

**MINUTES OF THE
SOCIAL SERVICES APPROPRIATIONS SUBCOMMITTEE**
Utah State Hospital, Payne Building, 1300 East Center Street, Provo, Utah
June 12, 2015 8:00 a.m.

Members Present: Sen. Allen M. Christensen, Co-Chair
Rep. Paul Ray, Co-Chair
Rep. Edward H. Redd, House Vice Chair
Rep. Sandra Hollins
Sen. Brian E. Shiozawa
Rep. Earl D. Tanner
Rep. Raymond Ward
Sen. Todd Weiler

Members Excused: Rep. Bradley M. Daw
Sen. Luz Escamilla
Sen. Deidre M. Henderson
Rep. Rebecca Chavez-Houck
Rep. Robert Spendlove

Members Absent: Rep. Melvin R. Brown
Sen. Alvin B. Jackson
Sen. Mark B. Madsen
President Wayne L. Niederhauser

Staff Present: Mr. Russell T. Frandsen, Fiscal Analyst
Mr. Stephen C. Jardine, Fiscal Analyst
Ms. Lorna Wells, Secretary

Note: A copy of related materials and an audio recording of the meeting can be found at www.le.utah.gov.

1. Call to Order

Co-Chair Christensen called the meeting to order at 8:30 a.m. He thanked the Utah State Hospital for hosting the meeting and for the tour that the committee would be taking later.

2. Public Input

Mr. Michael Siler, Founder & Chair, Utah Radon Coalition, said that radon is a known carcinogen and silent killer. He distributed a folder of handouts which highlight some of the Coalition's work and discussed some awareness activities that are taking place. He showed a chart of the average radon levels within specific legislative districts. He said that the Coalition is not requesting funding, but that radon awareness activities are underfunded in the state.

Co-Chair Christensen asked for clarification about this. Mr. Siler said that the Coalition does not receive funding, but other agencies who work with radon awareness are in need of funding.

Ms. Jan Poulsen, a radon-induced cancer survivor, stated that she bought their home in 1992 and at that time it was tested for radon, and the levels were extremely low. Five years after purchasing their home, they dug a walk-out basement and five years after that she was diagnosed with lung cancer. She has never smoked, but it was discovered that the cancer was caused by extreme radon levels in her home. She has had several brain tumors removed. She is working to educate the public about the dangers of radon. Mr. Siler mentioned that if the public was aware of the dangers of radon, this type of lung cancer could be avoided.

3. Radon Awareness Issues and Funding Options

Mr. Brad Belnap, Program Manager, Comprehensive Cancer Control, Utah Department of Health thanked the committee for the opportunity to present information on radon gas. He gave some background information on radon gas and how it might enter as well as build up in a home. [Radon Awareness Issues and Funding Options PowerPoint](#) He discussed the number of lung cancer deaths that result from radon exposure. He discussed the increased risk of lung cancer when smoking and radon exposure are combined. He showed a map displaying the current radon levels in Utah. He mentioned the www.radon.utah.gov website.

Sen. Christensen asked how radon gas can be tested. Ms. Eleanor Divver, Indoor Radon Coordinator, Department of Environmental Quality explained that the test is only \$8. The homeowners place the test in the lowest level of the home and then send the test in the mail. They will receive the results in about a week.

Mr. Belnap reported on the \$25,000 appropriation for a radon-awareness campaign [Radon Facts](#). He stated that 80 percent of home owners have never tested for radon [Radon Awareness Priorities Memo](#). He showed a video that was produced in cooperation with the Utah Department of Health and the Huntsman Cancer Institute ["Are you Breathing Radon?" Video](#) Mr. Belnap discussed the success of the video clips and banner ads on social media sites. He also discussed radio spots and the wide-spread audience they reached.

Rep. Tanner asked how often homes should be tested. Ms. Divver recommended every two years; or after major remodeling, including new windows or carpeting.

Rep. Ward asked why new windows and carpet would impact radon levels. Ms. Divver explained that these can change how radon gets into and out of the home.

Rep. Tanner asked what was involved in the remediation of the radon. Ms. Divver said that the cost is about \$1,500, but depends on the size of the home. She mentioned that Green and Healthy Homes has a grant that allows them to assist low-income families.

Sen. Shiozawa was curious about the program's engagement with the private community including billboards and groups like the Utah Association of Realtors.

Mr. Belnap explained that limited resources did not allow them to pursue billboards. He said that the Coalition has done some work done with private entities. Ms. Divver mentioned that

her experience with the realtor group has been very positive. She teaches classes on radon awareness to realtors.

Ms. Divver indicated that they did receive a small amount of funding from the EPA specifically for newborn test kits. She discussed the increase in views to the radon website. She said that it often takes hearing about radon three times before someone will actually get the test and complete it. She listed the radon levels by zip codes of legislators.

Co-Chair Christensen asked if radon is a heavier gas and if that is why radon is mostly found in the basement. Ms. Divver mentioned that radon is heavier, and does settle to the lowest area, but this could be a basement or crawl space, or somewhere else.

Sen Shiozawa asked what is involved in the follow-up for someone who submits a test. Ms. Divver said that when they receive the data it is only reported by zip code. Her office doesn't actually contact the people. The laboratory does send a letter directly to the home owner which recommends using a certified company listed on the web site. She stated that in Summit County, the health department processes the test kits, so they do send out individualized letters.

Sen. Shiozawa asked what the major barriers were for people not taking the steps to remove radon from their home. Ms. Divver answered that cost can be one barrier; another barrier is that the radon mitigators may be aesthetically displeasing. She stated that they can put the mitigators in a utility or bedroom closet. There is a small amount of a noise, a very low hum.

Co-Chair Christensen asked if allowing the radon to escape from one home just means it is given to someone else's home. Ms. Divver indicated that a five-inch circular hole is made in the gravel of the basement, and radon gases are pulled out through PVC pipe, where it usually is dispersed to outside air where it dissipates.

Rep. Ward asked if it was still necessary to test every two years if radon mitigation is being performed. Ms. Divver indicated they still recommend testing every two years.

Vice Chair Redd indicated that radon mitigation is very inexpensive when it is installed in new homes. He asked if there was a difference in radon levels between winter and summer. Ms. Divver explained that research shows that radon levels almost double in the winter months.

Rep. Hollins asked how long it would take for a person to become ill if they move into a home with high radon levels. Ms. Divver said that it varies, it may take as long as five to ten years.

Rep. Tanner asked if there are any communities with building codes involving radon levels. Ms. Divver indicated that as of right now there are none in the state. Park City has determined that only a certified mitigator can do the work.

Mr. Frandsen indicated that Radon Statutes for other states are shown under Tab 6 in the binders distributed to committee members. [Radon Statutes 2015](#) and [Radon State Statute Chart](#)

4. How are Substance Abuse and Mental Health Services Funded?

Mr. Doug Thomas, Division of Substance Abuse and Mental Health Director, distributed the handout “Major Funding Sources” and discussed the legislative action behind some of the funding sources. He explained the formulas behind the major funding sources. He showed a chart depicting the cash flow to support Utah Medicaid Mental Health Services. He discussed the rising costs of mental health. He stated that the best way to mitigate these costs is capitation for the local mental health system. He explained the federal share of this funding.

Mr. Thomas indicated that in the past up to 80 percent of the people receiving Medicaid benefits had a substance abuse disorder. Through welfare reform, substance abuse has been pulled out as a benefit of Medicaid. He discussed the 13 local substance abuse authorities and local mental health authorities. He listed the ten mandated services which are provided by local authorities. Mr. Thomas discussed some of the current funding challenges. He stated that the Wasatch front makes up 80 percent of the state’s population and that delivering services to rural areas can be challenging. He stated that more data is available if it is needed. He discussed the Continuum of Services and the importance of education and training in each area. The goal is to have healthy families and communities.

Sen. Weiler asked Mr. Thomas to elaborate on the education and training involved. Mr. Thomas used the example of the “medically frail” category and then discussed when an individual would qualify for services, what would be involved in qualifying, and what some of the stipulations would be.

Co-Chair Christensen asked for clarification of medically frail terminology. Mr. Thomas discussed this and some of the qualification scenarios.

Rep. Tanner asked if recent reforms had shown improvement in mental health and substance abuse appropriation funding. Mr. Thomas indicated that there have been recent reforms in the mental criminal justice system. He said that \$4.5 million had been appropriated specifically to improve assessment and screening. He discussed some of the local processes initiated to reduce recidivism. They were getting stake holders together to determine and achieve outcomes. He said there is a 20 percent funding match from counties but no new federal dollars.

Co-Chair Christensen asked if appropriation adjustments need to be made. Mr. Thomas explained that there has been some cost savings in health and human services. He stated that more detail will be given in upcoming meetings.

5. Department of Technology Services Information Technology Services Provided to Social Services Agencies

Mr. Frandsen said all handouts for this topic were on-line as well as behind Tab 5. [Issue Brief - 2015 Interim - Social Services Agencies Spending on Department of Technology Services](#) He reported on the \$80 million social services appropriation for DTS. He explained why spending on five DTS services (or 27 percent) were higher than the average of other providers. He stated that 73 percent of DTS services were below the average cost of comparable organizations.

Mr. Frandsen explained that the next Issue Brief was a follow-up from the Internal Service Funds review - [Internal Service Fund Review Follow-up](#).

Mr. Daniel Frei, DTS Finance Manager discussed the FY 2015 DTS Rate Analysis. [Market Benchmark Analysis by DTS - 2015 Interim](#) He explained the study objectives, the approach, the benchmarks used, and the results of the study. Mr. Frei explained how the DTS rates are competitive when comparing the rates and the service involved. They are continually looking for ways to improve services. He compared the IT rate from private organizations in various regions. He explained that one of the reasons the five rates that were higher than average was there were very few customers in rural areas.

Mr. Frei commented on other observations of the study. He said that the DTS Desktop services are a “Best Value” when compared to private vendors. He mentioned the status of mainframe services. Mr. Frei discussed the importance of DTS support for various state agencies, and explained the DTS operating revenue for these agencies. [Technology Services Operating Revenue by State Agency](#). Mr. Frei mentioned that DTS strives to ensure that their customers are satisfied. He said that the annual service level agreement outlines services provided, the level of support, and response times. This is reviewed on a monthly basis.

Mr. Frei stated that the first recommendation is to continue to increase rate values incrementally and to work towards cost optimization. They want to continue to keep rates stable while adding services. They would like to bundle common rates into a “seat rate” for ease in ordering. He mentioned some service-specific recommendations regarding telephony. They are not satisfied with the invoice system. They are working to incorporate a new billing system which was awarded the Governor’s Level of Excellence.

Rep. Tanner asked about the telephony charges to rural areas. Mr. Frei said that they are converting the legacy landlines in the state to VOIP.

6. State Hospital Legislative Tour 2015

Mr. Dallas Earnshaw, State Hospital Superintendent, gave a brief history of the state hospital which was established in 1885. He indicated that they serve pediatrics, adults and the forensic population. He stated that the hospital is now a modern facility and thanked the Legislators for their support. He divided the committee members and visitors into groups and toured the campus, with one group specifically touring the hospital museum - [State Hospital Legislative Tour 2015](#).

7. SUCCESS Examples and Progress

Dr. David Patton, Executive Director, Utah Department of Health explained the Governor’s SUCCESS Framework program [Success Status Report Statewide](#) . He stated that each agency has identified models involving this initiative. Mr. Frandsen indicated that handouts for this topic were under Tab 8 of the binder.

a. SUCCESS Report Utah Department of Health

Mr. Dave Lewis, Director of Process and Quality Improvement, Utah Department of Health, reported on their implementation of the SUCCESS model - [Health SUCCESS -PowerPoint](#). He discussed Medicaid Accountable Care Organizations stating that the evaluation focused on per member per month costs; the quality of care, as well as the CAHPS survey to assess patient satisfaction. They developed a longitudinal analysis of the data. He discussed the database that is being gathered to collect statistics on these ACO's. He showed a sampling of the HEDIS data and explained that it is available on line at [HEDIS Report](#) and [CAHPS Report](#). The results show that Medicaid patients have a higher satisfaction rate than commercial plans.

Sen. Shiozawa asked who completes the survey. Ms. Lewis answered that they both fall under NSQUA. Co-Chair Christensen asked for an explanation of the discrepancies. Mr. Lewis answered that this is patient survey so it is based on the patient responses. They haven't delved into these results but will be. He said a possible answer may be that patients with commercial plans have had increased deductibles and co-payments.

Rep. Ward commented about invalid data regarding chlamydia screening. He stated that this data is flawed because of the way the data is collected and incorrect definitions and specifications used.

Mr. Lewis said that the historic backlog of suspended claims processing has been reduced from 8-10 weeks to 3 weeks. Mr. Lewis discussed some ways they have achieved higher levels of performance.

Co-Chair Christensen asked about the pay for performance plan. Mr. Lewis reported that at first this program worked, but they then found that it also had many disincentives, so they have moved away from that model.

Mr. Lewis explained the Medicaid Provider application processing panel and process which have also reduced the backlog of work. He discussed the new affordable care act requirements. He explained the four testing sections of the Utah Public Health Lab. He discussed improvements in the Secure Internet Link for Vital Records and Statistics.

Sen. Shiozawa asked if this was part of the PULSE system. Mr. Lewis said not at this time.

b. SUCCESS Report Department of Human Services

Mr. Mark Brasher, Deputy Director, Department of Human Services reported that each division is working on the SUCCESS Framework.

- Child & Family Services

Mr. Brent Platt, Director of Child and Family Services said that their major goal is to keep children safe and at home. If this cannot be done they focus on keeping children with relatives or in a family-based setting. They are looking at recidivism rates and focusing on adult

perpetrators. They are focusing on in-home services so that there are fewer children in the foster program. Right now the average length for foster care is 12 months, they would like to see this reduced. They are also working to reduce the needs for residential and congregate care. He would be willing to report back on more specific details at a later meeting.

c. SUCCESS Report Department of Workforce Services (DWS)

Mr. Dale Ownby, Director of Eligibility Services Division mentioned that each of the three divisions in DWS has put SUCCESS principles in practice and explained some of the system goals - [DWS SUCCESS Presentation](#).

Mr. Ownby stated that his division serves 177,000 households. He discussed the number of applications processed each month. He said that the Eligibility Services Division is the largest division within DWS.

Co-Chair Christensen asked if they were still using the pay for performance model. Mr. Ownby said that they had found too many disincentives to that program, so they were no longer using it.

Mr. Ownby said that they started by looking at their baseline: 59.5 percent of applications were approved within 14 days. They wanted to improve this to 75 percent. He said that they looked at inputs and throughputs. They used thinking tools and principles and developed a very complex flowchart showing how a claim is processed. They looked at what was absolutely necessary. Next, after input from all the stakeholders, they developed a flow chart of what the process should look like. They looked at technology and business processes in combination with policy. They developed a fast-plan which involved five fast-plan strategies.

Mr. Ownby explained the efforts to stay focused on their SUCCESS goals. He briefly discussed their results at this point as well as further initiatives.

Rep. Tanner asked how Medicaid eligibility is determined specifically for nursing home care. Mr. Ownby explained that two teams determine eligibility in this case. Once the case is closed for asset recovered, it is turned over to the Department of Human Services' Office of Recovery Services.

d. SUCCESS Report – Utah State Office of Rehabilitation (USOR)

Ms. Stacey Cummings, Interim Executive Director, explained their SUCCESS framework. [USOR SUCCESS Presentation](#). Their main goal was to improve their client to counselor ratio. Their baseline showed that on average, their counselors were serving 231 clients, compared to the 149 client-to-counselor ratio nationwide. They looked at ways to reduce client-based core services. They discussed the impact of having a high-client base. They have identified milestones and are working to reach those milestones. They have been approved to participate in a study with the University of Boston to look at ways to address similar issues. They have a new leadership team who have realigned their goals and objectives.

8. Social Services Recommendations vs. Legislative Action

Mr. Frandsen presented this report shown behind Tab 10 of the binder - [Social Services Recommendation vs Final Legislative Action](#). He explained that items highlighted in GREEN were accepted and funded, items in YELLOW were modified, items in RED were rejected, and items that are not highlighted had no action taken. He stated that the committee recommendations were a “wish list”. He asked Committee members to review this list as they prepare for the next meeting, and the next Legislative session. He noted that all fees were approved by the Legislature as recommended by the subcommittee. These were not included in this document.

9. Medicaid Statewide Spending

Mr. Frandsen reported on the Medicaid Spending Statewide Issue Brief - [Medicaid Spending Statewide](#). He stated that this is the only brief that shows all the General Fund spent statewide on Medicaid throughout several different agencies. The brief shows that \$2.4 billion of state funding is going towards Medicaid, which is 24 percent of all General Fund spending. Other entities provided \$196 million or 27 percent of the matching funds used to draw down \$1.6 billion in federal funds in FY 2014. Mr. Frandsen suggested that committee members review this data to determine where leverage points are and the agencies who are participating.

MOTION: Co-Chair Ray moved to recess. The motion passed unanimously.

Co-Chair Christensen thanked committee members for their attendance and participation. He reminded them that the afternoon session would begin at 1:00 p.m. at the Utah State Development Center. He adjourned the meeting at 12:04 p.m.

Sen. Allen M. Christensen, Co-Chair

Rep. Paul Ray, Co-Chair