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## Governance Committee

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February 16, 2021

**Chair:** Lloyd Berentzen

**Present:** Heather Borski, Dr. Marc Babitz, Jeff Coombs, Lloyd Berentzen, Janae Duncan, Gary Edwards, Brian Hatch, Jerry Edwards, Jill Parker

**Visitors:** Dean Penovich, Marie Nagata, Brad Belnap, Melissa Dimond, Rich Lakin, Phillip Gresham, Tonya Merton, Cindy Burnett

**Voting Members:** Heather Borski, Dr. Marc Babitz, Janae Duncan, Lloyd Berentzen, Jeff Coombs, Brian Hatch

**Co-Chairs:** Janae Duncan & Lloyd Berentzen

### Minutes

Approve minutes from February 1, 2021 Governance meeting.

**Motion to approve minutes:** **1st:** Heather Borski **2nd:** Janae Duncan

**Motion to accept agenda:** **1st:** Dr. Marc Babitz **2nd:** Heather Borski

**Voting Members:** Heather Borski, Dr. Marc Babitz, Janae Duncan, Lloyd Berentzen, Jeff Coombs, Brian Hatch

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

- Year three of a five-year period to increase state preparedness to reduce threats of health and safety.
- There has been a slight increase in funding in the notice of funding opportunity however, final amounts will be unknown until the notice of award is issued at the end of June 2021.
- Application and Concurrence letter is due March 16, 2021.
- New requirements include:
  - Cities Readiness Initiative (CRI) local planning jurisdictions must complete the annual PHEP exercise incorporating access and functional needs (AFN) with Salt Lake and Tooele County readiness initiatives.
  - The integrated preparedness plan (IPP), formerly MYTEP, must include at least four years of progressive exercise planning.
  - All LRN-C laboratories must report to the LRN-C technical program office all chemical response activities that are conducted using PHEP-funded equipment.
  - Level 1 and Level 2 laboratories must maintain subscriptions to the LRN-C proficiency testing and materials program for all qualified LRN-C core and additional methods.
  - In BP3 the LRN-B maintenance agreement requirement is clarified to include LRN-B equipment valued at more than \$25,000 or used for FDA 510(k) cleared assays.
  - The Multiyear training exercise plan (MYTEP) is now called the Integrated Preparedness Plan (IPP).
- Guidance was received at the end of January 2021 regarding new PHEP ORR requirements.
- Must be established in all areas by June 2024.
- Benchmarks have not changed.
- Funding breakdown details listed on handout.
  - Local Health Departments - \$4,239,544 (65%)
  - Tribe Contracts - \$42,238 (<1%)
  - UDOH Laboratory \$916,390 (14%)

- UDOH Preparedness - \$651,005 (10%)
- UDOH Epidemiology & Informatics - \$600,950 (9%)
- UDOH PIO - \$44,841 (<1%)
- UDOH Tribal Liaison - \$27,407 (<1%)
- Possible move from 65/35 to 60/40 split to increase funding in Lab Capacity, Tribal Liaison, and Tribal Contracts will be discussed.

**Motion to submit application with letter of health officer support - 1st:** Brian Hatch **2nd:** Jeff Coombs

**Voting Members:** Heather Borski, Dr. Marc Babitz, Janae Duncan, Lloyd Berentzen, Jeff Coombs, Brian Hatch

**Cancer Prevention and Control Programs for State, Territorial, and Tribal Organizations - Marie Nagata and Brad Belnap (Handout)**

- Year five of a five-year grant for \$2,900,000 to provide screening funding to local health departments and community clinics to provide mammograms and necessary follow ups.
- Decentralization is being considered by moving some work at the state health department to local health departments.
  - Decentralization Plan Options:
    - Continue screening through UCCP.
    - Act as a Decentralized District Coordinator.
    - Implement Option 1 and Option 2.
    - No contract or work with UCCP.
- This funding supports the Breast and Cervical Cancer Program as well as the Comprehensive Cancer Control Program.
- Approximately \$270,000 in funding is received from the CDC per year.
- Most of this funding supports projects to implement state cancer plans.
- Funding is through a competitive application process for any interested organization willing to develop a project to address state cancer priority areas.
- Year five budget is to support the above-mentioned projects.
- Detailed budget breakdown will be provided by Marie Nagata.

**Motion to approve - 1st:** , Jeff Coombs **2nd:** Janae Duncan

**Voting Members:** Heather Borski, Dr. Marc Babitz, Janae Duncan, Lloyd Berentzen, Jeff Coombs, Brian Hatch

**Intermountain Community Care Foundation Social Determinants Grant - Brad Belnap (Handout)**

- This grant awards \$300,000 per project period from 18 to 36 months.
- A social service agency and a healthcare agency must apply together.
- Intermountain Health has approved the Utah Department of Health and healthcare partner OUCH to apply together.
  - This is not limited to OUCH clinics and is open to any clinic that is interested and may participate.
- The Produce RX Program, also known as Utah Produce Prescription, is a clinic/health provider-based intervention to discuss and provide patients experiencing food insecurity with information on healthy eating, food access, and physical vouchers for fresh fruits and vegetables.
- ICCF funds projects in one of their social determinants of health priority areas, including:
  - Food insecurity

- Housing instability
- Interpersonal violence
- Transportation
- Utility needs
- Clinics requirements:
  - Implement Produce RX Program into provider workflow.
  - Enroll eligible patients by providing food insecurity screening.
  - If food insecurity is experienced and the household income is less than 125% FPO, patient qualifies for the Produce RX Program.
- Vouchers may be redeemed at any of the 28 farmer's market participating in the Produce RX Program, Rancho Markets, and Smith's.
- Local health departments may select to support Produce RX through EPICC contracts
- Salt Lake County and Weber Morgan health departments are assisting by identifying and connecting with potential clinic sites within their districts.
- \$280,000 of funding will go directly to clients in the form of vouchers.
- \$20,000 will be reserved for materials such as printing of vouchers and mailing vouchers to and from redemption sites.

**Motion to approve - 1st:** Dr. Marc Babitz **2nd:** Janae Duncan

**Voting Members:** Heather Borski, Dr. Marc Babitz, Janae Duncan, Lloyd Berentzen, Jeff Coombs, Brian Hatch

#### ELC PPPHEA Enhancing Detection Expansion (CRR) - Melissa Dimond (Handout)

- \$184,529,758 award for project period January 15, 2021 to July 31, 2023.
- Application is due 3/18/21.
- There are six key strategies:
  - Enhance Laboratory, Surveillance, Informatics and other Workforce Capacity.
  - Strengthen laboratory testing.
  - Advance Electronic Data Exchange at Public Health Labs.
  - Improve Surveillance and Reporting of Electronic Health Data.
  - Use Laboratory Data to Enhance Investigation, Response and Prevention.
  - Coordinate and Engage with Partners.
- Proposed Funding for Local Health Departments - \$33,943,461
- \$1,425,060 to extend the epidemiologist positions from ELC CARES funding from May 2022 to July 2023.
- \$3,711,169 to each local health department to hire a nurse level position to support outbreak response/infection prevention and control.
- \$3,850,000 for vulnerable populations to provide data collection, analysis, interpretation, communication, education, outreach, testing and vaccine support through transportation and mobile efforts.
- \$4,000,000 to local health departments for Community Health Worker personnel costs.
- \$6,930,000 to extend contact tracing/vaccine administration support FTEs from December 2022 through July 2023.
- \$14,027,232 for general COVID-19 response flexible funds to assist with personnel expenses towards the following COVID-19 response activities:
  - Contact tracing/case investigation
  - Data analysis
  - Infection prevention/control

- Public information/health communication
- Community health workers
- Testing/mobile teams
- Indirect support will be provided for the following:
  - Maintaining contact tracing and case investigation teams.
  - Central staff working on traveler's health.
  - Statewide surveillance and support.
  - Supporting wraparound services and Community Health Workers
  - Maintaining webchat.
  - Maintaining COVID hotline.
  - Maintaining coronavirus.utah.gov.
  - Developing guidance and marketing materials.
  - Maintaining statewide wastewater testing.
  - Processing tests for residents in each jurisdiction.
  - Conducting sequencing to identify variant strains.
  - Upgrading systems, thereby improving data going into EpiTrax.
  - Developing and supporting automated contact tracing.
  - Providing subject matter experts and support for EpiTrax.
  - Maintaining subject matter experts that can assist in training staff on infection prevention and control.
  - Providing access to specialized staff that can assist with outbreaks.
  - Maintaining capacity for long-term care facility outbreak response and infection control assessments.
  - Maintaining mobile testing teams to assist with testing in nursing homes, worksites, etc.
- This funding is not divided and may be used in any amount at any time through July 2023.
- Testing budget was initially developed to maintain capacity through March 2022 and then decrease by half.
- Dr. Marc Babitz motions to approve as an expedited grant that must return to Governance for budget review prior to spending of funds.
- Heather Borski offers a substitute motion to delay action on this grant pending additional information and a revised proposal presented at the next Governance meeting.

**Motion to delay action on this grant pending additional information and a revised proposal presented at the next Governance meeting - 1st: Dr. Marc Babitz 2nd: Jeff Coombs**

**Voting Members:** Heather Borski, Dr. Marc Babitz, Janae Duncan, Lloyd Berentzen, Jeff Coombs, Brian Hatch

#### **COVID-19 Vaccine Supplemental Support Funding - Rich Lakin (Handout)**

- This \$28,968,565 funding will go through June 30, 2024 for the following:
  - Community vaccinations
  - To promote, implement, email, text messaging reminder recall activities at state or provider level.
  - Monitor and manage the COVID-19 vaccine supply in each jurisdiction.
  - Enhance IIS vaccine ordering and inventory capacity.
  - Increase USIS capacity to improve system.
  - Ensure timely and accurate reporting.

- Digital vaccination cards.
- At least 10% of the total budget must be used for high risk and underserved populations including racial and ethnic minority populations as well as rural communities.
- Rich Lakin has emailed the Budget breakdown to Governance members.
- If CNS provided 1,000 vaccinations, they would be paid \$28 per shot and would not bill.
- Per this contract, CNS will provide 100,000 doses at \$28-29 per dose that will not be paid for by insurance.

**Motion to approve - 1st:** Jeff Coombs **2nd:** Janae Duncan

**Voting Members:** Heather Borski, Dr. Marc Babitz, Janae Duncan, Lloyd Berentzen, Jeff Coombs, Brian Hatch

**Other Agenda Items:**

- None.

**Next Meeting - March 1, 2021 - 12:30pm - Room 401/Google Meet**

**Motion to Adjourn**

**Motion to Adjourn - 1<sup>st</sup>:** Heather Borski **2<sup>nd</sup>:**

**Voting Members:** Heather Borski, Dr. Marc Babitz, Janae Duncan, Lloyd Berentzen, Jeff Coombs, Brian Hatch