

PARTNERSHIPS FOR HEALTHY COMMUNITIES

2019 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Ann Millner

House Sponsor: Paul Ray

LONG TITLE

General Description:

This bill creates the Partnerships for Healthy Communities Grant Program.

Highlighted Provisions:

This bill:

- ▶ creates the Partnerships for Healthy Communities Grant Program (program); and
- ▶ provides requirements for the program.

Money Appropriated in this Bill:

This bill appropriates:

▶ to the Division of Workforce Services -- Contracts and Grants -- Partnerships for Healthy Communities, as an ongoing appropriation:

- from the General Fund, \$2,000,000.

Other Special Clauses:

This bill provides revisor instructions.

Utah Code Sections Affected:

ENACTS:

63M-13-301, Utah Code Annotated 1953

63M-13-302, Utah Code Annotated 1953

63M-13-303, Utah Code Annotated 1953

63M-13-304, Utah Code Annotated 1953

63M-13-305, Utah Code Annotated 1953



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Be it enacted by the Legislature of the state of Utah:

Section 1. Section **63M-13-301** is enacted to read:

Part 3. Partnerships for Healthy Communities

63M-13-301. Definitions.

As used in this part:

(1) "Anchor institution" means a physical entity that:

(a) plays a vital role in the local community and economy; and

(b) is likely to remain in the same geographical setting, even as surrounding conditions may change.

(2) "Commission" means the Governor's Early Childhood Commission created in

Section [63M-13-201](#).

(3) "Health Improvement Index" means a composite measure of health equity indicators developed by the Department of Health.

(4) "Small area" means a geographical area, designated by the Department of Health, with a population size ranging from approximately 8,000 to 86,000 individuals.

(5) "Social determinants of health" means conditions in the environments in which individuals are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Section 2. Section **63M-13-302** is enacted to read:

63M-13-302. Partnerships for Healthy Communities Grant Program -- Purpose -- Application.

(1) There is created the Partnerships for Healthy Communities Grant Program to improve long-term health outcomes for children through the formation of public-private partnerships that address the social determinants of health and use existing data to align and improve efforts focused on early childhood benchmarks for success.

(2) To apply for a grant under the Partnerships for Healthy Communities Grant Program, an applicant partnership shall be composed of the following partners:

(a) a local health care provider;

(b) a local community-based organization that facilitates access to housing, food, transportation, or other relevant services;

- 59 (c) the Department of Health or a local health department;
- 60 (d) a community-based early childhood organization;
- 61 (e) two parent or legal guardian representatives from the target community; and
- 62 (f) any other partner, including a mental health organization, if the partnership
- 63 determines that the partner is integral to accomplishing the objectives described in Subsection
- 64 (1).

65 (3) Subject to legislative appropriations, the commission shall award matching grants
 66 to applicant partnerships that enter into a memorandum of understanding to implement a
 67 partnership that:

- 68 (a) engages an anchor institution;
- 69 (b) develops a sustainable plan;
- 70 (c) reduces long-term health care costs;
- 71 (d) improves an identified health disparity; and
- 72 (e) improves outcomes for children from age zero to six.

73 (4) To be eligible for a grant award under this section, a partnership applicant shall:

- 74 (a) demonstrate to the commission the availability of one-to-one matching funds, in
 75 cash or in-kind, to carry out the objectives expressed in the partnership applicant's grant
 76 application; and
- 77 (b) commit to providing those matching funds to carry out the objectives expressed in
 78 the partnership applicant's grant application.

79 (5) The commission shall prioritize the award of grants to partnership applicants who:

- 80 (a) address one or more social determinants of health outcomes;
- 81 (b) target a community need:
- 82 (i) in a small area; and
- 83 (ii) in an area categorized as very high need or high need by the Health Improvement

84 Index;

85 (c) demonstrate that the partnership will align with community state-supported
 86 partnerships, including the Intergenerational Poverty Interventions Grant Program or the
 87 Partnerships for Student Success Grant Program, where they exist; and

- 88 (d) provide data that explains the children's health needs in the target community.
- 89 (6) In awarding grants under this part, the commission:

- 90 (a) shall distribute funds to the lead partner designated by the partnership;
- 91 (b) may not award more than \$500,000 per fiscal year to a partnership;
- 92 (c) may not award the same partnership a grant for a total of more than five years;
- 93 (d) shall limit the use of grant funds for a partnership to review services, coordinate
- 94 services, collect data, or align with existing services; and
- 95 (e) may allow a partnership to use the partnership's matching funds to be in-kind,
- 96 including the direct provision of services.

97 Section 3. Section **63M-13-303** is enacted to read:

98 **63M-13-303. Partnerships for Healthy Communities Grant recipient.**

99 A grant recipient partnership shall:

- 100 (1) share data to monitor and evaluate shared goals and outcomes, in accordance with
- 101 state and federal law;
- 102 (2) mutually hold one another accountable for shared goals and outcomes;
- 103 (3) continually assess progress toward reaching shared goals and outcomes;
- 104 (4) annually publish the results of the continual assessment described in Subsection (3),
- 105 and provide the publication to the commission;
- 106 (5) as requested, share information and data with the independent evaluator, described
- 107 in Section [35A-15-105](#), in accordance with state and federal law; and
- 108 (6) measure and report the measurement of data from at least two of the following
- 109 categories:
 - 110 (a) premature births;
 - 111 (b) frequency of and quality of well-child doctor visits for children under age six;
 - 112 (c) frequency and quality, which includes the provision of appropriate interventions, of
 - 113 standard health screenings, including hearing and vision, for children under age six;
 - 114 (d) frequency, results, and quality, which includes the provision of appropriate
 - 115 interventions, of a validated developmental screening tool that:
 - 116 (i) includes a social and emotional component;
 - 117 (ii) is designed to be completed by a child's caregiver; and
 - 118 (iii) is approved by the commission;
 - 119 (e) rate of children under age six who are covered by a public or private health
 - 120 insurance plan;

- 121 (f) number of emergency room visits for children under age six;
- 122 (g) adherence to the state-approved immunization schedule; or
- 123 (h) kindergarten readiness.

124 Section 4. Section **63M-13-304** is enacted to read:

125 **63M-13-304. Independent evaluator.**

126 (1) In accordance with Title 63G, Chapter 6a, Utah Procurement Code, the commission
127 shall contract with an independent evaluator to annually evaluate a partnership that receives a
128 grant under this part.

129 (2) The evaluation described in Subsection (1) shall:

130 (a) assess implementation of a partnership, including the extent to which members of a
131 partnership:

132 (i) share data to align and improve health outcomes for children ages zero to six; and

133 (ii) meet regularly and communicate authentically; and

134 (b) assess the impact of a partnership on early childhood health outcomes, using
135 defined metrics based on the categories selected under Subsection [63M-13-303\(6\)](#).

136 (3) In identifying an independent evaluator under Subsection (1), the commission shall
137 identify an evaluator that:

138 (a) has a credible track record of conducting evaluations as described in Subsection (2);
139 and

140 (b) is independent of any member of a recipient partnership and does not otherwise
141 have a vested interest in the outcome of the evaluation.

142 (4) The commission shall ensure that the independent evaluator prepares an annual
143 written report of an evaluation conducted under this section.

144 Section 5. Section **63M-13-305** is enacted to read:

145 **63M-13-305. Rules.**

146 In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, the
147 Department of Workforce Services shall make rules for the commission to administer the
148 Partnerships for Healthy Communities Grant Program in accordance with this part.

149 Section 6. **Appropriation.**

150 The following sums of money are appropriated for the fiscal year beginning July 1,
151 2019, and ending June 30, 2020. These are additions to amounts previously appropriated for

152 fiscal year 2020. Under the terms and conditions of Title 63J, Chapter 1, Budgetary Procedures
153 Act, the Legislature appropriates the following sums of money from the funds or accounts
154 indicated for the use and support of the government of the state of Utah.

155 ITEM 1

156 To the Division of Workforce Services --

157 From General Fund \$2,000,000

158 Schedule of Programs:

159 Contracts and Grants --

160 Partnerships for Healthy Communities \$2,000,000

161 The Legislature intends that:

162 (1) under Section 63J-1-603, appropriations provided under this section not lapse at the
163 close of fiscal year 2020; and

164 (2) the commission may use up to \$80,000 of the appropriation under this section for
165 administration of the Partnerships for Healthy Communities Grant Program.

166 **Section 7. Revisor instructions.**

167 The Legislature intends that the Office of Legislative Research and General Counsel, in
168 preparing the Utah Code database for publication, not enroll this bill if H.B. 47, Early
169 Childhood Coordination Amendments, does not pass.