



Conference of Local Health Officials

February 20, 2020

Meeting of the Conference of Local Health Officials

**Executive Members** Present: Jocelyn Warren, CLHO Chair, Lane; Carrie Brogoitti, Vice-Chair, Center for Human Development Union; Katrina Rothenberger, Secretary, Marion; Jackson Baures, Large County Rep, Jackson; Florence Pourtal-Stevens, Mid-County Rep, Coos; Rebecca Austen, Small County Rep, Lincoln; Pat Luedtke, Health Officer Rep, Lane; Joseph Fuimara, Coalition of Local Environmental Health Specialists; Tricia Mortell, Past Chair, Washington

**Members Present:**

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Baker – Nancy Staten             | <input type="checkbox"/> Hood River – Trish Elliot                | <input checked="" type="checkbox"/> North Central PHD – Teri Thalhofer                |
| <input checked="" type="checkbox"/> Benton – Charlie Fautin          | <input checked="" type="checkbox"/> Jackson – Jackson Baures      | <input checked="" type="checkbox"/> Polk – Kristty Polanco                            |
| <input checked="" type="checkbox"/> Clackamas – Julie Aalbers        | <input type="checkbox"/> Jefferson – Mike Baker                   | <input type="checkbox"/> Tillamook – Marlene Putman                                   |
| <input type="checkbox"/> Clatsop – Mike McNickel                     | <input checked="" type="checkbox"/> Josephine – Audrey Tiberio    | <input checked="" type="checkbox"/> Umatilla – Joseph Fiamara                         |
| <input checked="" type="checkbox"/> Columbia – Mike Paul             | <input checked="" type="checkbox"/> Klamath – Jennifer Little     | <input checked="" type="checkbox"/> Union – Carrie Brogoitti                          |
| <input checked="" type="checkbox"/> Coos – Florence Pourtal-Stevens  | <input type="checkbox"/> Lake – Judy Clarke                       | <input checked="" type="checkbox"/> Washington – Tricia Mortell                       |
| <input checked="" type="checkbox"/> Crook – Muriel DeLaverigne-Brown | <input checked="" type="checkbox"/> Lane – Jocelyn Warren         | <input type="checkbox"/> Wheeler – Karen Woods  |
| <input type="checkbox"/> Curry – Sherrie Ward                        | <input checked="" type="checkbox"/> Lincoln – Rebecca Austen      | <input checked="" type="checkbox"/> Yamhill – Lindsey Manfrin                         |
| <input checked="" type="checkbox"/> Deschutes – Heather Kaisner      | <input type="checkbox"/> Linn – Glenna Hughes                     |   |
| <input checked="" type="checkbox"/> Douglas – Bob Dannenhoffer       | <input checked="" type="checkbox"/> Malheur – Sarah Poe           | <input checked="" type="checkbox"/> HO Caucus – Pat Luedtke                           |
| <input type="checkbox"/> Grant – Jessica Winegar                     | <input checked="" type="checkbox"/> Marion – Katrina Rothenberger | <input checked="" type="checkbox"/> CLEHS Caucus – Joseph Fiumara                     |
| <input type="checkbox"/> Harney – Jolene Cawfield                    | <input checked="" type="checkbox"/> Morrow – Sheree Smith         | <input type="checkbox"/> AOPHNS – vacant  |
|  | <input checked="" type="checkbox"/> Multco – Adelle Adams         | <input checked="" type="checkbox"/> Public Health Administrators -<br>Lindsey Manfrin |

**Public Health Division:** Danna Drum, Lillian Shirley, Sara Beaudrault, Cara Biddlecom, Helene Rimborg, Cate Wilcox, Kusuma Madamala, Ashley Thirstrup

**Meeting Guests:** Amanda Walsborne

**Coalition of Local Health Officials:** Morgan Cowling, Sierra Prior



## **Agenda Review**

No changes to the agenda.

### **January Minutes**

*Motion: Charlie Fautin motioned to approve December Minutes. Florence Pourtal-Stevens seconded. No objections. Board approved.*

### **Appointments**

No appointments.

### **Universally Offered Home Visiting (UoHV)**

Cate Wilcox presented an updated. There were 5 meetings of the UoHV RAC, and final rules and a public hearing will be available on March 16, 2020. Rules for the program will be in effect in June, and rules for commercial insurance will be active January 2021 because they need to go through rate setting. Commercial health plans have been spun off into their own workgroup and are working with an actuarial workgroup to model their rates. The modeling has been consistent with the Family Connects experience of \$600-800 dollars. The commercial reimbursement is different than TCM. OHA is moving forward with TCM as the reimbursement method for Medicaid. OHA is working to provide the expanded match beyond current TCM programs so that the burden doesn't fall on local communities. Per the Health Systems Division decision, the program has to roll out county by county. Lincoln County is the only one running so far, but as communities get closer to service delivery they will be rolled in.

Teri Thalhofer asked about providing a local match for other programs, and the rate that LPHA's might receive from commercial insurance. Cate Wilcox explained that commercial insurance might have a different rate because OHA cannot set a rate for them. Teri Thalhofer brought up that most LPHAs cannot negotiate with multiple insurers. Cate Wilcox explained the gaps in coverage from how different types of insurance are regulated at the federal level. Cate Wilcox said they are hiring a health integration specialist to help with billing issues. At the local level, the backbone organization – the Community Lead – is responsible for developing the system of care at the local level, and maintaining it. The function is available to LPHAs, HUBs, or tribes. The provider – who is doing the visit – has a different function, although OHA anticipates LPHAs will be the provider for their Medicaid population at least. OHA recognizes that Community Lead needs financial resources to do this work, and they are trying to incorporate this into the budget for the next biennium.



Rebecca Austen asked about the PE, and Cate Wilcox said that Family Connects is in PE 42, and the TCM match will likely run through the PE, and be a separate contract for community lead.

OHA is hiring a research analyst to help with data needs. OHA is trying to provide resources to the 8 early adopters before the end of the biennium. Teri Thalhofer asked for clarification of provider versus community lead. Cate Wilcox said the community lead is the local coordinator of care and they will need to collaborate with insurers and other providers to have sufficient nurses. Nurses will need to be certified and go through the Family Connects training. Teri Thalhofer raised concerns about disparities in pay for public health nurses versus other nurses and impacts on LPHAs to hire staff and provide a competitive rate. Cate Wilcox said she thinks that health plans are interested in contracting with local public health nurses and that may be a way to start improving rates. Bob Dannenhofer raised issues of working with a large volume of insurers, and the 20% of Oregonians who are on plans that don't work with the model. Cate Wilcox said Oregon is the first to do this and we are uncovering a lot of issues. Cate Wilcox shared that Sen. Steiner Hayward has plans to work on incorporating HRSA insurance plans. Muriel DeLavergne-Brown raised a point related to inconsistency across plans and fidelity to the model within the context of insurers. Cate Wilcox said there is good faith to stay within the evidence-based model on the insurer end.

### **CLHO HPP Recommendation: Overdose Prevention PE**

Jennifer Little and Amanda Walsborne, Co-Chairs of the CLHO Health Promotion and Prevention Committee presented. The committee needs approval of the new PE and feedback on shoring up funding issues. Because the Joint Leadership Team discussed and recommended to the committee that funding shouldn't be competitive the committee thought the recommendation should be based on burden. Because there isn't enough money for every county, they came up with a composite burden score. Public health directors were given the option to apply as a region and the committee received several responses. The OHA epidemiologist will revisit the composite score and re-assess and develop new composite scores for regions. Jennifer Little asked if there are any concerns. Danna Drum said that DOJ advised that working on a new PE would be the easiest process, as PE 27 needs to be maintained until the funding is over.

*Motion: Muriel DeLavergne-Brown moved to approve the PE. Jackson Baures seconded.*

Discussion: Teri Thalhofer said that there was a statement that applying for the funding as a region would make the funding go further, but that is not the experience in NCPHD. If they are forced to apply as a region, they put the funding where the funding is most needed. Regional models do not always improve efficiency. Danna Drum said



that the regional direction came from JLT, given that some areas have regional infrastructure set up already, so there was a push to allow for those groups to continue work together. Muriel

DeLaVergne-Brown said that central Oregon does this work as a region to meet their needs, and across the state it's dependent on where everyone is at and what your partnerships are. Teri Thalhofer clarified that options for regional work should continue, but it shouldn't be a choice between a single county versus a region always.

Jennifer Little said that in the composite score ranking there could be single county or a region ranked in the list.

Sarah Poe raised the issue of how Malheur's composite score as a region may be lowered and that they were encouraged to apply as a region. They are struggling to come up with ideas for how to cover a larger geographical area.

Jennifer Little reminded the Conference that there are two topics at hand: one is the PE and one is funding.

Jennifer continued to explain that in the funding, money could be divided equally among those who apply, or everyone could request how much they want, or OHA can set a cap on how much a county/region could apply for and groups could apply for less.

Florence Pourtal-Stevens said that Coos joined a regional group based on an initial understanding of how much funding they could apply for, but if it's unclear how much funding would be available then it makes it more difficult to decide how to proceed. Julie Aalbers said that the issue with having funds predisposed is that larger geographical areas may need different funds, there should be an opportunity for each county/region to ask for an appropriate budget and then negotiate. Funds could then trickle down from highest burden to lowest burden. Florence Pourtal-Stevens asked for a timeline on when there would be clarity on funds available. Danna Drum said that this work is responding to a theme that funding needs to match the work. OHA would look to counties to provide clear guidance on how to proceed. The deadline is approaching to get this funding out on July 1. Jocelyn Warren said that the decision was to allocate by burden for this particular PE and we need to stick with decision to get money out the door. Danna Dum said the deadline for approval would be March.

Tricia Mortell proposed trusting colleagues to put in reasonable budgets, and OHA will then negotiate budgets.

Julie Aalbers said the committee discussed giving a general guideline of \$150k but that there may be a case for asking for more or less. Bob Dannenhofer brought up Modernization Funding Principles, and suggested moving forward now, but thinking about what to do for low-burden counties because there are no zero-burden counties.



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Joe Fiumara said that doing this in a regional format isn't always the answer, and funds would have to go where they are most needed even within a region. Theoretically, a region in this PE may be able to reallocate when an outbreak comes up in an area. Bob Dannenhofer said that's not currently built in but that may be an answer.

Adelle Adams said that Multnomah County supports continuing based on burden as Multnomah County has half of the overdoses in the state. Jennifer Little said there has not been a discussion around parameters on funding amounts.

*The board reviewed the previous motion to approve the PE. No objections. Board Approved.*

### **CLHO A2C&PS Recommendation: PE 46 Changes**

Pamela Ferguson presented with Helene Rimborg, Co-Chairs of the Access to Preventative and Clinical Services Committee. This PE replaced PE 41 and now focuses on community participation and assurance of access to reproductive health services. The proposed changes are primarily language changes to clean up expectations, and the committee added progress reports instead of just annual plans, and local program guidance, but there are no budget template changes. Helene Rimborg clarified that language around Title X is deleted, and added clarification that this PE is not about providing clinical services.

Jackson Baures asked about Attachment 1, as he could not find guidance on how many components to choose or whether they are to do all of them. Pamela Ferguson responded that the committee decided to not be prescriptive to acknowledge that everyone is at a different spot in the continuum of process, and the goal is that eventually everyone will go through the steps to assure access. Tricia Mortell agreed that there may need to be clarifying language about expectations to understand workload. The board discussed the theme of matching funding to the work.

*Motion: Lindsey Manfrin moved to approve with addition of clarifying language, Charlie Fautin seconded. No objections. Board approved.*

### **CLHO Public Health Emergency Preparedness Recommendation: PE 12 (PE Funding and Letter of Concurrence)**

Emily Wegener and Selene Jaramillo, Co-Chairs of the CLHO Emergency Preparedness and Response Committee, presented. In January, the committee reviewed some changes to PE 12 changes, but didn't expect changes in funding. The committee was unexpectedly presented with a 5% reduction in February, and the change was



discussed in committee. OHA took the committee's feedback and brought changes to the local budget to a 2.5% reduction. Increasing costs at OHA and changes to tribal budgets drives the changes. OHA is taking a 3% budget cut. Ultimately the CLHO EPR committee didn't feel comfortable voting on any of the options presented for applying the 2.5% reduction. Proposals included that we bring the smaller counties up to 40K and distribute the reductions across the other counties, and higher population counties would take a larger percentage cut. The CLHO EPR committee is asking that CLHO looks at the options and makes a decision, and the CLHO EPR committee has a second request for moving forward that we create a budget subcommittee to talk about consistent PHEP funding issues – perhaps in conjunction with the CLHO S&I Committee. The CLHO EPR committee feels that are in a difficult position as PHEP is connected to a foundational capability and more work is expected, but LPHAs are not getting enough money to have a robust program. Selene Jaramillo said that the PHEP program is a strong collaboration with state and local, and the state PHEP liaisons are a great deployable resource. OHA is looking at the PE 12 requirements, which are lofty goals, and adjusting things to be potentially optional. It's likely there will be future additional cuts. Selene Jaramillo raised the issue that counties don't have the FTE determined to be necessary for the emergency preparedness capability (per the 2016 Assessment). Emily Wegener raised another issue that the PHEP program is most effective with a designated coordinator in each county.

*Timeline: The budget has to be approved today (2/20/2020). OHA didn't get funding information until February, and a letter of concurrence is required before the next CLHO meeting (due March 17<sup>th</sup>).*

Akiko Saito said that she can ask the Feds for more time to get letter of concurrence. Danna Drum asked for a backup plan. Akiko Saito said the backup is to go forward with letter of concurrence, but to inform the federal funder that we are still looking at the PE and funding.

Florence Pourtal-Stevens said the minimum requirements in the PE are unclear. Florence Pourtal-Stevens proposed moving forward with the letter to not put OHA in a difficult position and to revisit funding. *Emily Wegener said that minimum requirements are outlined in the multi-year work plan (included in CLHO Meeting Materials).*

Bob Dannenhofer raised objection to the proposed distribution of funding reductions. Tricia Mortell raised that JLT discussed budget transparency to compare state and local. Emily Wegener said that over the years OHA has kept local funding the same rather than reducing it, and that can't be sustained for the coming year. Jocelyn Warren



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said that CLHO can submit the letter, and then convene a smaller workgroup with administrators to come to a solution on budget options.

*Motion: Bob Dannenhoffer moved to approve the letter of concurrence.*

Collette Young said that since 2013, we have missed the opportunity for CLHO to see the fiscal environment PHEP works in because OHA has aimed to protect LPHAs from changes. We are now at a position now where Federal Ebola funds are diminishing, and the federal model tends to be to fund crisis to crisis. Collette Young proposed taking a step back as a system and looking at priorities for modernization and preparedness as a capability, and to look away from FTE. This can include an informed conversation about the braided funding challenges. OHA foresees more budget challenges based on the President's proposed budget. The CLHO EPR committee missed an opportunity by not bringing in administrators earlier as H1N1 and Ebola funds dried up and OHA made staffing changes. Lillian Shirley discussed some work that Oregon does for preparedness and infrastructure across the state that is supported by administrative funds. Lillian Shirely emphasize that it is important to consider the current funding and risk environment. Teri Thalhofer raised that the system hasn't been rescaled since receiving initial funding and then subsequent reductions to funding.

*Muriel DeLavergne-Brown seconded the motion to approve the letter of concurrence. No objections. Board approved.*

*Motion: Muriel DeLavergne-Brown motioned to approve PE, Teri Thalhofer seconded. No objections. Board approved.*

*Volunteers: Muriel DeLavergne-Brown (Crook), Adelle Adams (Multnomah), Heather Kaisner (Deschutes), Jennifer Little (Klamath), and Philip Mason-Joyner (nominated by Julie Aalbers, Clackamas) volunteered for workgroup on the PHEP budget.*

*Timeline: Budget is due March 17<sup>th</sup>.*

There will be an initial conversation to decide on the budget now, and then the workgroup will move into an administrator conversation on priorities to also inform POP decisions. Volunteers will join the CLHO EPR committee on an ad hoc basis.





### **CD PE Integration (Volunteers Needed)**

Danna Drum presented the idea to combine several PEs and launch a new PE in the next biennium for Communicable Disease. This work will require a joint workgroup with OHA program staff, CD committee members, and administrators to come up with the work of the PE, and OHA will work on the back end to manage fiscal requirements. The PEs in question have some federal, but mostly state funds. The goal is to not create anymore administrative burden for LPHAs. The initial idea is to use the Modernization Manual as framework. OHA will put out a call to CLHO CD for volunteers and run this idea by them.

Timeline: The workgroup will have a kickoff meeting in March and continue into summer.

*Volunteers: Florence Pourtal-Stevens (Coos), Heather Kaisner (Deschutes), Jackson Baures (Jackson), Teri Thalhofer (North Central Public Health District).*

The OHA team that completes triennial reviews will be involved. Jocelyn Warren asked for OHA to reach out to the CLHO S&I committee as they have been tasked with reducing administrative burden.

### **Public Health Survey Modernization**

Delayed to March Agenda

### **Public Health Modernization Evaluation Plan, Deliverables and Upcoming Survey**

Kusuma Madamala presented an updated on the Modernization evaluation that includes feedback given at the CLHO Retreat and from PHAB. The emphasis will be on outputs and impacts. The Evaluation Workgroup is thinking through evaluation tools, they have updated the logic model, and they are looking at the case studies to develop metrics. The workgroup wants to understand what factors enhance or impede impact. The evaluation will include documented stories of impact for stakeholders.

*Upcoming Action Need: The evaluation will asses capacity and expertise. A survey went out last spring and another one is coming out March 18<sup>th</sup>. The survey has 20 questions in 3 buckets: CD, health equity, assessment and epidemiology.*





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The workgroup is rethinking structure of the survey and how to phrase instructions so that it's going to the right person in a health department to complete. Tricia Mortell said that each county would probably do things differently, but would involve the right staff, and they would like consult the 2016 Assessment.

### **Public Health Modernization Learning Collaborative Update**

Cara Biddlecom started the update. Everyone should have received scheduled dates in April or May and September or October depending on each LPHAs area for meetings. Please hold the dates.

The planning group connected with Corragio group, and they are working to flesh out resources and scoping, and will communicate priorities for discussion. Rebecca Austen said Corragio group will be analyzing ideas and coming up with areas to focus on. The planning group will identify criteria for what everyone would actually be learning together. Coraggio will report back at the planning group in during the March meeting. Kristty Polanco said they honed in on the criteria for each topic area to be intentional in advancing on modernization goals and building capacity for the capabilities. This will guide the conversation.

### **HPCDP Community Policy Leadership Institute**

Ashley Thirstrup presented a brief overview of the new initiative. The purpose is to bring together community leaders (LPHAs, tribes, community based organization leaders, elected officials) to work on policy development with an equity lens. OHA worked with regional health equity coalitions over the summer. This initiative is meant to be complementary to the Modernization Collaborative.

*Timeline: interest form going out 2/20 or 2/21, 3 potential cohorts depending on areas of the state that are interested. There will be 3 cohorts with two dates ranging spring 2020 to 2021.*

This is not a training, rather it's an opportunity to learn from people leading policy work. The institute will be practicing around tobacco and alcohol policy. HPCDP will cover costs for travel and lodging for LPHAs. Participation is optional, but HPCDP hopes that if a team convenes in their area that the LPHA will engage. Interest forms will go to Danna Drums administrator list, as well as the TPEP and ADPEP lists, and tribal and RHEC lists.

### **Updates**



- **JLT Meeting:** Jocelyn Warren said that JLT discussed the background on PHEP funding. There will be a continuing conversation for the public health system. JLT had short updates on the TPEP relations initiative and planning. Hiring the contractor is taking longer than expected. JLT discussed how to best utilize S&I and aligning work with JLT on reducing administrative burden and Modernization. Morgan Cowling added that there was a large number of responses to the TPEP survey (22 administrators, 28 TPEP coordinators, and 16 supervisors). The group will now reconvene to figure out how to use that data to inform next steps and the best format to share the data.
- **PHAB:** Carrie Brogoitti gave an update on the recent PHAB Retreat. PHAB focused on how they will participate in Modernization and goals for next 20 years, as well as focusing on individual roles and building relationships together. PHAB has members outside public health, so it was an opportunity to think about how to work together. Health equity was centered in conversation. Teri Thalhofer reminded the Conference that she is retiring at end of June, and would like to discuss her replacement in March to plan for transition. Teri Thalhofer advised for small counties to tune in to the next meetings.
- **Accountability and Metrics:** The committee is looking at new report templates. They had good discussions on how to best present data visually.
- **Incentives and Funding:** No update.
- **PHD:** Danna Drum shared that Secretary of State released their audit plan for 2021. There will be a performance audit for OHA and selected county governance for Modernization making connections between the 2016 Assessment and progress to meet legislative intent. Typically during audits OHA gets a request for information, and they don't get to steer the audit process. It's opportunity to show good work that is happening and continuing needs. OHA will share more information, as it is available. A link is available in CLHO Meeting Materials (page 10 in the document).
- **CLHO Caucus Updates:**
  - **Health Officers:** The Health Offices are preparing for their HO retreat at OR-Epi. They are planning what the caucus wants to do, and they are open to feedback from CLHO about what the caucus should focus on. They are continuing work on public health detailing, and are looking at significant changes for latent-TB. Dr. Luedtke asked for administrators to send their HO's to Or-Epi.



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- **CLEHS:** Joe Fiumara shared that CLEHS will have face-to-face meet up during OEHA at the end of March.
- **PH Administrators:** Lindsey Manfrin reminded the Conference that there is an agenda item for Monday, so please tune in.

**Upcoming Business:** Danna Drum said that next month the Conference will review the WIC funding formula.

**Adjourn**