

Priority	Ref. #	Ongoing	Total Funds	Base Total Funding ¹	Building Block List ² Ongoing <u>State Funds - Co-chair Proposal</u>	Source	Alternative Funding Actions
All changes since the prior version are marked with <u>underline</u> or strikeout for deletions.							
Underlining highlights changes to the original request for appropriation by legislators or updated information.							
		(\$2,730,300)			Budget Reductions Approved by Social Services as of 2/10/2020		
	<u>EC1</u>	<u>\$144,700</u>	<u>\$144,700</u>	<u>\$7,440,000</u>	<u>DOH - Staff and Software at the Office of the Medical Examiner</u>	<u>GOV</u>	
	EK	\$450,000	\$1,350,000	\$300,000,000	<p>DOH - Separate Reimbursement for Methadone Therapy Pay for methadone therapy at delivery-site locations for about 350 clients receiving 13,000 units of services to comply with federal regulations. Currently clients have to travel to a different location than where they receive the methadone to receive therapy or pay out of pocket to receive it on site. For nearly all Medicaid clients, mental health services are paid as part of a capitated rate to providers contracted by county government. Methadone drugs are paid separately outside the capitated rate.</p> <p>How to Measure Success? (1) The percentage of adolescents and adults 13 years of age and older who initiated treatment and had two or more additional AOD services or Medication Assisted Treatment within 34 days of the initiation visit, 2018 was 30.6%. (2) The percentage of adults aged 18 years and older with pharmacotherapy for opioid use disorder who have at least 180 days of continuous treatment, 2018 was 25.9%.</p>	GOV	(1) require the counties to provide this service as part of their capitated rate (2) require methadone treatment providers to be contracted with the county mental health systems
	<u>EH1</u>	<u>\$35,000</u>	<u>\$70,000</u>	<u>\$810,000,000</u>	<u>DOH - Case Management for Rural Medicaid Clients</u>	<u>GOV</u>	
	EF	\$1,545,200	\$1,545,200	\$30,700,000	<p>DOH - 436 More Baby Watch Clients The Baby Watch program serves children from birth to age three with at least a moderate developmental delay. This funding covers the increase in costs from a forecasted growth of 436 children from FY 2019 to FY 2021. Through December 2019, the program has seen an increase of 107 children over FY 2019. The department indicates that none of the funding would go for state administration and all would go to the fifteen regional service providers.</p> <p>How to Measure Success? Maintain the current service delivery baseline of an average of 1.7 visits per child per month.</p>	GOV	(1) Change law to require billing of private insurance companies where possible. (2) Increasing parent contributions that are currently \$575,000 annually and are based on a monthly sliding fee schedule of \$0 to \$200 based on income.

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	FN	\$500,000	\$500,000	\$0	<p>DHS - Children's Service Society of Utah/Grandfamilies Children's Service Society of Utah is requesting funding for the Grandfamilies Program to provide kinship navigator services including guardianship, applications, resource and referral information along with support services for families raising a relative's child.</p> <p>How to Measure Success? (1) Increase safety and kin-permanency of children, (2) Increase family bonding and peer connections with Friend to Friend events, (3) Increase access to and utilization of resources, (4) Increase caregiver resilience and knowledge of the social and emotional development of the children in their care. <u>The chairs propose reducing the funding requested from \$750,000 to \$500,000.</u></p>	Rep. Ray, P.	Private donations, <u>federal Family First dollars in future years</u>
<u>The items above are proposed for funding internally.</u>							
<u>1</u>	DB	\$24,262,400	\$80,460,500	\$4,080,000,000	<p><u>DOH & DHS - Medicaid and CHIP Caseload, Inflation and Program Changes - FY 2021</u> The following areas create costs for the state in Medicaid: (1) caseload - an unfavorable federal match rate change of 0.9% in FY 2021 and (2) inflationary changes - 2% projected increase in accountable care organization contract rates starting in July 2020 and increases in payments to the federal government (Clawback). A related one-time offset is in item AD.</p> <p>How to Measure Success? Sufficient funding to cover growth and other changes to Medicaid as authorized by the Legislature.</p>	GOV	(1) Provider assessments. (2) Have hospital assessment pay proportion of the increase based on current contribution levels.

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2	FF	\$5,950,000	\$18,415,400	\$335,396,000	<p>DHS - Disability Services: Additional Needs and Youth Aging Out Individuals participating in the Medicaid Home and Community-Based Services Waiver program are entitled to "basic health and safety needs," and needs usually increase over time. This request includes funding for youth with disabilities that have been in the custody of Juvenile Justice Services or Child and Family Services and have aged out of those programs. The request consists of: \$4,391,000 for additional needs and \$1,559,000 for youth who will age into services. There is a one-time offset in item BD because youth age into services through the year.</p> <p>How to Measure Success? (1) Percent of adults who report that services and supports help them live a good life. (Target = 100%), (2) Among children living at home, percent of respondents who report that their child's services and supports help them live a good life. (Target = 100%), (3) Among adults living at home, percent of respondents who report that their family member's services and supports help them live a good life. (Target = 100%), (4) Among adults living in residential settings, percent of respondents who report that their family member's services and supports help them live a good life. (Target = 100%)</p>	GOV	
3	FS	<u>\$400,000</u>	<u>\$1,238,000</u>	\$46,556,800	<p>DHS - Services for People with Disabilities Provider Direct Care Staff Compensation - Phase VI This is the remaining amount from the Social Services Appropriations Subcommittee's three-year plan to increase Disability Provider Staff Compensation. While the original plan was for three years, this will be the sixth year of partial plan funding.</p> <p>How to Measure Success? (1) Decrease staff turnover rates. <u>The chairs propose reducing this request from \$650,000 to \$400,000.</u></p>	Rep. Ray, P.	

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<u>4</u>	FO	<u>\$323,600</u>	<u>\$1,001,500</u>	\$12,946,800	<p>DHS - Disability Services: Rate Increase for Support Coordinators This request is to increase the rate paid to contacted support coordinators for individuals with disabilities who are receiving community-based services. The rate is currently \$207.96 per client per month. It is estimated that the additional funding will increase the rate to \$238.11, equivalent to the rate that was paid in 2009. The increase in the rate will offer support coordinators stability in facing the challenges of growth, quickly establishing services and supports to people coming into services, meeting changing service needs, improving quality checks, and offering services in distant areas.</p> <p>How to Measure Success? (1) Turnover rate, (2) Average starting salary, (3) Average caseload. <u>The chairs propose reducing this request from \$723,600 to \$323,600.</u></p>	Sen. Weiler, T.	
<u>5</u>	FB	\$4,885,500	\$4,885,500	\$27,096,000	<p>DHS - 30-Bed Forensic Unit at Utah State Hospital Individuals with mental illness who are in jails and deemed "not competent to proceed" with their trials are placed in Department of Human Services' custody and referred to the Utah State Hospital (USH) for restoration. USH must keep wait times under 14 days to be in compliance with a recent lawsuit settlement agreement. Throughout FY 2020, wait times have remained under 14 days. This request is to open an existing 30-bed unit at the USH. There is a one-time offset in item BC because USH will open the beds progressively over the first year.</p> <p>How to Measure Success? (1) Maximum length of time from court order for restoration to program admission (Target: 14 days), (2) Percent restored to competency (Target: 65%), (3) Percent of patients court-ordered to DHS screened within 72 hours (Target: 100%)</p>	GOV	Medicaid waiver for institutions for mental disease <u>(for stays 0-60 days)</u>

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6	EJ	\$2,419,000	\$7,486,800	\$80,400,000	<p>DOH - Quality Improvement Incentives for Intermediate Care Facilities Quality Improvement Incentives for Intermediate Care Facilities - This funding maintains the same amount of funding as a whole for ICF-IDs that they were receiving prior to moving more clients to community-based services based on the recent lawsuit, Christensen v. Miner. The ongoing funding is the estimated need for FY 2024. 150 clients were estimated to transition out in FY 2020, as of January 2020 about 50 may end up transition out this fiscal year. This funding will provide quality improvement projects for the State's 14 private intermediate care facilities in the State. A related one-time offset is in item AE.</p> <p>How to Measure Success? In year 1, create baseline figures on number of individuals (1) either employed or engaged with vocational rehab and (2) participating in community integration activities. In year 2, create minimum threshold of improvement.</p>	GOV & Rep. Ray, P.	(1) Increase the assessment on the ICF-IDs from 4.6% up to a max of 6% for \$548,000 more revenue (ask feds permission for proposed uses). (2) Fund at FY 2021 estimated level of \$1.7 million. (3) Fund the amount based on actual clients who have moved out thus far.
7	FM	\$1,000,000	\$3,095,000	\$335,396,000	<p>DHS - Disability Services: Waiting List <u>The Medicaid Home and Community-Based Services Waiver program serves 6,000 individuals and has a waiting list of 3,000. The requested \$1 million would bring approximately 148 individuals (5% of the list) into services. Per statute, 85% of new funding must go to individuals with the most critical needs and 15% must go to individuals currently needing respite services only.</u></p> <p>How to Measure Success? (1) <u>Percent of adults who report that services and supports help them live a good life (Target =100%), (2) Among children living at home, percent of respondents who report that their child's services and supports help them live a good life (Target = 100%), (3) Among adults living at home, percent of respondents who report that their family member's services and supports help them live a good life (Target = 100%), and (4) Among adults living in residential settings, percent of respondents who report that their family member's services and supports help them live a good life (Target = 100%)</u></p>	Chairs	

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8	DA	\$2,500,000	\$7,569,000	\$0	<p>DOH, DHS & DWS - Disability Services: New Limited Supports Waiver Utah's existing Medicaid Home and Community-Based Services Waiver program serves 6,000 individuals and has a waiting list of 3,000. The new waiver, if approved by the federal government, would provide a limited array of services to 700 individuals who are currently on the waiting list. The specific services are to be determined but would be limited to in-home supports; allocations for each individual would be capped. Those with higher needs could eventually move to the existing waiver for more comprehensive services. The costs in medical benefits are for the 52% estimate of clients who are newly enrolling in Medicaid. The request includes General Fund amounts of: \$1,613,800 for DOH, \$2,813,400 for DHS, and \$31,200 for DWS. A related one-time offset is in item A.</p> <p>How to Measure Success? DHS: (1) Percent of adults who report that services and supports help them live a good life (Target = 100%), (2) Percent of the fiscal year that people receive services when transitioning from the waiting list (Target = 50% of twelve full months July-June in the initial year of funding), and (3) Reduction in the rate of increase of emergency cases brought into Community Supports Waiver (Target = 3 percentage points); DWS: Eligibility Services - internal review compliance accuracy (Target = 95%) <u>The chairs propose reducing the request from \$4,458,400 to \$2.5 million</u></p>	GOV	
9	EB	\$500,000	\$500,000	\$2,137,500	<p>DOH - Funding to Local Health Departments for Compliance with State Standards Some increased funding to each of the state's 13 local health departments to comply with state standards (see https://rules.utah.gov/publicat/code/r380/r380-040.htm) for public health. The last increase in state funding was 0.7% or \$15,100 in FY 2014.</p> <p>How to Measure Success? Build and maintain a competent epidemiological workforce (Done/Not Done).</p>	GOV	Utah's 29 counties may tax property to support local health departments. 15 counties do and the lowest rate is \$4.70 per \$100,000. If the other 16 counties taxed at that rate, then it would generate \$4.5 million

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<u>10</u>	FA	<u>\$2,934,700</u>	<u>\$3,297,400</u>	\$87,123,100	<p>DHS - Child and Family Services Caseworker Salary Increase (Governor) Caseworkers for the Division of Child and Family Services (DCFS) are paid \$32,000 per year on average and have an annual turnover rate of 30%. DCFS estimates that when one case has multiple caseworkers due to turnover, the case closes two months later on average than a case with a single caseworker. DCFS states that longer cases lead to higher costs for DCFS, the Courts, and other state agencies, and reduced engagement with the caseworker and worse outcomes for families. This request would raise the salaries of caseworkers. For example, it would increase the starting hourly wage for a licensed social service worker from \$17.25 to \$18.56 (and to \$19.49 after one year of service).</p> <p>How to Measure Success? (1) Reduced turnover rate, (2) Reduced change in workers (over 30% of ongoing cases have had more three or more workers which is directly related to retention) (3) Improved Safety Decision Making (SDM) timeliness. <u>The chairs propose increasing the request from \$1,934,700 to \$2,934,700 and combining FH, FI, and FJ into this item.</u></p>	GOV, Harper Judkins, & Eliason	
<u>11</u>	<u>EC2</u>	<u>\$465,300</u>	<u>\$465,300</u>	\$7,440,000	<p>DOH - Staff and Software at the Office of the Medical Examiner Hire one office administrator to reduce time demands on the chief medical examiner, one autopsy assistant, and change some part-time investigators for five full-time investigators. The change to full-time investigators would change the percentage of death cases in in Salt Lake, Davis, Weber, and Utah counties under the examination of certified medicolegal death investigators from 36% to 60%. Additionally, fund the ongoing costs of a new database system (about \$60,000) to replace the system designed in 2010. A related request for one-time funds is in item AB.</p> <p>How to Measure Success? Complete 90% of reports within 60 days (currently at 72%).</p>	GOV	(1) Only fund the staff of \$550,00 (2) Only fund the new database system at \$60,000.

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<u>12</u>	FD	\$881,000	\$1,175,200	\$55,685,100	<p>DHS - State Hospital Forensic Unit Staff Salary Increase This request would increase salaries for staff in the forensic unit at the Utah State Hospital (USH), at USH's discretion, to increase the salaries and improve service quality and retention. The turnover rate among one of the related job classifications, psychiatric technicians, is 50%.</p> <p>How to Measure Success? (1) To successfully bid and hire staff to train and begin operations by September 2020 in order to remain compliant with the Settlement Agreement, (2) Reduce psychiatric technician turnover rate below 50%, (3) See a reduction in length of vacant job postings.</p>	GOV	
<u>13</u>	FT	<u>\$150,000</u>	<u>\$150,000</u>	\$0	<p>DHS - Utah Commission on Aging <u>The Utah Commission on Aging is working to increase the understanding of the needs of Utah's aging population and how to meet these needs. The UCOA studies and reports on the projected impact of the aging population on our social structure and on our government. Also, the UCOA identifies and recommends specific policies, procedures, and programs to respond to the needs of our aging population. Finally the UCOA facilitates coordination of the functions of both public and private entities concerned with our aging population.</u></p> <p>How to Measure Success? <u>(1) Increase member engagements with UCOA, (2) Increase program reach, (3) Increase access to services and resources, best practices, education, policy guidance, gerontology expertise and training, (4) Increase educational assets</u></p>	Sen. Christensen, A.	<u>University of Utah funds, TANF</u>

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<u>14</u>	EI	<u>\$1,246,100</u>	<u>\$3,860,000</u>	\$23,800,000	<p>DOH - 10-25% Autism Medicaid Provider Rate Increase 10-25% Autism Medicaid Provider Rate Increase - Medicaid rate increases for applied behavioral analysis of 10% to 25% for approximately 1.5 million services received by 1,200 clients 21 and under. Currently there are about 20 or 5% Medicaid-enrolled providers of approximately 379 board certified providers in Utah (as per https://bacb.com/services/o.php?page=101134 on 1/24/2020) that provide these services to Medicaid clients. Services started in FY 2015 and rates have/have not been adjusted since then.</p> <p>How to Measure Success? Increase the number of individuals receiving services by 10% (from 1,200 to 1,320). <u>The chair propose reducing the funding request from \$1,746,100 to \$1,246,100, which results in a reduction of federal matching funds of \$1,044,000.</u></p>	GOV	
<u>15</u>	<u>EE2</u>	\$500,000	\$702,500	\$212,100	<p>DOH - Loan Repayment Incentives for 15 Medical Providers to go to Underserved Areas Funding for fifteen medical providers to serve for two years in underserved areas in exchange for loan repayments ranging from \$10,000 to \$50,000. There are matching federal funds available annually for four years up to \$202,500.</p> <p>How to Measure Success? Serve an additional 5,000 uninsured and 7,000 underserved individuals.</p>	GOV	Ask for a match from organizations where providers will be working. ND for MDs and VA require 1:1 match. (H.B. 87 requires a 20% match.)

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<u>16</u>	FG	\$2,000,000	\$6,190,000	\$335,396,000	<p>DHS - Disability Services: Community-Based Employment By participating in the Medicaid Home and Community-Based Services Waiver program the State must comply with federal requirements, including transitioning individuals participating in congregate day programs to employment in integrated community settings, if appropriate for the individual, by 2022. Employment settings are more expensive, at least initially, due to the need to identify an appropriate setting and provide more skilled support with smaller staffing ratios. The request would transition 25% of individuals in services to employment settings and is part of a 2-year plan.</p> <p>How to Measure Success? (1) Percent of adults who have a paid job in the community (Target = 28%), (2) National ranking of people receiving employment services (Target = 17), (3) Percent of people in day programs utilizing new employment preparation services (Target = 25%)</p>	GOV	
<u>17</u>	EA	\$281,000	\$652,700	\$105,300,000	<p>DOH - State Employee - Targeted Salary Increase Health Certain jobs in Health were selected for targeted increases due turnover rates or difficulty in hiring. The proposed increases range from 0.45% to 15.0% based on a market study by the Utah Department of Human Resource Management for the following job classifications: auditor II & III, chemist/microbiologist I & II, epidemiologist I, financial analyst I-III, financial manager I, investigator II & IV, laboratory technician I-III, and pharmacist. See page B-2 for increases by position at https://gomb.utah.gov/wp-content/uploads/2020/01/Supplementals-Budget-Book-FY-2021-WEB-with-links.pdf.</p> <p>How to Measure Success? Reduction in turnover by 80% for these positions.</p>	GOV	Redirect statewide COLA increase to be more discretionary (agencies might need time to propose where funding is needed). 1% salary increase for Health is \$909,800 total funds (\$242,000 General Fund).

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<u>18</u>	<u>EY</u>	\$1,900,000	\$5,900,000	\$800,000,000	<p><u>DOH - Medicaid ACO Rates</u> Replace one-time funding in the current Medicaid ACO rates with ongoing funding. This will keep the FY 2020 Medicaid ACO rates as the base rate for FY2021. Without this funding, the FY2021 Medicaid ACO base rates would be reduced by 0.8 percent.</p> <p><u>How to Measure Success?</u> ACO annual increase compared to (1) CPI-medical index, (2) Milliman Medical Index, and (3) General Fund growth rate.</p>	Sen. Hemmert, D.	
<u>19</u>	FE	\$8,110,000	\$8,110,000	\$0	<p><u>DHS - Two Behavioral Health Crisis Receiving Centers</u> These centers would provide no-refusal care for up to 23 hours to anyone experiencing a behavioral health crisis. The centers would divert individuals from hospital emergency rooms (there were 39,000 visits in 2014), provide a more appropriate care setting, and then refer individuals to community-based services as needed. The centers would operate in urban counties outside Salt Lake County. The centers are estimated to have 10,000 admissions per year. There is a corresponding one-time request in item BA.</p> <p><u>How to Measure Success?</u> (1) Engagement in Recovery Support/Treatment Services Target=60%, (2) Diversion from Emergency Room Target=30%, (3) Diversion from Jail/Criminal Justice Services Target=40%</p>	GOV	(1) County funds, (2) Medicaid match, (3) commercial insurance
<u>20</u>	ED	\$220,000	\$220,000	\$157,000	<p><u>DOH - Testing for Syphilis and Gonorrhea</u> Pay for 11,000 sexually transmitted disease tests at the State laboratory to determine the presence of syphilis, gonorrhea, or chlamydia. Tests will be provided free of charge to individuals. Gonorrhea rates in Utah have increased per 100,000 people from 9.8 in 2011 to 81.2 in 2018. https://www.cdc.gov/std/stats17/tables/13.htm ranks Utah 43rd highest of 50 states for incidence of gonorrhea in 2017.</p> <p><u>How to Measure Success?</u> (1) Decrease incidence of gonorrhea by 10% by 2022. (2) Maintain zero congenital syphilis infection rate in Utah.</p>	GOV	Charge up to the normal \$23 laboratory fee for the testing.

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<u>21</u>	FC	\$2,500,000	\$2,500,000	\$2,500,000	<p>DHS - Five Mobile Crisis Outreach Teams in Rural Utah Mobile crisis outreach teams (MCOTs) are operated by the Local Mental Health Authorities (LMHAs) and meet individuals who are having a mental health crisis at their location. The Legislature funded five MCOTs in urban areas in FY 2019. From January to June 2019, MCOTs stabilized 80% of clients in place, without moving to a more expensive level of care. Per statute, counties must contribute 20%, or \$500,000 total, to receive the state funds.</p> <p>How to Measure Success? (1) Number of people served by MCOT team with measures consistent with DSAMH Scorecards and Outcome Reports, (2) Percent of people served who are stabilized in place.</p>	GOV	(1) County funds, (2) Medicaid match, (3) commercial insurance
<u>22</u>	DC	\$1,000,000	\$12,700,000	\$300,000,000	<p>DOH & DHS - Medicaid Behavioral Health Reimbursement Rate Increases and Service Adjustments Seven percent fee-for-service rate increases for behavioral health and residential treatment received by about 12,000 clients receiving 290,000 units of services.</p> <p>How to Measure Success? (1) The percentage of adolescents and adults 13 years of age and older who initiate treatment within 14 days of diagnosis, 2018 was 38.0%. (2) The percentage of adults and children 6 years of age and older who had an emergency department visit for selected mental health disorders and had follow-up care within 7 days, 2018 was 33.0%. (3) The percentage of adults and children 6 years of age and older who had an emergency department visit for selected mental health disorders and had follow-up care within 30 days, 2018 was 50.5%.</p>	GOV	Estimate the reduction to the actuarial rate adjustment and use the associated savings to reduce the cost of the rate increase.

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<u>23</u>	<u>EH2</u>	<u>\$1,381,200</u>	<u>\$4,097,000</u>	\$810,000,000	<p>DOH - Case Management for Rural Medicaid Clients Contract with the local health departments that represent the 16 fee-for-service rural counties to do healthcare case management for high risk, fee-for-service Medicaid clients identified by the Department of Health who are living in rural areas. If the case management results in an 1.7% reduction of fee-for-service per-member-per-month costs, then this intervention would pay for itself. Additionally, begin paying facilities for providing a telehealth connection for a telehealth visit and for telehealth visits not connected in real time (such as dermatology and retinology). Health: "It is unknown at this point how much of this cost could be offset by case management savings, especially in the first year or two of operations given that it takes time to develop savings from case management. Medical claims can also be billed up to 12 months from the date of service, which also contributes to the delay in realizing the savings." How to Measure Success? (1) Number of hospital readmissions per thousand, (2) Overall inpatient hospitalization per thousand (3) Emergency department utilization per thousand, and (4) Follow-up after hospitalization for mental health or substance use disorder within 7 days.</p>	GOV	(1) If efforts should save money, then fund internally. (2) If savings will be delayed, then provide one-time funding.
<u>24</u>	<u>EG</u>	\$500	\$1,100	\$319,600	<p>DOH - Compensation and ISF Exception for Childrens Hearing Aid Account Based on a 1% COLA increase and the other annual compensations adjustments, the Children's Hearing Aid Pilot Program Account would need to provide \$1,100 ongoing as its proportional contribution. This fund's resources are 100% from General Fund appropriations. If you approved this request as a compensation and internal service funds (ISF) exception and removed this fund from the contributing sources, then this would charge that \$1,100 proportionally to the remaining revenue sources. The final amount needed would depend on what COLA change the Legislature approved. A related request for one-time funds is in item AC.</p>	AGCY	

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<u>25</u>	GA	\$5,000,000	\$5,000,000	\$9,389,600	<p>DWS - Affordable Housing SB34, Affordable Housing Modifications (Anderegg), passed in the 2019 General Session, considered funding for loans and grants to municipalities and counties for the purchase of land to be used to develop moderate income housing units through the Olene Walker Housing Loan Fund. The fiscal note for the bill estimates \$20,000,000 one-time and \$4,000,000 ongoing. No funding was appropriated in 2019. This item would fund the bill. The Olene Walker Fund has an Uncommitted balance of \$12,453,652 as of 01/06/2020, a portion of which will likely be committed by the Olene Walker Housing Loan Fund Board at their meeting on 01/23/2020.</p> <p>How to Measure Success? 980 families will receive rental assistance with the proposed funding. <u>The chairs propose combining this request with GE.</u></p>	GOV & Sen. <u>Anderegg, J.</u>	Olene Walker Funds
<u>26</u>	EM	\$150,000	\$150,000	\$0	<p>DOH - Project Connection Money will provide CTI (critical time intervention), case management, in-school therapy, and support to those individuals that are uninsured or underinsured.</p> <p>How to Measure Success? Decrease the number of ED visits</p>	Rep. Harris on, S.	<u>Apply for a primary care grant.</u>

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27	GGGD	\$750,000	\$750,000	\$3,876,800	<p>DWS - Programs for Independent Living The six Centers for Independent Living (CIL's) are requesting \$750,000 in ongoing pass-through funding. Funding will be primarily used to maintain a Youth Coordinator(s) positions and enhance youth services in each area of the state. Funding will also be used to maintain existing Independent Living programs and services including but not limited to: Assistive Technology, Nursing Home Transition/Diversion, Life Skills, Independent Living Skills, Advocacy, Peer Mentoring, Information and Referral, and Community Integration.</p> <p>How to Measure Success? Performance metrics (outcomes) have been specified in the DWS/ILC's Contracts that each CIL has with DWS. One current outcome found in each contract is the number of youths who will receive services at each Center. The number varies Center to Center depending on the geographic area to be served, travel time, population density of service area, number of staff to provide youth services and past performance.</p>	Sen. Weiler, T.	
28	EW	\$650,000	\$2,010,000	\$0	<p>DOH - Medically Complex Childrens Waiver <u>(1) MCCW currently provides services to 528 children (2) MCCW has provided services to 715 children since its inception in October 2015 (3) May 2019 Open Enrollment Period: (a) 513 applications (b) Increased clinical complexity score from 12 to 17 for eligibility determination (c) 140 children were enrolled (d) 373 were not enrolled. Approximately 105 of the 373 met eligibility requirements (medical score of 17 or higher) but were not enrolled because funding was not available. (4) Annual general fund cost/child is \$4,587. \$650,000 would allow an additional 142 additional children to be served.</u></p> <p>How to Measure Success? <u>(1) The number of persons covered under the MCCW. (2) The cost of the Waiver program. (3) Over 90% of families will report that they have not incurred medical debt after six months on the waiver. (4) Over 90% of families will report that they are coping well or somewhat well with caring for the child after six months on the waiver.</u></p>	Rep. Eliason, S.	

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<u>29</u>	<u>CEGE</u>	\$15,000,000	\$15,000,000	\$9,389,600	<p>DWS - SB39 Affordable Housing Amendments Provide gap funding and rental assistance. How to Measure Success? Title : Housing units created Description : Rental housing units created through gap financing of Private Activity Bond Collection Method : The performance information will be collected by the Department through project applications approved by the board.</p> <p>Title : Households served Description : Number of households served with rental assistance Collection Method : DWS will collect the information from contracted providers that receive the funding</p>	Sen. Ander egg, J.	<u>Olene Walker Funds</u>
<u>30</u>	<u>GDGF</u>	\$9,500,000	\$9,500,000	\$0	<p>DWS - Homeless Shelter Funding Amendments (HB????) Bill pending How to Measure Success?</p>	Rep. Eliason, S.	
<u>31</u>	EP	\$500,000	\$500,000	<u>\$500,000</u>	<p>DOH - Rural Ambulatory Care Funding Request This appropriation request will serve to increase the base rate of fixed wing and rotor wing ambulatory reimbursement to a rate comparable with the surrounding states. How to Measure Success? <u>Continue operating in rural Utah, with the same amount of rural flights.</u></p>	Sen. Weiler, T.	Implement an assessment similar to what is done for ambulances to raise the rates in Medicaid.
<u>32</u>	EN	\$168,300	\$168,300	\$0	<p>DOH - American Indian-Alaska Native Related Amendments This legislation requires the establishment of an office on American Indian-Alaska Native health issues with the liaison as administrative head. How to Measure Success? To address health care of Utah's American Indian-Alaska Native population on and off reservations.</p>	Sen. Iwamoto, J.	Ask the tribes to contribute matching funds.

Priority	Ref. #	Ongoing	Total Funds	Base Total Funding ¹	Building Block List ² Ongoing <u>State Funds - Co-chair Proposal</u>	Source	Alternative Funding Actions
<u>33</u>	ES	\$991,000	<u>\$3,067,000</u>	<u>\$53,000,000</u>	<p>DOH - Increase in New Choices Waiver Billing Rates Adjustment of new choices waiver billing codes to mirror DSPS reimbursement rates.</p> <p>How to Measure Success? Number of additional service providers willing to provide services under the New Choice Waiver service delivery model. This will improve access to less expensive services in a community setting.</p>	Rep. Ward, R.	Implement a provider assessment on HCBS providers.
<u>34</u>	FU	\$3,968,055	<u>\$12,281,255</u>	\$0	<p>DOH & DHS - Caregiver Compensation Partial compensation for spouses of waiver eligible participants. Approximately 500 families in Utah will receive the critical support and resources needed to keep their loved ones at home as they provide needed care, rather than placing them in institution. That is a savings in time and money and resources to the state. Request is for 25 hours per week of support and assistance.</p> <p>How to Measure Success? <u>Increased utilization of personal care (or related services) for married individuals in affected programs (Target = 20% increase).</u></p>	Sen. Harper, W.	
<u>35</u>	FW	\$2,217,800	\$2,217,800	\$0	<p>DHS - Mental Health Treatment Access (HB0035) This bill modifies and enacts provisions relating to mental health treatment access.</p> <p>How to Measure Success? <u>(1) Number of individuals served by ACT pilot (Target = 150), (2) Rental Assistance supporting outplacement from Utah State Hospital (Target = 1,250).</u></p>	Rep. Eliason, S.	
<u>36</u>	FR	\$500,000	\$1,547,500	\$6,010,800	<p>DHS - Services for People with Disabilities Motor Transportation Payment Rate This request will increase the Motor Transportation Payment (MTP) rate, which is used to transport Utahns with intellectual/developmental disabilities to and from the day programs.</p> <p>How to Measure Success? <u>(1) Percent of MTP costs covered before and after implementation of this appropriation, from survey of MTP providers, (2) Number of providers reporting lack of MTP funding as a contributing factor in leaving the market, from DSPD exit surveys (Target = 0%)</u></p>	Rep. Ray, P.	

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37	FV	\$4,656,700	\$4,656,700	\$0	<p>DHS - Crisis Services Amendments (HB0032) This bill relates to crisis response treatment and resources. How to Measure Success? (1) <u>Engagement in Recovery Support/Treatment Services (Target=60%),</u> (2) <u>Diversion from Emergency Room (Target=30%),</u> (3) <u>Diversion from Jail/Criminal Justice Services (Target=40%),</u> (4) <u>Number of people served by MCOT team with measures consistent with DSAMH Scorecards and Outcome Reports,</u> (5) <u>Percent of people served who are stabilized in place.</u></p>	Rep. Eliason, S.	
38	ET	\$720,000	\$2,230,000	\$296,000,000	<p>DOH - 12 month continuous eligibility for children on Medicaid (HB210) Funding would allow for Medicaid to cover children with 12 month continuous eligibility up to 200% of the Poverty Level (which is the same level as CHIP) How to Measure Success? (1) <u>Achieve a 20% reduction in the rate of children in Utah who don't have insurance.</u> (2) <u>Successfully allow automatic payments to individuals receiving services who owe recurring premiums each month.</u> (3) <u>Complete study determining the main reasons that individuals who are still eligible for service lose benefits.</u></p>	Rep. Ward, R.	
39	CAGB	\$912,800	\$912,800	\$0	<p>DWS - Intergenerational Poverty Solution The Earned Income and Education Savings Incentive Program allows an individual identified by the Department of Workforce Services (DWS) as experiencing intergenerational poverty to receive a state match of deposits into certain 529 savings accounts. This requires sharing of information between DWS, the Utah Educational Savings Plan (UESP), and the State Tax Commission How to Measure Success? Performance Measure : Applications Returned Description : Percentage of all IGP families with children that return applications to participate. Collection Method : DWS will collect data through returned enrollment applications and coordinating with my529.</p>	Rep. Thurston, N.	Temporary Assistance For Needy Families

Priority	Ref. #	Ongoing	Total Funds	Base Total Funding ¹	Building Block List ² Ongoing <u>State Funds - Co-chair Proposal</u>	Source	Alternative Funding Actions
<u>40</u>	ER	\$1,000,000	\$1,000,000	\$0	<p>DOH - Utah Alzheimer The Utah ADRC will contribute unique and fundamental advances to Alzheimer's disease research. The ADRC will be housed at the University of Utah, which is committed to \$3 million to recruit additional faculty to support the ADRC. The Utah ADRC will expand to include all other academic institutions and their research and related interdisciplinary programs. This request aligns with the Utah State Plan for Alzheimer's Disease and its goal to expand ADRC research in Utah.</p> <p>How to Measure Success? (1) Savings to the Medicaid program, (2) Increased awareness of caregiver needs through community outreach and education, and (3) double the \$11.2 million dollars of federally funded research grants received at the UofU for related AD research.</p>	Rep. Ray, P.	Ask the University to provide a match.
<u>41</u>	FQ	\$1,090,000	\$1,090,000	\$0	<p>DHS - Improving Mental Health and Substance Abuse Treatment in Jails The program creates up to a \$10,000 refundable tax credit for mental health therapists or substance use disorder counselors who provide substance use disorder treatment or mental health therapy in jail, prison, or the Utah State Hospital. The program also creates a telehealth substance use treatment pilot program for a rural county jail to help reduce overdose deaths and improve access to mental health and substance abuse treatment for inmates.</p> <p>How to Measure Success? <u>(1) Significant increase in medical employees in a jail setting, (2) Impact of telehealth services: a. Increase access to treatment for inmates, b. Reduce the number of deaths in rural county jails due to suicide or withdrawal symptoms, c. Reduce the number of overdose deaths of inmates shortly after release, d. Reduce costs associated with providing treatment to inmates</u></p>	Rep. Daw, B.	

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<u>42</u>	FL	\$510,000	\$510,000	\$2,689,800	<p>DHS - Additional Adult Protective Services Workers Adult Protective Services (APS) is the agency within the Division of Aging and Adult Services statutorily directed (62A-3-302) to investigate reports of alleged abuse, neglect, and exploitation of Utah's vulnerable adults; and provide short-term, limited protection services as well as emergency protective services. Utah defines a vulnerable adult as a person who is 65 years of age or older or an adult between the ages of 18 and 64 with a mental or physical impairment that substantially impairs their abilities. APS' case volume has increased over the last 10 years, despite a 20% decrease in caseworkers since the recession. During this period, the number of cases closed have increased 69%. As caseloads and case complexity continue to increase, more stress will be placed on the APS system to meet statutory requirements for investigations. This request would fund two additional Intake Workers and five additional Investigators</p> <p>How to Measure Success? (1) Protective Needs Resolved (Target = 98%)</p>	Rep. Ward, R.	
<u>43</u>	FY	\$200,000	\$200,000	<u>\$340,000</u>	<p>DHS - The Children's Center The Children's Center provides comprehensive mental healthcare for children ages 0-6. Provides a Therapeutic Preschool Program, providing transportation, Monday - Friday year round. Provides a service to help children who need therapy and essential skills to be able to succeed in a childcare of preschool by learning to managing their emotions and play appropriately with peers. Provides speech and language therapy, psychiatry services, clinical consultation, and family/caregiver therapy.</p> <p>How to Measure Success? (1) Initiative (2) Self-regulation (3) Attachment/Relationships (4) Total Protective Factors</p>	Rep. Spendllove, R.	<u>Private donations</u>

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<u>44</u>	EV	<u>\$400,000</u>	<u>\$3,100,000</u>	\$0	<p>DOH - Medical Respite 1115 Medicaid Waiver Funds the creation, evaluation and implementation of a new 1115 Medicaid Waiver that will cover up to 39 days annually of medical respite for Medicaid members who are chronically homeless (more than one year). the \$100,000 in one-time funds covers the CMS required evaluation study. The \$300,000 in ongoing funds covers 21,600 days of medical respite care annually for eligible providers (Skilled Nursing, Assisted Living Type II and Eleemosynary Facilities), meeting the community need.</p> <p>How to Measure Success? To reduce length of inpatient hospital stays for chronically homeless adults. <u>The chairs propose changing AJ request for \$100,000 one-time to ongoing and combining with this item, which increases the ongoing request from \$300,000 to \$400,000.</u></p>	Rep. Dunningan, J.	
<u>45</u>	EO	<u>\$95,000</u>	<u>\$294,000</u>	<u>\$53,000,000</u>	<p>DOH - Medicaid Rate Increase for Memory Care Increasing the Medicaid Rate for New Choices Waiver patients in Assisted Living Memory Care Units. Assisted living facilities that care for patients in the memory care units under the Medicaid New Choices Waiver program have never received an increase in the rate. This would provide a 5% increase in the Medicaid portion.</p> <p>How to Measure Success? (1) Check staff levels (retaining more staff, lower levels of staff turnover) (2) Number of deficiencies cited in the Memory Care unit</p>	Sen. Hemmert, D.	
<u>46</u>	EL	<u>\$95,000</u>	<u>\$95,000</u>	<u>\$870,000</u>	<p>DOH - Health care expenditure waste calculator Extend the Department of Health's contract with Milliman to "plug and play" their health care waste calculator using the state's existing All Payer Claims Database.</p> <p>How to Measure Success? Reduction in wasteful health care spending in Utah over time</p>	Rep. Harris on, S.	Ask insurance companies to fund the ongoing costs for the report.

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<u>47</u>	FK	\$4,458,400	\$13,498,300	\$0	<p>DHS - Disability Services: Limited Supports Waiver and Waiting List Utah's existing Medicaid Home and Community-Based Services Waiver program serves 6,000 individuals and has a waiting list of 3,000. The new Limited Supports Waiver, if approved by the federal government, would provide a limited array of services to 700 individuals who are currently on the waiting list. The request includes General Fund amounts of: \$1,613,800 for DOH, \$2,813,400 for DHS, and \$31,200 for DWS. If S.B. 44 does not pass, then all funding should be directed to DHS to bring individuals off the waiting list and into the existing waiver. This item includes the following intent language: If S.B. 44 does not pass, then all funding should be directed to Human Services to bring individuals off the waiting list and into the existing waiver.</p> <p>How to Measure Success? DHS: (1) Percent of adults who report that services and supports help them live a good life (Target = 100%), (2) Percent of the fiscal year that people receive services when transitioning from the waiting list (Target = 50% of twelve full months July-June in the initial year of funding), and (3) Reduction in the rate of increase of emergency cases brought into Community Supports Waiver (Target = 3 percentage points); DWS: Eligibility Services - internal review compliance accuracy (Target = 95%)</p>	Rep. Thurston, N.	
<u>48</u>	FX	\$175,000	\$175,000	\$0	<p>DOH - Opioid Overdose Fatality Amendments (HB0295) Bill pending</p> <p>How to Measure Success?</p>	Rep. Eliason, S.	
<u>49</u>	FZ	<u>\$289,300</u>	<u>\$289,300</u>		<p>DHS - Restore Subcommittee Reductions for Human Services <u>On February 10th, the Subcommittee voted to reduce ongoing funding for four Human Services programs. The largest of these was the Aging Alternatives program at \$231,400.</u></p>	AGCY	

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<u>50</u>	EU	<u>\$1,141,400</u>	<u>\$1,141,400</u>	\$0	<p>DOH - Statewide Sexual Assault Prevention Program</p> <p>This funding request is intended to replace one-time state funding (TANF) administered to this team of victim service organizations by the Department of Health and Department of Workforce Services which ceased on June, 30, 2018. The state's generous contribution of one-time state funding was contractually passed through DWS and DOH to over 20 statewide non-profit victim service providers and their partners to promote prevention education intended to address the prevalence of interpersonal violence and abuse which often includes sexual assault, domestic violence homicide and suicide, and child abuse.</p> <p>The US Center for Disease Control and Prevention uses a 4-step approach to address public health problems like sexual violence and abuse: (1) Define the problem, (2) Identify risk and protective factors, (3) Develop and test prevention strategies, (4) Assure widespread adoption</p> <p>With the Utah Department of Health Violence and Injury Prevention Program and past one-time state funding, our team of programs and partners were able to achieve steps 1-3. This ongoing funding request will help us achieve #4, assuring widespread adoption of proven prevention strategies throughout Utah.</p> <p>How to Measure Success?</p> <p>(1) Percentage of Utah students reporting being verbally or emotionally harmed one or more times (2) Percentage of Utah students reporting being physically hurt or harassed one or more times (3) Percentage of</p>	Rep. Romer, A.	<u>Temporary Assistance for Needy Families (TANF) federal funds could be used to fund this request one-time</u>
<u>51</u>	EQ	\$68,000	<u>\$82,500</u>	\$0	<p>DOH - Newborn Safe Haven</p> <p>Provide training and education to increase awareness of Utah's Newborn Safe Haven law, which provides for the anonymous, safe relinquishment of unwanted newborns when keeping the baby or traditional adoption are not an option.</p> <p>How to Measure Success?</p> <p>Increase the Safe Haven Marketing Campaign by at least 10%.</p>	Rep. Arent, P.	

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52	GBGC	\$400,000	\$400,000	\$100,000	<p>DWS - The Inn Between Medical Respite Support Program Operations at the Inn Between, Utah's only medical bed solution for low-income people who lack safe housing in which to experience the end of life or who are too sick to be on the streets or in shelters, but not sick enough to be hospitalized.</p> <p>How to Measure Success?</p> <ul style="list-style-type: none"> • 130 (100% of all clients) will be removed from a medical crisis situation, receive medical housing, and gain access to critical medical services not accessible in shelters/streets. Services include all basic needs; 24/7 oversight; medication management; transportation to outpatient care/methadone clinics; intensive case management to connect with mainstream resources, intensive life-skills coaching to replace adverse behaviors with positive ones. • 130 people (100% of all clients) medically frail or terminally ill homeless adults will be assisted in applying for Medicaid and other mainstream benefits. • 26 people (100% of 26 terminally ill clients) will be safely housed through the end of life, ending their homelessness. They will gain access to professional hospice care; be connected with Medicaid and other mainstream resources; and experience the end of life with dignity and compassionate 24/7 specialized hospice caregiver support. • 104 people (100% of medically frail clients) will be diverted from the resource centers and will remain at The INN Between until their acute medical condition is resolved. They will gain access to home health care. 	Rep. Ray, P.	<u>Homeless to Housing Reform Restricted Account; Pamela Atkinson Homeless Account</u>
	52	\$ 121,361,655	\$ 260,149,655	\$ 9,031,168,600	Total		
				\$ 187,036,995	Total State Funds Requested (Ongoing and One-time)		

(1) The Base Total Funding is ongoing FY 2021 funding from all sources and may be broader or more targeted depending on the scope of the item. New services/clients have \$0 in the base and for accounts the base is the balance in the account.

(2) DOH = Dept of Health, DHS = Dept of Human Services, DWS = Dept of Workforce Services

(3) Items in the main description column such as "(Ongoing)" "(One-time)" "(Requested By: Rep. Ray, P.]" were universally deleted because this information is already reflected in other places.

(4) For updated descriptions of funding requests, please visit: cobi.utah.gov, Issues tab

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(5) FYI - the reference letters on the left have been maintained from the Building Block List Ongoing General Funds - Chair Agency Priority List 2-10-20.							
The sponsor withdrew the request below and will pursue non-General Fund funding sources.							
	CHGG	\$218,817	\$218,817	\$0	<p>DWS - Better Together Parenting Pilot Program</p> <p>Better Together is a 6-week parent/child intervention focused on the parent-child relationship, with the goal of increasing parenting knowledge of positive discipline strategies, decreasing parenting stress, increasing parent and child behavioral strengths and self-regulation skills, and increasing family protective factors. The overall goal is to improve parent skills/knowledge, emotional functioning, and the parent-child relationship to decrease child abuse.</p> <p>How to Measure Success?</p> <p>Families at risk will be referred by departments at The Family Place, the Division for Child and Family Services, and other human service organizations in Cache County, Utah. All families will be listed on a waitlist. Families will be randomly assigned to the immediate or delayed treatment group. All families (immediate and delayed) will complete the measures for the project. Families assigned to the immediate treatment will receive 6 weeks of parent/child classes. Families assigned to the delayed treatment will not receive treatment immediately, but will remain on the waitlist for the first 6 weeks. After those 6 weeks, all families (those in immediate as well as delayed treatment groups) will take the first posttest. After the first posttest, families in the delayed treatment group will receive 6 weeks of parent/child classes, and at the end of the classes, will complete the assessments for the final time.</p> <p>Table 1. Performance measures</p>	Rep. Johnson, D.N.	Temporary Assistance for Needy Families (TANF) federal funds could be used to fund this request one time over three years (three year total of \$626,727 see corresponding request included on the one-time building block list as Ref. #CL)
The item below was moved to another subcommittee.							
	FM	\$5,069,800	\$5,069,800	\$0	<p>DHS - Behavioral Health Workforce Reinvestment</p> <p>Behavioral Health student development fund for both master's level social work education expansion and psychiatric mental health nurse-practitioner program and loan repayment program.</p> <p>How to Measure Success?</p> <p>(1) Number of additional students in MSW and PMHNP programs.</p> <p>This item will be heard in the Higher Education Subcommittee.</p>	Sen. Henderson, D.	

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The items below were combined with other similar funding requests.							
	EX	\$2,400,000	\$7,400,000	\$0	<p>DOH – ICF – ID Quality Incentive Request Money for the Quality Incentive for ICF-ID. This would allow facilities to convert 3/4 bed wards to private and semi-private rooms, reducing number of beds allowing for increased staff on per patient day basis. Wage increase to be on par with DSPD. More money for workshops and training. Bring ICF-ID in compliance with lawsuit. (Requested By: Rep. Ray, P.)</p> <p>How to Measure Success? Convert 3 and 4 bed wards to private and semi-private rooms. <u>This request was combined with #EJ.</u></p>	Rep. Ray, P.	Increase the assessment on the ICFIDs from 4.6% up to a max of 6% for \$548,000 more revenue (ask feds permission for proposed uses)
	FH	\$4,450,000	\$5,000,000	\$87,123,100	<p>DHS – Child and Family Services Caseworker Salary Increase (Harper) Caseworkers for the Division of Child and Family Services (DCFS) are paid \$32,000 per year on average and have an annual turnover rate of 30%. DCFS estimates that when one case has multiple caseworkers due to turnover, the case closes two months later on average than a case with a single caseworker. DCFS states that longer cases lead to higher costs for DCFS, the Courts, and other state agencies, and reduced engagement with the caseworker and worse outcomes for families. This request would raise the salaries of caseworkers. For example, it would increase the starting hourly wage for a licensed social service worker from \$17.25 to \$20.96 and address some compression for senior workers.</p> <p>How to Measure Success? (1) Reduced turnover rate, (2) Reduced change in workers (over 30% of ongoing cases have had more three or more workers which is directly related to retention) (3) Improved Safety Decision Making (SDM) timeliness. The chairs propose combining this request with EA</p>	Sen. Harper, W.	

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	FJ	\$10,680,000	\$12,000,000	\$87,123,100	<p>DHS – Child and Family Services Caseworker Salary Increase (Judkins) Caseworkers for the Division of Child and Family Services (DCFS) are paid \$32,000 per year on average and have an annual turnover rate of 30%. DCFS estimates that when one case has multiple caseworkers due to turnover, the case closes two months later on average than a case with a single caseworker. DCFS states that longer cases lead to higher costs for DCFS, the Courts, and other state agencies, and reduced engagement with the caseworker and worse outcomes for families. This request would raise the salaries of caseworkers. For example, it would increase the starting hourly wage for a licensed social service worker from \$17.25 to \$24.98 and address some compression for senior workers.</p> <p>How to Measure Success? (1) Reduced turnover rate, (2) Reduced change in workers (over 30% of ongoing cases have had more three or more workers which is directly related to retention) (3) Improved Safety Decision Making (SDM) timeliness. The chairs propose combining this request with FA.</p>	Rep. Judkins, M.	
	FJ	\$7,245,000	\$8,140,400	\$87,123,100	<p>DHS – Child and Family Services Personnel Investment (Eliason) DCFS compensation plan to address critical recruitment & retention needs will be applied to recruitment of skilled applicants, value based compensation in multiple steps, and strategic targeting of critical activities.</p> <p>How to Measure Success? (1) Reduced turnover rate, (2) Reduced change in workers (over 30% of ongoing cases have had more three or more workers which is directly related to retention) (3) Improved Safety Decision Making (SDM) timeliness. The chairs propose combining this request with FA.</p>	Rep. Eliason, S.	

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	<u>CEGE</u>	\$15,000,000	\$15,000,000	\$9,389,600	<p>DWS—SB39 Affordable Housing Amendments (one-time) Provide gap funding and rental assistance. (Requested By: Sen. Anderegg, J.)</p> <p>How to Measure Success? Title : Housing units created. Description : Rental housing units created through gap financing of Private Activity Bond. Collection Method : The performance information will be collected by the Department through project applications approved by the board. Title : Households served. Description : Number of households served with rental assistance. Collection Method : DWS will collect the information from contracted providers that receive the funding. <u>The chairs propose combining this request with GA.</u></p>	Sen. Anderegg, J.	