



Conference of Local Health Officials

**March 18, 2021**

**Meeting of the Conference of Local Health Officials**

**Meeting Began: 9:30am**

**Executive Members:** Present: Jocelyn Warren, CLHO Chair, Lane; Carrie Brogoitti, Vice-Chair, Center for Human Development, Union; Joseph Fiumara, Coalition of Local Environmental Health Specialists; Tricia Mortell, Past Chair, Washington; Rebecca Austen, Small County Rep, Lincoln; Pat Luedtke, Health Officer Rep, Lane; Jackson Baures, Large County Rep, Jackson; Katrina Rothenberger, Secretary/Treasurer, Marion; Lindsey Manfrin, Public Health Administrator of Oregon Caucus  
Absent: None

**Members Present (x if present):**

x Baker - Nancy Staten	x Hood River - Trish Elliot	Multnomah - Jessica Guernsey
x Benton - April Holland	x Jackson - Jackson Baures	x North Central PHD - Shellie Campbell
x Clackamas - Philip Mason-Joyner	Jefferson - Mike Baker	x Polk - Jacqui Umstead
Clatsop - Mike McNickle	x Josephine - Audrey Tiberio	Tillamook - Marlene Putnam
Columbia - Mike Paul	x Klamath - Jennifer Little	x Umatilla - Joseph Fiumara
Coos - Anthony Arton	Lake - Judy Clarke	x Union - Carrie Brogoitti
x Crook - Muriel DeLaVergne-Brown	x Lane - Jocelyn Warren	x Washington - Tricia Mortell
Curry - Sheree Ward	x Lincoln - Rebecca Austen	Wheeler - Karen Woods
x Deschutes - Nahad Sadr-Azodi	x Linn - Todd Noble	x Yamhill - Lindsey Manfrin
x Douglas - Bob Dannenhoffer	x Malheur - Sarah Poe	
x Grant - Kimberly Lindsey	x Marion - Katrina Rothenberger	x HO Caucus - Pat Luedtke
x Harney - Nic Calvin	Morrow - Nazario Rivera	x CLEHS Caucus - Joseph Fiumara
		AOPHNS - Vacant
		x PHAO - Lindsey Manfrin



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**Public Health Division:** Sara Beaudrault, Rachael Banks, Cate Wilcox, Helene Rimberg, Dewayne Hatcher, Carol Yann, Cara Biddlecom

**Coalition of Local Health Officials:**

Morgan Cowling, Executive Director; Laura Daily, Program Manager

**Guests:** Kim LaCroix (Clackamas, Chair of Access to Clinical and Preventive Service Committee) and Selene Jaramillo (Lane, Chair of Emergency Preparedness and Response Committee)

**Motion:** Jennifer Little moved to approve the February minutes. Muriel DeLaVergne-Brown seconded the motion. Unanimous vote, motion passed.

**Agenda Items**

**Appointments:** None

**Small/Medium County Vacancies on CLHO Executive Committee:** Morgan Cowling discussed the vacancies of the Small and Medium County Representatives on the CLHO Executive Committee and Representatives to the Joint Leadership Team. Florence Pourtal was the Medium representative while at Coos County before she left, and this position was not filled right away due to COVID. Rebecca Austen (Small County Rep in Lincoln County) is retiring in April. Several members have expressed interest and have asked about time commitments. The Executive Committee will meet in early April to formally select members. Jocelyn Warren encouraged members to put forth their interest and be the voice for small and medium counties.

**PE 46 Revisions:** Kim LaCroix, chair of the Access to Clinical and Preventive Services Committee, and Helene Rimberg, OHA, reviewed the changes to PE 46. Most of the changes were minor word changes. 4a was removed because it no longer applies. The A2CPS Committee made changes to emphasize that health care can incorporate many partners since smaller counties may not have as many clinical providers.

**Motion:** The Access to Clinical and Preventive Services Committee presented a motion to approve PE 46. Joe Fiumara seconded the motion. Unanimous vote, motion passed.



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**PE 12:** Selene Jaramillo, chair of Emergency Preparedness and Response Committee, and Dewayne Hatcher, OHA, provided an update on PE12. PE 12 was overhauled between 2016-2018, and the Emergency Preparedness and Response Committee voted to approve these changes at that time as they are in alignment with Public Health Modernization and emphasize health equity. In the last review, the Emergency Preparedness and Response Committee voted to approve the PE “as is” with the provision that all COVID response activities be considered and that additional required activities be reviewed. OHA has also submitted the budget to CDC for Budget Period 3 and will receive notice from CDC in the summer on final approval. The Emergency Preparedness and Response Committee voted to approve the funding formula. There was a discussion around using the Modernization formula because it considers the burden of disease/disasters. This can be a discussion in the future.

**Motion:** Emergency Preparedness and Response Committee presented a motion to approve PE 12 and budget. Bob Dannenhoffer seconded the motion. Unanimous vote, motion passed.

**Family Connects Update and Funding:** Cate Wilcox provided an update on the Family Connects program and provided some background. Eight early adopters were selected a few years ago, but progress towards implementation has varied because of COVID. Because of this slow rollout and uncertain funding, Family Connects International has given some breathing room to begin with the Medicaid population before rolling out to the whole population. Linn-Benton-Lincoln Counties and Marion-Polk Counties are planning to begin in May 2021. Washington County will begin in June 2021, and Central Oregon in July 2021. Clatsop, Eastern Oregon and 4 Rivers are still to be determined. Lane County elected to be a part of the next cohort rather than the early adopters.

The American Rescue Plan has specific funding for expanding children/family programs. It is unknown how much Oregon will receive, but OHA anticipates that this funding will allow Oregon to fund community alignment until the program is sustainable at the local level. OHA is in conversations with commercial insurers to emphasize community alignment work to create that community network of support that is vital to the program.

Multiple administrators voiced concerns over the funding model and that counties may be carrying the costs for weeks to months before being reimbursed. There were also concerns around the cost of startup, negotiating with insurers and partners, and low reimbursement rates. Cate Wilcox provided that Family Connects is creating a toolkit to assist LPHAs (to the extent possible) with budget templates and rates. She also stated that the home visits



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should occur within 3-5 weeks of birth, so LPHAs shouldn't be carrying cases or costs for months. The percentage of people who will need 2 or 3 visits are also factored into the funding formula (case rate per family). Cate Wilcox also reiterated that this program is still in its pilot phase and many of these concerns will be worked out as the program develops.

**PDES Indirect Effects of COVID:** Margaret Braun with PDES provided a presentation on the Indirect Effects of COVID-19 on Public Health. The indicators for these effects are based on the SHIP Priorities of behavioral health, access to equitable preventative health care, economic drivers of health, and adversity/trauma/toxic stress (there is not an indicator for institutional bias, the final SHIP priority, at this time). There are other indicators that PDES is interested in collecting, such as adolescent mental health given the reopening of schools based on reports of adolescent health. These slides will be sent out to LPHAs since they contain valuable information and resources. For now, PDES is sharing this information in forums like CLHO and PHAB but will develop a formal dissemination plan. There were questions about the positive effects of COVID (such as on air pollution) and a question posed to LPHAs of what indicators would be helpful to them. This will be an ongoing conversation.

**COVID-19 Response Funding:** Carole Yann and Cara Biddlecom reviewed funding updates for the COVID response. The formula for this funding (the Modernization formula) was updated with the current population. This update to the formula will become a regular yearly update.

Carole Yann also discussed the new FEMA funding which provided frontloaded funds to states (something not typically done). Oregon has received \$110 million to reimburse health systems for what they spent on vaccination, including straight time of staff. OHA received confirmation that they can provide this to LPHAs, as well. If LPHAs go through OHA for this FEMA reimbursement, LPHA's can reimburse for staff straight time. If counties have already pursued their own FEMA claim but the FEMA funds have not been obligated, LPHA can stop that reimbursement and instead submit claims through OHA to get the straight time reimbursement flexibility. Rebecca Austen asked if these funds could be used for vaccine contractors (such as EMS), and Carole provided that they can be used for this. There will be more information to come on this going out to LPHAs as this information is all new information.

**Meeting Adjourned at 11:00am**