AGENDA

PUBLIC HEALTH ADVISORY BOARD
Incentives and Funding Subcommittee

May 17, 2016
2:00-3:00 pm
Portland State Office Building, 800 NE Oregon St., Room 918, Portland, OR 97232

Conference line: (877) 873-8017
Access code: 767068

Meeting Chair: Alejandro Queral

Subcommittee Members: Silas Halloran-Steiner, Jeff Luck, Alejandro Queral, Akiko Saito, Tricia Tillman

Meeting Objectives
- Review subcommittee work plan
- Review funding formula guidance document and additional supporting documents
- Provide input to OHA on funding formula framework

2:00-2:05 pm	**Welcome and introductions**	Cara Biddlecom, OHA Public Health Division
2:05-2:10 pm	**Review subcommittee work plan**	Alejandro Queral, Meeting Chair
2:10-2:20 pm	**Review funding formula guidance document, funding formula framework and supporting documents**	Cara Biddlecom, OHA Public Health Division
2:20-2:45 pm	**Provide feedback on funding formula framework**	Subcommittee members
2:45-2:50 pm	**Set agenda for June 15th meeting** • Identify meeting topics • Identify Meeting Chair	Subcommittee members
2:50-3:00 pm	**Public comment**	
3:00 pm	**Adjourn**	Alejandro Queral, Meeting Chair

PUBLIC HEALTH ADVISORY BOARD
DRAFT Incentives and Funding Subcommittee Meeting Minutes

April 18, 2016
2:00-3:00 pm

Portland State Office Building, 800 NE Oregon St., Room 918, Portland, OR 97232
Conference line: (877) 873-8017
Access code: 767068

In attendance:
PHAB members: Silas Halloran-Steiner, Jeff Luck, Alejandro Queral, Akiko Saito, Tricia Tillman

OHA staff: Sara Beaudrault, Angela Rowland, Cara Biddlecom

Members of the public: Morgan Cowling, Heather Rayburn, Jenifer Valley

Welcome and introductions
Cara Biddlecom, OHA Public Health Division

Scope of the subcommittee
Review tasks outlined in HB 3100
Jeff Luck, PHAB Chair

Jeff gave an overview of the PHAB charter duties asked in HB 3100. The PHAB should review funding formulas drafted by PHD for the new model of public health and the PHAB must suggest appropriate incentives, including local public health matching funds.

The funding formula needs to be ready for potential future funds from the 2017 legislative session. Even though the bill calls out the funding formula should be provided every even year, the legislative fiscal office has allowed for more time because the PHAB has just started January 2016.

The definition of the “baseline” amount in the bill is being researched by the Assistant Attorney General’s Office. Cara should have more information at the next subcommittee meeting.

The subcommittee will need to define health equity vs. equitable provision of health services.

Cara stated that per section 28, subsection 1 in HB 3100 does not require the PHAB to submit the funding formula the Oregon Health Policy Board. The Oregon Health Policy Board does have a role in the decision about incentives for equitable provision of public health services. The new funding formula will go straight to the legislative fiscal office.

OHA requests that the PHAB weigh in on the new funding formula. The subcommittee could come up with a broad concept and then to the complete PHAB for approval.

Potential process

1. Committee provides guidance for funding formula
2. OHA develops formula
3. PHAB approves formula
4. Formula goes to legislative fiscal office

The committee agreed to bring the discussion about future funding to a full PHAB meeting.

PHAB should consider drafting a formula October 2016 and finalized by November. Association of Oregon counties annual meeting in November.

Morgan commented that there should be more work to refine the funding formula to provide a better chance of getting funding. Prior to session is very helpful.

Cara commented that it's also important to have a timeline to vet with stakeholders. Program Design and Evaluation Services is estimating the health and cost savings attributable to the foundational capabilities and programs, and will present a framework at the June PHAB meeting.

Next steps are to develop a more detailed work plan and timeline.

Organizational business

- Decision on a subcommittee chair
  This person would be working with staff to develop meetings and agendas for these subcommittee meetings. A recommendation was made to set an agenda for the next meeting at the end of each meeting. Also recommended was a rotating.
- Standing meeting time and frequency
  Recommended to meet in May and June to develop local investments and criteria for the funding formula. OHA will request availability for the next two meetings.
- Participation by other non-PHAB member representatives on the subcommittee
  Place on the next meeting agenda in May. Cara will verify how other Oregon Health Policy Board subcommittees have handled participation of non-members on working groups

Public comment

Morgan Cowling, Coalition of Local Health Officials

Good to think of the additional sources of revenue. Morgan recommends engaging with the Association of Oregon Counties and county commissioners on the incentives development.

Sections 28 and 29 have unclear language. Emergency preparedness is a foundational capability and also currently a program. Morgan acknowledged that clarity on what "baseline" means will be helpful to the subcommittee. Morgan is happy to participate with this subcommittee.

Jenifer Valley, Stoney Girl Gardens
Jenifer would like to discuss cost containment. She joined the medical marijuana program to help her health. This medical marijuana program helps to free up many resources for other patients. County health clinics cannot sign OMMP forms. This policy change should be implemented and will not have any costs.

Oregon Public Health Advisory Board
Incentives and Funding Subcommittee
2016-17 Work Plan
May 2016 DRAFT

Subcommittee members: Silas Halloran-Steiner, Jeff Luck, Alejandro Queral, Akiko Saito, Tricia Tillman

Key subcommittee deliverables:

- Provide guidance to OHA on the development of a funding formula, including the use of matching funds and incentives
- Develop a funding formula communication tool

As recommended by PHAB, other subcommittee deliverables may include:

- Work with PHAB Accountability Metrics subcommittee to ensure accountability for funding received and improved health outcomes
- Assist OHA and PHAB to brief the legislature about public health funding and incentives
- Provide information to counties or other stakeholders who may advocate for increased public health funding

Meeting Date	Topics	Presenters(s)	Actions/Deliverables
April 18, 2016	Discuss organizational business	Cara Biddlecom, OHA Public Health Division	• Elect a subcommittee Chair • Determine meeting time and frequency • Determine engagement of non-PHAB members in subcommittee work
	Review scope of the subcommittee, including timeline for deliverables per House Bill 3100	Jeff Luck, PHAB Chair	• Review House Bill 3100 for subcommittee guidance
	Discuss resources and information needed to fulfill deliverables	Subcommittee members	• Compile list of needed resources

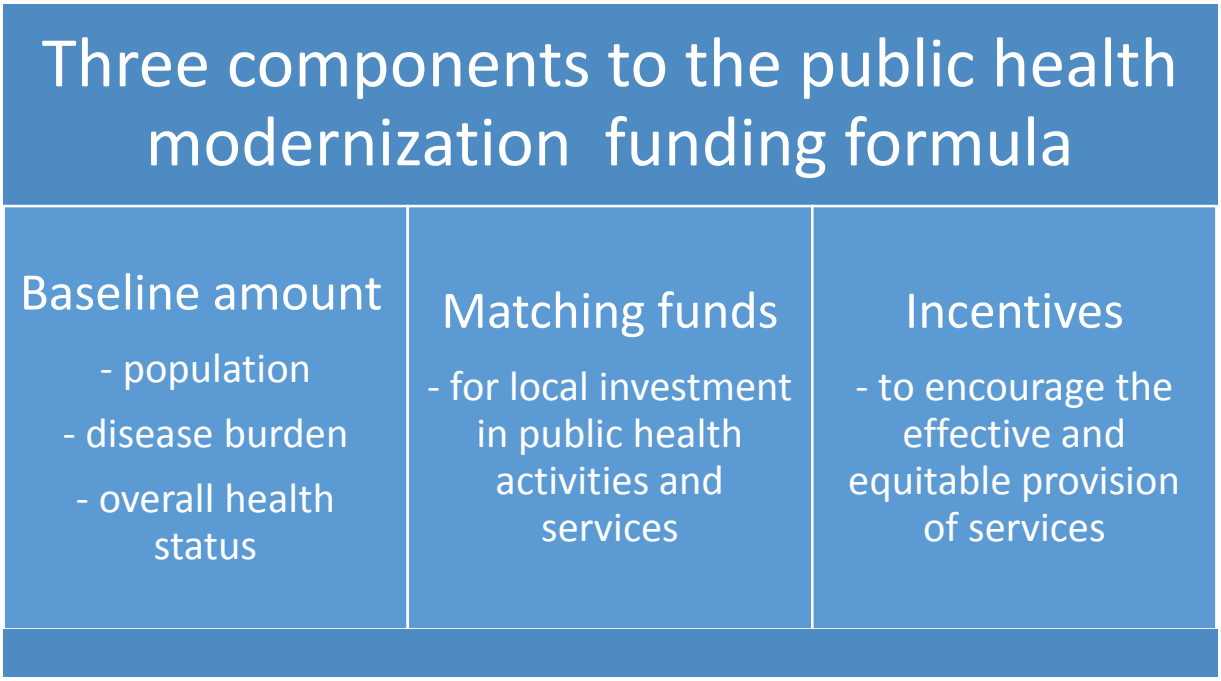
May 17, 2016	Review subcommittee work plan	Alejandro Queral, Meeting Chair	• Approve work plan
	Review funding formula guidance document, funding formula framework and other supporting documents	Cara Biddlecom, OHA Public Health Division	
	Provide initial input to OHA on components and criteria to include in funding formula	Subcommittee members	• Incorporate subcommittee's recommended changes to draft funding formula • **Ongoing:** provide subcommittee updates and solicit feedback at monthly PHAB meetings
June 15, 2016	Provide input on draft funding formula. Recommend that draft funding formula be shared at June PHAB meeting.	Subcommittee members	• Incorporate subcommittee's recommended changes to draft funding formula • Present draft funding formula at July PHAB meeting • **Ongoing:** provide subcommittee updates and solicit feedback at monthly PHAB meetings
July 2016	Review funding formula with changes recommended by PHAB. Continue to develop funding formula.	Subcommittee members	• Incorporate subcommittee's recommended changes to draft funding formula
	Begin discussion on development of a tool to be used by PHAB members to communicate about the funding formula	Subcommittee members	• Develop funding formula communication tool • **Ongoing:** provide subcommittee updates and solicit feedback at monthly PHAB meetings
August 2016	Review funding formula. Continue to develop funding formula, if necessary.	Subcommittee members	• Approve changes to funding formula

	Provide input on funding formula communication tool	Subcommittee members	• Incorporate subcommittee's recommended changes to communication tool • **Ongoing:** provide subcommittee updates and solicit feedback at monthly PHAB meetings
September 2016	Review Program Design and Evaluation Services (PDES) economic analysis and health outcomes report	Meeting Chair	
	Discuss whether changes are needed to the funding formula, based on economic analysis and health outcomes report	Subcommittee members	• Present final funding formula at September PHAB meeting
	Review funding formula communication tool	Subcommittee members	• Approve funding formula communication tool • **Ongoing:** provide subcommittee updates and solicit feedback at monthly PHAB meetings
July/August 2017	Review outcome of 2017 legislative session as it relates to funding for public health modernization	Cara Biddlecom, OHA Public Health Division	
	Review funding formula recommended by PHAB. Discuss whether changes are required.	Subcommittee members	• **Ongoing:** provide subcommittee updates and solicit feedback at monthly PHAB meetings

PHAB Funding and Incentives Subcommittee
Guidance for Public Health Modernization Funding Formula
May 2016

Subcommittee members: Silas Halloran-Steiner, Jeff Luck, Alejandro Queral, Akiko Saito, Tricia Tillman

House Bill 3100, Section 28 reads:
(1) From moneys available to the Oregon Health Authority for the purpose of funding the foundational capabilities established under section 9 of this 2015 Act and the foundational programs established under section 17 of this 2015 Act, the Oregon Health Authority shall make payments to local public health authorities under this section. The Oregon Health Authority shall each biennium submit to the Public Health Advisory Board and the Legislative Fiscal Office a formula that provides for the equitable distribution of moneys. As a part of the formula, the Oregon Health Authority shall:
(a) Establish a baseline amount to be invested in local public health activities and services by the state;
(b) Establish a method for awarding matching funds to a local public health authority that invests in local public health activities and services above the baseline amount established by the Oregon Health Authority for that local public health authority; and
(c) Provide for the use of incentives as described in subsection (4) of this section.



Considerations for the PHAB Funding and Incentives Subcommittee:

- This subcommittee will make recommendations for the proportion of any funds received to be applied toward baseline, matching funds and incentives.
- This subcommittee will also make recommendations on data sources for population, disease burden and overall health status.
- Finally, it is the role of this subcommittee to look broadly at the funding formula to consider how each component of the funding formula, as well as the interplay among components, will impact equity within the public health system.

Recommended deliverables for May and June subcommittee meetings:

- Sketch of funding formula components (i.e. framework for matching funds, data sources).
- Sketch of percent allocation to each funding formula category.
- Documented considerations about how funding formula components may affect equity.

Program Element Descriptions and Funding Formulas

Available to LPHAs

NOTE: Funding figures included in this chart are as of July 16, 2015. They do not reflect potential funding changes that may result from the State being awarded new federal grants or other funds that become available for distribution to LHDs during the year. They also do not reflect funding reductions that can result from changes in federal or state funding.

PE	Description	LHDs	Funding Formula	Total Annual Funding 15-16	PHD Manager/Fiscal
PE 01 State Support for Public Health	Funds must be used to operate a Communicable Disease Program to include reporting, monitoring and control of communicable disease; diagnostic and consultive services; early detection, education and prevention; immunizations; and data collection and analysis. Program must operate within statutory standards and requirements for control of communicable disease.	All	Per Capita	$4,452,333	Danna Drum/Meredith Perkins
PE 02- Cities Readiness Initiative (CRI) Program	Focus on plans and procedures that support medical countermeasure distribution and dispensing for all-hazards events including the capability to respond to a large-scale biologic attack with anthrax as the primary threat consideration. Required to be included in the Operational Readiness Review which is an annual evaluation tool that assesses the CRI Program's materials, products, plans, exercises and activities.	Washington County is the lead for CRI – the CRI Program Area includes Clackamas, Washington, Multnomah, Columbia, and Yamhill in Oregon, and Clark and Skamania in Washington State. Washington State is responsible for all CRI activities and funding for both Clark and Skamania counties.	NA	$314,381	Mike Harryman/Akiko Saito/Jill Snyder

PE 03- Tuberculosis Services	**LHD Responsibilities** - Case management of active TB cases – investigate & monitor confirmed and suspected cases and ensure treatment is completed along with all laboratory tests. This includes ensuring directly observed therapy for high risk cases and at least monthly in person monitoring for adherence to treatment guidelines, medication side effects and clinical response to treatment. Perform contact investigation to identify contacts and associated cases. Must offer or advise each located contact identified with TB infection or disease, or confirm that all located contacts were offered or advised, to takeappropriate therapy**.** Monitor each contact that starts treatment through the completion of treatment (or discontinuation of treatment). LHD shall notify TB Program of each case or suspected case of TB no later than 5 business days of the report. Participate in quarterly cohort reviews. Accept Class B waivers and inter-jurisdictional transfers for evaluation and follow-up, as appropriate for LHD capabilities **State Responsibilities –** Education and technical assistance on diagnosis and treatment of TB disease, latent TB infection and contact investigation to include: ongoing training provided by state; medical consultation by TB controller and consulting physician; coordination of cohort review; in person technical assistance as needed; development of patient education materials and written guidance. Update and maintain Oregon Administrative rules requiring healthcare worker and inmate TB screening. Collect, compile and report TB program indicators to CDC. Ongoing program evaluation as required by CDC. Review statewide genotyping results to detect outbreaks or case clusters. Maintain standards needed to obtain federal funds and allocate funding. Maintain reimbursement services for	PE applies to all LHDs.	Based on 5 year average of cases for counties with at least one case in the preceding 5 years.	$150,442 Additional non-cash supports- Chest x-rays, TB drugs, Enabler and incentive program.	TB Program Heidi Behm/Barbara Keepes

	incentive and enabler program and chest x-rays. Maintain supply of TB drugs.				
PE 04- Sustainable Relationships for Community Health (SRCH)	The purpose is for a LHD to partner with their regional Coordinated Care Organization (CCO) and local Community Self-Management Program (CSMP) to align and delineate organizational roles and responsibilities to improve health outcomes, while leveraging existing community-wide health improvement initiatives. **LHD responsibilities** include: participating in SRCH Institutes and inter-institute activities; advancing health system interventions; promoting community-clinical linkages to support patient self-management; and developing and implementing a plan to sustain relationships for community health. **State responsibilities include**: providing funding, technical assistance, resources, and planning and implementation of the institutes. **Note**: The lead fiscal agent can be an LHD or a CCO. For grantees with a CCO as fiscal lead the funding is provided through a contract that mirrors the PE.	Currently funded grantees where the LHD is the fiscal lead: **Clackamas**(Clackamas County Social Services, Clackamas County Health Centers, HealthShare CCO); **eschutes**(Pacific Source Community Solutions CCO, Central Oregon Health Council); **Lane**(Trillium Community Health Plan, Lane Council of Governments, Community Health Centers of Lane County). Currently funded grantees where the CCO is the fiscal lead: **Inter-Community Health Network CCO** (Benton, Linn, Samaritan Health Services, Cascade West Council of Governments) AllCare CCO (Curry, Josephine, Rogue Valley Council of Governments).	Competitive	$54,502- total to the three grantees with an LHD as the fiscal lead.	HPCDP Kirsten Aird/Sabrina Freewynn/ Scott Montegna
PE 05- Health Impact Assessment (HIA) Program (Phase I): Building	PE05 is intended to build LHD capacity to conduct and participate in health impact assessments on decisions within their jurisdictions. The primary activity is to conduct an HIA and complete and HIA report to support the consideration of health on a current policy or built environment project**.** HIA is a tool designed to incorporate health into decision making	Current- Columbia, Klamath	Competitive	$7,500	EH/ HIA Julie Early-Alberts/ Andrea Hamberg

Capacity in Local Public Health Authorities	processes when it is not normally considered. In order to make the work of HIA successful it is important that an appropriate project or policy be chosen as the subject and that stakeholders are engaged in the process and understand the utility of HIA. LPHA is expected to use the best practices steps of Screening, Scoping, Assessment, Recommendations and Reporting, and Monitoring and Evaluation steps of HIA in their project. A full explanation of the steps can be found at: http://www.humanimpact.org/Tools.html. The goal of this Program Element is to complete one HIA or built environment project by August 2, 2015 and build the capacity within LPHA to conduct future HIA on projects or policies within their community. The final HIA report is due no later than August 28, 2015.				
PE 06- Brownfields and Public Health: Building Capacity in Local Public Health Authorities	The purpose of PE06 is to build LHD capacity to integrate public health considerations into Brownfield and Land Reuse efforts within LPHA service areas. Brownfield sites are inactive, underused or abandoned properties with perceived or known environmental contamination. **LHDs** can use funds to engage local residents, foster collaborations among diverse stakeholders, provide health-based education and recommendations, and promote the health benefits of redevelopment. **OHA-Brownfield Initiative** provides technical assistance and supports LHD in achieving their objectives.	Multnomah	Competitive	$2,188	EPH/Brownfields J. Sifuentes/ K. Christensen
PE 07- HIV Prevention Services	**LHD Responsibilities** -Confidential HIV Counseling, Testing & Referral Service including HIV rapid testing, Comprehensive Prevention with Positives services including linkage to Partner Services and HIV care & treatment for people living with HIV. Report confidential, named data, regarding client demographics, behavioral risk factors, epidemiological information obtained, and services provided. Submit	Funded: Clackamas, Deschutes, Jackson, Lane, Marion, Multnomah, Washington	65% Incidence and 35% Prevalence for the 7 counties with highest concentration of HIV	**$1,230,337**	HST/HIV Ruth Helsley/ Barbara Keepes

	detailed annual program plans and updated quarterly reports on program activities and budget updates. Conduct evidence based interventions to prevent further transmission of HIV. **State Responsibilities –**Provide technical assistance, conduct or coordinate training opportunities, and support for program implementation. Work collaboratively with advisory groups regarding funding formula for local grant awards and programmatic policy and decision making. Collect, compile and report HIV Prevention program indicators to CDC. Conduct on-going program monitoring and evaluation as required by CDC. Maintain standards and meet the terms and conditions needed to obtain federal funding. Provide updated fact sheets, data analysis, access to educational materials, and tools for effective program implementation such as planning documents and updated website information. Promote routine HIV testing across the state.	All Counties: Support HIV testing via the Oregon State Public Health Laboratory			
PE 08- Ryan White Program, Part B HIV/AIDS Services	PE 08 provides funding for HIV Case Management and Support Services in accordance with and as described in the Program, Part B of XXVI of the PHS Act as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Ryan White Program)administered by Health Resources and Services Administrations (HRSA), HIV/AIDS Bureau (HAB). Services are delivered to eligible persons living with HIV or AIDS disease in order to assist clients in accessing and retaining HIV medical care and medications. **LHD and other non-county contractors are responsible** for delivering case management services per the Oregon HIV Medical Case Management Standards of Services and may provide support services per the guidance provided by the HIV Community Services Program. Ryan White funds are utilized as funds of last resort per federal mandate.	Counties: (All or specific) Crook, Deschutes, Hood River, Jefferson, Linn, Polk, Tillamook Non-county contractors: Eastern Oregon Center for Independent Living, HIV Alliance	Case Management $1,500 Base funding per service area (county). Remaining split 30% All Case Management Units reported in the previous calendar year. 40% unduplicated clients served with at least one face to face Case Management in the previous calendar year for contractors utilizing the balance of state Standards -OR- clients served with at least one Intake/Update service in the	Case Management- Total state wide- $1,618,161 Counties- $284,265 calculated per formula $294,880 included in agreements after Counties option of moving up to 25% of individual Support Services allocation to Case Management. (Direct to LHDs included in total)	HST/HIV Annick Benson / Monty Schindler

	The OHA, PH, HIV Community Services Program is responsible to administer oversight of the delivery of services per HRSA/HAB requirements, implements policy and guidance, provides training and technical assistance, meets grant and reporting obligations and monitors quality and service delivery.		previous calendar year for contractors utilizing the MCC Standards. 30% HIV/AIDS living in service area (2 year average), as reported by HIV Surveillance. <u>Supportive Services</u> 75% unduplicated clients served with face to face Case Management in the previous calendar year -OR- clients served with at least one Intake/Update service in the previous calendar year for contractors utilizing the MCC Standards. 25% HIV/AIDS living in service area (2 year average), as reported by HIV Surveillance	<u>Supportive Services</u>- Statewide $539,387 Counties- $96,081 calculated per formula $ 85,466 included in agreements after Counties option of moving up to 25% of individual Support Services allocation to Case Management. (Direct to LHDs included in total)	
PE 09- Public Health Emergency Preparedness (PHEP) Ebola Supplement 2	Focus on public health preparedness planning for Ebola so that Oregon is able to plan to prevent the spread, prepare for, respond to, and recover from Ebola. The funds support planning for EVD (Ebola virus disease), improve operational readiness, support exercises and training in the community with partner engagement to prepare for, respond to, and recover from Ebola.	All	$5K Base + per capita	$687,883	HSPR/PHEP M. Harryman/Akiko Saito/Jill Snyder
PE 10- Sexually Transmitted Disease (STD) Case Management Services	**<u>LHD (LPHA) Responsibilities</u>**– local public health authority shall assure that investigations and control measures, as prescribed by Oregon Health Authority rule, be conducted. LPHA has primary responsibility for identifying potential outbreaks of STDs, preventing the incidence of STDs and reporting STDs to OHA. Provide STD clinical services to	PE applies to all LHDs Multnomah, Jackson funded		$45,000	HST/STD Ruth Helsley/ Barbara Keepes

	individuals seeking services from LPHA including screening individuals for reportable STDs and treating those infected with reportable STDs and their sexual partners. LPHA must provide STD Case Management Services including surveillance, case findings and prevention activities to the extent that local resources permit related to chlamydia, gonorrhea, syphilis and HIV. Evaluate morbidity and laboratory results reported to LPHA by health care providers and labs for completeness and appropriate treatment regimen. Report confidential, named data, regarding client demographics, behavioral risk factors, and epidemiological information obtained, and services provided. Conduct evidence based interventions to prevent further transmission of STDs. **State Responsibilities**– to specify reportable STDs; identify those categories of persons who must report reportable diseases and the circumstances under which the reports must be made; prescribe the procedures and forms for STD reporting and transmitting the reports to OHA. Prescribe measures and methods for investigating the source and controlling reportable STDs. Provide education and technical assistance on the diagnosis and treatment of sexually transmitted diseases including syphilis, chlamydia, gonorrhea and HIV. Collect, compile and report STD program indicators to CDC. Conduct on-going program monitoring and evaluation as required by CDC. Maintain standards and meet the terms and conditions needed to obtain federal funding.				
PE 11- Climate Change and Public Health Program: Building Capacity to	PE 11 is intended to build the capacity of Oregon LHJs to plan and prepare for the increased health risks associated with climate change. OHA's Climate and Health Program provides technical assistance and support for developing a climate and health plan, which involves climate science research, stakeholder engagement, prioritization of risks,	When/if funding becomes available; the application process will be open to all counties (past funding has been	Competitive		EHS/Climate & Health J. Early-Alberts/ Emily York

Address the Public Health Impacts of Climate Change at the Local Level	identification of appropriate interventions, and development of an implementation plan.	awarded to Benton, Crook, Jackson, Multnomah, and North Central District).			
PE 12- Public Health Emergency Preparedness (PHEP)	The funds shall address mitigation, preparedness, response and recovery phases for public health emergencies through plan development and revision, exercise and response activities based on the 15 CDC identified Public Health Preparedness Capabilities	All	Base award plus per capita.* FY 15 Base- LHD over 10,000 population- $68,209 LHD under 10,000 population- $37,894 *The current (FY16) formula is a straight reduction of approximately 7% from FY15 base + per capita awards.	$3,025,542	HSPR/PHEP M. Harryman/Akiko Saito/Jill Snyder
*PE 13- Tobacco Prevention and Education Program (TPEP)**NOTE- SPArC is part of PE 13, but reported below.**	The purpose of TPEP is to empower **LHDs** to: facilitate community partnerships; create tobacco-free environments; counter pro-tobacco influences; promote quitting among adults and youth; enforce statewide tobacco control laws; and reduce the burden of tobacco-related chronic disease. **State responsibilities include**: providing funding, training, technical assistance, and resources for LHDs to successfully implement activities in their community.	All	Base funding by county size + per capita Base: Population: 0-2,999- $16,250 3,000- 14.999- $32,500 15,000-59,999- $48,750 60,000- 599,999- $65,000 600,000+- $81,250	$3,500,000	HPCDP/TPEP L. Longoria/ S. Freewynn
*PE 13- Strategies for Policy and Environmental Change,	The purpose of Strategies for Policy and Environmental Change, Tobacco-Free (SPArC) is to complement, build upon and accelerate, but not duplicate, the current Local Program Plan of the LHDs TPEP. LHD and State responsibilities are the same as listed above for TPEP	Open to all. The next round is anticipated in late summer.	Competitive	TBD (Funding in the 2013-2015 biennium was $1,008,025)	HPCDP/TPEP L. Longoria/ S. Freewynn

Tobacco-free (SPArC)					
PE 15- Healthy Communities (HC) Phase II - Implementation	The purpose is to empower **LHDs** to: facilitate community partnerships; develop local champions; promote healthy food and physical activity; counter unhealthy food and tobacco influences; facilitate development of chronic disease self-management networks and systems; and integrate tobacco use reduction in all Healthy Communities interventions. **State responsibilities include**: providing funding, training, technical assistance, and resources for LHDs to successfully implement activities in their community.	Benton, Deschutes, Douglas, Jackson, Josephine, Lane, Linn, Multnomah, Polk	Competitive	$784,783	HPCDP/TPEP L. Longoria/ S. Freewynn
PE 20- StatewideLeadLine Program	Provides funding to support a statewide toll-free telephone line known as "Lead-Line" to answer questions about lead poisoning. The Lead-Line helps callers learn where lead is found, how to control it and what to do if a caller or caller's family member is exposed to lead. Multnomah County Health Department (MCHD) implements the Lead-Line Monday through Friday, 8 AM to 5 PM. Calls outside of this timeframe go to voicemail, and all calls are returned the next business day. MCHD provides OHA a summary of Lead-Line activities, including the number of calls received, educational materials mailed out, the number of referrals, etc. The only state responsibility is to provide funding	Serves all Funded: Multnomah		$5,000	Protection Brett Sherry
PE 30- Community Prevention Program	**LHDs are responsible** for developing robust partnerships with coordinated care organizations (CCOs) in their region and for implementing activities funded in the Program Element in a consortium with their CCO(s). LHDs must utilize community health assessments and community health improvement plans to identify a leading health priority to focus intervention efforts on; the LHD(s) and CCO(s) are then responsible for implementing at least one evidence-based intervention that addresses that heath issue in the community and in the clinical setting. LHDs must identify	Multnomah County, Jackson County, Union Co (Center for Human Development)	Competitive	$470,000 Note: Funded by three year Federal grant. This is technically the final quarter of their year 2 and the first three quarters of their year 3.	Policy/SIM Michael Tynan/ Cara Biddlecom

	appropriate outcome measures to track and report throughout the period of the grant. **PHD is responsible** for identifying opportunities for LHDs to showcase their work with other LHDs, CCOs, national and federal partners and other interested parties; providing technical assistance to support intervention implementation; and creating linkages between LHD staff working on these projects, Innovator Agents and other CCO staff as necessary.				
PE 40 – WIC **NOTE- WIC Breastfeeding Peer Counseling is broken out below	PE 40 outlines the responsibilities of Oregon's 34 contracted local WIC agencies in the provision of WIC services according to federal regulations and guidelines. PE 40 covers definitions of WIC services, staffing requirements and qualifications, required services, required expenditure categories, performance measures, and reporting obligations for the three federal WIC grants: the WIC program, the Farm Direct Nutrition Program, and the Breastfeeding Peer Counseling Program. **State is responsible** for conducting on-site monitoring of LPHA biennially for compliance in accordance with 7CFR 246.19(b)(1)-(6). **State is also responsible** for on-going compliance monitoring for potential fraud, abuse or civil rights complaints, and for maintaining the WIC Policy and Procedures manual in accordance with federal regulations and guidance.	30 County Health Departments. U/M Headstart serves Umatilla, Morrow and Wheeler. Salud MC serves Yamhill. **Non-county contractors**: Confederated Tribes of Umatilla, Confederated Tribes of Warm Springs, Salud Medical Center (Yakima Valley Farmworkers), and Umatilla/Morrow Head Start Program.	WIC formula is complex and pasted here  WIC Funding Formula Explanation.(	**16,664,504**	WIC S. Greathouse/ S. Woodbury
**PE 40 - WIC Breastfeeding Peer Counseling	Breastfeeding Peer Counseling Program is delineated within PE 40 and intended to increase breastfeeding duration and exclusivity rates by providing education, encouragement to WIC participants through Peer Counselors supervised by certified lactation specialists.	Benton, Clackamas, Deschutes, Jackson, Josephine, Linn, Marion, Multnomah, Washington		$854,016	WIC S. Greathouse/ S. Woodbury

		Counties; Yakima Valley Farmworkers; Umatilla-Morrow Headstart			
PE 41- Reproductive Health	Reproductive health services are the educational, clinical and social services necessary to aid individuals to determine freely the number and spacing of their children. The purpose of the Reproductive Health (RH) Program is to assist people of reproductive age to formulate and carry out a reproductive life plan by providing services in a manner complying with Title X requirements and meeting OHA standards including, but not limited to a broad range of effective contraceptive methods and reproductive health services on a voluntary and confidential basis. **The State RH program** provides technical assistance, data analysis and reports, educational resources and ensures compliance through ongoing reviews in addition to the triennial review process.	All + Planned Parenthood of Southern Oregon	1)$5,000 base to each agency. 2) Distribute the remaining funds on a per-client basis, using the total number of non-Medicaid (non-CCare and non-OHP) clients served by each agency in the prior year.	Title X: $1,880,443 Title V: $304,210 Total: $2,184,653	CP&HP/AGRH/Reproductive Health Helene Rimberg/ Karol Almroth
PE 42- Maternal, Child and Adolescent Health (MCAH) Services	The purpose of PE 42 is to describe parameters for use of funds and, delivery of services, and reporting obligations related to the following Maternal and Child Health programs and services: • Maternal, Child and Adolescent Health (MCAH) Preventive Health Services (or "MCAH Service(s)"); • Oregon Mothers Care (OMC) Services; • Maternity Case Management (MCM) Services; and • Babies First! (B1st!) and/or Nurse Family Partnership (NFP) Funds governed by PE 42 include:	All Counties	**MCAH Formula** based on four data factors A. *Five-year average of low birthweight births* in each county (birth certificate data) B. *Women In Need (WIN)* - based on teen pregnancy rates and county poverty levels for child bearing women (family planning data, Guttmacher Institute) C. *County population* - males and females, aged 0-44 (Oregon Center for Population Statistics, annual projections)	MCAH GF- $314,710 Perinatal GF- $167,734 Babies 1st/NFP GF- $531,026 Title V CAH $343,494 Title V Flexible $801,488 **Total $2,158,452** **Oregon MothersCare- $200,000**	MCH Wilcox/Fischler/Peterson/Lim

	• Federal Title V Maternal and Child Health Block Grant Funds. • MCAH/Perinatal Health State General Funds. • MCAH/Child and Adolescent Health State General Funds. • Babies First! and NFP State General Funds.		D. *Urban-rural factor* - a factor of 1-3 determined by county density; 1=urban; 2=urban-rural; 3=rural. Based on the areas in the county with ³2500 persons and unincorporated areas. (Oregon Center for Population Statistics, annual projections. **Oregon MothersCare Formula**is based upon case count and level of services provided.		
PE 43 - Immunization Services	The purpose of this PE is to support immunization services provided in the community to prevent and mitigate vaccine-preventable diseases for all people by reaching and maintaining high lifetime immunization rates. The LHD responsibilities include direct services such as education about and administration of vaccines to vulnerable populations, as well as population-based services including public education, enforcement of school immunization requirements, and technical assistance for healthcare providers who are providing vaccines to their client populations. The OIP is responsible for providing education and training for LHDs in support of these requirements, as well as ongoing technical assistance and support. Additionally, OIP conducts biennial site visits to assess compliance with	All	Each LHD gets a base of $5,000 (except Wheeler $1,000 & Gilliam $1,000, but Wasco is $5,000). Then remaining is apportioned based on the county's percentage of the statewide birth rate of 20.56%.	$1,100,000	Immunizations Aaron Dunn/ A. Timmons

	federal requirements at all LHD clinics, including both satellite and delegate clinics.				
PE 44- School Based Health Services- **BASE**	The funds provided under this Agreement for SBHC Services shall only be used to support activities related to planning, oversight, maintenance, administration, operation, and delivery of services within one or more SBHC as required by OHA's SBHC funding formula.	23 Counties	For counties with one School Based Health Center (SBHC), funding is $60,000 per year. For counties with more than one SBHC, funding is $53,000 per SBHC, per year.	$4,038,000 **NOTE:** "Christmas Tree Bill" added $300,000 funding for SBHCs to go towards parity. This will likely result in August amendment,	AGRH/Adol. & School Health Jessica Duke
PE 44- School Based Health Services- **Planning**	Planning Grants: Two year planning grantees receive $30,000 for year one and $60,000 for year two. One year planning grantees receive $60,000 for one year.	Up to 3 Counties	Competitive.	Up to $180,000	AGRH/Adol. & School Health Jessica Duke
PE 44- School Based Health Services- **Mental Health**	Mental Health Expansion: Grant amounts are awarded based on Request for Proposal process that identifies the project and funding amounts.	Baker, Benton, Clackamas, Columbia Coos, Crook, Curry Deschutes, Douglas Grant, Hood River Jackson, Josephine Lane, Morrow* Multnomah, Polk* Umatilla, Union Washington, Wheeler, Yamhill *Funds pending final certification.	Competitive (All counties with certified SBHCs were eligible. All that applied were awarded.)	$3,132,000	AGRH/Adol. & School Health Jessica Duke
PE 48 – Teen Pregnancy Prevention Program (PREP)	Funding provided under this Program Element is to implement ¡Cuídate!, a seven session, interactive, small group program; designed to educate adolescents on both abstinence and contraception to prevent pregnancy and sexually transmitted infections (STIs), including HIV/AIDS,	Deschutes, Jackson, Marion, Multnomah. Deschutes County is awarded as a tri-county area covering outreach and	Competitive	$354,229	AGRH/Youth Sexual Health J. Duke/ L. Weaver

	and at least three adulthood preparation subjects defined by federal guidance.	implementation in Jefferson and Crook counties.			
PE 49- Domestic Wells and Public Health: Building Capacity in Local Public Health Authorities	PE 49 is intended to increase the capacity of Oregon LHDs, particularly those that have identified domestic wells and water security as local priorities through county hazard assessments, to help plan and conduct outreach efforts. The OHA-DWSP intends to provide funds to support outreach efforts identified by LDHs in their applications to this PE. In working with LHDs, DWSP will help identify interventions and outreach that most effectively reach communities of concern. Together, community outreach efforts to enhance domestic well stewardship will be planned and delivered.	Benton and Jackson counties were selected for 2015 grant awards.	Competitive	$10,000	EPH/Domestic Wells Safety Program Tara Chetock/ Curtis Cude
PE 50 Safe Drinking Water	The purpose of the Safe Drinking Water (SDW) program is to reduce the incidence and risk of waterborne disease and exposure of the public to hazardous substances potentially present in drinking water supplies. **LHD services provided include**: assuring that water suppliers are informed of necessary actions to comply with drinking water monitoring and maximum contaminant level requirements; inspecting public water systems and assuring that identified deficiencies are corrected; and providing technical regulatory assistance to public water suppliers. The PE enables the SDW program to provide regulatory oversight of public water systems typically inspected by LHD under the applicable OARs. **State responsibilibites include**: Distribute drinking water program and technical information, sponsor trainings, provide LPHA with information from the public water system database, support electronic communications and data transfer between DWS and LHD, maintain sufficient technical staff capacity to assist LHD staff with unusual drinking water problems, refer to LHD all routine inquiries or requests for assistance received from public water system	28 LHD, 30 Counties	The available funds are allocated to drinking water partners based on the type and percentage of total community water systems that they are contracted to inspect in a given year	1,361,660	Safe Drinking Water Program Tony Fields/ Tia Skerbeck

	operators for which LHDis responsible, and prepare formal enforcement actions against public water systems.				

PHAB Funding and Incentives Subcommittee - May 2016

Subcommittee Members: Silas Halloran-Steiner, Jeff Luck, Alejandro Queral, Akiko Saito, Tricia Tillman

OREGON COUNTY HEALTH DEPARTMENTS
County General Funds per Capita

	Average[1]	Minimum	Maximum
Quartile 1 (Top 8 Counties)	$ 31.97	$ 14.96	$ 83.74
Quartile 2	$ 11.21	$ 9.48	$ 12.74
Quartile 3	$ 4.80	$ 2.64	$ 6.23
Quartile 4 (Bottom 8 Counties)	$ 1.16	$ -	$ 2.54
Statewide Average	$ 22.52	$ -	$ 83.74

[1] Average Revenue per capita calculated as projected FY2015 county general fund revenue divided by 2013 county population

PHAB Funding and Incentives Subcommittee

Sample funding formula - May 2016

Subcommittee members: Silas Halloran-Steiner, Jeff Luck, Alejandro Queral, Akiko Saito, Tricia Tillman

Note: Percentages in this sample funding formula are placeholders. The PHAB Funding and Incentives Subcommittee will make recommendations for how state funds should be allocated to include all legislatively-required components of the local public health funding formula.

county	**baseline: 80% total funds available**				**matching funds: 10% total funds available**				**Incentives[6]: 10% total funds available**		**total amount awarded**
	county population[1]	burden of disease[2]	health status[3]	baseline amount awarded	total local investment[4]	local investment per capita	*matching formula TBD*[5]	matching funds amount awarded	# accountability measures met[7]	incentives amount awarded	
	50% of baseline funds	25% of baseline funds	25% of baseline funds								
A											
B											
C											
D											
E											
F											
G											
H											
I											
J											

[1] As measured by the current American Community Survey population estimate for the jurisdiction

[2] The PHAB Funding and Incentives Subcommittee can make recommendations for measuring burden of disease. Counties with a higher burden of disease will receive a proportionally larger amount of

[3] The PHAB Funding and Incentives Subcommittee can make recommendations for measuring health status. The subcomittee could consider using County Health Rankings. Counties with lower health status will receive a proportionally larger amount of funding.

[4] Total local investment in foundational capabilities and programs.

[5] The PHAB Funding and Incentives Subcommittee can make recommendations for how to allocate matching funds. Examples might include allocating matching funds based on quartiles (i.e. counties that invest more per capita would receive a larger match), matching funds based on whether the county invests above, below or at the statewide median, or other methods.

[6] The PHAB Funding and Incentives Subcommittee can make recommendations for phasing incentive payments in over time.

[7] Accountability measures to be selected by the PHAB Accountability Metrics Subcommittee. The PHAB Funding and Incentives Subcommittee can make recommendations for how incentives are allocated based on achievement of accountability measures.