

Utah Department of Health

Distribution of Funds to Local Government Entities - Summary Sheet, See Separate document reference

Intent Language SB3 Item 75

Allocated Funding sources > \$1 M

6. The Legislature intends the departments of Health, Human Services, and Workforce Services and the Utah State Office of Rehabilitation provide to the Office of the Legislative Fiscal Analyst by June 1, 2015 a report outlining how funds are distributed within the state when passed through to local government entities or allocated to various regions and how often these distributions are reviewed and altered to reflect the relevant factors associated with the programs.

Appr	Appr Name	Program Description	Total Allocation Amount FY2014	(1) Is the program considered a statewide program (this would include something that serves all rural areas)? a. Is the implementation of the program really statewide? If not, is there a compelling reason why?	(2) Who gets the money (by county)?	(3) What is the methodology for distributing the money? a. How does the distribution compare to actual need as expressed by population? i. [If distributions are not reflecting current need (as represented by population), please explain why not?] b. If not done by population, what is the reason?	(4) Does statute say anything about distribution and equity for the program?	Reference to separate document
LEJ	Health Promotion	Tobacco Prevention	3,424,054	Yes, Statewide to all Local Health Depts.-LHDs	All Local Health Depts- LHDs	Grant application process	Not in State statute	LEJ-1
LFB	Preparedness Grants	Public Health Emergency Preparedness	5,323,038	Yes, Statewide to entities in all Counties	LHDs, and Non Profit Orgs	PHEP funds are distributed to all LHDs, see word doc.	Through LHD Governance Committee	LFB-LFB
LFD	Maternal Child Health	MCH Block Grant	1,911,100	Yes, Statewide to all Local Health Dept.-LHDs.	LHDs, and Non Profit Orgs	Historical Distribution (for the future a funding formula in development will be implemented)	Yes, Federal guidelines SSL Sec. 501	LFB-LFD
LFD	Maternal Child Health	WIC Admin and Nutrition	49,020,897	Yes, Statewide to entities in all Counties	LHDs, Schools and NPOs	Allocated by Federal Formula	Yes, Federal WIC Regulations	LFB-LFD
LFJ	Maternal Child Health	Baby Watch / Early Intervention	17,366,467	Yes, Statewide to entities in all Counties	LHDs, School Districts and Non Profit Orgs	By Grant Application process	Yes, Distribution rules are in PL 108-446	LFB-LFJ
LFE	Primary Care	Primary Care Grants	3,012,390	Yes, Statewide to entities in all counties	LHDs and Medical Providers	By Applicant and need, see doc LFE1	Yes, Distribution rules are in UCA 26-10b	LFB-LFE
LJH	Medicaid Optional Srvs	Disproportionate Share Hospital (DSH)	29,611,800	Yes, Statewide to qualifying hospitals	To qualifying hospitals	Allocation by Utah Medicaid State Plan	Yes, Utah Medicaid State Plan	LJH-1
LJH	Medicaid Optional Srvs	Outpatient Hospital Supplemental Payments	5,189,800	Yes, Statewide to qualifying hospitals	To Government-Owned hospitals	Allocation by Utah Medicaid State Plan	Yes, Utah Medicaid State Plan	LJH-1
LJH	Medicaid Optional Srvs	Nursing Facility Supplemental Payments	2,408,600	Yes, Statewide to qualifying nursing facilities	To non-state government owned nursing facilities	Allocation by Utah Medicaid State Plan	Yes, Utah Medicaid State Plan	LJH-1
LJH	Medicaid Optional Srvs	Prepaid Mental Health Plans	97,529,745	Yes, Statewide to qualifying providers	To Mental Health Providers	Allocation by capitation payment basis	Not in Statute	LJH-1
LJH	Medicaid Optional Srvs	Medicaid Local Health Services	2,340,430	Yes, Statewide to Local Health Departments	All LHDs	Cost based allocation	Not in statute	LJH-1
LLA	Local Health	Local Health Block Grant	2,137,500	Yes, Statewide to Local Health Departments	All LHDs	By Allocation Formula in Statute	Yes, Distribution rules are in UCA 26A-01	LLA-1
		Report Total	219,275,821					

UDOH Distribution of Funds to Local Government Entities

LEJ-1 Utah Tobacco Prevention and Control \$3,424,052

- 1) Is the program considered a statewide program (this would include something that serves all rural areas)? a. Is the implementation of the program really statewide? If not, is there a compelling reason why?

The Tobacco Prevention and Control Program is available statewide. Media promoting tobacco cessation is placed across the state and phone and internet counseling services are available to all areas. In addition to these statewide efforts, all local health districts receive funding to address specific local tobacco prevention and control needs.

- 2) Who gets the money (by county)?

Agency	County(ies) Located	Counties Served	Dollar Amount
Bear River Health Department	Box Elder, Cache, Rich	Box Elder, Cache, Rich	230,791
Central Utah Public Health Department	Juab, Sanpete, Millard, Sevier, Piute, Wayne	Juab, Sanpete, Millard, Sevier, Piute, Wayne	271,887
Davis County Health Department	Davis	Davis	265,040
Salt Lake County Health Department	Salt Lake	Salt Lake	835,827
Southeastern Utah District Health Department	Carbon, Emery, Grand	Carbon, Emery, Grand	237,127
Southwest Utah Public Health Department	Beaver, Iron, Washington, Garfield, Kane	Beaver, Iron, Washington, Garfield, Kane	363,509
Summit County Health Department	Summit	Summit	105,758
Tooele County Health Department	Tooele	Tooele	185,780
TriCounty Health Department	Duchesne, Uintah	Duchesne, Uintah, Daggett	170,839
Utah County Health Department	Utah	Utah	369,704
Wasatch County Health Department	Wasatch	Wasatch	100,015
Weber-Morgan Health Department	Weber	Weber, Morgan	287,775

- 3) What is the methodology for distributing the money? a. How does the distribution compare to actual need as expressed by population? [If distributions are not reflecting current need (as represented by population), please explain why not?] b. If not done by population, what is the reason?

Beyond statewide infrastructure and support provided through media, quitting services, evaluation and outreach to special population groups, all other funding is distributed through local health districts. Funding to local health districts is based on a formula that provides base funding for capacity and then incorporates tobacco use rates, number of youth, capacity and square miles of the district to allocate the rest of the funding based on where it is most needed. This funding formula was established and agreed upon by all local health department leadership.

- 4) Does statute say anything about distribution and equity for the program? No.

Utah Department of Health

Distribution of Funds to Local Government Entities

LFB Public Health Emergency Preparedness & Healthcare Preparedness Program

(1) Is the program considered a statewide program (this would include something that serves all rural areas)? a. Is the implementation of the program really statewide? If not, is there a compelling reason why? Yes, Statewide to entities in all Counties

(2) Who gets the money (by county)?

Bear River Health Dept.	Box Elder, Cache, Rich
Central Utah Public Health Dept.	Juab, Millard, Piute, Sanpete, Sevier, Wayne
Davis County Health Dept.	Davis
Salt Lake County Health Department	Salt Lake
Southeastern Utah District Health Dept.	Carbon, Emery, Grand, San Juan
Southwest Utah Public Health Department	Beaver, Garfield, Iron, Kane, Washington
Summit County Public Health Department	Summit
Tooele County Health Department	Tooele
TriCounty Health Department	Daggett, Duchesne, Uintah
Utah County Health Dept.	Utah
Wasatch County Health Department	Wasatch
Weber-Morgan Health Department	Morgan, Weber
Confederated Tribes of the Goshute Reservation	Tribal - Tooele, Juab
Urban Indian Center of Salt Lake	Salt Lake
Northwestern Band of the Shoshone Nation	Tribal - Box Elder
Paiute Indian Tribe of Utah	Tribal - Iron, Washington
Utah Navajo Health System, Inc.	Tribal - San Juan
Ute Mountain Ute Tribe	Tribal - San Juan
Utah Hospitals & Health Systems Association	State-wide
Association of Utah Community Health	11 clinics - Cache, Carbon, Emery, Salt Lake, Utah, Washington, Wayne, Weber
Utah Healthcare Association	89 nursing homes - State-wide
UDHS, Division of Substance Abuse & Mental Health	State-wide
Intermountain Center for Disaster Preparedness	State-wide
Healthcare Facilities	51 hospitals - State-wide

(3) What is the methodology for distributing the money? a. How does the distribution compare to actual need as expressed by population? If distributions are not reflecting current need (as

represented by population), please explain why not?] b. If not done by population, what is the reason?

The HPP PHEP Cooperative Agreement is a federal grant authorized under the Pandemic and All-Hazards Preparedness Reauthorization Act (PAHPRA), [Public Law No. 113-5](#).

PHEP funds are distributed to each of Utah’s 12 LHDs, covering all counties in the state, to support public health preparedness, response, and recovery, epidemiology and surveillance, and public information and risk messaging among other projects. PHEP funds are also made available to each tribal entity within the state borders.

HPP funds are provided to all 12 LHDs to support development and sustainment of Medical Reserve Corps units in each district, and which serves all counties within each district. HPP funds are also distributed to 6 LHDs to support the maintenance and progress of single or multi-district Regional Medical Surge Coalitions, covering 26 of Utah’s 29 counties. The remaining 3 counties (Tricounty District) are served by UDOH staff who works closely with LHD, EMS, Emergency Management, and healthcare facilities in the Tricounty District. In total, representatives from all 29 counties are covered and have the opportunity to participate in Regional Medical Surge Coalitions. Additionally, HPP funds support healthcare facility disaster preparedness across the state. The funding is offered to all Utah hospitals, nursing homes and community health clinics, with over 151 facilities across the state receiving funds to address preparedness.

(4) Does statute say anything about distribution and equity for the program?

Yes. Distribution and equity decisions are approved by LHD Health Officer and UDOH through a Governance Committee. The Committee is authorized under Utah Law Title 26-1-4 " Department of Health created -- Policymaking responsibilities -- Consultation with local health departments -- Committee to evaluate health policies and to review federal grants -- Committee responsibilities."

PREPAREDNESS GRANT					
Contract Type	Name of Contract/Contractor	Amount	Funding Source	LHD	Funding Location
ASPR Healthcare System Preparedness	Bear River Health Dept	\$165,014.00	Federal Preparedness Grant	Bear River	
ASPR Healthcare System Preparedness	Central Utah Health Dept	\$99,401.00	Federal Preparedness Grant	Central	
ASPR Healthcare System Preparedness	Salt Lake Valley Health Department	\$124,200.00	Federal Preparedness Grant	Salt Lake	
ASPR Healthcare System Preparedness	Wasatch Health Department	\$30,477.00	Federal Preparedness Grant	Weber/Morgan	
ASPR Healthcare System Preparedness	Southeast Utah Health Department	\$78,015.00	Federal Preparedness Grant	Southeastern	
ASPR Healthcare System Preparedness	Southwest Utah Health Department	\$121,973.00	Federal Preparedness Grant	Southwest	
ASPR Healthcare System Preparedness	Utah County Health Department	\$102,184.00	Federal Preparedness Grant	Utah Co	

ASPR Healthcare System Preparedness	Utah Hospital Association	\$52,030.00	Federal Preparedness Grant		Statewide
ASPR Healthcare System Preparedness	Utah Healthcare Association	\$42,000.00	Federal Preparedness Grant		Statewide
ASPR Healthcare System Preparedness	AUCH	\$18,150.00	Federal Preparedness Grant		Statewide
ASPR Healthcare System Preparedness	Department of Human Services	\$14,000.00	Federal Preparedness Grant		Statewide
ASPR Healthcare System Preparedness	IHC/Intermountain Center DTC Support	\$60,375.00	Federal Preparedness Grant		Statewide
ASPR Information Sharing	UCAN-800 MHZ System	\$18,000.00	Federal Preparedness Grant		Statewide
ASPR Information Sharing	Collaborative Fussion Inc. (ESAR VHP System)	\$55,000.00	Federal Preparedness Grant		Statewide
ASPR Information Sharing	Collaborative Fussion Inc. (HAN System)	\$4,000.00	Federal Preparedness Grant		Statewide
ASPR Information Sharing	Gold Systems HAVBED	\$2,000.00	Federal Preparedness Grant		Statewide
ASPR Resonder Safety and Health	Amerisource Bergen	\$2,000.00	Federal Preparedness Grant		Statewide
ASPR Volunteer Management	Bear River LHD MRC	\$10,000	Federal Preparedness Grant		Statewide
ASPR Volunteer Management	Central LHD MRC	\$5,000	Federal Preparedness Grant	Central	
ASPR Volunteer Management	Davis LHD MRC	\$15,000	Federal Preparedness Grant	Davis	
ASPR Volunteer Management	Salt Lake LHD MRC	\$5,000	Federal Preparedness Grant	Salt Lake	
ASPR Volunteer Management	Southeast LHD MRC	\$5,000	Federal Preparedness Grant	Southeastern	
ASPR Volunteer Management	Southwest LHD MRC	\$5,000	Federal Preparedness Grant	Southwest	
ASPR Volunteer Management	Summit LHD MRC	\$5,000	Federal Preparedness Grant	Summit	
ASPR Volunteer Management	Tooele LHD MRC	\$5,000	Federal Preparedness Grant	Tooele	
ASPR Volunteer Management	TriCounty LHD MRC	\$5,000	Federal Preparedness Grant	Tri County (Uintah)	
ASPR Volunteer Management	Utah LHD MRC	\$5,000	Federal Preparedness Grant	Utah Co	
ASPR Volunteer Management	Wasatch LHD MRC	\$5,000	Federal Preparedness Grant	Wasatch	
ASPR Volunteer Management	Weber/Morgan LHD MRC	\$5,000	Federal Preparedness Grant	Weber/Morgan	
Chem Lab	Labware	\$37,750.00	Federal Preparedness Grant		Statewide
City Ready Initiative	Salt Lake Valley Health Department - City Ready Initiative	\$173,500.00	Federal Preparedness Grant		Statewide
City Ready Initiative	Tooele Co Health Dept - City Ready Initiative	\$65,000.00	Federal Preparedness Grant		Statewide
DTS Technology	Collaborative Software Initiative		Federal Preparedness Grant		Statewide
DTS Technology	Health Monitoring Systems		Federal Preparedness Grant		Statewide
DTS Technology	National Retail Data Monitoring - Univ of Pittsburgh		Federal Preparedness Grant		Statewide
EPI	UT NEDSS (K-Force)	\$132,600.00	Federal Preparedness Grant		Statewide

Public Health Preparedness	Bear River Health Dept	\$331,952.00	Federal Preparedness Grant	Bear River	
Public Health Preparedness	Central Utah Health Dept	\$253,496.00	Federal Preparedness Grant	Central	
Public Health Preparedness	Davis Co Health Dept	\$300,911.00	Federal Preparedness Grant	Davis	
Public Health Preparedness	SLCO AUDITOR UTAH STATE TREASURER	\$634,560.00	Federal Preparedness Grant	Salt Lake	
Public Health Preparedness	Southeastern Utah Hlth Dept	\$285,190.00	Federal Preparedness Grant	Southeastern	
Public Health Preparedness	Southwest Hlth Dept	\$296,843.00	Federal Preparedness Grant	Southwest	
Public Health Preparedness	Summit County Hlth Dept	\$209,604.00	Federal Preparedness Grant	Summit	
Public Health Preparedness	Tooele Co Health Dept	\$216,228.00	Federal Preparedness Grant	Tooele	
Public Health Preparedness	Tri County Hlth Dept	\$279,612.00	Federal Preparedness Grant	Tri County (Uintah)	
Public Health Preparedness	Utah County Health Dept	\$416,146.00	Federal Preparedness Grant	Utah Co	
Public Health Preparedness	Wasatch County Hlth Dept	\$201,934.00	Federal Preparedness Grant	Wasatch	
Public Health Preparedness	Weber Morgan Hlth Dept	\$321,806.00	Federal Preparedness Grant	Weber/Morgan	
Tribes	Ute Indian Tribe	\$7,000.00	Federal Preparedness Grant		Statewide
Tribes	Confederate Tribe of the Goshute Reservation	\$14,000.00	Federal Preparedness Grant		Statewide
Tribes	Urban Indian Center of Salt Lake	\$13,267.00	Federal Preparedness Grant		Statewide
Tribes	Ute Mountain Ute Tribe	\$7,000.00	Federal Preparedness Grant		Statewide
Tribes	Utah Navajo Systems	\$9,458.00	Federal Preparedness Grant		Statewide
Tribes	Northwest Band of Shoshone Nation	\$10,612.00	Federal Preparedness Grant		Statewide
Tribes	Collaborative Fusion (Utah HAN System)	\$40,750.00	Federal Preparedness Grant		Statewide

LFD MCH Block Grant

1. Is the program considered a statewide program?

Yes. Each Local Health Department/District receives MCH Block Grant funds. Currently Maternal and Child Health Block grant funds are used by local health departments to provide core public health services and activities that address maternal and child health population needs.

2. Who gets the money?

Each Local Health Department/District receives MCH Block Grant funds.

3. What is the methodology for distributing the money?

MCH Contracts have been in existence with LHD's for many years. Historically amounts have not been changed or modified. The methodology for distributing the money will be changing in the very near future. With the break off of San Juan County from the SE District Health Department it has sparked a larger conversation about funding formulas from the Local Health Officers. A funding formula has been developed by Local Health Dept Health Officers and presented to the UDOH leadership. The final outcome of this conversation/decision and its impact on the MCH Block grant and how Local Health Departments are funded, is yet to be determined.

In addition the Title V Block Grant is presented to the Governance Committee on a yearly basis for review and approval. The Governance Committee is a committee made of up state and local health department representatives. Their review and approval is required by state statute.

4. Does statute say anything about distribution and equity for the program?

MCH Block grant monies allocated/spent are driven by federal guidelines. The federal guidance adheres to the specific statutory requirements outlined in Social Security Laws: Sec. 501 [42 U.S.C. 701], Sec. 505 [42 U.S.C. 705], and Sec. 509 [42 U.S.C. 709]. Title V legislation promotes the use of evidence based public health practices by states/jurisdictions in developing a Five year Action Plan that addresses identified national and local MCH priority needs. The Guidance affirms the mission of Title V as "to improve the health and well-being of all of America's mothers, children, and families." Every five years a comprehensive needs assessment is completed to determine direction of activities and associated funds allocated. The five year needs assessment is being completed now.

One specific requirement for distribution of the money is that the Bureau of Children with Special Health Care Needs receives at least 30% of the state Block Grant allotment.

SFY 2014

DCP Community Injury Prevention/Child Injury-MCH		CIP/CI	
FHP Maternal Child Health- MCH Block Grant	MCH		
			Total
BEAR RIVER	141,748	34,900	176,648
CENTRAL	36,324	32,085	68,409
DAVIS	105,958	38,868	144,826
SALT LAKE	361,893	71,453	433,346
SOUTHEAST	179,513	31,328	210,841
SOUTHWEST	135,796	29,620	165,416
SUMMIT	20,200	20,240	40,440
TOOELE	64,234	24,963	89,197
TRICOUNTY	70,716	25,163	95,879
UTAH	184,331	33,035	217,366
WASATCH	27,619	20,240	47,859
WEBER	195,038	25,815	220,853
TOTAL	1,523,368	387,710	1,911,078

LFD – Women Infant and Children WIC

1. Is the program considered a statewide program?

Yes. The Women, Infants and Children (WIC) Program serves 60,000 individuals on a monthly basis. The WIC Program began in 1974 and has become the premiere public health nutrition program in the country. WIC serves pregnant, post-partum and breastfeeding women as well as their infants and children up to the age of five.

In Utah, WIC is operated entirely through the thirteen local health departments (LHD) through a network of 49 WIC clinics statewide.

2. Who gets the money?

WIC services are carried out in the following health department clinics statewide:

Local Health Department	Clinic Listing (bold - main/primary location)
Bear River Health Department	Brigham City, Garden City, Logan , Randolph, Tremonton
Central Utah Public Health Department	Delta, Eureka, Fillmore, Junction, Loa, Manti, Mount Pleasant, Nephi, Richfield
Davis County	Clearfield , Woods Cross/Bountiful
Salt Lake Valley Health Department	City (downtown), Ellis Shipp, Rose Park, South East, South Main, West Jordan
San Juan County Public Health Department (new, May 2015) San Juan separated from Southeastern Utah Public Health Department	Blanding , Monticello
Southeastern Utah Public Health Department	Castledale, East Carbon, Green River, Moab, Price
Summit County Health Department	Coalville, Kamas, Park City
Southwest Utah Public Health Department	Beaver, Cedar City, Kanab, Panguitch, St. George
Tooele County Public Health Department	Tooele , Wendover
TriCounty Utah Public Health Department	Roosevelt, Vernal
Utah County Public Health Department	North County, Orem, Provo , South County
Wasatch County Health Department	Heber City
Weber/Morgan Health Department	Morgan, Ogden

WIC eligibility criteria include three primary requirements including: income requirement – potentially eligible participants must live in families who have incomes at or below 185% the federal poverty level. They must be a resident of the state from which they are applying (there are no time requirements tied to state residency). And finally, all individuals applying must have at least one nutrition risk as identified by one of our registered dietitians/nurses (though most people have more than one – hundreds of nutrition risks exist).

The Utah Department of Health WIC Program staff has worked tirelessly for eight years to improve the WIC funding formula, through which the money flows to the local health departments. The following local health departments receive nutrition services administration (NSA) monies to operate their clinics. These monies pay for all staff time, lights, rent, overhead, fringe benefits, motor pool vehicles, travel, etc. The LHDs also receive Breastfeeding Peer Counseling monies (BFPC) that allow the local health department to hire peer counselors - mothers who have been successful at breastfeeding who are hired as mentors to other young breastfeeding mothers. These are usually always part-time positions.

3. What is the methodology for distributing the money?

Since FFY2013, WIC funding formula starts with a base amount, then includes factors for: population density, number of clinics, regional salary (workforce conditions) and historical participation rates. The components of the WIC funding formula are outlined below:

Ye

WIC FUNDING FORMULA			
STARTING OCTOBER 1, 2014 (FFY 15)			
MOTION 1	FUND THE LOCAL HEALTH DEPARTMENTS BASED ON THE FUNDING FORMULA AGREED UPON BY THE UTAH WIC FUNDING COMMITTEE		
		"OPERATIONAL"	
	LHD	NSA AMOUNT	% CHANGE FROM FFY 14
	Salt Lake Valley	\$ 4,393,462	4.4%
	Utah County	\$ 2,176,744	6.1%
	Weber-Morgan	\$ 1,224,810	5.8%
	Davis County	\$ 903,358	-3.0%
	Southwestern	\$ 1,265,501	8.8%
	Bear River	\$ 1,101,595	2.8%
	Central Utah	\$ 654,748	-1.4%
	Tooele County	\$ 450,698	-0.5%
	Southeastern	\$ 446,172	2.7%
	Tri-County	\$ 230,761	-12.8%
	Summit County	\$ 207,652	-3.1%
	Wasatch County	\$ 175,792	6.4%
		\$ 13,231,293 *	= an increase of \$486,910 from FFY14
			* funding to be spread to five (5) MER columns:
			Breastfeeding Promotion
			Nutrition Education
			Client Services
			Technology Services
			Administration
MOTION 2	SINCE THE STATE WILL SPENDFORWARD \$1,639,965 TO FFY 15 - DAVIS, CENTRAL, TOOELE, TRI-COUNTY, AND SUMMIT WILL BE GIVEN FUNDING TO BRING THE PERCENTGE CHANGE TO ZERO AS OF OCTOBER 1ST. THIS WILL TAKE \$74,972.		
MOTION 3	ANY REMAINING FUNDING FROM AN INCREASE IN BASE FUNDING OR REALLOCATIONS THROUGHTOUT THE YEAR WILL BE HELD AT THE STATE FOR SPENDFORWARD TO FFY 16.		

1. Population Density

The funding formula recognizes that it is more expensive to serve a given size population spread over a wide area than it is to serve the same size population in a small area. Additionally, some cost savings through efficiency in use of staff time and site space can be achieved in densely populated areas. For this factor there is:

Population Density Adjustment

- +20% of the base rate if the population per square mile within the local health department service area is less than 100
- No adjustment if the population per square mile is between 100 -500
- -5% of the base rate if the population per square mile within the local health department service area is greater than 500

CHART	
less than 100 people per square mile	20.0%
No Adjustment	0
greater than 500 people per square mile	-5.0%

Population per Square Mile	
Southeastern	3.2
Central Utah	4.5
Tri-County	6.3
Tooele County	8.1
Southwestern	11.8
Bear River	18.6
Summit County	20.0
Wasatch County	20.2
Weber-Morgan	192.2
Utah County	247.8
Davis County	492.0
Salt Lake Valley	1,298.6

2. Workforce Conditions (Salary)

The funding formula recognizes that salaries and work force conditions vary across the state. For this factor there is:

Salary Adjustment

- +2.5% of the base rate to LAs whose host agencies are located in counties with median annual household incomes over \$65,000.
- -5% of the base rate to LAs whose host agencies are located in counties with median annual household incomes under \$50,000.
- No adjustment to LAs whose host agencies are located in counties with median annual household incomes between \$50,000 and \$65,000.

CHART	
Median Household Income over \$65,000	2.5%
No Adjustment	0
Median Household Income under \$50,000	-5.0%

Median Incomes

Summit County	\$ 84,752
Davis County	\$ 69,147
Weber-Morgan	\$ 65,569
Wasatch County	\$ 64,651
Tooele County	\$ 63,228
Utah County	\$ 59,338
Salt Lake Valley	\$ 59,168
Tri-County	\$ 54,330
Bear River	\$ 52,617
Central Utah	\$ 46,184
Southwestern	\$ 45,445
Southeastern	\$ 43,519

3. Clinic Equivalents

The funding formula recognizes that cost efficiencies occur in agencies having very few clinics. For this factor there is:

Clinic Equivalent Adjustment

- +15% of the base rate if the agency has 9-10 clinics
+10% of the base rate if the agency has 6-8 clinics
- No adjustments if the agency operates from 3-5 clinics
- -5% of the base rate if the agency has 1-2 clinics

CLINIC COUNT	#	Clinic #	Adjustment
Wasatch County	1	1	-5%
Weber-Morgan	2	2	-5%
Davis County	2	3	0%
Tooele County	2	4	0%
Tri-County	2	5	0%
Summit County	3	6	10%
Utah County	4	7	10%
Bear River	4	8	10%
Southwestern	5	9	15%
Salt Lake Valley	6	10	15%
Southeastern	7		
Central Utah	10		

Annual Participation Level Adjustment		
-15%	Over 100,000	
0	Between 100,000 and 50,000 = No Adjustment	
30%	Between 50,000 and 15,000	
60%	Below 15,000	

CHART	ANNUAL PPT	
Salt Lake Valley	313,326	-15%
Utah County	159,445	
Weber-Morgan	78,427	0
Davis County	66,509	
Southwestern	64,063	
Bear River	59,152	
Central Utah	27,332	
Tooele County	19,520	
Southeastern	18,430	
Tri-County	9,406	60%
Summit County	7,716	
Wasatch County	6,112	

4. Does statute say anything about distribution and equity for the program?

Title 7, Subtitle B, Chapter II, Subchapter A, Part 246 contains all WIC Program Regulations. The Distribution of funds section 246.16 is copied below:

§246.16 Distribution of funds.

(a) *General.* This paragraph describes the timeframes for distribution of appropriated funds by the Department to participating State agencies and the authority for the Secretary to use appropriated funds for evaluation studies and demonstration projects.

(1) Authorized appropriations to carry out the provisions of this section may be made not more than 1 year in advance of the beginning of the fiscal year in which the funds shall become available for disbursement to the State agencies. The funds shall remain available for the purposes for which appropriated until expended.

(2) In the case of appropriations legislation providing funds through the end of a fiscal year, the Secretary shall issue to State agencies an initial allocation of funds provided under such legislation not later than the expiration of the 15-day period beginning on the date of the enactment and subsequent allocation of funds shall be issued not later than the beginning of each of the second, third and fourth quarters of the fiscal year.

(3) Allocations of funds pursuant to paragraph (a)(2) of this section shall be made as follows: The initial allocation of funds to State agencies shall include not less than 1/4 of the appropriated amounts for the fiscal year. The allocation of funds to be made not later than the beginning of the second and third quarters shall each include not less than 1/4 of the appropriated amounts for the fiscal year.

(4) In the case of legislation providing funds for a period that ends prior to the end of a fiscal year, the Secretary shall issue to State agencies an initial allocation of funds not later than the expiration of the 10-day period beginning on the date of enactment. In the case of legislation providing appropriations for a period of not more than 4 months, all funds must be allocated to State agencies except those reserved by the Secretary to carry out paragraph (a)(6) of this section.

(5) In any fiscal year unused amounts from a prior fiscal year that are identified by the end of the first quarter of the fiscal year shall be recovered and reallocated not later than the beginning of the second quarter of the fiscal year. Unused amounts from a prior fiscal year that are identified after the end of the first quarter of the fiscal year shall be recovered and reallocated on a timely basis.

(6) Up to one-half of one percent of the sums appropriated for each fiscal year, not to exceed \$5,000,000, shall be available to the Secretary for the purpose of evaluating Program performance, evaluating health benefits, providing technical assistance to improve State agency administrative systems, preparing reports on program participant characteristics, and administering pilot projects, including projects designed to meet the special needs of migrants, Indians, rural populations, and to carry out technical assistance and research evaluation projects for the WIC Farmers' Market Nutrition Program.

(b) *Distribution and application of grant funds to State agencies.* Notwithstanding any other provision of law, funds made available to the State agencies for the Program in any fiscal year will be managed and distributed as follows:

(1) The State agency shall ensure that all Program funds are used only for Program purposes. As a prerequisite to the receipt of funds, the State agency shall have executed an agreement with the Department and shall have received approval of its State Plan.

(2) Notwithstanding any other provision of law, all funds not made available to the Secretary in accordance with paragraph (a)(6) of this section shall be distributed to State agencies on the basis of funding formulas which allocate funds to all State agencies for food costs and NSA costs incurred during the fiscal year for which the funds had been made available to the Department. Final State agency grant levels as determined by the funding formula and State agency breastfeeding promotion and support expenditure targets will be issued in a timely manner.

(3) *When may I transfer funds from one fiscal year to another?—(i) Back spend authority.* The State agency may back spend into the prior fiscal year up to an amount equal to one percent of its current year food grant and one percent of its current year NSA grant. Food funds spent back may be used only for food costs incurred during the prior fiscal year. NSA funds spent back may be used for either food or NSA costs incurred during the prior fiscal year. With prior FNS approval, the State agency may also back spend food funds up to an amount equal to three percent of its current year food grant in a fiscal year for food costs incurred in the prior fiscal year. FNS will approve such a request only if FNS determines there has been a significant reduction in infant formula cost containment savings that affected the State agency's ability to maintain its participation level.

(ii) *Spend forward authority.* (A) The State agency may spend forward NSA funds up to an amount equal to three (3) percent of its total grant (NSA plus food grants) in any fiscal year. These NSA funds spent forward may be used only for NSA costs incurred in the next fiscal year. Any food funds that the State agency converts to NSA funds pursuant to paragraph (f) of this section (based on projected or actual participation increases during a fiscal year) may not be spent forward into the next fiscal year. With prior FNS approval, the State agency may spend forward additional NSA funds up to an amount equal to one-half of one percent of its total grant. These funds are to be used in the next fiscal year for the development of a management information system, including an electronic benefit transfer system.

(B) Funds spent forward will not affect the amount of funds allocated to the State agency for any fiscal year. Funds spent forward must be the first funds expended by the State agency for costs incurred in the next fiscal year.

(iii) *Reporting requirements.* In addition to obtaining prior FNS approval for certain spend forward/back spending options, the State agency must report to FNS the amount of all funds it already has or intends to back spend and spend forward. The spending options must be reported at closeout.

(c) *Allocation formula.* State agencies shall receive grant allocations according to the formulas described in this paragraph. To accomplish the distribution of funds under the allocation formulas, State agencies shall furnish the Department with any necessary financial and Program data.

(1) *Use of participation data in the formula.* Wherever the formula set forth in paragraphs (c)(2) and (c)(3) of this section require the use of participation data, the Department shall use participation data reported by State agencies according to §246.25(b).

(2) *How is the amount of NSA funds determined?* The funds available for allocation to State agencies for NSA for each fiscal year must be sufficient to guarantee a national average per participant NSA grant, adjusted for inflation. The amount of the national average per participant grant for NSA for any fiscal year will be an amount equal to the national average per participant grant for NSA issued for the preceding fiscal year, adjusted for inflation. The inflation adjustment will be equal to the percentage change between two values. The first is the value of the index for State and local government purchases, as published by the Bureau of Economic Analysis of the Department of Commerce, for the 12-month period ending June 30 of the second preceding fiscal year. The second is the best estimate that is available at the start of the fiscal year of the value of such index for the 12-month period ending June 30 of the previous fiscal year. Funds for NSA costs will be allocated according to the following procedure:

(i) *Fair share target funding level determination.* For each State agency, FNS will establish, using all available NSA funds, an NSA fair share target funding level which is based on each State agency's average monthly participation level for the fiscal year for which grants are being calculated, as projected by FNS. Each State agency receives an adjustment to account for the higher per participant costs associated with small participation levels and differential salary levels relative to a national average salary level. The formula shall be adjusted to account for these cost factors in the following manner: 90 percent of available funds shall provide compensation based on rates which are proportionately higher for the first 15,000 or fewer participants, as projected by FNS, and 10 percent of available funds shall provide compensation based on differential salary levels, as determined by FNS.

(ii) *Base funding level.* To the extent funds are available and subject to the provisions of paragraph (c)(2)(iv) of this section, each State agency shall receive an amount equal to 100 percent of the final formula-calculated NSA grant of the preceding fiscal year, prior to any operational adjustment funding allocations made under paragraph (c)(2)(iv) of this section. If funds are not available to provide all State agencies with their base funding level, all State agencies shall have their base funding level reduced by a pro-rata share as required by the shortfall of available funds.

(iii) *Fair share allocation.* Any funds remaining available for allocation for NSA after the base funding level required by paragraph (c)(2)(ii) of this section has been completed and subject to the provisions of paragraph (c)(2)(iv) of this section shall be allocated to bring each State agency closer to its NSA fair share target funding level. FNS shall make fair share allocation funds available to each State agency based on the difference between the NSA fair share target funding level and the base funding level, which are determined in accordance with paragraphs (c)(2)(i) and (c)(2)(ii) of this section, respectively. Each State agency's difference shall be divided by the sum of the differences for all State agencies, to determine the percent share of the available fair share allocation funds each State agency shall receive.

(iv) *Operational adjustment funds.* Each State agency's final NSA grant shall be reduced by up to 10 percent, and these funds shall be aggregated for all State agencies within each FNS region to form an operational adjustment fund. The Regions shall allocate these funds to State agencies according to national guidelines and shall consider the varying needs of State agencies within the region.

(v) *Operational level.* The sum of each State agency's stability, residual and operational adjustment funds shall constitute the State agency's operational level. This operational level shall remain unchanged for such year even if the number of Federally-supported participants in the program at such State agency is lower than the Federally-projected participation level. However, if the provisions of paragraph (e)(2)(ii) of this section are applicable, a State agency will have its operational level for NSA reduced in the immediately succeeding fiscal year.

(3) *Allocation of food benefit funds.* In any fiscal year, any amounts remaining from amounts appropriated for such fiscal year and amounts appropriated from the preceding fiscal year after making allocations under paragraph (a)(6) of this section and allocations for nutrition services and administration

(NSA) as required by paragraph (c)(2) of this section shall be made available for food costs. Allocations to State agencies for food costs will be determined according to the following procedure:

(i) *Fair share target funding level determination.* (A) For each State agency, FNS will establish a fair share target funding level which shall be an amount of funds proportionate to the State agency's share of the national aggregate population of persons who are income eligible to participate in the Program based on the 185 percent of poverty criterion. The Department will determine each State agency's population of persons categorically eligible for WIC which are at or below 185% of poverty, through the best available, nationally uniform, indicators as determined by the Department. If the Commodity Supplemental Food Program (CSFP) also operates in the area served by the WIC State agency, the number of participants in such area participating in the CSFP but otherwise eligible to participate in the WIC Program, as determined by FNS, shall be deducted from the WIC State agency's population of income eligible persons. If the State agency chooses to exercise the option in §246.7(c)(2) to limit program participation to U.S. citizens, nationals, and qualified aliens, FNS will reduce the State agency's population of income eligible persons to reflect the number of aliens the State agency declares no longer eligible.

(B) The Department may adjust the respective amounts of food funds that would be allocated to a State agency which is outside the 48 contiguous states and the District of Columbia when the State agency can document that economic conditions result in higher food costs for the State agency. Prior to any such adjustment, the State agency must demonstrate that it has successfully implemented voluntary cost containment measures, such as improved vendor management practices, participation in multi-state agency infant formula rebate contracts or other cost containment efforts. The Department may use the Thrifty Food Plan amounts used in SNAP, or other available data, to formulate adjustment factors for such State agencies.

(ii) *Prior year grant level allocation.* To the extent funds are available, each State agency shall receive a prior year grant allocation equal to its final authorized grant level as of September 30 of the prior fiscal year. If funds are not available to provide all State agencies with their full prior year grant level allocation, all State agencies shall have their full prior year grant level allocation reduced by a pro-rata share as required by the shortfall of available funds.

(iii) *Inflation/fair share allocation.* (A) If funds remain available after the allocation of funds under paragraph (c)(3)(ii) of this section, the funds shall be allocated as provided in this paragraph (c)(3)(iii). First, FNS will calculate a target inflation allowance by applying the anticipated rate of food cost inflation, as determined by the Department, to the prior year grant funding level. Second, FNS will allocate 80 percent of the available funds to all State agencies in proportionate shares to meet the target inflation allowance. Third, FNS will allocate 20 percent of the available funds to each State agency which has a prior year grant level allocation, as determined in paragraph (c)(3)(ii) of this section and adjusted for inflation as determined in this paragraph (c)(3)(iii), which is still less than its fair share target funding level. The amount of funds allocated to each State agency shall be based on the difference between its prior year grant level allocation plus target inflation funds and the fair share funding target level. Each State agency's difference shall be divided by the sum of the differences for all such State agencies, to determine the percentage share of the 20 percent of available funds each State agency shall receive. In the event a State agency declines any of its allocation under either this paragraph (c)(3)(iii) or paragraph (c)(3)(ii) of this section, the declined funds shall be reallocated in the percentages and manner described in this paragraph (c)(3)(iii). Once all State agencies receive allocations equal to their full target inflation allowance, any remaining funds shall be allocated or reallocated, in the manner described in this paragraph (c)(3)(iii), to those State agencies still under their fair share target funding level.

(B) In the event funds still remain after completing the distribution in paragraph (c)(3)(iii)(A) of this section, these funds shall be allocated to all State agencies including those with a stability allocation at, or greater than, their fair share allocation. Each State agency which can document the need for additional funds shall receive additional funds based on the difference between its prior year grant level and its fair share allocation. State agencies closest to their fair share allocation shall receive first consideration.

(iv) *Migrant services.* At least 1/100 of one percent of appropriated funds for each fiscal year shall be available first to assure service to eligible members of migrant populations. For those State agencies serving migrants, a portion of the grant shall be designated to each State agency for service to members of migrant populations based on that State agency's prior year reported migrant participation. The

national aggregate amount made available first for this purpose shall equal $\frac{1}{100}$ of one percent of all funds appropriated each year for the Program.

(v) *Special provisions for Indian State agencies.* The Department may choose to adjust the allocations and/or eligibles data among Indian State agencies, or among Indian State agencies and the geographic State agencies in which they are located when eligibles data for the State agencies' population is determined to not fairly represent the population to be served. Such allocations may be redistributed from one State agency to another, based on negotiated agreements among the affected State agencies approved by FNS.

(4) *Adjustment for new State agencies.* Whenever a State agency that had not previously administered the program enters into an agreement with the Department to do so during a fiscal year, the Department shall make any adjustments to the requirements of this section that are deemed necessary to establish an appropriate initial funding level for such State agency.

(d) *Distribution of funds to local agencies.* The State agency shall provide to local agencies all funds made available by the Department, except those funds necessary for allowable State agency NSA costs and food costs paid directly by the State agency. The State agency shall distribute the funds based on claims submitted at least quarterly by the local agency. Where the State agency advances funds to local agencies, the State agency shall ensure that each local agency has funds to cover immediate disbursement needs, and the State agency shall offset the advances made against incoming claims as they are submitted to ensure that funding levels reflect the actual expenditures reported by the local agency. Upon receipt of Program funds from the Department, the State agency shall take the following actions:

(1) Distribute funds to cover expected food cost expenditures and/or distribute caseload targets to each local agency which are used to project food cost expenditures.

(2) Allocate funds to cover expected local agency NSA costs in a manner which takes into consideration each local agency's needs. For the allocation of NSA funds, the State agency shall develop an NSA funding procedure, in cooperation with representative local agencies, which takes into account the varying needs of the local agencies. The State agency shall consider the views of local agencies, but the final decision as to the funding procedure remains with the State agency. The State agency shall take into account factors it deems appropriate to further proper, efficient and effective administration of the program, such as local agency staffing needs, density of population, number of persons served, and availability of administrative support from other sources.

(3) The State agency may provide in advance to any local agency any amount of funds for NSA deemed necessary for the successful commencement or significant expansion of program operations during a reasonable period following approval of a new local agency, a new cost containment measure, or a significant change in an existing cost containment measure.

(e) *Recovery and reallocation of funds.* (1) Funds may be recovered from a State agency at any time the Department determines, based on State agency reports of expenditures and operations, that the State agency is not expending funds at a rate commensurate with the amount of funds distributed or provided for expenditures under the Program. Recovery of funds may be either voluntary or involuntary in nature. Such funds shall be reallocated by the Department through application of appropriate formulas set forth in paragraph (c) of this section.

(2) *Performance standards.* The following standards shall govern expenditure performance.

(i) The amount allocated to any State agency for food benefits in the current fiscal year shall be reduced if such State agency's food expenditures for the preceding fiscal year do not equal or exceed 97 percent of the amount allocated to the State agency for such costs. Such reduction shall equal the difference between the State agency's preceding year food expenditures and the performance expenditure standard amount. For purposes of determining the amount of such reduction, the amount allocated to the State agency for food benefits for the preceding fiscal year shall not include food funds expended for food costs incurred under the spendback provision in paragraph (b)(3)(i) of this section or

conversion authority in paragraph (g) of this section. Temporary waivers of the performance standard may be granted at the discretion of the Department.

(ii) *Reduction of NSA grant.* FNS will reduce the State agency's NSA grant for the next fiscal year if the State agency's current fiscal year per participant NSA expenditure is more than 10 percent higher than its per participant NSA grant. To avoid a reduction to its NSA grant level, the State agency may submit a "good cause" justification explaining why it exceeded the applicable limit on excess NSA expenditures. This justification must be submitted at the same time as the close-out report for the applicable fiscal year. Good cause may include dramatic and unforeseen increases in food costs, which would prevent a State agency from meeting its projected participation level.

(iii) *Spend forward funds.* If any State agency notifies the Department of its intent to spend forward a specific amount of funds for expenditure in the subsequent fiscal year, in accordance with paragraph (b)(3)(ii) of this section, such funds shall not be subject to recovery by the Department.

(f) *How do I qualify to convert food funds to NSA funds based on increased participation?—*
(1) *Requirements.* The State agency qualifies to convert food funds to NSA funds based on increased participation in any fiscal year in two ways:

(i) *Approved plan.* A State agency may submit a plan to FNS to reduce average food costs per participant and to increase participation above the FNS-projected level for the State agency. If approved, the State agency may use funds allocated for food costs to pay NSA costs.

(ii) *Participation increases achieved.* The State agency may also convert food funds to NSA funds in any fiscal year if it achieves, through acceptable measures, increases in participation in excess of the FNS-projected level for the State agency. Acceptable measures include use of cost containment measures, curtailment of vendor abuse, and breastfeeding promotional activities. FNS will disallow the State agency's conversion of food funds to NSA funds in accordance with paragraph (h) of this section if:

(A) The State agency increases its participation level through measures that are not in the nutritional interests of participants; or

(B) It is not otherwise allowable under program regulations.

(2) *Limitation.* The State agency may convert food funds only to the extent that the conversion is necessary—

(i) To cover NSA expenditures in the current fiscal year that exceed the State agency's NSA grant for the current fiscal year and any NSA funds which the State agency has spent forward into the current fiscal year; and

(ii) To ensure that the State agency maintains the level established for the per participant NSA grant for the current fiscal year.

(3) *Maximum amount.* The maximum amount the State agency may convert equals the State agency's conversion rate times the projected or actual participation increase, as applicable. The conversion rate is the same as the per participant NSA grant and is determined by dividing the State agency's NSA grant by the FNS-projected participation level. The NSA grant used in the calculation equals the initial allocation of current year funds plus the operational adjustment funding allocated to the State agency for that fiscal year.

(g) *How do I qualify to convert food funds to NSA funds for service to remote Indian or Native villages?—*(1) *Eligible State agencies.* Only State agencies located in noncontiguous States containing a significant number of remote Indian or Native villages qualify to convert food funds to NSA funds under this paragraph (g) in any fiscal year.

(2) *Limitation.* In the current fiscal year, food funds may be converted only to the extent necessary to cover expenditures incurred:

(i) In providing services (including the full cost of air transportation and other transportation) to remote Indian or Native villages; and

(ii) To provide breastfeeding support in those areas that exceed the State agency's NSA grant for the current fiscal year and any NSA funds which the State agency has spent forward into the current fiscal year.

(h) *What happens at the end of the fiscal year in which food funds are converted?* At the end of the fiscal year, the Department will determine the amount of food funds which the State agency was entitled to convert to NSA funds under paragraphs (f) and (g) of this section. In the event that the State agency has converted more than the permitted amount of funds, the Department will disallow the amount of excess conversion.

(i) *How do converted funds affect the calculation of my prior year food grant and base NSA grant?* For purposes of establishing a State agency's prior year food grant and base NSA grant under paragraphs (c)(2)(i) and (c)(3)(i) of this section, respectively, amounts converted from food funds to NSA funds under paragraphs (f) and (g) of this section and §246.14(e) during the preceding fiscal year will be treated as though no conversion had taken place.

(j) *Inflation adjustment of the fruit and vegetable voucher.* The monthly cash value of the fruit and vegetable voucher shall be adjusted annually for inflation. Adjustments are effective the first day of each fiscal year beginning on or after October 1, 2008. The inflation-adjusted value of the voucher shall be equal to a base value increased by a factor based on the Consumer Price Index for fresh fruits and vegetables, as provided in this section.

(1) *Adjustment year.* The adjustment year is the fiscal year that begins October 1 of the current calendar year.

(2) *Base value of the fruit and vegetable voucher.* The base year for calculation of the value of the fruit and vegetable voucher is fiscal year 2008. The base value to be used equals:

(i) \$8 for children; and

(ii) \$10 for women.

(3) *Adjusted value of the fruit and vegetable voucher.* The adjusted value of the fruit and vegetable voucher is the cash value of the voucher for adjustment years beginning on or after October 1, 2008. The adjusted value is the base value increased by an amount equal to the base value of the fruit and vegetable voucher:

(i) Multiplied by the inflation adjustment described in paragraph (j)(4) of this section; and

(ii) Subject to rounding as described in paragraph (j)(5) of this section.

(4) *Inflation adjustment.* The inflation adjustment of the fruit and vegetable voucher shall equal the percentage (if any) by which the annual average value of the Consumer Price Index for fresh fruits and vegetables, computed from monthly values published by the Bureau of Labor Statistics, for the twelve months ending on March 31 of the fiscal year immediately prior to the adjustment year, exceeds the average of the monthly values of that index for the twelve months ending on March 31, 2007.

(5) *Rounding.* If any increase in the cash value of the voucher determined under paragraph (j)(3) of this section is not a multiple of \$1, such increase shall be rounded to the next lowest multiple of \$1. However, if the adjusted value of the voucher for the adjustment year, as determined under paragraph (j)(3) of this section, is lower than the adjusted value for the fiscal year immediately prior to the adjustment year, then the adjusted value of the voucher will remain unchanged from that immediate prior fiscal year.

EDITORIAL NOTE: For FEDERAL REGISTER citations affecting §246.16, see the List of CFR Sections Affected, which appears in the Finding Aids section of the printed volume and at www.fdsys.gov.

WIC ADMIN AND NUTRITION					
Contract Type	Name of Contract/Contractor	Amount	Funding Source	LHD	Funding Location
	Utah Food Bank	\$163,089.00	Federal USDA WIC		Statewide
Peer Counseling	Peer Counseling - WIC - Bear River	\$39,760.00	Federal USDA WIC	Bear River	
Peer Counseling	Peer Counseling - WIC - Central	\$14,332.00	Federal USDA WIC	Central	
Peer Counseling	Peer Counseling - WIC - Davis	\$39,371.00	Federal USDA WIC	Davis	
Peer Counseling	Peer Counseling - WIC - Salt Lake	\$176,781.00	Federal USDA WIC	Salt Lake	
Peer Counseling	Peer Counseling - WIC - Southeastern	\$9,929.00	Federal USDA WIC	Southeastern	
Peer Counseling	Peer Counseling - WIC - Southwest	\$37,040.00	Federal USDA WIC	Southwest	
Peer Counseling	Peer Counseling - WIC - Summit	\$3,972.00	Federal USDA WIC	Summit	
Peer Counseling	Peer Counseling - WIC - Tooele	\$11,311.00	Federal USDA WIC	Tooele	
Peer Counseling	Peer Counseling - WIC - Tri County (Uintah)	\$5,224.00	Federal USDA WIC	Tri County (Uintah)	
Peer Counseling	Peer Counseling - WIC - Utah Co	\$112,717.00	Federal USDA WIC	Utah Co	
Peer Counseling	Peer Counseling - WIC - Wasatch	\$4,317.00	Federal USDA WIC	Wasatch	
Peer Counseling	Peer Counseling - WIC - Weber/Morgan	\$44,810.00	Federal USDA WIC	Weber/Morgan	
Nutrition Education	Western Michigan University - WICHealth.org	\$11,905.00	Federal USDA WIC		Statewide
Peer Counseling	Western Michigan University - Virtual Peer Counseling Project	\$119,272.00	Federal USDA WIC		Statewide
Administrative	Private OPS - Investigative Svs	\$200,000.00	Federal USDA WIC		Statewide
Administrative	Teletask - Autodialer Call Reminder System	\$2,081.25	Federal USDA WIC		Statewide
Administrative	Solutran - WIC Banking Svs	\$170,688.00	Federal USDA WIC		Statewide
Administrative	Winmark - Vendor Stamps	\$8,000.00	Federal USDA WIC		Statewide
Administrative	State Auditors - WIC	\$12,000.00	Federal USDA WIC		Statewide
Food/Formula	CNS Pharmacy- Special formula	\$750,000.00	Federal USDA WIC		Statewide
Food/Formula	WIC Food Vouchers	\$29,953,756.00	Federal USDA WIC		Statewide
Technology	CIBER Contract	\$3,495,028.00	Federal USDA WIC		Statewide
Technology	Maximus - Product Management Office	\$329,249.00	Federal USDA WIC		Statewide
NSA	NSA - WIC - Bear River	\$1,101,595.00	Federal USDA WIC	Bear River	
NSA	NSA - WIC - Central	\$664,231.00	Federal USDA WIC	Central	
NSA	NSA - WIC - Davis	\$930,544.00	Federal USDA WIC	Davis	

NSA	NSA - WIC - Salt Lake	\$4,393,462.00	Federal USDA WIC	Salt Lake	
NSA	NSA - WIC - Southeastern	\$446,172.00	Federal USDA WIC	Southeastern	
NSA	NSA - WIC - Southwest	\$1,265,501.00	Federal USDA WIC	Southwest	
NSA	NSA - WIC - Summit	\$214,041.00	Federal USDA WIC	Summit	
NSA	NSA - WIC - Tooele	\$453,140.00	Federal USDA WIC	Tooele	
NSA	NSA - WIC - Tri County (Uintah)	\$260,233.00	Federal USDA WIC	Tri County (Uintah)	
NSA	NSA - WIC - Utah Co	\$2,176,744.00	Federal USDA WIC	Utah Co	
NSA	NSA - WIC - Wasatch	\$175,792.00	Federal USDA WIC	Wasatch	
NSA	NSA - WIC - Weber/Morgan	\$1,224,810.00	Federal USDA WIC	Weber/Morgan	

LFJ - Baby Watch Early Intervention Program BWEIP

1. The Baby Watch Early Intervention Program (BWEIP) is considered a statewide program.

The program provides funds to 15 organizations in order that early intervention services are available in all parts of the state, including rural and frontier areas. The BWEIP operates under Public Law 108-446, Individuals with Disabilities Education Improvement Act of 2004. The Act requires a state policy that early intervention services are available to all infants and toddlers with disabilities in the State, including Indian infants and toddlers with disabilities and their families residing on a reservation geographically located in the state, and those who are homeless children or wards of the State. (Sec.634 (1)).YeByBy

2. BWEIP programs' geographical service areas are organized by county, with the exception of Salt Lake and Utah counties where they are organized by local school district boundaries. BWEIP grants are distributed to a variety of types of entities in these geographical areas. Currently, the programs are operated by two local health departments, four school districts, two universities (one serving two areas), and six private non-profit organizations.

3. The methodology for distributing BWEIP federal and state funds is through an annual grant application process. The annual grant funds allotted to local programs is based on a formula using the number of children who qualified for the program in the previous year as well as the program expenditures for the previous year. When there is sufficient funding available, a calculation of a projected caseload growth is applied to each program.

a. Grant funds are used to conduct an eligibility evaluation for all potentially qualified children and to provide services to enrolled children birth to age 3 who reside in the grant boundaries. The BWEIP's definition of delay is a child who has a diagnosed condition that would likely result in a development delay, or a child who demonstrates at least 1.5 standard deviations of delay in one area of five areas of development. This eligibility definition qualifies children who have a moderate delay. Distributions are conducted on an annual basis through a grant application. All children who qualify for the program in the BWEIP grant geographical area must be served. The community expresses a need for the service by referring a child/family to the program. The program cannot maintain a waiting list.

b. There is no precise state data available on the population of children birth to three who qualify for BWEIP either by diagnosed condition or level of delay. The population need for the service is reflected through a public awareness program and "child find" activities required by each grantee as well as the state program administration. Those state and local activities include visits to hospitals, physician's offices, program events, and promotional materials to the community.

4. The Individuals with Disabilities Education Act (PL 108-446) requires equal access to the program statewide. It does not address distribution and equity of funds by the program.

LOCAL BABY WATCH EARLY INTERVENTION

Contract Type	Name of Contract/Contractor	Amount	Funding Source	LHD	Funding Location
BWEI - Providers	DDI Vantage - Early Intervention Services	\$1,768,967.00	State General Fund		Murray and Granite School Districts and Tooele and Grantsville Cities
BWEI - Providers	Easter Seals Goodwill Rocky Mountain, Inc. - Early Intervention Services	\$290,017.00	State General Fund		Provo
BWEI - Providers	Eastern Utah Early Intervention Program	\$419,895.00	State General Fund		Vernal
BWEI - Providers	Kids on the Move - Early Intervention Services	\$1,434,721.00	State General Fund		Lehi
BWEI - Providers	Kids Who Count - Early Intervention Services	\$432,752.00	State General Fund		Salem
BWEI - Providers	Learning Center for Families - Early Intervention Services	\$382,018.56	State General Fund		St George
BWEI - Providers	Central Utah District Health Dept. - Early Intervention Services	\$226,295.04	State General Fund	Central	Richfield
BWEI - Providers	Davis County School District - Early Intervention Services	\$803,412.00	State General Fund		Davis County School District
BWEI - Providers	HCF -Match Adm Case Management (4721) - Early Intervention	\$213,700.00	State General Fund		Statewide
BWEI - Providers	HCF -Match CHIP - Early Intervention	\$76,200.00	State General Fund		Statewide
BWEI - Providers	HCF -Match Seed Medicaid Billing - Early Interventio	\$2,400,000.00	State General Fund		Statewide
BWEI - Providers	Jordan School District - Early Intervention Services	\$1,111,947.52	State General Fund		Jordan School District
BWEI - Providers	San Juan School District - Early Intervention Services	\$185,835.52	State General Fund		San Juan School District
BWEI - Providers	Southern Utah State University - Early Intervention Services	\$195,785.60	State General Fund		Cedar City
BWEI - Providers	Summit County Health Dept. - Early Intervention Services	\$193,273.60	State General Fund	Summit	Summit County
BWEI - Providers	Utah School For the Deafblind	\$50,000.00	State General Fund		Statewide
BWEI - Providers	Utah State University/FIP - Early intervention Services	\$732,211.00	State General Fund		Logan
BWEI - Providers	Utah State University- Southeast - Early Intervention Services	\$245,376.00	State General Fund		Emery, Carbon and Grand counties

BWEI - Providers	Weber County School District - Early Intervention Services	\$533,606.00	State General Fund		Weber County School District
BWEI - Providers	DDI Vantage - Early Intervention Services	\$1,038,917.00	Federal BWEI		Murray and Granite School Districts and Tooele and Grantsville Cities
BWEI - Providers	Easter Seals Goodwill Rocky Mountain, Inc. - Early Intervention Services	\$163,135.00	Federal BWEI		Provo
BWEI - Providers	Prime Time 4 Kids Eastern Utah Early Intervention Program	\$257,355.00	Federal BWEI		Vernal
BWEI - Providers	Kids on the Move - Early Intervention Services	\$842,614.00	Federal BWEI		Lehi
BWEI - Providers	Kids Who Count - Early Intervention Services	\$243,423.00	Federal BWEI		Salem
BWEI - Providers	Learning Center for Families - Early Intervention Services	\$596,903.64	Federal BWEI		St George
BWEI - Providers	Goetze Consulting - EI Cost Study	\$100,000.00	Federal BWEI		Statewide
BWEI - Providers	Central Utah District Health Dept.	\$127,290.96	Federal BWEI	Central	Richfield
BWEI - Providers	Davis County School District - Early Intervention Services	\$451,920.00	Federal BWEI		Davis County School District
BWEI - Providers	Jordan School District - Early Intervention Services	\$625,470.48	Federal BWEI		Jordan School District
BWEI - Providers	San Juan School District - Early Intervention Services	\$104,532.48	Federal BWEI		San Juan School District
BWEI - Providers	Southern Utah State University - Early Intervention Services	\$110,129.40	Federal BWEI		Cedar City
BWEI - Providers	Summit County Health Dept. - Early Intervention Services	\$108,716.40	Federal BWEI	Summit	Summit County
BWEI - Providers	Help Me Grow	\$20,000.00	Federal BWEI		Statewide
BWEI - Providers	Utah State University/FIP - Early intervention Services	\$411,869.00	Federal BWEI		Logan
BWEI - Providers	Utah State University-Southeast - Early Intervention Services	\$138,024.00	Federal BWEI		Emery, Carbon and Grand counties
BWEI - Providers	Weber County School District - Early Intervention Services	\$300,154.00	Federal BWEI		Weber County School District

LFE – Primary Care Grants

Is the program considered a statewide program (this would include something that serves all rural areas)? a. Is the implementation of the program really statewide? If not, is there a compelling reason why?

The program is available statewide. According to statute 26-10b the grant is available to “medically underserved populations” which is defined as, “the population of an urban or rural area or a population group that the committee determines has a shortage of primary health care”. The implementation of the program and its reach is determined by the quality of applications received for review. The State Primary Care Grant Program is a competitive grant and applications are ranked based on the quality of their project and the population they are serving. The funding is distributed to those that receive the highest scores, and the total appropriation limits the amount of agencies that can receive an award.

(1) Who gets the money (by county)?

Agency	County Located	Counties Served
Carbon Medical Service Association, Inc.	Carbon	Carbon, Emery
Central Utah Public Health Department	Sevier	Juab, Millard, Piute, Sanpete, Sevier, Wayne
Dixie State University	Washington	Washington, Iron
Tooele County Health Department	Tooele	Tooele
Wayne Community Health Center	Wayne	Garfield, Wayne
Senior Charity Care Foundation	Davis	Salt Lake, Davis
Sealants for Smiles	Salt Lake	Salt Lake, Tooele, Summit, Davis Weber
Wasatch Homeless Health Care, Inc.	Salt Lake	Salt Lake, Davis, Weber, Summit, Tooele, Utah
Mountainlands Community Health Center	Utah	Utah
Bear Lake Community Health Center, Inc.	Cache	Cache, Rich
Doctors Volunteer Clinic of St. George	Washington	Washington
Southwest Community Health Center	Washington	Washington
Community Health Centers, Inc.	Salt Lake	Salt Lake
Maliheh Free Clinic	Salt Lake	Salt Lake
Utah Partners for Health	Salt Lake	Salt Lake
Volunteers of America, Utah	Salt Lake	Salt Lake
Health Clinics of Utah and Family Dental Plan	Salt Lake	Project 1: Box Elder, Cache, Summit, Wasatch, Duchesne; Project 2: Salt Lake
Four Corners Community Behavioral Health , Inc.	Carbon	Carbon, Emery, Grand

Moab Free Health Clinic	Grand	Grand, San Juan
Davis Behavioral Health, Inc.	Davis	Davis
Midtown Community Health Center	Weber	Davis, Morgan, Weber
Odyssey House Inc., Utah	Salt Lake	Salt Lake
Wasatch Mental Health	Utah	Utah
Weber Human Services	Weber	Weber, Morgan
Community Health Centers, Inc., Health Access Project	Salt Lake	Salt Lake
Community Health Connect	Utah	Utah
Midtown Community Health Center, Volunteer Network	Salt Lake	Davis, Salt Lake, Weber

Agency	County Located	Counties Served
Bear Lake Community Health Center	Cache	Rich, Cache, Box Elder
Bear River Health Department	Cache	Cache, Box Elder, Rich
Bear River Health Department	Cache	Cache, Box Elder, Rich
Carbon Medical Service Association	Carbon	Carbon, Emery
Central Utah Public Health Department	Sevier	Sevier, Juab, Sanpete, Millard, Wayne, Piute
Central Utah Public Health Department	Sevier	Sevier, Juab, Sanpete, Millard, Wayne, Piute
Community Health Centers, Inc.	Salt Lake	Salt Lake
Davis Behavioral Health	Davis	Davis
Family Dental Plan	Salt Lake	Kane, Tooele, Millard, Sevier, Sanpete, Grand, San Juan
Dixie State University	Washington	Washington
Family Healthcare	Washington	Washington, Iron, Beaver, Garfield, Kane
Family Healthcare	Washington	Washington
Family Healthcare	Washington	Washington
Salt Lake Donated Dental	Salt Lake	Salt Lake, Utah, Weber, Davis, Tooele
Sealants for Smiles	Salt Lake	Salt Lake
Southwest Utah Public Health Department	Washington	Washington
Summit County Health Department	Summit	Summit
The People's Health Clinic	Summit	Summit, Wasatch

Tooele County Health Department	Tooele	Tooele
Tooele County Health Department	Tooele	Tooele
Utah Navajo Health Systems	San Juan	San Juan
Utah Partners for Health	Salt Lake	Salt Lake, Tooele
Wasatch Homeless Health Care	Salt Lake	Salt Lake
Wayne Community Health Center	Wayne	Wayne, Emery, Garfield, Piute, Sevier
Weber-Morgan Health Department	Weber	Weber-Morgan

(2) What is the methodology for distributing the money? a. How does the distribution compare to actual need as expressed by population? i. [If distributions are not reflecting current need (as represented by population), please explain why not?] b. If not done by population, what is the reason?

Applications are reviewed, scored, and ranked by an independent review committee consisted of experts in related fields based on the quality of the application. Applications are then reviewed by a Governor appointed Statutory Advisory Committee and ranked based on the same criteria used by the independent review committee. The Statutory Committee may alter the ranking based on their own scoring and make adjustments on award recommendations as they see fit. Final ranking and approvals are done by the Director of the Health Department. Awards are given in order of ranking until the appropriation limit has been reached, in which those agencies that did not receive an award will receive a notice regarding the decisions made by committees. The distribution of funding compares to the need of populations because the need is state-wide. There is a limitation on the distribution of funding due to the amount appropriated for the Primary Care Grant Program as well as the award amounts for each awarded agency. Population size is only one factor on the scoring sheet, and the focus of scoring is on the overall quality of the application and the best value based on the cost per encounter.

(3) Does statute say anything about distribution and equity for the program?

The statute states, “the department shall consider the extent to which an applicant: demonstrates that the area or a population group the applicant will serve under the application has a shortage of primary health care and that the primary health care will be located so that it provides assistance to the greatest number of individuals in the population group”.

PRIMARY CARE GRANTS

Contract Type	Name of Contract/Contractor	Amount	Funding Source	LHD	Funding Location
Clinic Expansion	Escalante Clinic	\$300,000.00	State General Funds		Rural Utah
Health Disparities	Health Disparities - TBA for Outreach Activities	\$25,000.00	Federal Office of Health Disparities Funds		Salt Lake Area
Health Disparities	Health Disparities - DVD Development	\$10,000.00	Federal Office of Health Disparities Funds		Statewide
Health Disparities	Health Disparities - Various Payments for Consulting Services	\$1,500.00	Federal Office of Health Disparities Funds		Statewide
Health Disparities	Health Disparities - Various Payments	\$10,000.00	Federal Office of Health Disparities Funds		Statewide
Hemophilia	Utah Hemophilia Foundation- Bleeding Disorders	\$175,000.00	State General Funds		Statewide
Primary Care FLEX	Utah Hospitals and Health Systems Association	\$80,000.00	Federal Hospital Flexibility Grant Funds		Rural Utah
Primary Care FLEX	Utah Rural Health Summit - TBA	\$15,000.00	Federal Hospital Flexibility Grant Funds		Rural Utah
Primary Care FLEX	Community Apgar Program - Boise State University	\$20,000.00	Federal Hospital Flexibility Grant Funds		Rural Utah
Primary Care FLEX	Community Health Needs Assessment Contract - TBA	\$20,000.00	Federal Hospital Flexibility Grant Funds		Rural Utah
Primary Care FLEX	CAH Conversion Contract - TBA	\$10,000.00	Federal Hospital Flexibility Grant Funds		Rural Utah
Primary Care FLEX	EMS Projects-Rural Hospital Flexibility Grant	\$58,100.00	Federal Hospital Flexibility Grant Funds		Statewide
Primary Care FLEX	Flex Program Advisory Committee	\$4,000.00	Federal Hospital Flexibility Grant Funds		Statewide
Primary Care FLEX	ICD-10 Training/Other Trainings	\$5,000.00	Federal Hospital Flexibility Grant Funds		Statewide
Primary Care FLEX	Revenue Cycle, Meaningful Use, and Board Training	\$12,900.00	Federal Hospital Flexibility Grant Funds		Statewide

Primary Care PCO	OPCRH Database TBA	\$5,800.00	Federal Primary Care Office Grant funds		Statewide
Primary Care Services	Bear Lake Community Health Center	\$24,055.00	State General Funds		Rural Utah
Primary Care Services	Bear River Health Dept./Mental Health Services	\$18,289.00	State General Funds	Bear River	Rural Utah
Primary Care Services	Bear River Health Dept./Women's Health Care	\$10,519.00	State General Funds	Bear River	Rural Utah
Primary Care Services	Carbon Medical Service Association, Inc.	\$41,971.00	State General Funds		Rural Utah
Primary Care Services	Central Utah Public Health Dept./Central Smiles	\$42,500.00	State General Funds	Central	Rural Utah
Primary Care Services	Central Utah Public Health Dept./Women's Acc to Care	\$12,750.00	State General Funds	Central	Rural Utah
Primary Care Services	Community Health Centers, Inc.	\$42,500.00	State General Funds		Rural Utah
Primary Care Services	Davis Behavioral Health, Inc.	\$34,000.00	State General Funds		Rural Utah
Primary Care Services	Community Partnered Mobile Dental Services	\$40,136.00	State General Funds		Rural Utah
Primary Care Services	Dixie State College of Utah	\$15,300.00	State General Funds		Rural Utah
Primary Care Services	Salt Lake Donated Dental Services	\$16,558.00	State General Funds		Rural Utah
Primary Care Services	Sealants for Smiles	\$15,300.00	State General Funds		Rural Utah
Primary Care Services	Southwest Utah CHC Dental Serv/Uninsured Adults	\$12,240.00	State General Funds		Rural Utah
Primary Care Services	Southwest Utah CHC/Expansion of PC Services	\$24,400.00	State General Funds		Rural Utah
Primary Care Services	Cedar City Community Clinic, Southwest Utah CHC	\$41,714.00	State General Funds		Rural Utah
Primary Care Services	Southwest Utah Public Health Dept.	\$31,875.00	State General Funds		Rural Utah
Primary Care Services	Summit County Health Dept.	\$17,000.00	State General Funds	Summit	Rural Utah
Primary Care Services	The People's Health Clinic	\$16,524.00	State General Funds		Rural Utah
Primary Care Services	Tooele Co. Health Dept./Dental Services/WIC Nurse	\$17,000.00	State General Funds	Tooele	Rural Utah
Primary Care Services	Tooele Co. Health Dept./Healthy Smiles Dental Clinic	\$27,064.00	State General Funds	Tooele	Rural Utah

Primary Care Services	Utah Navajo Health Systems, Inc.	\$18,870.00	State General Funds		Rural Utah
Primary Care Services	Utah Partners for Health/Mobile Medical Clinic	\$42,271.00	State General Funds		Rural Utah
Primary Care Services	Wasatch Homeless Health Care, Inc.	\$42,500.00	State General Funds		Rural Utah
Primary Care Services	Wayne Community Health Center	\$17,065.00	State General Funds		Rural Utah
Primary Care Services	Weber Morgan Health Dept.	\$25,500.00	State General Funds	Weber/Morgan	Rural Utah
Primary Care Services	Bear Lake Community Health Center	\$71,700.00	State General Funds		Rural Utah
Primary Care Services	Carbon Medical Service Association, Inc.	\$58,029.00	State General Funds		Rural Utah
Primary Care Services	Central Utah Health Dept	\$44,750.00	State General Funds		Rural Utah
Primary Care Services	Community Health Centers, Inc.	\$57,500.00	State General Funds		Rural Utah
Primary Care Services	Community Partnered Mobile Dental Services	\$42,850.00	State General Funds		Rural Utah
Primary Care Services	Davis Behavioral Health, Inc.	\$66,000.00	State General Funds		Rural Utah
Primary Care Services	Dixie State College of Utah	\$84,700.00	State General Funds		Rural Utah
Primary Care Services	Doctors Volunteer Clinic of St. George	\$97,400.00	State General Funds		Rural Utah
Primary Care Services	Family Healthcare SWCHC	\$20,000.00	State General Funds		Rural Utah
Primary Care Services	Four Corners Community Behavioral Health	\$100,000.00	State General Funds		Rural Utah
Primary Care Services	Helping Hands Project	\$17,014.00	State General Funds		Rural Utah
Primary Care Services	Maliheh Free Clinic	\$100,000.00	State General Funds		Rural Utah
Primary Care Services	Midtown Community Health Center	\$100,000.00	State General Funds		Rural Utah
Primary Care Services	Moab Free Clinic	\$100,000.00	State General Funds		Rural Utah
Primary Care Services	Mountainlands Community HEalth Ctr	\$100,000.00	State General Funds		Rural Utah
Primary Care Services	Odyssey House Inc	\$100,000.00	State General Funds		Rural Utah
Primary Care Services	Referral Network Health Access Project	\$50,000.00	State General Funds		Rural Utah
Primary Care Services	Referral Network Volunteer Provider Network	\$50,000.00	State General Funds		Rural Utah

Primary Care Services	Sealants for Smiles	\$80,875.00	State General Funds		Rural Utah
Primary Care Services	Senior Charity Care Foundation	\$25,000.00	State General Funds		Rural Utah
Primary Care Services	Tooele County Health Dept	\$55,936.00	State General Funds	Tooele	Rural Utah
Primary Care Services	Utah partners for Health	\$50,000.00	State General Funds		Rural Utah
Primary Care Services	Volunteer Provider Network Community Health Connect	\$57,500.00	State General Funds		Rural Utah
Primary Care Services	Volunteers America	\$100,000.00	State General Funds		Rural Utah
Primary Care Services	Wasatch Homeless Health Care, Inc.	\$57,500.00	State General Funds		Rural Utah
Primary Care Services	Wasatch Mental Health	\$100,000.00	State General Funds		Rural Utah
Primary Care Services	Wayne Community Health Center	\$82,935.00	State General Funds		Rural Utah
Primary Care Services	Weber Human Services	\$85,000.00	State General Funds		Rural Utah
Primary Care SHIP	Ashley Regional Medical Center	\$8,000.00	Federal Rural Hospital Improvement Funds		Rural Utah
Primary Care SHIP	Bear River Valley Hospital	\$8,000.00	Federal Rural Hospital Improvement Funds		Rural Utah
Primary Care SHIP	Beaver Valley Hospital	\$8,000.00	Federal Rural Hospital Improvement Funds		Rural Utah
Primary Care SHIP	Blue Mountain Hospital	\$8,000.00	Federal Rural Hospital Improvement Funds		Rural Utah
Primary Care SHIP	Brigham City Community Hospital	\$8,000.00	Federal Rural Hospital Improvement Funds		Rural Utah
Primary Care SHIP	Castleview Hospital	\$8,000.00	Federal Rural Hospital Improvement Funds		Rural Utah
Primary Care SHIP	Central Valley Medical Center	\$8,000.00	Federal Rural Hospital Improvement Funds		Rural Utah
Primary Care SHIP	Delta Community Medical Center	\$8,000.00	Federal Rural Hospital Improvement Funds		Rural Utah
Primary Care SHIP	Fillmore Community Medical Center	\$8,000.00	Federal Rural Hospital Improvement Funds		Rural Utah

Primary Care SHIP	Garfield Memorial Hospital	\$8,000.00	Federal Rural Hospital Improvement Funds		Rural Utah
Primary Care SHIP	Gunnison Valley Hospital	\$8,000.00	Federal Rural Hospital Improvement Funds		Rural Utah
Primary Care SHIP	Heber Valley Medical Center	\$8,000.00	Federal Rural Hospital Improvement Funds		Rural Utah
Primary Care SHIP	Kane County Hospital	\$8,000.00	Federal Rural Hospital Improvement Funds		Rural Utah
Primary Care SHIP	Milford Valley Health Care Services	\$8,000.00	Federal Rural Hospital Improvement Funds		Rural Utah
Primary Care SHIP	Moab Valley Health Care, Inc.	\$8,000.00	Federal Rural Hospital Improvement Funds		Rural Utah
Primary Care SHIP	Park City Medical Center	\$8,000.00	Federal Rural Hospital Improvement Funds		Rural Utah
Primary Care SHIP	San Juan Health Services District	\$8,000.00	Federal Rural Hospital Improvement Funds		Rural Utah
Primary Care SHIP	Sanpete Hospital	\$8,000.00	Federal Rural Hospital Improvement Funds		Rural Utah
Primary Care SHIP	Sevier Valley Hospital	\$8,000.00	Federal Rural Hospital Improvement Funds		Rural Utah
Primary Care SHIP	Uintah Basin Medical Center	\$8,000.00	Federal Rural Hospital Improvement Funds		Rural Utah
Primary Care SHIP	Valley View Medical Center	\$8,000.00	Federal Rural Hospital Improvement Funds		Rural Utah
Primary Care SOR	OPCRH Database TBA	\$1,000.00	Federal Office of Rural Health Funds		Rural Utah
Primary Care SOR	Community Apgar Program - Boise State University	\$10,000.00	Federal Office of Rural Health Funds		Rural Utah

Utah Department of Health
Distribution of Funds to Local Government
LLA-1 Local Health Block Grant LHD Funding SFY 2015 \$ 2,137,500.00

The block grant funding allocation is based on rule R380-50 for minimum performance standards. This rule specifies the formula for allocating funds by contract to Local Health Departments.

As of July 1, 2008, each Local Health Department is receiving the following base line funding, which shall remain the same unless new funding is received or cuts are implemented.

Local Health Department	Base Funding
Bear River	227,277.00
Central Utah	294,638.00
Davis County	132,480.00
Salt Lake County	451,388.00
Southeastern Utah	271,595.00
Southwest Utah	288,966.00
Summit County	60,002.00
Tooele County	95,180.00
Tri-County	202,128.00
Utah County	227,128.00
Wasatch County	57,552.00
Weber/Morgan	188,754.00
Total	2,497,088.00

The Departments adopts the following formula pursuant to Section 26A-1-116 for allocating to Local Health Departments, any increase or decrease in funding beyond the amounts reflected in the base line figures in R380-5-3(2).

Minimum share: Twenty percent divided into twelve equal shares for each Local Health Department.

Rural county and District Incentive Factor: Twenty percent divided among the local health departments with at least one rural county according to the following percentages, however if the number of rural counties within the Local Health Department's boundary changes, the formula will be renegotiated.

1. Rural single county Local Health Department is currently Summit, Tooele and Wasatch counties--1.45%
2. Multi county Local Health Departments with one rural county is currently Weber/Morgan--4.35%
3. Multi county Local Health Department with three rural counties is currently Bear River and Tri-County--13.04%
4. Multi county Local Health Department with four rural counties is currently Southeast--17.39%
5. Multi county Local Health Department with five rural counties is currently Southwest--21.74%
6. Multi county Local Health Department with six rural counties is currently Central--26.09%

Population Factor: Forty percent divided among the Local Health Departments based on the percentage of the total state population living within the geographical boundaries of the Local Health Department according to the most current estimate from the Governor's Office of Planning and Budget.

Square Mile Factor: Twenty percent divided among the Local Health Departments according to the percentage of the total square miles in the state lying within the geographical jurisdiction of each local health department.

Minimum Performance	2009	2010	2011	2012	2013	2014	2015
Bear River	\$227,270	\$211,279	\$195,271	\$195,271	\$195,271	\$196,400	\$196,400
Central	\$294,632	\$271,946	\$249,261	\$249,261	\$249,261	\$251,014	\$251,014
Davis Co	\$132,473	\$121,015	\$109,526	\$109,526	\$109,526	\$110,158	\$110,158
SLCHD	\$451,380	\$419,907	\$388,553	\$388,553	\$388,553	\$390,076	\$390,076
Southeastern	\$271,589	\$252,560	\$233,537	\$233,537	\$233,537	\$235,016	\$235,016
Southwest	\$288,960	\$264,077	\$239,245	\$239,245	\$239,245	\$241,038	\$241,038
Summit	\$59,996	\$54,406	\$48,815	\$48,815	\$48,815	\$49,223	\$49,223
Tooele	\$95,173	\$86,772	\$78,366	\$78,366	\$78,366	\$78,986	\$78,986
TriCounty	\$202,112	\$188,962	\$175,783	\$175,783	\$175,783	\$176,802	\$176,802
Utah Co.	\$227,121	\$208,963	\$190,703	\$190,703	\$190,703	\$194,366	\$194,366
Wasatch	\$57,546	\$52,721	\$47,886	\$47,886	\$47,886	\$48,255	\$48,255
Weber/Morgan	\$188,748	\$177,092	\$165,454	\$165,454	\$165,454	\$166,166	\$166,166
Total	\$2,497,000	\$2,309,700	\$2,122,400	\$2,122,400	\$2,122,400	\$2,137,500	\$2,137,500

UDOH - Distribution of Funds to Local Government

LLA-1 DOH Local Health Block Grant; \$2,137,500

- (1) Is the program considered a statewide program (this would include something that serves all rural areas)? a. Is the implementation of the program really statewide? If not, is there a compelling reason why?

The Local Health Block grant is a 100% stated funded grant with its own line item within the Department of Health. It is a state wide grant to all Local Health Departments which includes all counties in Utah.

- (2) Who gets the money (by county)?

In FY14, The grant was distributed to all 12 Local Health Departments in Utah. This past year, Sun Juan County elected to separate from South East Local Health Department to establish its own local health department effective April 2015. Now, thirteen local health departments (LHDs) cover all areas of the State and provide local public health services. There are seven single-county LHDs with another six LHDs covering the other 22 Utah counties. The State utilizes the local health departments to administer many of the public health services required by State law.

- (3) What is the methodology for distributing the money? a. How does the distribution compare to actual need as expressed by population? i. [If distributions are not reflecting current need (as represented by population), please explain why not?] b. If not done by population, what is the reason?

In Utah Code 26A-1-116; "The Departments of Health and Environmental Quality shall each establish by rule a formula for allocating state funds by contract to local health departments. This formula shall provide for allocation of funds based on need and population." The allocation formula is found in R380-50-3 which currently defines a base allocation amount with incremental changes from new appropriations based proportional share. The Local Health departments and DOH are currently discussing changes to the funding formula that may change the allocation between 13 local health departments. The attached Schedule shows the allocation of the block grant for the past six years.

- (4) Does statute say anything about distribution and equity for the program? Yes, UCA 26A-1-116 and Rule R380-50