

**State of Alaska
FY2006 Governor's Operating Budget**

**Department of Health and Social Services
AK Fetal Alcohol Syndrome Program
Component Budget Summary**

Component: AK Fetal Alcohol Syndrome Program

Contribution to Department's Mission

To reduce alcoholism and substance use and abuse among pregnant women and women of child bearing age.

The mission of the Alaska Fetal Alcohol Syndrome (FAS) program is to prevent all alcohol-related birth defects, to increase diagnostic services in Alaska, to improve the delivery of services to those individuals already affected by fetal alcohol spectrum disorders (FASD) and to evaluate the outcomes of our statewide project.

Core Services

Services include training, public education, development of statewide diagnostic services, community support through grants and contracts, and the ongoing development of partnerships with other divisions, departments, community agencies, Native health corporations and parents/caregivers to decrease the prevalence of FAS.

FY2006 Resources Allocated to Achieve Results

FY2006 Component Budget: \$6,924,400	Personnel:	
	Full time	0
	Part time	0
	Total	0

Key Component Challenges

FAS key issues include the need for improved prevalence rates for Alaska, as well as national comparison rates; increased and improved diagnostic services that meet the needs of Alaskan families and communities; and sustainable systems change that can improve Alaska's long-term efforts to improve service to affected individuals. All of these issues are directly related to the need for improved public/community education about fetal alcohol spectrum disorders and the dangers of drinking alcohol during pregnancy (changing public norms about alcohol and pregnancy). As we enter our last year of federal funding a major challenge will be the sustainability of the programs and services that have been developed and continuation funding to keep FAS as a major focus for the Division of Behavioral Health.

Significant Changes in Results to be Delivered in FY2006

Fiscal year 2006 will be our first year following the official end of our 5-year federal grant with the Substance Abuse and Mental Services Administration (SAMHSA). During the past 5 fiscal years, the Alaska FAS Project was funded entirely with federal funds—an appropriation from Senator Ted Stevens of \$29 million or \$5.8 million per year. During FY06, the Alaska FAS Project will continue with a no-cost extension of the federal project, with approximately \$1 million in roll-over dollars from previous years. In addition, the DHSS has requested a \$1.0 million increment to continue the work of the FAS project and to continue a number of the programs started with the federal funds—public education, statewide diagnostic services, prevention programming for women of child-bearing age and community-based prevention and service delivery programs.

Major Component Accomplishments in 2004

Fiscal year 2004 was the fourth year for the Alaska FAS project. Most of the program activities were well underway during FY04, with no new initiatives, but instead a continuation of the projects, activities and initiatives started in years 1-3 of the five year project. Project highlights include:

- Phase two of the statewide public education/media campaign was finalized and premiered in September 2003. The campaign continued the initial theme of helping women make good decisions about alcohol use during pregnancy. We also highlighted the role of family, friends and community members in helping woman make good choices. During the last half of this year we began production of the third phase of our media campaign that will focus on the role of medical and health care providers to inform their patients about the dangers of drinking alcohol during pregnancy. The campaign includes TV, radio and print public service announcements developed by Nerland Agency of Anchorage. The ads use the continuing message “if you are pregnant or thinking about becoming pregnant, don’t drink.” The ads feature three Alaskan doctors—Dr. Donna Galbreath of Fairbanks; Dr. Tom Nighswander of Anchorage; and Dr. Kalpna Thurasamy of Ketchikan. Copies of ads have been distributed to all media outlets across Alaska. In addition, the Office of the Governor has developed a series of TV and radio PSAs featuring Governor Murkowski, Mrs. Murkowski and Teena Horodyski, a young woman with FAS who met the Governor during Key Campaign this past March.
- During FY04 the Office of FAS completed phase one of the FASD curriculum development project, aimed at training all service providers across disciplines about FASD. FAS 101 is titled “Disabilities of Discovery: Insights into Brain-based Disabilities.” In an effort to reach providers across the state we held two Train the Trainer events where we trained and certified 34 individuals in the FAS 101 curriculum. Since the fall of 2003, over 1,600 Alaska providers received this training from Kotzebue to Ketchikan. The overall knowledge about FASD increased approximately 28% through these trainings. Phase two of the training project is the development of a second curriculum, identifying strategies, interventions and accommodations that work with individuals with an FASD. This curriculum is currently in the pilot-testing phase and will be premiered in October at the NASW conference.
- In an effort to keep our activities developed and provided at the community level, the Office of FAS is currently funding 40 community-based Innovative FASD projects. These projects range from prevention programs aimed at middle and high-school aged youth; to prenatal programs working with expectant moms and dads; to training programs for school personnel working with children and youth with an FASD; to life-skills development programs for adolescents and young adults with an FASD.
- Through the ongoing development of a community-based FASD diagnostic team network, Alaska has the most comprehensive FASD diagnostic services in the country. We currently have 13 community-based diagnostic teams across Alaska and one specialized team located at the Alaska Psychiatric Institute (API). Since 2000, when we first began diagnosing FASD using the University of Washington developed 4-Digit Diagnostic Process, we have diagnosed over 700 individuals. Of those who completed a diagnosis approximately 9.8% had full FAS (with the facial features and growth deficiencies); 86% received a diagnosis indicating significant brain damage; and approximately 4% did not show signs of an alcohol-related disability. Once a diagnosis is complete, case planning occurs and recommendations for specific services, interventions and accommodations are made. The average age at diagnosis is between 9-12 years of age.
- By increasing our diagnostic capacity, we have in turn increased reporting to the Alaska Birth Defects Registry for births impacted by alcohol. In partnership with the Division of Public Health, Section of Epidemiology, FAS Surveillance Project we are improving our FAS prevalence rates for Alaska. The current FAS statistics indicate that during 1995 through 1999 an average of 15 Alaskan infants were born each year with FAS. During this same time period an average of 163 Alaskan infants were born affected by maternal alcohol use during pregnancy. More than 1/3 of children who were diagnosed with FAS were born preterm and with low or very low birth weight. As we continue to improve our diagnostic capacity and continue to better educate Alaskan’s about FASD, our FAS prevalence rates will become more and more accurate.

Statutory and Regulatory Authority

AS 47.30.470-500	Mental Health
AS 47.37	Uniform Alcoholism & Intoxication Treatment Act
7 AAC 28	Community Grant-In-Aid Program for Alcoholism
7 AAC 78	Grant Programs

Contact Information

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**AK Fetal Alcohol Syndrome Program
Component Financial Summary**

All dollars shown in thousands

	FY2004 Actuals	FY2005 Management Plan	FY2006 Governor
Non-Formula Program:			
Component Expenditures:			
71000 Personal Services	284.9	0.0	0.0
72000 Travel	51.4	0.0	0.0
73000 Services	3,070.4	3,385.3	3,385.3
74000 Commodities	24.0	0.0	0.0
75000 Capital Outlay	0.0	0.0	0.0
77000 Grants, Benefits	3,004.2	3,539.1	3,539.1
78000 Miscellaneous	0.0	0.0	0.0
Expenditure Totals	6,434.9	6,924.4	6,924.4
Funding Sources:			
1002 Federal Receipts	6,434.9	6,924.4	5,828.4
1004 General Fund Receipts	0.0	0.0	596.0
1007 Inter-Agency Receipts	0.0	0.0	500.0
Funding Totals	6,434.9	6,924.4	6,924.4

Estimated Revenue Collections

Description	Master Revenue Account	FY2004 Actuals	FY2005 Management Plan	FY2006 Governor
Unrestricted Revenues				
None.		0.0	0.0	0.0
Unrestricted Total		0.0	0.0	0.0
Restricted Revenues				
Federal Receipts	51010	6,434.9	6,924.4	5,828.4
Interagency Receipts	51015	0.0	0.0	500.0
Restricted Total		6,434.9	6,924.4	6,328.4
Total Estimated Revenues		6,434.9	6,924.4	6,328.4

**Summary of Component Budget Changes
From FY2005 Management Plan to FY2006 Governor**

All dollars shown in thousands

	<u>General Funds</u>	<u>Federal Funds</u>	<u>Other Funds</u>	<u>Total Funds</u>
FY2005 Management Plan	0.0	6,924.4	0.0	6,924.4
Adjustments which will continue current level of service:				
-Continue FASD Diagnostic Team Continuation/ Community Based Prevention	596.0	-1,096.0	500.0	0.0
FY2006 Governor	596.0	5,828.4	500.0	6,924.4