

	A	B	C	D	E	F	G
1	Department of Health - Items Funded in FY 2021						
2							
3							
4	For "LFA Comments," staff evaluated:						
5	1. Which items may need follow up action by the Subcommittee?						
6	2. What results may be of particular interest to the Subcommittee?						
7							
8	Appropriation Name	Amount (All Sources, Ongoing and One- Time)	Performance Measure	Target	Results	Agency Explanation of Result Compared to Target	LFA Comments
9	Executive Director's Office (LAAA)						
10	Coordination of Care for Older Adults Receiving Health Care Services	\$55,000	Alert eligible providers of non-transport falls	100%	0	Testing is currently underway and then this system feature will be activated	
11			Decrease number of non-transport falls by 5%, from 6,521 reported in 2019, by July 1, 2022.	6,200	4,306	4,306 is the number reported in the Falls - Sally Alerts - Non Transport Report for Incident Year 2021	
12			Develop two systems (interface, central hub) to improve communications by July 1, 2021.	2	2		
13	2020 SB 22 - American Indian-Alaska Native Related Amendments	\$168,300	The Office will meet with each Tribal Government and community, and the Urban Indian Organization (UIO) and community least one time per year at the Tribal offices and community centers, the Indian Health Services facility, and the UIO.	5	4	These metrics were placed pre-COVID. The Office continues to engage with Tribes. Tribal communities/reservations have been closed to non-tribal and community members during COVID-19 at this time unless specifically for COVID-19 testing and vaccinations. However, we have been meeting with Tribal Governments collectively and as they request, individually via the Google Meet application. Virtually we have met 4 times with Tribal governments to this date.	
14			The Office will coordinate/facilitate at least 10 monthly Indian Health Advisory Board meetings annually.	10	10		
15			The Office will facilitate one formal Tribal consultation and conferment meeting each year to address health priorities and report on progress.	1	1		
16	2020 GS SB121 - Medical Cannabis Amendments	\$12,900	Ensure 100% new roles and scope enhancements have been added in the Electronic Verification System by January 2021.	100%	90%	All new roles and scope enhancements prompted by SB 121 were added to the Electronic Verification System by March 2021. The software vendor was not able to meet the January 2021 deadline but the work was completed just 3 months later.	
17			Ensure contract amended to reflect new roles and scope enhancement requests by January 2021.	100%	100%		
18	Disease Control and Prevention (LEAA)						
19	Electronic Cigarette and Other Nicotine Product Amendments	\$1,430,000	Reduce the number of youth who use electronic cigarettes from 12.4% to 11%. Information is collected every other year. Information is collected every other year, to be reported June 2022	11%	7.8%	The 2021 SHARP survey final results (the latest since 2019, collected every other year), are not yet available. In communications with DSAMH they anticipate having final results available to report by the end of the month (Sept. 2021).	
20			Increases awareness of the harms and dangers of electronic cigarette use among youth from 79.1% to 81% of youth who perceive that using electronic cigarettes are harmful. Information is collected every other year, to be reported June 2022. The School SHARP survey asks how much do you think people risk harming themselves (physically or in other ways) if they: use vape products such as e-cigarettes, vape pens, or mods? This information will be collected on 6, 8, 10, 12th graders and will show the percentage of youth who perceive that using electronic cigarettes are harmful. This information is collected every other year using the SHARP youth survey. This survey has a very large sample size and is very reliable.	81%	83.2%	The 2021 SHARP survey final results (the latest since 2019, collected every other year), are not yet available. In communications with DSAMH they anticipate having final results available to report by the end of the month (Sept. 2021).	

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8	Appropriation Name	Amount (All Sources, Ongoing and One- Time)	Performance Measure	Target	Results	Agency Explanation of Result Compared to Target	LFA Comments
21			Increases awareness of the harms and dangers of marijuana use among youth to show the percentage of youth who perceive the uses of marijuana is harmful from 73.4% to 75%. Information is collected every other year, to be reported June 2022. The School SHARP survey asks how much do you think people risk harming themselves (physically or in other ways) if they: smoke marijuana regularly? This information will be collected on 6, 8, 10, 12th graders and will show the percentage of youth who perceive that using marijuana is harmful. This information is collected every other year using the SHARP youth survey. This survey has a very large sample size and is very reliable.	75.0%	79.9%	The 2021 SHARP survey final results (the latest since 2019, collected every other year), are not yet available. In communications with DSAMH they anticipate having final results available to report by the end of the month (Sept. 2021).	
22	Family Health and Preparedness (LFAA)						
23	Behavioral Health Workforce Reinvestment	\$2,000,000	1. Receive progress reports from grantees quarterly	100%	100%		Possible motion: The Department of Health should report the following performance measure as part of its annual performance measure report for 2022: Total underserved individuals served.
24			2. Annual verification that grantees used funds to pay qualified student loans (06/30/2021)	100%	100%		
25			3. Annual verification that grantee has completed service agreement term (06/30/2021)	100%	0%	This was a new program in FY2021. The first awards began in December 2020, so no grantees have completed the first year of their three-year service agreement.	
26	Emergency Medical Services Amendment - HB 389	\$1,500,000	Goal Title: Hire 3 Regional Medical Services Liaisons by September 30, 2020 to serve the needs of certain rural counties. Bureau manage and oversee liaisons. Goal Description: Hire five new employees to fulfill requirements outlined in the bill to include 1) serve the needs of rural counties in providing emergency medical services, 2) act as a liaison between the department and individuals or entities responsible for emergency medical services in rural counties, 3) provide support and training to emergency medical services providers in rural counties; and 4) assist rural counties in utilizing state and federal grant programs for financing emergency medical services. Manager or Rural EMS Specialist at the bureau will oversee work responsibilities and staff to ensure performance.	3	3	Goal was reduced from 5 to 3 based on reduced appropriation, hiring date was extended from July 30, 2020 to September 30, 2020 due to uncertainty of legislative funding until 5th special session.	
27			Goal Title: Distribute Emergency Medical Services System Account funds to EMS Ground Ambulance provider by August 31, 2020 Goal Description: Develop allocation method in conjunction with state EMS Grant Committee. Goal - Collection Method – The performance information will be collected by the bureau and submitted to the Health and Health Services Committee	\$1,125,000	\$ 1,125,000	Goal was reduced based on reduced appropriation	
28	Medicaid Services (LIAA)						
29	2020 HB32 - Crisis Services Amendments	\$1,660,900	First year of operation under the waiver will be used as a baseline. In subsequent years, DOH will seek to reduce the number of emergency department visits and hospitalizations that occur within 30 days of an individual's stay in an IMD for Mental Health treatment. DOH will target a 5% reduction in overall stays. Data analysts will pull samples of data and validate with program manager. Data will be pulled with 6-month lag to allow more complete data.	5%	TBD	For CY2020 (baseline Fiscal Year with six month lag), this rate was measured as 24.9%.	
30	2020 SB44 Limited Support Services Waiver Amendments	\$456,900	If approved by the Centers for Medicare and Medicaid Services, the Department will implement a Limited Supports Waiver as described in S.B. 44 by June 30, 2021.	Waiver Implemented, if approved	Pending Approval	We have not received final approval for the Limited Supports Waiver at this time. The Waiver was submitted to CMS on 3/11/2021 and is still pending CMS approval.	
31	2020 HB219 - Mental Health Amendments	\$9,630,000	Before August 1, 2020, the Utah Department of Health shall apply for a Medicaid waiver or a state plan amendment with CMS to offer a program that provides reimbursement for mental health services that are provided in an institution for mental diseases that includes more than 16 beds and to an individual who receives mental health services in an institution for mental diseases for a period of more than 15 days in a calendar month.	Waiver Submitted	Submitted	The waiver amendment directed by HB 219 was submitted on August 3, 2020 and was approved by CMS on December 16, 2020. It was operationalized January 1, 2021 for inpatient admissions on or after December 16, 2020.	
32	Medicaid and CHIP Caseload, Inflation, and Program Changes (Consensus)	\$165,073,300	The department has sufficient funding to provide Medicaid services to eligible individuals and to cover inflationary increases, FMAP changes, and other federally mandated changes.	Yes	Yes	This will be determined at State Fiscal Year closeout.	

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8	Appropriation Name	Amount (All Sources, Ongoing and One- Time)	Performance Measure	Target	Results	Agency Explanation of Result Compared to Target	LFA Comments
33	Social Detox Expansion for Medicaid	\$3,700,000	Funding increases in these areas are expected to make quality improvements in behavioral health delivery. The Department will track the following five quality measures: (1) The percentage of adolescents and adults 13 years of age and older who initiate treatment within 14 days of diagnosis (Initiation). The baseline rate observed in 2018 is 38.0%. (2) The percentage of adolescents and adults 13 years of age and older who initiated treatment and had two or more additional AOD services or MAT within 34 days of the initiation visit (Engagement). The baseline rate observed in 2018 is 30.6%. (3) The percentage of adults aged 18 years and older with pharmacotherapy for opioid use disorder who have at least 180 days of continuous treatment (Continuity). The baseline rate observed in 2018 is 25.9%. (4) 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 (Follow-up 7). The baseline rate observed in 2018 is 33.0%. (5) 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 (Follow-up 30). The baseline rate observed in 2018 is 50.5%.	1. 1% increase 2. 2% increase 3. 2% increase 4. 1% increase 5. 1% increase	(1) TBD (2) TBD (3) TBD (4) TBD (5) TBD	Social Detox statewide was just recently approved by CMS. More time will be needed for the data.	Possible motion: The Department of Health should report the results for these performance measures as part of its annual performance measure report for 2022.
34	2020 GS HB32 - Crisis Services Amendments	\$1,660,900	First year of operation under the waiver will be used as a baseline. In subsequent years, DOH will seek to reduce the number of emergency department visits and hospitalizations that occur within 30 days of an individual's stay in an IMD for Mental Health treatment. DOH will target a 5% reduction in overall stays. Data analysts will pull samples of data and validate with program manager. Data will be pulled with 6-month lag to allow more complete data.	5%	TBD	For CY2020 (baseline Fiscal Year with six month lag), this rate was measured as 24.9%.	
35	Medicaid and Health Financing (LGAA)						
36	2020 GS HB32 - Crisis Services Amendments	\$29,200	First year of operation under the waiver will be used as a baseline. In subsequent years, DOH will seek to reduce the number of emergency department visits and hospitalizations that occur within 30 days of an individual's stay in an IMD for Mental Health treatment. DOH will target a 5% reduction in overall stays. Data analysts will pull samples of data and validate with program manager. Data will be pulled with 6-month lag to allow more complete data.	5%	TBD	For CY2020 (baseline Fiscal Year with six month lag), this rate was measured as 24.9%.	Possible motion: The Department of Health should report the results for these performance measures as part of its annual performance measure report for 2022.
37	2020 GS SB44 - Limited Support Services Waiver Amendments	\$116,400	If approved by the Centers for Medicare and Medicaid Services, the Department will implement a Limited Supports Waiver as described in S.B. 44 by June 30, 2021.	Waiver implemented, if approved.	Pending Approval	We have not received final approval for the Limited Supports Waiver at this time. The Waiver was submitted to CMS on 3/11/2021 and is still pending CMS approval.	Possible motion: The Department of Health should report the results for these performance measures as part of its annual performance measure report for 2022.
38			Once implemented, the number of individuals enrolled and receiving services through the waiver.	Up to 38 individuals, as supported by the appropriated funding.	N/A		
39	2020 GS HB219 - Mental Health Amendments	\$253,100	Before August 1, 2020, the Utah Department of Health shall apply for a Medicaid waiver or a state plan amendment with CMS to offer a program that provides reimbursement for mental health services that are provided in an institution for mental diseases that includes more than 16 beds and to an individual who receives mental health services in an institution for mental diseases for a period of more than 15 days in a calendar month.	Waiver Submitted	Submitted	The waiver amendment directed by HB 219 was submitted on August 3, 2020 and was approved by CMS on December 16, 2020. It was operationalized January 1, 2021 for inpatient admissions on or after December 16, 2020.	
40	2252 - Medicaid Expansion Fund						
41	Medicaid and CHIP Caseload, Inflation and Program Changes	\$1,446,200	The department has sufficient funding to provide Medicaid services to eligible individuals and to cover inflationary increases, FMAP changes, and other federally mandated changes.	Yes	Yes		