



Conference of Local Health Officials

October 20th, 2022

Meeting of the Conference of Local Health Officials

Meeting Began: 9:03 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; Joseph Fiumara, Coalition of Local Environmental Health Specialists; Shane Sanderson, Medium County Representative, Linn

Absent:

Members Present (x if present):

X	Baker – Meghan Chancey	X	Hood River - Trish Elliot	X	Multnomah – Chantell Reed
X	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
X	Clatsop – Jill Quackenbush	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 – Tom Kuhn	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
X	Grant – Jessica Winegar	X	Marion - Katrina Rothenberger	X	CLEHS Caucus - Joseph Fiumara
X	Harney – Kelly Singhose		Morrow – Robin Canaday	X	PHAO - Lindsey Manfrin

Other LPHA Staff: Erika Zoller, Jamie Aanensen



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Public Health Division: Danna Drum, Sara Beaudrault, Cara Biddlecom, Anthony Nickerson, Jamie Coleman Wright, Dean Sidelinger, Tim Noe

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

Guests:

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

Agenda Items

Appointments: Jocelyn Warren made the follow appointments:

A2CPS: Chelsea Whitney (Lane)

CD: Stephanie O'Neal (Crook)

EM Prep: Bill Conway (Clackamas), Tyler Otterson (Klamath), Mikayla Thomas (Jefferson), Amy Sturgeon (Washington), Mollie Croisan (Umatilla), Trish Elliot (Hood River); Leah Swanson (Josephine), Cynthia Rodriguez (Coos), Gretchen Kellermann (Union)

CLHO Elections: Sarah Lochner and Laura Daily reviewed the process for the CLHO Elections. The two open officer positions are for chair and secretary/treasurer (held by Jocelyn Warren and Katrina Rothenberger, respectively). Because CLHO holds elections every odd-number year, those elected today will serve for a one-year term (but can run for re-election). Naomi Adeline has put her name forward for CLHO chair, and Philip Mason-Joyner has put his name forward for secretary/treasurer. Sarah asked for any floor nominations – no floor nominations at this time.

Laura Daily explained that all voting CLHO members and those who were identified as a proxy should have a ballot in their email. Voting will close at 10:45 and will be announced at the end of the meeting.

Annual Committee Reports: Jocelyn Warren asked each CLHO Committee chairs present to provide an annual report.



Kathleen Rees provided the report for the Communicable Disease Committee. The written report is available in the [meeting materials](#).

- Key highlights include the committee's involvement in COVID response work (such as changes to investigative guidelines, ad hoc workgroups to address outbreaks, work in school settings, and expectations for LPHAs with limited capacity) while also completing non-COVID committee work (such as advising the Public Health Advisory Board on metrics for communicable disease work, providing feedback on REALD and SOGI implementation, updating the investigative guidelines for various diseases, and updating relevant program elements).
- A key area of work for the committee right now is to address the requirements for county-level work going forward for COVID with reduced funding and lack of staff capacity. Many counties are supportive of keeping the regional epidemiologists at OHA for this work.
- The committee is intending to create a workplan for the upcoming year as COVID has not allowed time for that
- The committee is working to be more connected with the CLHO Board by inviting CLHO staff to meetings and posts materials to the CD webpage on the CLHO website.
- The committee is looking for dedicated representation from a health officer.

Danna Drum clarified that the regional epidemiologists at OHA are not necessarily going away and that OHA is looking at ways to shift them to different units. Pat Luedtke stated that the Health Officer's Caucus was trying to get representatives on each committee and can redouble their efforts for the CD Committee.

Florence Pourtal provided the report for the Systems and Innovation Committee. The written report is available in the [meeting materials](#).

- Key highlights from the past year include working with other committee chairs to improve communication, reviewing and updating Program Element 51, providing feedback on the Public Health Modernization funding formula, and working on guidance for the Public Health Modernization implementation plans (please reach out to Florence or Jessica or your county representative if you have ideas).
- One request from the committee is to allow S&I time to focus on Modernization work. The committee has been tasked with a variety of work over the past year, which can quickly overload the committee. They request a hold on additional work at least until the end of the fiscal year.
- An idea from the committee to improve communication is to create a directory of the main contacts at OHA in each section.



Danna Drum responded that OHA can commit to providing some form of contact directory. She added that it's important to loop in Jamie Coleman Wright and Anthony Nickerson into emails if there are communication challenges because they can assist with coordination – Oregon Health Authority is a big organization, and the culture shift from COVID hasn't infused into other parts of the division. Jocelyn Warren added that the Board would respect the committees request to protect time for Modernization work. Danna Drum stated that the Board would need to have a conversation about where the extra topics go (for example, would the funding formula go to JLT?).

Jennifer Little provided the report for the Health Promotion and Prevention Committee. The written report is available in the [meeting materials](#).

- Key highlights from the past year include working on the Tobacco Retail Licensure program element (and forming a workgroup to deep dive into this topic), recommending distribution of the BM 108 funding to LPHAs, multiple program element revisions, and multiple public health education campaigns (including ReThink the Drink and Fentanyl Awareness).
- The committee created a charter and formed a sub-committee to create a workplan, but this work was halted. The committee plans to resume creating a workplan soon.

Erika Zoller asked how the HPP and A2CPS committees share Maternal and Child Health work. Jennifer stated that it frequently gets tossed back and forth and that there's been a great deal of discussion over the years how to divide this work. Danna Drum added that the distinction is often in whether the work is direct service or not. Direct service work (such as WIC and home-visiting) usually goes to the A2CPS Committee while Title V work is less about direct service and goes to the HPP Committee.

Marie Boman-Davis asked for the Board to consider updating the program elements and reviewing the committees to identify the lead committees for foundational programs and capabilities and how those overlap with Oregon Revised Statutes. Jennifer Little stated that an added challenge is that each area of work may sit within each health department differently. Jocelyn Warren added that Oregon's Modernization model does not look like national model and that the intent in moving work around was less philosophical and more about relieving the immense burden of work on the HPP Committee.

Erika Zoller provided the report for the Access to Clinical and Preventive Services Committee. This committee did not complete a written report since the first meeting after a long break was just last month. Key highlights include that the



committee was restarted in September after a break due to lack of capacity during COVID. CLHO staff attended the first meeting to provide an overview of the Conference and the roles of the chairs and committee members.

Capacity during COVID was limited. Restarted last month. Sarah and Laura attended to provide info on the committee and the roles of chairs and committee members. Jocelyn Warren asked about representation on the committee and if there are any sized-counties that are underrepresented. Erika stated that the representation on the committee is fairly balanced.

Kathleen Johnson provided the report for the Environmental Health Committee. The written report is available in the [meeting materials](#).

- Key highlights from the past year include working with OHA on concerns around HealthSpace, harmful algal blooms and water quality, domestic well safety, and portable AC distribution, and climate and health adaptation plans for Modernization.
- The committee also formed a workgroup to advise the Public Health Advisory Board on environmental health metrics for Modernization.
- The committee also has CLHO staff sitting on the committee meetings and encourages committee members to keep their health administrators in the loop on all committee activity.

Pat Luedtke asked about the NEHA grant to reduce food-borne illness and requested an update in the future if any counties did apply for these funds. Sarah Poe stated that environmental health is separate from public health in Malheur County and asked if she could still nominate someone from that unit. Danna Drum and Jocelyn Warren answered that that shouldn't be a problem.

Selene Jaramillo provided the report for the Emergency Preparedness and Response Committee. The written report is available in the [meeting materials](#)

- This committee has not been meeting regularly over the last year. Most business was conducted over email. The goal is to resume meetings in 2023.
- The committee is working with OHA to resume meetings in November, and they had several new LPHA staff appointed to the committee at this meeting.
- The committee is looking for co-chair as Selene has been serving as the only chair for a few years now.
- Moving forward, Modernization will be front and center for this committee. Some counties requested to have added climate change and preparedness to the docket.



THEO/Family Connect Update: Cate Wilcox shared two updates on Oregon's home-visiting programs.

First, Cate discussed that reporting for Babies First! And CaCoon have been moved from ORCHIDS to THEO (Tracking Home-visiting Effectiveness in Oregon). This is being done to 1) improve our ability to support program quality, 2) discover program outcomes, and 3) understand community needs to identify barriers to access and gaps in clinical and health promotion services. This was based on community feedback that ORCHIDS/1st THEO forms were oppressive and racist. Input from LPHAs was gathered a workgroup of LPHA staff; a pilot survey in Clackamas, Lincoln, and Multnomah Counties; and three listening sessions. The new surveys are different from ORCHIDS in that they are relevant to the developmental stage, they provide in-depth choices to affirm the client's strengths and barriers to care, there are limited data collected at each visit (8 questions) and in-depth data (12-35 questions) at each key milestone, and they include questions relevant to SDOH, health outcomes, work HV is doing, client strengths, and systemic barriers to care. OHA acknowledges that the THEO system is slow – the MCH unit is currently hiring for two Informatics positions and will be working with the vendor on the system's speed in 2023.

Second, Cate discussed the Universally-offered Home Visiting program, Family Connects. Oregon chose the Family Connects model because it was the only model that met the letter of the law. The four pillars of the program are:

- It is offered to everyone regardless of income or background
- Visits are 3 weeks after baby's birth (short brief interventions unlike other home-visiting programs)
- There is no out-of-pocket cost for recipients (this is something OHA has been working on, though there have been some challenges with health insurance providers outside of Oregon)
- An RN must lead the program

Cate acknowledged that having an RN lead the program is a pain point because everyone in Oregon is struggling to hire nurses. Family Connects International has been hearing this feedback from many corners, and they have been exploring ways to include CHWs and LPHs. However, they've heard that many CHWs don't feel able to provide the assessments needed during this vulnerable time, and LPNs must be highly supervised. Because of this, OHA is pivoting to work with the schools of nursing to expedite 2-year nursing degrees.

Cate reviewed the early adopters of the program (Lincoln/Benton/Linn, Polk/Marion, Jefferson/Deschutes/Crook, and Washington), and as of September 28, 2022, there were a total of 565 completed IHV and Modified-IHV visits for the EA sites. The visit breakdown includes:

- 4% Pre-IHV visits, conducted over the phone (23)



- 43% IHVs, conducted in person (227)
- 47% Modified-IHVs, conducted over the phone or telehealth (247)
- 6% Follow-up visits, conducted over the phone or telehealth (32)

Cate also reviewed the relevant rulemaking involved in the process and which have been completed:

- OAR 333-006-0000 through 333-006-0160 are complete
 - Clarify the criteria for Newborn Nurse Home Visiting services and the use of telehealth
- OAR 333-006-0170 was rescinded due to the end of the Governor declared public health emergency.
- OAR 333-006-0180 through 0190 are complete
 - Clarify reimbursement requirements for commercial health benefit plans.

Finally, OHA has been working to negotiate reimbursement rates, and they have arrived at:

- Medicaid
 - Pre-IHV \$242.31
 - Overall Rate \$1056
 - TCM \$460.36
 - Medical Services \$592.81
- Commercial Payors
 - Single Case Rate \$274.16
 - Case Rate \$1192
 - Multiple Newborn: \$190.72

Cate stated she was happy to answer questions. Jocelyn Warren acknowledged briefly that the building this meeting is taking place in is not observing the Great Shakeout at 10:20am on 10/20 but that she wanted to pause to acknowledge the importance of this drill.

Sarah Poe stated that Malheur County was not on the map shown in the slides even though they dedicated significant time towards Family Connect. She also stated that she is supportive of having nurses oversee the program but that having a physician champion is a barrier in a county like Malheur that has 7 primary care physicians for 30,000 people. She also stated there seems to be competition between the different home-visiting programs – it would be helpful to instead allow people to move between the programs (Babies First! During pregnancy, Family Connects when the baby is born, and back to Babies First!). Cate apologized and stated that the map showed where services are currently being offered – it did not show



Malheur, Four Rivers, or Lane because the roll-out was paused in these counties. She also acknowledged that they are learning that rural areas need different support than urban areas during this rollout and that, with increased capacity at OHA, the program hops to pivot back to working with each community in 2023 to identify best workflows. She also stated that Babies First! is an eligibility-based model while Family Connects is universal. Sarah stated that Babies First! is nearly universal in Malheur County since 70% of the births are on Medicaid.

Katrina Rothenberger stated that Marion will be re-evaluating in the next 6-12 months whether they can keep offering Family Connects. It is not sustainable as a fee-for-service program, especially with the targeted case management (TCM) match going away. They are putting Modernization dollars into the program to keep it going, and they currently collecting data on paper and then entering data into THEO because of struggles with the system. While she loves the model, Marion cannot keep contributing Modernization or county general fund to it. Cate responded that there may have been some miscommunication because the state is still paying the TCM match – the payments are just sent through the Health Systems Division to streamline the reimbursement process. She also stated that OHA is bringing on a consultant to help Marion County with some of the challenges around Family Connects. The challenges with THEO will be slow to work through, but THEO is part of the requirements for the model. Very well-received, and

Marie Boman-Davis asked about the scale-up plan and which denominator we are using to determine that goal – the percentage of births or the percentage of people contacted who engaged with the program. Cate clarified that the denominator is births because it is a universally-offered program, and when the model is operating with maturity, it should reach (actually provide services to) about 60% of families. There will be significant scale-up time before the program achieves this level of reach.

Shane Sanderson asked if the state would be covering all the TCM cost going forward because this would be a game changer for Linn County. He was able to contribute some other county funds as they are scaling up the program, but in the long-term, the program needs to pay for itself to be sustainable in his county. Cate answered that the state is covering the Medicaid match for both TCM and medical services for Family Connects (not any other home-visiting programs) because they have learned that services are not equally available if we rely on local match. Shane added that a stretch goal would be to do this for Babies First! Too. Cate stated this is why we are changing the data we collect – if we know the outcomes of the program, we can bring these data to the legislature and tell the full story of why these home-visiting programs should be prioritized. Shane asked for Cate to let the counties know how they can support this push – with the results of the long-term



Nurse-Family Partnership program in Atlanta, it is clear these programs are some of the most impactful on high school graduation rates, child abuse rates, and so many other good outcomes.

Mike Baker asked about the 60% benchmark – his understanding is that early adopters are seeing maybe a reach of maybe 30-40%. Cate stated that the 60% reach is not meant for counties just starting – it is for counties that have built up over time. There is no expectation for the early adopters or any counties just starting to go from zero to 60% immediately. Mike added that Jefferson County has many of the same concerns Cate has highlighted today and does not feel that the expectations to reach 60% of births with one part-time nurse is possible. Cate responded that OHA is bringing in some technical support and, with their increased capacity once new positions are onboard, will be working on ways to support each community at the level they need and deserve. Mike also asked about the negotiations with billing private insurance companies – in the beginning, there was support from OHA in these conversations, and now it seems that responsibility falls on the county. Cate stated that OHA has done what they have the authority to do and have negotiated the private rate she mentioned earlier. OHA has also brought on a consultant to work with both local health departments and commercial payers to provide support around credentialing because OHA does not have the authority to contract between the entities. Cate stated she would send Mike the contact for that consultant.

Katrina Rothenberger added that a way to support local public health departments in these conversations with the private insurance companies is to remove that 60% metric. Marion is hovering around 10%, and it is deflating to have that metric when the county can't hire nurses to get the number of visits up. She also expressed concern about the community alignment funding from the state ending. Cate stated that the community alignment funding is staying until each program is fully established and self-sustaining through the reimbursements. Katrina stated that she is not optimistic that the fee-for-service reimbursement rates will ever cost the full cost of the program which may cause some organizations to pull out of the early learning hub. Cate stated that we are still early in the rollout of this program and encouraged all early adopters to continue sharing their feedback throughout this process so we can continue setting up effective workflows.

Shane Sanderson added that, to Mike Baker's point about the target metric, Linn County hires when the waiting list gets too long and is hitting around 20% reach. There may be a day where they are advertising in the community well enough to hit 60%, but the reality is that it starts very low. He also asked if OHA will continue paying for the early learning hubs. Cate responded that yes, OHA will continue to pay until we understand the sustainability of the programs. Shane added that he would love to see progress on direct exports from OCHIN into Salesforce into THEO because he needs to have his people



billing, not double or triple entering billing info. Cate responded that something like that is a massive IT project that won't be happening for the time being.

Florence Pourtal thanked Cate for being here and for all of her work on this program. She put the idea out that we could put Modernization funds towards this IT project: Shane stated in the chat that he was supportive of this idea. Florence also added that she's concerned about how sustainable this program will be once it must rely on local match for TCM. Cate stated that the local match for the TCM will always be part of the funding for Family Connects – every budget request to the legislature has this amount built in, and each budget cycle this because a permanent part of the budget. That funding will go to the Health Systems Division, and local public health departments will only need to submit a claim for reimbursement.

Jocelyn Warren stated that this could be an excellent topic for the A2CPS Committee to step into as they are rebooting.

Public Health Advisory Board Updates: Cara Biddlecom reviewed the activities of the Public Health Advisory Board. Over the last 9 months, the PHAB has been working to update the charter to reflect their role in looking at the public health system. There should be a motion at the next meeting to adopt this charter. The PHAB is also looking at the bylaws and is proposing some limited changes around representation on the PHAB and its subcommittees. The PHAB has also started some conversations about the Public Health Modernization Policy Option Package, which was released on August 31st and is requesting \$286 million. Once Oregon has a new governor on 11/8, OHA will look to the Governor's Recommended Budget to guide the new dollar amount they can advocate for. At that point, the PHAB may play a role in looking at what the priorities should be if there is a reduction in funds. However, they are interested in looking at what the JLT+ workgroup has done in the past and doesn't want to do an across-the-board proportional reduction.

Sara Beaudrault reviewed the work for PHAB on the Public Health Accountability Metrics. These metrics are required in law for Modernization, and the PHAB has the responsibility to establish these metrics. About a year ago, the PHAB started a revamp of these metrics with the guidance of the CLHO EH and CD Committees with the goal of being intentional about how we are measuring progress and how we are centering equity. The PHAB has an accountability metrics subcommittee, and Sarah reviewed the framework that the PHAB has put together (available in the meeting materials). The shifts include

- Provides context for social determinants of health and systemic inequities resulting from systemic racism and oppression
- Disease outcomes used as indicators of progress, but are secondary to process measures of public health system accountability



- Focus on data and data systems; community partnerships; and policy.
- Focus on governmental public health system accountability.
- Direct and explicit connections to state and national initiatives.

The framework includes tiers of accountability for the public health system, OHA/LPHAs, and PHAB/public health system/elected officials. There are different indicators, process measures (around local public health/OHA capacity and ability to provide foundational services and capabilities), and a focus on the structural determinants of health (with a focus on the policy landscape development). The SDOH aspect is less focused on LPHAs work and more on PHAB as an advisory board that can provide direction and on elected officials who are making decisions about funding.

The PHAB has considered recommendations from both the EH and CD Committees which include measures around the capacity of these work units in the local health departments and considers sphere of influence (for example, we shouldn't hold CD programs accountable for something outside their scope of work).

Jocelyn Warren thanked Sara and Kusuma Madamala for their work on this massive shift in the accountability metrics. She noted that it is challenging to identify metrics that center equity, accurately measure our progress, and are within our scope of work. There are not many national models to pull from, so much of this work has been from scratch. She encouraged people with brilliant ideas or knowledge of other frameworks to reach out to CLHO/LPHA representatives to PHAB.

Katie Plumb noted the shift from social/structural *determinants* to *drivers* and that this framing can open the door for public health work and interventions because it frames health outcomes and risks as potentials rather than predetermined things. Sara added that the committee has had conversations about how people are not “high risk” but rather are put into environments that contribute toward poor health outcomes.

Sara asked how the CLHO Board would like updates going forward. Florence Pourtal asked for this to be a standing agenda item since this is very important work.

Philip Mason-Joyner stated that he sees the alignment to the CCO metrics. However, he also sees that CCOs funding is tied to the metrics. He asked about what the future looks like for these public health accountability metrics and how public health will be accountable. Sara agreed and stated that the PHAB has had these conversations and is looking how to use the framework they are creating now more broadly. She also stated that incentive payments to local public health are built into



the legislation but have never been activated because of the slow buildup of funding and time it takes to move the needle on health outcomes.

Trish Elliot added that the language “LPHAs are better able to provide services” is not an outcome statement and is curious how would we measure this. Sara stated that this is not an example of an actual thing we would try to measure but more of a general statement on what the PHAB desires to measure.

FY 2021-22 Local Investment: Danna Drum provided an update on the FY 2021-22 Local Investment Reporting (draft report available in the meeting materials). For background, the Taskforce on the Future of Public Health Services were mindful of the fact that significant state investment in public health could result in decreased local investment. To avoid that, OHA collects data each year on the local investment. When OHA collected these data for FY 21, they knew they would be messy because of the variety of federal and state funding sources for the pandemic and one-time funding from different sources. OHA also didn't have capacity to have fiscal validation of the 2021 data like in 2018. As expected, the 2021 data are a mixed bag, and 2018 is included in the report for comparison. OHA plans to share this with PHAB in November.

These reports are meant to inform the matching funds mechanism (when this gets turned on), and Danna recommends NOT using 2021 numbers to inform this. When it is time to turn on the matching funds, CLHO will need to have a conversation about what will inform this. OHA will be sending these reports out to locals because many use them for their budget presentations. One piece that was taken out of the report (because it was considered a nice-to-have but not a necessity) was the question around which foundational programs and services that local funds go towards. This usually goes into the report as a graph, but this felt like additional work. Danna would suggest skipping this again for FY 22 because of the burden it places on locals to collect this unless any counties feel strongly about what this included.

Jocelyn Warren stated that it is hard to draw conclusions from these data because they are all over the place. She stated that she is having conversations with her own commissioners about Modernization funds. She has had to explain that the Modernization funding is supposed to fund across public health programs and that the county shouldn't put it all into CD so the county can pull out general fund. Bob Dannenhoffer reiterated this point and stated that Modernization is meant to directly address the gaps, not to pull the county general funds.

Health Space: Erica Van Ess provided an update on HealthSpace. One challenge that they are facing is that the software is having trouble finishing last phase of online payments. OHA is calling HealthSpace nearly every day to get a fix for this.



HealthSpace is also working to send out iPads to the counties – Erica just sent over the list of counties that are interested in receiving these iPads because she was trying to ensure to connect with all of them. She is staying in touch with HealthSpace to track when these will go out.

Election Results: Sarah Lochner reviewed the election results:

- 27 votes for Naomi Adeline as the next Board Chair (6 counties did not vote, no write-in candidates)
- 27 votes for Philip Mason-Joyner as the next Secretary/Treasurer (6 counties did not vote, no write-in candidates).

Jocelyn welcomed Naomi and Philip to their new roles and thanked them for being willing to serve.

Meeting Adjourned at 11:15 AM