Conference of Local Health Officials

February 19th, 2015

*Conference Executive Members: Tom Machala (Jefferson); Carrie Brogoitti (Union); Cathy Perry (AOPHNS)*

*Conference Members: Tom Machala, Vice-Chair (Crook); Charlie Fautin (Benton); Dana Lord (Clackamas); Cathy Perry (AOPHNS, Clackamas); Brian Mahoney, (Clatsop); Sherri Ford, (Columbia); Florence Pourtal-Stevens, (Coos); Holly Strom (Curry); Dawnelle Marshall (Douglas); Jackson Baures (Jackson); Marilynn Sutherland, (Klamath); Pat Luedtke, (Lane); Jocelyn Warren (Lane); Karen Gaffney (Lane); Rebecca Austen (Lincoln); Pat Crozier (Linn); Rod Calkins (Marion); Pam Hutchinson (Marion); Sheree Smith (Morrow); Loreen Nichols, (Multnomah); Katrina Rothenberger (Polk); Meghan DeBolt (Umatilla); Carrie Brogoitti, (Union); Tricia Mortell (Washington); Frank Brown (CLEHS); Karen Woods, (Wheeler); Silas Halloran-Steiner (Yamhill)*

*CLHO: Morgan Cowling; Kathleen Johnson*

*AOC: Stacy Michaelson*

*PHD Members: Jan Kaplan, Danna Drum, Priscilla Lewis, Michael Tynan, Vicki Guinn*

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| **MINUTES** |
| **Agenda Item** | **Detail** | **Action Item** | **Responsible Party** |
| **Welcome & Introductions**  | Introductions:Lane County Public Health Manager: Jocelyn WarrenHarney County Public Health Manager: Darby Kemper |  | Tom Machala |
| **Minutes Approval** | January minutes approved with amendments to include Frank Brown in attendee list***Teri Thalhofer moved to approve, Frank Brown seconds all in favor*** | Review & Approve | Tom Machala |
| **Preparedness – Ebola Funding Update** | The State of Oregon applied for funding on 2/18 for all $1.8M, guaranteed to state of Oregon. PE 09, would not allow funding to be used to recapture costs incurred by initial preparedness work on Ebola. CDC is providing funding to support Ebola response and prevention efforts. Competitive $1.8M total, with $1.5M after OHA coast allocation. Explicit activities to be done by state per CDC guidelines (i.e tier 2 hospital inspections) $900,000 available to LHD for Ebola prep and readiness functions. PHD Preparedness brought to CLHO Preparedness committee; members are **recommending funding formula for 5,000 for base plus population.** Money can be carried between fiscal years. The funding formula recommendation will go to Healthy Structure for approval.**Discussion:**Specificity allowed for work? Funding to be used for CDC PH preparedness activities.Funds available to do surveillance for monitoring of person returning from Ebola affected area. PHD is building in funding for travel for lab. CLHO has time to provide feedback to PE and funding formula prior to approval.  | Approve  | Mike HarrymanTom Kuhn |
| **Workforce Development Committee Recommendations** | Background: Several years ago JLT identified WFD as a strategic priority. Conducted a NWCPHP survey on training needs assessment among PHD and LHDs. From the assessment JLT chartered a workgroup that met through 2014 (comprised of OPHA, LHDs, PHD, Schools of PH in region, NWPATA). The committee Identified gaps based on data and common to state. Gap areas identified are cultural competency, analytic assessment, leadership, communications, system thinking, financial planning and management (transition from technical position to executive management level position). The WFD coordinator conducted did environmental scan on resources available to meet needs. The WFD committee is recommending that CLHO Healthy Structure oversee work on recommendations.**Discussion:**Tom Eversole stated that when at Benton County they built in educational leave to be padded in fees, something that other LHDs may want to consider to support employee development. The PHD is exploring the idea of having a website on trainings that address core competencies, ideally by summer latest by fall to have system in place.  | Update | Vicki GuinnDanna Drum |
| **DIS** | Three DIS in the state are currently trying to service 4 counties and services outbreaks in other other counties. The DIS are not as available to for other counties as they initially thought. The PHD is now in the process of transitioning case follow-up back to counties that had a DIS stationed in the LHD. **Discussion:**What will DIS be available to assist LHDs beginning in July? 1 or 2 of criteria need to be met for DIS assistance. LHD needs to make some attempt to work the case, unless unusual. Not much of a change for counties that did not have DIS located in county, larger change for counties that did have DIS. LHDs are now needing to consider what they cannot do so that position/resources can be available for disease investigation and follow-up. CCO pay to track down and treat patients in health plan. And not capturing revenue from CCO for work. How will DIS be reallocated for training, job shadowing and more available to other counties than they have in past?Developing plan at PHD to help assess gaps and help fill gaps so that LHDs can have ability/resources to do at local level.This transition is product of health system transformation and opportunity to begin identifying ways to recover cost from CCO/health plans.  | Update | Veda LatinTom Eversole |
| **Leadership Funding** | Muriel and Priscilla touched based last week on discussion. Convening taskforce next week with a tentative agenda. CD/DIS issue type of item to be discussed at taskforce. AOC is interested in work that taskforce doing will likely follow and may chime in or lead in discussion.   | Update | Priscilla LewisMuriel DeLaVergne-Brown |