

Public Health Advisory Council (PHAC)

Tuesday, May 9, 2023 • 5:30 – 7:30 p.m.

Zoom Meeting:

<https://us02web.zoom.us/j/7082128355>

Meeting ID: 708 212 8355

Phone: (253) 215-8782

<https://www.washingtoncountyor.gov/public-health/public-health-advisory-council>



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AGENDA ITEM	CONTENT	REQUESTED ACTION	RESOURCES	LEAD	TIME
Welcome	Welcome, introductions, review agenda, approve minutes from April			Larysa Thomas	5:30
Update from Housing Services	<ul style="list-style-type: none"> Council will receive an update on work being done by the County around homeless services and affordable housing. 		Department of Housing Services Metro Supportive Housing Services Bond Regional Affordable Housing Bond Minutes September 2021	Allie Alexander-Sheridan, Program Coordinator with the Department of Health and Human Services and the Department of Housing	5:45
Budget Updates	<ul style="list-style-type: none"> Members will receive an update on the proposed FY 23-24 budget 	PHAC will vote to submit written and/or verbal testimony to the Budget Committee	Proposed FY 23-24 Budget Budget Committee Meeting	Marie Boman-Davis	6:20
Legislative Updates	<ul style="list-style-type: none"> Modernization funding Follow up on previously identified legislation Flavor ban 		SB 5525 Public Health Modernization Budget SB 953 Relating to Death Investigations SB 916 Relating to Public Health HB 3090 A Relating to Characterizing Flavors	Marie Boman-Davis	6:35
State Public Health Advisory Board Updates (PHAB)	<ul style="list-style-type: none"> Council will receive an update from Marie on work happening with the State's PHAB 		Public Health Advisory Board	Marie Boman-Davis	
Updates	<ul style="list-style-type: none"> Summer in-person meeting Equity training opportunities 			Alex Coleman	7:00
Member Updates/Comments	<ul style="list-style-type: none"> PHAC members have an opportunity to ask questions, or provide any comments on topics outside the agenda items 			Alex Coleman and Marie Boman-Davis	7:10
Public Comment	<ul style="list-style-type: none"> Community members can ask questions or provide comment during this time 			Alex Coleman and Marie Boman-Davis	7:20
Closing	PHAC Feedback Survey			Larysa Thomas	7:25

Public Health Advisory Council (PHAC) Meeting Minutes

May 9, 2023



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ATTENDING: Sonja Ackman, Lucia Benavides, Robin Bousquet, Nicole Bowles, David Eppelsheimer, Andrea Lara, Larysa Thomas, Afam Okoye, Hemi Pariyani, Julie Scotland, Michelle Williams

ABSENT: Madhavi Bharadwaj, Eileen Derr, Commissioner Nafisa Fai, Ansley Fancher, Annie Paulsen

COMMUNITY MEMBERS: Annie Herbert

STAFF PRESENTERS: Dr. Marie Boman-Davis, Alex Coleman, Allie Alexander Sheridan

STAFF: Lainie Clem, Dr. Folu Adeniyi, Erin Jolly

WELCOME

Larysa Thomas started the meeting with a welcome and introductions to those attending, followed by a review of the agenda.

APPROVAL OF MEETING MINUTES

The Council reviewed the April meeting minutes. One correction was noted, David needed to be added as absent. Hemi Pariyani motioned to approve the April minutes and Michelle Williams seconded the motion. There were two abstentions, zero opposed, and the remaining members were in favor. The motion was passed.

UPDATE FROM HOUSING SERVICES (please see the accompanying Homeless Services slide deck for details)

Department of Housing Services Program Coordinator, Allie Alexander Sheridan, provided the group with updated information on the County's work with homeless services as well as some information on the affordable housing landscape within the county. Allie explained that there are three primary components to this department:

- Shelter and Outreach Services
- Case Management and Wraparound Services
- Housing and Rent Assistance Programs

Shelter and Outreach Services. Over the last year the department has been strategizing and working with Clackamas and Multnomah Counties to achieve functional zero for people experiencing chronic homelessness. Many of these efforts are supported by a Metro Region bill passed by voters in 2020 for Supportive Housing Services, which is allowing the region to scale homeless services from \$4m to \$70million.

Current Programs

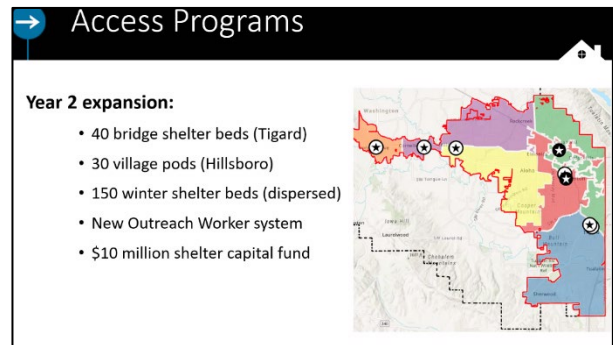
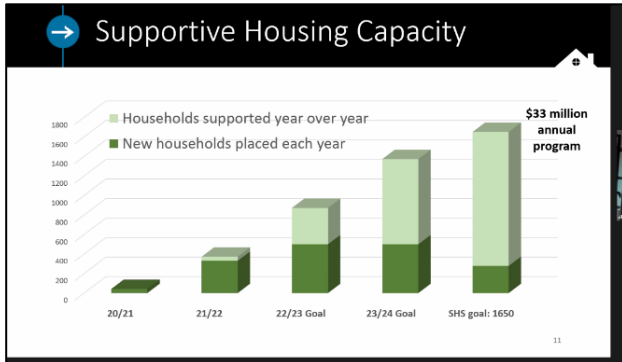
Housing Case Management Program	Regional long-term rent assistance
<ul style="list-style-type: none">○ 20 partnering service providers	<ul style="list-style-type: none">○ Medium-term housing assistance: 3-24 months
<ul style="list-style-type: none">○ 20 participants per case manager	<ul style="list-style-type: none">○ 19 organizations and up to 26 new case managers
<ul style="list-style-type: none">○ 1,370 household slots	<ul style="list-style-type: none">○ Target: 520 households
	<ul style="list-style-type: none">○ Rental assistance

Case Management and Wraparound Services

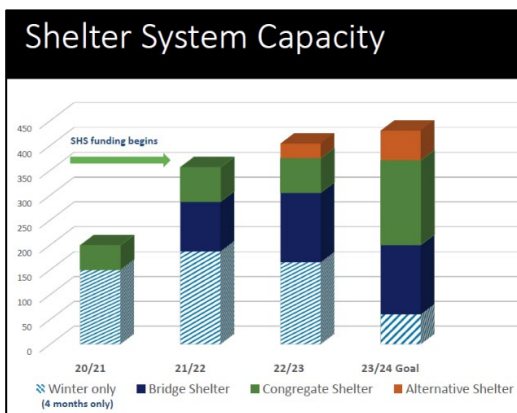
People do not need to have legal documentation to participate in this program (this is different than many federally funded programs). We have a target of assisting 520 households and have now obtained 54 units for 'Permanent Supportive Housing.' The former Aloha Inn, now called the *Heartwood Commons*, is our first permanent supportive housing site.

Heartwood Commons

- Resident services, culturally specific housing services, and community behavioral health services on site
- 54 units
- Residents formerly experiencing homelessness



We are excited about obtaining additional housing units as well. Washington County's goal for alternative housing is to offer 1,650 units. Alternative housing options including the Hillsboro Pod Village can support around 417 beds and we hope to expand this number a bit more over the next program year.



Access Programs

- 40 bridge shelter beds (Tigard)
- 30 village pods (Hillsboro)
- 150 winter shelter beds (dispersed)
- New Outreach Worker system
- \$10 million shelter capital fund

Health and Housing Integration

There are three elements to our Health and Housing Integration:

- Housing Liaison Pilot
- Recuperative Care Pilot
- Healthcare and Homeless Initiative
- Healthcare Case Conferencing
- System Navigation and Training



QUESTIONS

Q: What percentage in need are still looking for shelter currently? What plans are in place to improve the community connects or who are the people getting the resources to the houseless?

A: We just completed our point-in-time count of individuals currently living outdoors without shelter. There is a caveat about these data: the numbers are not completely accurate because some people are doubled-up or staying with families or friends temporarily, so the numbers are often higher than they appear. For congregate sites, it is not

uncommon for people who are offered housing to opt-out. Many prefer single-living options rather than living in a congregate setting.

Q: How have we increased Community Connect outreach?

A: We have taken a 'no wrong-door' approach to housing, engaging in multiple access points. Our Day Center has 75 case managers, shelter workers, and a network of outreach workers geographically distributed. We have really invested in expanding the base and have linked up with people getting out of jail as well.

Q: Is there a waitlist for the shelters? Is it so full that no one can get on it?

A: We still have waitlist for non-congregate sites or those with families or who have special needs. We are working to reduce length of time in-shelter (to assist people to move into stable housing), trying to move people along so we have capacity. We do not see long lists in our shelter system like we once did.

Q: Where do the Safe Rest Villages fit into this system?

A: Hillsboro Pods is one of the 'safe rest' villages, and we are planning on adding two more.

Q: I'd like to know about housing loss prevention. Are there programs that help people who are behind on rent or mortgage?

A: Our commitment is to double our eviction capacity and support.

Q: How many families are in this system?

A: Roughly 1/3 of our capacity is low barrier, except where there are minors are on site.

Q: What is a "bridge shelter?"

A: Bridge shelters are low-barrier, temporary shelters that bridge the space between living on the streets and getting into permanent housing.

Q: You mentioned that in the long-term housing program, beneficiaries need to provide 28% of their income into contribute to their rent. When/if beneficiaries are unable to contribute 28% of their income into the rent, do they lose their eligibility? What if households have zero income and cannot pay *any* rent?

A: Until they have some form of income or ability to pay, we pay 100% of their rent until they are able to participate. YWCA of Greater Portland used to have a transitional housing program for women coming out of the correctional system. If I recall correctly, the program had over 80% success rate (meaning members found jobs, housing, and avoided repeated incarcerations). It was a huge success; at the time I think the national success rate to beat was around 30%. The program no longer exists due to lack of funding, but I may be able to connect with someone who worked on it then, if that would be helpful.

Q: People who experience homelessness have often experienced serious trauma that may prevent them from being able to maintain a job—and thus—housing. What can be done for these individuals?

A: We launched a pilot initiative for *The Housing Careers Pilot*, which offers two weeks and up to 500 hours to train and learn skills to enter the housing services as a career. Eligibility is having lived experience as homeless, and they can bridge into workforce and employment pieces.

Q: How long can people stay in the shelters? What are the shelter sizes?

A: This depends on shelter sites. In non-congregate, hotel-room-style units, households will have a room to themselves (parents with kids), limited it to 120 days. But we are not super strict about that; we are trying to transition them into permanent housing, if possible. All shelters are for 24 hours. Immigrant and refugee partners, such as ERCO, focus on this community, and all of our services can accommodate those households. They are still eligible for all our programs, but we want to focus on equitable access to all communities.

Q: How long is someone supported in a program? Are there milestones or goals for others to be able to enter the program?

A: For Rapid Rehousing and for Case Management there are income restrictions...they must pay more toward their rent when their income becomes high enough to enable that. These programs focus on building retention.

Q: I tried to look up your Community Connects program via the link provided, but the site indicates there is an error. Here is the link I used [<https://www.washingtoncountyor.gov/housing/efforts-end-homelessness/community-connect>]. When I click on 'Get more information,' the website says, "access denied."

A: Thank you for telling me. I will investigate that link.

Q: What roadblocks have you faced?

A: Permanent Supportive Housing sites. Finding affordable units for people, finding actual *rentals*, finding capacity, these are the hardest thing, to find capacity.

Q: How are the Tri-Counties working together to meet needs? If one county has shelters or access that is preferred over another, people will switch, right?

A: The funding that supports the measure dictates that we must coordinate with Multnomah Co. and Clackamas Counties, and we perform a shelter count in coordination with them. A Medicaid conversation is also taking place with our partners. There is a pool of qualified organizations that we work with that also share support of the Tri-Counties. The houseless population can look very different across different counties.

Q: Long-term housing program beneficiaries must contribute 28 % of their income toward their housing...how do you know if their eligible income goes above that, is there a way to monitor it?

A: Income verification is verified on a yearly basis, and when possible, we monitor it on a quarterly basis.

Q: If I need to find a place to stay, can I go to any county office to get direction about where to go, or do I have to find the buildings and forms on my own? I tried to assist a friend of mine to find applications or vouchers for housing, and we experienced no assistance regarding *where* she could go to ask, apply, or to get added to a waiting list. Where should people go for this kind of information? Is there no central place where she can do this?

A1: You are correct. It is very time consuming and challenging to navigate. Case Management is targeted on the necessary paperwork once they are in the system. But the affordable housing assistance is confusing and hard to find. Where do people look? How do you connect to a case manager? Navigating affordable housing is separate from other services because we have independent landlord-liaison partnerships wherever we can establish them, but they all tend to follow the different processes.

A2: If you connect with the nonprofit organizations that serve this sector, like Bienstar, Centro Cultural, etc., they have many of those connections, sometimes they refer to them on their websites. Find an organization that works with your community, and you will find connections to services and assistance.

Note: Additional information was provided by Allie in relation to several question following the meeting.

[2023 Point in Time count data for Washington County](#)

Q: What is the population breakdown related to shelter capacity in Washington County?

A: 111 units are for families, 58 for veterans, 12 for transition-aged youth, and 245 units are for adult-only households

Q: Will the \$70M+ funding cover the current need for housing and resources in the county (will the additional shelters being secured/built cover need)? If not, how much would the county need to ensure no one remains homeless and no one loses their home if behind on rent/mortgage?

A: The [SHS Measure](#) was initially scaled to meet the need of households experiencing homelessness across the region. Our specific goals in Washington County were developed after a robust community/stakeholder engagement process to determine what level of services were needed to meet “functional zero” for chronic homelessness. Once our services are scaled, we believe they will likely meet the current service need for homeless services we see. Of course, we’ll need to keep in mind that there are external factors we may need to account for (the pandemic, chronic shortage of affordable housing etc.). It is really challenging to address the second part of the question. Across Oregon, the [data](#) reflects 1,979 evictions were filed just in March 2023. Anecdotally, we’ve heard that as many as 200 evictions have been filed weekly just in Washington County. Our Homeless Services work will not be able to address this need alone. This sort of housing instability is a result of economic conditions like the acute affordable housing shortage. We think we’ll see some of the housing supply pressure ease with the work the Governor is launching but it is not something our homeless services system can solve for alone.

BUDGET UPDATES

Dr. Boman-Davis started out this portion of the meeting by recommending a three-part webinar series (each part is two hours in duration) about the legislative and public health system. She encouraged others to watch it to learn more about the processes and laws involved. You can find this resource here: [Webinar Series: Oregon's Public Health System](#).

Members received an update on the Proposed FY 23-24 budget, which is now public. Dr. Boman-Davis highlighted the sections containing the Public Health Division and Health and Human Services on pages 38 and 193. You can find the County budget [here](#):

- Page 38 shows that the Public Health Division reduced funding to Federally Qualified Health Centers (FQHCs) and school-based health centers and transferred one FTE from Public Health to Behavioral Health.

Washington County Medical Examiner's Office. Senate bill SB 953 related to the State Medical Examiner's Office is not moving forward, which is good news. We tried to amend this bill, but that was defeated. Washington County Medical Examiner's Office (MEO) is still faced with inheriting additional services from the State MEO starting July 1st. We have a budget request to add about \$300,000 in funds to the MEO (one FTE Program Specialist position request and pay for physicians' time to sign death certificates). We could benefit from PHAC support—specifically our MEO—for the changes facing the office and for the additional work they will be assuming.

VOTE IN SUPPORT OF PROPOSED MEO FUNDING

Support for increased funding to the Washington County MEO would look similar to letters drafted in the past to the County Budget Committee. This vote to determine whether the PHAC is willing to support a letter as written testimony for Public Health for this specific purpose. Testimony would be submitted for Wednesday, May 31st.

A motion to provide testimony to the Budget Committee for the MEO was made by Afam Okoye. The motion was seconded by David Eppelsheimer. Zero were opposed, zero abstained, and the members present voted in favor. The motion was passed. Alex will send out a draft of the letter later in the week for members to review.

QUESTIONS

Q: What is the Tri-County Risk Reserve? I see it listed in the Budget Overview.

A: This is outside of Public Health. We will work with them on the significantly reduced FQHC funds to support underinsured, uninsured, and youth-based centers. Dr. Boman-Davis and Folu Adeniyi are navigating what this relationship could look like without funds going to them.

Q: How many death investigators does the MEO need?

A: The MEO currently has six staff – one supervisor (a Medicolegal Death Investigator), four full-time and one part-time Medicolegal Death Investigators. They do not need additional investigators at this time. The proposed funding increase would cover costs for one Program Specialist position to manage additional duties, to support the cost of a [forensic] physician in the role of regional Medical Examiner (approves and signs death certificates), and for decedent cold storage. The state does not have capacity to hold decedents pending next of kin notification and funeral home arrangements.

Q: How do we effect one program over another? How are funding cuts decided?

A: Divisions were instructed to propose 4%, 7% and 10 % budget cuts, so we looked at the individual programs to see how much General Fund they use and how much they could cut. Each manager put forth the cuts they felt could manage without sacrificing equity or current FTE positions. The HHS Director decided which packages to proceed with, and leadership decided which to take. Public Health had the largest proportion of cuts in HHS.

Q: Weren't we requesting \$50 million in funding for Public Health?

A: We were requesting that funding from the state general fund as part of the Modernization package. We are hopeful we will receive an increase in the new biennium.

LEGISLATIVE UPDATES

- Senate bill 953 is not moving forward. We are still watching SB 916, and we are waiting for the final budget (including Modernization funding) in House bill 3090-A. The last update we had was that it was looking promising...it has been referred to Ways and Means with a recommendation to pass with amendments to exempt certified Hookah lounges.
- Annie Herbert shared that Kaiser Permanente is on the Oregon Kids Coalition and they are hopeful that the bill banning flavored tobacco will pass as well. Currently, the state legislature is at a standstill with Republican lawmakers absent in protest.
- Following May 17th, we may anticipate some movement and possible negotiations between the state Democrats and Republicans to move bills forward.
- Alex stated that Washington Co. had already passed its own flavor ban ordinance and if one passes at the state level, ours will be that much stronger because it could not be superseded.
- Public Health Modernization conversations are continuing. Dr. Boman-Davis met with OHA's legislative team, Bienestar, and Centro Cultural today. The response is that there are more elected officials asking about Public Health Modernization. She will head to Salem to talk to more people about it. They are waiting for the release of the economic forecast before they move forward.

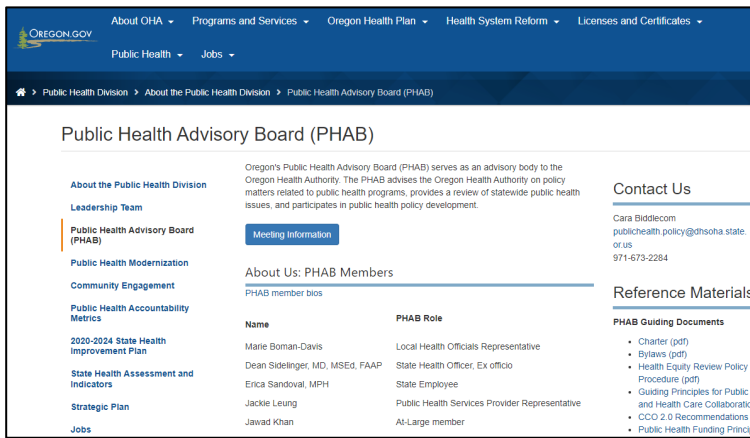
STATE PUBLIC HEALTH ADVISORY BOARD UPDATE

Dr. Boman-Davis presented the members with a brief overview from the State of Oregon Health Advisory Board (PHAB). The following are highlights from the presentation.

1. In January 2023, PHAB identified the need to have a vision for the public health system to inform future priorities and funding. Below is their proposed approach.

Proposed approach	
February - May	Ground PHAB members in current public health modernization investments. Hear from LPHAs, CBOs, Tribes and investments in community-led data initiatives
Summer	PHAB retreat or other facilitated opportunities to begin planning discussions
Throughout 2023	Ongoing development of public health system vision with partners, and planning for future funding

- a. Grounding Public Health members in what is Modernization and what are those investments, they put together packets at different levels to the legislature
 - What is being done with Modernization funds, How the LPHAs, tribes, etc. are working together
 - Legislation – adding new members to the PHAB for the state (this will add representation from CBOs, P-12 orgs, and will be added in statute in Oregon to represent new partners)
2. PHAB Oregon has a webpage on the OHA website
 - [Public Health Advisory Board \(PHAB\) webpage](#)



3. Each of these meetings offers the opportunity to attend and give feedback

- a. The Public Health Advisory Board (PHAB) is established by ORS 431.122 for the purpose of advising and making recommendations to the Oregon Health Authority (OHA) and the Oregon Health Policy Board (OHPB).
 - 14 members appointed by the Governor for 4-year terms
 - LPHA representatives
 - A local health officer who is not an LPHA
 - An individual who represents CLHO (Conference of Local Health Officials created under ORS 431.330)
- b. PHAB subcommittees and workgroups with publicly posted materials
 - [Health Equity Review Policy & Procedure Workgroup](#)*
 - Strategic Data Plan Subcommittee

* Dr. Boman-Davis is in the Health Equity Policy and Procedure Workgroup, which people can attend.

QUESTIONS

Q: Are there states that are different than Oregon? States that provide better support for Modernization, etc.?

A: Actually, Oregon is at the forefront of states working to innovate and transform their public health departments. Oregon was one of the first 21C states (21C refers to 21st Century). These are states that have adopted a framework and an intention to modernize. People sometimes come to Oregon to find out how we put modernization in statute and how we were able to get it funded. **

Q: Who drives innovation and/or modernization, the state (OHA) or the counties? Can we get some literature on the Oregon PHAB?

A: It's bidirectional. What the state does can influence what we do on the local level, and vice versa. Please refer to the accompanying presentation that Marie provided on the Oregon PHAB.

** The [Public Health National Center for Innovations \(PHNCI\)](#) is a division of the Public Health Accreditation Board and “serves as the national headquarters for empowering health departments to drive change and improve health. PHNCI’s efforts focus on public health innovation and transformation, with learnings, resources, and opportunities that support accreditation.” One of PHNCI’s initiatives is called the 21st Century Learning Community or “21C.” 21C is a group of states focused on state-wide public health system transformation; these states are driving transformation in their state and generating a knowledgebase for the field.

MEMBER UPDATES OR COMMENTS

Dr. Boman-Davis received an email from the County emergency managers with a reminder that this weekend is anticipated to be our first 90+ day with moderate to major heat risk, which may limit overnight cooling. Keep in mind potential heat related illness to older people, pets, and livestock. Please share with others and be safe.

PUBLIC COMMENTS

None

ADDITIONAL REMARKS

Reminder that there is no meeting in July, and in August we will have an in-person [no hybrid] meeting. More details to come.

Alex sent out information about opportunities for equity trainings that are available through our Office of Equity, Inclusion, and Community Engagement (OEICE). There will be a *Bystander Intervention in the Workplace* training on May 17, 10-11:30, and again on May 25, at 5:30. Additionally, a *Four Strategies to Mitigate Implicit Bias* training will take place on May 24 at 2:30.

CLOSING

The next PHAC meeting will be on Tuesday, June 9, 2023. Members will receive a presentation on the work being done through the *OHSU Gun Violence as a Public Health Issue Initiative*, by Susan De Francesco, JD MPH Senior Research Project Manager OHSU-PSU School of Public Health. Larysa thanked the group for great information and questions and closed out the meeting.

Ahead of the gun violence topic next month - things the group would hope to understand and learn more about:

- What are the current county gun violence statistics? Injury, death, etc. + broken down by age and demographics.
- What is the county/state doing to mitigate gun violence risk?
- What budget is needed (in total) and how much is available/accessible to address gun violence threats?
- What are the biggest causes of gun violence?
- How are we proactively addressing root causes of gun violence?
- What is the county/state doing to combat white supremacist groups and threats in relation to gun violence?
- What does the future look like in the county/state when it comes to gun violence? Impact to health, education, children, families, economy, etc.
- It would be interesting/impactful to get a countywide perspective of how gun violence is impacting residents (ex: not going certain places anymore due to fear of mass shooting, moving to home schooling due to fear of mass shooting, mental health issues due to fear of gun violence, etc.)