

Conference of Local Health Officials
16 March 2006

Meeting called to order by Dave Houghton, Chair.

Changes to the agenda:

- Add PHPLT update
- Add Environmental Health Tracking update

Environmental Health Tracking—Lorena Barck

Lorena presented an update on 4 activities: See handouts for more detail

- GIS on the road
- 3 county facilitated discussions on EH priorities and resources
- NACCHO/ASHTO discussion with LPHA
- Round two mini-grants

CLHO Epi—Dave Houghton

Jan Poujade the chair of CLHO Epi since May 1991 is retiring in April. Pam Heilman the CD, STD, TB Nursing Supervisor at Marion County will assume the role as chair. Could we have some recognition of Jan at the April CLHO meeting? OPHA is also a venue to recognize her contributions to Public Health in Oregon.

LGAC—Bill Coulombe

Bill reviewed elements from the Director's report. There will be an April rebalance for DHS and no reductions in service levels are anticipated. There are also no plans for any management action to mitigate the shortfall. A leveling caseload has reduced the impact. In addition tobacco tax revenues are coming in at a higher level. There was discussion about forecasting models. What is being forecast is caseload in DHS not the counties. The purpose of forecasting is to manage the DHS budget.

Other issues:

- Discussion of county of residency/ of wardship for determining where the cost should be assigned.
- Bob Nikkel reviewed Oregon State Hospital master plan and the recommendations from the architect.

Gordon added that there was AOC interest in county involvement in the DHS budget process and discussion of presentation ideas to Ways and Means. The hope is to be able to present a system of delivery that is coherent from both state and local levels, presenting the shared service system depicting services, fte, and budget views from both state and local levels is desired. The desire is to get agreement of data sets for the ways and means committee...more of a systems approach Each DHS entity (MH,PH,DD) will meet with its local partners to come up with just what contributions come from the local authorities and what come from the DHS . It may be difficult to have a common definition of particular services. AOC/DHS would like common definitions identified by the end of March and then they will have all of April to put things together. Interest from LFO and the Governor's office was reported.

There was discussion about the systems approach above. The need for common definitions then mapping the money and services were discussed. There was discussion about how CLHO can influence the process and the need to untangle blended systems (PH & MH) in a consistent way so that data is ultimately comparable. Susan added that this is coming out of the fiscal and budget offices and is not yet to the PH level. Health services hasn't been asked to do anything yet. . She further clarified that this is a broader DHS process and that PH is not the driver on this process. Susan and Bill will follow up within DHS. Tom Engle and Linda F. would work at their respective levels in this project.

MCH—Jan Wallinder

Jan explained that the MCH Program Elements were reviewed at the CLHO MCH meeting yesterday and will come to CLHO Exec in April. She explained the work to clarify funding streams, requirements, the flexible areas, and the data requirements.

Sue Omel is the new Chair for CLHO MCH, succeeding Marti Franc.

Jan also presented a TCM update: See Office of Family Health monthly update for more detail. There are currently 4 main areas of activity around TCM:

- The federal audit will be next week. This is anticipated to be state level audit, not local. The one concern may be some double billing issues.
- There is analysis in process around the feasibility of switching to monthly rather than per visit billing.
- The federal TCM changes in the current proposed federal budget are more “non-medical”—JOBS, child welfare etc. Definitions are expected early summer. The increase of local match to 50% seems likely.
- There is a process looking at who can bill TCM and who bills first / for which clients etc. This will ultimately go to DHS cabinet for final decision.

Jan added that these are the short term activities around TCM and that a longer term view or plan to look at alternate ways to bill PH Nursing services will be important.

Chronic Disease—Tom Eversole

Tom indicated the PE for the Chronic Disease Management Model to go out for competitive RFA has passed CLHO Chronic Disease and CLHO Funding. CLHO Funding made this recommendation:

“4-5 projects will be funded through a competitive application process for two years at approximately \$60,000 per year. Matching funds of \$40,000 per year will be required as cash or in-kind. In addition, the committee added an option that multi-county applications may be considered with each county receiving approximately \$60,000 not to exceed \$120,000 per project with a match required of up to \$80,000 per project. There will be a minimum # of clients required for a multi county project yet to be determined. Projects will not be funded for more than two years.”

It was moved by Tom Eversole, seconded by Alan Melnick and the CLHO Funding recommendation was passed unanimously. The PE passed unanimously also.

PHPLT—Roberta Hellman

Roberta explained that the CDC guidance for the 1.36M for Flu Planning was just received Tuesday, March 14th. Completed applications are due back to CDC by April 7th. Since the PHPLT already functions with both state and local representation, the plan is for them to come together next week to review the requirements, activities and strategies already in process, write objectives, and set priorities and mechanisms to accomplish the work. The intent is to do the work well to then be in line for additional funds that will be distributed to states. Roberta stated that the guidance clearly acknowledges the need for local response for flu and the need for money at the local level to prepare.

Meeting adjourned.