



April 18th, 2024 Meeting of the Conference of Local Health Officials

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

Reviewed by Secretary / Treasurer Philip Mason-Joyner

Approved on May 16, 2024

Chair Naomi Biggs called meeting to order at 10:45 AM PST and requested roll call. Vice-Chair Carrie Brogoitti conducted roll call:

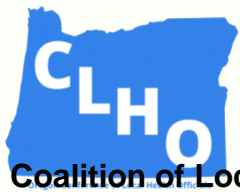
Members Present (x if present):

X	Baker – Meghan Chancey		Hood River - Trish Elliot	X	Multnomah – Andrea Hamberg
	Benton – Sara Hartstein	X	Jackson - Jackson Baures*	X	North Central PHD - Shellie Campbell
X	Clackamas – Philip Mason-Joyner*	X	Jefferson – Katie Russel	X	Polk – Naomi Biggs*
	Clatsop – Jiancheng Huang		Josephine – Mike Weber		Tillamook - Marlene Putnam
X	Columbia – Jaime Aanensen	X	Klamath - Jennifer Little	X	Umatilla - Joseph Fiumara
	Coos – Tim Lynch		Lake - Judy Clarke	X	Union - Carrie Brogoitti*
X	Crook – Katie Plumb*		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		HO Caucus - Pat Luedtke*
X	Grant – Jessica Winegar	X	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: Danna Drum, Wendy Polulech, Cessa Karson, Anthony Nickerson, Sara Beaudrault, Cara Biddlecom, Collette Young, Andrew Esptein, Kirsten Aird, Annick Benson, Tim Noe, Lily Banning, Tameka Miles, Ryan Barker, Brett Sherry, Kim Riddell

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

Guests Present: Felis Peralta and Erica Gonzalez Jones (Puget Sound Educational Service District)

Quorum established. Naomi reviewed the agenda and requested a motion to approve the March 2024 minutes.

Motion: Jennifer moved to approve the March 2024 minutes. Robin seconded the motion. 0 nays, 0 abstentions, all remaining present in favor, motion passed.

Appointments: Naomi made the follow appointments:

HPP: Lucy Wehr (Polk), Haley Schimmel (Columbia), and Jaime Aanensen (Columbia)

PE 12 Funding Formula: Selene Jaramillo (EPR Co-Chair) reviewed recommendations for PE 12 – Public Health Emergency Preparedness (PHEP) and supplemental funding. OHA is applying for the 2024-2028 PHEP NOFO Supplemental Resources (due April 20th). For planning purposes, the committee used the 2024 FY total amount of \$3,097,428 – the actual award amount will be \$2,938,347 (a difference of \$159,081). County amounts are available in the meeting materials. The EPR Committee reviewed and is making a recommendation to the CLHO Board that the funding formula remain unchanged and minor language changes be made to PE 12 (full details available in the meeting materials).

Discussion: Board discussed that level funding for a program actually results in a decrease due to inflation and rising costs - five-year grants do not account for changes to wages and personnel costs. Many LPHAs in Oregon struggle to fund a full-time PHEP person or an amount of FTE appropriate for their population (even with Modernization funding). Oregon has historically been a blue sky state up until recently, so emergency preparedness has not been prioritized like it has in other parts of the nation. OHA is also struggling to keep staff on with the decreasing funding.

Motion: The EPR Committee has made a recommendation to make no changes to the PE 12 funding formula. Marie seconded. 0 nays, 0 abstentions, all remaining present in favor, motion passed.

Motion: The EPR Committee has made a recommendation to make language changes to PE 12. Philip moved to approve the language changes. Jennifer seconded. 0 nays, 0 abstentions, all remaining present in favor, motion passed.

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HIV Early Intervention Services and Outreach (EISO) Funding Update: Annick Benson provided an update on PE 73: HIV Early Intervention Services and Outreach (EISO) Funding Update. This program is supported HRSA Ryan White funds and supports 8 LPHAs. When CLHO approved PE 73 in fall of 2022, there was a set aside of \$993,896 for outreach to priority populations. The OHA program returned to CLHO CD in February 2024 to present an amendment that clarified the use of these set-aside funds. The CD Committee discussed the loss of funding from PE 10 for DIS services (which impacted 25 counties) and asked if this supplemental funding through PE 73 could be used more strategically to fill those gaps. OHA program staff are looking into all possible methods and funding streams to help fill the gap in DIS funding, but these set aside funds have already been obligated to PE 73. The amendment has been rescinded and the funding will be distributed to the 8 currently-funded LPHAs (for all previously approved expenses - COLAs, outreach, etc.).

Discussion: Board discussed the benefit of the DIS training that was provided through PE 10 and asked if those services can be continued. Annick said that OHA will continue providing currently-offered training services and will look for opportunities to provide more.

TPEP Governance Ambassador Work Group: Gwyn Ashcom provided an update on the TPEP Governance Ambassador's workgroup (background available via slides in meeting materials). The workgroup has made recommendations on the structure of the TPEP Governance, including membership criteria, timeline, and scope of work. The scope of work for the TPEP Governance Group will be: policy development, program improvement, program strategy, and budget strategy. All areas of work will be informed by a community engagement framework to involve community, organizations, and coalitions involved/impacted by this work. These recommendations may require OHA to request that the Governor rescind a 1997 Executive Order that formed TRAC.

Discussion: The funding guidelines referenced are those used for BM 44 and BM 108. The Board discussed that the funding guidelines for BM 108 weren't clear – Tim shared that the intent of this Governance Group is to bring together all partners to make unified recommendations. The process for the HPP Committee approving PEs would remain largely unchanged – the Governance Group will make recommendations that informs the funding, and then the funding will inform changes to PEs, which will be reviewed by HPP. Katie added that the work group discussed the need to bring in a variety of partners AND provide onboarding and training so that all Governance Group members understand these processes.

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Public Health Advisory Board Funding and Incentives Committee Updates: Sara Beaudrault shared that the PHAB is required to review and potentially update the Public Health Modernization funding formula every two years. They made significant changes to the funding formula two years ago (ensured each county received enough funding to hire at least one FTE). As they are getting ready to review the funding formula, the PHAB Funding and Incentives Committee would like to hear from LPHAs about how the previous changes impacted them and their work. S&I has been working on a survey for LPHAs (topics listed in meeting materials), and OHA will send that survey out to all LPHAs in the next few weeks. This will be an optional survey, but it is helpful if as many LPHAs as possible participate.

Childhood Lead Poisoning Prevention Program: Brett Sherry and Ryan Barker with the Childhood Lead Poisoning Prevention Program provided an update to some changes within the program. CDC recently lowered the reference value for blood lead levels (5.0 dl to 3.5 dl). Because of this change, there has been a 65% increase in cases needing investigation. The program has been working on some changes to help LPHAs with the increasing caseload:

- OHA is taking on presumptive cases found through capillary tests with levels between 3.5-5dl to reduce load on LPHAs. LPHAs still handle cases at 5.0 and above.
- OHA has received approval to pay for the required training for LPHAs to do the environmental risk assessments.
- OHA also has a contract with an organization that can do the risk assessments if LPHAs are not able to do the assessment.
- Investigative guidelines are also being reviewed and updated by an advisory committee.
- LPHAs can request reimbursement for these risk assessments if the child involved is covered through the Oregon Health Plan. However, there have been barriers to doing this, and many LPHAs have given up. The Lead program is working with the OHA Health Systems Division to fix these issues so LPHAs can be reimbursed.
- OHA recently purchased XRF device that can accurately detect lead in environmental risk assessments. OHA can lend these devices to LPHAs if necessary.

Discussion: Board discussed challenges with addressing blood lead levels for kids living in low-income/old housing with no options to move and asked if there is a way for OHA to pushback on this. Brett shared that OHA is exploring options for that – health-related social needs funding through OHP can do lead abatement, Healthy Homes grant program that can be used for lead abatement, etc. The program is also working with partners to ensure parents have information on resources and programs to reduce lead exposure. The Board also discussed that environmental lead exposure is a legacy issue that we need to get in front of, and that requires starting conversations and engaging with parents early.

Break for Lunch

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PHD Indirect Rate Overview: Kim Riddell provided an overview of the indirect rate calculation for the Public Health Division. Danna shared that this presentation is coming from a request to understand PHD's indirect rate – it has been delayed several times. High level points include (slides are available in the meeting materials):

- Costs are determined by Department of Administrative Services through a statewide assessment. Costs are distributed across all 130 state agencies.
- ODHS and OHA are sister organizations and share many costs.
- Allocated costs are distributed first by agency, then division, then center, then section, then program, and then grants (over 200 grants within PHD).
- Direct and indirect costs are differentiated within PHD by a coding structure.
- There is no actual limit to indirect cost allocation – PHD has a percentage limit that is federally required.
- When an indirect rate is calculated incorrectly and overcharged to a grant, the grant cannot be charged anymore, and funds must come from General Fund.

Discussion: Very few Program Elements have a cap, and OHA typically respects the LPHA's indirect rate (if a program is arbitrarily setting a cap, reach out to Danna). A challenge is that several triennial reviews have found LPHAs using an indirect rate above de minimis. If a county wants to use a rate higher than the de minimis, they must prove the need for a higher rate and seek approval from the Feds as a county (not just the public health department). The de minimis rate will be increasing from 10% to 15% in October 2024. OHA will provide training in the near future for LPHAs. The Board discussed that smaller counties struggle to do the work necessary to get a higher rate approved, but they are hurt by not seeking a higher indirect with rising costs. Danna offered a time on a Friday Administrator's call for LPHAs to share with each other.

CBO Gaps Data: Postponed to next month due to time.

Agency Request Budget/Policy Option Packages Update: Cara Biddlecom shared that there are no budget cuts anticipated for the 2025-27 biennium. However, OHA has been instructed by the Governor to limit General Fund increases to 1% for the entire agency (~\$53 million on top of current service level). OHA is looking at incremental increases to essential programs, and they are awaiting the revenue forecast to get a better picture of what might be available for public health. This 1% limit does not include the Governor's priorities (so new Behavioral Health investments will not come from that 1%).

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OHA-PHD Director Recruitment Process: Kirsten Aird thanked LPHAs for their input on the OHA-PHD Director Recruitment process – this feedback has helped OHA develop the process, though the decision will ultimately be Dr. Hathi's. There will be a series of panels based on different roles of public health system partners. CLHO will have two seats on the community panel. There will be 5 interview steps with a goal of having a final decision by May. There were a lot of applicants – a lot of folks are interested in what Oregon is doing in public health.

Meeting Adjourned at 12:55 PM

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