



December 15th, 2022

Meeting of the Coalition of Local Health Officials

Meeting Began: 11:30am

Executive Members:

Present: Naomi Adeline, CLHO Chair, Polk; Jocelyn Warren, Past CLHO Chair, Lane; Carrie Brogoitti, Vice-Chair, Center for Human Development Union; Philip Mason-Joyner, Secretary/Treasurer, Clackamas; Dr. Pat Luedtke, Health Officer's Rep; Jackson Baures, Large County Representative, Jackson; Katie Plumb, Small County Representative, Crook; Joseph Fiumara, Coalition of Local Environmental Health Specialists, Umatilla; Lindsey Manfrin, Public Health Administrators of Oregon, Yamhill; Marie Boman-Davis, Legislative Committee Representative, Washington

Absent: Shane Sanderson, Medium County Representative, Linn;

Members Present (x if present)

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|---|---------------------------------|---|-------------------------------|---|--------------------------------------|
| X | Baker – Meghan Chancey | X | Hood River - Trish Elliot | X | Multnomah – Jessica Guernsey |
| 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 |
| | Clatsop – Jiancheng Huang | | Josephine – Janet Fredrickson | | Tillamook - Marlene Putnam |
| X | Columbia – Jaime Aanensen | X | Klamath - Jennifer Little | X | Umatilla - Joseph Fiumara |
| | 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 - Todd Noble | X | Yamhill - Lindsey Manfrin |
| X | Gilliam – Dailene Wilson | | Malheur - Sarah Poe | X | HO Caucus - Pat Luedtke |
| | Grant - Kimberly Lindsay | | Marion - Katrina Griffith | X | CLEHS Caucus - Joseph Fiumara |
| | Harney – Sarah Laiosa | | Morrow – Robin Canaday | X | PHAO - Lindsey Manfrin |

Public Health Division: Danna Drum



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

Guests: Dale Penn and Ryann Gleason (CFM Advocates)

Motion: Marie Boman-Davis made a motion to approve the November 2022 minutes. Jackson Baures seconded the motion. Unanimous vote, motion past.

Agenda Items

Appointments: No appointments this month.

Legislative Committee Recommendations: Sarah Lochner explained that the Legislative Committee has started a new process of having two committee members carry recommendations to the Board. Sarah turned it over to today's co-carriers, Marie Boman-Davis and Tom Kuhn, to provide an overview of the committee's recommendations.

Tom and Marie reviewed that the first recommendation is to support the Public Health Modernization policy option package (PHM POP) for \$286 million. This includes \$110 million for LPHAs, which is triple the amount that was invested in LPHAs last session. There is also a significant amount for CBOs (\$100 million). The committee also recommends that this is a priority one (highest) for CLHO. During the Legislative Committee vote, all were in favor and there were no abstentions.

Motion: The Legislative Committee has made a recommendation to support the PHM POP of \$286 million at a Priority 1 for the 2023 Legislative Session. Florence seconded. Unanimous vote, motion passed.

Tom and Marie also reviewed a legislative concept brought by the Cascade AIDS Project (CAP) to increase access to Post-Exposure Prophylactic (PEP) for people who have been exposed to HIV. PEP is effective at preventing the transmission of HIV in people who have been exposed when taken within 72 hours of exposure. Because PEP is a newer drug, access is limited, and many providers are not familiar with it. This proposed concept:

- requires all Oregon hospitals to have a PEP prescribing policy
- requires EDs to prescribe and dispense at least 5 days of the regimen (to avoid gaps in the 28-day treatment schedule)
- directs OHA to supply rural EDs with a limited number of full courses of PEP each year



- prohibit cost-sharing for PEP from insurance plans

The committee is not recommending a priority at this time but will come back to recommend a priority level once the bill language is available. One committee member abstained from the vote because they stepped away during the CAP presentation on this concept and did not have all the information; all other votes were in favor.

Joe Fiumara: Is this from PEP or PrEP? I heard it referred to both ways.

Tom Kuhn: This is post-exposure, so PEP is the right term.

Sarah Lochner: This concept would also provide funding to OHA to support hospitals to keep this supply.

Jessica Guernsey: I am very supportive of this concept and am willing to speak on behalf of this concept for CLHO.

Naomi Adeline: Is there a timeline for when someone is eligible after exposure?

Marie Boman-Davis: This concept speaks more to access and availability than eligibility. The person with the exposure would have to present at a hospital, which should have the medicine available, but the hospital would determine the eligibility/prescribing. The concept identifies which barriers they're trying to address and which solutions they're offering. It is really about access on the weekends, holidays, and in rural settings, and just like Sarah mentioned, directing OHA to supply the medicine.

Tom Kuhn: The materials from CAP state that the medicine works best within 72 hours of exposure.

Bob Dannenhoffer: As a note, motions by committees of the members, (such as the legislative committee) are considered to have the support of at least two members and can be accepted for business and do not require a second.

Naomi Adeline: Any discussion or questions before the Board votes?

Motion: The Legislative Committee has made a motion/seconded a recommendation to support this legislative concept to increase access to Post-Exposure Prophylactic in hospitals. Unanimous vote, motion passed.



Legislative/Advocacy Updates: Sarah provided several updates on her and CFM's advocacy work to date.

The Rede Group has released the first version of the COVID After Action Report per SB 1554. The Rede Group said they would be exploring workforce challenges in a future report, and Laura reached out to send them the CLHO Workforce Report and start a dialogue on the best way to engage LPHAs. CLHO and CFM are going to meet with Senator Steiner (changed her name from Steiner Hayward) about her plans based on the report as she sponsored SB 1554 and submitted a placeholder bill for the 2023 session based on the results. They were unable to meet during Legislative Days because the Senator was out with COVID, but Sarah does not anticipate any surprises in her bill.

During Legislative Days on 12/7-12/9, Sarah and Ryann were able to meet with multiple legislators and get support for CLHO's Public Health Workforce Incentives package (they are still working on getting Republican support since there were not many Republicans in the building during Legislative Days). Once they finalize these signatures, they will file the bill for presession filing (by December 21st). Representative Ricky Ruiz (East Portland) will be the chief sponsor in the House and introduce the bill there, and Senator Patterson (Salem) will be the chief sponsor in the Senate. The bill also has the support of Representative Reynolds (West Portland), Senator Campos (Beaverton), and Senator Gelser Blouin (Corvallis).

Sarah tried to get on the agenda for Legislative Days to discuss public health workforce issues, but she was unsuccessful – most of the focus is on hospital staffing because of current capacity. However, she is hopeful that we can get attention when session starts moving in February-March.

The Capitol will not be back to normal operations, yet. The building is under construction for seismic upgrades, so most of the building will be closed. With limited space, lobbyists will have a space three blocks away to work/take breaks instead of having space in the basement of the Capitol like previous years. The closures and limited space make it challenging to have the hallway conversations. In addition, 2/3rd of the Legislature is new (within the last 2 years), so very few legislators know how a normal session should work. The leaders in each body are orienting new legislators to proceedings (being available in their offices for meetings, etc.).

Committee assignments should come out next week, and this will inform CLHO's outreach as we try to connect with the legislators on the committees influential for our bills. We will see changes with the Human Services Subcommittee. Senator Kate Lieber is being promoted up to majority leader, which is fantastic, but that means she likely won't also be the Human Services Subcommittee co-chair. We're hopeful that Senator Patterson stays in her role in Senate Health Care and Representative Nosse on the House side.



Sarah is working on building a coalition around our Modernization and Workforce Incentive priorities. She is reaching out to a variety of statewide CBOs, the normal county partners, and our various association partners. We should have a diverse group of supporters by the time February. CLHO is also trying to get some updated data for our advocacy efforts. CLHO sent out a survey and Google spreadsheet (in both the 12/9 Weekly Brief and on Monday, 12/11). Please look for that and respond by 12/23 to help us as we make the case for public health funding.

- Katie Plumb: I have been able to hire new people recently, but the need is really in professional development. We need that support, and I wonder if this can be a talking point.
- Jessica Guernsey and Jennifer Little: Agree with Katie.
- Sarah Lochner: Yes, we can work that into talking points.

Sarah stated that the Legislative Committee also reviewed the Family Connects POP and assigned a priority level 2 as directed by the CLHO Board at the October meeting. Priority 2 means CLHO will provide testimony in support of it and provide our logo, but this will not be one of our key priorities.

Sarah and CFM are working to meet with new leaders. OHA's new interim director, James Schroeder, is currently the CEO of Health Share of Oregon (Portland-area CCO). CFM will also be meeting with the Governor-elect's transition lead, Abby Tibbs. They will be discussing Modernization and requesting that the full amount (\$286 million) is included in the Governor's Recommended Budget. If it is not, OHA is only able to advocate for the amount the Governor has recommended. CFM will also be discussing the Workforce Incentives Package with the Governor's transition team to ensure it is on their radar.

Sarah opened it up for questions and comments.

April Holland: There are a lot of leadership changes – Kotek was Speaker of the House and is now Governor-elect and we will have a new OHA Director. Can we hear your general impressions/temperature of these new leaders? How will they be towards public health?

Sarah Lochner: Tina Kotek is a very intelligent and level-headed person who does her homework and expects her staff to do the same. She and her staff tend to be good listeners, which is a good trait to have when making big decisions.



Ryann Gleason: I have a lot of respect with the Governor-elect. She is making housing a key priority. There are concerns from some that her team doesn't have a fresh perspective because she tends to promote staff from within. We also do not know who her health policy lead will be.

Jessica Guernsey: Governor-elect has also shown support for working with CBOs, so there is some situational awareness around that.

Dale Penn: Governor-elect Kotek also considered the late-Rep. Greenlick, who was a big public health advocate, as a mentor. As Speaker, Kotek also supported and successfully moved the controversial vaccine bill through the house (though it died in the Senate). It demonstrates that she has some good awareness of public health issues.

Jocelyn Warren: I wouldn't say Greenlick was a big local public health advocate necessarily - I believe he advocated for regionalization early on and the task force report came from that effort. There's a long history. I don't know what this indicates for how the Governor-elect feels about LPHAs.

Ryann Gleason: Moving onto James Schroeder - he is the CEO of the largest CCO in Oregon, Health Share. James has indicated a focus on equity, continuing that focus from Director Allen. There are no other changes announced for OHA leadership. There are hopes that James will help with some of the dysfunction within OHA, particularly with the behavioral health dollars.

Dale Penn: James will likely be a blank slate for many people and groups who have not interacted with Health Share. Kotek focused on bringing someone into the OHA Director role who had both the operational experience and the health care experience, contrary to pressure from retiring legislators and doctors to have someone with a policy-oriented or clinical background.

Sarah Lochner: We are uncertain about our ability to get a meeting with him early on, but we will try. He does not take over the role until early January.

Marie Boman-Davis: Marni Kuyl with Washington County has been the Chair of the Health Share of Oregon Board and has a good relationship with James, so we could use that relationship to get a meeting.



Sarah Lochner: That would be wonderful – if you are able to facilitate that connection, we could set up a virtual meeting and invite any health administrators who are available.

Naomi Adeline: Is there an option to advocate/lobby virtually with all the changes and challenges over the last two sessions?

Sarah Lochner: Virtual testimony is possible, which makes a lot of sense for CLHO members. Most lobbying work is best done in person, so I am planning to be in the building as much as possible.

Ryann Gleason: The CFM team will be on the ground all session, as well.

CBO Funding Process Redesign Recommendation: Sarah reviewed the draft budget note that the Executive Committee put together over the last week to provide recommendations for how OHA funds CBOs with PHM funding in the future. This is based on conversations from the November PHAO meeting, as well. The Executive Committee is recommending to the Board that CLHO submit this budget note to the Legislature to be attached to the OHA budget. Sarah reviewed in the email she sent out earlier this morning that, since Modernization does not have bill language, a budget note is how the legislature would instruct OHA around a certain pot of funding and establish accountability. CLHO would work with county partners to get some version of the language below inserted as a budget note. The legislature will almost certainly change the language, but this would give Sarah advocacy marching orders and a place to start.

“Proposal: Advocacy Direction and Budget Note:

To facilitate the better coordination and utilization of taxpayer dollars, to ensure that this funding is used to meet the goals of Public Health Modernization, CLHO proposes the following:

70% of allocated CBO funds shall be made available for locally-based CBOs and shall be distributed equitably across the state on a county-by-county basis. Each LPHA may choose to administer the applications and contracts for its county’s CBO funding. If the LPHA declines, then OHA shall administer the application process and OHA shall include the relevant LPHAs in the application review and award decisions process. LPHAs may apply for funding on behalf of CBOs and act as a pass through. This will ensure that funds are spread across the state, projects are aligned with modernization, CHIP, and CHA goals and not duplicative, and that local reputations are considered. CBO contracts shall include outcome metrics in addition to process metrics and must include provisions requiring quarterly meetings with relevant LPHAs for the purposes of coordination and contract compliance.



30% of allocated CBO funds shall be made available through an OHA-administered application process to statewide-serving CBOs. CBO contracts shall include outcome metrics in addition to process metrics and must include provisions requiring quarterly meetings with OHA for the purposes of progress reporting and contract compliance.

Simultaneously, OHA must hire X# of contracting staff using Modernization money, dedicated to public health contracts (both writing the contracts and ensuring compliance with the contracts) and Y# DOJ for contract review.

OHA and LPHAs shall jointly report back to the Ways and Means Subcommittee on Human Services on the fulfillment of CBO contracts and alignment with Modernization work during the 2025 legislative session.

PHAB shall examine system roles and make recommendations for a cohesive system moving forward. PHAB and OHA shall jointly report back to the Ways and Means Subcommittee on Human Services as to its findings and recommendations.”

Sarah paused to ask for any questions or comment.

Marie Boman-Davis: Holding CBOs accountable to outcomes seems above and beyond what LPHAs do. If the intent is to measure CBO activity, it should be oriented to process measures and impact measures.

Jessica Guernsey: Same concern as Marie. This is not comparable to PHAB Accountability metrics revamp we heard at the Conference meeting. I do agree that there should be a roadmap for measuring progress and for collaboration. Also, as a process questions, how does a budget note get added? Does it get tacked onto OHA’s budget without OHA’s knowledge.

Sarah Lochner: A budget note gets submitted to the Legislature, and OHA has an opportunity to provide feedback and changes before it is approved. It is not added to their budget without their knowledge or input.

Marie Boman-Davis: We also want to keep data justice and decolonizing data in mind. We shouldn’t impose our perspective of which metrics are valuable onto CBOs because that is not equitable or sharing power.

Sarah Lochner: What if we changed it to “collectively agreed upon metrics...”?



Marie Boman-Davis: “Collectively agreed upon metrics” doesn’t sound like power sharing.

Sarah Lochner: Do you have a suggestion for language that does?

Marie Boman-Davis: I see several hands raised and want to make sure others have space to provide feedback.

Florence Pourtal: I like this proposal, but I also hear what has been brought up. Is there a way to run this proposal through the CBO Advisory Group for further insight? As a note, I am sitting on the PHAB POP Prioritization Workgroup, and I was surprised to see only two CBOs on the workgroup, and they were not familiar with Modernization – I just wanted to share that.

Katie Plumb: We’ve been having this discussion for months. As an analogy, LPHAs felt the pendulum swing in terms of funding at a scary and uncomfortable time, and LPHAs did not feel like they had any control. This document is rooted in our LPHA experience, and we can acknowledge that and, at the same time, that we want and need our CBOs to be successful.

Trish Elliot: Agree with Katie. We can’t do this without partnering with CBOs. Hood River has been struggling to partner with some of the funded CBOs in this area because they do not respond to the county outreach. At the very least, I would like to have a requirement that they collaborate with LPHAs.

Jessica Guernsey: I am sorry, I am being called into the board room for the tobacco policy second reading - I have concerns about the proposal as it stands and am happy to discuss more offline. I cannot support it as it is.

Mike Baker: Just like every LPHA is different, every CBO is different. There are some that have the capacity to do great work in large counties or across the state, and others are made up of a couple people focused on a specific topic. In Jefferson County, we had a few CBOs step in during COVID, but they handed that work back to the LPHA after some time because of capacity. We don’t have CBOs like United Way doing work in Jefferson County. I am supportive of a lot more local involvement in the process of funding CBOs.

Lindsey Manfrin: I am observing a lot of variation based on county size. That is coming out in this process. My perspective and goal in this is to ensure that this process distributes money across the state. As a county that did not receive any funding through the CBO process, it has been frustrating.



Bob Dannenhoffer: In the last 6 months, there has been almost no involvement from OHA leadership for CBOs. We need to reconnect at the leadership level with OHA Community Engagement and local leaders.

Sarah Lochner: This proposal is to ensure that, no matter what changes there are in the Legislature, Governor's Office, or OHA Leadership, that we have a defined process for the CBO funding that includes LPHAs and promotes accountability for tax-payer dollars. We do not want a process that repeats this last round of funding where some counties do not receive funding. The 70-30 split was an arbitrary suggestion from the Executive Committee, and the types of metrics, I'm hoping Pat can speak to if he is on the call since that part was his suggestion. These parts can be changed, but the main issue is having a defined process that includes local public health.

Danna Drum: I want to be clear that we have been working on the possibility of LPHAs being able to opt in to be pass through for funding as long as a CBO also agrees for next biennium (matchmaking). I realize that's not fully what has been asked but it is not accurate to say that there would be no changes in the next biennium if funding level stayed the same.

Jocelyn Warren: I think what we are wanting is a relationship with CBOs and coordinated work - I would love to not have to contract with CBOs in order to achieve that. But it feels like, otherwise, we are left out. I wonder if there is an opportunity to engage the new leaders in the Governor's Office and OHA instead of jumping over them. A budget note seems heavy handed. Maybe we could identify the values present in this document and start from there. For example, there seems to be agreement about distributing funding equitably across the state.

Sarah Lochner: Budget notes are very common, and OHA would have a chance to review it before the Legislature passes it. The Governor's Office would not have a role in setting this sort of requirement – that is firmly with the Legislature. A budget note wouldn't get put in until May or June anyway. May would be our deadline for if we choose to submit it as a budget note. We have already formed a workgroup with the Executive Committee, which resulted in this here, so we need to decide our next steps. If we do not use a budget note, we need to be clear about what we are doing and what impact we want it to have. I need an advocacy direction as I build a coalition and meet with legislators. Legislators need to hear something multiple times for it to stick, so I need to have marching orders and know what I am talking about with legislators.

Florence Pourtal: I have to hop off. I am supportive of this proposal however we approach it.

Marie Boman-Davis: Has this already been run through our communications contractor?



Sarah Lochner: No, this is not something they participated in.

Marie Boman-Davis: What I'm hearing is some agreed upon themes and principles that we can highlight in talking points for Sarah and our lobbying and communications team so that there is a unified theme that legislators hear repeatedly. Maybe what we need is to create a framework for these themes and principles. Once we have that, we can decide what approach we take. We can ask, "if this was a budget note, what would we include?"

Katie Plumb: Sarah brings up a good consideration - what happens if we do this? What happens if we do not? I highly doubt anyone is going to speak on behalf of Local Public Health unless we do.

Philip Mason-Joyner: Ideally OHA and CLHO would be working together on this to create a more effective and coordinated system without having to even involve the legislature.

- Katie Plumb, Marie Boman-Davis, April Holland, and Trish Elliot: Agreed.

Naomi Adeline: Moving forward, could we send a survey with the list of principles to gauge that agreement? Or should we have additional meetings to discuss this?

Jennifer Little: Would we create a subcommittee like with the HPP Committee? Or would this continue living with the Executive Committee?

Sarah Lochner: We can have the Executive Committee or another workgroup of volunteers meet, but we would need to have someone volunteer to lead this work.

Jennifer Little: I am happy to participate in this workgroup.

- Other volunteers: Mike Baker, Bob Dannenhoffer, Trish Elliot, Jocelyn Warren, Jessica Guernsey, Marie Boman-Davis.

Sarah Lochner: Laura has also offered to coordinate this workgroup, so thank you, Laura.

Laura Daily: I will send out a scheduling poll to set something up for January since many people will be out for the next few weeks.



Naomi Adeline: Thank you, Sarah and Laura, and we are at time, so we will close out the meeting for today.

Meeting adjourned at 1:00pm.