



**April 20<sup>th</sup>, 2023**

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

**Meeting Began: 9:30 AM**

**Executive Members:** Present: Naomi Biggs, 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; Marie Boman-Davis, CLHO Legislative Committee Representative, Washington; Shane Sanderson, Medium County Representative, Linn; Lindsey Manfrin, Public Health Administrators of Oregon, Yamhill

Absent:

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

X	Baker – Meghan Chancey		Hood River - Trish Elliot	X	Multnomah – Jessica Guernsey
X	Benton – Sara Hartstein	X	Jackson - Jackson Baures	X	North Central PHD - Shellie Campbell
X	Clackamas – Kim La Croix	X	Jefferson - Mike Baker	X	Polk – Naomi Biggs
X	Clatsop – Jiancheng Huang	X	Josephine - Janet Fredrickson		Tillamook - Marlene Putnam
X	Columbia – Jaime Aanensen		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 – Heather Kaisner	X	Lincoln - Florence Pourtal	X	Wheeler - Shelby Thompson
X	Douglas - Bob Dannenhoffer	X	Linn – Shane Sanderson	X	Yamhill - Lindsey Manfrin
	Gilliam – Hollie Winslow	X	Malheur - Sarah Poe	X	HO Caucus - Pat Luedtke
X	Grant – Trey Thompson	X	Marion – Katrina Griffith	X	CLEHS Caucus - Joseph Fiumara
X	Harney – Kelly Singhose		Morrow – Robin Canaday	X	PHAO - Lindsey Manfrin

**Public Health Division:** Danna Drum, Cessa Karson, Jamie Coleman-Wright, Collette Young, Courtney Fultineer, Rachael Banks, Cara Biddlecom, Anthony Nickerson, Lily Banning, Tosha Bock, Kate O'Donnell, Cate Wilcox



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

**Other LPHA Staff:** Jessica Winegar (Grant), Wendy Zieker (Marion), Kimberly Lindsey, Todd Noble (Linn), Erika Zoller (A2CPS Chair)

**Guests:** None

**Motion: Mike Baker moved to approve the February 2023 and March 2023 minutes. Meghan Chancey seconded the motion. Unanimous vote, motion passed.**

**Appointments:** Naomi Biggs made the follow appointments:

Tobacco Ambassador Group: Katie Plumb (Crook)

Drinking Water Advisory Board: Nicholas Alviani (Lane)

A2CPS: Sarah Hohenshelt (Polk)

CD: Sarah Hohenshelt (Polk)

EPR: Amber Blanchard (Crook)

S&I: Heather Kaisner (Deschutes)

## **AGENDA ITEMS:**

### **CLHO Letter of Support for OHA's CDC Overdose Data to Action in States grant application for OHA**

Courtney Fultineer: We are requesting a letter of support from CLHO for the CDC Overdose Data to Action grant. This is the primary funding mechanism for the Overdose Prevention work at OHA. OHA has been sending some of these funds through PE 62 and 70 to 11 LPHAs doing overdose prevention work. If we are awarded, we would have to shift the PEs because some of the CDC's priorities have shifted. It's also part of SAMHSA Opioid Response fund (braided together). Because of this, we can't say what level of funding we would be able to provide to LPHAs, but we would engage with this group for any decisions.

Florence Pourtal: When are you applying and when will you hear?



Courtney Fultineer: The application is due May 8<sup>th</sup> and we would hear by August 1<sup>st</sup>. Project period would begin September 1<sup>st</sup>.

Elisabeth Maxwell: The HPP Committee voted to support this initiative.

Jiancheng Huang: What are the changes from the CDC? Also, if awarded, how much would go to the state and how much would go to the locals?

Courtney Fultineer: CDC has overarching strategies in prevention and surveillance, and most of the changes are on the prevention strategies – they are emphasizing harm reduction and community partnership. We would have our Regional Overdose Coordinators work to strengthen some of their relationships with local partners. Budget is a little over \$3 million, and about \$400,000 goes to LPHAs which is the same amount that has gone out over the past few years. A large portion of the budget goes to surveillance, which I don't know a ton about this part because I'm in the prevention side.

Florence Pourtal: Is the plan to maintain the current regions and their current level of funding?

Courtney Fultineer: That is up in the air. We fund local overdose work at \$1.3 million, but that comes from multiple funding sources, so we can't really say much at this time.

Danna Drum: The program that is responsible for SOR funds sits in a different part of OHA (Health Systems), which is part of the difficulty with knowing.

**Motion: The HPP Committee recommends the CLHO Board approve this letter of support. Florence Pourtal seconded. 0 opposed, 0 abstained, remaining present in favor, motion passed.**

#### **PE 44: School-Based Health Centers:**

Kate O'Donnell: The changes to PE 44 the largely housekeeping approved by A2CPS Committee (track changes document in meeting materials).

- Changes to the section name within OHA.
- Updated data from the Oregon Health Teens Survey
- Removed the Accountability Metrics because these are being updated



- Removed language about SBHC planning grants because this has not been a major component of the program since 2018 – advocates have pushed this through school districts. Added planning grants to a different section that covers distribution of small, one-time grants (LPHAs have the first right of refusal)
- Added updated definition around culturally and linguistically appropriate services.
- Link to the list of full grant requirements listed on the website.
- Cleaned up language around telehealth (this should only apply to Multnomah Co)
- Moved all references to reporting requirements to Section 6 – Reporting Requirements
- Removed language about participating in an evaluation for mental health expansion grant (haven't done this since 2016).

Marie Boman-Davis: The first reference to LPHAs on page 1, section 3, and I'm just wondering if that is defined somewhere earlier in the document.

Danna Drum: This sits within the boilerplate, so it is defined earlier on in the full document.

Marie Boman-Davis: I want to learn more about the mental health expansion grant – I'm not sure if this grant was received outside of Public Health Division in our county.

Danna Drum: This PE would only be in your county's IGA if your public health department is the sponsor.

Kate O'Donnell: I am happy to follow-up offline, too. LPHAs have first right of refusal, and I know it looks a little different in each county - Washington County declined the funding, so we contract directly with other service providers.

**Motion: the A2CPS Committee made a motion to approve the changes to PE 44. Mike Baker seconded. 0 opposed, 0 abstained, remaining present in favor, motion passed.**

## **Family Connects Funds**

Cate Wilcox: As early adopters for Family Connects know, we are learning a lot every day. With the commercial health insurance piece in particular, which OHA is taking a lead on. The statute requires the service provider cover this service, but there are several gaps that we've identified.



If an infant is covered by a high-deductible health plan (HDHP), the member pays until the deductible is met. This goes against the state statute that says there should be no out-of-pocket cost for the individual, so the service provider is left providing the service without getting reimbursed. So, we have come up with a potential solution for this gap as we've learned how to quantify it. In this funding formula to mitigate this gap, there would be a base award of \$5000 for each HDHP-covered infants and a proportional award based on the (3-year rolling) average county HCHP percent in the county (taken from All Payors All Claims data). An important piece here is that the infant is the client, not the family. The three-year rolling average softens out any upticks, and that statewide average is 1210 infants/year. Until we know what funding we have in the POP, we can't say for certain how much funding we will have to distribute. In the example here (in meeting materials), we have a total of \$405,000 funding allocated towards this.

We would be calculating this every year, so the three-year rolling average stays as accurate as possible. As we roll this out, we would be trying to support LPHAs to work through sustainability issues and find other sources of funding (as is allowed in rule). For new LPHAs joining, there is a full year of preparation before fully rolling out the program, and OHA would support during this time.

Heather Kaisner: For early adopters, would this start in FY 24?

Cate Wilcox: We can talk with the early adopters – if you have already been impacted by this, we could get this started in July 2023.

Kim La Croix: Thank you for that concise overview. Regarding the funding that goes into this, I appreciate the idea that CCOs and foundations can contribute towards this. It strikes me that this program will never have enough funding for this program because it is so disconnected from funding sources and initiatives, such as Modernization. That might be another part of the pie.

Cate Wilcox: Right, and we don't know what we don't know. We may get additional funding from the POP, but we are a bit at the whim of the Legislature.

Florence Pourtal: Thank you for your work on this, Kate. Knowing that there should be no charges for services, is it on the provider to ensure they know what sort of insurance the infant is on, so we don't bill their plan?



Cate Wilcox: Yes, that is something we are working through. It is complex because each plan does things differently - some families may get an explanation of benefits, for example.

Jiancheng Huang: I'm a strong believe in universally offered home visiting, but it is not just about public health. It has an impact on social/poverty. However, I will not support this is because it does not secure the funding. There is also no support for the challenges for small rural counties that can't hire nurses.

Katrina Griffith: PacificSource (the commercial plan) is unable to pay for Family Connects, and I'm just wondering if anyone has had success working with their commercial plan. We are meeting with them on Monday.

Cate Wilcox: They are required by law to cover this. We are here to help facilitate that conversation and want to know about these types of problems. So please follow-up with us.

Florence Pourtal: I've also heard of Regence and others not covering, so I'll email them.

Marie Boman-Davis: I was a little bit distracted at the beginning, so I'm not sure if Erika was able to provide the committee comments and votes.

Erika Zoller: 10 counties in favor, 3 did not vote (NCHPD, Benton, and Umatilla). We did electronic voting following the meeting to give people more time. Some of the comments were: if you are not current a site, you wouldn't receive this funding. Do you have anything to add onto that Cate?

Cate Wilcox: Right, as you roll onto the program, you would begin receiving this funding.

Erika Zoller: There were a few other comments, one that was already acknowledged about never having enough funding to support this initiative fully. Another comment we got from Washington County was sent via email, so I will read it out: "Funding should be prioritized based on certified service provider, number of birth rates, healthcare and home-visiting system complexities, staffing costs, model fidelity requirements, and adaptations to meet cultural and linguistic needs of each community. The recommendation is to move the base rate support to PE 42-14 title funding for denied and or unreimbursed claims, and the formula would be revised on the three-year rolling average only, so consider a data source that is accessible and accurate as APAC may not be a reliable data source for future calculations since the current calculation utilizes from



2018.” It’s a mouthful but basically the funding should be based on size and complexity and staffing costs of each county and or a region.

Shane Sanderson: What other fiscal approaches did you consider? Did you consider one pot of money that everyone can bill against when there are the low-pays/no-pays? That is risky when we run out three months into the biennium, but we are in a different spot now where we can show the Legislature the benefits of Family Connects and put pressure on to have them fund it. The approach seems to be to underfund everyone equally.

Cate Wilcox: I appreciate those points. Part of it is that every county has a different payor mix, so it impacts each county differently. You may remember that there was a memo in December that LPHAs could bill for unpaid claims, and there was pushback because of the administrative burden, which it would have been for OHA too. I appreciate the thought about whether Legislature is giving us enough. I don’t think we have enough information yet to really take that approach, but I’m willing to go back to the drawing board. We have a lot to do with these un-reimbursable categories – for example, we need to work on pitching this to self-funded plans, which reduces the pool of un-reimbursable folks.

Shane Sanderson: Public Health Administrators will always talk about administrative burden of invoicing, but I can’t think of something more impactful than having a stack of unpaid invoices to take the Legislature to show how they need to fund this incredibly important program. Another thought is that – Kate, you are a wonderful person, but we don’t need wonderful people when we are working with insurance companies. We need DOJ to write letters that say “you can either pay it on Monday or Wednesday” but to not give any room to not pay.

Cate Wilcox: Yes, that is something we need to hear from all of you because we do have ways to be more forceful on this when needed.

Jiancheng Huang: I just want to add one more time that we should think about putting this into Modernization.

Katie Plumb: This is one part of the funding mechanism, correct? So, voting against this is just against one piece of the funding.

Cate Wilcox: That’s correct – it is just about this gap that impacts the 1210 non-average infants, and we are pursuing other fixes for other problems.



Shane Sanderson: I will remain a no on this because I would rather have one fund and play hardball to get enough funding.

**Motion: The A2CPS Committee has recommended the Board approve this funding formula for Katrina Griffith seconded. 3 opposed (Jefferson, Linn, Clatsop), 1 abstains (Coos), remaining present in favor, motion passed.**

### **Regional Modernization Funds:**

Jessica Dale: At our S&I meeting in March, we discussed and voted on a formal recommendation for the Regional Modernization funding. As background, S&I is tasked with providing guidance and recommendations for Public Health Modernization implementation. There were three areas that contributed to our discussion:

- 1) achieving full implementation of Public Health modernization requires ongoing support of infrastructure that has been established,
- 2) earmarked funding for regional efforts can provide needed support for LPHAs to prioritize strategic regional partnerships, and
- 3) local funding can also be used to support regional partnerships as needed.

As such, S&I makes the following recommendations:

- 1) If there is an overall increase in public health modernization (PHM) funding, increase funding for regional public health modernization (PHM) partnerships to \$4.4 million.
- 2) If there is no increase in PHM funding, maintain funding at \$4 million for regional PHM partnerships.
- 3) Continue funding current PHM partnerships. No funding for new regional partnerships, but LPHAs not currently part of a region could join an existing one.

Katrina Griffith: The one drawback is being the fiscal agent and doing the IGA and invoicing. With this recommendation, is it still possible to change who the fiscal agent? We have limited fiscal staff, and this is one more contract on top of many, and it is a barrier.

Danna Drum: I don't think OHA would have an issue with that. We might need to make that shift after the first quarter because of the bridge funding.

Jiancheng Huang: I'm confused about this regional funding because we have talked about funding at the state, regional, and local level. What is this funding and how is it different from the other funding?





Danna Drum: The Public Health Advisory has supported a small set aside amount of funding to support some regional work as it is helpful. This is not meant to replace local work or authority. This is something we have done since the beginning of Modernization funding – in fact, we only did these regional projects in 2017 when we first received funding because it was such a small amount.

Jiancheng Huang: I understand that, but I do think the core functions of local, regional, and state public health is not clear. Such as when there is a PSA that needs to go out and there is duplication and each organization doing their own. I support Modernization and the idea of these regional projects, but I would like to think about efficiency. I always say public health is a team sport.

**Motion: The S&I Committee has made a recommendation on the regional Modernization funding for the 2023-25 biennium. Florence Pourtal seconded. 1 abstained (Clatsop), 0 opposed, remaining present in favor, motion passed.**

### **Tobacco Ambassador Program**

Stephen Fiala: With the current Tobacco Prevention and Education Program, there is the Tobacco Reduction Advisory Committee (TRAC) as the governance body for TPEP with representation from CLHO and other organizations. With the passage BM 108, OHA convened a CBO Advisory Group to provide recommendations on the distribution of these funds. So we have these parallel bodies for tobacco governance, and we would like to merge them so there alignment of efforts and shared decision-making.

Lily Banning: To do this work, we plan to create a Tobacco Ambassador group that will be a small, nimble group that are representative of the different groups – these representatives will be expected to take ideas back to their colleagues and bring ideas back to create a collaborative governance model. This group will be six people, and four have been confirmed:

- Jamie Dunphey (American Cancer Society)
- Christina Bodamer (American Heart Association)
- Gwyn Ashcom (TRAC)
- Katie Plumb (CLHO Representative)
- 2 CBO representatives (to be identified)



Once these CBO representatives are confirmed, the group will begin meeting in June. Between now and then, the TRAC will continue to meet, and OHA will continue to reach out to CLHO via the HPP Committee.

No questions or comments.

## **Public Health Intergovernmental Agreement**

Danna Drum: There should be a version of the template posted in the meeting materials. As background, prior to the beginning of each biennium, we review and revise the piece of the IGA known as the boilerplate (the part that surrounds the PEs for each county). County Counsel will also review this, but they always want to know that we've checked this with CLHO. So, we will review the changes today and provide some time for feedback via email. Once County Counsel has reviewed it, we will bring it to be finalized and approved, and then we will have the final version that the PEs will be inserted into. Some of the changes include:

- Page 1: Change to the FEMA Language – leaves the possibility of seeking FEMA funding in a different public health emergency.
- Page 4-8: The PE table will be updated.
- Page 19: More adjustment to FEMA Language around indirect rate. We've found in the triennial reviews that there are a lot of issues with how counties are applying indirect costs. The addition says that counties can use a federal rate if they've been given one or 10% de minimis rate. We know that some entities may not receive enough funding to have a funding rate and may need to request a higher rate, so we will develop a process for that. Because there is a lot of confusion around this, we will be developing a training module for local and state fiscal staff and create other opportunities to get questions answered. It puts all our funding at risk when we aren't doing this correctly, so we are trying to clean that up and make it very clear.
- Page 20: There is some agreement settlement language to reflect the process at the end of the biennium for reconciling. We already do that, but this just explicitly says that.
- Page 29-30: We had a request from County Counsel to have the same language for equipment across all OHA programs. We think we have gotten there, and it's going to be the same in the DD contract as it is in the public health contract. Hopefully this provides more clarity around what you need to be tracking, and it clarifies that any item that's \$5000 or more has to be approved by OHA - which is not a new thing, but it makes it clear. It also eliminates the need for you to submit to us an inventory. You're required to by federal law and the Oregon accounting manual to keep an inventory list that has these certain things in it, but you will not have to submit it to us, and I am grateful for that. You will be asked for it during the triennial review and fiscal review, so you need to maintain it. I just want to say that we



really worked to align that equipment language with the federal regulations because it was sort of all over the place. There are some things that are a little bit more fine-tuned that the state requires because of the Oregon Accounting Manual and so that is reflected.

- Page 45: more adjustment to FEMA and language there
- The thing that is not in there right this moment but will be is related to subcontractor monitoring. It is just making clear that the LPHA is responsible for making sure any unresolved conflicts of interest related to subcontractor monitoring have been addressed. The reason that's in there is we occasionally get asked about that, and there's nothing in the that agreement that directly addresses it, but it really will make clear that it is the county's responsibility like we're not evaluating your conflicts of interest - the county government needs to do that.

Joe Fiumara: When it comes to the equipment listing, personal computer and software is defined very differently. For example, a computer used to include a mouse and keyboard, and software is no longer a one-time purchase but an ongoing access. Some sort of guidance around those would be helpful.

Danna Drum: I will acknowledge is that some of this comes from the federal regulations which are out of date, and some of it comes from work that was done some time ago within the state government around the things stuff that are out of date. I fully anticipate that County Council will be requesting that we address moving into the 21st century. It just took forever internally to get to this point – they wanted to put an amendment in every agreement when we approve an equipment purchase, and I said no. I think we will try to have conversations about getting to a place more reflective of the reality.

Joe Fiumara: Both the equipment listing piece and the indirect were an issue in our Triennial Review. I continue to hear from my finance folks that the 10% is a federal requirement and it shouldn't apply to state funds, so adding it into the contracts will make that clear.

Danna Drum: Everybody's folks are interpreting that very differently, and there's also been so much staff turnover with fiscal staff across the state, so that's why we're like really trying to do our best to have a training module available by July 1. I did feel a little bit better when the head of our office of financial services for DHS and OHA said that there's a lot of national conversation around this too because it is so confusing.

Shane Sanderson: I just want to give you an infinite amount of grace because this is a tough area especially when working with the feds. I've laughed because now that I've budgeted in both the private sector and the public sector, I am floored - you



know you expect about 5 to 10% of your time in private sector to be spent on administrative type of tasks and in the public sector, part of the reason we struggle to compete in certain areas is, we are doing 15 to 20%. Just last year, I gave my team another code on their timesheets so that they could code how much time they're spending on their timesheets, and it was hilarious - we spent \$17,000 last year working on timesheets. I know in this culture, even in this governor's race, accountability was a big conversation but like the cost of accountability is immense. Do the best you can - this is a tough place for all of us to navigate through.

Danna Drum: I want to mention that there'll be some alignment work that we need to do with the fiscal review tool. That was one of the other goals like around that stupid equipment language was to get all that because, essentially, you could have three different types of inventory lists. I don't know if it'll be early July, but in the new fiscal year we will do kind of a Zoom meeting or webinar that you can invite your staff to, and we'll walk through some of these boilerplate pieces and then we know there'll be some other sort of training that will be needed. For next steps, I will send this out once I get it from DOJ. If I don't get it today, I will provide what I believe that conflict of interest language is in the e-mail because I'm going to be somewhere dry and warm hopefully by tomorrow afternoon. If you can get me any comments you have preferably by end of day next Wednesday, that way we can kind of move this forward and we'll have also heard from the county councils then.

### **Return to Tobacco Ambassador Group:**

Jocelyn Warren: I have a quick go-back about the ambassadors group. It took a minute to settle in, but this is a big departure from how we've allocated funding previously, and this really reflects a big step in power sharing and involving community. I know this is just for tobacco at this time, but I think this is a new direction. I wanted to call this out because it is a big thing.

Danna Drum: I think it is in alignment with the feedback that we've received multiple times about decision-making, but thank you for pausing to acknowledge that – it is a big step.

### **CBO Modernization Funding Workgroup:**

Danna Drum: We had some conversations with the Coalition of Local Health Officials and the Association of Oregon Counties around agreements for how we prioritize, collaborate, and allocate Modernization funding for 2023-25. We've also run this by the CBO Advisory Board and PHAB, and PHAB has directed us to bring back the workgroup that worked on the Modernization work prioritization at different funding levels in the Fall and Winter of 2022-23. We've reached out to members of this group to see if they want to participate, and we see some gaps in this group in CBO representation and in LPHA



representation (among the small and medium county size-bands). The high-level overview of the group is available in the meeting materials, and they are essentially straight from the shared agreements.

Shane: I have to ask - you said heavy lift - could you describe the commitment you're asking for?

Danna Drum: It means six 90-minute meetings between May and July.

Florence Pourtal: I just want to put out there that I'm going to be out of country for a month, and I see my name on this list. I had lost track that I had said yes, so I'm happy to be participating as long as I'm here.

Danna Drum: I know Trish Elliott is also in and out as well, so I think it may be good to have another small LPHA representation. Mike Baker is also on there, but if folks feel that would be important, I think that that would be fine. Jessica Guernsey did sign up, as well. Is there anyone who would like to sign up for the medium group?

Naomi Biggs: I would like to prioritize time for that.

Sara Hartstein: I see that Benton is listed in as a large county - I don't know if I have the background on why that is.

Danna Drum: It's based on population for PHAB representation, so Benton is in the large group, and I think we're trying to be really sensitive to the fact that there's a lot of large county representation already on this particular group. It has to do with the statute and size-band for local public health representation on PHAB.

Sara Hartstein: I understand, thank you, I've just never seen Benton in a large category.

Laura Daily: Will these be public meetings with opportunities for public comment?

Cara: Yes, these will.

Katie Plumb and Shellie Campbell: Volunteer to represent the small county group.

**PHAB Standing Update:**



Marie Bowman Davis: Before I get the update, I just want to pause like Jocelyn did earlier to acknowledge this is a big deal this group coming together for the CBO's having this representation, having a table set. So, I just want to express gratitude to LPHA colleagues to uplift the request for a table and OHA to work through our processes and procedures and teams to be able to set that table. In terms of the Public Health Advisory Board, our last meeting was on April 13<sup>th</sup>. We elected the PHAB chair which will continue to be Veronica Irving from OSU. They heard from tribal health directors about priorities and challenges as well as accomplishments with their funding and how to make connections with tribes. We discussed preventative health and health services block grant, received updates from PHAB committees and work groups, and I wanted to note that the PHAB retreat has been scheduled for July 14<sup>th</sup>. I need to notify the group I am not able to attend the strategic planning, and so I'm going to be looking to my other colleagues on this call and that are on PHAB to help me connect. Regarding the subcommittees that I'm on, on April 18th the strategic data plans subcommittee was postponed due to a lack of enough participants. Also, on that day April 18th the health equity review policy and procedure work group received an update that the feedback from PHAO where we had discussed a request to have rurality or geography added to the definition of Health Equity. That has been moved forward by OHA. Again, I just wanted to express appreciation for those that were able to participate and provide feedback. That's going to continue to be a great venue for us to discuss what's going on in PHAB and for me to and other colleagues to bring back your input and for helping to facilitate conversations that have been requested by local public health administrators.

Jocelyn Warren: I also can't make that that date for the retreat. That's the week of NACCHO 360, so that's important for a lot of folks in local public health. I wonder if there's a potential for identifying other local public health members that can participate. A lot is going to be happening at that meeting, and for Marie and I both to not be there that seems a little kind of lopsided - we'll need some additional representation if we're talking about how to strategize around equity and how we collaborate with CEB - it feels important to have a, you know, a robust voice for local public health in that meeting.

Cara Biddlecom: Thank you Jocelyn for sharing - I was not aware of these conflicts, so it's good to know that, and we'll have to talk.

Sarah Poe: This also overlaps with the Public Health Law training from CDC, which I know is happening but I don't have on my calendar yet. I also just want to put that out there that summers are filling up, and trying to navigate who's going to what is hard.



Danna Drum: That invite will come today before I leave. I'm going to send it even if the CDC people haven't approved it today, and then just know there might be some tweaks to the language next week. I apologize about the conflict with the CDC public health law training – we'll see what we can work out.

### **Meeting Venues Outside of CLHO:**

Danna Drum: I think as Naomi and Sarah and Laura and I've been discussing the CLHO meetings, we're finding as we come out of a three-year pandemic, they're all these other non-COVID things that you all are interested in, we're interested in. We also want to have time so that we can have a dialogue and dig into a topic, but they aren't things we are making a decision about. A great example was ESF6 and ESF8 discussion - we would have never been able to have that conversation in a Conference meeting because of the time. I would also say that OHA staff here really appreciate the time on twice a month on Fridays with you all who join because it is more informal and we can dig into stuff, and I know I would feel a loss around that if we didn't have that because I think it has proven to be helpful. I think what I would like to propose is that those two monthly Friday meetings we would continue to have Deans updates, because folks seem to appreciate that, and I also think he would love eventually to bring some topics that he's working on outside of COVID. But then also use that time to do like we did last Friday where I know folks are wanting to learn more and ask questions about the Community Information Exchange, the 1115 Waivers, there's a long list of topics. We wanted to propose - and get some input on this - is how would you all feel about repurposing or sort of shifting how we use those Friday afternoon meetings twice a month to be able to put some of these things where we're not looking for a decision or that would need to happen in the Conference, but where we could do some more of that sort of digging in.

Naomi Biggs: I would love that. I think we have a lot of topics that we end up trying to unpack within the Conference which is a space to just to make decisions. I think I like that space for OHA and CLHO collaboration and unpacking in a more informal setting, and then if anything needs to then go to a subcommittee.

Florence Pourtal: I'm not against it, I just wonder if we would want to really define what that looks like. I like having PHAO as our space right, so how is that different?

Danna Drum: To address the distinction, my understanding of PHAO is that PHAO is really the place for local public health administrators. That is not a meeting I go to anymore, and it is not a meeting that OH staff have typically gone to. I let Lindsey know that if there are particular items that are coming to PHAO that she will let me know that. So, the Friday afternoon





meeting really is that sort of LPHA-OHA conversation back and forth. To my knowledge, PHAO has never been used as a place where OHA comes to work through specific LPHA-OHA issues.

Lindsey Manfrin: That was similar to my thinking. I think PHAO is often the place where administrators are kind of asking the question “is this happening in other places?” That’s frequently something that pops into those conversations.

Florence Pourtal: I haven't attended PHAO a very much – at one point, Danna was attending PHAO, so it was not necessarily a public administrator space. I'm happy to support another space, I would like to be clear about how it is structured just to it is clear what agenda items go where.

Danna Drum: Naomi and Sarah and Laura and I can work around sort of prioritizing some of the topics that we already have – there is a long list - and we would send the topics out about a week ahead of time as opposed to the day ahead of time, and we would want to give space for suggested topics, as well. It would be helpful for me to understand more about what that structure looks offline - I don't think we're going to create a conference meeting.

Marie Boman-Davis: I support this, and I do agree that we need a meeting purpose and something that defines the space and what's intended - that it's a conversation is not a decision space, whatever that looks like - and then how counties can bring forward ideas. I know you have a long list, but I personally have used that meeting space during COVID as a strategy within our county to say “okay my next opportunity to talk to Dean is on this day at this time - what questions do you have that I need to ask Dean?” So, I would like this to be an opportunity to check-in about things bubbling around and have space to ask questions so I can organize with my team and uplift the right questions.

Laura Daily: Marie hit on this, but when we spoke about this, we were very clear that it wouldn't be a decision-making space. Anything that is an actual decision or a vote would go out as an agenda item to everyone in advance and come to the Conference here.

Danna Drum: I think there would be things where clearly the discussion needs to happen in the Conference as opposed to in this other space. The tobacco ambassador group, for example, in my mind would not be an appropriate have been appropriate place for the Friday meeting - that clearly belongs in the conference.

Naomi Biggs: In the essence of time, we will move the structure of how this meeting will look like outside of the conference and move onto our next agenda item.





## Triennial Review Update Process

Danna Drum: There have been several questions that have come up regarding the Triennial Review – in particular, the role of CLHO and CLHO CD in updating the tool. We also have 19 new LPHA administrators since the start of the pandemic, so we thought this would be a good time to update everyone about this process. To give some background, OHA has the “direct supervision on all matters relating to the preservation of life and health of the people of this state” per ORS, and OHA receives funding from the State Legislature for public health purposes for which OHA is held accountable. All federal funding that OHA and that goes out to LPHAs means that LPHAs are considered subrecipients. As a result, OHA public health work can be subject to Secretary of State audits to ensure we are fulfilling our statutory requirements and state legislative funding requirements. The federal funds we receive are also subject to DHS/OHA Office of Financial Services internal audit. So, at any given time, we are likely engaging in some sort of audit or compliance review. OHA-PHD must:

- Engage in active contract administration for all agreements between OHA-PHD and contractors and grantees
- Participate in Single Audit annually which samples from a variety of programs that differ from year to year
- Conduct subrecipient monitoring for any subrecipient federal dollars passed through to LPHAs
- Respond to questions from state leaders regarding how OHA monitors use of its funding, including how funding is used by partners.

Because of all this, the Triennial Review is our primary contract administrative review to meet these monitoring requirements. TR documentation is used to respond to SOS, internal, federal, and other audits and compliance reviews. Some programs do not participate in TR and if they don't, they must have their own plans for contract administration. LPHAs can choose compliance only or compliance/quality assurance, and all compliance items must be based in a federal, state, or program element requirement.

TR is also a quality improvement tool (even the compliance items) for both OHA and LPHAs. It is not intended to be punitive but to identify strengths, provide improvement opportunities and work together to leverage strengths and plan around those improvements (timelines, documentation, etc.). To be clear, to date, no LPHA has lost funding because of a TR finding, and we recognize there are pandemic impacts that we will continue to see in the next cycle of review. The Goal of TR is NOT a compliance finding free review. The Goal of TR IS to identify what's going well, strengths, as well as any gaps, opportunities, needs for additional training – for OHA and/or LPHAs – so we can serve Oregonians better. This will be especially important with the staff turnover experienced across the public health system in the last few years. The indirect rate discussion earlier is an example of that – both OHA and LPHAs need more training on this aspect.



To cover some contract language vs. contract administration: CLHO Subcommittees review and make recommendations on program elements (contractual language), and CLHO approves recommendations on program elements (contractual language). Once in the agreement, OHA is responsible for the contract administration, and OHA develops TR tools with compliance items based on requirements. CLHO S&I is responsible for providing guidance and recommendations for implementation and improvement of system-wide work, which includes TR process. Multiple TR improvement projects over the years that have involved LPHAs/CLHO. CLHO Subcommittees can:

- Request clarification from OHA about items on the TR tool
- Share concerns or things they would like OHA to consider related to TR tools
- Expect OHA staff to consider and respond to those concerns, providing an explanation about how the information was considered and the outcome.
- Include providing feedback on a TR tool in their annual committee work plan

Because the TR tool is OHA's contract administration tools, OHA is the lead. However, OHA will:

- Bring substantial changes to a TR Tool to the CLHO Subcommittee for feedback and circle back with the committee about how the feedback was considered
- If necessary, share with CLHO the substantial changes to the TR Tool (example: Civil Rights tool)
- Communicate with LPH Administrators and LPH Officers when a tool has changed and provide a three-month window before the tool is effective
- Though not required, an LPHA may elect to use the new tool for their TR prior to the three-month window closing
- Publicly post current tools at [www.healthoregon.org/lhd](http://www.healthoregon.org/lhd)

This came up specifically because the CD Committee wanted to do a project related to the CD Triennial Review, which would be out-of-scope for that committee. I met with CLHO CD Co-Chairs and OHA CD leadership to review this, and we discussed ways for the committee to share concerns and considerations for the CD TR Tool with OHA staff and have two-way communication. The committee will discuss the concerns they have about the Triennial Review tool over the next year, and the Committee chairs and OHA CD leadership will meet monthly to develop agenda, identify discussion items, and ensure OHA staff are on the right meetings. OHA is committed to working on revisions to the CD TR Tool in 2023. That revision work will include conversations with CLHO CD to provide input about specific areas of concern and considerations related to the tool. A draft tool will be brought to CLHO CD for input before being finalized. Similarly, a draft tool can come to CLHO if that is desired. In addition, OHA recognizes that there were/are significant pandemic effects on CD work. This next cycle of CD reviews is an opportunity to identify where to work together to leverage strengths and improvement opportunities.



OHA is currently trying to wrap up COVID TRs (which had truncated documentation). Many are completed with findings resolved and are just waiting on final paperwork. We should be back on track for the 2023 TR schedule and will return to full final documents. There are a lot of new staff within OHA and LPHAs, so we are trying to stay as flexible as possible. We want to revamp the TR, but have de-prioritized for the next fiscal year because we need to stabilize staffing, prioritize relationship re-building and training, and focus on 2023 legislative session deliverables.

Florence Pourtal: Thank you for this presentation. I appreciate the change of direction as far as the involvement of CLHO. There is a lot of capacity and expertise at the local level because of our Modernization funding. We have excellent people asking questions, mostly to ACDP, and we have been met with a brick wall. This has happened around getting one specific data point pulled from a system so we could do quality improvement, and it has been a dance and roundabout for almost a year. All this to say that I am grateful that we are moving forward with CLHO and the subcommittees having a voice at the table and that the wall seems to be breaking down a little bit, and I would encourage very strongly that we keep on strengthening that relationship and that we have the right staff on those CD meetings who are willing and able to answer questions from their colleagues.

Danna Drum: I thought that the issue you are bringing up related to Orpheus had been resolved, so if it hasn't, we will follow-up on that offline, and I will look to Collette to follow-up on that.

Collette Young: Yes, thank you for the feedback, and I would invite you to call on me. I am the administrator for all our CD programs and infectious disease programs not only ACDP, so call me if you're feeling some issues, and I can support systemic conversations. I think the team is doing their best to be more communicative and be more transparent and build that into our processes, and we should do that together, and I'm willing to be a partner in supporting that.

Florence Pourtal: Thank you, I will share with you offline.

Heather Kaisner: Having been through many TRs, I want to acknowledge that we do strive for zero compliance findings. That's something that I know my team strives hard for. The quality assurance piece and the quality improvement piece, our team understands and can improve upon, but our compliance finding, historically (pre COVID), was very much a big deal. I mean, that goes to our county commissioners, so I just want to acknowledge.



Danna Drum: I completely agree that it is a big deal for local public health when they have a finding. I understand and I think in a future conversation we need to think about how we change the culture around that. Maybe that's part of how we work through revamping the TR long term because it is really an opportunity for learning all the way around. I think there's some things we can do on our end around how we frame that and talk collaboratively about what that might need to look like.

Naomi Biggs: I really appreciate that we are agreeing on the next steps and taking some of the TR discussions to CLHO CD. If there's any unpacking to do around culture, I think we can take that maybe to one of those Friday meetings – Danna, does that work?

Danna Drum: I think you and I could talk about the best place. I think there's sort of two levels here - like what are some things we can do to shift the culture in the short term, and I think there's also a broader sort of thing around TR, and I'll just be transparent - a whole revamp of the TR is not going to happen in 2024. But I think we can see where are there places where we course correct moving forward.

Naomi Biggs: We have gone 27 minutes overtime, so I will be closing the conference for today and we will talk about the next steps from here outside of this space.

**Meeting Adjourned at 11:57 AM**