

**Utah Department of Health**  
September, 11 2015 Interim Meetings

**Lowest Org Unit Funding Descriptions**

UDOH Unit Name	Program Description (What does it do? Who does it benefit?)	Mandate Status	Mandate Citation	FY 2014 Actuals			
				State Funds	Federal Funds	Other Funds	Total Funds
1102 DOH EXECUTIVE DIRECTOR	General Admin, DOH Executive Directors Office provides overall management and direction for DOH. 2 FTE	State Statute Mandated	26-1-9	222,358	222,358		444,716
1104 DOH DEPUTY DIRECTOR	General Admin, DOH Deputy Directors Office provides overall management and direction and serves as Chief Medical Officer. Also funds the legislative liaison position. 3 FTE	State Statute Mandated	26-1-9	242,138	242,138		484,277
1106 DOH OFFICE OF PUBLIC HEALTH ASSESSMENT	Funds management of the IBIS-Indicator Base Information System. A comprehensive data base of health data available on line for all health professionals and the general public 2 FTE	Not Mandated		99,572	99,572		199,145
1109 DOH ORGANIZATIONAL DEVELOPMENT & PERFORMANCE IMPROVEMENT	General Admin, Manages department wide performance measures with the GOMB SUCCESS management tool. 1 FTE	Not Mandated		43,851	43,851		87,702
1112 DOH LEGAL COUNSEL	General Admin, Funds Attorney General staff to provide legal support, litigate claims, write rules, review contractual agreements etc. 5 FTE	State Statute Mandated	67-5-1	225,631	225,631		451,261
1121 DOH LOCAL HEALTH SERVICES	Partial Funding Support for the Director of Utah Local Health Association which partners with DOH for Local Health Services.	State Statute Mandated	26-1-4	20,000	20,000		40,000
1123 DOH DMV CHILD ORGAN TRANSPLANT CHECK-OFF	Motor Vehicle Check off Donations which pass through to organizations which promote awareness and education for organ donation and assist in the organ donation registry.	State Statute Mandated	26-18b			45,890	45,890
1131 DOH HUMAN RESOURCE MGMT	General Admin, funds 5 DHRM staff who provide human resource support for the entire department.	State Statute Mandated	67-19-5	304,116	304,116		608,232

1161 DOH PUBLIC INFORMATION	General Admin, funds 1.5 FTE provides public information and communication service for all DOH health programs.	Not Mandated		118,873	118,873	237,746	
1195 DOH STATE INNOVATION MODELS: FUNDING FOR MODEL DESIGN/TESTNG	Federal Grant from Center for Medicare and Medicaid Innovation (CMMI) funds 2 FTEs with additional pass through funds to local health providers. The model plan details how to connect health care provider payments to improvements in quality and cost control. This grant is now under Medicaid supervision.	Contractually Mandated	Affordable Care Act		785,940	0	785,940
1231 DOH INFORMATION TECHNOLOGY	General admin, Funds DTS Information technology services for the entire department.	State Statute Mandated	63F-1-103	1,713,127	1,713,127	3,426,253	
1251 DOH OFO FINANCE	General Admin, funds 21 FTEs who provided accounting, purchasing, and financial reporting services	State Statute Mandated	63A-3	1,120,862	1,120,862	2,241,725	
1261 DOH EMPLOYEE SUPPORT	General Admin, funds 5 FTEs who perform building support services including office space and function, supplies, motor pool, and mail services.	State Statute Mandated	63A-5	119,101	119,101	238,203	
1262 DOH ES MOTOR POOL	This unit is a clearing account for motor pools costs of 56 vehicles assigned to DOH. Vehicle costs may exceed motor pool vehicle mileage rates established by State Motor Pool.	State Statute Mandated	63A-9	9,566	9,566	19,131	
1264 DOH ES UNALLOCATED COSTS	This unit accounts for general building maintenance costs which have no basis for allocation to the divisions and programs.	Not Mandated		27,394	27,394	54,788	

1301 DOH HEALTH CARE STATISTICS	Funds the general activities of the Office of Health Care Statistics in collecting, analyzing and distributing health system data under the direction of the Health Data Committee. The Office produces reports that transform health system data into objective baseline trend and performance measurement information and then makes this information available to the Health Data Committee, healthcare providers, policy makers, the academic community and the public through printed and Web-based media.	State Statute Mandated	26-33a	238,948	475,757	714,705
1302 DOH HCS PATIENT SAFETY GRANT	General Admin for the director's office of the Center for Health Data and Informatics, general management and direction	Not Mandated		49,409	22,663	72,072
1303 DOH CENTER IN EXCELLENCE IN PUBLIC HEALTH	Funds the Informatics Program in the Center for Health Data and Informatics, including the Master Person Index project	Not Mandated			35,339	35,339
1304 DOH ALL PAYER DATABASE	Funds the All Payer Claims Database, which contains pharmacy and medical claims data from years 2011- mid-2013, and includes information about medical procedures, diagnoses, and prescription drugs.	State Statute Mandated	26-33a	282,564		282,564
1305 DOH HCS BEACON CONTRACT	Provided data to Health Insight to fulfill its responsibilities relative to the Beacon Communities Project to support providers in Salt Lake, Tooele and Summit counties in their efforts to improve the care that patients receive, decrease unnecessary costs in the healthcare system, and improve public health. The project ended in FY2014.	Not Mandated		1,097	15,128	16,225
1306 DOH CYCLE III GRANT	The Cycle III grant provides funding to support health insurance rate reviews and increase transparency in health care.	Not Mandated			293,499	293,499

1307 DOH MASTER PERSON INDEX- HEALTH INFORMATICS PROGRAM	Provided funding to create technologies and policies to support a statewide Master Person Index (MPI). The MPI will contain a unique record for every person within the state who is, or potentially could be, a participant in biomedical research. The grant ended in FY2014. The Health Informatics Program also is responsible to develop and maintain the UDOH gateway/interfaces with the statewide clinical Health Information Exchange (cHIE).	State Statute Mandated	[REDACTED]	26-1-37 and 26-1-30 (bb)	48,896	48,896
1308 DOH HEALTH INFORMATION EXCHANGE-ARRA	Provided funding to facilitate and expand the secure, electronic movement and use of health information among organizations according to nationally recognized standards. Efforts focused on the development of statewide policy, governance, technical infrastructure and business practices necessary to support health information exchange. The grant ended in FY2014.	Not Mandated		405,237	405,237	
1309 DOH BEACON COMMUNITIES GRANT	The Beacon Community Program provided funding to communities to demonstrate the vision of the future where hospitals, clinicians and patients are meaningful users of health information technology, and together the community achieves measureable improvements in health care quality, safety and efficiency. The project ended in FY2014.	Not Mandated	9,088	340,188	349,277	
1310 DOH SECURITY OFFICE	Funds the Office of Health Data Security which develops and implements data security and privacy policies within the Utah Department of Health. It also provides training on data security and privacy management to DOH staff.	Not Mandated	255,001	255,001		

1401 DOH MEDICAL EXAMINER	The OME is responsible for the investigation and certification of sudden and unexpected deaths that occur within the borders of the State. This unit admin. funds to pay for all expenditures and personnel costs required to perform according to the OME statute. OME functions/mandated statute benefits all Utah citizens. 30.05 FTE	State Statute Mandated	26-4-(1-29)	3,165,126	363,000	3,528,126
1402 DOH MED EXAM BODY TRANS	The OME pays for roundtrip transportation of bodies under its jurisdiction. A contracted transportation service is used along the Wasatch Front area; funeral homes provide all other transportation. This unit admin. funds to pay for all transportation costs. OME functions/mandated statute benefits all Utah citizens.	State Statute Mandated	26-4-(1-29)	429,164		429,164
1404 DOH OME INVESTIGATORS	The OME pays for the investigation of all cases in the State that fall under its jurisdiction. Contracted investigators are used through-out the State for case investigation. This unit admin. funds to pay for all vendor investigator's costs. OME functions/mandated statute benefits all Utah citizens.	State Statute Mandated	26-4-(1-29)	76,200		76,200
1501 DOH HRSA BT-ADMIN-P1	provides funding to the Bureau of Emergency Medical Services & Preparedness to administer and support healthcare preparedness cooperative agreement activities. 4.9 FTE	Not Mandated		\$540,435		\$540,435
1521 DOH BT CITY READINESS INITIATIVE	provides pass through funding that benefits all citizens in 2 counties, provides funding to Salt Lake and Tooele counties to prepare for emergency response. .3 FTE	Not Mandated		\$330,439		\$330,439

1523 DOH BT PRPAREDNESS PLANNING FOCUS A	provides funding to the Bureau of Emergency Medical Services and Preparedness to accomplish public health emergency preparedness cooperative agreement activities. Small portion is pass through to the tribes. 4.45 FTE	Not Mandated	\$682,790	\$682,790
1524 DOH BT SURVEILLANCE& EPI CAPAC FOCUS B	provides funding to the Bureau of Epidemiology to accomplish public health emergency preparedness cooperative agreement activities 6.3 FTE	Not Mandated	\$702,904	\$702,904
1525 DOH BT LAB CAPACITY FOCUS C	provides funding to the Laboratory to accomplish public health emergency preparedness cooperative agreement activities 9.9 FTE	Not Mandated	\$974,491	\$974,491
1527 DOH BT RISK COMMUNICATION FOCUS F	provides funding to the Office of Public Information and Marketing to accomplish public health emergency preparedness cooperative agreement activities .85 FTE	Not Mandated	\$119,320	\$119,320
1529 DOH BT PREPRDNESS-LHD CONTRACT	provides pass-through funding to local health departments to accomplish public health emergency preparedness cooperative agreement activities	Not Mandated	\$3,533,620	\$3,533,620
1539 DOH HPP PARTNERSHIP DEVELOPMENT	provides pass-through funding to the local healthcare facilities and association partners to accomplish healthcare preparedness cooperative agreement activities	Not Mandated	\$40,670	\$40,670
1543 DOH ESAR VHP SYSTEM ENHANCEMENT PROJECT	provides funding to enhance Utah's Emergency System for Advanced Registration of Volunteer Healthcare Professionals system and integration with local medical reserve corps	Not Mandated	\$22,290	\$22,290
1545 DOH HEALTH SYSTEM PREPAREDNESS	provides funding for healthcare preparedness projects managed by the Bureau of Emergency Medical Services & Preparedness and pass-through funding to state-wide associations as part of the healthcare preparedness program cooperative agreement	Not Mandated	\$1,392,977	\$1,392,977

1549 DOH INFORMATION SHARING TECHNOLOGY	provides funding to the Bureau of Emergency Medical Services & Preparedness to develop and maintain state-wide information systems for communication and data management as part of the healthcare preparedness program cooperative agreement	Not Mandated					\$206,178	\$206,178
1550 DOH MEDICAL SURGE	provides pass-through funding to the local healthcare facilities to accomplish healthcare preparedness cooperative agreement activities	Not Mandated					\$700,808	\$700,808
1552 DOH VOLUNTEER MANAGEMENT	provides pass-through funding to the local health departments to support medical reserve corp development as part of the healthcare preparedness program cooperative agreement	Not Mandated					\$140,843	\$140,843
1553 DOH EMS PROJECTS	provides funding to the Bureau of Emergency Medical Services & Preparedness to develop and maintain state emergency medical support assets and mass fatality program as part of the healthcare preparedness program cooperative agreement	Not Mandated					\$98,745	\$98,745
1601 DOH CHD VITAL RECORDS	Funds the Office of Vital Records and Statistics in maintaining the statewide vital records system required by Utah Statute which entails collection, preservation, tabulation of records for all births, deaths, marriages, and divorces.	State Statute Mandated	26-2-(1-28)	495,829	211,532	1,328,928		2,036,289
1603 DOH CHD VSCP	Funding for the Vital Statistics Cooperative Program (VSCP) in which states send vital statistics to the National Center for Health Statistics for use in producing national vital statistics base on data from the nation's birth, death, fetal death, marriage and divorce records.	Federally Mandated	42 U.S.C. 242k, Section 306(h) of the Public Health Service Act	24,731	242,902			267,633
1623 DOH HEALTH STATUS SURVEY	State funding for the collection of behavioral risk factor information impacting the health of Utah's citizens.	Not Mandated					110,896	110,896

1624 DOH OPHA STATE	Funds the Office of Public Health Assessment (OPHA), which uses survey data and a wide range of other enterprise public health data resources to provide an epidemiological basis for community assessment, program operation and evaluation, policy development and health planning. The office conducts assessments of public health problems, performs statistical analysis of health data, and evaluates the effectiveness of disease prevention activities. OPHA makes much of this information widely available through its Indicator-Based Information System for Public Health (IBIS-PH) web site.	Not Mandated	211,600	183,914	395,514
1625 DOH PUBLIC HEALTH INFRASTRUCTURE GRANT	The Enhanced Public Health Infrastructure and Performance Management Initiative focuses on two primary areas: 1) Performance management and, 2) best practices implementation. The initiative consists of three projects: 1) Invest in new Indicator-Based Information System for Public Health (IBIS-PH) modules, 2) Re-engineer the Utah Data Analysis and Reporting Tool (UDART) and, 3) Increase capacity to support structural and environmental changes in the community to promote good health and reduce obesity statewide.	Not Mandated	258,674	258,674	

1628 DOH BEHAVIORAL RISK SURVY FED	The purpose of the Behavioral Risk Factor Surveillance Survey (BRFSS) Grant is to maintain and expand 1) specific surveillance of the behaviors of the general population that contribute to the occurrence of prevention of chronic diseases and injuries, 2) the collection, analysis, and dissemination of BRFSS data to State categorical programs for their use in assessing trends, directing program planning, evaluating programs, establishing program priorities, developing policy, and targeting relevant population groups.	Not Mandated		300,239	300,239	
1629 DOH SURVEY CENTER	Funding received by providing additional "state-added" questions to the BRFSS survey and by conducting other ad-hoc telephone surveys for DOH programs.	Not Mandated		27,218	141,992	169,210
1630 DOH BRFSS SUPPL	Supplemental funding received for the Behavioral Risk Factor Surveillance System Grant for adding Affordable Care Act-related questions to the survey.	Not Mandated			244,705	244,705
1701 DOH OFFICE OF INTERNAL AUDIT	General Admin, funds 5 FTEs who perform internal audit services for the entire department.	State Statute Mandated	63I-5-101	253,654	253,654	507,307
2201 DOH EMS ADMIN	EMS administration to include Bureau Director, Secretaries, and Financial administration for all EMS programs	Not Mandated		443,772		443,772
2203 DOH AUTOMATIC EXTERNAL DEFIBULATOR	Account to distribute ADE through out the state to qualified entities	Not Mandated		150,000		150,000
<b>2205 DOH CAH EMS/HSI MOA</b>	EMS Critical Access Hospital MOA with Pri	Federally Mandated			73,870	73,870
2211 DOH EMS REGISTRATION	EMS Registration tells the public that EMTs, Paramedics, and EMS Agencies have demonstrated a state level of competency. These standards ensures competent medical care-at the moment of greatest need.	State Statute Mandated			1,002,569	1,002,569

2213 DOH EMS GRANTS PROGRAM	EMS Grant funds are for the purpose of improving the statewide delivery of emergency medical services.	State Statute Mandated			535,019	535,019
2214 DOH EMS P/CAPITA GRANTS	Provision of high quality emergency medical care requires that standards for equipment, training of personnel, and medical care be maintained and followed. Local communities lack the revenue base required to fully support necessary activities. State support for local EMS improves statewide access to prompt emergency medical services.	State Statute Mandated			545,418	545,418
2215 DOH EMS GRANTS ADMIN	provides funding for the specialty care program which includes, trauma, stroke, STEMI, research/data analysis/bureau and hospital data collection/trauma registry and EMS for children	State Statute Mandated	26-8a-250-254; 26-8a-205;26-8a-201;26-8a-207		1,630,117	1,630,117
2217 DOH PREHOSPITAL DATA HSP	provides funding for the pre-hospital data collection and processing system	State Statute Mandated	26-8a-203		171,487	171,487
2225 DOH STATE PARTNERSHIP GRANT	provides funding for the assessment and improvement of emergency medical care to children by prehospital providers and emergency departments, on a routine basis and in the event of a disaster	State Statute Mandated	26-8a-205		127,075	127,075
2302 DOH CHILD CARE LICENSING	Child Care Licensing staff conduct inspections to ensure providers are in compliance with all required rules and regulations; run in-depth background screenings on all individuals required to have background screenings; provide training for child care providers; and have the compliance record of all providers available to the public.	State Statute Mandated		\$1,114,000	\$1,595,312	\$2,709,312
2305 DOH EARLY CHILDHOOD EDUCATION - REV TRANSFER	This is the org unit for MCH Block Grant Funds that are used for the BCD Bureau Director Salary.	Not Mandated			41,167	41,167
2306 DOH CHILD DEVELOPMENT - Maternal & Children Health	This is the org unit for MCH Block Grant Funds that are used for the BCD Bureau Director Salary.	Not Mandated			97,627	97,627

2307 DOH STATE EARLY CHILDHOOD PLANNING - FEDERAL	Early Childhood Utah is an interagency early childhood systems group. Their mission is to improve Utah's early childhood system, with the goal that all Utah children enter school healthy and ready to learn.	Not Mandated		124,470		124,470
2402 DOH TITLE 19 MEDICAID 75%	Resident Assessment - No longer in FHP. Program Housed In Health Care Financing	Not Mandated		16,370	25,109	41,479
2403 DOH TITLE 19 MEDICAID 50%	Resident Assessment - No longer in FHP. Program Housed In Health Care Financing	Not Mandated		7,751	7,751	15,501
2404 DOH SURVEY CLEARING ACCOUNT	Clearing Account for Survey and Certification Activities to be allocated and or absorbed by State Federal Funds	Not Mandated		49,344		49,344
2406 DOH SURVEY 19 LTC 75%	Survey and Certification activity for Medicaid certified nursing homes. Conduct survey activities to monitor compliance with federal nursing home regulations to ensure the health, safety and highest practicable well-being of individuals residing in these facilities. Impose enforcement remedies on behalf of the Division of Health Care Financing when indicated.	Federally Mandated	Social Security Act - 1864	377,967	1,133,902	1,511,869
2407 DOH SURVEY 19 LTC 50%	Survey and Certification activity for Medicaid certified nursing homes. Conduct survey activities to monitor compliance with federal nursing home regulations to ensure the health, safety and highest practicable well-being of individuals residing in these facilities. Impose enforcement remedies on behalf of the Division of Health Care Financing when indicated.	Federally Mandated		47,369	47,369	94,738
2408 DOH CERTIFIED NURSES AID 100%	Survey and Certification activity to investigate allegations of abuse, neglect or misappropriation of resident property in Medicare and/or Medicaid certified nursing homes.	Federally Mandated	Social Security Act - 1864		165,803	165,803

2409 DOH TITLE XV111- NLTC	Survey and Certification activity for acute and ambulatory care providers; Inspect these providers for compliance with federal Medicare requirements to ensure appropriate care is provided to all patients that utilize those services; enforcement activity related to these requirements, all accordance and collaboration with the federal Centers for Medicare and Medicaid Services (CMS).	Federally Mandated	Social Security Act - 1864	210,644	210,644	
2411 DOH 18 CERT MEDICARE SNF LTC	Survey and Certification activity for Medicare certified nursing homes. Conduct survey activities to monitor compliance with federal nursing home regulations to ensure the health, safety and highest practicable well-being of residents residing in these facilities. Recommend enforcement action to the Centers for Medicare and Medicaid Services (CMS) when indicated.	Federally Mandated	Social Security Act - 1864	797,999	797,999	
2415 DOH CMP	Penalties collected from facilities not meeting Federal Certification or State Licensing Requirements. Funds are specific to use for training and/or other CMS approved activities.	Federally Mandated	CMS requires Medicaid Sanctions be issued to facilities not meeting survey requirements. State Civil Money Penalties are also imposed to facilities not meeting state licensing and inspection requirements.	170,312	170,312	
2418 DOH PSYCHIATRIC RESIDENTIAL TREATMENT FACILITIES 75%	Survey and Certification activity for acute and ambulatory care providers; Inspect these providers for compliance with federal Medicare requirements to ensure appropriate care is provided to all patients that utilize those services; enforcement activity related to these requirements, all accordance and collaboration with the federal Centers for Medicare and Medicaid Services (CMS).	Federally Mandated	Social Security Act - 1864	6,354	19,064	25,418

2420 DOH BCI STATE	State Expenditures for State Mandated Background Clearance Checks for All Healthcare workers who are in direct contact with patients.	State Statute Mandated	26-21-200	200,146	105,000	305,146
2421 DOH STATE LICENSURE GF ALL STA	Licensing and inspection of all health facilities in the state. Ensure health and safety of patients/residents of health care providers.	State Statute Mandated	26-21	421,643		421,643
2422 DOH PLAN REVIEW FEES	Review of architectural plans for new or remodeling health facilities to check for compliance to health codes and federal certification codes.	State Statute Mandated	26-21-6(2)		237,657	237,657
2431 DOH HCBS CONTRACT PS	Review sample of Medicaid Waiver clients while performing licensing inspections. Medicaid pays 75% match for this activity.	Contractually Mandated	Contract With FHP and HCF. Federally Mandated Title XIX.	8,081	24,243	32,324
2433 DOH AMBULATORY SURGICAL CENTER SURVEY	Survey and Certification activity for acute and ambulatory care providers; Inspect these providers for compliance with federal Medicare requirements to ensure appropriate care is provided to all patients that utilize those services; enforcement activity related to these requirements, all accordance and collaboration with the federal Centers for Medicare and Medicaid Services (CMS).	Federally Mandated	Social Security Act - 1864		60,514	60,514
2434 DOH NATIONAL BACKGROUND CHECK PROGRAM GRANT	Upgrade the background check program to meet higher standards and to increase efficiency.	Not Mandated			407,169	407,169
2435 DOH HOME HEALTH AGENCY TITLE 18 100%	Survey and Certification activity for acute and ambulatory care providers; Inspect these providers for compliance with federal Medicare requirements to ensure appropriate care is provided to all patients that utilize those services; enforcement activity related to these requirements, all accordance and collaboration with the federal Centers for Medicare and Medicaid Services (CMS).	Federally Mandated	Social Security Act - 1864		274,635	274,635

2436 DOH END STAGE RENAL DISEASE TITLE 18 100%	Survey and Certification activity for acute and ambulatory care providers; Inspect these providers for compliance with federal Medicare requirements to ensure appropriate care is provided to all patients that utilize those services; enforcement activity related to these requirements, all accordane and collaboration with the federal Centers for Medicare and Medicaid Services (CMS).	Federally Mandated	Social Security Act - 1864	35,955	35,955
2437 DOH HOSPITAL TITLE 18 100%	Survey and Certification activity for acute and ambulatory care providers; Inspect these providers for compliance with federal Medicare requirements to ensure appropriate care is provided to all patients that utilize those services; enforcement activity related to these requirements, all accordane and collaboration with the federal Centers for Medicare and Medicaid Services (CMS).	Federally Mandated	Social Security Act - 1864	126,552	126,552
2438 DOH HOSPICE TITLE 18 100%	Survey and Certification activity for acute and ambulatory care providers; Inspect these providers for compliance with federal Medicare requirements to ensure appropriate care is provided to all patients that utilize those services; enforcement activity related to these requirements, all accordane and collaboration with the federal Centers for Medicare and Medicaid Services (CMS).	Federally Mandated	Social Security Act - 1864	67,813	67,813
2499 DOH STATE GENERAL FUND	State Licensing State Federal Funds	Not Mandated		153,850	153,850

2501 DOH PRIMARY CARE GRANTS	<p>The State Primary Care Grant Program provides access to ambulatory primary care services needed by low income individuals and families without health insurance who are not eligible for CHIP or Medicaid. It also covers primary care services that are not covered by Medicare, Medicaid, CHIP, or private insurance</p>	State Statute Mandated	26-10b	893,346	893,346
2512 DOH RURAL HLTH HCDA PCO GRANT	<p>The Primary Care Services Resource Coordination and Development Program is intended to facilitate the coordination of activities within a state that relate to the delivery of primary care services and the recruitment and retention of critical health care providers. This includes working with other agencies within the state government, as well as organizations outside of the state government whose policies affect health care services. This program does not support the direct delivery of services. The purpose of this funding opportunity is to support states and territories in addressing the following overarching goals:</p> <ol style="list-style-type: none"> <li>1. Statewide Primary Care Needs Assessment</li> <li>2. Shortage Designation Coordination</li> <li>3. Technical Assistance and Collaboration that Seeks to Expand Access to Primary Care</li> </ol>	Federally Mandated	<p>Title III PHS Act Section 330(l), 330(m), 333(d)</p>	50,111	50,111

2513 DOH ST OFFICE RURAL HLTH GRANT

The State Offices of Rural Health Grant (SORH) Program creates a focal point within each State for rural health issues. The program provides an institutional framework that links communities with State and Federal resources to help develop long-term solutions to rural health problems.

The SORH program was developed in 1991 as a Federal-State partnership. It features a single grantee from each State and requires a State match of \$3 for each \$1 in Federal funding

Federally Mandated

Section 711 of SSA

151,510

151,510

2514 DOH ORHP SHIP GRANT

The SHIP program provides financial support and guidance to up to twenty-two qualified Rural Hospitals to prepare them with the implementation of the Patient Protection and Affordable Care Act (ACA). SHIP program is authorized by Section 1820 (g) (3) of the Social Security Act, amended by section 3129 of the ACA.

Federally Mandated

Section 1820(g)(3) of SSA

208,864

208,864

2515 DOH ORHP RURAL HOSP FLEXIBILI	<p>The Medicare Rural Hospital Flexibility Grant Program was authorized by Section 4201 of the Balanced Budget Act of 1997 (BBA), Public Law 105-33 and was reauthorized by Section 121 of the Medicare Improvements for Patients and Providers Act of 2008, Public Law 110-275.</p> <p>The Medicare Rural Hospital Flexibility Program (MRHFP, referred to as the Flex Program) is an ideal mechanism for supporting improvements in the quality of health care provided in communities served by Critical Access Hospitals (CAHs), supporting efforts to improve the financial and operational performance of the CAHs, and supporting communities in developing collaborative regional and local delivery systems.</p> <p>Only States with certified Critical Access Hospitals are eligible for this Grant Program.</p>	Federally Mandated	Section 121 of SSA PL 110-275	400,936	400,936
2550 DOH AID FOR BLEEDING DISORDERS	<p>disorders with the cost of obtaining hemophilia services or the cost of insurance premiums for coverage of The Assistance for People with Bleeding Disorders Program (Lifeline) is to assist persons with bleeding hemophilia services</p>	State Statute Mandated	26-17-103	182,838	182,838
3104 DOH DCP STATE INNOVATION MODEL	<p>To create an executive health policy group to develop a state health care innovation strategy and plan for the future (0 FTE)</p>	Not Mandated		52,891	52,891
3105 DOH DIRECTOR'S OFFICE	<p>Division of Disease Control and Prevention Administration. 2.5 FTEs</p>	Not Mandated		324,894	324,894
3106 DOH DCP DIVISION SUPPORT SVCS	<p>Division of Disease Control and Prevention Supportive Services provides administrative financial support for the Division, 1.5 FTEs</p>	Not Mandated		147,993	147,993

3107 DOH LAB DIRECTOR'S OFFICE	Bureau of Utah Public Health Laboratories Supportive Services provides administrative support for the Bureau, 4.72 FTEs	Not Mandated		627,035	8,000	635,035
3113 DOH OS&M - NEW LAB	Lab maintenance and operation expenses	Not Mandated		489,400		489,400
3151 DOH NON LAP CAPITAL HB1 REFUGEE INTPR	Non-lapsed funds for lab equipment	Not Mandated		300,000		300,000
3180 DOH LAB IT PROJECTS	DTS Support clearing account. 0 FTEs	Not Mandated		17,973		17,973
3182 DOH LAB EPI PROJECTS	Lab ware Public Health Template Upgrade Project .75 FTE	Not Mandated		20,810		20,810
3210 DOH ENVIRONMENTAL TESTING ADMIN	The Chemical and Environmental Services laboratory provides testing of water, soil, and air for toxic contaminants to enable our partners to monitor the environment for compliance with health and safety standards, and to respond to emergencies such as chemical spills and contaminated drinking water. The United States Environmental Protection Agency certifies the State laboratory as the principal laboratory for water testing. 18.69 FTE	State Statute Mandated	UT Code Title 19, Chapters 1 - 10	148,776	294,613	443,389
3214 DOH SAMPLING BOTTLE COST	Combined - See 3210	State Statute Mandated		15,024		15,024
3215 DOH ORGANIC CHEM	Combined - See 3210	State Statute Mandated		431,707	19,291	450,998
3216 DOH RED CHEM	Combined - See 3210	State Statute Mandated		43,417		43,417
3218 DOH ENV MICRO	Combined - See 3210	State Statute Mandated		127,688		127,688
3220 DOH INORGANIC CHEM	Combined - See 3210	State Statute Mandated		443,718	19,291	463,009
3225 DOH METALS/RADIO CHEM	Combined - See 3210	State Statute Mandated		266,358	36,591	302,949
3226 DOH ENV DATA EXCHANGE	Combined - See 3210	State Statute Mandated		1,231	31,182	32,413

3285 DOH FORENSIC TOXICOLOGY ADMIN	The Forensic Toxicology laboratory conducts analyses of tissues and body fluids to determine the presence of alcohol, drugs, and other toxic substances. Staff routinely provide expert testimony regarding toxicology results in courts of law. Toxicology services are provided to the Office of the Medical Examiner (OME) and to more than 180 law enforcement agencies statewide. Toxicology results are used to assist the OME in determining the cause and manner of death (Utah Code 26-4-7) and to provide information in cases involving automobile homicide (Utah Code 76-5-207) or suspects driving under the influence (DUI) of alcohol and/or drugs (Utah Code 41-6a-502). 15.4 FTE	State Statute Mandated	UT Code 26-4-7; 76-5-207; 41-6a-502	193,898		193,898
3286 DOH LAW ENFORCE/OME TOXICOLOGY	Combined - See 3285	State Statute Mandated		963,632	16,530	980,162
3288 DOH MOTOR VEHICLE DEATH LEGISLATION FUNDS	Combined - See 3285	State Statute Mandated		81,421		81,421
3294 DOH COVERDELL GRANT	Combined - See 3285	State Statute Mandated			23,142	23,142
3310 DOH LAB IMPROVEMENT ADMIN	Combined - See 3315	State Statute Mandated		196,296	1,435	197,731
3311 DOH LAB CENTRAL LAB SUPPORT	Combined - See 3315	State Statute Mandated		22,103		22,103

3315 DOH ENVIRONMENTAL LAB CERT	The mission of both the Environmental Certification Program and Clinical Laboratory Improvement Amendments (CLIA) Certification Program is to improve the quality of test results produced in clinical and environmental laboratories through consultation, training, and certification. These two programs establish and enforce standards for laboratories performing tests that impact Utah Public Health Code 26-1-30(m). They inspect and certify all clinical laboratories in Utah. They also inspect and certify all environmental laboratories that submit laboratory data to Utah Department of Environmental Quality. 5.22 FTE	State Statute Mandated	UT Code 26-1-30(m)		265,727	265,727
3320 DOH CLIA GRANT	Combined - See 3315	State Statute Mandated		112,460		112,460
3330 DOH SAFETY/QA/TRAINING	Combined - See 3315	State Statute Mandated			50,487	50,487
3335 DOH TECH SERVICES	Combined - See 3315	State Statute Mandated		452,841		452,841
3410 DOH MICRO ADMIN	The Infectious Diseases Program provides laboratory testing and consultation services for local health departments; hospitals, clinical laboratories, and physicians throughout Utah. The areas of support include; sexually-transmitted diseases (HIV, syphilis, chlamydia, and gonorrhea), agents of bioterrorism surveillance, respiratory virus surveillance and subtyping, arbovirus surveillance, virology, rabies testing, bacteriology, mycobacteriology, as well as communicable disease outbreak support, i.e. - influenza, tuberculosis, and food borne diseases. 15.51 FTE	State Statute Mandated	UT Code 26-1-30; 26-6-3; 26-23b		199,579	199,579
3415 DOH VIROLOGY	Combined - See 3410	State Statute Mandated		401,158	697,644	1,098,802
3416 DOH MOLECULAR MICROBIOLOGY	Combined - See 3410	State Statute Mandated		4,302	17,720	22,022

3420 DOH NEWBORN SCREENING	The Newborn Screening Program,, together with partner laboratories, screens all newborns in Utah for 38 conditions, including metabolic, endocrine, immunologic, and hemoglobin disorders. Early diagnosis allows for early treatment, prevents severe disability, and saves the lives of many babies with these disorders. This program is funded entirely through dedicated credit revenue from the pre-sale of blood-spot collection kits. 11.19 FTE	State Statute Mandated	26-1-6; 26-1-30(2)(a), (b),(c), (d), and (g); 26-10-6		1,272,828	1,272,828
3421 DOH NB SCREENING/NON-DOH PROVIDERS	Combined - See 3420	State Statute Mandated			1,939,111	1,939,111
3422 DOH NB SCREENING INFO SYSTEMS	Combined - See 3420	State Statute Mandated			69,984	69,984
3430 DOH BACTERIOLOGY	Combined - See 3410	State Statute Mandated		294,960	2,153	297,113
3443 DOH TB-GENERAL FUND	Combined - See 3410	State Statute Mandated		101,515	28,935	130,450
3460 DOH ELC PULSENET	Combined - See 3410	Federally Mandated			90,543	90,543
3461 DOH ELC LAB WNV	Combined - See 3410	State Statute Mandated			19,696	19,696
3463 DOH ELC LAB CAPACITY	Combined - See 3410	State Statute Mandated			132,130	132,130
3465 DOH LAB HIV/AIDS	Combined - See 3410	State Statute Mandated			64,853	64,853
3479 DOH ELC PULSENET	Combined - See 3410	State Statute Mandated			11,028	11,028
3481 DOH ELC LAB - WNV/GBS	Combined - See 3410	State Statute Mandated			11,883	11,883
3483 DOH CAP WNV	Combined - See 3410	State Statute Mandated			29,305	29,305
3484 DOH ELC ACT B	Combined - See 3410	State Statute Mandated			36,962	36,962
3485 ELC GRANT FLU	Combined - See 3410	State Statute Mandated			15,317	15,317
3505 DOH HIV/AIDS TREATMENT & CARE	HIV/AIDS Administrative budget, used for maintenance of effort on a federal grant (0.45 FTE)	Not Mandated		45,500		45,500
3510 DOH HIV/AIDS STATE	Bureau of Epidemiology Administration., including Bureau Director, State Epidemiologist, Program Manager for Communicable Disease Investigation and Response, financial and office support. 5.4 FTEs	Not Mandated		572,005		572,005

3513 DOH HIV RYAN WHITE PART B SUPPLEMENTAL	Provides HIV-related medications to Utah residents living with HIV/AIDS	Federally Mandated	Section 2620 of Title XXVI of the Public Health Service Act, (42 U.S.C.300ff-29a )as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87)	38,481	38,481
3517 DOH RYAN WHITE TITLE II	Provides HIV-related medications and insurance assistance to Utah residents living with HIV/AIDS. Funding also supports quality management and HIV planning activates (5.75 FTE)	Federally Mandated	Sections 2611-23 and 2693 of title XXVI of the Public Health Service Act, 42 U.S.C.300ff-21-300ff-31b and 300ff-121, as amended by the Ryan White HIV/AIDS TreatmentExtension Act of 2009 (Public Law 111-87)	3,757,984	3,757,984
3518 DOH RYAN WHITE DATA	Emergency relief funds to prevent the implementation of a ADAP wait list; funds are used to provide medications to Utah residents living with HIV/AIDS (0 FTE)	Federally Mandated	Public Health Service Act, Section 2691, (42 U.S.C. 300ff-101), as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87)	46,415	46,415
3521 DOH HIV/AIDS CNSLG & TEST	The purpose is to implement high impact, comprehensive HIV Prevention Programs to achieve maximum impact on reducing new HIV infections. This will be accomplished through the following activities: HIV Testing, Comprehensive Prevention with Positives, and Policy Initiatives. (FTE1.5)	State Statute Mandated	R386. Health, Disease Control and Prevention, Epidemiology.	96,675	96,675
3526 DOH HIV/AIDS EDUCATION	The purpose is to implement high impact, comprehensive HIV Prevention Programs to achieve maximum impact on reducing new HIV infections. This will be accomplished through the following activities: HIV Testing, Comprehensive Prevention with Positives, and Policy Initiatives. (FTE 4.10)	State Statute Mandated	Rule R386-702. Communicable Disease Rule.	799,323	799,323

3527 DOH HIV PREVENTION CATEGORY C PROJECT	Provide integrated testing (HIV, STD, and Hepatitis C) and enhanced linkages to care and support services for positives among the Utah incarcerated populations (prison, jails and youth corrections) and to improve health outcomes for people living with HIV, STD and Hepatitis C. (1 FTE)	Not Mandated	303,354	303,354
3532 DOH HIV SURVEILLANCE FED	Human Immunodeficiency Virus (HIV) surveillance activities support all surveillance efforts required to report HIV infections in the state of Utah. HIV is a reportable disease mandate by the Communicable Disease Rule. Non-financial support is provided to all Local Health Departments (LHDs) and medical providers/facilities in HIV diagnosis and reporting. Data analysis is also completed to further understand the spread of the virus within Utah. 2.75 FTE	State Statute Mandated	219,276	219,276
3537 DOH CONTROL & PREVENTION OF STDS -HB15	Improving Sexually Transmitted Disease Programs through Assessment, Assurance, Policy Development, and Prevention Strategies. (FTE .35)	Not Mandated	29,080	29,080
3538 DOH SSUN (STD SURVEILLANCE NETWORK)	The STD Surveillance Network (SSuN) Part B grant will work towards connecting Planned Parenthood Association of Utah's (PPAU) electronic health records system to the Utah Department of Health's national electronic disease surveillance system to improve the timeliness, accuracy, and completeness of STD surveillance data. PPAU currently uses an electronic health record system that will allow UDOH to develop an innovative method for a provider to report case information and submit valuable data to guide prevention efforts. (FTE 1.25)	Not Mandated	54,858	54,858

3545 DOH HIV RYAN WHITE SUPPLEMENTAL	Emergency relief funds to prevent the implementation of a ADAP wait list; funds are used to provide medications to Utah residents living with HIV/AIDS.	Federally Mandated	Section 311(c) of the Public Health Service Act, 42 U.S.C. 243(c) and Title XXVI of the Public Health Service Act, Sections 2611-23, (42 U.S.C. 300ff-21-31(b)), as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87)	1,531,538	1,531,538
3550 DOH RYAN WHITE DRUG REBATE	Drug Rebates from Ryan White utilization from Federal Grant. These funds are required by the federal grant to be used on Ryan White clients for medications.	Not Mandated		2,151,518	2,151,518
3555 DOH TB STATE	This funding provides Tuberculosis control activities including medical consultation, treatment medications and funding for local health departments for tuberculosis control throughout the state. The program also provides housing for homeless tuberculosis patients. 2.05 FTE	State Statute Mandated	UCA R388-804	343,516	343,516
3560 DOH REFUGEE TB WFS	Refugee Medical Health Coordination. The program contracts with the resettlement agencies to provide these services: 1) Coordinating medical appointments for refugees; 2) Arranging for and/or providing medical interpreter services; 3) Arranging for and/or providing transportation to medical appointments. 1.0 FTE	Not Mandated		75,750	75,750

3562 DOH REFUGEE TB WFS	<p>Refugee Health Screening and Prevention. The program coordinates with resettlement agencies the identification of refugees who need medical screening, provides medical screening, medical interpretation, medical education and orientation. The program also tracks the timeliness of health screenings, the referral to providers and treatment of patients for medical, dental and mental health conditions identified in the screening.</p>	Federally Mandated	Federal Refugee Act 1980 and INA Public Health Service Act	2,207,046	2,207,046
3567 DOH TB ELIMINATION	<p>The purpose of this grant is to assist states in the prevention and control of tuberculosis through contracts with local health departments who identify active tuberculosis disease, through providing medical consultants and by providing out-patient medical services such as tuberculosis testing and chest x-rays, and providing training and education. These funds cannot be used for the treatment of tuberculosis. 0.8 FTEs</p>	Federally Mandated	Section 317E of the Public Health Service Act, [42 U.S.C. Section 247b-6] as amended. The Catalog of Federal Domestic Assistance Number is 93.116.	200,505	200,505
3570 DOH PANDEMIC FLU PLANNING (The unit name has not been changed, but this is for Refugee Health Promotion)	<p>The purpose of this grant is to promote health and mental health among newly arrived and vulnerable refugees; streamline health promotion activities into refugee resettlement processes from arrival to self-sufficiency, as well as to coordinate and support community-based outreach, education and orientation around health and mental health services. No FTEs</p>	Not Mandated		114,758	114,758

3572 DOH REFUGEE GEN FED (The unit name has not been changed, but this is for Refugee Pandemic Planning)	This contract provides distribution of an electronic monthly newsletter for refugees, which provides basic health education on specific topics and highlights community resources like emergency preparedness, tobacco prevention, nutrition and diabetes. It also provides for direct assistance on these topics upon request. .5 FTEs	Not Mandated		87,174	87,174
3585 DOH ELC HIV - HEPATITIS	Provide technical assistance, training, education and coordination of rapid Hepatitis C testing in correctional and substance abuse facilities as well as Local Health Departments and CBOs. (1 FTE)	Not Mandated		80,220	80,220
3591 DOH STD FEDERAL GRANT	Improving Sexually Transmitted Disease Programs through Assessment, Assurance, Policy Development, and Prevention Strategies. (2.53 FTE)	State Statute Mandated	R386. Health, Disease Control and Prevention, Epidemiology.	316,015	316,015
3596 DOH STD INFERTILITY GRANT	Improving Sexually Transmitted Disease Programs through Assessment, Assurance, Policy Development, and Prevention Strategies. (.67 FTE)	State Statute Mandated	Rule R386-702. Communicable Disease Rule.	122,044	122,044

3706 DOH FOOD SAFETY and ENVIRONMENTAL HEALTH

The Environmental Sanitation program (ESP) at the Utah Department of Health is responsible to set the public health sanitation standards for a clean and sanitary environment for food service facilities, public pools, public lodging, as well as other public facilities. To accomplish this, the ESP has oversight of 17 state sanitation rules, and assists the local health departments in their responsibility of enforcement of these rules. The ESP also coordinates environmental sanitation issues with the local health departments, and other state and federal agencies. \$150,000 of the funds go to the local health departments for enforcement. At UDOH: 3 FTE (including secretarial support). the funds directly benefit the public as they are spent responding to complaints and prevention of disease outbreaks. (3 FTE)

State Statute Mandated

26-15;26-15a

390,214

390,214

3707 DOH SUMMER FOOD

This program is funded by the Utah State Board of Education with pass through moneys from USDA. The program supports the inspection of summer food facilities by the LHDs to ensure cleanliness of summer food facilities in the state. It directly affects children attending summer school programs. (.05 FTE)

Not Mandated

Not mandated

16,035

16,035

3709 DOH INDOOR CLEAN AIR

The Indoor Clean Air program supports the enforcement of the Indoor Clean Air rule and Second Hand Smoke program to encourage non smoking in public housing such as apartment houses and condominiums. This program directly affects the public who live in apartments and condominiums.

State Statute Mandated

26-15-11

41,274

41,274

3717 DOH ENVIRONMENTAL PUBLIC HEALTH TRACK NETWORK (EPHTN)	Collects, standardizes and presents public health data, measures, indicators and other information about environmental public health topics to the public and to public health policy makers. Conducts state analysis of environmental public health concerns. The statewide population, local health departments, and public health policy makers benefit from this program. 7 FTE	Contractually Mandated	2U38EH000954	671,644	671,644
3721 DOH HEALTH CARE & OTHER FACILITIES FOR UT NEDSS	Development and maintenance of UT NEDSS (Trisano). Funds supported a portion of time for 1 IT developer in FY14.	State Statute Mandated/A	26-1-30, 26-6-3; R386-702	16,250	16,250
3723 DOH CDC BIO SENSE	Recruit and onboard facilities for the timely exchange of electronic health-related information between healthcare providers and public health authorities. Promote meaningful use of the Bio Sense program to improve the science, analytic, and workforce practice of situational awareness and syndromic surveillance at the national, state, and local levels. (1 FTE).	Not Mandated		199,896	199,896
3725 DOH ENVIRONMENTAL EPIDEMIOLOGY PROGRAM	Responds to chemical and radiological public health concerns. Provides administrative support for the tracking and assessment sections. Serves as the senior department consultant for topics related to toxicology and environmental epidemiology. The statewide population, local health departments, and public health policy makers benefit from this program. (1.5 FTE)	Not Mandated		103,171	103,171

3734 DOH CSTE Influenza Population-Based Hospitalization Surveillance Project (IHSP)	Surveillance grant collaborating Utah Department of Health Bureau of Epidemiology, Utah Public Health Laboratory, and the Salt Lake County Health Department to calculate and report influenza rates, trends, clinical features, etiologic agents, and case ascertainment of residents of a defined metropolitan catchment area. (.40 FTE)	Not Mandated	NA	116,764	116,764
3755 DOH AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY (ATSDR)'s PARTNERSHIP TO PROMOTE LOCALIZED EFFORTS TO REDUCE ENVIRONMENTAL EXPOSURE (APPLETREE) PROGRAM	Investigates, evaluates and provides consultation and recommendations about site specific and other environmental health hazards involving chemical or radiological exposures. Provides site health hazards assessment to the EPA for designated national priority list (superfund) sites to fulfill federal CERCLA statutory requirements. Impacted communities, local health departments and local policy makers benefit from this program. (2 FTE)	Contractually Mandated	2U61TS000154	177,374	177,374
3760 DOH ELC ACA OUTBREAK	Detection, surveillance, and investigation of enteric disease outbreaks. Reporting of outbreak data to CDC. Liaison to UDOH and CDC, FDA, USDA, UDAF and UPHL during outbreaks involving contaminated products distributed to multiple states. Provide support and consultation to LHDs, health care providers and the public. (0.55 FTE) in FY14.	Contractually Mandated	26-1-30, 26-6-3; R386-702	54,674	54,674
3762 DOH ELC ACA ACTC ELR	Public health staff and IT developer time to develop and maintain the Electronic Message Staging Area to support Electronic Laboratory Reporting, and other design, development, and implementation activities related to health information systems in support of communicable disease detection, reporting and investigation. Supported (3 FTE) ( 2 DOH and 1 IT developer) in FY14.	State Statute Mandated	26-1-30, 26-6-3; R386-702	362,401	362,401

3763 DOH ELC ACA MDROS

	<p>The Healthcare Associated Infections (HAI) Prevention and Reporting Program strives to understand the burden of HAIs within the state, how these infections occur and work collaboratively with healthcare facilities, Local Health Departments (LHDs), and other partners toward their reduction and elimination. The program uses HAI data reported by Utah healthcare facilities to the National Healthcare and Safety Network (NHSN) to compile an annual report for public distribution. The program also produces an annual report for public distribution detailing healthcare worker influenza vaccination rates in acute care facilities. The HAI program is responsible for the development and revision of R386-705, the Health Care Associated Infection Rule, which identifies Utah's HAI reporting requirements and specifies data sharing requirements for HAI data reported by facilities to the NHSN. (1.10 FTE)</p>	<p>Not Mandated</p>		<p>216,572</p>	<p>216,572</p>
<p>3764 DOH ELC ACA ACTA</p>	<p>General support of epidemiologic capacity, including funding for leadership, data entry, and flexible epidemiologic support. This org was carried forward from a prior grant year, so was discontinued 7/31/2014.</p>	<p>State Statute Mandated</p>	<p>26-1-30, 26-6-3; R386-702</p>	<p>29,822</p>	<p>29,822</p>
<p>3765 DOH ELC ACA WNV</p>	<p>Surveillance to detect WNV and protect public. Coordination between many partners (epidemiologic, laboratory, healthcare, mosquito abatement, etc.) through conference calls. (1 FTE) supported for Epi in FY14.</p>	<p>State Statute Mandated</p>	<p>26-1-30, 26-6-3; R386-702</p>	<p>90,713</p>	<p>90,713</p>

3766 DOH ELC ACA FOODCORE

Surveillance, detection, and investigation of enteric disease cases, clusters and outbreaks. Pulsed Field Gel Electrophoresis (PFGE) analysis of bacterial enteric pathogens and reporting of PFGE data to CDC. On-line foodborne illness complaint system (iGotsick). Support to Local Health Departments related to enteric disease case and outbreak investigation. Program benefits local health departments, health care providers, and the public. (1.8 FTE + 1.5 seasonal interns).

State Statute Mandated

26-1-30, 26-6-3; R386-702

171,235

171,235

3767 DOH ELC ACA HAI

The Healthcare Associated Infections (HAI) Prevention and Reporting Program strives to understand the burden of HAIs within the state, how these infections occur and work collaboratively with healthcare facilities, Local Health Departments (LHDs), and other partners toward their reduction and elimination. The program uses HAI data reported by Utah healthcare facilities to the National Healthcare and Safety Network (NHSN) to compile an annual report for public distribution. The program also produces an annual report for public distribution detailing healthcare worker influenza vaccination rates in acute care facilities. The HAI program is responsible for the development and revision of R386-705, the Health Care Associated Infection Rule, which identifies Utah's HAI reporting requirements and specifies data sharing requirements for HAI data reported by facilities to the NHSN. (.80 FTE)

State Statute Mandated

R386-705

113,849

113,849

3768 DOH ELC ACA PCV13	Facilitate implementation and execution of the CDC PCV-13 VE study in Utah. Collect participant information according to study protocols. Collaborate with CDC partners to meet all study needs. (1.0 FTE) in FY14.	Not Mandated	N/A	92,295	92,295
3771 DOH UT NEDSS	Funds used to support manager of the UT-NEDSS (Trisano) electronic disease reporting and investigation system. (0.8 FTE) in FY14.	State Statute Mandated	26-1-30, 26-6-3; R386-702	49,733	49,733
3772 DOH ELC EVALUATION	The ELC Evaluation Specialist conducts program evaluation activities, and provides support and training for other staff to conduct evaluations. Evaluating communicable disease activities allows UDOH to measure and improve upon the effectiveness of these activities, thus improving public health services for the people of Utah. (1.0 FTE).	Not Mandated	N/A	35,005	35,005
3773 DOH EPI FLU	Comprehensive national influenza surveillance grant collaborating the Centers for Disease Control, Utah Department of Health Bureau of Epidemiology, Utah Public Health Laboratory, and Local Public Health jurisdictions. The activates of the grant encompass thorough and timely coordination and exchange of influenza surveillance data across jurisdictions and the CDC and maintaining laboratory infrastructure proficient in influenza testing and subtyping. (.70 FTE)	Not Mandated	NA	61,842	61,842
3774 DOH EPI CAPACITY	General support of epidemiologic capacity, including funding for leadership, data entry, and flexible epidemiologic support. Included contracts to support LHDs. (1.9 FTE) in FY14.	State Statute Mandated	26-1-30, 26-6-3; R386-702	200,670	200,670

3785 DOH ELC EPI - NEDSS

	<p>The Healthcare Associated Infections (HAI) Prevention and Reporting Program strives to understand the burden of HAIs within the state, how these infections occur and work collaboratively with healthcare facilities, Local Health Departments (LHDs), and other partners toward their reduction and elimination. The program uses HAI data reported by Utah healthcare facilities to the National Healthcare and Safety Network (NHSN) to compile an annual report for public distribution. The program also produces an annual report for public distribution detailing healthcare worker influenza vaccination rates in acute care facilities. The HAI program is responsible for the development and revision of R386-705, the Health Care Associated Infection Rule, which identifies Utah’s HAI reporting requirements and specifies data sharing requirements for HAI data reported by facilities to the NHSN. (1.0 FTE)</p>	State Statute Mandated	26-6-31	102,516	102,516
3794 DOH ELC-EPI-GENERAL	<p>General support of epidemiologic capacity, including funding for leadership, data entry, and flexible epidemiologic support. Funds in this org ended 12/31/13, and support of activities shifted fully to org 3774 at that time. (This was a transition to a new grant year.) (5 FTE)</p>	State Statute Mandated	26-1-30, 26-6-3; R386-702	116,369	116,369
3799 DOH ELC-EPI-NEDSS	<p>Funds used to support manager of the UT-NEDSS (Trisano) electronic disease reporting and investigation system. Funds in this org ended 12/31/13, and support of activities shifted fully to org 3771 at that time. (This was a transition to a new grant year.) (1.80 FTE)</p>	State Statute Mandated	26-1-30, 26-6-3; R386-702	59,294	59,294

3811 DOH LHD GEN FUND BLOCK GRANT	General Funds pass through to 12 Local Health Departments for general support of public health services.	State Statute Mandated	26A-1-116	2,137,500		2,137,500
4111 DOH CFHS DIR OFF STATE	Directors Office for the Division of Family Health and Preparedness	Not Mandated		416,637	92,000	508,637
4112 DOH MULTI-CULTURAL HLTH-STATE	To reduce health disparities in Utah and to improve health outcomes for vulnerable populations as defined by socio-economic status, race/ethnicity, geography, and among other populations identified to be at-risk for health disparities.	State Statute Mandated	26-7-2	163,425		163,425
4113 DOH MINORITY HEALTH IMPVMT FED	To improve health outcomes in selected geographical hot-spots and address health disparities that affect racial/ethnic minorities and disadvantaged populations	Not Mandated			105,836	105,836
4114 DOH REDUCE HEALTH DISPARITIES	To reduce health disparities in Utah and to improve health outcomes for vulnerable populations as defined by socio-economic status, race/ethnicity, geography, and among other populations identified to be at-risk for health disparities.	State Statute Mandated			15,348	15,348
4121 DOH FINANCIAL RES STATE	Administrative Financial Support for the Division of Family Health and Preparedness	Not Mandated		227,240		227,240
4122 DOH FINANCIAL RES MCH	Administrative Financial Support for the Division of Family Health and Preparedness	Not Mandated			121,973	121,973
4123 DOH LOC HLTH CONT MCH	MCH funding for local Health Departments	Not Mandated			1,300,442	1,300,442

4131 DOH USIIS STATE

UT Statewide Immunization System (USIIS) is a web application used by public and private healthcare providers, pharmacies, hospitals, long-term facilities, schools, and day care facilities throughout the state, and by Indian Health Services clinics in three border states. USIIS consolidates immunization histories of individuals across providers, provides clinical decision support for healthcare providers, provides immunization records for individuals, and assists with disease outbreak management. USIIS benefits Utah Healthcare providers, Utah residents, Utah schools and daycare facilities and Health Plans providing access to patients' immunization histories, reducing the costs of over immunization, School Immunization Reports and HEDIS (Healthcare effectiveness Data and Information Set.)

Not Mandated

154,660

154,660

4132 DOH USIIS FED ARRA ELECTRONIC HEALTH RECORD IIS

Provide support for the enhanced interoperability of Electronic Health Records with Immunization Information Systems with a special focus on the exchange of vaccination records and reducing the duplicate data entry burden on providers. FTE 1.2

Not Mandated

57,160

57,160

4133 DOH USIIS PRIVATE DONATIONS

UT Statewide Immunization System (USIIS) is a web application used by public and private healthcare providers, pharmacies, hospitals, long-term facilities, schools, and day care facilities throughout the state, and by Indian Health Services clinics in three border states. USIIS consolidates immunization histories of individuals across providers, provides clinical decision support for healthcare providers, provides immunization records for individuals, and assists with disease outbreak management. USIIS benefits Utah Healthcare providers, Utah residents, Utah schools and daycare facilities and Health Plans providing access to patients' immunization histories, reducing the costs of over immunization, School Immunization Reports and HEDIS (Healthcare effectiveness Data and Information Set.)

Not Mandated

250,521

250,521

4135 DOH USIIS PPHF 2012 CAPACITY BUILDING

To maintain a state infrastructure to increase immunization coverage rates among all state populations and to reduce the spread of vaccine preventable disease in Utah. FTE .87

Not Mandated

472,198

472,198

4141 DOH BUREAU OF PRIMARY CARE ADMIN

State Administration of Primary Care Activities

Not Mandated

31,734

31,734

4211 DOH HEALTH PROMO ADMIN STATE

Supports infrastructure to ensure the mar

Not Mandated

229,048

229,048

4213 DOH YOUTH RISK BEHAVIOR SURVEY-FEDERAL	Support the administration of Youth Risk Behavior in odd years, and administration of the School Health Policies Survey in odd years. Supports a portion of an epidemiologist at the Utah Department of Health to coordinate the survey, analyze the data, and prepare and disseminate reports. Also supports a contractor to administer the surveys in the schools, via the Utah Division of Substance Abuse and Mental Health. FTE .43	Not Mandated		50,877	50,877
4216 DOH SCHOOL HEALTH CONSULTANT	Maternal Child Health Block Grant allocation to fund school nurse consultant shared between Utah Department of Health and Utah State Office of Education FTE 1	Not Mandated		70,462	70,462
4217 DOH CDC SCHOOL HEALTH	Basic level funding to support health promotion, epidemiology, and surveillance activities and targeted strategies that will result in measurable impacts to address school health, nutrition and physical activity risk factors, obesity, diabetes, and heart disease and stroke prevention. FTE 4.05	Not Mandated		424,993	424,993
4218 DOH HEALTH PROMOTION ACTIVITIES	Community projects to promote healthy lifestyle. FTE 0	Not Mandated	23,295		23,295
4220 DOH WISE WOMAN SCREENING	Utah Cancer Control Program (UCCP) Administrative budget, used for maintenance of effort on a federal grant. FTE. 2.75	Not Mandated		927,963	927,963
4221 DOH CANCER-TSF & COLL	To provide mammograms and other screening services to younger women who do not qualify for the Federal Program ( 4FTE)	Federally Mandated	Maintenance of effort required by Federal Breast and Cervical Cancer grant	485,424	485,424

4222 DOH B & C CANCER - FEDERAL

The purpose of this funding opportunity announcement is to implement cancer prevention and control programs to reduce morbidity, mortality, and related health disparities. In accordance with the Healthy People 2020 Goals for the nation, this project focuses on addressing the national cancer burden by conducting cancer surveillance, increasing access to screening, improving health outcomes for people living with cancer, and providing the evidence for and evaluation of policy and environmental approaches. FTE. 8.55

Not Mandated

2,037,939

2,037,939

4223 DOH NATL COMP CANCER CONTROL

The purpose of this funding opportunity announcement is to implement cancer prevention and control programs to reduce morbidity, mortality, and related health disparities. In accordance with the Healthy People 2020 Goals for the nation, this project focuses on addressing the national cancer burden by conducting cancer surveillance, increasing access to screening, improving eHealth outcomes for people living with cancer, and providing the evidence for and evaluation of policy and environmental approaches. FTE. 5.25

Not Mandated

498,255

498,255

4225 DOH COLORECTAL SCREENING-  
FEDERAL

This is an evidence-based colorectal cancer (CRC) screening program, integrated with Utah's existing CDC-funded cancer screening program with the goal of increasing population-based CRC screening among persons 50 years and older, focusing on asymptomatic persons at average risk for CRC with low incomes and inadequate or no health insurance coverage for CRC screening. Long-term program goals are to attain statewide screening coverage for the eligible population, contribute towards increasing population-level CRC screening rates, and reduce health disparities in colorectal cancer screening incidence and mortality in Utah. FTE.

4.10

Not Mandated

945,463

945,463

4226 DOH CANCER POLICY  
IMPLEMENTATION

The project is helping to implement a total of five evidence-based, high-impact policy or environmental change interventions based on a thorough analysis of the potential for broad impact, successful implementation, and to further ongoing goals from the Utah Comprehensive Cancer Control Plan. (1) Educate lawmakers and Medicaid recipients on the importance of requiring Medicaid to cover the cost of a screening colonoscopy. (2) Provide education and data to policy alliance members to promote a ban on the sale of all flavored tobacco products and all non-tobacco nicotine products that are not approved by the FDA in Utah. (3) Educate lawmakers on the importance and cost benefits of covering tobacco cessation programs for Medicaid and Public Employee Health Program recipients. (4) Support local health departments and Youth Coalitions educational efforts to require tanning salons to post warnings on tanning devices regarding the dangers of tanning prior to selling tanning sessions. (5) Work with five local governments to implement a Bicycle/Pedestrian Master Plan in their

Not Mandated

221,787

221,787

4227 DOH CANCER KOMAN  
FOUNDATION

Women under 40 are too young to qualify for the UCCP's federally funded services, and if could to have an abnormality suspicious for cancer on clinical breast exam may not be referred to UCCP providers. They are instead counseled to seek follow-up care with other physician and programs including Community Health Centers, private low-income clinics, health Access Project, Medicaid, and Health Clinics of Utah, The UCCP proposes to use the requested funds to ensure that these women receive appropriate timely diagnostic services and referral to treatment if needed. Funding will benefit women living in the State of Utah, mainly women residing in the Wasatch front (Salt Lake, Utah, Weber Morgan, Wasatch and Davis counties). FTE. 0

Not Mandated

47,337

47,337

4228 DOH CERVICAL CANCER  
EDUCATION-STATE

This distribution is in accordance with statute: UCA 26-21a-302; authorizing language in House Bill 130, Cancer Research Group License Plate; 2012 General Session of the Utah State Legislature. The Contractor will maintain their designation as an Official Cancer Center of Utah as designated by Senate Joint Resolution 017, 2005 General Session of the Utah State Legislature and as a National Cancer Institute designated center. Contractor will expend the distributed funds to conduct cancer research and prevention of cancer at the molecular and genetic levels. FTE. 0

State Statute Mandated



UCA-26-21a-302; HB 130

12,111

12,111

4231 DOH CARDIO VASCULAR-TSF

Supplements efforts to prevent heart disease and stroke including reduction of hypertension FTE 0

Not Mandated

111,316

111,316

4237 DOH CDC HEART DISEASE	Expands activities to increase reporting of hypertension in healthcare systems including team based care, interventions with pharmacists and provider education . FTE 2.3	Not Mandated	250,928	250,928
4239 DOH DOMAIN 3 - DIABETES	Expands activities to increase reporting of diabetes A1c in healthcare systems including team based care, interventions with pharmacists and provider education . FTE 0	Not Mandated	64,510	64,510
4240 DOH DOMAIN 4 - SCHOOL HEALTH	Develop a system to address chronic conditions including student absentee tracking, patient referrals by working with school nurses FTE .22	Not Mandated	35,942	35,942
4247 DOH CDC DIABETES	Increase bi-directional referrals from providers to community resources for managing chronic conditions FTE 1.5	Not Mandated	183,626	183,626
4249 DOH DOMAIN 4 - HEART & STROKE	Increase bi-directional referrals from providers to community resources for managing chronic conditions FTE 1.5	Not Mandated	81,125	81,125
4253 DOH PPHF - HPV CAMPAIGN	To increase HPV coverage rates among adolescents. FTE .38	Not Mandated	247,895	247,895
4254 DOH CANCER/MEDICAID PARTNERSHIP	This one-time funding was used to support planning for initiation of collaborative efforts between the state cancer program (UCCP) and state Medicaid program in effort to increase cancer screening never or rarely screened populations; sustain appropriate cancer screening and follow-up for current National Breast and Cervical Screening Early Detection Program (NBCCEDP) enrollees transitioning into Medicaid services through use of NBCCEDP data sets collaboratively with Medicaid data, or other creative Health Department and Medicaid avenues; and enhance or combine existing data systems to support population-based education, outreach, screening registries, diagnosis and follow-up. FTE. 0	Not Mandated	50,155	50,155

4257 DOH CANCER MGMT, LEADERSHIP  
& COORDINATION

The purpose of this funding opportunity announcement is to implement cancer prevention and control programs to reduce morbidity, mortality, and related health disparities. In accordance with the Healthy People 2020 Goals for the nation, this project focuses on addressing the national cancer burden by conducting cancer surveillance, increasing access to screening, improving health outcomes for people living with cancer, and providing the evidence for and evaluation of policy and environmental approaches. FTE. 3.35

Not Mandated

26,957

26,957

4258 DOH BREAST & CERVICAL CANCER  
SCREENING

This one-time funding was to increase the number of women screened for breast and cervical cancer by leveraging the existing infrastructure and organized delivery system through the Utah Cancer Control Program, which contracts with local health departments to provide breast and cervical cancer screening, follow-up, and support services for low-income, uninsured and underinsured Utah women between the ages of 50 and 64. FTE. 0

Not Mandated

113,171

113,171

4261 DOH ARTHRITIS - FEDERAL - CDC

Develop and expand a sustainable infrastructure for the systematic delivery of arthritis management evidence-based programs. Primary system partners include Area Agencies of Aging, Healthcare Systems, and Local Health Departments. FTE 3

Not Mandated

326,731

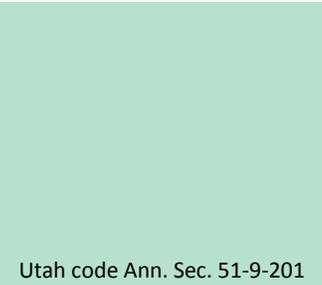
326,731

4263 DOH ARTHRITIS AOA	Help ensure that evidence-based self-management programs are embedded into the State's health and long term services and support systems. Increase the number of older adults w/chronic conditions who maintain or improve their health status and strengthen and expand integrated, sustainable service systems within Utah to provide evidence-based programs. FTE 3	Not Mandated	270,462	270,462
4271 DOH ASTHMA-FED	To maximize the reach, impact, efficiency, and sustainability of comprehensive asthma control services to ensure that all individuals with asthma have the access, resources, and knowledge to improve quality of life. FTE 3.5	Not Mandated	360,607	360,607
4290 DOH LHD PANO PREV BLK	Provide resources to Local Health Departments to address the National Healthy People 2020 Objectives which are deemed state priorities. FTE 0	Not Mandated	178,567	178,567
4292 DOH NUTRITION PHYSICAL ACTIVITY,OBESITY TOBACCO SETTLEMENT	Supplements efforts to combat childhood obesity including increasing physical activity and improving nutrition in schools and childcare centers FTE 1.3	Not Mandated	135,748	135,748
4293 DOH PANO/GOLD MEDAL SCHOOL PROGRAM	Provide resources to state Local Health Departments to address the National Healthy People 2020 Objectives which are deemed state priorities. FTE 0	Not Mandated	95,117	95,117
4297 DOH CDC OBESITY	Expands activities to increase physical activity, improve nutrition and reduce obesity in communities, worksites, and child care centers. FTE 1.5	Not Mandated	225,128	225,128
4299 DOH DOMAIN 2 - SCHOOL HEALTH	Expands activities to increase physical activity, improve nutrition and reduce obesity in schools. FTE .8	Not Mandated	66,328	66,328

4320 DOH LHD VIPP PREV BLOCK	Contractual funds that go to LHD's to provide local injury prevention services (car seat checks, falls prevention, RX Drug Overdose prevention, suicide prevention etc.) within their local health districts. Funding benefits all ages in the respective local health districts. FTE 0	Not Mandated	114,466	114,466
4321 DOH INJURY PREV MCH	Funding that provides the key staffing and infrastructure to support and make possible all the many statewide injury prevention activities we provide (Student Injury Report, Child, Suicide, as well as Domestic Violence Fatality Reviews, Safe Kids, etc.). In addition, this staffing and infrastructure that this funding provides is to successfully compete for the several Federal grants which we have received. Funding benefits all ages statewide. FTE 5	Not Mandated	407,497	407,497
4324 DOH NATL VIOLENT DEATH REVIEW	Maintain and enhance the Utah Violence Death Reporting System which provides timely, quality data from multiple agencies. FTE 2.85	Not Mandated	186,482	186,482
4328 DOH COMMUNITY INJURY PREV	Contractual funds that go to LHDs to provide local injury prevention services (car seat check, falls prevention, RX Drug Overdose prevention, suicide prevention etc.) within their local health districts. Funding benefits all ages in the respective local health districts. FTE 0	Not Mandated	384,747	384,747

4329 DOH RAPE CRISIS CTR-PHBG	<p>Funding is federally mandated set-aside as part of the Preventive Health and Human Services Block Grant and is used to supplement CDC funding for the primary prevention of sexual violence in Utah. It benefits two programs in Salt Lake County, the Utah Coalition Against Sexual Assault and the Rape Recovery Center and the population's in which they serve. The VIPP approaches sexual violence from a public health perspective - recognizing that primary prevention, including efforts to change cultural norms, behaviors, and practices - is essential to create a violence free community. FTE .30</p>	Not Mandated	53,921	53,921
4330 DOH RAPE PREVENTION EDUCATION	<p>Provide funding and assistance to community based organizations to maintain sexual violence prevention in their communities. FTE 1</p>	Not Mandated	213,785	213,785
4336 DOH SAFE KIDS COALITION	<p>Coordinate a statewide childhood injury prevention education program that provides safety devices, education and resources to the residents of Utah including children, parents, caregivers and other professionals. The program will ultimately decrease unintentional injury among Utah children ages 14 and under. FTE 1</p>	Not Mandated	10,027	10,027

4337 DOH TRAUMATIC BRAIN INJURY IMPLEMENTATION	Reauthorized as part of the Traumatic Brain Injury Act of 2008 to be used by states to establish an infrastructure for the delivery of TBI-related services and to improve the State's ability to make system changes that will sustain the TBI service-delivery infrastructure. It is the intent to help states make travel between services, educational, rehabilitation, vocational programs, transportation and housing as "seamless" as possible and to have "person centered" services. FTE.30	State Statute Mandated	Traumatic Brain Injury 2008	232,478	232,478
4339 DOH TRAUMATIC BRAIN & SPINE REHAB	The Traumatic Spinal Cord (SCI) and Brain Injury (TBI) Rehabilitation (Rehab) fund is used to implement the purposes of the Fund as specified in UT Code: Title 26 Ch 54. Funds are contracted to 501(c) charitable clinics to provide physical, occupational and speech therapy and other rehab services to individuals with SCI and TBI. Individuals with SCI or TBI who qualify and their families benefit from the services provided by the Fund. FTE 0	State Statute Mandated	UT Code Title 26 Ch 54	137,514	137,514
4342 DOH BYB MEDIA CAMPAIGN	Printing contracts and revenue on Baby Your Baby Keepsake books. FTE 0	Not Mandated		45,493	45,493
4345 DOH BYB OUTREACH-MEDICAID	Medicaid Matching for Baby Your Baby Outreach. FTE 0	Not Mandated		509,024	509,024
4348 DOH BYB - CHIP TITLE 21 FED	Medicaid Match for CHIP Program administrative support. FTE 2	Not Mandated		99,988	99,988
4349 DOH BABY YOUR BABY TSF	Administrative Financial Support for the Baby Your Baby Program. FTE. 3.5	Not Mandated		230,106	230,106
4350 DOH VP INTEGRATION	Enable the Utah Department of Health to plan and build systems for state injury programs and policies. FTE 2.4	Not Mandated		216,611	216,611
4351 DOH VP SURVEILLANCE	Enable the Utah Department of Health to plan and build systems for state injury programs and policies. FTE 1.65	Not Mandated		79,393	79,393

4354 DOH TRAMATIC BRAIN INJURY FUND	<p>The Traumatic brain Injury (TBI) Fund is used to implement the purposes of the Fund as specified in UT Code: Title 26 Ch 50. Funds are contracted to non-profit organizations to provide TBI resource facilitation services, and education or training on TBI. Funds are also contracted to select Local Health Departments to provide TBI Preventive services for their local health districts. In addition, the funds are used to conduct outreach and increase statewide public awareness of TBI and prevention messages through media and other outlets. Statewide all ages benefit from the TBI awareness and prevention messages. Individuals with a TBI who qualify and their families benefit from the TBI services provided by the Fund.</p>	State Statute Mandated		120,518	120,518
4373 DOH TOBACCO General Funds	<p>Supplemental funds supporting anti tobacco campaign for print and broadcast media reaching youth and adult populations FTE 1</p>	Not Mandated		137,074	137,074
4375 DOH TOBACCO MEDIA CAMPAIGN	<p>Medicaid Matching funds from Media Buys supporting anti tobacco campaign. Reaching general population FTE 0</p>	Not Mandated	868,768	868,768	
4377 DOH TOBACCO TAX - RES REV	<p>Increase capacity in the local areas and within disparate communities to help smokers quit, reduce exposure to secondhand smoke and to prevent youth initiation of tobacco use. These funds also help support a mass media campaign and the Quit line. Reach: Tobacco users, general population FTE3</p>	State Statute Mandated		3,150,168	3,150,168
				Utah code Ann. Sec. 51-9-201	

4378 DOH COMP TOBACCO-CDC	To reduce morbidity and mortality associated with tobacco use and to eliminate associated health disparities by supporting capacity building, program planning, development, implementation, evaluation and surveillance. FTE 6.05	Not Mandated		1,159,488	1,159,488
4379 DOH TOBACCO SETTLEMENT-STATE	The purpose of this funding is to increase capacity in the local areas and within disparate communities to help smokers quit, reduce exposure to secondhand smoke and to prevent youth initiation of tobacco use. These funds also help support a mass media campaign and the Tobacco Quit line FTE 4	State Statute Mandated	Utah Code Ann. Sec. 51-9-201	3,433,424	3,433,424
4380 DOH USFDA TOBACCO COMPLIANCE CHECK	Food and Drug Administration award to State agency to assist in inspecting retail establishments that sell cigarettes and/or smokeless tobacco products. This benefits youth who are underage age in the state which in turn impacts youth use rates. FTE 1.5	Not Mandated		154,367	154,367
4384 DOH PPHF QUITLINE CAPACITY	Increase Quit line capacity and sustainability thereby increasing the number of tobacco users who use tobacco quit lines to quit successfully. FTE 1	Not Mandated		66,435	66,435
4387 DOH TOBACCO PREVENTION NON LAPSED	One time dollars to strengthen mass media campaign: print media, youth, internet, radio and television outlets to reach the general populations FTE 0	Not Mandated		499,999	499,999

4390 DOH COORDINATED CHRONIC DISEASE PREVENTION & HEALTH PROMOTN	Strengthen expertise in and coordination of chronic disease prevention and health promotion programs with state health departments to improve public health impacts and outcomes. Program activities will address top five leading causes of death and disability: heart disease, stroke, cancer, diabetes and arthritis. Develop tools and resources for stakeholders, developing an overarching website for Bureau of Health Promotion and implementing a web-based progress reporting system for BHP contractors.	FTE 1	Not Mandated	116,936	116,936	
4395 DOH COMMUNITY TRANSFORMATION CAPACITY	Local Health Districts	FTE 1	Not Mandated	464,530	464,530	
4411 DOH MTRNL & CHLD HLTH ADM MCH	All administrative support for MCH including MCH Bureau Director		Not Mandated	291,989	291,989	
4412 DOH SAFE HAVEN-STATE	Providing awareness of the Utah Newborn Safe Haven law that allows anyone to drop-off a baby at any Utah hospital ensures that newborns are not abandoned in an unsafe place and left to die. The project has saved the lives of newborns.		State Statute Mandated	Utah Code Ann. Sec. § 62A-4a-802	\$25,231	\$25,231
4421 DOH RPRDCTVE HLTH & SIDS MCH - Maternal & Children Health	MCH Block Grant Activities for the Maternal and Infant Health Program. We educate women, families, health care providers, and the community about reproductive health issues. In addition, we collect and compile information about the health of moms and babies in Utah.					
	MIHP is made up of the Perinatal Mortality Review Program, the Adolescent Health Program, Pregnancy Risk Assessment Monitoring System (PRAMS), and Family Planning.		State Statute Mandated	26-10-1	\$314,255	\$314,255

4425 DOH PRG RISK ASSMT MONTI-STATE	The Pregnancy Risk Assessment Monitoring System is an ongoing surveillance system of Utah women who have recently delivered a baby. The project is sponsored by the Centers for Disease Control and Prevention (CDC). Data obtained through this mechanism are reported federally and are used to inform Utah Maternal and Child Health Programs.	Not Mandated	\$86,239	\$86,239
4427 DOH CDC PROGRAMS - FEDERAL	The Pregnancy Risk Assessment Monitoring System is an ongoing surveillance system of Utah women who have recently delivered a baby. The project is sponsored by the Centers for Disease Control and Prevention (CDC). Data obtained through this mechanism are reported federally and are used to inform Utah Maternal and Child Health Programs.	Not Mandated	\$86,579	\$86,579
4428 DOH ABSTINENCE EDUCATION	The purpose of abstinence education funding is to provide abstinence education to Utah youth ages 10-19. Funds are contracted out to seven Utah agencies to provide services.	Not Mandated	\$428,564	\$428,564
4429 DOH PERSONAL RESPONSIBILITY EDUCATION PROGRAM	The Personal Responsibility Education Program funding is to educate Utah youth ages 15-19 on both abstinence and comprehensive sex education to prevent teen pregnancy and sexually transmitted infections. Funds are contracted out to six Utah agencies to provide services.	Not Mandated	\$503,609	\$503,609

4441 DOH COMMODITY SUPPLEMENTAL FOOD PROGRAM	Commodity Supplemental Food Program (CSFP) funds are used for the administration of the program including state staff and the following contracted duties of Utah Food Bank: to recruit participants, store USDA donated food, and the process compiling and delivery of the donated food into food packages for eligible senior participants across the state.	Not Mandated	\$163,144	\$163,144
4451 DOH IMMUNIZATION TSF	<p>           Funding was used to purchase vaccine and vaccine monitoring for state identified groups and projects that benefit Utah Citizens across the lifespan. The majority of the funds purchase vaccine for special projects.           <ol style="list-style-type: none"> <li>1. Senior Outreach: provides Utah residents 60+ help with obtaining Shingles and Pneumococcal vaccines if they are uninsured or those whose Medicare supplemental plan does not cover these antigens.</li> <li>2. Adult High Risk/Hep B Initiative: Provide vaccine to uninsured adults who are at risk for contracting Hepatitis B. If the adult qualifies for Twinrix, they may also be offered other vaccine, including HPV, PPV23, and Tdap.</li> <li>3. Bridge to Delegations: Provides replenishment vaccine to participating local health departments to vaccinate children 0-18 years of age who have health insurance that does not cover any vaccine, select vaccines, or has a cap on their vaccine coverage.</li> <li>4. Other special Projects: This may include limited projects such as an outbreak or flu vaccine. As funds are available, they were used to provide one time support to local health department contracts to</li> </ol> </p>	Not Mandated	94,424	94,424

4452 DOH IMMUNIZATION FEDERAL	To maintain a state infrastructure to increase immunization coverage rates among all state populations and to reduce the spread of vaccine preventable disease in Utah. FTE 21	Not Mandated	27,691,806	27,691,806
4453 DOH PPHF - HPV VACCINATION	To increase HPV coverage rates among adolescents. FTE .38	Not Mandated	77,484	77,484
4457 DOH IMMUNIZN CAPACITY PROGRAM 2	To maintain a state infrastructure to increase immunization coverage rates among all state populations and to reduce the spread of vaccine preventable disease in Utah. (Capacity Building Assistance for USIIS - VTrckS Interface) FTE 1.22	Not Mandated	169,246	169,256
4458 DOH IMMUNIZATION COMPONENT 5	To maintain a state infrastructure to increase immunization coverage rates among all state populations and to reduce the spread of vaccine preventable disease in Utah. (Adult Immunization) FTE 2	Not Mandated	54,648	54,648
4459 DOH IMMUNIZATION COMPONENT 6	To maintain a state infrastructure to increase immunization coverage rates among all state populations and to reduce the spread of vaccine preventable disease in Utah. (School Located Vaccination Clinics). FTE 1.5	Not Mandated	92,924	92,924

4461 DOH DATA RESOURCES-MCH -  
Maternal and Child Health

	The mission of the Data Resources Program (DRP) is to improve the health of Utah mothers, infants, and children by providing analytic, epidemiologic, and web support to the Maternal and Child Health (MCH) and Children with Special Health Care Needs (CSHCN) Bureaus. DRP ensures that pertinent data are appropriately analyzed and made available for use in the assessment, planning, and development of effective evidence-based program policies. DRP is also responsible for coordinating and overseeing the annual submission of the Title V MCH Block Grant Application and Report, which serves as the primary funding source for both the MCH and CSHCN Bureaus.	Not Mandated	\$244,403	\$244,403
4471 DOH WIC PEER COUNSELING, Women Infant and Children	WIC Peer Counselors are WIC mothers who have been successful at breastfeeding. The LHDs hire peer counselors to support and enhance local breastfeeding efforts.	Not Mandated	\$500,544	\$500,544
4472 DOH WIC HELP DESK PERSONNEL - Women Infant and Children	This org is used to pay staff who work on our help desk serving our 49 WIC clinics statewide.	Not Mandated	\$427,177	\$427,177
4474 DOH WIC BREASTFEEDING, Women Infant and Children	Breastfeeding funds are used to pay local health department staff for time spent on USDA-required breastfeeding activities.	Not Mandated	\$270,047	\$270,047
4475 DOH STATE NUTRITION ED EXP	Monies used at the state to build our nutrition education curriculum using varied technologies.	Not Mandated	\$295,759	\$295,759
4477 DOH WIC AUDITOR EDO - Women Infant and Children, Executive Directors Office	The Utah WIC Program puts money aside every year to cover expenses associated with WIC financial audits of the local health departments when the local health departments do not include WIC in their annual single audits.	Not Mandated	\$63,737	\$63,737

4478 DOH WIC STATE ADMIN - Women Infant and Children	This org is used to pay for all administration of the program including, but not limited to: salaries, fringe benefits, banking expenses, indirect rates, overhead, local WIC budgets and all associated administrative expenses, training, travel, etc.	Not Mandated	\$1,223,451	\$1,223,451
4479 DOH WIC FOOD VOUCHERS/REBATES - Women Infant and Children	Food funding pays for food obligations at the more than 300 authorized WIC vendors across Utah.	Not Mandated	\$37,704,374	\$37,704,374
4480 DOH WIC EBT PROJECT - Women Infant and Children	EBT monies have been issued to the state to pay for all work related to planning and implementation services of moving the Utah WIC Program toward issuing Electronic Benefit Transfer benefits to our participants. Utah WIC is expected to be fully implemented by calendar 2019.	Not Mandated	\$15,695	\$15,695
4484 DOH WIC LOCAL BREASTFEEDING PROMO - Women Infant and Children	This was a special pot of one-time money that was given to the state for our very successful breastfeeding initiation and duration rates. This money was used to send dozens of local WIC staff to the National WIC Association National Meeting in Denver, Colorado a couple of years ago.	Not Mandated	\$1,804,331	\$1,804,331
4485 DOH WIC LOCAL NUTRITION ED EXP, Women Infant and Children	Nutrition Education funding covers all nutrition time spent with participants in a class-room setting.	Not Mandated	\$2,653,396	\$2,653,396
4486 DOH WIC LOCAL CLIENT SVCS EXP, Women Infant and Children	Monies in this category are spent when providing counseling to participants.	Not Mandated	\$4,900,838	\$4,900,838
4487 DOH LOCAL TECHNOLOGY	Monies placed in a new container last fiscal year to cover local technology-related expenses when updating computers and associated software and is used by the LHD to pay local technology staff to support said hardware and software.	Not Mandated	\$77,303	\$77,303

4488 DOH WIC LOCAL ADMIN, Women Infant and Children	Monies used by local WIC clinics to pay for all administrative expenses similar to the state Administrative monies above.	Not Mandated			\$3,083,391	\$3,083,391
4491 DOH ORAL HEALTH - MCH	The Oral Health Program is to establish and promote programs to protect and improve the dental health of the public.	State Statute Mandated	[26-10-7]		\$192,558	\$192,558
4611 DOH CSHCN ADMIN-STATE	Overall Administration of the Bureau of Children With Special Health Care needs oversight.	Not Mandated	26-10-4	167,901		167,901
4612 DOH CSHCN ADMIN-MCH	Maternal and Child Health federal activities serving Children With Special Health Care Needs throughout the state of Utah	Federally Mandated	26-10-2		394,424	394,424
4613 DOH CHILDREN'S HEARING AID PACK	The Children's Hearing Aid (Pilot) Program, or CHAPP, created a two-year pilot program within UDOH to provide hearing aids to financially qualifying children under three years of age with hearing loss. Qualifying children must be a resident of Utah, be diagnosed by an audiologist with pediatric expertise as having hearing loss who certifies the need for hearing aids, be ineligible to receive a hearing aid through the state's Medicaid program, does not have insurance coverage for hearing aids, and meets the financial need qualification which is at or below 300% of Federal Poverty Guidelines. Through HB18 General Session 2015, the pilot will convert to a permanent program on July 1, 2015 and also increase the age of eligibility up to 6 years.	State Statute Mandated	26-10-11; R398-5		29,467	29,467

4623 DOH UNIVERSAL NB HEARING	This HRSA grant funding is to reduce the loss to follow-up of infants who have not passed a physiologic newborn hearing screening examination prior to discharge from the newborn nursery or born out of hospital by utilizing specifically targeted and measureable interventions. This funding also helps to further focus efforts on improving the loss to documentation/loss to follow-up by utilizing specific interventions such as quality improvement methodology to achieve measurable improvement in the numbers of infants who receive appropriate and timely follow-up.	Federally Mandated		191,314	191,314
4654 DOH CBS CASE MGMT HHC-MCH	The Technology Dependent Waiver Program provides the day-to-day administrative activities for Medicaid's home and community-based waiver for technology dependent/medically fragile individuals.	Not Mandated		217,437	217,437
4661 DOH CSHCN CLINICS STATE/TITLE XIX MATCH	The Cytomegalovirus (CMV) Public Education and Testing law created a CMV Public Health Initiative to inform pregnant women and women who may become pregnant about the occurrence of CMV, the transmission of CMV, the birth defects that CMV can cause, methods of diagnosis, and preventative measures. This law also directs medical practitioners to test infants who fail their newborn hearing screening(s) for congenital CMV infection and inform the parents of those infants about the possible birth defects that CMV can cause and the available treatment methods.	State Statute Mandated	26-10-10; R398-4	90,800	90,800
4662 DOH CSHCN CLINICS TITLE XIX MEDICAID 75%	Administrative Case Management (XIX) p; Not Mandated			543,485	543,485
4663 DOH CSHCN CLINICS TITLE XIX STATE 50%	Administrative Case Management (XIX) pa; Not Mandated			406,455	406,455

4664 DOH unassigned

CSHCN Clinical Services provides direct clinical services and support to the most medically and developmentally fragile children around the State. The Neonatal Follow-up Program provides neurodevelopmental screening and evaluation to low birth weight (<1250 grams: 2lbs 12 oz.) and/or early gestation (26 weeks or less) during the preschool years; Clinics are held in Salt Lake, Ogden, and Provo. The Child Development Clinic evaluates and assesses cognitive and behavioral concerns including autism spectrum disorders, attention deficit disorder, and processing deficits; clinics are held weekly. The Itinerant Clinics provide developmental and physical evaluation services (Pediatrics, Psychology, Neurology, Genetics, Speech Pathology, Audiology, Social Work, Nursing) to children residing in rural areas of the State where specialty services may not exist; Itinerant Clinics are held at each location several times per year in St. George, Blanding, Montezuma Creek, Richfield, Vernal, Price. All children and families who participate in one of the CSHCN Clinical Services programs receive Federally Mandated

26.10.2

1,421,125

1,421,125

4665 DOH unassigned

CSHCN Clinical Services provides direct clinical services and support to the most medically and developmentally fragile children around the State. The Neonatal Follow-up Program provides neurodevelopmental screening and evaluation to low birth weight (<1250 grams: 2lbs 12 oz.) and/or early gestation (26 weeks or less) during the preschool years; Clinics are held in Salt Lake, Ogden, and Provo. The Child Development Clinic evaluates and assesses cognitive and behavioral concerns including autism spectrum disorders, attention deficit disorder, and processing deficits; clinics are held weekly. The Itinerant Clinics provide developmental and physical evaluation services (Pediatrics, Psychology, Neurology, Genetics, Speech Pathology, Audiology, Social Work, Nursing) to children residing in rural areas of the State where specialty services may not exist; Itinerant Clinics are held at each location several times per year in St. George, Blanding, Montezuma Creek, Richfield, Vernal, Price. All children and families who participate in one of the CSHCN Clinical Services programs receive Federally Mandated

26.10.2

289,902

289,902

4666 DOH unassigned

The Early Hearing Detection and Intervention (EHDI) program's goal is to maximize linguistic competence and literacy development for children who are deaf or hard of hearing. Without appropriate opportunities to learn language, these children will fall behind their hearing peers in communication, cognition, reading and social-emotional development. Such delays may result in lower educational and employment levels in adulthood. To maximize the outcome for infants who are deaf or head of hearing, the EHDI program provides structure, education, resources, and monitoring so that the hearing of all infants are screened no later than 1 month of age; those who do not pass screening should have a comprehensive audio logical evaluation at no later than 3 months of age; infants with confirmed hearing loss should receive appropriate intervention at no later than 6 months of age from health care and education professionals with expertise in hearing loss and deafness in infants and young children.

State Statute Mandated

26-10-6, R298-2

239,945

239,945

4671 DOH FOSTERING HEALTHY CHILDREN

Fostering Healthy Children is contracted to the Division of Child and Family services to ensure children in foster care receive all health, dental and mental health care in a timely manner. FHC nurses do this by maximizing quality and timeliness of health care services for the children and ensuring access to providers. FHC nurses work in partnership with DCFS caseworkers to coordinate the foster child's health care while in custody.

Not Mandated

1,108,020

1,108,020

4672 DOH FOSTERING HEALTHY CHILDREN-MEDICAID	Administrative case management duties that require a skilled medical professional.	Not Mandated			2,392,218	2,392,218
4673 DOH unassigned	Duties that require a non-skilled medical professional.	Not Mandated			167,766	167,766
4681 DOH TERATOLOGY MCH	MCH Block Grant for Mother To Baby Activities (also known as the Pregnancy Risk Line). Mother to Baby is dedicated to providing evidence-based information to mothers, health care professionals, and the general public about medications and other exposures during pregnancy and while breastfeeding.	Not Mandated			227,157	227,157
4682 DOH TERATOLOGY STATE/MEDICAID	Mother To Baby Utah (also known as the Pregnancy Risk Line). Medicaid Participation Match for these activities. This program is dedicated to providing evidence-based information to mothers, health care professionals, and the general public about medications and other exposures during pregnancy and while breastfeeding.	Contractually Mandated	Contract with Health Care Finance.	19,100	19,100	38,200
4683 DOH TERATOLOGY PRIV DONATIONS	Mother To Baby Utah (also known as the Pregnancy Risk Line), an affiliate of the Organization of Teratology Information Specialists (OTIS), is dedicated to providing evidence-based information to mothers, health care professionals, and the general public about medications and other exposures during pregnancy and while breastfeeding.	Contractually Mandated	Contract with OTIS.		36,450	36,450

4693 DOH BIRTH DEFECTS FEDERAL	The Utah Birth Defect Network (UBDN) is a statewide public health program that tracks and assesses birth defects in Utah. The UBDN also coordinates the Newborn Screening for Critical Congenital Health Defects (CCHD) screening. Through this screening, we will ensure early detection of asymptomatic CCHD and improve the health and wellbeing of these babies and their families per 26-10-6.	State Statute Mandated	R398-5	8,000	306,904	314,904
4694 DOH USU REVENUE CLEFT LIP & PALATE	Utah State University contracts with the UBDN to study maternal nutrition and risk of clefting and the genes related to metabolic pathways. This five-year grant, called "Nutrient Biomarkers, Genes, and Orofacial Clefts," is funded by the National Institute of Child Health and Human Development at the National Institute of Health.	Not Mandated			314,904	314,904
4695 DOH BIRTH DEFECTS DATABASE REGISTRY	The Utah Environmental Public Health Tracking Program received a grant from CDC to create a system of integrated health, exposures, and hazard information and data from a variety of sources of which one is birth defects. We contribute our data to their efforts which is collected through R398-5.	State Statute Mandated	R398-5		40,531	40,531
4696 DOH GENETICS SERVICES PROJECT	The Utah CCHD Screening Pilot project was to evaluate the National protocol for CCHD screening and ensure the cutoff levels were sufficient for a high altitude state. Other efforts were to create a safety net for all babies born in Utah by educating health care providers, improving the screening process and diagnostic technology, and creating a statewide CCHD screening and data collection system. This project was funded through HRSA.	State Statute Mandated	26-10-6, R398-5		64,323	64,323

4699 DOH CNTR FOR BIRTH DEF-CDC

	<p>The Utah Center for Birth Defects Research and Prevention is one of the ten national participants in the National Birth Defects Prevention Study (NBDPS). NBDPS is one of the largest studies ever conducted on the causes of birth defects. It will provide information about environmental and genetic factors that contribute to birth defects. The goal of NBDPS is to increase our understanding of the causes of birth defects and provide information that can be used to prevent many birth defects. The Center is funded by the Centers for Disease Control and Prevention.</p>	<p>Not Mandated</p>		<p>301,672</p>	<p>301,672</p>
<p>4711 DOH NEWBORN SCREENING COLL</p>	<p>Newborn screening (testing and follow-up) of all babies born in Utah for 39 disorders</p>	<p>State Statute Mandated</p>	<p>26-10-6; R398-1</p>	<p>336,763</p>	<p>336,763</p>
<p>4711 DOH NEWBORN SCREENING COLL</p>	<p>Newborn screening (testing and follow-up) of all babies born in Utah for 39 disorders</p>	<p>State Statute Mandated</p>	<p>26-10-6; R398-1</p>	<p>kit fees - dedicated credits</p>	<p>1,159,668</p>
<p>4721 DOH BW/EI STATE - Baby Watch Early Intervention</p>	<p>The Baby Watch Early Intervention Program (BWEIP) provides services to children ages birth to three and their families. Children under age three who are experiencing delays in development or who have a diagnosed condition that will lead to a delay can qualify for the program. Through a funded network of 15 early intervention programs throughout the state all children in the state who qualify for the program are served.</p>	<p>Not Mandated</p>		<p>12,613,076</p>	<p>12,613,076</p>

4722 DOH BW/EI PART-C - Baby Watch  
Early Intervention

	<p>The Baby Watch Early Intervention Program (BWEIP) provides services to children ages birth to three and their families. Children under age three who are experiencing delays in development or who have a diagnosed condition that will lead to a delay can qualify for the program. Through a funded network of 15 early intervention programs in the state all children in the state who qualify for the program are served. The federal funding is through Part C of the Individuals with Disabilities Education Act (IDEA)</p>	Not Mandated		\$5,030,880	\$5,030,880
<p>4725 DOH BW/EI CHIP COLL - Baby Watch Early Intervention - Children Health Insurance Program</p>	<p>Fees collected for services provided by the BWEIP</p>	Federally Mandated	34 CFR Part 510	\$330,400	\$330,400
<p>4727 DOH BW/EL STATE &amp; PARENT FEES - Baby Watch Early Intervention</p>	<p>Fees collected from parents of children enrolled in the BWEIP using a sliding fee schedule</p>	Not Mandated		\$60,400	\$374,051
<p>4730 DOH HOME VISITING GRANT</p>	<p>Home visiting is voluntary, community-based in-home support and education designed to enable and empower families by building on individual and family qualities that promote healthy babies, respectful familial relationships, and safe communities. Program begins during pregnancy and may continue until children are school age.</p>	Not Mandated	N/A	\$1,823,116	\$1,823,116
<p>Child Home Visiting Grant</p>	<p>Home visiting is voluntary, community-based</p>	Not Mandated	N/A	\$0	\$1,097,713
<p>Child Home Visiting Grant</p>	<p>Home visiting is voluntary, community-based</p>	Not Mandated	N/A	\$0	\$7,000,000
<p>4741 DOH CHARM-EHDI-FEDERAL</p>	<p>This is a cooperative agreement with the</p>	Federally Mandated		\$126,965	\$126,965
<p>4743 DOH CHARM-SSDI-FEDERAL</p>	<p>Child Health Advanced Records Management</p>	Not Mandated	N/A	\$108,529	\$108,529
<p>4751 DOH NEWBORN SCREENING CLINICAL HLTH INFO EXCHANGE</p>	<p>Clinical Health Information Exchange for Newborn Screening. Linking databases with providers and EHR through the UHIN cHIE. Federal Grant ended August 2013</p>	Not Mandated		\$185,424	\$185,424

4791 DOH AUTISM TREATMENT

The Autism Treatment Account was created in 2010 and expanded in 2012 with \$1 M State appropriation for 2 year pilot program. Additional donations were received from Intermountain Healthcare for \$500,000 and Zions Bank for \$250,000. An Advisory Committee, as outlined in legislation, guides the activities of the Account. The purpose of the funding was to provide therapy for children diagnosed with an autism spectrum disorder from age 2 through their seventh birthday. The pilot program began in July 2012 and ended June 30, 2014.

State Statute Mandated

26-52-201



\$1,132,636

\$1,132,636

**Total Funding**

**\$47,592,689 \$152,346,784 \$24,181,147 \$216,022,909**