement and Updated Contract and MCP County Table).

- Begin discussions about what resources the LHJ may need to act as the anchor institution (including specific funding for consultants and community-based organizations, MCP staffing resources for outreach, data collection and analysis, communication, meeting facilitation, etc.).
- Begin discussions about data sharing (including what data you will request from the MCP, the format of the data that would be most accessible and useful to the LHJ, and additional data supports the MCP can provide). A broader list of data sets and considerations can also be found within the DHCS Population Health Management (PHM) Policy Guide.

LHJ Considerations

Funding

The DHCS approach acknowledges and builds upon the long-standing capabilities and experience of LHJs and as such, LHJs will serve as the anchor institution to meet the MCP PNA requirement, and MCPs will be required to meaningfully participate in the LHJs CHA/CHIP process.

As part of meaningful participation in LHJs' CHAs/CHIPs, MCPs are **required** to contribute resources to support LHJs' CHAs/CHIPs in the service areas where they operate, in the form of funding and/or in-kind staffing, starting on January 1, 2025. MCPs are strongly encouraged to contribute these resources in a manner that is at least commensurate with the number of Medi-Cal members served by the MCP within a given LHJ jurisdiction.

Starting on January 1, 2024, MCPs are required to work with LHJs to determine what combination of funding and/or in-kind staffing the MCP will contribute to the LHJ CHA/CHIP process. Starting in 2024, MCPs are required to describe their resource contribution decisions in their MCP-LHJ Collaboration Worksheet and report to DHCS on their contribution decisions via their annual PHM Strategy Deliverable submission, as described in the PHM Policy Guide and in a form and manner to be specified by DHCS.

We strongly encourage LHJs to consider the following as examples of resources (either as funding and/or in-kind staffing for the LHJ CHA/CHIP process) to be requested from the MCP:

- Funding to assist with any necessary planning efforts to align with a 3-year cycle.
- Direct funding for contracts with community-based organizations/consultants to support data collection and analysis, meeting facilitation, community outreach
- Funding for community engagement.
- Data staffing and other data supports (including technology, web-based applications, data sharing practices and data subject matter expertise).

- Outreach and messaging (media and outreach, materials design and communication strategies).

Data Sharing and Stakeholder Engagement

LHJs should refer to the DHCS Population Health Management (PHM) Policy Guide for MCP guidance on how the MCP must contribute data and participate on CHA/CHIP key meetings and governance structure.

CDPH is still working with DHCS and other tribal stakeholders regarding guidance and/or technical assistance on tribal engagement in the LHJ CHA/CHIP process.

Technical Assistance

To support local health jurisdictions, CDPH is developing a technical assistance plan that can provide expertise and support to LHJs in completion/update of their CHA/CHIP.

The following resources are currently available:

- Existing State Health Assessment (SHA) and State Health Improvement Plan (SHIP) webpages share links to key resources on the bottom of the pages.
- California Community Burden of Disease Engine (CCB) provides data and analysis tools to support health burden assessment.
- State Health Assessment Core Module (SHA CM) developed and published annually (county level versions available upon request to serve as a foundation for CHA)
- SHIP Indicators (are generally provided at the county level for easy adoption into CHIPs) and tools such as indicator evaluation criteria, metadata templates, and target-setting methodologies available upon request.
- Regional Public Health Office (RPHO) epidemiologists are available to offer consultation about any CHA/CHIP data needs and could be an additional support to pull relevant data for use during the CHA/CHIP development process (with a focus on smaller/rural LHJs).

Planned Additional Supports

- A more comprehensive CHA/CHIP Information Webpage/Toolkit will be launched next year to provide guidance, templates, models and frameworks for CHA/CHIP development and updates.
- Design and deploy a statewide and/or targeted CHA/CHIP Technical Assistance model, including resources, services, trainings and supports to address key needs identified in the CHA/CHIP assessment process (previous examples included hosting

CHA/CHIP Workshops to provide LHJs training on key resources such as the use of County Health Ranking and Roadmaps, Healthy Places Index, and some of the Prevention Institute tools related to the Tool for Health and Resilience in Vulnerable Environments (THRIVE) assessment tool, the Spectrum of Prevention, and the Collaboration Multiplier).

- Establishing a Peer Engagement Network as a forum for cross-jurisdictional strategic support and sharing of best practices across LHJs.

LHJs should reach out to their respective CDPH Regional Public Health Office (RPHO) Regional Program Coordinator (RPC) if requesting support related to the CHA/CHIP. The RPHO RPC will then connect with relevant team members within Office of Policy and Planning and/or Office of Professional Development and Engagement (OPDE) to coordinate assistance and resources for the LHJ.

CDPH will continue to work to expand upon these technical assistance resources and will be working closely with DHCS on joint technical assistance efforts for both MCPs and LHJs.

Public Health Accreditation

Moving to a 3-year cycle will continue to meet Standards & Measures for Reaccreditation Version 2022 (phaboard.org). Specifically, there is language included stating that:

The collaborative partnership may determine that the community health assessment be updated on a different schedule, such as every 3 years.

Dynamic community health assessments (i.e., websites with continuously updated data) are acceptable, if they address required elements a-g. In these cases, the health department is building on past data that have been collected and adding to those data over time. The partnership would meet on a periodic basis to review the data that are being collected and determine if there are any changes in data collection or interpretation.

State Considerations.

Alignment of other required health assessments.

This aligned approach also provides an opportunity to start aligning other community assessments that are disparate and duplicative, moving toward more integration and sharing of data across various programs and sectors. Those include:

- Requirements of Nonprofit Hospitals. The California Department of Health Care Access and Information (HCAI) has been part of our ongoing discussions with DHCS to discuss alignment opportunities with our hospital partners. Per Health and Safety

Code 127340 *et seq.*, California law currently requires nonprofit hospitals to develop a Community Health Needs Assessment and a community benefit plan to maintain their tax-exempt status and we understand that many LHJs already work closely with their nonprofit hospitals to align these assessments. We will continue to work with HCAI on this topic to further integrate and coordinate these assessments.

- CDPH Program Specific Assessments. In addition, CDPH is also conducting a survey of its various programs that currently require a programmatic health assessment. We know that currently programs such as Maternal, Child and Adolescent Health, Tobacco Control, Oral Health and Nutrition require some level of assessment to occur as part of its funding requirements. An assessment of these program will help determine:

1. The current cadence of assessment requirements and to what extent CDPH can begin to align those assessments with the outlined PNA/CHA timelines.
2. If the assessment requirement is one dictated by CDPH or other entity (for example, a federal requirement), what would it take to change the requirement?
3. Can CDPH develop internal policies to align to the proposed 3-year cycle?

Questions

Should an LHJ have questions about the forthcoming requirement and/or the recommendations/guidance provided in this memo, please contact Trudy Raymundo at the Office of Policy and Planning at Trudy.Raymundo@cdph.ca.gov.

Additional Resources

A public health department must conduct and submit a CHA/CHIP (dated within 5 years) if they wish to achieve initial or reaccreditation status. However, CHA/CHIPs do not only occur for the purposes of accreditation, as they are also a part of essential public health services.

The CHAs describe the status of population health, and the CHIPs build upon the CHA by identifying how the public health entity will work together with community partners to address key issues elevated in the CHA. It is important to note that the CHA must address the entire population within the jurisdiction and the CHIP is meant to be comprehensive in nature and identify action beyond that of the individual public health entity. Although CHAs/CHIPs vary among jurisdictions, their core shared feature is that they rely on participatory, collaborative processes that are centered on the community.

The CHA/CHIP must be conducted using a collaborative process, which includes:

- Partnership that includes participation from at least two organizations representing sectors other than public health and at least two community members or organizations representing populations that are disproportionately affected by conditions that contribute to poorer health outcomes.
- Use of comprehensive broad-based data, including both primary and secondary sources, with guidance emphasizing the elevation of community inputs.
- Consideration of the demographics of the jurisdiction served.
- Descriptions of key health challenges, including inequities in the factors that contribute to health challenges (must include social determinants of health or built environment) and identification of assets and resources that can be mobilized to address these health improvement opportunities.
- The CHIP must include at least two health priorities as well as measurable objectives and strategies or activities for each priority. At least two strategies or activities must include a policy recommendation and at least one must be aimed at alleviating causes of health inequities. A process for tracking implementation and an annual review of progress is required.

Historically, PHAB has also strongly encouraged alignment between state, local, and Tribal level CHA/CHIPs, with overlapping jurisdictions, to support collective impact.

The California Department of Public Health (CDPH) promotes bidirectional alignment across state and local priorities by leveraging local level CHAs and CHIPs to inform Let's Get Healthy California (LGHC) Website – the State Health Assessment and State Health Improvement Plan (SHA/SHIP). CDPH also supports alignment of local CHA/CHIPs with the SHA/SHIP by providing support and resources, such as the SHA Core Module (county level versions are available upon request) and a standard set of SHIP indicators, that include county level data for easy adoption into local CHIPs.