**Systems and Innovations Committee Agenda**

March 22, 2023 – 1 to 2.30 pm

Join ZoomGov Meeting

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Meeting ID: 160 542 1048

Passcode: 737322

In attendance: Andrew Epstein, Jessica Dale, Florence Pourtal, April Holland, Lindsey Manfrin, Kim LaCroix, Sara Beaudrault, Laura Daily, Vanessa Becker, Naomi Biggs, Rebecca Chavez, Amber Roche, Alex Coleman, Michael Baker, Julie Hamilton, Katie Plumb and Jiancheng Huang

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| **Agenda Item** | **Detail** | **Action Item** |
| Welcome, Introductions (as needed), agenda review, and roll call | Quorum is 50% +1 of committee membership   * Quorum met | Roll call  Ensure quorum  Review agenda for the day |
| Approve January minutes | Minutes approved | Approve |
| Approve February minutes | Minutes approved | Approve |
| Sub Committee Update – County Survey | Provide an update to the group about subcommittee progress   * Subcommittee looked at local public health modernization implementation plan survey results: * 21 responses representing 19 counties * No plans are in place * 4 LPHAs thinking about the plan or starting the process (talking about it) * How do counties plan to use the plan? * Complete baseline assessment of resources in their current infrastructure and status of implementation of capabilities and programs * Identify priority order for allocation of resources * Inform LPHA staff about implementation, timelines for full implementation, and how this relates back to their daily work * Plan to align this plan with their strategic plan * 17 respondents felt that they needed more training to be prepared to implement the plan * What tools are needed? * Checklist * Resource library * Formal training * Examples of other plans and templates * Timeline * 7 respondents would like information 24 months in advance of 12/31/2025 plan due date * 6 respondents would like information 18 months in advance * Subcommittee will put results into a more formal presentation for the next meeting. * CLHO S&I will work towards a checklist and a template in addition to technical assistance | Update / Discuss |
| Sub Committee Update – Compile and Analyze Vision Themes from PHM reporting | Provide an update to the group about subcommittee progress  Update on Vision Committee’s presentation to CLHO:   * There was a concern about the term “data driven”; consider changing it to “data informed” * Question about what was meant by the word “protection” * Thinking of public health as the three prong “Protection, Promotion and Prevention”, could explore this more as a group. | Update / Discuss |
| Regional PH Modernization Funding | Regional PH Modernization Funding (discussion)   * Discussed at CLHO earlier this month * Will be a decision at the PHAB meeting in May * CLHO SI can make a recommendation to bring to big CLHO in April to help inform PHAB’s decision.   Discussion   * Do not want to make changes that may take regional infrastructure work away * Regional funding amounts ranged between 3 to 4 million for each of the 3 biennia. Regional partnerships tell OHA what they want to do and how much funding they would need; requested funding amounts have had to be reduced to be within total amount available for regional work. * Does it make more sense for all funding to be distributed through funding formula to LPHAs, and then LPHAs can use that funding for partnerships if they choose? * Concern that some local governing bodies may not be ok with using their own funds for regional partnerships and would not participate in regional efforts if there are no funds specifically designated by OHA for those partnerships. * Keep regional funding for partnerships that are functioning and let people decide to continue if they want to continue with their regional project   Motion on regional partnerships funding:   * Increase funding for regional public health modernization (PHM) partnerships to $4.4 million, if there is an overall increase of PHM funding for LPHAs. If no increase in PHM funding, maintain funding at $4 million for regional PHM partnerships. * Continue funding current PHM partnerships. No funding for new regional partnerships, but LPHAs not currently part of a region could join an existing one.   Motion approved with no opposition. |  |
| Program Element 51 – Review and begin revision discussion | Review OHA areas for revision requests of PE element 51  Have discussion about those areas of changes  Hold discussion of other updates / revisions until next meeting for full group discussion  **PE51-PH Modernization document review and discussion**   * No need to rehash entire PE; will look today at areas for possible changes that OHA has highlighted. * Drafting PE as if we’re receiving $50 million addition funding for PH modernization. * PH Accountability metrics – outdated metrics removed, will be replaced by new ones when adopted. * Need to figure out a plan for LPHA work plan submissions * Objection to modification of current requirements * Advocated for flexibility in workplan and reporting, doesn't want to go backwards * Smartsheet submission is the workplan, intended to be flexible. * Program Element requires Local PH to have a workplan and a performance management system (process to review workplan and track progress). Some LPHAs do not have a workplan; compliance issue for OHA as an agency. * Need for more accountability over how funds are used. OHA needs to be able to see more of what LPHAs will be prioritizing and working on without taking away their flexibility, e.g. key milestones and deliverables. * PE language related to workplans will not be changed; this will be a process change * Sample template * If a workplan that is working for LPHAs that include goals/objectives/milestones to continue doing what they are doing * If LPHAs haven’t been submitting a workplan, why are they receiving funding? Talked about this last year and smartsheet submission was considered to be the workplan. * Suggestoin to have check-ins more often than 1X per year if OHA has concerns. * It would be helpful to understand more about OHA concerns and for LPHAs where OHAs have concern to know about it. * What is missing that would be needed for it to be considered a workplan? What component has been missing? * Who is saying this is a compliance issue? * Smartsheet submission can be printed by LPHA as a pdf for tracking/reporting purposes. * Out of 33 LPHAs, what proportion does not meet minimum expectation? If LPHAs are not being good stewards of the funding, their funds should be removed and redistributed to LPHAs that can do it. Wants to know if what LPHA submitted was not enough. Smartsheet was broad thinking, strategies may shift over time to continue moving work forward. * Some LPHAs develop workplan outside of smartsheet before entering it into the smartsheet. LPHAs could share the additional workplans that they are tracking for other purposes. * There can be a Performance Management piece in an excel spreadsheet. * Sara will look at what systems other counties are using and present at the next CLHO S&I meeting. * Adding language from LPHA/CBO alignment workgroup: Collaborate and partner with OHA-funded CBOs working in the areas of CD, Environmental PH and Emergency Preparedness through regular meetings and alignment of planned activities. Parallel language will also be included in PH Modernization and BM 108 scope of work for CBO agreements. * LPHAs sometimes have not received responses from CBOs after multiple attempts to reach them. Some CBOs are statewide or based in Portland metro and haven’t responded to communications from LPHAs. * LPHA can customize what this collaboration will look like based on which CBOs are funded to work on these areas in the LPHA’s jurisdiction. * Let OHA know if LPHA is having difficulties communicating/working with CBOs funded to work in their area. * Other language that will be added to OHA agreements with CBOs and with LPHAs   + Participation in development of statewide PH workforce plan   + Participation in development of statewide health equity plan   + Implement prevention initiatives that are responsive to the needs of the community, including the social determinants of health.     - This language around prevention initiatives will be inserted under Health Equity. Not a requirement, but intended to provide LPHAs with flexibility to do this work. * The language needs to stay focused on foundational capabilities and foundational programs. If we are using funding for other purposes that don’t use the same language, that undermines commitment to the legislature. * Language should be included under foundational capabilities in the PE. Question regarding whether addition of prevention initiative language in the PE is needed. * Progress Reports – not changing PE language. * Proposing to keep similar schedule as current biennium: * October 2023: proposed budget and workplan * October 2024: progress report, updated budgets * May or June 2025: 2nd progress report for the biennium * Would not be opposed to reporting twice/year if that would allow OHA to better monitor the work, if the report is not onerous. * Would like secondary conversation regarding if there are concerns about LPHAs not meeting requirements. What is the issue, is t.a. needed? * Programmatic Goals * Do we need to add language regarding alignment between PE 12 and PE 51? * Not necessary, feels prescriptive * Need training and strong leadership; some confusion among PHEP coordinators regarding how modernization impacts their work, which could be related to high staff turnover. PE language change not needed. * Suggest community of practice to share how modernization is operationalized? * OHA-PHD will be doing some internal work to coordinate across sections. * Frustrations expressed to state PHEP liaison when they were questioning things about LPHA workplan; liaison was asking the LPHA to do double-duty because they didn’t realize workplan was split between PE 12/PE 51. * Where plans were required as deliverables for the current biennium around health equity, climate adaptation and preparedness, language will require completion of plans and implementation if plans are completed. * Would need to add additional goals and strategies if receive more than the $50 million additional funding in governors recommended budget. * LPHAs’ plans will be posted. List of LPHAs on OHA website with either a link to where the LPHA posted their plan, or OHA posts plan directly on OHA website. No concerns about posting plans. * Add stronger language to Goal 4 regarding Local Modernization Plans regarding requirement to submit plan by 2025. * Send any other feedback to Andrew on PE language changes. | Discuss |
| Wrap-up and next meeting | Discuss next meeting date and what we want to get accomplished   * At the April meeting, Andrew will bring PE 51 back with proposed language changes. * CLHO SI vote on recommendation to the PE language in May, bring to Big CLHO in June. * PE 51 workplan, reports, SmartSheet to be discussed at the May CLHO SI meeting (Guidance and workplan for budgets won’t go out to LPHAs until late July) | Decide and adjourn |
| **Next meeting: April 26, 2023 – 1 to 2.30pm** | | |
| **Co-Chair**  Andrea Krause  Lincoln County Public Health – Program Manager  541-774-3852  [KrauseAK@jacksoncounty.org](mailto:KrauseAK@jacksoncounty.org) | **Co-Chair**  Jessica Dale  Klamath County Public Health – Assistant Director  541-885-2434  [jdale@co.klamath.or.us](mailto:jdale@co.klamath.or.us) | |
| **Public Health Division Liaison**  Andrew Epstein  Local and Tribal Public Health Policy Lead  503-969-5816 - [andrew.d.epstein@oha.oregon.gov](mailto:andrew.d.epstein@oha.oregon.gov) | | |