




Conference of Local Health Officials

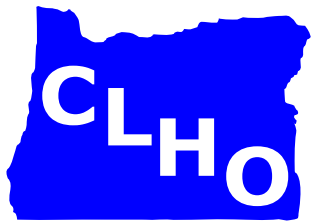
## CLHO Prevention and Health Promotion Committee Agenda & Minutes

September 1, 2022

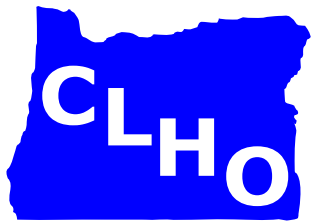
1:00 –2:00 PM


ZoomGov Meeting

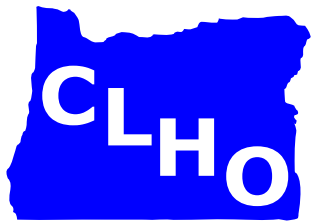
Agenda Item	Detail	Action Item	Responsible Party
Welcome, Introductions (as needed) and roll call	Quorum is 50% +1 of committee membership	<p><b>Committee:</b>  <i>(Benton) Sara Hartstein, (Clackamas) Jamie Zentner, (Clatsop) Jill Quackenbush, (Columbia) Suzanne Beaupre, (Coos) Katrinka McReynolds, (Crook) Katie Plumb, (Deschutes) Jessica Jacks, (Deschutes) Julie Spackman, (Douglas) VACANT (Hood) Belinda Bellah, (Jackson) Tanya Phillips, (Jefferson) John Courtney, (Klamath) Jennifer Little (Chair), (Lane) Elisabeth Maxwell, (Lane) Jennifer Webster, (Lincoln) Sara Herd, (Linn) Rachel Petersen, (Malheur) Sarah Poe, (Malheur) Hannah Roy, (Multnomah) Kari McFarlan, (Multnomah) Tameka Brazile, (NCPHD) Shellie Campbell, (Polk) Naomi Adeline, (Umatilla) Morgan Linder, (Union) Carrie Brogoitti, (Washington) Gwyn Ashcom, (Washington) Susan Pinnock, (Yamhill) Lindsey Manfrin, (HO Rep) Jennifer Vines, (CLHO) Sarah Lochner</i></p> <p><b>OHA Present:</b> Tim Noe (CP &amp; HP), Courtney Fultineer (OHA), Landen Weltha (OHA), Sarah Wylie (OHA), Jamie Coleman Wright (OHA), Tara Weston (OHA), Emily Droge (OHA)</p> <p><i>Quorum present.</i></p>	Elisabeth Maxwell & Jennifer Little
Review of minutes	Review	<p>August draft minutes were approved.</p> <p>            CLHO HPP August            2022 Final Minutes.c</p>	Co-chairs




IVPP	Review	<p>Local Fentanyl Media Campaigns</p> <p>Courtney Fultineer (IVPP) said there are different options to provide funding to support local fentanyl media campaigns. LPHA's will determine how to proceed in the counties to receive funding. The need and demand are great. There is currently \$80k allocated to support local LPHA's campaigns in the development of their campaigns with the potential for an additional \$100K and total of \$180k. The timeline to spend funds is August 2023. OHA is trying to decide best way to fund LPHA's. The two options include:</p> <ol style="list-style-type: none"><li>1. Working with 11 counties to distribute funding through PE 62.</li><li>2. Working with a contractor to disperse RFP funding to all counties that wish to participate.</li></ol> <p>The first choice would be quicker and easier to get the funds out of the door. It would go to the 11 LPHA's that have PE 62. Option 2 would take time to go through the contracting and RFP process and the timeline would be pushed to January 2023 before funding would be dispersed to the counties. Approximately 20-30% of funds would go to the contractor to develop the campaign. More counties could be involved with Option 2.</p> <p>Hannah Roy (Malheur) is not in program element 62. Counties with high overdose rates are also in rural areas. There has been a massive overdose rate spike in the past 6 months. Supporting evidence for option 1 would be unfair since there are so few counties in PE 62. Elisabeth suggested that the overdose data be reviewed with the dollars to be dispersed based on need. Tanya said a contractor can create the campaign and it could be shared throughout the state. Jennifer indicated an RFP could be solicited from counties that wish to participate. Sara shared that Lane, Douglas, and Klamath are debuting campaigns this fall and that campaigns could be disseminated statewide.</p> <p>Feedback to Courtney suggested that a more realistic timeline would be appropriate. The formation of an ad hoc committee could meet that would be like the BM</p>	Courtney Fultineer
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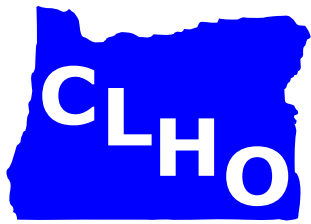


		<p>108 meetings this summer to determine funding mechanisms. Counties that wish to participate in the ad hoc meeting should put their names in the chat. The co-chairs will set up the meeting.</p> <p><b>** Ad Hoc team volunteers – Elisabeth Maxwell, Jennifer Little, Morgan Linder, Jamie Zenter, Sara Harstein, Hannah Roy and Katie Plumb.</b></p>	
TRL Program Element	Review	<p>Review and Vote</p> <p>The revised program element will allow LPHAs to contract with OHA for TRL inspections. It was approved in the CLHO HPP subcommittee however it was rejected by Big CHLO. The last four months have included a revision of the program elements. A draft of changes is in the document below. A brief overview of changes include:</p> <ul style="list-style-type: none"><li>• An environmental component has been added</li><li>• Budget work revision including a new amount suggested for each retailer is \$380. Removed additional reimbursement for re-inspection. Recommendation of remittance amount to cover all staff working on this. Added clause to specify LPHA could opt out.</li><li>• Clarified guidance at OHA to adequately train compliance officers at the local level and to assure familiarity with the statewide database.</li><li>• Vote request: vote to approve program element and take back to Big CHLO for approval vote at the September meeting. The approved PE would be implemented July 2023.</li></ul> <p>Voting: Majority approved with a thumbs up on their screens. Please communicate with your administrator about the changes and request for approval. Share the attached draft if any questions arise for the program element.</p> <p> PE XX_Local statewide tobacco r</p>	Sarah Wylie and Tara Weston

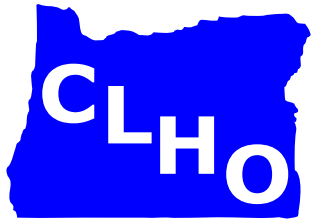


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Guidance	Review	<p><b>LPHA Cessation Guidance</b></p> <p>Guidance for direct cessation services was prepared for LPHA's to use for cessation services. After sharing BM 108 guidance, OHA received questions from TPEP coordinators about guidance and resources. A document was created and shared with counties that expressed interest but wasn't shared with everyone. OHA apologized that the guidance was only shared with folks who expressed interest and not everyone.</p> <p>If there are additional criteria for eligible activities, please reach out to OHA Liaisons. This document is included below.</p> <p>A question was asked about a mechanism to purchase NRT in quantities? Is there a more efficient way to purchase NRT? It is wildly inefficient if siloed counties are trying to purchase these products. OHA will discuss potential pharmacy partners with their team and share with the committee. Cardinal Health might be a good partner and Costco has provided excellent prices on bulk quantities in the past.</p> <p>Culturally appropriate guidelines don't fall under best practices just yet. Practice Based evidence or Promising Practice is currently in place. Eligible activities are flexible as the goal is to be as community-driven as possible.</p> <p>Jamie Zentner requested confirmation that if LPHA's want to purchase NRTs they would need OHA approval for the purchase in addition to providing counseling. OHA verified that anything being done locally would need to be shared with the State to assure continue improvement. Emily's email address: <a href="mailto:emily.droge@dhsosha.state.or.us">emily.droge@dhsosha.state.or.us</a></p> <p> LPHA Cessation Guidance.pdf</p>	Emily Droge and Tara Weston
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<p>BM 108 Distribution of NRT Dollars</p>	<p>Discussion</p>	<p>How LPHA's will distribute?</p> <p>The BM 108 discussion is a continuation of what Emily just presented. Jennifer asked what NRTs might look in individual counties. How do we get the best price? Initial searches reflect that the NRT cost is expensive, even more than cigarettes.</p> <p>Questions that arose during the meeting include:</p> <ul style="list-style-type: none"> <li>• What does liability look like?</li> <li>• Do health officers need to be involved? Who can distribute this?</li> <li>• Is there a standing order necessary for this?</li> <li>• Could we proceed with processes like condom distribution?</li> <li>• What about outreach events or providing to cessation groups 18+ and above?</li> </ul> <p>The committee discussed how everyone is going to approach this. In Lane County, a methadone clinic is in development for the workplace to include cessation counseling and services. These have been expanded by providing NRT as benefit. Cardinal Health is used for medical supplies. Mobile units providing NRTs in rural communities is desirable. Washington County does not have county operated clinics. They have not planned on distributing NRT at this time. Most MAT clinics require you to be in SUD outpatient for the same reason because counseling works better together.</p> <p>Clackamas does not have plans to distribute NRT. NRT is much cheaper at Costco as opposed to Amazon. Pairing NRT with cessation therapy counseling is important. There is so much involved beyond NRT with quitting and there are concerns with pushing NRTs out without thoughtful pairing with counseling.</p> <p>Benton County will not be distributing NRT but hope to provide funds to The Arc of Benton County for NRT, stemming items, and other supports for cessation. In addition to training, the county is seeking successful cessation programs for IDD community members.</p>	<p>Jennifer Little and Elisabeth Maxwell</p>
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Next Meeting 10/6/2022		Agenda Items for October – <ul style="list-style-type: none"><li>• HPCDP updates with BM 108 and awards</li><li>• Fentanyl Media Campaign Update</li></ul>	
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