



Conference of Local Health Officials

**September 15<sup>th</sup>, 2022**

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

**Meeting Began: 09:30 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

Absent: None

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

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

**Other LPHA Staff:** Kathleen Rees (CD Co-Chair)



**Public Health Division:** Sara Beaudrault, Andrew Epstein, Jamie Coleman Wright, Orion McCotter, Heidi Behm, Steven Fiala, Tim Holbert, Cara Biddlecom, Rachael Banks, Gabriela Goldfarb, Sarah Wylie, Erica Van Ness

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

**Guests:** Cynthia Branger Munoz, Matthew Green, Jeff Scroggin, Coline Benson, Tristan Fernandez, Marybeth Mealue, and Philip Schmidt

**Motion:** Marie Boman-Davis moved to approve the July 2022 minutes. Florence Pourtal seconded the motion. Unanimous vote, motion passed.

## **Agenda Items**

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

A2CPS: Meghan Chancey (Baker), Sarah Hickerson (Columbia), Christine Pagano (Deschutes), Alex Jones (Harney), Hillary Handelsman (Jackson), Judy Clarke (Lake), Ariana Azamar (Lake), Cristal Solorio (Linn)

CD: Heather Bell (Columbia), Michelle Ashby (Deschutes), Nicole Sticka (Lane)

EH: Erik Nebeker (Lane)

S&I: Jiancheng Huang (Clatsop), Kim La Croix (Clackamas)

**PE 03 Additional TB Funding for Ukrainian Refugees:** Heidi Behm and Kathleen Rees reviewed PE 03 – TB Screening. A requirement of the Uniting for Ukraine program is that Ukrainian arrivals must undergo testing with an interferon-gamma release assay (IGRA) and get additional TB screening as needed. The CDC released this funding to states in August 2022. The total amount allocated to OR was \$108,495 with \$11,406 going to OSPHL and \$97,089 going to the TB program. These funds are to cover period 5/15/2022-12/31/2022. Another round of CDC funds will come 1/1/2023. The amount is expected to double. The OHA TB Program has decided to allocate these funds to LPHAs. After OHA cost allocation, estimated total amount for distribution will be \$85,000.

LPHAs with > 100 sponsors (Multnomah, Clackamas, Marion, Washington) will receive funds as laid out in the document (in meeting materials). All other LPHAs will receive \$50.00 per Ukrainian immigrant screened. LPHAs not receiving funds will notify OHA TB Program of Ukrainian immigrant screening by checking box on invoice when requesting reimbursement for



QFT or TSPOT test. The OHA TB Program will continue to reimburse all LPHAs for IGRAs, CXRs and TB medications for Ukrainian immigrants using other funding.

Joe Fiumara asked about Hermiston called out separate from Umatilla County. Heidi stated that this is an error and will be fixed ASPA. Bob Dannenhoffer stated that he has been on calls with Heidi and CDC, and Heidi is very highly regarded among her colleagues.

Philip Mason-Joyner stated this PE is clear and thanked Heidi for her work. He also stated that it's important to note that this funding is still not sufficient for counties to provide services. Heidi agreed and stated that they hope the additional funding coming in January will help with this.

Katie Plumb stated that her county does not have sponsors and asked what the process is should someone show up at her health department. Heidi stated that there is a box on the reimbursement form that allows the health department to designate them as part of this program.

Florence Pourtal asked if the number of sponsors refers to the number of people being sponsored or families/organizations sponsoring arrivals. Heidi stated that the sponsors refers to the number families/organizations sponsoring the arrivals. Florence asked if there was a way to contact these sponsors for follow-up since Lincoln County has treated 5 people. Heidi stated Lincoln County can submit reimbursement for it because this is retroactive but that they are not able to give out the sponsors' information because it is confidential (per CDC).

Kathleen Rees added that the CD Committee did not have any major concerns about this funding distribution.

**Motion:** The CD Committee has recommended the Board approve this funding distribution for PE 03. Florence Pourtal seconded. Unanimous vote, motion passed.

**Non-agenda item – Revenue and Expenditure Reports:** Andrew Epstein briefly requested that counties submit their Revenue and Expenditure Reports if they have not done so already.

**Draft PE for Tobacco Retail Licensure:** Sarah Wylie and Philip Mason-Joyner provided an update on this draft program element for tobacco retail licensure. Philip reviewed that this PE came to CLHO in February 2022 and did not pass (most



Board members abstained or voted no) because of concerns over reimbursement rates. Philip, Anthony Arton in Coos, and Belinda Ballah in Hood River joined a workgroup to work through some of the major concerns. The three counties that participated in this workgroup are the three that are currently interested in opting into the program. Philip asked the Board to review and vote on this today understanding that it is an opt-in program.

Sarah Wylie also reviewed the changes to the PE from the February version. The required activities have not changed significantly from February - LPHAs who opt in will:

- Provide general retailer education and communication
- Submit inspections plan and attend trainings
- Conduct annual inspections of every retailer for minimum legal sales age and other sales laws
- Enter data into state-provided database (HealthSpace)
- Conduct reinspection and complaint visits.

LPHAs that opt in do not have to manage applications, issue licenses, develop educational materials, or issue penalties.

The major changes are to workflow (based on Multnomah County's current TRL program), an increased remittance (from \$250 to \$380 based on workgroup participants assessments in their own counties), and the inclusion of environmental health as an foundational program within the Public Health Modernization framework (since most counties will supplement positions for this program through EH). Sarah added that OHA has ramped up their hiring in order to support this program. She also stated that the remittance will be reviewed each time OHA reviews the licensing fee amount to ensure that the cost of the program is covered.

The Health Promotion and Prevention Committee reviewed these changes at their last meeting and voted to recommend it to the Board.

Jocelyn Warren asked about the concerns around HealthSpace for other inspections and whether the state has experienced the same problem with this version. Sarah stated that OHA purchased an off-the-shelf version of HealthSpace and worked through a separate contract to address some of the issues. Florence Pourtal asked about the specifics of the issues that have been raised/addressed – she added that connectivity is a major problem in rural counties. Sarah stated that most of the problems were around holding the contractor accountable for addressing problems with the app but that she is not aware of the specifics.



Anthony Arton thanked Sarah for the work on reworking the program element. Bob Dannenhoffer agreed and stated that this process could serve as a model for how CLHO can approach problematic PEs in the future.

**Motion:** The HPP Committee has recommended the changes to draft TRL program element. Bob Dannenhoffer seconded. Unanimous vote, motion passed.

**Carceral Population Manager Intro:** Orion McCotter (he/him) introduced himself as the new Carceral Populations Manager. He has met many LPHA administrators through COVID work, but he has stepped into a new role with OHA-PHD Center for Public Health Practice as the CD Manager for Carceral Settings. With COVID, OHA recognized that there were many unique challenges with infection control in corrections and is looking at how to move forward with the lessons learned from COVID. OHA understands the importance of community partnerships and acknowledges that policing practices combined with the prison industrial complex disproportionately impacts BIPOC populations. Some things on OHA's radar are releasing people from carceral settings with a supply of naloxone, increasing influenza vaccination rates, providing more support for HIV, and addressing the high rates of syphilis and TB in carceral settings. Orion is interested in getting feedback from LPHAs about their priorities. He is also interested in setting up a statewide meeting with LPHA administrators and prison/jail managers to discuss problems.

Bob Dannenhoffer thanked Orion for the work he did during the COVID pandemic when tensions were high. He raised that there is a challenge with people leaving carceral settings without access to reproductive health care. Orion stated that this is an area of work that OHA is interested in expanding and supporting this work.

Katie Plumb stated that she is very interested in the idea of a statewide meeting and is looking forward to that collaboration. Jocelyn Warren added the CD Committee may also be a great partner in this work.

**CBO PH Equity Funding Process Evaluation:** Steven Fiala provided an update on the evaluation of the community-based organizations public health equity funding process. This evaluation is focusing on the process of this funding, not the outcomes. The evaluation contractor (RNC) developed the primary evaluation questions around facilitators and barriers for developing and releasing this funding opportunity. This will include the topics of: 1) coordination and communication between OHA Public Health Division and CBOs/LPHA/external partners and within the Public Health Division, 2) funding decisions, 3) early implementation, and 5) early experiences with activity and expenditure reporting.



This evaluation will be collecting information from OHA-PHD staff who have been involved (which includes the Director's Office and the programs involved), CBOs (including those who applied/did not apply and were awarded/not awarded), and LPHAs. This data collection should start this month. The first step is a survey on the different steps of the process (distributed broadly), and then RNC will conduct additional outreach for more in-depth focus groups (this will be a randomized selection process). The survey should be released later this month, and focus groups will start in October.

Shane Sanderson asked for the final report to include a heatmap that shows the distribution of funding across the state (overlaid on the population) to assess any even/uneven distribution. Steven said that he note to incorporate something like that. Marie Boman-Davis stated that we may want to consider other metrics aside from population since our statewide goals includes eliminating health inequities. Shane stated that they have used OHP population before to consider this and that he is grateful that Marie brought up the idea of using other metrics to illustrate this. Marie stated that she appreciates the OHP population example as a proxy, and that she is interested in looking at additional data points considering the Metro region has half the state's population and nearly 2/3rds the BIPOC residents of the state. Steven stated that they are focused on the data collection, but he is happy to return to this group to discuss how to visualize the findings.

**Public Health Advisory Board Seats:** Jocelyn Warren reviewed that Carrie Brogoitti's term will be ending as the CLHO Representative to PHAB. Carrie stated that being on PHAB has been one of the highlights of her career, especially having been part of the process that formed PHAB. She stated that this is a big moment of transition for PHAB as they redefine their role and broaden their committee and subcommittee representation and a great opportunity for someone to get involved. She stated that the charter is available on the PHAB website. Jocelyn added that the meetings are now on the second Thursday of every month at 3pm.

Lindsey Manfrin asked if CLHO needed to provide a letter of support for the person who takes this seat. Sara Beaudrault stated that it is not necessary for a person to have a letter of support – CLHO just decides together who will represent them. Cara Biddlecom added that Morgan (previous CLHO ED) would coordinate with the Governor's office to flag the application and help the process along.

Sara Beaudrault added that Health Administrator seat representing Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Wallowa or Wheeler County has been open at that Meghan Chancey (Baker) has volunteered for this seat. This



seat does not need to be approved or discussed by CLHO but that health administrators should know who is filling it and connect with them about relevant issues.

Marie Boman-Davis volunteered to be the CLHO representative to the PHAB. No other volunteers. Jocelyn thanked Marie and Meghan for volunteering and thanked Carrie for her time serving as CLHO's rep.

**CLHO Annual Meeting, Elections, and Committee Reports:** Sarah Lochner reviewed that October is the annual meeting of the Conference of Local Health Officials. This is where elections take place, and there are two open seats on the executive committee: treasurer/secretary and chair. Katrina and Jocelyn have each stayed in these roles through the COVID pandemic to help with continuity. Because these are mid-term elections, anyone putting their name forward would have a one-year term, so it is a good opportunity for someone to test out the position and see if they want to serve another two years after that. If Board members are not able to attend the meeting, they must work with Sarah and Laura to submit their vote early or identify a proxy to attend and cast a vote.

Philip Mason-Joyner has put his name forward for treasurer/secretary, but the chair position is still open. Jocelyn is willing to meet with anyone who is interested to discuss the role and the time commitment. She also stated that the new chair would receive support from her, CLHO staff, and the other members of the Executive Committee.

Laura Daily reviewed that the annual meeting is also where the subcommittees report out on their activities from the past year, review committee membership, and put forward requests for additional participation from underrepresented counties. Laura will be sending a committee report template in the next two weeks for committee chairs to fill out. There will also be time held at the annual meeting for each committee chair to provide a summary. This is a good opportunity for new health administrators to hear about the work of the committees and to identify people within their counties to appoint.

Bob Dannenhoffer asked if there would be a hybrid option for the October meeting since it will be at the end of a week-long in-person Conference and retreat. Sarah answered that yes, while the retreat will not be virtual, the Conference and Coalition meetings the following day will have virtual options.

Marie Boman-Davis asked if the Board could create space to have a strategic and thoughtful conversation about the Conference Committees, how they operate, and how they are a venue for communicating about important issues. Jennifer Little asked if JLT would be the appropriate place to have this conversation. Florence Pourtal stated that the S&I Committee



was charged with creating a template workplan and charter when the committees were restructured in 2018, but it is unclear if every committee chair knows about these or uses them. Florence added that S&I was discussing ways to support the committees and chairs on processes and communication earlier this year but that the committee has a large workload and had to set that aside. She suggested that each committee review the documents created in 2018 and identify if there are ways to improve. Jennifer Little added that it could be helpful if all the co-chairs could meet to compare workplans. Jocelyn Warren added that this would be very helpful as A2CPS is starting back up. Laura stated that is something CLHO staff will explore.

**OHA Legislative Update:** Cynthia Branger Munoz, Matthew Green, Jeff Scroggin, Coline Benson, Tristan Fernandez, Marybeth Mealue, and Philip Schmidt introduced themselves as the OHA Government Relations Team and reviewed the current legislative priorities and asks for OHA.

Cynthia started with OHA's request to the Emergency Board for \$25 million in COVID funding for the 10% FEMA match. This request is based on the ongoing COVID work and the new bivalent vaccine work. Philip Mason-Joyner asked about the likelihood of this request going through. Cynthia stated that it is on the agenda for the E-Board, which is a good sign, but that nothing is certain especially regarding the amount.

Marie Boman-Davis asked what support the OHA GR team would like from LPHAs. Cynthia stated that speaking to your own legislators or requesting support from county GR are both welcome options.

Jeff reviewed some of OHA's 2023 Legislative themes:

- Building health equity infrastructure and implementing health equity
- Building a post pandemic public health system
- State hospital operations
- Medicaid and behavioral health system accountability
- Implementation of 1115 Waiver and health policy improvements
- Public Health fee bills, housekeeping, and mandated bills

Matthew and Jeff reviewed some of the proposed major health equity legislation, including:

- A placeholder bill for advancing health equity
- Confidentiality in Race, Ethnicity, Language, and Disability (REALD) and Sexual Orientation and Gender Identity



- A committee membership bill would reduce barriers to committee participation and increase representation by providing payment

The proposed major public health legislation includes:

- Pharmacist Flu Vaccination for All: would allow pharmacists to give flu vaccines to patients over 6 months of age
- A flavored tobacco and synthetic nicotine ban
- Dental pilot project program (removes sunset and makes the program permanent)
- Death with Dignity Fix: would remove the requirement for Oregon residency (which was declared unconstitutional)

Major behavioral health legislation includes:

- A placeholder bill for community groups (Oregon Consumer Advisory Council and System of Care requested a feasibility study on creation of an independent peer licensing and certification board similar to other independent licensing boards)
- Payer parity in behavioral health crisis services (mandates that all payers cover the cost of behavioral health crisis services - modeled after Washington State's recent legislation)
- Aid and Assist (as a result of a consent agreement between OHA and Disability Rights Oregon - Enables OHA to make determinations on the level of treatment and support needed, to avoid unnecessary use of OSH beds by implementing recommendations from the federal Court's neutral expert related to the Mink Order)

Major HPA and HSD (Medicaid) Legislation

- State-based marketplace rather than using the federal health insurance exchange platform
- Medicaid Waiver Implementation (placeholder while in negotiations with CMS on the 1115 application).
- Redeterminations – Placeholder for issues related to HB 4035

The Legislative Concepts (LCs) described above are only the ones most relevant to public health. The PPT includes a list of all the LCs that OHA is bringing forward.

Cynthia also reviewed all of the budget requests from OHA. Public health budget requests include:

- Public Health Modernization: \$286 M – Supports continued implementation of key public health priorities
- Healthier Together Oregon: \$15 M – Supports implementation of Healthier Together Oregon (HTO), the State Health Improvement Plan



- Personal Protective Equipment and Medical Supply Management: \$2.6 M – Funds a robust and operational stockpile and inventory management system for PPE and medical supplies to respond to pandemics, wildfires and other disasters
- Domestic Well Safety Program: \$2.3 M – Funds outreach for domestic well screening, testing and water treatment device installation and maintenance

Marie Boman-Davis asked if Family Connects was also a funding request. Cynthia stated that yes, it is included in OHA's Policy Option Package (POP) ask but that they are simply highlighting some of the largest one's today.

#### Major Health Equity Budget Requests (General Funds Only)

- Eliminating Health Inequities: \$20.5 M – Funds advanced efforts to address health equity in all agency divisions and operations
- Race, Ethnicity, Language, and Disability (REALD) & Sexual Orientation and Gender Identity (SOGI) Implementation: \$16.8 M – Funds implementation of REALD and SOGI data collection requirements in HB 4212 and HB 3159
- Regional Health Equity Coalition Program Expansion: \$2.1 M – Funds second phase of expansion of Regional Health Equity Coalitions toward statewide representation (will fund about 5 more)

#### Major Behavioral Health Budget Requests (General Funds Only)

- Behavioral Health Crisis System, 988 Expansion: \$269 M – Ensures sustainable funding and capacity for the crisis system and to meet federal standards statewide - crisis stabilization centers (do not exist in the state right now) are the largest piece of this funding
- Oregon State Hospital Sustainable Staffing: \$50 M – Fully funds the OSH sustainable staffing plan developed with partners per HB 5024 (2021)
- Child and Family Continuum of Care: \$11.5 M – Addresses gaps identified by youth and families experiencing behavioral health challenges by expanding three primary programs: Behavior Rehabilitation Services (BRS), incentives and funding to retain Child Psychiatrists and Developmental Pediatrician Fellows, and the Transition Age Youth Hubs

#### Major HPA and HSD (Medicaid) Budget Requests (General Funds Only)

- Medicaid Waiver: \$397 M – Funding for positions and programs to support the next five years of Oregon's Medicaid transformation journey, which focuses OHP on achieving health equity



- Redeterminations & Basic Health Program: \$268 M – Finishes the work begun in HB 4035, including community outreach and engagement efforts for redeterminations and improved access to health care in Oregon through full implementation of the Basic Health Plan

The slides also contain a list of all OHA funding requests from General Fund. Matthew stated that the team is working on creating informational one-pagers and will distribute those when they are ready. They will also send out these slides and are happy to meet with anyone who has questions.

Sarah Lochner asked about the context for the POP listed in the slides about opioid use. Tristan stated that it allows providers to give up to 2 doses of Narcan to people who self-report using opioids upon discharge without liability.

Shane Sanderson asked about rumors he's heard about people who are in the Oregon State Hospital being discharged back into communities. Tristan stated that this is federal action that requires the state to release people with misdemeanor charges before 30 days (with other time ranges for other levels of infractions).

**HealthSpace Cloud Suite:** Gabriela Goldfarb and Erica Van Ess provided an update on HealthSpace Cloud Suite. This conversation usually takes place in the EH Committee, but several administrators requested the topic for today's meeting.

OHA has been working with DAS and DOJ to hold HealthSpace accountable for fixing problems with Cloud Suite. This has been a slow process, but they have been able to clear up some of the issues. Broadly, the app is improving and working for many counties, though there are significant concerns about connectivity in rural counties. OHA has only extended the contract with HealthSpace because of these new accountability requirements and because it will take time for OHA to send out a new RFP and bring on a new vendor.

Erica discussed some of the solutions to the connectivity issues. For counties that are using iPads and Apple products, there have not been the same challenges (can use the app offline). However, most county systems are Microsoft-based. OHA has negotiated that HealthSpace will provide iPads for counties to use during inspections. Because these iPads are cloud-based, they do not need to connect to county networks. OHA has heard concerns from some local IT departments because this is different from county systems. To address this, Healthspace is also willing to maintain ownership of the iPad if that helps LPHAs navigate past this having.



Florence Pourtal asked if the iPads would need to be connected to some sort of WIFI or network and who would pay for that. She also asked if the reports entered offline would be uploaded properly – she has heard concerns about reports being overwritten with incorrect information. Erica answered that they would need to connect to WIFI to upload reports but that it shouldn't cost counties any additional money. The challenges with overwritten reports also seemed to occur mostly with the Microsoft version of the app, so switching exclusively to Apple should solve this.

Marie Boman-Davis asked if the reports entered offline are stored in the iPad. Erica stated that they are stored in the app and then uploaded when the iPad connects to Wifi. Marie also if county staff who work on both TRL and Food/Pool/Lodging could use the same iPad. Erica stated that both programs will be available on the iPads and that staff working in both programs should be able to use one device. This is essentially an add-on to the base system, and they will be able to use filters for different users so they will only see the facilities relevant for them.

Trish Elliot asked if there is any printing capability from the app. Erica stated that there should be wireless printing capability but that this is not an issue she's heard before. She is happy to connect with Hood River to troubleshoot this. Trish also asked who would pay for the iPad plan – Erica stated that there will be no data plan for the iPad or need to pay for anything. Trish stated she was concerned about continuing to enter contracts with vendors who do not meet their contractual obligations. Erica agreed that this is a concern, and that OHA is only extending the contract to allow LPHAs to continue doing inspections while the RFP for a new vendor is out. Erica also added that there was limited training offered during COVID, and OHA intends to offer more support going forward.

Gabriela added that some of the challenges with HealthSpace have arisen from staffing shortages, but OHA is bringing on new team members and is expanding capacity. She also stated that there were few problems with HealthSpace prior to the migration to a cloud-based system, so it is not possible to return to what we were using through HealthSpace before because it is not offered anymore.

Shane added that he just went to the National Environmental Health Conference in Spokane recently, and there were a number of system vendors there. In talking to many states, the three major systems all have challenges and that none are perfect. He also stated that we have a right to be upset because this is the first time he's worked with a vendor that took a hard right in the middle of a contract.



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Florence asked if it would be possible to have ongoing reports from CLEHS or the OHA EH program on this process. Joe Fiumara stated that CLEHS would not be the best body since not all of the reports of issues go through CLEHS and the challenges differ from county-to-county. Gabriela stated they would be happy to return and provide regular updates.

**Meeting Adjourned at 12:02 PM**