Performance Measures

for the Utah Department of Health and Human Services

November 2022

Utah Department of
Health & Human
Services

Vision

The Utah 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.

Acknowledgements

The Consolidation Steering Committee assigned a workgroup to identify systems of measurement that observe improvements related to consolidation - and beyond. The workgroup comprised representatives from multiple DHHS operational units.

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- Utah Health Advisory Council
- University of Utah, School of Medicine, Division of Public Health

Introduction

This document summarizes inaugural population indicators and performance measures proposed for the newly consolidated Utah Department of Health and Human Services (DHHS).

The Consolidation Steering Committee assigned a workgroup to identify systems of measurement that observe improvements related to consolidation, and beyond.

The steering committee wants to know: What is being measured? How is it measured? And why was the measure selected? Accordingly, definitions, methodologies, and rationale for metrics are provided for each strategy. Performance measures workgroup members and stakeholders who contributed to this document are listed in the acknowledgments section.

Results-Based Accountability

The department applies the methods of Results-Based Accountability (RBA) as a framework to identify strategies intended to improve entrenched and complex social problems. A short primer about RBA is in Appendix A.

One strength of the RBA approach is its emphasis on partnerships to affect positive change for whole populations. The consolidation of the Utah Departments of Health and Human Services brings many of these associates together into a single state agency. Partners in child and family health and wellbeing, adult and aging services, mental health, child welfare, juvenile justice, and services for people with disabilities join with preparedness and emergency health, disease control and prevention, Medicaid and health financing, and other allied programs and services to promote the united agency's vision that "all Utahns have fair and equitable opportunities to live safe and healthy lives."

Four terms used in this document that are key to the department vision are:

- **Fair** - All programs and services are administered in accordance with applicable rules or standards. They are free from self-interest, prejudice, or favoritism and they conform with established statutes and regulations.
- **Equitable** -All individuals have equal rights, liberties, and status. The agency honors individual civil rights, freedom of expression, autonomy, and equal access to all social and health services.
- **Safe** - Children, youth, families, and adults are free from violence, exploitation, abuse, neglect, and hazards.

- **Healthy** - The World Health Organization defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity.”

Realization of the DHHS vision is more achievable as the agency works closely with partners that share similar goals and objectives. A partial list of partners includes:

- Recipients of department services
- Department operational units
- Allied state agencies and programs
- Local health authorities
- Local mental health authorities/local substance abuse authorities
- Area agencies on aging (AAAs)
- Community-based providers
- Long-term care facilities (LTCFs)
- Home and community-based services (HCBS)
- Child care providers
- Residential treatment
- Youth providers
- Healthcare systems and providers
- Family support agencies
- Schools

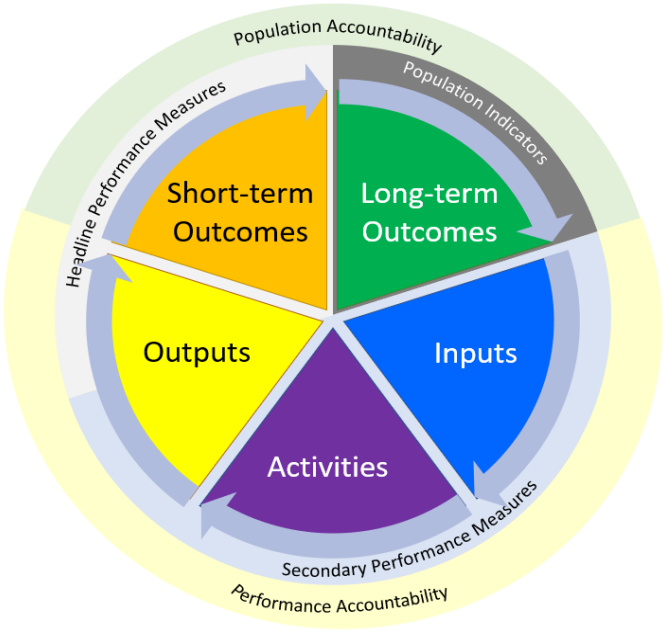
Population accountability refers to the responsibility public-sector partners share as they work together to achieve the vision of the department. This report clarifies the population result of well-being desired for children, adults, families, and the community. The result statement is the focus of the new department. Four broad strategies are associated with the population outcome. These strategies drive actions that contribute to success for those served by the consolidated DHHS.

Population result: All Utahns have fair and equitable opportunities to be healthy and safe.

Strategy 1: Ensure quality care, services, and programs are accessible where and when they’re needed.
Strategy 2: Foster safe and supportive environments.
Strategy 3: Improve health outcomes, both physical and mental.
Strategy 4: Create a high-quality, effective, and efficient department.
Strategy 5: Build public trust in DHHS.

Population indicators are community-level measures that quantify the achievement of desired conditions expressed in the outcome statement. As population indicators typically take several years to observe improvements, these high-level indicators serve as beacons that help the agency to remain focused on legislative and stakeholder goals and objectives.

Performance accountability holds DHHS divisions responsible for the execution of their key strategies. Performance measures communicate the effectiveness of agency activities in the short-term. The combined organizational units of DHHS use hundreds of performance measures to inform operational decisions and to comply with reporting requirements.



Most performance metrics fit into one or more categories that gauge workload, output, efficiencies, effectiveness, outcomes, and/or financial accountability. Within the context of this summary, performance measures address these questions:

1. How much did we do? (Quantity)
2. How well did we do it? (Quality)
3. Is anyone better off? (Impact)

The relationships between population indicators and performance measures are illustrated in the graphic.

Some population indicators may take several years to observe improvements. The logic model explores what short-term outcomes are needed to realize desired long-term impacts. Short-term outcomes are generally observable in a few months to a couple of years. The model considers what outputs contribute to achievement of short-term goals. Outputs are the direct results of specific program and service activities, which are enabled by specific inputs including funding, staffing, and other resources.

Headline performance measures most powerfully communicate progress toward fulfilling the mission of DHHS and they align with defined population indicators. Headline measures are typically included on public reports and dashboards. Ideally, the number of primary measures are few relative to the multitude of secondary performance metrics, which include everything else the agency measures. Defined measures may be changed at any time by leadership. All measures are subject to updates in methodology. Population indicators and performance measures will be broken out by sub-populations and characteristics such as race, ethnicity, age, and other distinctions. Supplemental measures discussed by the workgroup are in the catalog of reportable secondary measures.

Criteria for selection of population indicators and performance measures

The workgroup developed criteria to help prioritize and select population indicators. These are based on discussions with the Consolidation Steering Committee during a retreat in October 2021. Notes from the retreat and definitions for key terms used in defining metrics are available in Appendix B. Criteria for population indicators are:

- Impacts to the population; relative significance to the health and well-being of Utahns; including both prevalence (i.e., how many people are affected) and severity (e.g., financial cost, mortality, morbidity, for example).
- Degree to which health equity would be achieved if targets were met (i.e., addressing or improving health disparities).
- Degree to which the indicator is related to the goals of consolidation, as well as overall DHHS goals and strategic plans. For example, Utah's Health Improvement Plan identifies four priority health areas: reducing obesity and obesity-related chronic conditions, reducing prescription drug misuse, abuse, and overdose, improving mental health and reducing suicide, and improving immunziation rates. (See Strategy 3)
- Actionability of the indicator; potential to make progress.
- Alignment with legislative line items.
- Alignment with the legislative audit on performance measurements of social services programs including fiscal impacts.
- Alignment with national standards, such as Healthy People 2030 which identifies Leading Health Indicators and Overall Health and Well-being Measures to "address important factors that impact major causes of death and disease in the United States, and they help organizations, communities, and states across the nation focus their resources and efforts to improve the health and well-being of all people."
- High public interest or concern about specific issues.

There is a long list of potential performance measures. To help prioritize and select performance measures, the workgroup developed additional criteria and applied them to candidate metrics. These additional criteria are:

- Relevance to consolidation: measures have the potential to improve because of the consolidation.
- Alignment with state government objectives: Improvements in measures will align with agency, gubernatorial, and legislative priorities such as "fair and equitable opportunities to live healthy and safe lives," the One Utah Roadmap, and/or fiscal impacts of budgetary line items.
- Customer focus: measures are meaningful to DHHS customers and/or stakeholders and contributes to their overall satisfaction.
- Impact: measures have the potential for significant impact and/or reach; high public interest or concern.
- Performance measures mechanics: The Governmental Accounting Standards Board (http://www.seagov.org/aboutpmg/characteristics.shtml) suggests that metrics are:
    - Relevant – "…provides a basis for understanding the accomplishment of goals and objectives … that have potentially significant decision-making or accountability implications."
    - Understandable – "Communicated in a readily understandable manner."
    - Comparable – "Provides a clear frame of reference for assessing the performance of the entity and its agencies, departments, programs, and services" (benchmarks with other entities or evaluated against established targets).
    - Timely – "Available to users before it loses its capacity to be of value in assessing accountability and making decisions."
    - Consistent – "Basis for comparing performance over time and to gain an understanding of the measures being used and their meaning (trends over time).
    - Reliable – "Verifiable and free from bias and should faithfully represent what it purports to represent."

Audit of performance measures for social services agencies

Additionally, the work of the workgroup has been informed by a recent audit of performance measures for social service agencies conducted by the Office of the Legislative Auditor General (OLAG). The Departments of Health (DOH) and Human Services (DHS) were included in the audit with other social services agencies. Key recommendations of the audit include:

- Address the oversight gaps that exist for large-budget programs by considering funding levels to allocate measures; include multi-year trends.
- Supplement activity measures with those quantifying fiscal impacts.
- Include brief statements regarding the basis for targets when reporting results.
- Augment performance results with contextual information related to specific planned agency activities to improve, and external factors that may influence results.

A review of measures currently reported to the Governor's Office and the Utah State Legislature was conducted for consideration for alignment with DHHS strategic priorities and new budget line items, and whether they are organizationally meaningful. Several of these measures are represented in the following measurement proposals while others will be meaningfully reported by organizational units within the department. This report initiates an ongoing process to inform discussions with, and accounting to, the Governor's Office and legislature. It is anticipated that several currently reported measures may be replaced in the future by more useful and meaningful measures, including those related to key departmental outcomes and financial impacts.

Population outcome

All Utahns have fair and equitable opportunities to be healthy and safe.

Experiences: All Utahns will have access to the highest possible standards of health, including among populations and communities at greatest risk for health and safety disparities. Statewide, residents will have opportunities to be in good physical and emotional condition. Utahns are free from harm, abuse, and neglect at school, at work, and at home. Each person has a say in the decisions regarding their health and well-being, and a voice in their community. Individuals have access to stable housing, food and nutrition services in their neighborhoods, reliable transportation, safe and accessible opportunities for physical activity, and other basic drivers of health, safety, and overall well-being.

Population Indicators

- Percent of key health and safety indicators with no health disparities.
- Percent of Utah Small Areas that reduce their risk of health disparities as measured by the Health Improvement Index.
- Percent of Utah adults and children reporting that their physical health is good or better.
- Percent of Utah adults and children reporting good mental health.
- Rate of abuse or neglect for adults and children.
- Life expectancy at birth.

Strategy 1: Ensure quality care, services, and programs are accessible where and when they're needed.

Experiences: Healthcare is affordable and accessible. There are sufficient providers (doctors, dentists, therapists, and other healthcare professionals) and services accessible in every community. Information about how to access services is readily available in multiple formats. Individuals are empowered to make their own choices and decisions regarding their health and well-being. The processes for inquiring about, applying for,and accessing services are user friendly.

Strategic Indicators (operational performance measures will be informed by these indicators and developed by October 1)

- Percent of total population with health insurance (includes public health insurance).
- Number of healthcare provider shortage areas in the state.
- Amount of DHHS funding distributed proportionate to population and programmatic needs.
- Percent of children, adolescents, and adults who use the oral healthcare system (2+ years).
- Percent of adults and adolescents with major depressive episodes who receive treatment.

Strategy 2: Foster safe and supportive environments.

Experiences: All Utahns enjoy safe and supportive settings in their homes, schools, workplaces, and communities. Programs and services help to safeguard children, youth, families, and adults from violence, exploitation, abuse, and neglect. Individuals experience meaningful relationships with family, friends, coworkers, and social groups. Children are prepared to enter and succeed in school. Individuals served by the agency maintain a maximum degree of self-determination in their choices.

Strategic Indicators (operational performance measures will be informed by these indicators and developed by October 1)

- Youth delinquency rate per 100,000 population, ages 10-17.
- Percent of the adult population that experienced 3 or less Adverse Childhood Experiences as a child (ACE score).
- Percent of Utahns who report they feel socially isolated from others.
- Percent of youth graduating from high school, or equivalent.
- Percent of Title IV-D children with support orders and families with support payments.
- Number of individuals receiving Home and Community-Based Services.

Strategy 3: Improve health outcomes, both physical and mental.

Experiences: Health is considered holistically, considering various drivers such as social, economic, and physical environments. Poor physical and mental health outcomes are minimized by prioritizing the prevention, early detection, and management of illness. The connection between physical and mental health is well understood and efforts to integrate physical and mental health care are part of everyday practice.

Strategic Indicators (operational performance measures will be informed by these indicators and developed by October 1)

- Rate of suicide deaths.
- Rate of obesity and related chronic conditions.
- Rate of drug overdose deaths.
- Rate of infant mortality.
- Percent of population who have received a seasonal flu vaccine.
- Maternal mortality rate.

Strategy 4: Create a high-quality, effective, and efficient department.

Experiences: DHHS programs and services are fully supported with robust and functional internal department infrastructure. Strong administrative support and implementation of organizational best practices provide the foundation needed for staff to be empowered, knowledgeable, innovative, and effective in their work. The DHHS workforce is diverse, resilient, and healthy. Quality data is collected, analyzed, reported, and used to drive decision making. Programs and services are fully integrated and equitable. For Utahns who access services from DHHS, the experience is seamless, coordinated, positive, effective, and efficient.

Performance measures

- Percent of DHHS organizational units engaged in Continuous Quality Improvement efforts.
- Employee retention rate.
- Rates of employee wellness/satisfaction/engagement (Organizational Health Index).
- Percent of key data systems that are modernized, optimized, and integrated by 2026 (American Rescue Plan Act project tracking).
- Percent of DHHS organizational units that have completed or increased their score for the Building Organizational Capacity Assessment-- measures organizational capacity for addressing health equity (TBD).
- Percent of DHHS agreements for services that include outcomes that align with operational unit RBA plans.

Strategy 5: Build public trust in DHHS.
Experiences: Utahns have confidence in DHHS to establish and continually improve a seamless system of evidence-based services and programs that measurably improve public health and safety. DHHS is accountable for increasing government transparency, improving community cooperation, and performing individual acts of kindness.
Performance measures
• Percent of public that report trust in DHHS. • Percent of individuals referred to voluntary services who enroll in those services. • Percent of audit findings addressed.

Reporting outcomes

The workgroup discussed various methods to communicate results. Different reporting tools may be used depending on the audience.

Population indicators and headline performance measures may be displayed in a publicly accessible visualization tool such as Clear Impact.

Internal reports may be accessible through the DHHS data warehouse and corresponding QuickSight reports. Additional methods of visualization and dissemination of reports may include other methods such as Cognos, spreadsheets, and narrative reports.

Appendix A: Results-Based Accountability (RBA) primer

Results-Based Accountability (RBA) is "a disciplined way of thinking and taking action that can be used to improve the quality of life in communities, cities, counties, states, and nations. RBA can also be used to improve the performance of programs, agencies, and service systems" (Friedman, p.22). It's a "management strategy" by which all partners (contributing directly or indirectly to achieving a common goal) ensure that their processes, products, and services contribute to the achievement of desired community results.

RBA resources:

- Book: "Trying Hard Is Not Good Enough" by Mark Friedman
- Guidebook (about 10 pages)
- Website (Clear Impact - basic resource library with videos and templates)
- Implementation Guide (about 240 pages)

Accountability:

Community population outcomes (DHHS + whole community)

Community ⇨ population accountability by a whole community to the community for its population's wellbeing

Clientele/target population results (DHHS)

DHHS ⇨ performance accountability by agency managers to the clientele/target population for agency performance and client/ target population results

Language:

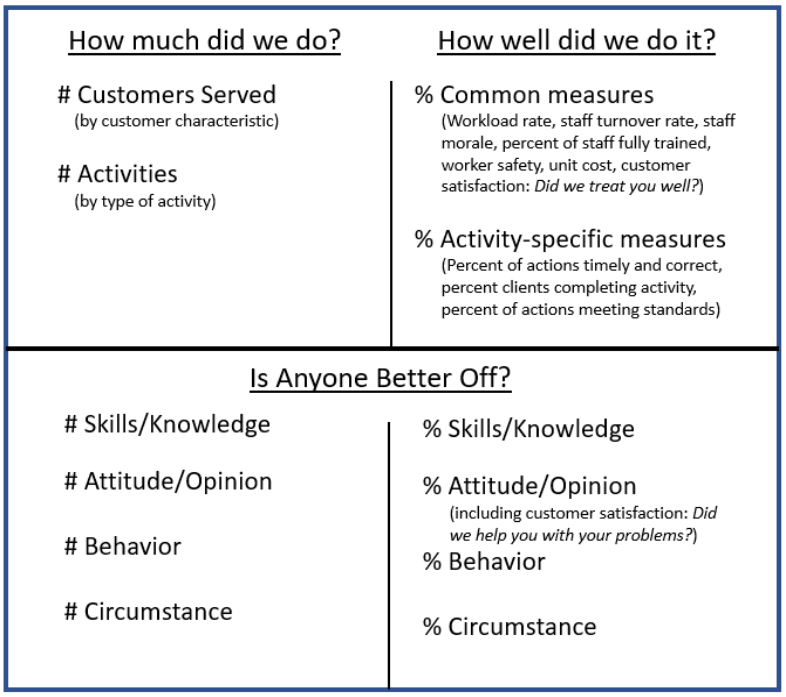
- Uses lay language: avoid jargon, acronyms, terms of art, technical talk.
- Agrees on terms when greater precision or clarity is needed.
    - *Results*: Conditions of wellbeing for a community or clientele/target population (goal, outcome); a result statement describes what the operation seeks to achieve.

- *Indicators*: How we measure these conditions; they are proxies for the well-being of whole populations.
- *Baselines*: What the measure shows about where we've been and where we're headed.
- *Turning the Curve*: What success looks like if we do better than the baseline.
- *Performance Measures*: How we know if programs and agencies are working; they are about known groups of people who receive services.

RBA helps organizations to:

1. Accept accountability that leads to improved performance and customer/population outcomes.
2. Share a common language that leads to inclusive and clear communication.
3. Start with the end that leads to defining the means.
4. Consider the data that leads to improved decisions (plans, actions, and resources).
5. Focus on results that lead to allocations of the appropriate resources (budgets, contracts, and staff time).
6. Move from talk to action quickly.

Summary of performance measures (Friedman, figure 4.16, p.80):



Appendix B: Consolidation Steering Committee retreat notes

On October 26, 2021, the Consolidation Steering Committee held a retreat to thoroughly discuss their priorities for the new department and outcomes for consolidation. The main prompt for participant discussion was: What does DHHS look like if we are successful?

Responses were recorded and an affinity exercise of similar items helped to group reactions. Several themes emerged as summarized below (responses are not mutually exclusive to a single theme):

- Health equity
    - Access to services.
    - Reduce processes in government that create barriers to accessing services.
    - High rates of enrollment among eligible applicants.
    - People are accessing the correct services at the correct time and setting.
    - Equitable access.
    - Centering racial equity.
    - Access to food and nutrition services (provide various resources to different populations).
    - Eliminate racial disproportionality - across “deep-end” services and prevention services.
    - Increased providers by geographic area.
    - # per 100,000 people with access to MD, behavioral health, and other providers.
    - Better access to chronic disease services.
- Seamless/efficient and effective services and programs
    - Improved choice such as # waiting, # accessing, # providers in the community, # least restrictive, # wellness factors.
    - Prevention as a majority of services - Early Intervention, growth in Baby Watch.
- Safe environments (safety)
    - Decreased rates of abuse and neglect (especially for children, youth, and seniors).
    - Reduced recidivism of needed (intensive) services - repeat involvement.
- Improved health outcomes (composite such as America’s Health Rankings)
    - Improved Health Index or Health Improvement Index (other).
    - Improved food and nutrition.
    - Adequate and quality housing throughout the state.

- School readiness - school attendance - improved graduation rates for youth in services.

The labels assigned to the initial summaries were further discussed by the workgroup following the retreat and assignments were given to workgroup members to propose associated community-level population indicators and corresponding department level performance measures. The final four outcome categories are:

1. Health equity –
    a. A principle striving for the highest possible standard of health for all people and giving special attention to the needs of those communities at greatest risk for health disparities. Healthy People 2020 defines a health disparity as, "a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage" and notes that disparities, "adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion."
    b. A process that addresses inequities at the social and structural determinants of health levels.
    c. An outcome underlying the commitment to reduce and, ultimately, eliminate health disparities.
    d. A pathway to better quality of life and social cohesion for the advancement of all people across all systems.
2. Access to quality services and programs –
    a. Coverage: facilitates entry into social services and healthcare.
    b. Services: Having a usual source of care is associated with adults receiving recommended screening and prevention services.
    c. Timeliness: ability to provide care when the need is recognized.
    d. Workforce: capable, qualified, culturally competent providers.
    e. Quality: Service quality is an indicator of how well an organization delivers its services compared to the expectations of its customers.
3. Safe and supportive environments –
    a. Safe: Children, youth, families, and adults are free from violence, exploitation, abuse, neglect, and hazards.

   b. Supportive: A setting in which all people feel socially, emotionally and physically safe and valued. Individuals in supportive environments feel connected to each other and to those assisting them.
4. Improved Health – All individuals experience complete physical, mental and social well-being and not merely the absence of disease and infirmity.

Subsequent discussions by the Consolidation Steering Committee identified the DHHS core values as *equity, empathy, innovation, accountability, connection, efficacy, support, and impact.*

The committee also clarified that the DHHS population result statement is that:

All Utahns have fair and equitable opportunities to be healthy and safe.

If this result is achieved, the committee anticipates the experiences of the population (this is what success looks and feels like):

- Fewer missed days of work/school.
- Retention of employment.
- Functional family units.
- Strong educational outcomes.
- People are seen out and about in communities (parks, bike paths, hiking trails, walking).
- Fewer preventable diseases, injuries, and deaths.
- People can get the care they need when they need it.
- Stable places to live.
- People can make their own choices and decisions regarding their health and well being.
- Communities include doctors, dentists.
- Communities have recreational opportunities.
- People have access to nutritious foods in their neighborhoods.
- People are outside playing, walking to school, riding bikes.
- Transportation options (bike, walk, public transit) to get to work, school, grocery store, doctors visits.
- School recess is outside rather than in; fewer poor air quality days/fewer surge days.
- Social connectedness (friends, community, family).
- Absence of fear and anxiety, unease.
- These experiences are occurring in every community in Utah.
- People travel freely throughout the state without fear.
- Equal treatment; equal voice.