**Systems and Innovations Committee Agenda**

Jan 24, 2024 – 1 to 2.30 pm

Join ZoomGov Meeting

<https://www.zoomgov.com/j/1612492555?pwd=TU00MDQveE9OaGxZZVRlNU1ZbWZOdz09>

Meeting ID: 161 249 2555

Passcode: 160558

**Attendees:** Jessica Dale, Katie Plumb, Alex Coleman, Amber Roche, Erin Jolly, Florence Pourtel, Julie Hamilton, Kim La Croix, Lindsey Manfrin, Naomi Biggs, Rebecca Chávez, Sadie Siders, Sarah Poe, Vanessa Becker-Douglas, Laura Daily, Andrew Epstein, Sara Beaudrault, Steven Fiala, Melissa Sever, Naomi Rich, Reena Chudgar

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| **Agenda Item** | **Detail** | **Action Item** | **Presenter** |
| Welcome, agenda review, and roll call | Quorum is 50% +1 of committee membership   * Quorum met | Roll call,  Ensure quorum,  Review agenda | Co-chairs |
| Approve Dec Minutes | * Approved | Approve | Co-chairs |
| PHAB Cost and Capacity Tool | * Overview of capacity and cost tool   + Excel based tool allows for assessment of capacity against the foundational capabilities and areas and assessment of spending towards the foundational capabilities. The capacity component can be done solo or with the cost component. * Share about new supplemental tool to assist in staff allocations for the tool   + Based on pilot user feedback, PHAB is looking to add an additional supplemental spreadsheet to estimate allocations by individual staff and also by the bucketed areas. Goal to release that in the next few months. * Questions   + Kim asked if the workbook would help provide guidance on where to put FTE, such as WIC staff.   + Reena replied they are not working on that right now. She recommended states do operational matching work upfront so there is consistency between health departments. There are FAQ guidance around WIC and areas that are split out over foundational capabilities and community specific services.   + Sara suggested that Danna Drum has an exclusion document related to yearly expenditures reporting that includes a list of additional services and positions that do not fit into the framework that may be useful for this group to utilize. * Reena shared that PHAB is launching a peer networking group for consultants that are using the capacity and cost tool. The group will provide support and allow PHAB to answer questions in an aligned way and potentially aid in tool enhancement. | Update | Reena Chudgar (PHAB) |
| Cost and Capacity Assessment update | * Update provided by workgroup to JLT   + Clackamas County (large LPHA) and Klamath County (medium LPHA) piloted the tool.   + Items required to complete the tool:     - Position titles, FTE and cost per year wage details     - Supporting materials to identify work done outside the LPHA (partner organizations)     - Total expenditures by category type for three consecutive budget cycles     - Knowledgeable team to identify when the foundation area or capability FTE should be included   + Time for completion (total team member hours worked)     - Large County: 50 hours     - Medium County: 33 hours   + Process Challenges Identified     - Collaboration with the finance department during their budget cycle     - National framework differs from the Oregon framework (e.g., determining what FTE to include)     - The tool does not allow for shared-county resources     - There is no guidance for how to exclude one-time or short-term funding     - There is a need to “gut check” results for areas such as WIC and environmental health (EH)   + Pilot Recommendations     - Bring in a contractor to assist in the use of the tool     - Develop a crosswalk between the Oregon framework and the National framework     - Develop guidance documents to help with the requests for financial data in a consistent way across LPHAs   + Timeline     - Minimum of 10 weeks to complete     - LPHAs will begin work following the contractor support with the crosswalk and FTE spreadsheet * Update on contractor assistance to support LPHA/OHA completion of assessment   + Contractor should start in the beginning of March. They will work to provide a guidance tool document for LPHAs to use by April with the goal of LPHAs working on assessments in May or June.   + The contractor process involves a contract-specific request from OHA sent to a pool of contractors who then submit their proposals for review analysis by OHA. That group will work with the Office of Contracts and Procurement to get the contractor in place.   + Andrew added to the chat the list of deliverables for the contract proposals. | Update | Jessica & Andrew |
| OHA update: Flexibility Survey | * Update on Flexibility Survey   About one year ago, CLHO assisted with the survey of LPHAs. Improvements based on feedback include:   * + Working with Maternal and Child Health (MCH) to collapse as much of the state funding as they can. Some elements cannot be shifted because they are related to federal funding. In July 2024:     - Two of the sub elements within PE 42 will be combined.     - PE 42-14 will be moved to PE 63 so all the Family Connects Oregon funding is under one program element.   + Triennial Review Process     - The backlog has been cleared. In Spring, the timelines will be back on track to pre-COVID standards.     - Looking into how to reinstate the high-level report to the board of commissioners detailing findings and strengths.     - It is the responsibility of the administrator or LPHA staff to communicate to their board what is happening in their triennial review process. Danna offered to meet with commissioners to discuss review findings.   + The amendment and payment process is close to being back on schedule to getting amendments to the Office of Contracts and Procurement within the month they are submitted.   + 2021-2023 PH IGA closeout letters will be forthcoming.   + Upcoming Work:     - Triennial Review process and coordination improvements     - Conversations with Public Health leadership to determine what can be streamlined at the program level (e.g., workplans, budgets, reporting) around what is required by funders.     - Single budget template is expected to be released in July 2025.     - Better understanding of indirects for update of Revenue and Expenditure Report. Also working on report instruction improvements.   + The Deputy Finance Director of the Public Health division is now directly working with the fiscal reviewer for the triennial reviews to identify disconnects between program fiscal staff and other areas. They are working with others to update the Triennial Fiscal Review tool. | Update/ Discuss | Danna |
| CLHO Meeting Update | * Summary of update provided at CLHO meeting   + Summarized the timeline of the Outline group.   + Shared the Cost and Capacity Assessment update.   + Confirmed specific supports and the timeline of those supports. | Update | Katie |
| Outline group update | * Update provided by workgroup   + Katie has set up a SharePoint site to allow for conversations offline. Everyone in this group should have access to that.   + A guidance document has been drafted for LPHAs to use when creating their plans.   + Created a draft template that “checks all the boxes” for LPHAs to use parts of or in its entirety to assist in creating work plans.   + End of March is the goal for the guidance document and the template to be developed. Piloting and beta testing of the tools will follow.   + In June the goal is to have a final product for LPHAs to be able to use the tools and draft their plans. | Update | Katie |
| Program Element Language for Process Measures | * Language will be added to relevant PEs   + PHAB adopted the accountability metrics process measures in December 2023.   + CLHO S&I approved adding process measures to PE 51. The amended PE 51 will go into effect following approval by big CLHO.   + Other applicable PEs will add the accountability metrics and process measures effective July 2024 to show alignment between PE work and applicable metrics. Have until March to make PE language changes for FY25.     - PE 01 (State Support for Public Health)     - PE 10 (STD)     - PE 43 (Immunizations) * If a PE requires the specific work related to the accountability metrics, language will be in sections 3b, 3c and 7 of the PE template. If the specific work is not required in the PE, it will be listed only in section 3 to show alignment with metrics, not in section 7 performance measures. * Update on how updates will be shared   + Agreement with CLHO leadership is that PEs will go through the usual process for revisions if there are other changes to the program elements. If there are no other changes, aside from adding the metrics, a list will be provided to CLHO.   Discussion:   * LPHAs concerned about expectation of work needing to be done on accountability metrics with limited PE funding. * For language changes going to big CLHO and not to subcommittees, is that just for language related to section 3 or also language for section 7? The plan was initially to not go through CLHO committees but all changes can go through CLHO committees if that’s what CLHO would like the process to be. * Backfilling program elements with modernization dollars. * LPHAs with limited PE 43 funding may only be able to focus mostly on school exclusion, which doesn’t have anything to do with flu rates for older adults or two-year immunization rates. The work that’s being done is bare minimum work. Concern about adding language for accountability metrics work if work isn’t funded. * PE 10 provides funding for some cases but doesn’t cover all the expenses of the work. Concerned about including additional body of work around syphilis given the amount of work required for each case. PE 10 without funding does not help LPHAs reach those metrics. * Making a meaningful difference in syphilis accountability metrics not possible without people to do the work. Accountability metrics don’t align with PEs except for PE 51. * What’s different now vs. previous round of metrics that were included in PEs? Syphilis work is not a comparable amount of work – could take 8-9 hours to work a case. * If don’t have resources, work might not be happening. * Confusion about whether accountability metrics are specific to modernization, are they formally linked, or are they metrics to the whole public health system. Does PHAB know that accountability metrics get integrated into PEs when they adopt them? * Renewed pressure to demonstrate forward progress with modernization assessment, concern about adopting measures when biennium already underway. Adjusting course mid-biennium is stressful, hard to shift resources. * Started updating metrics in April 2021, planned to have them adopted by January 2023. Metrics are intended to go through 2030. * Most important one to get figured out is PE 51. Can we pause on changes to the others? | Update | Andrew |
| Wrap-up and next meeting |  | Adjourn | Group |

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| **Next meeting: Feb 28, 2024 – 1 to 2.30pm** | |
| **Co-Chair**  Jessica Dale  Klamath County Public Health – Assistant Director  541-885-2434  jdale@klamathcounty.org | **Co-Chair**  Katie Plumb  Crook County - Health & Human Services Director  541-447-5165  [kplumb@crookpublichealthor.gov](mailto:kplumb@crookpublichealthor.gov) |
| **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) | |