
Governance Committee

August 19, 2019

Chair: Dr. Joseph Miner

Present: Dr. Joseph Miner, Dr. Marc Babitz, Heather Borski, Paul Patrick, Ralph Clegg, Lloyd Berentzen, Gary Edwards, Jeff Combs, Jerry Edwards, Nate Checketts.

Phone: None

Visitors: Scott White, Chris Furner, and Brandy Peterson

Voting Members: Dr. Joseph Miner, Heather Borski, Paul Patrick, Ralph Clegg, Lloyd Berentzen, Jeff Combs

Co-Chairs: Dr. Joseph Miner and Ralph Clegg

Minutes

Approve minutes from August 5, 2019 Governance meeting.

Motion to approve: **1st:** Jeff Combs **2nd:** Heather Borski

Vote Yes: Dr. Joseph Miner, Heather Borski, Paul Patrick, Ralph Clegg, Lloyd Berentzen, Jeff Combs

Integrated HIV Surveillance and Prevention for Health Departments - Scott White (Handout)

- \$1,151,670 flat funding. Renewal application for a 5-year grant currently in year 3.
- Rebates received from direct support drugs provided by the Ryan White healthcare program are used to support further HIV prevention efforts.
- The proposed budget is the same as 2019 apart from \$227,000 in DIS contract funds being moved to the Ryan White Early Intervention Services to fund disease intervention specialists.
 - (Contingent based on approval from HRSA)
- This will allow an increase the funding provided primarily to the Salt Lake County PrEP clinic as well as a proposed 25% (\$56,750) increase in 2020 HIV DIS funding to local health departments.
- The prep clinic provides free exposure prophylaxis for HIV prevention.
- \$227,000 into Ryan White plus \$56,750 totals \$283,750 to local health departments.
- The University of Utah will receive \$250,000 as a result of shifting the DIS contracts to the Ryan White program. This includes DCP Informatics and PrEP clinic.
- The U of U is a sole-sourced contract, currently the only clinic providing PrEP to uninsured patients.
- If HRSA does not approved the change, the budget will be adjusted back to the original funding amounts.
- Funding may not be utilized directly to provide PrEP. It can be utilized to support the surrounding services but not the actual medication itself.
- If they do not get approval to utilize HRSA budget, a new budget will be brought to Governance for vote.

Motion to approve - 1st: Heather Borski **2nd:** Lloyd Berentzen

Vote Yes: Dr. Joseph Miner, Heather Borski, Paul Patrick, Ralph Clegg, Lloyd Berentzen, Jeff Combs

Strengthening STD Prevention and Control for Health Departments - Scott White (Handout)

- Formula funded grant coming to the PTCP to support STD surveillance and prevention.
- Year 2 of 5-year contract. Flat funding on the approved amount of \$633,169.
- An enhanced activity directed towards STD surveillance is being offered, \$63,317.
- This application is to prevent and control three major STDs: chlamydia, gonorrhea, and syphilis.

- The same allocation will be maintained for local health departments.
- Proposing a switch in funding to Ryan White rebate dollars increasing local health departments by 25%.
- The total would be \$216,000 to local health departments.
- The 340-B program provides cost reimbursement for any medications associated with STD treatment.
- The max amount of clinical funding, 20%, is given to the public health lab to support chlamydia and gonorrhea screening efforts. Usually 10% but last year increase to 20% was approved.
- Grant will continue to fund 2.45 FTE's at the state level.
- The new activities proposed with the surplus are:
 - Two Statewide DIS trainings. (one in person and one online)
 - Creating Utah specific BRFSS questions covering sexual health topics.
 - Contract with AETC for public health detailing.
 - Aids Education Training Center funded by HRSA.
 - A clinical expert in STD prevention and treatment will provide training at local hospitals.
 - 1-3 mini grant contracts for educational initiatives open to community-based organizations and local health departments for hands on prevention education.
 - Enhanced activity
- Local health departments are responsible for reporting all chlamydia cases and investigating/providing partner services to all gonorrhea and syphilis cases. Chlamydia is still reportable.
- HIV and STD prevention rely primarily on federal funds.
- The state provides \$30,000 yearly for STD education materials.
- Research is being done to increase revenue such as ways to bill Medicaid or private insurance for services.
- \$216,250 in DIS funding and \$124,900 from the UPHL contract supports chlamydia and gonorrhea testing at local health departments.
- Total cost for STD investigation is unknown.
- Local health departments will provide cost information for STD testing and treatment to allow a more accurate estimate for the next application amount.
- Mini grants will provide specific funding for community support and outreach in priority populations.
- Local health departments may apply for the mini grants.
- Planned Parenthood is currently being funded for chlamydia and gonorrhea testing.
- BRFSS questions still need to be developed.
- Time and cost increases are a concern for targeting surveys at priority populations and during tracing.
- Adding more questions to the form will be considered as well as asking during tracing calls.
- Tracking is based on age range, not sexually active status.
- Locals should be informed which organizations are being funded.

Motion to approve - 1st: Heather Borski **2nd:** Ralph Clegg

Vote Yes: Dr. Joseph Miner, Heather Borski, Paul Patrick, Ralph Clegg, Lloyd Berentzen, Jeff Combs

Women, Infants, & Children (WIC) - Chris Furner and Brandy Peterson (Handout)

- New 5 year contract cycle with WIC and local health departments begins October 1st.
- Funding discussed will be for FFY2020.
- Subsequent years will require an amendment prior to funding.
- FFY2020 total funding to local health department contracts will be \$12,750,080.
- \$50,000 total decrease from FFY2019 contracts divided amongst the 13 local health departments.
- Local Health Officers were provided with three funding options at the meeting on July 18th in Logan.
 - Option 1: WIC funding formula, no adjustments.

- Option 2: No local health department receives more than a 1% increase or no local health department receives more than a 2% increase.
- Option 3: Proportionally distribute the decrease to each local agency, Decrease FFY2019 contract amounts by .39%.
- Local Health Officers voted to approve the .39% decrease to each local agency.
- Improvements to the funding formula will be discussed with the WIC Executive Committee next year.
- Each health department will be funded a decrease of .39% based on their current contract amount.
- WIC participation has declined across the state.
- Since FY2016 English-speaking families have declined by 22% and Spanish-speaking families by 32%.
- 76,310 participants in October 2010 has decreased to about 41,000 participants as of August 2019.
- Families are requesting to repay WIC benefits and remove their information due to public charge.
- WIC was originally on the list but is not written into the rule. Participants are not at risk.
- 118% of rebates are being received from powder Abbot and Similac Advanced infant formula products.
- Rebates must be used for food.
- State of Utah collaborative breast pump contract has dissolved. Utah is the first state from that group to set up statewide collaborative contracts with all four companies; Ameda, Ardo, Hygeia, and Medela.
- Electronic WIC transition pilot with Davis County, Weber Morgan and Summit next summer.
- After pilot launch, it is hoped to quickly get an FNS USDA approval.
- Statewide implementation will occur in two waves once FNS USDA approval is received.
- Transitioning from the Mountain Plains regional office to the Southwest regional office in October.
- Southwest region states: Utah, New Mexico, Arizona, Native Arizona Tribes (NITCA), Oklahoma, Arkansas, Louisiana, and Texas.
- This transition means that there are now 5 federal regions involved and more funding opportunities.
- Electronic WIC is currently \$0.50 per active family, per month. 1/3 less than what was asked for.
- Decreased from \$1.50 to \$0.50.
- Card replacement cost will be \$3 per card. Possible policy or incentive to discourage card loss?
- Loss in funding is anticipated for next year.
- In order to save money, it is encouraged to reevaluate replacing employees.

Motion to approve - 1st: Lloyd Berentzen **2nd:** Ralph Clegg

Vote Yes: Dr. Joseph Miner, Heather Borski, Paul Patrick, Ralph Clegg, Lloyd Berentzen, Jeff Combs

Other Agenda Items:

- None.

Next Meeting - September 16, 2019 - 11:30am - Room 401

Motion to adjourn

Motion 1st: Paul Patrick **2nd:** Lloyd Berentzen

Vote Yes: Dr. Joseph Miner, Heather Borski, Paul Patrick, Ralph Clegg, Lloyd Berentzen, Jeff Combs