**Systems and Innovations Committee Minutes**

September 25, 2024 – 1 to 2.30 pm

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| **Agenda Item** | **Detail** | **Presenter** |
| Welcome, Introductions (as needed), agenda review, and roll call | Quorum is 50% +1 of committee membership – Quorum met | Co-chairs |
| **Committee Agenda Items** | | |
| Approve Aug Minutes | Approved | Co-chairs |
| **Agenda Item** | | |
| New LPHA/CBO Public Health Equity Funds Mini Grant Program Element | * Discuss proposal for mini grants * Eligible to six counties (Columbia, Deschutes, Douglas, Malheur, Marion and Tillamook) based on identification of gap in funded CBOs * Share other prioritized approaches to address this gap * Reviewed draft Program Element language * This is a pilot Program Element and will be considered for expansion, depending on outcome. * Trying to be responsive to feedback received from LPHAs who have gaps in their jurisdictions. * Timeline, if approved:   + Present draft PE to October CLHO meeting.   + Then work with the six jurisdictions noted above – work through what would be awarded & how much, and how many mini grants are needed. The range for minigrants to CBOs will be $500 to $25,000.Funds are not able to carry over beyond 6/30/25. (Dates will be updated on document) * VOTING: Approved. Katie motioned to approve. Lindsey seconded. | Jamie / Danna |
| CCA Update | * Status of CCA analysis and preliminary data results * All except three LPHAs submitted complete CCAs. * Next steps: LPHA data review meetings 10/14 & 10/16. Rede Group facilitating review of data received from LPHA CCAs – data and overall themes and discussing recommendations based upon findings. * Communication about meetings has been sent to LPHAs. Participation is vital in moving this work forward. * Andrew: Meetings on 10/14 & 10/16 – not sending out data ahead of time and will not be recorded. Meetings are sequential, please attend both if able. Need to address follow up to those meetings – this is just the initial meetings to review data and discuss next steps. * Steve: (PHD/OHA side) Recently sent to Rede Group full implementation & cost estimate data from Public Health Division (PHD) programs completed around the same time as LPHAs. Planning to have preliminary data results review session with PHD staff after the LPHA meetings. Ad-hoc PHAB meeting to share preliminary results will be held 11/04. We need to look at how we proceed from all of these preliminary results discussions to co-developing recommendations on reporting as it moves forward. Huge thank you to everyone!   Questions?   * Florence: Retreat last week heard an impressive dollar amount –was that an OHA number? * Steve: Not positive to what was shared at the retreat – this is preliminary data, Rede Group is working through the numbers. It will be a fairly high amount – still a topic of discussion. More to come. However, this amount is not what we would request from state general funds, it would be coming from different sources. Modernization was never meant to come from one funding stream. Modernization was meant to be funded through a combination of state, local and federal dollars. Once we arrive at the total amount needed, it won’t come from just state general funds, it will be from all sources. * Kim: Is the amount we’re discussing not the additional need, but the total sum of what we need to do our programs and additional? * Steve: Rede Group will walk through all of the pieces. What we need for full implementation and the gap between the current and the total. * Lindsey: Is the cost assessment just for Modernization work or is it looking at the overall system and public health work? When we heard the large number, was that a total of how much it cost for public health? If that’s the case, then federal is definitely involved. * Andrew: CCA is looking at moving towards a fully modernized public health system, including all foundational programs, capabilities, additional programs, and how much that will cost. This is more than PE51 – it’s all the public health work, funded by federal funds, state funds, including modernization general funds. * Katie: Her LPHA needs to build capacity, whether from federal grant, CCO or private foundation to meet what is in the modernization manual, and offer those things to the community at a scale that it fits. There is a gap between what can be offerede and what’s in the manual. Filling in the CCA, there are capacities not funded by state general fund and that’s the case across the state. Acknowledgement we are all in different spaces for modernization funding. | Jessica / Input from Andrew & Steve and team discussion |
| Local Modernization Implementation Plan (MIP) Template Workgroup Update | * Review draft MIP template and guidance and provide feedback * Moving onto the next steps after CCA completion to develop local modernization plan template for LPHAs. * Katie shared draft before the meeting; let her know if there were issues with the cloud sharing * December 2025 deadline for all LPHAs having to develop their local modernization plan * The template will be an optional tool that brings the CCA assessment data into an actionable space. * Huge kudos to the group that brought this together. * Pulled information from modernization manual. * Highlighted items are aligned with CCA information, should be able to bring information over * Ten fillable sections are repeated for each capability * Suggestions/Reflections: * Kim: Deliverable section – where do they come from? * Katie: Pulled directly from Modernization Manual, LPHA deliverables * Florence: Crosswalk deliverables from the modernization manual to PE51 to date. If PE51 is not fully represented in the manual, make sense to add, to show the work that has been done? * Katie: deliverables outlined in PE51 should land in one of the deliverables on this tool * Andrew: LPHAs can include PE51 modernization work in this, since that’s part of the larger body of modernization work in the manual. * Laura: High praises for this template! * Kim: Make sense to have box for score from foundational programs expertise? * Katie: Yes * Florence: integrate learnings from CCA? – attachment of CCA * Kim: Summary of overall funding, what do you need, average score – an executive summary template * Katie: Next steps – send Katie feedback within the next two weeks. Looking to pilot &/or launch in December. * Will share during big CLHO meeting in October. * Will email with version date to group. * Melissa will share Information from PHAB via Andrew | Katie |
| Wrap-up and next meeting | * Discuss next meeting * Set goals for what we want to get accomplished * Will be discussing this template, a few topics from OHA, please feel free to contribute within the next couple of weeks | Group |

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| **Next meeting: October 23, 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) | |

**Roll Call:**

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| **County / LPHA** | **Name** | **X**  **(if present)** |
| Benton | April Holland |  |
| Clackamas | Kim La Croix | X |
| CLEHS Rep | Julie Hamilton |  |
| Crook | Katie Plumb (co-chair) | X |
| Crook | Stephanie O’Neal | X |
| Deschutes | Heather Kaisner |  |
| Douglas | Sarah Zia | X |
| Douglas | Vanessa Becker | X |
| Jackson | Laura Lui | X |
| Jefferson | Michael Baker |  |
| Klamath | Jessica Dale (co-chair) | X |
| Lane | Amber Roche | X |
| Lincoln | Florence Pourtal | X |
| Linn | Shane Sanderson |  |
| Marion | Rebecca Chavez | X |
| Polk | Kari Wilhite | X |
| Washington | Alex Coleman | X |
| Washington | Erin Jolly | X |
| Yamhill | Lindsey Manfrin | X |

**OHA staff present:** Andrew Epstein, Jamie Coleman, Danna Drum, Valori Fleisher, Steven Fiala

**CLHO staff present:**