

Utah Department of Health
 Building Block Performance Measures
 2016 GS

FY16 Items

	Description	Line Item	Funding Source	Funding Amount	Performance Measure	October 31, 2016 Report	August 30, 2017 Final Report
DCP	Abstinence and Personal Responsibility Education (appropriated to DCP, but FHP program)	Disease Control and Prevention	Federal Funds	249,000	1) Increase the number of medically accurate abstinence education programs in Local Health Departments for adolescents between the ages of 10 and 16. 2) Increase the number of medically accurate personal responsibility education programs in Local Health Departments for adolescents between the ages of 14 and 19.	1)Contracts have been initiated to provide services with the Local Health Departments 2)Contracts have been initiated to provide services with the Local Health Departments	Funding agreements between DOH and DWS were not fully executed until August 10, 2016 to be used through SFY 2017. In State Fiscal Year 2017 contracts were established with the Local Health Departments and measures were achieved in SFY 2017 (see below).
	Lab personnel and equipment	Disease Control and Prevention	Restricted	71,300	Increase staff (0.5 FTE) to handle evidence processing and GRAMA, discovery/subpoena requests. The remainder will be spent on supplies, consumables and labor on validating improved methods for the detection of drugs of abuse (cocaine, methamphetamine, etc.) at lower concentrations and improving our detection of heroin use in blood and urine. These projects are expected to be completed by October of 2016	A staff member has been hired. The drugs of abuse panel and the detection of heroine has been updated.	This was completed in October 2016.
	Medical Examiner Autopsy Report Turnaround	Disease Control and Prevention	Dedicated Credits	86,600	Complete 90% of autopsy reports within 12 weeks.	A front office supervisor has been hired and we have been utilizing temporary staffing to eliminate the backlog of untranscribed reports, which is now gone. Final autopsy reports are still taking significantly longer than 12 weeks due to pathologist staffing levels. But efforts are still being made to improve time - see additional information in FY17 item.	We used these funds for hiring temporary staff during the hiring process for our new front office staff to eliminate the transcription backlog that was over three months at the end of the 2016 session. Transcriptions are now completed within 48 hours of dictation. The original metric of 90% of reports being completed in 12 weeks is the overall goal of the building block, but would in no way be met by these dedicated credits specifically. What they did achieve was elimination of our backlog of transcriptions and, coupled with the new front office staff have allowed us to maintain our turn-around time for transcription at less than two days.

Medicaid	Medicaid Consensus buffer	Medicaid Mandatory Services	Federal Funds	10,900,000	Medicaid will use these funds to continue health coverage for eligible individuals.	The actual enrollment case mix and utilization came in differently than the related estimates used in the Consensus process. Therefore, Medicaid had sufficient funding to cover growth and other changes as authorized by the Legislature in the existing appropriation and did not need to use the Consensus buffer.	No changes from the October 31, 2016 report.
			Restricted	4,600,000			
		Medicaid Optional Services	Federal Funds	10,900,000			
			Restricted	4,600,000			

Medicaid con't	Medicaid Consensus increase	Medicaid Mandatory Services	Federal Funds	40,751,500	Medicaid will use these funds to continue health coverage for eligible individuals.	The actual enrollment case mix and utilization came in differently than the related estimates used in the Consensus process. Therefore, Medicaid had sufficient funding to cover growth and other changes as authorized by the Legislature in the existing appropriation and did not need to use the Consensus increase.	No changes from the October 31, 2016 report.
			General Fund	17,200,000			
		Medicaid Optional Services	Federal Funds	(31,985,200)			
			General Fund	(13,500,000)			

FY17 Items

	Description	Line Item	Funding Source	Funding Amount	Performance Measure	October 31, 2016 Report	August 30, 2017 Final Report
EDO	HB58 - Hemp Extract Amendments	Executive Director's Office	General Fund	20,000	Receipt of written hemp extract study proposal from winning vendor within 3 months after awarding the RFP.	The hemp extract study RFP was awarded to the University of Utah Division of Pediatric Neurology and UDOH expects to receive a written hemp extract study proposal in November 2016.	The RFP was awarded in July 2016 and the hemp extract study proposal was not received by UDOH until February 2017. The proposal was submitted later than anticipated because the U of U was overtaken by other duties and it was not possible for them to complete it by the November 2016 deadline. Questionnaires for the hemp extract study have been completed by patients and are currently being reviewed and tabulated by researchers at the University of Utah Division of Pediatric Neurology. The U of U is scheduled to submit an executive summary of the study to UDOH and legislative committees in February 2018.
	Increased dedicated credits for - LHD fees for CHD	Executive Director's Office	Dedicated Credits	121,000	Release of death registration electronic system as part new vital records application portal (VRAP) during the first 3 months of calendar year 2017.	The release of the death registration electronic system is on track to happen within the first 3 months of calendar year 2017.	The estimated date of release for the electronic death registration system has been adjusted to late 2017 or early 2018. Local health departments have continued their financial support for this IT enhancement project in SFY 2018. This release has taken longer than expected due to the complexity of the system and turnover at DTS.
DCP	Abstinence and Personal Responsibility Education (appropriated to DCP, but FHP program)	Disease Control and Prevention	Federal Funds	215,000	1) Increase the number of medically accurate abstinence education programs in Local Health Departments for adolescents between the ages of 10 and 16. 2) Increase the number of medically accurate personal responsibility education programs in Local Health Departments for adolescents between the ages of 14 and 19.	1)Contracts have been initiated to provide services with the Local Health Departments 2)Contracts have been initiated to provide services with the Local Health Departments	1) One new abstinence education program established at the Tri-County Health Department 2) Two new personal responsibility education programs established at the Tooele County Health Department and the Urban Indian Center of Salt Lake. Urban Indian Center and UDOH staff received culturally specific training on providing teen pregnancy prevention and sexual health education to American Indian youth and families. For all program sites statewide, there were 10,740 youth and parents served during the 2017 Fiscal Year. Partnerships developed with DCFS, school districts, community organizations, mental health organizations and colleges and universities.

DCP con't	OME autopsy report turnaround improvement	Disease Control and Prevention	General Fund	794,100	By June 30, 2017, hire 2.0 FTE's for the assistant medical examiner positions	<p>Positions remain vacant, but funding is being used to fund locum tenens pathologists to help with workload as well as paying out comp time for extensive overtime being put in by current staff. Interviews to fill the positions are ongoing. We have three additional vacancies due to retirement and resignation of which two are filled and a third has been offered a position. We hope to fill the new 2.0 FTEs with candidates being interviewed this month. Offers will be extended as soon as practicable following the interview process likely before the end of the current calendar year. These positions will not be filled until near June 30, 2017 as current applicants are in training programs scheduled to finish on that date, with anticipated start dates around that time.</p>	<p>The original intent to have the assistant ME positions filled by June 30, 2017 was not met, due to the nationwide shortage of forensic pathologists. Despite multiple interviews and offers of employment, no immediately available pathologists were found. All prior vacancies and the newly appropriated positions were filled with pathologists still in forensic pathology training, and while they were extended offers in the fall of 2016, their training programs were not complete until June 30, 2017. They began work at the OME in July and August 2017.</p> <p>The addition of assistant medical examiners to our staff is an essential part of our attempts to complete 90% of our reports within 12 weeks. The inability to hire new assistant MEs during FY2017 coupled with attrition of prior staff, led to significant difficulties with staffing at the OME. Some of this appropriated money was used for paying comp time to pathologist staff as well as for hiring of part-time (locum tenens) pathologists to help with case work and improve turn-around time. This brought us from an average turn-around time for completed autopsy reports of about 150 days at the time of the building block request, to just over 94 days at the end of FY2017.</p>
	Opioid Outreach Program	Disease Control and Prevention	General Fund	250,000	By June 30, 2017, 1) increase access to naloxone in high burden areas (Measure: # and distribution of naloxone purchased and dispensed, # of individuals dispensed naloxone) and 2) increase the number of opioid overdose reversals through grant efforts (Measure: # of naloxone administrations)	<p>The Utah Department of Health filed an emergency rule and subsequently a permanent rule to establish procedures and application processes to provide funds for the Opioid Outreach Program. a) Six entities were funded for a total of \$90,647 b)1,033 naloxone kits were purchased for dissemination. c) Applications for the second round of funding close 10/28/2016. Opioid Outreach Program contractors are required to provide # of individuals dispensed naloxone and # of known naloxone administrations.</p>	<p>A permanent rule was filed with the Utah Department of Administrative Services to replace the 120-day emergency rule to establish procedures and application process to provide funds for the Opioid Outreach Program. It was published in the September 15, 2016, issue (Vol. 2016, No. 18) of the Utah State Bulletin (http://www.rules.utah.gov/publicat/bull_pdf/2016/b20160915.pdf).</p> <p>Overall the Utah Department of Health observed a decrease in overdose deaths with the increase in naloxone availability. The following measure were completed by June 30, 2017:</p> <ol style="list-style-type: none"> 1) A total of \$236,037 was awarded to 17 law enforcement agencies, six local health departments, and nine direct service agencies. 2) 3,111 naloxone kits were purchased, 1,967 were distributed to 1,599 individuals 3) 46 overdose reversals were reported
	Parkinson's Registry	Disease Control and Prevention	General Fund	200,000	1) Increase the number of health professionals reporting cases to the Utah Parkinson's Disease registry.	<p>Compliance for physicians reporting is 9%. There are currently 1,500 records entered. UDOH is working with UPDR to distribute a letter reminding physicians about the Utah rule requiring they input information for their patients with Parkinson's Disease. The letter will be distributed by December 31, 2016.</p>	<p>There are currently 2,061 records entered. UDOH distributed a letter to physicians on December 13, 2016 reminding them about the state rule to report PD cases on the www.updr.org website. The UPDR Outreach Coordinator continues to contact neurologists across the state through visits, and other physician specialities and health professionals at the annual state neurology conference and PD symposium to provide registry information.</p>

DCP con't	Radon Education	Disease Control and Prevention	General Fund	150,000	<p>1) Develop a state-wide media awareness campaign on the dangers of radon gas. 2) Increase awareness of radon gas and protective actions among Utahns. 3) Increase tracking of radon testing data</p>	<p>1) UDOH has met with UDEQ, Huntsman Cancer Institute, Utah Radon Coalition, and several media vendors to discuss developing an expanded radon campaign. Partners have identified a greater need to reach out to rural Utahns and the Hispanic community. It has also been decided that the campaign will include a greater focus on traditional media outlets in conjunction with social media and radio spots. Partners have met with Penna Powers, a local media contractor, to develop a strategic campaign. This campaign is currently in production.</p> <p>2) The campaign is going to be placed starting in January 2017 and running through early March. January is National Radon Action Month and this campaign will coincide with national and local efforts to educate Utahns about the dangers of radon gas and offer methods for remediation. In addition to this campaign, Huntsman Cancer Institute has agreed to place Spanish language videos on their social media platforms to further extend the number of Utahns who receive education and increase awareness.</p> <p>3) Radon partners have met with UDOH and UDEQ staff to discuss better ways to track data related to radon testing and mitigation throughout the state. UDOH staff have compiled a comprehensive data tool to track radon tests, and have agreed to track additional tests performed as part of this campaign. These results will be expected after the campaign has run.</p>	<p>1) Penna Powers in partnership with UDEQ, Huntsman Cancer Institute, Utah Radon Coalition, and coalition partners developed a multi-component electronic media campaign targeting Utah mothers with children at home, in addition to Utah home owners in general. This campaign consisted of 30 and 60 second video segments produced to reach and inform the target audience. Video and audio segments were utilized for radio advertisements on 97.9FM, FM100, KUBL, and local stations throughout Southern Utah; digital banner ads and Brandview articles placed on the websites of strategic news outlets; social media ads and sponsored content on Facebook, YouTube, and Instagram; as well as in-person interview segments on KUTV2 Fresh Living, KSL Studio 5, ABC4 Good Things Utah, and Fox13 The Place.</p> <p>2) This campaign was run between January 9, 2017 - March 12, 2017. This campaign was designed to provide education to Utahns on what radon is, what health hazards are associated with the presence of radon in the home, and options for testing and remediation. On social media, the videos were viewed a combined 671,585 times during the campaign with a click rate higher than industry average for similar campaigns showing high interest in the videos, and a cost-per-click 29% lower than the industry average. Brandview articles and banner ads placed on news websites received 27,678 unique views. Radio advertisements reached 58.2% of the target population alone, with an average frequency of 5.4 times each individual heard a radio placement. These segments were particularly effective at reaching rural populations that rely on local radio as a means of information gathering. Radio stations added value to the campaign valued at more than \$41,000 including segments dedicated to hosts checking their homes for radon, offering test kits giveaways, on-air interviews with radon experts, and additional banner advertisement placement on their websites.</p> <p>3) The Utah Department of Environmental Quality closely monitored and tracked test kit data during the campaign. During the campaign, 1,415 radon test kits were completed in the state, with 850 test kits being completed in the months immediately following the campaign. In addition, interest in radon testing options greatly increased during the campaign with 17,371 unique visitors to radon.utah.gov seeking out this information.</p>
	Drug Overdose Prevention Initiatives	Disease Control and Prevention	General Fund	250,000	<p>1) Increased awareness that Rx opioids have a potential for abuse/addiction by 10%. 2) Increase provider education, training, resources, and tools by 10%. 3) Decrease Rx opioid overdose deaths by 15%.</p>	<p>1) From 2015 to 2016, a 9.5% increase in the perceived potential for abuse or addiction of prescription pain medications from 74% in 2015 to 81% in 2016 was observed (Dan Jones & Associates Public Opinion & Market Research Use Only As Directed Annual Awareness Study).</p> <p>2) Over 99,000 materials have been distributed to healthcare providers, law enforcement agencies, local health departments, local substance abuse authorities, and others. 3) Preliminary data indicate there were 278 prescription opioid deaths in 2015, a 7.6% decrease from 2014. Efforts: 1) Launched Stop the Opiemic media campaign: Opidemic.org</p> <ul style="list-style-type: none"> -Baseline research and message testing conducted -12 testimonials videoed and will be released on social media and the website -Brochure developed -Videos, billboards, posters, pharmacy campaign currently being developed <p>2) Co-sponsored Utah's first Heroin and Opioid Summit</p> <p>3) Updated Utah Clinical Guidelines on Prescribing Opioids for the Treatment of Pain</p> <p>4) 528 naloxone kits provided to 8 local health departments and local substance abuse authorities</p> <p>5) Developed naloxone.utah.gov website and Utah Coalition for Opioid Overdose Prevention website to be published soon.</p>	<p>1) From 2015 to 2017, a 12.2% increase in the belief that prescription pain medications have the potential for abuse or addiction was observed (2015: 74%, 2016: 81%, 2017: 83%) (Dan Jones & Associates Public Opinion & Market Research Use Only As Directed Annual Awareness Study).</p> <p>2) Over 161,000 materials and resources have been distributed to healthcare providers, law enforcement agencies, local health departments, local substance abuse authorities, and others. Training on the Utah Clinical Guidelines on Prescribing Opioids were conducted at two healthcare provider conferences, two healthcare grand round sessions, and two midlevel provider education courses.</p> <p>3) Preliminary data indicate there were 240 prescription opioid deaths in 2016, a 15.8% decrease from 2014 (2014: 285, 2015: 274, 2016: 240). Efforts:</p> <ul style="list-style-type: none"> 1) Launched Stop the Opiemic media campaign: Opidemic.org <ul style="list-style-type: none"> • Baseline research and message testing conducted • 12 testimonials videoed and four stories released on social media and the website • Brochure and posters developed • Television (4.1 million impressions), billboards (30 million impressions), YouTube (1.3 million views), Facebook (1.5 million views), Website (118,602 page views) • Talk to Your Pharmacist Month (Over 200 pharmacies participated, Over 150,000 stickers and over 1,000 posters disseminated) 2) Co-sponsored Utah's first Heroin and Opioid Summit and currently planning second summit scheduled for October 5, 2017 3) Updated Utah Clinical Guidelines on Prescribing Opioids for the Treatment of Pain 4) 712 naloxone kits provided to local health departments, local substance abuse authorities, and law enforcement agencies 5) Developed naloxone.utah.gov website for naloxone standing orders and opioid overdose outreach providers and Utah Coalition for Opioid Overdose Prevention website (ucoop.utah.gov)

DCP con't	Increase in OME cremation fees	Disease Control and Prevention	Dedicated Credits	283,500	Transcribe medical examiner reports within 7 days of dictation.	Hiring of front office support staff for transcription is underway. These credits are used for more than report transcription and are at least partially dedicated to pathologist and other positions that were part of the building block request. As with the appropriated funds, hiring of the pathologist positions as well as autopsy staff are in progress.	Transcriptions are now completed within 48 hours of dictation. These dedicated credits from an increase in cremation fees, coupled with the appropriated money (line 31) were the total of our requested building block which was aimed at reducing our overall turn-around time for autopsy report completion to under 12 weeks for at least 90% of cases. The aim was to hire new assistant medical examiners, new autopsy technicians and new front office staff to accomplish that goal. All funded positions have now been filled. With the use of part-time pathologists and over-time by current staff, the OME has managed to bring our average turn-around time for report completion from over 150 days to 94 days by the end of FY2017.
	SB232 - Rescue Medication in Schools	Disease Control and Prevention	General Fund	20,000	By June 30, 2017, develop training for school personnel in cooperation with Primary Children's Medical Center and the Utah School Nurse Association.	A comprehensive training program was developed in cooperation with Primary Children's Medical Center and the Utah School Nurse Association. The training is currently being implemented in various schools throughout the state.	This training was developed by June 30, 2017. It is currently being implemented and is ongoing in various schools throughout the state.
	Estimated beginning nonlapsing balances	Traumatic Brain Injury	Beginning Nonlapsing Balances	725,000	When the actual \$ amount of this funding is determined that is available, the Traumatic Brain Injury Advisory Committee will determine the allocation of the funding and the applicable performance measures.	The Traumatic Brain Injury Advisory Committee met and discussed allocation of funding. Four existing contracts were continued and three new Provider Agreements were awarded from the fund to provide resource facilitation. Performance measures are currently being finalized.	Statewide performance measure results: 1) 292 clients received TBI Fund intake services 2) 129 received one-to-one resource facilitation services to assist them in determining needed services 3) 28 neuropsych evaluations were completed and six MRIs 4) 68 professional and community trainings were provided, and 5) One Certified Brain Injury Specialist Training was completed. Supplemental information to the performance measures that may be of interest includes: 1) Statewide Resource & Referral line was averaging 21 calls per month during the last quarter after the Brain Injury Awareness Month media activities; and 2) One new Provider Agreement was added for a rural area.

FHP	BWEIP	Family Health and Preparedness	General Fund	1,500,000	<p>The percent of children who demonstrated improvement in social-emotional skills, including social relationships. (Target 70%)</p> <p>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%)</p> <p>The percent of children who demonstrated improvement in their rate of growth in the use of appropriate behaviors to meet their needs. (Target 75%)</p>	Annual measures - no update at this time	These funds have been applied directly to the early intervention programs to improve parent and caregiver capacity to assist in advancing a child's developmental outcomes. The performance measure outcomes are unavailable until federal reports have been completed and published. In accordance with the Individuals with Disabilities Act (IDEA), Baby Watch must report annually. We will be required to submit FFY2016 Part C State Performance Plan/Annual Performance Report (SPP/APR) data to the Office of Special Education Programs (OSEP) by February 2018.
	Donated Dental Services	Family Health and Preparedness	General Fund	55,000	Funds will be distributed after an RFP has been issued and accepted in order to comply with State procurement laws	Currently in the State Purchasing RFP process for proper procurement of funding	Dental Lifeline Network (Donated Dental Services) was awarded the contract. Through SFY 17 year end they received \$18,066. The contract is in place for up to \$55,000 annually in ongoing funding for 5 years. (This organization is not the same as Salt Lake Donated Dental Services.)

FHP con't	Primary Care Grants	Family Health and Preparedness	General Fund	1,500,000	The number of medically underserved populations treated, (# of initial visits and the # of subsequent follow up encounters),and the number of completed progress reports submitted from awardees	63,323 medically underserved treated. 28,374 initial visits and 34,949 follow up encounters. The number of completed progress reports was 177.	64,740 medically underserved treated, 21,019 initial visits and 43,721 follow up encounters. The number of completed progress reports was 229.
	CHAP	Family Health and Preparedness	Restricted	20,000	These funds are being applied directly for the purchase of hearing aids for eligible children .	These funds are being applied directly for the purchase of hearing aids for eligible children .	These funds were applied directly for the purchase of hearing aids for eligible children .
	Maliheh Free Clinic	Family Health and Preparedness	General Fund	50,000	Funds will be distributed after an RFP has been issued and accepted in order to comply with State procurement laws	Currently in the State Purchasing RFP process for proper procurement of funding	Maliheh contract was created for the 2017 fiscal year. Through year end they expended \$48,777.
	Home Visiting Program - TANF	Family Health and Preparedness	Federal Funds	3,000,000	Decrease the number of babies born at pre-term (37 weeks or greater) as compared to the general population. (Target is 9%) Increase the number of infants screened for the ASQ 3 by 6 months of age. (Target 66%)	1) Annual measure - no update at this time 2) Annual measure - no update at this time	1. 1 baby of the 30 total babies born to TANF funded clients during FY2017 (3.3%) was born premature. 2. 5 out of 22 (23%) total babies born to TANF funded clients (that reached 6 months of age in FY2017) received an ASQ3 screening.* *The reason the ASQ screening was low stems from all new home visiting staff at 3 new home visiting agencies that began services in FY2017. The home visitors now understand the importance of conducting the developmental screening within the 6 month period after the baby's birth.

Medicaid	Caseload increase	Medicaid Mandatory Services	Federal Funds	80,656,500	Medicaid will use these funds to continue health coverage for eligible individuals.	Health coverage will be continued for eligible individuals.	The Department used all General Fund appropriated for state fiscal year 2017 in both the 2016 General Session and the 2017 General Session to continue health coverage for eligible individuals.	
			General Fund	34,600,000				
		Medicaid Optional Services	Federal Funds	932,500				
			General Fund	400,000				
	Nursing Home Rates	Medicaid Mandatory Services	Federal Funds	2,400,000	Nursing Home rates are increased to include the additional \$3.4 million on 7/1/2016.	Nursing Home rates were increased to include the additional \$3.4 million on 7/1/2016.	No changes from the October 31, 2016 report.	
			General Fund	1,000,000				
	Pediatric dentist provider	Medicaid Optional Services	Federal Funds	1,600,000	Pediatric dental providers will receive supplemental payments totaling \$2.3 million before 6/30/2017.	DMHF prepared a state plan amendment to allow for supplemental payments to be made to this provider group. CMS has approved the state plan amendment and DMHF plans to make supplemental payments in April-June 2017 totaling the appropriated amounts.	Supplemental payments totaling \$684,889 were made to pediatric dental providers in June 2017 to increase rates for fee-for-service providers. An increase of \$1,640,692 was made to ACO rates to compensate managed care providers.	
			General Fund	700,000				
	Physician rates	Medicaid Mandatory Services	Federal Funds	2,400,000	Physician rates are increased to include the additional \$3.4 million on 7/1/2016.	Physician rates were adjusted to target the \$3.4 million on 7/1/2016.	No changes from the October 31, 2016 report.	
			General Fund	1,000,000				
	HB437 - Health Care Revisions	Medicaid and Health Financing	Federal Funds	223,100	The measures are a) the number of people served under the program and b) the cost of the program c) PDL savings are realized for psychotropic drugs d) Private Outpatient UPL payments are made.	a,b,d) DMHF submitted an 1115 Waiver as well as a State Plan Amendment to CMS for Adult Expansion. DMHF is currently awaiting CMS approval of the waiver request in order to execute the intent of HB437. c) DMHF has reviewed psychotropic drug classes for inclusion in the PDL. DMHF started 1 drug class in July 2016 and all other large drug classes in October 2016. DMHF will evaluate savings realized for the PDL when there is sufficient data and experience for this program.	The Department expanded Medicaid services to individuals with dependent children that meet the statutorily defined income limits on July 1, 2017. The Department is still working to obtain approval from CMS on the waiver submitted to cover the remaining adult populations in statute. Due to the delay in approval from CMS, the final number of enrollees, total cost, and Outpatient UPL payments will not be available until the end of state fiscal year 2018.	
		Medicaid Expansion Fund	Dedicated	6,800,000				
General Fund			4,590,900					
Medicaid Mandatory Services		Federal Funds	9,825,000					
		General Fund	1,800,000					
Medicaid Optional Services		Federal Funds	23,084,800					
	General Fund	(2,133,200)						
		Restricted	1,488,700					

Medicaid con't	Medicaid outreach	Medicaid and Health Financing	Federal Funds	25,000	The measure is that outreach was performed.	DMHF intends to make outreach through community partners by June 2017.	The Department utilized partnerships with community partners to target grassroots outreach efforts. Additionally, the Department developed a human interest social media video, updated a website, developed a new web page and initiated a social media promotional campaign. A total of \$44,253 was spent on these efforts in state fiscal year 2017.
			General Fund	25,000			
	Medically complex children	Medicaid Optional Services	Federal Funds	2,300,000	a) The number of qualified children served under the program, b) the cost of the program, and c) the effectiveness of the program.	Open enrollment for the program was from 5/2/2016 through 6/6/2016. Of 202 applications received, an additional 156 were selected for enrollment.	An additional 157 children have been enrolled in the program; however, there was sufficient funding from a previous building block to fund these children through the end of SFY 2017. The Department held a third open enrollment period in May 2017 and plans to spend this \$1 million in General Fund in SFY 2018. During the course of the pilot program the State has conducted surveys to establish baseline reporting and measured progress. In this reporting, families have stated that the waiver has enabled them to establish financial security to pay for basic necessities, reduce the amount of incurred debt due to their child's medical care and has allowed many caregivers to either reenter the workforce or increase hours in their employment. In addition, the waiver has reduced overall stress on families, providing needed supportive services to foster stronger relationships and reduce the effects of caregiver burnout.
			General Fund	1,000,000			
	SB39 - Medicaid Coverage for Adult Dental Services	Medicaid Optional Services	Federal Funds	1,200,000	The performance measure will be the number of persons with disabilities who receive services and the cost of said services.	On 9/1/2016, DMHF was informed that CMS would not approve the State Plan Amendment to provide dental services for blind and disabled populations only, as this violates 42 CFR 440.240, Comparability of Services. However, CMS informed DMHF that an 1115 waiver amendment was a possibility for this program. DMHF is working on an 1115 waiver amendment to submit to CMS for review and approval. This program is currently only funded one-time and will not be implemented unless sufficient funding to operate the program is appropriated on an on-going basis.	The Department submitted a waiver amendment on February 3, 2017 which was approved by CMS on June 29, 2017. Services for this population began on July 01, 2017. Due to the delay in approval from CMS, the final number of enrollees and total cost will not be available until the end of SFY 2018.
			General Fund	500,000			