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## Governance Committee

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April 1, 2019

**Chair:** Lloyd Berentzen

**Present:** Dr. Marc Babitz, Jerry Edwards, Heather Borski, Curtis Burk, Gary Edwards, Randall Probst, Lloyd Berentzen, Nate Checketts, Tiffani Metoyer-Smith

**Visitors:** Dean Penovich, Janae Duncan, Anna Fondario, Dorothy Adams (SLC local health department Deputy Director)

**Phone:** none

**Not Present:** Ralph Clegg, Jill Parker

**Voting Members:** Dr. Joseph Miner, Dr. Marc Babitz, Jerry Edwards, Heather Borski, Paul Patrick, Gary Edwards for Ralph Clegg, Randall Probst, Lloyd Berentzen

**Co-Chairs:** Paul Patrick, Lloyd Berentzen

### Minutes

Approve minutes from March 18, 2019 Governance meeting.

**Motion to approve:** 1<sup>st</sup>: Lloyd Berentzen 2<sup>nd</sup>: Heather Borski

**Vote Yes:** Dr. Joseph Miner, Dr. Marc Babitz, Jerry Edwards, Heather Borski, Paul Patrick, Gary Edwards for Ralph Clegg, Randall Probst, Lloyd Berentzen

### Public Health Emergency Preparedness (PHEP) Cooperative Agreement - Dean Penovich (Handout)

- New 5 year cooperative agreement has separated PHEP and HPP into two separate agreements.
- Purpose is to strengthen the capability of our public health systems to prepare and respond to public health emergencies.
- The funds between HPP and PHEP are not interchangeable.
- PHEP program is to build capacity between the state and local tribal public health agencies whereas the HPP program is more about healthcare system readiness.
- 5 year performance period.
- PHEP and CRI have had a slight increase in funding.
- 10% match still required.
- 75% of CI money goes out to salt lake and summit county (CRI - Cities Readiness Initiative) jurisdiction)
- Medical Countermeasure focus going forward is more on pan flu (pandemic influenza) than anthrax as it had been in the past.

- Operations Readiness Review - The local health departments have achieved the Project Public Health Ready (PPHR) recognition status be exempt from some of the planning elements of the Operational Readiness Review (ORR) process.
- Programmatic Changes - Have met with Local Health Departments about multiyear training exercise plan required to submit on May 3<sup>rd</sup>.
- Benchmarks subject to withholding -
  - Must demonstrate that LRN-B laboratories can pass validated proficiency testing.
  - LRN-C passes the packaging and shipping exercise.
  - Ensure Pandemic and influenza plans are updated regularly
  - Demonstrate readiness activities.
- Dr. Christensen has expressed desire to use extra funding to hire a part time employee at the medical examiner's office to work with local health departments on fatality management.
- Decisions about the.
- Due May 3<sup>rd</sup>.
- Motion to approve with last year's 65/35 percentages and letter of concurrence. Extra \$116,288 funding will be discussed at the next Governance meeting in May to amend or modify if needed.

**Motion to approve with 65/35 percentages and letter of concurrence. Possible modifications will be discussed at April 15<sup>th</sup> Governance Meeting: 1<sup>st</sup>: Lloyd Berentzen 2<sup>nd</sup>: Heather Borski**

**Vote Yes:** Dr. Joseph Miner, Dr. Marc Babitz, Jerry Edwards, Heather Borski, Paul Patrick, Gary Edwards for Ralph Clegg, Randall Probst, Lloyd Berentzen

#### **Hospital Preparedness Program (HPP) Cooperative Agreement - Dean Penovich (Handout)**

- Purpose of HPP program is to strengthen and enhance the acute care medical surge capacity through the maintenance and growth of strong health care coalitions (HCCs) within the state and local health care systems.
- Due at the same time as PHEP.
- Funds are not interchangeable.
- \$124K reduction from last year.
- 5 year performance period starting in July.
- 10% match is found through hospitals and other areas.
- Limited in the department to keep no more than 18% for staff and travel for the department.
- There are 7 healthcare coalitions in the state and that need to each designate a lead or co-lead hospital or healthcare organization.
- All 7 coalitions must fund at least one full time employee to support 2 staffing requirements:
  - HCC Readiness and Response Coordinator.
  - Clinical Advisor - SHOULD be a physician, advanced practice provider, or registered nurse, should be from a lead or co-lead hospital or healthcare organization, and clinically active. (working shifts and seeing patients)
- Federal government will be reviewing local health department coalition budgets.

- We need to ensure that this is not only funded, but that there is a 1.0 full time equivalent between those two roles in the coalition budgets prior to going under federal review.
- Dean Penovich and his staff came up with proposals (handout) to allocate funds for a full time Coalition Coordinator as well as funding each coalition for the required Clinical Advisor Role.
- Proposal 1:
  - Along with the \$124K reduction from last year, Dean Penovich and his staff were able to free another \$180k to go towards the coalitions to adequately fund these employees.
  - In addition, \$15k per coalition which allows about 4hrs a week for a Clinical Advisor.
  - Equipment and training funds have been kept the same and based on number of hospitals in each coalition.
  - The goal was to fund the coordinator at 100% as well as funds for travel, admin, etc.
- Proposal 1 would have to be adjusted regularly.
- Proposal 2 is general figures as a tiered fixed amount.
- Both proposals are the same total dollar amount.
- MRC (medical reserve core) cut from \$10k to \$8k to increase coalition funding
- Lloyd moves that we approve the total amount of \$1,075,391 which includes the MRC reduction of \$2,000. Will come back with more detailed budget and will modify proposal in May.

**Motion to approve the total amount of \$1,075,391 which includes the MRC reduction of \$2,000. Will come back with more detailed budget and will modify proposal in May:** Lloyd Berentzen and Heather Borski

**Vote Yes:** Dr. Joseph Miner, Dr. Marc Babitz, Jerry Edwards, Heather Borski, Paul Patrick, Gary Edwards for Ralph Clegg, Randall Probst, Lloyd Berentzen

#### **Preventative Health and Health Services Block Grant - Janae Duncan (Handout)**

- AKA Prevention Block Grant
- Funding used to help local health department infrastructure, obesity prevention, and Violence prevention.
- More than 80% of funds go directly to local health departments for those activities.
- Budget is submitted categorically.
- Total award decreased by about \$118k
- Reduced funding from obesity and administrative, both of which received increases of funding in the past.
- There will be no cuts to local health departments.
- Prevention block grant funding from EPICC activities and violence and injury prevention activities will stay the same.
- Need to support infrastructure in mentioned areas is recognized.
- This will go to the health advisory council who will approve the budget before it is submitted.
- There will be a public hearing on this sent out through ULACHES.
- HAC meeting first and public hearing the week after that.

- Deadline is July 1<sup>st</sup> to submit but CDC is encouraging to submit April 19<sup>th</sup>.
- Activities will be simplified. This will go through ULACHES.

**Motion to approve application: 1<sup>st</sup>:** Heather Borski **2<sup>nd</sup>:** Randall Probst

**Vote Yes:** Dr. Joseph Miner, Dr. Marc Babitz, Jerry Edwards, Heather Borski, Paul Patrick, Gary Edwards for Ralph Clegg, Randall Probst, Lloyd Berentzen

#### **Core State Violence and Injury Prevention Program (CORE SVIPP) - Anna Fondario (Handout)**

- Only applying for the continuation application due April 15th.
- 3<sup>rd</sup> year of a 5 year grant. Have had grant for past 10 years.
- \$250k primarily to support staff in 4 priority areas.
  - Child maltreatment
  - Traumatic brain injuries
  - Sexual and domestic violence
  - Motor vehicle crashes
- Majority of that budget goes towards supporting 2.45 FTE's including travel to the Safe States Alliance national meeting, as well as funding for website maintenance support.
- Through this grant, we also implement the Injury Community Implementation Board which is a group of Injury Professionals from all of the different violence and injury coalitions throughout the state that come and help with strategic planning.
- Developed quarterly newsletter.
- Has annual meeting with them with LHD representation in that meeting.
- This has been an exempt grant but returns to governance for information purposes.
- Move to be exempt? Heather 1<sup>st</sup>. Randall 2<sup>nd</sup>.
- There is not enough funding to do contracts.
- Primarily infrastructure support for the state health department as a Core grant.
- Unsure if amount will ever expand as funding is based off of Utah population.
- Primary focus of the grant is submitting data on injury indicators.
- Funding is for surveillance, reporting on injury indicators, and providing support to staff that are typically funded by other sources. There is not one person funded full time from this grant.
- Although exempt, it is requested that this grant comes back to Governance for information purposes.

**Motion to accept as an exempt grant: 1<sup>st</sup>:** Heather Borski **2<sup>nd</sup>:** Randall Probst

**Vote Yes:** Dr. Joseph Miner, Dr. Marc Babitz, Jerry Edwards, Heather Borski, Paul Patrick, Gary Edwards for Ralph Clegg, Randall Probst, Lloyd Berentzen

#### **Overdose Data to Action and Public Safety AND Public Health Information Sharing Partnerships - Anna Fondario (Handout)**

- Revisiting public safety grant from previous governance meeting in March discuss how funds will be allocated and come back with different options.
- Grant is currently happening. Approved last year.
- Overdose Grant is due May 1<sup>st</sup> 2019.
- Project period is 2021
- 3 year grant.
- Award amount is determined by what is applied for within the grant.
- Grant amount is specific to Utah based on budget created by CDC.
- Total base budget is \$2.8 million.
- With the addition of enhanced activities in the NOFO the budget increases to \$3.8 million.
- Actual budget will be based off whether or not the enhanced activities can be met.
- Purpose is to support recipients in getting high quality, comprehensive, and timelier data on opioid prescribing, morbidity, and mortality, and to use data to inform prevention.
- There are two required components that should be linked and implemented as part of a dynamic system. A Surveillance component and a Prevention component.
- State health departments are required to allocate at least 20% of their prevention component award to fund targeted mini-grants and sub-award to counties/cities/communities, including NGOs and coalitions, to address opioid overdose.
- CDC would like to see prevention activities occurring outside of local health departments as well.
- Activities not required are:
  - Public safety partnerships
  - Empowering individuals
  - Innovation projects
- Cannot use funds for:
  - Purchasing naloxone
  - Implementing or expanding drug “take back” programs or other drug disposal programs.
  - Purchasing fentanyl test strips.
  - Funding or expanding direct provision of substance abuse treatment programs.
- The final component is there is the option to apply for enhanced funding for peer to peer learning coordinators at \$250k.
- Two areas that have been identified are:
  - Opioid Overdose Fatality Review, implemented over the past year.
  - PDMP Integration. Over the past 4 years have worked to integrate PDMP into the master patient index in order to look at other health outcomes with the PDMP.
- Prevention strategies recommended by the CDC for 20% of the budget going to local communities:
  - Explicit efforts to better integrate state and local prevention efforts.
  - Capacity building for more effective and sustainable integrated surveillance, preventions, and response efforts.
  - Prevention and response strategies at the state and local level.
- Handout shows examples of what the CDC has recommended for the 20% prevention budget that would go to the local health departments and communities.

- There are additional activities that can be proposed to help support those strategies.
- Overall Grant Prevention Budget is \$2,173,709 - \$2,538,709.
  - 20% of that budget would be \$414,742 - \$507,742.
  - Proposed Overall LHD/Community Budget is \$620,000 (24% of the prevention budget)
    - \$420k would be designated for LHD's via formula funding to continue/enhance crisis funding activities.
      - This amount is 30% less than what LHD's are currently receiving through the crisis funding.
      - However, there is an additional \$100k added from the Public Safety Grant for two years of funding period.
    - \$200k would be designated for 2-4 mini grants in high burden areas that focus on activities in other strategic areas.
- Handout shows breakdowns of yearly funding in LHD areas based off of number of deaths.
- Overdose Data to Action grant core activities proposed:
  - Disseminate naloxone
  - Provide naloxone education and training
  - Coordinate Opioid Overdose Community Crisis Response Teams and implement plans when applicable.
  - Over \$14k or \$20k additional activities will be required based on funding levels.
- Public Safety DMI grant core activities proposed:
  - Check dashboard data weekly.
  - Attend training on dashboard interpretation.
  - Explore and possibly enter ODMAP data
  - Coordinate Opioid Overdose Community Crisis Response Teams and implement plans when applicable.
  - Over \$15k additional activities will be required based on funding levels.
- Overdose Data to Action grant and Public Safety DMI grant will be added together.
- Funding needs to be allocated for Public Safety DMI grant. \$100k per year for 3 years.
  - Does not matter when funding is spent within the 3 year grant period.
  - Must be spent by 2021.
- Other prevention activities proposed include:
  - The PDMP activity.
  - Opioid use disorder safety bundles for obstetric care for women.
  - Chronic pain self-management programs through the arthritis program.
  - Prevention treatment and care program to link for people who use injection drugs to care through EMS for a linkage to care outreach component.
- Per Dr. Miner, it is critical to know the detail of the break down and how much each local health department benefits from each of these.
  - Is it possible to break down by jurisdiction in order to see how each area is benefitting.
- Lloyd motions to follow the formula on both grants. Dr. Miner seconds
- Motion to go with funding formula for both.
- Funding allocation can be determined in contract.

**Motion to approve:** 1<sup>st</sup>: Lloyd Berentzen and, Dr. Miner

**Vote Yes:** Dr. Joseph Miner, Dr. Marc Babitz, Jerry Edwards, Heather Borski, Paul Patrick, Gary Edwards for Ralph Clegg, Randall Probst, Lloyd Berentzen

**Other Agenda Items:**

None

**Next Meeting - April 15, 2019 – 11:30am – Room 401.**

New Chairs will be Dr. Joseph Miner and Ralph

**Motion to adjourn:**

**Motion 1<sup>st</sup>:** Lloyd Berentzen   **2<sup>nd</sup>:** Paul Patrick

**Vote Yes:** Dr. Joseph Miner, Dr. Marc Babitz, Jerry Edwards, Heather Borski, Paul Patrick, Gary Edwards for Ralph Clegg, Randall Probst, Lloyd Berentzen