

UTAH DEPARTMENT OF HEALTH
BUILDING BLOCK - PERFORMANCE MEASURES List
2015 GS - FY15 Suppl / FY16 Request

2015 Bill		FY15 Supplemental increases					
Appr		Program	Prgm Mgr	Description	State Incr	State Decr	
LFD	SB3	Maternal Child Care	L. Nielson	Nurse Family Partnership - TANF	1,000,000		
LFG	SB7	EMS	P. Patrick	AED Account	150,000		
LFH	HB3	Health Facility Lic.	J. Hoffman	HFL Staffing	56,000		
LFJ	SB2	Child Development	T. Whitting	SB12 Child Care Amendment	12,000		
LHD	HB3	MMS Contracted plans	J. Gines	Tax on Health Plans	287,000		
LPA	SB7	CHIP	J. Gines	CHIP Caseload Incr			(2,500,000)
LPA	HB3	CHIP	J. Gines	CHIP Caseload Incr	2,800,000		
Total FY15					4,305,000		(2,500,000)

FY16 Appropriation Increases

LAH	SB77	Center for Health Data Info	Wu Xu	Adopton Records Access	55,000		
LED	SB2	Lab Operations	B. Curtis	Lab Capital Development (onging FY17)	191,400		(191,400)
LEH	SB3	Epidemiology	C. Chesler	LHD Emergency Fund 1X	25,000		
LEM	SB3	Epidemiology	C. Chesler	Radon Grant Continuation 1X	25,000		
LEJ	SB2	Health Promotion	H. Borski	Parkinson Disease Registry 1X	200,000		
LEJ	SB2	Health Promotion	H. Borski	Prescription Drug Abuse 1X	500,000		
LEJ	SB2	Health Promotion	H. Borski	Alzheimer State Plan	161,200		
LEJ	SB2	Health Promotion	H. Borski	Traumatic Brain Injury Fund 2250	200,000		
LEK	SB2	Medical Examiner	T. Grey	OME 24/7 Body pick-up	58,000		
LFE	SB2	Primary Care	D. Wood	Maliheh Free Clinic 1X	50,000		
LFE	SB2	Primary Care	D. Wood	Primary Care Grant 1X	2,000,000		(600,000)
LFE	SB2	Primary Care	D. Wood	Primary Care Grant	600,000		0
LFG	SB3	EMS	P. Patrick	HB191 EMS Background clearance DC	11,100		
LFG	SB3	EMS	P. Patrick	HB191 EMS Background clearance DC 1X	57,600		
LFH	SB2	Health Facility Licensing	J. Hofman	HFL Certification Staffing	56,000		
LFH	SB3	Health Facility Licensing	J. Hofman	HFL Licensing Staffing	86,900		
LFJ	SB2	Maternal Child Health	T. Whitting	Baby Watch Early Intervention Caseload	220,000		
LFJ	SB2	Maternal Child Health	T. Whitting	SB12 Child Care Amendments	88,000		

LQA	SB2	Workforce Financial Assist	C. Burk	Loan Forgiveness in Underserved Areas GF1X	600,000	
LQA	SB3	Workforce Financial Assist	C. Burk	SB76 Rural Physician Loan Repayment	300,000	
LGC	SB3	MHF Managed Care	J. Gines	SB98 Medicaid ACO Reimbursement Rates	2,100,000	(2,100,000)
LHC	SB2	MMS Nursing Home	J. Gines	Increase Nursing Home Rates -NCF Acct	2,450,200	
LHC	SB3	MMS Nursing Home	J. Gines	Increase Nursing Home Rates -NCF Acct	1,272,300	
LHD	SB2	MMS Managed Care	J. Gines	Medicaid ACO Administrative Fee	2,000,000	
LHD	SB2	MMS Managed Care	J. Gines	Medicaid ACOs into Rural Counties X1	3,300,000	
LHD	SB2	MMS Managed Care	J. Gines	Tax on Medicaid Health Plans	3,260,000	
LHE	SB2	MMS Physician Services	J. Gines	Medicaid Physician Reimbursement	2,500,000	
LHE	SB2	MMS Physician Services	J. Gines	Medicaid Physician Reimbursement 1X	2,500,000	
LHG	SB3	MMS Other Services	J. Gines	SB172 EMS Ambulance Providers Fund 2242	3,217,400	
LHL	SB2	MMS MMIS	J. Gines	MMIS Replacement 1X	3,500,000	
LHL	SB3	MMS MMIS	J. Gines	MMIS Replacement 1X	1,550,000	
LJB	SB3	MOS HCBW	J. Gines	Technology Dependent Waiver Capacity	313,100	
LJB	SB3	MOS HCBW	J. Gines	HB199 Pilot for Children with Disabilities 1X	3,216,000	
LJE	SB2	MOS Dental Services	J. Gines	Medicaid Dental Reimbursement Rates	2,000,000	To be include
LJF	SB2	MOS ICF Mental Health	J. Gines	Intellectually Disabled Direct Staff Salary	200,000	
LJH	SB2	MOS Other Optional Srvs	J. Gines	Anesthesia Services Medicaid Reimburse	870,000	
LJL	SB2	MOS Hospice Care Srvs	J. Gines	Increase Nursing Home Medicaid Rates RF	143,400	
LJL	SB3	MOS Hospice Care Srvs	J. Gines	Increase Nursing Home Medicaid Rates RF	74,400	
Total FY16					39,952,000	-2,891,400

UTAH DEPARTMENT OF HEALTH - Division of Medicaid and Health Financing
BUILDING BLOCK - PERFORMANCE MEASURES List
 2015 GS - FY2015 Supplementals / FY2016 Request

A. Items That Require a Performance Measure

Appr	Bill	Program	Description	State Incr	State Decr	Performance Measure
FY15 Supplemental increases						
LHD	HB0003	MMS Contracted Plans	Provider Tax (Medicaid & CHIP)	287,000	0	This appropriation is to offset the impact of ACA taxes on Medicaid health plans. The measure is the funding being included in capitation rates.
LPA	SB0007 & HB0003	CHIP Caseload Increase	CHIP Caseload Increase [SB0007 = <\$2,500,000>; HB0003 = \$2,800,000]	300,000	0	Changes in the number of CHIP enrollees drives caseload costs. The measure is CHIP enrollment.
Total FY2015				587,000	0	

FY16 Appropriation Increases

LHL	SB0003	MMS MMIS	MMIS Replacement (One-Time)	1,550,000	0	Performance will be measured in terms of progress to overall system programming completion.
LHL	SB0002	MMS MMIS	MMIS Replacement (One-Time)	3,500,000	0	Performance will be measured in terms of progress to overall system programming completion.
LHC	SB0003	MMS Nursing Home	Nursing Home Rate Change	1,272,300	0	This appropriation is to increase Nursing Home rates for SFY 2016. The measure is the increase in new rates for service dates July 1, 2015 and after.
LHC	SB0002	MMS Nursing Home	Nursing Home Assessments (GFR)	2,450,200	0	This appropriation is to increase Nursing Home rates for SFY 2016. The measure is the increase in new rates for service dates July 1, 2015 and after.
LJL	SB0003	MOS Hospice Care Services	Hospice Rate Change	74,400	0	This appropriation is to increase facility-based hospice rates for SFY 2016. The measure is the increase in new rates for service dates July 1, 2015 and after.
LJL	SB0002	MOS Hospice Care Services	Hospice - Rate Change	143,400	0	This appropriation is to increase facility-based hospice rates for SFY 2016. The measure is the increase in new rates for service dates July 1, 2015 and after.
LJB	SB0003	MOS HCBS	Technology Dependent Waiver	313,100	0	Funding allows nine additional children with special health care needs to be serviced in a home-based setting. The measure is the enrollment count of the new individuals.

LJB	SB0003	MOS HCBS	Pilot: Assistance for Children w/Disabilities & Complex Medical Conditions (funding is to be used equally over 3 years)	3,216,000	0	The funding provides for a 3-year pilot program to serve children with disabilities and complex medical conditions. The measures will include a) the number of qualified children served under the program, b) the cost of the program, and c) the effectiveness of the program.
LHG	SB0003	MMS Other Services	Ambulance Provider Assessment (SB0172) (expendable special revenue funding)	0	0	Requirement is that a quarterly assessment rate is created based on transports. Measure is that the ground ambulance rate is increased effective July 1, 2015.
LHE	SB0002	MMS Physician Services	Physician Reimbursements (Ongoing & 1X)	5,000,000	0	This appropriation is to increase Physician rates for SFY 2016. The measure is the increase in new rates for service dates July 1, 2015 and after.
LHD	SB0002 & SB0003	MMS Managed Care	ACO Admin Fee [SB0002 = \$2,000,000; SB0003 = <\$400,000>]	1,600,000	0	The measure is that this funding is included in the ACO rates effective for service dates July 1, 2015 and after.
LHD	SB0002	MMS Managed Care	ACOs to Rural Counties (One-Time)	3,300,000	0	Funding is to provide for the run out of claim payments submitted on a fee-for-service basis with service dates that are prior to the ACO conversion. The measure is the amount of all fee-for-service runout claims (in the applicable counties).
LHD	SB0003	MHF Managed Care	ACO 2% Rate Increase (Intent Language - Line 121)	0	0	Note to Russell: This is not a building block but I added a performance measure based on expectations in the intent language. The measure is that a 2% ACO rate increase is effective for service dates January 2016 and after.
LGC	SB0003	MHF Managed Care	ACO Base Budget tied to GF Growth (SB0098)	2,100,000	(2,100,000)	This has zero impact on FY2016 but provides ongoing funding in FY2017 and thereafter. The first measure is that the DMHF base budget for FY2017 is adjusted to reflect the impact of the proposed ACO rate increase (per UCA 26-18-405.5). The second measure is that the Legislative authorized amount (from the 2016 session) is included in the ACO rate calculation effective for service dates July 1, 2016 and after.
LJE	SB0002	MOS Dental Services	Dental Reimbursement Rate	2,000,000	0	This appropriation is to increase fee-for-service and capitated dental rates for SFY 2016. The measure is the increase in the new fee schedule and capitation rates in place for service dates July 1, 2015 and after.
LJF	SB0002	MOS ICF Mental Health	ICF/ID Direct Staff Salaries	200,000	0	This appropriation is intended to increase direct staff salaries in ICF/ID locations. The measure is the increase in the facility staff wages.
LJH	SB0002	MOS Other Optional Services	Anesthesia Services Reimbursement Rates	870,000	0	This appropriation is to increase Anesthesia Services rates for SFY 2016. The measure is the increase in reimbursement rates for service dates July 1, 2015 and after.

LHD	SB0002	MMS Managed Care	Provider Taxes	3,260,000	0	This appropriation is to offset the impact of ACA taxes on Medicaid health plans. The measure is the funding being included in capitation rates beginning July 1, 2015.
Total FY2016				30,849,400	(2,100,000)	

B. Items That Do Not Require A Performance Measure (Not a building block or Not an Increase)

Appr	Bill	Program	Description	State Incr	State Decr	Notes
FY15 Supplemental Increases/Decreases						
LGB	SB0007	LGB title	Use 3% Max from Nursing GFR Account for Admin	12,300	(12,300)	Funding nets to zero. No impact. (Replaces GF with Restricted Funds)
	SB0007		Funding Change from GF to GFR - Medicaid Restricted Account	20,765,900	(20,765,900)	Funding nets to zero. No impact. (Replaces GF with Restricted Funds)
	SB0007		October Consensus	0	(15,400,000)	Caseload Changes - Consensus
	SB0007		Replace GF with Tobacco Settlement Account Funds	1,488,700	(1,488,700)	Not a building block. Funding change only. (Nets with next item)
	HB0003		Replace GF with Tobacco Settlement Account Funds	(1,488,700)	1,488,700	Not a building block. Funding change only. (Nets with previous item)
	HB0003		Consensus Adjustments	0	11,000,000	Caseload Changes - Consensus (Adjusts the Decrease)
Total FY2015				20,778,200	(25,178,200)	

FY16 Appropriation Increases/Decreases

	SB0007		Use 3% Max from Nursing GFR Account for Admin	12,300	(12,300)	Not a building block. Funding change only.
	SB0007		Impact of Surplus Processes (Dedicated Credits)	0	0	Statewide change. Zero state funding change. Increases Dedicated Credits for Surplus process changes.
	SB0007		Transfer to DHS-DSPD (Portability)	0	(340,400)	Ongoing Funding moved to DHS. No impact on programs.
	SB0007		Replace GF with Tobacco Settlement Account Funds	1,488,700	(1,488,700)	Funding nets to zero. No impact. (Replaces GF with Restricted Funds)
	SB0007		October Consensus	0	(700,000)	Caseload Changes - Consensus decrease
	SB0003		Tobacco Funding Change	3,000,000	(3,000,000)	Funding nets to zero. No impact. (Replaces GF with Restricted Funds)
	SB0003		Dental Coverage for Elderly and Those w/Disabilities	(2,000,000)	0	Not a building block. Funding change only. (Nets with next item)
	SB0002		Dental Coverage for Elderly and Those w/Disabilities	2,000,000	0	Not a building block. Funding change only. (Nets with previous item)
	SB0002		Replace GF with Tobacco Settlement Account Funds	5,548,000	(5,548,000)	Funding nets to zero. No impact. (Replaces GF with Restricted Funds)
	SB0002		Replace GF with Tobacco Settlement Account Funds	(1,488,700)	1,488,700	Funding nets to zero. No impact. (Replaces GF with Restricted Funds)

	SB0002		CHIP Funding Changes (Assumed 100% Federal Match)	0	(9,648,000)	Not a building block. Funding change only. (Increases federal funds)
	SB0003		CHIP Tobacco Funding Change (Assumes 100% Fed Funds)	0	(3,000,000)	Not a building block. Funding change only. (Increases federal funds)
	HB0008		Comp Package, DTS Comp Package	281,600	0	DMHF portion of statewide changes
	SB0008		ISF Changes	33,800	0	DMHF portion of statewide changes
Total FY2016				8,875,700	(22,248,700)	

PERFORMANCE MEASURES: AGENCY FORM

APPROPRIATION INCR TITLE: SB 77: Adoption Records Access
APPROPRIATION CODE: LAH CENTER FOR HEALTH DATA
APPROPRIATION AMOUNT: \$55,000 FY16 on-going

Joint Rule 4-2-404 requires a Performance Review Note anytime the legislature significantly increases funding for: New agency New services or benefits Serving a new or larger population

DUE TO THE FISCAL ANALYSIS Tuesday, June 30, 2015

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A. HOW WILL THE PUBLIC BENEFIT?

1 What is the purpose and the duties of the new program, agency, services, or population served?

The mutual consent voluntary adoption registry program already exists but it is underutilized by the public. The purpose of the registry program is to register names of adult adoptees and their birth parents or family who consent to be reunited with the other party and to find matches of mutually consenting parties .

2 What services are provided by the funding increase?

Pursuant to SB 77, the legislature intends that this appropriation be used for the following purposes.: (1) fund, automate, and improve registry services; and (2) implement means of maximizing potential matches in the registry services.

3 What are the expected outcomes of the new or expanded program and how will the public benefit?

Expected outcomes include: (1) increase the percentage of searches that result in successful registry matches; and (2) increase the number of registry searches. The public will benefit when more mutually consenting adult adoptees and their birth families get reunited through the registry.

4 How will the bill be implemented and what resources are available to achieve the expected outcomes?

The bill's implementation has five elements: (1) business requirement development; (2) technical requirement development; (3) application and database development; (4) conversion of paper-based data into electronic format; (5) adoption document imaging; and (6) development of public education materials and social media methods.

5 How will the proposed agency activities cause the expected outcomes and public benefit in 3?

The percentage of searches that result in successful matches will increase due to: (1) conversion of paper-based data into an electronic format that can be imported into a searchable registry database; (2) development of an electronic registry database that builds on existing vital records applications and includes additional search fields; and (3) development and dissemination of public education materials and implementation of a social media plan. The number of searches of the adoption registry will increase due to development of public education materials and implementation of a social media plan.

B. PERFORMANCE MEASURES:

What measures will managers and policymakers use to know if the new or expanded program is providing the expected outcomes and public benefits? Provide one, two, and three year goals or targets, actual results and measures if available to serve as a baseline, and outcomes.

Goal (public benefit): Increase percentage of registry searches that result in successful registry matches.

Measure Title:

Description:

The percentage of registry searches that result in a successful registry match.

Fiscal Year:	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
Target or Benchmark:	36.00%	38.00%	40.00%	42.00%	44.00%
Baseline:	34.00%	36.00%	38.00%	40.00%	42.00%

How will program managers collect this performance information and ensure its reliability?

Program managers will collect this data from reports generated by the electronic registry database. Technical staff will test the database to ensure that the reports it generates are reliable.

Goal (public benefit): Increase number of registry searches.

Measure Title:

Description:

The number of registry searches will increase.

Fiscal Year:	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
Target or Benchmark:	103	108	113	118	124
Baseline:	98	103	108	113	118

How will program managers collect this performance information and ensure its reliability?

Program managers will collect this data from reports generated by the electronic registry database. Technical staff will test the database to ensure that the reports it generates are reliable.

PERFORMANCE MEASURES: AGENCY FORM

APPROPRIATION INCR TITLE: Lab Capital Development / Operations

APPROPRIATION CODE: LED LABORATORY OPERATIONS

APPROPRIATION AMOUNT: FY16 \$191,400 on-going

Joint Rule 4-2-404 requires a Performance Review Note anytime the legislature significantly increases funding for: New agency New services or benefits Serving a new or larger population

DUE TO THE FISCAL ANALYSIS Tuesday, June 30, 2015

CONTACT INFORMATION RESPONDENT: Robert Kuhn

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A. HOW WILL THE PUBLIC BENEFIT?

1 What is the purpose and the duties of the new program, agency, services, or population served?

The purpose of this appropriation is to provide funding to cover the difference between estimated and actual annual operating and maintenance expenses for the State Laboratory building. As the building is relatively new, DFCM estimated expenses with only limited historical data. As the new laboratory building is significantly larger and more complex, knowledge of past expenses for the old building was of limited value in predicting future costs.

2 What services are provided by the funding increase?

Funding is sufficient to meet current operating and maintenance expenses.

3 What are the expected outcomes of the new or expanded program and how will the public benefit?

Sufficient funding is appropriated to meet current operating and maintenance expenses for the State Laboratory building.

4 How will the bill be implemented and what resources are available to achieve the expected outcomes?

Operating and maintenance expenses will be tracked on a monthly basis to monitor the projected budget.

5 How will the proposed agency activities cause the expected outcomes and public benefit in 3?

Monthly tracking of operating and maintenance expenditures will verify the accuracy of the new estimates in relationship to the appropriated funding.

B. PERFORMANCE MEASURES:

What measures will managers and policymakers use to know if the new or expanded program is providing the expected outcomes and public benefits? Provide one, two, and three year goals or targets, actual results and measures if available to serve as a baseline, and outcomes.

Goal (public benefit): Establish an ongoing history of laboratory operating and maintenance expenses.

Measure Title:

Description:

Establish and continue to expand a history of operating and building maintenance expenses to be applied for future annual estimate of needed funding.

Fiscal Year:	FY 2015	FY 2017	FY 2018	FY 2019	FY 2020
Target or Benchmark:		*	*	*	*
Baseline:	0	1	1	1	1

How will program managers collect this performance information and ensure its reliability?

Monthly monitoring of expenses and comparison to budget.

PERFORMANCE MEASURES: AGENCY FORM

APPROPRIATION INCR TITLE: LHD Emergency Funding
APPROPRIATION CODE: LEH EMERGENCY FUND 3503
APPROPRIATION AMOUNT: \$25,000 FY15 one-time

Joint Rule 4-2-404 requires a Performance Review Note anytime the legislature significantly increases funding for: New agency New services or benefits Serving a new or larger population

DUE TO THE FISCAL ANALYST: Tuesday, June 30, 2015

CONTACT INFORMATION RESPONDENT Jennifer Brown

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Agency: Department of Health

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A. HOW WILL THE PUBLIC BENEFIT?

1 What is the purpose and the duties of the new program, agency, services, or population served?

The purpose of the funding is to provide local health departments assistance with funding during a public health emergency.

2 What services are provided by the funding increase?

This funding will enable a local health department with a public health emergency as defined by the Health Officer to provide services to populations/individuals that are affected or who have the potential to be affected. A Local Public Health Emergency is defined as an unusual event or series of events causing or resulting in a substantial risk or potential risk to the health of a significant portion of the population within the boundary of a local health department.

3 What are the expected outcomes of the new or expanded program and how will the public benefit?

Rapid response of the emergency.
The ability to stop and prevent exposure and risk to the population.

4 How will the bill be implemented and what resources are available to achieve the expected outcomes?

Upon the occurrence of a local health emergency, the local health department will notify the Utah Department of Health that a public health emergency exists. When resources are needed the local health department will then request funds. The local health department will then submit an itemized list of expenses to the Utah Department of Health.

5 How will the proposed agency activities cause the expected outcomes and public benefit in 3?

The ability to reimburse local health departments for responding to a public health emergency. Without these additional resources, a local health departments ability to respond in a timely manner would be impeded.

B. PERFORMANCE MEASURES:

Goal (public benefit): To distribute funds to a local health department during a public health emergency.

Measure Title:

Description:

Funds will be made available to a local health department during a public health emergency upon request.

Fiscal Year:	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target or Benchmark:			100%	*	*
Baseline:			*		

How will program managers collect this performance information and ensure its reliability?

The local health department will confirm with the Executive Director of the Utah Department of Health that a public health emergency has occurred.

Goal (public benefit): Ensure that the expenses submitted to the Utah Department of Health are eligible for reimbursement.

Measure Title:

Description:

The local health department will submit an itemized list of expenses incurred as the result of a public health emergency.

Fiscal Year:	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target or Benchmark:			1	*	*
Baseline:			*		

How will program managers collect this performance information and ensure its reliability?

The itemized list of expenditures will be reviewed by the program manager upon receipt.

Goal (public benefit): The Local Health Department shall match state funding.

Measure Title:

Description:

The Local Health Department shall match state funding with local funding up to 30%.

Fiscal Year:	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target or Benchmark:			1	*	*
Baseline:			*		

How will program managers collect this performance information and ensure its reliability?

The itemized list of expenditures received by the local health department shall also include an itemized list of matching local health funds.

PERFORMANCE MEASURES: AGENCY FORM

APPROPRIATION INCR TITLE: Alzheimer State Plan Amendments

APPROPRIATION CODE: LEJ HEALTH PROMOTION

APPROPRIATION AMOUNT: \$161,200 FY16

Joint Rule 4-2-404 requires a Performance Review Note anytime the legislature significantly increases funding for: New agency New services or benefits Serving a new or larger population

DUE TO THE FISCAL ANALYSIS Tuesday, June 30, 2015

CONTACT INFORMATION RESPONDENT: Heather Borski

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A. HOW WILL THE PUBLIC BENEFIT?

1 What is the purpose and the duties of the new program, agency, services, or population served?

The purpose of this program is to implement Utah's state plan for Alzheimer's disease and related dementia.

2 What services are provided by the funding increase?

Funding will support personnel, resources and supplies needed to implement activities within the Alzheimer's state plan.

3 What are the expected outcomes of the new or expanded program and how will the public benefit?

1. An Alzheimer's Disease and Related Dementia (ADRD) Coordinating Council will be established. 2. Coordination will occur with state and local government entities to develop standards for information dissemination related to Alzheimer's and related dementia. 3. A minimum of 3 interventions to increase public awareness about Alzheimer's and related dementia will be implemented. Efforts will result in improved coordination of efforts to address Alzheimer's and increase public awareness of Alzheimer's and resources available to support those who care for people with Alzheimer's.

4 How will the bill be implemented and what resources are available to achieve the expected outcomes?

The bill will be implemented by staff within the Utah Department of Health, Division of Disease Control and Prevention, Bureau of Health Promotion. The ADRD Coordinating Council will assist with identification of priorities, coordination of existing services, and implementation of new activities outlined in the state plan.

5 How will the proposed agency activities cause the expected outcomes and public benefit in 3?

Funded staff and members of the ADRD Coordinating Council will work together to identify existing efforts, ways to coordinate between existing services, and implement priorities selected from the Utah Alzheimer's Plan.

B. PERFORMANCE MEASURES:

What measures will managers and policymakers use to know if the new or expanded program is providing the expected outcomes and public benefits? Provide one, two, and three year goals or targets, actual results and measures if available to serve as a baseline, and outcomes.

Goal (public benefit): Establish Coordinating Council

Measure Title:

Description:

Establish an Alzheimer's Disease and Related Dementia (ADRD) Coordinating Council

Fiscal Year:	FY 2015	FY 2017	FY 2018	FY 2019	FY 2020
Target or Benchmark:		1			
Baseline:	0	0			

How will program managers collect this performance information and ensure its reliability?

Documentation of ADRD Coordinating Council member list. Documentation of each meeting held, via meeting minutes.

Goal (public benefit): Conduct at least 3 interventions

Measure Title:

Description:

Conduct a minimum of three interventions identified in the state plan to increase public awareness of Alzheimer's Disease and related resources to assist care givers.

Fiscal Year:	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019
Target or Benchmark:		3			
Baseline:	0	0			

How will program managers collect this performance information and ensure its reliability?

Documentation of interventions used to increase public awareness.

PERFORMANCE MEASURES: AGENCY FORM

APPROPRIATION INCR TITLE: Parkinson's Disease Registry

APPROPRIATION CODE: LEH Health Promotion

APPROPRIATION AMOUNT: \$200,000 FY16 One-time

Joint Rule 4-2-404 requires a Performance Review Note anytime the legislature significantly increases funding for: New agency New services or benefits Serving a new or larger population

DUE TO THE FISCAL ANALYST: Tuesday, June 30, 2015

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A. HOW WILL THE PUBLIC BENEFIT?

1 What is the purpose and the duties of the new program, agency, services, or population served?

The purpose of the funding is to support the establishment of a new Parkinson's Disease Registry.

2 What services are provided by the funding increase?

This funding will create a Parkinson's Disease (PD) Registry at the University of Utah. The funding will enable development of a website to which patients and providers can report their information. The funding will also support the development of data collection and secure data storage facilities. Data from this registry will be used to establish the prevalence of PD in Utah and to identify and invite persons with PD to participate in research.

3 What are the expected outcomes of the new or expanded program and how will the public benefit?

Improved understanding of the impact of Parkinson's Disease on Utah's population. As the population of the U.S. ages, PD will become an increasingly important outcome; by having a registry of these patients, Utah will be in a unique position to understand the prevalence of disease, the needs of this population, and offer patients with PD opportunities to participate in important research that may improve treatments for PD.

4 How will the bill be implemented and what resources are available to achieve the expected outcomes?

Funding will be provided to the University of Utah Department of Neurosciences through a contract. Funding will support a developer, website design, and support staff to establish the registry.

5 How will the proposed agency activities cause the expected outcomes and public benefit in 3?

The funding support will result in establishment and evaluation of the PD Registry.

B. PERFORMANCE MEASURES:

Goal (public benefit): To establish a Parkinson Disease Registry

Measure Title:

Description:

Develop and manage contract to the Univeristy of Utah Department of Neuroscience to develop the Parkinson Disease Registry through a contract.

Fiscal Year:	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target or Benchmark:			1	*	*
Baseline:			*		

How will program managers collect this performance information and ensure its reliability?

The Utah Department of Health will work with the University of Utah to develop a detailed workplan and contract. UDOH will make bi-yearly site visits to ensure that the Parkinson Disease Registry is established and that data are collected and stored in a secure manner that protects patient and provider confidentiality .

Goal (public benefit): Ensure that data from the Parkinson Disease Registry are used in an appropriate manner.

Measure Title:

Description:

The Parkinson Disease Registry data will be managed similar to other longstanding surveillance systems, e.g., the Utah Cancer Registry, which includes procedures and checks to ensure that data are used appropriately with human subjects protections when these are warranted.

Fiscal Year:	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target or Benchmark:			1	*	*
Baseline:			*		

How will program managers collect this performance information and ensure its reliability?

UDOH will regularly review proposed data uses with the University of Utah and make recommendations when IRB review is required.

PERFORMANCE MEASURES: AGENCY FORM

APPROPRIATION INCR TITLE: Prescription Drug Abuse
APPROPRIATION CODE: LEJ Health Promotion
APPROPRIATION AMOUNT: \$500,000 FY16 ONE-TIME

Joint Rule 4-2-404 requires a Performance Review Note anytime the legislature significantly increases funding for: New agency New services or benefits Serving a new or larger population

DUE TO THE FISCAL ANALYSIS Tuesday, June 30, 2015

CONTACT INFORMATION RESPONDENT: ANNA FONDARIO

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A. HOW WILL THE PUBLIC BENEFIT?

1 What is the purpose and the duties of the new program, agency, services, or population served?

Prescription drug abuse has resulted in premature deaths, contributed to significant economic burdens through increased health care costs and substance abuse treatment. Prior program funding of \$500,000 resulted in a 27.6% decrease in prescription opioid overdose deaths from 2007 to 2010. Utah's experience has proven that PDO deaths are preventable through targeted interventions and stakeholder coordination. It is vital to re-develop and re-establish a public health approach to prescription drug abuse, misuse, and overdose deaths.

2 What services are provided by the funding increase?

Promising public health approaches to prescription drug overdose prevention and control that target the public, patients, and providers include the following: 1) Strengthening surveillance systems and capacity, 2) Enhancing coordination of and developing targeted patient, public, and provider education programs, 3) Leveraging health information technology to improve clinical care and reduce abuse, and 4) Preventing opioid overdose deaths through naloxone initiatives.

3 What are the expected outcomes of the new or expanded program and how will the public benefit?

Since 2010, Utah struggled to implement coordinated approach since the capacity to implement successful programmatic interventions decreased. As a result, Utah has seen a 36.8% increase in the rate of prescription opioid deaths from 2010 to 2012. With an increase in the capacity to address the problem, an ongoing decrease in drug overdose hospitalization and deaths is expected as long term outcomes. Short-term outcomes include increasing the number of data reports, provider education and resources, and naloxone initiatives. We expect to see an increase in awareness of abuse risks, warning signs, and rate of opioid prescribing for intermediate outcomes.

4 How will the bill be implemented and what resources are available to achieve the expected outcomes?

Prescription drug overdose has been established as a program priority and the Violence and Injury Prevention Program (VIPP) has actively worked to advance efforts to most effectively use resources and collaborate with partners. To ensure timeliness and accountability in implementation, an overall evaluation and performance measurement plan will be developed that will describe key evaluation questions to be answered, available data sources, how evaluation findings will be used for continuous program and quality improvement, the frequency that evaluation and performance data are to be collected, and how the data will be reported and disseminated.

5 How will the proposed agency activities cause the expected outcomes and public benefit in 3?

Health care providers have been identified as one of the key drivers of the epidemic. Through data collection, provider education, training, provider material development for patients, co-prescribing of opioids and naloxone for high risk patients, and the enhancement of clinical tools to improve clinical decision making, providers are in a strategic position to effect change. To ensure that the activities of the program lead to the desired outcomes, it will be essential to measure the effectiveness of the health care provider's implementation of activities. This evaluation will assist in identifying gaps and how to best address them so outcomes are reached.

B. PERFORMANCE MEASURES:

What measures will managers and policymakers use to know if the new or expanded program is providing the expected outcomes and public benefits? Provide one, two, and three year goals or targets, actual results and measures if available to serve as a baseline, and outcomes.

Goal (public benefit): Increased awareness and knowledge of the risks and warning signs of drug overdoses.

Measure Title: Drug Overdose Awareness and Knowledge *This is one time funding.

Description: We hope to reach this goal through continued surveillance, analysis, and dissemination of data on drug overdose deaths, prescribing behaviors, and the risks and warning signs of overdose, in addition to developing and disseminating provider materials for patient education. In 2009, 14% of Utah's identified overdose as one of the risks of taking prescription pain medications. Within one year, we hope to increase awareness and knowledge of the risks and warning signs of prescription drug abuse by 10%.

Fiscal Year:	FY 2009	FY 2017	FY 2018	FY 2019	FY 2020
Target or Benchmark:		15.4%	*	*	*
Baseline:	14.0%				

How will program managers collect this performance information and ensure its reliability?

The data for this performance measure will be collected through Utah's Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS is the largest continuously conducted health survey system in the world and collects data regarding health-related risk behaviors, chronic health conditions, and use of preventive services.

Goal (public benefit): Increased provider education, training, resources, and tools.

Measure Title: Provider Resources *This is one time funding.

Description: We hope to reach this goal through naloxone initiatives, integrating tools in electronic health records, updating the Utah Clinical Guidelines on Prescribing Opioids for Pain, and developing and disseminating a referral directory to Utah Healthcare providers. In 2009, 876 providers were reached through provider education initiatives. Within one year, we hope to increase the number of providers who will be reached by education, resources, and tools by 10%.

Fiscal Year:	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
Target or Benchmark:		960	*	*	*
Baseline:	876				

How will program managers collect this performance information and ensure its reliability?

The data for this performance measure will be collected by tracking the number of providers who receive training, updated tools, resources, and patient education materials.



PERFORMANCE MEASURES: AGENCY FORM

APPROPRIATION INCR TITLE: TRAUMATIC BRAIN INJURY (TBI) FUND

APPROPRIATION CODE: LEJ HEALTH PROMOTION FUND 2250

APPROPRIATION AMOUNT: \$200,000 FY16

Joint Rule 4-2-404 requires a Performance Review Note anytime the legislature significantly increases funding for: New agency New services or benefits Serving a new or larger population

DUE TO THE FISCAL ANALYSIS Tuesday, June 30, 2015

CONTACT INFORMATION RESPONDENT Trisha Keller

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A. HOW WILL THE PUBLIC BENEFIT?

1 What is the purpose and the duties of the new program, agency, services, or population served?

The purpose of the TBI Fund is to: 1) Educate the general public and professionals on the treatment and prevention of TBI; 2) Provide access to evaluations and coordinate short-term care to assist an individual in identifying services or support needs, resources, and benefits for which the individual may be eligible; and 3) Develop and support an information referral system for persons with a traumatic brain injury and their families.

2 What services are provided by the funding increase?

More individuals with TBI will receive resource facilitation services and neuro-psych exams to be referred to appropriate sources of care, support, resources and benefits for which the individual may be eligible. More professionals and general public will be educated on the treatment and prevention of TBI.

3 What are the expected outcomes of the new or expanded program and how will the public benefit?

Increased awareness and knowledge of TBI.
Increased number of individuals with TBI receiving services.

4 How will the bill be implemented and what resources are available to achieve the expected outcomes?

TBI Fund Advisory Committee is in place to oversee and make recommendations on priorities and allocations of the fund. The UDOH has contracts in place for the training and resource facilitation services. Small media contract will be used strategically to increase awareness. Agreements are in place for neuro-psych exams.

5 How will the proposed agency activities cause the expected outcomes and public benefit in 3?

Contractors will provide trainings and education on TBI symptoms, treatment and prevention. Strategic media efforts will increase awareness of symptoms and prevention. Contractors will provide resource facilitation services and neuro-psych exams to refer individuals with TBI to the appropriate sources and assist them to receive the services.

B. PERFORMANCE MEASURES:

What measures will managers and policymakers use to know if the new or expanded program is providing the expected outcomes and public benefits? Provide one, two, and three year goals or targets, actual results and measures if available to serve as a baseline, and outcomes.

Goal (public benefit): Increased awareness and knowledge of TBI.

Measure Title: Public Survey

Description: A baseline survey has been used to gauge the success of efforts. The survey was conducted again during 2014 . Due to expense of conducting the phone survey, it is only recommended that it be conducted every 3 years.

Fiscal Year:	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
Target or Benchmark:	*	30%	*	*	40%
Baseline:	20.3%	20.3%			

How will program managers collect this performance information and ensure its reliability?

In 2012, a randomized, statewide telephone survey of 1,035 Utah adults, they were asked how knowledgeable are you of traumatic brain injury or TBI. Only 15% reported that they were knowledgeable or extremely knowledgeable about TBI. The survey was repeated in 2014 and there was a 5% increase in awareness and knowledge, it was not to the degree which had been hoped, so much work remains to be done. Perhaps we were overly optimistic with the limited budget available for a public information campaign, however, we will continue to hope for a 10% increase by 2017.

Goal (public benefit): Increased number of individuals with TBI receiving resource facilitation services.

Measure Title: Resource Facilitation

Description: Number of individuals with TBI that received resource facilitation services through the TBI Fund contractors.

Fiscal Year:	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
Target or Benchmark:	300	400	500	*	*
Baseline:	FY14	94			

How will program managers collect this performance information and ensure its reliability?

Resource facilitation is a short-term support that assists clients to develop goals and identify available and appropriate resources to meet these goals. Contractors conduct intake evaluations with potential clients to determine eligibility for resource facilitation. If eligible, clients then receive short term 1:1 visits with contractors to develop goals to return to school, work, or community reintegration. Contractors conduct six month follow ups with clients receiving resource facilitation to determine progress on meeting their goals (for example, if the client is still employed or was able to get physical therapy services needed). Contractors may help clients complete applications or paperwork or navigate systems of care; however, it is important to note the TBI Fund does not pay for direct services, such as occupational therapy or voc-rehab services or visits. Contractors only assist with identifying services needed to help clients meet their goals. Invoices and semiannual reports will be collected from contractors and will include a summary of the number of clients completing the intake evaluation, number of clients eligible for and receiving resource facilitation, and follow up results. Site visits can be used to determine reliability.

Goal (public benefit): Increased number of TBI Fund clients who receive a neuro-psych exam

Measure Title: Neuro-psych exam

Description: Number of TBI Fund clients in need of a neuro-psych exam that receive an exam

Fiscal Year:	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
Target or Benchmark:	40	45	50	*	*
Baseline:	FY15	30			

How will program managers collect this performance information and ensure its reliability?

Neuro-psych exams are very expensive through the private sector (starting at \$2000). Due to the costs, to date neuro psychs have only been obtained through cost agreements with University Student Supervised Clinics at two universities (University of Utah and Brigham Young University), therefore the numbers that can be seen are limited and there is a long time delay to get the exams. However the neuro psychs are very valuable in determining services needed that will help TBI clients successfully reach their goals and return to work, school, or community reintegration. The TBI Fund reimburses for these exams, therefore the program manager must provide written prior approval for the exams after receiving a request with a justification from the resource facilitation contractor. The program manager will receive and approve the invoice for payment. The resource facilitation contractor and the client will receive a copy of the exam results. We are working to identify private sector providers who are willing to conduct the neuro-psych exams, thus increasing the number of clients who can be served.

Goal (public benefit): Increased TBI training and education

Measure Title:

Description: Number of TBI certification trainings
Number of community education presentations

Fiscal Year:	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
Target or Benchmark: TBI Certification Trainings	3	3	3	*	*
Baseline:	TBD				

Fiscal Year:	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
Target or Benchmark: Com/Prof Education Presentations	50	50	50	*	*
Baseline:	TBD				

How will program managers collect this performance information and ensure its reliability?

Contractors provide trainings and education on TBI symptoms, treatment and prevention to professionals and the general public which increases awareness and knowledge of TBI. UBIC develops core trainings that contractors utilize. Phoenix Services is the only agency in the state that has instructors qualified and certified to provide national traumatic brain injury certification training to professionals that work with TBI individuals. This certification training increases the quality of care available for TBI individuals. Certification training must meet national standards.

PERFORMANCE MEASURES: AGENCY FORM

APPROPRIATION INCR TITLE: OME 24/7 Body Pick-up

APPROPRIATION CODE: LEK MEDICAL EXAMINER

APPROPRIATION AMOUNT: FY16 \$58,000 On going

Joint Rule 4-2-404 requires a Performance Review Note anytime the legislature significantly increases funding for: New agency New services or benefits Serving a new or larger population

DUE TO THE FISCAL ANALYST: Tuesday, June 30, 2015

CONTACT INFORMATION RESPONDENT Jennifer Brown

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A. HOW WILL THE PUBLIC BENEFIT?

1 What is the purpose and the duties of the new program, agency, services, or population served?

The purpose of the funding is to allow funeral homes the ability to pick up bodies for burial 24/7.

2 What services are provided by the funding increase?

The funding will allow the Office of the Medical Examiner to hire additional staff in order to meet the needs of the funeral directors to be able to pick-up bodies 24/7.

3 What are the expected outcomes of the new or expanded program and how will the public benefit?

The Office of the Medical Examiner will have adequate autopsy clerks to enable funeral homes to pick up bodies 24/7.

4 How will the bill be implemented and what resources are available to achieve the expected outcomes?

The Office of Medical Examiner will hire 3 part-time staff as autopsy clerks to be able to release a body to a funeral home 24/7.

5 How will the proposed agency activities cause the expected outcomes and public benefit in 3?

The hiring of additional staff will enable the Office of the Medical examiner to release bodies 24/7 to the funeral home.

B. PERFORMANCE MEASURES:

Goal (public benefit): Hire additional staff.

Measure Title:

Description: An additional 3 part-time autopsy clerks will be hired.

Fiscal Year:	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target or Benchmark:			100%	*	*
Baseline:			*		

How will program managers collect this performance information and ensure its reliability?

The program manager will initiate recruitment, interview potential candidates , and hire.

Goal (public benefit): Ensure that bodies are available for pick-up by funeral homes 24/7.

Measure Title:

Description: Bodies will be made available to release to funeral homes 24/7.

Fiscal Year:	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target or Benchmark:			1	*	*
Baseline:			*		

How will program managers collect this performance information and ensure its reliability?

The program manager will set autopsy clerks work schedules to ensure that there is personnel coverage 24/7. This will enable a funeral home to pick up a body 24/7.

Goal (public benefit):

Measure Title:

Description:

Fiscal Year:	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target or Benchmark:					
Baseline:					

How will program managers collect this performance information and ensure its reliability?

PERFORMANCE MEASURES: AGENCY FORM

APPROPRIATION INCR TITLE: Radon Awareness Campaign

APPROPRIATION CODE: Radon Awareness

APPROPRIATION AMOUNT: \$25,000 FY16 ONE-TIME

Joint Rule 4-2-404 requires a Performance Review Note anytime the legislature significantly increases

funding for: New agency New services or benefits Serving a new or larger population

DUE TO THE FISCAL ANALYSIS Tuesday, June 30, 2015

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A. HOW WILL THE PUBLIC BENEFIT?

1 What is the purpose and the duties of the new program, agency, services, or population served?

To develop a state-wide electronic media campaign to educate Utahns on the dangers of radon gas and options for remediation.

2 What services are provided by the funding increase?

Funds will be used to disseminate a state-wide electronic media campaign. This campaign will educate Utahns on what radon gas is, it's dangers, and options for remediation.

3 What are the expected outcomes of the new or expanded program and how will the public benefit?

The purpose is to deliver clear and pertinent information about radon gas. It is expected that Utahns will have been exposed to the radon awareness campaign, that the radon messages resulted in an increase in radon knowledge in the Utah community, and that the radon messages resulted in an increase in protective actions to prevent radon exposure.

4 How will the bill be implemented and what resources are available to achieve the expected outcomes?

The project will be implemented through the development, dissemination, and evaluation of a state-wide electronic radon awareness campaign. The Utah Cancer Control Program (UCCP) currently holds radon as a public health priority area, and is adept at developing informative and effective media campaigns. UCCP has a large network of partners who work to enhance radon awareness including Huntsman Cancer Institute, the Utah Radon Coalition, and the Department of Environmental Quality.

5 How will the proposed agency activities cause the expected outcomes and public benefit in 3?

Many Utahns are not informed of radon as a health threat. Disseminating critical information on the dangers of radon gas will inform Utahns of this important issue while providing options for remediation to reduce the risk.

B. PERFORMANCE MEASURES:

What measures will managers and policymakers use to know if the new or expanded program is providing the expected outcomes and public benefits? Provide one, two, and three year goals or targets, actual results and measures if available to serve as a baseline, and outcomes.

Goal (public benefit): Develop a state-wide media awareness campaign on the dangers of radon gas

Measure Title:

Description: The number of state-wide media campaigns on the dangers of radon gas.

Fiscal Year:	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target or Benchmark:		1			
Baseline:	0				

How will program managers collect this performance information and ensure its reliability?

Program staff will oversee this project and ensure proper development of each component of the campaign. Development will be coordinated with the Department of Environmental Quality. Media campaign content will be selected from predeveloped and tested materials. Media venues will be selected from electronic media outlets to

Goal (public benefit): Utahns viewed the awareness campaign

Measure Title:

Description: The number of electronic media outlets where Utahns have opportunities to view radon awareness messages.

Fiscal Year:	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target or Benchmark:		3			
Baseline:	0				

How will program managers collect this performance information and ensure its reliability?

Program managers will track the number of electronic media outlets radon awareness messages are placed on. Electronic media tracking mechanisms will be used to determine exposure and viewing.

Goal (public benefit): Did the radon messages increase awareness of radon gas and protective actions?

Measure Title:

Description: The percent of survey participants who report:
 a) exposure to the radon campaign,
 b) the message of the campaign was acceptable, and
 c) they took protective actions as a result of the campaign.

Fiscal Year:	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target or Benchmark:		a) 20% b) 20% c) 10%			
Baseline:	a) N/A b) N/A c) N/A				

How will program managers collect this performance information and ensure its reliability?

A brief survey on the campaign will be developed, piloted, and launched through UCCP's Facebook page. Survey questions will ask about exposure to the radon campaign, acceptability of messaging, and whether any protective actions were taken as a result of the campaign.

PERFORMANCE MEASURES: AGENCY FORM

APPROPRIATION INCR T	Primary Care Grants (one time and ongoing, plus Maliheh)
APPROPRIATION CODE:	LFE
APPROPRIATION AMOUNT	2,000,000 + 600,000 - 600,000 +50,000= \$2,050,000 FY16

Joint Rule 4-2-404 requires a Performance Review Note anytime the legislature significantly increases funding for: New agency New services or benefits Serving a new or larger population

DUE TO THE FISCAL ANALYST Tuesday, June 30, 2015

CONTACT INFORMATION **RESPONDENT** Don Wood, M.D.

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A. HOW WILL THE PUBLIC BENEFIT?

1 What is the purpose and the duties of the new program, agency, services, or population served?

Access to Health Care, 26-10b, UCA, (referred to as the State Primary Care Grant Program) was created to award grants to public or non-profit entities to provide primary health care to a medically underserved population.

2 What services are provided by the funding increase?

State Primary Care Grant Program awards public or non-profit entities to provide primary health care services, including basic and general health care services to screen for or to prevent illness and disease, or for simple and common illnesses and injuries, and care given for the management of chronic diseases. The funding is expected to increase the number of medically underserved populations received primary health care services.

3 What are the expected outcomes of the new or expanded program and how will the public benefit?

State Primary Care Grant Program will provide primary health care services to new and continuation medically underserved populations, thus eliminating medically underserved populations burdening emergency room visits with medically underserved populations for primary health care services.

4 How will the bill be implemented and what resources are available to achieve the expected outcomes?

State Primary Care Grant Program will contract with awarded public and nonprofit agencies to provide primary health care services to medically underserved populations. Contracts will be monitored on a quarterly basis through written progress reports.

5 How will the proposed agency activities cause the expected outcomes and public benefit in 3?

State Primary Care Grant Program contracts with the awarded public and nonprofit agencies and required quarterly progress reports to be submitted detailing the status of the activities and services provided, including the number of medically underserved populations served.

B. PERFORMANCE MEASURES:

What measures will managers and policymakers use to know if the new or expanded program is providing the expected outcomes and public benefits? Provide one, two, and three year goals or targets, actual results and measures if available to serve as a baseline, and outcomes.

Goal (public benefit): X number of public or non-profit agencies awarded

Measure Title: Access to Health Care, State Primary Care Grant Program
Description: Number of public or non-profit agencies awarded funding

Fiscal Year:	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
Target or Benchmark:	100%				
Baseline:					

How will program managers collect this performance information and ensure its reliability?
 This will be monitored through committee review of grant applications submitted and awarded funding.

Goal (public benefit): X number of medically underserved populations served

Measure Title: Access to Health Care, State Primary Care Grant Program
Description: Number of medically underserved populations reported as served

Fiscal Year:	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
Target or Benchmark:	100%				
Baseline:					

How will program managers collect this performance information and ensure its reliability?
 Ensure that payment to Melihah clinic is paid in FY2016

Goal (public benefit): Process payment for \$50,000 for Maliheh clinic

Measure Title:
Description: Ensure that payment to Melihah clinic is paid in FY2016

Fiscal Year:	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
Target or Benchmark:	100%				
Baseline:	0				

How will program managers collect this performance information and ensure its reliability?
 This will be monitored through quarterly progress reports submitted by the awarded public or non-profit agency.

PERFORMANCE MEASURES: AGENCY FORM

APPROPRIATION INCR TIT Automatic External Defibrillator Device

APPROPRIATION CODE: LFG

APPROPRIATION AMOUNT \$150,000 FY15

Joint Rule 4-2-404 requires a Performance Review Note anytime the legislature significantly increases funding for: New agency New services or benefits Serving a new or larger population

DUE TO THE FISCAL ANALYST Tuesday, June 30, 2015

CONTACT INFORMATION RESPONDENT Paul Patrick

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A. HOW WILL THE PUBLIC BENEFIT?

1 What is the purpose and the duties of the new program, agency, services, or population served?

This bill appropriates \$150,000 one time from the General Fund. It will require some staff time to distribute the funds which can be done with existing resources. It authorizes: the director of the bureau to distribute funds deposited in the account to eligible entities.

2 What services are provided by the funding increase?

Eligible entities will be able to purchasing an Automatic External Defibrillator (AED); an AED carrying case; a wall-mounted AED cabinet; or an AED sign. Those eligible are a municipal law enforcement agency that routinely responds to incidents, or potential incidents, of sudden cardiac arrest; or a school that offers instruction to grades 10 through 12; and has a student and faculty population of more than 200 people.

3 What are the expected outcomes of the new or expanded program and how will the public benefit?

There will be more access to an AED if needed and thus the public will benefit from the increased number and availability of the machines.

4 How will the bill be implemented and what resources are available to achieve the expected outcomes?

The EMS Grants Committee will approve eligible applications that are received by the Department. Contracts will be completed and the awardee will be funded through the current financial process.

5 How will the proposed agency activities cause the expected outcomes and public benefit in 3?

With the award being made to the successful applicants the AEDs will be placed in the communities where they can be used if needed.

B. PERFORMANCE MEASURES:

What measures will managers and policymakers use to know if the new or expanded program is providing the expected outcomes and public benefits? Provide one, two, and three year goals or targets, actual results and measures if available to serve as a baseline, and outcomes.

Goal (public benefit): To distribute all requested funding in state fiscal year 2015 to maximize the award.

Measure Title: Distribution of AEDs to responders.

Description: Eligible entities will be able to purchasing an Automatic External Defibrillator (AED); an AED carrying case; a wall-mounted AED cabinet; or an AED sign. Those eligible are a municipal law enforcement agency that routinely responds to incidents, or potential incidents, of sudden cardiac arrest; or a school that offers instruction to grades 10 through 12; and has a student and faculty population of more than 200 people.

Fiscal Year:	FY 2015	FY 2016	FY 2018	FY 2019	FY 2020
Target or Benchmark:	100%				
Baseline:	0%				

How will program managers collect this performance information and ensure its reliability?

All request for reimbursement will be process and distributed in for FY2015.

PERFORMANCE MEASURES: AGENCY FORM

APPROPRIATION INCREASE TITLE	EMS Background Screening
APPROPRIATION CODE	LFG
APPROPRIATION AMOUNT	11,100 + 57,600 1X = \$68,700 FY16

Joint Rule 4-2-404 requires a Performance Review Note anytime the legislature significantly increases funding for: New agency New services or benefits Serving a new or larger population

DUE TO THE FISCAL ANALYST Tuesday, June 30, 2015

CONTACT INFORMATION **RESPONDENT** Paul Patrick

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A. HOW WILL THE PUBLIC BENEFIT?

1 What is the purpose and the duties of the new program, agency, services, or population served?

To complete in depth and on-going background reviews on individuals who are or soon will become certified.

2 What services are provided by the funding increase?

The Bureau will perform in depth and on-going reviews of all certified and soon to be certified emergency medical personnel's backgrounds prior to issuing a clearance for certification.

3 What are the expected outcomes of the new or expanded program and how will the public benefit?

In depth and on-going background reviews will assist in the protection of vulnerable citizens of Utah by not allowing individuals to remain or become certified who may present an unacceptable risk to public health and safety.

4 How will the bill be implemented and what resources are available to achieve the expected outcomes?

The Bureau will amend current rules to ensure compliance with the statute changes. The Bureau will work with Health Facility Licensing for access to utilize the Direct Access Clearance System.

5 How will the proposed agency activities cause the expected outcomes and public benefit in 3?

The in depth and on-going reviews will not allow individuals to remain or become certified who may present an unacceptable risk to public health and safety.

B. PERFORMANCE MEASURES:

What measures will managers and policymakers use to know if the new or expanded program is providing the expected outcomes and public benefits? Provide one, two, and three year goals or targets, actual results and measures if available to serve as a baseline, and outcomes.

Goal (public benefit): The in depth and on-going reviews will not allow individuals to remain certified who may present an unacceptable risk to public health and safety.

Measure Title: To complete in depth and on-going background reviews on individuals who are currently certified.
Description: There are approximately 18,000 certified emergency medical personnel. During the next four years, each individual will have the in depth and on-going background review process started as their recertification is completed.

Fiscal Year:	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
Target or Benchmark: 18,000/4 = 4500	100%				
Baseline:	0%				

How will program managers collect this performance information and ensure its reliability?

The individual's recertification will not be completed until the background review process is completed. Outcome data will be generated and reported on as needed or requested.

Goal (public benefit): The in depth and on-going reviews will not allow individuals to become certified who may present an unacceptable risk to public health and safety.

Measure Title: To complete in depth and on-going background reviews on individuals who will soon be certified.
Description: To complete in depth and on-going background reviews on individuals who will soon be certified.

Fiscal Year:	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
Target or Benchmark: 18,000/4 = 4500	100%				
Baseline:	0				

How will program managers collect this performance information and ensure its reliability?

The individual's certification will not be completed until the background review process is completed. Outcome data will be generated and reported on as needed or requested.

PERFORMANCE MEASURES: AGENCY FORM

APPROPRIATION INCR TITLE: Health Facility Licensing - Certification Staffing

APPROPRIATION CODE: LFH

APPROPRIATION AMOUNT: 56000 FY15 one time

Joint Rule 4-2-404 requires a Performance Review Note anytime the legislature significantly increases funding for: New agency New services or benefits Serving a new or larger population

DUE TO THE FISCAL ANALYST Tuesday, June 30, 2015

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Agency: Department of Health

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A. HOW WILL THE PUBLIC BENEFIT?

1 What is the purpose and the duties of the new program, agency, services, or population served?

This is an existing program that has been understaffed based on the Centers for Medicare/Medicaid Services (CMS) requirements for nursing facility inspections. The program completes nursing facility surveys to certify them for participation in the Medicare and Medicaid programs. This allows nursing facilities to obtain federal funding for residents that qualify for these programs.

2 What services are provided by the funding increase?

This funding increase provides permanent funding for four existing staff on the nursing facility survey team. These staff were added to the bureau in 2013 to meet CMS survey requirements. These staff survey nursing facilities to CMS standards for health and safety to ensure that all residents receive necessary services; including medication management, infection control, pressure sore care, skilled nursing services, and many other services. Failure to meet the CMS conditions would require that these providers terminate their agreement for Medicare and Medicaid. These staff are funded by approximately 20% state funding and 80% federal funding.

3 What are the expected outcomes of the new or expanded program and how will the public benefit?

All nursing facilities in the state are required to be inspected at an average survey interval of 12.9 months, with no survey interval longer than 15.9 months. This ensures that nursing facility residents are receiving the highest level of care afforded by the CMS federal guidelines, which avoids harm, abuse, neglect and exploitation of aging vulnerable populations.

4 How will the bill be implemented and what resources are available to achieve the expected outcomes?

The Department of Health will have permanent funding to maintain these staff. They already have office space and equipment for their jobs. Currently, the 12.9 month average inspection interval is being met.

5 How will the proposed agency activities cause the expected outcomes and public benefit in 3?

This funding ensures ongoing support of this program in the state - allowing nursing facilities to obtain funding from Medicare and Medicaid, and support a high level of care to nursing facility residents.

B. PERFORMANCE MEASURES:

What measures will managers and policymakers use to know if the new or expanded program is providing the expected outcomes and public benefits? Provide one, two, and three year goals or targets, actual results and measures if available to serve as a baseline, and outcomes.

Goal (public benefit): Maintain a healthy and safe environment for nursing facility residents in the state.

Measure Title: Permanent funding for nursing facility survey staff

Description: Maintain an average survey interval of 12.9 months for nursing facilities in the state as per federal standards.

Fiscal Year:	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019
Target or Benchmark:	12.9				
Baseline:					

How will program managers collect this performance information and ensure its reliability?

Information is taken from the federal ASPEN data system on a monthly basis to measure the average intervals. The Long Term Care Manager is responsible for monitoring.

Goal (public benefit): Increased number of individuals with TBI receiving resource facilitation services. *This is one time funding.

Measure Title:

Description:

Fiscal Year:	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target or Benchmark:		200	*	*	*
Baseline:	75				

How will program managers collect this performance information and ensure its reliability?

PERFORMANCE MEASURES: AGENCY FORM

APPROPRIATION INCREASE TITLE: Health Facility Licensing - Certification Staffing

APPROPRIATION CODE: LFH

APPROPRIATION AMOUNT: 56,000 FY16 On-going

Joint Rule 4-2-404 requires a Performance Review Note anytime the legislature significantly increases funding for: New agency New services or benefits Serving a new or larger population

DUE TO THE FISCAL ANALYST Tuesday, June 30, 2015

CONTACT INFORMATION **RESPONDENT** Joel Hoffman

Title: Bureau Director

Agency: Department of Health

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A. HOW WILL THE PUBLIC BENEFIT?

1 What is the purpose and the duties of the new program, agency, services, or population served?

This is an existing program that has been understaffed based on the Centers for Medicare/Medicaid Services (CMS) requirements for nursing facility inspections. The program completes nursing facility surveys to certify them for participation in the Medicare and Medicaid programs. This allows nursing facilities to obtain federal funding for residents that qualify for these programs.

2 What services are provided by the funding increase?

This funding increase provides permanent funding for four existing staff on the nursing facility survey team. These staff were added to the bureau in 2013 to meet CMS survey requirements. These staff survey nursing facilities to CMS standards for health and safety to ensure that all residents receive necessary services; including medication management, infection control, pressure sore care, skilled nursing services, and many other services. Failure to meet the CMS conditions would require that these providers terminate their agreement for Medicare and Medicaid. These staff are funded by approximately 20% state funding and 80% federal funding.

3 What are the expected outcomes of the new or expanded program and how will the public benefit?

All nursing facilities in the state are required to be inspected at an average survey interval of 12.9 months, with no survey interval longer than 15.9 months. This ensures that nursing facility residents are receiving the highest level of care afforded by the CMS federal guidelines, which avoids harm, abuse, neglect and exploitation of aging vulnerable populations.

4 How will the bill be implemented and what resources are available to achieve the expected outcomes?

The Department of Health will have permanent funding to maintain these staff. They already have office space and equipment for their jobs. Currently, the 12.9 month average inspection interval is being met.

5 How will the proposed agency activities cause the expected outcomes and public benefit in 3?

This funding ensures ongoing support of this program in the state - allowing nursing facilities to obtain funding from Medicare and Medicaid, and support a high level of care to nursing facility residents.

B. PERFORMANCE MEASURES:

What measures will managers and policymakers use to know if the new or expanded program is providing the expected outcomes and public benefits? Provide one, two, and three year goals or targets, actual results and measures if available to serve as a baseline, and outcomes.

Goal (public benefit): Maintain a healthy and safe environment for nursing facility residents in the state.

Measure Title: Permanent funding for nursing facility survey staff

Description: Maintain an average survey interval of 12.9 months for nursing facilities in the state as per federal standards.

Fiscal Year:	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
Target or Benchmark:	12.9	12.9 mos	12.9	12.9mo	12.9
Baseline:	12.2				

How will program managers collect this performance information and ensure its reliability?

Information is taken from the federal ASPEN data system on a monthly basis to measure the average intervals. The Long Term Care Manager is responsible for monitoring.

PERFORMANCE MEASURES: AGENCY FORM

APPROPRIATION INCR TITLE: Health Facility Licensing - Licensing Staff

APPROPRIATION CODE: LFH

APPROPRIATION AMOUNT: \$86,900 FY16

Joint Rule 4-2-404 requires a Performance Review Note anytime the legislature significantly increases funding for: New agency New services or benefits Serving a new or larger population

DUE TO THE FISCAL ANALYST Tuesday, June 30, 2015

CONTACT INFORMATION **RESPONDENT** Joel Hoffman

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Agency: Department of Health

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A. HOW WILL THE PUBLIC BENEFIT?

1 What is the purpose and the duties of the new program, agency, services, or population served?

The program funded is an existing program - Licensing and inspection of health facilities in the state. Legislative authority found in UCA 26-21.

2 What services are provided by the funding increase?

The services provided will be an increase in the amount of surveys completed for assisted living facilities and other licensed health care entities. Licensed health care professionals inspect health facilities to ensure that they meet state health and safety standards. These standards include; admission/discharge criteria, medication management, infection control, abuse reporting and investigation, and many other services.

3 What are the expected outcomes of the new or expanded program and how will the public benefit?

Currently, the three dedicated staff for licensing surveys complete assisted living facility health inspections about every 4.5 to 5 years. This funding will increase staffing by one surveyor, allowing the bureau to inspect assisted living facilities every 3.5 years on average. Surveys are done to increase the health and safety of assisted living facility environments by enforcing state health rules. Vulnerable residents of assisted living facilities will enjoy a more healthy and safe environment.

4 How will the bill be implemented and what resources are available to achieve the expected outcomes?

Funding starts on July 1, 2015. The hiring process will allow the bureau to hire one new person to begin licensing activities in July 2015. It will take a minimum of two months to train the individual. The bureau goal is to reduce the average survey interval in FY 2016 to 3.5 years for assisted living facilities.

5 How will the proposed agency activities cause the expected outcomes and public benefit in 3?

Statistics in the bureau have shown that the longer the average survey interval is, the more citations are given during surveys. If the bureau can decrease the average years between surveys, assisted living providers will maintain a higher level of health and safety at the facilities.

B. PERFORMANCE MEASURES:

What measures will managers and policymakers use to know if the new or expanded program is providing the expected outcomes and public benefits? Provide one, two, and three year goals or targets, actual results and measures if available to serve as a baseline, and outcomes.

Goal (public benefit): Increase health and safety for residents of assisted living facilities

Measure Title: Decrease survey interval

Description: Decrease the average survey interval for assisted living facilities to 3.5 years, to increase presence and reduce the number of citations given. This goal does not take into account future growth in the assisted living facility industry. As the numbers of facilities increase, the average survey interval may increase also.

Fiscal Year:	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
Target or Benchmark:	3.5 yrs	3.5 yrs	3.5 yrs		
Baseline:	5 yrs				

How will program managers collect this performance information and ensure its reliability?

Data system manager and the Licensing survey manager will track numbers of surveys and the intervals between to ensure that goals are being met. Other factors such as sanctions and various projects will be tracked to account for any delays.

Goal (public benefit): Increase numbers of assisted living surveys

Measure Title: Increased staffing

Description: Hire and train new staff person to assist with assisted living facility licensing inspections by July 2015.

Fiscal Year:	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
Target or Benchmark:	1 person				
Baseline:					

How will program managers collect this performance information and ensure its reliability?

By completing the recruitment process in June 2015.

Performance Measures: Agency For

Appropriation Incr Title: Baby Watch Building Block

Appropriation Code: LFJ

Appropriation Amount: \$60,00 220000 FY16

Joint Rule 4-2-404 requires a Performance Review Note anytime the legislature significantly increases

funding for: New agency New services or benefit Serving a new or larger population

Due to the Fiscal Analyst: Tuesday, June 30, 2015

Contact Information

Respondent: Susan Ord

Title: Attorney General - DOH support

Agency Department of Health

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A. How will the public benefit

1 What is the purpose and the duties of the new program, agency, services, or population served

The purpose of the Baby Watch Early Intervention Program (BWEIP) is to enhance the development of infants and toddlers with disabilities by providing therapy and special education services to the child and supports to families. As a result of these services, families increase their capacity to meet the special needs of their infants and toddlers with disabilities, and there is a reduction in the future education costs to the state. The BWEIP establishes statewide eligibility criteria for the program based on a child's diagnosed condition or a moderate delay in development. Children are enrolled in the program without regard to income. The BWEIP serves all children who qualify for the program. Federal regulations do not allow the BWEIP to establish a waiting list for services.

2 What services are provided by the funding increases

BWEIP services are designed to meet individual child developmental outcomes and family needs. The services include evaluation and assessment; special instruction; therapy services such as physical, occupational, speech therapy; social work; and service coordination.

3 What are the expected outcomes of the new or expanded program and how will the public benefit

The funding will support all children in the state who qualify for early intervention services. The BWEIP will be able to preserve services at the current program eligibility criteria and the funding will also allow us to fund program growth.

4 How will the bill be implemented and what resources are available to achieve the expected outcomes

The BWEIP will develop grants with local early intervention programs to distribute the funding.

5 How will the proposed agency activities cause the expected outcomes and public benefit

Funding available through BWEIP grants will allow local early intervention programs to hire and retain staff needed to provide services.

B. Performance Measures:

What measures will managers and policymakers use to know if the new or expanded program is providing the expected outcomes and public benefits? Provide one, two, and three year goals or targets, actual results and measures if available to serve as a baseline, and outcomes.

Goal (public benefit): Improved Child Outcomes

Measure Title: Child Outcomes A - Positive social-emotional skills (including positive social relationships)

Description: The percent of children who demonstrated improvement in social-emotional skills, including social relationships. (Target 70%)

Fiscal Year:	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
Target or Benchmark	67.0%	68.0%	69.0%	69.0%	69.0%
Baseline	FY16 Baseline is FY14 actual data		65.0%		

How will program managers collect this performance information and ensure its reliability

The Baby Watch program rates children’s development at entry and exit from the program if they have received at least 6 consecutive months of service. This is done with an objective, validated tool called the Child Outcomes Summary Form or COSF. These are the outcome measures that are also required by the Federal Office of Special Education Programs (OSEP). These percentages reflect greater than expected growth in a specific area. In other words, we measure the percentage of children whose growth was greater than expected because their growth rate with intervention was greater than their growth rate before intervention. These children were acquiring skills at a faster rate when they left the program than when they entered it.

Goal (public benefit): Improved Child Outcomes

Measure Title: Child Outcomes B - Acquisition and use of knowledge and skills (including early language/communication)

Description: The percent of children who demonstrated improvement in their rate of growth in acquisition and use of knowledge and skills, including early language/communication and early literacy. (Target 75%)

Fiscal Year:	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
Target or Benchmark	74.0%	74.5%	75.0%	75.0%	75.0%
Baseline	FY16 Baseline is FY14 actual data		72.5%		

How will program managers collect this performance information and ensure its reliability

The Baby Watch program rates children’s development at entry and exit from the program if they have received at least 6 consecutive months of service. This is done with an objective, validated tool called the Child Outcomes Summary Form or COSF. These are the outcome measures that are also required by the Federal Office of Special Education Programs (OSEP). These percentages reflect greater than expected growth in a specific area. In other words, we measure the percentage of children whose growth was greater than expected because their growth rate with intervention was greater than their growth rate before intervention. These children were acquiring skills at a faster rate when they left the program than when they entered it.

Goal (public benefit): Improved Child Outcomes

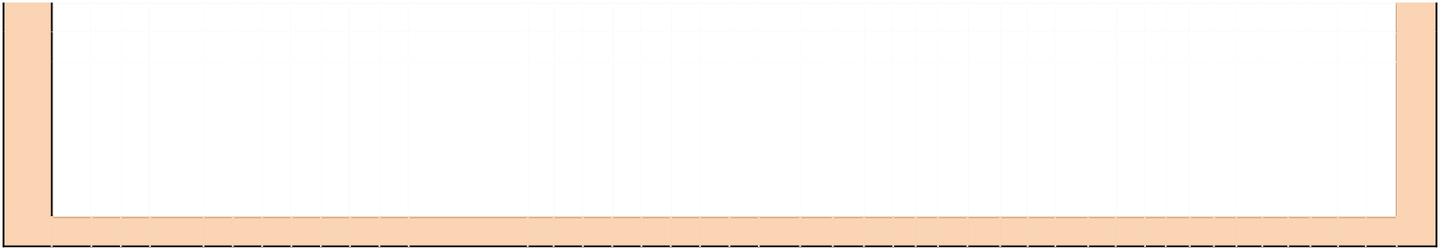
Measure Title: Child Outcomes C - Use of appropriate behaviors to meet their needs

Description: The percent of children who demonstrated improvement in their rate of growth in the use of appropriate behaviors to meet their needs. (Target 75%)

Fiscal Year:	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
Target or Benchmark	73.5%	73.5%	74.0%	74.0%	74.0%
Baseline	FY16 Baseline is FY14 actual data		73.5%		

How will program managers collect this performance information and ensure its reliability

The Baby Watch program rates children’s development at entry and exit from the program if they have received



PERFORMANCE MEASURES: AGENCY FORM

APPROPRIATION INCREASE TITLE: SB12 Child Care Amendment

APPROPRIATION CODE: LFJ

APPROPRIATION AMOUNT: 12,000 FY15

Joint Rule 4-2-404 requires a Performance Review Note anytime the legislature significantly increases funding for: New agency New services or benefits Serving a new or larger population

DUE TO THE FISCAL ANALYST Tuesday, June 30, 2015

CONTACT INFORMATION RESPONDENT

Title: Simon Bolivar

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Office: 801-803-4618

Agency: Department of Health

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A. HOW WILL THE PUBLIC BENEFIT?

1 What is the purpose and the duties of the new program, agency, services, or population served?

The purpose of this funding is for the Department to conduct background screenings for all staff in license exempt child care facilities.

2 What services are provided by the funding increase?

Funding of 1.6 additional FTEs to process the additional background screenings.

3 What are the expected outcomes of the new or expanded program and how will the public benefit?

The expected outcome is that individuals with a criminal history, or a history of child abuse and neglect, will not be allowed to work in license exempt child care facilities. This will benefit the public by protecting the safety of the children cared for in these facilities.

4 How will the bill be implemented and what resources are available to achieve the expected outcomes?

All exempt providers known to the Department will be notified of the new requirement. 1.6 Additional FTEs will be hired and will conduct the background screenings.

5 How will the proposed agency activities cause the expected outcomes and public benefit in 3?

The activity of conducting the background screening, and prohibiting individuals with a criminal or abuse and neglect history from working in exempt child care facilities, will reduce the risk of harm to the children cared for in these facilities.

B. PERFORMANCE MEASURES:

What measures will managers and policymakers use to know if the new or expanded program is providing the expected outcomes and public benefits? Provide one, two, and three year goals or targets, actual results and measures if available to serve as a baseline, and outcomes.

Goal (public benefit): Background screening of all staff in license exempt facilities.

Measure Title: % of background screenings conducted within required timeframes

Description: % of background screenings conducted within 10 days of receipt by the Department.

Fiscal Year:	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
Target or Benchmark: % of background screenings					
Baseline:					

How will program managers collect this performance information and ensure its reliability?

This information will be automatically tracked in our Child Care Licensing database, once the screenings begin.

PERFORMANCE MEASURES: AGENCY FORM

APPROPRIATION INCREASE TITLE: SB12 Child Care Amendment

APPROPRIATION CODE: LFJ

APPROPRIATION AMOUNT: 88,000 FY16

Joint Rule 4-2-404 requires a Performance Review Note anytime the legislature significantly increases funding for: New agency New services or benefits Serving a new or larger population

DUE TO THE FISCAL ANALYST Tuesday, June 30, 2015

CONTACT INFORMATION RESPONDENT

Title: Simon Bolivar

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Agency: Department of Health

e-mail: sbolivar@utah.gov

A. HOW WILL THE PUBLIC BENEFIT?

1 What is the purpose and the duties of the new program, agency, services, or population served?

The purpose of this funding is for the Department to conduct background screenings for all staff in license exempt child care facilities.

2 What services are provided by the funding increase?

Funding of 1.6 additional FTEs to process the additional background screenings.

3 What are the expected outcomes of the new or expanded program and how will the public benefit?

The expected outcome is that individuals with a criminal history, or a history of child abuse and neglect, will not be allowed to work in license exempt child care facilities. This will benefit the public by protecting the safety of the children cared for in these facilities.

4 How will the bill be implemented and what resources are available to achieve the expected outcomes?

All exempt providers known to the Department will be notified of the new requirement. 1.6 Additional FTEs will be hired and will conduct the background screenings.

5 How will the proposed agency activities cause the expected outcomes and public benefit in 3?

The activity of conducting the background screening, and prohibiting individuals with a criminal or abuse and neglect history from working in exempt child care facilities, will reduce the risk of harm to the children cared for in these facilities.

B. PERFORMANCE MEASURES:

What measures will managers and policymakers use to know if the new or expanded program is providing the expected outcomes and public benefits? Provide one, two, and three year goals or targets, actual results and measures if available to serve as a baseline, and outcomes.

Goal (public benefit): Background screening of all staff in license exempt facilities.

Measure Title: % of background screenings conducted within required timeframes

Description: % of background screenings conducted within 10 days of receipt by the Department.

Fiscal Year:	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
Target or Benchmark: % of background screenings	100%	100%	100%	100%	100%
Baseline:					

How will program managers collect this performance information and ensure its reliability?

This information will be automatically tracked in our Child Care Licensing database, once the screenings begin.

Goal (public benefit):

Measure Title:

Description:

Fiscal Year:	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
Target or Benchmark:					
Baseline:					

How will program managers collect this performance information and ensure its reliability?

PERFORMANCE MEASURES: AGENCY FORM

APPROPRIATION INCREASE TITLE Nurse Family Partnership - TANF

APPROPRIATION CODE: LFJ LFD wrong appropriation in SB3

APPROPRIATION AMOUNT 1,000,000 FY15

Joint Rule 4-2-404 requires a Performance Review Note anytime the legislature significantly increases funding for: New agency New services or benefits Serving a new or larger population

DUE TO THE FISCAL ANALYST Tuesday, June 30, 2015

CONTACT INFORMATION RESPONDENT Suzanne Leonelli

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Agency: Department of Health

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A. HOW WILL THE PUBLIC BENEFIT?

1 What is the purpose and the duties of the new program, agency, services, or population served?

Nurse-Family Partnership nurse home visitors work with low-income women who are pregnant with their first child,

2 What services are provided by the funding increase?

Funding for this program would be directed through the Office of Home Visiting in UDOH.

\$50,000 (5%) for administrative expenses including technical assistance, continuous quality improvement, data
\$950,000 (95%) for direct services for 225 families. This includes training of nurses, and salaries for nurses and

3 What are the expected outcomes of the new or expanded program and how will the public benefit?

NFP helps vulnerable young clients achieve healthier pregnancies and births, stronger child development, and a path toward economic self-sufficiency. NFP collects long-term outcome data including the reduction of incidence in juvenile crimes and arrests for NFP participants. As children served by NFP become teenagers, we will measure the reduction in juvenile crime and arrests.

4 How will the bill be implemented and what resources are available to achieve the expected outcomes?

The Office of Home Visiting will direct the use of these funds through the state home visiting infrastructure. Outcomes will be achieved through model fidelity and outcomes will be tracked through the Office of Home Visiting data reporting system.

5 How will the proposed agency activities cause the expected outcomes and public benefit in 3?

Nurse-Family Partnership helps transform the lives of vulnerable first-time moms and their babies. Through An evidence-based community health program, Nurse-Family Partnership's outcomes include long-term

B. PERFORMANCE MEASURES:

What measures will managers and policymakers use to know if the new or expanded program is providing the expected outcomes and public benefits? Provide one, two, and three year goals or targets, actual results and measures if available

to serve as a baseline, and outcomes.

Goal (public benefit): Increase the number of babies born at full term (37 weeks or greater) as compared to the general population.

Measure Title: Pre-term birth percentage

Description:

Percent of all babies born that were pre-term (less than 37 weeks)

Fiscal Year:	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
Target or Benchmark:	Above				
Baseline:	9.14%				

How will program managers collect this performance information and ensure its reliability?

This information is entered into the database following home visits. The Office of Home Visiting provides TA to sites on data entry and collection and frequently checks data for accuracy.

Goal (public benefit): Increase the number of infants screened for the ASQ 3 by 6 months of age.

Measure Title: % of infants screened using the ASQ 3 instrument

Description:

% of infants screened using the ASQ 3 instrument by 6 months of age

Fiscal Year:	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
Target or Benchmark:	Above				
Baseline:	64%				

How will program managers collect this performance information and ensure its reliability?

This information is entered into the database following home visits. The Office of Home Visiting provides TA to sites on data entry and collection and frequently checks data for accuracy.

Goal (public benefit): Decrease the number of substantiated cases of child abuse and neglect as compared to

Measure Title: substantiated cases of child abuse and neglect

Description:

% of substantiated cases of child abuse and neglect as compared to the general p

Fiscal Year:	FY 2016	FY 2017	FY 2018	FY	FY 2020
Target or Benchmark:	Below				
Baseline:	1%				

How will program managers collect this performance information and ensure its reliability?

This information is entered into the database following home visits. The Office of Home Visiting provides TA to sites on data entry and collection and frequently checks data for accuracy.

Goal (public benefit): Decrease tobacco use for mothers who smoke at enrollment as compared to those who

Measure Title: Tobacco use of mothers enrolled in OHV program

Description:

Decrease the % of tobacco use for mothers who smoke at enrollment as compared to

Fiscal Year:	FY 2016	FY 2017	FY 2018	FY	FY 2020
Target or Benchmark:	Below				
Baseline:	60%				

How will program managers collect this performance information and ensure its reliability?

This information is entered into the database following home visits. The Office of Home Visiting provides TA to sites on data entry and collection and frequently checks data for accuracy.

Goal (public benefit): Increase the number of participants who have achieved their educational goal by 1 year

Measure Title: Educational Goal Attainment

Description:

Increase the % of participants who achieved their educational goal by 1 year post

Fiscal Year:	FY 2016	FY 2017	FY 2018	FY	FY 2020
Target or Benchmark:	Above				
Baseline:	55%				

How will program managers collect this performance information and ensure its reliability?

This information is entered into the database following home visits. The Office of Home Visiting provides TA to sites on data entry and collection and frequently checks data for accuracy.

PERFORMANCE MEASURES: AGENCY FORM

APPROPRIATION INCREASE Loan Forgiveness in Underserved Areas GF1X, SB76 Rural Physician Loan Repayment

APPROPRIATION CODE: LQA

APPROPRIATION AMOUNT \$600,000 + 300,000 = \$900,000 FY16

Joint Rule 4-2-404 requires a Performance Review Note anytime the legislature significantly increases funding for: New agency New services or benefits Serving a new or larger population

DUE TO THE FISCAL ANALYST Tuesday, June 30, 2015

CONTACT INFORMATION RESPONDENT Don Wood, M.D.

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A. HOW WILL THE PUBLIC BENEFIT?

1 What is the purpose and the duties of the new program, agency, services, or population served?

\$600,000 - Utah Health Care Workforce Financial Assistance Program, 26-46, UCA, was created to provide professional educational loan repayment assistance to health care professionals and geriatric professionals who locate or continue to practice in underserved areas.

\$300,000 - Rural Physician Loan Repayment Program, 26-46a, UCA, was created to provide educational loan repayment assistance to physicians who locate or continue to practice in a rural county and have a written commitment from a rural hospital that the hospital will provide educational loan repayment assistance to the physician.

2 What services are provided by the funding increase?

Utah Health Care Workforce Financial Assistance Program is expected to increase the number of health care professionals providing primary health care services in underserved areas.

Rural Physician Loan Repayment Program is expected to increase the number of physicians providing primary health care services in rural underserved areas.

3 What are the expected outcomes of the new or expanded program and how will the public benefit?

Utah Health Care Workforce Financial Assistance Program is expected to increase the number of health care professionals by up to 15 additional providers awarded for 2 year service obligation providing primary health care services in underserved areas of Utah. $\$600,000 / \$40,000 = 15$

Rural Physician Loan Repayment Program is expected to increase the number of physician by up to 15 additional provides awarded for a 2 year service obligation providing primary health care services in $\$300,000 / \$20,000 = 15$

4 How will the bill be implemented and what resources are available to achieve the expected outcomes?

Utah Health Care Workforce Financial Assistance Program will contract with the health care professional and the health care professionals employment site for the minimum 2 year service obligation providing health professional services in underserved areas. The expected outcome will be additional health professionals serving underserved populations throughout Utah.

Rural Physician Loan Repayment Program will contract with the rural physician and the rural hospital for the minimum 2 year service obligation providing primary care services in rural underserved areas. The expected outcome will be additional physician serving underserved populations in rural underserved areas.

5 How will the proposed agency activities cause the expected outcomes and public benefit in 3?

Utah Health Care Workforce Financial Assistance Program contracts with health care professionals and healthcare professionals employment sites will monitor through bi-annual progress reports the status of the health care professionals and the services they are providing to the underserved area.

Rural Physician Loan Repayment Program contracts with rural physicians and the rural hospitals will be monitored

Rural Physician Loan Repayment Program contracts with rural physicians and the rural hospitals will be monitored through bi-annual progress reports the status of the rural physician and the primary health care services they are providing to the rural underserved area.

B. PERFORMANCE MEASURES:

What measures will managers and policymakers use to know if the new or expanded program is providing the expected outcomes and public benefits? Provide one, two, and three year goals or targets, actual results and measures if available to serve as a baseline, and outcomes.

Goal (public benefit): 15 health care professionals serving underserved areas

Measure Title: Utah Health Care Workforce Financial Assistance Program

Description: Number of health care professionals providing primary care services to Utah underserved areas.

Fiscal Year:	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
Target or Benchmark:	100%				
Baseline:	15				

How will program managers collect this performance information and ensure its reliability?

This will be monitored through bi-annual progress reports from the health care professional and the health care professionals employment site.

Goal (public benefit): 15 rural physicians serving rural underserved areas

Measure Title: Rural Physician Loan Repayment Program

Description: Number of rural physicians providing primary care services in rural underserved areas.

Fiscal Year:	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
Target or Benchmark:	100%				
Baseline:	15				

How will program managers collect this performance information and ensure its reliability?

This will be monitored through bi-annual progress reports from the rural physician and the rural hospital.