February 19, 2025

Senator Wlnsvey Campos, Co-Chair
Representative Andrea Valderrama, Co-Chair
Joint Ways and Means Human Services Sub-Committee
900 Court Street NE
State Capitol
Salem, OR 97301

SUBJECT: February 17, 2025 Committee Questions

Dear Co-Chairs and Committee Members:

Please find below information requested by members of the Joint Ways and Means Human Services Sub-Committee at the February 17, 2025, meeting on the Oregon Health Authority, Public Health Division's budget and programs.

Oregon Psilocybin Services (OPS)

OPS Program Update

While OHA will not have data on number of clients served by licensed service centers until May, as of February 18, 2025, 20,442 psilocybin products have been sold to clients for administration sessions. Based on these data, thousands of clients likely have been served. OPS is focused on meeting minimum statutory requirements for regulation of psilocybin.

OPS Funding and Sustainability

OPS expects to have enough Total Funds to cover the rest of the 2023-2025 biennium through Other Funds (OF) revenue from licensing fees and General Fund (GF) support from 2023-2025 Legislatively Approved Budget (LAB).

After January 2, 2023, OPS began receiving OF revenue from licensing fees and is expected to transition from GF to OF so that licensing fees fully cover program costs. To support this shift, OPS has decreased its projected 2023-2025 expenses by over $616,000, even though some implementation costs have increased. Yet, OPS anticipates a budget gap for the upcoming biennium, though the exact gap is difficult to quantify since OPS is a new program with only one year of licensing data to support forecasting. Absent a significant increase in licensees or licensing fees, sustainability of the program will be dependent on other revenue streams, such as GF, or the creation of new funding streams.

For more information, please visit the Oregon Psilocybin Services website and the OPS Data Dashboard.

Family Connects Oregon

During the presentation, I referenced the success of the Family Connects Oregon Program. This program was featured on CNN last year. To view the story, go to https://www.cnn.com/2024/09/23/health/video/family-connects-baby-newborn-home-nurse-program-digvid.

Community-Based Organizations (CBOs)

Measuring CBO Progress and Accountability

OHA-PHD measures CBO progress and supports funding accountability in several ways:

- CBOs complete quarterly activity and expenditures reports that include information about populations and geographies served, number of events held and people reached, cross-sector partnerships developed, workforce supported, funding sustainability, and general progress on and barriers to activities in their approved workplans. OHA staff use this information to monitor performance and identify opportunities for training and technical assistance.

- The quarterly activity and expenditures reports are reviewed by OHA staff. OHA staff actively address performance issues, which has led to some CBOs not having funding renewed.
- OHA-PHD created a new platform to share CBO and LPHA workplans to improve alignment between funded partners. OHA-PHD also has staff available to support LPHA and CBO connections and alignment.
- OHA-PHD and CBOs – with support from an external contractor – developed an evaluation plan focused on funding impacts on organizational and community health outcomes. Evaluation data collection will occur in March/April 2025 with an initial evaluation report planned for May 2025. While OHA-PHD previously evaluated CBO grant processes for quality improvement opportunities in grant administration, this will be the first comprehensive evaluation to characterize outcomes of grant funding. OHA-PHD has waited to evaluate outcomes of grant funding to allow enough time for CBOs to implement funded work and feasibly achieve meaningful organizational and community health outcomes.

Moving forward, OHA-PHD is better aligning CBO activities with public health modernization accountability metrics established by the Public Health Advisory Board (PHAB). CBOs are not accountable to a defined set of process measures, like OHA and local public health authorities. However, their work to ensure culturally and linguistically responsive public health outreach and education is critical for improved outcomes. OHA has provided several opportunities for currently funded CBOs to learn about the accountability metrics and adjust workplans, if needed, to align with priority health topics. The 2025-2027 CBO funding will more explicitly adhere to the public health modernization framework and accountability metrics to ensure alignment between CBOs and LPHAs funded for complementary work in their communities.

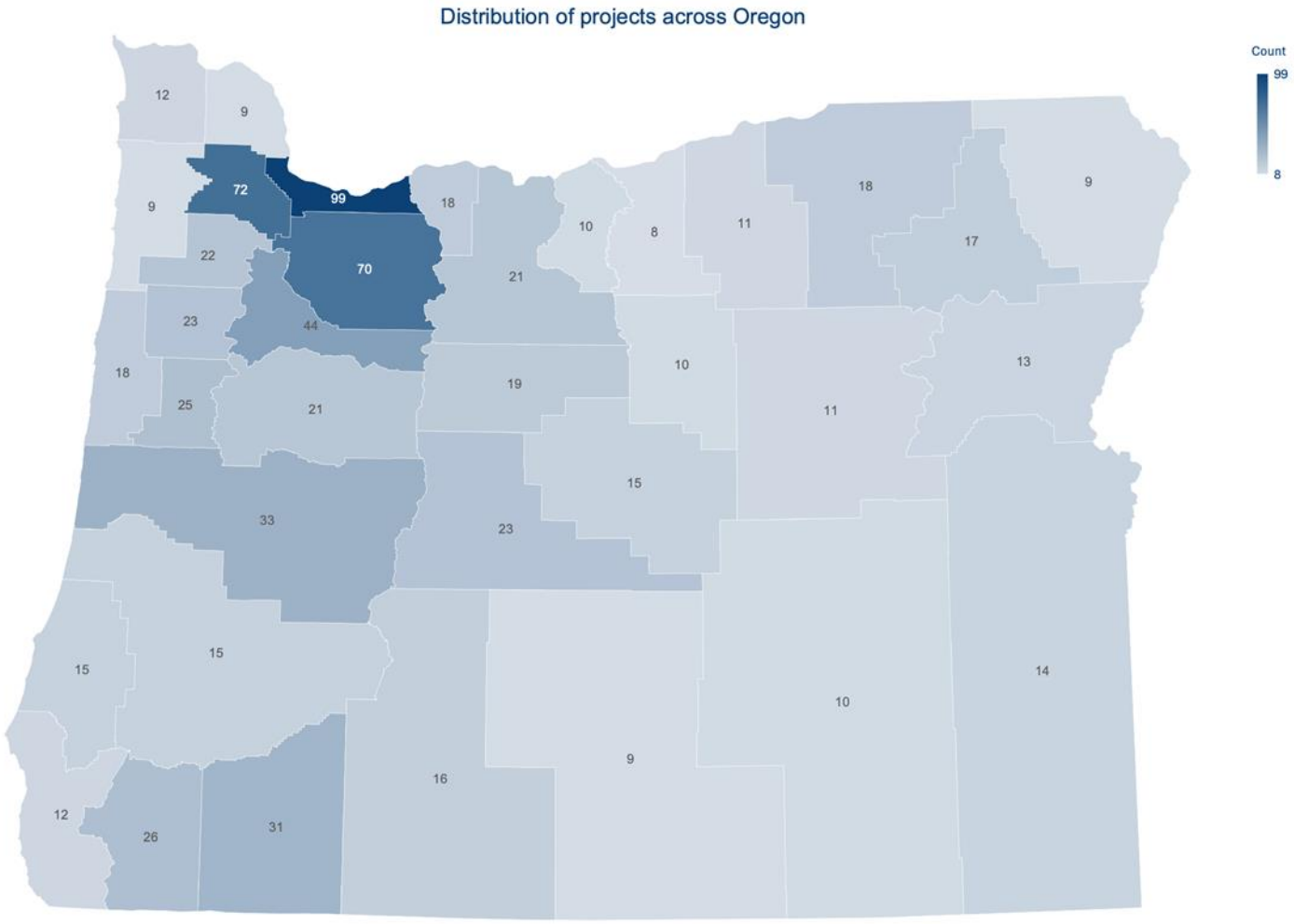
In service to CBO progress within the broader public health and community landscapes, Oregon's PHAB began work in 2024 to develop a Public Health Equity Framework. The Framework details the role of CBOs as they work alongside the state and local parts of Oregon's the governmental health system. PHAB and OHA will use the framework to guide decisions about public health modernization

funding allocations across partners to achieve health priorities. The Health Equity Framework will be completed in June 2025.

CBO Geographic Distribution

OHA-PHD funds 197 CBOs – 137 for work in communicable disease, emergency preparedness and response (public health modernization priorities) specifically – that reach all 36 Oregon counties (map of CBOs funded through OHA Public Health Equity Grant is below). In the first round of CBO funding, most grants went to CBOs serving urban areas of the state, due in part to OHA-PHD receiving more grant applications from CBOs serving urban communities. OHA-PHD has since implemented several changes to more equitably distribute resources between urban and rural/frontier communities. For example, OHA-PHD engaged local public health authorities in rural and frontier communities to allocate a portion of funding set aside for CBOs serving rural and frontier communities. In the second funding round, proposals from CBOs serving rural and frontier communities were prioritized for funding (along with CBOs that serve people with disabilities).

Moving forward into the next CBO funding opportunity, OHA-PHD has improved its application to better assess if a CBO has a physical presence in counties in which they are proposing work. There are parts of the state that have fewer CBOs than others. Knowing this, OHA-PHD also will work strategically with LPHAs to determine how additional funds should be invested in jurisdictions underserved by the CBO funding. OHA-PHD will use the LPHA public health modernization funding formula, developed by the PHAB to estimate the ideal, equitable level of resourcing in each Oregon county to serve as goals for funding decisions.



Map of CBOs funded through OHA Public Health Equity Grant

Program Outcomes Summary

Funded CBOs contribute to progress on public health modernization priorities by:

- Providing health education and communications to community members,
- Identifying and assessing community priorities,
- Supporting prevention and health promotion activities, and
- Developing policy priorities that reflect community values.

Public health modernization funding has supported 99 new positions and 385 existing positions in CBOs that focus on communicable disease prevention and control, emergency preparedness and response, and climate impacts on health.

Based on *preliminary* analysis of October 2024 activity reports, public health modernization funded CBOs served a variety of priority populations across the state:

- 53% of CBOs serve Latino/a/x communities;
- 46% serve people living in rural communities;
- 44% served people with disabilities;
- 41% served Black, African American, or African communities;
- 35% serve American Indian and Alaska Native communities;
- 25% serve Pacific Islander communities;
- 32% served houseless communities, and
- 32% served people with behavioral health conditions.

In addition, 70% of CBOs work in a language other than English to ensure culturally responsive programming.

Funded CBOs have significant reach into their communities and empower community members for better public health outcomes. CBOs held 774 local events, including 261 focused on communicable disease control, 272 focused on emergency preparedness and response, and 298 focused on climate and health. Of these community-specific events, 336 (43.4%) provided community-specific public health programs, services, resources, and supports; 243 (31.4%) provided health education and communication; 58 (7.5%) identified and assessed community priorities; and 23 (3.0%) mobilized communities to participate in and inform health policy priorities.

Public health modernization funding also supports CBOs to develop and maintain important partnership networks. Most (87%) CBOs partnered with at least one other organization on their modernization-funded work; 27% of reported partnerships were new and developed because of work funded through modernization. Of the 1,053 partnerships reported by CBOs, 469 (45%) were other CBOs, 134 (11%) were local public health departments, 90 (9%) were health care systems, and 79 (8%) were schools or school districts. OHA highlighted successful

local partnerships between funded LPHAs and CBOs in videos and fact sheets located on the public health modernization webpage.

Lastly, modernization funding is contributing to the financial sustainability of CBOs. Among the 111 CBOs that responded to an activity reporting question about sustainability, 81 (73%) reported that having public health equity grant funding helped them obtain other sources of funding.

Hospital Licensing Fees

Most hospital licensing complaints, not including Hospital Staffing complaints, take three weeks or more to investigate. This time frame is typical when the hospital is responsive to questions for information and there are no other competing priorities at the time of the investigation. The most common hospital licensing complaint types are *Failure to Permit a Support Person to Accompany the Patient* and *Discharge Requirements* following an ED or Inpatient treatment for a behavioral health crisis. The steps in this type of investigation are:

- The surveyors do off-site preparation when they prepare a needs list of documents that will be requested from the hospital and review hospital licensing records.
- Surveyors then enter the hospital, announce the investigation, and meet with hospital leadership to go over the items the hospital needs to provide to begin the investigation.
- Surveyors spend 1-2 days on-site for these investigations reviewing documents, reviewing signage on units (as required), and interviewing staff. Surveyors confer with one another and me as needed when there are questions about the requirements or the evidence they have gathered.
- Surveyors need a week or more to write up a report on this type of investigation. After that, the report is peer reviewed and has a manager review before it can be sent to the hospital.
- The hospital then writes a Plan of Correction, which the surveyor reviews. These Plans often require surveyors to confer with one another and the manager to determine whether the plan adequately addresses the deficiencies that have been identified. The Plan of Correction process occurs after the three-week investigation has already been completed.
- Travel time also adds to the length of these surveys.

The OHA Health Care Regulation and Quality Improvement program has presented at meetings convened by the Hospital Association of Oregon on both of the Support Person and Behavioral Health Discharge laws and also has information available on our website. These investigations may be slowed by hospital delays in documenting compliance.

Some of our federal investigations and all federal recertification surveys in hospitals have state regulatory elements that require additional state work. The state work in these situations mirrors the process described above.

Human Papilloma Virus (HPV) Vaccination

Since its introduction, the HPV vaccine has significantly reduced the prevalence of HPV strains most associated with cervical cancer, as well as other cancers such as those of the throat, anus, penis, vulva, and vagina. The vaccine works by preventing infection from the high-risk HPV types, especially HPV-16 and HPV-18, which cause most HPV-related cancers. Studies have shown that vaccination programs have led to a reduction in the incidence of HPV in young people, particularly in countries with high vaccination coverage rates. These trends are reflected in Oregon data.

From 2008 to 2023, in 20- to 24-year-olds, there were significant reductions in new cervical precancers from 51 per 100,000 in 2008 to 3.8 per 100,000 in 2023. When adjusting the same age group for women screened for cervical cancer, the rate also dropped significantly from 1471 per 100,000 screened population in 2008 to 243 per 100,000 screened women in 2023. The percentage of cervical lesions due to types 16/18 have decreased over time.

It is still too early to draw conclusions about the reduction of cervical cancer in Oregon, given cervical cancer takes decades to develop. However, becausecervical precancer is a prerequisite for cervical cancer, early evidence points to a significant reduction in coming years.

The decrease in HPV infections due to vaccination is also expected to result in long-term reductions in cancer cases and related healthcare costs, emphasizing

the public health impact of HPV vaccination in reducing both the burden of disease and mortality.

Division Size and Budget Changes

Below please find the funding and positions for the Public Health Division in the 2015-2017 biennium and the 2023-2025 biennium. As noted in the testimony, the 2023-2025 funding included significant COVID-19 federal funds – up to $200M, most of which will not continue into the 2025-2027 biennium.

	2015-17*	**2023-25**
GF	$39,861,581	$261,366,329
FF	$368,850,498	$886,274,599
OF	$223,344,217	$390,623,589
Total	**$632,056,296**	**$1,538,264,517**
POS	789	1000
FTE	765.18	953.95

*Please note, ORBITS, Oregon's budget system, does not include data from 2013-15. The earliest biennium where data are available is 2015-17.

Please do not hesitate to reach out if there are any further questions. Thank you.

Sincerely,

Naomi Adeline-Biggs, MBBS, MPH
Public Health Director