

## PERFORMANCE MEASURES: AGENCY FORM

APPROPRIATION INCR TITLE: Attorney General - DOH Legal Support

APPROPRIATION CODE: LAA

APPROPRIATION AMOUNT: \$60,000 FY15

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

DUE TO THE FISCAL ANALYST: Monday, June 30, 2014

### CONTACT INFORMATION

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### A. HOW WILL THE PUBLIC BENEFIT?

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

This position was funded to provide DOH legal support and replace ongoing duties previously performed by an attorney who was reassigned to expanded duties in the Office of Inspector General. This position will also assist in legal services to meet new and expanding department responsibilities related to data security.

#### 2 What services are provided by the funding increase?

This attorney will perform duties related to the following: 1. DOH program contract assistance and review. 2. program rule development and interpretation. 3. Data security legal requirement interpretation and security policy and procedure development. 4. Evaluation of GRAMA information request and response guidance.

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

The general public as well as intergovernmental and private entities can expect a more timely and appropriate response in their business engagements with DOH. This would include the general public and entities who are affected by public health rules and regulations, as well as medical providers who provide services for Medicaid clients and other contracted services for Utah Citizens.

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

The \$60,000 appropriation in General Funds can be matched with an additional \$60,000 in administrative Federal Indirect funding to provide 1 additional FTE. This position will provide the expanded duties described above. Recruitment is in process to hire an additional attorney starting July 2014. This addition will bring the AG in house staff to 5 FTEs.

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

The new AG staff will be able to work directly with DOH program staff and agency contractual providers to negotiate contracts, draft and interpret rules, and negotiate GRAMA requests in a more timely and professional manner.

## B. PERFORMANCE MEASURES:

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

**Goal (public benefit):** Provide timely and competent legal advice to DOH clients by request

**Measure Title:** Timely and Competent legal advice.

**Description:**

To improve timely, effective, relevant, and competent legal advice; DOH will develop a management system which tracks requests for legal assistance by January 2015. The system will track requests and assign a priority to pending matters with due dates. The system will also log a resolution summary.

Fiscal Year:	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target or Benchmark: A functional system by January 2016		Yes	Yes	Yes	Yes
Baseline: A tracking system in place?	No				

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

DOH clients will make a formal request for legal assistance through the request management system. The AG will track progress and report a summary resolution through the system with any pending items with reference links to completed reports or support documents. Reports from the management system will be reviewed regularly by management. Completion of legal request and performance will be better documented and can be linked to individual performance reviews.

**Goal (public benefit):** Provide timely legal reviews of Medicaid and other service provider contracts.

**Measure Title:** Contract legal reviews

**Description:**

Number of contracts processed for legal review per year

**Time: % of completed contract reviews pending final approval within a number of working days**

Fiscal Year:	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target or Benchmark: number of Contracts per year		1,010			
Target or Benchmark: % of completed reviews - 5 days		85%			
Baseline: Number of contracts per year	1,000				
Baseline: % of completed reviews within 5 working days	80%				

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

Active contracts are already recorded and tracked in the DOH shared web site. DOH is currently developing a process through MS SharePoint to track the, development, review, and approval contract documents. SharePoint training for all DOH staff is currently in progress. This system is expected to operational department wide by January 2015.

**Goal (public benefit):** Provide timely legal review of Health Program rules as required by UCA.

**Measure Title:** Rules Review

**Description:** Number of Rules drafted or reviewed per year.

Fiscal Year:	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target or Benchmark: Number of Rules		110			
Target or Benchmark: % of completed Rules - 10 days		85%			
Baseline: Number of Rules	100				
Baseline: % of completed new rules within 10 working days	80%				

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

The legal office will maintain a log of rules drafted and reviewed through the legal request system.

### C. PERFORMANCE MEASURES - OCTOBER 2014 REPORT:

In this Section describe your actual success in meeting your performance goals and target measures or expected Provide actual results and measures if available

**Goal (public benefit):** Provide timely and competent legal advice to DOH clients by request

**Measure Title:** Timely and Competent legal advice.

**Description:** To improve timely, effective, relevant, and competent legal advice; DOH will develop a management system which tracks requests for legal assistance by January 2015. The system will track requests and assign a priority to pending matters with expected due dates. The system will also log a resolution summary.

Fiscal Year:	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
October 2014 Report Measure					
Target or Benchmark: A functional system by January 2016		Yes	Yes	Yes	Yes
Baseline: A tracking system in place?	No				

**Describe your measure of success in meeting your performance target or benchmark.**

Until Sharepoint can be programmed to establish a formal referral system, the AGO has established a temporary self reporting system using a spreadsheet in Google drive which includes a short description of the legal issue/matter requested by the Department, which attorney is handling the matter, which Department bureau the request came from, the Department contact person on the matter, the date requested, status of the matter, the date the request was completed.

**Goal (public benefit):** Provide legal technical reviews of Medicaid and other service provider contracts.

**Measure Title:** Contract Legal review.

**Description:** Number of contracts processed for legal review per year  
Time: % of completed contract reviews pending final approval within a number of working days

Fiscal Year:	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
October 2014 Report Measure; from Jul 1 to Oct 1		512			
Target or Benchmark: number of Contracts per year		1,010			
Target or Benchmark: % of completed reviews - 5 days		85%			
Baseline: Number of contracts per year	1,000				
Baseline: % of completed reviews within 5 working days	80%				

Describe your measure of success in meeting your performance target or benchmark.

OAG is on track to meet or exceed FY15 performance measure. From July 1 through October 1, the AGO completed final review of 512 contracts. 485 of those final reviews were completed within 5 working days. 27 were outside the time frame.

**Goal (public benefit):** Provide legal and technical review of Health Program rules as required by UCA.

**Measure Title:** Rules review

**Description:** Number of Rules drafted or reviewed per year.  
Time: % of new rules in working days for final review.

Fiscal Year:	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
October 2014 Report Measure; from Jul 1 to Oct 1		47			
Target or Benchmark: Number of Rules		110			
Target or Benchmark: % of completed Rules - 10 days		85%			
Baseline: Number of Rules	100				
Baseline: % of completed new rules within 10 working days	80%				

Describe your measure of success in meeting your performance target or benchmark.

OAG is on track to meet or exceed FY15 performance measure. From July 1 through October 1, the AGO completed review of 47 rules with a 100% completion rate within 10 days.

**D. PERFORMANCE MEASURES - DECEMBER 2015 REPORT:**

In this Section describe your actual success in meeting your performance goals and target measures or expected

Provide actual results and measures if available

**Goal (public benefit):** Provide timely and competent legal advice to DOH clients by request

**Measure Title:** Timely and Competent legal advice.

**Description:**

To improve timely, effective, relevant, and competent legal advice; DOH will develop a management system which tracks requests for legal assistance by January 2015. The system will track requests and assign a priority to pending matters with expected due dates. The system will also log a resolution summary.

Fiscal Year:	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
October 2015 Report Measure		Yes			
Target or Benchmark: A functional system by January 2016		Yes	Yes	Yes	Yes
Baseline: A tracking system in place?	No				

Describe your measure of success in meeting your performance target or benchmark.

The AGO established a temporary self reporting system using a spreadsheet in Google drive which included a short description of the legl issue/matter requested by the Department, which attorney handled the matter, the Department contact making the request, the date requested, the status of the matter and the date the request was completed. As of September, 2015, this system was transferred to the Department's Sharepoint system which only the AGO can access. The AGO is still working on programming inside Sharepoint which will not be self-reporting and will be accessible for certain Department personnel to access.

The entire \$60,000 was expended out of Appropriation LAA in FY15

**Goal (public benefit):** Provide legal technical reviews of Medicaid and other service provider contracts.

**Measure Title:** Contract Legal review.

**Description:**

Number of contracts processed for legal review per year  
Time: % of completed contract reviews pending final approval within a number of working days

Fiscal Year:	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
October 2015 Report Measure; from Jul 1 to Jun 30		1314			
Target or Benchmark: number of Contracts per year		1,010			
Target or Benchmark: % of completed reviews - 5 days		85%			
Baseline: Number of contracts per year	1,000				
Baseline: % of completed reviews within 5 working days	80%				

Describe your measure of success in meeting your performance target or benchmark.

OAG did meet or exceed FY15 performance measure. For FY15, the AGO completed final review of 1,314 contracts. 1260 of those final reviews were completed within 5 days. 54 were outside the time frame.

Goal (public benefit): Provide legal and technical review of Health Program rules as required by UCA.

Measure Title: Rules review

Description:

Number of Rules drafted or reviewed per year.  
Time: % of new rules in working days for final review.

Fiscal Year:	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
October 2015 Report Measure; from Jul 1 to Jun 30		97%			
Target or Benchmark: Number of Rules		110			
Target or Benchmark: % of completed Rules - 10 days		85%			
Baseline: Number of Rules	100				
Baseline: % of completed new rules within 10 working days	80%				

Describe your measure of success in meeting your performance target or benchmark.

For FY15, the AGO completed 96 rule reviews with a 97% completion rate within 10 days.

## PERFORMANCE MEASURE: AGENCY FORM

SHORT TITLE: Plant Extract Amendments - HB105

APPROPRIATION CODE: LAE

APPROPRIATION AMOUNT: \$60,000 FY15

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

DUE TO THE FISCAL ANALYST: Monday, June 30, 2014

### CONTACT INFORMATION

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### A. HOW WILL THE PUBLIC BENEFIT?

1 What is the purpose and the duties of the new program, agency, services, or population served? JR4-2-404(4)(c)(i)

HB105 requires DOH to register and issue registration cards to individuals in Utah that might benefit from hemp extract as a course of treatment for epilepsy. The registration process will consist of an application, documentation of residency, identity, and relationship (in the case of a parent for an individual under 18). For initial application and renewal application purposes, a neurologist must submit a letter or complete a form certifying that the individual is under his/her care and that hemp extract is an appropriate course of treatment. The physician's license must be verified with DOPL.

2 What services are provided by the funding increase? JR4-2-404(4)(c)(ii)

Application, registration and issuance of a hemp extract card to qualified individuals.

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

Program will issue hemp extract cards to individuals for whom his/her neurologist considers hemp extract as a course of treatment that might result in a reduction of symptoms associated with epilepsy.

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

OVRs will develop the application forms, processes for verifying applicant identity, residency, and parental relationship (if applicant is under 18) as well as verification of physician license. OVRs will register and digitally maintain all documents related to application. Maintenance of documents will be in an image database for access by authorized OVRs personnel. OVRs will issue a hemp extract registry card.

Bill authorizes OVRs to set a fee and collect those fees from applicants to pay for all costs associated with providing the service

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

Provide a process by which individuals can apply and may become registered to access hemp extract .

**B. PERFORMANCE MEASURES:**

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

**Goal (public benefit):** Develop Registry Process and Procedures

**Measure Title:**

**Description:**

Develop registry process and procedures. FY2014--Develop application forms and physician verification . Develop registry card with input from law enforcement, medical community and other stakeholders. Set fee based on projected costs for activities. FY2015--Revise forms, verification process and registry cards as needed based on feedback from registrants and other stakeholders. Determine draft rules needed. FY2015 Reassess fee based on actual costs. FY2016 & 2017 evaluate process, forms, fees and rules each year and determine necessary changes.

<b>Fiscal Year:</b>	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
<b>Target or Benchmark:</b>	NA	progress	progress	complete	complete
<b>Baseline:</b>	NA				

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

Provide registrants, physicians, law enforcement and other stakeholders a feedback loop (surveys, stakeholder meetings, etc.) to review proposed forms, registry cards, costs and proposed fees.

**Goal (public benefit):** Process Registry Applications

**Measure Title:**

**Description:**

Process 100% of registry applications.

<b>Fiscal Year:</b>	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
<b>Target or Benchmark:</b>	NA	100%	100%	100%	100%
<b>Baseline:</b>	NA	NA	NA	NA	NA

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

Maintain files of all applications submitted to OVRS. Separate files maintained for incomplete applications, applications pending physician verification, denied applications and applications successfully registered. Review files as needed to maintain a 100% processing rate.

Goal (public benefit): Complete registration within two days

Measure Title:

Description:

Complete the registration process and issue a registry card within 2 business days of receiving and verifying all required documentation.

Fiscal Year:	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target or Benchmark:	NA	2 days	2 days	2 days	2 days
Baseline:	NA	NA	NA	NA	NA

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

All applications will have date stamps indicating date of receipt and date information is independently verified by OVRS staff. Registry cards will have a "date issued." A copy of the registry card will be included in the application file. Staff will calculate the difference between dates of receipt, verification and issuance to ensure that the 2 business day time limit is maintained.

**C. PERFORMANCE MEASURES - OCTOBER 2014 REPORT:**

In this Section describe your actual success in meeting your performance goals and target measures or expected. Provide actual results and measures if available.

**Goal (public benefit):** Develop Registry Process and Procedures

Measure Title:

Description:

Develop registry process and procedures. FY2014--Develop application forms and physician verification . Develop registry card with input from law enforcement, medical community and other stakeholders. Set fee based on projected costs for activities. FY2015--Revise forms, verification process and registry cards as needed based on feedback from registrants and other stakeholders. Determine draft rules needed. FY2015 Reassess fee based on actual costs. FY2016 & 2017 evaluate process, forms, fees and rules each year and determine necessary changes.

Fiscal Year:	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
October 2014 Report Measure		complete			
Target or Benchmark:	none	progress	progress	complete	complete
Baseline:	none	none			

**Describe your measure of success in meeting your performance target or benchmark.**

Forms, process and procedures were developed and implemented July 8, 2014. Rules were also written and became effective July 8. A service fee was established July 1 and amended August 8 from \$400 to \$200. The Electronic Registry System was built and the Department of Public Safety possession and registration query through UCJIS was completed by Aug 15, 2014. We did provide registrants, physicians, law enforcement and other stakeholders a feedback loop (surveys, stakeholder meetings, etc.) to review proposed forms, registry cards, costs and proposed fees.

**Goal (public benefit):** Process Registry Applications

Measure Title:

Description:

Process 100% of registry applications

Fiscal Year:	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
October 2014 Report Measure		100%			
Target or Benchmark:	NA	100%	100%	100%	100%
Baseline:	NA	NA	NA	NA	NA

**Describe your measure of success in meeting your performance target or benchmark.**

We did maintain files of all applications submitted to OVRs. Separate files maintained for incomplete applications, applications pending physician verification, denied applications and applications successfully registered. Review files as needed to maintain a 100% processing rate.

Goal (public benefit): Complete registration within two days

Measure Title:

Description:

Complete the registration process and issue a registry card within 2 business days of receiving and verifying all required documentation.

Fiscal Year:	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
October 2014 Report Measure		2 days			
Target or Benchmark:	NA	2 days	2 days	2 days	2 days
Baseline:	NA	NA	NA	NA	NA

Describe your measure of success in meeting your performance target or benchmark.

Thirty Registry Certificates have been issued since July 8, 2014. All applications did have date stamps indicating date of receipt and date information is independently verified by OVRs staff. Registry cards will have a "date issued." A copy of the registry card will be included in the application file. Staff will calculate the difference between dates of receipt, verification and issuance to ensure that the 2 business day time limit is maintained.

**D. PERFORMANCE MEASURES - DECEMBER 2015 REPORT:**

In this Section describe your actual success in meeting your performance goals and target measures or expected Provide actual results and measures if available.

Goal (public benefit): Develop Registry Process and Procedures

Measure Title:

Description:

In FY 2015, OVRs updated initial application forms, created renewal application forms, updated the registry website, assessed fees based on actual costs, and identified necessary changes to fees, forms, and education materials.

Fiscal Year:	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
July 2015 Report Measure		complete			
Target or Benchmark:	none	progress	complete	complete	complete
Baseline:	none	none			

Describe your measure of success in meeting your performance target or benchmark.

In FY 2015, OVRs updated the initial application forms, created renewal application forms, updated the registry website, assessed fees based on actual costs, and identified necessary changes to fees, forms, and education materials. By taking these actions, OVRs was successful in developing registry processes and procedures. The entire \$60,000 was expended in Appropriation LAE in FY15.

Goal (public benefit): Process Registry Applications

Measure Title:

Description: Process 100% of registry applications

Fiscal Year:	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
July 2015 Report Measure		100%			
Target or Benchmark:	NA	100%	100%	100%	100%
Baseline:	NA	NA	NA	NA	NA

Describe your measure of success in meeting your performance target or benchmark.

OVRs maintained files of all applications submitted. Separate files were maintained for incomplete applications, applications pending physician verification, denied applications and applications successfully registered. OVRs reviewed files as needed to maintain a 100% processing rate.

Goal (public benefit): Complete registration within two days

Measure Title:

Description: Complete the registration process and issue a registry card within 2 business days of receiving and verifying all required documentation.

Fiscal Year:	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
July 2015 Report Measure		2 days			
Target or Benchmark:	NA	2 days	2 days	2 days	2 days
Baseline:	NA	NA	NA	NA	NA

Describe your measure of success in meeting your performance target or benchmark.

87 hemp registry cards were issued in FY 2015. The date of receipt of the application and the date of issuance of the card appear on applications. OVRs regularly monitors compliance with the two-day processing standard.

## PERFORMANCE MEASURES: AGENCY FORM

APPROPRIATION INCR TITLE: State Laboratory Drug Testing Account Amendments

APPROPRIATION CODE: LED

APPROPRIATION AMOUNT: \$228,300 FY15

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

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

DUE TO THE FISCAL ANALYST: Monday, June 30, 2014

### CONTACT INFORMATION

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### A. HOW WILL THE PUBLIC BENEFIT?

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

The Forensic Toxicology Laboratory conducts drug and alcohol testing for all law enforcement agencies in Utah, issues Toxicology reports, and provides expert testimony in courts of law.

#### 2 What services are provided by the funding increase?

The Forensic Toxicology Laboratory will use the additional funds to meet the 6% average annual increase in testing requests and the related expert testimony services.

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

The Forensic Toxicology Laboratory expects to be able to maintain the issuance of timely, accurate, and complete Toxicology reports despite the annual increases in testing demands. These reports are used in the criminal justice system and contribute to the public safety of all Utahans.

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

The increase in funding will be used to purchase additional supplies and develop new methodologies to meet the needs of the Laboratory's customers.

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

The additional testing supplies are needed for the increased testing anticipated in the coming years. New methodologies increase capacity and improve quality and timeliness by reducing sample preparation steps, combining individual tests into single tests, and in some cases, reducing costs of reagents. Taken together, these activities support the Laboratory's goal of issuing timely, accurate and complete Toxicology reports to be used in adjudicating criminal cases.

**B. PERFORMANCE MEASURES:**

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

**Goal (public benefit):** Provide Toxicology testing services for increasing numbers of law enforcement cases

**Measure Title:** Number of tests conducted per year

**Description:** The Forensic Toxicology Laboratory will provide drug and alcohol testing for all law enforcement cases submitted each year.

<b>Fiscal Year:</b>	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
<b>Target or Benchmark:</b>		31,704	33,606	35,622	37,759
<b>Baseline:</b>	29,909				

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

The Laboratory Information Management System tracks the number of tests conducted per agency per time period.

**Goal (public benefit):** Ensure that Toxicology reports are accurate and complete.

**Measure Title:** Proficiency testing results

**Description:** Periodic proficiency tests are an independent verification of the accuracy of laboratory results. Accurate and complete Toxicology reports are critical in cases involving DUI, drug-facilitated sexual assault, child endangerment and other crimes.

<b>Fiscal Year:</b>	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
<b>Target or Benchmark:</b>		100%	100%	100%	100%
<b>Baseline:</b>	100%				

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

The proficiency test results are provided by the independent organization that administers the program.

**Goal (public benefit):** Lab testing will be completed in a timely manner.

**Measure Title:** Test turn around time

**Description:** Test turn-around-time. We will report on how long it takes the laboratory to complete testing for Law Enforcement. This number will reflect the time the sample arrives at the laboratory to the time it takes the laboratory to issue a report. The target is 14 days

<b>Fiscal Year:</b>	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
<b>Target or Benchmark:</b>			14 days	14 days	14 days
<b>Baseline:</b>		22 Days			

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

The Laboratory Information Management System compute the average turnaround time based on date samples were received and date report was issued to customer.

**Goal (public benefit):** Lab testing will undergo continued performance improvement.

**Measure Title:** GOMB SUCCESS measures

**Description:**

The Laboratory will report on the QT/OE for the Toxicology section. Q is the quality measure as determined by proficiency test scores and turn-around-time. T is the throughput measure (value of tests received). OE is the operating expense. This number is reported to GOMB quarterly.

<b>Fiscal Year:</b>	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
<b>Target or Benchmark:</b>			0.84	0.92	0.99
<b>Baseline:</b>	0.79				

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

The Program Manager will use the data provided above (proficiency test score, turnaround time, and test counts) and the Lab's Finance group will obtain OE data from FINET.

**C. PERFORMANCE MEASURES - DECEMBER 2015 REPORT:**

In this Section describe your actual success in meeting your performance goals and target measures or expected. Provide actual results and measures if available.

**Goal (public benefit):** Provide Toxicology testing services for increasing numbers of law enforcement cases

**Measure Title:** Number of tests conducted per year

**Description:**

The Forensic Toxicology Laboratory will provide drug and alcohol testing for all law enforcement cases submitted each year.

<b>Fiscal Year:</b>	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
<b>October 2015 Report Measure</b>		19,339	21,554		
<b>Target or Benchmark:</b>		31,704	33,606	35,622	37,759
<b>Baseline:</b>	29,909				

**Describe your measure of success in meeting your performance target or benchmark.**

The method of collection varied from FY13 to FY14/15. The numbers in FY13 are not comparable. Also, this is the number of specimens tested not the number of tests.

**Goal (public benefit):** Ensure that Toxicology reports are accurate and complete.

**Measure Title:** Proficiency testing results

**Description:**

Periodic proficiency tests are an independent verification of the accuracy of laboratory results. Accurate and complete Toxicology reports are critical in cases involving DUI, drug-facilitated sexual assault, child endangerment and other crimes.

<b>Fiscal Year:</b>	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
<b>October 2015 Report Measure</b>		100%	100%		
<b>Target or Benchmark:</b>		100%	100%	100%	100%
<b>Baseline:</b>	100%				

**Describe your measure of success in meeting your performance target or benchmark.**

The FT Laboratory has received 3 proficiency tests in FY2015 and for each PT series, we obtained an evaluation score of 100%.

Goal (public benefit): Lab testing will be complete in a timely manner.

Measure Title: Test turn around time

Description: Test turn-around-time. We will report on how long it takes the laboratory to complete testing for Law Enforcement. This number will reflect the time the sample arrives at the laboratory to the time it takes the laboratory to issue a report. The target is 14 days

Fiscal Year:	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
October 2015 Report Measure			21 days		
Target or Benchmark:			14 days	14 days	14 days
Baseline:		22 Days			

Describe your measure of success in meeting your performance target or benchmark.

The laboratory was down staff for part of FY15 preventing a significant improvement in turn-around-time.

Goal (public benefit): Lab testing will be complete in a proficient manner.

Measure Title: Proficiency Test Score

Description: The Laboratory will report on the QT/OE for the Toxicology section. Q is the quality measure as determined by proficiency test scores and turn-around-time. T is the throughput measure (volume of tests received). OE is the operating expense. This number is reported to GOMB quarterly.

Fiscal Year:	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
October 2015 Report Measure		1.37	1.3		
Target or Benchmark:			0.84	0.92	0.99
Baseline:		0.79			

Describe your measure of success in meeting your performance target or benchmark.

The methodology for calculating the QT/OE changed in FY15. The baseline number in FY14 is not comparable to FY14 and FY15. FY14 and F15 are comparable.

## PERFORMANCE MEASURES: AGENCY FORM

APPROPRIATION INCR TITLE: Local Health Department Emergency Fund

APPROPRIATION CODE: LEH

APPROPRIATION AMOUNT: \$25,000 FY15

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

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

DUE TO THE FISCAL ANALYST: Tuesday, December 01, 2015

### CONTACT INFORMATION

### RESPONDENT:

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### A. HOW WILL THE PUBLIC BENEFIT?

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

To provide funding to assist with unanticipated events that require a local public health response.

#### 2 What services are provided by the funding increase?

Funds will be used to support public health emergency response to disease outbreaks, including but not limited to personnel, medical supplies and vaccinations.

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

Facilitate the consistent delivery of all mandated and necessary public health services, even during an emergency, by providing funding to offset a portion of the costs incurred by a local health department's response to an unanticipated emergency.

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

The Local Health Emergency Assistance Program requires the Utah Department of Health to establish the fund and distribute resources to requesting Local Health Departments upon request and in agreement with established criteria.

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

Funding will help assure that Local Health Departments have access to emergency funding for disease outbreaks to purchase needed supplies, including vaccine, provide investigation and health services, and control the outbreak promptly.

**B. PERFORMANCE MEASURES:**

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

**Goal (public benefit):** To provide funding to assist with unanticipated events that require a public health response.

**Measure Title:**

**Description:**

Minimum disruption to public health services provide by Local Health Departments during public health emergency events. Written Rules will be drafted which define an emergency.

<b>Fiscal Year:</b>		FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
<b>Target or Benchmark:</b>	Written rules for fund disbursement		complete	Complete		
<b>Baseline:</b>	No written rules for disbursement	WIP	WIP			

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

A rule will be developed in cooperation with local health departments to determine fund distribution policies. The development of a rule for emergency distribution will be the first measure of performance.

**Goal (public benefit):** Compliance with rule-based emergency fund disbursements

**Measure Title:**

**Description:**

Local health emergency managers will document the nature and details of an emergency fund requests and provide documentation for emergency disbursements that comply with rule.

<b>Fiscal Year:</b>		FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
<b>Target or Benchmark:</b>	Documented evidence for emergency reque		1	1	Event?	Event?
<b>Baseline:</b>	Written Rules for Disbursement	WIP	complete			

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

Emergency expenditure requests will be part of the expenditure documentation, and will be available for post audit.

**Goal (public benefit):** Mitigate public health threat and minimize local service disruption.

**Measure Title:**

**Description:**

When a emergency request is made, a post emergency fund report will be provided with details of the emergency, how the funds were used to mitigate the threat, and any disruptions of other critical public health services due to lack of funds.

<b>Fiscal Year:</b>		FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
<b>Target or Benchmark:</b>	Established criteria for event reporting		Event?	100%	Event?	Event?
<b>Baseline:</b>	No Established criteria for event reporting	None	complete			

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

When an emergency expenditure is made, a post emergency report will be available for subsequent review.

**C. PERFORMANCE MEASURES: DECEMBER 2015 REPORT**

In this Section describe your actual success in meeting your performance goals and target measures or expected outcomes.  
Provide actual results and measures if available

**Goal (public benefit):** To provide funding to assist with unanticipated events that require a public health response.

**Measure Title:**

**Description:**

Minimum disruption to public health services provide by Local Health Departments during public health emergency events when they occur. Written Rules will be drafted which define an emergency.

Fiscal Year:	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
October 2015 Report Measure	WIP	complete			
Target or Benchmark: Written rules for fund disbursement	WIP	complete			
Baseline: No written rules for disbursement	none				

Describe your measure of success in meeting your performance target or benchmark.

The rule was amended to reflect changes made by a bill during the 2015 Legislative session.

**Goal (public benefit):** Compliance with rule-based emergency fund disbursements

**Measure Title:**

**Description:**

Local health emergency managers will document the nature and details of an emergency fund requests and

Fiscal Year:	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
October 2015 Report Measure		complete			
Target or Benchmark: Documented evidence for emergency reque	No event	complete			
Baseline: Written Rules for Disbursement	WIP				

Describe your measure of success in meeting your performance target or benchmark.

A Contract was implemented with the Utah Local Health Association which outlined the details needed for disbursement of funding if the local health department experienced a health emergency. During this time period, Utah County experienced a measles outbreak from the nationally known outbreak of measles from Disneyland. Utah County Health Department submitted the proper documentation that complied with the rule.

**Goal (public benefit):** Mitigate public health threat and minimize local service disruption.

**Measure Title:**

**Description:**

When a emergency request is made, a post emergency fund report will be provided with details of the emergency, how the funds were used to mitigate the threat, and any disruptions of other critical public health services due to lack of funds.

Fiscal Year:	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
October 2015 Report Measure	No event	complete			
Target or Benchmark: Established criteria for event reporting	WIP	complete			
Baseline: No Established criteria for event reporting	None				

Describe your measure of success in meeting your performance target or benchmark.

During FY15, Utah County Health Department submitted an invoice for funding to assist in the investigation of the measles outbreak. Documentation provided met the terms and conditions of the Contract with the Utah Local Health Association. **The entire \$25,000 was expended in FY15**

## PERFORMANCE MEASURES: AGENCY FORM

APPROPRIATION INCR TITLE: TRAUMATIC BRAIN INJURY (TBI) FUND  
APPROPRIATION CODE: FUND 2250  
APPROPRIATION AMOUNT: \$200,000 FY15

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

### DUE TO THE FISCAL ANALYST:

#### CONTACT INFORMATION

RESPONDER: Trisha Keller

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### A. HOW WILL THE PUBLIC BENEFIT?

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

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

#### 2 What services are provided by the funding increase?

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

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

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

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

TBI Fund Advisory Committee is in place to oversee and make recommendations on priorities and allocations of the fund. The UDOH is in the process of issuing an RFP through State Purchasing to award contracts for the training and resource facilitation services, since the current contracts end this fiscal year. Small media contract will be used strategically to increase awareness.

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

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

**B. PERFORMANCE MEASURES:**

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

**Goal (public benefit):** Increased awareness and knowledge of TBI. \*This is one time funding.

**Measure Title:** Awareness of TBI

**Description:**

Utah Brain Injury council has a baseline survey which can be used to gauge the success of future efforts. UBIC will be conducting the survey again during 2014. After that the Fund would have to pay for any follow-up surveys. Due to expense of conducting the phone survey it is only recommended that it be conducted every 3 years.

<b>Fiscal Year:</b>	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
<b>Target or Benchmark:</b>	30%	30%	*	*	*
<b>Baseline:</b>	15%	20.3%			

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

In a 2012 randomized statewide telephone survey, 1,035 Utah adults were asked "how knowledgeable are you of traumatic brain injury or TBI". Only 15% reported that they were knowledgeable, very, or extremely knowledgeable about TBI. The survey was repeated in 2014 with 20.3% reporting they were knowledgeable, very, or extremely knowledgeable about TBI.

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

**Measure Title:** Resource Facilitation Services

**Description:**

Number of individuals with TBI that received resource facilitation services through the contractors. \*This is one time funding.

<b>Fiscal Year:</b>	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
<b>Target or Benchmark:</b>	200	200	*	*	*
<b>Baseline:</b>	75	94			

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

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

**Goal (public benefit):** Increased number of TBI Fund clients who are in need of a neuro-psych exam receiving an exam.  
 \*This is one time funding.

**Measure Title:** Neuro-psych exam placements

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

<b>Fiscal Year:</b>	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
<b>Target or Benchmark:</b>	12	20	*	*	*
<b>Baseline:</b>	0	30			

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

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

**C. PERFORMANCE MEASURES - DECEMBER 2015 REPORT:**

In this Section describe your actual success in meeting your performance goals and target measures or expected. Provide actual results and measures if available.

**Goal (public benefit):** Increased awareness and knowledge of TBI \*This is one time funding.

**Measure Title:** Awareness of TBI

**Description:** Utah Brain Injury council has a baseline survey which can be used to gauge the success of future efforts. UBIC conducted the survey again during 2014. After that the Fund would have to pay for any follow-up surveys, and due to expense of conducting the phone survey it is only recommended that it be conducted every 3 years. **Target performance data should be available at year end FY2017.**

Fiscal Year:	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
December 2015 Report Measure	20.3%	NOT available	N/A		N/A
Target or Benchmark:	30%	*	*	40%	*
Baseline:	15%	20.3%	20.3%	20.3%	

**Describe your measure of success in meeting your performance target or benchmark.**

We saw a 5% increase in awareness and knowledge, it was just not to the degree which we had hoped, so much work remains to be done. Perhaps we were overly optimistic with the limited budget available for a public information campaign.

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

**Measure Title:** Resource Facilitation Services

**Description:** Number of individuals with TBI that received resource facilitation services through the contractors. \*This is one time funding.

Fiscal Year:	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
December 2015 Report Measure	94	157	Not available		
Target or Benchmark:	200	200	300	*	*
Baseline:	75	94	157		

**Describe your measure of success in meeting your performance target or benchmark.**

Only 79% of the FY2015 goal was attained however, there were 246 intake assessments to determine eligibility for the TBI Fund. Based on the focus group results, efforts are already underway to redesign and target the social media and web activities to better reach the target population with the campaign that is being launched.

**Goal (public benefit):** Increased number of TBI Fund clients who are in need of a neuro-psych exam receiving an exam.  
 \*This is one time funding.

**Measure Title:** Neuro-psych exam placements

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

Fiscal Year:	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
December 2015 Report Measure	30	44	Not available		
Target or Benchmark:	12	20	40	*	*
Baseline:	0	30	44		

**Describe your measure of success in meeting your performance target or benchmark.**

FY2015 goal was exceeded by 120%. Neuro-psych exams are very expensive through the private sector (starting at \$2000). Previous to FY2015, neuro psyches were only obtained through agreements with University Student Supervised Clinics due to the costs and thus the numbers that could be seen were limited and there was a long delay. However, staff with the assistance of the TBI Fund Advisory Committee were successful in securing agreements with 5 private providers to provide the neuro-psych exams at a reduced rate which facilitated clients exams being scheduled more quickly. The neuro psyches are very valuable in determining services that are needed. **The entire FY2015 \$200,000 appropriated balance was expended from Fund 2250.**

## PERFORMANCE MEASURES: AGENCY FORM

APPROPRIATION INCR TITLE: Radon Awareness Campaign

APPROPRIATION CODE: Radon Awareness

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

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

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

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

### CONTACT INFORMATION

### RESPONDENT:

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### A. HOW WILL THE PUBLIC BENEFIT?

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

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

#### 2 What services are provided by the funding increase?

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

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

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

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

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

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

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

**B. PERFORMANCE MEASURES:**

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

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

**Measure Title:**

**Description:**

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

<b>Fiscal Year:</b>	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
<b>Target or Benchmark:</b>		1	1		
<b>Baseline:</b>	0				

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

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

**Goal (public benefit):** Utahns viewed the awareness campaign

**Measure Title:**

**Description:**

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

<b>Fiscal Year:</b>	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
<b>Target or Benchmark:</b>		3	3		
<b>Baseline:</b>	0				

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

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

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

**Measure Title:**

**Description:**

The percent of survey participants who report:  
 a) exposure to the radon campaign,  
 b) the message of the campaign was acceptable, and

Fiscal Year:	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target or Benchmark:			a) 42% b) 61% c) 27%		
Baseline:	a) N/A b) N/A c) N/A	a) 42% b) 61% c) 27%			

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

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

**C. PERFORMANCE MEASURES: DEC 31, 2015 REPORT**

In this Section describe your actual success in meeting your performance goals and target measures or expected outcomes. Provide actual results and measures if available

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

**Measure Title:**

**Description:**

Media campaign content will be selected from predeveloped and tested materials. Media venues will be selected from social media outlets to maximize reach to a targeted audience.

Fiscal Year:	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
December 2015 Report Measure		0	1		
Target or Benchmark: State-wide campaign has been developed		1	1		
Baseline: No state-wide campaign exists	0	0			

**Describe your measure of success in meeting your performance target or benchmark.**

The media campaign was developed previously and consists of a "whiteboard" style animation describing the dangers of radon gas and offering remediation resources, banner ads for placement on popular news media outlets, and radio ads consisting of audio portions of the animation. These materials have been tested and proven effective. The campaign is expected to run starting in January 2016 to coincide with National Radon Action Month and run through March 2016. The entire \$25,000 was expended in Appropriation LEB for FY15.

Goal (public benefit): Utahns viewed the awareness campaign

Measure Title:

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

Fiscal Year:	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
December 2015 Report Measure		0	3		
Target or Benchmark: Media outlets will be selected to maximize re		3	3		
Baseline: No media outlets have been selected	0	0			

Describe your measure of success in meeting your performance target or benchmark.

Media outlets have been selected. The media campaign will be made widely available to Utahns through three media outlets. Media outlets include social media sites YouTube, Facebook, and Twitter; Banner ads will be placed on KSL, Deseret News, and Salt Lake Tribune websites; and radio spots will be aired during drivetime slots on KSL radio. In addition, radio interviews will be conducted during January 2016.

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

Measure Title:

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

Fiscal Year:	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
December 2015 Report Measure			WIP		
Target or Benchmark:			a) 42% b) 61% c) 27%		
Baseline:	a) N/A b) N/A c) N/A	a) 42% b) 61% c) 27%			

Describe your measure of success in meeting your performance target or benchmark.

A survey will be developed and fielded after the campaign has ended to determine it's effectiveness at reaching the target population. This survey is currently in development by program evaluators and radon partners. Performance is expected to reach FY2015 targets to ensure that campaign continues to effectively reach the target audience. Current measure is Work in Progress.

**PERFORMANCE MEASURE: AGENCY FORM**

APPROPRIATION INCREASE TITLE: BABY WATCH -EARLY INTERVENTION

APPROPRIATION CODE: LFF

APPROPRIATION INCREASE AMOUNT: FY15 \$220,000 ONE TIME

DUE TO THE FISCAL ANALYST: JUNE 30, 2014

Appropriation Code: LF

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

**CONTACT INFORMATION PROGRAM MANAGER, BABY WATCH EARLY INTERVENTION PROGRAM**

RESPONDENT: Susan Ord

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**A. HOW WILL THE PUBLIC BENEFIT?**

What is the purpose and the duties of the new program, agency, services, or population? JR4-2-404(4)(c)(i)

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

What services are provided by the funding increase? JR4-2-404(4)(c)(ii)

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

What are the expected outcomes of the new or expanded program and how will the public benefit? JR4-2-404(4)(c)(iii)

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

How will the bill be implemented and what resources are available to achieve the expected outcomes? JR4-2-404(4)(c)(iv)

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

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

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

**B. PERFORMANCE MEASURES:**

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

**Goal (public benefit): Improved Child Outcomes**

**Child Outcomes A - Positive social-emotional skills (including positive**

**Measure Title: social relationships)**

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

Fiscal Year:	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target or Benchmark: * FY13-17 targets will be revised in FY15	80.90%	70.00%	70.00%	70.00%	70.00%
Baseline: * FY13 baseline is FY12 actual data	69.00%				

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

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

**Goal (public benefit): Improved Child Outcomes**

**Measure Title: Child Outcomes B - Acquisition and use of knowledge and skills**

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

Fiscal Year:	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target or Benchmark: * FY12-17 targets will be revised in FY15	84.90%	75.00%	75.00%	75.00%	75.00%
Baseline: * FY13 baseline is FY12 actual data	76.79%				

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

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

**Goal (public benefit): Improved Child Outcomes**

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

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

Fiscal Year:	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target or Benchmark: * FY12-17 targets will be revised in FY15	84.30%	75.00%	75.00%	75.00%	75.00%
Baseline: * FY13 baseline is FY12 actual data	76.33%				

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

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

**C. PERFORMANCE MEASURES - OCTOBER 2014 REPORT:**

In this Section describe your actual success in meeting your performance goals and target measures or expected Provide actual results and measures if available .

**Goal (public benefit): Improved Child Outcomes**

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

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

Fiscal Year:	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
October 2014 Report Measure		68.20%			
Target or Benchmark: * FY13-17 targets will be revised in FY15	80.90%	70.00%	70.00%	70.00%	70.00%
Baseline: * FY13 baseline is FY12 actual data	69.00%				

**Describe your measure of success in meeting your performance target or benchmark.**

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

**Goal (public benefit): Improved Child Outcomes**

**Measure Title: Child Outcomes B - Acquisition and use of knowledge and skills**

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

Fiscal Year:	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
October 2014 Report Measure		75.47%			
Target or Benchmark: * FY12-17 targets will be revised in FY15	84.90%	75.00%	75.00%	75.00%	75.00%
Baseline: * FY13 baseline is FY12 actual data	76.79%				

**Describe your measure of success in meeting your performance target or benchmark.**

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

**Goal (public benefit): Improved Child Outcomes**

**Measure Title: Outcome C: Use of appropriated behaviours to meet their needs**

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

Fiscal Year:	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
October 2014 Report Measure		76.14%			
Target or Benchmark: * FY12-17 targets will be revised in FY15	84.30%	75.00%	75.00%	75.00%	75.00%
Baseline: * FY13 baseline is FY12 actual data	76.33%				

**Describe your measure of success in meeting your performance target or benchmark.**

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

**C. PERFORMANCE MEASURES - DECEMBER 2015 REPORT:**

In this Section describe your actual success in meeting your performance goals and target measures or expected. Provide actual results and measures if available .

**Goal (public benefit): Fund Caseload**

<b>Measure Title:</b>	<b>Fund Caseload</b>				
<b>Description:</b>	The BWEIP funds children who are not reimbursed by Medicaid or CHIP. The average monthly child count for FY13 was projected at 3,171.				
<b>Fiscal Year:</b>	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
<b>Target or Benchmark:</b>	3,171	3,274	3,372		
<b>Baseline:</b>	3205	3,451			

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

The BWEIP will use its state database, Baby Online Tracking System (BTOTS), to collect information on number of children served. BWEIP contracted programs enter data into BTOTS. The programs provide written assurance to the state yearly that their data is complete and accurate. **NOTE: FY15 data for the program is collected by clendar year, therefore FY15 data is not available at 12-16-15 report time. The entire \$220,000 was expended in FY15.**

**Goal (public benefit): Family Report on Early Intervention Services**

<b>Measure Title:</b>	<b>Family Report on Early Intervention Services</b>				
<b>Description:</b>	The BWEIP conducts an annual survey in the Spring for all enrolled families statewide. A portion of the survey shows the percentage of families who report that early intervention services have helped their family help their child develop and learn.				
<b>Fiscal Year:</b>	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
<b>Target or Benchmark:</b>	92.26%	92.12%	92.10%	92.20%	92.30%
<b>Baseline:</b>	92.00%	92.00%			

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

The BWEIP conducts its annual Family Outcomes Survey (handled by an outside vendor) for all enrolled families statewide. The Rash analysis model, an item response theory, is applied to the data to determine the reliability and strength of survey responses.

**Goal (public benefit): Child Outcomes**

**Measure Title:** Child Outcomes

**Description:**

BWEIP assesses children in five developmental areas: communication, motor, cognitive, social/emotional, and adaptive. Children receive home-based therapy and special education services in their individual areas of deficit. This measure shows the percentage of children who move their development closer to typically developing children by demonstrating improvement in the acquisition and use of knowledge and skills in at least one area of development.

<b>Fiscal Year:</b>	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
<b>Target or Benchmark:</b>	84.90%	75.00%	75.00%	75.00%	75.00%
<b>Baseline</b>	74.02%	73.26%			

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

The BWEIP will use its state database, Baby Online Tracking System (BTOTS), to collect information on child outcomes. Providers use the Childhood Outcomes Scale to rate children at entry and at exit, if they have received at least six consecutive months of early intervention service. BWEIP contracts programs to enter data into BTOTS and they provide written assurance to the state yearly that all their data is complete and accurate. Child outcomes data is reported as Indicator #3 on BWEIP's federal Annual Performance Report (APR) so is reviewed extensively for completeness, accuracy, and validity.

**Goal (public benefit): Reduce Educational Costs**

**Measure Title:** Reduce Educational Costs

**Description:**

The percentage of children enrolled in BWEI who do not qualify for preschool special education services at age 3, thereby saving the state the cost of two years of preschool special education. The FY2012 cost in state dollars for one year of preschool special education services was \$4,178 per child. Achieving this goal is dependent, in part, on the average severity of delay of children served remaining constant.

<b>Fiscal Year:</b>	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
<b>Target or Benchmark:</b>	24.00%	24.00%	24.00%	24.00%	24.00%
<b>Baseline</b>	21.48%	18.40%			

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

The BWEIP uses its state database, Baby Toddler Online Tracking System (BTOTS) to collect information on whether the child finishes the program before age 3, and/or if the child does not qualify for preschool special education at age 3.

## PERFORMANCE MEASURES: AGENCY FORM

APPROPRIATION INCREASE TITLE: HB81 CMV Education

APPROPRIATION CODE: LFF

APPROPRIATION AMOUNT: FY15 \$20,000 HB2; \$20,000 HB3

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

DUE TO THE FISCAL ANALYST: JUNE 30, 2014

### CONTACT INFORMATION

RESPONDENT: Noel Toxin

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### A. HOW WILL THE PUBLIC BENEFIT?

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

The purpose is to create a public education program to inform pregnant women and women who may become pregnant about the occurrence and transmission of Cytomegalovirus -CMV, the potential birth defects associated with CMV, the methods of diagnosis and available preventive measures.

#### 2 What services are provided by the funding increase?

JR4-2-404(4)(c)(ii)

UDOH personnel will complete development of training and education materials for child care programs. UDOH will develop a process to educate hearing screeners re. referral for CMV testing through their primary care physician.

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

Child care programs will have access to information about CMV. Mothers and expectant mothers will have information about CMV. Overall awareness of CMV will increase statewide.

Infants who develop hearing loss as a direct result of CMV will be diagnosed more quickly and be followed to monitor potential progressive hearing loss more consistently.

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

Core facts regarding CMV exposure, transmission and potential effects will be developed and provided to child care programs throughout the state.

Statewide implementation will begin July, 2013. Utah newborn hearing screening program will develop new protocols for screening programs. Primary care physicians will be notified when a child in their care has failed the 2nd hearing screen.

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

The Newborn Hearing Screening Program will develop educational and training materials specific to birthing facilities and child care facilities in Utah. A data tracking and reporting system will be developed and implemented.

**B. PERFORMANCE MEASURES:**

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

**Goal (public benefit):** Hearing loss associated with CMV may be progressive. Children with hearing loss who are identified earlier develop better language skills and perform better academically. All newborns who fail the 2nd hearing screen will be referred to their primary care physician who has the responsibility to refer for CMV testing. Earlier detection of hearing loss and better awareness of (CMV-related) progressive hearing loss is a public health benefit of this legislation.

**Measure Title:**

**Description:**

Beginning in July, 2013 the UDOH will begin to disseminate CMV public health education materials to child care programs, school nurses, health educators and health care providers offering care to pregnant women and infants, on the occurrence of CMV, the transmission of CMV, methods of detections of CMV, preventative measures of CMV and the birth defects associated with CMV.

<b>Fiscal Year:</b>	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
<b>Target or Benchmark:</b> Increase the number of infants who fail the first hearing screen that return within 1 month for the second screen.	5%	10%	20%		
<b>Baseline:</b>	50.00%				

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

A procedure will be developed for birthing facilities to submit CMV screening results. These results will be monitored monthly.

**C. PERFORMANCE MEASURES - OCTOBER 2014 REPORT:**

In this Section describe your actual success in meeting your performance goals and target measures or expected. Provide actual results and measures if available.

**Goal (public benefit):** Hearing loss associated with CMV may be progressive. Children with hearing loss who are

**Measure Title:**  
**Description:**

Beginning in July, 2013 the UDOH will begin to disseminate CMV public health education materials to child care programs, school nurses, health educators and health care providers offering care to pregnant women and infants, on the occurrence of CMV, the transmission of CMV, methods of detections of CMV, preventative measures of CMV and the birth defects associated with CMV.

Fiscal Year:	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
October 2014 Report Measure	86%	91%	94%		
Increase the number of infants who fail the first hearing screen that return within 1 month for <b>Target or Benchmark:</b> the second screen.	5%	2%	1%		
<b>Baseline:</b>	50.00%				

**Describe your measure of success in meeting your performance target or benchmark.**

A procedure has been developed for birthing facilities to submit CMV screening results. These results will be monitored monthly.

On-going discussions with data system engineers to create easily accessible reporting method within current data entry and tracking system (HiTrack).

Individualized educational documents have been developed and are (beginning) to be disseminated to day care programs and medical providers, including: Utah CMV Public Health Flyer, CMV Core Fact Sheet, CMV for Pediatric Care Providers, CMV for Obstetrical Providers, CMV PCR Testing, CMV NBHS (newborn hearing screening) and PCP (primary care provider) Flow Charts, NBHS and CMV Testing Status FAX Form.

Brochures on CMV (developed) include: 1) CMV: What Women NEED TO KNOW, 2) CMV: What Childcare Providers NEED TO KNOW, and 3) Congenital CMV and Hearing Loss. Statewide distribution of these documents will continue as appropriate in State FY 2014. WIP = work in progress

**C. PERFORMANCE MEASURES - DECEMBER 2015 REPORT:**

In this Section describe your actual success in meeting your performance goals and target measures or expected. Provide actual results and measures if available.

**Goal (public benefit):** Hearing loss associated with CMV may be progressive. Children with hearing loss who are identified earlier develop better language skills and perform better academically. All newborns who fail the 2nd hearing screen will be referred to their primary care physician who has the responsibility to refer for CMV testing. Earlier detection of hearing loss and better awareness of (CMV-related) progressive hearing loss is a public health benefit of this legislation.

**Measure Title:**  
**Description:** Beginning in July, 2013 the UDOH will begin to disseminate CMV public health education materials to child care programs, school nurses, health educators and health care providers offering care to pregnant women and infants, on the occurrence of CMV, the transmission of CMV, methods of detections of CMV, preventative measures of CMV and the birth defects associated with CMV.

Fiscal Year:	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
July 2015 Report Measure	86%	91%	94%		
Increase the number of infants who fail the first hearing screen that return within 1 month for					
<b>Target or Benchmark:</b> the second screen.	5%	2%	1%		
<b>Baseline:</b> #	86%	91.00%	94.00%		

### Describe your measure of success in meeting your performance target or benchmark.

The performance measure was again met this year with 94% of infants failing the first hearing screening returning for an outpatient or second hearing screening within one month. In fact, 90% of infants completed the re-screening before they were 3 weeks of age.

During FY 2015, CMV database and reporting capabilities continued to be refined and expanded as data quality assurance and improvement activities were conducted. Major awareness and educational campaigns included CMV boxes being sent or delivered to all WIC offices and every Family Practice, Midwife, and OB/Gyn office in Utah. The boxes contained flyers, posters, brochures and awareness items such as lip balms, hand sanitizers and toothbrushes for their providers and clients. CMV information is also available in the March of Dimes Teddy Bear Dens, local health departments, child care centers, and pre-natal classes across the state.

Many in-person presentations were conducted including a plenary on CMV at the Utah Private Child Care Conference and at the new birthing hospitals. In addition, in collaboration with partners at the University of Utah and Utah State University, UDOH planned and hosted a national CMV Public Health & Policy Conference in September, 2014 that had over 300 attendees from across the United States and 9 other countries – the first of its kind.

A very successful transit campaign was conducted over six four-week periods in FY 2015 including interior and exteriors of buses, Trax and Frontrunner through Salt Lake, Utah, Weber/Davis and Cache counties.

In addition, social media campaigns were undertaken this fiscal year including Facebook and Twitter, and a new website was created ([health.utah.gov](http://health.utah.gov)) much wider in scope with more comprehensive information including easily accessible resources including a CMV product order form. A set of three CMV Public Service Announcements (video) were professionally created this year, distributed through social media, and can be viewed on our website at [health.utah.gov/CMV](http://health.utah.gov/CMV). Utah mothers of children affected by congenital CMV were used in the filming.

Colorful, user-friendly CMV lab testing mini-posters/handouts were created for and distributed to different stakeholders including midwives/out-of-hospital births, pediatricians/medical providers, parents/families, hospitals, newborn hearing screening providers and labs to help with correct testing. Also based on WIC office feedback, a new CMV desk-sized poster was created and distributed throughout Utah.

Also in FY 2015, collaborations took place with the Bureau of Epidemiology to amend R386-702 (Utah's Communicable Disease Rule) to make congenital CMV testing and diagnoses reportable conditions.

CMV funding was fully expended in FY 2015.

Another transit campaign will be conducted in January 2016 to target areas with high birth rates and low socioeconomic status - considered high-risk populations for CMV. A billboard campaign is also in process, along with the creation of a public service announcement in Spanish. Just these three projects will amount to approximately \$50,000. In addition an online training module for physicians is being created with pre- and post-knowledge surveys. Social media will also be used for targeted demographic surveying and advertising of our English CMV public service announcements. All of the \$40,000 appropriated was expended in LFF in FY15.

## PERFORMANCE MEASURE: AGENCY FORM

APPROPRIATION INCREASE TITLE: PRIMARY CARE GRANTS

APPROPRIATION CODE: LFE

APPROPRIATION AMOUNT: FY15 \$2,000,000

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

DUE TO THE FISCAL ANALYST: JU Monday, June 30, 2014

### CONTACT INFORMATION

RESPONDENT: Don Wood, M.D.

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## A. HOW WILL THE PUBLIC BENEFIT?

**1** What is the purpose and the duties of the new program, agency, services, or population served? JR4-2-404(4)(c)(i)

The FY 15 Appropriation increase of \$2,000,000 in funding for the State Primary Care Grants Program for Medically Underserved Populations would increase basic primary care services to additional medically underserved and/or uninsured populations across the State.

**2** What services are provided by the funding increase? JR4-2-404(4)(c)(ii)

Enabling additional awards to public and/or not for profit agencies to provide basic primary health care services to additional medically underserved and/or uninsured populations that they are now unable to serve with State Primary Care Grants Program funding. Services include basic primary health care (medical), basic dental care, and basic mental health care.

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

SB75 would fund up to forty (40) additional public and/or not for profit agencies to provide basic primary health care services to up to an additional 37,316 medically underserved and/or uninsured populations with 79,396 additional encounters.

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

The same application review and awarding criteria, as well as awarded agency reporting requirements would continue with the additional public and/or not for profit agencies awarded, as with other agencies awarded State Primary Care Grants Program funding

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

By providing access to medical care to additional medically underserved and/or uninsured patients. The Office of Primary Care and Rural Health will oversee and facilitate the agency application and review process, the award process, the quarterly reporting requirement, and the end of year reporting and reconciliation of the grants. This will allow for up to an additional approximately 37,000 medically underserved and/or uninsured patients to receive basic primary care (medical), basic dental care, and/or basic mental health services.

**B. PERFORMANCE MEASURES:**

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

**Goal (public benefit):** Provide access to primary health care services of uninsured patients

**Measure Title:** Patients who receive primary care services

**Description:** Number of additional medically underserved and/or uninsured patients who receive basic primary health care services beyond what current funding would have accommodated. Also number of patient encounters above what current funding would have allowed.

<b>Fiscal Year:</b>	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
<b>Target or Benchmark:</b>		100%	100%	100%	100%
<b>Baseline:</b>		100%	100%	100%	100%

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

Awarded public and/or not for profit agencies would be required to provide quarterly performance reports that include the number of patient encounters and users, and the end of year reporting and reconciliation of the grants, as current awarded agencies provide.

**C. PERFORMANCE MEASURES: OCTOBER 2014 REPORT**

In this Section describe your actual success in meeting your performance goals and target measures or expected. Provide actual results and measures if available.

**Goal (public benefit):** Provide access to primary health care services of uninsured patients

**Measure Title:**

**Description:** Number of additional medically underserved and/or uninsured patients who receive basic primary health care services beyond what current funding would have accommodated. Also number of patient encounters above what current funding would have allowed.

<b>Fiscal Year:</b>	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
<b>October 2014 Report Measure</b>		WIP			
<b>Target or Benchmark:</b>		100%	100%	100%	100%
<b>Baseline:</b>		100%	100%	100%	100%

**Describe your measure of success in meeting your performance target or benchmark.**

Awarded public and/or not for profit agencies would be required to provide quarterly performance reports that include the number of patient encounters and users, and the end of year reporting and reconciliation of the grants, as current awarded agencies provide. We are finalizing contracts with each new grantee. Grantees have been notified of thier award and hve been given the green light to begin providing care to patients. WIP (work in progress)

**C. PERFORMANCE MEASURES: DECEMBER 2015 REPORT**

In this Section describe your actual success in meeting your performance goals and target measures or expected. Provide actual results and measures if available.

**Goal (public benefit):** Provide access to primary health care services of uninsured patients

**Measure Title:** Patients who receive primary care services

**Description:** Number of additional medically underserved and/or uninsured patients who receive basic primary health care services beyond what current funding would have accommodated. Also number of patient encounters above what current funding would have allowed.

Fiscal Year:	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
October 2015 Report Measure		WIP			
Target or Benchmark:		100%			
Baseline:		100%			

Describe your measure of success in meeting your performance target or benchmark.

Awarded public and/or not for profit agencies would be required to provide quarterly performance reports that include the number of patient encounters and users, and the end of year reporting and reconciliation of the grants, as current awarded agencies provide. We are finalizing contracts with each new grantee. Grantees have been notified of thier award and hve been given the green light to begin providing care to patients. WIP (work in progress) In FY15, \$888,800 was not expended but was non Lapsing to FY16 per SB75 list of Programs with non lapsing funds.

**PERFORMANCE MEASURE: AGENCY FORM**

APPROPRIATION INCREASE TITLE: PRIMARY CARE - ESCALANTE CLINIC

APPROPRIATION CODE: LFE

APPROPRIATION AMOUNT: FY15 \$300,000

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

DUE TO THE FISCAL ANALYST: Monday, June 30, 2014

CONTACT INFORMATION RESPONDENT: Don Wood, M.D.

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Agency: HEALTH - FHP - BPC

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**A. HOW WILL THE PUBLIC BENEFIT?**

1 What is the purpose and the duties of the new program, agency, services, or population served? JR4-2-404(4)(c)(i)

The FY 15 Appropriation of \$300,000 in funding would be used to cover construction and material costs for new health care clinic in Escalante, Garfield County, Utah.

2 What services are provided by the funding increase? JR4-2-404(4)(c)(ii)

Construction costs for new health care clinic in Escalante, Garfield County, Utah.

3 What are the expected outcomes of the new or expanded program and how will the public benefit? JR4-2-404(4)(c)(iii)

New clinic built in Escalante, Garfield County, Utah.

4 How will the bill be implemented and what resources are available to achieve the expected outcomes? JR4-2-404(4)(c)(iv)

Contract with Administrative Agency to provide funding for the new clinic to be constructed.

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

Construction initiated and completed.

**B. PERFORMANCE MEASURES:**

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

**Goal (public benefit):** New clinic constructed in Escalante, Garfield County, Utah.

**Measure Title:** Escalante Clinic Construction.

**Description:** Construction of new clinic in Escalante, Garfield County, Utah.

<b>Fiscal Year:</b>	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
<b>Target or Benchmark:</b>		100%	100%	100%	100%
<b>Baseline:</b>		100%	100%	100%	100%

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

Contact with Administrative Agency to verify and assure contract conditions have been met, as well as semi-annual reporting to assure compliance and to show construction has been initiated and completed.

**C. PERFORMANCE MEASURES: OCTOBER 2014 REPORT**

In this Section describe your actual success in meeting your performance goals and target measures or expected  
Provide actual results and measures if available

**Goal (public benefit):** New clinic constructed in Escalante, Garfield County, Utah.

**Measure Title:** Escalante Clinic Construction.

**Description:** Construction of new clinic in Escalante, Garfield County, Utah.

<b>Fiscal Year:</b>	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
<b>October 2014 Report Measure</b>		100%			
<b>Target or Benchmark:</b>		100%			
<b>Baseline:</b>		100%			

**Describe your measure of success in meeting your performance target or benchmark.**

We did make contact with Administrative Agency to verify and assure contract conditions have been met, as well as semi-annual reporting to assure compliance and to show construction has been initiated and completed. We have recieved needed documentation to intitiate the payment process. The check has been issued to this entity.

**D. PERFORMANCE MEASURES: DECEMBER 2015 REPORT**

In this Section describe your actual success in meeting your performance goals and target measures or expected  
Provide actual results and measures if available

**Goal (public benefit):** New clinic constructed in Escalante, Garfield County, Utah.

**Measure Title:** Escalante Clinic Construction.

**Description:** Construction of new clinic in Escalante, Garfield County. Utah.

Fiscal Year:	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
October 2015 Report Measure		100%			
Target or Benchmark:		100%			
Baseline:		100%			

**Describe your measure of success in meeting your performance target or benchmark.**

We did make contact with Administrative Agency to verify and assure contract conditions have been met, as well as semi-annual reporting to assure compliance and to show construction has been initiated and completed. We have received needed documentation to initiate the payment process. The check has been issued to this entity. **The entire \$300,000 was expended in FY15**

## PERFORMANCE MEASURES: AGENCY FORM

APPROPRIATION INCR TITLE	Health Facility Licensing - Certification Staffing
APPROPRIATION CODE:	LFH
APPROPRIATION AMOUNT:	\$56,000 FY15 one time

Joint Rule 4-2-404 requires a Performance Review Note anytime the legislature significantly increases funding for:  New agency  New services or benefits  Serving a new or larger population  
DUE TO THE FISCAL ANALYST: Saturday, October 31, 2015

### CONTACT INFORMATION

RESPONDENT: Joel Hoffman

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### A. HOW WILL THE PUBLIC BENEFIT?

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

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

#### 2 What services are provided by the funding increase?

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

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

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

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

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

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

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

**B. PERFORMANCE MEASURES:**

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

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

**Measure Title:** Permanent funding for nursing facility survey staff

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

<b>Fiscal Year:</b>	FY 2015	FY 2016	FY 2017	FY	FY 2019
<b>Target or Benchmark:</b>	12.9 mos				
<b>Baseline:</b>					

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

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

**C. PERFORMANCE MEASURES - OCTOBER 2015 REPORT:**

In this Section describe your actual success in meeting your performance goals and target measures or expected  
Provide actual results and measures if available

**Describe your measure of success in meeting your performance target or benchmark.**

3a - Certification Staffing - ongoing for FY2016 - Current survey average is 12.2 months.

**C. PERFORMANCE MEASURES - DECEMBER 2015 REPORT:**

In this Section describe your actual success in meeting your performance goals and target measures or expected  
Provide actual results and measures if available

**Describe your measure of success in meeting your performance target or benchmark.**

Current survey average is 12 months.

## PERFORMANCE MEASURES: AGENCY FORM

APPROPRIATION INCR TITLE Automatic External Defibrillator Device

APPROPRIATION CODE:

LFG

APPROPRIATION AMOUNT:

\$150,000 FY15

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

funding for:

New agency

New services or benefits

Serving a new or larger population

DUE TO THE FISCAL ANALYST:

Saturday, October 31, 2015

### CONTACT INFORMATION

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### A. HOW WILL THE PUBLIC BENEFIT?

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

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

#### 2 What services are provided by the funding increase?

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

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

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

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

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

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

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

**B. PERFORMANCE MEASURES:**

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

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

**Measure Title:** Distribution of AEDs to responders.

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

<b>Fiscal Year:</b>	FY 2015	FY 2016	FY 2018	FY	FY 2020
<b>Target or Benchmark:</b>	100%				
<b>Baseline:</b>	0%				

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

All requests for reimbursement were distributed in FY2015.

**C. PERFORMANCE MEASURES - OCTOBER 2015 REPORT:**

In this Section describe your actual success in meeting your performance goals and target measures or expected Provide actual results and measures if available

Describe your measure of success in meeting your performance target or benchmark.

All requests for reimbursement were distributed in FY2015.

**C. PERFORMANCE MEASURES - DECEMBER 2015 REPORT:**

In this Section describe your actual success in meeting your performance goals and target measures or expected Provide actual results and measures if available

Describe your measure of success in meeting your performance target or benchmark.

No change in measure for December report

All requests for reimbursement were distributed in FY15

## PERFORMANCE MEASURES: AGENCY FORM

APPROPRIATION INCR	Nurse Family Partnership - TANF	
APPROPRIATION CODE	LFJ	LFD wrong appropriation in SB3
APPROPRIATION AMOUNT	\$1,000,000 FY15	

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

**DUE TO THE FISCAL ANALYSIS** Saturday, October 31, 2015

**CONTACT INFORMATION** **RESPONDENT** Sam Lee

**Title:** Office of Home Visiting Program Coordinator

**Agency:** Department of Health

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### A. HOW WILL THE PUBLIC BENEFIT?

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

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

#### 2 What services are provided by the funding increase?

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

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

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

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

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

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

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

Nurse-Family Partnership helps transform the lives of vulnerable first-time moms and their babies.

An evidence-based community health program, Nurse-Family Partnership's outcomes include long-term family improvements in health, education, and economic self-sufficiency. By helping to break the cycle of poverty, we play an important role in helping to improve the lives of society's most vulnerable members, build stronger communities, and leave a positive impact on this and future generations.

**B. PERFORMANCE MEASURES:**

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

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

**Measure Title:** Pre-term birth percentage

**Description:**

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

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

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

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

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

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

**Description:**

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

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

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

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

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

**Measure Title:** substantiated cases of child abuse and neglect

**Description:**

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

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

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

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

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

**Measure Title:** Tobacco use of mothers enrolled in OHV program

**Description:**

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

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

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

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

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

**Measure Title:** Educational Goal Attainment

**Description:**

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

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

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

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

### C. PERFORMANCE MEASURES - OCTOBER 2015 REPORT:

In this Section describe your actual success in meeting your performance goals and target measures or expected  
Provide actual results and measures if available

Describe your measure of success in meeting your performance target or benchmark.

Our contract with the Department of Workforce Services to use these funds was just signed on 9/22/15, so we have not yet contracted with local providers to begin delivering these services. Therefore we do not yet have any outcome data to report.

**C. PERFORMANCE MEASURES - DECEMBER 2015 REPORT:**

In this Section describe your actual success in meeting your performance goals and target measures or expected

Provide actual results and measures if available

Describe your measure of success in meeting your performance target or benchmark.

Our contract with the Department of Workforce Services Amended to extend the time to be able to provide the intended services. At this point due to management turnover this program has not begun the work therefore no performance has been measured nor has work been completed.

## PERFORMANCE MEASURES: AGENCY FORM

APPROPRIATION INCR SB12 Child Care Amendment

APPROPRIATION CODE LFJ

APPROPRIATION AMOUNT \$12,000 FY15

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

**DUE TO THE FISCAL ANALYSIS** Saturday, October 31, 2015

### CONTACT INFORMATION RESPONDENT

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Agency: Department of Health

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### A. HOW WILL THE PUBLIC BENEFIT?

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

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

**2** What services are provided by the funding increase?

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

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

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

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

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

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

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

**B. PERFORMANCE MEASURES:**

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

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

**Measure Title:** Timely Background Screenings

**Description:** % of background screenings conducted within required timeframes (within 10 days of receipt by the Department)

Fiscal Year:	FY 2016	FY 2017	FY 2018	FY	FY 2020
<b>Target or Benchmark:</b> % of background screenings					
<b>Baseline:</b>					

**How will program managers collect this performance information and ensure its reliability?**  
This information will be automatically tracked in our Child Care Licensing database, once the screenings begin.

**C. PERFORMANCE MEASURES - OCTOBER 2015 REPORT:**

In this Section describe your actual success in meeting your performance goals and target measures or expected. Provide actual results and measures if available.

Describe your measure of success in meeting your performance target or benchmark.

Child Care staff was hired to facilitate the added work for the certifications in the program. Background screenings are being conducted within 10 days of receipt by the Department.

**C. PERFORMANCE MEASURES - DECEMBER 2015 REPORT**

In this Section describe your actual success in meeting your performance goals and target measures or expected. Provide actual results and measures if available.

Describe your measure of success in meeting your performance target or benchmark.

No change in report - Child Care Staff is working in the certification program to enable background screening workload to be accomplished as intended.

UTAH DEPARTMENT OF HEALTH - Division of Medicaid and Health Financing  
 BUILDING BLOCK - PERFORMANCE MEASURES List  
 2014 GS - FY14 Suppl / FY15 Request

A. Items That Require a Performance Measure

Appr	Bill	Program	Description	State Incr	State Decr	Performance Measure	October 2014 Report	Full FY2015 Performance Results
<b>FY14 Supplemental increases</b>								
LHL	SB8	Medicaid Eligibility	Change Medicaid Eligibility Card 1X	23,000		This appropriation enabled DMHF to expedite its plan to replace monthly eligibility cards with a single semi-permanent card by 7/1/2014. The division will report after July 2014 implementation on the implementation of the new eligibility cards.	DMHF worked with DWS, DTS, and others to replace the monthly eligibility card with a semi-permanent eligibility card. The new card does not identify the member's Medicaid eligibility. This improves security of member information should a card be lost or stolen. Also, providers now access a web portal to verify eligibility rather than locating the eligibility on a member's card. Both the card and portal were in place on July 1, 2014. A member portal is still being developed, which will allow members to access their eligibility information as well. The \$23,000 has been used to build the provider portal and specifically to purchase and print the new cards.	The provider portal continues to operate. The new member portal was launched in September of 2015.
LHB	SB8	Medicaid Inpatient Hospital Services	LFA Base Hosp Provider Assessment	1,500,000		Will any assessment rate increases cover the non-federal share portion of any related hospital reimbursement rate increase?	This is an authorization to use the increased assessments resulting from higher expenditures. Funds are not from an assessment rate increase. Therefore, it does not cover the non-federal share of any related reimbursement rate increase. This authorization allows assessment funds to be used to match federal funds rather than having the unintended consequences of having to use unrestricted general funds to pay for a portion of the match.	In fiscal year 2014, a total of \$48,500,000 was transferred from the fund. Prior to SB8, we were appropriated \$47,000,000. Without this increase, we would not have had authority to use the amounts collected over the original appropriation.
LHC	SB8	Medicaid Nursing Home Services	LFA Base Nurse Care Facilities Acct	1,476,000		Will any assessment rate increases cover the non-federal share portion of any related nursing care facility reimbursement rate increase?	Same as SB8 LHB Status	In fiscal year 2014, a total of 22,909,266 was transferred from the fund. Prior to SB8, we were appropriated \$23,371,900. Although, collections did not exceed the original amount appropriated in FY2014, they have exceeded the original amount in subsequent years.
Total				23,000	0			

Appr	Bill	Program	Description	State Incr	State Decr	Performance Measure	October 2014 Report	Full FY2015 Performance Results
<b>FY15 Appropriation Increases</b>								
LGD	HB2	MHF Admin	Medicaid Telehealth Admin	35,000		DMHF will establish a contract with the Utah Education and Telehealth Network (UETN) for staff support and develop a written plan to expand telehealth to Medicaid clients.	The contract has been established with UETN and the support staff has been identified. The written plan is being formulated.	The contract was established with UETN and the support staff were identified. The written plan was formulated and equipment requests were reviewed and awarded. The total amount appropriated was expended in FY2015.
LGD	HB2	MHF Admin	Medicaid Telehealth Services 1X	1,000,000		Develop a written plan with UETN and submit progress reports on what equipment has been purchased and installed, including names of specific locations that have added telehealth capacity.	DMHF is currently finalizing the equipment purchasing processes with UETN, including the specific locations to have added telehealth capabilities. Also, DMHF will begin to track the number of rural enrollees that have received a medical service via telehealth.	DMHF finalized the equipment purchasing processes with UETN, including the specific locations to have added telehealth capabilities. Also, DMHF will begin to track the number of rural enrollees that have received a medical service via telehealth. Carry-forward authority for the \$1,000,000 was authorized by the Legislature and it is expected that the entire amount appropriated will be expended in fiscal year 2016.
LHB	SB8	Medicaid Inpatient Hospital Services	LFA Base Hosp Provider Assessment	1,500,000		Will any assessment rate increases cover the non-federal share portion of any related hospital reimbursement rate increase?	Same as SB8 LHB Status	In FY2015 a total of \$47,277,299 was transferred from the fund. Prior to SB8, we were appropriated \$47,000,000. Without this increase, we would not have had authority to use the amounts collected over the original appropriation.
LHC	SB8	Medicaid Nursing Home Services	LFA Base Nurse Care Facilities Acct	1,476,000		Will any assessment rate increases cover the non-federal share portion of any related nursing care facility reimbursement rate increase?	Same as SB8 LHB Status	In FY2015 a total of \$24,232,437 was transferred from the fund. Prior to SB8, we would have been appropriated \$23,794,800. Without this increase, we would not have had authority to use the amounts collected over the original appropriation.
LHC	HB2	Medicaid Mandatory	Nursing Home Rates - Hospice	2,000,000		This appropriation is to increase Nursing Home and facility-based hospice rates for SFY 2015. The measure is the increase in new rates for service dates July 1, 2014 and after.	Funding was built into the FY2015 Nursing Home and Hospice rates that were effective July 1, 2014.	Funding was built into the FY2015 Nursing Home and Hospice rates that were effective July 1, 2014. The new rates were increased to expend the targeted appropriated amount.
LHD	HB2	Medicaid Mandatory	Provider Tax - from GF	2,032,900		This appropriation is to offset the impact of ACA taxes on Medicaid health plans. The measure is the funding being included in capitation rates for periods July 1, 2014 and after.	The health plan contracts have been recently executed with the funding for the ACA tax included in the capitated rates. Applicable capitation payments will be reprocessed by the end of November in order to make the rates retroactive to July 1, 2014. (Funding for the ACA tax impact is for FY2015 only).	The capitated dental rates were approved by CMS and implemented. All payments were reprocessed with the approved rates retroactive to July 1, 2014. Capitated rates were calculated to expend the targeted amount appropriated.
LHL	HB2	MMIS	MMIS continuous funding	3,500,000		Status and use of these funds will be addressed in the quarterly MMIS reports to LFA from Sept. 30, 2014 to June 30, 2015. Performance will be measured in terms of progress to overall system programming completion.	DMHF submitted the latest MMIS quarterly report to the LFA on September 30, 2014.	DMHF submitted quarterly reports to the LFA throughout fiscal year 2015. A total General Fund amount of \$1,794,701 was expended for the MMIS replacement project in FY2015. Expenditures, other than administrative costs and salaries, are based on the timing of contractor deliverables and hardware purchases. The Legislature has authorized carry-forward authority, so the remainder of these funds will be used in future fiscal years.

Appr	Bill	Program	Description	State Incr	State Decr	Performance Measure	October 2014 Report	Full FY2015 Performance Results
LJB	HB3	Medicaid Optional	HB88 Autism Program Amendments GF	1,835,000		A report is required to be presented to the Health and Human Services Interim Committee before November 30th each year. It will include the following performance measures: number of children served; program costs; results and effectiveness of the program.	The required report and elements will be submitted to the Health and Human Services Interim Committee by November 30, 2014.	The required report and elements were submitted to the Health and Human Services Interim Committee on November 30, 2015. The total appropriated amount was expended during FY2015.
LJE	HB2	Medicaid Optional	Dental Services GF	360,400		This appropriation is to increase fee-for-service and capitated dental rates for SFY 2015. The measure is the increase in the new fee schedule and capitation rates in place for service dates July 1, 2014 and after.	DMHF has submitted fee-for-service and capitated dental rates to CMS and is awaiting their final clearance. It is expected that these rates will be approved and payments will be reprocessed by the end of November, which will make the rates retroactive to July 1, 2014.	Funding was built into the FY2015 fee-for-service Dental Provider rates effective July 1, 2014. The new rates were increased to expend the targeted appropriated amount. The capitated dental rates were approved by CMS and implemented. All payments were reprocessed with the approved rates retroactive to July 1, 2014. Capitated rates were calculated to expend the targeted amount appropriated.
LJE	HB3	Medicaid Optional	Dental Provider Rates GF	460,000		This appropriation is to increase fee-for-service and capitated dental rates for SFY 2015. The measure is the increase in the new fee schedule and capitation rates in place for service dates July 1, 2014 and after.	DMHF has submitted fee-for-service and capitated dental rates to CMS and is awaiting their final clearance. It is expected that these rates will be approved and payments will be reprocessed by the end of November, which will make the rates retroactive to July 1, 2014.	Funding was built into the FY2015 fee-for-service Dental Provider rates effective July 1, 2014. The new rates were increased to expend the targeted appropriated amount. The capitated dental rates were approved by CMS and implemented. All payments were reprocessed with the approved rates retroactive to July 1, 2014. Capitated rates were calculated to expend the targeted amount appropriated.
LJF	HB2	Medicaid Optional	Mislabeled as "Dental Services - Nurse Care RF". This is for the ICF/ID Assessment increase. (See Performance measure note).	411,000		Original is Mislabeled by LFA. This is the ICF/ID assessment increase from 4.0% to 5.1%. This assessment allows the provider rate to increase. The measure is the increase in the ICF/ID fee schedule in place for service dates July 1, 2014 and after.	The provider rate was modified for July 1, 2014 and provider assessments have increased accordingly.	The provider rate was modified for July 1, 2014 and provider assessments have increased accordingly.
Total				14,610,300	0			

**B. Items That Do Not Require A Performance Measure**

Appr	Bill	Program	Description	State Incr	State Decr	Notes
<b><u>FY14 Supplemental Increases/Decreases</u></b>						
LGB	SB8	MHF Admin.	Windfall from Fed. Reconciliation	0	(715,000)	
LGC	SB8	MHF Admin.	Use 3 % Max from Nurse Rf	24,000	(24,000)	
LGC	SB8	MHF Admin.	Transfer 4 FTE from FHP HFL	93,700	(93,700)	
LHB	SB8	Medicaid Mandatory	LFA Base Hosp Provider Assessment	1,500,000	0	
LHC	SB8	Medicaid Mandatory	LFA Base Nurse Care Facilities Acct	1,476,000	0	
LHD	SB3	Medicaid Mandatory	Caseload Reduction - Consensus	0	(23,536,800)	
LHD	SB3	Medicaid Mandatory	Medicaid RF - sweep balance	41,400	(41,400)	
LJA	SB8	Medicaid Optional	Shift Drugs to Medicare Part D Pharmacy	0	(44,500)	
LJB	SB3	Medicaid Optional	Autism - Lower Caseload	0	(2,000,000)	
LJH	SB3	Medicaid Optional	Caseload Reduction - Consensus	0	(24,963,200)	
LJH	SB3	Medicaid Optional	Non-Emergency Medical transport Svgs	0	(30,000)	
LPA	SB3	CHIP	CHIP Caseload Reductions - Consensus	0	(4,000,000)	
Total				3,135,100	(55,448,600)	
<p><b>From Russell Frandsen: "Include the FY 15 reductions as one item and report on how things went." DMHF comments for each reduction are as follows:</b></p>						
<b><u>FY15 Appropriation Increases/Decreases</u></b>						
LGC	SB8	Managed Health Care	Nursing Care Facilities Acct - sweep	24,000	-24,000	Funding nets to zero. No impact. (Replaces GF with Restricted Funds) Funding moved from DOH-FHP.
LGD	SB8	MHF Admin	Transfer 4 FTE from LFH to LGJ	93,700	-93,700	Overall funding nets to zero. No impact on programs.
LHB	SB8	Medicaid Mandatory	LFA Hospital Provider Assessment Acct	1,500,000		
LHC	SB8	Medicaid Mandatory	Portability Transfer to DHS	0	(1,466,000)	Ongoing Funding moved to DHS. No impact on programs.

Appr	Bill	Program	Description	State Incr	State Decr	Performance Measure	October 2014 Report	Full FY2015 Performance Results
LHC	SB8	Medicaid Mandatory	LFA Nursing Care Facilities Account	1,476,000				
LHC	HB2	Medicaid Mandatory	Nursing Fac. Restr. Fund to MOS	0	(110,600)	Transfer only. (Nets with the next item).		
LJL	HB2	Medicaid Optional	Nursing Home Rates - Hospice	110,600		Transfer only. (Nets with the previous item).		
LJA	SB8	Medicaid Optional	LFA IP Mental Hlth Transfr from DHS	3,713,700				
LJA	SB8	Medicaid Optional	LFA Shift Drugs to Medicare Part D	0	(88,000)	Ongoing savings. No impact to programs.		
LJH	HB2	Medicaid Optional	Non Emergency Transport Savings		(75,000)	Ongoing savings. No impact to programs.		
LPA	SB8	CHIP	LFA Base Budget Adjustment from NL 1X	500,000				
LPA	HB2	CHIP	CHIP Caseload adjustment - Consensus		(500,000)	Ongoing caseload savings. No expected impact to programs.		
			Total	<u>7,418,000</u>	<u>-2,357,300</u>			