



November 16th, 2023 Meeting of the Coalition of Local Health Officials

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

Reviewed by Secretary: Philip Mason-Joyner

Date Approved: January 18, 2024

Chair Naomi Biggs called meeting to order at 11:45 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 – Andrea Hamberg
X	Benton – Sara Hartstein	X	Jackson - Jackson Baures*	X	North Central PHD - Shellie Campbell
X	Clackamas – Philip Mason-Joyner*	X	Jefferson - Mike Baker	X	Polk – Naomi Biggs*
	Clatsop – Jiancheng Huang	X	Josephine – Mike Weber		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*		Washington – Marie Boman-Davis*
X	Deschutes – Heather Kaisner	X	Lincoln - Florence Pourtal	X	Wheeler – Sarah Hartenstein
X	Douglas - Bob Dannenhoffer		Linn – Shane Sanderson*	X	Yamhill - Lindsey Manfrin
X	Gilliam – DaiLene Wilson	X	Malheur - Sarah Poe	X	HO Caucus - Pat Luedtke*
X	Grant – Trey Thompson	X	Marion – Wendy Zieker	X	CLEHS Caucus - Joseph Fiumara*
	Harney – Kelly Singhose		Morrow – Robin Canaday	X	PHAO - Lindsey Manfrin*

*Member of the Executive Committee

Public Health Division Staff Present: Danna Drum and Jamie Coleman

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

Guests Present: Justin Hopkins and Caitlin Young (Building Community Resilience)



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

Motion: Jackson moved to approve the October 2023 minutes. Heather seconded the motion. 0 nays, 0 abstentions, all remaining present in favor, motion passed.

Appointments: Naomi and Laura reviewed that CLHO has been invited to have a representative on the Behavioral Health Crisis System Advisory Committee. Four people put their names forward: Lindsey Manfrin (Yamhill HHS Director), Todd Noble (Linn HHS Director), Stacy Brubaker (Jackson HHS Director), and Avalon Mason (Benton Mental Health Promotion & Prevention Coordinator). Each were offered 1 minute to speak today about why they wanted to be CLHO's representative before the Board votes to select a representative. Lindsey was present and described her experience in bringing a public health lens to this committee. Other candidates were not present.

Via Mentimeter vote, 22 voted:

- 19 votes for Lindsey Manfrin
- 1 vote for Todd Noble
- 1 vote for Stacy Brubaker
- 0 for Avalon Mason

Based on this vote, Naomi appointed Lindsey Manfrin to be CLHO's representative on the Behavioral Health Crisis System Advisory Committee.

Strategic Plan Review: Naomi reviewed the draft CLHO Strategic Plan developed over several months of planning and during the CLHO Annual Retreat. The Executive Committee reviewed the plan this week and did not have major revisions. The Strategic Framework is modeled after Public Health Modernization:

- Three Foundational Programs: Legislative Advocacy, Executive Branch Advocacy, and Public Health Workforce Development
- Five Foundational Capacities: Resource Development, Organizational Development, Member Engagement, Communications, and External Partner Development



Each program and capacity have objectives, activities and metrics. Activities that will take place in Year 1 are in a timeline towards the end of the document. CLHO's mission, vision, and health equity statement are included in an annex.

CLHO staff will send this to the full Board and would like feedback on three questions by December 2nd: Is this framework correct? Is anything critical missing? And is anything misplaced or out of scope?

After December 2nd, CLHO staff will incorporate feedback and send it out again for final review. The Board will vote to adopt the Strategic Plan at the December Coalition Meeting, and it will take effect January 1st, 2024.

No questions or discussion at this time.

December Board Meeting: The normal Board meeting falls on December 21st which is close to when people typically take time off for the holidays. The meeting could be moved up one week to December 14th if everyone's calendars allow. The primary purpose of this meeting would be to discuss and approve CLHO's Strategic Framework. Laura opened a poll to determine best date and time. 12/21 remained the day that most people are available.

Discussion: Naomi offered that the 12/21 meeting be a space for discussion but that the vote take place via email so everyone can participate. If there aren't significant revisions to the Strategic Framework, CLHO staff can cancel the 12/21 meeting entirely and just vote via email. Group agreed to keep 12/21 on the calendar – CLHO staff will send out more information as the date gets closer.

Legislative Committee: CLHO Policy Principles: Anthony (Legislative Committee Co-Chair) reviewed the CLHO Policy Principles. This document outlines policies and funding priorities that CLHO Staff can work on without direct votes of approval from the Legislative Committee. Things included in this document are “no-brainers” for public health advocacy and that are not likely to result in controversy. Laura added that the document includes a clause at the end that CLHO staff will still consult with the Legislative Committee or Executive Committee if the impacts of a funding or policy are uncertain, far-reaching, or controversial. Sarah added that of the members present at the November 2nd Legislative Committee Meeting, 9 voted in support and 1 abstained (because they had to step away for a phone call during the discussion).

Discussion: Sarah clarified the “why” behind this document. During the Strategic Planning session, Board Members expressed wanting to give CLHO staff more flexibility and autonomy in their day-to-day work. This process would allow CLHO staff to be more efficient in responding to easy sign-on asks from partners. It would also reduce burden on the



Legislative Committee (which was meeting twice per month during session) – the committee is also made up of subject matter experts who are sometimes lukewarm on areas outside of their expertise. For determining if issues are controversial, Sarah will exercise her judgement and check in with counties that have a history of not supporting public health issues and with the Committee Co-Chairs. Members will still receive updates on all the concepts and policies that CLHO supports through Legislative Committee updates, Sarah's weekly email update during session, BillTracker spreadsheets sent via email, and at monthly Board meetings, so there will be opportunities to discuss and clarify support if needed. Anthony added that this is meant to support concepts that are foundational to public health and that public health professionals would universally agree on. Lindsey offered that it may be necessary to reassess the membership on the Legislative Committee if there are concerns about which policies they vote to support.

Motion: The Legislative Committee has made a motion and a second to approve the CLHO Policy Principles document. 0 nays, 0 abstentions, all remaining present in favor, motion passed.

CCO Funding Advocacy Survey: Sarah reviewed that some Board members suggested CLHO support LPHAs in pursuing funding from the Coordinated Care Organizations. CLHO would be unable to provide direct advocacy to the 16 CCOs, but CLHO can put together some shared learning opportunities and develop some tools to help LPHAs pursue funding. To start, Sarah would like to start with a survey to get information about which LPHAs currently receive funding – those that do receive funding could then collaborate with CLHO staff on a webinar for their colleagues about the process for doing this.

Discussion: Board members asked if securing CCO funding for LPHAs (or raising reimbursement rates for billable services) is something OHA could help with. Danna shared that it would be challenging – funding for public health has been proposed in CCO contracts before, but it has always come out before contracts are approved. Jamie offered that the OHA Transformation Center has expressed interest in facilitating funding relationships since many LPHAs do so much work around joint CHAs/CHIPs. Jocelyn offered that Jeanne Savage with Trillium has offered to meet with CLHO and workshop building partnerships – Trillium does provide Lane County with some funding. Lindsey offered that CCOs have been mandated by OHA to fund different partners for various priorities (health-related services, mobile health, etc.) and have increased reimbursement rates for some behavioral health services at OHA's direction. Anthony shared that he originally proposed a bill mandating 0.5% of CCO funding to LPHAs to Sarah but understood her reservations since the CCOs have powerful lobby teams. He has been working on his CCO for the past three years and received news last night that the CCO was going to provide Coos Health and Wellness with \$65k for WIC and \$65k for prevention (uncertain if it's ongoing or one-time). He also suggested that having a new OHA Director could provide an opportunity for change on this. Philip suggested that a small group of administrators review the proposed



survey to ensure we are gathering all the information we need. Philip, Heather, Jocelyn, and Pat volunteered – Laura will follow up with them.

Building Community Resilience in Oregon: Justin Hopkins and Caitlin Young provided an overview of Building Community Resilience (BCR) in Oregon (slides available in meeting materials). This work is centered around how ACES and SDoH are linked and how individual and community trauma interact in complex ways that create barriers to health and for many people. BCR is a nationwide project and is affiliated with the [George Washington University Milken School of Public Health](#). Oregon's initiative started in 2017 from partnerships between a Portland elementary school and health system partners to address food insecurity. BCR is intended to build trust between community members and all health system partners while advancing population health. This has been a great thought partnership, and a new focus is to bring public health to the table and to work more at the local level rather than the state level to have more meaningful impact. The ask today is for public health people who are interested to join the BCR group in Oregon (about a 1 hour/month commitment).

Discussion: Jennifer expressed interest in participating. Sarah P. asked about accessing the resources – Caitlin will share those. Jocelyn asked about examples of how this fits into MAPP 2.0 – Justin clarified that BCR's engagement model is meant to support MAPP 2.0, but there aren't any examples of that in action yet since MAPP 2.0 is so new. Sarah L. will share Justin and Caitlin's contact information with the group – those who are interested in participating can reach out.

Reminders & Announcements: Sarah reviewed several reminders and announcements.

- OHA recently [published](#) some stories of LPHA/CBO partnerships in Union, Clackamas, and Lincoln. CLHO would like more of these to use during the Legislative Session to illustrate the work of public health in communities for legislators. Please send CLHO your local success stories with community partners.
- Oregon Public Health Institute can support LPHAs with hiring/contracting. Board members discussed that there are challenges in creating non-union represented positions, so administrators will need to check their county procedures to be sure they can pursue this (Crook and Jefferson are currently working on this with OPHI).
- The Alcohol Pricing Taskforce was created during the 2023 Legislative Session. CLHO tried to get a seat for a public health representative on this taskforce but was unsuccessful. The Association of Oregon Counties did get a seat, and they asked Sarah to be the representative. Sarah should be appointed by the Governor shortly and will work with members to ensure the public health voice is heard on this taskforce.



- CLHO sent out a survey to gather information about prevention staff and funding. This is to help CLHO advocate for additional prevention funding. Please complete this by the end of next week.
- Mary Lou Hendrich, former deputy director of public health and retired public health nurse, is running for House District 46 (current Rep. Kahn Pham is running for a Senate seat). Sarah is hosting a house party for her campaign kickoff on 12/9, and all are welcome – this is an exciting opportunity to have a strong public health advocate in the Oregon Legislature.

Meeting Adjourned at 1:10 PM PST.