Program: Autism Systems Development
Program Manager: Colin Kingsbury, 801 584-8455, ckingsbury@utah.gov
Program Mission/Purpose:

The mission of the Autism Systems Development Program is to advance, educate, and empower the lives of individuals affected by autism spectrum disorder in Utah by monitoring occurrence, reducing the age of first diagnosis, referring to services, facilitating research, and providing education and outreach.

Goals in red are for the program's ongoing (year to year) major functions.
Goals in purple are time-limited quality improvement goals.

GOAL #1	**Produce autism prevalence statistics. Decrease the amount of time required to produce autism prevalence statistics from 36 months to 24 months by December 31, 2020.**	**TARGET**	**Baseline Data (if applicable)**		**Notes**
	Objectives:		**#**	**Date**	
	1. Decrease the amount of time to gather eligible URADD cases from 24 months to 12 months by December 31, 2020.	12 months	24 months	12/31/2020	
	2. Work with the Utah Registry of Autism and Developmental Disabilities (URADD) to reduce the amount of time needed to review cases from 12 months to 6 months by December 31, 2020.	6 months	12 months	12/31/2020	
GOAL #2	**Reduce the median age of children diagnosed with an ASD. Decrease the median age of diagnosis for children with autism from 50 months to 45 months by December 31, 2020.**	**TARGET**	**Baseline Data (if applicable)**		**Notes**
	Objectives:		**#**	**Date**	
	1. Increase the percentage of children screened for autism at 18 and 24 months using the M-CHAT R/F from 44% to 50% by December 31, 2020.	50%	44%	12/31/2020	
	2. Reduce the wait time for an autism evaluation from 8 months to 4 months by December 31, 2020.	4 months	8 months	12/31/2020	
GOAL #3	**Provide autism referrals.** **Increase the number of Evaluation and ABA Therapy Providers List downloaded from an average of 436 per month to 750 per month by 2020.**	**TARGET**	**Baseline Data (if applicable)**		
	Objectives:		**#**	**Date**	**Notes**
	1. Meet with 12 elementary school special education departments each year to distribute ABA therapy provider information.	12			
	2. Meet with 4 Local Health Departments and/or Community Health Centers each year to distribute ABA therapy provider information.	4			
	3. Participate in 12 Care Fairs each year to distribute online ABA Therapy Providers information to at-risk populations.	12			
GOAL #4	**Facilitate autism research. Increase the number of autism research projects utilizing URADD data from 3 to 4 per year by December 31, 2020.**	**TARGET**	**Baseline Data (if applicable)**		
	Objectives:		**#**	**Date**	**Notes**
	1. Meet quarterly with researchers at the University of Utah to encourage data usage.	4/year	3	12/31/2020	
	2. Meet quarterly with researchers at Utah Valley University to encourage data usage.	4/year	3	12/31/2020	
	3. Meet quarterly with researchers at Brigham Young University to encourage data usage.	4/year	3	12/31/2020	
GOAL #5	**Provide autism education and outreach. Increase the number of educational material downloads from an average of 630 to 920 per month by 2020.**	**TARGET**	**Baseline Data (if applicable)**		
	Objectives:		**#**	**Date**	**Notes**
	1. Meet with 12 elementary school special education departments each year to distribute ABA therapy provider information.	12			
	2. Meet with 4 Local Health Departments and/or Community Health Centers each year to distribute ABA therapy provider information.	4			
	3. Participate in 12 Care Fairs each year to distribute online ABA Therapy Providers information to at-risk populations.	12			

TIME LIMITED QUALITY IMPROVEMENT PROJECTS	**REPORTING**	
	Target Date	**Completed Date**

GOAL #1	**Decrease the amount of time required to produce autism prevalence statistics from 36 months to 24 months by December 31, 2020.**	24 months/ 12/31/2020	
GOAL #2	**Decrease the median age of diagnosis for children with autism from 50 months to 45 months by December 31, 2020.**	45 months/ 12/31/2020	
GOAL #3	**Increase the number of Evaluation and ABA Therapy Providers List downloaded from an average of 436 per month to 750 per month by 2020.**	750 dnlds/ 12/31/2020	**7/31/2018**
GOAL #4	**Increase the number of autism research projects utilizing URADD data from 3 to 4 per year by December 31, 2020.**	4 per year/ 12/31/2020	
GOAL #5	**Increase the number of educational material downloads from an average of 630 to 920 per month by 2020.**	920 dnlds/ 12/31/2020	**7/31/2018**

Program: Baby Watch Early Intervention
Program Manager: Lisa Davenport, 801 584-8209, lisadavenport@utah.gov
Program Mission/Purpose:

The mission of the Baby Watch Early Intervention Program is to enhance early growth and development in infants and toddlers, who have developmental delays or disabilities, or both, by providing individualized support and services to the child and their family.

Goals in red are for the program's ongoing (year to year) major functions.
Goals in purple are time-limited quality improvement goals.

GOAL #1	Ensure that all Part C federal application and reports are complete and submitted on time.	TARGET	Baseline Data (if applicable)		Notes
	Measurable Objectives:		#	Date	
	1. BWEIP will ensure the Part C Annual Application for Funds is submitted to the Office of Special Education annually with 100% compliance.	Annually			
	2. BWEIP will ensure that the Annual Performance Report is submitted to the Office of Special Education annually with 100% compliance.	Annually			
	3. BWEIP will ensure that the State Systemic Improvement Plan is submitted to the Office of Special Education annually with 100% compliance.	Annually			
	4. BWEIP 618 Data will be submitted to the Office of Special Education annually with 100% compliance.	Annually			
GOAL #2	Ensure that local service contracts are in place and monitored for all counties in the state.	TARGET	Baseline Data (if applicable)		Notes
	Measurable Objectives:		#	Date	
	1. Ensure that 100% of current contracts are in place each year before the previous contract expires.	Annually by May 31st			
	2, Qualitative and quantitative data will be collected to measure quality EI program process-related issues (how services are being provided and quality of services). Programs will meet requirements with 85% accuracy.	SFY 2023			
	3. Qualitative and quantitative data will be collected to measure EI program compliance (extent to which a program complies with BWEIP policy and federal regulations). Programs will meet requirements with 85% accuracy.	SFY 2023			
GOAL #3	Facilitate the functioning of the Interagency Coordinating Council (ICC) as required by federal Part C regulations.	TARGET	Baseline Data (if applicable)		
	Measurable Objectives:		#	Date	Notes
	The role of the ICC will increase their capacity to advise and assist the BWEIP by May 2019.	May 2019			
GOAL #4	Operate a Comprehensive System of Personnel Development (CSPD) for local EI program direct service providers, in accordance with federal Part C regulations.	TARGET	Baseline Data (if applicable)		
	Measurable Objectives:		#	Date	Notes
	1. All EI direct service providers will have current early intervention credentials by May 2019.	May 2019			
GOAL #5	EI Programs will enter timely data into the Baby and Toddler Online Tracking System (BTOTS) database.	TARGET	Baseline Data (if applicable)		
	Measurable Objectives:		#	Date	Notes
	1. Complete visit note data will be entered into BTOTS within 7 days of the service visit with 95% accuracy.	SFY 2020			

TIME LIMITED QUALITY IMPROVEMENT PROJECTS	REPORTING

GOAL #1	Increase the percent of eligible children who receive entrance and exit outcome scores from use of the Battelle Developmental Inventory II NU (BDI-II-NU) from a baseline of 0% in SFY18 to 70% by January 31, 2023.	Target Date	Completed Date
	Measurable Objectives:		
	1. Standardize the eligibility and child outcome tool to assure reliability and validity by October 2018.	1/1/2021	

Program: Utah Birth Defect Network
Program Manager: Amy Nance, (801) 883-4661, aenance@utah.gov
Program Mission/Purpose:

The mission of the Utah Birth Defect Network is to prevent birth defects and secondary disabilities by monitoring occurrence, referring to services, facilitating research, and providing education and outreach.

Goals in red are for the program's ongoing (year to year) major functions.
Goals in purple are time-limited quality improvement goals.

GOAL #1	**Produce Birth Defects Statistics. Increase the percent of eligible UBDN cases that are completed within 2 years of being reported to UBDN from 89.34% to 95% by December 31st, 2020.**	**TARGET**	**Baseline Data (if applicable)**		**Notes**
	Measurable Objectives:		**#**	**Date**	
	1. Increase UBDN Reporting Sources compliance with Birth Defect Reporting Rule. SY2016 (39 of 46 reporting sources were compliant, 7 were not compliant.)	46	39	SY2016	
	2. Improve timeliness of processing Reporting Source information from date of receipt to assigning an abstractor (currently delayed 2 years from receipt of information from Reporting Source).	18 months	24 months	SY2016	
	3. Improve timeliness of case abstraction to assignment of the case.	15 months		SY2016	
	4. Increase timeliness from abstraction completion to completion of Clinical Case Review.	2 months		SY2016	
GOAL #2	**Ensure that all newborns in Utah are screened for critical congenital heart defects (CCHD) by pulse oximetry. Increase the percent of Newborns screened for Critical Congenital Heart Defects (CCHD) by pulse oximetry (unless non-pulse oximetry criteria met) from 93.6% to 100% by December 31st, 2020.**	**TARGET**	**Baseline Data (if applicable)**		**Notes**
	Measurable Objectives:		**#**	**Date**	
	1. By 2 months of age, 50% of pulse oximetry results and date of first ECHO will be reported by health care providers.	50%			
	2. Educate providers missing 5% to 20% of their births consecutively for 3 months and provide immediate education for providers missing over 20% of their births for 1 month.	100%			
GOAL #3	**Ensure that 100% of infants with specific birth defects are referred to Baby Watch Early Intervention. Increase the percentage of infants with specific birth defects referred to Early intervention from 41% to 100% by December 31st, 2020.**	**TARGET**	**Baseline Data (if applicable)**		
	Measurable Objectives:		**#**	**Date**	**Notes**
	1. Pilot -- 100% of children with Downs Syndrome are referred to Baby Watch.	100%	41%	SY2016	
GOAL #4	**Prevent neural tube defects. Increase the percentage of women ages 18-44 taking Folic acid (BRFSS) from 41.28% to 45% by December 31st, 2020.**	**TARGET**	**Baseline Data (if applicable)**		
	Measurable Objectives:		**#**	**Date**	**Notes**
	1. Increase from 41.28% to 45% the number of women of reproductive age (18-44 years) who report they take a multivitamin or supplement containing at least 400 mcg of folic acid daily.	45%	41.28%	2014	

	TIME LIMITED QUALITY IMPROVEMENT PROJECTS	**REPORTING**	
		Target Date	**Completed Date**
GOAL #1	**Increase the percent of eligible UBDN cases that are completed within 2 years of being reported to UBDN from 89.34% to 95% by December 31st, 2020.**	December 31st, 2020	
GOAL #2	**Increase the percent of Newborns screened for Critical Congenital Heart Defects (CCHD) by pulse oximetry (unless non-pulse oximetry criteria met) from 93.6% to 100% by December 31st, 2020.**	December 31st, 2020	

GOAL #3	**Increase the percentage of infants with specific birth defects referred to Early intervention from 41% to 100% by December 31st, 2020.**	December 31st, 2020	
GOAL #4	**Increase the percentage of women ages 18- 44 taking Folic acid (BRFSS) from 41.28% to 45% by December 31st, 2020.**	December 31st, 2020	

Program: Child Health Advanced Records Management (CHARM)
Program Manager: Christine Perfili, 801-584-8275, 801-584-8275
Program Mission/Purpose:

The mission of The CHARM program is to provide public health data through an integrated, secure electronic system to health care providers to coordinate care, and improve efficiencies and health outcomes of the children and families they serve.

Goals in red are for the program's ongoing (year to year) major functions.
Goals in purple are time-limited quality improvement goals.

GOAL #1	Ensure accurate matching of records between the systems connected to CHARM. Increase the percentage of records matched between VR, CHARM, and EHDI from 78% to 83% by September 30, 2021.	TARGET	Baseline Data (if applicable)		Notes
	Measurable Objectives:		#	Date	
	Make technical upgrades to the CHARM system to improve matching rates --Restructure matcher with API and begin work on the RAVS by June 30, 2019.	Annually	N/A		
	Monitor and tweak matching rules, and assist with deduplication of CHARM data using the backend matcher or other tools, as needed by June 30, 2019.	Annually	N/A		
	Continue to utilize address cleaning software and conduct regular de-duplication in the CHARM system to continue to maintain and improve data quality and matching rates by June 30, 2019.	Annually	N/A		In Progress
	Measure Matching rates between VR, CHARM, and EHDI by June 30, 2019.	Annually	78%		

GOAL #2	Increase the number of health care providers accessing/using the CHARM Web Interface. Increase the number of users accessing the CHARM Web Interface from 87 to 125 by September 30, 2021.	TARGET	Baseline Data (if applicable)		Notes
	Measurable Objectives:		#	Date	
	Measure the number of users accessing the CHARM Web Interface by September 30, 2021.	Annually	87 users	7/1/2018	
	Recruit potential pediatric clinics, ENT/audiology clinics, and community health centers, and health department programs through various outreach efforts (presentations, articles, etc.) by September 30, 2021.	Annually	N/A		Number of new clinics added each year beginning with the federal fiscal year of 10/1/2018 will be measured.

GOAL #3	Connect with other UDOH electronic systems to provide data linked through CHARM to health care providers and help improve health outcomes. Increase the number of programs (from 8 to 9), and the number of databases (from 6 to 7) connected with CHARM by 9/30/2021.	TARGET	Baseline Data (if applicable)		Notes
	Measurable Objectives:		#	Date	
	Develop an updater in the CHARM system that batches hearing screening alerts from the EHDI program to WIC to help with EHDI follow-up efforts. Add WIC updater by June 30, 2019.	Annually	0	7/1/2018	
	Complete MOA between EHDI, CHARM, and WIC by Septmeber 30, 2018.	Annual Review	0		Completed 8/30/2018
	Increase the percentage of children completing a hearing screening test after receiving an alert from the CHARM system from 80%-82% by June 30, 2019.	Annually	80%	7/1/2018	
	Add Critical Congenital Heart Defects (CCHD) results to the Utah Statewide Immunization Information System (USIIS) by September 30, 2020.	Annually	0%		

GOAL #4		TARGET	Baseline Data (if applicable)		Notes
	Measurable Objectives:		#	Date	
	Ensure grant progress reports and applications are submitted on time each year.	Annually/ Biannually	100% on-time submission		
	Monitor grant goals and objectives and ensure that they are being completed each year.	Bimonthly, an Biannually	Bimonthly meetings with contractor		

	TIME LIMITED QUALITY IMPROVEMENT PROJECTS	REPORTING		Notes
GOAL #1	**Increase the number of databases connected with CHARM from 6 to 7, by September 30, 2021.**	**Target Date**	**Completed Date**	
	Measurable Objectives:			
	1. Integrate with the cHIE and send hearing screening messages from EHDI's HiTrack system through CHARM to the cHIE by September 30, 2021	9/1/2021		
	2. Ensure the MOU/Special Provisions with UHIN, for the EHDI data to be shared with the cHIE, are added to the Department's Electronic Commerce Agreement with UHIN by July 30, 2018.	7/30/2018	6/25/2018	
GOAL #2	**Increase the number of programs connected with CHARM from 8 to 9, by September 30, 2020.**	**Target Date**	**Completed Date**	
	Measurable Objectives:			
	1. Add Critical Congenital Heart Defects (CCHD) results to the Utah Statewide Immunization Information System (USIIS) by September 30, 2020.	9/30/2020		
	2. Add Modified Checklist for Autism in Toddlers results to the CHARM Web Interface, after data fields for the results are entered in USIIS by September 30, 2020	9/30/2020		
GOAL #3	**Increase the percentage of records matched between VR, CHARM, and EHDI from 78% to 83% by September 30, 2021.**	**Target Date**	**Completed Date**	
	Measurable Objectives:			
	1. Restructure the Matcher so there is an API for each set of services - Frontend, Deferred Matching, Verification, Process Control, and Statistics by September 30, 2021.	9/30/2021	8/14/2018	
	2. Restructure matching rules to remove unnecessary complexity and allow for better separation of Frontend, Backend and Classifier by September 30, 2021.	9/30/2021		
	3. Begin the implementation the RAVS (Deferred Match Resolution) technology, the deferred match resolver, and the Backend Matcher update by September 30, 2021.	9/30/2021		
	4. Utilize the DOHMPI and compare EHDI/HiTrack and Vital Records matching rates with EHDI/HiTrack and VR matching rates through CHARM by September 30, 2021.	9/30/2021		
Goal #4	**Increase the number of users accessing the CHARM Web Interface from 87 to 125 users by September 30, 2021.**			
	Measurable Objectives:			
	1. Recruit potential clinics that could benefit from using the CHARM Web Interface through outreach efforts such as presentations and articles in newsletters, by September 30, 2021.	9/30/2021		
	2. Contact Community Health Centers and offer to provide a presentation about the CHARM Web Interface and its benefits by September 30, 2021.	9/30/2021		
	3. Identify ENT/Audiology clinics, and other pediatric clinics -- offer information about the CHARM Web Interface and its benefits by September 30, 2021.	9/30/2021		
Goal #5	**Assess usage benefits, and satisfaction of the CHARM Web Interface users by September 30, 2021.**			
	Measurable Objectives:			
	1. Develop a customer satisfaction/benefits survey by September 30, 2021.	9/30/2021		
	2. Determine usage of the CWI among authorized users by September 30, 2021.	9/30/2021		

3. Increase the percentage of children completing a hearing screening test after receiving an alert from the CHARM system from 80%-82% by continuing the Birth Certificate Project with EHDI and Vital Records. Assess the percent increase in the number of alerts generated by CHARM for children that went on to complete a hearing screening test, by September 30, 2021.	9/30/2021

Program: Early Hearing Detection and Intervention (EHDI) (Hearing) Programs
Program Manager: Stephanie McVicar, (801) 584-8215, smcvicar@utah.gov
Program Mission/Purpose:

The mission of the Hearing Programs is to:
1. Provide oversight to healthcare practitioners to ensure all newborns receive early screening, diagnosis and intervention for hearing loss;
2. Optimize early communication and learning potentials for deaf/hard of hearing (DHH) infants and children by providing access to hearing aids to financially eligible families; and
3. Educate women of childbearing age and community stakeholders on the risks of congenital Cytomegalovirus (CMV) during pregnancy and testing eligible infants for the presence of CMV.

Goals in red are for the program's ongoing (year to year) major functions.
Goals in purple are time-limited quality improvement goals.

GOAL #1	**Ensure all infants born in Utah have a newborn hearing screening. Increase the percentage of newborns born out of hospital who are screened for hearing loss from 89.8% to 91% by December 31, 2021.**	**TARGET**	**Baseline Data (if applicable)**		**Notes**
	Measurable Objectives:		**#**	**Date**	
	1. Provide education to midwives on the importance of newborn hearing screening.	2	1	Feb-17	1. Utah Midwives Organization Conference September 14, 2018 2. Aspen Midwifery conference November 16-17, 2018
	2. Create and distribute Early Hearing Detection & Intervention (EHDI) Midwife Report Cards.	100%*	58	Jul-17	*Reports cards will be given to all midwives and facilities who use state hearing screening equipment
	3. Recognize high-performing midwives/birth centers via formal UDOH EHDI Certificates of Excellence.	Once Annually	N/A		Will do once a year in coordination with Site Visits and/or report cards; Beginning FY 19
	4. Conduct bi-annual site visits and training with midwives who have State EHDI hearing screening equipment.	10	N/A		Beginning FY 19
	5. Research funding to purchase new equipment for midwives.	1	N/A		Historically have used HRSA carry over funding. That funding is no longer available. Unable to discover any new funding sources, to date Aug-18)
GOAL #2	**Ensure that infants who have a hearing loss receive a timely diagnosis. Decrease age of infants obtaining a confirmed diagnosis from 90% before 128 days to 90% before 90 days by December 31, 2021.**	**TARGET**	**Baseline Data (if applicable)**		**Notes**
	Measurable Objectives:		**#**	**Date**	
	1. Develop NICU / High-Risk protocol which emphasizes the importance of completing a diagnostic evaluation prior to discharge for babies with significant risk for hearing loss.	Complete	N/A	Aug-18	Approved by unanimous vote during Aug-18 Newborn Hearing Screening Advisory Committee meeting
	2. Utilize QI strategies to ensure EHDI quality of care with Intermountain Healthcare birthing hospitals.	As Needed	5 Facilities	2016 Ongoing	On-going QI with DIxie, Garfield, Cedar City, Primary Children's, Utah Valley
GOAL #3	**Ensure that newborns and infants with a confirmed hearing loss are enrolled in early intervention services prior to 6 months of age. Increase the percent of infants enrolled in early intervention services before 6 months from 59% to 61% by December 31, 2021.**	**TARGET**	**Baseline Data (if applicable)**		**Notes**
	Measurable Objectives:		**#**	**Date**	
	1. Disseminate the new EHDI Diagnostic / EI Referral process document to audiologists.	All Pediatric Audiologists	100%	Apr-18	Disseminated during our Pediatric Audiology Conference and circulated to ALL licensed audiologists via mail.
	2. Evaluate the EI Parent Infant Program (PIP) enrollment requirements.	Complete by January 2019			The EHDI Pediatric Audiology Working Group (PAWG) has reviewed and offered suggestions. In discussion/awaiting approval from USDB Education Directors.

	3. Train diagnosing audiologists on key PIP principles and why EI is important for families/children.	5 Mtgs/Year	2	Ongoing	Quarterly PAWG meetings and annual EHDI Audiology Conference
	4. Provide updated PIP educational materials to audiologists.	All Pediatric Audiologists			Will distribute new materials annually at our Audiology Conference; dependent upon PIP for development of materials
	5. Provide Parent to Parent support calls to families when a referral is made to EI and to those who have opted out of early intervention services.	100% of families w/out a documented reason for refusal	0	Ongoing	Started FY19. Dependent on continued access to BTOTS.
GOAL #4	**Provide hearing aids to financially eligible families.**	**TARGET**	**Baseline Data (if**		**Notes**
	Measurable Objectives:		**#**	**Date**	
	1. Ensure that 95% of CHAP applications are processed within 2 weeks of coordinator receipt in order to allow kids to be fit with hearing aids as early as possible. Work with audiologists, EI providers, and/or families to offer assistance if it appears any delays or difficulties are present.	95% of CHAP applications processed within 2 week period	FY2018 = 81%	Ongoing	
	2. Recipient's parents will indicate a neutral or positive satisfaction level at all aspects with the CHAP program and the hearing aid fitting process of 90% or above based on a satisfaction survey.	Family satisfaction will be at or above 90% with all aspects	FY2018 = 93-100% Range	Ongoing	There are 10 satisfaction questions, and the ranges include responses from all questions. The last question is the overall CHAP experience which equaled 100%.
GOAL #5	**Provide cytomegalovirus (CMV) education and testing.**	**TARGET**	**Baseline Data (if**		**Notes**
	Measurable Objectives:		**#**	**Date**	
	1. Ensure that 96% of eligible children are tested for congenital CMV (cCMV) by December 31, 2021.	96%	93.50%	2017	
	2. Reduce the occurrence of children with cCMV to 1 in 4,000 by December 31,2021.	1/4,000	1/3,000	2017	
	3. Increase the # of Utah women (child-bearing age) aware of CMV to 30% by December 31, 2021.	30%	28%	2016	Baseline awareness from Utah Facebook survey, *n=2758.*

	TIME LIMITED QUALITY IMPROVEMENT PROJECTS	**REPORTING**		
GOAL #1	**Increase Parent-to-Parent outreach from 0% to 95%.**	**Target Date**	**Completed Date**	**NOTES**
	Measurable Objectives:			
	1. Disseminate Parent Notebook to all families of a deaf or hard of hearing child upon confirmed diagnosis.	100%	Ongoing	The Parent Notebook is in the process of being updated (Completion Target FY20)
	2. Offer community-based resources and supports to families via social media pages.	Currently happening (Began FY 18)	Ongoing	Target: 2 Social Media Pages with at least 1 post/week
	3. Produce a webinar series (WebinEARS) that explores topics relevant to families whose children are deaf or hard of hearing.	Developed FY18	Ongoing	Held once a month
	4.Have an information booth at community and health fairs where information about EHDI programs and supports will be distributed to Utah families.	5/year	Ongoing	Often held in conjunction with the Utah Birth Defects Network/CCHD/Zika programs
GOAL #2	**Increase the number of children receiving hearing aids from 25 in FY18 to 43 by December 31, 2021.**	**Target Date**	**Completed Date**	**NOTES**
	Measurable Objectives:			
	1. Apply for an ongoing building block for hearing aid funding.	8/24/2018	8/23/2018*	*Finalized with DFHP Finance

Program: Fostering Healthy Children
Program Manager: Troy Gear, 801 584-8598, tgear@utah.gov
Program Mission/Purpose:

The mission of the Fostering Healthy Children Program is to facilitate and advocate for excellence in medical, dental, mental health, and overall wellbeing for children in Utah's foster care system.

Goals in red are for the program's ongoing (year to year) major functions.
Goals in purple are time-limited quality improvement goals.

GOAL #1	Improve the medical, dental, mental health, developmental screening, and Health Status Outcome Measure (HOSM) timeliness completion rate for all foster care cases in each area outlined in the objective below.	TARGET	Baseline Data (if applicable)		Notes
	Measurable Objectives:		#	Date	
	1. 85% of medical assessments will be completed and on time by July 1, 2019.	85%	79.40%	FY2018	
	2. 85% of dental assessments will be completed and on time by July 1, 2019.	85%	76.60%	FY2018	
	3. 70% of mental health assessments will be completed and on time by July 1, 2019.	70%	63.60%	FY2018	
	4. X% of ASQ developmental screenings will be completed and on time by July 1, 2019. **Time Limited goal added 7/20/18:** Establish ASQ/ASQ-SE baseline data with reporting and tracking ability by 01/01/2019 and moved under "time limited" goals below.	Pending	Pending	Pending	baseline data and ongoing reporting capability pending DCFS SAFE Business Analytics team develping report functionality.
	5. 90% of HSOM assessments will be completed and on time by July 1, 2019.	90		FY2018	

GOAL #2	Improve the percentage of complete and accurate medication profile line item entries in SAFE.	TARGET	Baseline Data (if applicable)		Notes
	Measurable Objectives:		#	Date	
	1. Improve case based entries from 60% to 80% by July 1, 2019.	80%	60%	Mar-18	
	2. Improve line item based entries from 80% to 90% by July 9, 2019.	90%	80%	Mar-18	

GOAL #3	Provide psychotropic medication oversight for children in foster care.	TARGET	Baseline Data (if applicable)		Notes
	Measurable Objectives:		#	Date	
	1. Percent of children in foster care that qualify for UPOP review. Reduce the percentage of children in foster care that qualify for UPOP review from 20% to 18% by December 31st, 2020.	18% (504/2800)	20% (550/2800)	1/2017-6/2018	7/20/18: sent to UPOP team for updates to UPOP Strategic Plan and tracking spreadsheet with trackable and reportable measures.
	2. Distribution of UPOP children in the risk categories low, intermediate and complex. Establish a baseline of non-standard medication regimens as a percentage of all Rx among the UPOP population. Decrease the number of children in intermediate and complex risk categories from X to Y (Y=X -10%) December 31st, 2020	Pending data from DCFS	Pending data from DCFS		7/20/18: sent to UPOP team for updates to UPOP Strategic Plan and tracking spreadsheet with trackable and reportable measures.
	3. Percentage of UPOP children who require monitoring and receive it, according to the standard psychotropic medication guidelines. Establish a baseline and Increase the percent of children who require monitoring that do receive it from X to Y by Date	Pending data from DCFS	Pending data from DCFS		7/20/18: sent to UPOP team for updates to UPOP Strategic Plan and tracking spreadsheet with trackable and reportable measures.

TIME LIMITED QUALITY IMPROVEMENT PROJECTS		REPORTING	
GOAL #1		Target Date	Completed Date
	Measurable Objectives:		
	1. Improve the Health Status Outcome Measure (HSOM) process phase 1 to better align with and facilitate prompt, competent, and wholistic healthcare that is individual and unique to each child with enhanced communication between providers and key stakeholders.	1/1/2019	
	2. Establish ASQ/ASQ-SE baseline data with reporting and tracking ability.	1/1/2019	

Program: Technology Dependent Waiver
Program Manager: Carrie Carter, 801 584-8505, carriecarter@utah.gov
Program Mission/Purpose:

The mission of the Technology Dependent Waiver Program is to provide the day-to-day administrative activities for Medicaid's Home and Community-based Waiver for Technology Dependent/Medically Fragile Individuals.

Goals in red are for the program's ongoing (year to year) major functions.
Goals in purple are time-limited quality improvement goals.

GOAL #1	Waiver services are provided by qualified providers.	TARGET	Baseline Data (if applicable)		Notes
	Measurable Objectives:		#	Date	
	1. 100% of waiver provider agencies meet required licensing standards, both at enrollment and ongoing.	100%	16 of 16	06/30/17	100% Compliance
	2. 100% of family-directed service providers who meet the provider criteria as outlined in the State Implementation Plan.	100%	5 of 5	6/30/17	100% Compliance
GOAL #2	Service plans address all of participants' assessed needs.	TARGET	Baseline Data (if applicable)		Notes
	Measurable Objectives:		#	Date	
	1. 100% of plans of care address the assessed needs of participants, including health and safety risk factors and personal goals, either by waiver services or through other means.	100%	108 of 108	6/30/15	100% Compliance
	2. 100% of participants have an assessment completed prior to updating the plan of care.	100%	108 of 108	6/30/15	100% Compliance
GOAL #3	Services are delivered in accordance with the service plan	TARGET	Baseline Data (if applicable)		
	Measurable Objectives:		#	Date	Notes
	1. 100% of participants received services in accordance with their plan of care including the type, scope, amount, frequency and duration.	100%	107 of 108	6/30/15	99.1% Compliance
GOAL #4	Prevent instances of abuse and neglect, and effectively address instances that occur.	TARGET	Baseline Data (if applicable)		
	Measurable Objectives:		#	Date	Notes
	1. 100% of waiver provider agencies meet required licensing standards, both at enrollment and ongoing	100%	16 of 16	06/30/17	100% Compliance
	2. 100% of abuse, neglect, exploitation and unexpected death incidents are reviewed/investigated within the required timeframe.	100%	1 of 1	06/30/17	100% Compliance
	3. 100% of substantiated abuse, neglect, exploitation and unexpected death incidents completed required/recommended follow-up (safety plans, corrective action plans, provider sanctions, etc.).	N/A	N/A	06/30/17	No Substantaited incidents occurred

TIME LIMITED QUALITY IMPROVEMENT PROJECTS		REPORTING	
GOAL #1		Target Date	Completed Date
	Measurable Objectives:		
	Establish a baseline of the impact and effectiveness of the services and supports offered by the waiver program to the recipient and family.	for baseline data 12-31-2018	