Public Health Advisory Board meeting minutes
December 12, 2024, 3:00-5:30 pm

Attendance

Board members present: Dean Sidelinger, Marie Boman-Davis, Bob Dannenhoffer, Veronica Irvin, Jackie Leung, Sarah Present, Mary Engrav, Dianna Hansen, Jenny Withycombe, Heather Kaisner, Tameka Brazile Miles, Kelle Little, Brenda Johnson, Ryan Petteway, Florence Pourtal, Naomi Adeline-Biggs

Board members excused: Kelly Gonzales, Jawad Khan, Ana Gonzalez, Nic Powers

OHA Staff for PHAB: Sara Beaudrault, Tamby Moore, Steven Fiala

Meeting objectives:

- Approve October and November minutes
- Hear update and highlights from members who attended the PHAB Retreat
- Review and vote to approve changes to Bylaws
- Elect new Chair and Incoming Chair, based on Bylaws decision
- Provide input for Coordinated Care Organization (CCO) procurement

Welcome, board updates, shared agreements, agenda review

Veronica Irvin, PHAB Chair

- Welcome, board member introductions and icebreaker
- Share group agreements and the Health Equity Policy and Procedure
- Welcome new member – Florence Pourtal, Local Public Health Administrator, appointed by Governor Kotek into the position vacated by Mike Baker.
- OHA staff updates
    - Sara related that Governor Kotek released her recommended budget for 2025-27 and the budget lines up with her priorities: housing, behavior health, children & families. Public health modernization is included. We requested $5M for the next

biennium and the budget includes a recommended $2M. That funds were included is a positive, allowing OHA to engage in legislative discussions. When we're talking about future funding, we are connecting the accountability metrics that PHAB is responsible for. The Governor's recommended budget includes funds to continue the state's priority response to drinking water contamination out in Lower Umatilla Basin, protect access for reproductive health services, investments for mental health services through school-based health centers, as well as suicide prevention. One item OHA requested funding for was not included, universally offered home visiting. We will have more time to discuss the upcoming 2025 legislative session at the January PHAB meeting.

- Dr. Hathi, OHA Director, released a new report outlining what she heard during the regional listening tour she did throughout the state, laying out policies and changes she is implementing based on the conversations. One is the need to strengthen connections between CCOs and Local Public Health, and she referenced work PHAB did a number of years ago and suggested picking that back up and keep that work going. Other outlined issues include childhood lead exposure and sexually transmitted infection prevention screening and treatment; there's a lot of positive movement. Sara will email the link to the report.
- Tameka is not present, however she wanted to share a new opportunity related to an Oregon tobacco prevention and education program council that is being formed. This information will also be sent out via email.
- Naomi relayed Kirsten Aird is no longer with OHA and has accepted a new role as Multnomah County Public Health Director and greatly appreciates her two decades with OHA.
- Recently she had the opportunity to be introduced to and speak with the governor. The governor is continually asking us to demonstrate the impact of investments being made into public health modernization. Naomi communicated about the accountability metrics and how we plan to use this as a measure of the work we're doing. It was a positive interaction.

- ACTION: Approve October meeting minutes – Marie moved to approve and Mary seconded. Approve November meeting minutes – Heather moved to approve and Diana seconded. Both months approved.

PHAB retreat debrief

PHAB members

- Hear highlights and themes from members who attended the retreat
  - Kelle expressed her gratitude to the staff who made this possible. Most valuable takeaway was creating an elevator pitch, which she recently used. Great opportunity to meet in person and continue developing

relationships.
    - Heather related it was wonderful meet in-person and enjoyed the team building activities, looking at the entire public health system and how it, and we, all work together. She loved doing the elevator pitch, although it was tough, as it is important to drill in on our communications. Great smaller discussions around modernization, accreditation and governmental public health funding. Those discussions helped to ensure PHAB members understand the overall funding streams, and when we're talking about modernization and how to look at the whole pie.
    - Marie expressed it was wonderful having the OHA team as engaged participants and partners, not just facilitating. Kudos to Tamby for the space which was gorgeous and had delicious food.
    - Sara shared this in-person option is always available. It doesn't need to be once a year or around a specific time or necessarily in Portland. Keep this in mind as you start looking toward 2025.
- Discuss next steps for 2025 planning

PHAB bylaws

Veronica Irvin

- Discuss draft changes to PHAB Leadership structure
    - This was discussed at the retreat and was well received. This is being shared to the larger group today for consideration.
- ACTION: Vote on proposed changes
    - Bob moved to approve, Mary seconded

Bob yes	Mary yes	Veronica yes
Florence yes	Ellie yes	Jenny yes
Sarah yes	Dianna yes	Tameka yes
Heather yes	Ryan yes	
Marie yes	Jackie yes	

- Identify 4 – 6 members for short-term workgroup to update charter and bylaws
    - Veronica Irvin, Sarah Present, Jackie Leung, Bob Dannenhoffer

Chair and Incoming Chair elections

Sara Beaudrault, OHA

- Hear from members who are interested in serving as Chair or Incoming Chair
    - Jackie Leung – Incoming Chair, self-nominated
    - Sarah Present – Chair, self-nominated
- ACTION: Elect Chair and Incoming Chair to one-year terms
    - Motion to vote in together, instead of two votes: Bob moved

Bob yes	Mary yes	Veronica yes
Florence yes	Ellie yes	Jenny yes
Sarah abstain	Dianna yes	Tameka yes
Heather yes	Ryan yes	
Marie yes	Jackie abstain	

- Passed with unanimous votes

2027 CCO Procurement

Brenda Johnson

- Provide input that will inform the design of the next contract between OHA and CCOs.
- Share experiences, successes, challenges and perspectives on what's needed to improve health outcomes.
    - Bob – He was involved with the CCO formation process and was a CEO of one of the initial CCOs. Overall, they've done well, and their local flavor has certainly been a positive. He feels the difference in performance relates to the areas, such as the well-established health systems in the Portland area versus other areas, like Eastern Oregon, that have struggling health systems. His next point is when you compare to see how well they're doing, consider what is it compared against. Most other states do not offer CCOs but offer a state-run fee for service program. We should be comparing CCOs against FFS, as CCOs would all perform well with that. One change he'd like to see is having the corporations be either not-for-profits or B corporations; having them as corporations with unlimited profits is unseemly.
    - Dianna – She has experience with three CCOs, being a rural community-based organization covering region seven. She appreciates the three CCOs she has interacted with, and spent two hours today navigating specific challenges. Having the CCOs be local in the communities is so helpful as they understand the landscape of the communities. She really appreciates that the CCOs will partner with them when there are gaps in community services, and they are very approachable and interested in listening and working together. The CCOs they work with are Pacific Source, Eastern Oregon Coordinated Care, and Cascade Health Alliance. All three are different in how the operate and are willing to partner together.
    - Jackie – MIC's experience working with CCOs. They have community partner assistors that help with OHP enrollment and get funding through the Willamette Health foundation. They primarily work with Marion Polk County CCO, in that area, and they have been wonderful in terms of responses and connections helping get services out to our community. In Marion and Polk

County there is an option for people who want Kaiser as their health plan, through a contract Pacific Source has. There're extra steps to ensure folks are signed up, but once that settled in, they're now with Kaiser. Working with Kaiser is a bit challenging as they are a contracted partner of Pacific Source, and if somebody has a question or need, then they need to get in touch with Kaiser to address the person's situation. Eastern Oregon CCO is a relatively new relationship and it's been a learning experience, as most of that community does have this coverage. In the TriCounty area, the two CCOs they deal with are Trillium and Health Share. The main struggle is that both of these CCOs have five or six different health plans and how it works is once someone signs up for Medicaid, the CCO randomly assigns the in dividual to a plan. Extra steps are needed to get the person switched to their desired health plan. Most people select Health Share primarily because that's the one they've heard about. Majority of folks want to sign up for Kaiser. Kaiser Medical might be available, but Kaiser Dental is not, so some individuals have two plans, which adds some additional challenges for people in her community.

- Mary – In the Portland metro area it's difficult when patients are assigned one CCO for behavioral health and another for physical health. It goes against the idea of truly integrated care.
- Sarah – As a primary care doctor in a FQHC that primarily takes Care Oregon, there are a lot of benefits to that such as case management resources, under the Health Share CCO. From a public health officer standpoint, she does have recommendations around the coordination of CCOs and LPHAs, around increasing access to case management for people with restricable reportable communicable diseases who do not have financial resources to isolate, or easily preventable chronic diseases. If the coordination is lacking between an LPHA on a reportable disease and a CCO as the provider of the health care services, there's a lot of inefficiencies for the individual needing services and a lot of duplication of work. A lot of this relies on funding and there have been some good success stories of funding cooperations with our local CCO. With speaking to other local public health authorities, this is not always the case. Some counties have very little interaction with CCO partners and may not have capacity for that interaction. Having a sort of opt out for CCOs to engage with LPHAs is strongly recommended. A success story she'd like to share was from the beginning of CCO, they worked with Health Share on determining a funding model to help with tuberculosis case management for the Tri County region in Portland metro area. TB services are really expensive for public health and the TB nurses were going to people's houses every day for direct observation

therapy and when people were in isolation they provided a lot of wraparound services to ensure they stay in isolation, basic general funding for communicable disease. With Health Share, they came up with a large presentation showing FFS does not work that way, for some of the services the LPHAs provide. They did have them agree to do a per member per month model, so now it's more of across the board with a little skim across the top, because FFS would not give the revenue necessary to do that type of work. So working with LPHAs on finding some funding to support inefficiencies and not duplicating these sort of case management services in ways that work for public health practice, which FFS just doesn't. An ideal state of care coordination between her perspective between LPHAs and CCOs on complex care management, especially around communicable disease, are all reportable diseases are reported to LPHAs and when they're diagnosed, they have and address or place to contact that person and better communication around treatment needs. Working with individuals with multiple health conditions, in stable housing, it is best to have a case manager care coordinator covering all of the touchpoints.

- Heather – Deschutes County local public health works with Pacific Source and having that local presence is a success. Central Oregon Health Council has been amazing in the past providing grants to do some of the work. She struggles with helping CCOs understand primary prevention and the model of how public health on a local level is saving money for people on CCOs, but doing that on a population based level. For the first time Deschutes County Public Health was at the negotiating table this year. She was able to get per member per month for their Perinatal Care Coordination team. There's a lot of case management they're doing, with little funding around it and they're keeping people out of needing higher level medical care. Public health does really well with that and she's concerned that is going to decrease unless there's more close-knit work with our CCO partners, funding and resources. The PMPM was a game changer that allowed them to keep their team. It would be great to focus on successes and share across the state, instead of each county doing things differently, and having every LPHA negotiate each piece.
- Marie – Statewide representative for the Conference of Local Health Officials – PHAB is responsible for establishing accountability metrics and tracking the governmental public health system progress towards achieving metrics; however, public health is a system and includes multiple partners. (Added link to most recent accountability metric report in the chat.) Requesting to have more alignment with CCO metrics and accountability metrics.

    - Florence – Lincoln County LPHA – It takes the entire system to work together to apply a great, strong and holistic public health response. During COVID, the CCOs did not always step up. The next contract should be very clear about the expectations of the CCOs. CCOs need to understand we need assistance with case management and understand what we have to offer. They are in a bind when policy change rolls out and it is unfunded and no offered resources, such as lead levels, TB, Hep C and immunizations.
    - Members also shared information about childhood lead exposures and access to vaccinations. Policy changes related to acceptable thresholds for childhood blood lead levels have resulted in additional work for LPHAs without additional funding. LPHAs often serve as the safety net for vaccinations when providers cannot afford to participate in VFC or offer adult vaccines and local pharmacists do not provide routine vaccines. CMS reimbursement rates for vaccinations does not cover costs.
- Discuss whether members would like to develop a summary of recommendations to submit to OHPB, separate from today's feedback.
    - We will continue this discussion during our January meeting.

Public comment

Veronica Irvin, PHAB Chair

- The public comment period will be extended to 5:30 if members from the public are present who would like to provide comment.
    - Written comment was included in the meeting packet
    - No public comments provided during the meeting

Next meeting agenda items and adjourn

Veronica Irvin, PHAB Chair

- CCO procurement summary of recommendations
- OHA 2025 Legislative priorities
- Bylaws and charter
- Public Health System Workforce Assessment
- LPHA modernization plan reviews
- Themes from new reports: accountability metrics, evaluation, CCA, LFO report
- 2025 planning

Everyone has a right to know about and use Oregon Health Authority (OHA) programs and services. OHA provides free help. Some examples of the free help OHA can provide are:

- Sign language and spoken language interpreters.
- Written materials in other languages.
- Braille.
- Large print.
- Audio and other formats.

If you need help or have questions, please contact Sara Beaudrault: at 971-645-5766, 711 TTY, or publichealth.policy@odhsoha.oregon.gov at least 48 hours before the meeting.