October 20th, 2022
Meeting of the Coalition of Local Health Officials
Meeting Began: 11:27 am

Executive Members:
Present: Jocelyn Warren, CLHO Chair, Lane; Carrie Brogoitti, Vice-Chair, Center for Human Development Union; Katrina Rothenberger, Secretary/Treasurer, Marion; Dr. Pat Luedtke, Health Officer's Rep; Jackson Baures, Large County Representative, Jackson; Shane Sanderson, Medium County Representative, Linn; Katie Plumb, Small County Representative, Crook; Joseph Fiumara, Coalition of Local Environmental Health Specialists, Umatilla; Lindsey Manfrin, Public Health Administrators of Oregon, Yamhill; Marie Boman-Davis, Legislative Committee Representative, Washington
Absent:

Members Present (x if present)

X	Baker – Meghan Chancey	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 – Naomi Adeline
X	Clatsop – Jiancheng Huang	X	Josephine – Janet Fredrickson	X	Tillamook - Marlene Putnam
	Columbia - Mike Paul	X	Klamath - Jennifer Little	X	Umatilla - Joseph Fiumara
X	Coos - Anthony Arton	X	Lake - Judy Clarke	X	Union - Carrie Brogoitti
X	Crook – Katie Plumb	X	Lane - Jocelyn Warren	X	Washington – Marie Boman-Davis
X	Deschutes – Janice Garceau	X	Lincoln - Florence Pourtal	X	Wheeler – Shelby Thompson
X	Douglas - Bob Dannenhoffer	X	Linn - Shane Sanderson	X	Yamhill - Lindsey Manfrin
	Gilliam – Hollie Winslow	X	Malheur - Sarah Poe	X	HO Caucus - Pat Luedtke
X	Grant – Jessica Winegar	X	Marion - Katrina Rothenberger	X	CLEHS Caucus - Joseph Fiumara
X	Harney – Sarah Laiosa		Morrow – Robin Canaday	X	PHAO - Lindsey Manfrin

Other Local Public Health Staff: Stacy Brubaker, Jayne Romero, Jamie Aanensen, Jill Quackenbush,

Public Health Division: Danna Drum, Jamie Coleman-Wright, Sara Beaudrault, Cara Biddlecom, Dean Sidelinger, Cynthia Branger-Munoz, Lisa Shields

Coalition of Local Health Officials: Sarah Lochner, Executive Director; Laura Daily, Program Manager; Madison Riethman, Grant Project and Data Manager

Guests: Association of Oregon Community Mental Health Programs staff (Cheryl Ramirez) and Board Members

Motion: Jennifer Little made a motion to approve the September 2022 minutes. Katrina Rothenberger seconded the motion. Unanimous vote, motion past.

Agenda Items

Appointments: None

Introducing CLHO's Grant Manager: Sarah Lochner introduced Madison Riethman as the new Project and Data Manager for the Healthy Rural Oregon grant through HRSA. Madison previously worked at Clark County Local Public Health and Reed College and has a background in epidemiology. She encouraged members to reach out to Madison about the grant. Jocelyn Warren acknowledged how incredible it is for CLHO to have a HRSA grant as this is a major departure from past work.

Fiscal Policies: Sarah Lochner and Katrina Rothenberger reviewed updates to the fiscal policies. Major highlights include:

- Added language for the management of restricted funds (like the HRSA grant)
- Keeping CLHO staff reimbursement for travel as a direct reimbursement rather than at the government rate to maintain flexibility within the line item (under the supervision of the treasurer/secretary).

Sarah also reviewed that there is a fund of about $15,000 (provided many years ago from OHA) to assist local public health administrators who do not have a Masters of Public Health in getting their Certificate in Public Health. This money has been untouched since 2016, and the Executive Committee recommended a process for handling these funds. Going forward, CLHO can assist a public health administrator pursing a public health certificate with $5,000. This current fund can support three people and will be first-come-first-served, and Stacy Brubaker in Jackson County has indicated that she is interested.

Sarah encouraged others who are interested to reach out to her. If these funds are depleted but there is still a need, CLHO can talk about requesting more funds from OHA or working this into the CLHO budget.

Danna Drum clarified that these funds predate her time at OHA-PHD and she is unsure where they came from. There likely would not be additional funding from OHA, but it is within CLHO's purview at this point to repurpose those funds. Sarah and Jocelyn Warren agreed that CLHO could look to repurpose these funds if they aren't used in the next budget year.

> **Motion**: Bob Dannenhoffer motioned to approve providing $5,000 to health administrators who needs it for their Public Health Certificate. Florence Pourtal seconded. Unanimous vote, motion passed.

Sarah stated that the Board will need to take a vote on the full fiscal policy document, as well. Jocelyn acknowledged the entire Executive Committee and Bob Dannenhoffer for their work on these policies.

> **Motion**: Bob Dannenhoffer motioned to approve the updates to the fiscal policies. Trish Elliot seconded. Unanimous vote, motion passed.

CLHO Dues: Sarah Lochner and Katrina Rothenberger also reviewed the recommended dues increase from the Executive Committee. They recommended a flat 15% dues increase for the three upcoming fiscal years so CLHO members have more time to plan their budgets and so CLHO can plan for more than one year. Some CLHO activities that members have requested are strategic planning and facilitated equity conversations, and both activities would be additional line items in the budget. This year, CLHO dues brought in $337,000 which makes CLHO's budget deficit $77,000 – however, the Board discussed this as acceptable since we needed to spend down our reserves. Next year, CLHO will not have a budget line item for our lobby contractor or communications contractor (totaling about $80,000). This provides additional room in our budget, but the dues increase is still recommended to provide more capacity and for CLHO staff to be responsive to requests from members.

Jocelyn Warren added that this is an opportune time to build up CLHO as we are coming out of the pandemic and are receiving additional Modernization funds. Increased capacity for CLHO as a state-level organization, especially for legislative matters, will be helpful for our public health system. Katrina added that funding strategic planning will help CLHO look to future budget planning – this past year, the requests for a lobby contractor and a communications contractor were spur of the moment, and strategic planning will allow CLHO to plan for future requests such as these. CLHO may also need to adapt

their strategies with a new governor in November. Katrina also acknowledged for full transparency that not all Executive Committee members were supportive of this dues increase.

Philip Mason-Joyner added that 15% is a significant increase for large counties but that he thinks we need to continue supporting CLHO and see staffing grow. He also appreciated that, while we are optimistic about the future of public health funding, Sarah acknowledged (in the email with these attachments) that the Executive Committee agreed to walk back on this 15% dues increase if funding to public health does not increase – it is important to adapt as things outside of CLHO's control change.

> **Motion**: Jennifer Little moved to approve the 15% dues increase over the next three budget cycles. Florence Pourtal seconded. 21 votes in favor of the dues increase. 1 vote (Umatilla) not in favor of the due increase. Motion passed.

Legislative Committee Recommendations: Anthony Arton (Legislative Committee co-chair) and Sarah Lochner reviewed the recommendations from the Legislative Committee. At the October 6th meeting, Cate Wilcox with OHA presented on the Family Connects policy option package (FC POP) for the 2023 Legislative Session. Current service level for FC is $7.792 million general fund and $5.1156 million in federal funds for a total of $12.947 million. This funds:

- 8 FTE at the state level (manager, nurse consultant, research analyst, health systems, informatics, community alignment support, program coordination, and administrative support)
- Contracts for FC International, program evaluation through PSU, health system consultation, and business/communications/marketing.
- At the local level, this current service level covers community alignment support, start-up costs for service providers, and Medicaid match.

This POP asks for an additional $6.08 ($5.924 million from GF, rest from federal funds), which would fund:

- 5 FTE for new state level staff (additional nurse consultant, health equity specialist, continuous quality improvement specialist, communications specialist, and fiscal specialist)
- Contracts for health equity consultation, a medical director, and steering committee consultation
- And supports for small communities (rural communities often don't have enough births to sustain the program, so OHA is trying to provide additional support to think this through), support for tribal implementation, and workforce development support.

Based on this presentation, the Legislative Committee had a robust discussion and voted to remain neutral on this POP since the majority of the funding will go to OHA and CLHO does not want to have too many asks that could dilute our priority requests. Sarah invited others from the Legislative Committee to chime in and for members to ask questions.

Jocelyn Warren asked if this applies to other home-visiting programs, as well. Sarah clarified that it only applies to FC. Jocelyn also asked about how CLHO decides their number of legislative asks each session to maximize impact. Sarah answered that there is no scientific process behind it and that CLHO has typically prioritized three asks, and Anthony added that this is a strategy to ensure CLHO's funding priorities (Modernization and the Workforce Incentives package) are at the forefront and that we do not inadvertently take funding from one of these priorities by advocating for FC. Sarah and Anthony also clarified that there was no opposition to this at the Legislative Committee meeting.

Jocelyn Warren acknowledged that the matching funds in this ask are important for LPHAs to be able to deliver the services. She also asked about the smaller counties that do not have Nurse Family Partnership (NFP) and if that is due to the lack of matching funds. Sarah stated that the committee discussed NFP separately and will reopen that discussion at the 12/1 Legislative Committee meeting – for now, she encouraged everyone to stay focused on FC. Danna also clarified that the NFP ask is not coming from OHA but a separate entity.

Joe Fiumara stated he shared the concern about funding being diverted from CLHO's priority funding asks and asked if/how often that happens. Sarah stated that the big budget number for OHA comes from state leadership (governor, senate and house leadership, and committee leadership), and leadership might be more granular and designate a dollar amount for Modernization or other programs, but it depends on leadership. For example, if we are asking for $350 million total for public health, and we only receive $200 million, it shrinks our priority asks.

Jocelyn asked if there were other consequences of not supporting it. Sarah stated that she would want to have a conversation with Senator Steiner Hayward since she was the original champion of FC.

April Holland stated she understood the concerns, but she is concerned about placing these priorities in a spot of competition rather than supporting all programs that benefit all and advance public health. She would be worried about burning bridges. Anthony stated that CLHO not supporting this does not mean individual members cannot advocate at the local level with their legislators. April agreed but stated she was still concerned about the impact of CLHO not supporting this on our relationships.

Philip Mason-Joyner asked if it was possible for CLHO to support the bill but not put resources towards advocacy like in the past. Anthony stated that it is always possible to change our strategy during the session and pivot to advocating for FC if we hear more interest in funding FC than Modernization or Workforce. Jocelyn added that we cannot change on the fly like that if we start out neutral – CLHO does need to have an idea of their position in advance.

Anthony acknowledged how fortunate we are in Oregon to be discussing budget increases of any kind. In Missouri, they experienced budget cuts to public health nearly every year.

Marie Boman-Davis stated she supported the idea Philip put forward of having levels of support from CLHO. She added that during their tri-county Public Health Modernization tour with legislators, she met with Rep Sanchez (co-chair of Ways and Means) who is very supportive of FC. Washington County Government Relations helped highlight FC on this tour and described how it can increase jobs which convinced a previously non-supportive commissioner to support funding for FC. She also sat on the bus with one of the new Legislative Fiscal Analyst in the Governor's Office who is reviewing the OHA requests, and he said it is challenging to distinguish public health from health care. Considering our conversation yesterday at the CLHO retreat yesterday about what Modernization can and cannot pay for, increased FC funding is a good opportunity.

Sarah summarized that this discussion could go back to the Legislative Committee. Jocelyn agreed and added that because CLHO has always supported FC in years past, not supporting it now feels like withdrawing support. Jocelyn asked for a motion to send it back to the committee.

> **Motion:** Marie Boman-Davis made a motion to send the discussion about CLHO's support of FC to the Legislative Committee. Jennifer Little seconded.

Before voting, Florence Pourtal asked the purpose of sending this back to committee. Jocelyn stated that the Board could put together a counterproposal for the committee or to consider a different direction for the Board (such as supporting FC without offering additional advocacy resources). Jennifer Little added that the people who feel strongly about this issue should attend the meeting to offer their comments even if they aren't on the Legislative Committee. Marie stated that she intended to be at that meeting but did not have the capacity due to some leadership changes Washington County and with the public health department being under siege. Jennifer stated that she understood and meant to invite those who are not on the committee to attend the meetings.

Motion: Marie Boman-Davis amended her motion to have CLHO support FC and to ask the Legislative Committee to decide on the level of support/resources CLHO would dedicate to the issue. Shane seconded. Unanimous vote, motion passed.

Anthony stated that he is learning the role of co-chair and is still new to Oregon but that he is willing to take an email or phone call if anyone would like to discuss these items. Laura Daily added that the Legislative Committee minutes are posted in the CLHO library and accessible for CLHO members to review if they are interested in the committee's discussions.

Jocelyn Warren announced a break for lunch – Board will return in about 30 minutes to being joint session with the Association of Oregon Community Mental Health Programs (AOCMHP).

Joint Session with the Association of Oregon Community Mental Health Programs (AOCMHP):

Jocelyn Warren began the meeting with a round of introductions: Jocelyn Warren, CLHO Chair; Stacy Brubaker, Vice President for AOCMHP; Cheryl Ramirez, Executive Director of AOCMHP; Sarah Lochner, Executive Director of CLHO; and Laura Daily, Program Manager of CLHO. Cheryl noted that she appreciated this continued joint meeting and partnership between CLHO and AOCMHP.

Ballot Measure 110 Update:

Representative Rob Nosse joined the call virtually to provide an update on upcoming legislation to refine BM 110. He reviewed that he conducted informational interviews over the summer and received a lot of great feedback. However, rather than create a bill that is a combination of all this feedback, he and Representative Prozanski are going to bring together a legislatively appointed workgroup (staffed by legislative analysts) to review and refine BM 110. One thing that is not on the table for Rep. Nosse is to return to criminalizing substance use. He stated that he does not believe BM 110 is to blame for the rise in fentanyl and meth overdoses in Oregon and that criminalizing this again would be a step backwards. He offered to answer questions from the meeting participants. Sarah Lochner added that Rep. Nosse is the chair for the House Health Care Committee and House Behavioral Health Committee and will be a leader in this area in the upcoming session (although Rep Nosse stated the Behavioral Health Committee may be disbanding).

Amy Baker offered that BM 110 was largely framed off an effort in Portugal that mobilized the people within the criminal justice system and in treatment. Amy thinks that there are lessons to learn from the effort in Portugal and from previous efforts in Oregon around people within treatment settings and the criminal justice system. Rep. Nosse acknowledged that there's a great deal Oregon would do differently with 20-20 hindsight (for example, fund and set up the Behavioral Health Resource Networks – BHRNs – and infrastructure and then decriminalize 6 months later). He thinks if we had done this, it would have more support from voters, legislators, and the gubernatorial candidates. He added that this effort around BM 110 will be closely tied to efforts to increase housing.

Ann-Marie Bandfield added in the chat "I think our local law enforcement would disagree that measure 110 hasn't impacted the number of homeless and persons moving to Oregon to use drugs without consequences. This only makes sense if we have a mandate for treatment and treatment options instead of criminal justice."

Sarah Poe stated she thinks BM 110 did increase supply and use of drugs in Malheur County. While she agrees that people who use drugs do not belong in jail, she thinks there needs to be a minimum standard for treatment. Malheur County does not have the infrastructure necessary to handle the level of substance use they are now seeing. Rep. Nosse disagreed that BM 110 is fueling the addiction crisis, but he asked Sarah to put together a list of items needed in her community so he can add them into the list of criticisms going to the workgroup. Sarah added that Malheur County being on the border with Idaho makes their experience with substance use different – an Idaho population center of 150,000 people is one hour away from Ontario where people can come to use substances without penalty. Rep. Nosse acknowledged that as a fair point.

Stacy Brubaker stated that some of the frustrations in Jackson County are around parallel efforts to establish a 24-hour service center with little coordination between organizations in the same community. Rep. Nosse acknowledged that this is occurring in many places but that his priority right now as a policy maker is to create as many behavioral health resources and services as possible. He also acknowledged Ann-Marie's comment in the chat about local law enforcement's position, and he referenced a study on BM 110 that found that calls for service (911 calls) did not change in Portland after BM 110 was implemented. Tera Hurst provided the link to the study in the chat: https://www.rti.org/impact/oregon-drug-decriminalization

Janice Garceau stated that these resources went out barely eight or nine months ago and that it is difficult to talk about the impact when all the work is so new. She thinks each community has done its best, and there have been missing pieces of the continuum, such as treatment housing for people who may have multiple overdoses or prior criminogenic behavior. She stated it is sad that decriminalization is being blamed for an epidemic that has been building for years due to many factors

and the answer is not to use jail as housing. Rep Nosse agreed that they do not want to use jail as housing in any sense – for example, if there are limited beds in a jail and there are people who have been arrested for violent crimes, it makes sense to release the person who was arrested only for possession of a substance.

Rep Nosse closed out the time by asking people to send him their ideas. While he may not agree with some views about decriminalization, he is eager to work on this issue and hear all the ideas. He stated that Sarah Lochner can pass through any information to him.

BM 110 Implementation Update:

Tera Hurst and Claudia Black with the Health Justice Recovery Alliance provided an update on the BM 110 Implementation. Tera reviewed that most approved providers have signed contracts and have received funding – while it has taken longer than any of us wanted, funded providers are now working to hire staff and stand-up services around the state. The Oversight and Accountability Council is now reviewing ways to track funds and measure success for BM 110. The Council has also extended the timeframe for the current contracts through December 2025 which is invaluable to providers for sustainability.

Cheryl Ramirez opened it up for questions and sharing experiences from meeting participants. Stacy Brubaker shared that Jackson County received funding for the syringe exchange harm reduction program but the benchmarks they must report are contrary to how these programs work – for example, the county asks for the minimum information from program participants (they don't collect names or addresses). Tera stated that she has heard that from other providers – she thought there had been progress on this issue, so she will bring it up to OHA at a meeting next week to ensure the reporting requirements aren't a hinderance to providing the services. She asked that people email her specific asks or problems to help with HJRA's advocacy.

Amy Baker asked about the definition of a BHRN client – Amy has heard from some that only Medicaid consumers are BRHN clients and from others that it will extend to more people than just Medicaid consumers. Tera answered that a BRHN client is someone who's treatment is funded by BM 110 and is not necessarily determined by their insurance status to be as low-barrier as possible. Amy stated this can be challenging for tracking for other entities that provide treatment (i.e. peer support) – they normally track people and the services they receive in the community by payor, and they may have to move towards separate tracking in Excel. Tera acknowledged these challenges and stated that these are the expected technicalities with providers that we must work out as we go to ensure that BM 110 is working on the ground and is not just a concept. She

asked for proposed solutions from participants – one suggestion she has heard is having regular statewide BHRN check-ins where people can raise concerns, collaborate, and ask each other about how they are addressing challenges. Julie D. stated in the chat that she would like these statewide meetings to include entities that were not funded via the BHRNs.

Amy Baker added that it is a challenge to have each individual organization in the BHRNs contracted with OHA. As the Clatsop County Mental Health Provider, Amy has no oversight to address concerns community members raise or intervene if a provider is not doing what they've been contracted to do.

Sarah Poe echoed Amy's points and added that a statewide BHRN collaborative is welcome and necessary. Most of the providers funded through the BHRNs in Malheur County are new to this work and don't have the workforce and support built up, and this has resulted in providers turning to the workforce in the established peer support programs. Sarah has lost two out of her four peer support specialists because they were offered $10 more per hour to work for a BM 110-funded provider. She understands this is not the intent, but it will continue unless there are sufficient supports for workforce and training. Tera thanked Sarah for raising this issue and stated that HJRA is offering technical assistance to all BM 110 providers and is putting on weekly webinars (topics ranging from QuickBooks to HR basics). This is a free resource, and she encouraged everyone to point their community partners to this: https://healthjusticerecovery.org/technical_assistance/. She also stated HJRA would work on getting a statewide collaborative set up though it may take time.

Julie Dodge echoed Amy's points and stated that the lack of connection and oversight is creating a schism in Multnomah County. Julie receives questions frequently about contracts because the providers don't know who to go to, and new providers don't know who their allies and partners are in the community even though we all have the same goals. Julie also noted that everyone is challenged on workforce and that we lost about 20% of our workforce during the pandemic – with these expansion efforts, everyone will continue to pull resources from other strained organizations for some time because there aren't enough people for all the services we need to provide.

Janice Garceau also echoed Amy and Julie's concerns. Janice stated that she is the go-to person in Deschutes County even though they aren't the largest BHRN recipient. She stated that counties are eager to be involved and can provide needed expertise on this rollout. She stated that a statewide collaboration with a Q&A portion would be very helpful and is not what has been provided so far. Tera acknowledged that at the beginning of this rollout, HJRA did not know they would be providing TA to BHRNs and that everyone is learning as we go. She added that she is happy to get a statewide collaboration meeting together, but she would appreciate advice from people about how to facilitate such a large group and how to ensure the

sessions are helpful, are a good use of time, and help build relationships – she wants to avoid meetings that are state leaders "talking-at" BHRN staff attending the call or just listening session that do not produce result. Janice stated that she appreciates everything Tara just said and added that everyone is trying to build the plane while flying, but there is an existing plane that is also complicated that the new plane needs to work with. She stated that Deschutes County, and likely others, are happy to have side conversations with Tera about ideas and ways to ensure this program does not leave Oregon with egg on its face and gets services to those in deep need as soon as possible. Tera agreed that we all share that goal, and she asked for folks to reach out to her via email if they have ideas. She is happy to set up a statewide call and see how it works, and she added that it will be a good venue to talk about if the barriers folks are facing are legislative fixes or rulemaking fixes. Claudia Black added that folks should reach out to their legislators, as well, to let them know about their thoughts and to support BM 110.

Cheryl Ramirez asked Stacy Brubaker to share Jackson County's experience with the application process. Stacy stated that Jacksons County was the last county to be funded because of the many challenges. They often received different answers to the same question from different people at OHA throughout the process. The Advisory Board also did not seem prepared even well into the RFGA process – Stacy listened into the panels and did not understand some of the decision-making process for which entities got funding, and this created some tension among the local providers. She stated that it seemed that OHA was in the middle of many of these challenges, and she added that the level of oversight for the CBO providers funding is also frustrating when oversight of County Behavioral Health Programs is so intense (for example, many CBOs were able to waive the requirement to have insurance) – she is interested in ways to reduce the administrative burden for county programs, as well. Overall, the process revealed a lot of inequities within the systems, and the lack of transparency and ground rules at the beginning of the process led to a lot of chaos. Tera agreed that the application process was awful and that many are still reeling from it. Going forward, she stated that the goal is to have conversations and think through policies that will be effective on the ground. For example, comments and decisions during the RFGA process indicated that BHRNs could have their 24-hour hotline serve as having 24-hour services, but BHRNs are now being asked to provide details and plans about their 24-hour staffing. Tera's approach is to slow this process down and take time to ask providers about the plans and processes – she hopes there will be a lot of learning from this experience on future work and that OHA will have councils staffed appropriately and have the proper feedback loops with people on the ground.

Julie Dodge added that there were many concerns with the decision-making process, including a lack of consistency in rating applications, clear bias within the rating workgroups, council members voting against the rating process, and the lack of an appeals process. From an advocacy point of view, Julie recommends that we hold OHA accountable for developing a clear

conflict-of-interest policy for councils and future application review (for example, no one from Multnomah County should be reviewing applications from Multnomah County organizations). She added that Multnomah County applied to be a 24-7 provider but was not funded and is now not part of the conversation at all even though they are still willing to provide that. Tera stated that the feedback around the 24-7 piece is helpful and that she will look for some clarity on that. She added that many of the council members did not know if they had a conflict of interest in their decisions or not and that questions about this often went unanswered by OHA – this is a clear place for legislative proposals, such as requiring staggered terms and guidelines around where people live/work and the decisions they make for application processes. She added that another improvement is that organizations that are meeting all the benchmarks should not need to keep fully reapplying every time. For example, a community that met other requirements but didn't have enough housing services could reapply easily once they have the housing service provider identified.

April Holland stated that she is not as familiar with this work, but she has comments from her staff who are doing this work that she would like to share – she added that these comments may have been smoothed over and may be different based on how honest the conversation is at this meeting right now. The Benton County BHRN has six partners: Family Tree Relief Nursery, Corvallis Housing First, Chance Recovery, Milestone Recovery, Pathfinders Clubhouse, and the Benton County Harm Reduction Program. Benton County has been funded to provide increased harm reductions services; however, no other county programs (such as Behavioral Health) are part of this partnership. The County is supporting 0.25 FTE for a position to coordinate the BHRN getting set up. Because Benton County has collaborated with these partners before, the process has been smooth – the partners meet regularly to discuss referral process, budget reporting, and client data reporting. Her staff also added that they acknowledge that this is new and that we are all learning together.

Todd Jacobson shared that five partners is Columbia County were funded and that the process was very collaborative. They developed MOUs and established roles early on. A few months in now, the partners are trying to understand how to meet the requirements around contacts and are working to set up a service center. He is hopeful and believes this progress is positive, but he also recognizing that, even with this collaboration, rolling the program out fully could take over 18 months. While the contracts have been signed and the money is going out, he hopes those looking at the metrics (OHA and the Legislature) will be understanding and not expect to see immediate results. Tera agreed and stated that she is pushing for flexibility from OHA and the Legislature – she thinks we have put too much pressure on something that hasn't even rolled out yet, and it is not productive to revamp a system that is just now getting started and that we are still learning from. Each county and community are unique, and it is not right to bind all counties to the same requirements (for example, at least 1 staff per BHRN or 24-hour services may not be right for every county).

Jayne Romero stated that Lincoln County's experience was also very painful. They were one of the last counties to be funded and ended up with two BHRNs - OHA had to step in to ensure the system was coordinating. She asked if, with the contracts being extended, there were any conversations about resettling given the known inequities and questionable ethical decisions. Lincoln County had to delay implementation of their MAT and harm reduction programs because 40% of their allotted funding was diverted to a partner. Tera stated that OHA has seemed dubious about any sort of reallocation or resettling process, even with the understanding that there will be attrition and some partners will not want to remain in BHRNs. This resistance doesn't necessarily feel like ethical resistance but more bureaucratic challenges, and she is trying to understand how to overcome this. She added that early input on how to extend these contracts will be important so that we do not end up with another dissatisfying system. She added that this may be the first conversation for the statewide BHRN meeting.

Rick Treleaven with BestCare Treatment Services shared that his organization is participating in BHRNs in Deschutes, Crook, and Jefferson Counties and with the Klamath Tribe. He stated it seemed that, at times, OHA was trying to collapse the whole process, but it seemed to be ineptitude instead. He added that the fentanyl crisis that has been building for years and that is unrelated to BM 110 has impacted perceptions of the rollout. He thinks there will be a great deal of pushback in the Legislature and that HJRA should be very careful about the fixes they push for so that we do not lose this useful social experiment.

Opioid Settlement Update:

Cynthia Branger-Munoz (OHA Government Relations) and Lisa Shields (Opioid Settlement Implementation Manager) presented information on the National Opioid Settlement. Slides available in the meeting materials. Lisa began by acknowledging that several people in this meeting are on the Settlement Board and that she is eager to get to know all involved.

Lisa reviewed that Oregon would receive around $333 million from pharmaceutical manufacturers and distributors as part of the national settlement. HB 4098 (2022) established that 55% will go into a Subdivision Fund and 45% will go to the State of Oregon Opioid Settlement Prevention, Treatment, and Recovery Fund (OOSPTRF). The Subdivision Fund will receive approximately $183 million directly from the Department of Justice which will be divided out to cities and counties with populations of at least 10,000. OHA is not involved in this fund, and all allocation decisions will be made locally. The OOSPTRF will receive approximately $150 million through 18 payments through 2038 (there is approximately $5 million in

this fund right now). OHA will be staffing people with this portion of the settlement (Lisa is the only staff currently funded), and allocation decisions will be made by an advisory board (the Opioid Settlement Prevention, Treatment, and Recovery Board – OSPTR). Approximately $503 million will be going directly to Tribes and Alaskan tribal health organizations from Janssen & Distributor Settlements. All federally recognized Tribes are eligible to participate in the Tribal Opioid Settlements, regardless of whether a Tribe filed an opioid lawsuit. OHA will not be involved in this portion of the funding though they will be communicating and coordinating with the Tribes since Tribal Health Organizations were not funded. More info at www.tribalopioidsettlements.com.

HB 4098 also requires that the State Fund allocations be aligned with the Statewide Strategic Plan for Substance Use Services. It also requires the state develop of a data system to track availability & efficacy of substance use prevention, treatment & recovery services in Oregon.

There is a list of approved the opioid abatement strategies (available as Exhibit E at https://nationalopioidsettlement.com/wpcontent/uploads/2022/03/Final_Distributor_Settlement_Agreement_3.25.22_Final.pdf) as part of the settlement. These were laid out thoughtfully with lessons learned from previous tobacco settlements. The key ones that Lisa highlighted are: prevention programs, naloxone education and distribution, syringe services and other harm reduction programs, medication-assisted treatment (MAT), treatment and services for pregnant and postpartum people, treatment and services for incarcerated populations, neonatal abstinence syndrome treatment and services, warm handoff recovery programs and services, and leadership/planning/coordination.

Lisa also reviewed the timeline for bringing together the OSPTR Board together. The application and appointment process took place over the summer, and the project team is planning onboarding and facilitation/communications. The Board is made up of 18 members and will the decision-making body for this portion of the funds (OHA will not make decisions). The Board designates a seat for a representative for the Oregon Coalition of Local Health Officials, and Carrie Brogoitti with Union County is serving in this role. The kickoff meeting will be on November 2nd and will continue the first Wednesday of every month from 10 am – 1 pm (they are public meetings). The first meeting will be housekeeping items (selecting chairs, passing bylaws, introductions, etc.).

Lisa reviewed that there is a team of about 12 people from OHA-PHD, Health Systems Division, Alcohol and Drug Policy Commission, and Government Relations that make up the Implementation Team. This team has been tracking key

administrative, coordination/communication, and Board milestones (slide 11). This team is also ensuring that we learn and adapt to lessons learned from BM 108, BM 109, BM 110, and the Public Health Modernization funding to CBOs.

More information can be found here:

- Oregon opioid settlement webpage: www.oregon.gov/opioidsettlement
- House Bill 4098: https://olis.oregonlegislature.gov/liz/2022R1/Downloads/MeasureDocument/HB4098/Enrolled
- National opioid settlement https://nationalopioidsettlement.com/
- Tribal opioid settlement https://www.tribalopioidsettlements.com/

Lisa stated that she is happy to take questions and provided her contact information if people have questions after the meeting: Lisa.m.shields@dhsoha.state.or.us, (971) 258-4995.

Marie Boman-Davis asked if the purpose of the Advisory Board is to oversee local funds. Lisa clarified that this Board is only overseeing the state settlement fund. Marie asked how to participate in this process. Lisa stated that they are working on a meaningful public comment process and that all the meetings will be public.

Meeting adjourned at 2:03pm.