



June 15th, 2023 Meeting of the Conference of Local Health Officials

Hybrid Meeting (In-person attendees at PSOB, virtual attendees on Zoom)

Minutes recorded by Laura Daily ([video recording available upon request](#))

Date Approved: July 20th, 2023

Chair Naomi Biggs called meeting to order at 09:30 AM PST and requested roll call. Vice-Chair Carrie Brogoitti conducted roll call:

Members Present (x if present):

X	Baker – Meghan Chancey	X	Hood River - Trish Elliot	X	Multnomah – Jessica Guernsey
X	Benton – Sara Hartstein		Jackson - Jackson Baures*	X	North Central PHD - Shellie Campbell
X	Clackamas – Philip Mason-Joyner*		Jefferson - Mike Baker	X	Polk – Naomi Biggs*
X	Clatsop – Jiancheng Huang		Josephine - Janet Fredrickson		Tillamook - Marlene Putnam
X	Columbia – Jaime Aanensen	X	Klamath - Jennifer Little	X	Umatilla - Joseph Fiumara
X	Coos - Anthony Arton		Lake - Judy Clarke	X	Union - Carrie Brogoitti*
X	Crook – Katie Plumb*	X	Lane - Jocelyn Warren*	X	Washington – Folu Adeniyi
X	Deschutes – Heather Kaisner	X	Lincoln - Florence Pourtal		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 – Jessica Winegar	X	Marion – Wendy Zieker	X	CLEHS Caucus - Joseph Fiumara*
X	Harney – Kelly Singhose	X	Morrow – Robin Canaday	X	PHAO - Lindsey Manfrin*

*Member of the Executive Committee

Public Health Division Staff Present: Danna Drum, Rachael Banks, Andrew Epstein, Jamie Coleman-Wright, Dolly England, Sara Beaudrault, Cara Biddlecom, Cessa Karson, Amanda Faulkner, Courtney Fultineer, Collette Young, Tim Noe, Andre Ourso, Laura Chisholm

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



Guests Present: Jessica Dale (CLHO S&I Co-Chair)

Quorum established. Naomi reviewed the agenda and requested a motion to approve the May 2023 minutes.

Motion: Shane Sanderson moved to approve the May 2023 minutes. Jennifer Little seconded the motion. 0 nays, 0 abstentions, all remaining present in favor, motion passed.

Appointments: Naomi made the follow appointments:

- EPR: Travis Lindberg (Columbia County)

JLT Recap: Naomi recapped the earlier Joint Leadership Team meeting. Topics included the process for updating the Conference of Local Health Official Bylaws, the Tobacco Ambassador group, Legislative updates, and updates on upcoming training offered through OHA.

Program Element 51 Updates: Jessica Dale (S&I Co-Chair) presented the changes to the PE 51 for the 2023-25 biennium. These changes are largely administrative and are reflective of S&I's desire to allow LPHAs flexibility in implementing the foundational programs and capabilities. Andrew Epstein noted that the estimated funding written into this version is not final. [Marked-up version available in the meeting materials.](#)

Discussion/Questions: Definitions around LPHA “participation” in the statewide health equity plan and workforce development plan are not determined. That will be decided collaboratively and may involve a statewide summit or sharing of local health equity and workforce development plans. LPHAs and OHA agree that Smartsheet has not been an efficient tool for reporting and will work together to identify a new reporting mechanism. OHA-HSPR is working on ways to support LPHAs in creating the climate adaptation plans, and S&I is working on tools to help LPHAs complete the Modernization Implementation Plan. OHA-PHD has also been having internal meetings to align reporting across programs. There are also ideas of using CLHO library to store helpful templates and guidelines.

Motion: The S&I Committee has brought a motion and second to approve these changes to PE 51. 0 nays, 0 abstentions, all remaining present in favor, motion passed.

Community Public Health Trainings and Learnings Survey: Dolly England shared that the OHA Community Engagement team surveyed currently-funded CBOs (particularly Modernization-funded CBOs) to hear what training and learning



opportunities they should offer. [Slides with survey summary available in the meeting materials](#). OHA is scheduling a number of trainings for CBO partners, and OHA will continue seeking input and designing new training. OHA is also working on a new RFGA for the 2023-25 biennium – for this biennium, the goal is to only bring on new CBOs that serve the disability community and/or counties underserved by the currently-funded CBOs (those that currently have two or fewer local CBOs serving them). Currently funded CBOs will continue receiving funding through June 2025 – for the 2025-27 biennium, all CBOs will have to (re)apply fully for funding.

Discussion/Questions: For the training opportunities, OHA is open to hearing LPHAs thoughts on training needs and on including LPHA staff in these trainings – some initial thoughts are technical assistance, financial management, and reporting. Dolly acknowledged that the “logistical bits” are what most often trip up CBOs that are growing and learning. LPHAs also offered that they can provide some leads on disability-serving CBOs (including senior-serving orgs) in their communities. Group discussed definition of “local” and how to ensure collaboration – suggestions include that “local” means people in the community are *directly* impacted and that LPHAs and CBO submit shared reporting. Dolly stated that the PHAB Funding Workgroup is discussing this and will consider these suggestions. Dolly also shared the [list of funded CBOS](#) and the [template grant agreement](#) that they all signed and that includes requirement to work with partners.

Overdose Prevention Funding: Tim Noe and Laura Chisholm reviewed that the federal SAMHSA funds for overdose prevention are in question – some LPHA overdose prevention staff heard this prematurely at the OPAC Conference in May rather than through their leadership, and many LPHA administrators learned of this through their staff. Tim stated that OHA has reached out to impacted LPHAs and apologized for this method of communication and is working to find alternatives for this funding. Laura added that the overdose prevention funding is braided – part comes from the CDC Data to Action grant and part comes from the SAMHSA State Overdose Response grant (shared between PHD and the Health Systems Division). The SAMHSA funding is the part that is in question, and Laura is working to understand whether it was because of scope or budget requests and if there are other avenues. Rachael Banks added that OHA is committed to finding funding to keep this work going.

Discussion/Questions: For the time being, LPHAs should not lay off staff that may be impacted because OHA is working on finding other funding.



Disease Investigation Specialist Funding: Danna reviewed that this funding is also ending, but LPHAs will get the full amount of funds for next fiscal year (July 2023 – June 2024), but it must be spent within six months (by December 2023). She is still getting clarification on whether or not funds for this fiscal year can be rolled over past June 30th.

Opioid Settlement Prevention, Treatment and Recovery (OSPTR) Board Update: Carrie Brogoitti reviewed that OSPTR is still reviewing information and hearing presentations – Carrie stated that these presentations are stellar and encourages anyone to go watch them if they have time. Carrie asked CLHO members to reach out to her if there are priorities or ideas for investing this fund. Carrie also referenced that the CLHO website has an [article linked](#) about additional funding coming to the state.

Discussion/Questions: Discussion about if the OSPTR Board has any ability to make county commissioners talk to their public health folks before decided how to use those funds. Carrie stated that she OSPTR only has oversight of the state funds, not the local funds – Danna agreed and said that the Department of Justice has decided that the Board only has oversight of the state funds. Rachael added that OHA is going through Tribal consultation, as well, and the Tribes may be making an ask. There was also discussion about the disconnect between prevention (Public Health) and treatment (Behavioral Health) and how this hinders response. Rachael agreed and stated there are conversations about bringing prevention and treatment together.

ESSENCE Shared Access: Amanda Faulkner discussed Oregon’s syndromic surveillance system, ESSENCE. This system has a number of restrictions because it is not required for hospitals to input data, so OHA is very careful about keeping this information private. However, OHA is hearing more need from LPHAs to have shared access across regions. There is an example of this where Deschutes, Jefferson, and Crook Counties have a data use agreement that allows a shared regional position access all data. If this is something counties are interested in, reach out to Amanda.

Discussion/Questions: Heather in Deschutes can share out the DUA they have for this access. In the sample DUA, it is clear about not publishing individual data without express consent, but LPHAs can request to share aggregated data via OHA. OHA also launched a Summer Hazard Trends Dashboard using ESSENCE data. OHA is unable to mandate that hospitals report into ESSENCE because there is no money to require it – however, every hospital with an emergency department is voluntarily reporting this data.

CDC Public Health Infrastructure Funds: Danna reviewed that the LPHAs that elected to receive CDC Infrastructure funds in FY 23 will need to report positions supported by these funds (both FTE and position type). OHA will need to submit this to



CDC by August 1st, so OHA will be requesting this in late June/early July. The goal is to make this reporting as simple as possible.

LPHA/Tribes Team Restructuring: Danna reviewed that the LPHA/Tribes team is restructuring. Anthony, Jamie, and Cessa will all be Public Health Systems Consultants, so a new map will be going out showing how counties are divided up between these three. Sara Beaudrault is shifting PE 51 and Modernization work to Andrew Epstein.

PHAB Modernization Funding Workgroup Update: Naomi reviewed that this group has met three times, and the work has slowed down to ensure LPHAs and CBOs are using the same definitions and terminology. Shellie added that the work has been very valuable and will take longer than anticipated. Florence added that there have been good conversations that dig in and work through assumptions and past interactions and moving past a one-size fits all approach. Cara added that the two questions the group is working through are: 1) what are the shared priorities for LPHAs and CBOs? and 2) what does it mean for a CBO to be local? The group will be looking at how to prioritize communities and populations for the next biennium.

Meeting Adjourned at 11:20 AM