

**MINUTES OF THE  
SOCIAL SERVICES APPROPRIATIONS SUBCOMMITTEE**

Davis Behavioral Health  
934 S Main St Layton, UT 84041  
December 15, 2015

**Members Present:** Sen. Allen M. Christensen, Co-Chair  
Rep. Paul Ray, Co-Chair  
Sen. Deidre M. Henderson  
Sen. Todd Weiler  
Rep. Melvin R. Brown Rep.  
Bradley M. Daw  
Rep. Sandra Hollins  
Rep. Rebecca Chavez-Houck  
Rep. Edward H. Redd, House Vice Chair  
Rep. Robert Spendlove  
Rep. Earl D. Tanner Rep.  
Raymond Ward

**Members Excused:** President Wayne L. Niederhauser

**Members Absent:** Sen. Luz Escamilla  
Sen. Brian E. Shiozawa  
Sen. Alvin B. Jackson Sen.  
Mark B. Madsen

**Staff Present:** Mr. Russell T. Frandsen, Fiscal Analyst  
Mr. Stephen C. Jardine, Fiscal Analyst  
Ms. Tonya Hadley, Secretary

**Note:** A copy of related materials and an audio recording of the meeting can be found at [www.le.utah.gov](http://www.le.utah.gov).

**1. Call to Order**

Co-Chair Christensen called the meeting to order at 8:15 a.m. He thanked DBH for hosting the meeting. He also acknowledged the efforts to attend despite weather challenges.

**2. Approval of Minutes - September 11, 2015 minutes**

AM minutes <http://le.utah.gov/interim/2015/pdf/00004352.pdf>

PM minutes <http://le.utah.gov/interim/2015/pdf/00004345.pdf>

The minutes were not voted upon. They were lacking enough senators present to constitute a quorum.

### **3. Review of Statutory Fees in the Department of Human Services**

#### **3-Review of Statutory Fees in the Department of Human Services 2016 GS IB**

Staff received an assignment from Senate leadership and the Speaker of the House to see which fees in statute should be moved to the appropriations process. Mr. Stephen Jardine, Fiscal Analyst, shared that only one fee meets the criteria. Last year, \$635,000 was collected from an annual one-time fee collected from child support payments made by a non-custodial parent. This one-time annual fee is mandatory and the amount is set by the federal government. The committee can review the fee, during the general session, but cannot change it. Leadership indicated the committee could remove the fee from statute, if it so desired.

### **4. Motions for Subcommittee Consideration**

#### **4-Motions for Subcommittee Consideration 12-14-15 (blue)**

Mr. Russell Frandsen, Fiscal Analyst, summarized 18 pages of information showing all of the motions for subcommittee consideration during the upcoming session. Each motion will be addressed in greater detail in the regular session. Staff provided the committee with a green binder, containing 11 different sections, grouped by like-motions. Mr. Frandsen gave several examples explaining the items included.

Rep. Bradley Daw questioned if there will be pink and blue sheets differentiating between ongoing and one-time allocations in the Legislative packets. Mr. Frandsen specified that this year there will be three groups of motion sheets: technical blue sheets (usually transfer approvals), a building block list showing ongoing and one-time requests, and a list of internal allocation options (possible reductions). Rep. Daw noted that this was acceptable.

### **5. 2016 General Session Budget Requests and Issues**

The following Social Service departments presented their building block requests and mandatory funding needs:

#### **A. Department of Health**

##### **5a-Building Blocks Subcommittee 12.15.15 - Department of Health**

Dr. Joseph Miner, Executive Director, DOH, Co-Chair Christensen and Co-Chair Ray, and Sen. Weiler expressed appreciation for Mr. Michael Hales, Deputy Director, DOH, and some welcomed Mr. Nate Checketts as the interim director (awaiting official confirmation by the Senate). Mr. Hales added that he has groomed Mr. Checketts to be a very capable successor.

##### **a. Staff and Supplies at the Office of Medical Examiner**

Dr. Miner detailed that Forensic Pathologists' caseload has increased beyond the acceptable level for accreditation. Co-Chair Christensen sought clarification on the total number of pathologists needed. This funding would bring staff up to eight doctors.

Rep. Ward inquired about the possibility of hiring medical assistants or nurse practitioners to help with the workload. Dr. Grey said that accreditors will not approve mid-level workers to sign death certificates or testify at hearings. He felt that at best it would be a "stop gap solution". Rep. Redd asked if we are utilizing the local Deputy Medical Examiners and County Coroners.

Dr. Grey stated that we are over-utilizing the DMEs to keep the workload in the central office down. Rep. Redd said that it is important for the committee to understand that not all cases of unattended death wind up in the State Medical Examiner's office. He gave appreciation to them and spoke in support of the need to hire more staff.

### **b. Drug Overdose Prevention Initiatives**

Dr. Miner requested one-time funding of \$500,000 to increase public awareness of the risks and warning signs of drug overdoses, increase provider education and training, and thereby hope to decrease prescription Opioid overdose deaths. Dr. Miner said the epidemic had a five-fold increase in 2000-07. Short-term funding was provided in 2010, which brought a 28percent decrease. Numbers are rising to the tune of 26percent since that program ended. Co-Chair Christensen clarified that they were only seeking one-time money for this need. Dr. Miner spoke in the affirmative.

Rep. Chavez-Houck sought understanding from Dr. Miner about past legislation to narrow the number of pills a patient could receive on each prescription. He only said that to renew their license, each prescriber is required to do on-line training to learn about the risks and medication half-lives. She continued to seek clarification about the education of pain management alternatives to Opioids. Dr. Miner agreed that there are alternatives and they discussed in this prescriber training. Rep. Ward disagreed that there are easy alternatives to manage pain. As a physician, he is leery to refer a patient out to a pain management clinic. His experience has been that the patient gets a much higher dose of narcotic from the clinic. Rep. Ward asked if the online Narcotics training that he just completed is the training Dr. Miner was speaking about, because Rep. Ward doubts it will reduce the amount of narcotic prescribed. He requested more information on how doctors will hear about the training, who will provide it and what form it will be delivered in. Dr. Miner agreed in length with Rep. Ward about pain clinics. After re-direction from Co-Chair Christensen, Dr. Miner answered that the re-certification Rep. Ward took is the training mentioned. Rep. Ward asked if this money is for that training. Dr. Miner replied no, this money is to increase provider and public education and to track the number of Opioid deaths.

Dr. Miner proposed making Naloxone, a drug that could reverse the sedation and unconsciousness of patients, available over-the-counter to family members of Heroine or Opioid users. Rep. Ward then asked if this money was to provide Naloxone or to provide training about it. Dr. Miner supplied that it would provide public awareness about its availability. Rep. Ward asked if Naloxone is available now over the counter and Dr. Miner said it is not. Rep. Ward asked if this would require a bill. Co-Chair Christensen answered we need more training on that. Dr. Miner continued to expound on the benefits of the drug Naloxone.

### **c. Babywatch Early Intervention Caseload Evaluation**

A \$100,000 request given, by Dr. Miner, to assess and document the caseload and service changes to Babywatch.

### **d. Abstinence and Personal Responsibility Education for Teens and Health Screenings for Incarcerated Women**

Dr. Miner made a request for providers to be trained to teach the Personal Responsibility

program for teens. Co-Chair Ray asked if we have sufficient providers to provide abstinence training. Dr. Miner said local health departments currently do provide abstinence training, but do not teach this Personal Responsibility course, as it requires certification. Planned Parenthood and Central Hispano do teach the course. Co-Chair Ray stated matter-of-factly that the Governor wants to cut funding to Planned Parenthood and asked if there are other providers that can teach it. Dr. Miner confirmed that statewide, it is available from other providers.

Rep. Redd asked if all female inmates will be screened for Chlamydia, Gonorrhea and Syphilis. Dr. Miner responded that jails already desire to screen their clients, but lack the budget to do so. He said Syphilis and Gonorrhea has increased significantly and is especially prevalent in the incarcerated. Rep. Redd spoke to the likelihood of finding STDs there.

## **B. Department of Human Services**

*\*Chairman Christensen allowed DHS to present one building block request ahead of schedule, because United Way was presenting in another location today.*

### **j. 2-1-1 United Way**

Ms. Chiara Cameron, 2-1-1 Director, United Way, shared that prior funding has increased awareness of their referral service, broadened services in Rural Utah and expanded their database to include 9,000 services. 2-1-1 operators strive to connect the caller with the one state service they need. Ms. Cameron asked for \$550,000 to expand the database even more.

Co-Chair Christensen asked Ms. Cameron why the Legislature should give 2-1-1 the money over funding other state needs. Her defense was the simplicity of finding appropriate services quickly, freeing up time for state agencies, and the compassion of 2-1-1 operators. Rep. Chavez-Houck asked if 2-1-1 can document a savings to DWS. Ms. Cameron stated it is hard to document the absence of something or people who did not call because they were diverted another way.

## **A. Department of Health (continued)**

### **e. Uninsured Poverty Gap**

The Governor proposed \$10 million in the State General Fund (with the 70/30 match) to put toward some unspecified legislative proposal, to address the coverage gap. This request is for a general fund contribution to compliment the Governor's budget. Hospitals may be able to allocate additional funding. Co-Chair Christensen jested if this is another name for "Medicaid expansion". Mr. Hales defended that it is not a full Medicaid expansion.

### **f. Increased Caseload for Medically Complex Children's Waiver**

This \$1 million (over a two year period) would cover 30+ additional children who qualify. If there are no more than 30 kids who qualify, DOH could get by with half this amount.

Co-Chair Christensen questioned the waiting list. Mr. Hales clarified DOH doesn't manage a waiting list, but held an open enrollment and prioritized clients by severity of need. Co-Chair Christensen asked if the waiver is the trigger that gets them onto Medicaid. Mr. Hales replied that these families don't qualify for Medicaid in the traditional way, but could choose to spend down in order to come onto the program. The waiver allows Medicaid to disregard the parental

income.

Rep. Tanner needed clarification about the annual cost. Mr. Hales said the total cost is \$20,000 per year per child. The confusion came from the way the figures were broken down by the general fund, federal match and total-cost numbers.

**g. Medicaid Caseload, Inflation and Program Changes (Medicaid Consensus)**  
[5g-Issue Brief - 2015 Interim - Medicaid Consensus Forecasting](#)

The Governor's budget requests \$15 million (supplemental and general) and a transfer from the Medicaid-restricted account of one-time \$4.6 million. The consensus figure is less at roughly \$18 million. Mr. Hales' concern is having no cushion for volatility.

The FY17 consensus figure is \$37.8 million. The Governor's budget proposes \$20 million of general fund and additional state supplemental funding. Mr. Hales replied to Co-Chair Christensen's question that consensus is just an estimate and estimates are done in October and again in February. Mr. Hales feels it is wise not to undershoot the figures in October and then wind up needing more money in February. Co-Chair Christensen noted the cycles in Medicaid funding; stating if they over-allocate now, there is a surplus that has to be returned. Mr. Hales agreed there are cycles.

**h. Continue Medicaid Rate Enhancement for Primary Care Physicians (PCP)**

During 2013-14, the Affordable Care Act compensated PCPs in the Medicaid program at 100percent the level of Medicare Reimbursement. Last year, \$2.5 million general fund and \$2.5 one-time fund money was appropriated for this, providing a 95 percent compensation rate. If not funded again, PCP rates will be reduced to 85 percent of Medicare. The request is to duplicate FY16's amount of \$2.5 million one-time money. Mr. Hales feels eventually this should be an on-going allocation.

**i. Restore Dental Medicaid Services to Adults with Disabilities** [5i-Restore Adult Dental Medicaid Services to Disabled Individuals](#)

Finally, DOH is requesting \$1 million to partner with the University of Utah School of Dentistry to provide comprehensive dental care to adults with disabilities. The University would contribute \$650,000 through inter-governmental transfer for a total of \$1.65 million.

Co-Chair Christensen asked Rep. Tanner if he understood and further supplied the following arbitrary example: The University would do a dental procedure for \$100. They would accept payment of \$70. They have to cough up \$30 and send it to the State. The State then gets the Federal match and sends the University back \$100.

Co-Chair Christensen quizzed Mr. Hales about the Feds approving the waiver with the cap listed. DOH would prefer to cover more people with a basic package, than to cover a few people with an extensive package. Mr. Hales identified that growth should be expected in this program as Medicaid caseloads grow.

Co-Chair Christensen asked Rep. Eliason (attending the audience) if the request is for \$650,000. Rep. Eliason declared it is pro-rated based on the number of clients served and is exclusively for Salt Lake County.

Co-Chair Christensen raised the concern about the U's facilities for hospitalized dentistry. Dr. Hansen, U of U Dental School Dean, revealed the General Practice Residency program is housed in the Hospital and already conducts dental procedures in operating rooms under general anesthesia.

Rep. Eliason summarized that this bill is in the Governor's budget. The downstream benefits of good dental care are overall better general health and social ability to go out and get a job.

Co-Chair Christensen asked for confirmation from DOH that "disabled" is defined as it is in Medicaid. Mr. Hales assured that it does and will include the blind as well.

## **B. Department of Human Services**

Ms. Ann Silverberg Williamson, Executive Director, DHS, began her presentation by articulating DHS's commitment to citizens living safely in their communities realizing the fullest vitality of their lives over their whole life cycle. She pronounced that they are advancing the purpose this year in providing sustainable outcomes and to strengthen their business practices to fulfill their statutory responsibility. She emphasized the need of local delivery of services.

### **j. 2-1-1 United Way**

Ms. Cameron presented ahead of schedule. Please see page 5.

### **k. Domestic Violence LAP request**

#### [5k-Domestic Violence SFY17 LAP Funding Request - Detail Budget - and Measures](#)

\$895,000 was requested by Ms. Jenn Oxborrow, Executive Director, Utah Domestic Violence Coalition, to further reduce domestic violence homicides by an intimate partner. The Lethality Assessment Protocol (LAP) is showing a reduction in officer-related shootings and an increase of supportive services to high-risk victims. The LAP pilot covers Logan, Kaysville, South Jordan, and Cedar City and the coalition would like to expand to more areas statewide.

Co-Chair Christensen asked for a breakdown on where the money would be spent.

Ms. Oxborrow imparted that the money will be used for: 25 network certified trainers, 500 additional trained law enforcement and victim advocate officers, 750 LAP assessments completed at the scene and 15-20 percent of those high-risk victims will be referred to services. The victim chooses from services like emergency shelter, counseling, case management, or victim advocacy.

Co-Chair Christensen again quizzed whether any money goes with the victim to the shelter. Ms. Oxborrow responded that a small portion of the funding does go with the victim. She emphasized that "the bulk of the money" will provide training. Rep. Chavez-Houck inquired what kind of services the perpetrator receives. Ms. Oxborrow replied their services come through other funding.

Rep. Ward questioned why this is a Social Services appropriation item and afforded that it ought to just be part of all law enforcement officer training. Ms. Oxborrow indicated funding goes through DCFS, because the bulk of the money goes to services for the victims.

Rep. Chavez-Houck, Co-Chair Christensen and Co-Chair Ray each asked about law enforcement procedures at the scene. Chief Butler summarized the method of responding to a domestic violence call. He satisfied the concern (where available) the LAP is not optional, but must be administered at the scene, if a crime has been committed.

Co-Chair Christensen wanted clarification of the funds received last year whether they were one-time or ongoing. Ms. Oxborrow specified that they received \$393,000 ongoing funds and \$695,000 one-time money to do the pilot.

#### **l. Senior Nutrition (Meals on Wheels)**

##### [5l-Senior Meals Request - 2015](#)

Mr. Andrew Jackson, Executive Director, Mountainland Association of Governments, described the type of person who receives Meals on Wheels. Meals on Wheels only serves 2.3 percent of those who could qualify. He would like \$500,000 one-time funding (in the past) to be converted to ongoing funding.

#### **m. Caregiver Support Program for Seniors**

##### [5m-Senior Caregiver Request - 2015](#)

No further information was given.

#### **n. Medicaid Match Funds for Local Mental Health Authorities**

Mr. Doug Thomas, Director, Division of Substance Abuse and Mental Health, and Mr. Lincoln Shurtz, Director of Governmental Affairs, Utah Association of Counties, sought a \$6.4 million Medicaid Match.

Co-Chair Christensen questioned the 112 percent Salt Lake County pays. Rep. Redd said S.L. County chose on a local level to contribute more of their own funds than the state was able to match to treat people with mental illness. Mr. Shurtz said they have a significant enough problem that it has become a priority to them. Mr. Thomas affirmed that some of this money goes to community supports like housing, employment, and diversion services.

Rep. Redd asked if over-matching can draw down extra State and Federal match dollars. Mr. Thomas said it is a really long complicated answer, but essentially "yes, it can influence it". Co-Chair Christensen offered that in his county, they have to take every bit of Medicaid money available, because it comes back with a 70 percent match. Any money his county has to treat the uninsured, has to go to Medicaid or they lose both matches. He felt this leaves other uninsured people without treatment and they can become very expensive to the counties.

Rep. Redd inquired about future funding needs. Mr. Shurtz responded \$6.4 million has been one-time money, year after year, and should be made ongoing someday. Mr. Shurtz said Utah is in no means financially keeping up with the need for services. Co-Chair Christensen shared the estimate of \$7.5 million needed to keep up with growth and make this ongoing. The estimate was confirmed.

#### **o. Justice Reinvestment Act- Pass Through to Counties**

Last year, \$4.5 million was given for treatment through CCJJ to screen for the risk of repeat

offenses and counties would like this funding to be continued. These figures are in the Governor's budget. They guess the cost of treatment to be \$16-20 million and will collect data to establish a better estimate. They asked for last year's funding to be continued.

The other need is to exchange data between corrections, treatment, county jails, and county patrol. \$3 million was sought for a grant to encourage a commitment to justice reinvestment at the county level.

Co-Chair Christensen pointed that the move to keep people out of jail becomes more expensive for the Social Services subcommittee, because money for treatment is required versus just locking them up. He acknowledged that it is more expensive, but in his opinion, the right way to go.

Co-Chair Ray asked whether County Commissioners will allow sheriffs to re-allocate budgets to meet this significant cost increase. Mr. Shurtz said some counties are doing a better job than others. He resolved that the entities of prosecution, County Commissioners, Sheriff's office and treatment providers will have to work closely together to figure out to handle this issue. Rep. Ray wondered if we should look at additional legislation to give the Sherriff a little more autonomy in his budget to move funds around.

Rep. Redd asked what a "class D" grant means. Mr. Shurtz explained CCJJ already operates class A, B and C grant; so D would be their 4th grant. Rep. Redd followed up with a question to define an urban county. Mr. Shurtz responded that the grant isn't restricted to only an urban county; any county can apply for the grant. They believe the extended Wasatch Front is the most prepared to take on JRI. Mr. Shurtz answered Rep. Redd's question that if funded and if they follow suite with other CCJJ grants, applications would be available in July with monies released in September or October.

Rep. Chavez-Houck requested a tracking tool to keep data for people who move counties. He agreed it is needed; as well as to track movement in and out of state systems, like jails or hospitals. They want data in real time that can affect treatment.

#### **p. Federal Match Assistance Percentage Decrease**

FMAP is down of a third of a percent, which equates to \$1,072,400 of General Fund increase in the DHS' budget. Mr. Mark Brasher, Deputy Director, DHS, asked the committee to cover this deficit so they can continue services, as planned.

#### **q. Forensic Jail Outreach Program - State Hospital Waiting List Reduction Efforts**

Mr. Dallas Earnshaw, Superintendent, Utah State Hospital, addressed the need for competency restoration funding. \$400,000 is needed hire a psychologist and clinicians and to purchase vehicles for them to travel the entire state.

Rep. Redd asked what kind of treatment would be available to the offenders waiting if this program does not exist. Mr. Thomas stepped up and averred that under state statue, jails are required to provide mental health services for people with mental illness. Jails have a formulary where they can use medication for treatment. Mr. Thomas declared that he was bound by a current lawsuit against the State Hospital, the Division, and the Department. They need to have the Attorney General's consent to communicate about this publicly. Rep. Redd emphasized that

the smaller county jails are not really set up (with facility, infrastructure or staff) to adequately treat mental illness. He feels that deterioration happens if there is a long delay before they can get help.

Rep. Chavez-Houck asked about gathering data about these criminals' formative years to see if they experience adverse effects as children. Mr. Earnshaw said doctors can pull that data from their treatment records. He reiterated that their focus in this program is competency restoration.

#### **r. ACA-mandated Health Benefits for Employees at the Utah State Hospital**

Mr. Earnshaw next requested \$251,000 one-time and \$376,000 ongoing funds to cover ACA-mandated health benefits for a group of part-time employees at the State Hospital. The dollar amount will fluctuate based on whether the employee needs single, double or family insurance. Without the funding, they will be short 90 FTEs at the State Hospital, which would put them into a crisis situation for staffing the hospital.

#### **s. DSPD Waiting List**

Mr. Paul Smith, Director, DSPD, spelled out people with disabilities is 1-3 percent of the general population or 45,000-70,000 Utahans. DSPD currently serves 5,000 and there are another 2,000 on the waiting list. Rep. Redd asked what happens to other 38,000+ people: "Do they just hang out and do the best they can?" Co-Chair Christensen noted that Ms. Kris Fawson, Public Policy Specialist, Utah Statewide Independent Living Counsel, (from her seat in the audience), said "absolutely yes". Mr. Smith confirmed people lose hope when they see a long waiting list.

#### **t. Cost Increases for Individuals Receiving DSPD Services**

Often people's needs change over their lifetime. Once the participants qualify and receive services, DSPD is federally-mandated to provide the level of care an individual needs. DSPD anticipates having 600 people, of the 5,000, who will need some additional funding, great or small.

Co-Chair Christensen probed Mr. Smith if the concern ever materialized of people getting inexpensive respite care and playing the system to get expanded care from there. Mr. Smith commented on the documentation required to access full services and how it prevents this problem.

#### **u. Youth in Custody Aging Out into DSPD Services**

When a child comes into custody of JJS or DCFS (who also qualifies for DSPD), the state can recognize some match-savings by placing them into DSPD services. They cannot be disenrolled at age 18 or 22 like JJS and DCFS does. This request funds continued DSPD services to approximately 34 kids who will age out from either DCFS, or JJS this year.

#### **v. Vehicles at the Division of Child and Family Services**

Mr. Brent Platt, Director, DCFS, wants \$200,000 to purchase nine more state vehicles for DCFS caseworkers. These caseworkers drive personal vehicles now, but, this is a liability issue and could be a health issue. Mr. Jardine asked Mr. Platt about the intent to purchase up to 25 vehicles, if they had money left over. Mr. Platt responded buying 25 cars is their dream, but the official request is for nine vehicles.

Rep. Ward queried if there a decrease of funds somewhere else in DCFS' budget for mileage reimbursement that won't be paid out. Mr. Platt countered that it would not a significant decrease and the issue is the liability.

#### **w. In-home Assistance for Aging Individuals**

Mr. Nels Holmgren, Division Director for the Division of Aging and Adult Services, asked for \$200,000 for an Aging Alternative program. The service plan could keep 500+ elderly living at home. Co-Chair Christensen asked what happens to these folks if this program is not funded. Mr. Holmgren supplied that they will just hang on and do the best they can. He indicated that some may eventually qualify for Medicaid.

Rep. Redd wanted a verbal picture of what this population looks like. Mr. Holmgren spelled out these people need things like an emergency alert system, adjustments to their home to prevent falls, and house cleaning services. Rep. Redd asked how the elderly find out about this program. Family members most often call to arrange for an assessment, according to Mr. Holmgren.

#### **C. Utah State Office of Rehabilitation**

[5x-USOR - Independent Living Center - Building Block Request - 2016 General Session](#)  
[5x1-USOR - Independent Living Center - Request for FY 2017](#)

#### **x. Independent Living Centers**

Mr. Andy Curry, Executive Director, Roads to Independence, asked for \$300,000 in on-going funds. Direct-care staff each manage a caseload of over 200 clients. Funding would reduce this burden, as well as allow them to serve 20 percent more clients, and help 15percent of the current caseload achieve their independent living goals.

They provide 48,000 individual services, including 1,000 to youth. Mr. Curry offered, in response to Rep. Tanner's question, that they serve any youth with a disability (often those from Special Education transitioning into adulthood).

Mr. Curry said it is hard to quantify a cost-savings to the state by the increase of independence these folks have gained, but it does exist. One example is a savings of \$3.6 million (based on the CMS 372) from 93 individuals transitioning out of nursing homes and preventing 324 individuals from needing admittance.

#### **y. Independent Living Assistive Technology Program**

They also want \$500,000 one-time money and \$200,000 ongoing money to buy equipment for people with disabilities. There is a waiting list of 67 individuals requesting 74 devices totaling \$172,000. They need \$400,000 to maintain their current caseload needs. Mr. Curry stressed all of this money will be spent on equipment, not staffing.

*\*Chairman Christensen interrupted the USOR presentation to hear the Salt Lake County homeless committee report.*

## **8. S.L. County Homeless Committee Report**

[8a-Homeless Handout - Salt Lake County](#) ; 8b-Homeless Presentation - Salt Lake County

Mayor Ben McAdams, Mayor, Salt Lake County, came asking for \$20 million one-time funding for Collective Impact on Homelessness Steering Committee. This committee, is made up of 31 total service providers, public agencies, businesses, and primary funders. They want to prevent homelessness, where possible, and to improve services for those already experiencing it. The committee has set goals for Utah's housing and services system, goals for prevention and diversion, and goals for the community and public spaces where homeless centers are located. They have identified 70 system-wide outcome standards to measure the goals.

Rep. Chavez-Houck asked about private sector support. Mayor McAdams said they are looking for money through fundraising and philanthropy, as well as government appropriations.

## **C. Utah State Office of Rehabilitation continued**

### **z. Staff to support Services for the Blind and Visually Impaired/ Sign Language Certification/ Compliance Officer for USOR**

[5z2-USOR Letter to SSAS Chairs - Regarding Order of Selection - 10-13-15](#)

[5z-USOR - Budget Request Presentation - 12-15-15](#)

[5z1-USOR - Budget Needs - FY 2017](#)

Mr. Darin Brush, Executive Director, USOR, discussed the current Order of Selection, or Wait List for services. USOR will self-fund the first category (the most severely disabled) and will get them into services by January.

They have four one-time requests: money to open four Micro Markets selling fresh fruit and perishables (to replace vending machines); money for transportation to serve clients in rural Utah; money to update the Sign Language Interpreter Certification Program; and money for a Compliance Officer and a Policy Specialist.

## **6. Weber Health Pilot**

[Weber Health Pilot Report](#)

Mr. Kevin Eastman, Executive Director, Weber Human Services, and Randy Bates, Chief Financial Officer, Weber Human Services came to give an accounting for previous Legislative

funding. As a result, Weber has integrated a physical health facility into their mental health building. They have served another 265 individuals in the integrated clinic.

They have been unable to obtain physical healthcare data on their clients from neither hospitals, insurance companies nor DOH. At first, it was a HIPAA issue, but they have signed waivers now. The problem seems to be more that ACO's don't have access to that data until a year or so later. Another issue is getting proprietary data. Co-Chair Christensen told them that he knows some people involved with Medicaid in the State and he will see if he can't get these groups together.

Rep. Ward asked if it is cost data or clinical data they cannot get. Mr. Bates replied that it is actually both. They would like cost data to show the savings to the physical health category. Clinical data would show that they are not going to the ER as much. With the inclusion of Medicaid dollars, money has been freed up to help the uninsured. Rep. Redd asked if mental health and physical health data is kept on the same chart and was told it is not.

Mr. Jardine asked "If the legislature funded the \$6.4 million, it would not meet your match here?" Mr. Eastman answered that it would not.

## **7. S.L. County Homeless Committee Report**

*Mayor McAdams presented earlier.*

## **8. Tour of Davis Behavioral Health**

A facility tour was available during the lunch break. Davis Behavioral Health served 6,675 clients in FY15 for a cost of \$19 million, according to Brandon Hatch, Director. They serve clients between ages 2-90.

## **9. Other Business**

Mr. Frandsen announced that staff have requests for appropriation forms available. They are due by noon on the 11<sup>th</sup> day of the General Session (Friday, February 5<sup>th</sup>). He offered to meet with any and all members ahead of the General Session to further explore any action they may want to take and for anything they are working on as well.

**MOTION:** Co-Chair Christensen moved to adjourn for a one-hour lunch at 12:25 pm with President Niederhauser, Sen. Escamilla, Sen. Jackson, Sen. Madsen, Sen. Shiozawa and Rep. Spendlove absent for the vote.

## **Call to Order**

Co-Chair Ray reconvened the meeting to order at 1:37 p.m.

## **10. Budget Reduction Options and Funding Exchanges**

10a1-Consensus Funding Reduction Items - 2016 (green)

10a2-Budget Effectiveness Review Options - 2016 (gray)

10b. Issue Brief - 2015 Interim - Fiscal Note and Budget Item Follow-up Report (Social Services)

In response to Co-chair Christensen's question, Mr. Frandsen, answered \$180 million one-time and \$380 million ongoing revenue is available. He detailed that there is enough money to meet basic needs, but probably not much beyond that. The committee gets to decide what the basic needs are.

Rep. Brown disagreed that property tax goes into the General Fund. He pointed out that of the \$380 million available in ongoing revenue for this coming year, \$313 million comes from the Education Fund, so it is not available for the General Fund budget. He feels like we have squeezed the sales tax down so far that it has created a problem.

(Near the end of this meeting, Mr. Frandsen followed up to Rep. Brown's question. He clarified that General Fund gets its money from sales and use tax, cigarette and tobacco tax and other revenue. He added there is a circuit breaker discount on property tax via the General Fund. This circuit breaker was the point of confusion earlier.)

Mr. Frandsen walked the committee through the Consensus Funding agenda items. This list, totaling \$1.5 million on-going and \$24 million one-time possible monies, is a consensus between staff and the agencies to identify items that could be cut.

Mr. Frandsen and Mr. Jardine also discussed the "Budget Effectiveness Review". This is not an agency consensus list. Staff have reviewed agency spending and have identified areas where they feel the committee could consider making cuts. The totals equal about \$19 million ongoing state funds and about \$183 million one-time funds, as potential options.

*\* Because the committee was behind on the agenda, co-chair Ray took public comment here.*

### **13. Public Input on topics on the agenda**

Ms. Kim Jensen, Planning Commissioner, North Salt Lake, spoke in favor of the ABLE Act that passed during last legislative session, but is not available yet.

Ms. Virginia Hahn, Director, South Davis Service Organization, spoke to "Your ticket Out of Homelessness". She distributed handouts explaining her belief about the need to help the homeless.

Ms. Joyce Dolcourt, Past Chairwoman, Coalition for People with Disabilities, spoke of budget concerns for people with disabilities. She petitioned the committee to fund DSPD requests. She also distributed a handout to each committee member.

## **11. Update on One-time Savings Associated With CHIP 100% Federal Match**

Mr. Hales shared good news that in FY17, the State will save through the Federal 100% match. A carryforward amount \$17.4 million will be available in the Governor's budget for FY17.

## **12. Agency Explanation of Federal Reserves Over Three Months**

[12a1-Federal Grant Excess Reserves - DOH - 2016 General Session - without Indirect](#)

[12a2-Federal Grant Excess Reserves - DHS - 2016 General Session](#)

[12a3-Federal Grant Excess Reserves - DWS - 2016 General Session](#)

[12a4-Federal Grant Excess Reserves - USOR - 2016 General Session](#)

Dr. Marc Babitz, Division Director, Division of Family Health and Preparedness, spoke for the DOH. Rep. Chavez-Houck raised concerns about contracting with Planned Parenthood for the DOH building block request for sexuality training. She asked Mr. Babitz to unravel how the money we draw down from the Feds compliments the State fund ask. He disclosed that the Governor has ordered that Utah not fund Planned Parenthood and he believes we are still waiting for a final court ruling on that. If the ruling goes through, the Personal Responsibility Education Program monies will be spent differently. There is no legal way to prevent Planned Parenthood from bidding on an open contract therefore, DOH will offer grants to local health departments instead.

Mr. Brasher explained the System of Care is a five-year grant. There are a handful of other DHS grants that fall into that category.

Mr. Harrison defended that there are tight requirements on how these funds can be used. TANF is the exception and they do transfer funds from TANF to the Child Care Program and the SSBG. TANF reserves will decrease over time.

## **13. Public Input on topics on the agenda**

*Public comment taken earlier.*

## **14. Annual Audit of the Department of Health by the State Auditor- Medicaid**

[14-Single Audit Management Letter - Department of Health](#)

[14a-2015 Social Service Subcommittee Slides - Presentation 1 - Department of Health](#)

Mr. John Dougall, State Auditor, Office for the Utah State Auditor, was joined by Ms. Melanie Henderson, Audit Supervisor. Ms. Henderson imparted that they audited 6 DOH programs. In the past, they have had some eligibility findings. In FY15, the Federal audit requirements were reduced. This limited what the auditors looked at. As a result, there were no eligibility findings.

Rep. Chavez-Houck wanted to know if some of the oversight came because of delay in the reimbursement. Ms. Henderson said the inconsistency is over the entire year. Rep. Chavez-Houck also questioned if the University of Utah is the only provider that had a problem and who the other providers might be.

Rep. Chavez-Houck sought understanding about the severity of this problem. Ms. Henderson said the numbers provided didn't seem realistic, but the auditors could determine what numbers should have been used. Ms. Henderson satisfied Rep. Chavez-Houck's query, that some health departments were more problematic than others.

Rep. Tanner asked what the standard for timelessness. Ms. Henderson returned timelessness is case specific. They looked for the recommendation and a follow-up within the recommended timeframe. If one was not found close to the recommendation, they generated an error. Rep. Tanner further quizzed that it was not in the timeliness of giving the vaccine, but in administrative review of the immunization program. Ms. Henderson affirmed.

Rep. Redd asked for clarification about who would be a high-risk vendor. There is a federal criteria for identifying which vendors receive this classification.

## **15. Annual Audit of the Department of Workforce Services by the State Auditor**

### [15-Single Audit Management Letter - Department of Workforce Services](#)

Mr. John Dougall, State Auditor, Office for the Utah State Auditor, was joined by Ms. Hollie Andrus, Audit supervisor. FY15, they audited seven programs. Ms. Andrus commended DWS for their improvement since FY14's audit. Both years, 12 findings were found but the severity of FY15's findings are greatly diminished.

There was not an audit on USOR this year. Mr. Jardine pronounced there were no material findings in the DHS audit.

## **16. Screening of Refugees**

### [16a-Federal Office of Refugee Resettlement Letter to States - November 25, 2015](#)

### [16b-Issue Brief - 2016 General Session - DWS - Refugee Assistance](#)

Mr. Gerald Brown, Director, Office of Refugee Services, provided information on what a refugee is and the pre-screening process.

Mr. Patrick Poulin, Executive Director, International Rescue Committee, discussed what he called the privilege of having refugees here. Mr. Poulin touched on the services provided to refugees for the first two years.

Co-chair Ray asked how much money is spent on Refugee programs total. Mr. Brown provided

that most of the funding spent last year was federal funding. Mr. Jardine indicated that this number was just the DWS portion and additional funding is being spent in other programs. Mr. Jardine asked for the dollar amount spent in CHIP and Medicaid. Mr. Harrison responded that DOH will have those at a future time. Of the \$32 million spent, state dollars cover \$250,000 General Fund match for the childcare program; another \$50,000 on General Assistance and \$200,000 that is spent for refugee capacity building. The other is all federal dollars.

Co-chair Ray asked if it is worth state dollars to hire two more highway patrolmen to do background checks. CIA is already doing these. Mr. Brown said he didn't want to second guess what the Governor is thinking; but that patrolmen can help by getting to know the refugees and building relationships of trust.

Rep. Hollins and Co-chair Ray both queried about mental health screenings provided for the trauma experienced in leaving their country. Mr. Poulin spelled out when and how screenings and treatment are administered.

Rep. Hollins expressed concern about refugees getting stuck in the criminal justice system. Federal law is that if a refugee commits a severe crime, the person can be arrested and sometimes deported. Mr. Brown feels the best approach to this is helping kids integrate effectively. Co-chair Ray asked why we can't just send back offenders who commit serious crimes. Mr. Brown said it depends on where you are trying to send them back to and supplied that they can be locked up and that happens a lot. Co-chair Ray specified at the rate of \$36,000 a year to the taxpayers. Mr. Brown assured that the key is prevention. He expressed that we are lucky to have them and believes they are all heroes who have survived stuff we can't imagine.

Rep. Spendlove quizzed about social media screenings. Mr. Brown did not know the answer to that question. He added these people are different than the cases on the news recently. Refugees live in camps for at least a couple of years before they come here.

Rep. Chavez-Houck brought out that many adolescent problems can be prevented if treatment happens when they are very young. Mr. Poulin expounded about student programs, afterschool programs and parental engagement programs at school. Mr. Brown concurred that the older the kid is when they arrive, the harder it is going to be. The current focus is to pair up refugees with an American friend.

Rep. Redd supplied the fact that Cache County chooses to hire a few refugees in each group who can serve as advocates and can help with translation services for medical appointments, mental health appointments, and incarceration/court proceedings. Trust happens over time and these people come from countries where there is no trust. They may have been shot at by their own governments or police departments.

## **17. Update on the Achieving a Better Life Experience (ABLE) Act**

Mr. Kevin Burt, Director, Eligibility Services Division, imparted that the new legislation that passed allows people with disabilities to save money in an account without jeopardizing their Medicaid eligibility or disability payments. Participants can use the money for qualified expenses such as education, housing and transportation.

Rep. Redd questioned if they are diagnosed after 26, if there would need to be medical documentation that the symptoms occurred prior to 26. Mr. Burt affirmed.

Rep. Ward asked for a timeline. Legislation is to be able to implement ABLE on or after July 1, 2016. DWS proposes clients can probably apply at end of 2016 and begin making deposits January 2017. No date is determined for the IRS regulations to be finished. They anticipate being able to launch the program and make changes as those regulations come.

Rep. Redd probed if there are restrictions on what the money can be used for and limits to the amount of deposits. Mr. Burt said there are restrictions on both. \$14,000 can be deposited each year with a \$100,000 maximum balance. Co-chair Ray asked about the \$100,000 cap and was told it is likely a balance cap, not a lifetime maximum contribution cap. Mr. Burt reiterated the \$14,000 annual deposit cap.

Co-chair Christensen asked about the cost to the state. Mr. Burt maintained that all they asked for was one-time funding to develop the rules and will use the existing infrastructure to meet the demand and process applications.

## **18. Expenditure and Revenue Historical Trends That May be of Interest**

Mr. Jardine explained the list of documents in their binders (and posted online) that staff prepared to look at the base budget showing where the money has gone.

## **19. Other Reports**

## **20. Allowing a Three Month Supply of Some Medicaid Medications**

Rep. Ward asked if Mr. Hales if Medicaid will allow a 90 day prescription, incentivizes people to order a less expensive medication. Currently, their co-pay is the same for every prescription. Some Medicaid medications are so inexpensive that Utah is paying more for the pharmacy filling fee than the cost of the medication.

Rep. Ward and Co-chair Ray asked Mr. Hales for a follow-up report.

Co-chair Christensen shared an implementation idea of using the hotline to disperse the information. Mr. Hales imparted that they already have an electronic bulletin that they

distribute to all Medicaid providers. He said, they would want to work with all clients to make sure they were aware of the changes and the savings to them, both of convenience and the \$3 co-pay. The state will save about \$4 per medicine in dispensing fees each month.

**MOTION:** Co-Chair Christensen moved to adjourn. Co-Chair Rep. Paul Ray adjourned the meeting at 4 pm with President Niederhauser, Sen. Escamilla, Sen. Jackson, Sen. Madsen, Sen. Shiozawa, Sen. Weiler and Rep. Brown absent for the vote.