

**Utah Department of Health
Building Block Requests (Prioritized)**

	FY14 Ongoing	FY14 One-Time	Total
Baby Watch Early Intervention	2,032,400	760,373	2,792,773
Provides funding for caseload increases of 921 (617 non Medicaid) children since FY09. Total caseload \$1,983,667. Request also funds cumulative inflation since FY09 of 5% total \$810,106. <i>Based on additional analysis the Department has reduced this request \$239,627 from the Governor's budget. The Governor's budget included a total increase of \$3,032,400.</i>			
Healthy Eating & Active Living		650,000	650,000
Provides one time funding for community level interventions.			
Data Security & Privacy Office	427,100		427,100
Establish the technical capability to oversee security of its data recommended by the statewide security assessment performed by an internationally recognized firm. <i>The Department has identified one-time funding within existing budgets to address the FY13 need. The Department is no longer requesting a FY13 supplemental request of \$213,600.</i>			
Children with Special Health Care Needs	608,800		608,800
Pediatric specialists travel to underserved, rural areas of the state and provide clinical services to the area's children.			
Medicaid Management Information System		4,000,000	4,000,000
Funds phase three of a four phase project to replace the MMIS system.			
Background screening for health care workers		130,000	130,000
Corrects on a temporary basis a budgeting error.			
Credit Monitoring		FY13 922,000	922,000
Provide an additional one year of credit monitoring for victims of the data breach.			
	3,068,300	6,462,373	9,530,673

Mandatory Items

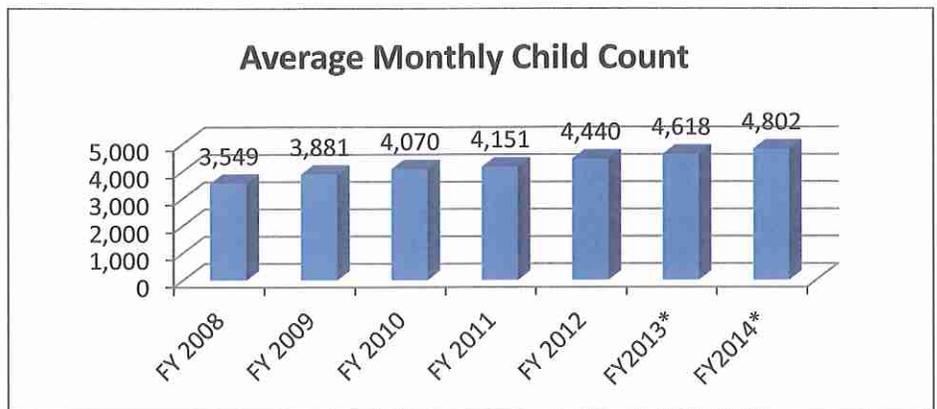
	FY14 Ongoing	One Time	Total
CHIP Caseload giveback FY13		(3,800,000)	(3,800,000)
Medicaid Caseload giveback FY13		(40,900,000)	(40,900,000)
CHIP Caseload giveback FY14 one-time		(800,000)	(800,000)
Medicaid Caseload giveback FY14 one-time		(1,800,000)	(1,800,000)
Chip ACA Mandated Benefit Enhancement FY14	2,300,000		2,300,000
	<u>2,300,000</u>	<u>(47,300,000)</u>	<u>(45,000,000)</u>

**Baby Watch Early Intervention Program
FY 2014 Operating Budget**

**F
A
C
T
S
H
E
E
T**

Background:

- The Baby Watch Early Intervention Program (BWEIP) provides services to infants and toddlers ages birth through three years who have a disability or developmental delay and supports the families to help their child develop and grow.
- The earlier services begin – the better the results. From FY09 to FY12, the percent of children aged birth to one year who were referred to the BWEIP increased 14%. During the same time period, the number of children referred who were found eligible increased from 57% in 2009 to 63% in SFY12.
- Children who receive BWEIP services early have a greater chance of success in school and throughout their lifetime. Intervening early with infants and toddlers who have a disability or delay has been shown to be more cost effective than later interventions. Of those children who completed and exited the BWEIP in FY09 through FY11, an average of 36% each year (a total of 2,432 children) had improved enough to not need preschool special education services provided by local school districts.



Requested Amount:

Governor’s Recommended Budget Amount:

General Fund: \$2,792,773

Caseload Increase: \$1,982,667

FY09 – FY12 Inflation: \$ 810,106

Consequences of Not Fully Funding the Building Block:

- BWEIP will be forced to reduce its caseload by changing current eligibility criteria
- Families in Utah will not receive critically needed services
- Infants will go without services that could allow them to develop to their potential
- Full, long term cost savings will not be realized



For more information contact:
Utah Department of Health – Curtis Burk
(801) 538-6911 – cburk@utah.gov

Cooper's Story As Told By His Mother

Our story of how Cooper came to Baby Watch Early Intervention started with our Doctor. I was at his 2 year check-up when he asked if I had any concerns. "Where do I begin" was my reply! Concerns were all that I had! Some of my major concerns were that he wasn't talking, sleeping, or responding to anything we said. He also couldn't sit still and would scream and cry continuously. After explaining this to my doctor he referred me to Baby Watch Early Intervention.

- During our 10 months in early intervention, we learned many lessons which still continue to help us in our "Adventures with Cooper!"



The Problem

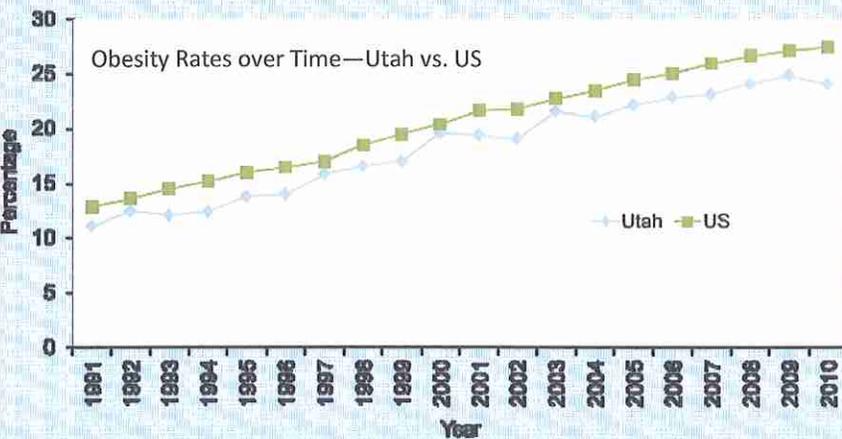
Obesity is a growing threat to the current and future health of Utahns. This threat is not just one of overall health and wellness, but an economic and security issue as well.

A report from Mission Readiness, a nonprofit, nonpartisan national security organization of senior retired military leaders, states, "Over the past 40 years, obesity rates have more than tripled for children and teens. About 1 in 4 young American adults is now too overweight to join the military. Being overweight or obese is the number one medical reason why young adults cannot enlist. When weight problems are combined with

poor education, criminal backgrounds and other disqualifiers, an estimated 75 percent of young Americans could not serve in the military if they wanted to."

Utah has twelve military installations including Hill Air Force Base, Tooele Army Depot, Utah National Guard, Utah Air National Guard and Camp Williams.

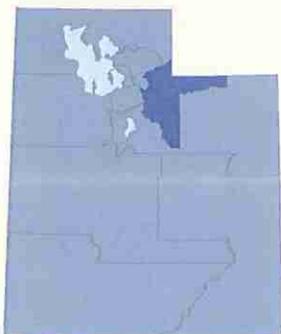
Obesity represents a threat to our state economy on a variety of different levels. "The 300 retired generals and



admirals of Mission: Readiness are joining parents and nutritionists in strongly supporting new efforts to limit the sale of junk food in our schools." This is just one of many evidence based community level programs that can help Utahns to make the healthy choice the easy choice.

Utah Adult Obesity Rates by Local Health District Over Time

1989-1995



Note: Seven years of data were combined to create stable estimates.
State Rate 11.7% (CI: 11.1%, 12.3%)

2000



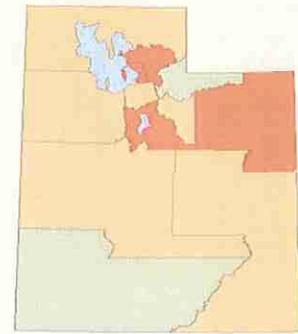
State Rate 19.5% (CI: 17.6%, 21.5%)

2005



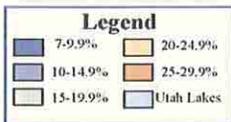
State Rate 22.1% (CI: 20.7%, 23.5%)

2010



State Rate 24.0% (CI: 22.9%, 25.1%)

General Observations:



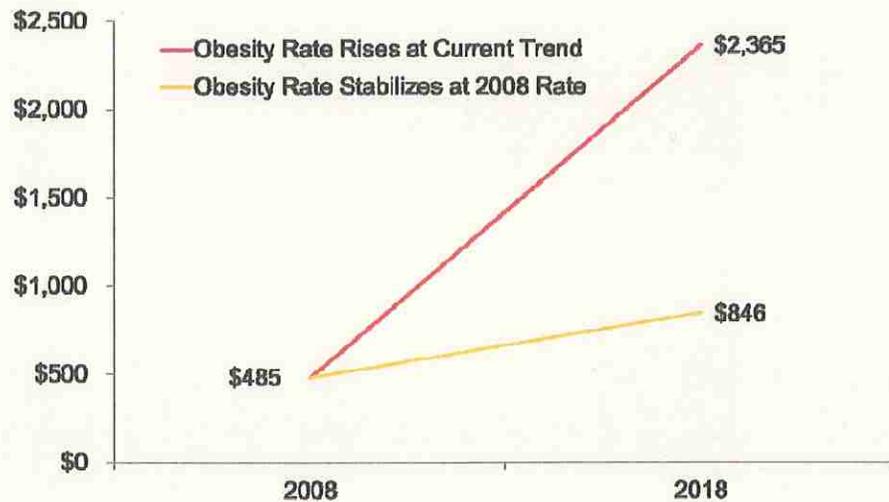
- The state adult obesity rate has increased 105% from baseline (1989-1995) to 2010.
- No LHD has met the Healthy People 2010 National Obesity Rate Target of 15% or less.
- Though the adult obesity rate for Southwest LHD decreased from 2005 to 2010 (21.1% and 19.7%, respectively), this does not represent a statistically significant decrease.
- Since baseline (1989-1995), Summit County LHD is the only local health district with a statistically lower adult obesity rate compared with the state rate for all time points.
- In 2010, no LHD had an adult obesity rate that was significantly higher than the state rate.

Source: Utah BRFSS age-adjusted rates, 1989-1995 combined, 2000, 2005, and 2010. Obesity ≥ 30 Body Mass Index. CI = confidence interval.



Economic Impact

A Utah Health Status Update released in May of 2012 states "By 2018, assuming the current obesity trend continues, Utah's obesity-related adult health care expenses are projected to be \$2.4 billion, representing a \$1.9 billion increase." The 2012 Utah adult obesity rate is 24% and if overweight is included in the calculation, 59% of Utahns are at risk for obesity-related chronic conditions including diabetes, hypertension, stroke, heart disease, arthritis, asthma and some cancers.



Consequences of Inaction

- ◆ Increased health care costs
- ◆ Unproductive unhealthy work force with higher absentee rates
 - ◆ Children developing chronic diseases
 - ◆ Lack of qualified military recruits
 - ◆ Increases in diabetes, hypertension, stroke and heart disease

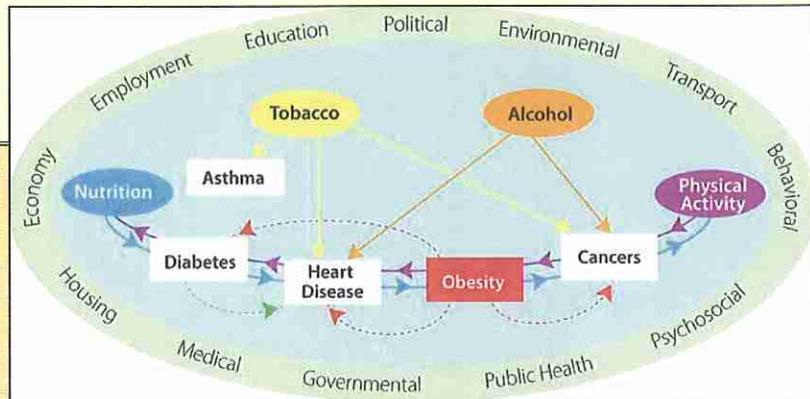
How Can We Make a Difference?

Stabilizing and reducing the Utah obesity rate is an important strategy to control the increasing cost of health care. A decrease in obesity-related health care expenses can help contain overall health care costs.

Local and state health departments, individuals, parents, health care providers, employers, insurers, and society as a whole can help contain the obesity epidemic. Working through schools, communities, worksites, and health care organizations to support healthy behaviors and active living will allow individuals to adopt a healthy lifestyle.

Benefits to the economy, local business and the state include:

- reduced health care costs,
- more productive employees who take less sick leave
- healthier students with higher academic scores leading to a highly skilled and educated future work force.



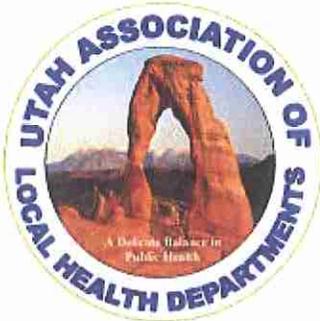
Public health saves money



Every \$1 spent on prevention
saves \$5.60 in health spending.



What is the Role of Local Health Departments?



- ◆ Employ trained experts in the field of health
- ◆ Promote partnerships with business and community based organizations
- ◆ Train and provide technical assistance to lay community members
- ◆ Collect and interpret relevant data to determine the needs of their communities
- ◆ Protect and educate the public about threats to health
- ◆ Provide key services not available in the private sector

Local Health Departments Will Take the Lead

Local health departments are ideally suited to work with businesses and community members to provide services in their communities that promote healthy eating and active living. Local health departments employ experts in the field of health education that can partner with business executives, local clergy and community volunteers to provide training and technical assistance that will enable lay people to motivate individuals within their communities to engage in healthier behaviors.

Local health departments are key to partner with and educate city planners to promote Utah's Bicycle and Pedestrian Master Plan Design Guide. They act as a central point of leadership and contact within their local districts to coordinate community based efforts to promote healthy weight. They will implement a variety of evidence-based practices that best meet the needs of their individual communities.



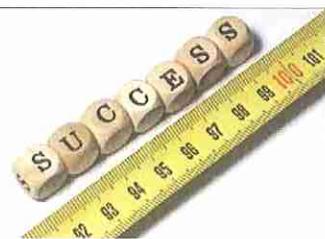
How Will We Measure Success?

Using the national Behavioral Risk Factor Surveillance System (BRFSS) and other survey instruments, we have the ability to show how Utahns are eating healthier and living more actively.

We will increase Fruit and Vegetable Consumption in Utah to meet the 2010 Dietary Guidelines for American's recommendations of 2 cups of fruit and 2.5 cups of vegetables per day for a standard 2,000 calorie diet.

We will increase the Minutes of Physical Activity among Utahns to 60 minutes a day for children and 150 minutes a week for adults.

We will train and enable businesses, churches, and communities through public/private partnerships to motivate and encourage healthy eating and active living among all Utahns.



What are Examples of Evidence Based Programs?

- ◆ **Faithful Families Eating Smart and Moving More**
Educates faith community members about food, physical activity and becoming advocates for healthy policy and environmental changes within their communities.
- ◆ **Smart Meal™ Seal**
Encourages the availability of healthier menu options in restaurants and the selection of healthier options by restaurant customers to improve the eating habits of individuals who dine out.
- ◆ **Trailnet Healthy, Active, and Vibrant Communities**
Creates environments, policies and social networks that support and promote healthy eating and active lifestyles in diverse community settings.
- ◆ **A New Leaf . . . Choices for Healthy Living**
Helps individuals to improve healthy eating behaviors, increase physical activity, cease tobacco use, improve blood pressure or control hypertension, improve cholesterol and achieve a healthy weight.
- ◆ **My Weight Loss Team.com**
A website based on social networking principles that provides daily accountability and support to help individuals meet weight loss goals.
- ◆ **Safe Routes to School**
An opportunity to make walking and bicycling to school safer and more accessible for children.



Health Information and Data Security Office

Problem: Lack of Resource to be Compliance with Federal Requirements on Information Security

Utah Department of Health (DOH) manages 182 information systems that make up of 18% of all systems operated by Department of Technology Services (DTS). Approximately 72 DOH systems (40%) support HIPAA covered business functions in Medicaid and other seven programs. The 2009 federal HITECH act increased requirements for compliance with HIPAA and established criminal and civil penalties. HIPAA Security Rule requires DOH to establish physical, technical, and administrative safeguards for all protected health information (PHI).

The creation of DTS removed all IT resources from the DOH. Though DTS provides IT services to DOH, DOH has no agency-level capacity to coordinate the diverse security safeguards requirements with DTS and verify DTS' implementation. DOH also uses third party IT products, manage non-electronic PHI, and holds more than 80 HIPAA Business Associate Agreements. Lacking agency-level security management capacity puts the state's protected health information at high risk.

Governor's Recommended Budget Amount:

General Funds:	\$427,100
Federal Funds:	\$427,100
Total Funds:	\$854,200

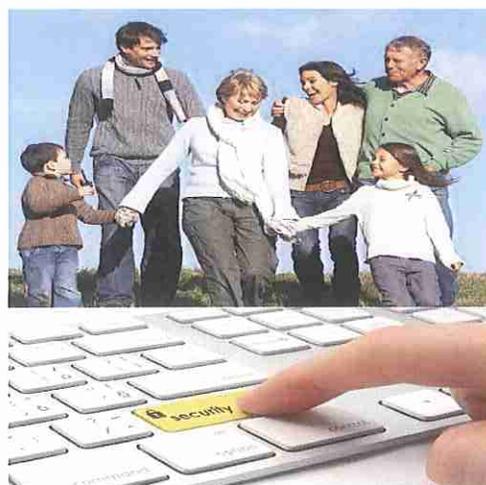
The requested funding will fund six positions to implement six DOH security initiatives recommended by the Deloitte security control assessment. These initiatives need to be coordinated with DTS but do not overlap with DTS' security initiatives. DOH establishes business requirements and coordinate resources for DTS security work on DOH information systems.

The Security Initiatives and allocated FTEs are:

- A. Develop/Update/Document *Policies, Standards,* and Procedures and Provide *Training* (1 FTE)
- B. *Risk Management* (Data Inventory and Classification; Risk Assessment, Analysis, Remediation, and Control) (2 FTEs)
- C. *Vendor* (DTS and Other Third Party Vendors) *Security Management* (Requirements and Monitoring) (0.25 FTE)
- D. System Development Life Cycle, *Change Management* and Controls (1.5 FTE)
- E. *Contingency Planning* and Information Security Incident Management (0.25 FTE)
- F. System-level Information Security Governance and *System Security Plans* (1 FTE)

Costs of HIPAA Data Breach

The 2012 health data breach compromised 780,000 Utahans' identities. The state of Utah has spent substantial resources in incident responses, credit monitoring, independent investigation/ consultation, risk remediation, and restoring disrupted services and public trust.



B
U
D
G
E
T

F
A
C
T

S
H
E
E
T

UTAH DEPARTMENT OF HEALTH

Children with Special Health Care Needs
FY 2014 Operating Budget

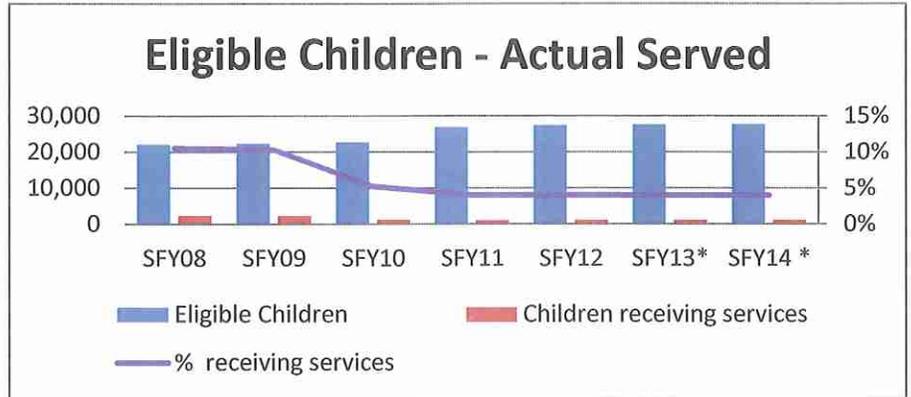
F
A
C
T
S
H
E
E
T

Background:

CSHCN: The number of children with Special Health Care Needs continues to increase and is particularly problematic in rural communities due to the lack of pediatricians, sub specialty physicians and other professionals with infant and pediatric training.



The growth in demand for our services and the lack of funding to meet that demand has resulted in lengthy scheduling delays for families, thus causing delays for children to receive a diagnosis and referral for appropriate treatment and services. There is a budget short fall of \$451,531 – or stated another way, more than 1600 children who qualify for CSHCN services in rural areas of Utah have limited or no access to specialty medical consultation.



Requested Amount:

Governor’s Recommended Budget Amount:
General Fund:

\$608,831

Caseload Increase \$451,531
Psychologist \$157,300

Consequences of Not Fully Funding the Building Block:

- Unable to meet the needs of children with special health care needs in the rural communities
- Unable to provide consultation to local health care providers
- Significant increase in wait times for our evaluations beyond 6 to 12 months for new patients



UTAH DEPARTMENT OF HEALTH

Health Facility Licensing, Certification and Resident Assessment
FY 2014 Operating Budget

Background:

This request is to restore \$130,000 to the state fund allocation to the Bureau of Health Facility Licensing, Certification and Resident Assessment to implement the amended background screening process from HB 497 (2012). This background screening process is for health care workers in health facilities/agencies throughout the state.



The total cost of the program is \$235,000. There is a dedicated credit allowed in the statute of \$105,000 to allow for the ongoing costs of the Direct Access Clearance System (DACS). This system will require ongoing costs for maintenance of the data and the system. There will also be ongoing costs to utilize the Utah Interactive system which will allow the payment connection of live scan fingerprinting and other system fees.

Though the total cost of the BCI program is \$235,000, this request is for \$130,000 that was cut from the state fund allocation to the bureau through the HB 497 fiscal note. These funds pay for the two BCI tech positions that operate the program by processing 20,000+ fingerprint cards and applications each year that are submitted as part of the licensing renewal process.

The goals of the Department of Health are to assure access to safe and healthy environments for patients of health care providers in the state. Providing background screening for health care workers helps to assure that vulnerable patients are not at risk from caregivers in health care facilities and helps to assure access to quality health care in the state.

The Department conducts approximately 23,000 background check per year on all health care workers. Approximately 5% are denied based on criminal or other history issues.

Requested Amount:

Governor's Recommended Budget Amount:

General Fund: \$130,000

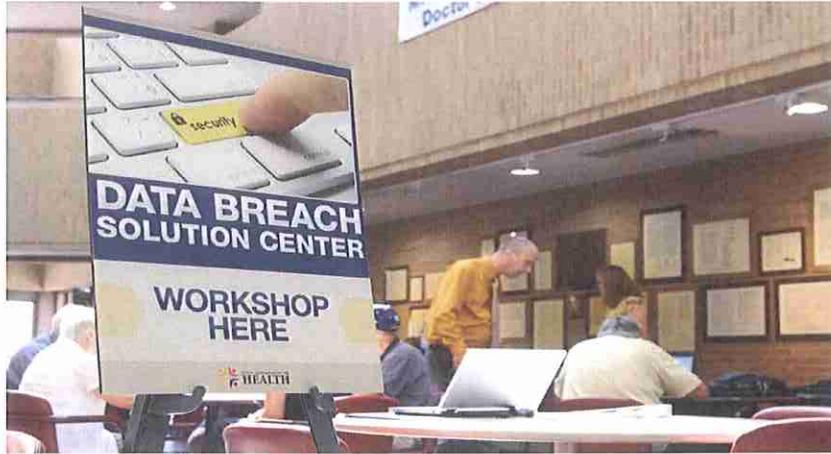
Consequences of Not Fully Funding the Building Block:

- The department will not be able to fund the two positions that process all of the background screening applications and fingerprint cards for health care workers in the state. HB 497 amended the current Utah statute for background screening, and requires that all health care workers submit fingerprints and screening applications to the department. The department would not be able to comply with this statutory language.

F
A
C
T

S
H
E
E
T

Additional One Year of Credit Monitoring for Data Breach Victims



When news of the health data breach on the Medicaid claims payment server was released in April 2012, there was an immediate need to communicate with up to 780,000 victims to explain the scope of the breach; what information was released, who and how they may be affected, the potential impact to those individuals, and what steps to take to mitigate the damage. As a means to mitigate the damage to victims of the data breach, the State offered one year of personal credit monitoring to nearly 280,000 victims who experienced exposure of Social Security numbers and other sensitive information.

This building block requests an additional year of credit monitoring for breach victims.

- **Protecting those affected and Rebuilding Public Trust.** Governor Herbert has acknowledged that the State is responsible for the breach, and as part of his effort to protect victims of the breach and rebuild the public’s trust with the collection of personal data, he is recommending an additional year of credit monitoring. The Governor created the Data Security Ombudsman’s Office to work with victims of the breach; the most common request from those affected is that the credit monitoring needs to be longer than a year.
- **Improved Health Care System-**This funding will support the Department’s goal of an improved health care system. There are many programs in UDOH whose success depends on the state being able to properly gather and secure the data. Data gathering, data analysis and maintaining security are key priorities for the Utah Department of Health.
- **Mitigation of Harm-**There is an obligation to assist victims of the data beach by a state agency that has an obligation to protect information under HIPAA laws. The residents of Utah have a right to believe that their government will protect them, their families, and their personal data.

For more information contact:

1 Utah Department of Health – Sheila Walsh-McDonald
(801) 538-6923 swalsh@utah.gov

UTAH DEPARTMENT OF HEALTH

- **Affordability** -The April 2012 Health Data Breach was large and hit a diverse population-many of the individuals are retirees and low-income families. The cost of credit monitoring for individuals can be cost prohibitive, it will cost each individual for Protect MyID \$80 with a one-time annual payment or \$7.99 per month. Families, with minor children who were breached, enrolled in Experian's Family Secure Product where the cost will be \$19.95 per month. **Whereas, the state's cost are greatly reduced due our volume purchase of \$14.55 per year for Protect MyID and \$24.99 per year for Family Secure.**
 - Call to the Ombudsman from a retiree on 10/18/2012- "Both my wife and I were breached and had our Social Security numbers compromised. I would like the state to extend the length of time for the credit monitoring. It will cost us each \$80 or \$160 per year to continue with Protect MyID. To be honest, we cannot afford this cost."

Requested Amount:

Governor's Recommended Budget Amount:

One Time General Fund: **\$922,000**