

CONFERENCE OF LOCAL HEALTH OFFICIALS EXECUTIVE COMMITTEE MEETING

December 16, 2004
Portland, Oregon

Agencies represented: Tom Eversole (Benton Co.); Alan Melnick, Marti Franc (Clackamas Co.); Dan Peddycord (Deschutes Co.); Bruce Wiegman (Douglas Co.); Mark Orndoff (Jackson Co.); Leslee O'Brien (Josephine Co.); Karen Gillette (Lane Co.); Anne Peltier (Linn Co.); Jan Kaplan (Lincoln Co.); Rod Calkins (Marion Co.); Dave Houghton, Gary Oxman, Bonnie Kostelecky, Jan Wallinder (Multnomah Co.); Genni Lehneret (Umatilla Co.); David Still (Union Co.); Kathy Schwartz (Wasco-Sherman Cos.); Roberta Hellman (Washington Co.); Matt Jaqua (Yamhill Co.); Tom Engle, Katherine Bradley, James Mason, Mel Kohn, Mike McGuire, Paige Sipes-Metzler, Jane Fauste, Char McKay, Celine Oslack, Sharon Washington-Clark (DHS); Linda Fleming (CLHO)

Guests: Matt Kish (Oregon Health Forum); Jon Jui (Multnomah Co. EMS)

The meeting was called to order at 9:06 a.m. by Alan Melnick, Vice-Chair, with eight Executive Committee members present. Marilynn Sutherland was absent.

Jan Kaplan moved, Jan Wallinder seconded: approve the minutes (passed unanimously).

Announcements, Changes/Additions to the Agenda

- Drinking Water Legislation and Impact of Drinking Water Funds Reduction – Dave Leland
- Barry Kast will phone in at 1:00 p.m. due to meeting in Salem.
- Clarification: Jon Jui is the Medical Director for Multnomah Co. EMS and Chair of the State EMS Committee. Alan Melnick suggested he come to CLHO to discuss mutual issues and concerns.

LGAC – Linda Fleming

The DHS rebalance plan went through the E-Board as requested. There are still some decisions to be made that actually are policy questions (e.g. – if the premium is not paid, should OHP enrollees be removed from the plan or should the \$6.00/month be eliminated).

DHS had a \$66 million “hole” to be rebalanced, including \$27 million due to enrollment in OHP. Also of issue was the anticipated \$20 million increase in tobacco tax revenue which did not materialize, but was built into the budget.

There was discussion of the Governor’s Budget as released the first of December. Children, Adults, and Families and Seniors and People with Disabilities were most critically impacted. \$169 million of requests in OHP were not funded (dental and vision were the largest unfunded services; 3150 people were eliminated in other areas). Mental Health had minimal reductions; Commission on Children and Families most impacted service was crisis relief nurseries.

Public Health was maintained at current level funding. When Linda Fleming asked for clarification about the \$200,000.00 reduction in Safe Drinking Water, she was told that the funds are intended to come out of the state level program. It is the intention of the Governor and DHS not to decrease funds going to the local level.

Bob Nickel presented information on the Children’s Mental Health Initiative. The issues is good access for children and families to a range of high en services. The focus is the development of a system of services. The charge of the task force working on the issue was to create a managed care environment and the development of creative services to keep children out of high level services. The result will be a change in contracts and OARs and the addition of care coordinators. Greatest concerns: 1.) problems for child welfare getting critical services quickly; 2.) advocates are skeptical of any real change; 3.) MHOs are

concerned about being at risk; 4.) residential care providers and others are worried about impacts of the system change. MHOs can expect modified contracts in the next six months.

Clyde Saki reported on the status of county contracts. After a recent meeting with representatives from County Counsel Association, Department of Justice, AOC, and DHS, the boiler plate language and format is 99% complete. The format will be as an Intergovernmental Agreement identifying state and local responsibilities. Linda Fleming asked about one Public Health contract vs. three. It was stated that “program people” were resistant to that. After restating CLHO’s desire for one contract and the commitments made before the legislature concerning HB 3156, Cindy Becker stated she would take the lead and see to it that one contract was developed for Public Health.

BT Planning – Dave Houghton

Dave recommended that Marilyn Carter, Douglas County Health and Social Services, be appointed to the Public Health Preparedness Leadership Team.

Jan Wallinder moved; Tom Eversole seconded: appoint Marilyn Carter to the BT Workgroup (aka Public Health Preparedness Leadership Team) (passed unanimously).

Dave presented information on the first exercise design meeting held in Portland, December 8.

- The established HRSA Region-based exercise schedule will commence on January 18, with the last exercise scheduled for April 12.
- All exercises will be tabletop and involve an infectious disease scenario.
- All exercises will use a scenario that would require regional response with state involvement.
- All exercises will be attended by a state representative familiar with exercise evaluation. State participants will remain in Portland, and participate by phone, FAX, and/or email.
- All exercises will have a plan and an after action report with required exercise elements.
- January 10 exercise design meeting is cancelled.
- HRSA regions 3 and 9 have requested that DHS/HS assist with their planning.

A CDC-required Public Health Workforce Survey on Emergency Preparedness and BT Training Needs is planned for sometime in the first half of calendar year 2005.

Several issues have been discussed by the workgroup including a better description of just how far along the regions and local health departments are in their planning. It was determined that the planning levels are farther along than previously thought. DHS/HS staff will provide a program analysis summarizing inputs from reports and surveys during the January meeting. CLHO members expressed a desire for better data to support policy recommendations going forward. It was also suggested that there be better use of the various communication venues.

Grant Higginson requested CLHO support for encouraging participation in the Milne (and other) needs assessments. He also requested support for assuring good communication between BT Coordinators and Local Health Department Administrators.

Emergency Management Partnership – Jon Jui

Jon Jui identified three issues of mutual importance to EMS and Public Health

1. integration of HRSA regions
2. communication between EMS and Public Health (e.g. – How? Who?) that is really a reflection of the relationship between CLHO/State EMS, regional, and local
3. clarification of the role of EMS in Health Preparedness Regions

Jon suggested three steps for CLHO/EMS

1. develop communication and a relationship between the two entities
2. establish a workgroup
3. identify a process for the accomplishment of #1 and #2

There was general discussion of how to proceed. Jon Jui restated his vision for a joint workgroup as one that develops an overall mission identifying what is a HRSA plan, what is a Public Health plan, and then identify (by regions) the “fit” for EMS. As the State EMS Chair, he is looking for a relationship with CLHO and Public Health and clarity of mission for EMS in the Health Preparedness system.

It was suggested that the BT Workgroup work with Jon (since at least two of the members are from Jon’s agency) and bring back recommendations to CLHO in January 2005. The workgroup chair was concerned that they might be distracted from focusing on the statewide exercises if other tasks were assigned to them.

Consensus process: Jon Jui, Dave Houghton, Gary Oxman will develop an alternative solution and bring to CLHO in January 2005.

WIC Funding – Kathy Schwartz, Funding Formula Committee Chair

The proposal is for a peer breastfeeding program. The proposal has gone through CLHO MCH and Funding Formula. Funding Formula voted 9:2 to approve the proposal as presented. The lack of unanimity was due to process concerns, not program content.

WIC staff explained that USDA wants peer breastfeeding counseling programs as a core component of breastfeeding programs across the nation. Funding available: \$210,000.00. Timeline: must be spent by the end of September 2005. Process: USDA wants state proposals for a few model programs (i.e. – not every county) for evaluation to support further funding of the program. USDA focus: infrastructure and core model programs.

Oregon is proposing three or four model programs in the state. Agencies must submit proposals based on already-developed criteria. The programs will be ranked and chosen based on the criteria.

Matt Jaqua moved, Anne Peltier seconded: approve the WIC Funding Formula as presented (passed unanimously).

It was noted there will be enough funds for twelve peer counselors.

Revisions to Funding Formula Committee – Kathy Schwartz

Still in process.

BCC Data System – Kathy Schwartz

The BCC Program is planning to migrate its database to a web-based system in 2005. This decision is the result of feedback from local health departments and their desire for improvement of the data system.

The move to a web-based system will eliminate the need for local health departments to maintain and backup a BCCP database on their local networks. Only a standard web browser and internet connection will be required, and the system will be HIPAA compliant. Other benefits were noted.

The selected program is utilized in other states. Oregon will be able to customize the system to meet its specific needs. An advisory committee for this project will be formed, along with a request for input from local administrators and staff. The advisory committee will meet once a month for approximately one year. The BCCP project manager will be the advisory committee.

Recommendation: contact Ellen Larsen and assure at least one ISSC member on the advisory committee.

Anne Peltier volunteered the Linn Co. BCC Coordinator for the advisory board.

Rollout date: 7-01-05

Physical Activity and Nutrition Grant – Kathy Schwartz

The PAN program has the opportunity to apply for a higher level of funding from CDC for the fiscal year 2005-2006, moving from capacity building (\$450K per year) to basic implementation (approximately \$800K per year). The funding will be awarded on a competitive basis to the states.

Approval is needed from DHS and the legislature to apply for this increased level of funding. The request for approval will be submitted after we receive the application guidance from CDC in early January. The actual application to CDC is scheduled for February 2005.

The PAN Program is discussing the CDC requirements and what portion of the funds might be available to the counties with the CLHO Chronic Disease Committee. A recommendation will be developed for CLHO Chronic Disease, forwarded to Funding Formula, and to CLHO Executive Committee for final approval.

Consensus process: Tom Eversole will work with Jane Moore to email information to CLHO Chronic Disease and Funding Formula Committees for comment (during the grant development stage), with a final recommendation to CLHO Executive Committee in January 2005.

Drinking Water Issues – Dave Leland

Linda Fleming reviewed the issues as presented in a worksession with Gary Weeks at LGAC.

1. When asked about DHS support for a committee sponsored bill related to increasing Drinking Water Program revenues, Gary was unfamiliar with the bill and unsure of the Governor's support. If the Governor does not support the bill, DHS will have to be silent, CLHO will have to decide upon its level of support.
2. There is a \$200,000.00 reduction in the Drinking Water Program general fund support. What is the anticipated county impact? Gary Weeks had indicated at LGAC that the impact would be on the state level program. Linda had clarified that the \$200K was more like \$600K with the federal match and was unsure how the state program could absorb that total amount.

Dave Leland confirmed there is a proposed bill that establishes a new fee for sanitary surveys and increases fees for level of service in other areas. DHS/HS needs authority to set the fee. Increased state revenues generates an increase in EPA match. The fee proposal would generate \$300K that would increase to approximately \$900K with the EPA match. He acknowledged they don't know as yet the Department's ability to support the bill. If DHS is unable to support the bill, the stakeholders won't support it either.

Dave explained the current resources are inadequate to do the work. If the bill does not pass, the state cannot meet the federal survey schedule. The \$200K equates to three state inspectors involved in sanitary surveys.

Annual Plan – Tom Engle

Current process: annual plan every year using the 2002 format.

Proposed process:

- Continue with the format
- No required rewrites of individual county plans
- Plans will be posted on the website; the posted plans are the starting place
- Counties will received a checklist to review their current plan on the website; based on their review they can choose to submit a rewrite, addendum, or leave it the same with updates dates, etc.

Goal: all plans reflect similar quality. Rewrites would occur every three years insync with the triennial review.

Jan Wallinder moved; Anne Peltier seconded: support Tom's recommendation (passed unanimously).

Public Health Director

Barry Kast was unable to call in as planned. Tom Engle reported there is one candidate in negotiation with DHS. There will be an answer soon on the hiring.

Other

Alan Visnick is developing standards and principles around vaccine/prophylaxis in communities. An advisory committee is being established. The goal is to have ethically balanced epidemiology. Gary Oxman agreed to be on the committee. Kathy Schwartz volunteered Justin Denny, H.O. for Wasco-Sherman Counties.

Alan Melnick requested a future discussion of Public Health Code of Ethics be placed on the agenda.

Emerging Issues/Future Issues

Linda Fleming reviewed agenda issues moved to January or February, plus other committees have previously requested time on the agenda.

- CLHO ISSC Update
- Status of Statewide Exercise Planning
- PHAO Report on Wide Area Network
- Joint Leg/PHAO/Standards/Exec/DHS Report on Marketing Strategy/State Health Report
- Community Health Partnership Transition to Public Health Institute
- FFC: Action Item to Approve Oregon Early Childhood Cavity Prevention Program
- FFC: Revision to FFC Process(es)
- Recommendation on CLHO/EMS Relationship
- CLHO Chronic Disease/FFC: PAN Grant Application
- Other Legislative Items
- Public Health Code of Ethics

Meeting adjourned.