

**MINUTES OF THE  
SOCIAL SERVICES APPROPRIATIONS SUBCOMMITTEE**

Room 30 House Building, State Capitol Complex  
Monday, February 13, 2012

MEMBERS PRESENT:      Sen. Allen M. Christensen, Co-Chair  
                                 Rep. Bill Wright, Co-Chair  
                                 Rep. Bradley G. Last, House Vice Chair  
                                 Sen. Margaret Dayton  
                                 Sen. Patricia W. Jones  
                                 Sen. Wayne L. Niederhauser  
                                 Sen. Luz Robles  
                                 Sen. Todd Weiler  
                                 Rep. Jim Bird  
                                 Rep. Rebecca Chavez-Houck  
                                 Rep. John Dougall  
                                 Rep. David Litvack  
                                 Rep. Daniel McCay  
                                 Rep. Ronda Rudd Menlove  
                                 Rep. Kraig Powell  
                                 Rep. Evan Vickers  
                                 Rep. Larry B. Wiley

MEMBERS ABSENT:      Sen. Peter C. Knudson

STAFF PRESENT:        Mr. Russell Frandsen, Fiscal Analyst  
                                 Mr. Stephen Jardine, Fiscal Analyst  
                                 Mr. Gary Ricks, Fiscal Analyst  
                                 Mrs. Diane Pope, 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)  
A list of visitors and a copy of handouts are filed with the committee minutes.

Co-Chair Christensen called the meeting to order at 8:26 am.

**1. Introduction**

**2. Approval of Minutes**

None.

**3. Requests for Appropriations**

Mr. Frandsen informed the Subcommittee that each of today's requests for appropriations are already included on the updated One-Time Prioritization List or Ongoing Prioritization List in their binder.

3.a. Vaccines for Uninsured Children

Sen. Karen Morgan presented a request for vaccine funding for underinsured children. She turned her time over to Dr. William Cosgrove, Chair, Utah Every Child by Two Immunizations

Coalition. The request is for \$2.2 million to fund immunizations for underinsured children. The underinsured are only covered by catastrophic insurance and not for well-child care.

Approximately 11 percent of Utah's children are underinsured. Vaccines are expensive and these families would have to pay \$400 just for the immunizations at the first well-child visit and the same amount at the next two visits. Approximately 50 percent of Utah's children have insurance that covers well-child care and 40 percent are Medicaid recipients and are covered. This request is for the kids that fall through the cracks. If the percentage of children that are immunized drops below 95 percent, the population becomes vulnerable to preventable diseases. Utah's recent measles outbreak was very expensive for the State, all because of one child. Most of the immunization funding in the past has been covered by federal dollars with the most recent being the CDC and the tobacco lawsuit funds. This funding has been decreased by \$2.2 million. It costs 22 times as much to mitigate an outbreak as it does to vaccinate.

Rep. Chavez-Houck asked Dr. Cosgrove to give the Subcommittee an idea of why this type of preventative care is not being covered by insurance. She also wanted to know what challenges physicians are running into in that regard.

Dr. Cosgrove said that most big insurance companies in the State provide first-dollar immunizations and other preventative measures. The children being discussed are from families that are the working poor, who work for a small company that provides a very basic bare-bones insurance package because of the cost of premiums.

Rep. Chavez-Houck asked Dr. Cosgrove what the anticipated measures will be with the Affordable Care Act (ACA) concerning immunizations and if there was a way to phase out this type of funding.

Dr. Cosgrove said this should be one-time funding to cover children's immunizations until ACA takes effect and then it will be mandated that all insurance companies will pay for vaccinations.

Rep. Chavez-Houck asked for clarification on how they determined that \$2.2 million was needed and whether that was based on numbers from the CDC.

Dr. Cosgrove indicated that he obtained the number from the Department of Health (DOH). He explained that this request was also bare-bones coverage to make up the shortfall of providing just State-mandated vaccines for these children before they enter school.

Co-Chair Christensen asked who will be administering these vaccinations.

Dr. Cosgrove said the State DOH initially controls funding then it trickles down to the counties and is eventually covered under the rubric of the Vaccines For Children Program. These children don't qualify for that program but they have been covered by it to meet the State mandate.

Co-Chair Christensen said as a health care provider he knows Utah wants to cover everyone but it gives him pause to give the government total control.

Dr. Cosgrove explained that if Utah doesn't cover the vaccines, Utah will incur expenses anyway to mitigate outbreaks such as the measles outbreak the Subcommittee saw last year. He also used

an example from Indiana where a child came to a pre-Superbowl party with measles and 200,000 people were potentially exposed. He estimates Indiana will be spending at least \$10 million in the next few weeks to cover that outbreak.

### 3.b. Workforce Financial Assistance Program

Rep. Tim Cosgrove introduced Dr. Steven J. Steed, State Dental Director for the Oral Health Program, DOH. Rep. Cosgrove introduced the idea of a pilot project in oral health, that would run three years at \$400,000 per year. The pilot is intended to encourage new dentists to provide for the uninsured, underinsured, and Medicaid patients in exchange for having some of their educational loans repaid or by scholarship through Utah's Workforce Financial Assistance Program, under the Division of Family Health and Preparedness. There would be a contractual agreement. Out of 1,600 dentists statewide, there are only 150 dentists providing services for Medicaid patients. Utah is second in the nation for the lowest reimbursement rates for the non-traditional Medicaid patient. According to a study of Utah's children, untreated decay among uninsured children is 27 percent and for those with private insurance, 13 percent. For years, oral health has been separated from physical health. With the loan repayment program, DOH could target high risk, rural, low income and underserved populations. This program would align with the overall health care reform that the DOH has been working on by providing incentives. Utah would recognize cost containment with healthy lifestyles.

Dr. Steed explained that this pilot was not included in the Governor's budget nor was it listed as a priority by DOH. He indicated that oral health is an essential and important part of overall health. Oral diseases are associated with a number of other diseases. Through prevention of oral diseases Utah can minimize overall health issues and minimize emergency room visits. Every dollar spent on prevention saves \$50 in the emergency room for dental services. Oral health also saves medical dollars with other health issues like diabetes.

Rep. Cosgrove reported that in a study where the 1,600 Utah dentists were surveyed, 73 percent said they would not accept new Medicaid patients because of the low reimbursement rates and missed appointments. He feels this pilot program would help new dentists get their practices started. It would allow them to tap into the underserved population.

Rep. Vickers asked if the \$400,000 was ongoing funding.

Rep. Cosgrove explained the money was only for three years, the length of the pilot program.

Co-Chair Christensen remarked that the entire State of Utah is an underserved area. It doesn't matter where you set up practice. He acknowledged his conflict of interest because he is a health care provider.

Sen. Robles asked if oral health has been provided for in ACA.

Dr. Steed doesn't think there is much dental coverage at this point.

### 3.c. Health Care Associated Infections

Rep. Jack R. Draxler presented HB55 which tasks the DOH with collecting, correlating, analyzing, verifying and reporting the rates of health care associated infections that are occurring

in the hospitals, surgical centers and dialysis centers in Utah. These infections are a serious problem in our State and nationwide. One out of every 20 patients nationwide that enter one of these facilities comes home with a new infection. Rep. Draxler feels that Utah is doing better than the national average but DOH doesn't know how many cases there are without a reliable reporting mechanism. Many of the Subcommittee's constituents are going without needed procedures because they fear getting one of 13 identified infections, such as MRSA. All parties involved in this issue realize that it is a significant problem and support this bill. With the help of Speaker Lockhart and Legislative Fiscal Analyst Director, Jonathan Ball and through negotiations with Dr. Robert Rolfs, Deputy Director, DOH, the fiscal amount being asked for is \$131,600 ongoing funds, a reduction from the original fiscal note. Rep. Draxler asked the Subcommittee for their support in prioritizing this bill.

Co-Chair Christensen asked if any of this money is going to treatment or is it just information gathering.

Rep. Draxler answered that the data is being gathered by the CDC but the Department needs the \$131,600 ongoing fund in order to make the numbers meaningful to the general public.

### 3.d. Traumatic Brain Injury Fund

Rep. Litvack is requesting \$100,000 one-time fund for the Traumatic Brain Injury Fund (TBIF). In 2008, \$50,000 one-time fund was appropriated for TBIF and it has been well-used over the past four years. The Traumatic Brain Injury Fund is used to facilitate individuals in finding resources. The goals for increasing the fund are; outreach, to take the program statewide, to train professionals and agencies about TBI, and to focus on prevention. Obviously the best dollar spent is for prevention. Utah is starting to identify TBI in the criminal justice system. These individuals need different types of services. They usually fail in the drug court system. The fund helps to connect individuals to resources in the community.

Rep. Chavez-Houck asked if there is any data about this issue in connection with returning veterans and whether Utah has seen an increase in TBI. She would like to understand the scope of the problem.

**Ms. Nita Smith, Utah Brain Injury Council, answered** that Utah TBI has a veterans group for outreach purposes. The National Guardsmen don't have VA benefits in most cases. The VA changed eligibility requirements when they realized the need, so servicemen that were previously denied benefits might now be eligible but don't know it. TBIF is trying to find those individuals that are lost in the system.

### 3.e. The Children's Center

Sen. Kevin VanTassell introduced Dr. Douglas Goldsmith, Director, The Children's Center, which provides behavioral services for children under 200 percent of poverty but don't qualify for Medicaid. The Center will lose its funding on July 1, 2012. The Children's Center is asking for \$250,000 one-time funds but it should really be ongoing funds. These children are not able to attend daycare or preschool because of unruly behavior.

Co-Chair Christensen asked if the parents participate in this program.

Sen. VanTassell indicated that the parents do participate but they can continue working.

Dr. Goldsmith explained that the Children's Center has provided intensive mental healthcare training for over 50 years. The Center relied on DCFS for funding but can't now because the children are not in State custody. The 60 children that are treated are arguably the most vulnerable population. Most of them have suffered some type of abuse and/or witnessed domestic violence. Their level of trauma is severe and their level of aggression is severe. They have been excluded from preschools and are too violent for daycare. These children cannot get the intensive treatment that they need through the education system. This money is used on a sliding scale fee. The Center also does its own fund raising. The efficacy of the program has been shown to prevent the need for Medicaid for these children, saving the State an estimated \$200,000 per child. Early intervention is desperately needed so they can be fully functioning adults.

Co-Chair Christensen asked if there is one single center.

Dr. Goldsmith indicated there is a Center downtown Salt Lake City and one in Kearns.

Sen. Jones thanked Dr. Goldsmith for his work and asked him to comment on the private support for the Children's Center.

Dr. Goldsmith indicated that private funding has gone from \$150,000 per year to over \$1 million. This money comes from local and national foundations and several community events to raise funds.

Sen. Jones also asked Dr. Goldsmith what kinds of trends they are seeing with the little children that are in need of this type of early intervention.

Dr. Goldsmith noted that they are partnered with the National Child Traumatic Stress Network out of Washington D.C. The Center provides evidenced based care for highly traumatized children. There are more children that have seen serious domestic violence, been emotionally neglected, been sexually abused, and physically abused which creates deep trauma. Under the program, these children make great gains at decreasing aggression and increasing the child/parent relationship.

Rep. Chavez-Houck asked if the mental health early intervention targeted funds could be used to help fund the Center.

Dr. Goldsmith indicated that it was his understanding that the mandate for DCFS was to treat only children in State custody. There is a separate grant for foster children. The grant they are asking for helps the working poor and might help someone that is on Medicaid but loses benefits temporarily.

#### **4. Building Block Requests & Motions - Department of Health**

Dr. David Patton, Executive Director, DOH, said they are starting to see a glimpse of the hard decisions this Subcommittee has to make. There are many important needs that could use

funding. Sometimes we depend too much on the Governor's budget. DOH has tried to create a prioritized list for the needs of the Department. They have gone over and over the list trying to understand what the most important needs are and where DOH can make the most difference. The priority list was adopted by the Governor but it is based on the Departments decisions. On the one-time prioritization list there are a number of DOH requests of which many are mandatory, such as the largest request which is for Medicaid enrollment growth. The second large request is for the pharmacy "refund" that the State has to send to the federal government.

Co-Chair Christensen asked what the caseload growth was for this past year and is this net growth.

Mr. Michael Hales, Deputy Director, DOH, indicated Medicaid was about ten percent in growth rate last year, approximately 22,000 to 25,000 new individuals. This fiscal year the rate is currently at eight percent. This is a net growth increase.

Sen. Jones asked about the growth in Medicaid and wanted to know if that correlated to very low income families and to the down turn in the economy.

Mr. Hales indicated that eligibility is relative to family size and families with children is where they are seeing the growth. DOH believes the economy is a large factor in growth.

Rep. Litvack asked about the money from #6, the Tobacco Settlement shortfall, and why it was not as high of priority as it seemed to be last year.

Dr. Patton said that it's still a priority but they expected the funding to be resolved by Legislation. The issue with the Tobacco Settlement Restricted Account shortfall needs to be resolved somehow. Item #5 has to do with mandated compliance that DOH has to have in its software system. Item #7 covers the administration needed to cover all the reports that are required of DOH. Item #9 is the dental overlap between paying old fee-for-service claims while also paying prospectively for capitated rates.

Co-Chair Christensen asked if DOH had received any responses to the request for providers for capitated dental services.

Mr. Hales answered that DOH had four responders to the request for providers and they will be evaluated over the next several weeks for eligibility. DOH doesn't know if any of them qualify at this point.

Dr. Patton referred to Item #10, the Emergency Assistance Fund, which would have been used for the measles outbreak if it had existed. The emergency fund was approved last year but not funded. It is not part of the Governor's budget. Item #11 is the Accountable Care Organizations Run Out that will have a similar overlap to the dental program.

Co-Chair Christensen asked if accountable care was a done deal yet.

Dr. Patton indicated that moving to accountable care is a done deal but the timing is not set yet. It could happen as early as October or as late as next January. Dr. Patton said DOH would prefer

that items #11 and #13, both related to accountable care, were moved up much higher on the priority list, as high as #7. Item #12 is the vaccine program mentioned earlier by Sen. Morgan. It was not ranked as high when presented to the Governor so it isn't part of his budget. Item #14 is the Cigarette Tax Restricted Account for prevention. The Department is hoping that the shortfall is being taken care of in Legislation. If that doesn't happen it would need to be taken care of another way. The same is true for #15, giving the Medical Examiner jurisdiction over highway deaths. Item #16, Traumatic Brain Injury Fund, was not given as high of priority.

Dr. Patton then referred to the Ongoing Prioritization List. Item #1 is the FMAP rate change. Item #4 is Medicaid caseload growth. Item #7 is CHIP caseload growth. Item #10 is the mandatory Medicaid provider inflation. Item #14 is the Tobacco Settlement Restricted Account shortfall. Item #16 is the CMS compliance projects. Item #21 is for the Cigarette Tax Restricted Account. Item #23 is for Medicaid administration. Dr. Patton indicated the need for strengthening the capacity in order to meet all the requirements. Item #25 is for accountable care administration. Item #26 is for the Medical Examiners' office. On the third page are items not included on DOH's priority list. Item #29, the obesity and healthy weight program, is important but didn't make the Governor's budget. Items #31, 32, 33, 35 and 39 are all important areas but just not as high of priority.

Mr. Frandsen clarified that SB62 proposed by Sen. Lyle Hillyard would cover the Cigarette Tax Restricted Account. The Medical Examiner bill is SB13 and has funding included in the bill.

Sen. Jones asked if Utah was profiting from the tobacco cessation and obesity programs, whether they were worth investing in.

Dr. Patton said the tobacco money has been good to get our smoking rate down, but DOH doesn't want to take its foot off the accelerator right now. They've seen rates go back up in other states when the programs have been terminated. In terms of obesity, DOH has the Gold Medal Schools program that is effective. DOH is not doing enough in this area. Dr. Patton indicated they haven't put the same kind of campaign together as with smoking and drinking.

Co-Chair Christensen clarified that the tobacco money is the Restricted Account not the Settlement Account. The Restricted Account is from increasing the tax on tobacco sales. Tobacco sales went down, as desired, but it left a shortfall of funds that had been allocated.

Rep. Litvack asked if the one-time prioritization list and the ongoing prioritization list were indicative of the Department's priorities or were they just randomly put together by staff.

Co-Chair Christensen said the lists were put together to reflect the Departments' priorities as directed by the Subcommittee.

Mr. Frandsen clarified that the lists do match all of the departments' priorities as closely as possible, with each of their #1 priorities at the top of the list as a starting point.

Rep. Chavez-Houck asked if DOH is looking into funding from the federal government for individuals that have multiple chronic conditions. She's heard there is some provision in ACA for the treatment of chronic conditions.

Mr. Hales answered that DOH has explored all the grant opportunities that they are aware of. Some grants DOH has chosen not to pursue because of the limitations or the cost of administration. Mr. Hales indicated that he would check to see if they had looked into the grant Rep. Chavez-Houck referred to and see what the current status is.

Dr. Patton referred to the Motions for Subcommittee Consideration list. Item #4F is proposing a study to look into combining the budget and operations for Intermediate Care Facilities for individuals with intellectual disabilities. The Department feels they have studied the viability enough to give good advice on the issue. They can't see a reason to do another study so they see no reason for that item to be on the list. Dr. Patton indicated that it wasn't clear what is being requested by Item #4G, concerning waivers.

Mr. Frandsen said it was his understanding, that based on the six current Medicaid waivers, there has been discussion that if the Department served more individuals, it would save money. This item is to determine if there is a waiver that should be expanded that would be cost neutral.

Mr. Hales indicated that there are six Home and Community based waivers, three Managed Care waivers and an 1115 waiver. Based on Mr. Frandsen's description, Mr. Hales assumed he was speaking about the six Home and Community based waivers which targets specific populations so that is why there are six waivers. Mr. Hales wanted clarification if the item is asking DOH to review rolling the waivers together would be more cost effective.

Mr. Frandsen said it was his understanding that there are caps on enrollment for five of the six waivers. Can any of those waivers be expanded and save the State money or be cost neutral.

Mr. Hales clarified that each waiver has a cap by definition. They haven't necessarily hit the cap on any given waiver, but there are some waiting lists. Mr. Hales said he was still struggling with what DOH would study.

Mr. Frandsen said the Accountable Care Organization waiver is for anyone that comes to be served so this would be more for the targeted groups.

Co-Chair Christensen asked Mr. Hales and Mr. Frandsen to settle this discussion offline in the interest of time.

Dr. Patton concluded that with Item # 7b, the Department thinks using the three percent from the Administration Nursing Care Facilities Account fund is a good idea but DOH is asking that the fund not go straight into the General Fund. They also think a restricted account would be more risky than a General Fund. DOH would like the money to come straight into the Department and replace it with other funds.

Rep. Litvack asked if Item# 5a on the ARRA funding intent language had been modified appropriately to address their concern.

Mr. Hales answered that with the exclusion of the Medicaid line items, DOH approved Item #5a.

## **5. Building Block Requests & Motions - Department of Human Services**

Mr. Palmer DePaulis, Executive Director, DHS, introduced Mr. Mark Ward, Deputy Director. For DHS, the #1 priority for the Ongoing Prioritization List is the DSPD Community Waiver. The Department would like to combine Items #3, 6, 18, and 19 into Item #3 because they all go together with their building block for people with disabilities. That would meet their highest priorities.

Co-Chair Christensen pointed out that some of these items can be taken care of for now with one-time funding. He understands that ongoing funding is preferable but the Department already has a structural imbalance.

Mr. DePaulis indicated DHS's second priority is the Utah State Hospital concerning the 30 bed unit the Department doesn't want to close. Their third priority is Item #12, which are the Mental Health Forensic Evaluations required by the courts. The fourth priority for DHS in on the One-time Prioritization List, Item #2, Mental Health Early Intervention. These items are all included in the Governor's budget and the Department would like them identified as their highest priority.

**MOTION:** Co-Chair Christensen asked if any of the Subcommittee members would object to combining Items #3, 6, 18 and 19 on the Ongoing Prioritization List as Mr. DePaulis has recommended. There were no objections. The Motion passed with Rep. Powell absent. Co-Chair Christensen directed staff to make the changes.

Mr. DePaulis wanted to discuss one item on the Motions of Subcommittee Consideration. DHS is also concerned by Item #4f. They feel that this could be addressed for the Subcommittee but it might have some unintended consequences, particularly in the creation of entitlements.

**MOTION:** Co-Chair Christensen asked if there was any objection from the Subcommittee to drop Item #4f from the list. There was no objection. The Motion passed with Rep. Powell absent.

Rep. Chavez-Houck asked about the Children's Center funding and the mental health early intervention request that she proposed using.

Mr. DePaulis indicated the Children's Center has been a very important program but as a result of the In-Depth Review and audits, they can no longer provide funding because the children are not in the custody of the State. The Governor's budget does not include funding for the Children's Center. Mr. DePaulis indicated the mental health early intervention fund is money that will go straight to the counties.

## **7. Building Block Requests & Motions - Utah State Office of Rehabilitation**

Mr. Don Uchida, Executive Director, USOR, provided a prioritized list of the Department building blocks. He indicated that these were the same priorities as the ones on the Ongoing and One-Time Prioritization Lists. Mr. Uchida said that in the overall scheme of the budget, USOR is asking for an insignificant amount of money but it will have a significant reach. He referred to the Issue Brief: USOR Output and Outcome Measures. He feels the Department has managed

itself well, as shown by the outcomes but he also realizes there is a point of diminishing returns and feels the Department is at that point. He continued that all businesses focus on the bottom line. The Department's bottom line involves people. Utah is investing in individuals with disabilities. USOR's mission is to increase employment and independence with the highest level of independence being economic self-sufficiency. The Subcommittee and the people of Utah are the stockholders. The bottom line is that for every dollar invested in USOR, there is a return of \$5.64. He charged the Subcommittee with investing wisely.

Rep. Litvack asked if there was any intent language to discuss.

Mr. Uchida indicated there was none.

## **6. Building Block Requests & Motions - Department of Workforce Services**

Greg Gardner, Deputy Director, with John Talcott, Chief Financial Officer, DWS, indicated that the Department has no General Fund building block. All of their requests were presented last week by Mr. Ricks. All of the Department requests are on the Motions for Subcommittee Consideration list. Item #6d concerns making budget adjustments and is very important to them. Item #38 on the Ongoing Prioritization List is for a budget reduction of two percent from the general assistance budget. This was not approved in the Governor's budget. The Department didn't request the budget reduction.

Rep. Wiley asked how many individuals were receiving general assistance.

Mr. Talcott indicated the caseload was in the range of 600 to 800 individuals. They've been able to hold the program open for continuous enrollment recently.

Rep. Wiley asked when the last time was that monthly maximums were increased.

Mr. Gardner answered that he didn't know when but that it's been several years.

Rep. Wiley asked if there had been any cost of living increases in the Department's grants.

Mr. Gardner said he was unaware of any increases in the last several years.

Rep. Wiley asked how people on general assistance were seeking employment.

Mr. Gardner said they would put some numbers together for these questions.

Rep. Wiley understands that a downtown office was closed. He wanted to know what the savings has been by closing that office.

Mr. Talcott indicated that they are saving around \$400,000 in an ongoing basis.

Rep. Chavez-Houck asked if the proposed cut would mean cutting individuals; or what would that scenario look like.

Mr. Talcott said the two percent cut would come from the general assistance line item but the Department would look for administrative areas to cover the shortfall.

Rep. Chavez-Houck asked about child care subsidies and why she wasn't seeing anything in the lists that provided for them. She also asked them to keep the Subcommittee up-to-date on how discussions were proceeding.

Mr. Gardner said he understands that Ms. Kristen Cox, Executive Director, is looking inside the Department to fund some subsidy increases for child care providers.

## **6. FY 2012 and FY 2013 Budget Discussions, Prioritizing, and Voting**

**MOTION:** Rep. Dougall moved to insert on the Ongoing Prioritization List a new item #5 to restore \$1,427,000 for DSPD providers to restore provider rates that have been covered by one-time funding and renumber accordingly.

Rep. Powell had a question on the motion. He wanted to know how the motion related to Item #30 on the Ongoing Prioritization List, DHS provider increase.

Rep. Dougall indicated that Item #30 is to provide an increase in provider rates. The motion is to replace the one-time backfill that the Subcommittee has been doing for a few years to compensate the budget. It was inadvertently left off of the priorities list.

Rep. Powell asked Co-Chair Christensen if staff could address the same question.

Co-Chair Christensen clarified that one-time funding had been used. The one-time funding was left off the priority list this year by accident. The motion asks for the money and asks for it to be ongoing funding.

Sen. Jones asked if Mr. DePaulis supported this motion. Sen. Jones indicated she supports the motion.

Mr. DePaulis answered that he can only publicly support items in the Governor's budget and Item #30 was not approved in the Governor's budget. The motion concerns the reinstatement of funding from a past cut and it was not part of the Department's discussion. Mr. DePaulis would be thankful to the Subcommittee for supporting DSPD.

**SUBSTITUTE MOTION:** Rep. Litvack moved to restore the funding to DSPD but add it as Item #7 instead of Item #5. His rationale was that the Subcommittee needs to keep in mind that if Items #3 and #6 were not funded this would result in cuts to current services. For purposes of discussion he feels it belongs at Item #7. The Motion passed unanimously.

Rep. Dougall indicated that in the interest of time, he was fine with the substitute motion.

Sen. Dayton presented two pieces of intent language for consideration. The first one deals with DSPD safety measures for individuals under its care. The other proposal deals with UDDC and taking away State funding because it is a federal program.

Co-Chair Christensen directed staff to include these two items on the Motions for Subcommittee Consideration list.

**7. Other Business**

None.

**MOTION:** Sen. Niederhauser moved to adjourn. The Motion passed unanimously.

Co-Chair Christensen adjourned the meeting at 10:00 am.

Minutes were reported by Mrs. Pope, Senate Secretary

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Sen. Allen M. Christensen, Co-Chair

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Rep. Bill Wright, Co-Chair