Conference of Local Health Officials

March 19th, 2015

*Conference Executive Members: Muriel DeLaVergne-Brown (Crook); Tom Machala (Jefferson); Carrie Brogoitti (Union); Cathy Perry (AOPHNS)*

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*CLHO: Morgan Cowling; Kathleen Johnson*

*AOC: Stacy Michaelson*

*PHD Members: Jan Kaplan, Priscilla Lewis, Michael Tynan*

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| **MINUTES** |
| **Agenda Item** | **Detail** | **Action Item** | **Responsible Party** |
| **Welcome & Introductions**  |  |  | Muriel DeLaVergne-Brown |
| **Minutes Approval** | February minutes approved***Dana Lord moved to approve, Charlie Fautin seconds, all in favor*** | Review & Approve | Muriel DeLaVergne-Brown |
| **Environmental Health Agreement** | A workgroup convened with state, local and CLEHS representation in 2013. Brad Anderson and Mike Lehman to discuss additions that were not initially included in agreement. A small workgroup will be convened to review draft with updated changes prior to bringing to April CLHO meeting. **Volunteers for workgroup:**Rod CalkinsFrank Brown | Update and Solicit Volunteers | Jan Kaplan |
| **CLHO Preparedness:****Ebola Funding** | CDC confirmed on national call that approved supplemental funds can be used to retroactively to recapture funds, still unclear of what they are defining retroactive as, but will go back to July 1 2014. PHD will have to figure out how it will impact current fiscal year. At the February 23rd Healthy Structure meeting the committee reviewed the proposed formulas and approved the recommendation from the Preparedness Committee for $5K base with population. **Discussion:** Will LHDs still be required to apply by April 15th for supplemental funds?Is funding still attached to separate PE, or rolled into preparedness PE?Still remains separate PE—PE09***Motion:******Karen Woods moves to approve the recommended funding formula, Pat Crozier seconds the motion. All voted in favor, motion passed***  | Update and Approve | Mike HarrymanPat Crozier |
| **CLHO Healthy Families****PE 42** | PE 42 was approved by the CLHO Healthy Families CommitteeThe PE needed to reflect changes in TCM and changes in Title V block grant. Title V priorities still under revision so language In PE has been kept broad. Review of PE ChangesSection 2- a. Data collection have added revised 2015 federal guidance Section 2-e. MCAH funds entire section revised. Clarifies how funds are to be used. Revised school based health center Section 3-b. New requirement added to work plan including objectives, strategies, measures and timelines that coordinate with and support OR Title V State Action Planii. Rewritten to include requirements for next year (new guidance into effect October), broad enough to work for this year. Plans accountable starting march 2016Section 5- mostly language updatesSection 6-b. Added services provided during the perinatal period for clients enrolled in a Coordinated Care Organization (CCO) will depend on contractual obligations agreed upon by LPHA and the CCO. Services not included in the local contract with the CCO are not eligibleItems in this section have been included because it is a transitional PE, the PE will be revised next year knowing where Title V is and where TCM isSection 6-c. added “For those clients not enrolled in a CCO, all MCM Services provided with funds under this Program Element as well as those provided through the Oregon Health Plan must be delivered in accordance with the Maternity Case Management Program requirements set forth in OAR 410-130-0595. Services arranged through contract with a CCO may have a different definition; funds provided under this Program Element are available for use for these contracted perinatal activities, within the limitations described in subsection 2.f.i. of this Program Element 42.”Section 6-d. added Home visits an assessment of perinatal depression and anxiety.***Motion******Silas Halloran-Steiner moves to tentatively approve PE with proposed changes discussed today, Tom Machala seconds motion, Motion passed with one opposition*****Discussion:**Uncomfortable with some items in PE especially around MCM (work with CCOs)Reference assessments that are not even nursing assessments and as we transition to new models it locks us into things that are not the reality of LHDs currently. Trifurcated data system. Potentially forces us into non-compliance, don’t want this PE to push back on our ability to be innovative and transforming for fear of losing dollars for staff support because of non-complianceNot every county does MCM, if LHD chooses to do program PE is what LHD will followNeed to identify solutions for work and reflecting it appropriately in PE.Subgroup worked on PE (Lindsay Manfrin, Jessica Guernsey, Teri Thalhofer)Will need assistance figuring out what we need differently, volunteers to help small workgroup?Would like to see it more straight forward, clearly outline federal requirements, Separate out pieces in PE and clarify responsibilities moving forwardNeeds to be to contract folks by April 3rd.  | Update | Lindsay ManfrinKate Wilcox |
| **Healthy Communities** | HPCDP came to the Health Communities Committee to discuss a new funding stream for healthy communities funding, due to the uncertainty of funding, HCPDP will continue to fund LHDS that already have the Healthy Communities grant for another year with a 10% reduction, rather than open a new RFP. The Healthy Communities committee approved the recommendationCDC has been reducing funds provided to PHD that used to pull from to support HC work. ***Motion:*** ***Pat crozier moves to approve the Healthy Communities recommendation with the amend of up to a 10% reduction, not a 10% reduction, Tom Kuhn seconds the motion, all voted in favor—Motion passed*****Discussion:** Disappointing that there is no longer opportunity  | Update and Approval | Charlie Fautin |