CONFERENCE OF LOCAL HEALTH OFFICIALS

**December 21, 2017**

**Meeting Minutes**

**In attendance**:; Charlie Fautin, Benton; Dawn Emerick, Clackamas; Mike McNickle , Clatsop; Sherrie Ford, Columbia; Florence, Coos; Muriel DeLaVergne Brown, Crook; Ben Cannon, Curry; Bob Dannenhoffer, Douglas; Teri Thalhofer, North Central; Ellen Larsen, Hood River; Jackson Baures, Jackson; Mike Baker, Jefferson; Mike Weber, Josephine; Courtney VanBragt, Klamath; Judy Clarke, Lake; Jocelyn Warren, Lane; Rebecca Austen, Lincoln; Glenna Hughes, Linn; Rachel Banks, Multnomah; Katrina Rothenberger, Polk; Marlene Puttman, Tillamook; Jim Setzer, Umatilla; Carrie Brogoitti, Union; Tricia Mortell, Washington; Lindsey Manfrin, Yamhill; Eric Mone, CLEHS; Pat Luedtke, Health Officer

**Public Health Division:** Cara Biddlecom, Tiara Sanna, Sue Woodburry, Sara Beaudrault, Lillian Shirley, Tim Noe

**CLHO:** Morgan Cowling; Caitlin Hill

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| Item | How | Discussion |
| Convene & Introduce |  |  |
| Agenda | Review |  |
| Minutes | **APPROVE** |  |
| Healthy Families: PE 40 – Women Infants & Children | Discuss & **APPROVE** | Most of the changes to the PE 40 were minor edits, alignment with SHIP and Public Health Modernization, and moving to the new template. * WIC no longer has food instruments.
* A tribe was listed in places where it should have been local public health authority.
* Under metrics put the PE helps with these accountability metrics: adults who smoke cigarettes, vaccination rates, and dental visits for children 0-5.
* Process measure was n/a

Considerations:* This PE is specifically for LPHAs. WIC edits the PEs when they contract with non – LPHAs.
* The PE calls out a specific number of people served and this number could easily become outdated. CLHO decided to recommend this number as a percentage.
* Matrix is confusing because WIC is not an actual foundational area but it refers to Modernization.
* Concerned about showing that WIC (or any program) is in more than one Modernization program area since it needs to be assigned to one committee. However, each program is assigned in the committee’s information.

Proposal to see how this PE works for a year with a recommendation that we strike the number and put in percentage.CLHO approved. |
| Healthy Families: PE 42 – Maternal & Child Health  | Discuss & **APPROVE** | * Majority of changes were adding current language into new template and aligning with modernization.
* Accountabillity metrics and process measures are not applicable to the work.
* Renamed the plan Title V Plan.
* On P 7 Babies First! and Nurse Family Partnership Services updated to include the expanded eligible population.
* On p8 clarified reporting requirements. Two pieces: title v plan and report. Based on conversations they have had with Title v coordinators they are splitting plan from reporting. Annual plan for coming year must be submitted on March 14th.
* Reporting needs to be submitted electronically.
* Last page required performance measures need to be set.

Committee recommends, Dawn Emerick seconded. Approved. |
| Healthy Families: PE 44 – School Based Health Center | Discuss & **APPROVE** | * This was approved during November meeting. No real substantive changes.
* Two accountability metrics that SBHCs contribute to our gonorrhea rates and contraceptive use. PE 44 is not called out for accountability metrics.
* On P3 got rid of dates and made more generic language so we don’t need to update the language every year.
* Key performance measures nothing to put there since they don’t get called out on accountability metrics.

Committee put forth, Ellen Larsen seconded.Approved. |
| Healthy Families: PE 48 – Teen Pregnancy Prevention  | Discuss & **APPROVE** | * Cleaned up and put in new template.
* 1c added new link. A lot of things being cleaned up was updating link.
* Added paragraph of how it was aligned with the SHIP and the Oregon Youth Sexual Health Plan.
* Added Modernization matrix information.
* No process measures so n/a.
* Updated dates.
* No performance measures applicable so n/a.

General PE Consideration:Some inconsistencies of how PEs are being thought about with performance measures/metrics. Need to delineate the difference between modernization measures and the measures on federal requirements.Committee put forth, Dawn seconded.Approved. |
| Process Measure – Effective Contraception | Discuss & Feedback | PHAB reviewed process measures and approved all but effective contraceptive use. Measure that went before PHAB in November was the number of policies that increased access to effective contraceptive use. PHAB’s primary concerns were around strength of process measure. Found it difficult to see an impact from that – what if the policy was weak? Accountability metrics subcommittee talked about this and there is still support for this in the general area. Options for the change:* “Number of local policy strategies for increasing access to effective contraceptives”.
* Change the outcome measure to
* unintended pregnancies. Use Effective contraceptive use as the local public health process measure
* Focus on specific policy interventions

Considerations:* Focusing on specific policy interventions could be difficult to apply to local needs.
* Doesn’t count any CCare, just CCOs.
* Concerned data that is statewide not just CCOs. Some other Medicaid programs might get us more where we are trying to do.
* Could we include this in CCO 2.0. CCOs have been spending time scrubbing charts without spending adequate time on increasing access.

Lillian Shirley requested that LPHAs put these concrete examples in writing as they will help inform CCO 2.0. Sara will plan on taking options #1 and #2 to PHAB in January. |
| CLHO Funding Principles | Review & **APPROVE** | Not all PEs or Funding Formulas have a base, but some do. Morgan has outlined 5 options for the board to consider and recommend.1. Continue a CLHO Board policy that supports multi-jurisdictional districts being awarded a base for each county; or
2. Continue a CLHO Board policy that supports multi-jurisdictional districts being awarded a base for each county AND recommend that every funding formula with a base include a tiered base; or
3. Allow each CLHO Committee to review funding formula(s) and make recommendations to the CLHO Board for the “best” funding distribution based on state and federal requirements; or
4. Allow each CLHO Committee to review funding formula(s) and make recommendations to the CLHO Board for the “best” funding distribution based on state and federal requirements AND recommend that no change in formula would only negatively affect one jurisdiction; or
5. Continue to hold off on making a CLHO Board Policy recommendation for a larger conversation on funding principles.

Considerations* #3 and #4 would be extremely chaotic and problematic. However, this is how we are currently doing business.
* Committee largely agreed that we needed to continue with a bigger conversation (#5), but acknowledged that Preparedness needs information to move forward with a funding cut.
* None of these consider an equity lens and would like to see them in options.
* There is usually not an assessment before the work is divvied up.
* Need to put together budgets by February.
* PHAB funding principles need to be brought into the conversation as well.
* What are the principles and criteria that determine the base. What does the board put together as prninciple for the base.
* We will have to work with good enough and then have time to talk about how to move forward.

Teri Thalhofer moved that we provide information to all committees that we are continuing to: Continue a CLHO Board policy that supports multi-jurisdictional districts being awarded a base for each county AND recommend that every funding formula with a base include a tiered base; and for CLHO Board to continue a larger conversation about funding principles. Florence Pourtal Stevens seconded.Approved. |
| New CLHO Committee appointments  | Appoint | * Principles for membership: members of two people from each county, but only one vote. Good mix of committee membership. Public Health Administrators stepped up and are participating on the committees.
* Caitlin will send out committee information to everyone on each committee.
* This is a time to get on a CLHO committee but isn’t a one time only.
* In packet is information regarding who the PHD Leads are.
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| Healthy Structure Recs: * Committee Charter template
* Committee Work Plan template
 | Review & **APPROVE** | Healthy Structure was charged with drafting a charter template and a workplan template that will be used by all committees after it is approved by the board.* Started with charter that was provided. Decided to add language around establishment and authority and public health modernization.
* Part of the document is highlighted in yellow. The parts that aren’t highlighted would be common to every committee charter. The highlighted parts would be editable.
* Also recommending that we have a template for committee agenda, role call, 10 last minutes of meeting being open for public comment.
* Recommending that we have an annual report template.
* Tried really hard to keep it generic. Left it a bit more open. We tried to make it so that it was a source of information for how CLHO functions so everyone is on the same page.
* Also recommending work plan is put forward.

Ellen Larsen moved to approve Charter and Workplan and Teri Thalhofer seconded. Approved. Healthy Structure asked for clarification from Board around Communications flow. Do we want decision guide or structure overview?Board suggested that we hold off and then allow the committees to figure out their needs over the next year. |
| CLHO Committee transition timeline and plan |  | January 8th between 3-5 is when we tentatively have time to walk through the documents with Co-Chairs and grounding people in committees to get people up and running. |
| NWCPHP Grant |  | NWCPHP wants to do interviews with epidemiologists and data people about equity. Need 5 or 10 locals from Oregon. Tim Noe will work with Danna to send an email out.  |
| Adjourn – Stretch Break! |  |  |