

May 19<sup>th</sup>, 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; Katie Plumb, Small County Rep, Crook; 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; Shane Sanderson, Medium County Representative, Linn; Joseph Fiumara, Coalition of Local Environmental Health Specialists; Marie Boman-Davis, Legislative Committee Representative, Washington Absent: None

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

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

Other CLHO members/LPHA staff: Jessica Dale (S&I Co-Chair), Andrea Hamberg (EH Co-Chair), Kathleen Rees (CD Co-Chair)



**Public Health Division:** Danna Drum, Sara Beaudrault, Cara Biddlecom, Rachael Banks, Tony Fields, Tim Noe, Erica Van Ness, Amanda Timmons, Mimi Luther, and Laura Chisholm

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

## **Guests:**

**Motion:** Katrina Rothenberger moved to approve the April 2022 minutes. Philip Mason-Joyner seconded the motion. Unanimous vote, motion passed.

## Agenda Items

**Appointments:** Jocelyn Warren made the follow appointments:

- EH: Scott Kruger (Benton)
- CD: Laura Ruiz (Umatilla) Rita Bacho (Deschutes) Miranda Philibert (Lake) Lisa McClean (Clatsop) Emily Brateng (Polk) Shelby Thompson (Wheeler) Robin Canaday (Morrow)

Public Health Modernization Policy Option Package: Sara Beaudrault and Cara Biddlecom shared an update on the PHM POP. The Joint Leadership Team Plus (JLT+) has been working over the past few months to finalize priorities for the 2023 investment. PHD has submitted their requests to OHA leadership and should be hearing back from them in the next few weeks. Danna Drum added that it is not unusual for agency leadership to return to PHD with different numbers. Danna also stated that there have been some rumors that OHA does not plan to fund LPHAs. Those are false – it is a normal part of the process for OHA leadership to take time in their review and to request PHD lower their request.

Philip Mason-Joyner asked about PE 51 since right now it is a mix of PHM funds and one-time ARPA funds – how will this work going forward? Cara stated that there is a possibility that the federal government may extend the timeline for using the ARPA funds (though this would not provide any additional funds). OHA has also been watching CDC's website for an announcement on public health infrastructure investment.

**PE 50 – Drinking Water:** Andrea Hamberg and Tony Fields shared an update on PE 50. Andrea started by asking for administrators to appoint representatives – the committee has had trouble meeting quorum the last few months, and the



committee's role will be expanding beyond regulatory environmental health work with new PHM funding. The committee did not have an opportunity to review and recommend the PE because they did not have quorum. The updated PE was also not posted with the meeting materials. Jocelyn Warren and Danna Drum suggested the meeting progress while Danna and CLHO staff work to get the PE posted for everyone to review.

**Environmental Remittance:** Erica Van Ness provided an update on the EH Remittance (posted in the meeting materials). The remittance allows OHA to take a small fee from county-collected EH funds to fund the state EH program. The amount for the remittance varies for each program (food, pool/spa and tourist facility programs). OHA has already spoken with EH supervisors in the counties – at this time, the remittance amount will not change for LPHAs.

Joe Fiumara asked for an example of what would be a direct charge. Erica offered to review that and get back to the group. Jocelyn asked if this item needed to be approved. Erica stated that this was largely an update for LPHA administrators.

**PE 46 – Reproduction Services:** Danna Drum provided an update on this item (since the meeting was ahead of schedule and Helene Rimberg had not yet joined the meeting). Helene had shared during the April meeting that Oregon is returning to using Title X dollars to fund PE 46. With those changes, OHA wishes to make sure Oregon is fully in compliance and made some minor language changes to PE 46 (in meeting materials – see paragraph 4). There are no changes to the work that LPHAs would be performing. Because the A2CPS committee has not been meeting, these changes are before the Board to approve.

**Motion**: Joe Fiumara made a motion to approve the changes to PE 46. Lindsey Manfrin seconded. Unanimous vote, motion passed.

**PE 50 – Drinking Water:** The group returned to PE 50 as the document was posted in the meeting materials. Tony Fields reviewed the changes – most are minor language changes (state-regulated systems are now referred to as Oregon Very Small Systems or OVS systems). Joe Fiumara asked for clarification that this does not change any of the work that LPHAs are doing. Tony Fields stated that that is his understanding – if anything it may result in less work.

Tony stated that there were also some changes to the funding scheme:

- Gilliam County dropped out of NCPHD, so the amount for Gilliam is being redistributed across the counties.
- There is a 3% increase across the board.



• There have also been some changes to the inventory of drinking water. Some counties will get a bump because they have more systems, and other counties will have a drop because they are now responsible for fewer systems. This change is designed to bring us back into alignment with inventory numbers we are now seeing.

Florence Pourtal stated that reviewing the documents show that Lincoln County got an overall decrease when she heard from her manager that it would be a 3% increase. Tony clarified that while there was a 3% increase across all counties, some county's overall amount went down because of the drop in inventory.

**Motion:** Bob Dannenhoffer made a motion to approve PE 50. Katrina Rothenberger seconded. Unanimous vote, motion passed.

**PE 43 – Immunization Services:** Amanda Timmons reviewed the changes to PE 43 for immunization services. Most of the changes specified that routine services are not covered and clarified that PE 43 funds should not provide money to other organizations in the community to provide immunization services (only to the LPHA). The workplan template has also been updated.

Joe Fiumara asked if these funds can continue to be used for ongoing vaccination events. Amanda stated that yes, this funds can be used for LPHA vaccination events.

Florence asked if there was any scenario in which counties would receive additional funding through PE 43. Amanda stated that this program has always had limited funding though there are some scenarios in which the federal government might allocate more funding.

Bob Dannenhoffer stated that this funding does not make sense because counties hold mixed vaccination events that accept both people who are not insured and those who are. Having to separate these out would be a burden on the nurses running the events. Jessica Dale agreed and stated that the rather than not reporting revenue, the LPHA should just accurately document expenses. Mimi Luther clarified that these changes are just to ensure counties do not report revenue from insurance companies. Amanda added that these changes were requested by the fiscal offices because reporting revenue from other sources makes it look as though LPHAs do not need funding through PE 43.



Bob stated that he thinks CLHO should approve the PE, but he would like a 1-2 page description from the fiscal offices as to how LPHAs should be reporting. Danna Drum added that we should make sure we aren't causing any unintended consequences so that it doesn't change how other PEs are reported. This mechanism could go through the S&I committee. Florence (co-chair of S&I) offered to add it to a meeting agenda.

Kathleen Rees stated that the CD Committee reviewed the language and the work plan and that some counties felt that the work plan created additional work. The committee did not discuss the billing aspect. Jocelyn asked if the workplan could also be reviewed by S&I. Florence stated that S&I can review that and requested that the CD committee highlight the portions they believe to be repetitive.

Philip Mason-Joyner asked if the changes to PE 43 has an impact on the funding going to LPHAs. Amanda stated that it does not impact the funding.

**Motion:** The Communicable Disease committee has recommended that the Board approve the changes to PE 43. Florence Pourtal seconded. Unanimous vote, motion passed.

**PE 62 – Overdose Prevention:** Jennifer Little and Laura Chisholm reviewed the changes to PE 62. This PE used to be Opioid Overdose Prevention and has changed to be broader (now Overdose Prevention to encompass more substances). Most of the changes to the PE are to provide program managers with guidance on how to engage with county leadership with the opioid settlement funds coming. Laura Chisholm added that it was created with input from the funded prevention program managers.

Sarah Poe stated that Malheur is not on PE 62 and does not have an overdose coordinator despite having one of the largest overdose situations in the state. The new toolkit and other program materials point people to their LPHAs, and Malheur has had to lean on OHA to provide support and has had to provide Narcan to most places in the county because it doesn't seem to be funded by anyone else. Laura stated that she appreciated this point and will take that back to the program. This PE is partially funding through CDC funds and SAMSHA funds, and OHA is always looking for additional ways to fund this.

Lindsey Manfrin stated that Yamhill receives money regionally (and has a regional coordinator). She is excited to expand this beyond opioid overdose, and she asked if OHA/CLHO will expand PE 62 in response to the opioid settlement or if the funds will be through a new PE. Laura Chisholm offered that it would likely be through an expanded PE 62.



**Motion:** The Health Promotion and Prevention Committee has recommended the Board approve the changes to PE 62. Lindsey Manfrin seconded. Unanimous vote, motion passed.

Suicide Prevention Grant: Laura Chisholm offered a brief update about OHA's application for a suicide prevention grant. Because this is a competitive grant, OHA is not provided a great deal of information publically on their application. Broadly, this is the Comprehensive Suicide Prevention Grant. The CDC has reorganized themselves around 3 major issues: ACES, overdose prevention, and suicide prevention. OHA was not funded in previous years for suicide prevention and has compressed their application and incorporated feedback from the CDC on the previous application. OHA is planning for an adult suicide prevention plan in addition to the existing youth suicide prevention plan. This ASIP (Adult Suicide Intervention Program) will focus on rural populations, people age 55+, and the intersection of access to firearms and veteran status. Some other key factors for this program will be looking at protective environments, alcohol outlet density, social isolation and depression, and access to lethal means. The grant will also review the use of the extreme risk protection order consider policy around safe storage. OHA plans to work with organizations that have good relationships with gunshop owners and shooting range owners to be culturally sensitive.

Laura Chisholm stated this grant would provide around \$800,000 starting around mid September (for about 3-5 years). OHA would like to get a letter of support from CLHO by early June to be submitted with the application – if awarded, OHA would want to coordinate with CLHO on this work.

Trish Elliot stated that she is very happy to see a focus on rural suicide because rural areas are plagued. Shane Sanderson agreed and that he is interested to continue this work.

**Ballot Measure 108 Funding:** Jennifer Little shared an update on the HPP committee's work on BM 108 funding. The committee created an ad hoc group to meet several times and come up with recommendations for how the remaining \$14.5 million of funding should be allocated. The group asked the following questions to guide their work: how are funds begin spent now at the state? And how many dollars were distributed through CBOs throughout the state?

The group reviewed current state funded programs and agreed that they did not wish to have more money go towards the quit line. They recommended to partially fund OHA's programs at \$4.5 million. This left \$10 million for LPHAs (the amount that CLHO requested in Fall 2021). OHA provided several funding scenarios: lump sum, based on TPEP tier, based on a



modified PHM funding formula that uses tobacco use burden rather than burden of disease, or based on per capita funding that would align with CBO allocations (communities where many CBOs were funded would get less funding). The ad hoc committee reviewed these scenarios and is recommending the modified PHM funding (funding scenario 5, table 4 in meeting materials, middle column).

Florence asked if this was one-time funding allocation. Tim Noe stated that OHA anticipates that this be ongoing, but it will need to be reconfigured every biennium based on the tax revenue amount. Florence asked if this could be rolled over into the next biennium since we are halfway through the first biennium. Tim stated that we might be able to in theory but that there is always a risk of it being swept by the Oregon Legislature. We wouldn't know if this would occur until the biennium is closed out. Tim stated it would be best to use the funds in the current biennium. Jennifer stated that this time sensitivity is why they rushed to get this on the agenda today. She stated that the committee verified that it is also okay for LPHAs to subcontract it out and that this funding is far more flexible than the TPEP funding – for example, BM 108 funding can be used for direct cessation services.

Florence asked about timeline and if there will be a new PE or workplan. Cara Biddlecom and Tim Noe stated that this would be funneled through PE 13 because it provides enough flexibility for LPHAs to work in collaboration with CCOs (which provide direct cessation services).

**Motion:** The Health Promotion and Prevention Committee are recommending using funding scenario 5 (modified PHM funding formula) to allocate BM 108 funding. Shane Sanderson seconded. Unanimous vote, motion passed.

## **Public Health Advisory Board Update:**

Carrie Brogoitti (CLHO Representative to PHAB) shared an update about PHAB's activities (at a future meeting, she will provide a review of the history of PHAB to help with understanding). Part of PHAB's role is to provide recommendations to the Oregon Health Policy Board. At the beginning of the last PHAB meeting, there was a discussion about this role and decision-making power of PHAB – there is a desire among PHAB members to clarify this. PHAB reviewed their charter, bylaws, and subcommittees' roles during the last meeting to understand how to incorporate equity into every level of their work. Another topic of interest to PHAB is how different public health work looks in different parts of the state. Carrie requested that CLHO members reach out to her if they have feedback for PHAB or would like PHAB to review certain topics.



Sara Beaudrault shared that PHAB will be reviewing two deliverables, the Accountability Metrics (AMs) and Funding Formula (FF) changes, in June to go into a report for the Legislative Fiscal Office. She started with proposed AM changes – the subcommittee has been having rich conversations about what accountability means and how we are using data effectively. Bob Dannenhoffer (PHAB member) shared an update on the FF as he sits on this subcommittee. He described that this was a complex conversation, and the committee is looking at ways to weight different factors. The trick is in ensuring small LPHAs can receive enough funding to hire at least one FTE while also balancing the resulting differences in per capita investment across the state.

**Additional Agenda Items:** Danna Drum stated that OHA will be able to extend FEMA vaccine contracts for LPHAs through December. There will be some more information about this at the Health Administrator's call on Friday.

Danna also shared that are some rumors that have been circulating. One is that OHA is reworking the Public Health Modernization Manuel without LPHAs – this is not true. The manual will need to be refreshed at some point, but OHA will not do that without partners. Another rumor is that OHA will be requiring accreditation of all health departments – this is also not true. There have been some health departments that have requested this because they need that support to pursue accreditation in their counties, but that is something CLHO would have to discuss and recommend to OHA. The final rumor is that OHA is planning to not fund LPHAs with the upcoming Modernization investment – this is not the case at all. She shared that the PHM allocations and BM 108 rollout could have gone differently and acknowledged that there are a lot of unanswered questions. CLHO has a block of time held on June 9<sup>th</sup> to discuss some of these questions so CLHO and OHA can move forward collaboratively.

Meeting Adjourned at 11:29 AM