



September 21st, 2023: Meeting of the Conference of Local Health Officials

Minutes recorded by Laura Daily (due to bandwidth issues at the venue resulting in poor video and sound quality, the recording is not posted)

Reviewed by Secretary Philip Mason-Joyner (10/13/2023)

Approved on October 19th, 2023

Chair Naomi Biggs called meeting to order at 09:30 AM PST and requested roll call. Treasurer/Secretary Philip Mason-Joyner conducted roll call:

Members Present (x if present):

X	Baker – Meghan Chancey	X	Hood River - Trish Elliot		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 Biggs*
X	Clatsop – Jiancheng Huang	X	Josephine – Mike Weber	X	Tillamook - Marlene Putnam
X	Columbia – Jaime Aanensen	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 – Folu Adeniyi
X	Deschutes – Heather Kaisner	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 – Trey Thompson		Marion – Wendy Zieker	X	CLEHS Caucus - Joseph Fiumara*
	Harney – Kelly Singhose	X	Morrow – Robin Canaday	X	PHAO - Lindsey Manfrin*

*Member of the Executive Committee

Public Health Division Staff Present: Rachael Banks, Wendy Polulech, Rolonda Widenmeyer, Andrew Epstein, Anthony Nickerson, Cara Biddlecom, Sara Beaudrault, Erica Sandoval, Time Noe, Kirsten Aird, Laura Chisholm, Brean Arnold, Cate Wilcox

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

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

Motion: Mike Baker moved to approve the August 2023 minutes. Jackson Baures seconded the motion. 0 nays, 0 abstentions, all remaining present in favor, motion passed.

Appointments: Naomi made the follow appointments:

- A2CPS: Katie Russell (Jefferson)
- CD: Katie Russell (Jefferson)
- EPR: Larissa Charlton (Jefferson)
- HPP: Trent Titus (Jefferson), Larissa Charlton (Jefferson)

Universally-offered Home Visiting Policy Option Package Review: Cate Wilcox and Brean Arnold reviewed the policy option package passed during the 2023 session for the universally-offered home visiting program (Family Connects). [Slides from the presentation available in the meeting materials](#). Highlights include (no dollar amounts available yet):

- Supports current state level staff and adds five new positions
- Community level investments: supports community alignment, service providers, high deductive health plan visits, tribal implementation, health equity, and workforce development
- Contracts to model developers and for program evaluation, medical director, and consultations for business, health equity, and the steering committee.
- Supports Medicaid match
- Current service level is \$7.4 million + \$5.9 million for 2023 POP = \$13.3 million total state general funds (not finalized and does not include federal funds).

Discussion: Question from members about costs to counties during the rollout (before program is revenue neutral). Cate stated that the state has funds to support counties during the rollout though they are aware there are a lot of barriers. They are taking lessons learned and trying to build those into upcoming POPs.

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Overdose Prevention Funding: Laura Chisholm provided a clarification on LPHA prevention funding at the request of the HPP Committee. Over the past few months, OHA has searched for funding for State Overdose Response work (federal funding for this program ended). OHA identified [SAMHSA Substance Use Prevention, Treatment and Recovery Block Grant](#) (SUPTRS or SUBG) as a source for this funding and wants to clarify today that this funding is for 2 years (goes from October 1st, 2023 through September 30th, 2025).

Laura also discussed that OHA is working with the HPP Committee to finalize the Overdose Response document for use of time during a rise in overdoses. The goal is to make sure this communication protocol works for all LPHAs with their various types and levels of overdose prevention work.

Bylaws Update: Laura reviewed that a small group of JLT members have been reviewing and revising the Conference Bylaws. The revisions are available in the meeting materials. Highlights are:

- Aligning language in the bylaws with statute (which created one more at-large seat on the Executive Committee)
- Updated caucus representation
- Cleaned up the Conference Committees section to streamline processes
- Removed consent agenda (not currently used)

Votes to change the bylaws can only occur at the annual Conference meeting (October). Please send feedback to Laura in the next month.

Discussion: During strategic planning on Tuesday, Board members were interested in using the consent agenda to streamline meeting time. Laura will add the consent agenda back into the Bylaws and send out the revision to everyone.

CLHO Elections: Bob Dannenhoffer provided an update on the Conference/Coalition Executive Committee Elections. They will take place on October 19th during the Annual Conference meeting. Voting will take place electronically. All current representatives wished to continue their roles, and no others have put their names forward. Current candidates are:

- Chair: Naomi Biggs
- Vice Chair: Carrie Brogoitti
- Secretary/Treasurer: Philip Mason-Joyner
- Large County Representative: Jackson Baures
- Medium County Representative: Shane Sanderson

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Small County Representative: Katie Plumb

Once the updated bylaws are approved, there will be an additional at-large seat for an extra small county. This person can be appointed after the election.

No discussion or questions.

Indirect Rate Project Update: Rolonda Widenmeyer provided an update on OHA's project to clarify indirect rates. There have been recent triennial review findings regarding indirect rates which presents risks for OHA and LPHA funding, but providing the documentation and submitting for an increased indirect rate is complex. The workgroup has been working on this for many months and has been reviewing Oregon documents and the methods other states use. This workgroup has been creating tools to help organizations determine which indirect rate they can use (checklists, examples, training module, etc.). These draft products will go to a fiscal analyst and LPHA reviewers to test before being developed into a full training. The goal is to allow everyone to recover an appropriate percentage for facility and administrative costs since the de minimis of 10% is frequently not enough and to help each organization understand the best method for them.

Discussion/Questions: Members expressed appreciation for this work since this has been a surprise for many on their triennial review and has been a major concern – Douglas, Klamath, Jackson, and Josephine Counties all volunteered to test the draft products. For context, LPHAs cannot submit for an increased indirect rate separate from their other county departments, and there are multiple methods for determining the correct indirect rate. This will be covered in the training. The plan is to get all this material out for use in January 2024.

PHAB Accountability Metrics: Sara Beaudrault provided an update on the 2023-25 accountability metrics for public health Modernization funding ([slides available in meeting materials](#)). In June 2022, PHAB approved an updated framework for accountability metrics, and in May/June 2023, PHAB approved the new CD and EH indicators (listed on first slide). About 25-30 LPHA staff are currently working on this to identify process measures – these measures are what LPHAs will be accountable to. There is also work to determine process measures for OHA and for CBOs that receive Modernization funds. There will be additional consultation sessions with LPHAs in November, and PHAB should adopt the process measures at their December meeting. In February 2024, PHAB should have also identified and adopted statewide benchmarks for these metrics and how LPHAs will be eligible for incentive payments, and OHA will begin collecting and analyzing data for reporting in June 2024.

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Discussion/Questions: The committee reviewing climate and health indicators is an offshoot of the CLHO EH Committee but includes all different county staff. For health outcome metrics like hospitalization and urgent care visits related to air quality and smoke (things beyond an LPHAs' control), we will be reviewing those at a state level and aiming for state benchmarks so counties that have high incidence of this are not singled out. County-level data will be used to determine which populations are most at risk and what support we can provide to those counties. Members flagged considerations for immunizations, including getting high-dose vaccines to seniors and getting data from neighboring states – Sara will bring that up to the subcommittees discussing process metrics. Bob encouraged all administrators to review the process measures and understand what work they will held accountable to – Sara stated that these can be shared but they are very much in process. For developing Modernization workplans, LPHAs should consider using these metrics, but Sara acknowledged that this process is a couple steps behind. The workgroups will also be documenting the data sources to ensure LPHAs can access the sources.

PHAB Public Health Modernization Workgroup: Cara Biddlecom provided an update on the Public Health Advisory Board Public Health Modernization workgroup. This is a group of CBO, PHAB, and LPHA representatives who are developing improvements for the 2023-25 Modernization funding for CBOs. The group has completed several deliverables:

- A method for equitably distributing funds across the state: use the Public Health Modernization funding formula to estimate amounts that should be distributed to counties and emergency preparedness regions.
- A definition of a “local” organization and what partnerships should look like: both new and currently funded CBOs will define whether or not they are a local organization and describe the activities and work happening in each county (to get more clarity on what counties are being served)

Next, the workgroup will be addressing how LPHAs will be involved in the CBO application review process and how LPHAs and CBOs will work together on Modernization.

Discussion/Questions: Naomi added that the last meeting was very productive. Question about whether this is the braided funding or if it's different – Cara clarified that this workgroup is focused on Modernization general funds. The workgroup also discussed that encouraging collaboration and connection between LPHAs and CBOs is meant to build those relationships and to create opportunities for a shared workplan. Question about whether the workgroup is focused on just geography or also on populations (i.e. birdwatchers) – Naomi stated that she can bring this up, and Cara said that the focus has been on geographic disparities but they don't want to lose sight of population disparities (for example, we know that the disability community is underserved statewide).

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CBO RFGA – LPHA Contacts: Cara Biddlecom reviewed that the PHM Workgroup has also discussed different methods for developing early collaboration between LPHAs and CBOs. One of these methods is to require two letters of support with the CBO applications (and one is strongly encouraged to be from the LPHA). As such, OHA would like to create a list of LPHA contacts (one per LPHA) for CBOs to refer to as they are completing their applications. PH Systems Consultants will be reaching out shortly for this information.

Discussion/Questions: Question about whether an LPHA can provide feedback if the CBO does not provide a letter of support. Cara said that the workgroup can discuss this at the next meeting. Question about adding to the scope of this workgroup (for example, if they want to add work around specific populations) – would this need to be approved through PHAB? Cara stated that discussing specific populations is within the scope of the workgroup, but if there is something completely separate the workgroup wants to discuss, that would likely go to PHAB. If administrators would like to provide input, they can attend this public meeting and offer public comment, or they can reach out to one of the administrators on the group to offer a specific opinion.

Governor’s Support and Direction for the Public Health System: Rachael Banks provided a briefing to the Governor’s office on Public Health Modernization and received some direction from the Governor regarding Public Health Modernization. Governor Kotek is supportive of public health and has the history and context of Modernization because of her history in the Legislature. Governor Kotek had a lot of questions about outcomes and accountability and getting to a granular level about how the process measures (i.e. the work that LPHAs are doing) lead to those outcomes. Her vision is to have all the parts of the public health system collaborating within their defined roles and working towards health outcomes. Rachael reviewed that it will be important to be specific and methodical in how we communicate how our work contributes to health outcomes and to maintain flexibility at the local level. Our future reporting and data collection may reflect this work - for example, saying “this many counties had a climate adaptation plan” does not get at what is in those plans and what it means. To get to this place where we are creating that shared narrative and communicating our collective impact, there are a couple of ideas:

- Convening all public health system partners to discuss roles and shared vision.
- Defining what public health system partner is fulfilling each role – the PHM Manual had checkboxes next to LPHAs and OHA roles, but we may need to get more granular and define which pieces of those roles belong to which partner and adding additional partners. Rachael clarified that the goal is not to redo the whole Modernization Manual, but some sections may warrant additional conversations to get granular and define specific partner roles.

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Discussion/Questions: Concerns about S&I's work on the Modernization Implementation Plans – should they pause their work as we define these roles? Rachael stated that she would hate to see the committee pause their work but that the committee could discuss this new direction from the Governor and consider how it might influence their work. The Governor's direction is aligned with the work we are already doing, but it is a level down/more specific – her goal is to understand how everyone is contributing to the accountability metrics and to get there more quickly. Question about how CCOs and health systems transformation (which was a major push when Modernization started) factor it – does the Governor see public health's role in this larger system? Rachael stated that they did not discuss this, but it aligns with how we are communicating public health's role in this larger system – for example, if public health got a seat on the local safety council, we should be able to describe what that means and what the impact will be. Jessica offered that S&I is creating Modernization Implementation Plans based on what is in statute, so if there is an expectation that LPHAs incorporate more into these plans (roles, accountability metrics, etc.), S&I needs some direction and clarity around this. April asked about defining and agreeing on all the parts of the public health system and their roles – while the PHM Manual has good bones, it would be helpful to add in these definitions to help us do this work right. Florence also asked about which partners in the public health system (which includes many more partners than just governmental public health and CBOs) will be held accountable to the metrics. Rachael offered that the partners included might depend on the metric (for example, include CCOs in immunization metrics). Florence also asked how we ensure that the Governor understands that public health hasn't been slacking – two-year-old immunization rates might have gone down, but we were focused on COVID response and immunization while also struggling with workforce. Jiancheng offered that different funding mechanisms and streams for counties based on their populations and health disparities would be helpful. Rachael agreed that we want to invest (and over-investing, at times) in places and populations that are unseen.

Meeting Adjourned at 11:55 AM

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