AGENDA

PUBLIC HEALTH ADVISORY BOARD Incentives and Funding Subcommittee

January 8, 2019 1:00-2:00 pm

Portland State Office Building, 800 NE Oregon St., Conference Room 915, Portland, OR 97232

Webinar: <u>https://attendee.gotowebinar.com/register/3531740595390230274</u> Conference line: (877) 873-8017 Access code: 767068

Subcommittee Members: Carrie Brogoitti, Bob Dannenhoffer, Jeff Luck, Alejandro Queral, Akiko Saito

Meeting Objectives

- Hear update on funding for public health modernization in the Governor's Budget.
- Review PHAB Funding Principles.
- Discuss recommendations to sustain 2017-19 investments in LPHA partnerships.
- Review 2019 subcommittee workplan.

1:00-1:05 pm	 Welcome and introductions Approve May 14 meeting minutes 	Sara Beaudrault, Oregon Health Authority
1:05-1:15 pm	 Public health modernization funding in Governor's Budget Provide overview of funding in the Governor's Budget for public health modernization. Discuss implications for implementation of new work in 2019-21. 	Kati Moseley, Oregon Health Authority
1:15-1:25 pm	 PHAB Funding Principles Provide update on how PHAB's funding principles have been used. Review principles and discuss whether changes are needed. 	Sara Beaudrault, Oregon Health Authority
1:25-1:45 pm	 Sustaining 2017-19 investments in LPHA partnerships Discuss continuation of LPHA partnerships in 2019-21. Make recommendations for sustaining 2017-19 investments. 	All

1:45-1:50 pm	 Incentives and Funding subcommittee work plan Review and approve subcommittee work plan for 2019. 	All
1:50-1:55 pm	 Subcommittee business Discuss subcommittee update for January 17 PHAB meeting. Decide who will provide subcommittee update. Decide who will chair next subcommittee meeting, which is scheduled for February 12 from 1:00-2:00. 	Sara Beaudrault, Oregon Health Authority
1:55-2:00 pm	Public comment	
2:00 pm	Adjourn	



Public Health Advisory Board (PHAB) Incentives and Funding Subcommittee meeting minutes May 14, 2018 1-3 pm

Welcome and Introductions

PHAB members present: Bob Dannenhoffer, Jeff Luck, Akiko Saito, Alejandro Queral

Oregon Health Authority (OHA) staff: Sara Beaudrault, Cara Biddlecom, Danna Drum, Julia Hakes, Chris Curtis

The March and April minutes were approved.

LPHA expenditures and matching funds

Danna reviewed a <u>proposed list of county general fund exclusions</u> that would not be eligible for state matching funds and asked for subcommittee feedback.

Bob noted that incentives always have unintended consequences—which in this case could result in counties shifting funds to programs and activities that are eligible for matching funds.

Bob asked about in kind charges such as shared space and noted it would be difficult to separate these costs by items that are or aren't on the list. Danna clarified that that these exclusions relate to direct charges.

Akiko asked OHA staff how items ended up on the exclusion list. Sara said that OHA staff used guidance provided to LPHAs during the 2016 public health modernization assessment and Fiscal Year 2017 LPHA expenditures data. Generally excluded services and activities are those that target individuals, and those that are eligible for matching funds affect the entire population.

Jeff asked for clarity around what reproductive health client services means. Danna explained that the reproductive health program has gone through some changes and the direct client services are now being provided through a service agreement between OHA, LPHAs and other entities. The assurance of access to reproductive services would be included in the matching funds.



Danna shared that OHA will be pulling together a technical group with county fiscal to develop reporting mechanisms.

Bob expressed concern over potential administrative burden in implementing this framework for LPHAs, especially given the relatively small amount of funds LPHAs would receive. He asked about the timeline for rolling out matching funds. Danna said that OHA has taken direction from PHAB regarding the need to incorporate matching funds as soon and PHAB has recommended rolling out matching funds sooner rather than later. Cara will map out what the rollout process for matching funds for PHAB members.

Sara asked subcommittee members if any items on the list should be required for matching funds? Akiko noted immunization clinics, and noted the importance for having capacity for clinics in outbreak situations. Sara clarified that immunization clinics were excluded because it is another service some LPHAs contract out and OHA does not want to disincentivize LPHAs contracting out services.

Jeff stated he is okay with moving forward this exclusion list to PHAB with additional clarifications that subcommittee members requested. Jeff requested changes to the document itself to include source documents and rationale for why certain bodies of work are not eligible for matching funds.

Funding formula indicators

Sara asked subcommittee members to review <u>three options</u> for a new funding formula indicator related to geographic complexity. Subcommittee members agreed to add <u>Rurality: Percentage of population living in a rural area.</u> Rurality data come from U.S. Census Bureau Population Estimates.

Sara asked subcommittee members to review <u>three options for funding formula</u> <u>indicator allocations</u>. Subcommittee members recommended option one: spilt the total indicator pool evenly across indicators.

Funding formula review

Sara reviewed <u>the description and methodology for the three components to the</u> <u>local public health funding formula</u> and the allocations to funding formula components at a range of funding level for the 2019-21 biennium. Chris reviewed



the local public health funding formula model: <u>\$10 million</u> and <u>\$15 million</u> example.

Akiko recommended adding the PHAB funding principles and the statutory language in ORS 431.380 to the document.

Bob noted that the allocations to different counties generally seem to make sense. He asked whether, for the base component, PHAB should set a maximum floor payment for counties. Bob stressed that OHA needs to be clear that the figures in the funding formula for matching and incentive funds are not based on actual LPHA data and were arbitrarily assigned to show the functionality of the funding formula.

For matching funds, subcommittee members recommended splitting the total available matching funds evenly between maintenance funds for sustained county investment and additional allocations for increased county investments. Jeff recommended renaming the floor payment to maintenance payment.

For incentive funds, subcommittee members recommended allocating 20% of available incentive funds to the floor payment with a minimum threshold of \$1,000 per county, and the remainder to the additional allocation that is based on county population.

Report to Legislative Fiscal Office

OHA must submit <u>a report</u> on the application of the LPHA modernization funding formula by June 30. Sara asked subcommittee members if they would like to meet in June to provide feedback on the report. Sara clarified that OHA will take feedback into consideration but it is ultimately OHA that writes the final report. Bob asked that Sara put the meeting on the calendar and send out the report. If there are no major revisions recommended then Sara will cancel the meeting to review comments.

Subcommittee business

Akiko will provide the subcommittee update at the May 17 PHAB meeting.

Public Comment

No public testimony.

Funding for public health modernization in the Governor's Budget for 2019-21

- Builds on the existing \$5 million budget for public health modernization with an additional \$13.6 million in the 2019-21 biennium.
- Additional funding would come through tobacco tax revenue.
- These funds would be allocated for the final six months of the biennium (January-June 2021).



Public Health Advisory Board Funding principles for state and local public health authorities February 15, 2018

The Public Health Advisory Board recognizes that funding for foundational capabilities and programs is limited, but innovations can maximize the benefit of available resources. These funding principles are designed to apply to the public health system, which means state and local public health authorities in Oregon. These funding principles can be applied to increases or decreases in public health funding.

Public health system approach to foundational programs

- 1. Ensure that public health services are available to every person in Oregon, whether they are provided by an individual local public health authority, through cross-jurisdictional sharing arrangements, and/or by the Oregon Health Authority.
- 2. Align funding with burden of disease, risk, and state and community health assessment and plan priorities, while minimizing the impact to public health infrastructure when resources are redirected.
- 3. Use funding to advance health equity in Oregon, which may include directing funds to areas of the state experiencing a disproportionate burden of disease or where health disparities exist.
- 4. Use funding to incentivize changes to the public health system intended to increase efficiency and improve health outcomes, which may include cross-jurisdictional sharing.
- 5. Align public health work and funding to coordinate resources with health care, education and other sectors to achieve health outcomes.

Transparency across the public health system

- 6. Acknowledge how the public health system works to achieve outcomes, and direct funding to close the identified gaps across the system in all governmental public health authorities.
- 7. Improve transparency about funded work across the public health system and scale work to available funding.

Sustaining 2017-19 investments in LPHA partnerships

Background:

- 2017-19 funding to 8 LPHA partnerships, covering 33 of 36 counties. Eighteen month funding period.
- PHAB heard from all 8 partnerships in 2018.
- The Governor's Budget assumes the \$5 million general fund investment will continue in 2019-21.



Sustaining 2017-19 investments in LPHA partnerships

OHA is seeking the Incentives and Funding subcommittee's guidance on the following:

- 1. To what extent should funding be used to continue the LPHA partnerships established with 2017-19 funding?
- 2. To what extent should funding allow for shifting/realigning of partnerships?
- 3. What are the subcommittee's recommendations for using LPHA partnerships to prepare for additional public health modernization investments?



PHAB Incentives and Funding subcommittee

Key tasks for 2019

Subcommittee members: Carrie Brogoitti, Bob Dannenhoffer; Jeff Luck, Alejandro Queral, Akiko Saito

Key tasks for January-June 2019

- 1. Make recommendations to PHAB on funding priorities and criteria for 2019-21.
- 2. Review and finalize 2019-21 funding formula once funds are awarded by the Legislature.
- 3. Consult as needed on other issues related to public health funding.

Anticipated timeline

	PHAB Incentives and Funding agenda items	Items for PHAB approval
January 8	 Discuss public health modernization funding in Governor's Budget. Review PHAB Funding Principles; make updates if needed. Hold initial discussion on sustaining 2017-19 investments in LPHA partnerships. 	 Funding Principles (if changes are recommended)
February 12	 Develop recommendations for sustaining 2017-19 investments in LPHA partnerships. 	 Recommendations for sustaining 2017-19 LPHA partnerships.
March 12	 Develop recommendations for funding priorities and criteria for new modernization funding. 	
April 9	 Develop recommendations for funding priorities and criteria for new modernization funding. 	 Recommendations for funding priorities and criteria
May 14	• TBD	
June 11 (Possible reschedule to late June/end of session)	 Review plan for distribution of funds for 2019-21 (pending legislative decision) 	 Final funding distribution plan formula for adoption by PHAB

Subcommittee business

- Discuss subcommittee update for January 17 PHAB meeting.
- Decide who will provide subcommittee update.
- Decide who will chair the next meeting, which is scheduled for February 12 from 1:00-2:00.



Public comment



Adjourn

