CLHO PREPAREDNESS COMMITTEE
Charter
Approved by CLHO April 18, 2013
Revised March 23, 2016
Revision approved by Committee-April 27, 2016

Background:
The Conference of Local Health Officials (CLHO) and the Public Health Division have a history of working together through CLHO Committees. While Committee members are employees of local health departments the goal of the Committee structure is to ensure that state and local public health have an opportunity to inform system integration. All CLHO Committees make recommendations to the CLHO Board of Directors represented by the duly elected CLHO Executive Committee. http://oregonclho.org.

Purpose:
To develop short and long term committee priorities and objectives that generate recommendations for review and approval by CLHO so that Local and State Public Health work effectively and efficiently together for planning, implementing and aligning action of the CLHO Preparedness Committee. [1]

Vision for Success:
State and local governmental public health Preparedness staff works as a system with complementary and defined roles and standards. Planning and decision making is proactive, transparent, shared, and effectively communicated, leading to a coordinated and sustainable Preparedness programs.

Objectives:
The primary focus of the CLHO Preparedness Committee is to support operating as a system aligned around strategic directions, priorities, and broad operational approaches. Program direction, priorities, funding, and policy development will be presented to CLHO for review and final approval of the recommendations. Final recommendations will be submitted to the PHD Director by CLHO.

Required activities include review and recommendations regarding the Preparedness program elements, funding formula, statutory changes, rule changes or policy changes.

Funding formula and Program element recommendations will be made to and will be reviewed by the CLHO Healthy Structure Committee.

In order to accomplish this, the CLHO Preparedness Committee will:

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[1]
The executive committee with the chairperson shall advise the director in the administration of ORS 431.330 to 431.350. [1967 c.146 §2 (enacted in lieu of 431.320); 1977 c.582 §20; 1979 c.96 §1]
The Conference of Local Health Officials may submit to the Oregon Health Authority such recommendations on the rules and standards specified in ORS 431.345 and 431.350. [1967 c.146 §6 (enacted in lieu of 431.320); 1977 c.582 §22]

- Successfully manage cultural, operational and leadership differences among state and local public health agencies
- Create appropriate mechanisms to assure joint accountability
- Effectively engage Public Health Division (PHD) partners

CLHO will provide strategic direction for CLHO Committees, determine the CLHO Committee structure, support Committees with orientation and guidance, and address conflicts that interfere with optimal committee functioning.

CLHO Preparedness will support the Mission of the Oregon Health Security, Preparedness and Response (HSPR) Program:
Anticipate, detect, assess and understand the health risks and impacts of an emergency and translate this understanding into action to protect the public's health and mitigate harm.

Functions of CLHO Preparedness:

- Provide joint leadership in public health emergency preparedness policy development and implementation.
- Communicate with constituencies to gather and disseminate preparedness policy and programming information.
- Provide federally required annual concurrence with the work plan from a majority of local health officials whose collective jurisdictions encompass a majority of the state's population.
- Recommend funding formula distributions to local health departments to the CLHO Healthy Structure Committee and the Conference at large.
- Provide oversight of policy implementation, including (but not limited to) development of policies to ensure:
  - Integration with the National Incident Management System and state and local emergency management agencies and structures
  - Triggers for activating mutual aid
  - Ensuring an all-hazards approach to public health preparedness
  - Surge capacity planning
  - Establish, maintain and test redundant interoperable communications
  - Define roles, responsibilities and lines of communication for the health and medical aspects of preparedness and response for vulnerable populations and coordinate with community partners.

CLHO Committee Members:
Represent local public health and are appointed by the CLHO Chair and are the voting members of the CLHO Preparedness Committee. Representatives should include public health administrators and public health managers or their designees with specific content expertise. Members will be selected from small, medium and large county public health jurisdictions. The Co-Chairs are determined by the voting Committee members.

<u>CLHO Committee Co-Chairs Role</u>

- Plan future agendas with the OHA and committee members.

- Set meeting dates and create and send agendas that facilitate planning, availability of participants and pre-preparation
- Facilitate meetings
- Draft correspondence, assuring meeting minutes are prepared and communicated
- Coordinate the timeframe for project completion
- Notify CLHO of significant issues related to statutory/rule changes, policy, funding or guideline changes
- Present updates or requests for recommendation approval or guidance to CLHO with ten days prior notice.
- Coordinate any Funding Formula and Program Element recommendations through the CLHO Healthy Structure Committee
- Serve as the primary contact for the HSPR Program.
- Maintain current list of membership and request recruitment from CLHO when necessary
- Present Annual Report to CLHO
- Agree to serve as Co-Chair for a minimum of <u>two years</u>. If another Co-Chair isn't identified following a two year term, the current Co-Chair has the option of remaining as Co-Chair until another candidate is identified

<u>Committee Member Roles</u>

- Attend and prepare for meetings as scheduled
- Volunteer for committee tasks to share the workload and promote timely completion of projects
- Notify the Committee Co-Chairs of their intent to resign and propose an appropriate replacement if desired
- Utilize the CLHO Committee structure to its full potential
- Seek new members from CLHO when there are vacancies
- Attempt to keep membership to at least 9-12, with representation from small, medium and large counties.

Charter – Will review every two years following its last adoption by CLHO. If special circumstances dictate, can be reviewed more frequently.

Guiding Principles: As a group of committed professionals, the CLHO Preparedness Committee and PHD partners share the following principles:

- Shared Vision and Purpose
- Commitment to Transparency
- Trust and Respect
- Clarity of Process
- Attitude that Supports A Shared Vision
- Leadership

Meetings:

- Will be held, at a minimum of once a month, unless the Co-Chairs and HSPR representatives determine that there are no issues to report to or discuss with the

membership and that canceling the meeting is in the best interests of the group. A phone line will be available to those that are not able to attend in person. Ad hoc conference calls will be convened as needed to address specific issues needing resolution in a timely manner.

- Will be managed in a manner that improves transparency, effectiveness, and integrity of the processes, outcomes, and relationships. This will include:
  - Explicitly agreeing on and communicating desired outcomes for each agenda item;
  - Specifying the process that will be used;
  - Assigning responsibility for any necessary follow up; and
  - As appropriate and mutually agreed upon, inviting guests to the meetings to share information.

Decision Making & Issue Resolution:

The CLHO Preparedness Committee and PHD Partners will consistently work to reach consensus to move forward with Preparedness Program funding and policy recommendations as a system. Consensus is defined as a willingness to move forward without strong objection. [2] The CLHO Preparedness Committee Co-Chairs will provide recommendations to CLHO for approval. When the CLHO Preparedness Committee and PHD Partners have not achieved consensus, a vote of the CLHO Preparedness membership will occur. Decisions will be made by the quorum which is defined as 50% of membership plus one. When a quorum of the voting membership exists, decisions are made by majority vote of the quorum. Members who cannot be present may vote by proxy. If quorum is not reached, the group may do an electronic vote if time is of the essence. Each county represented in CLHO Preparedness will have one vote. The recommendations will be formulated as majority recommendations with a minority report. Guidance and direction will be provided by CLHO. Final recommendations will be submitted to the PHD Director by CLHO.

[2] Consensus is defined as a willingness to move forward without strong objection. Participation in a consensus process implies that all members are participating in good faith and are searching for a solution that meets all interests represented at the table. The Team will make a concerted effort to achieve consensus by making certain that all who care about an issue are included in the discussion of that issue and not cutting off discussion too soon.