

December 1, 2021

SOCIAL SERVICES REALIGNMENT TRANSITION PLAN

Submitted by
The Utah Department of Health &
The Utah Department of Human Services



December 1, 2021

Honorable Governor Spencer J. Cox,

Over the past nine months, the dedicated individuals of the Utah Department of Health and Utah Department of Human Services have been actively working to gather, evaluate, seek input, inform, and align the elements of our departments in a manner that will best serve the people of Utah. This Transition Plan, required by Social Services Realignment (H.B. 365, 2021), details our process, stakeholder and staff engagement, timeline, and logistical considerations to join our departments as the Utah Department of Health & Human Services by July 1, 2022.

The efforts to compile the information in this report have been extensive and provided us—along with our staff, stakeholders, partners, and public—the opportunity to think differently, creatively, and collaboratively to more efficiently and effectively serve Utahns and reach desired outcomes under a shared vision.

We are grateful to you, Lieutenant Governor Deidre Henderson, the legislature, staff, and all others who have contributed to these initial solutions. We ask for your support as we continue to perfect our service delivery in the coming months and years. We look forward to implementing this plan and demonstrating results through the consolidation and beyond.

Sincerely,



Tracy S. Gruber
Utah Department of Human Services Executive Director



Nate Chicketts
Utah Department of Health Executive Director

cc: Lieutenant Governor Henderson; Chief of Staff Jon Pierpont; Speaker of the House Brad Wilson; President of the Senate Stuart Adams; House Minority Leader Brian King; Senate Minority Leader Karen Mayne; Chairs of Executive Appropriations Committee; members of the Health and Human Services Interim Committee and the Social Services Appropriations Subcommittee; Casey Cameron, Department of Workforce Services executive director; Janica Gines, Division of Finance director; Alan Fuller, Division of Technology Services chief information officer; employees of the Utah Department of Health and Utah Department of Human Services



TABLE OF CONTENTS

EXECUTIVE SUMMARY	5
TASKS TO COMPLETE BEFORE JULY 1, 2022	13
Stakeholder Engagement	13
Employees of the Transition Agencies	15
Clients & Partners of the Transition Agencies	16
Members of the Public	16
Legislature	17
Executive Office of the Governor	18
Tribes	18
Organizational Structure & Personnel	19
Proposed Organizational Structure	19
Leadership Transition	21
Employee Transition	21
Office Space & Infrastructure	22
Worksite Location Changes	23
Service Delivery Sites	24
Contracts, Grants, MOUs & MOAs	24
Contracts, MOUs, MOAs, DSAs	24
Federal Grants	25
Statute	26
Administrative Rule	27
Budget Transfer & Reconciliation	28
Reconciliation	28
Budgeting	28
Funding the Transition	31
Technology Services	31
TASKS TO COMPLETE AFTER JULY 1, 2022	35
TRANSITION FUNDING	37
Expenses	37
Maintenance of Service Funding	37
Federal Funds	38



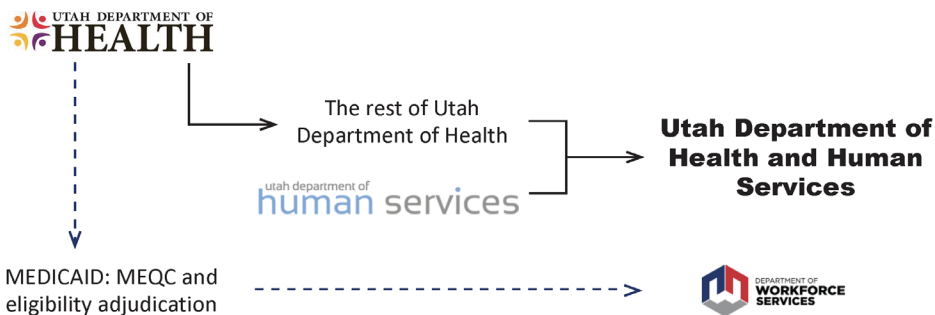
PROGRESS & NOTIFICATION	40
Progress Timeline	40
Transition Plan Coordination	43
Service Changes	43
Submission	43
Public Notice	44
Shared Costs & Responsibilities	45
COMMITMENT	46
APPENDIX	49
Detailed Inventory Lists	49
Financial	49
Public Information Materials	49
Steering Committee & Workgroups Documentation	49

EXECUTIVE SUMMARY

Utah cannot afford a delay in improving delivery of critical services. To ensure Utah has the right structure in place to serve individuals and families as effectively as possible, Governor Spencer J. Cox and the Utah State Legislature passed [State Agency Realignment \(H.B. 365, 2021\)](#) during the 2021 General Session, creating [Utah Code §26B-1 et seq.](#)

REALIGNMENT OVERVIEW

The statute directs the consolidation of the Utah Department of Health (UDOH) and Department of Human Services (DHS), creating the Utah Department of Health & Human Services (DHHS) by July 1, 2022. A small piece of Medicaid (eligibility quality control and review of eligibility adjudications) will move from UDOH to the Department of Workforce Services (DWS), the department responsible for Medicaid eligibility determinations for the state. This change will result in the transfer of four staff from UDOH to DWS.



OPPORTUNITY

There are a number of overlapping areas of focus among UDOH and DHS, including Medicaid, where services can be unified, redundancies reduced, and efficiencies created. Examples include suicide prevention, substance use prevention, domestic violence, and services for aging adults. Currently, some individuals and families interact with multiple departments and case managers, which complicates service delivery and the customer experience.

Merging these functions will not only be an opportunity to eliminate redundancy, it will combine practice approaches and make services more robust. Each department's approach has its own unique strengths; bringing them into alignment will help us be more effective.

GOALS & VISION

The law¹ directs the goals of the DHHS consolidation to be to:

1. More efficiently and effectively manage health and human services programs that are the responsibility of the state;
2. Establish a health and human services policy for the state; and
3. Promote health and the quality of life in the health and human services field.

Guided by these goals, and the governor's One Utah Roadmap, the Consolidation Steering Committee worked with the Kem C. Gardner Policy Institute² to develop a problem statement and vision describing the opportunities to improve the existing structure, as well as define the goals and objectives of DHHS.

299
staff assigned to
33 *workgroups*
(115 on >1 workgroup)

¹ [Utah Code §26B-1 et seq.](#) Hereafter "the law" or "the statute" or "State Agency Realignment"

² See also [planning workbooks](#) developed with Kem C. Gardner Policy Institute for the DHHS consolidation

Problem Statement

The current health and human services model and accompanying policies have led to a fragmented system of services creating unnecessary barriers and challenges to accessing care for those most in need. These systemic challenges contribute to inequities in health outcomes and determinants of health. A consolidated department will reduce these challenges and improve outcomes for all Utahns, particularly those within communities where disparities are greatest.

Vision

The Department of Health and Human Services will advocate for, support, and serve all individuals and communities in Utah. We will ensure all Utahns have fair and equitable opportunities to live safe and healthy lives. We will achieve this through effective policy and a seamless system of services and programs.

EXECUTIVE SUMMARY

GUIDING PRINCIPLES

A robust, multi-level planning effort over the past nine months has resulted in the written Transition Plan. We harnessed the opportunity to re-envision our structure and design a system more responsive to the individuals, families, and communities we serve. Highlights of the guiding principles developed with Kem C. Gardner Policy Institute include:

Abide by legislative intent

Follow the scope and goals outlined in the Social Services Realignment law

Exemplary communication

Establish formal and informal, equitable, and accessible communication channels with communities, partners, and staff

Long-term commitment

Create enduring culture change based on inclusion and ongoing reflection

Service continuity

Prioritize positive outcomes and uninterrupted service for all those we serve

Holistic and equitable service

Design a system that provides all populations and communities with accessible and equitable services

Align with vision

Take actions and make decisions aligned with the vision statement

Statewide and systemwide focus

Make accountable decisions, structures and funding models as a full system across all levels and jurisdictions to ensure efficiency and seamless, uninterrupted service

Respecting and valuing differing viewpoints

Gather and respectfully consider input from those most knowledgeable about, and/or directly impacted by, consolidation

Broad definition of health

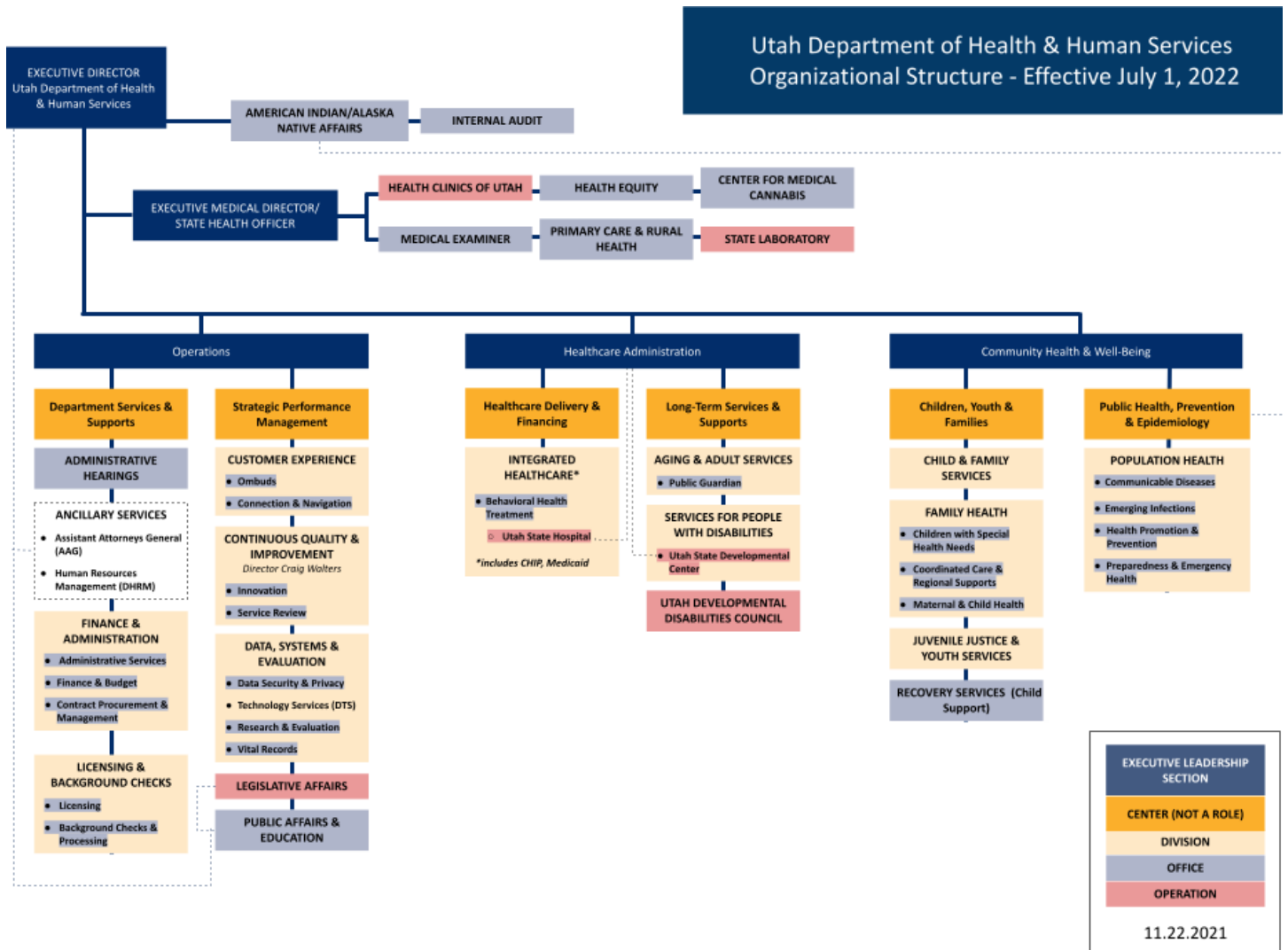
Consider all aspects of health including physical, behavioral, and social and structural determinants

EXECUTIVE SUMMARY

STAKEHOLDER ENGAGEMENT & ORGANIZATIONAL STRUCTURE

Our robust and purposeful engagement strategy involved thousands of meeting participants and hundreds of comments from staff, lawmakers, providers, partners, and the public to create an organization that will improve the overall flow of operations and contribute to the customer experience, efficiency and effectiveness.

This structure is designed to assist leadership and staff in planning, financing, and organization on behalf of the customer. It should not introduce, nor reinforce silos. We can only meet our consolidation goals of seamless services and better outcomes for the people of Utah by coordinating and communicating across all divisions, offices, and operations. This expectation will be reinforced through leadership, policy, procedure, and financing.



EXECUTIVE SUMMARY

HIGHLIGHTS OF THE DHHS ORGANIZATIONAL STRUCTURE

- Innovative new alignments responsive to customer needs, such as:
 - Joining of behavioral and physical health in the Division of Integrated Healthcare
 - Streamlining of licensing and background screening services
 - Combining of all federal Medicaid long-term service and support programs within the Healthcare Administration Section, including disability services, aging services, and public guardians
 - High-quality customer service established and measured through a “no wrong door” approach in the Division of Customer Experience (new division)
 - Integration of behavioral and physical health prevention and promotion in the Division of Population Health
 - Colocation of Family Health and other community programs with Child & Family Services
 - Coordinated public education campaigns with Public Affairs team
 - Organizational structures that promote a renewed focus on continuous quality improvement, employee development, training, and equity
 - Focus on leveraging data, research, and evaluation across the department to evaluate outcomes for individuals through the Division of Data, Systems & Evaluation (new division) and the Center for Strategic Performance Management
 - Processes to ensure private data is used appropriately and safeguarded
- Appointment of a physician in executive leadership
- Centralized functions that maintain specialization while increasing efficiencies and freeing up programs from administrative burden
- Alignment of budget line items with organizational units—reducing from 19 to 10—and removing coordination barriers
- Structure that enables efficient communications, operations, and management
- Already named or hired (through vacancies) key leadership positions for planning, morale, and smoother transition
- Opportunity to plan and move office spaces prior to July 1, with colocation and telework numbers identified
- Known structure for advanced branding, signage, and communication tools development, including a DHHS website before July 1

FINANCE

The consolidation is an opportunity to align funding that historically intersected across UDOH and DHS services and priorities. We finalized and submitted combined Fiscal Year (FY) 2023 budget priorities and created a new budget and line item structure for the new department in coordination with the Governor’s Office of Planning and Budget (GOPB), the Office of Legislative Fiscal Analyst (LFA), and legislative leadership. This budget structure for the new department ensures accountability of funding to the governor and the legislature, while aligning the budget with the organizational structure. As

*Reduce
UDOH & DHS
line items from
19 to 10
(11 UDOH and 8 DHS)*

EXECUTIVE SUMMARY

described, this organizational structure is designed to reduce operational silos and create the greatest amount of flexibility to seamlessly and effectively serve Utahns participating in programs and utilizing resources across the department.

During the 2021 General Session, \$1.5 million in General Fund was appropriated to a restricted account to fund costs for transition expenses. Consolidation transition costs will be prioritized as necessary to become one department by July 1, 2022. Some transition costs may receive federal reimbursement or could be addressed within existing department resources. Financial investment for technology upgrades, salary parity, and other items will be largely addressed post July 1, and will take several years. Requests for additional funding will go through the executive and legislative processes.

\$1.5M
*appropriated
to fund costs
for transition
expenses*

PERFORMANCE MEASUREMENT

The new DHHS will be a data-driven and outcome-focused department. While not explicitly required in the statute, we prioritized the establishment of performance measures to ensure the vision of DHHS is achieved and the priorities of the governor and legislature are realized. Our response to recommendations from the October 2021 [Legislative Audit: Social Service Agencies' Performance Measures](#) are already underway to create meaningful performance measures through the use of the Results-Based Accountability approach.³

Data and quality improvement staff have already begun forming DHHS and operational area metrics. These performance measures will include outputs, efficiency and impact to define things like “safety” and “healthy” that give context to our work. These measures will align with the DHHS strategic plan and core measures established by the governor and legislature. Stakeholders and partners, such as the University of Utah Division of Public Health, have been, and will be involved in providing input into the performance measure development process.

*DHHS will be
a data-driven &
outcome-focused
department*

TIMELINE

By July 1, 2022, DHHS will become legally and fully operational. Since the time of the bill’s enactment during the 2021 General Session through delivery of this Transition Plan, we have identified and conducted a review of all of the elements critical to a successful merger by the deadline including structure, personnel, state and federal grants, contracts, and services.

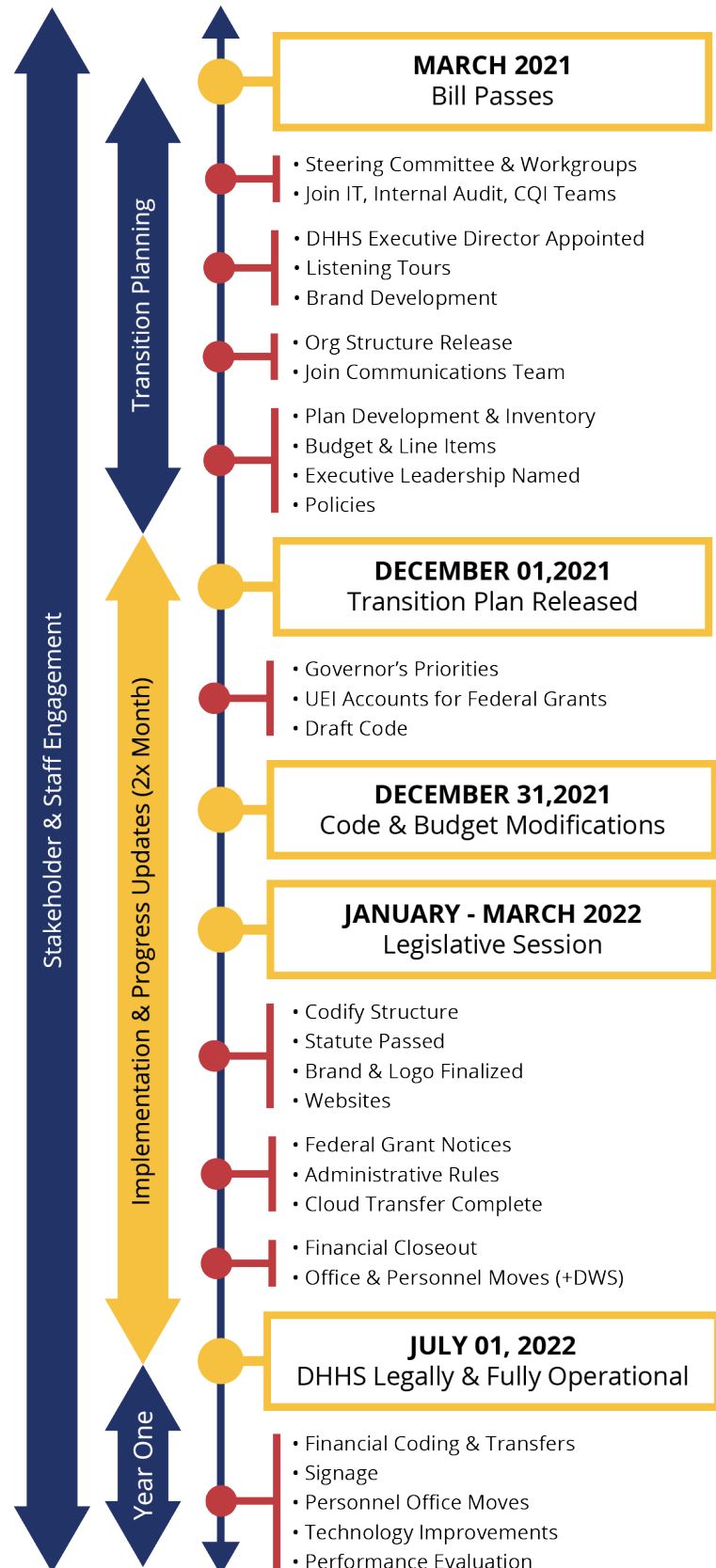
³ Trying Hard Is Not Good Enough, Mark Friedman, outlines the Results-Based Accountability framework and approach.

EXECUTIVE SUMMARY

During the same timeframe, significant stakeholder, partner, legislative, and staff outreach has addressed input and concerns to ensure a successful customer-focused DHHS.

Upon delivery of the Transition Plan, the next steps in DHHS implementation include:

- **December 1, 2021 - July 1, 2022:** Updates on the Transition Plan progress will be published every two weeks.
- **By December 31, 2021:** Following consultation with the Executive Office of the Governor, legislative committees of jurisdiction, and utilizing limited rulemaking authority, the combined department will make requested adjustments to the Transition Plan.
- **During the 2022 General Session:** Legislation will be proposed to codify the structure and provide legal authority for the new department. This will also give the legislature the opportunity to give additional direction to the soon-to-be merged department.
- **By July 1, 2022:** DHHS will become legally and fully operational.
- **Beyond July 1, 2022:** We will implement financial coding, office moves, job and phased salary alignment, technology, data, and web system improvements, communication and culture development, and evaluation and operational improvements.



EXECUTIVE SUMMARY

TRANSFORMATION IS A PROCESS

The Transition Plan is the initial part of a multiyear process. We will foster innovation and flexibility as we evaluate the effects of the changes and continue addressing elements that cannot be done until after the consolidation is official. We commit to providing the governor, legislature, our staff, and the public with regular updates and opportunities to share ideas for improvement.

Follow hhsplan.utah.gov for more.

*Culmination of
643+ planning
meetings
over **40** weeks
(March-December 2021)*

Utah DHHS Organizational Leadership Announced. [Read More.](#)

[Here](#)



Utah DHHS Plan

[Home](#) [Updates](#) [Engage](#) [Team](#) [FAQ](#) [Resources](#) [Q](#)

The Utah Plan for a Department of Health and Human Services

Subscribe to HHS Plan Updates

email address

Subscribe

Vision:

The Department of Health and Human Services will advocate for, support, and serve all individuals and communities in Utah. We will ensure all Utahns have fair and equitable opportunities to live safe and healthy lives. We will achieve this through effective policy and a seamless system of services and programs.

With the support of the Kem Gardner Policy Institute at the University of Utah, the Steering Committee developed and agreed to the following Charter and

TASKS TO COMPLETE BEFORE JULY 1, 2022

INTRODUCTORY NOTE

The Social Services Realignment Transition Plan (Transition Plan) includes data, activities, and actions required within [Utah Code §26B-1 et seq.](#) Each section includes direct statutory language for reference and to demonstrate compliance of what is required. This structure provides assurances and accountability to the governor, the legislature, partners, our staff, and our community. As a result of this document structure, information may meet requirements of multiple plan elements and appear in multiple places in the Transition Plan. Additional details for the following sections can be found in the linked appendices.

TASKS TO COMPLETE BEFORE JULY 1, 2022

- 3) *The written transition plan described in Subsection (2) shall describe:*
- (a) the tasks that need to be completed before the move on July 1, 2022, including a description of:*

STAKEHOLDER ENGAGEMENT

- (3)(a)(i) how the transition agencies solicited comment from stakeholders, including:*
 - (A) employees of the transition agencies;*
 - (B) clients and partners of the transition agencies;*
 - (C) members of the public;*
 - (D) the Legislature; and*
 - (E) the Executive Office of the Governor;*

Regular and transparent input from stakeholders—local authorities, staff, advocates, providers, community-based organizations, those in services, underrepresented populations, etc.—is vital to a successful transition and realization of our goals. We employed a robust process, including staff, stakeholder, partner, and public input, to inform our decisions regarding the best approach for consolidating the departments.

To meet the statutory requirements and goals to create DHHS, the governor's office, with UDOH and DHS department leadership, approved a Consolidation Steering Committee (steering committee) and workgroup structure⁴ to assign 299 staff to sift through data, programs, metrics, policy, financing, and most importantly, stakeholder input. The steering committee, and 33 workgroups and subworkgroups, met on a frequent basis, as well as engaged with subject matter experts, legislators, providers, advocates, lawmakers, legal,



299
staff assigned to
33 *workgroups*
(115 on <1 workgroup)

⁴ [DHHS Plan Governance Structure](#) and roster of [Steering Committee & Workgroup Members](#), August 2021

TASKS TO COMPLETE BEFORE JULY 1, 2022

staff, and community members as they studied, discussed, and elevated recommendations for the Transition Plan to the steering committee. Because of the importance of stakeholder engagement, the first workgroup established by the steering committee was communications. Upon passage of the bill, the communications team immediately created a website, set up a documentation and feedback process, and wrote a communications plan with a variety of informative and feedback actions. We had our first stakeholder town hall during the 2021 General Legislative Session, and set up a cadence for feedback and engagement through Q&A update meetings, online feedback form, email updates (opt-in), graphics, and social media posts with hashtag, #hhsplan, throughout the planning process.

38
*#hhsplan
tweets*

We exceeded our communication target of 50% with 85% staff reporting they are engaged and 91% feeling informed about the consolidation.

HIGHLIGHTS OF THE STAKEHOLDER ENGAGEMENT COMMUNICATIONS PLAN

- **Public website (hhsplan.utah.gov), email updates, and feedback form⁶**
- **Virtual town halls⁷** - Q&A meetings initially occurred weekly, alternating staff and public each week and transitioned to bi-weekly alternating between all staff Q&As and subject-specific webinars for external groups, like long-term services and supports, and integrated health.
- **17 listening sessions with DHS and UDOH executive leadership teams across Utah's 29 counties** on community-specific issues and challenges that intersect with health and human services. Meetings included segmented discussions with regional staff, schools, hospitals, local health and behavioral health leadership, courts, law enforcement, local elected officials, and lawmakers. These meetings provided opportunities for leadership to improve, measure, better serve, and understand Utahns statewide as they developed the new DHHS structure.

326
*responses to staff
& public questions
via feedback form &
town halls*

⁶ [HHSPlan.utah.gov](https://hhsplan.utah.gov), [Feedback Form Log](#), [Informational Resources](#)

⁷ [Public Consolidation Q&A Recordings](#)

TASKS TO COMPLETE BEFORE JULY 1, 2022

- **Personal interviews and DHHS priorities survey of representatives of organized stakeholder groups** to solicit top three priorities for DHHS to address⁸; responses brought to light several strong themes:
 - Maintain strong services and improve processes
 - Increase funding and training
 - Address access and gaps in services
 - Build effective partnerships
 - Focus on communications
- **Presentations, meetings, and workgroup discussions** with staff, local partners and authorities, legislators, providers; organized advocacy, community and advisory groups on an ongoing basis.

When established, the steering committee communicated the expectation that stakeholder engagement is the responsibility of every workgroup—not solely the communications workgroup. Workgroups took this responsibility and reported back on meaningful engagement and solicited participation in discussions.⁸ Some **examples of this engagement by workgroups** include:

- Regular meetings with stakeholders
- Presentations at conferences and meetings with stakeholders
- Surveys
- Email follow-up
- Webinars
- One-on-one feedback sessions
- Individual phone calls
- Meetings with division staff to give updates/solicit feedback

MOST COMMON AREAS OF OPPORTUNITIES

from the consolidation that were expressed by groups in our engagement activities include:

STAFF: improved coordination and communication, less duplication of efforts, access to and knowledge of more resources/internal partnerships, integration of healthcare, address health disparities

PARTNERS: integration of healthcare, streamlining of services, contracting, and monitoring, coordinating funding

CONSTITUENTS: addressing equity/health disparities, increased access to resources and services and funding, streamlining points of contact



⁸ [Stakeholder Priorities Report](#), August 2021

TASKS TO COMPLETE BEFORE JULY 1, 2022

EXAMPLES OF ENGAGEMENT AMONG THE PRIORITY GROUPS

EMPLOYEES OF THE TRANSITION AGENCIES

- Workgroup participation
- Emails
- Listening tours
- Feedback form
- Bi-monthly Q&A, notices, recordings, portal/intranet playback, live questions
- Individual meetings
- Surveys
- Combined UDOH and DHS Executive Director's Office meetings
- Combined UDOH and DHS Executive Leadership Team meetings
- Participation in development of DHHS brand
- Informational materials—slides, graphics, fact sheets

13
*staff Q&As
w/ 6k total
attendees*

CLIENTS & PARTNERS OF THE TRANSITION AGENCIES

- Website hhsplan.utah.gov—links from departments' websites
- Email sign up and email updates
- Feedback form
- Participation in workgroup discussions and proposal review
- Listening tours
- Public Q&As
- Webinars on long-term services and supports and integrated health
- Advocacy groups and meetings, example: community health workers
- Regular participation in local authority, organizational, association, advocacy, boards, commissions
- Proactive media stories
- Social media posts with hashtag
- Provider Q&As
- Informational materials—slides, graphics, fact sheets

103
*external meetings
& presentations*

MOST FREQUENT CONCERNS

we heard about the consolidation through our engagement included:

STAFF: job stability, timing/capacity to respond during the pandemic, compensation parity and leadership decisions

PARTNERS: service access, capacity/timing with pandemic, establishing an effective DHHS organizational structure that supports rural and frontier communities

CONSTITUENTS: ensuring efficiencies to meet community needs through functions such as contracting and integration of health services

PROVIDERS AND PARTNERS: seeking to learn more about details not yet known, including financing, contracting, and processes; questions about the integration of physical and behavioral health in DHHS

TASKS TO COMPLETE BEFORE JULY 1, 2022

MEMBERS OF THE PUBLIC

- Website hhsplan.utah.gov—links from department websites
- Email sign up and email updates
- Feedback form and responses
- Public Q&A
- Subject-specific town halls on integrated healthcare and long-term services and supports
- Long-term services and supports survey
- Advocacy groups and meetings
- Media stories
- Social media posts with hashtag
- Individuals in services meetings
- Informational materials—graphics, slides in Spanish, translation at meeting with community health workers
- Focus groups of Medicaid members and eligible persons (multiple groups, Spanish speaking)

16
professional focus groups with Medicaid & Medicaid eligible recipients in English & Spanish

LEGISLATURE

- Decision review with bill sponsors, legislative leadership, and legislative staff on:
 - Organizational structure
 - Leadership appointments
 - Line item design
 - Code restructure
- Website hhsplan.utah.gov
- Email sign up and email updates
- Interim legislative updates (written and presented)
- Feedback form and responses
- Listening tours (included local elected officials)
- Public Q&A and topic-specific town halls
- Media stories
- Social media posts with hashtag
- Direct outreach to specific members to respond to questions or concerns

Email updates:

16 *public*

24 *staff*

5 *legislative*

11
town halls w/

1,856
total attendees

TASKS TO COMPLETE BEFORE JULY 1, 2022



TRIBES

Consultation and Conferment is the formal government to government communication process that provides accountability for DHHS to address significant policy changes that will directly impact Tribal governments, tribal health, public health and behavioral health programs, and the Urban Indian Organization (UIO) health and public health operations. These Tribal entities and organizations are the primary healthcare delivery system for people who are American Indian/Alaska Native (AI/AN) who live on and off Tribal lands located in Utah.

Between April and October 2021, executive leadership has engaged Tribal governments and programs and the UIO in meaningful dialogue through multiple avenues. Discussions have covered DHHS legislative authority and services, and their potential impact on the Tribes. Discussions and meetings are ongoing.⁹

EXECUTIVE OFFICE OF THE GOVERNOR

- Decision review with the chief of staff, governor and lieutenant governor
- GOPB budget planning meetings
- GOPB staff attend steering committee meetings
- Governor quarterly reports
- Ceremonial bill signing
- Email updates
- Cabinet and social services coordination meetings
- Legislative planning meetings
- Communications and media strategy
- 2021 General Session stakeholder Q&A
- Social media posts with hashtag



⁹ [UDOH Merger Tribal Consultation & Urban Indian Organization Conferment](#)

TASKS TO COMPLETE BEFORE JULY 1, 2022

ORGANIZATIONAL STRUCTURE & PERSONNEL

(3)(a)(ii) the proposed organizational structure of the department, including the transition of responsibilities of employees, by job title and classification, under the newly proposed organizational structure and a plan for these transitions;

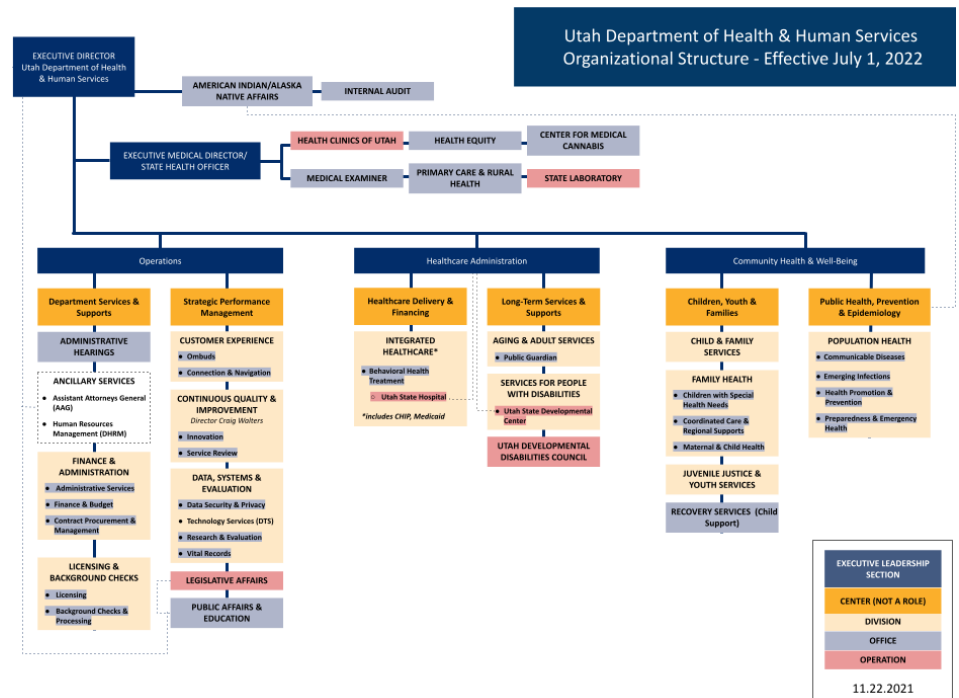
PROPOSED ORGANIZATIONAL STRUCTURE

The decision on how to organize the new department was essential to inform other aspects of the Transition Plan. Discussion, research, and input shaped an organizational alignment we believe fulfills the goals of consolidation and our vision of customer-focused efficiency and effectiveness.

We directly engaged our stakeholders, including staff, in developing the organizational structure. After receiving feedback on a preliminary structure from more than 100 stakeholders, the DHHS organizational structure was finalized in August 2021. The structure best reflects the overall flow of operations and contributes to the customer experience, efficiency, and effectiveness.

101+
comments
reviewed to finalize
the preliminary
organizational
structure

The blue boxes will be referred to as the Executive Director's Office (EDO) **executive "sections"** with a deputy director and assistant deputy director overseeing **functional "centers"** (gold boxes). The centers do not represent specific positions, but represent important themes for leadership and structure. The next layer of leadership roles will be in the **divisions** (peach), **offices** (gray), and **operations** (red). These will either be director or assistant director positions. The names of these divisions, offices, and operations may still change.¹⁰



¹⁰ DHHS Organizational Structure and current department org chart crosswalks, November 2021

TASKS TO COMPLETE BEFORE JULY 1, 2022

HIGHLIGHTS OF THE DHHS ORGANIZATIONAL STRUCTURE

- Innovative new alignments responsive to customer needs, such as:
 - Joining of behavioral and physical health in the Division of Integrated Healthcare
 - Streamlining of licensing and background screening services
 - Combining of all federal Medicaid long-term service and support programs within the Healthcare Administration Section, including disability services, aging services, and public guardians
 - High-quality customer service established and measured through a “no wrong door” approach in the Division of Customer Experience (new division)
 - Integration of behavioral and physical health prevention and promotion in the Division of Population Health
 - Colocation of Family Health and other community programs with Child & Family Services
 - Coordinated public education campaigns with Public Affairs team
 - Organizational structures that promote a renewed focus on continuous quality improvement, employee development, training, and equity
 - Focus on leveraging data, research, and evaluation across the department to evaluate outcomes for individuals through the Division of Data, Systems & Evaluation (new division) and the Center for Strategic Performance Management
 - Processes to ensure private data is used appropriately and safeguarded
- Appointment of a physician in executive leadership
- Centralized functions that maintain specialization while increasing efficiencies and freeing up programs from administrative burden
- Alignment of budget line items with organizational units—reducing from 19 to 10—and removing coordination barriers
- Structure that enables efficient communications, operations, and management
- Already named or hired (through vacancies) key leadership positions for planning, morale, and smoother transition
- Opportunity to plan and move office spaces prior to July 1, with colocation and telework numbers identified
- Known structure for advanced branding, signage, and communication tools development, including a DHHS website before July 1

Attention was given to creating a structure for efficient communications, operations, and management. The executive director will not have any direct reports in the EDO beyond the executive leadership, administrative assistants, Internal Audit, and American Indian/Alaska Native Affairs.¹¹ The executive director will have dotted lines to key leadership positions who will be directly overseen by the Operations Section leadership. These include: Assistant Attorney General (AAG) section lead, Division of Human Resource Management (DHRM) director, legislative affairs director, and communications director/department public information officer.

This structure is designed to assist leadership and staff in planning, financing, and organization on behalf of the customer. It should not introduce, nor reinforce silos. We can only meet our consolidation goals of seamless services and better outcomes for the people of Utah by coordinating and communicating across all divisions, offices, and operations. This expectation will be reinforced through leadership, policy, procedure, and financing.

¹¹ [Utah Code §26-7-2.5](#) requires that the American Indian-Alaska Native Health Office be within the Executive Director's Office.

TASKS TO COMPLETE BEFORE JULY 1, 2022

LEADERSHIP TRANSITION

In June 2021, Governor Cox named current DHS Executive Director Tracy Gruber as the pending appointment of DHHS executive director effective July 1, 2022. For planning, decision-making, and morale, Gruber named DHHS executive leaders in early October 2021 with the support of the governor and legislative leadership. These individuals will retain their current leadership roles in the two departments until July 1, 2022, while shaping the elements of the Transition Plan. Additional appointments for division, office, and operation directors who will be direct reports to executive leaders were selected in November 2021. Naming of further leadership positions will happen by the end of March 2022. All named appointees will remain in their current positions until July 1, 2022, unless otherwise directed by executive leadership.

There is extensive talent in both UDOH and DHS for leadership appointments. Where there are two directors in functions and programs being merged, the goal is to select the best people for the positions who can rise to the challenge of implementing this new vision; work within each of our unique leadership styles and expectations; and achieve the best results for the individuals and communities we serve. Individuals in appointed positions today who are not selected or do not wish to stay in a director role, will have the opportunity for reassignment within DHHS.

EMPLOYEE TRANSITION

As of November 23, 2021, UDOH and DHS have a combined 5,617 employees (UDOH 1,623, DHS 3,994). The merging of this large number of staff across both departments is a significant undertaking that will be achieved by July 1, 2022. Between our departments, there are 414 (UDOH 163, DHS 251) unique job classifications.

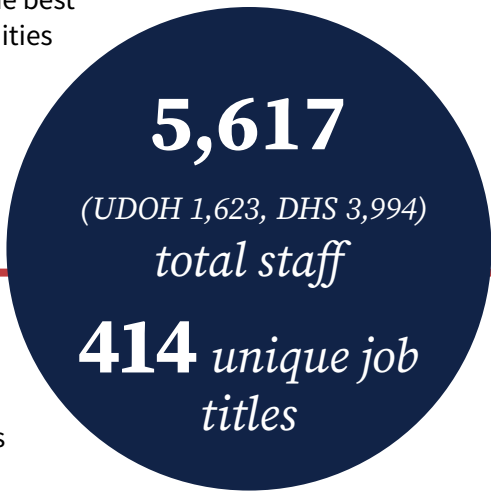
The consolidation provides the opportunity to streamline roles and leverage our existing resources and personnel to provide services through greater innovation to meet the vision of the department. This approach is critical given that both the Executive Office of the Governor and the legislature have made clear that current department staff shall not lose their jobs because of the merger. After studying combined department functions, any workforce reductions as a result of consolidation will be through attrition, and not through a reduction in force.

COMMUNICATION

The effective and timely communication with staff regarding job titles, pay, division and office location, roles, and processes is critical and sensitive. Our regular engagement and communication with staff allowed us to manage expectations and anxiety while providing ongoing transparency throughout the process. We have assured staff there will not be a reduction in force; however, titles, division and office location, reporting leadership, roles, policies, and processes are likely to change.

In the coming months, as leadership appointments are made, appointed directors of divisions, offices, and operations, will coordinate with DHRM and EDO to identify which individuals will be in their areas of responsibility, make additional organizational decisions, assign duties, discuss roles and needs, and communicate a transition plan to the steering committee. By working through DHRM and EDO, this communication will be reviewed for legal, process, and message consistency and equity.

The individuals who are moving to DWS have already been notified by the state Medicaid director and are in touch with DWS Medicaid Eligibility and DHRM on office, equipment, and transition dates.



TASKS TO COMPLETE BEFORE JULY 1, 2022

While the law asked only to identify individuals who will move departments as a result of consolidation, we also carefully considered the needs of staff who will be reassigned or merged into new offices in our streamlined organization. Four individuals in UDOH Medicaid Eligibility Quality Control, one Health Program Manager I and three Health Program Specialists III, will move to DWS Medicaid Eligibility. Hundreds of UDOH and DHS staff will be assigned to new, differently named, or merged divisions or offices in DHHS, but will retain the core function or role they do today.

As the steering committee and its workgroups reviewed positions and classifications, it became clear that there are positions across the two departments doing similar work with the same or different classifications, and in some instances, dramatically different pay scales. We are working closely with the Department of Government Operations (GovOps) DHRM to develop a plan for the coming years. Where possible, we will reconcile discrepancies with existing funds. Given the scope and scale of these disparities, pay parity will be prioritized, phased, and coordinated with the Executive Office of the Governor and the legislature after July 1, 2022. Pay parity is expected to take years to resolve.

4
individuals from UDOH Medicaid Eligibility Quality Control will move to DWS

Both the Governor and the legislature have made clear that a reduction in the number of state employees is not part of the consolidation plan.

OFFICE SPACE & INFRASTRUCTURE

(3)(a)(iii) office space and infrastructure requirements related to the transition; (iv) any work site location changes for transitioning employees; (v) the transition of service delivery sites;

When creating the organizational structure and its moving parts, there was careful thought into ensuring no disruption in service delivery because of staff or office movement. The law did not require a reduction in office space or other infrastructure (i.e. fleet) as part of the consolidation; however, the creation of DHHS provides the opportunity of merging functional areas to evaluate space needs and telework capacity.

The office space and fleet needs will be accommodated within current infrastructure. During the initial phase of the consolidation, which will occur by July 1, 2022, office moves and space realignment needed for the consolidation will be contained to the Multi-Agency State Office Building (MASOB) (DHS) and the Cannon Building (UDOH) in Salt Lake City. The costs associated with these moves, and the expense of changing building signage

No public facing services will move from present locations in year 1

TASKS TO COMPLETE BEFORE JULY 1, 2022

in and on all 164 DHHS buildings statewide, will be financed through the transition restricted account or existing budget.

After July 1, 2022, we will regularly review expiring leases and analyze data to determine if the existing building structure is appropriate or necessary to meet the needs of the public. Those subsequent changes may need to be phased or financed based upon legislative direction or monetized efficiencies, as leases end and space is reduced.

We will continue to encourage and support the governor's telework and rural employment initiatives and expand virtual service delivery options which, over time, may provide significant efficiencies and reduce building and fleet costs.¹² Leadership will regularly evaluate costs of infrastructure and explore opportunities to coordinate with GovOps to colocate staff with other state departments and develop fleet operations that are responsive to a teleworking workforce. We also support regional centers and will seek opportunities to centralize our space with other departments, so long as the confidential elements of our work can be secured.

37.7%
*DHHS staff
actively
teleworking*

WORKSITE LOCATION CHANGES

The steering committee coordinated with UDOH and DHS Administrative Services to create an inventory of our office space and fleet, including ownership, rent or lease of buildings or fleet (if applicable), number of units, and if the building provides public-facing services.¹³

With this list and personnel assignments, space planning for staff currently in Cannon and MASOB is already underway.¹⁴ The direction is to have sections and centers, and respective divisions, offices, and operations in the same physical location when possible. For example, the merged Division of Licensing & Background Checks staff will be colocated in MASOB. Healthcare Administration Section personnel will colocate in Cannon. In some instances, personnel will have space in both Cannon and MASOB to meet operational needs and ensure effective service delivery to the public.¹⁵

<200
*staff will relocate
from currently
assigned building*

*Divisions and offices will colocate headquarters in either
Cannon or MASOB buildings.*

¹² While telework may result in a decrease in expenditures for building leases and purchases, fleet costs and mileage reimbursements may increase as staff will be traveling from their homes to provide services directly in communities rather than individuals coming to an office to receive services.

¹³ [DHHS Buildings & Fleet Inventory](#), October 2021

¹⁴ [MASOB & Cannon Office Space Plan \(DRAFT\)](#), November 2021

¹⁵ Executive leadership, communications director, and background checks are examples of personnel who will have assigned workspace in both the Cannon and MASOB

TASKS TO COMPLETE BEFORE JULY 1, 2022

Between just these two office buildings, nearly 200 staff will be relocated from where they are currently assigned. The move will be a significant investment of time and resources. Included in the space planning is managing parking at both locations, which is particularly challenging at MASOB. Telework and options to “free address¹⁶” at offices outside of Salt Lake City may be offered, as well as continuing support of rural relocation and recruitment.

SERVICE DELIVERY SITES

Public facing functions will stay where they are located or have dual presence in MASOB and Cannon. For example, the Office of Vital Records will remain at Cannon to eliminate customer disruption to this public service. Background fingerprinting machines will be dually located at Cannon and MASOB, while the Division of Licensing & Background Checks team will be at MASOB.

We will regularly evaluate data, including where the public is accessing services and which services are being accessed in different areas of the state, to ensure that the personnel, infrastructure, and resources are effectively and equitably distributed to meet the needs of the public.



CONTRACTS, GRANTS, MOUS & MOAS

(3)(a)(vi) amendments needed to existing contracts, including grants;

CONTRACTS, MOUS, MOAS, DSAS

Workgroups gathered an inventory list of 3,332 legal agreements—contracts, memorandum of Understanding (MOUs), Memorandum of Agreement (MOAs), federal grants, and Data Sharing Agreements (DSAs)—across UDOH and DHS, that will transfer to DHHS.¹⁷ The inventory lists contract numbers, entities, renewal or expiration dates, justification, and required amendments and notification. Non-federal grant funding is considered in contracts. Of the total contracts, 3,061 are unduplicated.

Current contract language allows for a notification of name change without the administrative burden of amending each agreement. We will send all contracted parties a formal letter informing them of any necessary changes, including department name and address. This letter will be sent effective July 1, 2022, and will be cleared by the Division of State Purchasing and AAG. New contracts or contracts being amended prior to July 1, 2022, include language indicating the department name change to DHHS effective July 1, 2022.

¹⁶ “free address” are unassigned workspaces available for use by teleworkers when coming to a state building

¹⁷ [DHHS Contracts](#), October 2021

TASKS TO COMPLETE BEFORE JULY 1, 2022

The comprehensive inventory list identifies agreements that are duplicative across the two departments. We will evaluate these instances and determine whether it is possible to streamline the agreements or even create a single agreement. This evaluation will be done as agreements expire or require amendments. Eliminating unnecessary duplication will reduce the administrative burden for both the party to the contract and DHHS staff.

For example, we found seven separate contracts for multiple services with one entity across our departments today. We are exploring how to streamline this and other contracts in DHHS to reduce the multiple staff involved in the agreement and monitoring time.

Contract standardization, including terms and conditions, will be a multiyear effort and will also be prioritized as contracts expire or are amended.

3,332
*contracts/
MOUs*

3,061
*unduplicated
contracts*

FEDERAL GRANTS

Our departments managed a combined total of 180 federal grant programs during FY21.¹⁹ These grants total \$3.25 billion in revenue for the state, with the largest portion, \$3.08 billion in UDOH, primarily in Medicaid. It is therefore critical that federal grants transfer without disruption and be managed within DHHS.

Notification of the DHHS merger to our federal funding agencies, as well as all grant administrative requirements, is critical to sustaining funding without disruption. In addition to the DHHS entity change, relevant federal agencies will be notified of cost allocation changes as well as individual changes in grant budgets. Administrators will be given a form letter approved by finance and the AAG to alert entities of the name change. Grant administrators will be responsible to notify the appropriate contact within grant entities through approved methods and within the timeframe required by the federal entity.

Grants that require a state plan amendment will follow the process and timelines required by the federal entity. We anticipate a smooth notification process provided there is no request for changes to other processes, terms, or amendments at the same time as the name change request.

180
*federal
contracts*

*Federal
contract total*
\$3.25B
(UDOH \$3.08B)

¹⁹ [DHHS Federal Grants](#), November 2021

TASKS TO COMPLETE BEFORE JULY 1, 2022

STATUTE

(3)(a)(vii) legislative changes needed to implement the transition described in this section;

To become DHHS by July 1, 2022, without disruption to services requires statutory changes during the 2022 General Session. These changes allow the legislature and the governor to establish the statutory and administrative rule framework required for DHHS to be a legal entity with the authority to function by the implementation deadline.

The Office of Legislative Research and General Counsel (OLRGC), in coordination with DHHS leadership, is drafting legislation focusing on the legal and technical changes, not including substantive changes, significant investment, or changes that go beyond those that are necessary to function legally and well on our start date. Between the two departments there are 1,600 pages of code that need to be reviewed and placed in the new statutory legal structure. Any clean up to statutory language that falls outside of consolidation is expected to be limited and at the will of the legislature.¹⁹ In November 2021, the Health and Human Services Interim Committee passed draft legislation [Department of Health and Human Services Amendments](#) as a committee bill to initiate the reorganization of DHHS.²⁰

While there are 296 statutory changes provided on the inventory list, the majority (172) are simple name changes. Discussions with OLRGC indicate that it is not necessary to make hundreds of name changes throughout the Utah Code; rather, an amendment to the code that includes a single provision changing the departments' names to DHHS will result in a change throughout.

The structure of the code establishing the new department will reflect both the vision of DHHS and the organizational structure established to best meet our vision. This alignment will increase the likelihood that the vision will be realized. The most significant change is each section will become a code "chapter" with divisions and offices becoming code "parts" within that chapter. In several instances, functions, or divisions that are currently "chapters" will become "parts" within a chapter.²¹

In addition to significant changes to the code structure, we recommend restricted accounts contained throughout both departments' code be combined into a single chapter or part of a chapter. This recommendation,

Between the two departments there are 1,600 pages of code that need to be reviewed & placed in the new statutory legal structure

296
statute changes needed
(172 name change only)

¹⁹ [DHHS Statute Changes](#), October 2021`

²⁰ Department of Health and Human Services Amendments DRAFT 2022FL-0819/002, November 15, 2021

²¹ For example, the DHS Division of Child and Family Services has its own chapter within existing code. See [UT CODE §62A-4a](#). Under the new statutory structure, it is likely that DCFS will become part of the chapter of Community Health & Well-Being.

TASKS TO COMPLETE BEFORE JULY 1, 2022

if adopted, will reduce bureaucracy and fulfill the goals of the consolidation by assigning these accounts to the department rather than to a specific division, office, or operation. We will work with the governor and legislature to recommend how money may be best appropriated to programs. All funds appropriated by the legislature will be used for the statutorily identified purpose. This will allow us to leverage resources the legislature appropriates for specific purposes across multiple divisions to more effectively and efficiently meet the needs of Utahns.

In addition to the significant modifications to the code, changes are needed in the Medicaid program. The law directs functions related to Medicaid eligibility policy, Medicaid eligibility quality control, and Medicaid eligibility adjudications go to DWS, the state department that makes Medicaid eligibility determinations; however, the federal Centers for Medicare and Medicaid Services (CMS) denied our request to move eligibility policy to DWS. As a result of that denial, modifications are needed to the statute.

CMS denied Utah's request to move eligibility policy to DWS. As a result of that denial, modifications are needed to the statute.

ADMINISTRATIVE RULE

(3)(a)(viii) how the transition agencies will coordinate agency rules;

Every statute change is expected to have at least one administrative rule change associated with it. In addition, there are approximately 70 rules, which are independent of a statute that will require updates to consolidate the departments.

In September 2021, UDOH and DHS Executive Directors were granted a one-year extension of the deadline set in [Executive Order 2021-12: Establishing Effective Oversight Over State Agency Rulemaking](#) for certain rules. We will review and update certain administrative rules by January 2023. We plan to update these rules with the process of all rule updates and reviews in the implementation timeline.

The listed rules that are independent of statutory changes are largely administered by EDO, licensing, and the current Division of Substance Abuse and Mental Health. Combined with the rule updates based upon statutory changes, administrative rules will require significant effort, including writing, legal review, public comment, and publication in the 180 days following the 2022 General Session. We are in the process of seeking a statutory exception to allow for a longer period of time to complete this extensive work. The exception, if granted, could sunset within one year.

Likely all
296 statutes &
~70 rules not tied to
statute, will need rule
changes

TASKS TO COMPLETE BEFORE JULY 1, 2022

We are requesting a statutory exception to extend the time to complete extensive administrative rule updates.

BUDGET TRANSFER & RECONCILIATION

(3)(a)(ix) procedures for the transfer and reconciliation of budgeting and funding of the department as the transition agencies transition into the department;

RECONCILIATION

UDOH and DHS expended \$5.5 billion (UDOH - \$4.5 billion, DHS - \$1 billion) in FY21. For UDOH, the Medicaid and CHIP programs comprised \$4 billion of its total. Financial accounts and budgets need to be carefully adjusted for the consolidated department.

Separate budget information submitted for UDOH and DHS was combined for a high-level budget structure, developed in coordination with the governor, GOPB, Division of Finance, legislative leadership, and the LFA. The consolidated base budget has been provided to the LFA. It includes a crosswalk from the UDOH and DHS appropriated programs to the new DHHS appropriation structure, reconciling in total. This information can be used to adjust the base budgets to the consolidated DHHS.²²

The shift of General Fund from UDOH to DWS that occurred during the 2021 General Session will need to be adjusted, returning some of the funds back to Medicaid because CMS did not approve all the changes contemplated by the legislature.

\$5.5B

*(UDOH \$4.5B, DHS \$1B)
in FY21*

BUDGETING

One area of opportunity is alignment of funding that often intersects in services and priorities.

Beginning July 2021, the steering committee began developing its proposed budget and coordinating on budget requests for the FY23 budget cycle in preparation for the consolidated department. In addition to planning the base budget for FY23, we proposed a new budget structure to legislative leadership and the LFA. The structure of the budget, including line items and appropriation units, is important not only to ensure accountability to the legislature for the funds the department receives, but also plays an important role in our ability to provide needed services to the public.

\$4B

*to Medicaid/
CHIP
in FY21*

²² [FY21 DHHS Adjusted Line Items & Programs](#), [FY21 DHS Line Item Summary](#), [FY21 UDOH Line Item Summary](#), October 2021

TASKS TO COMPLETE BEFORE JULY 1, 2022

In October 2021, through several meetings and discussions, the steering committee, legislative leadership and the LFA made a critical decision on the structure of the budget, allowing the department to develop its FY23 budget in time for the 2022 General Session. We finalized our shared budget requests and submitted those requests to GOPB for consideration by the governor. Additionally, we initiated discussions with GOPB, the LFA, and legislative leadership, to establish an appropriate number of line items and coordinate a budget structure to promote efficiency and reduce barriers while maintaining appropriate levels of oversight by the legislature. This proposed structure was presented to the Social Services Appropriations Committee during the October 2021 Interim Session.²³

*Reduce
UDOH & DHS
line items from
19 to 10
(11 UDOH & 8 DHS)*

Proposed line items will reduce UDOH and DHS line items from 19 (11 UDOH and eight DHS) to 10. Line items can create silos and barriers to coordination and service provision. Fewer line items reduce silos and facilitate efficient operation and management. An additional benefit of this line item structure is that it aligns with “centers” on the DHHS organizational structure. Each has direct leadership oversight of the needs of the entire function area and systemwide. These discussions have involved GOPB and the Social Services Appropriations Subcommittee.

One of the first actions taken regarding the budget was to establish an accounting code for DHHS. Approval was obtained from the Division of Finance to continue to use the existing accounting codes for the two departments (200 DHS, 270 UDOH) while phasing in the use of a new DHHS accounting code (250). As services and processes are continued, periodic journal adjustments will occur to move costs to the consolidated budget structure.

DHHS FY23 LINE ITEMS & PROGRAMS

Operations		
Operations	Clinical Services	Department Oversight
KMAA	KMBA	KMCA
Executive Director Office KMAAB	Medical Examiner KMBAB	Licensing & Background Checks KMCAB
Ancillary Services KMAAC	State Laboratory KMBAC	Internal Audit KMCAC
Finance & Administration KMAAD	Medical Cannabis 5820	Admin Hearings KMCAD
Data, Systems, & Evaluations KMAAE	Primary Care & Rural Health KMBAD	
Public Affairs, Education & Outreach KMAAF	Health Clinics of Utah KMBAE	
American Indian / Alaska Native KMAAG	Health Equity KMBAF	
Continuous Quality Improvement KMAAH		
Customer Experience KMAAJ		

Line items continued on next page...

²³ [FY23 Line Items & Program Proposal](#), updated November 29, 2021

TASKS TO COMPLETE BEFORE JULY 1, 2022

Management will be responsible to help ensure uninterrupted services. Currently, new funding requests are coordinated between the two departments. UDOH and DHS will jointly coordinate with the LFA for placing funding adjustments in the consolidated budget structure.

STRATEGY TO AVOID PRISM AND MEDICAID FUNDING DISRUPTION

The largest part of DHHS expenditures will not move to DHHS department code 250 initially. This is to ensure continued progress on Utah's replacement of our current Medicaid Management Information System (MMIS) to the new system known as the Provider Reimbursement Information System for Medicaid (PRISM). We will create pivot tables based on the budget crosswalk to appropriate to the new code 250 as part of the standard reporting. Each quarter, we will process journal entries to record revenues and expenditures to DHHS department code 250. All reporting will be consolidated for GOPB and the appropriations process.

Health Care Administration			
Health Care Administration	Integrated Health Care Services		Long-Term Services & Supports
KPAA	KPBA		KPCA
Integrated Health Care Administration KPAAB	Children's Health Insurance Program Services KPBAB	Medicaid Other Services KPBAC	Aging & Adult Services KPCAB
LTSS Administration KPAAC	Medicaid Accountable Care Organizations KPBAE	Offsets to Medicaid Expenditures KPBAL	Adult Protective Services KPCAC
PRISM KPAAD	Medicaid Behavioral Health Services KPBAD	Expansion Accountable Care Organizations KPBAM	Office of Public Guardian KPCAD
Utah Developmental Disabilities Council KPAAE	Medicaid Home & Community Based Services KPBAG	Expansion Behavioral Health Services KPBAN	Aging Waiver Services KPCAE
Seeded Services KPAAF	Medicaid Hospital Services KPBAP	Expansion Hospital Services KPBAP	Services for People with Disabilities KPCAF
	Medicaid Pharmacy Services KPBAG	Expansion Other Services KPBAG	Community Supports Waiver Services KPCAG
	Medicaid Long Term Care Services KPBAG	Expansion Pharmacy Services KPBAR	Disabilities - Non Waiver Services KPCAH
	Medicare Buy-In & Clawback Payments KPBAG	Non-Medicaid Behavioral Health Treatment & Crisis Response KPBAB	Disabilities - Other Waiver Services KPCAJ
		State Hospital KPBBC	Utah State Developmental Center KPCAK

Community Health & Well Being			
Public Health, Prevention, & Epidemiology	Children, Youth, & Families	Office of Recovery Services	Juvenile Justice & Youth Services
KTAA	KTBA	KTCA	KTDA
Communicable Disease & Emerging Infections KTAAB	Child & Family Services KTBAB	Recovery Services KTCAB	Juvenile Justice & Youth Services KTDAB
Integrated Health Promotion & Prevention KTAAC	Domestic Violence KTBAE	Child Support Services KTCAC	Secure Care KTDAC
Preparedness & Emergency Health KTAAD	In-Home Services KTBAD	Children in Care Collections KTCAD	Youth Services KTDAD
Local Health Departments KTAAE	Out-of-Home Services KTBAE	Attorney General Contract KTCAE	Community Programs KTDAE
	Adoption Assistance KTBAF	Medical Collections KTCAF	
	Child Abuse & Neglect Prevention KTBAH		
	Children with Special Healthcare Needs KTBAH		
	Maternal & Child Health KTBAJ		

TASKS TO COMPLETE BEFORE JULY 1, 2022

FUNDING THE TRANSITION

During the 2021 General Session, \$1.5 million in General Fund was appropriated to a restricted account to fund costs for transition expenses. Consolidation transition costs will be prioritized as necessary to become one department by July 1, 2022. Some transition costs may receive federal reimbursement or could be addressed within existing department resources. Non-lapsing authority for the restricted account is being requested for transition costs continuing after July 1, 2022.

Costs charged to the transition restricted account established by the law are subject to joint department management review. We expect there will be costs associated with the consolidation after July 1, 2022. Phasing of financial investment in things like office moves, technology programming, coding, interface modification, website development, and building signage will carry on beyond July 1, 2022. Salary parity and other significant expenses will largely be addressed through a phasing plan post July 1, and will take several years. Technology costs have the partial support of \$20 million allocated from federal American Rescue Plan Act (ARPA) funds. Requests for additional funding will go through the executive and legislative process.

\$20M
*ARPA funds
helping to support
technology
needs &
improvements*

TECHNOLOGY SERVICES

(3)(a)(x) the transition of technology services to the department;

The new department will be data-driven, innovative, and outcome focused. We will be focused on protecting the privacy of the individuals we serve and provide services that are modern and efficient, including remote services and telehealth services. The many data systems will need to communicate and be connected, protected from data breaches or breaks in system operations, and meet the needs of state and federal government.

Technology used throughout the department will need to support efficient and effective business operations and reduce the costs associated with administrative burden that currently exists across both departments operating on cost-burdened legacy systems. Our ability to achieve these objectives will require significant technology and data infrastructure that operates through cloud-based platforms rather than through older technologies (e.g., mainframes, PowerBuilder, etc.) that are vulnerable to security breaches, natural disasters, and system downtime.

250+
*different technology &
data systems, software,
applications, hosting,
& networks*

TASKS TO COMPLETE BEFORE JULY 1, 2022

A significant inventory process identified more than 250 different technology and data systems, software, applications, hosting, and networks that must be evaluated, joined, eliminated, upgraded, or applied to DHHS.²⁴ A designation of \$20 million in ARPA funds to UDOH and DHS will partially support these needs and improvements. As such, we know technology will be a multiyear transition, and will include the following priorities:

1. DATA CENTER EXIT PROJECT

UDOH/DHS migration from the Salt Lake Data Center is on schedule to be completed by May 1, 2022. Applications moving out of the data center and into a cloud environment have an earlier due date and will be out by April 1, 2022. Teams are using innovative practices to ensure the large number of servers needed to be moved in such a short time frame does not result in application downtime, broken interfaces, security risks, and increased costs; however, worldwide supply chain shortages for hosting and network equipment may affect timely completion of the move.

Application migration from the Salt Lake Data Center on schedule for
May 2022

2. PROGRAMMING

DHHS has more than 250 applications and 150+ websites that will need programming from as simple as changing a logo, letterhead or voicemail, to complex coding and redesign to reflect the name and brand of the department. These are identified and being tracked to be deployed July 1, 2022, or prioritized to be completed within the first couple of years depending on customer and operational needs.

3. SECURITY UPDATES

Inventory revealed several outdated systems that pose a security risk to sensitive information. The DHHS Director of Privacy and Security along with Division of Technology Services (DTS) Security will prioritize systems to upgrade or change to protect our information. As part of the data center exit project, we set up security standards to ensure applications moving to the cloud are secure. Additionally, we implemented RSA Archer, an automated multiple assessments tool, to identify risks, implement system security plans, and track plans of action milestones. It ties into almost any regulatory requirement and can map those requirements to the NIST SP 800-53 Privacy and Security Controls.

Security standards protect applications moving to the cloud

²⁴ [DHHS Technology Contracts, October 2021](#)

TASKS TO COMPLETE BEFORE JULY 1, 2022

4. DUPLICATE SYSTEMS

There are opportunities—for cost controls, security, maintenance agreements, customer service, and system alignment—to seek shared licensure or merge systems that are currently used by both departments. We will evaluate how many vendors we have doing the same thing (or the same vendors offering the same product to multiple contracts) and identify opportunities through our vendors to review economies of scale and cost savings.

An example of this is our two separate licenses with the same vendor, Improving-Atlanta, for background screenings. By combining into one system, we can improve the background screening process for staff and providers. The review and reconciliation of duplicate vendors, applications, and licenses will be a multiyear effort.

Opportunity to merge duplicate licenses

5. SEPARATE SYSTEMS, SAME USE

Decisions need to be made on which of our current systems with similar functions will be kept or entirely changed. For example, UDOH uses Sharepoint and DHS uses Adobe AEM for forms. DHS uses PowerDMS and UDOH has an internal internet site for policies. Another example is the multiple licensing systems our two departments use to track records—child care, foster parent, treatment centers, etc.—that may be combined into one system. Telehealth is a third example where UDOH could share in DHS’ enterprise license to deliver more access to the public.

We will evaluate each for user experience, cost, time to move files, programming, analytics, and usage in the first year, and combine programs or phase them out in up to five years after July 1, 2022.

The image shows two website screenshots side-by-side. The left one is for the Utah Department of Human Services, and the right one is for the Utah Department of Health. A large yellow circle is overlaid on the center, containing the text: **150+** websites to redesign, host or sunset.

TASKS TO COMPLETE BEFORE JULY 1, 2022

6. ONE UTAH ROADMAP PRIORITIES

Through this planning process, we have identified opportunities to improve remote work, recruitment, and access, especially in rural communities. Technology projects that support this are part of the overall consolidation priorities.

7. CREATION OF THE DATA WAREHOUSE

Creation of the data warehouse: Members of UDOH and DHS have met with the Amazon Web Services team to architect a data warehouse and dashboard that will allow us to better identify total clients served, clients served by multiple programs, and paths of services. Over time, it is anticipated this platform may replace and consolidate multiple business intelligence platforms currently in use across both departments.

A shared UDOH and DHS proposal for additional ARPA funding was presented to GOPB as part of the governor's budget process for costs associated with mission-critical technology upgrades and enhancements to improve service delivery. Other costs for technology needs over the next several years could potentially be absorbed through some of the above strategies, or may need to go through the budget and legislative process for prioritization.



DTS SUPPORT

Support for DHHS will continue to be provided by DTS personnel. DTS representatives have been engaged in the planning process on the steering committee, and across multiple workgroups. They have advised all workgroups, EDO, and the GovOps leadership throughout the planning process and contributed hundreds of hours to documentation, prioritization, budget estimates, and development.

To hit the ground running early in the planning process, DTS asked to combine UDOH and DHS hosting teams under one manager, and are doing the same for the applications team starting January 2022. DTS is reviewing maintenance and service level agreements (SLA), special billing agreements, and MOUs held between DHHS departments, for an opportunity to adjust or eliminate provisions. DTS-assigned personnel will continue to have an onsite presence at Cannon and MASOB, and have been part of the office space planning process. This team is already engaged with the communications team to provide programming, security, and maintenance support for the more than 150+ websites that need to be redesigned, hosted, or sunsetted with DHHS.

TASKS TO COMPLETE AFTER JULY 1, 2022

TASKS TO COMPLETE AFTER JULY 1, 2022

(3) The written transition plan described in Subsection (2) shall describe:

(b) the tasks that may need to be completed after the transition on July 1, 2022

Having prioritized the essential items that must be in place to legally become DHHS by July 1, 2022, and not have a disruption in services, we acknowledge there will be multiyear tasks that will need to be addressed after July 1. Some tasks we are purposefully waiting until after joint operations commence. These include addressing state financial reporting and system updates, and monitoring operations, customer experiences, technology, and data needs to inform decision making.

The following is a preliminary task list of items we know we will monitor or continue to address after the critical items are implemented July 1, 2022, and DHHS operations have commenced.



TASK AREA	TIMELINE YEAR 1-5	JUSTIFICATION
IT Systems	1-5	Investment and time in system and network upgrades, merging similar systems, training, database alignment, data sharing that will improve administration and monitoring; most activities expected to happen in the first three years
Building Needs	Upon expiration of building leases	Prioritize moves between Cannon and MASOB; telework numbers may fluctuate as pandemic stabilizes and will need to be watched before leases are dropped; utilization at buildings needs to be monitored to ensure building infrastructure is meeting business needs and providing equitable access to services
Streamline Agreements (Contracts, MOU, MOA, DSA)	Upon initiation or renewal	Evaluate as agreements expire or are amended—timelines vary; prioritize contracts expiring soon; make effort to try and combine agreements with the same entity to cut back administrative burden on part of DHHS and the entity; evaluate potential opportunities and timeline; procure through department contracting to simplify agreements and monitoring; standardize terms and conditions language
Customer Experience	1-2	Create new area with centralized models, data systems, and functional alignment that will need a plan, metrics, procedures, cost allocation agreements in place to avoid service disruption to critical service points of contact like ombuds, constituent services, and intake call centers`

TASKS TO COMPLETE AFTER JULY 1, 2022

TASK AREA	TIMELINE YEAR 1-5	JUSTIFICATION
Policy & Procedure	1	Merge most policies through review process; uploaded; procedure determined through experiencing and monitoring best practice of new operation
Website Development	1-2	Redesign or sunset 150+ websites; evaluate .org security of domain names; will monitor analytics and activity for prioritization or sunset; work with new leadership and teams to determine site navigation for best customer experience; awaiting clarity on the state-level citizen portal project and what rebrand will be required for state websites to avoid temporary costs of redesigning websites
Employee Culture & Training	1	Deploy DHHS 101 videos, new hire (and current employee) orientation to areas of the new department, and tools to build alignment with values and vision under employee-led brand
Building Signage	1	Change signage at each building
Staff Salary Parity & Reclassifications	1-5	Evaluate need and phasing plan for each functional area
Reconciliation of Budget Allocation	1-3	Reconcile funds allocated for consolidation activities in the following year; Medicaid funded items will not move to the new unit code 250 until year three or longer to not disrupt PRISM or services
Organizational Structure Adjustments	1-3	Monitor performance metrics and operations to make adjustments to organizational structure if not producing expected outcomes
Performance Metrics & Evaluation	1-3	Set up data and systems collection for performance measures (automate); evaluate over time for data-informed outcomes and decision making
Statute & Administrative Rule Changes	1-3	Resolve possible unforeseen rule and statute changes related to the consolidation as operations and metrics reveal opportunities to improve

TRANSITION FUNDING

TRANSITION FUNDING

- (3) *The written transition plan described in Subsection (2) shall describe:*
(c) *how the transition to the department will be funded, including details of:*

EXPENSES

- (3)(c)(i) *how expenses associated with the transition will be managed;*

Some transition costs will be absorbed by the two departments within existing budgets. Costs charged to the DHHS transition restricted account established by the law are subject to joint department management review.

Non-lapsing authority for the \$1.5 million General Fund Transition Restricted Account is being requested for transition costs continuing past July 1, 2022, to give us time to determine costs associated with this proposed Transition Plan. The designation of \$20 million in ARPA funds during the June 2021 Legislative Special Session is being used to start the move out of the Salt Lake Data Center to cloud native environments or the Taylorsville Data Center, optimization of systems moved to the cloud, system upgrades, network upgrades, database improvements and links, service delivery, and information flow. We are prioritizing a stable network with adequate upload and download speeds, particularly in rural areas.

Once expenses against the account are determined, we will prioritize according to the tasks in the legislation. Because consolidation was a directed work priority, it is not feasible, nor efficient, to track specific direct costs solely related to the consolidation thus far. Every new expense will follow our same reporting and accountability procedures to the governor's office and legislature.

*Non-lapsing
authority for the
restricted account
is being requested
for transition costs
continuing past
July 1, 2022*

MAINTENANCE OF SERVICE FUNDING

- (3)(c)(ii) *how funding for services provided by the transition agencies will be managed to ensure services will be provided by the transition agencies and the department without interruption;*

Our primary focus is ensuring services continue uninterrupted throughout planning and the transition. We are designing a system to expand access to services and improve our customers' experience throughout the state and across all populations. Our effective execution of this goal requires careful planning relating to finances, information technology systems, effective


TRANSITION FUNDING

communication with the public, legal authority and personnel ready to provide services as a single department on July 1, 2022.

To ensure funding is not disrupted, particularly in Medicaid, we obtained approval to continue to use existing accounting codes (200, 270) while phasing in the use of a new consolidated DHHS accounting code 250. Medicaid funded services or payment systems will not change until after PRISM is fully operational. As services and processes are continued, periodic journal adjustments will occur to move costs to the consolidated budget structure. Management will be responsible to help ensure uninterrupted services.

Upon determination of the FY23 budget in March 2022, line item transfers from current line items to new line items will be scheduled for July 1, 2022. The line items were distributed to adequately reflect service needs today and maintain existing appropriated resources. Service delivery was prioritized to remain adequately funded under the FY22 appropriated budget, which should continue in FY23, provided the legislature determines to continue funding at similar levels.

Another key to funding is completing notification and continuation requirements to federal grants, for which we have described our process in the next section “Federal Funds” and in the “Federal Grants” section previously.



Phase in new accounting code 250 to avoid service disruption

Our primary focus is ensuring services continue uninterrupted throughout planning and the transition. We are designing a system to expand access to services and improve our customers’ experience throughout the state and across all populations.

FEDERAL FUNDS

3)(c)(iii) how federal funds will be used by or transferred between the transition agencies and the department to ensure services will be provided by the transition agencies and the department without interruption.

Federal funds tied to services will follow notification and continuation requirements through the same process as described in “Federal Grants.” We have also proposed the use of federal ARPA funds to improve technology systems in the consolidation that improve operations, customer service, and service delivery.



Federal funds support services

TRANSITION FUNDING

NOTIFICATION PROCESS FOR FEDERAL GRANTS

2021 CALENDAR YEAR-END:

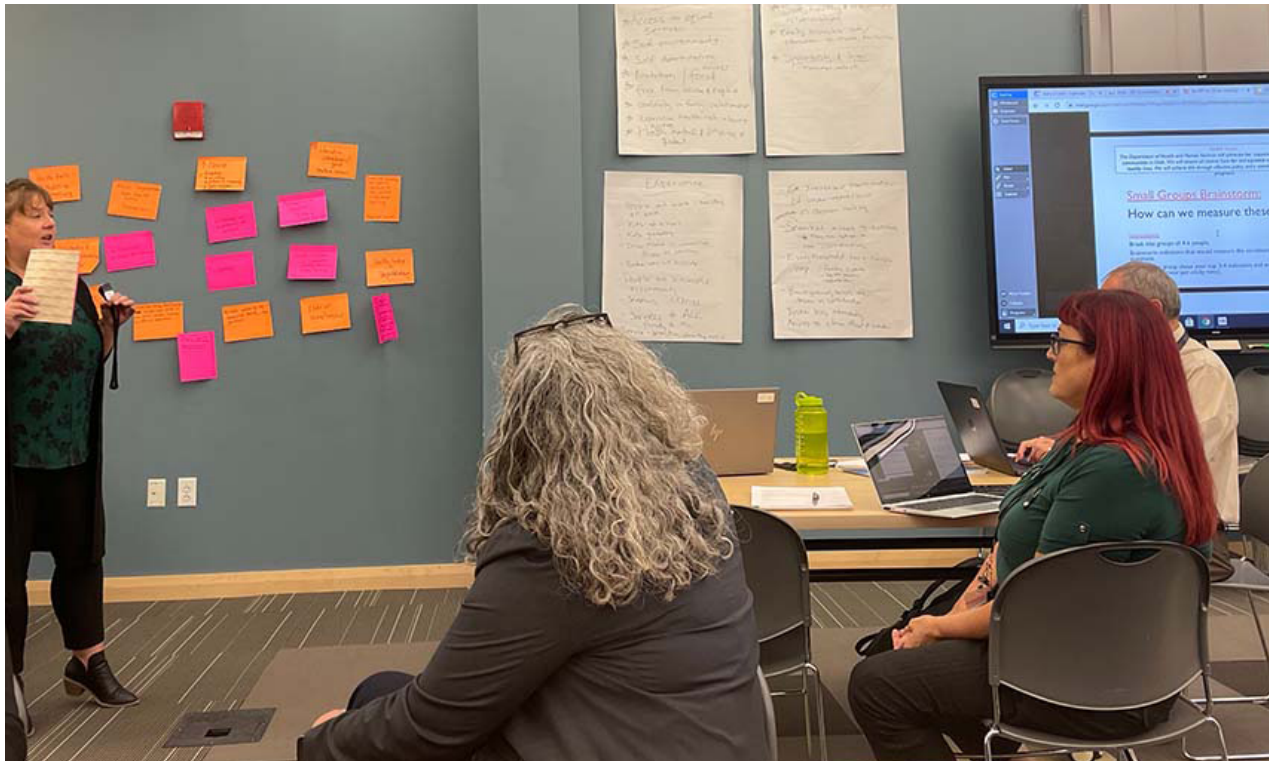
Determine how the Unique Entity Identifier (UEI) accounts for the consolidated department will be used for federal grant purposes; work through changes for indirect funding.

SPRING 2022

Department grant administrators provide notice to federal contacts for indirect, organization, and other updates applicable to consolidation using guidance from the executive operations workgroup. Indirect funding, cost allocation plan revisions, and further federal adjustment (and approval) are challenges to resolve for supporting the consolidated department. We intend to reasonably use existing processes initially, adapting for the organization changes and federal approval process.

JULY 2022

Use existing department grant accounts for managing federal funds; account adjustment may occur after the official consolidation date.



PROGRESS & NOTIFICATION

PROGRESS & NOTIFICATION

Subsections (4), (5), and (6)

PROGRESS TIMELINE

- (4) *The written transition plan described in Subsection (2) shall:*
- (a) *include a detailed timeline for the completion of the tasks described in Subsection (3)(a);*
 - (b) *be updated at least one time in every two week period until the transition is complete;*

By July 1, 2022, DHHS will become legally and fully operational. Since the time of the bill's enactment during the 2021 General Session until delivery of this Transition Plan, we have identified and conducted a review of all of the elements critical to a successful merger by the deadline, including structure, personnel, state and federal grants, contracts, and services.

During the same timeframe, significant stakeholder, partner, legislative, and staff outreach has been conducted to address input and concerns to ensure the success of DHHS and a customer-focused model is adopted.

Upon delivery of the Transition Plan, the next steps in DHHS implementation include:

- **December 1, 2021 to July 1, 2022:** Updates on the Transition Plan progress will be published every two weeks.
- **By December 31, 2021:** Following consultation with the Executive Office of the Governor, legislative committees of jurisdiction, and utilizing limited rulemaking authority, the combined department will make requested adjustments to the Transition Plan.
- **During the 2022 General Session:** Legislation will be proposed to codify the structure and provide legal authority for the new department. This will also give the legislature the opportunity to give additional direction to the soon-to-be merged department.
- **By July 1, 2022:** DHHS will become legally and fully operational.
- **Beyond July 1, 2022:** We will implement financial coding, office moves, job and phased salary alignment, technology, data, and web system improvements, communication and culture development, and evaluation and operational improvements.

July 1, 2022

DHHS legally & fully operational

PROGRESS & NOTIFICATION

We have developed a detailed timeline in the form of a Gantt spreadsheet that lists tasks associated with the Transition Plan outlined in the statute in (3)(c). This timeline is linked from the appendix, and posted on the public website, hhsplan.utah.gov.²⁵

Every two weeks, the Gantt chart will be updated and posted on the [DHHS plan website](#) with a narrative summary of the completed items, changes, and other key activities advanced in the implementation phase. The Gantt chart will list the critical activity next to a timeline of the activity duration and expected completion by implementation week. A second tab will show the items that are completed.

The outline for the summary narrative report to complement the Gantt chart will be:

1. Completed items
2. Key activities, including stakeholder engagement
3. Expected completed items in the next two weeks

Staff, public, legislators, and partners will be notified of the twice-monthly update via email, social media, and the website. The scheduled timeline updates will continue through July 1, 2022, unless otherwise directed by the legislature.



²⁴ [DHHS Progress Timeline Tool](#) (Example); See hhsplan.utah.gov for current Transition Plan progress update

PROGRESS & NOTIFICATION



CONSOLIDATION PROGRESS TIMELINE (example)

Department of Health and Human Services (DHHS)

TASK	PROGRESS	Nov 8, 2021							Nov 15, 2021							Nov 22, 2021							Nov 29, 2021							Dec 6, 2021							Dec 13, 2021							Dec 20, 2021							Dec 27, 2021						
		M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S
Stakeholder Engagement	99%	[Progress bars]																																																							
• Bi-monthly plan updates	90%	[Progress bars]																																																							
• Staff and stakeholder engagement	95%	[Progress bars]																																																							
• DHHS logo and visual brand	15%	[Progress bars]																																																							
• Formal consultation and conferment with Utah's Tribes	99%	[Progress bars]																																																							
Organizational Structure	90%	[Progress bars]																																																							
• Leadership appointments	98%	[Progress bars]																																																							
• Salary and role parity plan	5%	[Progress bars]																																																							
• DHHS policies and procedures	20%	[Progress bars]																																																							
Office Space and Infrastructure	60%	[Progress bars]																																																							
• Cannon Health Building and MASOB office moves	50%	[Progress bars]																																																							
• UDOH staff to DWS (4 staff)	95%	[Progress bars]																																																							
• Plan to assess and adjust use of all DHHS buildings	95%	[Progress bars]																																																							
Contracts and Grants	80%	[Progress bars]																																																							
• Federal granting agency notifications	75%	[Progress bars]																																																							
• State Plans revisions	38%	[Progress bars]																																																							
• Contractor notification of agency name change	80%	[Progress bars]																																																							
• Contract review for streamlining	35%	[Progress bars]																																																							
Statutes and Rules	75%	[Progress bars]																																																							
• Recodification bill in 2022 legislative session	80%	[Progress bars]																																																							
• Plan to update administrative rules	60%	[Progress bars]																																																							
Budgets	98%	[Progress bars]																																																							
• Agency budget	98%	[Progress bars]																																																							
Technology Services	40%	[Progress bars]																																																							
• Data Center Exit project	70%	[Progress bars]																																																							
• DHHS Websites	20%	[Progress bars]																																																							
• System programming updates	20%	[Progress bars]																																																							
• Technology improvements	5%	[Progress bars]																																																							
Performance Measures	73%	[Progress bars]																																																							
• Agency performance measures	73%	[Progress bars]																																																							

*For the purposes of this Transition Plan timeline report, statutory tasks (3)(a) are only shown to July 1, 2021, the official start date of DHHS. Tasks listed may go beyond July 1, 2021 as described in the Transition Plan.

Insert new rows ABOVE this one

We will post Transition Plan updates every two weeks on hhsplan.utah.gov until July 1, 2022.

PROGRESS & NOTIFICATION

TRANSITION PLAN COORDINATION

SERVICE CHANGES

(4)(c) describe how information will be provided to clients of the transition agencies and the department regarding any changes to where services will be provided and the hours services will be provided;

No service locations or hours of operation will change because of the consolidation; however, we will be regularly evaluating data, including where the public is accessing services and which services are being accessed in different areas of the state to ensure that the personnel, infrastructure, and access to services are effectively and equitably distributed to meet the needs of the public. When changes occur, the department will determine the most effective method of communication to the public and to individuals using DHHS services. Changes will be clearly communicated, adequately noticed, and provided in multiple languages.

No service locations or hours of operation will change because of the consolidation

SUBMISSION

(4)(d) be provided to the:
(i) Health and Human Services Interim Committee;
(ii) Social Services Appropriations Subcommittee;
(iii) the Executive Office of the Governor;
(iv) Division of Finance; and
(v) Department of Technology Services; and
(e) be made available to employees that are transitioning or may potentially be transitioned.

On December 1, 2021, Tracy Gruber and Nate Checketts sent the Social Services Realignment Transition Plan via email to the Executive Office of the Governor (Governor Cox; Lieutenant Governor Henderson; Chief of Staff Pierpont; Chief of Communications Jennifer Napier-Pearce; Director of Legislative Affairs Karen Peterson); Speaker of the House Brad Wilson; President of the Senate Stuart Adams; House Minority Leader Brian King; Senate Minority Leader Karen Mayne; Chairs of Executive Appropriations Committee; members of the Health and Human Services Interim Committee and the Social Services Appropriations Subcommittee; Casey Cameron, DWS executive director; Janica Gines, Division of Finance director; and Alan Fuller, DTS chief information officer. Hard copies of the plan were delivered to the Executive Office of the Governor.

Transition Plan delivered on time December 1, 2021, to all designated recipients, staff, & public

PROGRESS & NOTIFICATION

For employee notification, a copy of the Transition Plan was emailed to UDOH and DHS leadership teams, steering committee and workgroup members, and all UDOH and DHS staff. The plan was posted on both departments' employee intranets. All-staff virtual Q&As about the plan are scheduled for December 1 and December 7, 2021, and will include the plan for office building assignments as well as the Transition Plan overview. Ongoing updates to employee transition components of the plan will be in regularly scheduled meetings and email updates.

PUBLIC NOTICE

(5) The transition agencies shall publish information that provides a full overview of the written transition plan and how the move may affect client services offered by the transition agencies on the transition agencies' respective websites, including regular updates regarding:

(a) how the move may affect client services offered by the transition agencies;

(b) information regarding the location where services are provided and the hours services are provided; and

(c) contact information so that clients of the transition agencies can contact transitioning employees and obtain information regarding client services.

A copy of the Transition Plan is posted on the DHHS plan public website, hhsplan.utah.gov, linked from DHS and UDOH websites, posted on the DHS Provider Central website, and emailed to stakeholders on the DHHS plan opt-in email list, on provider lists, and legislative list. Two virtual town halls with stakeholders, providers, partners, and the public to review and ask questions about the Transition Plan are scheduled for December 9 (public) and December 14, 2021 (contracted providers).

The outline of both the email notice and Q&A presentation will be about client service continuity, preservation of facility and hours, changes to contacts, and how to receive updates and information as implementation continues through July 1, 2022, and beyond.

In addition to required recipients, the Transition Plan was announced through a media release and offers for interviews. An op-ed will be submitted in mid-December by our two departments' executive directors.

*Transition Plan
published on
hhsplan.utah.gov*

4
*Transition Plan
Q&As for staff
& public*

PROGRESS & NOTIFICATION

SHARED COSTS & RESPONSIBILITIES

- (6) The transition agencies may, separately or collectively, enter into a memorandum of understanding regarding how costs and responsibilities will be shared to:*
- (a) ensure that services provided under agreements with the federal government, including new and ongoing grant programs, are fulfilled;*
 - (b) ensure that commitments made by the transition agencies are met;*
 - (c) provide ongoing or shared services as needed, including the provision of payments to the department from the transition agencies; and*
 - (d) ensure that money from the Department of Health and Human Services Transition Restricted Account created in Subsection (8) is used appropriately by the transition agencies and the department.*

Governor Cox’s naming of Tracy Gruber as the DHHS executive director during the planning process facilitated coordination. Nate Checketts serves in dual roles as UDOH executive director and DHS deputy director, and the UDOH and DHS executive leadership are the voting members of the steering committee. This coordinated leadership structure has helped ensure applicable services and commitments are met through planning and implementation.

Our departments signed an MOU to cover transition responsibility as outlined in the law, and to allow sharing of leadership vacancy hires prior to July 1, 2022.²⁶ If we determine more is needed as we move into more implementation activities, we will amend the MOU according to this Transition Plan and with advice of legal counsel. Any change will be communicated in the Transition Plan bi-weekly updates and detailed timeline.

Transition costs will be reasonably absorbed by the two departments. Costs charged to the DHHS Transition Restricted Account are subject to joint department management review. Non-lapsing authority for the restricted account is being requested for transition costs after July 1, 2022.



²⁶ [DHS-UDOH Joint Operations Memorandum of Understanding](#)

COMMITMENT

COMMITMENT

7) In implementing the written transition plan described in this section, the transition agencies and the department shall protect existing services, programs, and access to services provided by the transition agencies.

Through implementation, and beyond, we will protect existing services, programs, and access to services with the following commitments:

CONTINUE CUSTOMER FOCUS & FEEDBACK

We will maintain meaningful, ongoing exchange with service providers, partners, and those we serve in DHHS. Continuing to develop feedback loops, presence and engagement with executive leadership, storytelling with data in proactive social media and media outlets, and continuing our reporting and accountability to the governor, legislature, and public, are critical pieces of realizing our customer-centered vision and outcomes.

Tools, including websites with intelligent, analytics-driven navigation, will make it faster and easier for customers to get to the person they need. We will explore technology solutions to reach all parts of the state, without ignoring the request of our customers for a “live person” to talk to.

The development of a new Division of Customer Experience with opportunities to measure, monitor, and improve services that are first points of contact for customer concerns (ombuds, intake, constituent services) and other areas of public-facing streamlining will offer evaluation and innovation never before available as a system.



Technology solutions for statewide reach, while keeping the human touch

Data and quality improvement staff have already begun forming DHHS and operational area metrics according to the Results-Based Accountability approach.

COMMITMENT

MEASURE & MONITOR PERFORMANCE OUTCOMES

As a public service, we take our accountability very seriously. Performance measures are critical to drive change and monitor our impact. Our response to recommendations from the October 2021 [Legislative Audit: Social Service Agencies' Performance Measures](#) are already underway to create definition and develop meaningful measures to determine whether we are successful in our purpose.

Data and quality improvement staff have already begun forming DHHS and operational area metrics. These performance measures will include outputs, efficiency and impact to define things like “safety” and “healthy” that give context to our work.²⁷ These measures will align with the DHHS strategic plan and core measures established by the governor and legislature. Stakeholders and partners, such as the University of Utah Division of Public Health, have been, and will be involved in providing input into the performance measure development process.



PRESERVE SERVICES, AGREEMENTS, COMMITMENTS & PAYMENTS

With every step of this process we have focused on keeping our commitments (legal, financial, agreements) and designing a system that will expand access to services and improve our customers' experience. Our responsibility as a public service with accountability and effectiveness—and most of all, the public's trust—are values we intend to carry forward.

FOSTER FORWARD-THINKING & OPTIMISTIC CULTURE

Innovation and ideas will be fostered among staff and partners. A “one problem, two solutions” approach and Results-Based Accountability metrics will be the standard for elevating issues that need improvement. We will not get it perfect right away; we need and will seek input from those directly experiencing effects of the changes to inform us where we are doing well and what we could do better for those we serve.

Building this culture of solutions and optimism is already underway with an employee-wide branding and culture development process. More than 75 volunteer brand ambassadors participated in focus

EQUITY
EMPATHY
INNOVATION
ACCOUNTABILITY
CONNECTION
EFFICACY
SERVICE
IMPACT

²⁷ [Results-Based Accountability & Performance Measure Planning Exercise \(Example\)](#), October 2021

COMMITMENT

groups, and another 2,885 responded to four surveys to develop a list of values and visual components for the development of the DHHS logo, graphic and writing standards, and inclusionary language guide. These materials will be released July 1, 2022.

Learning about the similarities and alignments of DHHS programs is something we are using DHHS 101 videos to convey. We are developing employee-and-new-hire training with a department overview and values and releasing “Meet the New Leadership” video snippets to connect every employee to the vision and outcomes. This training and reinforcement of the employee-led brand and values will continue to be reinforced in DHHS through ongoing communication and feedback loops.



ACKNOWLEDGE TRANSFORMATION IS A PROCESS

The Transition Plan is the initial part of a multiyear process. We will foster innovation and flexibility as we evaluate the effects of the changes and continue addressing elements that cannot be done until after the consolidation is official. We commit to providing the governor, legislature, our staff, and the public with regular updates and opportunities to share ideas for improvement.

“Transformation is a process, not an event.”
- John P. Kotter

APPENDIX

APPENDIX

DETAILED INVENTORY LISTS

[Buildings & Fleet](#)

[MASOB & Cannon Office Space Plan \(DRAFT\)](#)

[Contracts/MOUs](#)

[Federal Grants](#)

[Statute Changes](#)

[Technology Contracts](#)

FINANCIAL

[FY21 DHHS Adjusted Line Items & Programs](#)

[FY21 DHS Line Item Summary](#)

[FY21 UDOH Line Item Summary](#)

[FY23 Line Items & Program Proposal](#)

PUBLIC INFORMATION MATERIALS

[HHSPlan.utah.gov](#)

[Stakeholder Engagement Log](#)

[Feedback Form Log](#)

[UDOH Merger Tribal Consultation & Urban Indian Organization Conferment](#)

[Stakeholder Priorities Report](#)

[Workgroup Stakeholder Engagement Summaries](#)

[Informational Resources](#)

[Public Consolidation Q&A Recordings](#)

STEERING COMMITTEE & WORKGROUPS DOCUMENTATION

[DHHS Plan Governance Structure](#)

[Steering Committee & Workgroup Members](#)

[DHS-UDOH Joint Operations Memorandum of Understanding](#)

[DHHS Organizational Structure](#)

[Crosswalk 2021 UDOH Organizational Chart into DHHS](#)

[Crosswalk 2021 DHS Organizational Chart into DHHS](#)

[Transition Plan Detailed Timeline \(Example\)](#)

[Kem Gardner Policy Institute Workbooks](#)

[Results-Based Accountability & Performance Measure Planning \(Example\)](#)