



UTAH DEPARTMENT OF  
**HEALTH**

**FAMILY HEALTH & PREPAREDNESS**

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We are engaged professionals improving  
the health, safety, and well-being of  
Utahns.

# Strategic Plan—Introduction

**The Division of Family Health and Preparedness (DFHP)** has undertaken a year-long strategic planning process involving all staff in the division. The process launched with division leadership meeting with staff from each individual program in the division, to learn about their program, review existing goals and performance measures, and develop measurable goals if none existed. In the process of the meetings ideas were discussed about possible collaborations and potential organizational changes that would make the division more successful.

The process was undertaken in conjunction with the development of a division-level implementation plan for the Department of Health's Strategic Plan. The division identified areas of emphasis in the Department's plan that were best addressed through individual program goals within the division, and those that would be better matched to division-wide initiatives. It was decided that the following Department areas of emphasis would become division-wide initiatives in DFHP:

- Promote a supportive work environment
- Make data-driven decisions
- Provide excellent customer service
- Utilize technology to enhance program performance
- Foster a culture of continuous quality improvement (CQI)

## A Strengths-based Approach to a 'Promote a Supportive Work Environment'

The division's efforts to promote a supportive work environment are focused on implementing a strengths-based approach throughout the division. All staff have been offered access to the Gallup StrengthsFinder assessment and 174 (52%) have voluntarily completed the division's strengths workshops.

A strengths-based approach to management and leadership engages employees' natural strengths to maximize their potential and improve performance beyond the level required just to keep their jobs. This strengths-based approach provides intrinsic motivation for staff to voluntarily go above and beyond the minimum requirements of their job. It is our belief that having the opportunity to use one's natural talents and strengths in the workplace every day is the strongest determinant of employee engagement. As well as engaged employees have increased productivity, profits, and customer satisfaction, and decreased absenteeism, staff turnover, and defects in work products.

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# Strategic Plan—Introduction

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## **Data-driven Decisions, Customer Service, and Use of Technology**

Developing an implementation plan for making data-driven decisions, providing excellent customer service, and utilizing technology to enhance program performance, lead the division to invited all staff to participate in a one day Appreciative Inquiry Summit in May, 2018. At the summit staff explored the very best experiences they have had in these three areas and generated ideas and suggestions for what best practices in these areas would look like. Participants also produced ideas for the creation of a new division mission statement.

At the end of the Appreciative Inquiry Summit, staff volunteered to participate in committees to develop guiding principles and practices in the three areas of emphasis that would be implemented in the division.

## **Fostering a Culture of Continuous Quality Improvement and the Governor's SUCCESS Initiative**

With the strategic plan in place, the division now has a division-wide mechanism to track program performance through program specific goals and objectives. The division will produce an annual performance report based on the strategic plan. In the coming year we will work with programs to improve programs' goals and objectives by bringing them into the Governor's SUCCESS Framework. We anticipate that some programs current goals and objectives will be able to move into the SUCCESS framework as they are, while others may need additional development. One program from each bureau has been identified to work directly with the SUCCESS framework.

## **Staff Involvement**

The division made the intentional decision to involve staff at every level throughout the year-long strategic plan development process. This allowed all staff to participate and for the division to gain maximum buy-in for the implementation of the plan. With staff involvement in the creation of a plan the division is able to appreciate their ideas and incorporate input in the final document. This lends itself to a sense of ownership in the plan by all who participated in the process including a more robust and complete plan because it incorporates ideas and perspectives from all staff who participated.

## **Division Consolidation**

As a result of the year-long planning process, with its in-depth look at each of the programs in the division, the division's organizational structure went from six bureaus to four. This consolidation considered many different factors to better align programs with appropriate bureaus as well as proper strength based configurations and alignment with the SUCCESS framework.

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# Strategic Plan—Introduction

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## Plan Format

**Section 1** of the strategic plan presents the mission, goals, and measures of each program in the division. These goals and measures include both the ongoing day-to-day work of each program, as well as time-limited quality improvement goals for each program. This section also identifies which area(s) of emphasis in the Department's strategic plan the program's functions align, as well as how the program's work relates to the new division mission statement.

**Section 2** of the strategic plan presents the simple implementation plan for the division, division-wide key principles developed for the Department's areas of emphasis for make data-driven decisions, provide excellent customer service, and utilize technology to enhance program performance

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# Section 1

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# Division Director—Paul Patrick



Curtis Burk Deputy Director, Paul Patrick Director, Mary Montoya Executive Secretary

## Mission

We are engaged professionals improving the health, safety and well-being of Utahns

## Impact

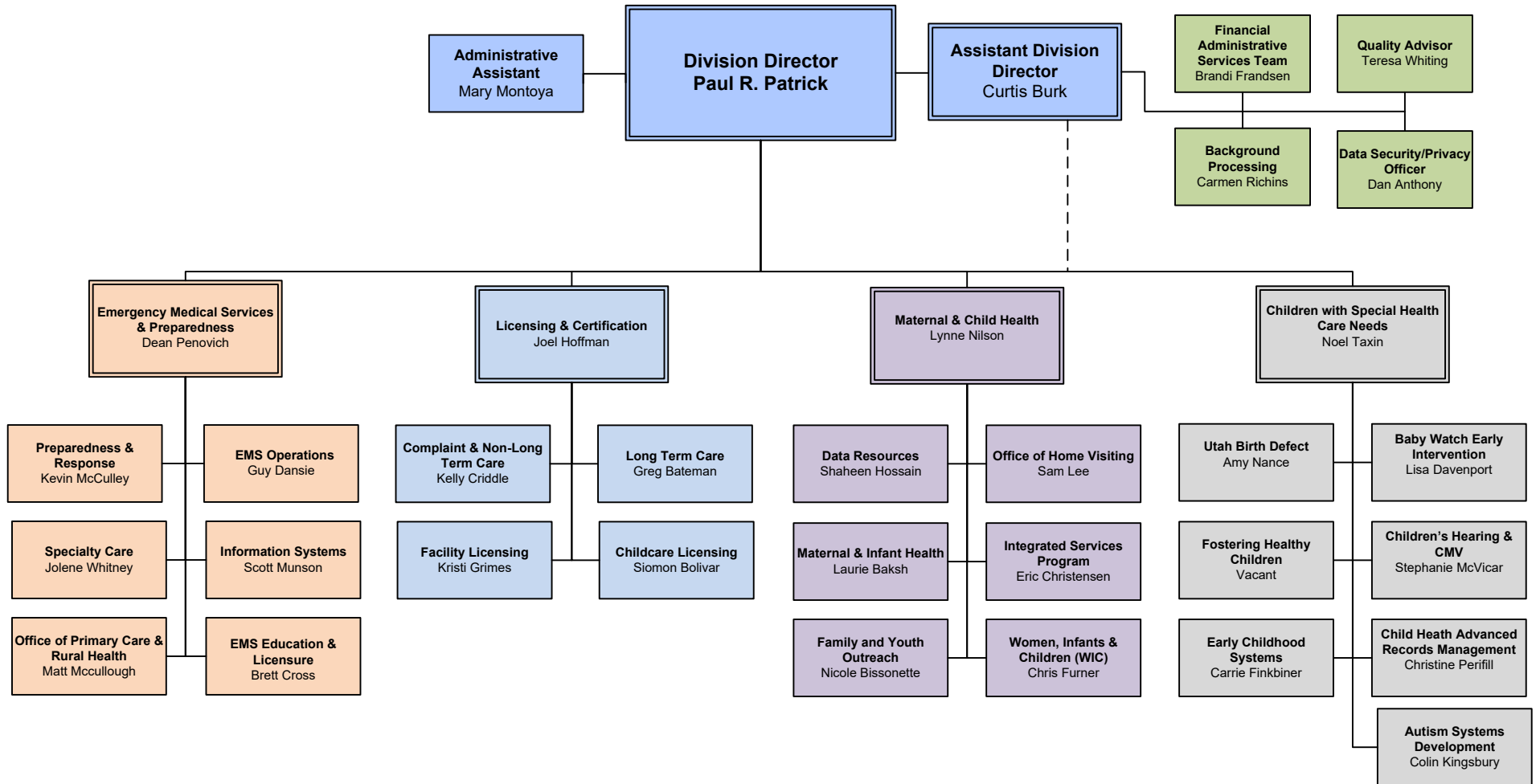
Improved health, necessary services, and the overall well-being of the most vulnerable populations in Utah.

## Department of Health Areas of Emphasis:

- Promote a supportive work environment
- Foster a culture of continuous quality improvement
- Make data-driven decisions
- Provide excellent customer service
- Utilize technology to enhance program performance
- Strive to achieve organizational excellence

Utah Department of Health  
**Division of Family Health and Preparedness**

Updated January 2019



# Office of Background Processing and Security



Back row: Annalyn Beers, Debbie Coffin, Ginger Flower Dennis Bang, Roger Edwards, Susan Jorgensen Kami Christensen,  
Middle row: Janice Boswell, Sherri Lizotte Riki Rice, Wendy Peterson-Jones Yoaneli Saucedo  
Front row: Carmen Richins, Keri Hamblin, Cynthia Nelson, Saydi Jaeger

## Mission

Protecting Utah citizens and vulnerable populations by providing an accurate and timely background review, approval/denial, appeal process and on-going monitoring.

## Impact

We improve the well-being of citizens by screening 4000+ professionals to work in the health care industry.

### Department of Health Areas of Emphasis:

- Promote healthy behaviors and prevent injury and disease
- Make data-driven decisions
- Providing excellent customer service

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# Office of Background Processing and Security Goals and Measures

(\*Denotes a time-limited quality improvement goal)

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**Goal #1 - Comply with building block performance measure.**

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1. Complete 4,000 background screening actions per month.	100%
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**Goal #2 - Implement current UDOH employee background screening**

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1. Process current UDOH employee clearances	50%
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**Goal #3 - Implement new UDOH employee background screening**

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1. Process new employee clearances within 30 days of hire	100%
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**Goal #4 - Streamline child care clearance process**

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1. Process child care clearances within 3 working days	80%
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**Goal #5 - Implement a customer satisfaction survey process**

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1. Develop an electronic satisfaction survey	100%
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# Financial Administrative Service Team



Mykio Saracino, Dawn Curtis, Laree Davis, John Houskeeper, Marc Shwarz, Susanne Knight, Brandi Frandsen, Jenny Allred

## Mission

Committed to providing timely, accurate, clear and complete information, quality customer service, and support to Division Bureaus and Programs, the Department, and community stakeholders.

## Impact

We improve the financial well-being of all Programs in the Division

## Department of Health Areas of Emphasis:

- Foster a culture of performance management
- Provide excellent customer service
- Pay for quality outcomes

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## Financial Administrative Service Team Goals and Measures

(\*Denotes a time-limited quality improvement goal)

<b>Goal #1 - Provide accurate variance reports to all programs</b>	
1. Provide accurate variance reports to program managers by the 10th calendar day of each month	100%
<b>Goal #2 - Create a customer satisfaction survey and send it to bureau directors and program managers</b>	
1. Create a customer satisfaction survey and send it to bureau directors and program managers to complete on a quarterly basis. Develop a baseline and then determine if an improvement plan is needed after the first survey has been completed.	100%
<b>Goal #3 - Contract Payments: Contract payments will be sent to Office of Fiscal Operations (OFO)</b>	
1. Contract payments will be sent to OFO within 3 business days of receiving approval for payment from program managers	100%
<b>Goal #4 - Fringe allocations will be sent to program managers</b>	
1. Fringe allocations will be sent to program managers for signature within two business days of labor being posted to FINET.	100%
<b>Goal #5 - Cash Handling: Comply with Division, Department and State Finance policies and procedures.</b>	
1. Comply with Division, Department and State Finance policies and procedures.	100%
<b>Goal #6 - Review Travel reimbursements.</b>	
1. Travel reimbursements will be reviewed and either returned to traveler for corrections or submitted to OFO within three business days of receipt.	100%
<b>Goal #7 - P-card Statements: P-card statements will be reviewed and either returned to card holder for corrections or submitted to OFO.</b>	
1. P-card statements will be reviewed and either returned to card holder for corrections or submitted to OFO within three business days of receipt. All p-card reconciliations will be sent to OFO by end of the month.	100%
<b>*Goal #8 - Identify whether contract provisions could be simplified for similar contracts to make amending agreements more timely for Division staff.</b>	6/30/2019
<b>Goal #9 - Reduce the amount of correcting journal entries into the FINET System by 10%</b>	6/30/2020

# Director—Dean Penovich



Dean Penovich & Executive Secretary Janine Whaley

## Mission

To promote an effective and resilient public health, trauma, and emergency health care system to respond to emergencies and disasters through professional development, preparedness, regulation, quality assurance, and partner coordination.

## Impact

We work to ensure Utah's public health and health care systems are prepared to respond in emergencies.

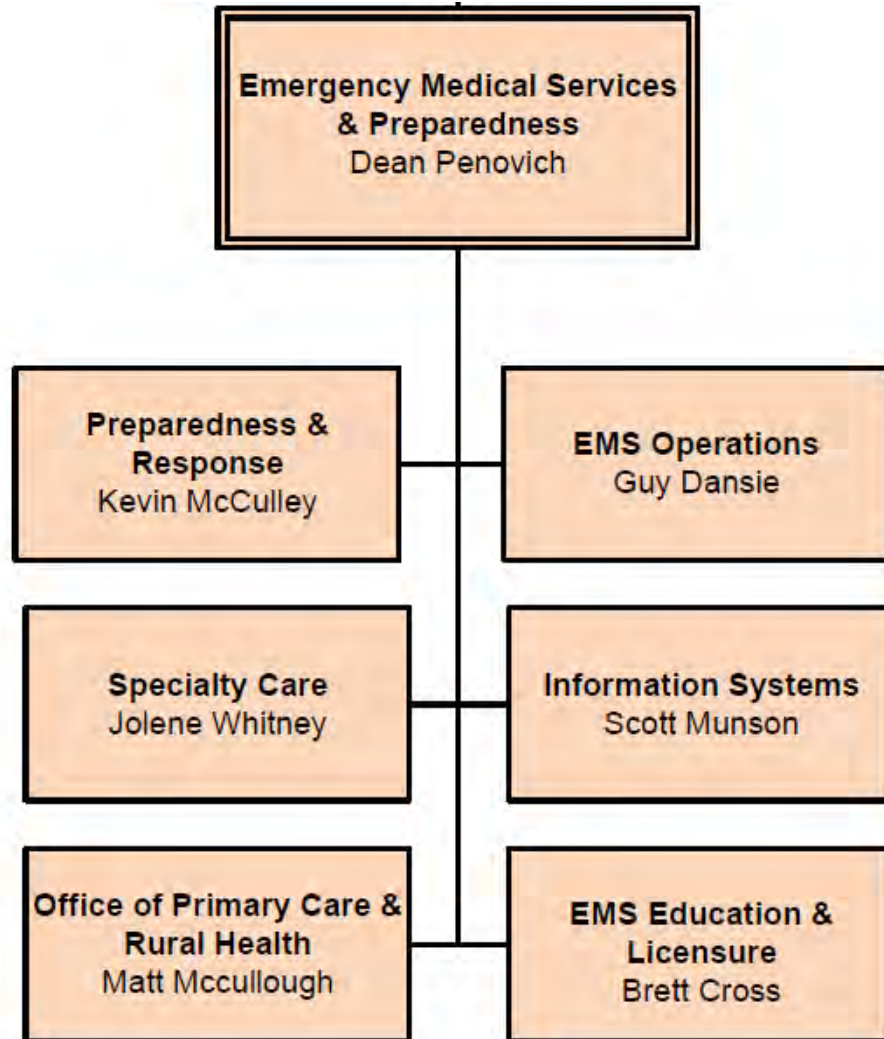
## Department of Health Areas of Emphasis:

- Promote healthy behaviors and prevent injury and disease
- Provide excellent customer service
- Promote a supportive work environment
- Make data-driven decisions

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# Emergency Medical Services and Preparedness

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# EMS Education and Licensure



Dan Camp, Janna Miltenberger, Amy Melton, Glenna McClellan, Brett Cross

## Mission

The mission of the Education and Licensing Program is to implement and enforce EMS personnel training standards and licensure requirements.

## Impact

We improve the health, safety, and well-being of the 250,000 Utahns who use emergency medical services each year.

### Department of Health Areas of Emphasis:

- Provide excellent customer service
- Strive to achieve organizational excellence

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## EMS Education and Licensing Goals and Measures

(\*Denotes a time-limited quality improvement goal)

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### Goal #1 - Regulate Training Officers, Course Coordinators, and EMS Instructors to ensure standardized education administration through certification.

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|--|--------------|
| 1. Conduct initial certification training at least twice a year. | 2 x annually |
| 2. Conduct continuing education seminars at least twice a year.  | 2 x annually |
| 3. Process certification applications in a timely manner.        | 3 days       |

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### Goal #2 - Regulate EMS personnel through licensure.

- |   |                     |
|---|---------------------|
| 1. Issue license within three days of receipt of final requirement.   | 3 days              |
| 2. Provide timely customer support to applicants by responding to emails and phone messages within one business day of receipt. | 1 day               |
| 3. Conduct audits of individual training records.   | 50 personnel a year |

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### Goal #3 - Create and enforce policy and procedures for EMS personnel training requirements to meet national standards and best practices.

- |   |  |
|---|--|
| 1. Review and approve initial courses in accordance with state policy as outlined in the Course Coordinator Manual. | annually                               |
| 2. The Course Coordinator Manual will be reviewed and updated annually.   | annually                               |
| 3. Conduct on-site audits of Training Officers and Course Coordinators.   | 12 agencies/training programs per year |

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### Goal #4 - Coordinate annual agency self-inspections

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|--|----------------------|
| 1. Conduct training for agencies on self inspection process.                           | 4 per year           |
| 2. Spot inspections of ambulances completed within 30 days of annual self-inspections. | 20 agencies per year |

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- |   |   |
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| *Goal #5 - Evaluate work flow for individual licensure and make improvements to reduce processing time. | Conduct evaluation in the next quarter. |
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# Preparedness and Response



Bryan Larsen, Rich Foster, Kevin McCulley, Lannette Sorenson, Andrea Skewes, Russ Pierson, Jenny Starley  
(Not Pictured) Michelle Hale, Mindy Colling

## Mission

The mission of the Public Health & Health Care Preparedness Program is to coordinate among state and local public health departments and health care organizations to ensure system emergency preparedness.

## Impact

We improve the health, safety, and well-being of Utah's 3,100,000+ citizens by helping to ensure emergency and disaster preparedness.

### Department of Health Areas of Emphasis:

- Connect at-risk people with appropriate services
- Make data driven decisions

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# Preparedness and Response Goals and Measures

(\*Denotes a time-limited quality improvement goal)

<b>Goal #1 - Ensure that UDOH is prepared for emergencies by updating preparedness and response plans, coordinating plans with partners, and providing technical assistance to stakeholders on planning issues.</b>	
1. Preparedness shall conduct annual review and update of 100% of completed preparedness and response written documents.	5
2. Preparedness shall meet quarterly with other UDOH Divisions/Bureaus to coordinate and align written plans.	4
3. Preparedness shall coordinate with State Division Emergency Management (DEM) to update and submit Emergency Support Functions (SF)ESF8 and Continuity of Operations (COOP) plans by the required deadline.	100%
4. Preparedness shall educate response UDOH staff and orient Local Health Departments (LHD) and Health Care Coalitions (HCC) partners on all UDOH plans within 90 days of plan approval.	90 days
<b>Goal #2 - Ensure that UDOH maintains appropriate oversight and management of grant programs.</b>	
1. Review 100% of workplans, project budgets, and progress reports of grant subawardees, provide technical assistance, feedback, and approval of proposals within 30 days of submission.	100%
2. Ensure that complete grant applications are submitted each year by the required federal deadline. Target is 100% for on-time submissions.	100%
3. The program will meet the federal requirement to execute 100% of Hospital Preparedness Programs (HPP) subawardee funding within 90 days of grant award.	100%
4. Provide grant guidance and collaboration with regular meetings with subawardwees (as in notes).	100%
<b>Goal #3 - Ensure that UDOH maintains equipment, supplies, and personnel packages in an operationally-ready deployable status.</b>	
1. Preparedness shall develop and maintain mission-ready asset packages to support LHDs and Emergency Management Assistance Compact (EMAC) partners	4
2. Bi-annually, Preparedness shall provide updated asset package lists and mission support annexes to grant partners.	2
3. Preparedness shall participate in 100% of Enters for Disease Control (CDC)/Assistant Secretary for Preparedness and Response (ASPR) led inventory drills or exercises.	100%
<b>Goal #4 - UDOH shall provide leadership, facilitation, and tracking of training events.</b>	
1. Recruit and train UDOH Emergency Response Team from non-preparedness staff to supplement Department Operations Center staffing. Conduct two training events with new team annually.	2
2. Conduct four Department Operations Center (DOC) activation drills annually that include training on topics essential to DOC performance.	4
3. Preparedness shall analyze LHD and HCC gaps and needs assessments to identify statewide needs and conduct one annual training event, for each of these groups, to address those needs.	2
<b>Goal #5 - UDOH shall facilitate and support the testing of grant capabilities through exercises for UDOH and subawardees, following an annual schedule.</b>	
1. Preparedness shall conduct an annual Multi-Year Training and Exercise workshop that includes an internal pre-workshop meeting and includes DEM, HCC, and LHD partners.	Annually
2. Preparedness shall facilitate/assist with conducting of required Coalition Surge Tests for 100% of Coalitions annually.	7
3. Preparedness shall coordinate with DEM to ensure inclusion of health/medical response objectives in DEM exercises, at minimum one DEM exercise per year.	1
<b>*Goal #6 - By 7/1/2019, establish a Utah Department of Health Emergency Response Team (ERT) to support long term emergency response and recovery operations.</b>	
1. Recruit Utah Department of Health staff to form a Emergency Response Team to assist in prolonged response requirements.	12/31/2018
2. Prepare Job Action Sheets and activation checklist for ERT and conduct training on mission tasking essentials.	3/30/2019
3. Conduct a notification drill for ERT members.	3/30/2019
4. Conduct a workshop and Table Top Exercise (TTX) specifically for the ERT.	6/30/2019

# Information Systems



Patrice Secrist, Charla Haley, Felicia Alvarez, Scott Munson, Kate Davis

## Mission

The mission of the Emergency Systems Program is to administer and maintain web based emergency information systems and EMS data systems for the Bureau of Emergency Medical Services.

## Impact

We improve the health, safety, and well-being of the 250,000 Utahns who use emergency medical services each year.

### Department of Health Areas of Emphasis:

- Make data-driven decisions
- Utilize Technology to Enhance Program Performance

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# Information Systems Goals and Measures

(\*Denotes a time-limited quality improvement goal)

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## Goal #1 - Interface with the Bureau's information system vendors to ensure the systems are functional and reliable.

1. Monitor systems for accessibility and functionality	Daily
2. Monitor vendor system contracts for compliance, timely completion of deliverables, and financial status.	Quarterly
3. Review status of vendor assigned tasks such as bugs and enhancement and follow up with vendor as needed.	Weekly

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## Goal #2 Provide system administration to support system users.

1. Requests by users for assistance will be addressed within one business day.	1 day
2. Conduct an audit of user access to ensure appropriate usage and access.	Annually
3. Administer system user training as gaps are identified or upon request within two business days of request or need identification.	2 days

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## Goal #3 - Ensure prehospital patient data quality.

1. Review EMS agency data submissions monthly to validate timely reporting compliance.	Monthly
2. Provide technical assistance to EMS agencies to address targeted data reporting issues. Issues will be addressed within thirty days of discovery.	30 days

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## Goal #4 - Support the Bureau with public information activities.

1. Generate the preparedness newsletter and edit the EMS newsletter for dissemination.	Quarterly
2. Provided quarterly review and edit Bureau guidance, plans, and other documentation within	1 week
3. Maintain and update Bureau website and social media accounts.	Monthly
4. Update, modify, and exercise the Utah Department of Health Risk Communication Plan.	Annually

* Goal #5 - Develop and implement a comprehensive audit/security process for all BEMSP web based applications.	7/1/2019
	3/31/2019

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# EMS Operations



Tami Goodin, Guy Dansie, Gay Brogdon

## Mission

The mission of the Emergency Medical Services Operations Program is to provide administration for the licensing, designation, and legal requirements for Emergency Medical Service providers.

## Impact

We improve the health, safety, and well-being of the 250,000 Utahns who use emergency medical services each year.

## Department of Health Areas of Emphasis:

- Connect at-risk people with appropriate services
- Strive to achieve organizational excellence
- Provide excellent customer service

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## Emergency Medical Services (EMS) Operations Goals and Measures

(\* Denotes a time-limited quality improvement goal)

<b>* GOAL #1 – Implement EMS related legislature.</b>	
1. Implement new directives set by the legislature.	7/1/19
<b>GOAL #2 – Administer EMS grant program in an effective and equitable manner.</b>	
1. Provide notice of award opportunity within two weeks of funding allocation approval.	2 weeks
2. Send EMS Grant award contracts for signature within two weeks of application submission.	2 weeks
3. Facilitate EMS Grants subcommittee meetings.	2/year
<b>GOAL #3 – Oversee EMS agency service regulation through interpretation, developing and administering policies and procedures, and improving administrative rules.</b>	
1. Process license/designation applications in a consistent and timely manner.	30 days
2. Facilitate EMS Committee Meetings.	4/year
3. Facilitate the EMS Rules Task Force meetings.	4/year
4. Ensure rule amending procedures are properly adhered to, and rule amendments are submitted for approval within two weeks of EMS Committee approval.	2 weeks
<b>GOAL #4 – Build and maintain effective partnerships with local EMS directors.</b>	
1. Attend local and state EMS Directors and Fire Chiefs meetings.	10/year
2. Respond to phone calls and emails within one business day.	24 hours
<b>GOAL #5 – Support well being of EMS responders through Critical Incident Stress Management (CISM) and peer support activities.</b>	
1. Provide annual training for CISM team members.	1/year
2. Facilitate ten CISM Executive Team meetings annually.	8
3. Maintain current list of peer support courses as an EMS agency resource by updating quarterly.	4/year

# Primary Care and Rural Health



Vicki Allison, Matt McCullough, Robbin Williams, Colton Gordon, Marie Frankos, Holli Childs, Hannah Robinson

## Mission

The mission of the Office of Primary Care and Rural Health is to collaborate with statewide partners to improve access to quality health care in rural and underserved communities.

## Impact

We improve the health and well-being of 50,000+ medically underserved Utahns and 325,000+ rural Utahns.

## Department of Health Areas of Emphasis:

- Promote healthy behaviors and prevent injury and disease
- Connect at-risk people with appropriate services
- Make data-driven decisions

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# Office of Primary Care and Rural Health Goals and Measures

(\*Denotes a time-limited quality improvement goal)

<b>Goal #1 - Improve primary care service delivery and workforce availability in the State in to meet the healthcare needs of underserved and rural populations.</b>	
1. Submit grant applications and progress reports on time.	100%
2. Ensure grant funds are fully contractually obligated to accomplish contract deliverables each year.	100%
3. Maintain up-to-date contract monitoring spreadsheet	1
4. Total number of National Health Service Corps (NHSC) and J-1 Visa Waiver providers in the state.	120
<b>Goal #2 - The Medicare Rural Hospital Flexibility (FLEX) program is to provide financial support and resources to Critical Access Hospitals in the state.</b>	
1. Submit grant applications and progress reports on time.	100%
2. Ensure grant funds are fully contractually obligated to accomplish contract deliverables each year.	100%
3. Maintain up-to-date contract monitoring spreadsheets	3
4. Total number of CAHs that had a site visit.	13
<b>Goal #3 - The Small Rural Hospital Improvement Program (SHIP) program is to assist small rural hospitals in their transition to value based payment models and quality improvement.</b>	
1. Submit grant applications and progress reports on time.	100%
2. Ensure grant funds are fully contractually obligated to accomplish contract deliverables each year.	100%
3. Maintain up-to-date contract monitoring spreadsheets	21
4. Total number of hospitals that participate in the program.	21
<b>Goal #4 - The State Offices of Rural Health (SORH) program is to assist states in strengthening rural health care delivery systems by maintaining a focal point for rural health within each state.</b>	
1. Submit grant applications and progress reports on time.	100%
2. Ensure grant funds are fully contractually obligated to accomplish contract deliverables each year.	100%
3. Maintain up-to-date contract monitoring spreadsheets	1
4. Total number of technical assistance provided.	500
<b>Goal #5 - The State Primary Care Grant Program (SPCGP) program is to provide access to ambulatory primary care services needed by low income individuals and families without health insurance who are not eligible for CHIP or Medicaid.</b>	
1. Total number of encounters (patient visits).	50,000
2. Ensure grant funds are fully contractually obligated to accomplish contract deliverables each year.	90%
3. Maintain up-to-date contract monitoring spreadsheets	42
<b>Goal #6 - Health Care Workforce Financial Assistance Program (HCWFA) program is to provide education loan repayment services to qualified healthcare providers working in underserved and low income areas throughout the state.</b>	
1. Total number of individuals served.	20,000
2. Ensure grant funds are fully contractually obligated to accomplish contract deliverables each year.	100%
3. Maintain up-to-date contract monitoring spreadsheets	
<b>Goal #7 The Rural Physical Loan Repayment Program (RPLRP) program is to provide educational loan repayment services to physicians practicing at hospitals located in rural counties and requires a matching contribution from the hospitals.</b>	
1. Total number of individuals served.	10,000
2. Ensure grant funds are fully contractually obligated to accomplish contract deliverables each year.	100%
3. Maintain up-to-date contract monitoring spreadsheets	9
<b>Goal #8 - Assist persons with bleeding disorders with the cost of obtaining hemophilia services or the cost of insurance premiums for coverage of hemophilia services.</b>	
1. Total number of individuals served.	50
2. Ensure grant funds are fully contractually obligated to accomplish contract deliverables each year.	75%
3. Maintain up-to-date contract monitoring spreadsheets	1
<b>*Goal # 9 - Establish a strategic plan and implement monitor progress.</b>	
1. Complete two day training with National Rural Health Resource Center (NRHRC) to create strategic plan and learn the Balanced Scorecard method to track quality improvement.	9/10/2018

# Specialty Care



Back row: Erik Anderson, Tia Dickson, Chuck Cruz, Allan Liu  
Front row: Jolene Whitney, Hilary Hewes, Yukiko Yoneoka  
Not pictured: Carl Avery

## Mission

The mission of the Specialty Care Program is to establish and supervise statewide trauma, stroke, cardiac and pediatric care systems and to assess the care provided in order to reduce morbidity and mortality from injury and illness, and to prepare these systems to be responsive and coordinated in the event of a disaster.

## Impact

We improve the health, safety, and well-being of the 250,000 Utahns who use emergency medical services each year.

### Department of Health Areas of Emphasis:

- Utilize technology to enhance performance
- Connect at-risk people with appropriate services
- Make data-driven decisions

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## Specialty Care Goals and Measures

(\*Denotes a time-limited quality improvement goal)

<b>* GOAL #1 – Decrease pediatric morbidity and mortality from injury or illness.</b>	
1. By December 31, 2020, 30% of EMS agencies will have a designated individual who coordinates pediatric care.	30%
2. By December 31, 2020, 30% of EMS agencies will have a process to assess the use of pediatric equipment and skill proficiency.	30%
3. By December 31, 2020, 50% of hospitals will be formally recognized for their pediatric readiness capabilities.	50%
4. By December 31, 2020, 50% of EMS agencies will be formally recognized for the pediatric readiness capabilities.	50%
5. By December 31, 2020, 100% of hospitals will have pediatric transfer guidelines.	100%
<b>GOAL #2 – Ensure timely and complete grant/contract processes.</b>	
1. Ensure that complete grant applications are submitted each year by the required federal deadline.	100%
2. Ensure that current contracts are in place each year before the previous contract expires.	100%
<b>GOAL #3 – Train EMS professionals for the Pediatric Education for Prehospital Professionals (PEPP) Certification.</b>	
1. Certify 10 EMS agencies to train their own personnel.	10
2. Distribute EMS-C newsletters to EMS-C professionals annually.	6
3. Annually conduct an EMSC county coordinator workshop.	1/year
4. Conduct PEPP courses statewide.	15
<b>GOAL #4 – Decrease morbidity and mortality from trauma injury.</b>	
1. Annually, increase the number of designated trauma centers.	2
<b>GOAL #5 – Decrease pediatric death and disability from injuries associated with a disaster.</b>	
1. Provide pediatric disaster planning resources to hospitals.	1/year

# Director—Noël Taxin



Noël Taxin & Executive Secretary Joyce Mcstotts

## Mission

To improve the health and quality of life for children with special health care needs and their families, through early screening and detection, data integration, care coordination, education intervention and life transitions.

## Impact

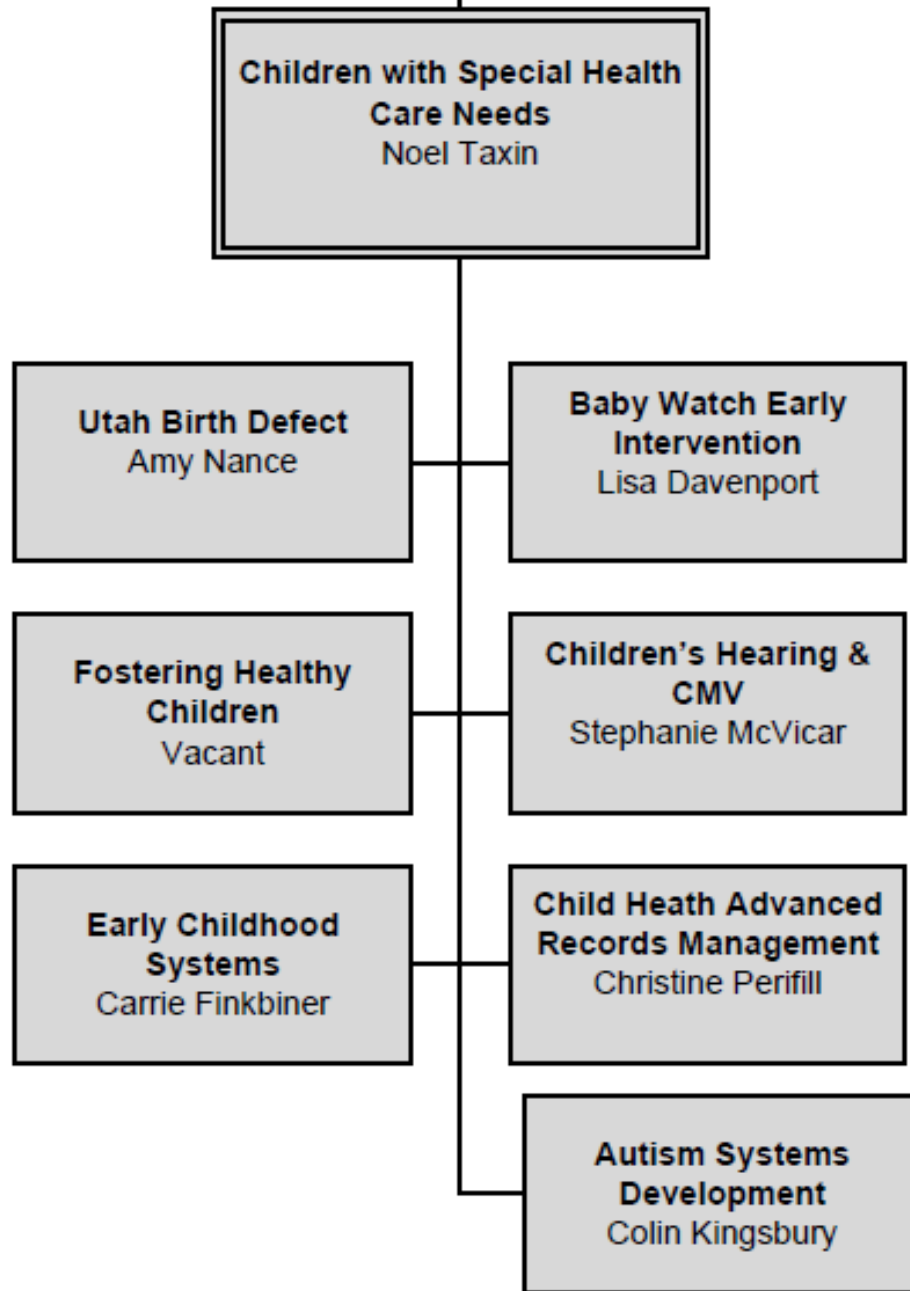
We improve the health and well-being for 146,000+ infants, children, youth and families throughout Utah.

## Department of Health Areas of Emphasis:

- Promote healthy behaviors and prevent injury and disease
- Provide excellent customer service
- Promote a supportive work environment
- Make data-driven Decisions

We are engaged professionals improving the health, safety, and well-being of Utahns.

# Children with Special Health Care Needs Bureau



We are engaged professionals improving the health, safety, and well-being of Utahns.

# Autism Systems Development



Colin Kingsbury

## Mission

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.

## Impact

We improve the health and well-being of the estimated 18,000+ Utah children and youth who have autism spectrum disorder.

### Department of Health Areas of Emphasis:

- Promote healthy behaviors and prevent injury and disease
- Make data-driven decisions

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## Autism Systems Development Goals and Measures

(\* Denotes a time-limited quality improvement goal)

<b>GOAL #1 – Produce autism prevalence statistics.</b>	
*1. Decrease the amount of time required to produce autism prevalence statistics from 36 months to 24 months by December 31, 2020.	12/31/20
*2. Decrease the amount of time to gather eligible URADD cases from 24 months to 12 months by December 31, 2020.	12/31/20
*3. 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.	12/31/20
<b>GOAL #2 – Reduce the median age of children diagnosed with an Autism Spectrum Disorder (ASD).</b>	
*1. Decrease the median age of diagnosis for children with autism from 50 months to 45 months by December 31, 2020.	12/31/20
*2. 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.	12/31/20
*3. Reduce the wait time for an autism evaluation from 8 months to 4 months by December 31, 2020.	12/31/20
<b>GOAL #3 – Provide autism referrals, education, and outreach.</b>	
1. Meet with 12 elementary school special education departments each year to distribute Applied Behavior Analysis (ABA) therapy provider information.	12
2. Meet with four 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
*4. Increase the number of Evaluation and ABA Therapy Providers List downloaded from an average of 436 per month to 750 per month by 2020.	12/31/20
*5. Increase the number of educational material downloads from an average of 630 to 920 per month by 2020.	12/31/20
<b>GOAL #4 – Facilitate autism research.</b>	
1. Meet quarterly with researchers at the University of Utah to encourage data usage.	4/year
2. Meet quarterly with researchers at Utah Valley University to encourage data usage.	4/year
3. Meet quarterly with researchers at Brigham Young University to encourage data usage.	4/year
*4. Increase the number of autism research projects utilizing URADD data from 3 to 4 per year by December 31, 2020.	12/31/20

# Baby Watch Early Intervention



Gregg Reed, Heather Waters, Tanayia Pomikala, Heidi Bell, Lisa Davenport, Eliza Hintze, Scott Newbold

## Mission

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.

## Impact

We improve the developmental health and well-being of 14,000+ Utah infants and toddlers, and their families.

### Department of Health Areas of Emphasis:

- Promote healthy behaviors and prevent injury and disease
- Connect at-risk people with appropriate services

We are engaged professionals improving the health, safety, and well-being of Utahns.

## Baby Watch Early Intervention (BWEIP) Goals and Measures

(\* Denotes a time-limited quality improvement goal)

<b>* GOAL #1 – Increase the percentage 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.</b>	
1. 1. Standardize the eligibility and child outcome tool to assure reliability and validity by October 2018.	1/1/21
<b>GOAL #2 – Ensure that all Part C federal application and reports are complete and submitted on time.</b>	
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
<b>GOAL #3 – Ensure that local service contracts are in place and monitored for all counties in the state.</b>	
1. Ensure that 100% of current contracts are in place each year before the previous contract expires.	5/31 Annually
2. Qualitative and quantitative data will be collected to measure quality Early Intervention (EI ) program process-related issues (how services are being provided and quality of services). Programs will meet requirements with 85% accuracy.	SFY2023
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.	SFY2023
<b>GOAL #4 – Facilitate the functioning of the Interagency Coordinating Council (ICC) as required by federal Part C regulations.</b>	
1. The role of the ICC will increase to advise and assist the BWEIP by May 2019.	5/31/19
<b>GOAL #5 – Operate a Comprehensive System of Personnel Development (CSPD) for local EI program direct service providers, in accordance with federal Part C regulations.</b>	
1. All EI direct service providers will have current early intervention credentials by May 2019.	5/31/19
<b>GOAL #6 – Local Early Intervention Programs will enter timely data into the Baby and Toddler Online Tracking System (BTOTS) database.</b>	
1. Standardize the eligibility and child outcome tool to assure reliability and validity by October 2018.	1/1/21

# Child Health Advanced Records Management



Christine Perfilli, Aihua Tong

## Mission

The mission of the Child Health Advanced Records Management 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.

## Impact

We improve the health of Utah's 900,000+ children under age 18 by providing resources to improve their health care and outcomes.

### Department of Health Areas of Emphasis:

- Utilize technology to enhance program performance
- Foster a culture of performance management
- Provide excellent customer service

We are engaged professionals improving the health, safety, and well-being of Utahns.



## Child Health Advanced Records Management (CHARM) Goals and Measures

(\* Denotes a time-limited quality improvement goal)

<b>* GOAL #1 – Assess usage benefits, and satisfaction of the Child Health Advanced Records Management (CHARM) Web Interface (CWI) users by September 30, 2021.</b>	
1. Develop a customer benefits and satisfaction survey by September 30, 2021.	9/30/21
2. Determine usage of the CWI among authorized users by September 30, 2021.	9/30/21
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 Early Hearing Detection and Intervention (EHDI) and Vital Records(VR). Assess the increase in the number of alerts generated by CHARM for children who went on to complete a hearing screening test, by September 30, 2021.	9/30/21
<b>GOAL #2 – Ensure accurate matching of records between the systems connected to CHARM.</b>	
1. Make technical upgrades to the CHARM system to improve matching rate. Restructure matcher with API and begin work on the RAVS by June 30, 2019.	Annually
2. Monitor and tweak matching rules, and assist with de-duplication of CHARM data using the backend matcher or other tools, as needed by June 30, 2019.	Annually
3. 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
4. Measure Matching rates between vital records (VR), CHARM, and EHDI by June 30, 2019.	Annually
*5. Increase the percentage of records matched between VR, CHARM, and EHDI from 78% to 83% by September 30, 2021.	83%
<b>GOAL #3 – Increase the number of health care providers accessing/using the CHARM Web Interface.</b>	
1. Measure the number of users accessing the CHARM Web Interface by September 30, 2021.	Annually
2. 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
3. Increase the number of users accessing the CHARM Web Interface from 87 to 125 by September 30, 2021.	9/30/21
<b>GOAL #4 – Connect with other UDOH electronic systems to provide data linked through CHARM to health care providers and help improve health outcomes.</b>	
1. 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
2. Complete Memorandum of Agreement (MOA) between EHDI, CHARM, and WIC by September 30, 2018.	Annual Review
3. 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
4. Add Critical Congenital Heart Defects (CCHD) results to the Utah Statewide Immunization Information System (USIIS) by September 30, 2020.	Annually
*5. 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.	9/30/21

# Early Childhood Utah



Steve Matherly & Carrie Finkbiner

## Mission

The mission of Early Childhood Utah is to promote broad statewide coordination and collaboration among the wide range of early childhood programs and services in the state, in order to help ensure that all children receive the care and support they need to enter school healthy and ready to learn.

## Impact

We improve the health, safety, and well-being of Utah's 250,000+ children under age five.

### Department of Health Areas of Emphasis:

- Promote healthy behaviors and prevent injury and disease.
- Connect at-risk people with appropriate services.

We are engaged professionals improving the health, safety, and well-being of Utahns.

## Early Childhood Utah Goals & Measures

(\* Denotes a time-limited quality improvement goal)

<b>* GOAL #1 – Improve support for local agencies with an agreement to implement developmental screening.</b>	
1. Begin administering an annual survey to all programs enrolled in the online ASQ developmental screening program. 85% of survey respondents will report satisfaction with the program.	3/31/19
<b>GOAL #2 – Ensure timely and complete grant/contract processes.</b>	
1. Ensure the Annual Performance Report is completed each year by the required federal deadline. (October 30)	Annually
2. Ensure that current contracts are in place each year before the previous contract expires.	Annually
3. Ensure contract objectives are being met through site visits.	4/year
<b>GOAL #3 – Ensure the statewide Early Childhood Utah (ECU) Committee is meeting its intended purposes.</b>	
1. Ensure that ECU meetings (full committee, sub-committees, executive committee) are scheduled and held according to the ECU bylaws (at least 3/year for each type of meeting).	100%
2. Follow-up with committees and subcommittee chairs every 3 months to ensure that 100% of ECU goals and projects are completed as planned each year.	100%
<b>GOAL #4 – Increase developmental screening in early care and education programs using the ASQ and ASQ-SE tools.</b>	
1. Track the number and type of early childhood programs enrolled and active (activity within the last 6 months) in the ASQ online system. Increase the number of enrolled and active programs by 10%.	10%
2. Generate monthly data reports to track the number of completed ASQ and ASQ: SE tools by local programs. Increase number of completed ASQ and ASQ: S/E by 10%.	10%
<b>GOAL #5 – Improve developmental screening scores for three year old children in three identified local communities (South Salt Lake, Ogden, and San Juan County).</b>	
1. Ensure Help Me Grow (HMG) follows up with 100% of families after their initial contact with HMG.	100%
2. At least 75% of families will report utilizing child development strategies within their home and routine care of child or children as measured using the parent HMG survey data.	75%
<b>GOAL #6 – Facilitate the collection and sharing of early childhood data in the state, to improve programs and guide funding decisions.</b>	
*1. Increase the number of programs participating in ECIDS by 10%.	10%
*2. Increase the utilization of ECIDS reports by 10% each quarter.	40%

# Fostering Healthy Children



Rod Cromar, Cindy Newman, Patsy Buchmiller, Melanie Hansen



Provo Team — Frances Barben, Cami BUshmiller, Rod Comar, Evelyn Cloward, Michelle Rawlson, Crisanta Swensen (not in picture: Karen Ekker and Dawn Milliron)



SALT LAKE TEAM — Back row: Jennifer Jacobsen, Randy Costanza, Stormi Soffe, Dayna Nichols, Roxi Alba, Karen Roylance, Melanie Hansen  
Front row: Katie Shields, Gina Denning, Kirsty Gallagher

## Mission

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

## Impact

We improve the health, safety, and well-being of the 2,800+ children currently in foster care in Utah.

### Department of Health Area of Emphasis:

- Promote healthy behaviors and prevent injury and disease.
- Connect at-risk people with appropriate services

We are engaged professionals improving the health, safety, and well-being of Utahns.

## Fostering Healthy Children Goals and Measures

(\* Denotes a time-limited quality improvement goal)

<b>* GOAL #1 – Improve the Health Status Outcome Measure (HSOM) process.</b>	
1. Improve the Health Status Outcome Measure (HSOM) process phase 1 to better align with and facilitate prompt, competent, and holistic healthcare that is individual and unique to each child with enhanced communication between providers and key stakeholders.	1/1/19
<b>* GOAL #2 – Improve ASQ/ASQ-SE screening for children in foster care.</b>	
1. Establish ASQ/ASQ-SE baseline data with reporting and tracking ability.	1/1/19
<b>GOAL #3 – Administer the Health Status Outcome Measure (HOSM) for all children in foster care. *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.</b>	
*1. 85% of medical assessments will be completed and on time by July 1, 2019.	7/1/19
*2. 85% of dental assessments will be completed and on time by July 1, 2019.	7/1/19
*3. 70% of mental health assessments will be completed and on time by July 1, 2019.	7/1/19
<b>GOAL #4 – Ensure complete and accurate medication profile line item entries in SAFE.</b>	
*1. Improve case based entries from 60% to 80% by July 1, 2019.	7/1/19
*2. Improve line item based entries from 80% to 90% by July 9, 2019.	7/1/19
<b>GOAL #5 – Provide psychotropic medication oversight for children in foster care.</b>	
*1. Reduce the percentage of children in foster care who qualify for Utah Psychotropic Oversight Program (UPOP) review from 20% to 18% by December 31st, 2020	12/31/20
*2. Establish a baseline of non-standard medication regimens as a percentage of all Rx among UPOP population. pending Utah Division of Child and Family Services (DCFS) data.	Pending
*3. Decrease by 10% the number of children in intermediate and complex risk categories by December 31st, 2020.	10%
*4. Establish a baseline and Increase the number of children who require monitoring who actually receive it. Pending DCFS data.	Pending

# Children's Hearing and CMV



Back row: Shannon Wnek, Jenny Pedersen, Rachel Hyde, Stephanie Browning McVicar, Heather Adams  
Front row: Krysta Badger, Jill Boettger, Katie Greene

## Mission

The mission of the Children's Hearing and Cytomegalovirus (CMV ) programs is to ensure all infants and children receive early screening, diagnosis, and intervention for hearing loss.

## Impact

We improve the health and well-being of Utah children who have a hearing loss.

### Department of Health Areas of Emphasis:

- Promote healthy behaviors and prevent injury and disease
- Connect at-risk people with appropriate services

We are engaged professionals improving the health, safety, and well-being of Utahns.

## Hearing Programs Goals and Measures

(\*Denotes a time-limited quality improvement goal)

<b>*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, 2019</b>	
1. Provide education to midwives on the importance of newborn hearing screening.	2
2. Create and distribute Early Hearing Detection & Intervention (EHDI) Midwife Report Cards.	100%*
3. Recognize high-performing midwives/birth centers via formal UDOH EHDI Certificates of Excellence.	Once Annually
4. Conduct bi-annual site visits and training with midwives who have state EHDI hearing screening equipment.	10
5. Research funding to purchase new equipment for midwives.	1
<b>*Goal #2 - Ensure 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.</b>	
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
2. Utilize QI strategies to ensure EHDI quality of care with Intermountain Healthcare birthing hospitals.	As Needed
<b>*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.</b>	
1. Disseminate the new EHDI Diagnostic /EI Referral process document to Pediatric audiologists.	All pediatric audiologists
2. Evaluate the EI Parent Infant Program (PIP) enrollment requirements.	January 2019
3. Train diagnosing audiologists on key PIP principles and why EI is important for families/children.	5 Mtgs/Year
4. Provide updated PIP educational materials to audiologists.	All pediatric audiologists
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 reason for refusal
<b>Goal #4 - Provide hearing aids to financially eligible families.</b>	
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 w/in 2 weeks
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 Family Satisfaction above 90%	90%
<b>Goal #5 - Provide cytomegalovirus (CMV) education and testing.</b>	
1. Ensure that 96% of eligible children are tested for congenital CMV (cCMV) by December 31, 2021.	96%
2. Reduce the occurrence of children with cCMV to 1 in 4,000 by December 31, 2021.	1/4,000
3. Increase the # of Utah women (child-bearing age) aware of CMV to 30% by December 31, 2021.	30%
<b>*Goal #6 - Increase Parent-to-Parent outreach from 0% to 95%.</b>	
1. Disseminate Parent Notebook to all families of a deaf or hard of hearing child upon confirmed diagnosis.	100%
2. Offer community-based resources and supports to families via social media pages.	Currently happening
3. Produce a webinar series (WebinEARS) that explores topics relevant to families whose children are deaf or hard of hearing.	Developed FY18
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
<b>*Goal #7 - Increase the number of children receiving hearing aids from 25 in FY18 to 43 by December 31, 2021.</b>	
1. Apply for an ongoing building block for hearing aid funding.	8/24/2018

# Utah Birth Defect Network



Standing: Amy Nance, Patty Smith, Stephanie Robinson, Shelby Despain, Kara Lecheminant, Aliese Franck, Maria Huynh, Julie Southwick  
Seated: Jane Johnson, Tricia Rawson

## Mission

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.

## Impact

We improve the health and well-being of the 50,000+ infants born each year in Utah.

### Department of Health Area of Emphasis:

- Promote healthy behaviors and prevent injury and disease.
- Connect at-risk people with appropriate services
- Make data-driven decisions

We are engaged professionals improving the health, safety, and well-being of Utahns.



## Utah Birth Defects Network (UBDN) Goals and Measures

(\* Denotes a time-limited quality improvement goal)

<b>* GOAL #1 – 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.</b>	
1. Pilot - 100% of children with Downs Syndrome are referred to Baby Watch.	12/31/20
<b>GOAL #2 – Produce Birth Defects Statistics.</b>	
1. Increase UBDN Reporting Sources compliance with Birth Defect Reporting Rule. SY2016 (39 of 46 reporting sources were compliant, 7 were not compliant.)	46
2. Improve timeliness of processing Reporting Source information from date of receipt to assigning an abstractor (currently delayed two years from receipt of information from Reporting Source).	18 months
3. Improve timeliness of case abstraction to assignment of the case.	15 months
4. Increase timeliness from abstraction completion to completion of Clinical Case Review.	2 months
*5. Increase the percent of eligible UBDN cases that are completed within two years of being reported to UBDN from 89.34% to 95% by December 31st, 2020.	12/31/20
<b>GOAL #3 – Ensure that all newborns in Utah are screened for critical congenital heart defects (CCHD) by pulse oximetry.</b>	
1. By two 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 three months and provide immediate education for providers missing more than 20% of their births for one month.	100%
*3. 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.	12/31/20
<b>GOAL #4 – Prevent neural tube defects.</b>	
*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%

# Director—Joel Hoffman



Joel Hoffman & Executive Secretary Kimberlee Jessop

## Mission

To protect the health and safety of consumers of Utah's licensed and certified health care facilities/agencies by promoting access to quality health care through education and enforcement of state and federal regulations.

## Impact

Ensuring safe and healthy services in all health care facilities.

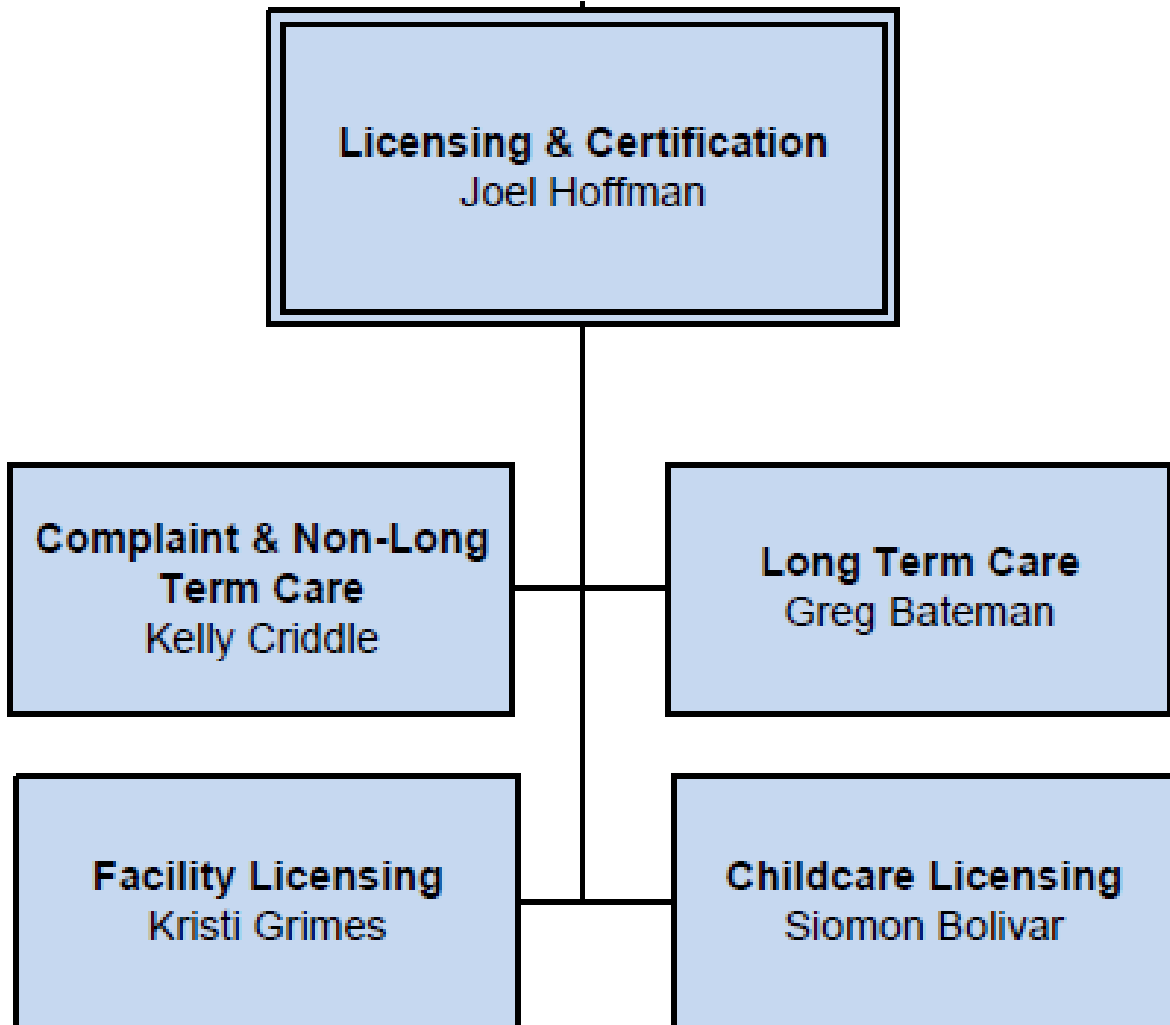
### Department of Health Areas of Emphasis:

- Provide excellent customer service
- Promote a supportive work environment
- Make data-driven decisions

We are engaged professionals improving the health, safety, and well-being of Utahns.

# Bureau of Licensing and Certification

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We are engaged professionals improving the health, safety, and well-being of Utahns.

# Child Care Licensing



From top left to right: Michele Evans, Sue Kirkham, Heather Pressey, Linda Lee, Charlotte Woodward, Kim Bond, Tina Bohannon, Sarah Atherton, Donna Thomas, Karen Allison, Lori Birrell, Kim Rice, Hannah Wally, Cheryl Nak, Cheri Curley, Paula Mills, Rosemary Vander Meyden, Lisa Rountree, Jessica Strout, Melanie O'Neill, Jolene Holbrook, Katie Adams, Guadalupe Trochez, Simon Bolivar, Lisa Murphy, Marcia Cramptom

## Mission

The mission of the Child Care Licensing Program is to support working parents by protecting the health and safety of children in child care programs we oversee.

## Impact

We improve the health, safety, and well-being of the 41,000+ Utah children in regulated child care.

## Department of Health Area of Emphasis:

- Promote healthy behaviors and prevent injury and disease.
- Providing excellent customer service.

We are engaged professionals improving the health, safety, and well-being of Utahns.

## Child Care Licensing (CCL) Goals and Measures

(\* Denotes a time-limited quality improvement goal)

<b>* GOAL #1 – Improve the Child Care Licensing Rules.</b>	
1. <i>Revise and rewrite all child care licensing rules in simple to understand, accurate language.</i>	12/31/18
2. <i>Update rule interpretation manuals to reflect the new rules.</i>	7/31/18
3. <i>Ensure all staff are trained in the new rules.</i>	12/31/18
4. <i>Ensure all providers have the opportunity to attend training in the new rules.</i>	12/31/18
<b>* GOAL #2 Implement Quality Assurance.</b>	
1. <i>Conduct "back-to-basics" training, followed by implementation of a quality assurance process.</i>	12/31/18
<b>* GOAL #3 – Ensure ongoing professional development for all staff.</b>	
1. <i>Ensure that each CCL staff member has a written professional development plan.</i>	12/31/18
<b>GOAL #4 Ensure that licensing rules are enforced consistently with all providers.</b>	
1. Conduct one announced inspection of each provider every year, within required timeframes	100%
2. Conduct one unannounced inspection of each provider every year, within required timeframes.	100%
3. Conduct follow-up inspections to verify corrections of findings, within required timeframes.	100%
4. Conduct quarterly observations of licensors to verify consistency in inspections.	100%
<b>GOAL #5 – Ensure that complaints are investigated and that all necessary follow-up is completed.</b>	
1. Investigate each complaint within required time frames.	100%
2. Conduct all required complaint follow-ups within required time frames.	100%
<b>GOAL #6 – Ensure ongoing rules training for staff and providers.</b>	
1. Provide ongoing staff training every month.	12/yr
2. Offer and deliver ongoing rule training for providers.	10/mo
<b>GOAL #7 – Ensure the public has access to accurate information about child care providers the program oversees.</b>	
1. Post inspection results on the CCL website within 2 days after manager approval.	100%
2. Respond to data and GRAMA requests within 10 working days.	100%
<b>GOAL #8 – Reduce preventable child injuries that occur as the result of a rule violation.</b>	
1. Review any reported injuries that were the result of a rule violation at Montythly CCL Management team.	12/yr
2. Follow-up within required time frames to ensure corrections of rule violations that led to an injury.	100%
3. In provider trainings and on the CCL website, give providers information on rule violations that have led to injuries, and how they can be prevented.	4/yr

# Facility Licensing

Back Row: Katie Marshall, Sheila Edwards, Stephanie Gull

Third Row: Kristi Grimes, April Chlarson, Patrice Morley, Michelle Wilson

Second Row: Bailey Knowles, Amelinda Spek

Front Row: Dawn Reed, Jared Brown, Arleen Watkins, Judy Rohrbau



## Mission

Improving the quality of health care by partnering with consumers, providers and the community to develop and enforce licensing health care regulations.

## Impact

We ensure the health and safety of Utah residents utilizing licensed health care facilities.

## Department of Health Areas of Emphasis:

- Promote healthy behaviors and prevent injury and disease
- Provide excellent customer service

We are engaged professionals improving the health, safety, and well-being of Utahns.

## State Licensing Goals and Measures

(\* Denotes a time-limited quality improvement goal)

<b>* GOAL #1 – Disposition of internal background clearance referrals will be made within 90 days of receipt.</b>	
1. Create policy for internal background clearance referrals.	11/2/18
2. Email notifications to facilities not linked to employee within five days of referral.	1/15/18
3. Complaint investigations conducted within 90 days of referral for employees not entered into Direct Access Clearance System (DACs).	12/15/18
<b>GOAL #2 – Ensure that surveys for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IIDs) are completed within required Centers for Medicare and Medicaid (CMS) time frames.</b>	
1. Complete standard health surveys no later than 15.9 months after the last day of the previous survey.	15.9
2. Ensure that the statewide average interval time between consecutive standard health surveys is 12.9 months or less.	12.9
<b>GOAL #3 – Accurately and completely document deficiencies found during surveys and investigations..</b>	
1. Maintain a score of 85% or higher for each of CMS' six requirements for documenting deficiencies.	100%
<b>GOAL #4 – Investigate complaints and self-reported incidents.</b>	
1. Initiate investigations of immediate jeopardy complaints or incidents within two working days of receipt.	100%
2. Initiate investigations of non-immediate jeopardy complaints or incidents within ten working days of receipt.	100%
<b>GOAL #5 – Process immediate jeopardy cases within required CMS time frames.</b>	
1. Adhere to a 23-day termination process in cases where there is an immediate jeopardy that is not removed prior to the end of the survey.	100%

# Long-Term Care



Back Row: Ted Mardesich, Paul Christiansen, Harry Armstrong, Jackie Winkel, Gordana Sabanovic

Middle Row: Heather Flint, Marcie Price, Carol Lake, Nicole Kololli, Steve Chipman, Cami Jo Satterthwaite

Front Row: Amy Williams, Stephanie Ashmore, Greg Bateman, Sandy Johnson

## Mission

To provide oversight of Medicare and/or Medicaid certified nursing homes to ensure those served are provided the necessary cares and services to reach their highest practicable well-being.

## Impact

We ensure quality health care services to all Utah residents utilizing nursing care facilities in Utah.

### Department of Health Areas of Emphasis:

- Promote healthy behaviors and prevent injury and disease
- Provide excellent customer service

We are engaged professionals improving the health, safety, and well-being of Utahns.



## Long-Term Care Goals and Measures

(\* Denotes a time-limited quality improvement goal)

<b>* GOAL #1 –Ensure deficiencies are only cited when objective and consistent findings support regulatory non-compliance, using multiple sources of evidence to the extent possible.</b>	
1. Review Principles of Documentation with surveyors.	12/15/18
2. Small sub-group to conduct retroactive review of sample deficiencies. Develop audit tool.	1/1/19
3. Analyze sub-group audit findings.	3/1/19
3. Provide findings and training to surveyors, along with deficiency audit tool.	4/1/19
<b>GOAL #2 – Ensure that surveys are completed within required Centers for Medicare and Medicaid (CMS) time frames.</b>	
1. Complete standard health surveys no later than 15.9 months after the last day of the previous survey.	100%
2. Ensure that the statewide average interval time between consecutive standard health surveys is 12.9 months or less.	12.9
<b>GOAL #3 – Accurately and completely document deficiencies found during surveys and investigations..</b>	
1. Maintain a score of 85% or higher for each of CMS' seven requirements for documenting deficiencies.	100%
<b>GOAL #4 – Investigate complaints and self-reported incidents.</b>	
1. Initiate investigations of immediate jeopardy complaints or incidents within two working days of receipt.	100%
2. Initiate investigations of complaints alleging a higher level of harm, that is not immediate jeopardy, within ten working days of receipt.	100%
<b>GOAL #5 – Process immediate jeopardy cases within required CMS time frames.</b>	
1. Adhere to a 23-day termination process in cases where there is an immediate jeopardy that is not removed prior to the end of the survey.	100%

# Non-Long-Term Care



Back row: Brian Smith, Sandy Rutledge, Judy Carter, Jason Bell, Cole Julian, Malcolm Campbell, Andrew Baxter  
Middle row: Linda Schaffer, Nancy Smith, Leslee Busenbark, Chelsie Brynor  
Front row: Drake Broadbent, Tim McClure and Takota, Kelly Criddle, Dacie Golightly, Jodi Cornia, Jessica Fidel

## Mission

To provide excellent services to health care providers and residents of Utah while fostering pleasant and professional relationships in order to ensure the provision of excellent patient care.

## Impact

We ensure quality health care services to all Utah residents utilizing Medicare and Medicaid certified health facilities.

## Department of Health Areas of Emphasis:

- Promote healthy behaviors and prevent injury and disease
- Providing excellent customer service

We are engaged professionals improving the health, safety, and well-being of Utahns.

## Non-Long-Term Care (NLTC) Goals and Measures

(\* Denotes a time-limited quality improvement goal)

<b>* GOAL #1 – Ensure that survey staff submit survey reports to IPS staff within 10 day time frame.</b>	
1. Review survey report completion time frames with NLTC survey staff.	9/9/18
2. Meet with IPS staff to collect data on timeliness of survey report submission by NLTC staff.	9/10/18
3. Collect data over 3 month period on timeliness of survey report submission.	1/1/19
3. Analyze survey report submission dates to ensure survey staff are submitting reports to IPS staff within 10 days.	3/1/19
<b>GOAL #2 – Ensure that surveys are completed within required Centers for Medicare and Medicaid (CMS) time frames.</b>	
1. Complete Home Health Agency surveys no later than 36.9 months of the last day of the previous survey.	100%
2. Complete surveys of all required sample deemed hospitals within 60 days of the accrediting agency's survey.	100%
3. Complete surveys of Non-Deemed Hospices no later than 36.9 months from the previous survey date.	100%
4. Complete surveys for all Outpatient Physical Therapy facilities, Comprehensive Outpatient Rehabilitation Facilities, and Rural Health Clinics once every seven years.	80%
5. Complete surveys of 25% of Non-Deemed Ambulatory Surgical Centers each year, with no	100%
6. Complete surveys 10% of End State Renal Disease Facilities in the state each year, with no survey period exceeding 3.5 years.	80%
7. Complete surveys of 5% of Non-Deemed Hospitals each year, with no survey period exceeding five years.	80%
<b>GOAL #3 – Accurately and completely document deficiencies found during surveys and investigations..</b>	
1. Maintain a score of 85% or higher for each of CMS' six requirements for documenting deficiencies.	100%
<b>GOAL #4 – Investigate complaints and self-reported incidents.</b>	
1. Initiate investigations of immediate jeopardy complaints or incidents within two working days of receipt.	100%
2. Initiate investigations of non-immediate jeopardy "harm level" complaints or incidents within ten working days of receipt.	100%
<b>GOAL #5 – Process immediate jeopardy cases within required CMS time frames.</b>	
1. Adhere to a 23-day termination process in cases where there is an immediate jeopardy that is not removed prior to the end of the survey.	100%

# Director—Lynne Nilson



Lynne Nilson & Executive Secretary Annie Coyle

## Mission

To improve the health of Utah's mothers, children, and families by identifying health concerns, prioritizing strategies to address needs, developing programs, coordinating efforts, and developing resources.

## Impact

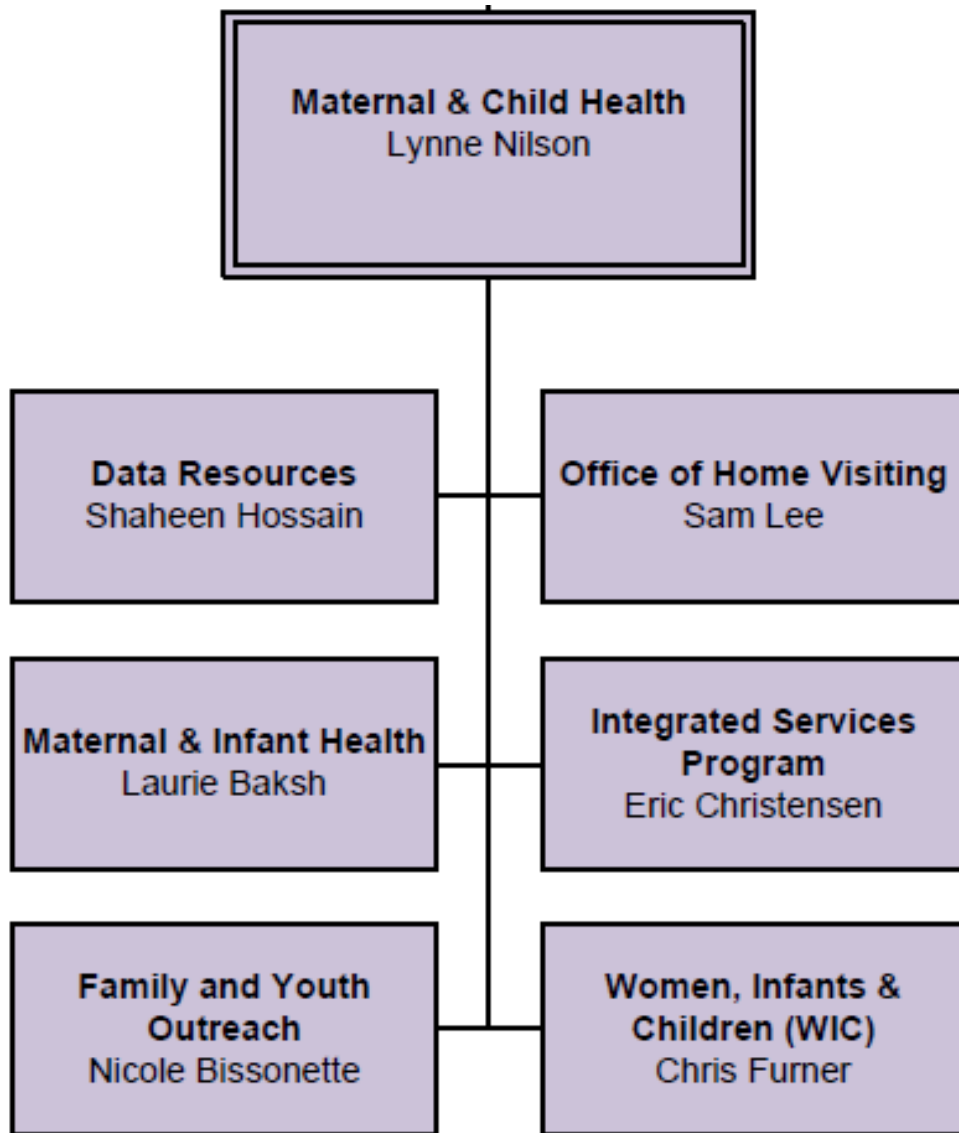
We impact the health and well-being of Utah's 1.6 million infants, children, adolescents, and women of reproductive age

## Department of Health Areas of Emphasis:

- Promote healthy behaviors and prevent injury and disease
- Provide excellent customer service
- Promote a supportive work environment
- Make data-driven decisions

We are engaged professionals improving the health, safety, and well-being of Utahns.

# Bureau of Maternal and Child Health



We are engaged professionals improving the health, safety, and well-being of Utahns.

# Family and Youth Outreach



Tania Tetz, Elizabeth Gerke, Michelle Martin, Nicole Bissonette, Lauren Neufeld, Marsha Leen-Mitchell, Lynn Martinez, Luisa Hansen, Al Romeo

## Mission

Assist Utah adolescents in being the healthiest in the nation by coordinating and collaborating with statewide partners.

## Impact

We improve the health and well-being of 398,000 Utah adolescents.

## Department of Health Areas of Emphasis:

- Promote healthy behaviors and prevent injury and disease
- Connecting at-risk people with appropriate services
- Make data-driven decisions

We are engaged professionals improving the health, safety, and well-being of Utahns.

## Family and Youth Outreach Goals and Measures

(\*Denotes a time-limited quality improvement goal)

<b>Goal #1 - Implement teen pregnancy prevention programs statewide. By 12/31/2020 decrease by 10% (currently 20.6/1,000) the number of births to Utah women ages 15-19.</b>	
1. Contract with eight local health departments or tribal entities across the state to provide programming in their local areas.	8
2. Provide training on evidence-based curricula to staff at each local program site.	2/year
3. Conduct local site monitoring through monthly check-in calls, annual site visits, and semi-annual reporting.	100%
<b>Goal #2 - Provide evidence based teratology information to all Utah residents</b>	
By August 30, 2019, MotherToBaby Utah will identify and implement ways to increase the number of contacts (by phone, email, text and chat) to the MotherToBaby Utah Teratogen Information Service by 10%.	7,005
By August 30, 2019, develop and submit to the Organization of Teratology Information Specialists (OTIS) Education Committee four (4) fact sheets as directed by the Education Committee either for new, updating or editing phases and contribute to translation of fact sheets depending on the needs for the year as well as production of one (1) blog for the year.	4 facts sheets and 1 blog
By August 30, 2019, provide referrals to the (OTIS) Research Center after counseling contact at an annual increase of at least 10%.	40
<b>Goal #3 - Increase the number of children, ages 1 through 17, who have an annual preventive dental visit.</b>	
1. By 12/31/2020, increase by 0.2 percent the number of children, ages 1 through 17, who have an annual preventive dental visit.	0.2% increase annually
2. Increase the number of children with Utah Medicaid who have an annual preventive dental visit.	0.2% increase annually
3. Provide school-based education to adolescent children on oral health.	18 schools
4. By 12/31/2021 complete the survey and report for the 2020-21 Oral Health Status of Utah's Children report. This survey and report have been done every 5 years since 2000.	47 schools screened
5. Support the Utah Oral Health Coalition in efforts to improve access for the underserved in Utah.	4 mtgs per year, all steering committee mtgs
<b>Goal #4 - Increase the number of Utahns who are aware of the Safe Haven Law.</b>	
1. Develop and implement a marketing plan.	July 15
2. Lead and facilitate the Utah Safe Haven Coalition Meetings twice yearly.	January/ August
<b>Goal #5 - Ensure that federal grant applications and reports are complete and submitted on time.</b>	
1. Ensure that the program's section(s) of the annual Maternal & Child Health (MCH) block grant application are submitted on time each year.	July 15
<b>*Goal #6 - Explore other ways to improve the outcome of the MCH block grant national performance measure for oral health.</b>	
1. During a program retreat devote a portion to program strategic planning to explore other ways to improve the outcome of the MCH block grant national performance Measure for oral health.	10/31/2018

# Home Visiting



Lynda Worthington, Sam Lee, Susanna Lindeman

## Mission

The mission of the Office of Home Visiting is to support evidence-based home visiting models in Utah that empower and create positive change in the lives of families at risk.

## Impact

We improve the health, safety, and well-being of the 400+ Utah families who receive home visiting services.

### Department of Health Areas of Emphasis:

- Promote healthy behaviors and prevent injury and disease.
- Connect at-risk people with appropriate services.

We are engaged professionals improving the health, safety, and well-being of Utahns.



## Home Visiting (OHV) Goals and Measures

(\* Denotes a time-limited quality improvement goal)

<b>* GOAL #1 – Improve well child visit attendance rates among families being served to 85% or above by September 30, 2019.</b>	
1. By November 30, 2018 the OHV Research Consultant will identify families who are not currently attending well child visits.	11/30/18
2. By January 30, 2018 OHV staff will increase Local LIA home visiting staff knowledge on the importance of on-time well child visit attendance by inviting a credentialed speaker as a trainer.	1/30/19
3. Each month during the grant period State of Utah Home Visiting staff will monitor LIA staff performance and communicate results to the LIA supervisor to increase well child visit attendance.	Monthly
<b>GOAL #2 – Ensure timely and complete grant/contract processes.</b>	
1. Submit the completed grant application by 6/29 each year.	Annually
2. Ensure that current contracts are in place each year before the previous contract expires (10/31 of each year).	Annually
3. Conduct in-depth contract monitoring visits with each local agency twice a year.	2/year
<b>GOAL #3 – Ensure that primary caregivers are referred to services for a positive screen for depression (See MIECHV HVIS Report #17)</b>	
1. Review database records monthly to determine if appropriate referrals were provided to the client during the previous month for identified depression.	12/year
2. Communicate by email to the local implementation agency supervisor, on a monthly basis, the families that have not received a referral for service where the parent screened positive for depression.	12/year
3. Conduct training with local implementation staff during the annual site visit on the importance of service provider referrals for parents that screen positive for depression.	7 LIAs / year
<b>GOAL #4 – Ensure that children with a positive screen for developmental delays receive services in a timely manner (See MIECHV HVIS Report #18).</b>	
1. Review database records monthly to determine if appropriate referrals were provided and initiated in a timely manner, to the client during the previous month for development delays.	12/year
2. Communicate by email to the local implementation agency supervisor, on a monthly basis, the families that have not received a referral for service where the child screened positive for development delays.	12/year
3. Conduct training with local implementation staff during the annual site visit on the importance of service provider referrals for children that screen positive for development delays.	7 LIAs / year
<b>GOAL #5 – Ensure that enrolled children have a family member who reads, tells stories, and /or sings with them daily (See MIECHV HVIS Report #11)</b>	
1. Review database records monthly to determine if families served are daily reading, telling stories, or talking to the children being served.	12/yr
2. Communicate by email to the local implementation agency supervisor, on a monthly basis, the families that are not recorded in the home visiting information system as reading, telling stories, or talking to their child on a daily basis.	12/year
3. Conduct training with local implementation staff during site visits on the importance of early literacy for young children.	7 LIAs / year

# Data Resources



Shaheen Hossain, Ari Aryazand, Robert Satterfield, Michelle Silver

## Mission

The mission of the Data Resources Program is to improve the health of Utah maternal and child populations by providing epidemiological surveillance to the programs in the Maternal and Child Health Bureau.

## Impact

We improve the health and well-being of Utah's mothers and children.

### Department of Health Areas of Emphasis:

- Make data-driven decisions
- Utilize technology to improve program performance
- Strive to achieve organizational excellence

We are engaged professionals improving the health, safety, and well-being of Utahns.

## Data Resources Goals and Measures

(\* Denotes a time-limited quality improvement goal)

<b>* GOAL #1 – Build MCH analytic capacity to support the program activities and contribute to data-driven decision-making including assessment, planning, and evaluation.</b>	
1. Enhance capabilities of WESTT to facilitate the MCH Block Grant Application by incorporating the ability for Block Grant Contributors to report on the National Outcome Measures targeted by their selected National and State Performance Measures.	6/30/19
<b>GOAL #2 – Coordinate the yearly submission of the federal Maternal and Child Health (MCH) Block Grant Application and Report.</b>	
1. Conduct annual Block Grant Contributors Training using the Web-Enabled Systematic Tracking Tool (WESTT) by required deadline.	4/30 Annually
2. Develop and post a site on WESTT for public comment, and ensure it is well advertised to reach intended audience.	5/15 Annually
3. Conduct annual review of federally available data to assess trends and disparities for the target populations, and provide review to MCH and Children with Special Health Care Needs (CSHCN) Bureaus to assist with performance measures for the block grant Application.	5/30 Annually
4. Provide Block Grant Contributors with responses from the Public Comment period in time to modify Annual Plan if needed.	6/15 Annually
5. Complete annual entry of Block Grant data to the Federal Information System by required deadline.	6/30 Annually
<b>GOAL #3 – Through activities outlined in the Federal State Systems Development Initiative (SSDI) Grant, support the MCH, CSCHN, and Child Development (BCD) bureaus by providing analytic support including program evaluation and quality improvement studies, and enhance and advance the utilization of linked information systems between key MCH datasets.</b>	
1. Complete quarterly reports for the Utah Women and Newborn Quality Collaborative (UWNQC) including the maternal, neonatal, and out of hospital birth UWNQC subcommittees.	4/year
2. Analyze provisional, quarterly Hospital Discharge Data for the Alliance for Innovation on Maternal Health (AIM) Severe Maternal Morbidity event, and upload these Outcome Measures to the AIM Data Portal.	4/year
3. Hold two Data and Information Group (DIG) meetings to allow program staff from MCH and CSHCN to participate in a forum for developing concepts for data studies and application of data analysis to program planning.	2/year
4. Complete annual SSDI Non-Competing Continuation Progress Report by deadline each year.	9/7 Annually
5. Complete annual SSDI Performance Report by deadline each year.	3/31 Annually
6. Conduct an annual customer feedback survey to evaluate the effectiveness of the Data Resources Program (DRP) and its staff in assisting MCH, CSCHN, MCD, and other Utah Department of Health programs with projects over the previous 12 months (composite score for all DRP staff for the year).	80% Extremely Satisfied
7. Assist and collaborate with MCH/CSHCN/BCD programs to complete articles for the Utah Health Status Update Publication to showcase program highlights and leading health issues.	10/year

# Integrated Services



Walt Torres, Eric Christensen, Toni Estrada, Carrie Martinez, Cynthia Palacios, Heather Carlson (not pictured Natalie Allen)

## Mission

The mission of the Integrated Services Program is to assist families of children and youth who have special health care needs with coordinated care planning, education, and resources in order for them to make informed decisions.

## Impact

We improve the health, safety, and well-being of the hundreds of Utah children and youth who have special health care needs.

### Department of Health Areas of Emphasis:

- Connect at-risk people with appropriate services
- Promote healthy behaviors and prevent injury and disease

We are engaged professionals improving the health, safety, and well-being of Utahns.

## Integrated Services (ISP) Goals and Measures

(\* Denotes a time-limited quality improvement goal)

<b>* GOAL #1 – Establish baseline of services provided at Integrated Services Program sites around the state.</b>	
1. Establish baseline number of clinical encounters at Wasatch Front clinics.	9/30/19
2. Establish baseline number of clinical encounters at LHD traveling rural clinics.	9/30/19
<b>GOAL #2 – Provide care coordination for children with special health care needs (CSHCN) throughout the state.</b>	
1. Provide ongoing inservice and training for all care coordinators.	12/year
2. Assess family needs by completing intake and making appropriate referrals based on family needs.	90% of families
3. Conduct follow-up interviews with each family to determine if needs were met.	80%
*4. By 9/30/2019 implement chart reviews for 10% of clients served, to determine if program policies were followed to meet each family's needs.	10%
<b>GOAL #3 – Provide diagnostic clinics along Wasatch Front for children with special health care needs.</b>	
1. Hold 4 CSHCN clinics along Wasatch Front (SLC, Ogden, Provo).	128 clinics / year
2. Scheduled patients attend clinic.	80% attendance
3. Patients scheduled by ISP staff for services.	Appt. w/in 60 days of contact
<b>GOAL #4 – In coordination with local health departments, provide diagnostic clinics in rural areas for children with special health care needs.</b>	
1. Contract with local health departments (Southeast Utah, Central, San Juan, Tri-County) to offer clinics. Ensure contracts are in place with no lags in service.	Annually by Oct. 1
2. Hold clinics in rural LHDs (Moab 2, Blanding - 4, Price - 4, Vernal - 6, Richfield - 6) each year.	22/year
3. Patients scheduled by Integrated Services (ISP) staff for services.	Appt. w/in 60 days of contact
4. Follow up with families to ensure scheduled patients attend clinics.	80%
5. Children with special health care needs in rural Utah will receive care coordination and clinical services.	2% of rural CSHCN population
6. LHDs will submit quarterly reports outlining care coordination and clinical activities per contractual obligations.	4/year
7. Support Pediatric Orthopedic clinics in St. George, Vernal, Moab, and Blanding (approximately 13 clinics each year) by covering costs of in-state flight, and rental of clinical space at Dixie Regional Medical Center.	300 families/year
<b>GOAL #5 – Ensure that federal grant applications and reports are complete and submitted on time.</b>	
1. Ensure that the program's section(s) of the annual Maternal & Child Health (MCH) block grant application are submitted on time each year.	7/15 Annually

# Maternal and Infant Health



Heather Sarin, Annie McKenzie, Barbara Algarin, Nicole Stone, Laurie Baksh, Nickee Andjelic, Heidi Sylvester, Jewel Maeda, Brook Dorff

## Mission

The mission of the Maternal and Infant Health Program is to improve the health of reproductive aged women and their infants and improve pregnancy outcomes.

## Impact

We improve the health and well-being of the 50,000+ Utah women who give birth each year, and their infants.

## Department of Health Areas of Emphasis:

- Promote healthy behaviors and prevent injury and disease
- Connect at-risk people with appropriate services
- Make data-driven decisions

We are engaged professionals improving the health, safety, and well-being of Utahns.

# Maternal and Child Health Goals and Measures

(\*Denotes a time-limited quality improvement goal)

<b>Goal #1 - Conduct the annual Pregnancy Risk Assessment Monitoring System (PRAMS) survey.</b>	
1. Conduct ongoing surveillance of women with a live birth/fetal death by sending the survey to a monthly sample of Utah women.	2,800 women
2. Submit yearly file of survey responses and birth file from Vital Records.	December 31
3. Follow-up to ensure that 65% of women mailed a PRAMS survey complete the questionnaire each year.	65%
4. Publish topical newsletters using PRAMS data	2
<b>*Goal #2 - Implement teen pregnancy prevention programs statewide. By 12/31/2020 decrease by 10% (currently 20.6/1,000) the number of births to Utah women ages 15-19.</b>	
1. Contract with local eight health departments or tribal entities across the state to provide programming in their local areas.	8
2. Provide training on evidence-based curricula to staff at each local program site.	2/year
3. Conduct local site monitoring through monthly check-in calls, annual site visits, and semi-annual reporting.	100%
<b>*Goal #3 - Conduct the monthly Perinatal Review Committee. By December 31, 2020 decrease by 10% the number of infant deaths due to perinatal conditions (currently 2.4/1,000), and decrease by 10% the number of maternal deaths (currently 15.6/100,000).</b>	
1. Identify cases for review. (All maternal and infant perinatal deaths identified by Vital Records are reviewed.)	100%
2. Abstract hospital and clinic records for pertinent information, and enter into database(s).	95%
3. Review cases in committee and review prevention recommendations.	12/year
4. Publish topical newsletters using Perinatal Mortality Review (PMR) data	2
<b>Goal #4 - Coordinate the Perinatal Quality Collaborative.</b>	
1. Ensure committee meetings are scheduled.	12/year
2. Track the projects of each of the 5 subcommittees to ensure that 100% of projects are completed as scheduled.	100%
<b>Goal #5 - Provide pre-abortion ultrasounds.</b>	
1. Authorize an ultrasound within one hour of call requesting an ultrasound.	100%
2. Schedule ultrasound appointments.	100%
3. Bill and pay for ultrasounds within 30 days of billing.	100%
<b>Goal #6 - Ensure that federal grant applications and reports are complete and submitted on time.</b>	
1. Ensure that the program's section(s) of the annual Maternal & Child Health (MCH) block grant application are submitted on time each year.	July 15
<b>*Goal #7 - By 12/31/2020, increase the % of Utah women ages 18-44 who visit a doctor for a preventive medical visit from 53.7% to 55.0%.</b>	
1. Work with two institutions of higher learning to implement a peer preconception health program.	12/31/2020

# Women, Infants, and Children (WIC)



Lily Zavala, Rick Wardle, Cheryl Coffman, Nicole Reames, Christina Perry, John Radmall, Phyllis Crowley, Ari Van De Graaff (back), Dee Anne McGuire (front), Danielle Conlon, Angela Sorrells, Jessica Perkins, Chris Furner (Not pictured: Mark Nielsen, Karen Smith)

## Mission

The mission of the Women, Infants, and Children Program is to provide supplemental foods, health care referrals, and nutrition education to low-income pregnant, breastfeeding, and non-breastfeeding post-partum women, and to infants and children up to age five who are found to be at nutritional risk.

## Impact

We improve the health and well-being of 88,000+ Utah women, infants, and children.

### Department of Health Areas of Emphasis:

- Promote healthy behaviors and prevent injury and disease
- Connect at-risk people with appropriate services

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## Women, Infants & Children (WIC) Goals and Measures

(\* Denotes a time-limited quality improvement goal)

<b>* GOAL #1 – Improve breastfeeding support provided by local WIC programs.</b>	
1. Provide "just-in-time" breastfeeding training to all local WIC staff who provide breastfeeding support across the state after the state staff receive the new breastfeeding curriculum.	3/31/19
<b>GOAL #2 – Complete Management Evaluation (ME) Audits (sub-recipient monitoring) at half of all local health departments WIC programs each year.</b>	
1. Schedule and conduct ME visits. We average 12 site visits per year. This fluctuates between 11 - 17 clinic audits annually. Will meet required number of ME audits per agency and clinic count as required by federal regulation.	9/30 Annually
2. Follow-up on findings to assist agencies not in compliance to come into full compliance and close findings within one year. Goal is 100% of open findings are closed within 12 months.	100%
<b>GOAL #3 – Make annual edits to the Utah WIC State Plan as required by USDA regulations.</b>	
1. Publish draft edits for a 30 day public comment period by June 1st every year.	6/1 Annually
2. Complete draft edits by June 30 each year.	6/30 Annually
3. Finalize edits and complete required forms and documentation for submission to USDA by required deadline of August 15th each year.	8/15 Annually
4. Post approved policies and other State Plan documents to the DOH WIC Sharepoint site and the WIC public website for public and local agency use by October 1st, pending receipt of USDA approval.	10/1 Annually
<b>GOAL #4 – Complete the annual Integrity Profile (TIP).</b>	
1. Extract vendor monitoring visit data for the applicable time frame.	10/1 Annually
2. Upload the TIP information and profile by January 15th, and review for errors by January 31st before the final due date of February 1st.	2/1 Annually
<b>GOAL #5 – Increase the number of mothers in the WIC population who breastfeed.</b>	
1. Update state breastfeeding policies and procedures to meet or exceed USDA regulations, and promote breastfeeding by August 15th each year.	6/1 Annually
2. 100% of pregnant WIC participants will be screened and counseled regarding their interests and concerns about breastfeeding.	100%
3. Breastfeeding counseling will be included in 100% of prenatal and post-partum visits.	100%
<b>GOAL #6 – Reduce the percentage of children in the WIC program who are overweight or at risk of overweight.</b>	
1. 100% of children in the program will be screened for overweight or risk of overweight.	100%
2. 100% of WIC participants who have a nutritional risk factor of 113 or 114 will be assisted in goal setting.	100%
1. Provide monthly articles on nutrition and breastfeeding topics in the Utah WIC newsletter, WIC Wire.	12/year

# Section 2

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## Implementation Plan 2019

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The implementation plan will include working directly with all emphasis work groups to roll out the new mission statement for the division and working with all programs to include each area of emphasis. A division-wide training will include specific break-out sessions that include training in the following six different areas:

- 1) SUCCESS framework
- 2) Continuous Quality Improvement
- 3) Strengths finder
- 4) Make data-driven decisions
- 5) Providing excellent customer service
- 6) Utilizing technology to enhance program performance

The key principles that are collected by the various emphasis groups will be addressed and delivered to the division. Each employee will have the opportunity to be trained in-depth on at least three of the six areas of their choosing during the Division-wide training session.

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We are engaged professionals improving the health, safety, and well-being of Utahns.

## Department of Health Strategic Plan

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### Healthiest People

*Promote healthy behaviors and prevent injury and disease*  
*Connect at-risk people with appropriate services.*  
*Make data-driven decisions*

### Optimize Medicaid

*Integrated Care*  
*Pay for quality outcomes*

### A Great Organization

*Provide excellent customer service*  
*Promote a supportive work environment*  
*Foster a culture of Continuous Quality Improvement (CQI)*  
*Utilize technology to enhance program performance*  
*Strive to achieve organizational excellence*



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We are engaged professionals improving the health, safety, and well-being of Utahns.

## Provide Excellent Customer Service

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*There is no wrong door at Family Health & Preparedness.*

### Key Principles:

- **Care and Respect**

- *Environment - Create and maintain a workplace which promotes a healthy and positive environment and aligns with the UDOH mission to promote and protect the health of the public*
- *Demonstrate empathy - Seek to understand and share the feelings of one another.*
- *Engage active listening skills - Be open to re-education/additional questions and ask for clarity, summarize and provide action plan.*

- **Transparency**

- *Expectations - Employees will be responsible, act with integrity and ethically as stewards of the Department.*
- *Accountability - Carrying out the mission and the work of the Division while staying honorable to the policies, procedures and goals.*
- *Timeliness - Responding to questions and inquiries quickly and effectively.*

- **Empowerment**

- *Training - All employees commit to receive and provide the most up-to-date and evidence-based trainings.*
- *Problem solvers - Employees seek to find answers to problems and be a resource.*
- *Recognition - Create and maintain a system for recognition of individual strengths and excellent performance.*

- **Clear Communication**

- *Dependable - Present consistent messages clearly and with detail.*
- *Confident - Be aware of nonverbal communication and maintain a professional and positive attitude.*
- *Trust - Provide reliable information and service.*

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## Make Data Driven Decisions

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### Key Principals

- **Efficiency**
  - *Develop and maintain shared knowledge of data sources and uses across division*
  - *Maintain active knowledge of data sources, types of data collected and opportunities for linking, automating and sharing.*
- **Collaboration**
  - *Strengthen mutual data sharing through data sharing agreements, mutual aid agreements and linkages.*
  - *Decrease siloed data sets and improve data flow from suppliers (both internally and externally)*
  - *Develop culture of sharing within constraints of privacy, confidentiality, and Security*
- **Effectiveness**
  - *Share resources across division for dedicated database technical support, WEB support and informatics development*
  - *Support programs to develop data plan including the use of open source, strategies for integration, strategies for automation, data warehousing and data access for analysis*
  - *Strengthen shared knowledge for Health Information Technology Committee (HIT) projects and opportunities.*

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## Utilizing Technology to Enhance Program Productivity

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### Key Principles:

- **Create and share technology program inventories.**
  - *Include available software and hardware, people in charge, and availability/disposition to teach others how to use them.*
  - *Include the haves and wants.*
- **Increase connectivity of division databases as appropriate.**
  - *Create data agreements to help avoid duplication of services and to expedite processes.*
  - *Utilize division and department resources such as Child Health Advanced Records Management (CHARM,) Department of Health Master Person Index (DOHMPI), and other information systems to connect/link databases.*
- **Use technology to make employees work expectations more easily available and accessible.**
  - *Know and use Utah Performance Management (UPM).*
  - *Train managers to use available tools effectively.*
  - *Have performance plans that are transparent and real time available and applicable.*
- **Improve customer satisfaction by electronic means.**
  - *Optimize forms by making them fillable.*
  - *Program websites that are current, user friendly, and interconnected.*

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We are engaged professionals improving the health, safety, and well-being of Utahns.