

State of Alaska FY2009 Governor's Operating Budget

Department of Health and Social Services Women, Children and Family Health Component Budget Summary

Component: Women, Children and Family Health**Contribution to Department's Mission**

The department's mission is to promote and protect the health and well-being of Alaskans. The Women, Children and Family Health (WCFH) component contributes by carrying out its mission: To promote optimum health outcomes for all Alaskan women, children and their families by providing leadership and coordination among primary health care providers and public entities within the state's health care systems to develop infrastructure and access to health services; and deliver preventative, rehabilitative and educational services targeting women, children and families.

Core Services

Major program components address four primary populations: pregnant women and infants; women across the lifespan; children and adolescents; and children with special health care needs. The oral health program is inclusive of all adults and children. Specifically, the programs in WCFH are divided into three units:

Women's and Adolescent Health Unit

Breast and Cervical Health Check (BCHC)
Family Planning
Reproductive Health Partnership
Perinatal Health
Adolescent Health

Children's Health Unit

Oral Health for Children and Adults
Newborn Metabolic Screening
Early Hearing Detection, Treatment and Intervention Program (Newborn Hearing Screening)
Pediatric Specialty Clinics
Genetics and Metabolic Clinics
Autism and Neurodevelopmental Program

Maternal & Child Health (MCH) Epidemiology Unit

Pregnancy Risk Assessment and Monitoring Program (PRAMS)
Childhood Understanding Behaviors Survey (CUBs)
Maternal and Infant Mortality Review Committee
Alaska Birth Defects Registry
Fetal Alcohol and Surveillance
Child Maltreatment Surveillance Program
Maternal-Child Health Indicators
State Systems Development Initiative

WCFH core services use the core public health MCH pyramid as a framework for service delivery. The core services outlined within the four levels of the pyramid include:

- Infrastructure building activities, such as needs assessment; evaluation; surveillance and data analysis; planning; policy development; quality assurance monitoring; training and applied research.
- Population building activities, such as newborn metabolic and hearing screening; smoking cessation; immunizations; sudden infant death counseling; shaken baby prevention; oral health; injury prevention; nutrition; outreach and public education.
- Enabling activities, such as translation services; outreach and health education; family support and navigation services; purchase of health insurance; case management and coordination with Medicaid; and collaboration with the Women, Infants and Children program (WIC) and early intervention services.
- Direct health service activities, such as genetics and newborn metabolic clinics; specialty clinics such as neurology, neurodevelopmental and cleft lip and palate clinics; family planning services; and breast and cervical cancer screening services.

FY2009 Resources Allocated to Achieve Results

FY2009 Component Budget: \$9,587,300	Personnel:	
	Full time	43
	Part time	1
	Total	44

Key Component Challenges

Women's and Adolescent Health

Breast and Cervical Health Check (BCHC)

An increasing caseload and static funding continue to be this program's greatest challenge. Close monitoring of the number of claims processed, expenditures, and enrollment on a monthly basis through the first quarter of FY08 will allow us to predict future growth potential for the remainder of the fiscal year. The program does not anticipate having to restrict eligibility criteria to meet demands for services in FY08.

Due to static funding and program activity reprioritization by the CDC, BCHC was unable to continue funding three outreach providers to recruit new women into the program. These providers were Interior Community Health Center (Fairbanks), Kachemak Bay Family Planning (Homer) and the YWCA ENCORE program (Anchorage). BCHC is transitioning the functions previously provided by these providers into the program itself, taking the opportunity to increase overall efficiency that comes with having all operations housed on site. The biggest loss is the volume of work the YWCA did to recruit underserved women into the program as well as specialized assistance they provided with guiding women who were diagnosed with cancers or pre-cancers through the application process for Breast and Cervical Medicaid. However, as part of a mutual commitment to continued collaboration, the YWCA will disseminate information about BCHC and will now refer women directly to BCHC for eligibility assessment and linkage to providers. In addition, BCHC works in close partnership with the other four National Breast and Cervical Cancer Early Detection programs funded in Alaska and operated by Native health corporations (Southcentral Foundation, Arctic Slope Native Association, Yukon-Kuskokwim Health Corporation, and Southeast Alaska Regional Health Consortium) to combine and maximize resources. This partnership has just completed development of a statewide poster and calendar project to raise awareness about the importance of early detection. These materials direct women to the statewide toll-free number now housed in the BCHC and were distributed before the end of calendar year 2007. BCHC anticipates this combined effort will ease the burden of the new recruitment challenges described above.

Addressing the technology gap between the emerging new technology in laboratory and diagnostic imaging and the program's resources and policies continues to be a challenge. For example, for at least five years the CDC has not supported the program in reimbursing for new liquid-based pap smears, so laboratories and medical providers must choose between providing this service at a financial loss or providing a different product/service to lower-income clients than to privately insured clients. This combination of dropping Medicare reimbursement rates and the inability to cover more expensive new technologies strains the existing pool of BCHC providers and negatively affects BCHC's ability to recruit new providers. This is especially true in areas of the state that have scant coverage.

Family Planning

An ongoing challenge continues to be the rapidly increasing cost of pharmaceuticals. Due to extremely limited federal resources to support these costs, providers dependent on federal funding are being forced to limit the supply of contraceptive methods to women at the highest risk of unintended pregnancy in Alaska. The end result is a predicted increase in cost to the department for Medicaid-supported births and a long-term dependence on public assistance. In addition, continued lack of access to family planning providers in many areas of the state contributes to the persistently high unintended, out-of-wedlock, and teen births in these areas – as well as high rates of sexually transmitted infections. There may be a need for resources to support additional health care providers and agencies to provide family planning (FP) services administered through this component.

Perinatal Health

The major challenge for Perinatal Health is, generally, dealing with health problems that are recalcitrant or, in some cases, increasing – such as pre-term births – in an environment where resources to support prevention efforts around pregnant women and newborns are shrinking or have been eliminated. Funds for a comprehensive strategy to

address preventable health problems become more imperative as the number of women Denali KidCare served decreases, prenatal and postpartum home visiting programs are eliminated, SIDS rates remain high, and birth outcome disparities between Native and non-Native women increases. Research exists that supports strategies and programs to address many of our biggest perinatal problems in Alaska, but initiating and sustaining them in the face of declining or stagnant funding is a major challenge.

Children's Health

Newborn Metabolic Screening

The Alaska Newborn Metabolic Screening Program screens newborns for diseases not apparent at birth because very early treatment can prevent or reduce physical effects and brain damage. The program continues to work with providers who do not support a first specimen to be drawn prior to discharge from the hospital, although this number has sharply decreased over the past year. Education about the testing process, including proper specimen collection and shipment to the appropriate testing facility continues to be a focus this year. Cystic Fibrosis screening was added starting Feb. 1, 2007. Additional days for genetics and metabolic clinics are in demand as the science of genetics worldwide becomes better defined. This has put increasing pressure on genetics and metabolic clinics, which are experiencing ever-growing waiting lists.

Pediatric Specialty Clinics

Maintaining equity in access to services for children with special health care needs continues to be a challenge in the face of declining dollars. Development of an infrastructure that will support privatization of services and yet maintain quality and access outside of the major urban areas will require long-term planning and ongoing financial support.

Genetics and Birth Defects Clinics

Clinic costs are supported primarily by the federal Title V Maternal Child Health (MCH) Block Grant and Pediatric receipt supported services. The federal block grant has been flat funded or experienced reduced funding for several years while provider contracts and travel costs have escalated. This has put a significant amount of pressure on other programs that depend on Title V MCH block grant funding, and has reduced the number of communities offering genetics services.

Oral Health for Children and Adults

The Oral Health program promotes better oral health in Alaska through the collection and analysis of data, formation of a statewide working group, support of water fluoridation and dental sealant programs and development of a comprehensive oral health plan for the state. Oral health screenings by the Indian Health Service have demonstrated high rates of dental decay in child and adult Native populations. These issues are compounded by limited access to dental services, small water systems and lack of certified water operators for fluoridation of drinking water, and diets that promote dental decay (such as high consumption of soda). Dental assessments conducted by the Oral Health program in 2004 and 2005 demonstrated high rates of dental decay in Alaska Native children and children from other racial/ethnic minorities. In addition, the Alaska dental labor force is aging and many dentists are nearing retirement.

Access to dental services under the Medicaid/Denali KidCare program is limited in a number of urban areas in Alaska. In addition services for children with special health care needs is limited to only urban areas.

Water fluoridation, while acknowledged as one of the ten major public health achievements of the 20th century, still faces active opposition in some communities.

MCH Epidemiology

Key programs that provide critical maternal-child data, such as the Pregnancy Risk Assessment and Monitoring System (PRAMS), Childhood Understanding Behavior Survey (CUBs), Maternal Infant Mortality Review (MIMR), Child Death Review Team, and Birth Defects/FAS surveillance are facing funding pressures with virtually no dollars available from specific federal grants or the state general fund, despite statutory requirements to reporting for some of these data systems. There is a high demand for data analysis for maternal-child issues in such areas such as asthma, child abuse, statutory rape, teen and out-of-wedlock pregnancies, pre-term and low birth weights, and neonatal infections as measurement of the state's performance for grants, contracts and national reporting requirements. Maintaining data systems and responding to special data requests will be a challenge in the face of declining funding.

Significant Changes in Results to be Delivered in FY2009

No significant changes anticipated.

Major Component Accomplishments in 2007

Through partnership with the Division of Public Assistance, statewide efforts were launched to raise public awareness of the need to help teens engage in healthy relationships and avoid the life-limiting challenges posed by unintended pregnancy, sexually-transmitted infections, relationship violence and sexual coercion. These efforts included production and airing of television and radio PSAs, and several training events aimed at helping clinicians and other professionals working with youth to develop counseling and education skills.

The new Perinatal Nurse Consultant position, funded by Title V Maternal Child Health (MCH) Block Grant funds, is working closely with MCH Epidemiology to use and disseminate perinatal data and provide input related to data collection, especially PRAMS. Community assessments of perinatal outcomes were developed and shared with several communities across the state in FY07. This work will continue in FY08 to assist in formulating a strategic plan to address perinatal disparities and outcome measures that exceed the Healthy People 2010 targets.

In collaboration with the Alaska Mental Health Trust Authority, the department implemented an Adult Medicaid Dental Program. In addition, a water fluoridation program was developed as was a dental sealant program targeting high-risk school age children.

Of all newborns, 99.9 percent were screened for metabolic conditions.

Second and third editions of the Maternal & Child Health (MCH) Data Books on Pregnancy Risk Assessment and Monitoring System (PRAMS) data and Birth Defects were published and widely distributed.

General Fund dollars and funds from the Alaska Mental Health Trust Authority were appropriated in FY07 to support the expansion of screening and diagnosis of autism spectrum disorder.

A first ever survey of mothers of toddlers (Childhood Understanding Behavior Survey) was initiated using the same survey framework as the Pregnancy Risk Assessment and Monitoring (PRAMS) system. This survey, once fully implemented, will provide a wealth of health, education and developmental information to be used in program evaluations and as health status indicators. There are currently no other sources of information being collected in this manner for the early childhood population.

Statutory and Regulatory Authority

AS 08.36.271	Dentist Permits for Isolated Areas
AS 40.25.125	Public Records
AS 18.05.010-070	Administration of Public Health and Related Laws
AS 18.15.200	Disease Control and Threats to Public Health
AS 18.16.010	Regulation of Abortions
AS18.50.010/.30/.40	Vital Statistics Act
AS 44.29.020	Department of Health & Social Services
AS 11.41.434-440	Sexual Abuse of Minor
AS 25.20.025	Minors Right to Consent for Services, Examination & Treatment
AS 47.17.010-290	Child protection statutes and reporting requirements
AS 47.20.300-390	Newborn Hearing statute
7 AAC 27.600-650	Newborn Hearing Regulations
AS 47.20	Services for Developmentally Delayed or Disabled Children
7AAC27.005-.900	Preventative Medical Services (Include Birth Defects Registry)
7AAC 78.010-.320	Grant Programs
7AAC 27.510-590	Screening of Newborns and Children for Metabolic Disorders

Contact Information

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**Women, Children and Family Health
Component Financial Summary**

All dollars shown in thousands

	FY2007 Actuals	FY2008 Management Plan	FY2009 Governor
Non-Formula Program:			
Component Expenditures:			
71000 Personal Services	2,629.9	3,813.4	3,835.0
72000 Travel	168.0	225.0	170.0
73000 Services	3,542.5	4,509.1	4,855.3
74000 Commodities	242.6	244.0	227.0
75000 Capital Outlay	0.0	0.0	0.0
77000 Grants, Benefits	373.7	500.0	500.0
78000 Miscellaneous	0.0	0.0	0.0
Expenditure Totals	6,956.7	9,291.5	9,587.3
Funding Sources:			
1002 Federal Receipts	4,703.9	6,254.7	6,379.9
1003 General Fund Match	358.3	356.9	364.3
1004 General Fund Receipts	581.3	576.9	576.9
1007 Inter-Agency Receipts	727.5	819.6	719.2
1037 General Fund / Mental Health	0.0	250.0	500.0
1092 Mental Health Trust Authority Authorized Receipts	0.0	250.0	250.0
1156 Receipt Supported Services	585.7	783.4	797.0
Funding Totals	6,956.7	9,291.5	9,587.3

Estimated Revenue Collections

Description	Master Revenue Account	FY2007 Actuals	FY2008 Management Plan	FY2009 Governor
Unrestricted Revenues				
None.		0.0	0.0	0.0
Unrestricted Total		0.0	0.0	0.0
Restricted Revenues				
Federal Receipts	51010	4,703.9	6,254.7	6,379.9
Interagency Receipts	51015	727.5	819.6	719.2
Receipt Supported Services	51073	585.7	783.4	797.0
Restricted Total		6,017.1	7,857.7	7,896.1
Total Estimated Revenues		6,017.1	7,857.7	7,896.1

**Summary of Component Budget Changes
From FY2008 Management Plan to FY2009 Governor**

All dollars shown in thousands

	<u>General Funds</u>	<u>Federal Funds</u>	<u>Other Funds</u>	<u>Total Funds</u>
FY2008 Management Plan	1,183.8	6,254.7	1,853.0	9,291.5
Adjustments which will continue current level of service:				
-Reverse FY2008 MH Trust Recommendation	0.0	0.0	-250.0	-250.0
-Transfer out Surplus Interagency Receipt Authority to Chronic Disease Prevention and Health Promotion	0.0	0.0	-130.0	-130.0
-FY 09 Health Insurance Increases for Exempt Employees	0.1	0.2	0.0	0.3
-FY 09 Bargaining Unit Contract Terms: General Government Unit	7.3	125.0	43.2	175.5
Proposed budget increases:				
-MH Trust: AB-Gov Cncl - Multidisciplinary diagnostic team and comprehensive referral for autistic spectrum disorder	125.0	0.0	125.0	250.0
-MH Trust: AB-Gov Cncl - Center for Human Development Capacity building for autism intervention	125.0	0.0	125.0	250.0
FY2009 Governor	1,441.2	6,379.9	1,766.2	9,587.3

**Women, Children and Family Health
Personal Services Information**

Authorized Positions		Personal Services Costs		
	<u>FY2008</u>	<u>FY2009</u>		
	<u>Management</u>	<u>Governor</u>		
	<u>Plan</u>			
Full-time	42	43	Annual Salaries	2,531,195
Part-time	1	1	COLA	170,011
Nonpermanent	3	2	Premium Pay	0
			Annual Benefits	1,368,380
			<i>Less 5.76% Vacancy Factor</i>	<i>(234,586)</i>
			Lump Sum Premium Pay	0
Totals	46	46	Total Personal Services	3,835,000

Position Classification Summary

Job Class Title	Anchorage	Fairbanks	Juneau	Others	Total
Accounting Tech I	1	0	0	0	1
Administrative Clerk II	1	0	0	0	1
Administrative Clerk III	5	0	0	0	5
Administrative Supervisor	1	0	0	0	1
Analyst/Programmer IV	1	0	0	0	1
Health Program Associate	7	0	0	0	7
Health Program Mgr I	3	0	0	0	3
Health Program Mgr II	1	0	0	0	1
Health Program Mgr III	2	0	1	0	3
Health Program Mgr IV	1	0	0	0	1
Nurse Consultant II	4	0	0	0	4
Project Coord	1	0	0	0	1
Public Health Spec II	13	0	0	0	13
Research Analyst I	1	0	0	0	1
Research Analyst II	1	0	0	0	1
Staff Physician	1	0	0	0	1
Statistical Clerk	1	0	0	0	1
Totals	45	0	1	0	46