



# Utah Department of Health and Human Services Strategic Results-Based Accountability Plan

November 2023

## 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.

## Mission

The Utah Department of Health and Human Services will support and serve all individuals and communities throughout Utah. It will do so through effective policy and the operations of an effective and efficient seamless system of services and programs that is centered around the individuals and communities the department serves.

## Vision

The vision of the Utah Department of Health and Human Services is to ensure that **all Utahns have fair and equitable opportunities to live safe and healthy lives.**

## To get to our vision, we will:

- Ensure quality care, services, and programs are accessible where and when they're needed
- Foster safe and supportive environments
- Improve health outcomes, both physical and mental
- Create a high-quality and efficient department
- Build public trust in DHHS

## DHHS Values

DHHS pursues its vision and accompanying strategies guided by a set of core values. The values below come from extensive engagement and input from employees from across the department.

### Innovation

- We are innovative— creative problem-solvers who rise to challenges.
- We embrace scientific progress.
- We are courageous, adaptable and resilient in challenging times.
- We are always improving and increasing our impact.

### Support

- We are supportive.
- We help each other, and we are responsive when people express their needs.
- We empower people to be the agents of their own lives.
- Our services treat the needs of the whole person.

### Equity

- We are equitable, internally and externally.
- We provide services that are accessible, safe, and unbiased.
- We empower our clients and advocate for their needs.
- We create a fair and inclusive workplace where we address disparities and empower diverse voices.

### Accountability

- We are accountable to each other and the people of Utah.
- We are fair, consistent and transparent as a government agency and as an employer.
- Our clients can trust and depend on us, and we can rely on each other.

## **Empathy**

- We are empathetic.
- We treat our clients and colleagues with kindness and compassion.
- We provide services that are validating and trauma-informed.
- We make sure everyone feels heard and supported.
- We encourage one another and express appreciation.

## **Impact**

- We make a difference.
- We meet essential needs of the people we serve.
- We are passionate about the important work that we do, and proud of the impact we make.
- Our leaders value our skills and recognize our contributions.
- Our service is a source of meaning in our lives.

## **Connection**

- We are connected and collaborative.
- We are integrated into the communities we serve, and are responsive to their needs.
- We want everyone in our department community to feel connected, aligned, appreciated and supported.

## **Efficacy**

- We are effective at what we do.
- We are data-driven and embrace evidence-based approaches.
- Our programs and services consistently result in positive outcomes.
- We streamline bureaucratic processes for employees and clients. Our system is accessible and easy to navigate.
- We plan strategically to ensure efficiency and impact.

# Introduction

The Utah Department of Health and Human Services utilizes metrics to ensure it is progressing toward achieving its vision. This plan introduces the purpose of the newly consolidated Department of Health and Human Services (DHHS), its mission, vision, and values; implementation strategies; and a summary of the population indicators and performance measures to which the department is accountable. The plan provides the broad strategies these plans must align with for achieving the vision that “all Utahns have fair and equitable opportunities to live safe and healthy lives” and articulates what is being measured, how it is measured, and why the measure was selected in relation to each strategy. Accordingly, definitions (see Appendix A), methodologies, and rationale for metrics are provided in each strategy section below.

In addition to this document, specific planning objectives are found in each of the strategic plans written and implemented in the various operational units (OUs) across DHHS, as well as in other strategic planning documents.<sup>1</sup>

## Strategies for Achieving the DHHS Vision

The department applies the methods of Results-Based Accountability (RBA) as a framework to identify strategies intended to improve entrenched and complex social problems and achieve the vision that “all Utahns have fair and equitable opportunities to live safe and healthy lives.” (See Appendix B).

Among the strengths of RBA is its emphasis on partnerships to affect positive change for whole populations. The consolidation of the former Utah Departments of Health and the Department of Human Services brings many of these employees 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.

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

---

<sup>1</sup> Utah Health improvement Plan (UHIP), Quality Improvement Plan (QIP), and the Workforce Development Plan (WDP)

- **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 are treated fairly and impartially.
- **Safe** - Children, youth, families, and adults are free from violence, exploitation, abuse, neglect, and hazards.
- **Healthy<sup>2</sup>** - The definition of health utilized by the department is one that encapsulates the concept that an individual's health includes a state of complete physical, mental and social well-being which goes beyond 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) providers
- Child care providers
- Residential treatment providers
- 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 plan clarifies the condition of well-being desired for Utah children, adults, families, and the community and the five strategies we will pursue to move us closer to this outcome. These strategies drive actions that contribute to success for those served by DHHS.

---

<sup>2</sup> World Health Organization.

**Population Result:** All Utahns have fair and equitable opportunities to live safe and healthy lives. The following strategies are implemented by the department to progress toward realizing this vision:

**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.

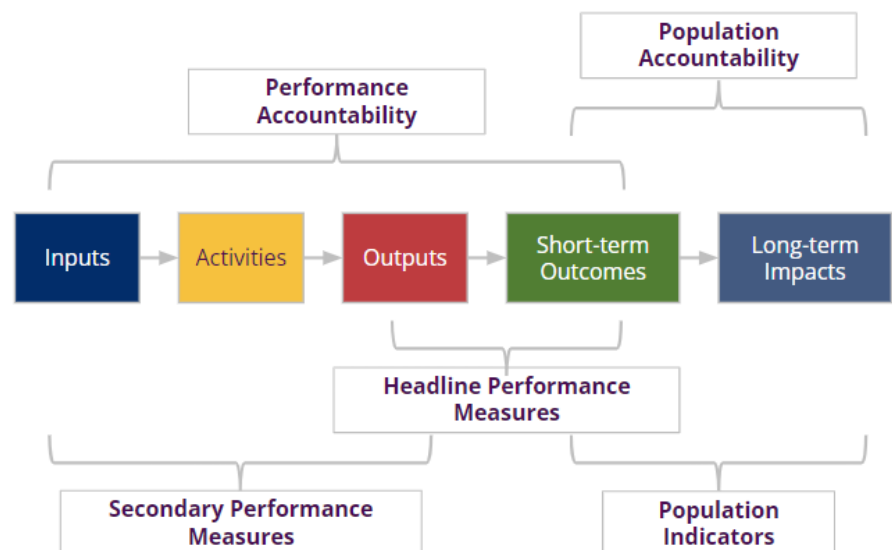
Population indicators are community-level measures that quantify the achievement of desired conditions expressed in the outcome statement. As population indicators typically take several years to observe improvements, these high-level indicators serve as beacons that help the agency to remain focused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





## Criteria for selection of population indicators and performance measures

During the consolidation of the departments to form DHHS, a workgroup developed criteria to prioritize and select population indicators. 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).
- 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.
- 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.

The application of these criteria resulted in a long list of potential performance measures. In an effort to reduce the measures to the most informative and meaningful, the workgroup developed additional and applied the following additional criteria:

- 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 Utah Home, and/or fiscal impacts of budgetary line items.
- Customer focus: measures are meaningful to DHHS customers or stakeholders and contribute 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.”

## 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 improvements in selected access to health care and preventive services indicators by race and ethnicity that show an improvement in disparity gap
- Percent of improvements in selected maternal and child health indicators by race and ethnicity that show an improvement in disparity gap
- Percent of improvements in selected mental and behavioral health indicators by race and ethnicity that show an improvement in disparity gap
- Percent of Utah adults reporting that their physical health is good, very good, or excellent.
- Percent of Utah children whose parents report that their child's health is good, very good, or excellent.
- Percentage of Utah adults reporting poor mental health
- Percent of Utah children with high mental health treatment needs
- Rate of abuse or neglect for children
- Rate of abuse or neglect for adults
- Life expectancy at birth for Utah Adults

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).
- Percentage of Utah population residing in primary, mental health, and dental health professional shortage areas as measured by HRSA
- Amount of DHHS funding distributed proportionate to population and programmatic needs.
- Percent of Utahn children (age 1-17) who have seen a dentist or other oral health care provider for any kind of dental or oral health care in the past 12 months
- Percent of Utah adults (18 years and older) who report a dental visit in the past 12 months
- Percent of Medicaid adults with major depressive episodes who receive medication

## 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, ages 10-17.
- Percent of the adult population that experienced 3 or less Adverse Childhood Experiences as a child (ACE score).
- Percent of Utahns (adults) who feel socially isolated
- Percent of Utahns (youth grades 8, 10 and 12) who feel socially isolated
- Percent of youth graduating from high school on time
- Percent of Title IV-D children with support orders and families with support payments.
- Number of individuals receiving Medicaid Home and Community-Based waiver 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)

- Utah suicide deaths, per 100,000 Utahns
- Rate of obesity in Utah adults
- Utah drug overdose deaths per 100,000 Utahns
- Rate of infant mortality deaths per 1000 births in Utah
- Percent of Utahns (adults, ≥18) who have received a seasonal flu vaccine
- Maternal mortality rate in Utah per 100,000 births

#### 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 employees 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 teams engaged in the formal continuous quality improvement process
- DHHS employee retention rate.
- Percent of employees reporting serious and significant concerns in workplace stress and trauma (Guarding Minds)
- Percent of checklist items completed in order to modernize, optimize, and integrate key data systems by December 2026 (American Rescue Plan Act project).
- Number of DHHS operational units or offices that are participating (assessment and implementation) in the DHHS Building Organizational Capacity (BOCA) project.

## 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 the public that report trust in DHHS.
- Percent of individuals referred to voluntary services who enroll in those preventive services (DAAS)
- Percent of individuals referred to voluntary services who enroll in those preventive services (DCFS)
- Percent of individuals referred to voluntary services who enroll in those preventive services (JJYS)
- Number of audit recommendations unresolved after 1 year



## Reporting outcomes

At DHHS, we hold ourselves accountable to these population indicators and headline performance measures through regularly scheduled accountability sessions. Led by RBA Certified employees from the Office of Innovation, these accountability sessions are held with each operational unit (OU). Each OU has its own strategic plan with performance measures related to their specific areas of responsibility that is reviewed at least quarterly, though many OUs hold these accountability sessions more often. The Executive Director's Office (EDO) reviews the department's strategic plan on a quarterly basis to determine progress made at the department level.

These sessions are one way we hold ourselves internally responsible for taking action on objectives and strategies that will lead to our vision that "all Utahns have fair and equitable opportunities to live safe and healthy lives."

To live up to our values of accountability and transparency, we also developed our [Performance Measure Scorecard](#) and placed it on the DHHS website for public viewing. The scorecard reflects progress on the measures outlined in this plan. It is updated and reviewed regularly to keep our clients and all Utah citizens informed on the steps DHHS is taking to positively impact our communities.

## Appendix A: Definitions

**Results Based Accountability (RBA):** RBA is an approach to strategic planning and quality improvement, which is designed for human services environments. RBA focuses on organizational accountability for the desired results for the communities it serves and accountability for the performance of organizational units (OU) as they pursue those outcomes.

**Indicators:** Data points which are a direct measure of the result. If the result is “Utah children are safe at home” an indicator could be the number of ER visits related to in-home accidents. If the result of a project is “The DHHS onboarding process is easy and efficient.” then the outcome measure could be the results of a satisfaction survey for new hires. These are often referred to as “outcome” measures or “population impact” measures. In an OU strategic plan, there are typically 3-5 indicators.

**Performance Measures:** Data points which tell us whether the work we are doing is influencing our indicators and work towards our results. There are three types of performance measures:

- What/how much we do (quantity measures)
- How well we do it (quality measures)
- Is anyone better off (customer impact measures).

Quantity and quality measures are often referred to as “output measures.”

**Strategies:** These refer to the broad categories of intervention or priority, and serve to guide us to areas we need to focus on. They represent what we want to achieve, but need to be clear on how they will support meeting the overall result.

**Example:** “All Utahns have fair and equitable opportunities to be healthy and safe” is supported by this strategy “Ensure quality care, services and programs are accessible where and when they’re needed”

**Result:** The indented outcome of the department/OU/team/project/contract, etc. This defines what you are trying to achieve, or what is the intended outcome of the work you’re doing? This can be a brief statement and doesn’t need to include the “How.” This usually defines the people who will benefit, where they are, and what benefit this will receive.

**Example:** Utahns have fair and equitable opportunities to live safe and healthy lives.

**Example:** All Utahns have fair and equitable access to culturally appropriate public health, healthcare, and social services through a transformative health equity practice within DHHS.

## Appendix B: Results-Based Accountability (RBA)

### Results Based Accountability



#### DHHS Framework for Success

*Results Based Accountability (RBA) is a model to promote positive community outcomes and improve the performance of programs. The RBA framework is being used in the Department of Health and Human Services (DHHS) at all levels to inform strategic planning and performance management activities.*

#### Focus on Results

Results Based Accountability starts with the desired end and works backwards to the means of achieving those ends. RBA encourages organizations to constantly think about their intended results, or outcomes, not just their activities.

RBA focuses on results for whole populations as well as internal and external customers. It requires articulation of specific strategies and objectives to get closer to the desired results.

#### Meaningful Measurement

Measures help organizations and their programs know if they are moving toward their intended results. They also inform them how operational units are performing in their day-to-day work. RBA organizes measures in terms of:

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

Impact measures are the most meaningful although often the most difficult to change because other variables influence them. This promotes collaboration with internal and external partners toward the desired outcomes.

#### Accountability for Performance

RBA requires accountability for the results the organization is pursuing, both for customers and populations, while recognizing the need to engage with partners to affect whole population outcomes.

The accountability process is geared toward reviewing progress, making decisions, and constantly reviewing the impacts of those decisions on our measures and objectives.

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

DHHS has identified five strategies to achieve the above result under which there are specific measures of success (see reverse). Department leaders meet monthly to review progress on these key measurements.

Each DHHS operational unit has a strategic plan aligned with the department plan and grounded in RBA principles. They hold routine accountability sessions to review progress on their key measures and strategic objectives.

#### Turning the Curve

This refers to linking measurement data to action plans designed to move the data in a positive direction, or turn the curve. This is a continual accountability cycle.



January 2023