



DEPARTMENT OF HUMAN SERVICES – FOLLOW UP ON IN-DEPTH BUDGET REVIEW

SOCIAL SERVICES APPROPRIATIONS SUBCOMMITTEE
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ISSUE BRIEF

SUMMARY

The Human Services In-depth Budget Review (found at <http://le.utah.gov/interim/2010/pdf/00001613.pdf>) was assigned by the Executive Appropriations Committee (EAC) and later heard by EAC and the Social Services and Executive Offices and Criminal Justice Appropriations Subcommittees. The in-depth review included 15 major recommendations and 14 other additional recommendations. The two subcommittees passed intent language to have Human Services report back on the progress and status of the review's recommendations during the 2012 and 2013 General Sessions.

LEGISLATIVE ACTION

1. For follow up Major Recommendation item number 1 and Minor Recommendation item number 5, the fiscal analyst recommends the Subcommittee approve intent language in connection with the DCFS SAFE system replacement that would encompass regular reporting on DCFS technology issues (see the budget brief *Department of Human Services – Division of Child and Family Services Legislative Action* item number 2).
2. For follow up Major Recommendation item numbers 2 and 7 and Minor Recommendation item number 6, the fiscal analyst recommends the Social Services and Executive Offices and Criminal Justice Appropriations Subcommittees consider hearing reports on these topics in subsequent meetings.

BACKGROUND

An in-depth budget review was done on the Department of Human Services (including the Division of Juvenile Justice Services) and reported to the Executive Appropriations Committee (EAC). EAC voted to have the report heard in the Health and Human Services (now Social Services) and Executive Offices and Criminal Justice appropriations subcommittees. Both subcommittees heard the in-depth review and subsequently passed intent language to have Human Services report during the 2012 and 2013 General Sessions on the progress and status regarding its recommendations (S.B. 2, items 15 and 83 from the 2011 General Session and H.B. 2 items 16 and 96 from the 2012 General Session).

The in-depth budget review included 15 major recommendations and 14 additional recommendations. Status and implementation for all 29 recommendations is reported in this brief in compliance with intent language.

PROGRESS AND STATUS ON THE REVIEW'S 29 RECOMMENDATIONS

Selected 15 Major Recommendations

1. The Division of Child and Family Services (DCFS) establish a pilot program that would decrease office time and increase field time by the use of non-traditional work schedules, laptops, cell phones, and other technologies. (P. 28)

With better technology field workers could be more efficient and effective.

- Status: "During fiscal year 2011-2012 DCFS was able to utilize some federal incentive money to update computer hardware and software. Caseworkers were given laptops and the ability to connect to the

system to document logs if they had an internet connection. These computers had updated operating systems, and newer software versions that have more automated features. Software was also purchased to set up more on-line web trainings for workers in the future. Additionally phones were updated, many with tethering capabilities, so that workers could access email when in the field and would also be able to tether lap tops in order to access the system to complete case logs. The information attached outlines the purchases made for these upgrades.

Many workers have a set flex schedule. It is very important to note that almost all of our caseworkers and support staff regularly flex their schedules to meet the needs of the public that we serve. Attached are reported numbers on the approximate percentage of staff that worked non 8-5 schedules in FY2011 and those that telecommuted regularly.

It may be difficult to determine the effectiveness of these technology upgrades. We have been monitoring whether time to case closure and time to placement entry has decreased. We also surveyed workers to get their perceptions of how these new technologies affected their efficiency and their downtime as the audit was related to worker perception. The survey was completed in 2012.

See the In-depth budget *DCFS Technology Progress Review* (in Appendix) for more detail.”

LFA recommends the Subcommittee approve intent language in connection with the DCFS SAFE system replacement that would encompass regular reporting on DCFS technology issues.

2. DCFS explore alternatives to housing case workers in single, private offices and paying for multiple high-cost leases around the state. (P. 83)

The division currently provides case workers and support staff with single, private offices.

Status: “The Cedar City Admin office is being consolidated into the Cedar City Regional office and will give back 1,336 ft. of space.”

Previous DCFS office consolidation was reported in the 2012 General Session issue brief on this topic. This is in addition to that report. No further action needed, although the Subcommittee may want to include the efficient use of office space as a topic during a future Subcommittee meeting.

3. The department realign priorities and decision making by moving State Hospital funding to counties since they are responsible for hospital placements. The department and counties should provide options to the Analyst by November 1, 2011. (P. 41)

Direct State Hospital funding discourages counties from managing service costs.

Status: “Completed. The Utah State Hospital Funding Study Group report was submitted to the LFA.”

No further action needed.

4. The Legislature eliminate or provide authority for the Acute Rehabilitation Treatment Center (ARTC) program at the State Hospital. (P. 38)

All Human Services programs have statutory authority except the State Hospital 5-bed ARTC program. It provides acute beds for rural community mental health centers that do not have community inpatient psychiatric beds

Status: “In FY 2003 (during the 2003 session), USH received an increased appropriation of \$570,000 in dedicated credit revenue. The title was “State Hospital - adjust estimate for acute care beds”. Source: *Budget Summary, FY 2004 and FY 2003 Supplementals, GOPB, April 2003.*

It is our understanding that this appropriation was the action by the Legislature to authorize the ARTC program.

The DSAMH and Utah Behavioral Healthcare Committee workgroup met with the Department of Health early in 2012 to review access to care and funding options for patients in the ARTC. Medicaid requires statewide access to acute inpatient care. None of the rural Mental Health Authorities have the purchasing power or volume necessary to access hospital beds for Medicaid or unfunded clients in the same way that urban mental health authorities do.

The ARTC workgroup recommendations were:

- Continue ARTC to ensure appropriate acute inpatient psychiatric hospitalization is available to Utah citizens in rural areas.
- Expand access to ARTC beds for all rural authorities: Northeastern Counseling, Central Utah Counseling Center, Four Corners Mental Health, San Juan Counseling, Summit County, Tooele County, and Wasatch County.
- Monitor access to ensure appropriate utilization based on population.”

No further action needed.

5. The department disclose to the Legislature all federal block grants: available balances, authorized federal amounts, detailed projected expenditures, and changes on an ongoing basis. (P. 75)

Four federal block grants used by the department are highly flexible and can be transferred across line items and departments, accumulated off the budget, and used according to agency rather than legislative direction.

Status: “Completed. The department provided information to the Fiscal Analyst, which has been included in the 2012 General Session *Issue Brief – Social Services Related Revenue Options.*”

No further action needed.

6. The state sell the five Division of Services for People with Disabilities’ (DSPD) group homes or lease them to providers at market rates. (P. 84)

The state built five, \$450,000 group homes for the Division of Services for People with Disabilities and currently leases these buildings at no cost to private providers. Other providers house individuals in division programs at their own expense.

Status: Analysis Completed: report submitted to LFA by DSPD and the Division of Facilities and Construction Management.

No further action needed.

7. The Department of Facilities Construction and Management (DFCM) and the department study how to best use 62,400 square feet of vacant building space and use or sell 250 acres of excess lands at the Developmental Center. (P. 80)

The Developmental Center has 62,400 square feet of vacant facility space available and 250 acres of available farm land.

Status: “The strategic plan that includes plans for unused space and land at the USDC is close to being finalized and will be shared with the LFA when it is ready, later this month.

DFCM response: With Building Board approval, DFCM engaged a planning consulting firm to create a comprehensive Master Plan, which is currently nearing completion, for the future development and use of vacant Developmental Center property.”

LFA recommends the Subcommittee consider hearing the Master Plan in a subsequent meeting.

8. The Developmental Center and the State Hospital annually provide the Analyst with a detailed average direct and overhead cost per patient. (PP. 17 and 39)

The department does not collect detailed costs per individual at the State Hospital or the State Developmental Center, inhibiting legislative and management analysis of treatment alternatives.

Status: “Completed. The Utah State Developmental Center and Utah State Hospital reports were submitted to the LFA.”

No further action needed.

9. The department post transaction level detail showing vendor/payee on the Transparency website. (P. 74)

The Analyst recommends the department post transaction level detail showing vendor/payee information on the Transparency website.

Status: “Completed. The information requested that shows vendor/payee detail on the Transparency website is now available as part of the implementation of CAPS, the USSDS rewrite.”

No further action needed.

10. DFCM assist the Office of Recovery Services (ORS) to find other state agencies to share 23,000 square feet of vacant lease space in the HK Towers. (P. 83)

The Analyst recommends DFCM assist the Office of Recovery Services to find other state agencies to share 23,000 square feet of vacant lease space in the HK Towers.

Status: “The HK Tower lease has been renegotiated from \$21.54 to \$19.77 per square foot. The total square footage leased has been reduced 25,618 square feet, from 97,246 to 71,628. These changes result in an annual savings of \$678,593.28.”

DFCM response: “This space has been filled by the Department of Health to house their new Medicaid/Medicare program. Renovation of the space is nearly finished, and Health is expected to be completely moved in by the end of the month (January 2013).”

No further action needed.

11. ORS and DFCM plan to exit the HK Tower lease when it comes due in FY 2014 and explore options in state owned facilities. (P. 82)

The Analyst recommends ORS and DFCM plan to exit the HK Tower lease when it comes due in FY 2014 and explore options in state owned facilities.

Status: “See response to major recommendation 10.”

DFCM response: “This lease was renewed through June 2018. This is mainly due to ORS being considered for inclusion in a couple of different possible plans involving new and existing State-owned space, which precludes a long-term move to new leased space at this time.”

No further action needed.

12. DFCM develop new space standards based on current needs and employee information. (P. 81)

The Analyst recommends DFCM develop new space standards based on current needs and employee information.

Status:

DFCM response: “This has been underway for 6 months and the consultant is 85% complete. We expect final completion within one month. We are also having the consultant evaluate the potential for an on-line space utilization program that tracks staff assigned to location by HR database, calculates space needed based on the standard, and alerts DFCM to notable under/over utilization of space.”

No further action needed.

13. All department divisions follow best practices for performance measures (P. 65 in App. #3):

- Measure things that matter
- Focus on outcomes, then outputs
- Compare internally and against other states

The best department examples are DCFS for state provided services and the Division of Substance Abuse and Mental Health (DSAMH) for contract services.

Agency performance measures vary widely in quality and quantity.

Status: “Analysis Completed. Improvements are ongoing. The Department of Human Services appreciates the importance of performance measures and is engaged in a continuous effort to improve the measures for its programs. The Executive Director has communicated this to the leadership team and is working with each division to focus attention on measuring what matters based on the statutory missions.

The first step is to analyze the current measures that are used based on the following criteria:

- Core mission and services;
- Using measures as a management tool;
- Telling the story of program effectiveness; and
- Best practices and national standards.

Next, identify measures that need to be improved. And finally, identify outcome measures that speak to

the impact and effectiveness of programs. At the same time, the department recognizes that output measures which identify the demands on our services are important to manage our resources efficiently and prudently. All performance measures, both output and outcome, need to align with the statutory mission of the agency and the services provided.

The department has prioritized attention to performance measures of the divisions and offices with the following order and emphasis:

Juvenile Justice Services – measures have been improved and initiated to focus on the importance of recidivism in assessing the effectiveness of programs on preventing and reducing juvenile crime and the burden on the justice system.

Child and Family Services – focus existing measures on guiding management decisions regarding resource allocation and policy.

Substance Abuse and Mental Health – improved communication of measures of the oversight function for accountability and system quality.

Services for People with Disabilities – DSPD has continued to make significant changes to its public reporting of outcome measures in response to the concerns outlined in the Legislative Fiscal Analyst's in-depth review of DHS. The FY 2012 Annual Report available on the DSPD website included information about both its own and provider budgets (pages 7-8), service descriptions, costs, rates, unit classification and utilization (pages 13-19), performance outcomes for both private and state support coordinators (page 20) and provider performance outcomes in meeting contract requirements (pages 25-26). Beginning in FY 2013 DSPD rejoined its membership in the Core Indicators Project - a reporting database for state disability agencies to report standardized performance outcomes. This will allow DSPD to compare the outcomes it achieves with other states and national averages on a wide variety of measures. In FY 2012, DSPD began reporting two new performance outcomes in the DSPD scorecard; a new measure of consumer health and safety related to significant incidents and the percentage of people with disabilities employed as part of the Supported Work Independence program. DSPD plans to continue to refine improvements to outcome

measures and reporting in the coming year and to expand the reporting on these topics that is part of future DSPD annual reports and data available on the DSPD website. Currently, a wide range of performance data is available on the DSPD website including performance data for support coordinators, fiscal agents (payroll service agencies), annual reports and several National reports in which DSPD participates. For more details please visit the DSPD website at http://dspd.utah.gov/reports_main.htm.

Status: “Completed. The above referenced reports were submitted to the LFA.”

No further action needed.

Aging and Adult Services – use adult protective services case information to recommend appropriate referral services for clients and continue to track cost savings for community alternatives to nursing home placements.

Office of Recovery Services – “continue excellent, currently required measures that assess the efficiency and effectiveness of collection and cost avoidance efforts.”

No further action needed.

14. All programs develop easily understood reports regarding major budget areas and routinely share them with the Legislature, Governor’s Office and the public by publishing them on public websites (various pages).

Department programs collect detailed financial information which is often difficult for outsiders to obtain and understand once they do get it.

Status: “Completed. An easily understood Budget Report for the department and for each of the Divisions was created and posted to the department’s web site (<http://www.dhs.utah.gov/pdf/BUDGET%20REPORT.pdf>).”

No further action needed.

15. The department annually report distribution of services by county to the Legislature for:
- State Hospital Forensic Unit (P. 42)
 - Utah State Developmental Center (P. 20)
 - DCFS regional budgets (P. 32)
 - DJJS detention and secure care facilities (P. 52).

Some department services do not appear to be distributed in a manner consistent with relevant populations.

14 Other Remaining Recommendations

Multiple Agency

1. As it completes its USSDS Rewrite by April 2011, the Analyst recommends the department make USSDS detailed transaction records available annually and on a timely basis to the Legislature and the Governor. (#2 on p. 16 and #2 on p. 28)

78.9% (\$155 million) of all DSPD transactions and 40.2% (\$63.2 million) of all DCFS transactions are not available to the Legislature and Governor for review. The Governor's Optimization Commission recommended "accelerate robust information systems and tools to measure performance, increase communication, and institutionalize accountability" (page C-2).

Status: "Completed. USSDS was replaced with CAPS (Contracts Approvals and Payments System). As part of CAPS, there is a new interface with FINET, the State's accounting system. Through the new interface, provider (vendor) names are included in information sent to FINET. For certain confidential payments, "DHS Provider" is included in the transmittal to FINET instead of the actual provider name. The Transparency website pulls data from FINET; therefore provider names are available on the Transparency website."

No further action needed.

Division of Services for People with Disabilities

2. The Analyst recommends DSPD provide a detailed update of administrative and regional staff responsibilities and functions to the LFA by September 1, 2011 after its structural changes have had time to take effect. (#4 on p. 17)

Significant changes have been made to the organizational structure of the Division of Services for People with Disabilities through the consolidation of regions, the elimination of offices, and contracting for support coordinators. Outside observers have questioned the staff efficacy under the new organization in the context of reductions to services. A review of the DSPD organization and the purpose of its functions would help to assure the value of its current staff structure.

Status: "Update Completed. Improvements are in Progress. The division's administrative structure has been streamlined by reducing positions, including, two associate director positions, all regional director

positions, a technical writer position, secretarial/training support positions and a research tech position. The administrative and regional responsibilities and functions of the eliminated positions have been consolidated at the administrative office and transferred to the employees who still remain.

The division has privatized the support coordinator function and most of the people served have been transferred to a support coordinator who works under a private contract with the state. Around 20 support coordinators continue as state employees. The state support coordinators complete required functions for new cases, assist consumers with transition to private providers, and complete required assessments and documentation. The privatization of support coordination has allowed the division to vacate offices around the state. Since FY 2009, the division has vacated 16 offices. As of January 2012 the division has 7 open offices.

The division is transitioning from a decentralized, region-based organizational structure with standards set by the administrative office, to a highly centralized, administrative-office based organizational structure that is strongly focused on core business functions, including responsive timely and superior customer service, responsible resolution of grievances, meeting federal and state requirements, reducing risk and payback, making timely payment to private providers, establishing acuity levels, providing trustworthy fiscal forecasting, stewardship and accountability, providing meaningful monitoring, measurement and reporting, and leading the States in implementing future disability services, guiding principles and organizational structure.

The division gathered input from stakeholders on which division functions provide the most value. This input, along with State and Federal requirements, were the basis for the organizational structure changes for the division. A detailed update of position titles and FTE counts has been sent to the legislative fiscal analyst."

No further action needed.

Division of Child and Family Services

3. The Analyst recommends DCFS include private contracts in the FINET expenditure category "Pass Through." (#4 on p. 28)

The department is not consistent in how it accounts for private contracts which can cause confusion in summary documents for policy makers and the public.

Status: “Completed. The division identified private contracts in FINET that were not posting to the “pass through” category, and made adjustments to costs posted in FINET to correct FY 2011 as well as on-going posting.”

No further action needed.

4. The Analyst recommends DCFS review its contracts and rewrite these contracts, when necessary, to ensure ancillary processes are not delaying high-stakes, basic child welfare functions. (#7 on p. 29)

LFA staff observed an instance in a courtroom where the basic functions of assessing the status of a child and family with regard to reunification was significantly delayed by a mental health assessment not being available to a judge in a timely manner. The child welfare system is one where timelines are established and the outcomes at stake are high.

Status: “Completed. DCFS has implemented a process to review and improve language for all contracts. Specifically regarding the example cited, DCFS has established new contracts for mental health services that now specify the time frame for providers to submit required mental health documentation. No time frame was required to submit documentation in the prior cycle of mental health contracts.”

No further action needed.

5. The Analyst recommends DCFS plan in advance to take advantage of future funding opportunities in order to benefit from technology advances when the opportunity arises. (#8 on p. 29)

DCFS staff functions can be time and paperwork intensive. There are still numerous functions DCFS workers perform that could also benefit from technology.

Status: “See the In-depth budget *DCFS Technology Progress Review* (in Appendix) for more detail.”

LFA recommends the Subcommittee approve intent language in connection with the DCFS SAFE system replacement that would encompass regular reporting on DCFS technology issues.

Division of Juvenile Justice Services

6. The Analyst recommends DJJS plan in advance to take advantage of future funding opportunities in order to benefit from technology advances when the opportunity arises. (#4 on p. 50)

DJJS staff functions can be time and paperwork intensive. There are still numerous functions DJJS workers perform that could also benefit from technology.

Status: “Completed. JJS continues to examine ways to use technology to enhance operations. In the past year, the Youth Parole Authority (YPA) has implemented an electronic case file process, eliminating paper and improving distribution of hearing information to YPA Board Members; investigations and quality assurance teams are using portable devices to take files and reports to the various locations they are reviewing; web-conferencing is being implemented to help reduce travel for meetings; JJS expanded a room check system that electronically logs in when staff have conducted room checks as required by policy.”

No further action needed. The Executive Offices and Criminal Justice Subcommittee may want to have DJJS report on these activities in a future meeting.

7. The Analyst recommends closure of excess bed space if the trend of reduced nightly bed counts continues. (#7 on p. 51)

DJJS nightly bed counts have gone down from FY 2008 by 106 beds or 21.7 percent. This may be an ongoing or a temporary drop. If the decline is long term, bed space could be closed. Data do not differentiate high utilization days. There are also variables to consider, such as a requirement for dividing male and female offenders, separating gang members, considering offender ages, and others.

Status: “Completed. Analysis is ongoing. Thirty-two detention beds have already been closed, reducing capacity by 8.1%. An additional 34 beds (Weber Valley Detention Center) are scheduled to close in FY13, further reducing capacity by 8.6%.”

No further action needed. The Executive Offices and Criminal Justice Subcommittee may want to have DJJS report on these activities in a future meeting.

Office of Recovery Services

8. The Analyst recommends the Office of Recovery Services annually provide total direct and overhead costs per collection unit compared to actual collections for the same unit. The collection units

are: 1) Child Support and Children in Care, 2) Medical Collections - Cost Recovery, 3) Medical Collections - Torts (auto accidents, etc.), 4) Medical Collections - Probate (estates), 5) Disability Recovery for Workforce Services, and 6) State Hospital Collections. (#1 on p. 57)

The Office of Recovery Services budget is not set up to show total costs compared to total collections by each collection unit.

Status: "Completed. A report compiling direct and overhead costs and actual collections per collection unit has been built. Data is available for SFY 2012. Similar reports can be created, as needed, for subsequent fiscal years."

No further action needed.

9. The Analyst recommends ORS, in conjunction with the Department of Health, study the use of the industry standard approach to cost recover Medicaid pharmacy, which includes more cost avoidance at the time of payment for services rather than the current approach of "pay and chase" and report its findings to the Legislature by November 1, 2011. (#4 on p. 59)

The Office of Recovery Services currently follows the Medicaid directive on cost recovery of Medicaid payments regarding pharmacy that allows for initial payment of the pharmacy claim and then review, after the fact, information regarding potential third party payers.

Status: "Analysis Completed. Discussions are ongoing between the Department of Health and ORS for consideration of modifying collection methods. While the new MMIS development is in progress, it seems advisable to delay major current system changes to avoid duplicating programming costs in both the old and new MMIS systems while also having to modify ORSIS twice."

No further action needed.

10. The Analyst recommends ORS, in conjunction with the Department of Health, explore methods to encourage large Utah health insurance providers to provide online membership access. (#5 on p. 59)

Online membership access would allow ORS to improve cost recovery and avoidance efforts now requiring much more timely methods such as telephone and letter.

Status: "Completed. ORS does currently have online access with all the major insurers doing business in Utah – with the exception of Select Health. Select Health has not been willing to provide ORS with online access despite repeated efforts by ORS to obtain this access."

No further action needed.

11. The Analyst recommends ORS, in conjunction with the Department of Workforce Services, review the cost and benefit of examining for supplemental health insurance products and provide a recommendation to the Legislature by September 1, 2011. (#6 on p. 59)

The state does not automatically check for supplemental health insurance products (assurance) which impact income determinations for Medicaid. Currently, Medicaid clients must report if they participate in a supplemental health plan, but there is no automatic check to verify that information. If there is under-reporting of this information by Medicaid clients currently, then developing a system to check this information may result in savings to the state.

Status: "Analysis Completed. This is an eligibility issue best handled by the entity making the eligibility determination.

ORS has no statutory authority to compel supplemental insurance providers to identify all policy holders who are Medicaid recipients. Supplemental insurance product companies, such as AFLAC, do not fall into the third party insurance category because they are a benefit paid directly to the policy holder and not to the medical provider.

ORS has raised the issues of AFLAC and supplemental coverage with CMS Technical Advisory Group (TAG). Feedback received is that only one state (Pennsylvania) has pursued AFLAC and other such entities as obligated third parties. Pennsylvania has not been successful with this approach to date. The consensus from the states is that supplemental benefits are best treated as income to the Medicaid eligible and included in the eligibility determination process."

No further action needed.

12. The Analyst recommends the Office of Recovery Services consider the cost and benefit of electronically accessing Department of Workforce Services' income information into its system in order

to automate required calculations now performed manually and report its findings to the LFA. (# 7 on p. 59)

Nearly all cases viewed required the employee to manually access Department of Workforce Services' income data and then manually calculate what the information meant relative to potential annual income.

Status: "Analysis Completed. This information is currently available to ORS through e-Share. Although it is possible to create an interface with ORSIS and e-Rep to gather income information, this would require an enhancement to ORSIS and an interface to be built with e-Rep. The benefit to ORS is minimal compared to the costs to ORS and DWS of creating the interface. Because both ORSIS and e-Rep have other mandatory enhancements and a shortage of programming resources this enhancement is not likely to be pursued at this time."

No further action needed.

13. The Analyst recommends the Public Utilities and Technology Interim Committee review whether the Department of Technology Services is fulfilling its obligation to coordinate projections under UCA 63F-1-201(4) regarding the Medicaid Management Information System. (#8 on p. 60)

In order to ensure that the Medicaid Management Information System replacement project is coordinating with state/non-state users to maximize efficiencies in the redesign for all major players, a referral has been made to the Public Utilities and Technology Interim Committee to investigate whether the Department of Technology Services is

fulfilling its obligation to coordinate projections under UCA 63F-1-201(4) and this committee has put this item on its November 17, 2010 agenda.

Status: "The following recommendations need to be referred to other agencies" (DHSIP, Dec. 14, 2010). The Public Utilities and Technology Interim Committee placed this item on its November 17, 2010 agenda – but the meeting was cancelled. The item has not been subsequently placed on an agenda.

No further action necessary.

Vehicles

14. The Analyst recommends that for all private vehicle mileage reimbursement (PVMR) exceeding a calculated breakeven point between PVMR and state motor pool vehicles (708 miles in a given month), the department annually report the reimbursement exceeding that total. (#1 on p. 90)

For FY 2010, 20 percent or \$507,800 of all DHS expenditures for vehicle use was for PVMR. \$204,300 of the total PVMR was spent to reimburse 140 staff yearly amounts of \$1,000 or more with the highest reimbursement being \$5,117. The breakeven point between PVMR and state motor pool vehicles is 708 miles per month.

Status: "For FY12, DHS did not have any employees with an average of 708 miles or more per month."

No further action needed.

APPENDIX – SUBMITTED REPORTS

The following reports were submitted in connection with this follow up report to the Department of Human Services In-depth Budget Review: 1) *DCFS Technology Progress Review* (Major Recommendation #1); 2) *Utah State Developmental Center and Utah State Hospital Cost Per Patient Calculations* (Major Recommendation #8); 3) Utah State Hospital Forensic Unit, Utah State Developmental Center, Division of Child and Family Services, and Division of Juvenile Justice Services distribution of services by county (Major Recommendation #15); and 4) DSPD Positions, Functions, and Unit (Other Recommendation #2), and Office of Recovery Services *2012 Collections and Costs* (Other Recommendation #8).