**In attendance**: Charlie Fautin, Benton; Dawn Emerick, Clackamas; Sherrie Ford & Michael Paul, Columbia; Florence Pourtal-Stevens, Coos; Muriel DeLaVergne Brown, Crook; Bob Dannenhoffer, Douglas; Teri Thalhofer, North Central; Ellen Larsen, Hood River; Jackson Baures, Jackson; Mike Baker, Jefferson; Courtney VanBragt, Klamath; Jocelyn Warren, Lane; Rebecca Austen, Lincoln; Glenna Hughes, Linn; Pam Hutchinson, Marion; Rachel Banks, Multnomah; Carrie Brogoitti, Union; Tricia Mortell, Washington; Lindsey Manfrin, Yamhill; Eric Mone, CLEHS; Pat Luedtke, Health Officer

**Public Health Division:** Cara Biddlecom, Ashley Thorstrup, Nancy Gaw, Helene, Mary Gorgus, Kim LaCroix, Sara Beaudrault, Tim Noe

**CLHO:** Morgan Cowling; Caitlin Hill

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| Item | How | Discussion |
| Convene & Introduce |  |  |
| Agenda | Review | Tricia Mortell, CLHO Chair |
| January Minutes | **APPROVE** | Charlie Fautin motioned to approve, Rebecca Austen seconded.  CLHO Board approved. |
| Appointments | Appoint | Jon Kawaguchi will replace Kim Repp on the CLHO Environmental Health Committee |
| CLHO Prevention & Health Promotion: PE 04 - SRCH | Discuss & **APPROVE** | Updated definitions, added alignment with Modernization foundational capabilities and programs. No concerns from committee members and was moved forward to CLHO from committee.  CLHO approved. |
| CLHO Prevention & Health Promotion: PE 41 – | Discuss & **APPROVE** | Significant changes have to do with law that was passed for reproductive health reimbursement. Workgroup of health administrators established to work on it.  Utilized program plan to outline what the work looks like on the ground. How to relate the amount of work with the money that they will receive  Used PHAB funding formula. Altered wording so it is more reflective of reproductive health. Instead of burden of disease wrote in women in need.  Discussion:   * Funding formula designed for public health service, not clinical services. * This PE is geared more towards partnerships and Modernization. * Clinical services will get refunded as fee for service. * As a program they are focused on addressing inequities so there was weight given to vulnerable populations (i.e. ELL, rural, POC). It’s a starting point based on PHAB funding formula and Title V. * Conversation links with CCO 2.0. Moving conversation forward around STI reduction based on local data. Interventions not based on background research but can be tracked now for funding of prevention services.   Bob Dannenhoffer motioned to approve, Katrina Rothenberger seconded.  CLHO approved. |
| CLHO Prevention & Health Promotion: PE 27 - PDOP | Discuss & **APPROVE** | Prescription Drug Overdose grant that nine communities are funded through. PE changed to the new template. Changes were minimal and aligned with Modernization. Added quarterly report and quarterly expense reports. Funding won’t be carried over and state is working with LPHAs to ensure the funding is spent out.  No concerns from committee.  Quarterly report will be documented and shared. Thinking through what and how much to share.  CLHO approved. |
| CLHO Environmental Health: PE 49 - DWSP | Discuss & **APPROVE** | Concerns federal funds that flow to two LPHAs. Both PEs were reviewed by CLEHS. Change was adding to Modernization template.  CLHO approved. |
| CLHO Environmental Health: PE 50 –Drinking Water Program | Discuss & **APPROVE** | Document hadn’t been updated for a number of years. Cleaned up language and added accountability in terms of time frame. Had a state county workgroup that they formed in discussion with CLEHS. Distributed document through CLEHS. Since EH Committee meeting haven’t heard any other feedback.  Q: Been hearing that drinking water is getting more and more complex – do these revisions address this? And will there be more money coming down to support this change?  A: PE doesn’t require additional work. PE funding has been flat for the last 10 years.  Working hard on legislative concepts to change the structure of funding.  CLHO approved.  Contract amendments won’t be in effect until July 1.  This will help communications with staff about Modernization. |
| Public Health Funding Principles | Feedback & Next Steps | Multiple iterations about Public Health Funding Principles over the years. Now being discussed at PHAB. Each of the PEs take a different approach. What is the best practice and how do we ensure we have funding principles that are attached to our system?  PHAB will create overarching principles, CLHO’s role will be to operationalize these principles. CLHO reviewed this at the last meeting. Funding principles version has been updated since the subcommittee looked at it last month. PHAB will look again and review and approve. Considering how to make the next steps.  Discussion:   * Edit to make it person centered instead of geographically centered is an improvement. CLHO will need to refine how to operationalize this in the context of equity. * Suggestion replace services with public health programs and capabilities, but it might be appropriate to stay aligned with the statute as written. * Adding public health and prevention services to #1 before services. * # 5 - PHAB talked about innovation and decided innovation was leveraging opportunities with partners. Suggestion to be more explicit about mentioning funding, specifically in regard to CCOs. * Another suggestion for #5 - Seek out opportunities that advance public health outcomes that improve healthcare, education, and other sectors. |
| New CLHO Committee Check-in | Discuss & Next Steps | There were some bumps in the road with the transition to the new committees.  S&I put together charter and work plan. Committees have noticed errors in the template. CLHO decided that instead of editing it as they came up, in 6 months [June 2018] we will review, make edits, and bring back to Board for approval.  Should there be a Committee Co-chairs call?  At 6 months chairs will be brought together to chat about how the committees are going and larger issues that might need to be addressed. At this point we will update workplans and charters. |
| Triennial Review Evaluation Overview | Update | Kim LaCroix presented on the triennial review.  Been implementing recommendations. Have new tools for CD and administration. Will be piloting administrative tool with Douglas and Jackson counties in next 6 months.  CD is moving quality assurance items to compliance items. Started sharing best practices for improving inter-rater reliability.  Engaging in larger systems training. What a training plan could be in changes to review tools. Alignment between program review tools and Modernization manual.  Discussion:   * Charlie advocated for mandatory training for reviewers. * Update to CD tools specifically about QA compliance findings. Was there a change in the agreement? * Initial review by CLHO CD several months ago. Got a lot of feedback from heath officers and administrators. Had a meeting to review the tool yesterday. Moving things from QA to compliance: the current cd tool wasn’t representative of what a functional CD program would be. |
| Systems & Innovation Update – Expenditure Reporting Update & CHA/CHIP | Update | Systems and Innovation committee met and decided to share Community Health Assessments again.  Reviewed the expenditure report from the Public Health Division.  Discussion:   1. How can SI work with PHD in the future to improve the process? 2. Difficult to breakdown time. 3. Can’t pull out things out like equity or other capabilities. Not a lot of clarity around what was meant by population health. 4. Coming up with definition for next iteration of expenditure report. 5. Making sure everything that goes into administrative could be changed to communicate that this is integral to foundational capabilities and programs.   S&I Workplan Update:  One of the objectives would be to ensure high level measurements of PEs. Better align modernization and accreditation to eliminate duplicate reporting. A lot of work around fiscal reporting. Committee to be able to remain flexible as issues arise.  CHAs and CHIPs – PHD working with colleagues about supporting collaborative processes around Community Health Improvement Plans. Group that is interested in working on this – could PHD collect the CHAs and CHIPS and collect them online. No one objected to the state collecting this information. |
| Public Health System… working together. | Discuss | There have been communication breakdowns between state and local staff and it has resulted in disrespectful communication i.e. cussing. There is a lot of stress in the public health system but administrators and state staff need to be open about these communication issues as they hear about them and arise.  During times of stress communication can break down. |
| Adjourn – Stretch Break! |  |  |