

January 20th, 2022

Meeting of the Conference of Local Health Officials

Meeting Began: 9:32 AM

Executive Members: Present: Jocelyn Warren, CLHO Chair, Lane; Carrie Brogoitti, Vice-Chair, Center for Human Development, Union; Nic Calvin, Small County Rep, Harney; Katrina Rothenberger, Secretary/Treasurer, Marion; Lindsey Manfrin, Public Health Administrator of Oregon Caucus; Shane Sanderson, Medium County Representative, Linn; Joseph Fiumara, Coalition of Local Environmental Health Specialists

Absent: Jackson Baures, Large County Rep, Jackson; Pat Luedtke, Health Officer Rep, Lane

Members Present (x if present):

Χ	Baker - Nancy Staten		Jackson - Jackson Baures	X	North Central PHD - Shellie Campbell
	Benton – April Holland		Jefferson - Mike Baker	X	Polk - Jacqui Umstead
Χ	Clackamas – Philip Mason-Joyner	Х	Josephine - Janet Fredrickson		Tillamook - Marlene Putnam
Χ	Clatsop – Margo Lalich	Х	Klamath - Jennifer Little	Х	Umatilla - Joseph Fiumara
X	Columbia - Mike Paul	Х	Lake - Judy Clarke	X	Union - Carrie Brogoitti
	Coos - Anthony Arton	Х	Lane - Jocelyn Warren	X	Washington – Marie Boman-Davis
Χ	Crook – Katie Plumb	Х	Lincoln - Florence Pourtal	Х	Wheeler - Shelby Thompson
Χ	Deschutes – Nahad Sadr-Azodi	Х	Linn – Shane Sanderson	Х	Yamhill - Lindsey Manfrin
Χ	Douglas - Bob Dannenhoffer	Х	Malheur - Sarah Poe		
Χ	Grant – Kimberly Lindsay	Х	Marion - Katrina Rothenberger		HO Caucus - Pat Luedtke
Χ	Harney – Nic Calvin	Х	Morrow – Nazario Rivera	Х	CLEHS Caucus - Joseph Fiumara
Χ	Hood River - Trish Elliot	Х	Multnomah – Jessica Guernsey	Х	PHAO - Lindsey Manfrin

Public Health Division: Danna Drum, Sara Beaudrault, Rachael Banks, Sarah Wylie, Nadia Davidson, Rachael Banks, Rosalyn Liu and Wes Rivers

Coalition of Local Health Officials: Sarah Lochner, Executive Director; Laura Daily, Program Manager



Guests: None

Motion: Katrina Rotherberger moved to approve the December 2021 minutes. Jennifer Little seconded the motion. Unanimous vote, motion passed.

Agenda Items

Appointments: Jocelyn Warren made the follow appointments:

- Health Promotion and Prevention: Katrinka McReynolds (Coos)
- Communicable Disease: Sirisha Botta (NCPHD) and Vikas Reddy (NCHPD)
- Environmental Health: Lucas Marshall (Clatsop)

Tobacco Retail Licensure Program Element (TRL): Jennifer Little (co-chair of HPP) and Sarah Wylie (OHA-PHD) presented the draft program element for TRL. The PE is for counties that would like to opt-in for the enforcement of TRL. Should counties choose to opt-in, they will be responsible for compliance inspections, minimum legal age inspection, complaint Inspections, and general retailer education and communication. For payment, this PE has this set up as a reimbursement of \$250 per compliance inspection, \$40 per re-inspection, and \$40 per complaint inspection. Jennifer and Sarah asked if there were any questions or feedback.

Joe Fiumara asked how many inspections per retailer there are per year and if it was opt-in. Jennifer stated that there are 2 inspections per year and that it is opt-in. Joe stated that it is good that it is opt-in because the reimbursement would not cover the cost of running the program for Umatilla.

Sarah Wylie offered the state fee is \$723 per retailer per year for OHA and \$230 per retailer per year for Department of Revenue (DOR) for a total of \$953 per retailer per year. OHA looked at what the fixed cost would be for OHA and DOR and then calculated what is leftover that would go to the LPHA. This amount was even lower than the local reimbursement rates listed above, so OHA looked at existing local TRL to come up with the proposed fee instead. There is also an option for counties to adopt an additional fee through their normal process that offsets the cost of running the program.



Joe Fiumara stated that some retailers are an hour or more away from the office and the reimbursement rates are not enough to cover that mileage. Sarah Wylie offered that mileage calculations came from Oregon State Police numbers but acknowledged that this won't go as far in rural counties.

Shane Sanderson offered that LPHAs could share information that counties use to calculate their own fees – Linn did this work when pursuing a local TRL that did not have political support.

Bob Dannenhoffer offered that while reimbursement per inspection makes sense for TRL he hopes that this is not the standard going forward because it is challenging for LPHAs to run a program this way.

Marie Boman-Davis offered that Washington County was working on TRL but did not pass it before the statewide TRL. The fee scale that Washington County came up with for local control was equal to the statewide fee. Washington County would have to get local approval to double the fee to meet local needs if they wanted to opt-in.

Sarah Wylie offered that OHA will be reviewing the fee calculation each year and can change it if there are many LPHAs interested in opting in.

Philip Mason-Joyner asked if there was a way for counties to opt-in to the education and outreach piece but not the regulatory piece. Sarah Wylie answered that right now these pieces are joined but may separate in future years.

Jocelyn Warren stated that the Health Promotion and Prevention Committee made a motion to the Board to approve this TRL program element and asked for a second. Members hesitated to second the motion. Sarah Poe offered to second it to move the PE through but stated that she would opt-out of enforcement.

Jennifer Little asked members if it was because of the fee schedule alone or if there is additional language that is unacceptable. Marie Boman-Davis stated that the fee-for-service portion is problematic. Bob Dannenhoffer added that he objects to the process in that OHA and DOR each got to calculate their fees but LPHAs have not been able to. Carrie Brogoitti added that in smaller counties with few retailers, there isn't capacity to do this either through adding a new position or tacking this work onto an existing position. Sarah Poe added that TPEP has been doing education and outreach work for years and have built up trust with retailers and that having a high fee imposed by OHA defeats that.



Jocelyn offered that this is not just a state proposal but went through the HPP Committee made up of LPHA representatives. Jennifer added that this is good feedback for the HPP Committee. She stated that the Committee considered the fee-for-service model rather than a standard budget because each county is so different. Belinda Ballah (Hood River) is on the HPP Committee and stated that this conversation is interesting and is bringing up things that the HPP Committee didn't consider. Jennifer Little added that the counties with local TRLs viewed this PE differently because it does not apply to them and they have local support for TRL. Shane Sanderson stated that he appreciates that comment because his commissioners are not supportive of a TRL. Joe Fiumara added that when trying to do a local fee, retailers thought that a \$400 fee was too high.

Marie Boman-Davis added that she understands that this is the beginning of statewide TRL for Oregon and that there will be opportunities to adjust the fee and process after that first year of data. She asked if a change in fee schedule or the PE would come back through CLHO. Danna Drum and Sarah Wylie answered that the PE could change but that the fee schedule is in rule and went through a rules advisory committee that had LPHA representation. In order to change the fee, the RAC would have to be reconvened – the rule is currently in hearing and has a public comment period on Friday.

Jocelyn summarized that the options before the Board are to approve this PE or to send the PE back to the HPP Committee but with the understanding that the Committee is limited in what they can change right now. She also added that this may show that the state needs more infrastructure for the TPEP program and that it is important to pay attention to the LPHAs' objections to the fee-for-service model. Danna added that this whole process for TRL is all happening in a pandemic and that a large part of the difficulties in this process.

Jocelyn returned to the motion before the Board and asked for ayes, nays, and abstaining votes:

- Aye: None
- Nay: Umatilla, Clackamas
- Abstain: Washington, Douglas, Marion, Clatsop, Yamhill, NCPHD, Harney, Grant, Morrow, Hood River, Lake, Baker, Josephine, and Multnomah

Jocelyn asked for the reasoning behind abstaining rather than voting no. Katrina Rothenberger offered that Marion County will opt-out and that abstaining comes from not hearing any support for this PE. Philip Mason-Joyner added that Clackamas will vote no because he has not heard any positive support or any counties opt-in. Danna stated that it sounds as through this should be pulled back to the Committee to give OHA time to figure out where to go from here. Sarah Lochner that the fee-for-



service model did not necessarily come from OHA but from the Legislature – unless the Legislature increases money or changes the fee-for-service model, it is what we will have.

Danna and Jocelyn added that this is an important reminder for administrators to check in with their committee representatives because the committee structure only works if there is communication between all parties. Joe added that he spoke with his HPP representative committee who stated that they assumed Umatilla would opt-out and was therefore not worried about voting for the PE and that he urged for that to not happen. He also stated that he runs into the same problem that Carrie Brogoitti in Union brought up with staff capacity. Marie added that it would be helpful if the Committee meeting dates and meeting materials were updated on the CLHO website.

Sarah Wylie asked for the Board to send in any calculations that LPHAs did when evaluating a local TRL fee schedule. She also added that it is important to note that it won't be possible to lower the fee to build trust with retailers while also having enough for each LPHA to run the program.

The PE will go back to the HPP Committee for now so that Committee Chairs and OHA staff can plan for next steps.

Public Health Modernization Updates: Sara Beaudrault provided updates on several pieces of Public Health Modernization.

Policy Option Package (POP) Development: Sara provided a timeline of the POP development. It begins with the PHAB setting priorities, and then it goes to LPHAs, CBOs, and Tribes to take those priorities and define what the work will look like at the local level. For LPHAs, this will happen through the Joint Leadership Team Plus (JLT+) workgroup of ~10 administrators. For CBOs, this will happen through the CBO Advisory Board, and for Tribes, it will go through a Tribal consultation process. After this, it will go to the CBO-LPHA Workgroup. Once it goes to the Governor, there is less visibility into the changes at this point as the Governor's Office and OHA Leadership make some final decisions. During this time, OHA aims to provide ongoing support on defining the work.

PHM Funding Formula Survey Timeline: Sara Beaudrault next reviewed the draft Public Health Modernization funding formula survey for LPHAs. After having the formula for 5 years, it is time to hit pause and review if it is both providing enough funding to each county while also addressing health inequities like it was intended to do. JLT offered some suggestions



earlier this morning for changes/additions to changes for the questions. Once this survey is finalized, LPHAs will have this survey out to folks soon after that. Bob Dannenhoffer added that he is on the PHAB subcommittee and that there is considerable work around making the formula as equitable as possible. He also offered that the only suggestions to this committee so far has been to include seasonal workers who are not included in population counts but do require counties to have additional resources as the COVID-19 Response demonstrated.

Lastly, Sara Beaudrault stated that OHA has not reviewed and approved PHM Workplans and Budgets yet the review process would require some back-and-forth follow-up and OHA is trying to be mindful of LPHA capacity right now.

School-Based Health Coalition ARPA Funds: Rosalyn Liu and Wes Rivers provided an update on COVID-19 Recovery in schools through funding to increase school-based capacity. A big concern for schools is the secondary and tertiary impacts of the pandemic, such as deepening health inequities, behavioral health needs, social and economic needs, and staffing burnout. A CDC Cooperative Agreement provided flexibility to increase school-based capacity, and the SBH Coalition engaged schools, school-based health centers (SBHCs), and LPHAs for a recovery investment strategy.

This funding included \$1.5 million to SBHC Medical Sponsors (including some LPHAs), \$1.5 million to School Districts, \$2 million to CBOs, and \$1 million to youth engagement/ youth led investment. This funding is to build up workforce capacity in school-based settings and runs through 6/30/23. All 13 applications for this grant were funded, and some of the positions requested include Community Health Workers, Outreach and Engagement Coordinators, Admin Support, Behavioral Health Staff, Pipeline work and recruitment/retention, and Youth Interns.

The funding mechanism for this COVID-19 SBHC Funding will be the same as before. In 2019, SBHC policy changes to give LPHAs first right of refusal for the SBHC funding which allows the State SBH Coalition program to contract directly with a medical sponsor agency. For LPHAs who do receive SBHC funding, this is disbursed through PE 44-03. This COVID funding flows through here with the same language. Rosalyn and Wes asked if there were any questions from Board Members.

Joe Fiumara thanked Rosalyn and Wes for their work on this – Umatilla was a recipient of this grant and is looking forward to getting staff into these positions. Jocelyn Warren added that Lane County opted out of SBHCs originally but is interested in a time where that can be revisited. Margo Lalich discussed that Clatsop is in the process of opening a SBHC in a very rural area of the county. There have been many barriers due to the location and the pandemic, and Clatsop may have to reapply



for the grant if they can't get the workforce. She added that housing is a challenge and that the school district is looking to make housing available for SBHC staff.

Danna Drum added that work and funding for SBHCs automatically flowed through the LPHAs but that over half of the SBHCs are not through the LPHAs. Because of this, it is important to think about how funding and policy decisions related to SBHCs are made in the future. Danna proposed a workgroup for SBHCs that includes administrators who are part of the SBHC work and other representatives from non-LPHA SBHCs. This workgroup would handle most changes, and PEs would flow to the proper Committee (and then the CLHO Board).

Joe Fiumara asked if there are any statutory limitations to being able to switch around the policy/program decisions not go through CLHO. Danna added that there aren't any statutory limits and that this discussion is coming through a desire to be transparent with CLHO.

Shane Sanderson added that one of public health's role is ensuring access to care and there is a lot of work to be done in this in his county. He added that every LPHA should be working on ensuring access to care but may not necessarily be the one to provide the care. Bob Dannenhoffer stated that Douglas refused the SBHCs because of the heavy load and that their current system is working well. Danna added that it might be good to include an LPHA representative that is not necessarily in the SBHC business but is involved in ensuring access to care, as Shane stated, to get the full perspective.

Health Officer Malpractice/Liability Insurance: Danna provided a brief update on this. OHA is working on resolving this problem, but that there are not any short-term fixes for this. OHA is working on getting insights from some insurance companies that provide this insurance on why rates have gone up and will be having conversation with Department of Administrative Services about this in the future. She stated that if you have a HO that is being denied coverage, reach out the Danna for some assistance.

Meeting Adjourned at 11:05 AM