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Governance Committee

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June 4, 2018

**Chair:** Ralph Clegg

**Present:** Lloyd Berentzen, Ralph Clegg, Heather Borski, Curtis Burk (for Paul Patrick), Randall Probst, Marc Babitz, Gary Edwards, Angela Cristaudo

**Visitors:** Kalynn Filion, Teresa Brechlin, Kim Hart, Anna Fondario

**Voting Members:** Randall Probst, Lloyd Berentzen, Curtis Burk, Ralph Clegg, Heather Borski, Marc Babitz

**Co-Chairs:** Ralph Clegg, Joseph Miner

### Minutes

Approve minutes May 21, 2018 Governance meeting.

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

**Vote Yes:** Randall Probst, Lloyd Berentzen, Curtis Burk, Ralph Clegg, Heather Borski, Marc Babitz

### Well Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN) – Kalynn Filion

- The purpose of the WISEWOMAN program is to extend preventive health services to women who are participants of the CDC-funded National Breast and Cervical Cancer Early Detection Program.
- These extended preventive health services include assessment of cardiovascular risk factors and provision and services to reduce those risks through improved diet, physical activity, tobacco cessation, and medication adherence support.
- WISEWOMAN is a competitive application this year. Currently it is on a supplemental year. The grant cycle is being changed from July 1<sup>st</sup> – June 30<sup>th</sup> to September 30, 2019 – September 29, 2019.
- There will be a gap in funding; the program has requested a no-cost extension till September.
- Screening at the state level has currently stopped in order to keep the Local Health Departments going until September with health coaching. The CDC is requiring all women who have been screened during this cycle to complete all the health coaching sessions.
- There is enough funding on a limited amount to continue funding to the LHD's. Staffing will need to be decreased by 10%. Contract amendments will be completed extending the present contract period until September.
- In the new competitive cycle, more money will be spent on program evaluation.
- By the end of this week UDOH BeWise staff will be contacting each LHD to obtain a letter of support for the next grant cycle.

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

**Vote Yes:** Randall Probst, Lloyd Berentzen, Curtis Burk, Ralph Clegg, Heather Borski, Marc Babitz

### State Essentials for Childhood: Implementation of Strategies and Approaches for CAN Prevention – Teresa Brechlin

- 5 years ago UDOH partnered with Prevent Child Abuse Utah and the Division of Human Services to apply for this grant. They were unsuccessful in being funded.
- The State Essentials Childhood grant is a state capacity grant for primary prevention child maltreatment; building capacity partnership collaboration on a state level to begin enacting policies around child maltreatment.

- The State Essentials for Childhood grant is up for competitive funding again. During the last competitive application cycle, there were only 5 out of 51 applications funded. This year they only funding 5 applicants once again.
- Currently UDOH has some good partnerships in place including the Utah Coalition to Protect Childhood.
- The average award is \$255,500 for a 5 year cycle. LHD's will not see any of this funding because it is at capacity level.
- There are two shared risks and protective factors that must be addressed: economic stability and social norms.
- The program will bring a budget back if they are approved.

**Motion to approve:** 1<sup>st</sup>: Heather Borski 2<sup>nd</sup>: Curtis Burk

**Vote Yes:** Randall Probst, Lloyd Berentzen, Curtis Burk, Ralph Clegg, Heather Borski, Marc Babitz

### **Newborn Screening New Condition Implementation: Capacity Building and Quality Improvement through Data Harmonization – Kim Hart**

- This is part of the Public Health Laboratory. This is a CDC capacity grant.
- This grant will provide funding for the newborn screening program to screen for 3 new disorders. This funding will help subsidize the cost of additional personnel, research and development expenses, and equipment.
- Screening for these three new disorders is recommended by Health and Human Services.
- This grant is designed to help states screen for these new disorders.
- The maximum per year funding is \$300,000 for a two year grant cycle. They will be funding 10 awards.
- No additional samples will be taken from the infant to screen for these disorders.
- If we do not receive this funding, in the future there will need to be a fee kit increase from 10-15.
- This two year grant is to purchase the equipment, hire staff, testing, along with research and development.

**Grant Remains Exempt: No Vote Needed**

### **Harold Rogers Prescription Drug Monitoring Program (PDMP) Implementation and Enhancement Projects – Anna Fondario**

- The purpose of this grant is to improve the quality and accuracy of PDMP data and assess the efficiency and effectiveness of the PDMP program of specific PDMP initiatives.
- This is a competitive application; up to \$375,000 per budget period with a project period of 2 years.
- Will be working with the Division of Occupational and Professional Licensing on this grant.
- The majority of the funding will be going towards DOPL staff who maintain the database.
- This data is available to view and download for public surveillance.
- Required activities include using technical solutions that are compliance with the Prescription Drug Monitoring Information Exchange (PMIX) National Architecture to implement information sharing with other state PDMP's.

**Grant Remains Exempt: No Vote Needed**

### **Public Safety and Public Health Information Sharing Partnerships – Anna Fondario**

- This is a competitive application; up to \$333,333 per budget period with a project period of 3 years.
- The purpose of this grant is to expand and automate data. Currently a lot of this data is being manually entered weekly. They would like to automate this and expand in order for Local Health Departments to be able to view this data.
- Each Local Health Department would have access to this database in order to monitor specific indicators weekly within their Local Health District, and respond accordingly if needed.

- Working with a system called OD Map. ODMAP provides real-time overdose surveillance data across jurisdictions to support public safety and health efforts to mobilize an immediate response to an overdose spike.
- The program would like to be able to enter the data on OD Map. EMS providers do not want to enter this data. If we receive this funding it is being proposed that Local Health Departments enter their own data.
- It would require 3-8 hours a week for LHD's to monitor, respond, and enter their own OD Map data.
- The funding formula will be used based on population and burden.
- Currently the program is building a data dashboard; other states have already completed this.
- Still working on getting a link from EMS for this data.
- The program will bring a budget back if they are approved.

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

**Vote Yes:** Randall Probst, Lloyd Berentzen, Curtis Burk, Ralph Clegg, Heather Borski, Marc Babitz

**Other Agenda Items:**

**Next Meeting – June 18, 2018 – 11:30am – Room 401**

**Motion to adjourn:**

**Motion 1<sup>st</sup>:** Curtis Burk

**Vote Yes:** Randall Probst, Lloyd Berentzen, Curtis Burk, Ralph Clegg, Heather Borski, Marc Babitz