

IF YOU DON'T HAVE TIME TO DO IT RIGHT, WHEN WILL YOU HAVE TIME TO DO IT OVER?

Ben Huntsman, Assistant Incident Business Management Specialist, Department of Natural Resources

Spencer Johnston, Manager Driver's License Medical and CDL Programs, Department of Public Safety

Mike Norton, Finance Director, Utah National Guard

Major J. Scott Stephenson, Director Peace Officer and Standards Training Center, Department of Public Safety

September 7-8, 2017



PRESENT: BUILDING ON SUCCESS 2017

**BREAKTHROUGH RESULTS FOR
GOVERNMENT AND BUSINESS**

Full Kit: Having everything needed to complete a task before work begins (information, data, requirements, parts etc.).

POST: CHASING THE FULL KIT

J. Scott Stephenson, Director
Peace Officer Standards and Training (POST)

September 7-8, 2017



PRESENT: BUILDING ON SUCCESS 2017

**BREAKTHROUGH RESULTS FOR
GOVERNMENT AND BUSINESS**

AREAS OF RESPONSIBILITY

As per State statute 53-6-211, POST is mandated to investigate the following:

- Violations of federal and state laws
- Sexual misconduct on-duty
- Lying under a Garrity warning
- Willfully falsifies information to obtain certification

POST'S INVESTIGATIVE PROCESS BEFORE SUCCESS

- Complaint
- Determine whether to open a case
- Open a case
 - Send out GRAMA request and subpoena
 - Assign to an investigator
- Review criminal and administrative reports
- Interview witness(es) and subject(s)
- Draft investigative report
- Draft Notice of Agency Action
- Determine sanction
- Submit for review and approval to POST administration

STARTING WITHOUT A FULL KIT

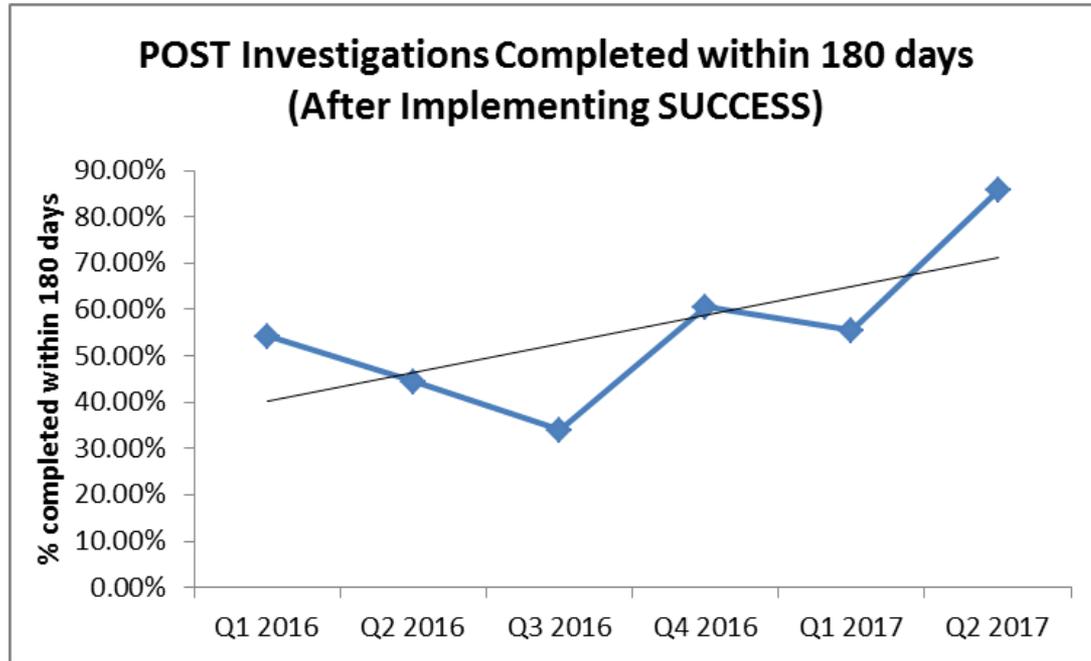
Opening a case prior to receiving all relevant documentation:

- Investigators had to track down relevant documents instead of doing what they were hired to do ... investigate
 - If information was missing after the original GRAMA or subpoena request was submitted, additional GRAMA and subpoena are sent
 - Increased the duration the case is open
 - Limited the number of cases that could be completed

POST'S INVESTIGATIVE PROCESS AFTER SUCCESS

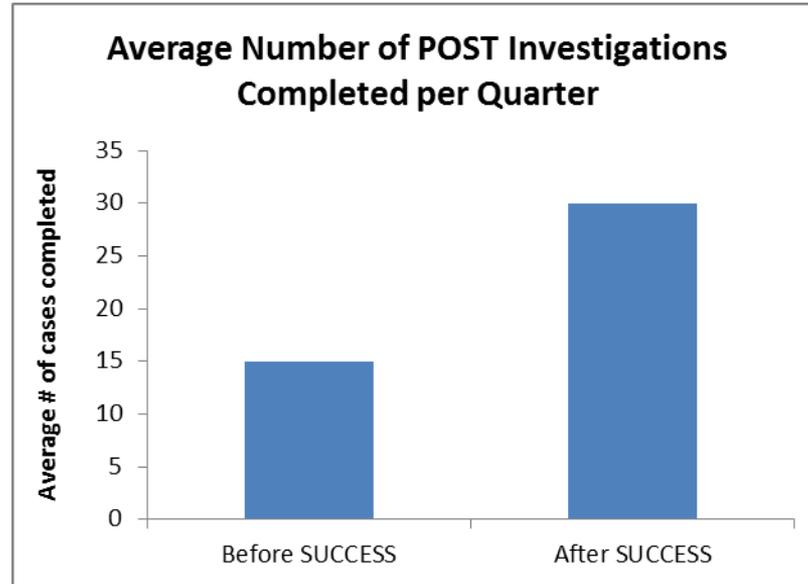
- Complaint
- Determine whether to open a case
- Send out GRAMA request and subpoena
 - Change language on the request to be more specific about what is needed
 - Better defines “full kit” and greatly reduces the need to send an additional request
 - Assigned an administrative assistant to follow-up regularly on requests sent out
 - Helps get information back to POST faster
 - Gives investigators more time to investigate cases (reduces multitasking)
- Once a “full kit” is received, case is opened
 - Assign to an investigator
- Review criminal and administrative reports
- Interview witness(es) and subject(s)
- Draft investigative report
- Draft Notice of Agency Action
- Determine sanction
- Submit for review and approval to POST administration

RESULTS: FASTER CASE COMPLETION



The percentage of cases completed within specified target timeframes is getting better and better.

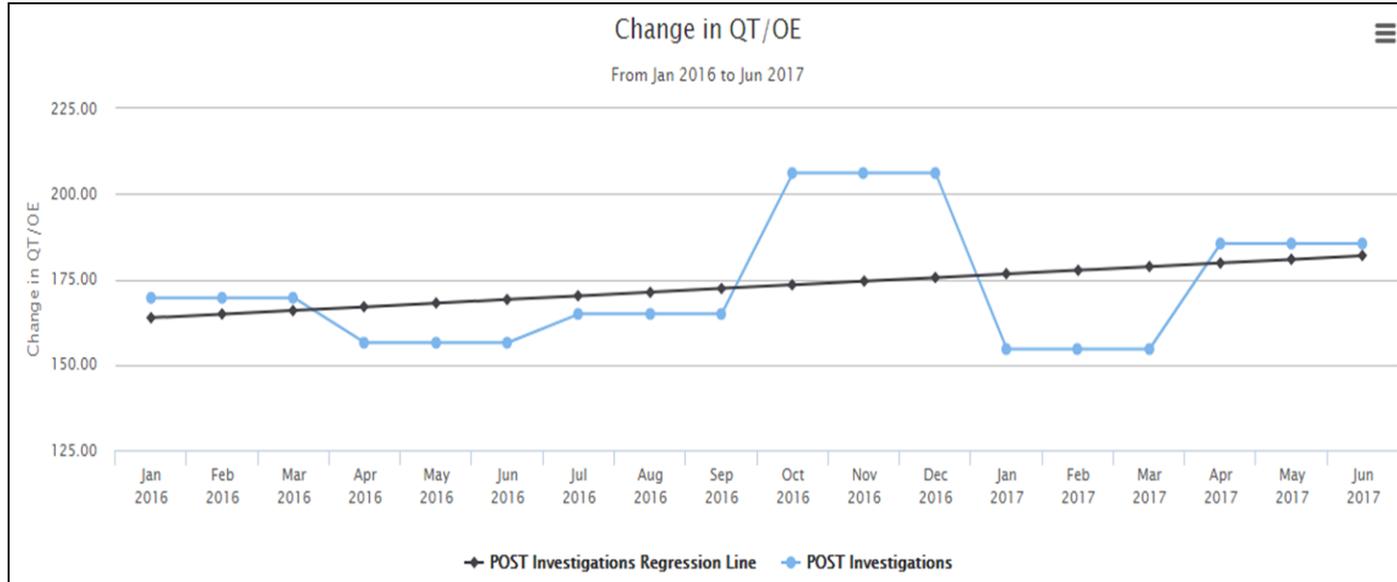
RESULTS: MORE THROUGHPUT



- Investigators have more time to focus on investigating cases instead of chasing information.
- As a result, the number of cases completed per quarter has **doubled**.

CHANGE IN QT/OE

POST Investigations



- Since implementing SUCCESS, POST investigations has improved 81.9% above baseline.

IF YOU DON'T HAVE
TIME TO DO IT RIGHT...
WHEN WILL YOU HAVE
TIME TO DO IT OVER?

Ben Huntsman

Assistant Incident Business Management Specialist

FBS Site Administrator

Utah Department of Natural Resources

Division of Forestry Fire and State Lands

September 7-8, 2017



PRESENT: BUILDING ON SUCCESS 2017

**BREAKTHROUGH RESULTS FOR
GOVERNMENT AND BUSINESS**



INCIDENT BILLING AND TRACKING

- 1. WILDLAND FIRE IS REPORTED AND RESOURCES RESPOND**
- 2. HOURS, DAYS OR WEEKS LATER THE FIRE HAS BEEN CALLED OUT AND FIREFIGHTERS GO HOME**
- 3. NOW WE ALL HAVE PAPERWORK TO COMPLETE**
- 4. IN THE PAST IT COULD TAKE WEEKS FOR REIMBURSEMENT TO OCCUR**

IN THE PAST WE HAD...

AS PART OF THE COUNTY AGREEMENT AND WITH THE UTAH DIVISION OF FORESTRY, FIRE AND STATE LANDS

COOPERATIVE FIRE RATE AGREEMENT

Page 1 of 1

COOPERATIVE FIRE RATE AGREEMENT NUMBER: _____

(1) FIRE DEPARTMENT NAME (COOPERATOR): _____

(2) ADDRESS: _____ (3) FFSL AREA OFFICE: _____

(4) CITY, STATE, ZIP CODE: _____ (6) ADDRESS: _____

(5) BUS PHONE: _____ (8) EMERGENCY PHONE: _____ (7) CITY, STATE, ZIP CODE: _____

(9) FEDERAL EMPLOYER ID NUMBER: _____ (10) EFFECTIVE DATES OF AGREEMENT: _____

(11) EQUIPMENT STAFFING
 INCLUDED IN EQUIPMENT RATE SEPARATE VOLUNTEER CAREER

(12) TYPE OF DEPT: _____

(13) EQUIPMENT DESCRIPTION

a.	b.	c.	d.	e.	f.	g.	(14) STAFFING		(15) WORK OR R	
							Minimum Required	FD Standard	RATE	Rate

(17) Special Provisions

ADD PARTIES:
 Utah Division of Forestry, Fire and State Lands
 1504 West South Temple, Suite 3020
 P.O. Box 142003
 Salt Lake City, UT 84114-0703

(18) FIRE DEPARTMENT REPRESENTATIVE SIGNATURE: _____ (19) NAME AND TITLE (PLEASE PRINT): _____ (20) DATE: _____

(21) FFSL REPRESENTATIVE SIGNATURE: _____ (22) NAME AND TITLE (PLEASE PRINT): _____ (23) DATE: _____

FORM FW 108
 Last updated: 03/15
 DISTRIBUTION: ORIGINAL TO FIRE MANAGEMENT - 8LC. COPIES TO AREA OFFICES AND COOPERATORS



Utah Department of Natural Resources
 Division of Forestry Fire & State Fire Reports

Results - Fire Search

Version : 1.0.0.68

HOME
NEW FIRE
SEARCH
REPORTS
EXPORT
ADMINISTRATION

Action

Report

Utah Forestry, Fire and State Lands Fire Report

Fire Report Administration

State ID: _____
 Fire Name: 73316-2015
 County Fire #: CONE CANYON
 Prepared By: DU-09-15
 Federal #1: LAP/ONTAINE
 Federal #2: UT-NES-77
 Incident Project #: _____
 # of Injuries: 0
 # of Fatalities: 0

Fire Reported Date: 07/01/2015
 Fire Reported Time: 1524
 Fire Out Date: 07/07/2015
 Fire Out Time: 1435
 Initial Attack: State
 Under Investigation: State
 Overhead Team: _____
 Date of Takeover: _____

Fire Location

Township: 4.0 S
 Range: 7.0 WU (Base Meridian)
 Section of Origin: 5
 Other Sections: _____

County: DUCHESNE
 UTM Zone 12 GPS Coordinates:
 Easting: 526102
 Northing: 4646361

Fire Cause

General Cause: LIGHTNING
 Person: NA
 Fire Type: WILDLAND
 Specific Cause: LIGHTNING
 Activity: NA
 Fire Class: A

Burned Acres

State & Private Acres		Federal Acres	
Pvt Burn	0	0	0
Other Burn	0	0	0
State S&P	0	0	0
State Ldw	0	0	0
State P&R	0	0	0
State Ldw	0	0	0
State Sov	0	0	0
Total S&P	0	0	0
Total Fed	0	0	0
Grand Total	0	0	0

S&P Acres Burned By Fuel Model

Fuel Model	Acres
1 - Short Grass	0
2 - Grass/Open Shrub Lands	0
3 - Tall Grass (wet)	0
4 - Tall Grass	0
5 - Short Young Brush	0
6 - Short Older Brush	0
8 - Shallow Short Needles/For	0
9 - Shallow Long Needles/Forwood Liber	0
10 - Deep Liber	0
11 - Light Low Slash	0
12 - Heavy Deep Slash	0



FIRE BUSINESS SYSTEM (FBS)

FBS enables various federal, state and local government entities to share one system with the following capabilities:

- 1. Consistent and expeditious fiscal reporting.**
- 2. Role-based access and management controls.**
- 3. Access to data from national wildfire incident web services.**
- 4. Fire related expenses; suppression services, payroll, travel etc. State costs are imported directly from the State's FiNet data warehouse.**
- 5. Consolidated cost settlement for distributing the costs of fighting wildfires on lands not managed by the State (FBS is used by State resources, BLM, USFS, NPS, local governments and fire departments).**

FBS THE ONE STOP SPOT (FULL KIT)

1. IRWIN Integration: Integrated Reporting of Wildland-Fire Information

- National Wildfire Data Warehouses – WildCad, ROSS, ArcGIS, 209 and several others

2. Wildfire Reporting: Fire reporting system that replaces an old fire reporting system

3. Fire Rate Agreements: FRA's

4. Invoicing: So people can get paid for their services

5. FiNet Data Warehouse Integration: A state data warehouse, keeping all time reporting for state employees and fire department charges

6. Consolidated Billing: for our federal partners

SUMMARY

- **FBS allows entry of data at the field level from almost any electronic device that has internet access**
- **Timeframes for billing/invoicing are reduced and data is more accurate**
- **Area offices don't have to wait for the mail to arrive to proof and approve invoices for payment**
- **Division finance now has access to all data related to an incident and does not have to wait for data to be collected because it is automated**
- **Allows employees to spend less time doing paperwork related to an incident**
- **Saves time from the beginning of the incident all the way through to the final payment for the last resource that was on the incident**

DIVIDE AND CONQUER: CREATING THE FULL KIT FOR MEDICAL ENTRY

Spencer Johnston, Manager
Driver's License Medical and CDL Programs
Department of Public Safety

September 7-8, 2017



PRESENT: BUILDING ON SUCCESS 2017

**BREAKTHROUGH RESULTS FOR
GOVERNMENT AND BUSINESS**

OUR MISSION:

“To license and regulate drivers in the State of Utah and promote public safety”

OUR ROLE: MEDICAL EVALUATION ENTRY

Each day we receive:

600+

Medical Evaluations

FUNCTIONAL ABILITY EVALUATION MEDICAL REPORT

UTAH DRIVER LICENSE DIVISION
P O BOX 144501
SLC UT 84114-4501
Phone Number: (801) 957-5690
Fax Number: (801) 957-5695

TOP PORTION MUST BE COMPLETED AND SIGNED BY APPLICANT

Last Name First Name Middle or Maiden Name Date of Birth Driver License or DFC #

By signing this form, I authorize my healthcare professional(s) to disclose specific health information regarding my physical, mental and emotional condition relevant to my ability to safely operate a motor vehicle, to the Utah Driver License Division.

I understand that if I fail to sign this authorization, my driving privileges may be affected. I understand that this information will be classified as a private record in accordance with GRAMA (UCA 63G-2-202). Individuals who are entitled to have a "private" record disclosed to them are limited to the subject of the record, a parent or legal guardian of an unaccompanied minor or legally incapacitated individual, an individual with power of attorney or a notarized release signed by the subject of the record, or an individual with a court or legislative subpoena.

APPLICANT'S SIGNATURE:

Form will not be processed without signature

Date:

BOTTOM PORTION TO BE COMPLETED AND SIGNED BY HEALTH CARE PROFESSIONAL

The following safety assessment level is for use in determining driving privileges. It is consistent with the current edition of Functional Ability in Driving: Guidelines and Standards for Health Care Professionals. Please indicate level below with a check mark and your initials.

Safety Assessment Level	A	B	C	D	E	F	G	H	J	K	L
	Diabetes & Metabolic Conditions On Insulin <input type="checkbox"/> Yes <input type="checkbox"/> No	Cardio-Vascular & High Blood Pressure <input type="checkbox"/> Inhibitor Only <input type="checkbox"/> Oxygen w/Driving	Pulmonary <input type="checkbox"/> Inhibitor Only <input type="checkbox"/> Oxygen w/Driving	Neurologic	Seizure or Epileptic Only <input type="checkbox"/> Date of last seizure: _____	Learning Memory	Psychiatric or Emotional Condition	Alcohol or Other Drugs	Musculo-Skeletal Chronic Debility	Alertness or Sleep Disorders	<input type="checkbox"/> Hearing <input type="checkbox"/> Balance
1											
2											
3											
4											
5						N/A					
6				N/A	N/A				N/A	N/A	N/A
7					N/A						
8											

Please indicate if any of the following apply to this medical review:

- Non-standard review time frame
- Safety Assessment categories not marked are relevant and should be completed by another health care professional. Please list categories which are of concern:
- I recommend this driver complete a driving skills test in an appropriate vehicle. (Drive test is not available for level 8)

Recommended Restrictions:

- ADD **OR** REMOVE
- Speed-posted 40 mph or less Area
- Oxygen while driving Daylight only

Date form is completed Printed Name of Health Care Professional and Degree Signature & initials State License Number
(Must be submitted to Driver License within 6 months)

Street Address City State Zip Code Telephone Fax Number

Doctor's Comment:

- There are special considerations I would like to discuss with a representative of the Division.

Date form is completed Printed Name of Health Care Professional and Degree Signature & initials State License Number
(Must be submitted to Driver License within 6 months)

Street Address City State Zip Code Telephone Fax Number

Doctor's Comment:

- There are special considerations I would like to discuss with a representative of the Division.

For more information regarding the medical program or to view current medical guidelines, please visit:

www.driverlicense.utah.gov

DL12 134 Rev. 11-15

Number of Staff for Entry Work:

6

* +2 Supervisors & Assistants



OBSTACLES: INCOMPLETE MEDICAL FORMS

Things often missing:

- **Safety Assessment Level**
- **Medical Evaluation is TOO OLD**

FUNCTIONAL ABILITY EVALUATION MEDICAL REPORT

UTAH DRIVER LICENSE DIVISION
 P O BOX 144501
 SLC UT 84114-4501
 Phone Number: (801) 957-5690
 Fax Number: (801) 957-5695

TOP PORTION MUST BE COMPLETED AND SIGNED BY APPLICANT

Last Name _____ First Name _____ Middle or Maiden Name _____ Date of Birth _____ Driver License or DFC # _____

By signing this form, I authorize my healthcare professional(s) to disclose specific health information regarding my physical, mental and emotional condition relevant to my ability to safely operate a motor vehicle, to the Utah Driver License Division.

I understand that this information will be classified as a private record in accordance with Utah Code 63G-2-202. Individuals who are entitled to have a "private" record disclosed to them are limited to the subject of the record, a parent or legal guardian of an unemancipated minor, a legally incapacitated individual, an individual with power of attorney or a notarized release signed by the subject of the record, or an individual with a court order.

APPLICANT'S SIGNATURE _____ **Date:** _____

POSTAL PORTION MUST BE COMPLETED AND SIGNED BY HEALTH CARE PROFESSIONAL

The following Safety Assessment Levels are for use in determining driving privileges. It is consistent with the current edition of Functional Ability in Driving: Guidelines and Standards for Health Care Professionals. Please indicate level below with a check mark and your initials:

Safety Assessment Level	A Diabetes & Metabolic Conditions On Insulin <input type="checkbox"/> Yes <input type="checkbox"/> No	B Cardio-Vascular & High Blood Pressure	C Pulmonary <input type="checkbox"/> Inhaler Only <input type="checkbox"/> Oxygen w/Driving	D Neurologic	E Seizures or Episodic Conditions <input type="checkbox"/> Date of last seizure: _____	F Learning Memory	G Psychiatric or Emotional Condition	H Alcohol or Other Drugs	J Musculo-Skeletal Chronic Disability	K Alertness or Sleep Disorders	L <input type="checkbox"/> Hearing <input type="checkbox"/> Balance
1											
2											
3											
4											
5						N/A					
6				N/A	N/A				N/A	N/A	N/A
7					N/A						
8											

Please indicate if any of the following apply to this medical review:

Non-standard review time frame

Safety Assessment categories not marked are relevant and should be completed by another health care professional. Please list categories which are of concern: _____

I recommend this driver complete a driving skills test in an appropriate vehicle. (Drive test is not available for level 8)

Recommended Restrictions:

ADD OR REMOVE

Speed-posted 40 mph or less Area

Oxygen while driving Daylight only

Date form is completed _____ Printed Name of Health Care Professional and Degree _____ Signature & initials _____ State License Number _____
 (Must be submitted to Driver License within 6 months)

Street Address _____ City _____ State _____ Zip Code _____ Telephone _____ Fax Number _____

Doctor's Comment: _____

There are special considerations I would like to discuss with a representative of the Division.

Date form is completed _____ Printed Name of Health Care Professional and Degree _____ Signature & initials _____ State License Number _____
 (Must be submitted to Driver License within 6 months)

Street Address _____ City _____ State _____ Zip Code _____ Telephone _____ Fax Number _____

Doctor's Comment: _____

There are special considerations I would like to discuss with a representative of the Division.

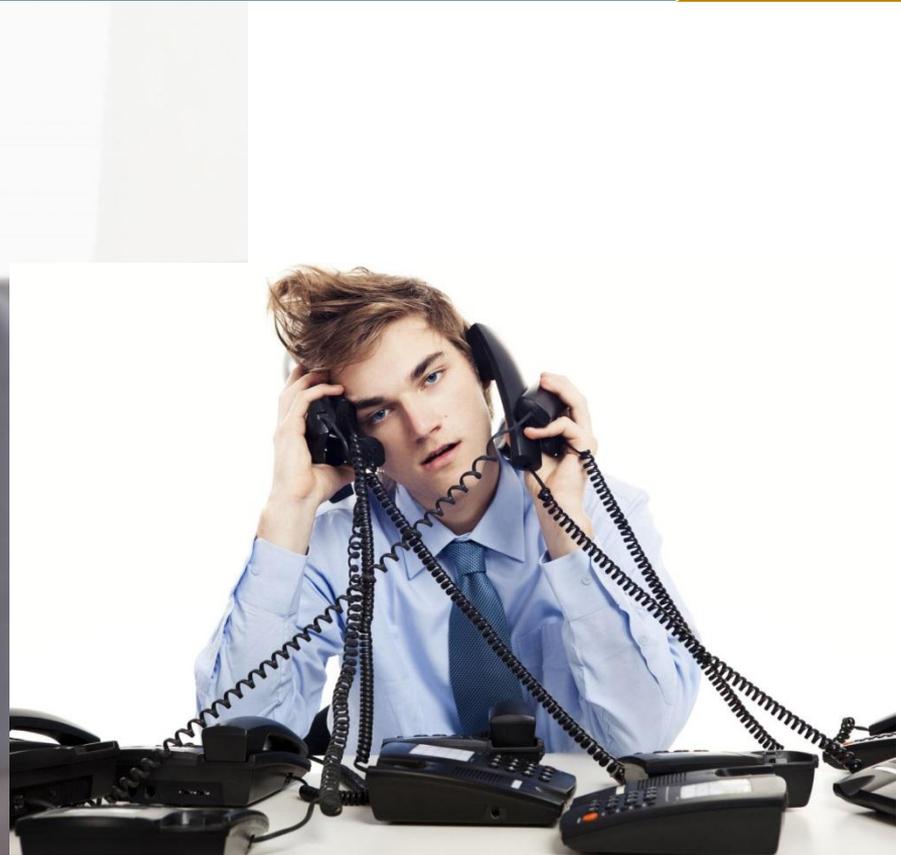
For more information regarding the medical program or to view current medical guidelines, please visit:
www.driverlicense.utah.gov

DL12 134 Rev. 11-15

• **Driver's Signature**

• **Health Care Professional's Signature**

OTHER OBSTACLES



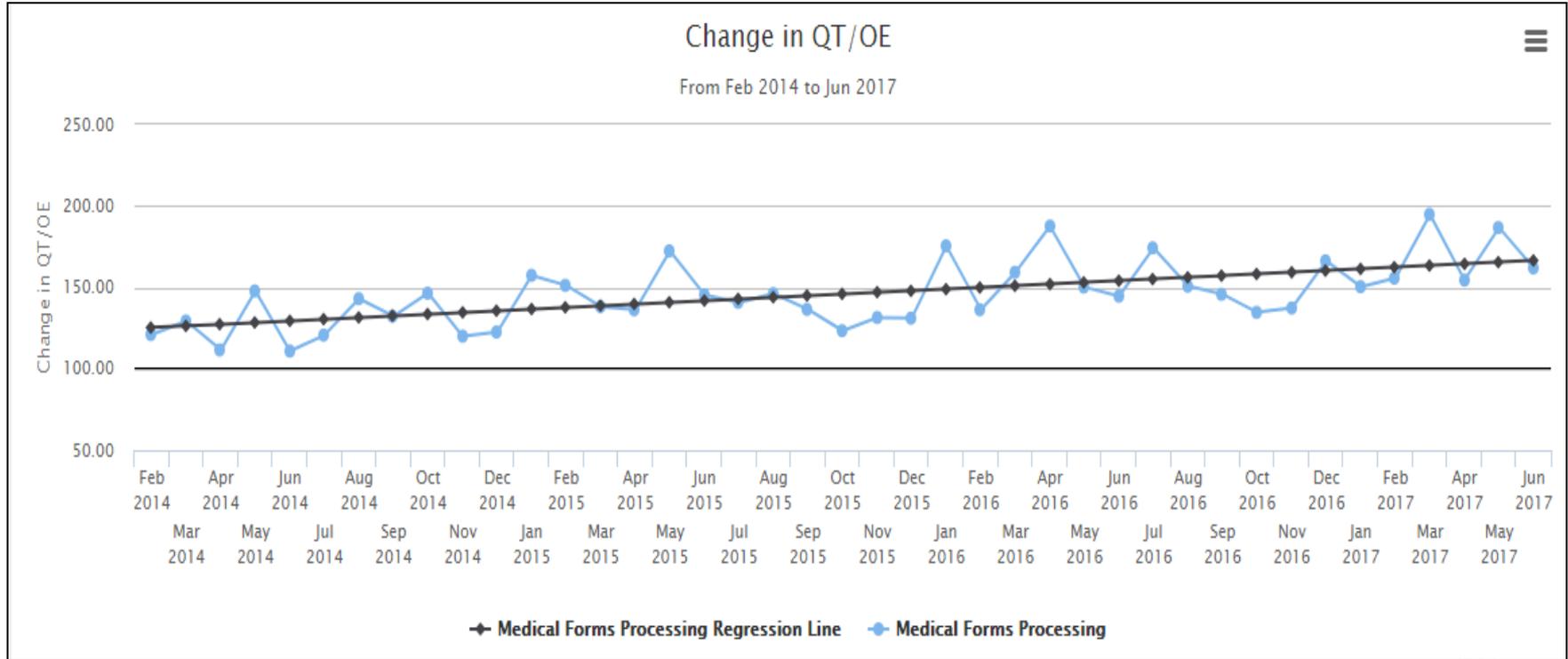
OUR SOLUTION



SUMMARY: OUR RESULTS

- Eliminate a chronic backlog of more than 8,000 medical evaluations within 2 months of implementation.
- Went from a 2 week processing time to same-day entry
- Each entry worker averages nearly 3,500 medical evaluations entered annually.
- Operational costs were reduced due to no longer needing outside assistance from “rover” positions.
- The system performance increased by 66% overall above the baseline.

SUMMARY: OUR RESULTS



FULL KIT APPROACH TO MAINTAINING TRAINING FACILITIES AT CAMP WILLIAMS

Michael Norton, Finance Director
Utah National Guard

September 7-8, 2017



PRESENT: BUILDING ON SUCCESS 2017

**BREAKTHROUGH RESULTS FOR
GOVERNMENT AND BUSINESS**

THE UTAH NATIONAL GUARD



- A state agency and reserve component of:
 - The United States Army
 - The United States Air Force
- The Governor is the Commander in Chief
- 7,100 members
 - 5,600 soldiers
 - 1,500 airmen



UTAH NATIONAL GUARD FACILITIES



- 535 facilities in 26 communities
 - From Logan to St. George
 - Wendover to Vernal to Blanding
- Roland R. Wright Air National Guard Base
- Camp Williams



UTAH TRAINING CENTER AT CAMP WILLIAMS



- Established in 1914
- 24,100 acres of training area
- 28 training ranges
- 301 buildings
- 1,192,277 square feet
- Over 10,000 soldiers annually



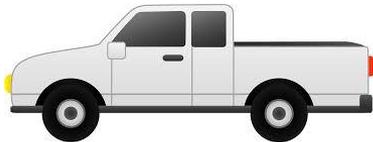
THE WAY IT USED TO BE...

Corrective Maintenance Focus

- Military unit comes to train, draws a building and finds a problem
- Maint. Tech leaves another job to react
- Tech identifies the problem and checks warehouse for parts
- Warehouse usually did not have the part
- Tech gets a purchase order and goes to the store for parts
- Tech returns with parts and makes the repair
- Tech takes the paperwork to the office
- Tech goes back to what he was working on before the “emergency” repair



illustrations of.com #1060895



The end results:

- Repair was completed
 - Military unit trained
- But...
- Skilled repair technician spent time “chasing parts”
 - Less time for other maintenance
 - Non-emergency work orders were not completed
 - Lost invoices
 - Late vendor payments
 - Late payments after the end of the fiscal year
 - Purchasing rules violations
 - Fewer work orders completed

FULL KIT APPROACH TO MAINTENANCE

Preventive Maintenance Focus

- Inventory building systems.
- Scheduled preventive maintenance (PMs).
 - At least annually.
 - More often depending on the system.
- Supply tech orders parts for the scheduled PMs monthly. Parts are shipped to Camp.
- Tech has all the filters, belts, etc. necessary for the PM when he starts the work order.
- The PM inspection identifies other problems. The parts are ordered for those new work orders and the new work order is scheduled.

The end results:

- PMs take less time than repairs.
- Problems are identified before they become “emergencies”.
- More work orders are completed.
- The “constraint” – maintenance tech time - is used more effectively.
- Supply tech orders parts on line and parts are shipped – reduced “windshield time”.
- Invoices are not lost.
- Vendors are paid on time.
- Fewer (almost zero) late payments.
- Budget is more predictable.
- Fewer training interruptions.

FULL KIT APPROACH TO MAINTENANCE

Tools are part of the full kit!
Valve Exerciser Example

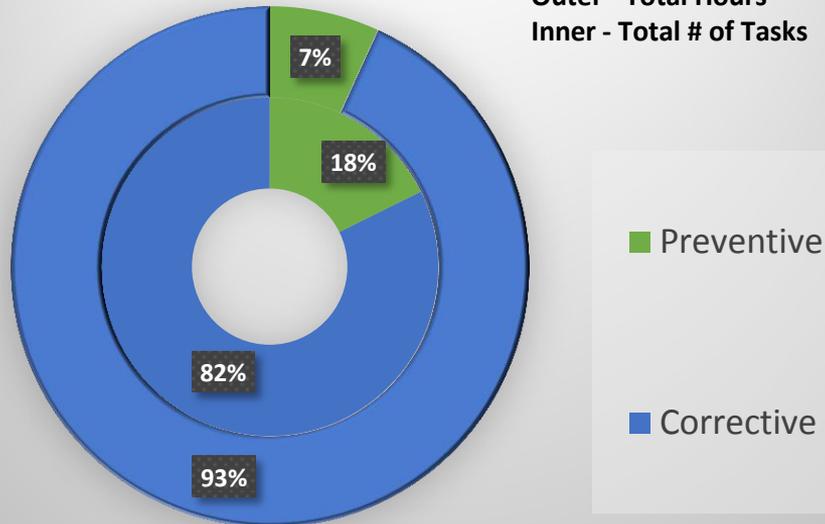


WHAT DIFFERENCE DID IT MAKE?

- Square Footage Increased by 10%
- Number of Maintenance Personnel stayed at 18

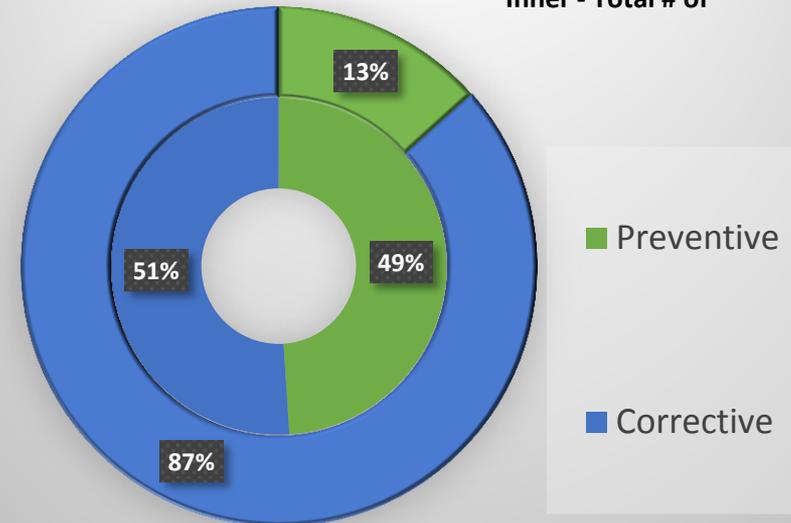
2014 - Completed Work Orders

Outer - Total Hours
Inner - Total # of Tasks



2016 - Completed Work Orders

Outer - Total Hours
Inner - Total # of



SUMMARY

- Our system is not perfect - we still have emergencies.
- But, we are better able to deal with emergency problems because we have better control of the resources and the schedule.
- Listen to your people! Our improvements came from the workers – not the finance director.



IF YOU DON'T HAVE TIME
TO DO IT RIGHT,
WHEN WILL YOU HAVE TIME
TO DO IT OVER?

QUESTIONS?



PRESENT: BUILDING ON SUCCESS 2017

**BREAKTHROUGH RESULTS FOR
GOVERNMENT AND BUSINESS**