

**Utah Department of Health
Building Block Performance Measures
2018 GS**

<u>Division</u>	<u>Line Item</u>	<u>Description</u>	<u>Funding Source</u>	<u>Funding Amount</u>	<u>Performance Measure</u>	<u>October 2018 Report</u>
FY18 Items						
Disease Control & Prevention	Lab Operations & Testing	Use balance remaining in State Lab Drug Testing Account	State Lab Drug Testing Account	21,900	Purchase 2 pieces of equipment. 1 - Water polisher for the Ultra Pure Lab Water; 2 - Sample concentrator to aid in automated sample preparation. Measure - Purchased / Not Purchased.	Water polisher - purchased Sample concentrator - purchased
Disease Control & Prevention	Health Promotions	UCOOP for Outreach, Diversion and Partnerships to Support the Utah DEA360 Program	General Funds	500,000	1) Complete and monitor contract with DEA to implement DEA 360 goals which include: a) increase drug epidemic education, b) build sustainable, drug-free communities, and c) create a change in attitude and perception of drug threats to the community and 2) Ensure DEA participation in UCOOP Executive and Steering Committees to update members on DEA 360 goals and provide UCOOP support to implement goals.	1) Through the process of negotiating a contract with the DEA to implement DEA 360 goals, it has been determined that as a federal agency, they are unable to receive the funds. With GOMB input and guidance, in addition to the DEA, we will work with UCO-OP to determine how best to allocate funds to implement the DEA 360 program goals of "partnering with the medical community and others to raise awareness of the dangers of prescription opioid misuse and the link to heroin and strengthening community organizations best positioned to provide long-term help and support for building drug-free communities". This will be discussed at the next UCO-OP Executive Committee meeting January 2019. In light of these adjustments, we would like to revise this performance measure to read: Work with UCO-OP to develop and implement an action plan to disseminate funds supportive of DEA 360 goals. 2) The DEA has participated in all UCO-OP Executive and Steering Committee meetings in 2018 and continues to update the UCO-OP on DEA 360 goals. UCO-OP members have worked closely with the DEA and provided extensive support for Senator Lee's Opioid Solutions Summit, a DEA 360 initiative. These collaborations will continue throughout the rest of the year.
Medicaid	Medicaid and Health Financing	HB12 - Family Planning Services Amendments	Federal Funds	37,500	The department has applied for the necessary waiver before July 01, 2018. (See additional performance measures below in FY19 section.)	The waiver was submitted to CMS on June 29,2018
			General Funds	37,500		
Medicaid	Medicaid and Health Financing	HB435 - Medicaid Dental Benefits	Federal Funds	37,500	The department has applied for the necessary waiver on or before June 30, 2018. (See additional performance measures below in FY19 section.)	The waiver was submitted to CMS on June 29,2018
			Dedicated Credits	37,500		

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Medicaid	Medicaid Services	Medicaid Consensus Adjustments	Federal Funds	23,439,500	The department has sufficient funding to provide Medicaid services to eligible individuals and to cover inflationary increases, FMAP changes, and other federally mandated changes.	The department did not need to use any buffer funding in fiscal year 2018.
			General Funds	9,964,400		
	Medicaid Expansion Fund		General Funds	(2,664,400)		
Medicaid	Children's Health Insurance Program	Medicaid Consensus Buffer	Federal Funds	22,100,000	Funding is sufficient to continue health coverage for eligible individuals in the Medicaid Services, Medicaid Expansion Fund, and CHIP line items. This funding will be used for state match only in the event of unanticipated program costs.	The department did not need to use any buffer funding in fiscal year 2018.
			Medicaid Restricted Account	9,400,000		
	Medicaid Services		Federal Funds	22,100,000		
			Medicaid Restricted Account	9,400,000		
	Medicaid Expansion Fund		General Funds	(3,051,100)		
			Medicaid Restricted Account	9,400,000		

FY19 Items

Disease Control & Prevention	Medical Examiner's Office	Reduce Medical Examiner Caseloads	Dedicated Credits	912,000	These dedicated credits represent a significant reduction from the original building block on which the original performance measures were based. With the addition of two additional pathologists, a forensic pathology fellow (trainee) and three full-time investigators, our goal is to reduce our backlog of incomplete cases (over 90 days) by 40% (1,706 at the beginning of FY18) and complete 90% of current cases within 90 days.	We have been unable to hire any forensic pathologists to date, but interviews are on-going and we hope to extend offers in the next month. Many (50%) applicants are unavailable to start before early FY 2020. We are also attempting to fill an additional vacancy created by the departure of a staff pathologist. We have hired a forensic pathology fellow (October 22, 2018) and interviews for our three investigators have been completed, with one position filled internally and two other offers being made this week. Our backlog is down almost 5% since the start of FY19. Most recent data show that we have completed 62% of current cases within 60 days and 72% within 90 days.
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Disease Control & Prevention	Health Promotion	Alzheimer's State Plan Funding	General Funds	250,000	1) Train 400 participants in Dementia Dialogues statewide 2) Develop a surveillance plan for Alzheimer's and Related Dementias 3) Conduct a Public Awareness Campaign 4) Conduct 3 healthcare provider trainings statewide. (The performance measures were changed due to decreased funding. The original funding request was \$1,959,500. The final request was \$1,000,000 of which \$250,000 is designated to the Utah Department of Health for Healthcare Provider Education, Caregiver Training, BRFSS Survey, Community Care Consultation and a Public Awareness Campaign.)	1) 762 participants have been trained in Dementia Dialogues. As of August 2018, 50 trainers have been trained to teach Dementia Dialogues statewide. 2) Two modules from the BRFSS are implemented in Utah: Cognitive Decline and Caregiving. Meetings are ongoing to develop a Cognitive Health Surveillance System. 3) EKR Agency was awarded funding for a Public Awareness Campaign which will be launched in January 2019. This campaign will encourage communication between adults 55+ and their health care providers regarding their brain health, Alzheimer's Disease and Related Dementias. 4) A Cognitive Care Conference was held October 2018 reaching 45 healthcare providers. Eight trainings were conducted by HealthInsight reaching 25 healthcare providers in utilization of cognitive screening tools during the Annual Wellness Visit.
Disease Control & Prevention	Epidemiology, Communicable Disease & Immunization	Increased state funding for USIIS Program	General Funds	230,000	1) Immunization coverage rate of children 19-35 months of age in USIIS. 2) Percentage of Youth 13-15 years of age, in USIIS, with 1 dose of Tdap/Td. 3) Percentage of adults 65 years and older, in USIIS, immunized against pneumococcal. 4) Number of vaccination records maintained in USIIS. (Upon further consideration, and in keeping with the format of other performance measures, these measures are less detailed than those originally submitted. The level of detail included in the original performance measures will be included in reporting against these. Performance measures were modified slightly in order to simplify measure format; to clarify what data was available within, and would be reported from, USIIS; and to demonstrate volume of records maintained within USIIS as a way to show how the Program is used by clinical providers in Utah.)	1) The 4:3:1:3:3:1:4 immunization coverage rate of children 19-35 months of age in USIIS increased 5% between 2016 and 2017 – based on immunizations processed into USIIS for those two complete calendar years. 2) The percentage of youth 13-15 years of age in USIIS with 1 dose of Tdap administered after the age of 7 years increased 1% between 2016 and 2017 – based on immunizations processed into USIIS for those two complete calendar years. 3) The percentage of adults 65 years and older in USIIS immunized against pneumococcal decreased 2% between 2016-2017 – based on immunizations processed into USIIS for those two complete calendar years. The number of adult records maintained in USIIS increased a disproportionate 6% during the same period. 4) The number of vaccinations maintained in USIIS increased 9% between 2016 and 2017 – based on immunizations processed into USIIS for those two complete calendar years.
Disease Control & Prevention	Spinal Cord & Brain Injury Rehabilitation Fund	HB143 - Off-highway Vehicle Amendments	Dedicated Credits	42,000	1) Number of clients that received an intake assessment, 2) Number of physical, speech or occupational therapy services provided, 3) Percent of clients that returned to work and/or school.	1) The number of clients that received an intake assessment increased from 34 to 48 from SFY17 to SFY18, 2) the number of physical, speech, or occupational therapy services provided increased from 3,007 to 3,294 from SFY17 to SFY18, and 3) the percent of clients that returned to work and/or school increased from 78% in SFY17 to 88% in SFY18.

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Disease Control & Prevention	Health Promotion	HB25 - Cannabinoid Product Board Membership Amendments	General Funds	61,200	By September 1, 2018, TPCP will hire a 0.5FTE Policy Analyst to support the work of the Cannabinoid Product Board, such as gathering and synthesizing research, drafting reports, organizing and facilitating Board meetings, etc. (We anticipate we'll be able to have someone in this position earlier than originally anticipated so we moved the date up by one month when compared to the date originally submitted.)	A 0.5 FTE Policy Analyst has been hired to help support the work of the Cannabinoid Product Board. They were hired and in place July 2018.
Disease Control & Prevention	Health Promotion	HB399 - Opioid Abuse Prevention and Treatment Amendments	General Funds	10,500	1) Create overall opioid pamphlet with DSAMH for distribution, 2) % of retail pharmacies that have pamphlet available at point of sale, 3) Number of pamphlets disseminated to retail pharmacies.	1) The pamphlet has been developed and is going through final revisions for distribution, 2) 30 pharmacies have requested pamphlets to be made available at the point of sale since May 2018, 3) 1,650 pamphlets have been disseminated since May 2018, including 68,800 warning stickers for opioid prescriptions.
Family Health & Preparedness	Primary Care Workforce Financial Assistance	Health Care Workforce Financial Assistance Program		250,000	1. Percent of available funding awarded. 2. Total individuals served. 3. Total uninsured individuals served 4. Total underserved individuals served 5. Permanence of health care provider in the underserved area. (These performance measures are slightly different than what was proposed in order to be consistent with PM's already established for the program)	1. Currently no funds have been awarded, but we have received 14 applications and have 5 more pending, then we will contact the review committee to schedule a meeting 2. No data has been received since not funds were awarded. 3. No data has been received since no funds were awarded. 4. No data has been received since no funds were awarded. 5. We have started to collect this data through a Survey Monkey survey of all the awardees so that we can measure how many are staying after the end of their obligation. We also want to note that we applied for and received federal matching funds for this program in the amount of \$202,500 a year for four years. This funding is from HRSA, State Loan Repayment Program (SLRP).
Family Health & Preparedness	Health Facility Licensing & Certification	Increase in Inspection Staff for Health Facilities	General Funds	150,000	Bring the average survey time for assisted living facilities from 40 months to 36 months. Bring the average survey time for personal care agencies from up to 72 months to 48 months.	The assisted living survey average is currently 42 months. However the survey team inspected 93 facilities in 2018 out of 235 total - which is 40%. With current staffing, this should catch up to the 36 month average within one to two years. Since there were many surveys done, the survey average from the date of last inspection to today is 11.8 months. The progress is very positive. The personal care agency survey average is currently at 52 months. This is close to the goal and will catch up within the next year. The average from the date of last survey to today is 14 months. The surveyors have accomplished a lot in 2018.

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Family Health & Preparedness	Bureau of Primary Care	Maliheh Free Clinic	General Funds	100,000	Provide contract to vendor by September 30, 2018, Report on the number of new and follow up patient encounters. (A new outcome measure was added for this item.)	Contract language is in development by the Division/Department which has not completed therefore no distribution of funding has occur at this point.
Family Health & Preparedness	Emergency Medical Services	Pediatric Trauma and Quality Improvement Network	General Funds	250,000	<ol style="list-style-type: none"> 1. Establish pediatric traumatic brain injury and pain management guidelines. 2. Establish state and regional benchmarks and triage guidelines for pediatric trauma and emergency care. 3. Utilize and Integrate pediatric trauma and emergency care performance improvement and patient safety meetings into the existing state performance improvement infrastructure. 4. Establish a Pediatric Trauma and Emergency Care Network Conference 5. Assess compliance to state and regional triage guidelines for pediatric trauma victims 6. Establish benchmarks for reporting fiscal savings in year one by preventing unnecessary transfers of pediatric trauma victims (The slight modifications to the performance measures were intended to provide some integration of the new program with existing programs (EMS for Children and Trauma System) within the BEMSP.)	A contract with Primary Children's Medical Center (PCMC) is currently being finalized. Meetings have been held with PCMC since summer 2018 to coordinate the work to be accomplished within the Utah Pediatric Trauma Network. Now that the contract is in place, PCMC can go about hiring the coordinator and starting to accomplish the performance measures identified. Work being done over the past 6 months between the Utah Department of Health and PCMC include refining scope of the project, discussion data collection and sharing, and beginning to establish the regional councils to accomplish the purpose of the legislation.
Family Health & Preparedness (appropriated to DCP, but belongs to FHP)	Maternal and Child Health	Increased funding for Safe Haven Program	General Funds	25,000	By June 30, 2019, funds will be used to increase outreach marketing campaign activities by 10%. (A slight modification was made to the wording of this measure to clarify what exactly the measure was to be.)	A Sole Source contract with Lamar Transit of Salt Lake City is pending approval. This contract will allow us to run our new campaign on UTA buses, Trax and FrontRunner. We also met with the account executive at Cumulus Radio Group and have an RFP pending approval to launch our radio campaign. Our PSA has been recorded and approved. We also have another RFP for a year-long social media campaign.

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Family Health & Preparedness	Maternal & Child Health	SB118 - Abortion Law Amendments	General Funds	146,100	Department will develop an information module for release and use by January 1, 2019	<p>March 2017 - We put together an internal UDOH committee to work on the requirements of the legislation.</p> <p>March - May 2017 - UDOH staff investigated options for development of the module. We discussed internal capacity with the Division of Technology Services. After careful consideration, it was determined that the best course of action would be to put out a bid for services.</p> <p>June 5 - We began conversations with State Purchasing to use a contractor from the Approved Vendor List. State Purchasing felt that this service would need to go out for a bid.</p> <p>June 6-22 - State Purchasing requested UDOH get an RQS number and start a solicitation. The forms were completed and sent to purchasing in mid-June. DTS involved when purchasing flagged bid for having a DTS component (at this point Jim Howard, Division of Technology Services was assigned to our internal working group). On June 22, the DTS Business case document was completed and bids were opened in SciQuest. Due to the short turnaround time for completion, it was posted for one week.</p> <p>June 29 - Purchasing notified UDOH of the receipt of six proposals.</p> <p>July 1 - Funding available to start the project</p> <p>July 11 - Internal UDOH group met to review proposals. The top vendor was picked and purchasing was notified</p> <p>July 13 - State purchasing notified CueBid they were to receive the award</p> <p>July 19 - State purchasing sent PO To CueBid</p> <p>July 26 - UDOH staff met with representatives from the Eagle Forum and ProLife Utah to discuss module implementation</p>
Family Health & Preparedness	Emergency Medical Services	SB150 - Utah Statewide Stroke and Cardiac Registry Act	General Funds	98,000	Cardiac and stroke registry advisory committee meet quarterly. Meeting attendance and minutes will be documented and retained according to retention schedule. Cardiac and stroke registries to be integrated with existing sources of patient care data such as the cHIE. (An additional measure was added to better reflect how this funding will be utilized.)	<p>Experts in the Bureau of EMS and Preparedness have been working with external partners to establish the two advisory committees to work on this legislation/effort. The committees have meetings set for November and December to start clarifying data elements and data collection with existing sources. Meetings have been conducted with the UDOH to maximize efforts with different registried and data collection across various department projects. Both EMS and Health Promotion, as well as other programs will join efforts to work on these efforts.</p>

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Family Health & Preparedness	Nurse Home Visiting Pay-for-Success Program	SB161 - Nurse Home Visiting Pay-for-success Program	Nurse Home Visiting Restricted Account	20,000	The Department will determine performance outcome measures. These performance measures will be presented to the Executive Appropriations Committee for approval prior to implementation of the program.	Utah Office of Home Visiting staff are currently in the procurement process for two solicitations with the State Division of Purchasing. Per the language of SB161, the Utah Department of Health is required to contract with a "Programmatic Intermediary" and an "Independent Evaluator" as part of the infrastructure for the Nurse Home Visiting pay for success project. Performance measures will be finalized once the Programmatic Intermediary is under contract with UDOH.
			General Funds	520,000		
Medicaid	Medicaid Services	Community Supports Waiver	Federal Funds	1,163,000	1) The number of additional persons covered by the Community Supports Waiver. 2) The cost of the additional persons covered. (The Division modified the performance measures due to the current DLC lawsuit against the Departments of Health and Human Services regarding the transition of individuals from ICF-IDs to the community.)	The measures for this program will be captured at the end of the fiscal year.
			General Funds	491,000		
Medicaid	Medicaid Services	Nursing Care Restricted Fund Increase	Federal Funds	5,216,200	Nursing facility and hospice rates are increased to target \$7,400,200 total funds effective July 01, 2018.	Nursing facility and hospice rates were increased effective July 01, 2018.
			Nursing Care Restricted Account	2,184,000		
Medicaid	Medicaid Services	ICF-ID Property Improvement	General Funds	350,000	(1) Number of facilities that make significant capital improvements. (2) Percent of appropriation awarded through the capital improvements process. (3) Accountability through reporting to the Department of Health to insure that all funds appropriated were spent on capital improvements. (In addition to the original measure, the Department determined that the measure should be quantified. Therefore, the measure was modified to include the number of facilities making capital improvements and the percentage of the appropriation utilized through the capital improvements process. The new measure still reflects the goal of the original performance measure submitted, while providing more defined perspective on how the funding was used.)	Applications for this program are not due until 6/30/2019, the measure will be captured at the end of the fiscal year.
			Nursing Care Restricted Account	291,000		

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Medicaid	Children's Health Insurance Program	Medicaid Consensus Buffer	Federal Funds	22,100,000	Funding is sufficient to continue health coverage for eligible individuals in the Medicaid Services, Medicaid Expansion Fund, and CHIP line items. This funding will be used for state match only in the event of unanticipated program costs.	We are on-track to have sufficient funding for the Medicaid, CHIP, and Expansion programs.
			Medicaid Restricted Account	9,400,000		
	Medicaid Services		Federal Funds	22,100,000		
			Medicaid Restricted Account	9,400,000		
			Medicaid Expansion Fund	9,400,000		
Medicaid	Medicaid Services	Medicaid Consensus Adjustments	Federal Funds	49,474,100	The department has sufficient funding to provide Medicaid services to eligible individuals and to cover inflationary increases, FMAP changes, and other federally mandated changes.	We are on-track to have sufficient funding for the Medicaid program.
	Medicaid Expansion Fund		General Funds	17,842,500		
			General Funds	(4,600,000)		
Medicaid	Medicaid Services	HB100 - Medically Complex Children with Disabilities Waiver Program	Federal Funds	4,728,400	<ol style="list-style-type: none"> 1) The number of persons covered under the MCCW. 2) The cost of the Waiver program. 3) Over 90% of families will report that they have not incurred medical debt after six months on the waiver. 4) Over 90% of families will report that they are coping well or somewhat well with caring for the child after six months on the waiver. 	We received approval from CMS to renew the Medically Complex Children's Waiver on 09/26/2018.
			General Funds	2,041,600		
Medicaid	Medicaid & Health Financing	HB12 - Family Planning Services Amendments	Federal Funds	129,200	<ol style="list-style-type: none"> 1) The number of persons covered under the waiver. 2) The cost to operate the waiver. 3) The increase in the number of LARCs provided to women in an inpatient hospital. 4) By FY2022, the Department will estimate the number of unwanted pregnancies avoided and the impact of that number on the number and cost of Medicaid births and enrollment. 	The waiver is on hold due to the passage of prop 3.
	Medicaid Services		General Funds	90,500		
			Federal Funds	1,505,000		
			General Funds	165,000		
Medicaid	Medicaid Services	HB139 - Telepsychiatric Consultation Access Amendments	Federal Funds	8,700	The number of claims or encounters submitted for these procedure codes 99358, 99446, 99447, 99448, and 99449 that were not previously covered.	The measure for this program will be captured at the end of the fiscal year.
			General Funds	3,800		

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Medicaid	Medicaid & Health Financing	HB42 - Medicaid Waiver for Mental Health Crisis Services	Dedicated Credits	265,000	The number of claims or encounters submitted for an Mobile Crisis Outreach Teams (MCOT) bundled rate.	The measure for this program will be captured at the end of the fiscal year.
			Federal Funds	265,000		
	Medicaid Services		Dedicated Credits	60,000		
			Federal Funds	205,000		
			Medicaid Expansion Fund	30,000		
	Medicaid Expansion Fund		General Funds	30,000		
Medicaid	Medicaid & Health Financing	HB435 - Medicaid Dental Benefits	Dedicated Credits	63,400	(1) The number of eligible individuals treated (2) The count of services provided (The Division modified these measures because they are more meaningful. The rate of utilization that occurred in 2009 is not relevant.)	The measures for this program will be captured at the end of the fiscal year.
			Federal Funds	66,100		
	Medicaid Services		Dedicated Credits	236,000		
			Federal Funds	540,000		
Medicaid	Medicaid & Health Financing	HB472 - Medicaid Expansion Amendments	Federal Funds	3,040,000	1) The department has applied for the necessary waiver before January 01, 2019. 2) Eligibility is opened for adults at or below 100% of FPL to receive Medicaid services within six months of CMS waiver approval. 3) Number of eligible adults ages 19-64 enrolled and the related costs. (The Department determined that the performance measure for the first year of the program would differ from the ongoing measure for the program. Performance in the first year reflects the Department's work to obtain waiver approval from CMS and to implement the program. The ongoing measure for the program would be the number of members enrolled in the program and the related cost.)	The waiver is on hold due to the passage of prop 3.
			Medicaid Expansion Fund	540,000		
Medicaid	Children's Health Insurance Program	Future state match for CHIP	General Funds	Net 0 for FY19	Funding is sufficient to continue health coverage for eligible individuals in the CHIP line item on an ongoing basis. (The Division modified the performance measures for CHIP because both Congress and the Utah Legislature addressed the long term funding of the CHIP program and this measure was felt to be more relevant.)	There is no change for SFY 2019.