

March 21, 2019 Meeting of the Conference of Local Health Officials

Members Present:

☑ Baker – Nancy Staten	☑ Hood River – Trish Elliot	☑ North Central PHD – Teri Thalhofer
☑ Benton – Charlie Fautin	☑ Jackson – Jackson Baures	☑ Polk – Kristty Polanco
☑ Clackamas – Philip Mason	☐ Jefferson – Mike Baker	☐ Tillamook – Marlene Putman
Joyner	☐ Josephine – Audrey Tiberio	☑ Umatilla – Joe Fiumara
☐ Clatsop – Mike McNickel	☑ Klamath – Jennifer Little	☑ Union – Carrie Brogoitti
☑Columbia – Mike Paul	☐ Lake – Judy Clarke	☑ Washington – Tricia Mortell
□ Coos – Florence Poutal-Stevens	✓ Lane – Jocelyn Warren	☐ Wheeler – Karen Woods
☑ Crook – Muriel DeLaVergne-	☐ Lincoln – Rebecca Austen	☑ Yamhill – Lindsey Manfrin
Brown	☐ Linn – Glenna Hughes	
☑ Curry – Ben Cannon	☑ Malheur – Sarah Poe	☐ HO Caucus – Pat Luedtke
☑ Deschutes – Hillary Saraceno	☐ Marion – Katrina Rothenberger	☑ CLEHS Caucus – Joe Fiumara
☑ Douglas – Bob Dannenhoffer	☑Morrow – Sheree Smith	□ AOPHNS - vacant
☑ Grant – Jessica Winegar	✓ Multco – Jessica Guernsey	
☐ Harney – Jolene Cawlfield	=	

Public Health Division:

Andrew Epstein, Danna Drum, Kati Moseley, Sara Beaudrault, Lillian Shirley, Tim Noe

Coalition of Local Health Officials:

Morgan Cowling, Caitlin Hill

Minutes

Teri Thalhofer motioned to approve, Ben Cannon seconded, board approved.



Appointments

Jennifer Little (Klamath) – P&HP John Kawaguchi (Washington) – EH Phyusin Myint (Washington) – S&I Kirsten Ingersoll (Clackamas) – Prep.

CLHO HP & P: ADPEP PE

The Alcohol and Drug Prevention and Education Program PE is a new PE for LPHAs in order to simplify process for LPHAs that receive this funding. The intent is to receive the money in monthly payments rather than the quarterly invoice process. There will be quarterly fiscal reports and six month progress reports.

There was discussion about the problematic nature of requiring TPEP coordinators to work with ADPEP when TPEP isn't given access to the plans the ADPEP coordinators submitted. Some counties are not seeing the work on the ground even though they are hearing from the state that the ADPEP curriculum is being implemented. Some counties feel the coordination of the program is clunky and they are stepping over each other. Tim Noe shared that they are trying to continue to fund the current system while figuring out a better system. Tim requested that people share with him models of coordination that are working so he can share them statewide. Some counties thought the funding should universally go through public health and Tim reminded them that it isn't the state's decision (it is a commissioner decision).

Joe Fiumera seconded the committee recommendation to adopt the PE. Board approved.

Title X and PE 46

Helene Rimberg shared that changes at the federal level to Title X could potentially compromise reproductive health services. Oregon is leading a 21 state litigation about this regulation. Given the Reproductive Health Equity Act and laws and structures of local programs, Oregon cannot commit to compliance with the changes to Title X. Governor Brown publicly stated that Oregon will not comply. Helene requested CLHO's feedback on two options so that they can continue to fund reproductive health services while the federal decisions are being sorted out.



OHA stated that they will do whatever process makes the most sense to locals. The CLHO Board agreed that this will have a larger impact on smaller counties so would follow their lead. The CLHO Board stated that less contracting throughout the process is easier and doing a three month amendment in April is easier than waiting to see what the federal government decides.

TPEP Funding

The TPEP workgroup was convened to identify a new funding formula that reflected the legislature's cuts to the TPEP funding. There was concern about the requirement for counties to be accredited in order to work on Scenario B, track 3. Also counties wanted more flexibility about what was determined policy. There was confusion about why the different options (scenarios) for funding distribution had different total funds. (Scenario B was 3.9 million and Scenario D was 7 million.) Whereas previously, \$7 million went out via the funding formula, the state suggested that only \$3.7 million will go to LPHAS and 4 million will be RFAs for anyone.

There was a lot of conversation about who made the decision to cut funds that are going out to LPHAs via the funding formula. Lillian Shirley stated that the decision was made to cut the funds to LPHAs by the CLHO Committee and the State committee a year and a half ago but members of the Board and HP&P Committee did not recall this ever happening. Then she said that the legislature made the decision to cut the funds, but the Board wanted to know when the decision was made of how to allocate the funding cuts. It was suggested that perhaps the state had the understanding that they would seek out CDC recommendations on how to allocate funding without consulting locals.

PHAB Incentives and Funding Committee Update

PHAB had a very thoughtful meeting and had info about modernization being funded by tobacco tax. Funding 90% to OHP and 10% to public health. Minutes posted on PHAB website.

CLHO CD: PE 10

CLHO CD requesting PE 10 changes so the language is similar to TB about payments. Teri Thalhofer seconded the approval of OHA updating PE with language similar to TB. Board approved.



Active Transportation Metric Results

Sara Beaudrault presented on the Active Transportation survey results. The Active Transportation measure is Local Public Health Authority participation in leadership or planning initiatives related to active transportation, parks and recreation, or land use. Need to be able to communicate that there is no state or federal funding driving this work. ODOT wants to get more tangible in the work they do together with LPHAs.

Environmental Health Food Borne Illness Prevention Program Remittance Factor

Andre Ourso presented on the increase in the remittance factor which is the amount of money that LPHAs collect via fees that remit back to maintain foodborne illness program. There was a 17.4 % increase in costs that were expanded on in memo. There was concern about the state's 27% indirect rate which is set by DAS. The counties reported that they would have increased fees in the fall if they had known about this increase which amounts to a 68% increase in LPHAs like North Central Public Health District. Andre said they could work together to make a plan for the payments.

OHA Updates

Boilerplate language on IGA is coming. County contracts and counsels group reviewed and everything was really minor. OHA will be sending out the annual equipment inventory.

Fiscal quarterly reporting reminder.