



March 21st, 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 April 18, 2024

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		Multnomah – Andrea Hamberg
X	Benton – Sara Hartstein	X	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	X	Josephine - Janet Fredrickson		Tillamook - Marlene Putnam
X	Columbia – Jaime Aanensen	X	Klamath - Jennifer Little	X	Umatilla - Joseph Fiumara
X	Coos – Tim Lynch	X	Lake - Judy Clarke	X	Union - Carrie Brogoitti*
X	Crook – Katie Plumb*	X	Lane – Pat Luedtke	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 – 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, Kirsten Aird, Larry Hill, Tom Jeanne, Andrew Epstein, Cessa Karson, Wendy Polulech, Tim Noe, Anthony Nickerson, Amanda Timmons, DeWayne Hatcher, Jillian Garai, Lynn Brady, Cara Biddlecom, Brean Arnold, Cate Wilcox, Collette Young

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Coalition of Local Health Officials Staff Present: Sarah Lochner, Executive Director; Laura Daily, Program Manager; Jenny Rudolph, Public Health Workforce Liaison

Other LPHA staff: Shawn Martinez, Josephine; Rebecca Sticker, Malheur

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

Motion: Katie moved to approve the February 2024 minutes. Bob seconded the motion. 0 nays, 0 abstentions, all remaining present in favor, motion passed.

Appointments: Naomi made the follow appointments to CLHO Committees:

Communicable Disease

Klamath: Kellie Hansen

Yamhill: Abigail Gray

Washington: Folu Adeniyi

Umatilla: Alisha Lundgren

Deschutes: Rita Bacho; Michelle Ashby

Polk: Emily Brateng

Columbia: Lillia Rodgers

Multnomah: Sara McCall; Chris Hammel

Morrow: Sarah Rea

Douglas: Bob Dannenhoffer; Laura Turpen

Hood River: Trish Elliott; Lindy McCasland

Marion: Rachel Posnick; Dana Finch

NCPHD (Wasco/Sherman): Marta Fisher

Benton: Gerald Dyer; Sara Hartstein

Lincoln: Callie Lamendola-Gilliam

Clatsop: Lisa McClean

Clackamas: Anna Summer; Michelle Mattison

Crook: Joanna McCabe

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Emergency Preparedness and Response

Multnomah: Dr. Richard Bruno

Environmental Health

Lincoln: Kaline Chavarria (appointed for Lincoln County and confirmed as Co-Chair)

JLT Recap: Naomi provided a recap of the morning Joint Leadership Team meeting. JLT received an update on the Legislative session; discussed using the Orpheus User Group call as a place to discuss Investigative Guidelines; discussed that OHA is reviewing PE 51 budget guidance and where they can provide exceptions when counties need to build up infrastructure not within the current allowable expenses; discussed the EISO funding amendment that was not approved by CLHO CD and which will come to the Conference in April.

Program Element 42 – Maternal and Child Health; Program Element 63 – Family Connects: Rebecca Collett (A2CPS Co-chair), Senna Towner, and Brean Arnold (OHA-PHD) reviewed the updates to PE 42 and 63.

- Rebecca reviewed that A2CPS approved both PEs with consensus (Columbia abstained). Committee discussed the additional reporting added to PE 63 – no other major discussions.
- Senna reviewed the main changes to the PE 63: Family Connects directives have been moved out of PE 42 and into PE 63, and they have added Community Lead and Newborn Nurse Home Visitors Provider functions in PE 63. Rebecca added that the new reporting (quarterly summary of revenue and expenditures that is separate from the quarterly R&E report) will be in the aggregate form to protect privacy and will help OHA understand the funding needs.
- Senna reviewed the main changes to PE 42: Family Connects functions are no longer included, language updated to be gender inclusive, and PE 42-03 and -06 are being combined for revenue expense reporting and will now be called MCAH General Funds and labeled PE 42-03.

Discussion: New reporting will include CCO funding, MAC funding, county general fund, and any other revenue that is helping support the program and expenditures. OHA will provide a template, and LPHAs will only need to report basic information. Family Connects was moved to PE 42 because portions of it were separated (in 42 and 63) and this was an effort to simplify. Changes will be effective July 1 2025.

Motion: The A2CPS Committee has made a motion to approve the changes to PE 42 and PE 63. Marie seconded. 0 nays, 0 abstentions, all remaining present in favor, motion passed.

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Immunization Policy Advisory Team Seat: Danna reviewed that the IPAT provides guidance and recommendations to Oregon Immunization Program. Current representatives from LPHAs include a Health Officer rep (Teresa Everson, Multnomah), an LPHA Administrator (Jiancheng Huang, Clatsop), and at-large LPHA (Lisa Chambliss, Lane), and an

Immunization Coordinator (which is going to be vacant). Based on current representatives, it would be ideal to get a rural, small, southern/eastern representative to fill the vacant seat. They meet 4 times per year. Shelby Thompson (Wheeler) volunteered to be in this position. No one else state interest, and members expressed support for Shelby. Naomi and Danna confirmed that no Board action is needed.

OHA Director Introduction: Dr. Sejal Hathi introduced herself as the new OHA Director. She expressed appreciation to all LPHA administrators for their work and dedication throughout the last few years of pandemic response. Dr. Hathi is a primary care/internal medicine doctor by training and was previously in New Jersey serving as the State Health Officer and Washington DC as an advisor to the Biden Administration on domestic public health issues. She has been impressed with Oregon's commitment to taking bold, innovative action, and that is due to collaborative partnerships with leaders on the ground. She's committed to hearing from LPHAs on how to increase transparency and collaboration.

Discussion: Board expressed appreciation for Dr. Hathi's regional visits. Dr. Hathi is interested in revisioning public health post-pandemic and triple-demic and to return to priorities that were neglected during the pandemic – in alignment with Oregon's work around Modernization. Board discussed concerns about lack of stable funding (even Modernization only allows public health to look ahead two years) outside of crises. Dr. Hathi shared that this is a priority – while the funding landscape looks austere (i.e. may remain at current service level) in the coming years, she is interested in advocating for public health given the lessons learned from the pandemic, especially as it fits into the Governor's priorities of behavioral health, homelessness/housing, and early childhood learning. The budget development process looks different this year from previous years, and OHA is waiting to hear from the Governor's office on what POPs will go forward and will share information with LPHA partners when it's available.

Board members discussed the desire to reduce siloed approaches to addressing the Governor's priorities. We can identify the connections between public health and these three priority areas and provide public health with the resources and capacity to do this work since public health is not currently funded for many of these things. Marie provided two examples where LPHAs essentially volunteer staff time to support work in these areas when they are already stretched to capacity:

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- Public health is not funded for suicide prevention work, but public health is statutorily required to work on this and provide support to partners around data, vital statistics, and post-vention.
- CCOs are statutorily required to work with LPHAs on the Community Health Assessments, but they are not required to pay LPHAs for this time or effort (many LPHAs do the community engagement and data work necessary to develop a CHA/CHIP without being paid to do this work). This helps CCOs meet their metrics and implement the new 1115 Waiver that has an emphasis on housing stability.

Board members agreed with these statements and examples and discussed ways CLHO can identify these connections and methods for supporting LPHAs. Naomi stated that this would be a better topic for the Coalition meeting if OHA does not have direction from the Governor on how to engage. Cara confirmed that OHA does not have direction yet.

Board also discussed the regional meetings – several LPHAs expressed desire for the public health and behavioral health to have joint meetings. Dr. Hathi shared that regional meetings have been held with PH and BH consecutively and with overlap and invited all future meeting attendees to attend both. Board members expressed that invitations to these regional meetings may not be clear that these meetings should be joint or overlapped and this may have happened organically where there is a joint HHS – Cara and Danna stated they would reach out to those scheduling the meeting to address that and thanked everyone for their patience and flexibility in scheduling these meetings with multiple partners.

Accountability Metrics Added to Program Elements: Danna Drum and Collette Young shared that they've been working with OHA program staff and the CLHO CD Committee to incorporate the Public Health Accountability Metrics into PE 01, PE 10, and PE 43. Updates reflect the goal of showing the alignment of PE work with PH Modernization and Accountability Metrics.

Program Element 01 – State Support for Public Health: Danna reviewed that the major changes include a lot of clean-up (remove reference to Opera and COVID-funded CBOs) and adding the accountability metrics (but not in the reporting requirements section). All references to COVID will be removed when all COVID funding stops. The CD Committee made the recommendation unanimously to approve these changes.

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Discussion: Discussion about how the accountability metrics present in the PE are vague when the specifics of the metrics are complex – OHA has sent out an initial draft and will continue working with LPHAs to refine them to ensure we have good data quality.

Motion: The CD Committee has made a recommendation to approve the changes to PE 01. Heather seconded. 0 nays, 0 abstentions, all remaining present in favor, motion passed.

Program Element 10 – Sexually Transmitted Infections: Collette and Danna shared that the main change is the addition of the Accountability Metrics around syphilis and congenital syphilis. These are only in Section 3 because they are statewide, general accountability metrics, not individual performance measures.

Discussion: Board discussed how PE 10 was revised when CDC allocated DIS funds, and many LPHAs do not have DIS funds anymore. The current PE still reflects the higher level of work that is not funded. Collette shared that OHA is looking for solutions to fill the gap in DIS funding and wants to partner with LPHAs to understand how to better support the on-the-ground workforce but that changing language in PE 10 may be premature.

Motion: The CD Committee has made a recommendation to approve the changes to PE 10. Bob seconded. 0 nays, 0 abstentions, all remaining present in favor, motion passed.

Program Element 43 – Immunizations: Danna and Amanda Timmons reviewed that the major changes are the addition of the Accountability Metrics, changing the name from 317 Program to Vaccine Access Program (section 4), and removing requirement that LPHAs administer vaccines in alignment with OHA's Model Immunization Protocols – instead, LPHAs will need to administer vaccines in alignment with the 317 Chart. Amanda also noted minor changes to include a citation since CLHO CD approved it.

Discussion: 317 is no longer in the program name, but it does still reference the 317 Chart – there is no plan to change that right now. Naomi requested a new motion given the changes to the PE since CLHO CD approved it.

Motion: Jackson moved to approve that changes to PE 43. Bob seconded. 0 nays, 0 abstentions, all remaining present in favor, motion passed.



Program Element 13 – Tobacco Prevention and Education Program Supplemental Funding: Elisabeth Maxwell (HPP Co-Chair) and Ophelia Vidal (OHA) shared HPP's recommendations on the PE 13 TPEP supplemental funding. Reviewed background on this supplemental fundings:

- All county TPEP programs were funded at their requested tiers and budgets for the 2023- 2025 biennium with \$400,000 remaining.
- TPEP coordinators and public health administrators at CLHO HPP recommended that these funds be reserved "flexible spending" on activities that build upon or complement approved TPEP workplan activities.
- On March 07, 2024, OHA presented 2 proposals to CLHO HPP for dispersing this funding:
 - Option 1: Divide the funding equally
 - Option 2: Base of 5k + per capita
- CLHO HPP voted to divide the funding equally (unanimous decision).
- Whatever amount is left over from counties who opt-out will be put back into the per capita pool. If all counties opt-in, there will be 35 grantees total with \$11,400 per grantee.

Discussion: Bob asked about the process because he remembers a tiered approach being the approved process. Ophelia and Danna explained that the tiered approach was based on a survey of TPEP Coordinators on whether their county would accept the funds. Because this is a decision that LPHA administrators should make (not TPEP Coordinators), Danna and the program discussed this and arrived at these two options as the simplest methods for distributing the funds.

Motion: The HPP Committee has made a recommendation to distribute the supplemental TPEP funding with Option #1 (dividing equally to counties that opt in). Bob seconded. 0 nays, 0 abstentions, all remaining present in favor, motion passed.

Public Health Modernization Cost and Capacity Assessment: Andrew Epstein and Jessica Dale (S&I Co-Chair) shared an update on the PHM Costing and Capacity Assessment. OHA has contracted with the Rede Group and is getting some support from the Public Health Accreditation Board (PHAB) to adapt the national costing and capacity tool to match the Oregon model. A small group of LPHA representatives, OHA staff, and CLHO staff have formed a workgroup to advise contractors as they do this. The Oregon-specific tool will be ready in May, and Rede Group will hold introduction sessions, recorded tutorials, and office hours. The goal is to give LPHAs about 12 weeks to complete this tool.

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Discussion: Board discussed the amount of time this exercise will take. Klamath and Clackamas both piloted this - Klamath spent 35 hours with a 5-person team, and Clackamas spent ~40 hours on it. Jessica will find a previous presentation she shared with JLT and have it sent out. Results are real time when using the tool, and the results generally made sense depending on the model counties use for EH, emergency preparedness, and such. Board discussed that this would take involvement from multiple LPHA staff (administrators, managers, and fiscal staff). Jessica shared that, having gone through the first assessment in 2016, this new tool felt much easier to use. Danna added that OHA is postponing the local public health investment survey because this would be collected at the same time the costing and capacity assessment is out and that would be a heavy load on fiscal staff.

Medical Examiner's Workgroup Update: Tom Jeanne shared updates on the Medical Examiner Improvement in Oregon Workgroup (MEIOW). As brief background, there are varying levels of county capacity and resources to support medical examiners, and the State Medical Examiner's Office is strained – this has result in a delay in public health data (toxicology and cause-of-death is delayed). The workgroup, which has representatives from across the state and organizations (OHA, funeral homes, OSP, AOC, Tribes, LPHAs, etc.) has been looking at the challenges facing the system. The main proposal is to look at regionalizing into four regions each with its own staff to supplement the existing systems. Currently proposed regions are (not set in stone): 1) Portland/Salem/North Coast, 2) Eugene/Central Coast, 3) Roseburg/Medford/Klamath Falls, 4) Central and Eastern Oregon. MEIOW will also be producing a report with recommendations in October per [HB 4003](#). Tom is happy to take questions and feedback from CLHO members.

Discussion: These updates are similar to what was presented to the Association of Oregon Counties (by Major Gardener with OSP).

CBO Funding: Gaps and Next Steps: Danna shared updates on the Public Health Equity funding going to CBOs. A list of all the CBOs awarded in Cohort 1 and 2 has gone out to LPHAs via email from Andrew. OHA is finalizing Cohort 2 work plans and budgets – once done, work plans and total award amount will be posted to a site available to LPHAs (LPHA work plans will also be posted). OHA does not plan to introduce LPHAs and CBOs across the board because the logistics were challenging, but OHA can assist with connections if LPHAs don't know a CBO working in their region. Danna acknowledged that the picture is incomplete right now because the list only shows the legal address, not all the areas the CBO will be serving. This information will be compiled and shared with LPHAs as soon as OHA has sorted through approved work plans and budgets. Danna acknowledged that this process hasn't been perfect, but it is an improvement from the previous process, and we have another opportunity to improve when all CBOs must reapply in 2025.

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The PHAB Public Health Modernization Funding Workgroup recommended that OHA use the PHM Funding Formula as a proxy for how much funding should go to each region/county. Ten jurisdictions were underfunded when OHA looked at the current spread of Cohort 1 and were prioritized for Cohort 2. After awarded Cohort 2:

- Yamhill, Benton, Linn, Umatilla had funding gaps bridged/closed.
- Deschutes made progress on closing gaps.
- Columbia, Tillamook, Marion, Douglas, and Malheur still have major gaps – OHA is meeting with administrators in these counties to brainstorm methods for filling gaps.
- Four counties are overfunded (Clackamas, Jackson, Multnomah, and Washington).

Discussion: Information about service areas for Cohort 2 will eventually be packaged into one place so LPHAs can see which CBOs to coordinate with. Cohort 2 is funded largely through Modernization, not the braided method of Cohort 1. Discussion about how OHA determined “bridging gaps” – Danna offered to provide more detail on this at a future meeting but it was based on the general amounts that should go to that jurisdiction per the PHM Funding Formula. Discussion about defining “gaps” in terms of health outcomes, workforce competencies, and public health services rather than just the funding going into each county – this effort has been to address geographic gaps across the state about funding, but we can’t lose sight of gaps in populations served, public health services, health outcomes, and building public health infrastructure and capacity.

PHEP Letter of Concurrence: Selene Jaramillo and DeWayne Hatcher shared the PHEP Letter of Concurrence for OHA’s application for the CDC Public Health Preparedness Funds. This letter mirrors previous letters that CLHO has provided. The EPR committee discussed challenges with the flat funding (which results in a decrease with inflation). The EPR Committee voted unanimously to approve this letter for OHA’s application.

Discussion: Danna clarified that the Board is not voting on the funding formula today, just the letter. The split between OHA and LPHAs is about 50-50, but OHA can verify that. Discussion about uplifting the need for increased funding – Philip offered to add language to this letter flagging the funding need. Once this language is added, this will go out via an email vote to the Board.

Meeting Adjourned at 11:40 AM

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