LFA
LEGISLATIVE FISCAL ANALYST

INTERIM REPORT: SOCIAL SERVICES REVIEW

NOVEMBER 17, 2009

EXECUTIVE SUMMARY

More than one-third of Utah's total budget ($4.2 billion out of $11.5 billion or 36 percent) is spent on Social Services. These services – defined for purposes of this report as programs offered by the state to needy individuals – are administered by 13 major state departments or agencies. This report examines the history of Social Services in Utah, attempts to catalogue such services, documents the relationships between various aid programs, and sets out the bases on which these programs and services are evaluated. It does so in an attempt to identify areas in which Social Services can be delivered more effectively and at lower cost.

This report serves as a foundation upon which legislative staff will place other, more targeted analyses. In this report it quickly becomes clear that the bulk of Social Services in Utah are delivered in four areas - Medicaid, Workforce Services, Human Services, and Public Education. The first two follow-up reports - released concurrently with this report - are on Medicaid and the Department of Workforce Services. An analysis of Human Services will follow in the 2010 Legislative Interim. Other follow-up recommendations can be found at the end of this report.

With regard to Medicaid and Workforce Services, the Legislative Fiscal Analyst recommends, among other things, 1) realigning Medicaid programs so that they are administered centrally and not by separate agencies and 2) converting General Assistance into a revolving program funded solely by federal reimbursements for Supplemental Security Income (SSI) eligible recipients. More detailed recommendations may be found in the follow-up reports that accompany this Social Services overview.

In this overview, we attempt to answer the following questions:
What are Social Services?
What is the history of Social Services in Utah?
Who gets Social Services?
Who provides Social Services?
How are Social Service programs related?
How are Social Services financed?

How are Social Services programs evaluated?

In answering these questions we present big picture alternatives for policy makers to consider in re-thinking Social Services. We hope we also lay the groundwork for a process through which Social Services provision in Utah will become better organized, more efficient, and more effective.

WHAT ARE SOCIAL SERVICES?

Social Services consist of programs administered by the state for or on behalf of needy individuals.

A review of this nature requires defining *Social Services*. For the purposes of this report we have used the following definition: *Social Services include programs administered by the State of Utah for or on behalf of needy individuals where needy has been determined and defined by either the federal or state government through a policy decision reflected in law*.

These federal or state policy decisions typically define need either by using financial or categorical criteria. Meeting the necessary financial or categorical criteria is what establishes eligibility for government assistance within a program. *Financial criteria* typically apply to income and assets of individuals or families where some maximum qualifying cap has been established. An example might be income up to 100 percent of the federal poverty level or financial assets less than $2,000. The term *categorical criteria* refers to the defining of a category through certain descriptive criteria. Eligibility for the program is then established by an individual or family meeting the criteria. Examples of categorical criteria include being 65 or older or having a disability. Sometimes the definition of need for a given program includes both financial and categorical criteria such as *low income elderly*.

A general listing of Social Services provided in Utah is found in this section and in Appendices B and C.

Numerous Social Services programs are provided in Utah through the vehicle of state government. One-page summaries of Social Services programs have been included in *Appendix B*. Programs in *Appendix B* have been organized and described by the government accounting unit known as a line item. In cases where Social Services programs make up only a part of a line item, smaller individual units containing Social Services programs have been described.

A listing of the Social Services program descriptions in Appendix B is as follows: Health programs (including Medicaid), pages 42 through 59; Workforce Services programs, page 60; Human Services programs, pages 61 through 66; Juvenile Justice Services, page 67; Public Education programs (including special populations), pages 68 through 72; State Office of Rehabilitation, page 73; Courts, pages 74 through 75; Community and Culture programs, page 76; Corrections programs, pages 77 through 78; Office of the Attorney General programs, page 79; Commission on Criminal and Juvenile Justice, page 80; Higher Education program, page 81; Veterans' Affairs programs, page 82; and Administrative Services program, page 83.

WHAT IS THE HISTORY OF SOCIAL SERVICES IN UTAH?

A historical outline of the state's Social Services delivery system is provided in Appendix A.

Since the mid-1800s, Social Services have been provided within our state boundaries by various entities including state government, county government, religious organizations, and other private charitable organizations. An *Outline of the History of Social Services in Utah* has been included in *Appendix A* (pages 19 through 42) to provide background regarding our current Social Services delivery system. This outline presents the various entities historically involved in the delivery of Social Services in Utah. These entities primarily include the federal government, state government, county government, religious organizations, and other private charitable organizations. The outline also sheds light on how various Social Services agencies were formed, combined, separated, and otherwise changed over time and what the roles provided by various entities within the state's Social Services system.

By way of example, two timelines representing several aspects of the history of Social Services in Utah (taken from various events found in the outline in *Appendix A*) are shown below in Figures 1 and 2.

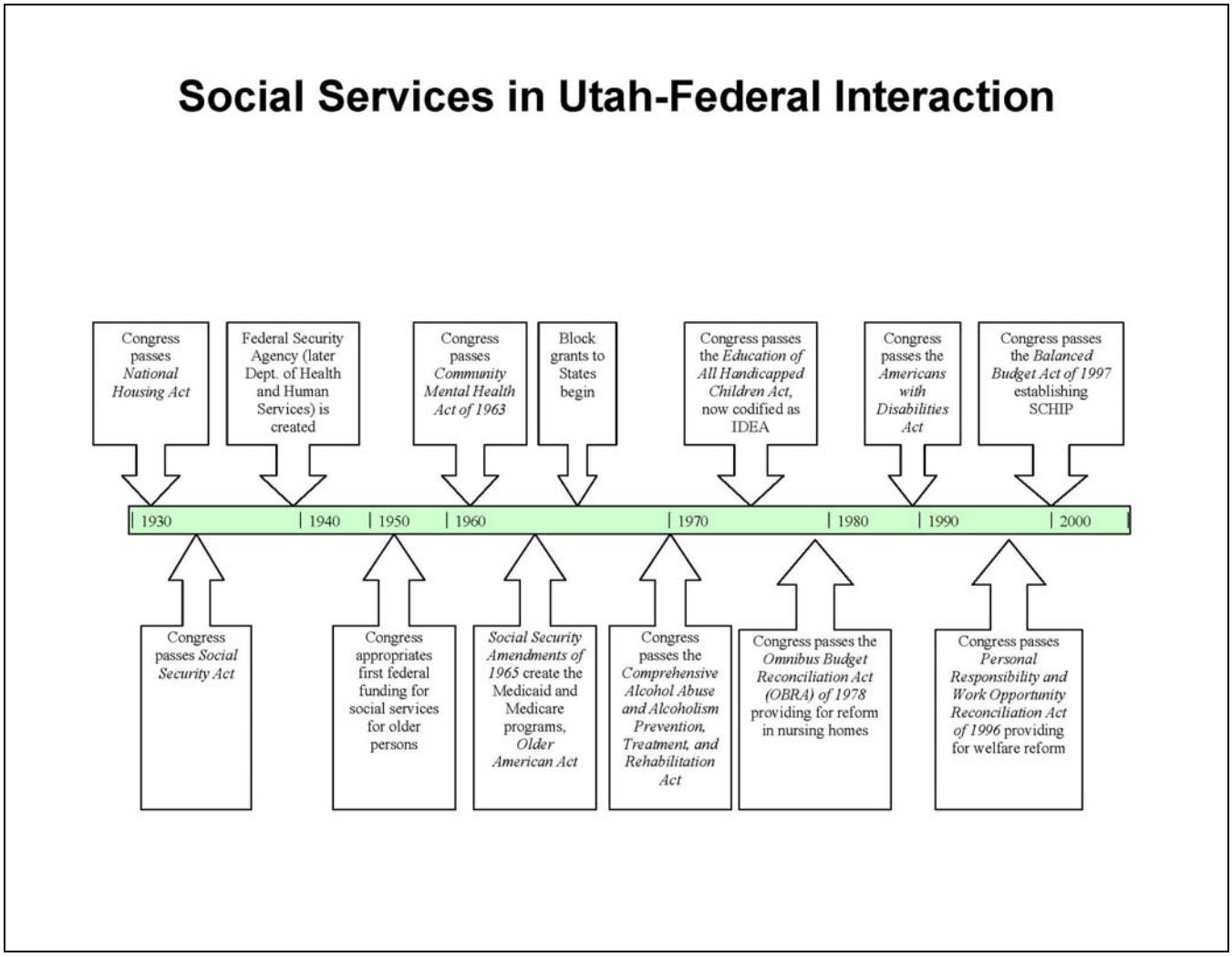

Social Services in Utah-Federal Interaction
Congress passes National Housing Act
Federal Security Agency (later Dept. of Health and Human Services) is created
Congress passes Community Mental Health Act of 1963
Block grants to States begin
Congress passes the Education of All Handicapped Children Act, now codified as IDEA
Congress passes the Americans with Disabilities Act
Congress passes the Balanced Budget Act of 1997 establishing SCHIP
1930
1940
1950
1960
1970
1980
1990
2000
Congress passes Social Security Act
Congress appropriates first federal funding for social services for older persons
Social Security Amendments of 1965 create the Medicaid and Medicare programs, Older American Act
Congress passes the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act
Congress passes the Omnibus Budget Reconciliation Act (OBRA) of 1978 providing for reform in nursing homes
Congress passes Personal Responsibility and Work Opportunity Reconciliation Act of 1996 providing for welfare reform

Figure 1

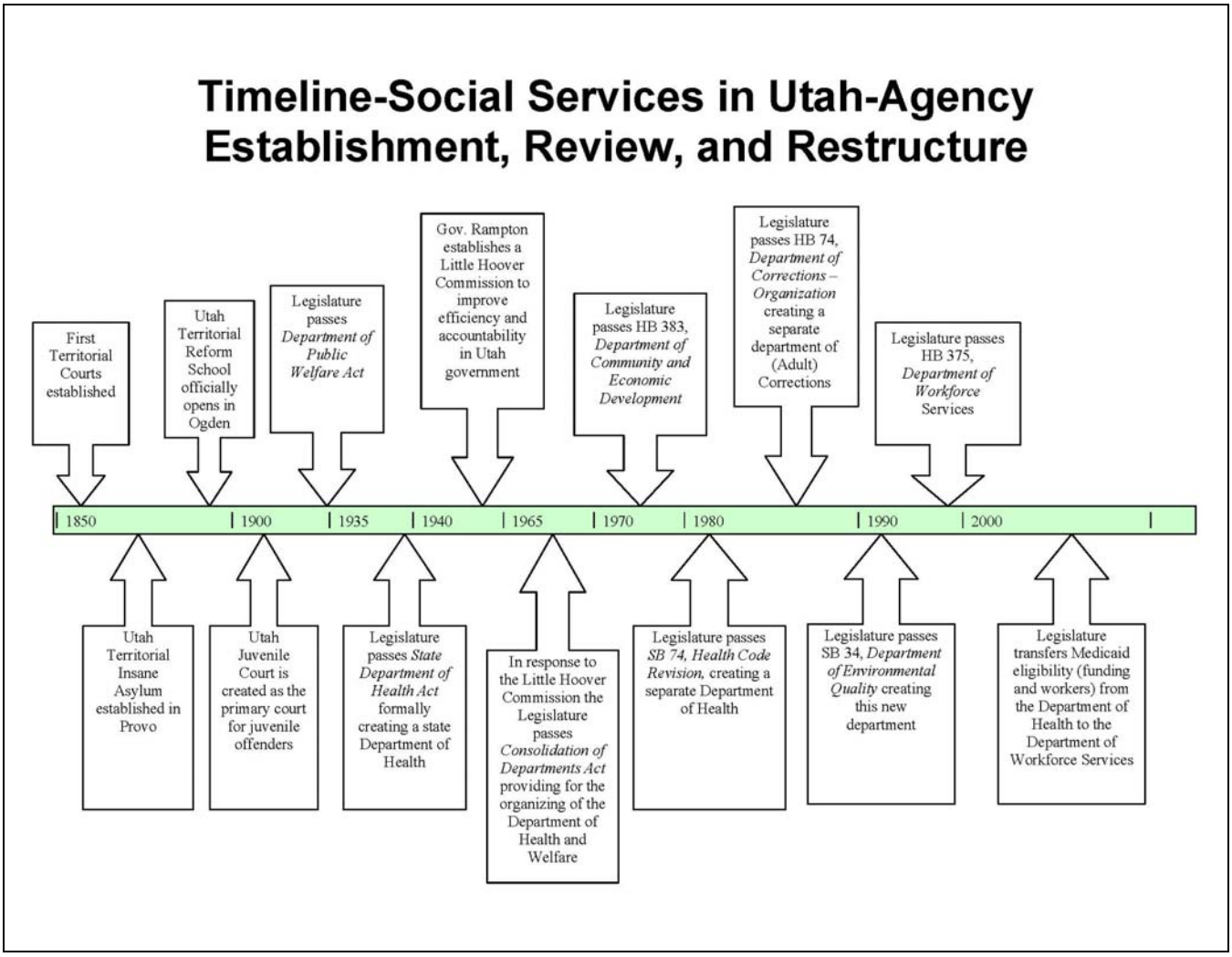


Figure 2

County government has had a significant historical role in the delivery of Social Services and continues to be a major partner in the delivery of these services.

A key partner in the delivery of Social Services in Utah is that of county government. The timeline found in *Appendix A* demonstrates the significant role of county government throughout the history of Social Services in this state. The timeline also reveals the changing role of county government over the past century. Counties are currently involved in the delivery of substance abuse, mental health, aging, community, homeless, and housing services. Counties are also involved in other Social Services programs delivered through local public health agencies. In several of these programs, a county matching requirement is involved and ranges from 10 to 20 percent of the state's contribution passed through. The chart found in *Appendix D – Social Services Agency Interaction and Coordination* shows that 20 state agencies report interaction and coordination with counties with regard to Social Services programs.

WHO GETS SOCIAL SERVICES?

An individual receives Social Services in Utah if they apply for services and are determined eligible for the services for any of the various Social Services programs.

Determining who receives Social Services in Utah is the sum, program by program, of individuals who: 1) actually apply for services and 2) are determined eligible for the services.

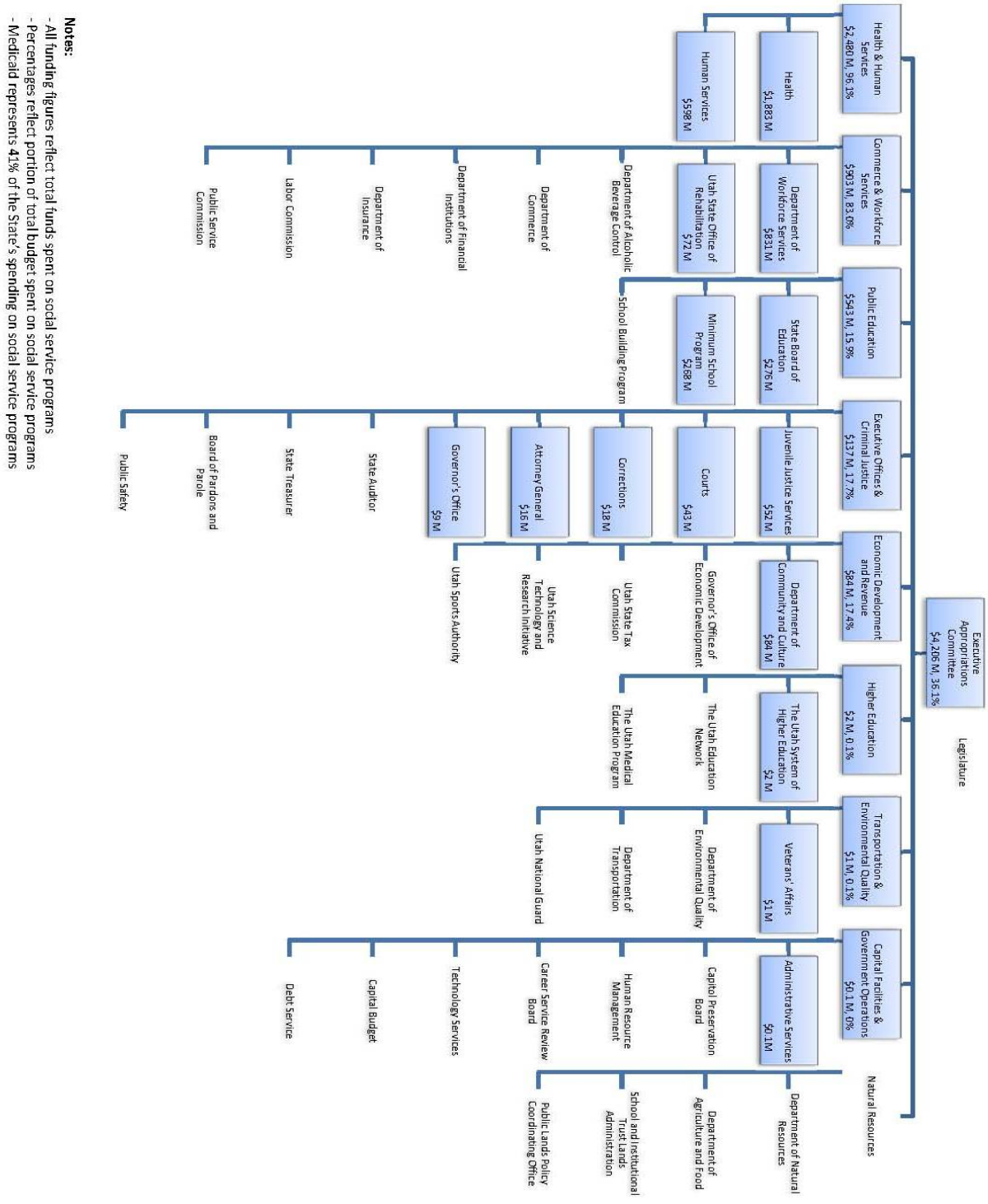
A review of the program descriptions found in appendices B, C, or D provide an overview of the various groups receiving Social Services in Utah. They include, but are not limited to, low-income individuals and families, adults with severe and persistent mental illnesses, children with serious emotional disturbances, individuals (adults and children) with either physical or intellectual disabilities, abused and neglected children/youth, victims of domestic violence, elderly, educationally disadvantaged, the deaf and hard of hearing, the blind and the visually-impaired, at-risk youth, and adult criminals with special needs.

WHO PROVIDES SOCIAL SERVICES?

Social Services programs are delivered by or through numerous state agencies, the most significant agencies being Health, Workforce Services, Human Services, and Public Education.

Numerous state agencies are involved in delivering Social Services. These various state agencies include (ordered according to size of financial participation using total sources of funding): Department of Health, Department of Workforce Services, Department of Human Services (including Juvenile Justice Services), Public Education, Community and Culture, State Office of Rehabilitation, Courts, Corrections, Office of the Attorney General, Commission on Criminal and Juvenile Justice, Higher Education, Veterans' Affairs, and Administrative Services. In many instances the determination of Social Services programs is clear cut. In other cases, such as Juvenile Justice Services and Corrections, estimates have been made to reflect the portion of agency effort going towards Social Services functions.

Figure 3 shows Social Services delivery as overseen by the currently configured appropriation subcommittees:



Notes:
- All funding figures reflect total funds spent on social service programs
- Percentages reflect portion of total budget spent on social service programs
- Medicaid represents 41% of the State's spending on social service programs

Figure 3

The delivery of Social Services is accomplished either by: 1) state agencies directly providing services or making direct payments to a recipient, 2) local government agencies providing services after receiving pass through funding, or 3) private for-profit and non-profit providers providing services after receiving funds by contract.

The delivery of Social Services through Utah state government is structured in several basic ways. The first approach is for state agencies to provide the services directly. This is done either by staff actually employed within state government providing a service or by a state government agency directly disbursing a payment to an eligible individual. A second approach involves funds being passed through to local government organizations such as counties or school districts where staff employed at that level of government deliver the services. The third approach involves contracting funds to private providers who in turn deliver the services on behalf of state or local government. Each service delivery approach requires its own infrastructure of payment, contracting, oversight, and accountability.

Figures 4 and 5 (shown both with and without Medicaid included) give a general breakout of how expenditures divide between the two general categories of: 1) services provided by state agencies directly (20 percent) and/or 2) funding passed through to other government entities, private providers, or disbursed directly to eligible clients (80 percent).

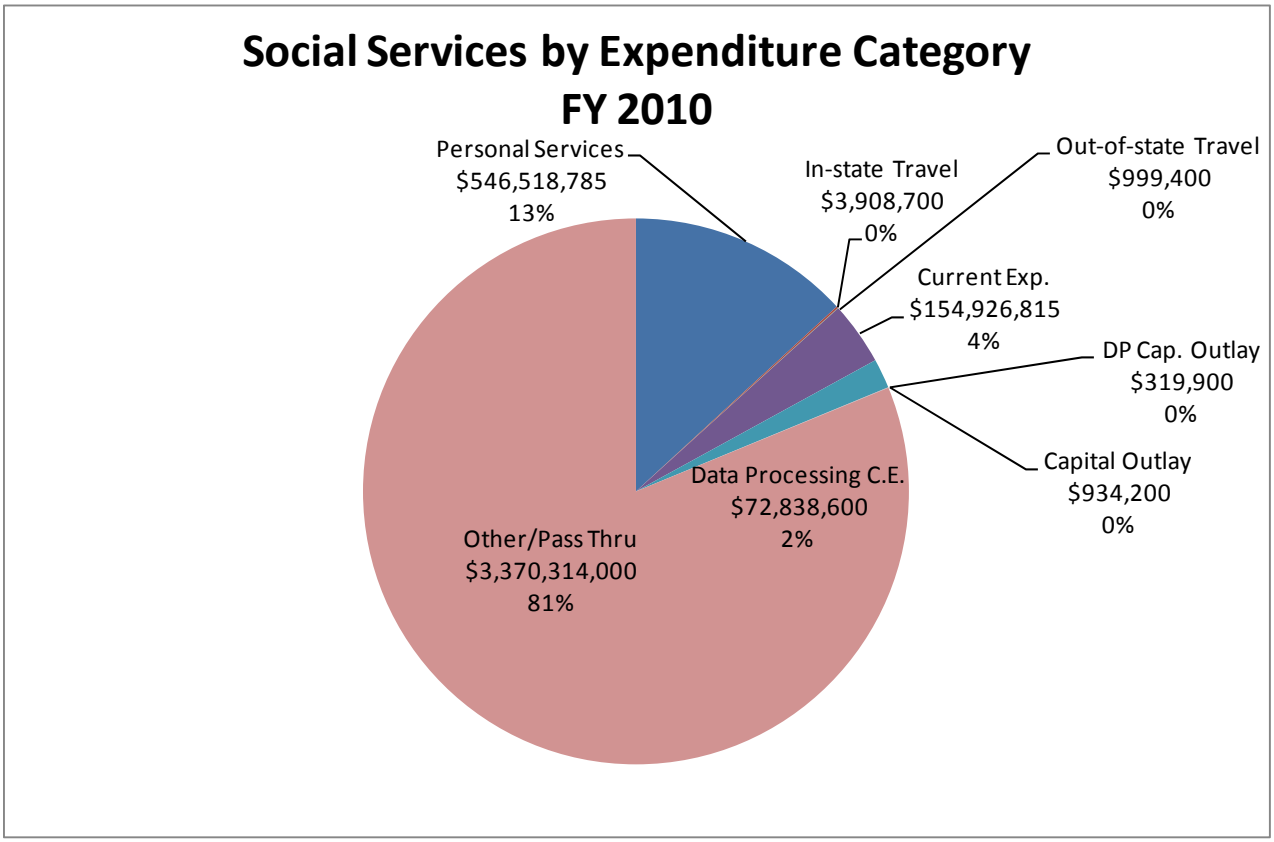


Figure 4

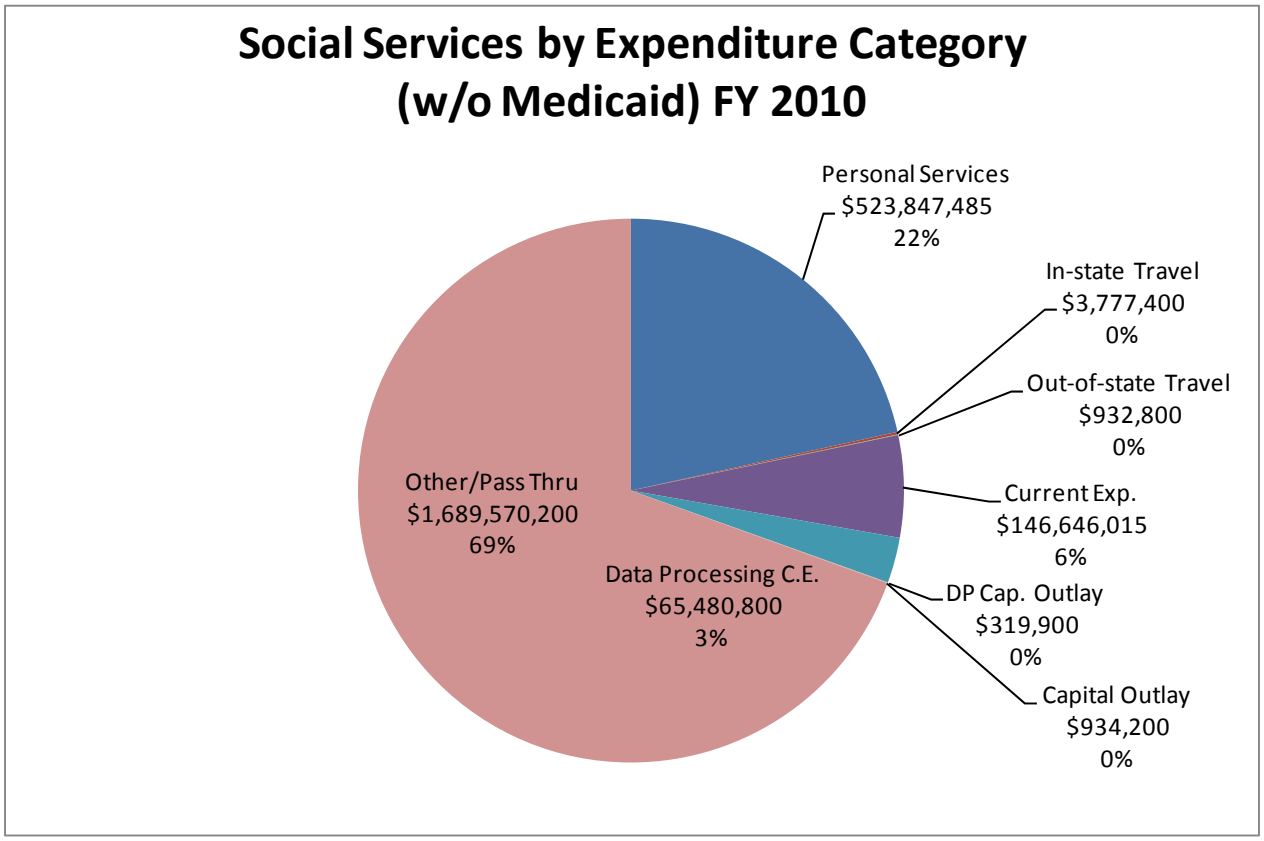


Figure 5

The need for Social Services affects individuals and families throughout the entire state. As a result, Social Services delivery agencies are typically also found throughout the state. The need for Social Services can also have a social and economic impact not only on families, but also on schools, employers, and others throughout a community.

While Social Services issues typically affect individuals and families throughout the state, differing geographical areas of the state may have their own unique challenges. Historically, homelessness and the various services to address it have tended to concentrate more in our state's major urban areas. Rural areas present their own challenges with regard to the delivery of Social Services. Several difficulties associated with the delivery of Social Services in rural areas include the extended distances required to deliver services, the ability to attract licensed service providers, and the difficulty of establishing an effective infrastructure with limited funding.

Geographical challenges are sometimes addressed in the financing of Social Services programs. For example, some Social Services programs pass funding through to counties by formula where *need* has been defined initially by population. Some of the formulas have been altered, by policy, to include an *incidence and prevalence* factor as well as a *rural* factor to accommodate for geographical variances. Other programs, by their very nature, factor in such geographical differences. If one area of the state becomes more heavily affected by an economic downturn, this would subsequently be reflected by an increase in the number of individuals from that area qualifying for certain income- and asset-based programs such as Temporary Assistance for Needy Families (TANF), Medicaid, or Food Stamps.

Table 1 outlines the FY 2010 appropriated financial involvement of various departments within Utah state government (ordered according to size of total funds):

Agency	Gen./Ed. Fund	Total Funds
Health	$ 305,206,700	$ 1,882,651,200
Workforce Services	$ 66,427,300	$ 830,785,600
Human Services	$ 263,570,300	$ 597,728,300
Public Education	$ 296,163,800	$ 543,383,500
Community and Culture	$ 5,956,800	$ 83,851,900
Utah State of Office of Rehabilitation	$ 18,114,900	$ 72,009,900
Juvenile Justice Services	$ 39,290,600	$ 51,594,000
Courts	$ 38,307,500	$ 42,654,600
Corrections	$ 14,849,000	$ 17,638,100
Attorney General	$ 9,456,900	$ 16,207,100
Commission on Criminal and Juvenile Justice	$ -	$ 9,054,500
Higher Education	$ 1,804,600	$ 1,969,500
Veterans' Affairs	$ 647,700	$ 1,111,700
Department of Administrative Services	$ 120,500	$ 120,500
FY 2010 Total	$ 1,059,916,600	$ 4,150,760,400

Table 1

HOW ARE SOCIAL SERVICES PROGRAMS RELATED?

Social Services issues often cross agency boundaries and require agency to agency coordination and interaction.

Social Services issues don't often fit neatly within any single agency's scope and mission. As a result, coordination and interaction between allied Social Services agencies can be an essential component in addressing the needs of citizens. This report contains a chart representation included in *Appendix D* titled *Social Services Agency Interaction and Coordination.* This chart does not address the effectiveness of the interaction or the potential for redundancy and duplication by agencies. Instead, it depicts which agencies, as identified by the agencies themselves, currently communicate and coordinate with each other regarding the delivery of Social Services. The five agencies with the most interaction and coordination include: Medicaid (43 of 52), the Department of Workforce Services (39 of 52), the Division of Child and Family Services (32 of 52), the Children's Health Insurance Program or CHIP (31 of 52), and the Division of Juvenile Justice Services (28 of 52).

HOW ARE SOCIAL SERVICES FINANCED?

$4.2 billion ($1.1 billion ongoing General/Education Fund) is spent on Social Services in Utah or 36.1 percent of the total FY 2010 appropriation. Federal funds make up 53.4 percent or $2.2 billion of the total financing of Social Services in Utah.

Social Services in Utah state government total $4.2 billion in the FY 2010 initial appropriation. This is 36.1 percent of the total FY 2010 appropriated state budget. Ongoing state General Fund/Education Fund is $1.1 billion or 25.5 percent of the total Social Services appropriated amount.

Figures 6 and 7 display the financing of Social Services in Utah, both with and without the Medicaid program. The Medicaid program represents 41.4 percent of the state's total spending on Social Services.

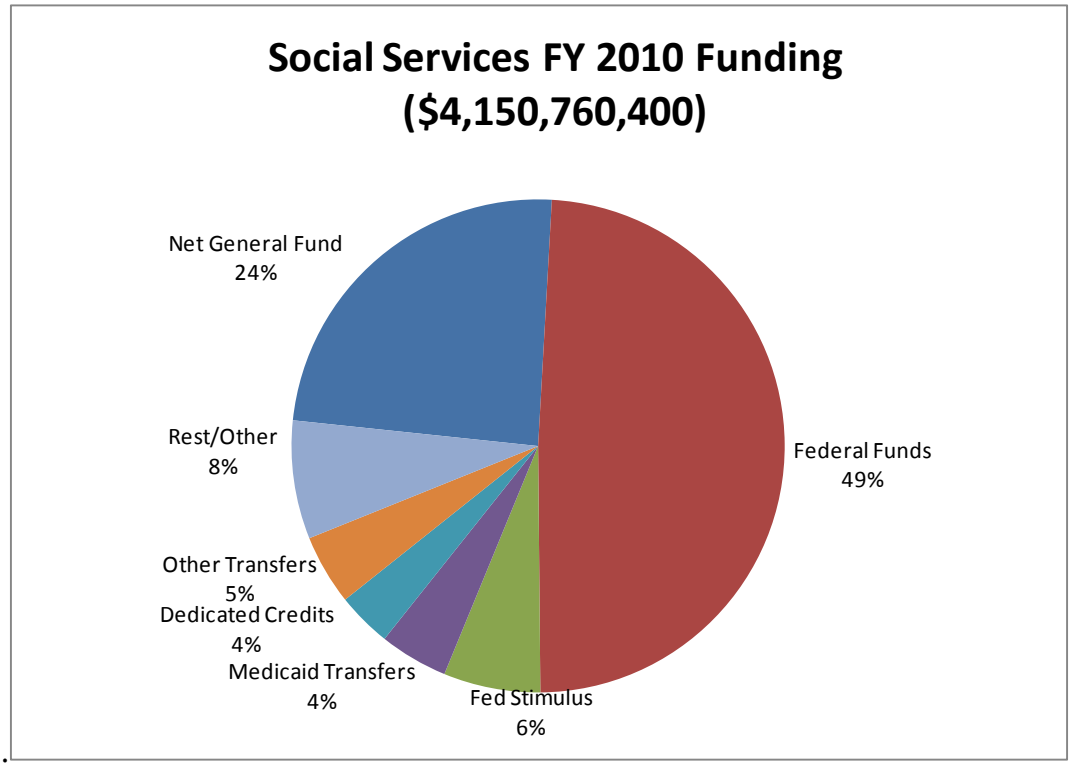


Figure 6

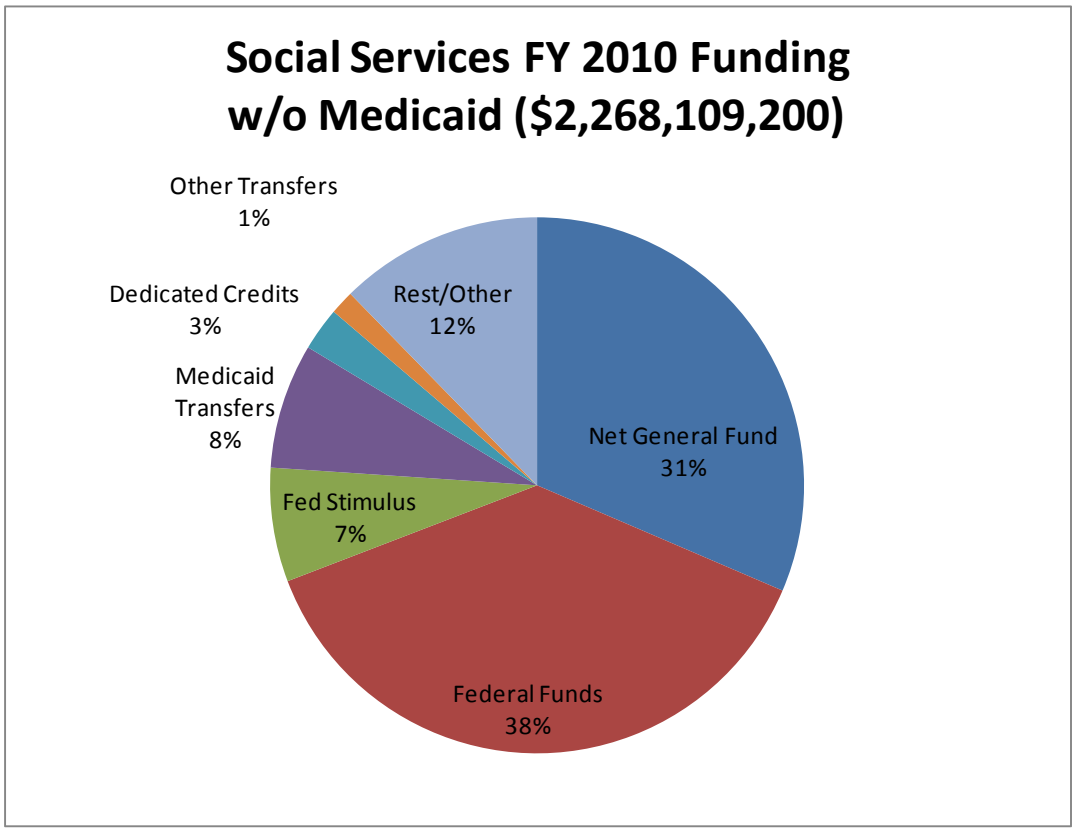


Figure 7

The detail of financing by line item and program can be found in *Appendix C: Financial Summary of Social Services Programs in Utah State Government*.

The federal government provides $2.2 billion or 53.4 percent of the total Social Services financing in Utah. As such, it is a major partner and plays a major role in providing oversight and program definition and design for Utah's Social Services programs.

The role of the federal government is significant in the area of Social Services delivery. The estimated federal financial contribution contained in the FY 2010 appropriated budget for Social Services programs is $2.2 billion. This represents 53.4 percent of all FY 2010 appropriated funding for social service programs. If federal stimulus funding for Social Services programs is included, the percentage increases to 59.8 percent.

The federal government also plays a significant role in areas of program oversight and program design and criteria. This becomes readily apparent to policy makers when discussing the Medicaid program and how Utah might restructure or alter it to fit our specific state needs. Each one-page program summary found in *Appendix B* includes a brief paragraph describing the role of the federal government regarding the program(s) discussed there.

Of the $2.2 billion in FY 2010 appropriated federal funds, $1.1 billion is attributable to the Medicaid program. The significant role of Medicaid in financing a variety of Social Services is demonstrated below in Table 2 showing the 25 largest categories of Medicaid expenditures. Seven of the 25 categories involve programs outside of the organizational structure of the Department of Health where the Medicaid program is administered. This list of the 25 largest expenditure categories also represents 87 percent of the total FY 2009 Medicaid expenditures.

$ Rank	Medicaid Category of Services	FY 2009 Expenditures
1	Inpatient Hospital - General	$244,669,100
*2	DHS - Disabilities - Community Supports Waiver	$151,053,400
3	Pharmacy Services	$142,615,300
4	Health Maint. Organization (HMO) - Molina Health Care	$115,597,900
5	Outpatient Hospital Services	$107,477,000
*6	Local Mental Health Capitated Services	$87,443,000
7	HMO - U of U Healthy Utah Health Care	$79,407,000
8	Physician Services	$73,039,800
9	Nursing Facility 2 (Intermediate Care Facility - 1)	$65,184,100
10	Nursing Facility 3 (Intermediate Care Facility - 2)	$63,611,000
*11	DHS - Enhancement Services	$55,168,500
12	Inpatient Dispraportionate Share Hospital	$39,754,500
*13	DHS - Utah State Developmental Center	$34,745,600
14	Dental / Orthodontic Services	$34,239,500
15	Medicare Insurance Buy-In Program	$31,747,300
16	Community Int. Care Facilities for the Ment. Retarded (ICF/MR)	$31,094,500
17	Mental Health Inpatient Hospital	$24,662,200
18	Pharmacy Medicare Part D Clawback Buy-In Program	$21,980,600
19	Physician / Dental Enhanced Services	$21,724,700
*20	Inpatient Graduate Medical Education	$20,275,700
21	New Choices Waiver	$19,327,900
22	Crossover Services	$18,938,600
*23	School Districts Skills Development	$17,695,400
*24	DHS - Utah State Hospital	$16,897,100
25	HMO Admininstration	$16,833,600
	* programs outside of the organizational structure of the Dept. of Health	

Table 2

HOW ARE SOCIAL SERVICES PROGRAMS EVALUATED?

Outcome measurement is a critical component in structuring and maintaining an effective and efficient Social Services delivery system.

Although the delivery of Social Services can be thought of as a more challenging area for program assessment, the valid measuring of performance over time is a critical component in structuring and maintaining an effective and efficient Social Services delivery system. This discussion raises the following three general questions: 1) what should Utah measure to determine success, 2) what measures currently exist in Utah's Social Services system, and 3) how might both the Executive and Legislative branches of government work in coordination regarding outcome measures? This general overview surveys what program measures are currently being provided to the Governor's Office through its Balanced Scorecard report as well as some measures included in other reporting systems. Several of the more significant measures are reported in the context of each program sheet found in *Appendix B*.

Utah is not alone in delivering Social Services. The same or similar programs are offered, for the most part, in all states. Social Services systems in other states offer a potential source of comparison in trying to measure our own state's efforts as other states represent real world examples where programs have been determined and shaped in the context of resource constraints and vigorous policy debates.

Once appropriate performance measures have been identified, the Legislature should consider how it will receive outcome measurement information in order to maintain effective oversight in the area of Social Services.

SUGGESTIONS FOR FURTHER ACTION

This report contains suggestions for further action regarding Social Services.

Based on the information and analysis of this report, the Fiscal Analyst recommends that the Legislature consider the following:

Short-term:

1. Implement the recommendations from the Department of Workforce Services In-depth Budget Review (November 2009). These recommendations are contained in that separate document.
2. Implement the recommendations from the Medicaid Program Review, which includes recommendations originating from *A Performance Audit of Fraud, Waste, and Abuse Controls in Utah's Medicaid Program* by the Office of the Legislative Auditor General (Audit Number 2009-12). These recommendations are contained in these separate documents.
3. Implement the following two, as yet unimplemented, audit recommendations made by the Office of the Legislative Auditor General from audits completed in the past year:
    a. The Guardian ad Litem (GAL) Office should report workload in number of cases as well as number of children to better assess requests for additional attorneys.
    b. Monitor the Guardian ad Litem attorney fee requests to ensure that efforts to bill and collect for GAL attorney fees are being made.
4. In budgetary action, have analysts from the Office of the Legislative Fiscal Analyst identify programs funded in each budget that may better be suited in a different area of the state budget for the Legislature to consider transferring such programs in the Base Budget bill of the next General Session.

Medium-term:

5. Place an increased emphasis on Social Services over the next several years by increasing the use of various Legislative tools such as in-depth budget reviews (for both the Executive and Legislative branches), audits, task forces, special subcommittees, and interim study items in order to gather information and explore options in structuring and delivering Social Services. As part of this increased emphasis, select major components of the state's Social Services delivery system for detail review. Some of the major components common across various agencies would include case managers, eligibility workers, state institutions, or contracting practices such as rate setting. Review each step of the process through the lens of any *value added* by that step. Eliminate and combine steps that add no value to the process. Engage the Executive Branch in order to increase the effectiveness of such a review. As part of the increased emphasis, further determine and refine what additional

information regarding Social Services would assist the Legislature in its policy-making and budget-setting roles. For example:

a. Summarize all statutorily-defined missions for all Social Services agencies. Review these missions for consistency in policy themes as well as for current relevance of the policy values expressed.

b. Summarize all program definitions of need or eligibility for all Social Services programs. Review the various definitions of need for thematic consistency and current appropriateness and relevance.

    i. Explore where eligibility in one program should or could be used for automatic eligibility in another program.

    ii. Explore alternative methods to determine eligibility.

c. Summarize all services provided across all Social Services programs. Review services for consistency of policy themes as well as relevance and appropriateness of services currently being provided.

d. Summarize the state's role in all joint state/federal programs. Explore the state's latitude with regard to options in program definition and design.

e. Summarize current outcome measures being used by all Social Services programs. Review for effectiveness and relevance. Where lacking, work with the Executive Branch to determine consistent measures valuable to the roles and processes of both branches of government. Determine the appropriate forum for the Legislature to regularly review and give input on agency performance measures as well as to hold agencies accountable to those performance measures.

f. Provide more detail regarding agency interaction and collaboration. Review the information for redundancies and duplications as well as the potential for sharing electronic records to better serve needy citizens. Several areas for potential review might be services for veterans and services for individuals with disabilities occurring across different agencies. Another area of potential overlap involves the variety of audits on local government or private Social Services agencies being required from a variety of state agencies.

g. Summarize all Social Services programs by size of state funding. Review to identify areas of financial materiality where additional emphasis could potentially yield significant savings or efficiencies.

h. Summarize the geographical distribution of Social Services being delivered across the state. Review to ensure that need is appropriately identified and equitably served throughout the state.

i. Summarize administration and overhead across all Social Services agencies. Review for consistency. Identify those Social Services programs where administration seems unusually high for further review. Consider applying general guidelines regarding acceptable administrative levels and definitions.

j. Summarize the issue of custody and the receipt of state services with regard to families relinquishing custody in order to secure services for high-need youths. Reconsider existing policies for relevancy and appropriateness.

6. Review the application of professionalism to the Social Services delivery system. Review collected information to consider restructuring systems for efficiency while maintaining effectiveness. This would be similar to reviews done in the medical community attempting to capture the same quality of work while performing the work by someone with a lower professional and pay level (i.e. - physician assistants in lieu of doctors).
7. Further study the concept of allowing non-state employees to complete applications for services for clients and submit the applications to the state for final approval (for example - groups already working with low-income populations such as local health departments, community action programs, hospitals, school districts, etc.).
8. Convene a redundancy task force between the various groups providing Social Services in the state (i.e. - the state; counties as represented by local health departments, local substance abuse, local mental health, and local area agencies on aging; higher and public education; cities where appropriate and applicable; and private for-profit and non-profit providers) to develop recommendations for what functions of Social Services should be provided by various groups and at various levels. Develop recommendations with the goal of reducing duplication and overlap of services (likely to include areas besides just Social Services).
9. Assess Social Services programs with regard to risk to determine core services and programs.
10. Explore the application of current technology in the area of Social Services - both to improve the delivery of Social Services as well as to better inform policy-makers. Areas of emphasis might include record sharing across agencies or the use of a unique identifying code to track services across agencies.
11. Review all state/federal programs for the purpose of identifying important changes that could realistically be made at the federal level. Compile a coordinated strategy to take to Utah's Congressional delegation as well as other appropriate federal officials. One example would be to transfer responsibility and funding of all food-related programs to the states in order for states to determine eligibility for food benefits. These programs include (at a minimum) food stamps, school breakfast and lunch, and the Women, Infants, and Children (WIC) program. There are also food programs connected to seniors. Such a change would provide for local input and flexibility to meet the needs of a state's own residents.

Long-term:

12. Based upon information gathered and efforts done in the short-term and medium-term, consider any major restructurings of the system. For example, restructuring of the system may involve rethinking the delivery of services either between the state and county level as well as between public agencies as compared to private contract providers.

Beyond these specific areas for follow-up – or perhaps through them – the Legislature might consider fundamental changes to the way in which Social Services are delivered.

Although there is a Social Services delivery structure currently in place in Utah (as discussed in the *Who Provides Social Services?* section shown above), other alternatives are available to the Legislature to restructure the Social Services delivery system if the Legislature were to so choose. Several options for broad system structure change include the following:

1. *Change the level of service delivery.* As described above, Utah currently has a blended system consisting of direct state agency service delivery, local government service delivery, and private

provider service delivery. A choice could be made to alter the level of service delivery. Service delivery could be moved exclusively to the private sector (where legally and reasonably possible) with the state primarily providing policy direction and administrative oversight. A choice could also be made to move service delivery to the local government level with the state continuing to providing policy direction and administrative oversight. A third option could be to move all service delivery back to the state level. This would require all services to be delivered by state employees.

2. *Change the point of decision-making.* A choice could be made to place more decision-making control in the hands of the end recipient. One variation of this would be to create a system where recipients would receive a voucher for services. This would place a decision-making responsibility upon service recipients. Such vouchers could then be used to obtain services from any approved public or private organization. State agencies delivering direct services, along with any local government agency or private agency delivering services, would not receive a direct appropriation or contract. Instead, these agencies would have to budget based upon revenues directly received from recipients who choose their respective services.
3. *Change the method of financing.* An example of this would be to provide a tax credit to certain qualifying citizens or families. This would allow qualifying individuals to make choices about how and when to receive services. Such a mechanism would by-pass completely the current system of Social Services funding in Utah.
4. *Change the method of contracting.* One alternative under this option would include regional contracts where the state would issue requests for proposals to have one or more contractors per region. A provision could be included for some regions to continue to be served by the state in order to maintain some public service capacity. This capacity could be increased if a contractor does not meet service requirements.

APPENDIX A – OUTLINE OF THE HISTORY OF SOCIAL SERVICES IN UTAH

1848 Concerned citizens form a Council of Health in the Salt Lake Valley teaching classes in midwifery, child care, and diseases of children.

1850 First General Assembly of the State of Deseret convenes. Later this year Congress passes a bill establishing the Territory of Utah.

1850 First Territorial Courts established.

1855 Utah Territorial Penitentiary established (Utah State Prison since 1896).

1872 Hebrew Women's Benevolent Society of Salt Lake City (now called Jewish Family Service) forms to relieve the destitute by serving Jewish transients – becomes one of the earliest affiliates of the Community Chest (now known as United Way). In 1919 there were only 12 Community Chests nationally. By 1930 there are 363.

1872 St. Mark's Hospital (sponsored by the Episcopal Church) opens. From the time of its opening until 1883 there are some 8,000 cases of lead poisoning alone treated in St. Mark's Hospital and Holy Cross Hospital (1875). Many of these cases resulted from lead poisoning to workers in the various mines. The Deseret Hospital (1882-1893), operated by the Relief Society of the LDS Church, is primarily for obstetrical cases.

1875 Sisters of the Holy Cross first arrive in Utah establishing schools, orphanages, and hospitals (Holy Cross hospital begins this same year and operates under their direction until 1994 when Sisters of the Holy Cross divest themselves of the hospital and form Holy Cross Ministries).

1876 Salt Lake City Insane Asylum established - referred to as the White House on the Hill, it was located on the site of St. Mary's of the Wasatch on the East Bench and 13th South.

1880 Territorial Legislative Assembly approves the *Insane Asylum Act* providing that the Territorial Insane Asylum is established in Provo. The name is later changed to Utah State Mental Hospital in 1885.

1884 Utah School for the Deaf is founded by Henry C. White, a Boston native and Gallaudet College graduate, who organized the first class of deaf children at the University of Deseret (later renamed to the University of Utah) in Salt Lake City.

1887 Concept of United Way (an organization to serve as an agent to collect funds for local charities) begins in Denver, Colorado and later blends with the "Community Chest" concept in Utah. Community Chest begins in Salt Lake City in 1926 and merges with the Salt Lake Area United Fund in 1956.

1887 Salvation Army formed in Utah.

1889 Utah Territorial Reform School (later known as the Utah State Industrial School) officially opens in Ogden. Prior to this time, youths committing crimes were prosecuted as

adults in district courts. The school continued until the early 1970s when it was replaced by the current system of juvenile secure facilities scattered throughout the state.

1894 **Free Kindergarten Association (name changed to Neighborhood House in 1911) was organized in Utah** by a former Presbyterian school teacher to provide food, clothing, care, and guidance to children of the less fortunate.

1896 **Utah becomes a state** and includes in its Constitution the provision that "all laws of the Territory of Utah now in force . . . shall remain in force until they expire . . . or are altered or repealed by the Legislature" (Article XXIV, Section 2).

1896 **At the time of statehood, assistance for the relief of the poor and indigent in early Utah was primarily the responsibility of county commissioners** – lasting until federal legislation during the Great Depression began a shift of responsibility to states.

1897 **Legislature passes *Education for the Deaf, Dumb and Blind Act*** requiring parents of such children unable to be educated in the public schools, to send them to the State School for the Deaf and Dumb or the State School for the Blind (established by the Legislature).

1897 **Legislature passes *Act to Allow Poor Persons to Sue and Defend*** which provides assistance for poor persons by waiving fees in court cases.

1898 **Legislature creates the first State Board of Health** and charges it with "general supervision of the interests of the health of the citizens of the state" and gives it the power "to make such rules and regulations . . . necessary for the preservation of public health" as well as to provide services for "handicapped children". The Legislature also spells out the duties of municipal and county health officers. Sponsor of the legislation is Dr. Martha Hughes Cannon, the first woman in the United States to hold the office of state senator.

1898 **Emmeline B. Wells organizes a group of 100 Utah women** to provide comfort kits and meals to soldiers serving in the Spanish American War. This becomes the first efforts associated with the **Greater Salt Lake Area Red Cross**.

1898 **New York Summer School for Applied Philanthropy is established**. Volunteer visitors (a term used to describe individuals who would perform crucial tasks of investigation and treatment for charity organization societies) began to be replaced by **"professional" social workers**, some of whom began to refer to themselves as caseworkers. By 1919 this program had enlarged and changed its name to the New York School of Social Work (later becoming the Columbia University School of Social Work).

1900 **"Prior to the 20th century, the majority of people in the United States lived and worked on farms, and economic security was provided by the extended family"** *(House Ways and Means Committee Prints: 108-6, 2004 Green Book, Section 1- Social Security: The Old-Age, Survivors, and Disability Insurance Programs)*

1902 **Clinics and out-patient psychiatric departments begin to proliferate nationally in larger urban hospitals.** Several states begin to experiment with psychiatric social work programs. By 1920, psychiatric social workers are used to varying degrees to address mental health problems in outpatient clinics, juvenile courts, and mental hospitals.

1903 Legislature passes *Dependent Neglected Children Act* defining conditions of child dependency, neglect, and ill-treatment and prescribing methods for the protection, disposition, and supervision of such children as well as punishment for such persons responsible.

1903 Provo General Hospital opens – representative of counties establishing their own hospitals to care for the medically indigent as well as the public at large**.**

1904 Salt Lake Charity Association is formed. A descendant of this association, after various name changes and in various forms, is the current Utah Food Bank Services). Among the Salt Lake Charity Association's objectives were "to become a center of intercommunication between the various charitable relief agencies in Salt Lake City", "to discourage the growth of pauperism and grafting", "to promote the general welfare of the needy", and "to undertake the care of all charity cases that are not cared for by some one else".

1905 Utah Juvenile Court is created as the primary court for juvenile offenders (18 and under).

1907 Legislature passes the *Care and Custody of Dependent and Delinquent Children Act* providing for detention homes, operated by counties, for all children 16 years of age or under and requiring that the Board of Education and District School Boards provide such children with school supplies and books while in detention. Salt Lake County opens a detention home this year.

1910 Catholic Charities USA organizes nationally – established in Utah in 1945 providing a variety of Social Services.

1911 Legislature appropriates $10,000 to the Orphans Home and Day Nursery Association for the benefit of destitute children and to assist destitute children to obtain such temporary and permanent homes as may be practicable. This appropriation continues over a number of years with other appropriations subsequently made to similar private groups.

1911 Legislature passes *Support of the Poor by Relatives Act* requiring that every poor person unable to earn a livelihood shall be supported by relatives – and if such relatives fail or refuse to provide support, the relatives can be assessed by the county up to $20 per month for every month the county is charged with the support of the poor person.

1911 Legislature passes *Abandonment or Wilful Neglect of Wife or Minor Child Act* making it a misdemeanor to abandon or willfully neglect to provide for the support and maintenance of a person's wife or minor children.

1911 Legislature passes *Employment of Children Act* specifying the age of employment of children (no child under age of 14 in certain types of work) and in what capacity children may be employed.

1911 Women of the L.D.S. Primary Association decide to raise funds to pay for the medical treatment of crippled children at the Wm. H. Groves L.D.S. Hospital (later becomes Primary Children's Hospital).

1912 Congress creates the U.S. Children's Bureau to investigate and report "upon all matters pertaining to the welfare of children and child life among all classes of our people".

1913 Legislature appropriates $4,000 to the Salt Lake Free Kindergarten and Neighborhood House Association to establish, control, operate, and maintain free kindergartens, day nurseries, and neighborhood houses (devoted to purposes of social, educational, and community betterment among families of the dependent classes and for the relief of economic want and stress among the poor).

1913 Legislature passes *Public Support of Dependent Mothers Act* providing for the partial support of mothers who are dependent upon their own efforts for the maintenance of their children and giving county commissioners and juvenile court jurisdiction in such matters. The Act allows counties to levy a tax to establish a Mother's Aid Program. This act was amended in 1915 to limit the amount not to exceed $10,000 ($20,000 in counties over 100,000 people) in any given year that a county commissioner was authorized to pay on behalf of the partial support of dependent mothers. Missouri enacted the first widow's pension in 1911. By 1919, 39 states had similar programs in an effort to address the practice of removing children from the homes of poor single parents and placing them in an asylum or orphanage.

1915 Legislature passes *Commission for the Feeble Minded Act* creating a three-member commission to investigate the subject of the public provision for the care, custody, treatment, and training of the "mentally deficient, including epileptics".

1916 Congress passes the *Keating Owen Child Labor Act* – setting a national minimum age of 14 in industries producing nonagricultural goods for interstate commerce or export. This law was in effect only until 1918 when it is declared unconstitutional.

1917 Legislature passes *Establishment and Maintenance of County Hospitals Act* – enabling counties to establish hospitals and maintain them through levying a tax and issuing bonds. They were also authorized to maintain training schools for nurses, provide suitable means for the care of persons with tuberculosis, and to make possible an adequate supply of hospitals.

1917 Training of Utah Social Workers is initiated with several being sent to Denver for training under the Red Cross. Later (1919) the Red Cross conducts training courses for Home Service Workers in Salt Lake City.

1919 National prohibition on alcohol begins through a constitutional amendment – repealed in 1933.

1919 Legislature passes *Care of Adult Blind Act* and appropriates $4,000 to carry out such provisions.

1919 Legislature passes *Maternity Hospitals and Infant Homes Act* providing the establishment of maternity hospital and infant homes (the care of women and infants) as well as the supervision and inspection by the State Board of Health.

1919 LDS Relief Society Social Service Department is created (renamed Unified Social Services in 1969). It becomes a separate entity from the Relief Society in 1973 and is named LDS Social Services (now called LDS Family Services). This private, nonprofit agency provides birth

parenting services, adoption services, and a variety of counseling services. Like other religious groups, the LDS Church (representing a significant demographic component of the State of Utah) is also a direct provider of Social Services. The bishop of each ward (a neighborhood group of families of sufficient size to carry on a functioning church unit) is responsible for all activities including the health and welfare of the members of the ward. The bishop can often delegate to other members or groups in the ward some of this responsibility.

1920 Congress passes the *Smith-Fess Act* authorizing the state/federal vocational rehabilitation program. The program officially opens in Utah in 1921 (the Utah State Office of Rehabilitation was formally created in 1988). This program was placed under the State Department of Public Instruction.

1921 Legislature creates a State Welfare Commission to study and investigate the laws, conditions, practices, and institutions of this and other states and countries, relating to public health and to the dependent, neglected, delinquent, and defective classes, and upon the basis of such study to prepare amendments to and a codification of the laws of Utah pertaining to such topics. The statute pertaining to the Commission was repealed in 1929.

1921 Legislature passes *Vocational Rehabilitation of Disabled Persons Act* to accept the benefits of an act passed by the U.S. Congress to provide for the promotion of vocational rehabilitation of persons disabled in industry and their return to civil employment.

1921 Congress passes the *Sheppard-Towner Act* providing matching funds to states for prenatal and child health centers. The Act expires in 1929 and is not reauthorized.

1921 Legal Aid Society is established in Utah.

1923 Legislature passes the *Placing Out of Children Act* requiring licensure and regulation of child-placing (adoption) agencies by the State Board of Health.

1923 Legislature passes *Industrial School Mothers and Children Act* providing for the welfare of pregnant girls committed to the State Industrial School and the children born to them while under the control of the school.

1925 Utah Mental Hygiene Society is established (the name is changed to the Utah Association for Mental Health in 1953).

1925 Shriner's Hospital for Crippled Children is established in Salt Lake City in space rented in the old St. Mark's Hospital on North 300 West.

1925 Traveler's Aid Society of Salt Lake City is established.

1929 Stock Market Crash (Black Tuesday).

1929 Legislature passes *Utah State Training School for Feeble-Minded Act* for the establishment of a facility for the care, protection, treatment, and education of "feeble-minded persons". This facility, now called the Utah State Developmental Center, is established in American Fork in 1931.

1929 Legislature passes *The Old Age Pension Law of the State of Utah* for the support of the poor and infirm and providing for old age pensions to be carried out by county commissioners for persons 65 and older who are incapacitated to gain a livelihood. This law allows counties to levy a tax to establish Old Age Pensions. A similar law is passed by the Legislature in 1931 regarding counties and pensions for the blind.

1929 Great Depression begins.

1930 President Hoover forms Committee for Unemployment Relief to support individual efforts by private and local charities and self-help organizations.

1931 City and county governments, along with various civic, fraternal and religious groups, cooperate to provide employment and relief for the growing group of needy individuals and families.

1932 Federal loans to states for emergency relief first become available. Prior to 1932, Utah's relief needs were met almost entirely by religious and charitable organizations as well as county and municipal governments.

1932 University of Utah and some Salt Lake County schools provide some teachers for a prison school with an average attendance of 100.

1932 Social case work begins in the prison consisting of preparing case information to help in planning for care and treatment.

1932 Poverty increases dramatically in Utah. For example, in Smithfield (just north of Logan), by mid-1932 more than half of the people subsist wholly or in part on welfare or charity.

1932 Governor Dern creates the Governor's Central Committee on Emergency Relief for Utah as the state's first emergency relief agency to obtain and administer federal emergency relief funds for destitute Utah residents. This is followed by the appointment of Emergency Relief committees in each county to assist in the distribution of the funds made available under the *Federal Emergency Relief and Construction Act* passed the subsequent year.

1932 Veteran's Administration hospital is first established in Salt Lake City on 12th Avenue (later moved to its current location in 1952). The federal government first authorized a domiciliary and medical facility for veterans in 1811.

1933 Newly elected President Roosevelt takes office. In his first 100 days, he proposes, and Congress passes, a number of bills designed to respond to the effects of the Great Depression. The programs established by this legislation become collectively known as **the New Deal**.

1933 Congress passes the *Federal Emergency Relief Administration Act* containing provisions for work relief. The Federal Emergency Relief Administration is created as well as the Civilian Conservation Corps (established to employ youth of relief families).

1933 President Roosevelt creates, through Executive Order, the Civil Works Administration (CWA) to help relieve the over-burdened state relief roles of unemployed clients who are able to work.

1933 Legislature passes *Utah Emergency Revenue Act* providing for a sales tax increase of 0.75 percent. Shortly thereafter the rate is increased to 2 percent. This act authorizes the Governor to spend funds for relief purposes and to cooperate with federal, private, and public agencies. Subsequently, the Governor authorizes some of the Salt Lake agencies to act as distributing agents for public funds. This arrangement ends in 1933, when the federal government insists all public funds be dispensed through public agencies.

1933 Legislature passes *Emergency Relief for Destitute Residents Act* authorizing the Governor to administer emergency relief in aid of destitute residents and giving him emergency powers in relation to state funds.

1933 Governor Blood establishes the Public Welfare and Emergency Relief Administration for Utah (in accordance with powers granted by the Legislature) which jointly operates under state and federal direction (i.e. – the Federal Emergency Relief Administration) from which it obtains federal grants. This appears to be the first time state funds are combined with federal funds to be disbursed for relief. County poor funds are also pooled when available. It is also the first time federal surplus commodities are made available (through the Welfare Department).

1933 Legislature creates nine-member Committee to Study Operations of State Government to "make a study of the Present Organization and operation of the State Government to Ascertain if It Can Be More Economically Conducted".

1934 President Roosevelt creates Committee on Economic Security to address old-age and unemployment issues as well as medical care and insurance.

1934 Congress passes the *National Housing Act* creating the Federal Housing Administration. This begins a new, more involved, role by the federal government in housing. The legislation was devised by a task force headed by Marriner Eccles, a Utah banker. Prior to this time, most government involvement in low-income housing was at the local (primarily county) level. States may have occasionally provided support for some housing such as orphanages (as Utah did) or veterans' homes.

1935 Congress passes the *Social Security Act* creating social insurances as well as establishing public assistance programs. The social insurance programs include the Old Age Survivors and Disability Insurance program (now social security), unemployment insurance, and workers' compensation funds. The public assistance portion of the legislation creates a set of programs for dependent people: 1) individuals with disabilities and 2) widows and their children. These new entitlements are funded through a method matching federal, state, and local contributions. Originally, participation by any state is voluntary. State budgets are stretched so thin by the Depression, few states participate initially.

1935 Congress creates the Work Progress Administration (WPA).

1935 Legislature passes *Department of Public Welfare Act* charging the new department with the administration of all public welfare functions in the state. The new department retains the

existing organizational structure and personnel of the federal Emergency Relief Administration and continues coordinating distribution of federal aid to Utah citizens, but by 1937 is charged with administering all forms of public assistance and welfare activities in Utah.

1936 L.D.S. Church begins its welfare plan.

1936 Liens against real property are implemented for old-age assistance cases. These liens are subsequently eliminated in 1937.

1936 Each county is required to contribute 15 percent of its welfare budget. This provision is later dropped in the Public Assistance Act of 1947.

1937 Congress passes the *Wagner-Steagall Act* (*Housing Act of 1937*) providing for subsidies by the U.S. Government to local public housing agencies to improve living conditions for low-income families. This Act provides for the establishment, through state legislation, of local Public Housing Authorities to construct, own, and operate the housing.

1937 Legislature creates Committee for the Investigation of State Governmental Units to "investigate the departments of state government with the thought of increasing efficiency and economy in the handling of public funds" – the committee issues 2,000 pages of transcripts from hearings.

1937 Legislature passes *Tuberculosis Sanatorium Act* providing for the establishing, equipping, and operating of a tuberculosis sanatorium.

1937 Legislature passes *Old Age Assistance Act* creating a division in the state Department of Public Welfare to administer assistance to the needy who were 65 years of age or older.

1937 Legislature passes *Assistance to Persons in Necessitous Circumstances Act* providing public assistance to aged, blind, and dependent children in "necessitous circumstances".

1937 First full-time local health department forms in Davis County. Other urban counties and cities follow suit with funding almost entirely by locally-generated funds. Federal and state funding follow over time. By the end of 1971, all municipal health departments are absorbed into county health departments and the last multi-county health district is formed in 1978 making the state covered by twelve local health departments.

1937 Responsibility for licensing child-placing agencies is transferred from the State Board of Health to the State Welfare Department.

1937 Graduate School of Social Work is established at the University of Utah.

1938 Congress passes the *Fair Labor Standards Act (FLSA)* which is the primary federal law governing the employment of workers under age 18.

1938 Graduate Division of Social Work is established at the Utah Agricultural College in Logan.

1938 Deseret Industries (administered by the LDS Church) is established.

1939 Federal Security Agency (renamed in 1980 to the current Department of Health and Human Services) is created bringing together federal agencies concerned with health, welfare, and social insurance.

1939 Legislature passes *State Department of Health Act* formally creating a state Department of Health.

1939 Legislature earmarks entire sales tax revenue to Emergency Relief Fund except for administration and enforcement of the Act.

1940 State Department of Public Welfare adopts Merit System Plan for personnel in accordance with amended Social Security Act. The Merit System Plan is also made effective in 1942 for the departments of Health and Employment Security.

1941 State Department of Public Welfare responsibilities are expanded to include the State Hospital, the State Tuberculosis Sanatorium, the State Training School (now called the State Developmental Center), the State Industrial School, the Disabled Miners Hospital, the Juvenile Courts, and Probation Officers.

1943 Legislature passes *Licensing of Day Nurseries Act* as well as the *Programs for Care of Children of Working Mothers Act* authorizing state departments to promote such programs and to receive and expend funds for this purpose.

1943 Legislature creates a Welfare Service for the Rehabilitation of Indigent Alcoholics within the Department of Public Welfare.

1944 Legislature passes *Resolution Congratulating U. of U. Basketball Team* upon its successful attainment of the National Collegiate Basketball Championship in Madison Square Gardens.

1945 Catholic Community Services of Utah is formed recognizing the need for an organized effort to assist the poor and needy. This organization begins operating adoption, poverty assistance, foster care, family counseling, and transient relief programs.

1945 Legislature amends revenue act pertaining to Emergency Relief Fund to require all monies in excess of $6 million at the end of each quarter to be placed in the General Fund.

1945 Alcoholics Anonymous established in Salt Lake City.

1946 Congress passes the *National School Lunch Act* making permanent a program that had previously been provided from year to year dating back to 1936 when government purchases of surplus farm products were provided to school lunch programs. As of 1937, 15 states had authorized local school boards to operate lunchrooms with four of the states making provisions for needy children.

1946 Congress passes the *National Mental Health Act* (amending the Public Health Service Act) authorizing federal support for mental health research and treatment programs and grants-in-aid to states for mental health activities. The Act also transforms the Division of Mental Health

in the Public Health Service into the National Institute of Mental Health (NIMH) and in 1949 establishes NIMH as a separate agency.

1946 Legislature creates a Committee to study the change of location for state welfare institutions and the "advisability of relocating at such site, the state public institution of the deaf and dumb, and the blind, the state reform school, the state hospital, and the state training school, or any other state welfare institution".

1946 Salt Lake County establishes *Joint Staff Meetings* for its children's agencies as a device to coordinate efforts about children's problems.

1947 Legislature passes *Juvenile Courts Act* requiring, among other things, that parents or guardians support children who have been taken from the parents' custody.

1947 Legislature passes *Benefits and Assistance to Blind Persons Act* providing for the giving to blind residents of the state the privilege of operating vending stands or other enterprises in state, county, or municipal buildings, parks, or other owned property.

1947 Legislature passes *Public Assistance Act of 1947* revising existing welfare laws and providing for public assistance to persons in need, stating a declaration of policy, defining duties and powers of the Public Welfare Commission, providing eligibility requirements, and setting up standards and limitations on amount of assistance. The act establishes a definition of *in need* by defining it as someone who "does not have sufficient resources . . . to maintain a minimum standard of living compatible with health and well-being". The Act also states "the Public Welfare Department may grant public assistance on a temporary basis to an applicant . . . if and when in its discretion such action will be for the best interest of the recipient and the State". In addition, the Department of Public Welfare is placed on appropriation. This ends the unlimited use of monies in the Emergency Relief Fund and terminates the Governor's control over the Fund's revenues. The Act also re-imposes the lien law with regard to the old-age program, covering real property with an assessed value over $1,200. In 1949 the Utah Supreme Court reverses a district court decision regarding this lien law, determining that it is constitutional.

1948 Legislature passes, in special session, the *Public Assistance Laws Act* which reverses a provision in the Public Assistance Act of 1947 eliminating state residence as a requirement for public assistance. The Aid to Transient program is terminated.

1949 Legislature passes *Counties – Care of Indigents Act* providing county commissioners authority to levy a tax, not exceeding a certain mill amount, for the purposes of the care, maintenance, and relief of the indigent sick or dependent poor and the erection and maintenance of hospitals, infirmaries, or poor houses, and farms in connection therewith.

1950 Congress revises *Social Security Act* to provide aid to the permanently and totally disabled needy persons.

1950 President Truman initiates first National Conference on Aging.

1950 Congress passes Agriculture Act of 1949 broadening distribution of surplus commodities to include state welfare departments.

1951 Draper Prison completed and first prisoners transferred from Sugar House Prison. **Prison educational and correctional industries program substantially increases – high school and college courses become available.**

1951 Legislature amends the *Public Assistance Act of 1947* to provide that the residency requirement is reduced to one year and to authorize temporary assistance to needy nonresident families. Grants are also authorized to recipients of public welfare who are patients in county hospitals, infirmaries, and other institutions.

1952 Congress appropriates first federal funding for social service programs for older persons under the Social Security Act.

1955 Interstate Compact on Juveniles is enacted.

1957 Legislature passes laws enabling the state to participate in federal funds for medical care of needy persons as well as training grants for personnel. A Welfare Medical Fund is set up.

1957 Legislature passes *Duties of Family Support Act* making uniform the law in respect to family support, providing a procedure for enforcing support, and assigning the duty to represent the State Department of Public welfare on such matters in court to county attorneys.

1958 A training center for handicapped children is established in North Salt Lake. Similar centers follow in Salt Lake, Weber, and Cache counties in 1960, Carbon County in 1962, Grand and Wasatch counties in 1964, and Davis and Tooele counties in 1965.

1959 Legislature passes *Day Care Centers for Handicapped Children Act* providing for the establishment of centers, under the supervision of the state Department of Welfare, for the training and care of handicapped children.

1960 Carbon County Mental Health Center in Price is established.

1961 Legislature passes *Community Mental Health Service Act* authorizing cities, counties, and combinations thereof to provide community mental health services to be supported by funds from cities and counties and other sources.

1961 Mental health centers are established in Salt Lake City, Moab, Castle Dale, and Richfield followed by a center in Weber County in 1962 as well as centers in Davis County, Duchesne County, and San Juan County in 1963.

1961 Legislature passes *Director of Mental Health Program Act* designating the state Department of Health as the official state agency to promote mental health programs, appropriating $140,000 for the implementation of community mental health programs, and creating a Mental Health Advisory Council.

1961 Legislature passes *Committee on Children and Youth Act* establishing a 12-member committee consisting of the State Superintendent of Public Instruction, the Director of the State Board of Health, the Chairman of the Public Welfare Commission, and the Chairman of the State

Industrial Commission along with eight members of the public broadly representative of groups primarily concerned with youth and children.

1961 Legislature passes *Council on Aging Act* authorizing an eleven-member council to be the designated state agency handling all programs of the federal government related to the elderly not the specific responsibility of another state agency under federal or state law.

1962 Congress passes the *Public Assistance Act Amendments* altering the provisions of Title IV of the *Social Security Act*. President Kennedy states that the Act is "the most far-reaching revision of our public welfare program since it was enacted in 1935. This measure embodies a new approach – stressing services in addition to support, rehabilitation instead of relief, and training for useful work instead of prolonged dependency" (John T. Woolley and Gerhard Peters, *The American Presidency Project* [online] – Santa Barbara, CA: University of California (hosted), Gerhard Peters (database) – available at: http://www.presidency.ucsb.edu/ws/index.php?pid=8788). The amendments expand a program for dependent children into assistance for a family as the renamed program suggests: Aid to Families with Dependent Children (AFDC). The amendments also include provisions for the training and education of individuals either currently employed or preparing to work in public welfare programs. These amendments were not mandatory, but did include an enticing federal match.

1963 Congress passes *Mental Retardation Facilities and Community Mental Health Centers Construction Act* providing construction grants for community mental health centers and for centers for individuals with intellectual disabilities.

1963 Congress passes *Community Mental Health Act of 1963* in conjunction with a proposal from President Kennedy to provide funding for community mental health centers in order to substitute comprehensive community care for custodial institutional care. In Utah, the creation of community health centers to take individuals from the State Hospital resulted in reducing the State Hospital population from over 1,500 down to its current bed availability of 359.

1963 Gov. Clyde adds staff to coordinate state programs to prepare for forthcoming Medicaid program. Governor's staff assists the then independent Health Department with rapidly expanding challenges managing federal programs moving toward Medicaid.

1963 Legislature passes *Control of Mentally Ill Act* providing that the Public Welfare Commission have the supervision and control of mentally ill persons in the state whether residing in the Utah State Hospital or elsewhere.

1965 Congress passes *Social Security Amendments of 1965* creating the Medicaid and Medicare programs. Medicaid is jointly funded by both federal and state governments with each state's matching rate based upon a formula. **Utah starts its Medicaid program in 1966**.

1965 Congress passes the *Older Americans Act* establishing the Administration on Aging and calling for the creation of state units on aging. Congress later added national nutrition programs (1972); congregate meals, local area agencies on aging, and multi-purpose senior centers (1973); and long-term care ombudsman programs (1978).

1965 Gov. Rampton establishes a Little Hoover Commission to improve efficiency and accountability in Utah government. The commission finds more than 150 agencies reporting directly to the governor and recommends grouping state agencies into a few cabinet level departments with clear lines of accountability. One grouping suggests creating Health as a division of a new department dealing with Social Services. A number of these suggestions are put in place by the Legislature in 1967.

1965 Juvenile Courts are removed from the Welfare Commission administration.

1966 Federal government begins the use of block grants to states. This concept continues its development over the coming decades to include block grants for areas such as public assistance (welfare), general Social Services, substance abuse treatment, and mental health treatment.

1966 Congress passes the *Child Nutrition Act* establishing a federal program of support for child nutrition and authorizing the school breakfast program. This Act was **later amended in 1972** to provide nutritious diets for pregnant and lactating women and for infants and children (becomes the Women, Infants, and Children or **WIC program**).

1967 Legislature passes *Consolidation of Departments Act* providing for the organizing of the Department of Health and Welfare. The Act consolidates departments of Public Welfare, Public Health, State Board of Corrections, Board of Pardons, Commission of State Indian Affairs, Utah Committee on Indian Affairs, and "similar and affiliated agencies". A Coordinating Council of Health and Welfare is created with the following boards established or re-established: Health, Welfare, Corrections, Pardons, Mental Health, and Indian Affairs. Various citizen-member boards are granted policy-making authority (some boards had this authority previously). Counties maintain county departments of public welfare charged with administration of all programs of public assistance subject to the direction of the state Division of Public Welfare.

1967 Also in response to the Little Hoover Commission, the Legislature passes two more *Consolidation of Departments* bills, one of which creates a Department of Development Services (later merged in 1979 to become part of what will become known as the Department of Community and Economic Development, then later separated again to become the Department of Community and Culture and the Governor's Office of Economic Development).

1967 Legislature passes *Counties – Care of Indigents Act* providing that counties pay a minimum sum into a central fund to be used to provide for hospital and medical care for the medically indigent of every county.

1967 Legislature passes *County-wide Health Districts Act* providing for the incorporation, government, and management of county-wide health districts.

1969 Legislature passes *Social Services Act* changing the name of the existing Department of Health and Welfare to the Department of Social Services as well as changing the name of the Division of Welfare to the Division of Family Services.

1970 Congress passes the *Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act* establishing a separate statutory section for programs and activities

regarding alcohol abuse and alcoholism including a program of aid to states to deal with problems of alcohol abuse.

1970 Legislature passes *Utah Division of Drugs Act* providing for the creation of a policy-making board and a Division of Drugs within the Department of Social Services.

1971 Legislature passes *Alcoholism – Drugs Act* merging the previous entities of Drugs and Alcohol to create a Division of Alcoholism and Drugs along with a policy-making board.

1972 Touche Ross & Co. (a private accounting and consulting firm) prepares a report titled *Recommendations for Reorganization to Achieve a Consolidated and More Effective system of Social and Health Services Delivery in Utah* stating that "despite its magnitude and scope, the current Social Services delivery system has been criticized for failing to meet the needs of people, for being undignified in its delivery of services, and for being unwieldy, unmanageable and too costly". The study identifies functions and programs that should be the responsibility of the department, defines ways in which the department should be reorganized to carry out these functions and programs, and indicates functions that should be administered on a regional or local basis and which should be administered on a central or state basis. It is not clear if any of these recommendations were implemented.

1973 Legislature passes *Individual and Family Services Act* providing for the re-establishment of the Division of Family Services within the Department of Social Services. The Act defines the division's powers and responsibilities and provides for the appointment of a policy-making board for this division, the state industrial school, and the state training school. This division oversees child welfare, juvenile justice, and public assistance activities.

1973 Legislature passes *Public Assistance Act* providing for the creation of an Office of Assistance Payments Administration within the Department of Social Services to develop standards and administer policies relating to eligibility and assistance for assistance payments, food stamps, and medical assistance.

1974 Congress passes the *Housing and Community Development Act* amending the *U.S. Housing Act of 1937* to create the **Section 8 Housing Choice Voucher program** (Section 8 refers to the section of the *U.S. Housing Act*) to provide subsidized housing for low-income families and individuals. This program allows tenants to pay about 30 percent of their income for rent with the federal government providing the rest of the payment up to certain specified limits.

1974 Congress amends the Social Security Act adding a Title XX authorizing grants to states for Social Services.

1974 Congress passes the *Juvenile Justice and Delinquency Prevention Act* establishing a new national tone for juvenile corrections.

1975 Congress passes the *Education of All Handicapped Children Act*, now codified as IDEA (*Individuals with Disabilities Education Act*). In order to receive federal funds, states must develop and implement policies that assure a free appropriate public education (FAPE) to all children with disabilities.

1975 ***Manning v. Matheson*, a class action lawsuit, is filed in federal district court whereby the conditions of confinement at the State Industrial School are brought into question** by the lawsuit's allegation that a resident's extended stay in solitary confinement either precipitated or exacerbated his mental illness.

1975 **Legislature passes *Mental Illness and Retardation Act*** providing, among other things, the termination of the parental obligation to support mentally retarded residents within the State Training School upon such residents attaining the age of majority and the elimination of the prohibition of marriages "with an idiot or lunatic".

1975 **State leases a 35.5 acre parcel of land adjoining the Utah State Hospital to Provo City**, which in turn subleases the parcel to Heritage Mountain, Inc. for eventual development as a resort. **The 35.5 acre parcel eventually leaves state ownership in 1988 in a sale to Provo City**, which then simultaneously transfers the land, including the 16.25 acre future site of Seven Peaks, to Heritage Mountain Inc. Compensation to the state for its sale of the 35.5 acre parcel is $265,943 ($7,500 per acre). In subsequent years, other portions of the 35.5 acre parcel appear to have been sold off by Heritage Mountain to other entities for various purposes.

1977 **Gov. Matheson appoints Governor's Committee on Executive Reorganization** which later recommends a separate Health Department to increase accountability rather than independence. The committee also reports that a coordination of employment and training services has been a long-standing problem.

1977 **Congress establishes the Health Care Financing Administration (HCFA)** to coordinate and administer both Medicare and Medicaid. HCFA is renamed in 2001 as the Centers for Medicare & Medicaid Services (CMS).

1977 **Gov. Matheson appoints a blue ribbon task force regarding the State Industrial School.** A major recommendation from the task force is that youths should be placed in the "least restrictive setting" that is consistent with public safety.

1977 **Congress passes *Medicare-Medicaid Anti-Fraud and Abuse Amendments* establishing Medicaid Fraud Control Units**. The Utah Medicaid Fraud Control Unit is established in January of 1980 under the Department of Social Services. In 1981 it is transferred to the Department of Public Safety (DPS), Law Enforcement Services. In 1987 it becomes part of DPS, Criminal Investigative Bureau. In 2000, it is officially transferred to the Office of the Attorney General.

1978 **Congress passes the Omnibus Budget Reconciliation Act (OBRA) of 1978 providing for reform in nursing homes**, including nurse's aide training, survey and certification procedures, and pre-admission screening and annual reviews for persons with mental illness.

1978 **Legislature passes HB 41, *Reporting Child Abuse or Neglect***, providing, among other things, that "in every case which results in a judicial proceeding involving an abused or neglected child, **the court shall appoint a guardian ad litem to represent the child**. The Division of Family Services (in the Department of Social Services) is made responsible for the costs. The responsibility for the costs is later moved to the Juvenile Court by HB 118, *Juvenile Court Appointment of Guardian Ad Litem* (Walker) (1986 General Session).

1979 Legislature passes HB 383, *Department of Community and Economic Development*, for the purpose of improving the quality of life in Utah (merged from the previous departments of Community Affairs and Development Services). As the department is expanded, a new function is added in 1981 to assist communities and minorities through affordable housing and technical advice on community development.

1979 Legislature passes *Office of Recovery Services Act* creating this office within the Department of Social Services for the primary purpose of collecting child support in the event the department has provided public assistance.

1979 Legislature passes *Medical Benefits Recovery Act* charging the Department of Social Services with establishing and maintaining a program to recover certain medical expenses paid by the department.

1980 Legislature passes *County Indigent Funds Act* providing that counties shall have no duty to care for those persons who have access to certain other means of assistance such as Medicaid or other means reasonably available.

1980 Congress includes the *Boren Amendment* as part of its passage of the *Omnibus Reconciliation Act of 1980*. The Boren Amendment requires that Medicaid nursing home rates be "reasonable and adequate to meet the costs which must be incurred by efficiently and economically operated facilities in order to provide care and services in conformity with applicable state and federal laws,regulations, and quality and safety standards". This provision is extended to hospitals the following year, greatly influencing state rate setting efforts as well as subsequent court cases. The amendment is eventually repealed in 1997.

1980 U.S. Supreme Court decides Harris v. McRae determining that once a state voluntarily chooses to participate in Medicaid, the state must comply with the requirements of the Medicaid section of the *Social Security Act* (Title XIX) and applicable regulations.

1981 Legislature passes *SB 74, Health Code Revision,* creating a separate Department of Health.

1981 Legislature passes HB 333, *Care of Indigent Amendments Act,* providing for the deletion of the dependent poor from the provisions involving the responsibility of county commissions and acknowledging that the care of the poor had become a combined state and federal responsibility.

1981 Legislature passes HB 101, *General Assistance Revisions*, limiting General Assistance to those who are unemployed. Previous to this the program served "any person in this state who is in need as defined by relevant federal law, by this act, or by regulation to this act. A person is in need and entitled to assistance if sufficient resources are not available for his use within the limitations set forth herein".

1981 Legislature passes HB 248, *Mental Health Service Amendments*, establishing a method for distribution of funds and providing for local matching funds. The distribution formula functions on the basis of population (a model used later for other areas of local funding). The Act also requires local mental health authorities to provide funding to at least 10 percent of what the state provides (a model also used subsequently for other areas of local funding).

1981 Legislature passes HB 263, *Youth Correction Agency*, creating the Division of Youth Corrections (separating it from Family Services). This action is taken in response to a Master Plan developed by a Governor's 1980 Juvenile Justice Task Force.

1981 Legislature passes SB 89, *Ombudsman for Institutionalized Elderly Act,* establishing this program in state government for the purpose of promoting, advocating, and ensuring the adequacy of care received by elderly residents of long-term care facilities within the state.

1981 Congress passes the *Omnibus Reconciliation Act (OBRA) 1981* authorizing home- and community-based services waivers within the Medicaid program. As part of OBRA 1981, **Congress also establishes disproportionate share hospital (DSH) funds.** These funds authorize higher payment rates to compensate specific hospitals for the cost of providing care to a disproportionate share of low-income patients.

1982 Legislature passes HB 135, *Medical Assistance Program* (Doane, Rogers), providing for development of a medical assistance program (later known as the Utah Medical Assistance Program or UMAP) for low income individuals not eligible under Medicaid or Medicare. The program allows for participation, by choice, of counties who must then agree to pay the equivalent of ¼ mill of assessed real property valuation in the county for the state to operate UMAP for qualified recipients within that county. UMAP eventually becomes fully state funded. In 1993, with the passage of SB 37, *Counties Responsibilities for Poor Persons*, counties are relieved of any responsibility for this population. UMAP is eventually discontinued in 2002 when 3,500 UMAP enrollees become eligible for Utah's Primary Care Network (PCN), a newly created program which receives a Medicaid waiver to provide primary care coverage to previously uninsured adults.

1982 Utah receives federal approval for its first Freedom of Choice Medicaid Waiver for managed care. Utah has been enrolling Medicaid recipients into HMOs since the late 1970s under contractual agreement.

1983 Legislature passes HB 121, *Department of Social Services Field Services* (Skousen), providing for an Office of Community Operations in addition to the already existing divisions of Family Services, Corrections, Mental Health, Aging and Adult Services, and Alcoholism and Drugs.

1983 Legislature closes the State Industrial School and youth are placed instead into regional secure care facilities and community-based programs**.**

1983 Housing Trust Fund (later renamed the Olene Walker Housing Loan Fund) begins using federal HOME funds. The state becomes involved because of a match requirement.

1984 Legislature passes HB 4 (3rd Spec. Session), *Emergency Home Energy Assistance Act* (Stephens), establishing a program for assistance to low income families and individuals in paying for the cost of energy.

1985 Legislature passes HB 74, *Department of Corrections – Organization* (Karras), creating a separate department of Corrections by moving it out of the Department of Social Services.

1985 Legislature passes HB 21, *Education Responsibility at the State Training School* (Burningham), providing that the State Board of Education is responsible for educating school-aged children at the State Training School (currently called the Utah State Developmental Center) clarifying the education responsibility at this state institution.

1985 Governor Bangerter appoints a Commission on Economy and Efficiency and in 1986 signs an Executive Order creating the State Committee on Productivity and Excellence (SCOPE) to review and analyze state services and improve the efficiency of state services in times of revenue uncertainty.

1986 Congress passes the *Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985* containing a provision requiring states to cover low-income pregnant women under the state's Medicaid program.

1986 Legislature passes HB 111, *State Hospital Amendments* (Frandsen), providing that the State Board of Education is responsible for the education of school-aged children at the State Hospital clarifying the education responsibility at this state institution.

1986 Legislature passes HB 113, *Services for Handicapped Children* (Frandsen), requiring the State Board of Education, the Department of Social Services, and local school districts to develop a coordinated education and treatment program for children with disabilities.

1986 Legislature passes HB 196, *Coordination of Services for the Homeless* (Skousen), establishing a State Homeless Coordinating Committee to ensure services provided to the homeless by state agencies, local governments, and private organizations are provided in a cost-effective manner and emphasize meaningful employment and special services where needed.

1986 Legislature passes SB 36, *Youth Parole Authority* (Stratford), establishing a youth parole authority having responsibility for parole release, rescission, revocation, and termination of parole for youth offenders committed to the state for secure confinement.

1986 Legislature passes SB 50, *Early Intervention for Handicapped Children* (Overson), establishing a program to provide services to children with disabilities ages zero to five.

1986 Legislature establishes an Interim Human Services Funding Subcommittee to study "the allocation of funding for human service programs to local governments" in order to address the frequently asked question "who does what and who should pay for it?"

1987 Based upon recommendations from its interim Human Services Funding Subcommittee, the Legislature enacts a series of bills significantly impacting the Department of Social Services and altering the funding relationships and responsibilities between state and local governments in the areas of Aging, Alcoholism and Drugs, Mental Health, Local Health, Juvenile Detention, and Medically Indigent services. The state assumes full funding for: 1) Juvenile Detention, 2) the Medically Indigent program, and 3) mental health sanity evaluations. The Legislature also establishes funding formulas (SB 90) to ensure the equitable distribution of state and federal funds to local authorities in the areas of mental health, substance abuse, aging, and public health; requires state policy boards to ensure counties have opportunity to provide substantive input and direction on policy and standards; and institutes a matching

requirement on counties for pass through funds in certain Social Services programs [10% in Aging (SB 86) – 20% in Alcohol and Drugs (SB 87) –20% in Mental Health (SB 89)– and a percentage to later be determined by Dept. of Health (SB 88) for local public health].

1987 Legislature passes HB 245, Social *Services Licensure Amendments* (Skousen), creating an Office of Licensing in the Department of Social Services to provide for department-wide licensing of programs or facilities such as secure care, inpatient treatment, residential treatment, child day care, day treatment, outpatient treatment, comprehensive mental health treatment, or child placing services.

1987 The Department of Corrections begins contracting with Valley Mental Health to provide mental health treatment to individuals under its jurisdiction.

1987 Congress passes the *Omnibus Budget Reconciliation Act (OBRA) of 1987* requiring states, through their Medicaid programs, to cover eligible children up to age six.

1987 Utah is federally approved for a Community Supports Waiver providing an alternative to institutionalized care for Medicaid clients within the Department of Human Services' Division of Services for People with Disabilities.

1987 Cathedral of the Madeleine (SLC) begins its Good Samaritan program providing sack lunches 365 days a year – no questions asked.

1988 Legislature passes SB 218, *Utah State Office of Rehabilitation* (CE Peterson), establishing this office under the policy direction of the State Board for Vocational Education to be the sole state agency responsible for vocational rehabilitation and independent living rehabilitation programs. The bill also creates divisions of Rehabilitation Services, Services for the Visually Handicapped, Services to the Hearing Impaired, and Disability Determination Services. Prior to this time, two separate divisions existed under the Utah State Office of Education: 1) Rehabilitation Services and 2) Services for the Blind and Visually Impaired.

1988 Office of the Legislative Auditor General issues *An Expenditure Review of the Timpanogos Community Mental Health Center* alleging that "corrupt business practices and misuse of public funds have cost . . . in excess of $3,500,000". The center eventually reimburses the federal government over $1 million in misused Medicaid funds. Although the reimbursement is paid by the center, the incident highlights the issues of oversight and legal liability of counties as the local mental health authorities.

1988 Congress passes the *Medicare Catastrophic Coverage Act of 1988 (MCCA)* including a provision for nursing home spousal impoverishment. The MCCA also adds Section 1902(r)(2) to the *Social Security Act* giving states the authority to adopt "more liberal income and resource methodologies" in their eligibility requirements. Prior to this time, state eligibility methodologies could be no more generous than those of the Supplemental Security Income or Aid to Families with Dependent Children programs.

1989 Legislature passes HB 234, *Early Intervention Services for Ensuring Student Success* (Frandsen), providing for a state council for at-risk children and youth (later known as Families, Agencies, Communities Together or FACT) in an attempt to develop a system of cooperative service delivery for children and youth at risk. The Act requires coordination

and cooperation between the departments of Human Services, Health, and Workforce Services along with the State Office of Education, the Office of the Courts, community-based service organizations, and parents in order to develop and implement comprehensive systems of services and supports for children and youth at risk and their families. The program, or policy approach, is funded $300,000 in FY 1990, an additional $1,000,000 in FY 1993, and an additional $4,000,000 in FY 1994. Funding is completely eliminated during FY 2002 and FY 2003 (a periods of declining state revenue and consequently budget reductions). The FACT statutes remain in place.

1990 Congress passes the *Americans with Disabilities Act* providing individuals with disabilities greater access in areas such as employment, public services and public accommodations, transportation, and telecommunications. The legislation also includes anti-discriminatory measures. The Act combines former protections from the *Civil Rights Act of 1964*, the *Rehabilitation Act of 1973*, and the *Civil Rights Restoration Act of 1988*.

1990 Congress passes the *Omnibus Reconciliation Act (OBRA) of 1990* phasing in mandated coverage of children through age 18 where family income is below 100 percent of the federal poverty level.

1990 Legislature passes SB 249, *Department of Social Services Reorganization* (Holmgren), renaming the Department of Social Services as the Department of Human Services and reorganizing Family Services, Services to the Handicapped, and Youth Corrections to all be administered by one service delivery division known as the Office of Social Services.

1990 Legislature passes SB 230, *Social Services Divisions Amendments* (Holmgren), initiating the requirement that the Governor, in submitting his budget, consider a COLA for locally run programs of mental health, aging, and substance abuse. This code section is later amended to extend the COLA provision to local health departments, counties for the operation of Children's Justice Centers, local conservation districts and Utah Association of Conservation District employees, the State Office of Rehabilitation, and the divisions of Services for People with Disabilities, Child and Family Services, and Juvenile Justice Services.

1990 Legislature passes HB 67, *Comprehensive Health Insurance Pool Act* (Davis), creating a state-run program for people with high health risks.

1990 Legislature passes HB 24, *Handicapped Services Task Force* (Frandsen). The Legislature, during the next General Session, enacts some recommendations from the task force.

1991 In response to recommendations from its Handicapped Services Task Force, the Legislature passes HB 313, *Omnibus Disability Services Act* (Brown, Protzman), changing statutory terminology, adopting a plan for reducing the number of persons in the Utah State Developmental Center (USDC), and defining and clarifying the USDC role. The Act also creates a Coordinating Council for Persons with Disabilities

1991 Legislature passes SB 34, *Department of Environmental Quality* (Rees), creating this new department by removing most environmental functions from the Department of Health.

1991 Utah's public mental health system enters a new capitated arrangement with the state Medicaid program (Department of Health) using a federally approved Medicaid waiver.

The new arrangement allows local county mental health centers to be the sole provider of Medicaid mental health services and to use a capitated fee (i.e. - a per person per month prepaid amount) to develop non-traditional services such as housing and other supports. Local mental health centers are also able to keep any profits earned and use these profits for other purposes such as funding services for non-Medicaid eligible clients. This arrangement lasts until 2003 when the federal *Balanced Budget Act* requires rates be certified and Medicaid funds be used to serve only Medicaid clients. This change creates a large funding gap in the public mental health system because of the loss of federal matching dollars previously providing services to non-Medicaid eligible clients.

1992 Office of Legislative Auditor General (OLAG) issues audit: Coordination of Utah's Employment and Training Programs. The audit identifies "Utah has a fragmented work force development system". Workforce training programs are identified in the State Office of Education ($33m), the State Office of Rehabilitation ($21m), the Dept. of Community and Economic Development ($13m), Job Services ($13m), and the Dept. of Human Services ($22m). The Legislature subsequently creates a Department of Workforce Services (1996).

1992 Utah is approved by the federal government for a Medicaid Home- and Community-based Waiver providing an alternative to institutionalized care for Medicaid clients within the Department of Human Services' Division of Aging and Adult Services.

1993 Office of Legislative Auditor General (OLAG) issues audit: A Performance Audit of Utah's Child Welfare System in which the audit states, "our audit identified problems with Utah's child welfare system and recommends many changes to help the division . . . better accomplish its goals of protecting children from abuse or neglect, preserving families wherever possible, and finding a permanent home as soon as possible".

1993 National Center for Youth Law files a civil rights complaint in U.S. district court, known as *David C. v Leavitt,* on behalf of all children reported as abused and neglected and all foster children in Utah known as). The State subsequently enters into a settlement agreement in 1994 and the Legislature responds with significant increases in funding to address related areas of state government – both in 1994 and subsequent years. For example, significant increases were made in the Division of Child and Family Services staffing (from 323 FTE in FY 1993 to 1,073 in FY 2004).

1993 Legislature passes SB 82, *Mental Health Funding and Custody Amendments* (Holmgren), providing for both allocation of beds at the Utah State Hospital and commitment of mentally ill persons to local mental health authorities.

1993 Legislature passes SB 37, *Counties Responsibilities for Poor Persons* (CA Peterson), repealing provisions governing the hospitalization and medical treatment of the poor. This bill repeals statutory language reflecting an earlier time period when counties had general care and supervision of the indigent sick as well as dependent poor persons within each of their county boundaries.

1993 Legislature passes HB 204, *Utah Medicaid Hospital Provider Temporary Assessment Act* (Valentine), imposing an assessment on hospitals to provide temporary funding sources (later repealed in 1998).

1994 Legislature passes HB 265, *Child Welfare Reform Act* (Haymond), making major reforms to Utah's child welfare system. The Act establishes attorneys in the Office of Attorney General to represent DCFS.

1994 Legislature passes SB 138, *Amendments to Children's Justice Center* (CA Peterson), requiring the Attorney General to administer the Children's Justice Centers as a program.

1994 Legislature passes HB 396, *Revision of Guardian Ad Litem Program* (Bishop), establishing an Office of Guardian ad Litem Director.

1994 Governor Leavitt signs four-year *David C.* settlement agreement (case is eventually dismissed in January of 2009).

1994 Governor Leavitt appoints Governor's Task Force on Workforce Development. The task force later recommends building a case management system across agency boundaries to track common individuals. However, this recommendation is rejected. The Legislature subsequently creates a Department of Workforce Services (1996).

1994 Legislature passes SB 56, *Forensic Mental Health Facility* (McAllister), approving the location and construction of the 100-bed Utah Forensic Mental Health Facility on the campus of the State Hospital in Provo.

1994 State sells the Alpine School District 39.75 acres of land directly north of the Utah State Developmental Center in Highland. Compensation to the state for its sale of a net 27.701 acres of land (the 39.75 less 12.049 acres of land traded back to the state that were part of an earlier 1980 purchase of 15 similar acres by the Alpine School District for $136,950) is $415,530 ($15,000 per acre). According to the Special Warranty Deed, Alpine School District is to use the land for the express purpose of constructing a public school. Lone Peak High School is built on the site in 1997.

1995 Governor Leavitt requests Workforce Development Task Force to review agency consolidation. The Legislature subsequently creates a Department of Workforce Services (1996).

1995 The 60-bed Farmington Bay Youth Center, the first state-owned, privately run facility, opens in order to provide secure care and observation and assessment to delinquent youth.

1995 Legislature appropriated $11 million to increase coverage for seniors and disabled individuals up to 100 percent of poverty. The funding for this expansion is realized by savings in the movement of the general Medicaid population toward managed health care. This increased coverage was reduced to 75 percent of the federal poverty level during the Sixth Special Session of the Legislature held in December 2002, but was subsequently restored to 100 percent by the Legislature in 2003.

1996 Congress passes *Personal Responsibility and Work Opportunity Reconciliation Act of 1996* (federal welfare reform) transforming the previous federal Aid to Families with Dependent Children (AFDC) program into a state block grant program known as Temporary Assistance for Needy Families (TANF).

1996 Legislature passes HB 375, *Department of Workforce* Services (Protzman), consolidating the Dept. of Employment Security (Job Service), the Office of Family Support (Human Services), the Turning Point Program (Education), the Office of Job Training (Community and Economic Development), and the Office of Child Care (Community and Economic Development) into the new department. Eligibility workers for purely Medicaid cases are included in the Department of Health while eligibility workers staffing multiple kinds of assistance remain with the Department of Workforce Services.

1996 Congress passes the *Health Insurance Portability and Accountability Act* (HIPAA).

1997 Legislature passes HB 269, *Family Employment Program* (Frandsen), changing from the previous federal AFDC program to the new federal Temporary Assistance for Needy Families (TANF) program in response to federal welfare reform. Utah opts to have a 36 month time limit as opposed to the federal 60 month time limit.

1997 Congress passes the *Balanced Budget Act (BBA) of 1997* establishing the State Children's Health Insurance Program (SCHIP) under a new Title XXI section of the *Social Security Act* and allowing states to cover targeted low-income children without health insurance in families with income that is above Medicaid eligibility levels. The BBA also repeals the *Boren Amendment* (originally passed in 198 as part of the *Omnibus Reconciliation Act*), relaxing standards required by states on rate setting for hospitals and nursing homes.

1998 Legislature passes HB 137, *Children's Health Insurance Program* (Knudson), creating this program in Utah and imposing an assessment on hospitals to fund the program as well as repealing the *Utah Medicaid Hospital Provider Temporary Assessment Act*.

1998 Legislature passes HB 372, *Portability of Funding for Health and Human Services* (Hogue), requiring the departments of Health and Human Services to report on the portability of funding between the two departments for individuals with disabilities wishing to move between programs and to study alternatives for increasing the portability of state and federal funding to individuals with disabilities.

1999 U.S. Supreme Court rules in the Olmstead v. L.C. case that integration regulation requires a "public entity [to] administer … programs … in the most integrated setting appropriate to the needs of qualified individuals with disabilities." This decision comes following passage of the *Americans with Disabilities Act of 1990* which describes isolation and segregation of individuals with disabilities as a serious and pervasive form of discrimination. A further prescription, called the "reasonable-modifications regulation," requires public entities to "make reasonable modifications" to avoid "discrimination on the basis of disability," but does not require measures that would "fundamentally alter" the nature of the entity's programs. As a result of this court case, advocates in many states renew efforts to restrict state flexibility to administer a program within appropriated funds. Many states subsequently enter into consent decrees. Utah declines.

2000 Utah initiates a Long-term Care Managed Care Demonstration providing alternative services to adults residing in nursing homes. This is now referred to as the New Choices Waiver.

2002 Legislature passes HB 251, *Funding of State and County Health and Human Services Legislative Task Force* (Seitz), in an effort to improve the relationship and communication between state and county health and human services entities.

2002 Legislature passes SB 12, *Transfer of Youth Services Oversight* (Buttars), transferring oversight for "youth services" from the Division of Child and Family Services to the Division of Youth Corrections (now Juvenile Justice Services).

2002 Utah receives federal approval for its Primary Care Network or PCN replacing the Utah Medical Assistance Program or UMAP. The PCN serves individuals not otherwise eligible for Medicaid with a limited array of primarily preventative medical and dental care services.

2003 Legislature passes HB 37, *Restructure Spend Down Provisions for Medicaid* (Lockhart), raising income eligibility levels for the aged, blind, and disabled in the Medicaid program from 75 percent of the Federal Poverty Level (FPL) to 100 percent of the FPL. The legislation also establishes the Medicaid "spend down" threshold for this same group at 100 percent FPL.

2003 Utah federal court dismisses the M.A.C. and D.C.C., et al. v. SCOTT D. WILLIAMS, Executive Director of the Utah State Department of Health, et al.. This federal class action lawsuit seeks to compel immediate funding of the Division of Services for People with Disabilities waiting list. Utah federal court holds that requested relief is a fundamental alteration of Utah's program and the relief sought is denied and the case dismissed.

2003 Congress passes the *Jobs and Growth Tax Relief Reconciliation Act* providing $32 million in enhanced Medicaid funding to Utah for part of FY 2003 and all of FY 2004.

2004 Legislature passes SB 128, *Long-term Care Facilities Amendments* (Blackham), instituting an assessment on nursing care facilities. This collected assessment is then matched with federal funds and returned to nursing care facilities in the form of a higher Medicaid payment reimbursement.

2005 Legislature passes HB 249, *Carson Smith Special Needs Scholarships* (Newbold), creating a scholarship program administered by the Utah State Office of Education to help pay the tuition and fees at approved private schools for students that would qualify for special education services if enrolled in public schools.

2006 Legislature convenes Medicaid Interim Committee to review Medicaid as well as other programs in the departments of Health, Human Services, Workforce Services, and the State Office of Rehabilitation.

2007 Legislature transfers Medicaid eligibility (funding and workers) from the Department of Health to the Department of Workforce Services to consolidate all Medicaid eligibility staff.

2009 Federal district court dismisses the *David C.* lawsuit.

2009 Congress passes the *American Recovery and Reinvestment Act (ARRA)* providing over $240 million in enhanced Medicaid funding to Utah with the requirement that Medicaid eligibility standards for Medicaid not become more restrictive through December 31, 2010 than those in place July 1, 2008.

2009 Legislature passes HB 306, *Health and Human Services-related Commission, Committee, and Council Amendments* (Bigelow), dissolving and removing from statute the boards of Substance Abuse and Mental Health, Public Guardian Services, Child and Family Services, Services for People with Disabilities, and the Human Services Licensing Board.

2009 Governor Herbert creates the Utah Advisory Commission to Optimize State Government to review state government and advise the administration where services could be made more efficient.

Major Sources:

Utah Division of Archives and Records Services (Agency Histories)
U.S. House Ways and Means Committee Green Books (2006) – for national histories
Appropriations Report (various years) prepared by the Office of the Legislative Fiscal Analyst
Laws of Utah (various years)
Utah Legislative History (posted on internet at: http://www.le.utah.gov/Documents/legislative.htm#histories)
Utah State Government: A Citizen's Guide, 2005 (prepared by the Office of Legislative Research and General Counsel)
Utah the Right Place: The Official Centennial History by Thomas G. Alexander, 1995
Health and Welfare Services in Utah: A Chronological Listing with Historical References by Heber R. Taylor
Histories and topical papers maintained by various public and private Social Services agencies

APPENDIX B – BRIEF SUMMARIES OF SOCIAL SERVICES PROGRAMS IN UTAH STATE GOVERNMENT

Program: **Dept. of Health – Medicaid ($1,719,251,600)**

Services delivered: Payments for a range of medical services or monthly payments for access to private health insurance. Medicaid also pays for long-term care services in both institutional and home and community-based settings. Home- and community-based waivers, along with Utah's demonstration waivers for the Primary Care Network (PCN) and the Utah Premium Partnership (UPP), have a maximum number of slots for eligible individuals. When enrollment is full, no new individuals are accepted onto the waiver programs until a slot opens up or the state renegotiates the waiver with the federal government.

General eligibility requirements: Some level of assistance can be obtained for individuals with incomes up to 150 percent of the Federal Poverty Level ($33,075 annual income for a family of 4).

Mission statement: *Provide health insurance coverage and medical services to low-income clients.*

Interaction and coordination with other Social Services agencies: Medicaid has contracts to provide specific services with the Department of Human Services, Department of Workforce Services, and the University of Utah. Many agencies provide referrals of clients to the Medicaid program to determine eligibility. Some public and private entities have eligibility workers stationed at their locations to determine Medicaid eligibility. The Department of Health also matches local funds with federal monies for those groups wanting to deliver additional Medicaid services within their jurisdictions.

Role of the federal government: Overall, Medicaid is an "optional" program, one that a state can elect to offer. However, if a state offers the program, it must abide by strict federal regulations. It also becomes an entitlement program for qualified individuals; that is, anyone who meets specific eligibility criteria is "entitled" to Medicaid services. The federal government establishes and monitors certain requirements concerning funding, and establishes standards for quality and scope of medical services. Requirements include services that must be provided and specific populations that must be served. States may expand their program to cover additional "optional" services and/or "optional" populations. In addition, states have some flexibility in determining certain aspects of their own programs in the areas of eligibility, reimbursement rates, benefits, and service delivery. The federal government provides 65% of the total funding.

Service delivery structure: Most members are served by one (of two) contracted health plan which pays the members' medical bills and provides access to a provider network. Additionally, a large portion of members have their medical bills paid by the state on a fee-for-service basis at any provider willing to accept Medicaid. The state also operates three medical and five dental clinics.

Location of service delivery: Services are available throughout the state at any willing provider and the state-run clinics in Ogden, Salt Lake City, Provo, and St. George.

Key measures of success: The federal government requires several performance measures including client satisfaction, eligibility error rate, days to determine eligibility, and claims paid within 30 days.

Program: **Dept. of Health - Children's Health Insurance Program ($76,449,500)**

Services delivered: This program provides health insurance coverage. The benefit package for the program is based on the benefit package for public employees but emphasizes prevention. Well-child exams and immunizations are covered at 100 percent. Some services require cost sharing, which varies depending on a family's income level.

General eligibility requirements: Uninsured children up to age 19 living in families whose income is less than 200 percent of the Federal Poverty Levels without access to affordable health insurance coverage.

Mission statement: *Provide health insurance coverage to uninsured children up to age 19 living in families whose income is less than 200 percent of the Federal Poverty Levels without access to affordable health insurance.*

Interaction and coordination with other Social Services agencies: CHIP and Medicaid regularly pass children back and forth between the programs as income levels change. Additionally, CHIP reimburses the cost of medical services provided by some other state programs such as Baby Watch/Early Intervention and services provided via the Children with Special Health Care Needs clinics.

Role of the federal government: The federal government will provide 77 percent of total funding in FY 2010. The federal government has many guidelines regulating how services may be delivered. Once a master plan has been approved by the federal government, any significant changes must be approved by the federal government. In general, a state can have the CHIP program be an expansion of Medicaid, a stand-alone program (like Utah), or a mixed approach.

Service delivery structure: State employees supervise 2 medical plan contracts to serve all CHIP children.

Location of service delivery: Services are available statewide through the contracted provider networks.

Key measures of success: Number of medical services delivered and compliance with regular well child visits recommended schedule.

Program: **Dept. of Health - Primary Care Grants ($970,000)**

Services delivered: Grants to public and nonprofit entities for the cost of providing primary health care services to medically underserved populations.

General eligibility requirements: The program targets Utah's low-income populations who: 1) have no health insurance or whose health insurance does not cover primary health care services and 2) do not qualify for Medicare, Medicaid, CHIP, or other government insurance programs.

Mission statement: *Decrease the number of individuals without access to appropriate, high quality, post-effective primary health care.*

Interaction and coordination with other Social Services agencies: The program interacts with all of their grant recipients which include public and nonprofit entities. The grant recipients have to coordinate with government assistance programs for medical services to determine whether clients qualify for those programs.

Role of the federal government: None.

Service delivery structure: State workers receive the applications and decide which public and private entities will receive funding. State workers do some compliance checks to make sure funds are being used as set forth in the grant requirements.

Location of service delivery: Grant recipients are scattered throughout the state in both urban and rural areas.

Key measures of success: The state tracks the number of grants given by urban vs. rural as well as how many individuals were served.

Program: **Dept. of Health - Baby Your Baby ($969,400)**

Services delivered: The Baby Your Baby Program provides temporary Medicaid eligibility for pregnant applicants. Presumptive eligibility means clients get medical services starting on their application date until their final eligibility determination is reached. An outreach program establishes public-private partnerships to promote healthy lifestyles, reduce health risks, and increase access to health care. This is carried out through public service announcements and other television programs as well as radio and printed materials which address department goals dealing with early prenatal care, folic acid, vaccine-preventable infections, injury, dental disease, obesity, and other important health issues.

General eligibility requirements: Pregnant women applying for Medicaid.

Mission statement: *The Baby Your Baby encourages all women to see their health provider before their 13th week of pregnancy and to follow through with at least 13 visits throughout their pregnancy.*

Interaction and coordination with other Social Services agencies: The program makes referrals to the Medicaid program where appropriate. The payment system for services uses the Medicaid payment system.

Role of the federal government: None.

Service delivery structure: Local health departments determine eligibility for clients. Medical services are delivered by any willing medical provider.

Location of service delivery: Health departments have locations throughout the state and also accept applications online, or in Salt Lake County via phone. Medical services are available statewide in participating medical offices.

Key measures of success: Number of participants in the program.

Program: Dept. of Health - Women, Infants, and Children (WIC) Program ($49,391,800)

Services delivered: Nutritional education, breastfeeding promotion and support, referrals, and financial help to get nutritious foods.

General eligibility requirements: A household must have a child under 5 years old or a pregnant woman to qualify. Additionally, income must be below 185 percent of the Federal Poverty Level ($40,800 annual income for a family of four).

Mission statement: *Serve as an adjunct to good health care during critical periods of human growth and development.*

Interaction and coordination with other Social Services agencies: In Utah the 12 local health departments administer the program. Those who are eligible for Medicaid, Food Stamps, and the Family Employment Program (TANF) qualify automatically for WIC.

Role of the federal government: The program is 100 percent federally funded and regulated. The state decides who will administer the program.

Service delivery structure: Utah's 12 local health departments administer the program and determine eligibility.

Location of service delivery: There are 49 clinics statewide maintained and run by Utah's 12 local health departments.

Key measures of success: Number of clients enrolled and quantity of food purchased.

Program: **Dept. of Health - Fostering Healthy Children ($3,048,400)**

Services delivered: Provides medical case management for all children in foster care to assure access to health, dental, and mental health care through a contract with the Department of Human Services' Division of Child and Family Services (DCFS).

General eligibility requirements: Be a child in state custody.

Mission statement: *The mission of the Fostering Healthy Children Program is to ensure ongoing health, dental and mental health care needs are provided for children in DCFS custody. This is done by maximizing quality and timeliness of health care services for the children and ensuring access to health care providers.*

Interaction and coordination with other Social Services agencies: The program coordinates with DCFS to know who needs their services. The program works with CHIP and Medicaid to get reimbursed and identify providers as appropriate.

Role of the federal government: Federal funding resembles the Federal Medical Assistance Percentage (FMAP) rate of approximately 70 percent. The federal government, as with all Medicaid children, proscribes a schedule of wellness visits that all children should complete. The state requires extra visits for most children in state custody.

Service delivery structure: State nurses work as the program's case managers.

Location of service delivery: The State is divided into six regions. Each region is managed by a registered nurse with one nurse overseeing all regions.

Program: **Dept. of Health – Baby Watch-Early Intervention Program ($13,264,200)**

Services delivered: The Baby Watch Early Intervention Program provides early intervention/developmental services for young children from birth to the age of three years, with developmental delay and/or disabilities.

General eligibility requirements: A child under 3 years old has to have a number of limitations in basic life skills. A financial determination is only made to determine how much parents will pay each month for their child's services.

Mission statement: *Network of service for children ages birth to three with developmental delays or disabilities.*

Interaction and coordination with other Social Services agencies: Baby Watch has some clients that qualify for CHIP or Medicaid. Baby Watch will help a client get qualified for those programs as this helps the program's revenue stream.

Role of the federal government: Disabilities Education Act (IDEA; Public Law 105-17) dictates the parameters of the program and provides 31 percent of total funding. Medicaid federal matching funds also contribute to the total funding for eligible clients.

Service delivery structure: Fifteen contracted regional providers deliver services statewide. This group includes three local health departments, two school districts, and two public universities. Most of the other eight providers are not-for-profit organizations. There are state workers who coordinate, train, and supervise the regional providers.

Location of service delivery: Services can be obtained statewide in people's homes and in at least 15 central locations.

Key measures of success: The federal government requires certain measures, mostly medical to be tracked. The agency tracks the number of children served, total service encounters, and children served with an individual family service plan.

Program: **Dept. of Health - Children with Special Health Care Needs Clinics ($4,036,300)**

Services delivered: The Bureau of Children with Special Health Care Needs (CSHCN) encompasses ten programs serving special needs children. CSHCN programs operate to reduce preventable death, disability, and illness due to chronic and disabling conditions by providing access to affordable high-quality health screening, specialty health care, and coordination of health services. Bureau programs try to improve the system of care for Utah children with special needs through direct or population-based services and the promotion of system infrastructure building. These services are provided by bureau staff or through contractual agreement with community providers. There are several sub-programs that all serve children with developmental disabilities or children at-risk for development disabilities and physical impairments. The Neonatal Follow-up Program follows up with low birth weight babies for the first few years. Other services provide consultation, referral, and direct clinical services.

General eligibility requirements: Children must have a certain level of need to be seen by this program. As far as financing for the services, there is the usual Medicaid and CHIP eligibility requirements. Those clients not eligible for those services pay on a sliding fee scale. No needy child is denied services based on inability to pay.

Mission statement: *All children with special health care needs will receive coordinated, ongoing comprehensive care within a medical home. All families of children with special health care needs will have adequate private and/or public insurance to pay for the services they need. All children will be screened early and continuously for special health care needs. All youth with special health care needs will receive the services necessary to make appropriate transitions to adult health care, work, and independence.*

Interaction and coordination with other Social Services agencies: For some of the services, coordination is done with the local health departments for identifying clients and locations for service delivery. Children who are eligible for Medicaid and CHIP have their direct services billed to them for payment.

Role of the federal government: The federal government provides 54 percent of total funding and is involved in several levels. Some subprograms are federal grants and must comply with federal regulations. For services to Medicaid clients there is a minimum schedule of visits that should be met.

Service delivery structure: The majority of the services are provided by state/contracted clinical staff.

Location of service delivery: Clinical facilities are located in Salt Lake City, Cedar City, Price, Ogden, and Provo with varying levels of services available. The following itinerant clinic sites are coordinated through the local health departments: Blanding/Montezuma Creek, Moab, Price, Richfield, St. George, and Vernal.

Key measures of success: The program knows how many children are identified for follow up services and how many of those children received services.

Program: Dept. of Health - Cat and Dog Community Spay and Neuter Program ($39,100)

Services delivered: The program assists low-income people to have their cats and/or dogs spayed or neutered.

General eligibility requirements: $44,100 or less for a family of 4, which is 200 percent of the Federal Poverty Level.

Mission statement: *Control the pet population by assisting low income families with costs to spay or neuter their dogs and cats.*

Interaction and coordination with other Social Services agencies: Qualification for and identification from the following low-income programs may be used to receive services: Medicaid, CHIP, food stamps, WIC, Social Security Disability, and HUD section 8.

Role of the federal government: None.

Service delivery structure: Grant recipients also provide the services.

Location of service delivery: A mobile clinic and permanent locations serve most counties.

Key measures of success: Number of spay and neuters performed for low-income pet owners.

Program: **Dept. of Health - Kurt Oscarson Children's Organ Transplant Fund ($87,900)**

Services delivered: Assist families with some of the ancillary expenses involved with an organ transplant. This assistance may take the form of a grant or loan. The account does not pay for transplants.

General eligibility requirements: The final decision is made by a five member committee, but generally individuals have to demonstrate financial need and have an upcoming organ transplant in a distant location.

Mission statement: *Assist families with some of the ancillary expenses involved with an organ transplant.*

Interaction and coordination with other Social Services agencies: Where applicable, clients would be referred to Medicaid or CHIP for help with the organ transplant expenses. The program coordinates with the Department of Motor Vehicles for their promotional efforts.

Role of the federal government: None.

Service delivery structure: Eligible expenses have to be approved by a five member committee, which also establishes repayment plans.

Location of service delivery: No direct delivery of services. Clients get their own services wherever they choose.

Key measures of success: We know how many families have been helped as well as spending on promotion vs organ transplant ancillary expenses.

Program: **Dept. of Health - Technology Dependent Waiver Program ($192,900)**

Services delivered: The following services are provided as needed in addition to the standard Medicaid benefit package: respite care for primary caregivers, family support services, home health certified nursing assistant, extended private duty nursing, in-home feeding therapy, and financial management services for those contracting with their own providers.

General eligibility requirements: The following requirements must be met: (1) Medicaid eligible, (2) under 21 years of age, (3) meet admission criteria for nursing facility care, (4) at least one caregiver trained and available to provide care, (5) require skilled nursing services at least five days per week, (6) require special technology/machinery to sustain life, and (7) choose to receive home and community-based (instead of nursing facility) services. Only a limited number of children may be served at any point in time by this program. A child may qualify, but be placed on a waiting list until an opening is available.

Mission statement: *The waiver program tries to prevent institutionalization and to facilitate transition from an institutional setting to a home and community-based setting for technology dependent, medically fragile individuals with complex medical conditions.*

Interaction and coordination with other Social Services agencies: Extensive collaboration with Medicaid.

Role of the federal government: The federal government dictates what services can be provided as they provide matching funds. If the State wants to change the program's scope, then it must obtain the federal government's approval in order to receive matching funds.

Service delivery structure: State staff are the case managers used to obtain the needed services from providers.

Location of service delivery: Like Medicaid, services are available statewide.

Key measures of success: How many clients are receiving services and how many end up being institutionalized.

Program: **Dept. of Health - Mobile Dental Clinic ($182,800 – funding located in the Medicaid budget)**

Services delivered: Dental services via a mobile dental clinic at select locations in one week increments.

General eligibility requirements: A community/organization has to be willing to help pay some of the costs of the mobile clinic's operating costs. The community/organization determines which clients will receive services. The clinic avoids serving those with dental insurance.

Mission statement: *Family Dental Plan will provide for government assisted Utahns, cost-effective, high-quality dental services in a patient-friendly environment where care is rendered efficiently by well-qualified, competent, professional personnel.*

Interaction and coordination with other Social Services agencies: The mobile dental clinic avoids serving Medicaid and CHIP clients. The clinic coordinates (or has in prior years) with local health departments, Community Health Centers, the Christmas House, Sealants for Smiles (via the United Way), Ronald McDonald House, and Head Start.

Role of the federal government: No funding assistance from the federal government. However, there are the usual federal rules regarding the delivery of medical services.

Service delivery structure: The state maintains and staffs the mobile dental clinic with dental hygiene support drawn from full-time staff at the permanent department-run dental clinics.

Location of service delivery: FY 2008 had mobile dental clinics visits to the following locations Blanding, East Carbon, Ephraim, Eureka, Hanksville, Ibapah, Junction, Kanab, Moab, Nephi, Park City, Payson, Price, and Tropic.

Key measures of success: Number of services delivered and clients served.

Program: **Dept. of Health - Immunizations Program ($6,033,900)**

Services delivered: Vaccines to eligible children.

General eligibility requirements: Children who are uninsured and low income receiving medical services at a participating private or public provider.

Mission statement: *The mission of the Utah Department of Health Immunization Program is to improve the health of Utah's citizens through vaccinations to reduce illness, disability, and death from vaccine-preventable infections.*

Interaction and coordination with other Social Services agencies: The program monitors immunization levels of all school children kindergarten through grade 12. There is a strong collaboration with Utah State Office of Education as well as coordination of efforts with the State's 12 local health departments. College entrance immunization recommendations are in place. The program also collaborates with Juvenile Justice Services.

Role of the federal government: The federal government decides who is eligible and establishes the requirements for handling the vaccines and who can be providers.

Service delivery structure: The vaccine is provided to over 350 enrolled public and private medical providers statewide.

Location of service delivery: 350 medical providers statewide.

Key measures of success: Vaccine preventable outbreaks and deaths as well as the percentage of children who are fully immunized by age 2.

Program: **Dept. of Health - Head Start ($159,400)**

Services delivered: Educational services for children ages 3 to 5.

General eligibility requirements: Child age 3 to 5, living in families with incomes less than 100 percent of the Federal Poverty Level ($22,050 for a family of 4). Children who have disabilities are excluded from the income requirement.

Mission statement: *Head Start promotes school readiness by enhancing the social and cognitive development of low-income children. Head Start programs serve children ages 3 - 5 and their families.*

Interaction and coordination with other Social Services agencies: Health's part of Head Start tries to foster collaboration and coordination with other early intervention programs such as: Baby Watch/Early Intervention and the Early Head Start programs.

Role of the federal government: The service part of Head Start is a direct federal grant to providers. The administration part of Head Start is 72 percent federal funds with the remaining 28 percent a required match of state funding.

Service delivery structure: one state employee for coordination and the rest is all grant recipient organizations (mostly public schools).

Location of service delivery: Locations are available statewide through local, contracted providers.

Key measures of success: Number of children served and how they fare in the education system following their graduation from the program.

Program: **Dept. of Health - Assistance to Persons with Bleeding Disorders ($387,000)**

Services delivered: Assist uninsured or underinsured persons with bleeding disorders with the cost of obtaining hemophilia services or the cost of insurance premiums for coverage of hemophilia services.

General eligibility requirements: The program assists persons (1) who are medically diagnosed with hemophilia or a bleeding disorder, (2) who are not eligible for Medicaid or the Children's Health Insurance Program; and (3) who have either (a) insurance coverage that exclude coverage for hemophilia services; (b) who have exceeded their insurance plan's annual maximum benefits, (c) who have exceeded their annual or lifetime maximum benefits payable under the Comprehensive Health Insurance Pool (UCA 31A-29); or (d) whose insurance coverage available under either private health insurance, Comprehensive Health Insurance Pool, Utah mini COBRA coverage, or federal COBRA coverage, but the premiums for that coverage are at or greater than 7.5 percent of a person's annual adjusted gross income.

Mission statement: *Assist uninsured or underinsured individuals with bleeding disorders in obtaining medical services.*

Interaction and coordination with other Social Services agencies: The program verifies eligibility with Medicaid, CHIP, and the Comprehensive Health Insurance Pool. Some individuals seeking services are referred to those programs for their assistance.

Role of the federal government: None.

Service delivery structure: A contracted entity, Utah Hemophilia Foundation, provides all of the services.

Location of service delivery: Case management services are provided statewide from Salt Lake City.

Key measures of success: The grant recipient is required by statute to develop measures for success.

Program: **Dept. of Health - Cancer Screening Program ($3,103,400)**

Services delivered: Free breast and cervical cancer, high blood pressure, high cholesterol, and diabetes screening to qualifying Utah women and colon cancer screening and education to qualifying Utah men and women. In some cases cancer treatment is also provided.

General eligibility requirements: Uninsured or underinsured women ages 40 to 64 who live in households with an income of up to 250 percent of the Federal Poverty Level, which is $55,125 for a family of four.

Mission statement: *The mission of the Utah Cancer Control Program is to reduce cancer incidence and mortality in Utah through collaborative community efforts that provide screening services and education directed toward early detection and timely treatment.*

Interaction and coordination with other Social Services agencies: The program coordinates with the federal Centers for Disease Control and Prevention, local health departments, community health centers, and private healthcare providers.

Role of the federal government: The Centers for Disease Control and Prevention regulates the program and requires a minimum state match in order to receive federal funds. The federal government provides 81 percent of the total funding for the program.

Service delivery structure: The eligibility determination is made entirely at local health departments and community health centers. A voucher is given to qualified clients who can receive their services at specific providers. A list of willing providers is maintained.

Location of service delivery: Any qualified medical provider statewide can deliver the services.

Key measures of success: Number of tests performed and positive cancer results.

Program: **Dept. of Health - HIV Treatment and Care Program ($4,320,900)**

Services delivered: Individuals infected with HIV are provided medical and at-home support services.

General eligibility requirements: HIV-positive individuals, who are uninsured or underinsured, do not qualify for Medicaid, and have annual incomes up to 250 percent of the Federal Poverty Level ($88,200 for a family of 4).

Mission statement: *The goal of the federal Part B program from the Ryan White Care Act is to provide for the development, organization, coordination, and operation of a more effective and cost-effective system for the delivery of essential services to individuals and families with HIV disease.*

Interaction and coordination with other Social Services agencies: This program has to determine that these clients are not eligible for other public assistance programs such as CHIP and Medicaid. Much of the eligibility work done mirrors what is done to check eligibility for Medicaid and CHIP.

Role of the federal government: The federal government basically dictates the program, provides 98 percent of the funding, and requires a state match. The state has flexibility to decide which services will be provided and limit clients served to manage the fixed financial resources of the program.

Service delivery structure: The state contracts with the University of Utah and the Utah AIDS Foundation to provide case management services statewide. Case managers work to get clients health insurance, drug therapy, and other supportive services.

Location of service delivery: Much of the application process and coordination is done over the phone.

Key measures of success: We measure quantity of services provided and new cases of HIV and AIDS discovered in a given year.

Program: **Dept. of Health - Traumatic Brain Injury Fund ($0 state appropriated funds – includes funding from a restricted account that is outside of the appropriations process)**

Services delivered: Qualifying individuals with traumatic brain injury can ask for short-term help and receive help connecting with other needed services.

General eligibility requirements: Expenses and help must be approved by a nine member committee.

Mission statement: *Help pay some of the short-term expenses of victims of brain injuries and connect victims with needed services.*

Interaction and coordination with other Social Services agencies: Where a client is eligible for other programs (Medicaid, CHIP, etc.), the client would be referred to those programs for services.

Role of the federal government: None.

Service delivery structure: Volunteer committee of nine members reviews and decides which expenses to help with.

Location of service delivery: Clients obtain services wherever they can. There are no state service locations.

Key measures of success: Clients served and money expended.

Program: Department of Workforce Services ($830,785,600)

Services delivered: Created in 1997, the Department of Workforce Services (DWS) integrates job placement, job training, welfare, child care, food stamps, unemployment insurance, and labor market information. The Department of Workforce Services currently has over 60 programs that are administered through the department.

General eligibility requirement: Eligibility for programs for the Department of Workforce Services depends on several factors including, but not limited to, family size, family income, employment status, health, and others. Participation requirements vary from program to program.

Service delivery: The state is divided into five service regions and eight planning districts. The department started with 106 locations. After integrating services, it has 51 locations, including 35 one-stop employment centers.

Role of the federal government: The department has a federal maintenance-of-effort requirement to keep a specific level of General Fund in the budget. Any reduction below the specified amount could result in a total loss of federal funds. General Assistance is only one of several state-funded programs without maintenance-of-effort requirements.

Mission of the department: *Provide employment and support services to customers to improve their economic opportunities.*

Service delivery structure: The department has centralized services to the regions and their Employment Centers. All case managers are now classified as employment counselors.

Interaction and coordination with other Social Services agencies: Include the Department of Human Services, the Utah State Office of Education, higher education entities, cities, counties, and others.

Program: **Dept. of Human Services – Executive Director Operations ($16,109,900)**

Services delivered: The Executive Director Operations (EDO) division includes the department director's office as well as bureaus that serve other divisions in the department or provide administrative support such as Fiscal Operations, Legal Affairs, Licensing, Public Guardian, Administrative Hearings, Services Review, Administrative Services, Internal Audit, and Contract Management. EDO also includes the Utah Developmental Disabilities Council, a program that operates independently of the department, but for which the department provides administrative support.

General eligibility requirements: Eligibility only applies to the Office of Public Guardian where guardianship and conservatorship services are provided to incapacitated adults without family members or friends to serve as their guardians.

Department mission statement: *Provide direct and contracted social services to children, families, and adults in our community; including persons with disabilities, children and families in crisis, juveniles in the criminal justice system, individuals with mental health or substance abuse issues, vulnerable adults, and the aged*.

Interaction and coordination with other Social Services agencies: EDO interacts with the state Medicaid agency (Health Care Financing located in the Department of Health), all offices and divisions of the Department of Human Services, the Courts, the counties, and various groups of private providers.

Role of the federal government: $7,698,400 in federal funds or 48 percent of total FY10 appropriated budget – reflecting a number of grants found elsewhere in the department.

Service delivery structure: Services are provided by the state.

Location of service delivery: The administrative support services are headquartered in Salt Lake City but perform functions throughout the state; both Licensing and Public Guardian serve clients statewide.

Key measures for success: Percent of department contracts reviewed for contract compliance fiscal year to date, number of people receiving guardianship and conservatorship services statewide

Program: **Dept. of Human Services – Division of Substance Abuse and Mental Health ($130,107,000)**

Services delivered: The division is the state's public mental health and substance abuse authority. It distributes federal and state funding on a funding formula to the 11 local mental health and 13 local substance abuse authorities. The county entities deliver a wide array of services. By statute, counties provide a minimum scope of services and provide a minimum of 20 percent county match. Counties submit a plan to the division each year outlining local priorities, use of funding, and services descriptions. The division monitors the services but does not provide direct services to clients other than operating the Utah State Hospital. The division also oversees the treatment funding aspects of the Drug Offender Reform Act (DORA) pilot program as well drug courts and drug board.

General eligibility requirements: adults with severe and persistent mental illnesses and children with serious emotional disturbances are eligible for mental health services. Adults and youth with substance abuse issues, some of whom come from the criminal justice system, are eligible for substance abuse services.

Mission statement: *Hope and recovery.*

Interaction and coordination with other Social Services agencies: DSAMH interacts with the state Medicaid agency (Health Care Financing located in the Department of Health), with other human services programs within its department, Courts, the Department of Corrections, jails, and counties who are the primary service delivery entities in communities.

Role of the federal government: $37,900,400 in federal funds or 29.1 percent of total FY10 appropriated budget – DSAMH, particularly at the local mental health level, is heavily funded by federal Medicaid funds – governed by requirements found in Title XIX of the Social Security Act and 42 CFR, federal block grant requirements, federal OBRA PL 100-203, 101-508, Title IV Section 1919 (e) (7) (addresses individuals with mental illness being warehoused without active treatment in nursing facilities).

Service delivery structure: The public mental health system is a combination of state services, primarily offered as inpatient services at the Utah State Hospital along with some private contracts and the community-based system operated at the local level. The public substance abuse system has state oversight but is primarily delivered at the local level either through county workers or private contracts.

Location of service delivery: Community services provided throughout the state - the Utah State Hospital is located in Provo.

Key measures for success: Percent of clients receiving substance abuse treatment that complete the treatment goals and objectives, number of clients receiving substance abuse services, number of clients receiving mental health services, percent increase in full/part-time employment from admission to discharge, and a Symptom Recovery Index measuring whether the State Hospital patient has met treatment goals.

Program: **Dept. of Human Services – Division of Services for People with Disabilities ($201,382,100)**

Services delivered: The Division of Services for People with Disabilities (DSPD) is responsible for providing residential, day services, family support services, and attendant care for people with severe mental retardation and other related conditions, including brain injury and physical disabilities. The services provided range from limited family support to a full array of 24-hour services both in the community and at the Utah State Developmental Center. Similar services are also available in private Intermediate Care Facilities for people with Mental Retardation (ICFs/MR) with funding through the Department of Health.

General eligibility requirements: To receive services, people must have substantial functional limitations in three or more of the following life activities: self care, receptive and expressive language, learning, mobility, self direction, capacity for independent living, or economic self-sufficiency. Medicaid requires categorical eligibility (disabled) along with income and asset tests.

Mission statement: *Promote opportunities and provide supports for persons with disabilities to lead self-determined lives*.

Interaction and coordination with other Social Services agencies: DSPD interacts with the state Medicaid agency (Health Care Financing located in the Department of Health), State Office of Rehabilitation, Division of Child and Family Services, the Office of Licensing, the Office of Public Guardian, Adult Protective Services, the Early Intervention program (Department of Health), Courts, and private disability providers.

Role of the federal government: $159,166,000 in federal funds or 79 percent of total FY10 appropriated budget. DSPD is heavily funded by federal Medicaid funds for both community services and the Utah State Developmental Center (USDC) and governed by requirements found in Title XIX of the Social Security Act (SSA) and 42 CFR. The USDC is also governed by SSA Section 1905(d) and 42 Code of Federal Regulations.

Service delivery structure: Services are provided by the state for case management and directly at the Utah State Developmental Center. Services are provided in community settings primarily through private contracts. Counties are not involved in the operational delivery of these services.

Location of service delivery: Community services provided throughout the state - the Utah State Developmental Center is located in American Fork.

Key measures for success: Percent of people on the waiting list receiving a one-time service, percent of consumers receiving services in their homes as opposed to a residential facility, percent of clients in supported employment, number of incidents per 100 clients, percent of clients showing improved functioning at discharge (USDC), percent of clients who have left (the USDC) who do not return, and percent of clients whose physical health has improved at discharge (from the USDC).

Program: **Dept. of Human Services – Office of Recovery Services ($58,813,600)**

Services delivered: the Office of Recovery Services (ORS) is responsible for collecting funds owed to the state in the Human Services and Medical Assistance areas. ORS is also charged with collecting child support payments from non-custodial parents on behalf of custodial parents. The Department of Health also contracts with ORS to provide insurance identification and third party collection services for medical assistance programs such as Medicaid. ORS also recoups state General Fund on behalf of the Utah State Hospital and the Department of Workforce Services.

General eligibility requirements: ORS primarily provides services for custodial parents. If the custodial parent is receiving public assistance, the child support payments are used to reimburse the state and federal governments for assistance given to the custodial parent. If the state has custody of the child, the non-custodial parents are still required to pay child support to the state. Federal law also requires the office to provide child support collection services to families not receiving public assistance.

Mission statement: *Promote responsibility*

Interaction and coordination with other Social Services agencies: ORS interacts with the state Medicaid agency (Health Care Financing located in the Department of Health), the Division of Substance Abuse and Mental Health, the Division of Services for People with Disabilities, the Division of Child and Family Services, the Division of Juvenile Justice Services, the Office of Licensing, the Department of Workforce Services, Courts, and employers.

Role of the federal government: $42,012,400 in federal funds (includes $9,000,000 in federal stimulus funding and $2,226,800 in Medicaid funding) or 71 percent of total FY10 appropriated budget. ORS is primarily funded by federal Child Support Enforcement (Title IV-D of the *Social Security Act*) funds with a less significant amount of Medicaid funding and is governed by requirements found in Titles IV and XIX of the *Social Security Act*.

Service delivery structure: Services are provided by the state with legal support provided by the Office of the Attorney General. Counties are not involved in the operational delivery of these services.

Location of service delivery: Services are provided throughout the state online or by phone with physical office locations found in Ogden, Salt Lake City, Provo, Richfield, and St. George.

Key measure for success: Percent of support paid compared to what was owed.

Program: **Dept. of Human Services – Division of Child and Family Services ($168,574,700)**

Services delivered: The Division of Child and Family Services (DCFS) by statute is to provide child abuse prevention services, child protective services, shelter care, foster care, residential care, adoption assistance, health care for children in state custody, family preservation, protective supervision, and domestic violence preventive services.

General eligibility requirements: Children and youth experiencing abuse and neglect or when an allegation of abuse and neglect has taken place or individuals where domestic violence has taken place.

Mission statement: *Protect children at risk of abuse, neglect, or dependency. We do this by working with families to provide safety, nurturing, and permanence. We lead in a partnership with the community in this effort*.

Interaction and coordination with other Social Services agencies: DCFS primarily interacts with the state Medicaid agency (Health Care Financing located in the Department of Health), the Division of Juvenile Justice Services, the Division of Substance Abuse and Mental Health, the Division of Services for People with Disabilities, the Office of Recovery Services, the Department of Workforce Services, the Fostering Healthy Children program (Department of Health), Courts, schools, law enforcement, and private residential and foster care providers.

Role of the federal government: $68,820,500 in federal funds or 41 percent of total FY10 appropriated budget. DCFS is funded by a variety of federal sources including Foster Care ($17 million – Title IV-E of the *Social Security Act* or SSA), Medicaid ($16.5 million), Social Services Block Grant ($8 million – Title XX of the SSA), Adoption Assistance ($8 million – Title IV-E of the SSA), Transfer of TANF funding from Workforce Services ($5 million), and Child Welfare Block Grant ($3 million – Title IV-B of the SSA) and is governed by requirements found in a number of sections of the *Social Security Act.*

Service delivery structure: Services are provided by both state staff and private providers with approximately 55 percent of funding devoted to state efforts and approximately 45 percent to private provider efforts. Counties are not significantly involved in the operational delivery of these services.

Location of service delivery: DCFS is a state-administered agency with headquarters in Salt Lake City and five regional administrative centers. Services are provided statewide.

Key measures for success: Percent of parents participating in planning their services, percent of children who are not re-abused after they and their families receive services, percent of children re-entering foster care after receiving services.

Program: **Dept. of Human Services – Division of Aging and Adult Services ($22,741,000)**

Services delivered: The Division of Aging and Adult Services (DAAS) is the designated state agency authorized to coordinate all state activities related to the *Older Americans Act (OAA)*. Programs funded through the OAA are distributed to the state's twelve local Area Agencies on Aging (AAA) through an approved funding formula and include broad categories such as supportive services, nutrition services, family-caregiver support, as well as disease prevention and health promotion. DAAS is also responsible for the Adult Protective Services (APS), the Long Term Care Ombudsman, the Nursing Home Alternatives, the Nursing Home Placement Prevention, the Legal Services for Elderly, and other OAA programs.

General eligibility requirements: Services are available to all people age 60 and over, but are targeted to those with the greatest financial or social need. Means testing is prohibited but voluntary contributions are encouraged. Medicaid funded programs require categorical eligibility (aged) along with income and asset tests. Adult Protective Services investigates allegations of abuse, neglect, and exploitation of elderly persons or vulnerable adults.

Mission statement: *Provide leadership and advocacy in addressing issues that impact older Utahns, and serve elder and disabled adults needing protection from abuse, neglect, or exploitation; fulfill our vision of offering choices for independence by facilitating the availability of a community-based system of services in both urban and rural areas of the state that support independent living and protect quality of life; encourage citizen involvement in the planning and delivery of services.*

Interaction and coordination with other Social Services agencies: DAAS interacts with the state Medicaid agency (Health Care Financing located in the Department of Health), the Division of Services for People with Disabilities, the Office of Public Guardian, Courts, law enforcement, and the various AAAs at the county level.

Role of the federal government: $10,198,200 in federal funds or 49 percent of total FY10 appropriated budget. DAAS is heavily funded by federal OAA funds with a much smaller amount of Medicaid funds for a Home- and Community-based Waiver program and is governed by various requirements found in Titles I through VI and Title XIX of the *Social Security Act.*

Service delivery structure: Over 80 percent of funding is provided for services delivered at the county level by AAAs. Funding for state delivery structure is primarily limited to administration and oversight functions as well as the APS program for the protection of abused, neglected, and exploited adults and elderly.

Location of service delivery: Services provided throughout the state.

Key measures for success: Percent saved by utilizing in-home care rather than nursing homes, percent of individuals (who may have multiple allegations) whose protective need has been met or partially met.

Program: **Dept. of Human Services – Division of Juvenile Justice Services ($51,594,000)**

Services delivered: The Division of Juvenile Justice Services (DJJS) serves youth offenders with a comprehensive array of programs, including home detention, secure detention, day reporting centers, case management, community services, observation and assessment, long-term secure facilities, transition, and youth parole. DJJS also operates receiving centers and youth services centers.

General eligibility requirements: DJJS is responsible for all youth offenders committed by the state's Juvenile Court for secure confinement or supervision and treatment in the community. DJJS also operates receiving centers and youth services centers for non-custodial and or non-adjudicated youth.

Mission statement: *Provide comprehensive services for at-risk youths within the framework of the Balanced and Restorative Justice Model. Community Protection, Accountability, and Competency Development are integrated goals and philosophical foundations of the model.*

Interaction and coordination with other Social Services agencies: DJJS interacts with the state Medicaid agency (Health Care Financing located in the Department of Health), the Department of Corrections, the Courts, various law enforcement agencies, the Commission on Criminal and Juvenile Justice, the Division of Child and Family Services, and private providers.

Role of the federal government: $16,676,000 in federal funds or 15 percent of total FY10 appropriated budget with the large majority of federal funds being Medicaid funds for community services. Medicaid funds are governed by requirements found in Title XIX of the *Social Security Act* (SSA) and 42 Code of Federal Regulation.

Service delivery structure: Services are provided by the state as well as through private contract providers with more than half of the total funding paying for the state delivery structure with the remainder paying for the private provider delivery structure. Counties are not heavily involved in the operational delivery of these services.

Location of service delivery: Services are provided throughout the state with secure care facilities being more concentrated along the Wasatch Front.

Key measures for success: Percent of juveniles released from secure care who commit fewer felonies than before they were in secure care, percent of juveniles not involved in critical incidents (actual or attempted assault, escape, or suicide) while in detention, percent of juveniles leaving the Genesis Youth Center who fulfill their court-ordered obligations (restitution and community service hours).

Program: Minimum School Program – Special Education ($330,731,700)

Services delivered: Five programs (Add-on, Pre-school, Self-contained, Extended Year, and State) provide state formula funding to local school districts and charter schools to assist with additional costs associated with educating students with disabilities. School districts and charter schools manage expenditures in their special education programs within the funds allocated by the state and federal government, but may also allocate additional un-restricted state and local revenues to meet special education needs. In addition, individual scholarships, collectively known as the Carson Smith Scholarship program, are extended to qualifying students attending private schools. These scholarships are funded through state General Fund and are administered by the Utah State Office of Education (USOE). State law entitles students with disabilities to a free and appropriate public education. Qualifying students, ages 3 to 21, receive education and educationally related support services based on their individual need. A student's Individual Education Plan (IEP) outlines the specific educational and support services required to meet the student's educational goals. The USOE administers several federal grant programs for Special Education and Title I (programs for disadvantaged students). Federal funds are part of the USOE's budget and not the Minimum School Program. Approximately 97 percent of all federal funds in these programs are passed through to local school districts and charter schools providing the services.

General eligibility requirements: The IEP process establishes a student's eligibility to receive special education services. Once identified, students receive services either until the educational goals stated in the IEP are met or they age out of the system.

USOE mission statement: *Providing support to empower students with disabilities ages 3-21.*

Interaction and coordination with other social service agencies: Special education students may also receive services from other state/local agencies outside a regular school day.

Role of the federal government: Part B of the federal Individual with Disabilities Education Act (IDEA) governs the delivery of special education programs in the state and details the IEP process. The federal government's financial participation in special education programs is part of the Utah State Office of Education's budget. Special Education and Title I programs are combined by USOE for reporting purposes and are comprised of approximately 99.8 percent federal funds passed through to school districts in support of program services described above.

Service delivery structure: School districts and charter schools manage program delivery and the Utah State Office of Education provides program oversight and ensures federal regulations are met. School districts and charter schools receive state funding on a formula basis for each special education student enrolled in a specific program. Federal funding flows through the Utah State Office of Education to school districts and charter schools based largely on special education enrollment.

Location of service delivery: Services are delivered to qualifying students at the school-site level in each district or charter school. Depending on a student's IEP, some services may be delivered by the Utah Schools for the Deaf and the Blind or by a private contractor.

Key measures of success: Measures of success are determined locally in relation to the IEPs within their jurisdiction. State funding allows local flexibility to meet individual success goals.

Program: Minimum School Program – Special Populations ($43,947,100)

Services delivered: Special Populations is a group of programs providing additional funding for targeted student groups. School districts and charter schools qualify for funding based on enrolled student characteristics. The following four programs meet the Social Services definition:

Highly Impacted Schools - 50 schools with the greatest concentration of students at risk for academic failure as measured by rates of English language deficiency, student mobility, single-parent families, poverty, and ethnic-minority students.

Youth At-Risk Programs - help certain student populations overcome factors that may put them at greater risk of academic failure, including, gangs, crime (Youth-in-Custody), homelessness, disadvantaged minorities, poverty, and remoteness.

Adult Education - supports programs in Adult Basic Education, Adult High-School Completion, English Language Civics, English for Speakers of other Languages, and General Educational Development (GED).

English Language Learner Family Literacy Centers – increase the involvement and communication of parents not proficient in English with the goal of enhancing the academic achievement and literacy skills of students and their families.

General eligibility requirements: State funding is distributed to districts and charter schools based on formula or application. In each case, the district or charter school must have an enrolled student population that meets the established criteria: poverty, English language deficiency, homelessness, minority, in custody of Juvenile Justice Services, etc.

Interaction and coordination with other Social Services agencies: The Utah State Office of Education (USOE) and local districts coordinate Adult Education services with the Department of Workforce Services. Youth-in-Custody coordinates with Juvenile Justice Services. School districts with homeless students coordinate with local shelters.

Role of the federal government: The federal government provides additional financing including grants for homeless students, gang prevention, migrant children, youth-in-custody, English language acquisition, safe and drug free schools, and community learning centers.

Service delivery structure: School districts and charter schools manage program delivery while the USOE provides funding distribution and program oversight.

Location of service delivery: All services are delivered to qualifying students at the school-site level in each school district, charter school, or juvenile justice facility.

Key measures of success: Measures of success are determined locally at the school district and charter school level in relation to their particular student populations.

Program:– State Board of Education - Utah State Office of Education - Child Nutrition ($136,072,200)

Services delivered: Child Nutrition consists of federal assistance programs that have the purpose of: offering high quality, nutritionally well-balanced meals to children and needy adults. The programs offer low cost or free meals to children in participating facilities (schools, summer feeding sites, child and adult care centers, residential child care centers and family day care homes). The state contributes to the nutrition programs with revenue generated through the liquor tax. The following are the primary programs administered by the Child Nutrition Section at USOE, in accordance with USDA regulations: National School Lunch Program, Severe Need Lunch Program, National School Breakfast Program, Severe Need Breakfast Program, Special Milk Program, Summer Food Service Program, Food Distribution Program, Emergency Food Assistance Program, and the Fresh Fruit & Vegetable Program.

General eligibility requirements: Eligibility is based upon the Income Eligibility Guidelines, updated each year according to Federal poverty guidelines, which establish eligibility of children to be served meals reimbursed to participating facilities at free, reduced-price, or paid rates. Dependent on household size and annual/monthly income, children receive reduced price meals if they are at or below 185 percent of the Federal Poverty Level (FPL) and free meals if they are at or below 130 percent of the FPL. Other meals are reimbursed at the paid rate.

Mission statement: *To promote the nutritional well-being of the Utah public, with a focus on children, so they may reach their full potential.*

Interaction and coordination with other social service agencies: The Child Nutrition Program housed at USOE coordinates with various public or private nonprofit School Food Authorities, residential child care institutions, residential summer camps, local governments, food banks or pantries, and private nonprofit organizations that regularly serve the public and for-profit organizations serving a majority of needy children.

Role of the federal government: The federal child nutrition programs were authorized under the *National School Lunch Act of 1946*, the *Child Nutrition Act of 1966*, and the *Personal Responsibility and Work Opportunity Reconciliation Act of 1996*. The majority of funding for the Child Nutrition programs comes through the federal government—approximately 83 percent of total funds in the line item and United States Department of Agriculture (USDA) Commodities.

Service delivery structure: Dependent on the program, services for Child Nutrition are delivered mainly through school districts, charter schools, or other private nonprofit groups direct to children and other participants.

Location of service delivery: Program services are delivered on-site to elementary and secondary schools as well as some delivery for home or other out-of-school programs.

Key measures of success: Numbers of meals served yearly; broken into free, reduced-price and paid categories.

Program: State Board of Education - State Office of Education - Educational Contracts ($3,178,300)

Services delivered: Education Contracts provides funding for the education of students in state custody. Two primary programs provide these services: 1) the Youth Center in Provo for students at the State Hospital and 2) Corrections Institutions for inmates in the state's correctional facilities. Programs for the Youth Center allow students to continue in the grades they would be in their home districts. Corrections Institutions programs provide basic literacy, GED preparation and testing, high school completion, and occupational training programs.
The Utah State Board of Education takes responsibility for the education of students in state custody and acts as the "school board" governing their education. The board contracts with various school districts to provide educational services at the Youth Center and in the state's correctional facilities.

General eligibility requirements: All students at the State Hospital or inmates at the state's correctional facilities are eligible to receive public education services.

Interaction and coordination with other social service agencies: Some of these students may also receive services from other state and local agencies outside the regular school day.

Role of the federal government: Historically, no federal funds have supported these programs. Some direct and indirect services provided by the school districts may be supported by federal funding.

Service delivery structure: The State Board of Education contracts with the Provo School District to provide educational services at the Youth Center at the Utah State Hospital. Mountain Brook Elementary and East Wood High School are self-contained schools providing specialized educational services to the students at the State Hospital. Services at the prisons in Draper and Gunnison are offered by Jordan and South Sanpete school districts, respectively. In addition, occupational training programs are offered at the prisons by Salt Lake Community College and Snow College (Gunnison and Richfield campuses). Finally, county jails statewide receive educational service provision by 23 of the 40 school districts and some of the Applied Technology centers.

Location of service delivery: These education services are provided at the State Hospital as well as at prisons and county jails throughout the state.

Key measures of success: Program success is measured through enrollment levels, contact hours, credits earned, academic level gains, high school diplomas awarded, GED certificates awarded, and basic test scores for students at the Youth Center.

Program: - **State Board of Education - Utah Schools for the Deaf and the Blind ($29,454,200)**

Services delivered: The Utah Schools for the Deaf and the Blind (USDB) provide services both on USDB campuses and to school districts. USDB also operates an educational resource center that supplies educational materials to other agencies serving sensory impaired children. Currently, the USDB provides educational services on an annual basis to approximately 2,000 Utah students through three major programs: 1) a residential program, 2) self-contained classrooms, and 3) a student consultant program.

General eligibility requirements: Eligibility of students to receive USDB services is dependent upon an evaluation of their level of disability. Once children are tested and disability is determined, an individual education plan (IEP) is set through cooperation between USDB, the school district, and parents.

Mission statement: P*rovide high quality direct and indirect education services to children with sensory impairments from birth through 21 years of age and their families in Utah.*

Interaction and coordination with other social service agencies: USDB coordinates programs and services with other state agencies including the state departments of Health and Human Services. USDB also works with nonprofit and some private businesses to ensure a well-rounded education for students and activities that support IEPs and individual needs.

Role of the federal government: The services provided by USDB are in large part fulfilling federal requirements outlined in the 2004 renewal of the *Individuals with Disabilities in Education Act* (IDEA). IDEA is "a law ensuring services to children with disabilities… [and] governs how states and public agencies provide…services" (IDEA website, U.S. Dept of Education).

Service delivery structure: USDB service delivery is provided through the instructional and support services delivery programs. Instructional Services provides residential, daytime, and extension programs in a number of locations throughout the state. These programs include teacher consultation, an educational resource center, a parent/infant program, deaf/blind services, self-contained classrooms, consultant services, and an instructional materials access center. The Support Services division includes administration, educational support, transportation, and various other support services.

Location of service delivery: The USDB provide educational services to students through their residential program in Ogden, self-contained classrooms in the school districts, and at their campus extensions in Orem and on Highland Drive and Connor Street in Salt Lake City.

Key measures of success: Numbers of children reached at the schools and in districts; test scores for measured progress; placement in viable employment upon graduation.

Program: Utah State Office of Rehabilitation ($72,009,900)

Services delivered: The Utah State Office of Rehabilitation (USOR), under the direction of the State Board of Education, operates programs designed to assist disabled individuals prepare for and obtain gainful employment as well as increase their independence. USOR contains an Executive Director's Office, and four operating divisions: Services to the Blind and Visually Impaired, Rehabilitation Services, Disability Determination Services, and Services to the Deaf and Hard-of-Hearing.

The *Smith-Fess Act* authorizing the state-federal vocational rehabilitation program was passed by Congress and signed into law in 1920. The program officially opened in Utah in 1921. The Utah State Office of Rehabilitation was created during the 1988 Legislative session under the direction of the State Board of Education and State Superintendent of Public Instruction. Prior to 1988, the Division of Rehabilitation Services and the Division of Services for the Blind and Visually Impaired existed as separate divisions under the Utah State Office of Education.

General eligibility requirement: To be eligible for services, patrons must have a physical or mental impairment that constitutes a substantial impediment to gainful employment. State law requires a financial needs test to determine the extent to which a client must participate in the cost of services. USOR provides tailored services focusing on the needs, interests, abilities, and informed choices of the individuals served. USOR works in concert with other community service and resource providers to offer rehabilitative services throughout the state.

Mission statement: *To assist eligible individuals in obtaining employment and increasing their independence.*

Interaction and coordination with other Social Services agencies: Department of Workforce Services, Department of Human Services, Department of Health, Independent Living Centers, cities, counties, and others.

Role of federal government: The Department has a federal matching requirement and a maintenance-of-effort requirement to keep a specific level of Uniform School Fund in the budget.

Service delivery structure: Provided throughout the State of Utah with a total of 28 offices located along the Wasatch front and other major cities and towns in rural areas of the state. Some services are provided by out-stationed individuals or contracted services through the various Independent Living Centers located throughout the state.

Service delivery area: Services provided throughout the State of Utah.

Program: Utah Juvenile Court ($36,813,300)

Services delivered: the Utah Juvenile Court has statutory responsibility to handle cases of abused and neglected children and youth who are referred for delinquent acts. Services provided to abused and neglected children and their families are generally delivered by the Division of Child and Family Services or contractors for that division. Regarding services provided for delinquent youth, the Juvenile Court operates a probation department. This department supervises youth who are placed on probation or conducts investigations that result in information used to determine adjudication by judges. Services for youth range from participation in community service projects to programs contracted for by the Juvenile Court to reduce criminogenic risk factors. These can include cognitive behavioral therapy, parenting, and assessment programs for youth who are placed on state supervision.

Mission statement: *A safe home for every child and a safe community for all*.

General eligibility requirements: Youth are referred by law enforcement, schools, and sometimes parents to the Juvenile Court for delinquent acts. Parents are charged with abuse and neglect after an investigation conducted by the Division of Child and Family Services. Delinquent youth receive services based upon Juvenile Sentencing guidelines and assessments completed by probation staff that measure protective and risk factors.

Interaction and coordination with other social service agencies: The Juvenile Court relies on its stakeholders to deliver services to abused and neglected children and delinquent youth. These partners include local mental health and substance abuse authorities, private treatment agencies, divisions of the Department of Human Services, and all agencies that deal with children's issues.

Role of the federal government: The Juvenile Court receives approximately $800,000 in federal funds out of a $35,000,000 budget. This federal assistance includes pass-through funds from the Commission on Criminal and Juvenile Justice for training, pilot programs, and research projects. Funds are also received from the federal Department of Health and Human Services that finance a national Court Improvement Project.

Service delivery structure: Services accessed by those involved in the Juvenile Court can be private pay, local government services, and services developed and contracted for by the Juvenile Court.

Location of service delivery: Services can be delivered in any one of the eight judicial districts in the state.

Key measures of success: CourTools, recidivism measures including new referrals to the Juvenile Court, restitution and community service hours ordered and collected, youth who test positive for drugs, school attendance, and success in completing case plans that address criminogenic risk factors.

Program: Courts - Office of Guardian ad Litem ($5,841,300)

Services delivered: The Office of Guardian ad Litem (GAL Office) provides specially trained attorneys to represent the best interests of abused and neglected children in both juvenile and district court proceedings. Most of the children are involved in juvenile court child welfare cases, and many of these children are in foster care. The children in district court cases are typically involved in divorce and custody proceedings where there are allegations of child abuse or neglect. The GAL Office also operates a Court Appointed Special Advocate (CASA) program which recruits and trains volunteers from the community to serve as CASA Advocates. These volunteer advocates are assigned to work one-on-one with GAL clients, and gather information to ensure the child's best interests are served and the child's voice is heard.

General eligibility requirements: A court must appoint the GAL Office to represent a child before any services can be provided. Appointments are made when a child is alleged to have been abused or neglected, or is otherwise dependent.

Mission statement: *Our duty is "to stand in the shoes of the child and to weigh the factors as the child would weigh them if his judgment were mature and he was not of tender years."* [*J.W.F. v. Schoolcraft*, 763 P.2d 1217, 1221 (Utah Ct. App. 1988)].

Interaction and coordination with other Social Services agencies: The GAL Office interacts with the Division of Child and Family Services. Interaction with other Social Services agencies occurs on a case-by-case basis as those agencies provide services to the children represented by the GAL Office and their families.

Role of the federal government: The U.S. Office of Juvenile Justice and Delinquency Prevention awards an annual grant to the CASA program, presently $55,000. Beginning in Fiscal Year 2010, new federal legislation provides for partial reimbursement of the costs of initial and ongoing training of GAL attorneys and CASA volunteers under Title IV-E of the *Social Security Act*.

Service delivery structure: Legal representation is provided by GAL attorneys to approximately 12,000 children each year; about 7,000 children at any given time. Individual attorney caseloads average around 200 child clients.

Location of service delivery: Services are provided throughout the state, with GAL attorneys appearing in all juvenile courts and most district court locations. The GAL has 12 offices located in or near major courthouses in all judicial districts.

Key measures for success: The duties of GAL attorneys are set forth in statute (Utah Code Ann. §78A-6-902) and provide the primary measure for effective delivery of GAL legal services.

Program: **Department of Community and Culture – Housing and Community Development ($83,851,900)**

Services delivered: The Division of Housing and Community Development was established by the Legislature to provide the following Social Services in addition to other statutory responsibilities:

- Give critical assistance to communities with some of their toughest community problems, such as hunger, homelessness, and domestic violence.
- Provide tools and resources for developing affordable housing.
- Directly help homeowners to reduce energy bills and improve their living conditions.
- Help communities achieve critically needed sustainable infrastructure (often related to Social Services such as shelters, food pantries, community centers, and meals-on-wheels).

General eligibility requirements: Eligibility requirements are generally tied to various poverty level percentages and other criteria depending on the program.

Mission statement: *To be a catalyst for creating, improving, and preserving housing, community infrastructure, facilities, services, and economic development that will enhance the quality of life for the people of Utah.*

Interaction and coordination with other Social Services agencies: Housing and Community Development primarily interacts with local governments, nonprofit entities, and community action programs. For certain services it interacts with the departments of Workforce Services, Corrections, and Human Services.

Role of the federal government: $55,488,600.

Service delivery structure: Planning, consultation, and administrative services are provided by state staff and approximately 90 percent of the funding is forwarded to local governments and community action programs.

Location of service delivery: Housing and Community Development is a state-administered agency located in Salt Lake City. Services are provided statewide.

Key measures for success: 1) reduce overall energy consumption for eligible Weatherization program clients by at least 25 percent, 2) increase affordable housing capacity by 1,100 units per year, 3) provide utilities assistance to all eligible applicants (approximately 40,000 Utahans each year), and 4) effectively end chronic homelessness by 2014.

Program: **Dept. of Corrections– Program Services ($11,837,900)**

Services delivered: The Utah Department of Corrections (UDC) provides substance abuse treatment, sex offender treatment, educational assistance, employment training, and job seeking skills.

General eligibility requirements: To receive services in the prison environment, the offender must demonstrate a willingness to participate and engage in the programs offered and not be under disciplinary action. In some instances, the more intense programming is utilized as the offender approaches their parole dates. Additionally, in some instances, the Board of Pardons and Parole includes various types of program participation within the offender's parole agreement.

Mission statement: *Our dedicated team of professionals ensures public safety by effectively managing offenders while maintaining close collaboration with partner agencies and the community. Our team is devoted to providing maximum opportunities for offenders to make lasting changes through accountability, treatment, education, and positive reinforcement within a safe environment.*

Interaction and coordination with other Social Services agencies: Where appropriate, the department coordinates with other agencies and non-profit groups to assist in our mission of helping offenders succeed. For example, South Park Academy provides high school equivalency education for offenders who have not attained that level of schooling. The department also coordinates with the Department of Human Services and, in the past, the Department of Workforce services, to provide substance abuse treatment and employment assistance.

Role of the federal government: The department receives minimal federal assistance. Occasionally a small federal grant is obtained. Programs such as Medicaid and Medicare are not available to the inmate population.

Service delivery structure: The department created the Division of Programming several ago. This division coordinates programming resources as the offender transitions between the prison and the community. The duration of program services varies based on offender need, program availability, and the type of program.

Location of service delivery: The department has service delivery across the state. Although the two primary prison sites are in Draper and Gunnison, the UDC also services some probationers and parolees at locations other than the two prisons.

Key measures for success: The primary measure for success among any offender population is recidivism – or keeping offenders from coming back into the prison system or committing new offenses. Each program may have its own metrics in addition to recidivism. For example, a measure of success for our employment programming and skill/trade education is whether the offender becomes and remains employed. For substance abuse treatment, a key measure is relapsing into illegal substance use.

Program: **Dept. of Corrections– Medical Services – Mental Health Services ($5,800,200)**

Services delivered: The Utah Department of Corrections (UDC) provides some mental health services included in overall medical services. The mental health services equate to approximately 28 percent of all expenditures in that line item. The mental health services include counseling and group sessions as well as pharmacological provision.

General eligibility requirements: Mental health services are provided on a case-by-case basis. Individual offenders are assessed by the medical staff with consideration given to mental health history.

Mission statement: *Our dedicated team of professionals ensures public safety by effectively managing offenders while maintaining close collaboration with partner agencies and the community. Our team is devoted to providing maximum opportunities for offenders to make lasting changes through accountability, treatment, education, and positive reinforcement within a safe environment*.

Interaction and coordination with other Social Services agencies: There is no significant interaction with other agencies in regards to mental health services.

Role of the federal government: The department receives minimal federal assistance. Occasionally a small federal grant is obtained. Programs such as Medicaid and Medicare are not available to the inmate population.

Service delivery structure: Mental health services are provided by in-house staff including psychiatrists, psychologists, and other mental health professionals. A specific housing unit is designated at the prison for more serious cases.

Location of service delivery: Mental health services are provided at the Draper prison and Gunnison sites.

Key measures for success: The primary measure for success among any offender population is recidivism – or keeping offenders from coming back into the prison system or committing new offenses. Each program may have its own metrics in addition to recidivism.

Program: Attorney General (AG) ($16,207,100)

Services delivered: The Attorney General's Office does not directly provide Social Services, but indirectly many of the legal services provided benefit needy individuals (defined as low income). The AG provides legal services in the following areas:

- **Child Protection**. The AG represents the Division of Child and Family Services (DCFS) in court and administrative proceedings.
- **Child and Family Services**. The AG serves as legal counsel to the Office of Recovery Services (ORS) in helping collect child support for children.
- **Children's Justice Centers**. The AG's office administers a system of homelike facilities to which abused children can go to be interviewed before appearing in court as witnesses. Many abuse situations involve needy individuals.
- **Domestic Violence**. The AG's office has one attorney who spends part of her time serving on a statewide domestic violence commission. Many domestic violence situations involve needy individuals.
- **Contract Attorneys**. When directed by the Legislature, or when there is a conflict of interest, the AG will contract with outside counsel.
- **Prosecution Council**. The Utah Prosecution Council conducts training and seminars statewide. Some of the attorneys who receive training provide legal services to needy individuals.
- **Other**. Several AG divisions (Children's Justice, Criminal Justice, State Agency Counsel, Investigation, Criminal Appeals, Commercial Enforcement) either pursue criminals or support state agencies that provide services to needy individuals.

General eligibility requirements: Eligibility requirements are not directly set by the AG.

Mission statement: *To uphold the constitutions of the United States and of Utah, enforce the law, provide counsel to state agencies and public officials, to work with law enforcement and protect the interests of Utah, its people, environment and resources.*

Interaction and coordination with other Social Services agencies: The AG provides legal counsel to DCFS, ORS, and other state agencies that provide services to needy individuals.

Role of the federal government: The Child Protection division (DCFS) is paid for in part by federal funds based on the percentage of families served who qualify under income guidelines. The Child and Family Services (ORS) division's costs are paid for about 50 percent by federal grants based on income guidelines.

Service delivery structure: AG staff is distributed throughout the state, in locations where they support state agencies that directly provide Social Services.

Location of service delivery: The main offices are located in the State Capitol and the sixth floor of the Heber Wells building, but staff is distributed throughout the state.

Key measures for success: Division caseload, caseload per attorney, court appearances, attorneys handling child support cases, number of appeals, number of hearings, number of trials.

Program: **Governor's Office – Commission on Criminal and Juvenile Justice (CCJJ) ($9,054,500)**

Services delivered: CCJJ delivers and coordinates Social Services through the Office of Crime Victim Reparations (CVR), the Utah Substance Abuse and Anti-Violence Coordinating Council (USAAV), and the Utah Office on Domestic and Sexual Violence (ODSV). CVR provides funding to: 1) individual victims of violent crimes for out-of-pocket crime related costs and 2) organizations that provide direct services to victims of crime. The USAAV and ODSV provide policy recommendations to CCJJ, the Legislature, the Governor, and the Judicial Council.

General eligibility requirements:
For CVR, innocent persons victimized by violent crime in Utah may apply for benefits. Public and non-profit organizations may also apply for grant funding to assist victims of crime. For USAAV and ODSV, eligibility requirements do not apply.

Mission statement:
CVR: *Assist victims in recovering from violent crime by providing financial assistance to victims and grant funding to organizations that directly help victims.* USAAV: *Provide a unified voice for the establishment of a comprehensive strategy to combat substance abuse, illegal drug activity, and community violence.* ODSV*: Coordinate efforts to reduce domestic and sexual violence.*

Interaction and coordination with other Social Services agencies: CVR, USAAV, and ODSV coordinate with law enforcement, prosecuting agencies, Department of Human Services, Department of Health, Department of Workforce Services, Utah State Office of Education, Administrative Office of the Courts, Department of Community and Culture, Department of Corrections, Attorney General's Office, Higher Education, Utah Association of Counties, and private service providers.

Role of the federal government: VOCA compensation, VOCA assistance, and VAWA.
The federal government has no role with regard to the USAAV or ODSV.

Service delivery structure:
CVR reimburses victims for crime-related costs and disburses grant funding to direct service providers. USAAV and ODSV do not provide direct services other than policy coordination.

Location of service delivery: Statewide.

Key measures for success: CVR: processing applications in 30 days or less from the date of receipt; assuring thorough coverage of assistance and direct victim service providers throughout the state through grant funding. USAAV: Number of participants in the DORA-funded treatment services, percent of youth in grades 6, 8, 10, and 12 who have ever used alcohol and who have used alcohol in the past 30 days, percent of DUI cases resulting in a conviction. ODSV: Increase services and protections offered to victims of domestic violence.

Program: **Utah System of Higher Education – Educationally Disadvantaged ($1,969,500)**

Services delivered: Each USHE institution has an Educationally Disadvantaged line item with the charge "for scholarship, tutoring, counseling, and related support services for economically disadvantaged students."

General eligibility requirements: The Educationally Disadvantaged program provides services to "disadvantaged students, including minority students."

Interaction and coordination with other Social Services agencies: While students who qualify for these services may be eligible for other state-funded services, they would be responsible for pursing those services themselves.

Role of the federal government: Federal services may be available, but the Educationally Disadvantaged program is a state-funded program.

Service delivery structure: Each USHE institution provides the services best suited for the students on that particular campus. Services include scholarships, tutoring, counseling, and other support services.

Location of service delivery: Services are provided on each USHE campus.

Key measures for success: Success includes completion of a degree by the students who receive the services provided by the program.

Program: Veterans' Affairs Department – Veterans' Affairs ($1,111,700)

Services delivered: The Department of Veterans' Affairs is responsible to assist former and present members of the United States Armed Forces and their dependents in preparing claims for and securing such compensation, hospitalization, education and vocational training, and other benefits or privileges to which they may be entitled under federal or state law or regulation by reason of their service in the military.

General Eligibility requirements: current or former service in the United States Armed Forces.

Mission Statement: *Veterans' advocacy*

Interaction and coordination with other social service agencies: The department interacts with the Department of Workforce Services, Department of Health, and Department of Human Services.

Role of the federal government: No direct federal funds are budgeted for the Department of Veterans' Affairs. The department estimates that $7.2 million was received by Utah veterans through direct payments during FY 2008.

Service delivery structure: The department's outreach program has two main areas: Outreach to local communities and Special Events. The community outreach program involves service officers and outreach representatives on a consistent schedule traveling across the state to assist Veterans and their dependents with filing VA claims. Special events outreach consists of Benefit and Information Fairs and Individual Workshops.

Location of service and delivery: The department has an office located at 550 Foothill Boulevard, in Salt Lake City. Local media and personal contact with veterans at various special events and individual workshops provide veterans with information to enable them to receive benefits.

Key measures for success: Veterans receive service.

Program: Dept. of Administrative Services — Office of Child Welfare Parental Defense ($120,500)

Services delivered: The Office of Child Welfare Parental Defense (CWPD) contracts with the Parental Defense Alliance of Utah to provide training, assistance, and advice to parental defense attorneys to help ensure that families receive skilled, competent legal representation. The purpose is to strengthen the role of the parents' attorney in juvenile court and to assist with family reunification. Typically, parents are under-represented in child custody hearings.

General eligibility requirements: None. The purpose is to provide additional training and assistance to all attorneys (public defenders and family law attorneys) from all jurisdictions within the state representing parents in child custody legal proceedings.

Mission statement: *Help improve outcomes for Utah's families by providing education and support to attorneys who represent parents in welfare proceedings.*

Interaction and coordination with other social service agencies: As previously explained, the office contracts with the Parental Defense Alliance of Utah, a private service provider.

Role of the federal government: None.

Service delivery structure: CWPD is contracting with the Parental Defense Alliance of Utah for $84,500 for FY 2010. CWPD will focus its efforts in ensuring that the centerpiece of its training efforts, the annual conference, as well as four smaller regional trainings take place.

Location of service delivery: CWPD and the Parental Defense Alliance strive to provide training and outreach sessions throughout the state each year.

Key measures for success: The CWPD Oversight Committee with members from the Legislature, Administrative Office of the Courts, the Commission on Criminal and Juvenile Justice, and others review the program multiple times annually. Participant satisfaction surveys are also distributed to meeting attendees to assess training effectiveness and identify areas for future improvement.

APPENDIX C – FINANCIAL SUMMARY OF SOCIAL SERVICES PROGRAMS IN UTAH STATE GOVERNMENT

FY 2010 Appropriations - Social Services State Agencies - Revenues

Line Item	State Agency	Line Item Name	FTE	Gen./Ed. Fund	One-time Gen./Ed. Fund	Federal Funds	ARRA Federal Funds	Dedicated Credits	Rest. Funds	Medicaid Rev. Transfers	All Other Rev. Transfers	All Other Funds	Total Rev.
FAB	*Department of Administrative Services*	*Parental Defense*	-	*120,500*	-	-	-	-	-	-	-	-	*120,500*
	Workforce Services	*Workforce Services*	1,947.00	*66,427,300*	*3,200,000*	*371,259,800*	*92,079,400*	*2,131,700*	*3,000,000*	*11,800*	*27,675,600*	*265,000,000*	*830,785,600*
	USOR	*Workforce Services*	417.00	*18,114,900*	*114,300*	*46,273,900*	*6,443,800*	*1,043,700*			*19,300*		*72,009,900*
DAA	*Atty Gen*	*AG - Child Protection (DCFS)*	66.00	*5,950,200*				*889,000*					*6,839,200*
DAA	*Atty Gen*	*AG - Children's Justice*	13.00	*993,900*				*259,200*					*1,253,100*
DAA	*Atty Gen*	*AG - Child & Family Support (ORS)*	46.00					*4,050,800*					*4,050,800*
DAA	*Atty Gen*	*AG - Medicaid Fraud*	10.00	*65,700*		*1,100,000*							*1,165,700*
DQA	*Atty Gen*	*Children's Justice Centers*	2.00	*2,447,100*	*431,900*	*19,300*							*2,898,300*
	Total Attorney General		137.00	*9,456,900*	*431,900*	*1,119,300*	-	*5,199,000*	-	-	-	-	*16,207,100*
QBB	*University of Utah*	*Educationally Disadvantaged*	7.55	*649,100*	*61,800*						*34,500*		*745,400*
QCB	*Utah State University*	*Educationally Disadvantaged*	2.81	*223,000*	*21,200*								*244,200*
QDB	*Weber State University*	*Educationally Disadvantaged*	5.28	*344,000*	*27,100*								*371,100*
QEB	*Southern Utah University*	*Educationally Disadvantaged*	0.72	*89,700*	*8,600*								*98,300*
QJB	*Utah Valley University*	*Educationally Disadvantaged*	1.41	*157,900*									*157,900*
QFB	*Snow College*	*Educationally Disadvantaged*	-	*32,000*									*32,000*
QGB	*Dixie State College*	*Educationally Disadvantaged*	-	*25,500*	*2,400*								*27,900*
QHB	*College of Eastern Utah*	*Educationally Disadvantaged*	0.33	*105,000*	*9,300*								*114,300*
QKB	*Salt Lake Community College*	*Educationally Disadvantaged*	-	*178,400*									*178,400*
	Total Higher Education		18.10	*1,804,600*	*130,400*	-	-	-	-	-	*34,500*	-	*1,969,500*
LGA	*Health*	*Health Care Financing*	232.00	*4,605,000*		*62,052,500*		*6,115,500*	*350,000*	*2,010,800*	*40,002,000*	*528,400*	115,664,200
LHB	*Health*	*Medicaid Mandatory Services*	78.00	*192,290,400*	*(29,919,300)*	*556,215,000*	*66,944,400*	*1,341,500*	*20,773,500*		*3,115,600*		*810,761,100*
LJA	*Health*	*Medicaid Optional Services*	-	*95,207,800*	*(21,354,200)*	*496,756,700*	*29,467,200*	*78,453,700*	*1,730,300*		*112,564,800*		*792,826,300*
LPA	*Health*	*Children's Health Insurance Program*	12.50	*510,700*		*58,866,700*		*2,310,100*	*14,097,000*		*150,100*	*514,900*	*76,449,500*
Units Smaller Than Line Item													
LBE	*Health*	*Primary Care and Rural Health*	4.10	*2,154,400*	-	-	-	-	-	-	-	-	*2,154,400*
LFD	*Health*	*Maternal and Child Health*	57.50	*316,800*	-	*37,259,400*	-	*12,306,500*	-	-	*380,200*	-	*50,262,900*
LFF	*Health*	*Children with Special Health Care Needs*	118.20	*9,547,000*	-	*6,219,500*	-	*768,300*	-	*3,241,300*	*56,300*	-	*19,832,400*
LAA	*Health*	*Organ & Pet Neuter Accounts*	-	-	-	-	-	-	*127,000*	-	-	-	*127,000*
LFC	*Health*	*Health Promotion*	102.60	*481,200*	-	*5,506,000*	-	*135,400*	*1,533,400*	*1,524,700*	*1,021,800*	-	*10,202,500*
LEB	*Health*	*HIV Treatment and Care Program*		*93,400*	-	*4,227,500*	-	-	-	-	-	-	*4,320,900*
N/A	*Health*	*Traumatic Brain Injury Fund*	-						*50,000*				*50,000*
	Total Health		604.90	305,206,700	(51,273,500)	1,227,103,300	96,411,600	101,431,000	38,661,200	6,776,800	157,290,800	1,043,300	1,882,651,200
JSC	*Veterans' Affairs*	*Veterans' Affairs Administration*	5.00	*377,700*	*152,400*			*81,600*					*611,700*
JDE	*Veterans' Affairs*	*Veterans' Affairs Nursing Home*	2.00	*270,000*	*230,000*								*500,000*
													-
	Total Veterans' Affairs		7.00	*647,700*	*382,400*	-	-	*81,600*	-	-	-	-	*1,111,700*
WRB	*DCC*	*Blind and Physically Handicapped*	27.00	*784,500*		*199,700*	-	*786,300*		-	-	-	*1,770,500*
WSE	*DCC*	*Housing Development*	21.00	*292,800*		*766,100*	*1,800,000*	-	-	-	-	-	*2,858,900*
WSM	*DCC*	*Special Housing*	-	-	-	*143,000*	-	-	-	-	-	-	*143,000*
WSH	*DCC*	*Homeless Committee*	5.00	*1,653,800*		*1,255,900*	*3,100,000*		*850,000*			-	*6,859,700*
WSG	*DCC*	*HEAT*	4.00			*18,753,700*	-	*221,000*					*18,974,700*
WSN	*DCC*	*Weatherization*	3.00	*15,500*		*8,591,400*	*29,000,000*	*1,100,000*	-		-	-	*38,706,900*
WSF	*DCC*	*Community Services*	3.00	*43,700*		*3,387,000*							*3,430,700*
WSJ	*DCC*	*Emergency Food Network*		*289,600*	*25,000*	*6,000*							*320,600*
WZJ	*Restricted Revenue*	*Olene Walker Housing Loan Fund*		*2,281,900*	*105,000*	*7,700,000*							*10,086,900*
KJA	*Restricted Revenue*	*Pamela Atkinson Homeless Trust*		*595,000*	*105,000*								*700,000*
	Total Community and Culture		63.00	*5,956,800*	*235,000*	*40,802,800*	*33,900,000*	*2,107,300*	*850,000*	-	-	-	*83,851,900*
PSH	*Minimum School Program*	*Special Education - Add On WPUs*	-	*160,029,100*	-	-	-	-	-	-	-	-	*160,029,100*
PSI	*Minimum School Program*	*Special Education - Pre School WPUs*	-	*22,623,500*	-	-	-	-	-	-	-	-	*22,623,500*
PSJ	*Minimum School Program*	*Special Education - Self Contained WPUs*	-	*35,632,200*	-	-	-	-	-	-	-	-	*35,632,200*
PSK	*Minimum School Program*	*Special Education - Extended Year WPUs*	-	*992,100*	-	-	-	-	-	-	-	-	*992,100*
PSL	*Minimum School Program*	*Special Education - State Programs WPUs*	-	*4,398,900*	-	-	-	-	-	-	-	-	*4,398,900*
PTN	*Minimum School Program*	*Special Populations - Highly Impacted Schools*	-	*4,610,900*	-	-	-	-	-	-	-	-	*4,610,900*
PTO	*Minimum School Program*	*Special Populations - Youth At-Risk Programs*	-	*28,270,100*	-	-	-	-	-	-	-	-	*28,270,100*
PTP	*Minimum School Program*	*Special Populations - Adult Education*	-	*9,266,100*	-	-	-	-	-	-	-	-	*9,266,100*
PTT	*Minimum School Program*	*Special Populations - English Language Learner Family Literacy Centers*	-	*1,800,000*	-	-	-	-	-	-	-	-	*1,800,000*
PAB	*Utah State Office of Education*	*State Board of Education - Student Achievement - Special Ed/Title I*		*200,000*		*104,543,400*		-	-	-	-	-	*104,743,400*
PDA	*Utah State Office of Education*	*State Board of Education - Child Nutrition Programs*	27.00	*138,800*		*114,321,600*		*21,611,800*					*136,072,200*
PFB	*Utah State Office of Education*	*State Board of Education - Educational Contracts*		*3,178,300*				-	-	-	-	-	*3,178,300*
PKA	*Utah State Office of Education*	*State Board of Ed - Grants and Initiatives Carson Smith*	1.00	*2,312,500*	-	-	-	-	-	-	-	-	*2,312,500*
PVA/B	*Utah Schools for the Deaf and the Blind*	*State Board of Ed - Utah Schools for the Deaf and the Blind*	372.00	*22,711,300*		*165,700*		*1,346,300*			*4,663,000*	*567,900*	*29,454,200*
	Total Public Education		400.00	*296,163,800*	-	*219,030,700*	-	*22,958,100*	-	-	*4,663,000*	*567,900*	*543,383,500*

Appendix C

Line Item	State Agency	Line Item Name	FTE	Gen./Ed. Fund	One-time Gen./Ed. Fund	Federal Funds	ARRA Federal Funds	Dedicated Credits	Rest. Funds	Medicaid Rev. Transfers	All Other Rev. Transfers	All Other Funds	Total Rev.
KAA	*Human Services*	*Executive Director Operations*	104.00	*8,570,800*	*(186,200)*	*7,199,800*	-	-		*498,600*	*26,900*	-	*16,109,900*
KBA	Human Services	*Substance Abuse and Mental Health*	828.00	80,669,100	4,251,300	23,685,900	1,416,300	3,447,100	3,666,300	12,798,200	172,800	-	*130,107,000*
KFA	Human Services	*Services for People with Disabilities*	916.00	50,908,100	(12,786,400)	2,849,500	16,281,400	2,639,700	100,000	140,035,100	354,700	1,000,000	*201,382,100*
KGA	Human Services	*Office of Recovery Services*	499.00	14,034,200	(669,500)	30,785,600	9,000,000	3,220,000	-	2,226,800	216,500	-	*58,813,600*
KHA	Human Services	*Child and Family Services*	1,140.00	97,520,600	(1,576,800)	47,795,700	4,509,900	2,553,200	1,240,700	16,514,900	16,500		*168,574,700*
KKA	Human Services	*Aging and Adult Services*	48.00	11,867,500	675,300	8,700,400	1,055,400	-	-	442,400	-	-	*22,741,000*
KJA	Human Services	*Juvenile Justice Services*	488.00	39,290,600	1,761,000	749,100	695,900	1,455,000	-	6,893,000	749,400	-	*51,594,000*
	Total Human Services		4,023.00	302,860,900	(8,531,300)	121,766,000	32,958,900	13,315,000	5,007,000	179,409,000	1,536,800	1,000,000	*649,322,300*
	Note: Only half of the Juvenile Justice Services (JJS) budget has been shown for this report. JJS has a three-fold mission of protection, accountability, and competency. For the purposes of this report, it has been estimated that half of the JJS budget is applicable to the social services definition.												
CEA	Office of Domestic and Sexual Violence	Governor's Office-CCJJ Commission	1.00		-				*118,000*	-	-	-	*118,000*
CEB	Crime Victim Reparations	Governor's Office-CCJJ Commission	22.00	-	-	4,705,700	2,235,000	56,000	1,788,500	-	-	-	*8,785,200*
CED	Substance Abuse and Anti-violence	Governor's Office-CCJJ Commission	1.37	-	-	-	-	-	151,300	-	-	-	*151,300*
	Total Comm. On Criminal & Juv. Justice		24.37	-	-	4,705,700	2,235,000	56,000	2,057,800	-	-	-	*9,054,500*
	Note: In addition to the amounts listed above, Crime Victim Reparations estimates they will spend $6,250,000 to compensate victim's of crime. This funding is not appropriated by the legislature because it is a special revenue fund. In FY 2010 it is estimated that the source of the expenditures will come from the following sources: CVR special revenue fund ($2,997,000); federal funds ($2,572,000); and ARRA funds ($681,000,												
BEA	Courts	Guardian ad Litem	67.00	5,011,100	-	-	-	20,000	810,200				*5,841,300*
BAE	Courts	Juvenile Courts	481.00	33,296,400				800,200	2,716,700				*36,813,300*
	Total Courts		548.00	38,307,500	-	-	-	820,200	3,526,900	-	-	-	42,654,600
MKA	Corrections	Programming Administration	5.00	450,200				100					*450,300*
MKB	Corrections	Programming Treatment	55.00	2,726,800	948,000			246,700					*3,921,500*
MKC	Corrections	Programming Skill Enhancement	78.00	5,945,900				500	1,500,000		19,700		*7,466,100*
MDA	Corrections	Medical Services	44.00	5,726,100				74,100					*5,800,200*
	Total Corrections		182.00	14,849,000	948,000	-	-	321,400	1,500,000	-	19,700	-	17,638,100
	Total Social Services		8,371.37	1,059,916,600	(54,362,800)	2,032,061,500	264,028,700	149,465,000	54,602,900	186,197,600	191,239,700	267,611,200	4,150,760,400

FY 2010 Appropriations - Social Services State Agencies - Expenditures

Line Item	State Agency	Line Item Name	FTE	Personal Services	In-state Travel	Out-of-state Travel	Current Exp.	DP Cur. Exp.	DP Cap. Outlay	Cap. Outlay	Other/Pass Thru	Total Exp.
FAB	Department of Administrative Services	Parental Defense	-	-	-	-	-	120,500	-	-	-	120,500
	Workforce Services	Workforce Services	1,947.00	142,623,000	774,000	341,000	37,907,200	37,616,000			611,524,400	830,785,600
	USOR	Workforce Services	417.00	31,608,400	272,200	114,500	5,349,800	906,400	30,500	887,700	32,840,400	72,009,900
DAA	Atty Gen	AG - Child Protection (DCFS)	66.00	6,267,100	46,100	1,900	490,700	33,400				6,839,200
DAA	Atty Gen	AG - Children's Justice	13.00	1,211,000	5,300	1,600	31,400	3,800				1,253,100
DAA	Atty Gen	AG - Child & Family Support (ORS)	46.00	3,923,100	38,100	10,800	58,100	20,700				4,050,800
DAA	Atty Gen	AG - Medicaid Fraud	10.00	1,006,800	1,800	13,000	122,900	10,900		10,300		1,165,700
DQA	Atty Gen	Children's Justice Centers	2.00		3,300	6,800	506,800	8,200			2,373,200	2,898,300
	Total Attorney General		137.00	12,408,000	94,600	34,100	1,209,900	77,000	-	10,300	2,373,200	16,207,100
QBB	University of Utah	Educationally Disadvantaged	7.55	430,884	500		314,016					745,400
QCB	Utah State University	Educationally Disadvantaged	2.81	158,400			85,800					244,200
QDB	Weber State University	Educationally Disadvantaged	5.28	371,100								371,100
QEB	Southern Utah University	Educationally Disadvantaged	0.72	35,673	4,000		58,627					98,300
QJB	Utah Valley University	Educationally Disadvantaged	1.41	154,644			3,256					157,900
QFB	Snow College	Educationally Disadvantaged	-				32,000					32,000
QGB	Dixie State College	Educationally Disadvantaged	-				27,900					27,900
QHB	College of Eastern Utah	Educationally Disadvantaged	0.33	6,084			108,216					114,300
QKB	Salt Lake Community College	Educationally Disadvantaged	-				178,400					178,400
	Total Higher Education		18.10	1,156,785	4,500	-	808,215	-	-	-	-	1,969,500
LGA	Health	Health Care Financing	232.00	17,489,400	74,000	60,000	7,836,100	7,298,700			82,906,000	115,664,200
LHB	Health	Medicaid Mandatory Services	78.00	5,181,900	57,300	6,600	444,700	57,100			805,013,500	810,761,100
LJA	Health	Medicaid Optional Services	-					2,000			792,824,300	792,826,300
LPA	Health	Children's Health Insurance Program	12.50	1,043,300	13,400	3,600	1,028,400	40,300			74,320,500	76,449,500
Units Smaller Than Line Item												
LBE	Health	Primary Care and Rural Health	4.10	4,700	400	-	2,036,300	200	-	2,000	110,800	2,154,400
LFD	Health	Maternal and Child Health	57.50	1,265,900	7,700	23,700	1,447,700	628,000	-	-	46,889,900	50,262,900
LFF	Health	Children with Special Health Care Needs	118.20	6,330,300	152,400	20,000	6,009,700	225,300	18,400	7,500	7,068,800	19,832,400
LAA	Health	Organ & Pet Neuter Accounts	-	-	-	-	127,000	-	-	-	-	127,000
LFC	Health	Health Promotion	102.60	2,761,100	34,800	42,000	6,064,400	118,700	-	9,700	1,171,800	10,202,500
LEB	Health	HIV Treatment and Care Program		450,700	300	3,900	3,025,100	68,200	-	-	772,700	4,320,900
N/A	Health	Traumatic Brain Injury Fund	-								50,000	50,000
	Total Health		604.90	34,527,300	340,300	159,800	28,019,400	8,438,500	18,400	19,200	1,811,128,300	1,882,651,200
JSC	Veterans' Affairs	Veterans' Affairs Administration	5.00	352,100	5,100	6,600	62,300	7,500			178,100	611,700
JDE	Veterans' Affairs	Veterans' Affairs Nursing Home	2.00	266,000	300	2,500	231,200					500,000
												-
	Total Veterans' Affairs		7.00	618,100	5,400	9,100	293,500	7,500	-	-	178,100	1,111,700
WRB	DCC	Blind and Physically Handicapped	27.00	1,570,000	1,200	8,400	145,900	45,000	-	-		1,770,500
WSE	DCC	Housing Development	21.00	2,173,200	13,300	11,600	122,900	6,800			531,100	2,858,900
WSM	DCC	Special Housing	-	-							143,000	143,000
WSH	DCC	Homeless Committee	5.00	349,200	8,400	9,900	71,100	4,200			6,416,900	6,859,700
WSG	DCC	HEAT	4.00	440,300	3,200	9,100	204,200	103,600	-	-	18,214,300	18,974,700
WSN	DCC	Weatherization	3.00	276,200	2,100	1,300	60,000	2,500	-	-	38,364,800	38,706,900
WSF	DCC	Community Services	3.00	222,300	1,200	6,900	21,000	2,200			3,177,100	3,430,700
WSJ	DCC	Emergency Food Network		18,400	2,400						299,800	320,600
WZJ	Restricted Revenue	Olene Walker Housing Loan Fund									10,086,900	10,086,900
KJA	Restricted Revenue	Pamela Atkinson Homeless Trust									700,000	700,000
	Total Community and Culture		63.00	5,049,600	31,800	47,200	625,100	164,300	-	-	77,933,900	83,851,900
PSH	Minimum School Program	Special Education - Add On WPUs	-								160,029,100	160,029,100
PSI	Minimum School Program	Special Education - Pre School WPUs	-								22,623,500	22,623,500
PSJ	Minimum School Program	Special Education - Self Contained WPUs	-								35,632,200	35,632,200
PSK	Minimum School Program	Special Education - Extended Year WPUs	-								992,100	992,100
PSL	Minimum School Program	Special Education - State Programs WPUs	-								4,398,900	4,398,900
PTN	Minimum School Program	Special Populations - Highly Impacted Schools	-								4,610,900	4,610,900
PTO	Minimum School Program	Special Populations - Youth At-Risk Programs	-								28,270,100	28,270,100
PTP	Minimum School Program	Special Populations - Adult Education	-								9,266,100	9,266,100
PTT	Minimum School Program	Special Populations - English Language Learner Family Literacy Centers	-								1,800,000	1,800,000
PAB	Utah State Office of Education	State Board of Education - Student Achievement - Special Ed/Title I		1,611,600	90,700		1,033,000	75,900			101,932,200	104,743,400
PDA	Utah State Office of Education	State Board of Education - Child Nutrition Programs	27.00	1,875,300	20,500	35,100	673,600	9,300	234,100		133,224,300	136,072,200
PFB	Utah State Office of Education	State Board of Education - Educational Contracts					15,200				3,163,100	3,178,300
PKA	Utah State Office of Education	State Board of Ed - Grants and Initiatives Carson Smith	1.00	90,400	100		2,222,000				-	2,312,500
PVA/B	Utah Schools for the Deaf and the Blind	State Board of Ed - Utah Schools for the Deaf and the Blind	372.00	24,092,200	513,300	40,000	4,568,500	223,200		17,000		29,454,200
	Total Public Education		400.00	27,669,500	624,600	75,100	8,512,300	308,400	234,100	17,000	505,942,500	543,383,500

Appendix C

Line Item	State Agency	Line Item Name	FTE	Personal Services	In-state Travel	Out-of-state Travel	Current Exp.	DP Cur. Exp.	DP Cap. Outlay	Cap. Outlay	Other/Pass Thru	Total Exp.
KAA	*Human Services*	*Executive Director Operations*	104.00	*8,880,700*	*96,600*	*37,400*	*3,577,400*	*1,875,800*	-	-	*1,642,000*	*16,109,900*
KBA	Human Services	*Substance Abuse and Mental Health*	828.00	46,846,800	56,900	36,800	12,785,600	2,375,500			68,005,400	*130,107,000*
KFA	Human Services	*Services for People with Disabilities*	916.00	48,829,600	260,200	23,100	8,691,400	2,526,600	6,000		141,045,200	*201,382,100*
KGA	Human Services	*Office of Recovery Services*	499.00	35,628,100	30,900	2,500	10,737,200	12,384,000	30,900			*58,813,600*
KHA	Human Services	*Child and Family Services*	1,140.00	67,437,900	901,500	59,500	19,009,500	4,917,900	-	-	76,248,400	*168,574,700*
KKA	Human Services	*Aging and Adult Services*	48.00	3,307,900	82,600	21,400	512,300	356,900	-	-	18,459,900	*22,741,000*
KJA	Human Services	*Juvenile Justice Services*	488.00	25,903,600	163,900	9,400	9,509,600	592,200	-	-	15,415,300	*51,594,000*
	Total Human Services		4,023.00	236,834,600	1,592,600	190,100	64,823,000	25,028,900	36,900	-	320,816,200	*649,322,300*
	Note: Only half of the Juvenile Justice Services (JJS) budget has been shown for this report. JJS has a three-fold mission of protection, accountability, and competency. For the purposes of this report, it has been estimated that half of the JJS budget is applicable to the social services definition.											
CEA	Office of Domestic and Sexual Violence	Governor's Office-CCJJ Commission	1.00	*111,300*	*800*	*1,000*	*3,100*	*1,800*	-	-	-	*118,000*
CEB	Crime Victim Reparations	Governor's Office-CCJJ Commission	22.00	1,275,800	8,600	15,000	752,000	17,700			6,716,100	*8,785,200*
CED	Substance Abuse and Anti-violence	Governor's Office-CCJJ Commission	1.37	137,900	1,000	-	11,100	1,300	-		-	*151,300*
	Total Comm. On Criminal & Juv. Justice		24.37	1,525,000	10,400	16,000	766,200	20,800	-	-	6,716,100	*9,054,500*
	Note: In addition to the amounts listed above, Crime Victim Reparations estimates they will spend $6,250,000 to compensate victim's of crime. This funding is not appropriated by the legislature because it is a special revenue fund. In FY 2010 it is estimated that the source of the expenditures will come from the following sources: CVR special revenue fund ($2,997,000); federal funds ($2,572,000); and ARRA funds ($681,000).											
BEA	Courts	Guardian ad Litem	67.00	5,298,000	66,100	2,900	472,900	1,400				*5,841,300*
BAE	Courts	Juvenile Courts	481.00	33,182,300	89,600	6,700	3,537,600	(2,900)				*36,813,300*
	Total Courts		548.00	38,480,300	155,700	9,600	4,010,500	(1,500)	-	-	-	42,654,600
MKA	Corrections	Programming Administration	5.00	425,400	2,600	2,900	17,900	1,500				*450,300*
MKB	Corrections	Programming Treatment	55.00	3,734,300			182,600	4,600				*3,921,500*
MKC	Corrections	Programming Skill Enhancement	78.00	5,970,000			1,402,300	93,800				*7,466,100*
MDA	Corrections	Medical Services	44.00	3,888,500			998,900	51,900			860,900	5,800,200
	Total Corrections		182.00	14,018,200	2,600	2,900	2,601,700	151,800	-	-	860,900	17,638,100
	Total Social Services		8,371.37	546,518,785	3,908,700	999,400	154,926,815	72,838,600	319,900	934,200	3,370,314,000	4,150,760,400

APPENDIX D – SOCIAL SERVICES AGENCY INTERACTION AND COORDINATION

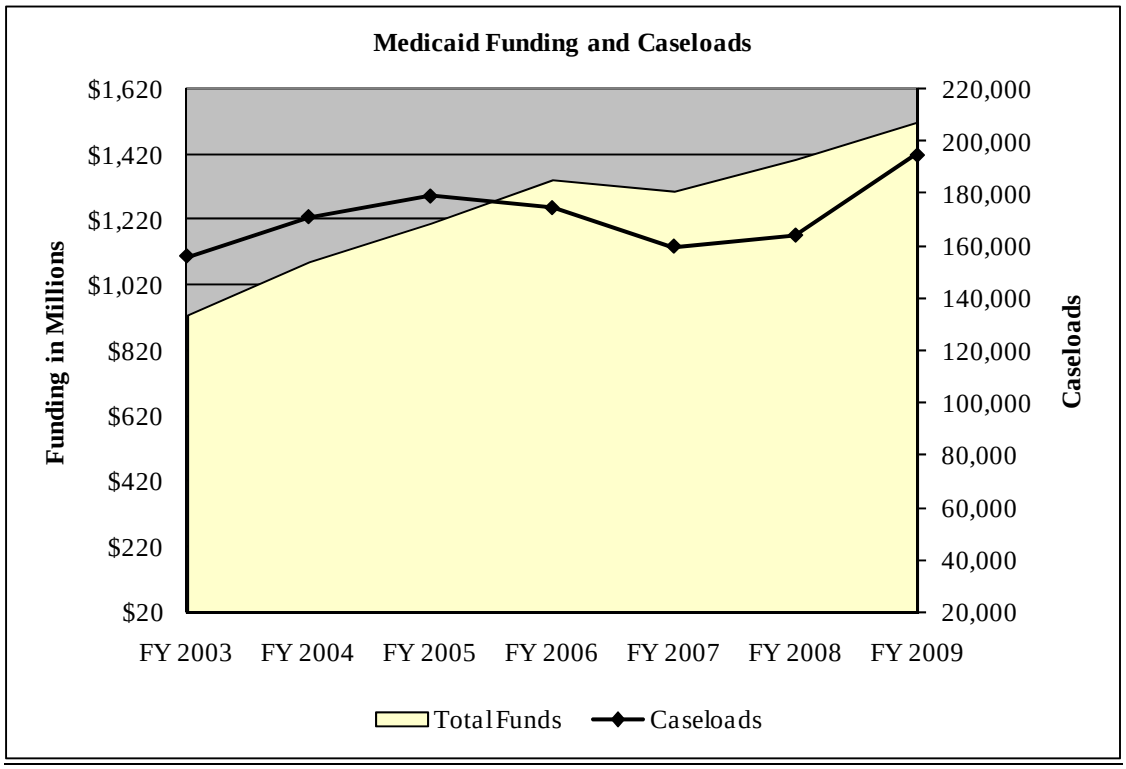
Social Services Agency Interaction and Coordination

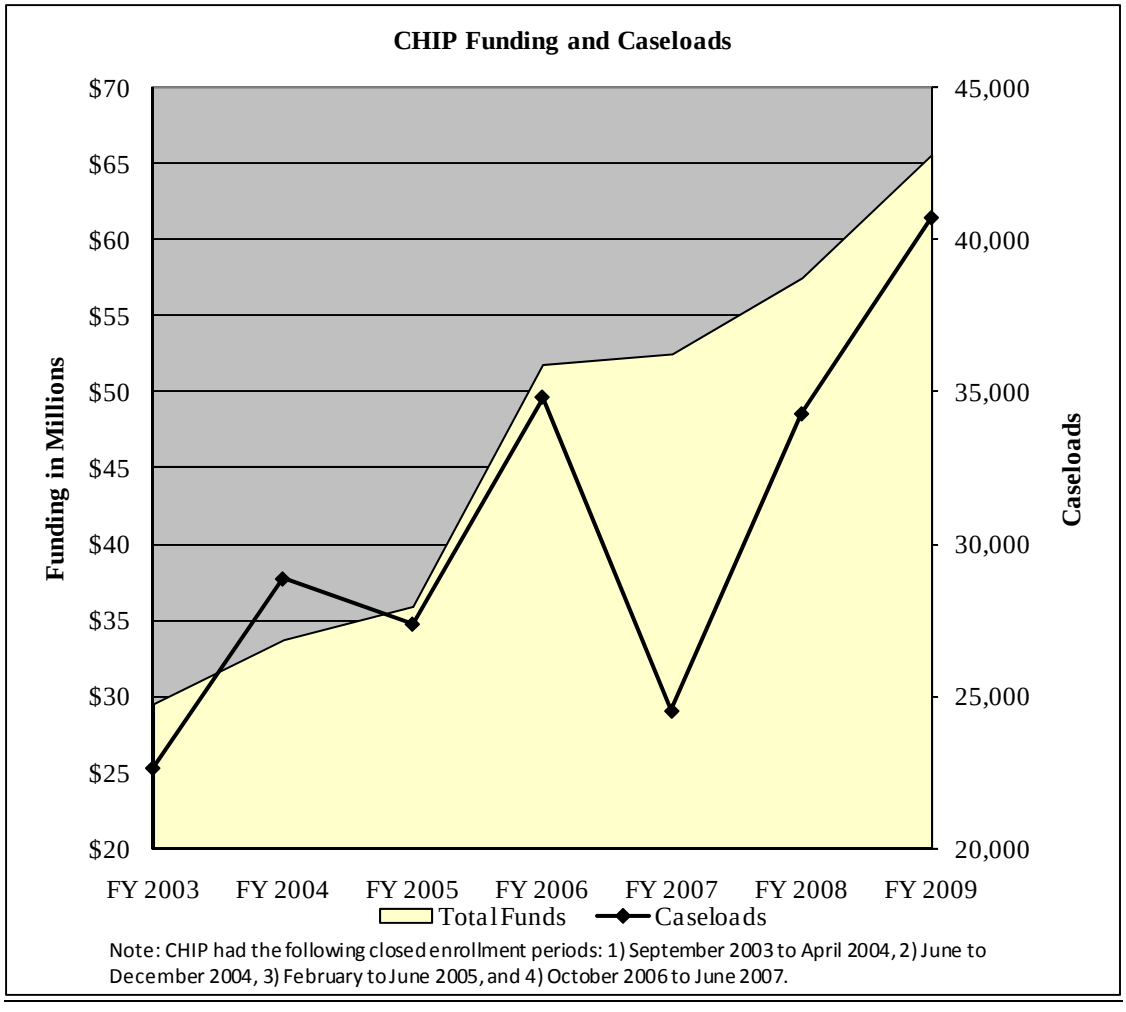
Department	Line Item or Partial Line Item Program	Health Care Financing/Medicaid	Children's Health Insurance Program	Primary Care and Rural Health	Baby Your Baby	Women, Infants, and Children (WIC)	Fostering Healthy Children	Baby Watch/Early Intervention	Children with Special Health Care Needs	Organ & Pet Neuter Accounts	Oscarson Children's Organ Transplant Fund	Technology Dependent Waiver Program	Mobile Dental Clinic	Immunization Program	Dept. of Health - Head Start	Assistance to Persons w Bleeding Disorders	Cancer Screening Program	HIV Treatment and Care Program	Traumatic Brain Injury Fund	Workforce Services	Executive Director Operations	Substance Abuse and Mental Health	Services for People with Disabilities	Office of Recovery Services	Child and Family Services	Aging and Adult Services	Juvenile Justice Services	State Office of Education	Special Education	Special Populations	Child Nutrition	Educational Contracts	Local School Districts *	Ut Schls f Deaf/Blind	Ut. St. Office of Rehabilitation	Courts	Utah Juvenile Court	Guardian ad Litem	Blind and Phys. Handicapped	Housing and Community Development	Corrections	Corrections Program Services	Corrections Medical - Ment Hlth	Attorney General	HE - Ed. Disadvantaged	HE - University of Utah Hospital	Veterans' Affairs	Child Welfare Parental Defense	Counties *	Comprehensive Health Insurance Pool	Local Law Enforcement *	Commission on Criminal & Juvenile Justice	Private Service Providers *
	Number of interactions	**43**	**31**	**5**	**5**	**7**	**4**	**8**	**6**	**1**	**2**	**2**	**6**	**9**	**10**	**2**	**3**	**5**	**7**	**39**	**17**	**24**	**25**	**22**	**32**	**16**	**28**	**23**	**21**	**15**	**8**	**11**	**16**	**16**	**20**	**21**	**21**	**12**	**3**	**12**	**18**	**25**	**18**	**20**	**4**	**10**	**7**	**4**	**24**	**9**	**11**	**23**	**17**
Health	*Health Care Financing/Medicaid*																																																			
Health	*Children's Health Insurance Program*																																																		
Health	*Primary Care and Rural Health*																																																		
Health	*Baby Your Baby*																																																		
Health	*Women, Infants, and Children (WIC)*																																																		
Health	*Fostering Healthy Children*																																																		
Health	*Baby Watch/Early Intervention*																																																		
Health	*Children with Special Health Care Needs*																																																		
Health	*Organ & Pet Neuter Accounts*																																																		
Health	*Oscarson Children's Organ Transplant Fund*																																																		
Health	*Technology Dependent Waiver Program*																																																		
Health	*Mobile Dental Clinic*																																																		
Health	*Immunization Program*																																																		
Health	*Dept. of Health - Head Start*																																																		
Health	*Assistance to Persons w Bleeding Disorders*																																																		
Health	*Cancer Screening Program*																																																		
Health	*HIV Treatment and Care Program*																																																		
Health	*Traumatic Brain Injury Fund*																																																		
Workforce Services	*Workforce Services*																																																		
Human Srvcs	*Executive Director Operations*																																																		
Human Srvcs	*Substance Abuse and Mental Health*																																																		
Human Srvcs	*Services for People with Disabilities*																																																		
Human Srvcs	*Office of Recovery Services*																																																		
Human Srvcs	*Child and Family Services*																																																		
Human Srvcs	*Aging and Adult Services*																																																		
Human Srvcs	*Juvenile Justice Services*																																																		
Pub. Ed. - St. Office of Ed.	*State Office of Education*																																																		
Pub. Ed. - Min. Schl. Program	*Special Education*																																																		
Pub. Ed. - Min. Schl. Program	*Special Populations*																																																		
Pub. Ed. - St. Office of Ed.	*Child Nutrition*																																																		
Pub. Ed. - St. Office of Ed.	*Educational Contracts*																																																		
Public Ed.	*Local School Districts *																																																		
Pub. Ed. - St. Office of Ed.	*Ut Schls f Deaf/Blind*																																																		
Ut. St. Board of Education	*Ut. St. Office of Rehabilitation*																																																		
Courts	*Courts*																																																		
Courts	*Utah Juvenile Court*																																																		
Courts	*Guardian ad Litem*																																																		
Community and Culture	*Blind and Phys. Handicapped*																																																		
Community and Culture	*Housing and Community Development*																																																		
Corrections	*Corrections*																																																		
Corrections	*Corrections Program Services*																																																		
Corrections	*Corrections Medical - Ment Hlth*																																																		
Attorney General	*Attorney General*																																																		
Higher Education	*HE - Ed. Disadvantaged*																																																		
Higher Education	*University of Utah Hospital*																																																		
Veterans' Affairs	*Veterans' Affairs*																																																		
Administrative Services	*Child Welfare Parental Defense*																																																		
Counties	*Counties *																																																			
Comprehensive Hlth. Ins. Pool	*Comprehensive Health Insurance Pool*																																																		
Local Government	*Local Law Enforcement *																																																		
Governor's Office - CCJJ	*Commission on Criminal & Juvenile Justice*																																																		
Private Service Providers	*Private Service Providers *																																																		

* - represent entities outside of state government. Interaction and coordination has only been reported by a state agency, not by the outside entity

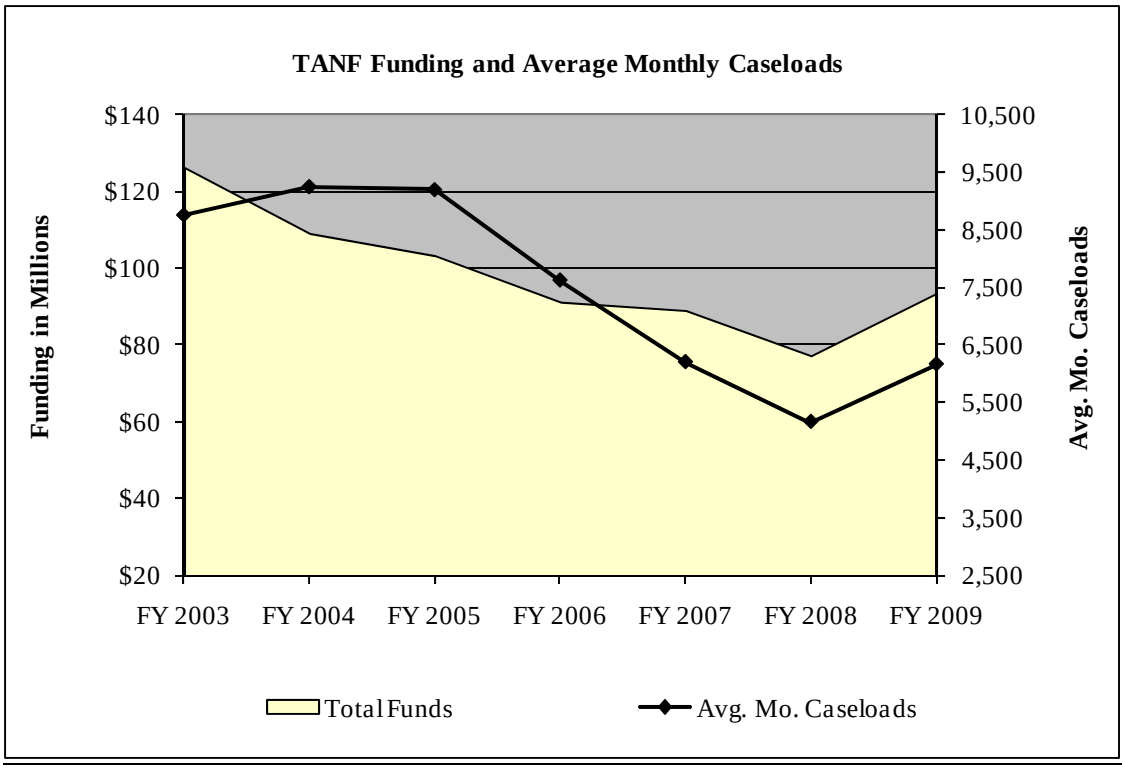
APPENDIX E – MAJOR SOCIAL SERVICES PROGRAMS - CASELOAD AND RESOURCES TRENDS, FY 2003 TO FY 2009

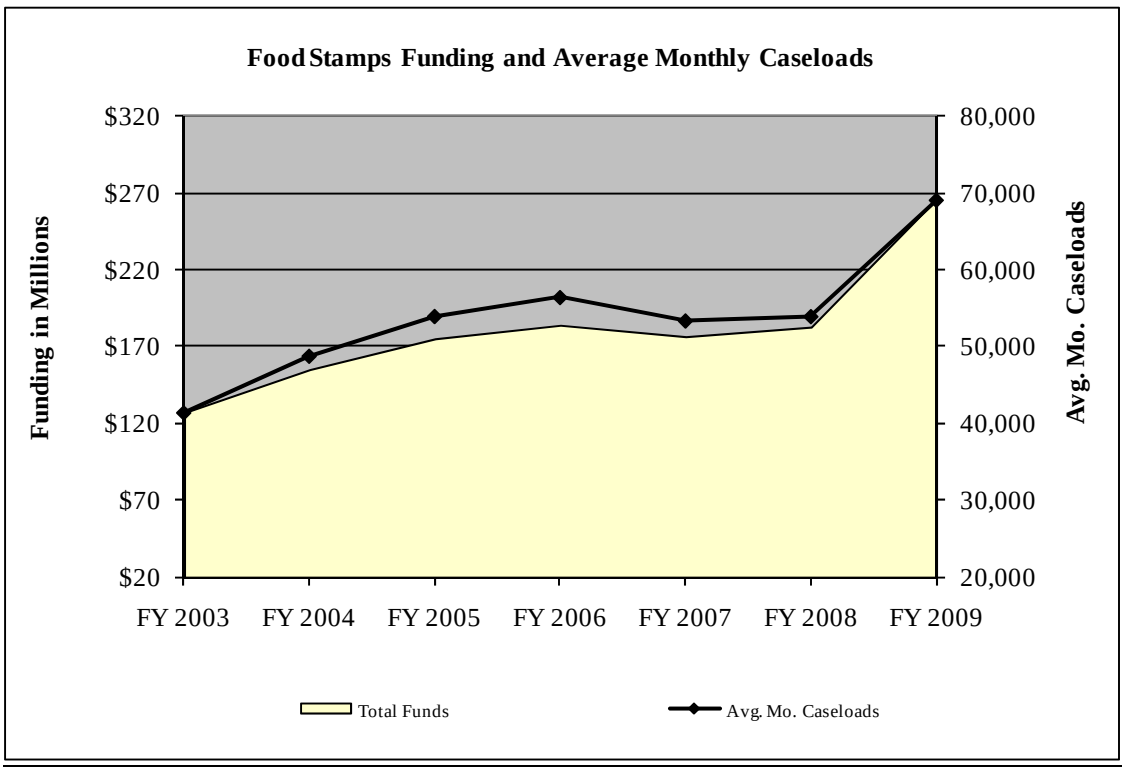
The following charts show total funding provided for expenditures and associated caseloads (days of care for one area) for seven major Social Services program areas: Medicaid, the Children's Health Insurance Program (CHIP), Temporary Assistance for Needy Families (TANF), Food Stamps, the Division of Child and Family Services (DCFS), the Office of Recovery Services (ORS), and the Division of Juvenile Justice Services (JJS).

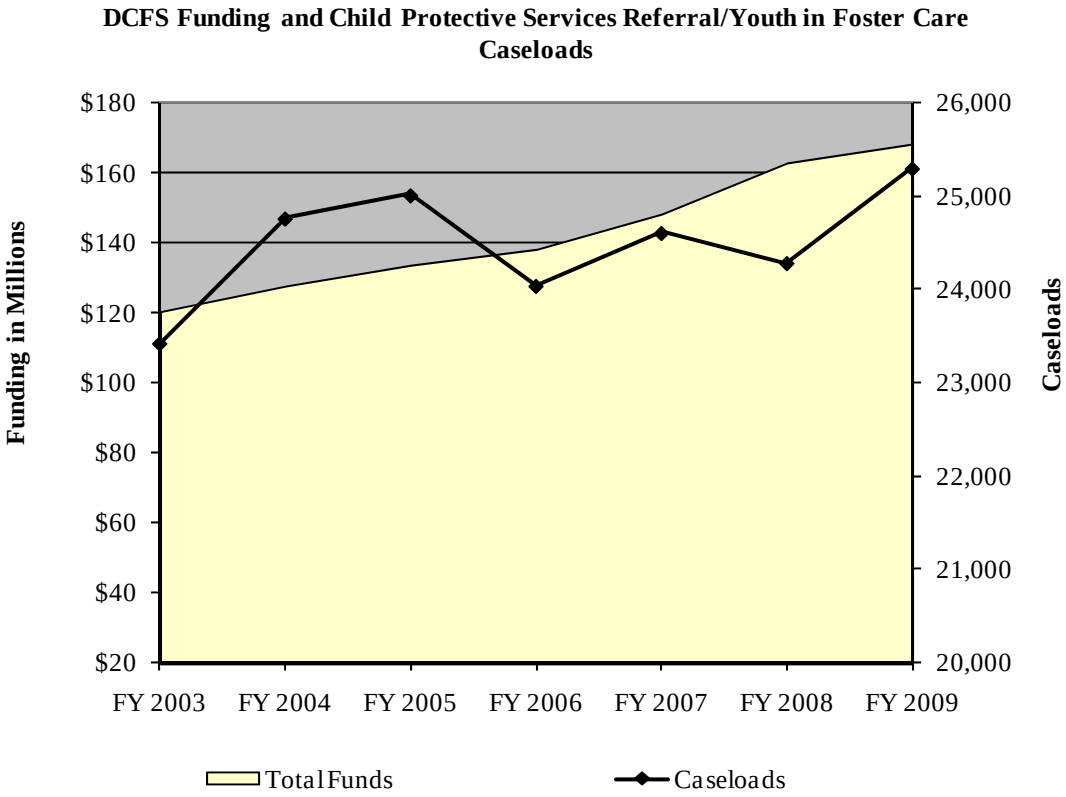




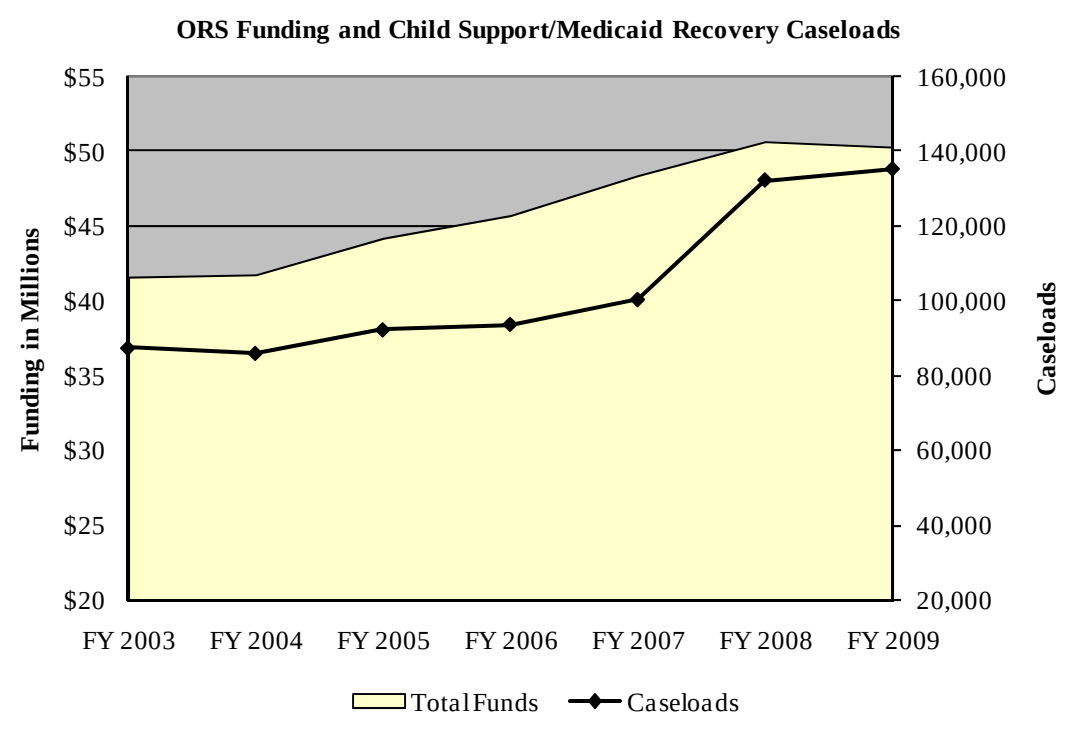
Note: CHIP had the following closed enrollment periods: 1) September 2003 to April 2004, 2) June to December 2004, 3) February to June 2005, and 4) October 2006 to June 2007.

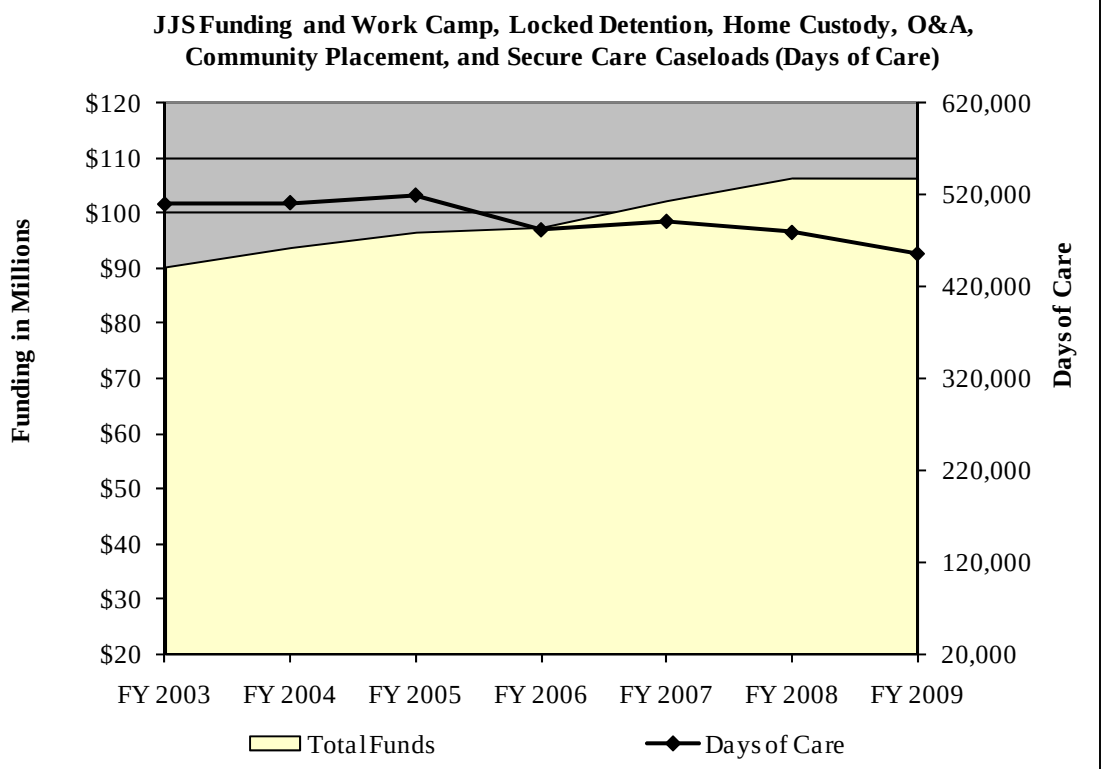

TANF Funding and Average Monthly Caseloads
Funding in Millions
Avg. Mo. Caseloads
$140
$120
$100
$80
$60
$40
$20
10,500
9,500
8,500
7,500
6,500
5,500
4,500
3,500
2,500
FY 2003
FY 2004
FY 2005
FY 2006
FY 2007
FY 2008
FY 2009
Total Funds
Avg. Mo. Caseloads


Food Stamps Funding and Average Monthly Caseloads
Funding in Millions
Avg. Mo. Caseloads
$320
$270
$220
$170
$120
$70
$20
80,000
70,000
60,000
50,000
40,000
30,000
20,000
FY 2003
FY 2004
FY 2005
FY 2006
FY 2007
FY 2008
FY 2009
Total Funds
Avg. Mo. Caseloads



Note: beside child protective services referrals and youth in foster care services, DCFS also uses total funding and staff to provide In-home and Domestic Violence services, Child Abuse Preventon, and administrative functions that go along with these services.





Note: the division also uses total funding and staff to provide receiving centers, youth services, diversion, and home detention as well as administration.