

# **State of Alaska FY2006 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 mission of the Section of Women, Child and Family Health contributes to the delivery of population-based services and infrastructure building so Alaska's women, infants, children, and families can achieve the best possible health and well-being.

### Core Services

The Women's Health Unit is currently comprised of two programs. The Breast & Cervical Health Check (BCHC) is the State of Alaska's Breast & Cervical Cancer Early Detection Program. BCHC provides screening and diagnostic services for women below 250% FPL who have no other resources. The goal is to reduce breast and cervical morbidity among medically underserved women. In addition, the Family Planning program provides clinical exams and contraception to low income women who wish to limit the size of their family.

The Children's Health Unit is comprised of four population-based programs focused on the comprehensive needs of all Alaskan children ages 0-21. These programs include Newborn Metabolic Screening, Newborn Hearing Screening, Pediatric Specialty Clinics and Genetics and Birth Defects Clinics.

The Oral Health Program is responsible for the core public health services of surveillance (assessment of oral diseases across the lifespan and description of the disease burden in the population of Alaska) and policy development related to improved oral health for Alaskans and increased access to preventive dental services. These activities include:

- Disease screening and testing;
- Education regarding infection control in dental offices;
- Developing community resources to increase access to preventive dental services (e.g., dental sealants, topical fluorides and oral cancer screening);
- Reducing risks to the public's oral health (e.g., tobacco cessation and use of mouth-guards in contact sports); and
- Integration of oral health in other health programs (e.g., Medicaid/Denali KidCare, Head Start, WIC, Cancer, Diabetes and Cardiovascular Disease Programs).

In response to these activities, the Oral Health Program is managing the development of the two evidence-based community approaches for dental public health: community water fluoridation and school-based/linked dental sealant programs.

The MCH Epidemiology program provides reliable data on maternal and child health issues for use in planning and evaluating programs, preventing poor health outcomes, and guiding public health policy. The staff maintains and analyzes data from the Alaska Birth Defects Registry, the Pregnancy Risk Assessment Monitoring System (PRAMS), the FAS Surveillance Project, the Maternal-Infant Mortality Review program (MIMR) and compiles Maternal Child Health data from disparate sources throughout the state including data on asthma, child abuse and other initiatives.

### FY2006 Resources Allocated to Achieve Results

<b>FY2006 Component Budget: \$9,191,800</b>	<b>Personnel:</b>	
	Full time	44
	Part time	2
	<b>Total</b>	<b>46</b>

### Key Component Challenges

#### Women's Health

### Breast and Cervical Health Check (BCHC)

Internal systems and capacity to accommodate a proposed growth rate that will double the program size over the next two fiscal years. Expansion of this magnitude will impact program systems and growth in client and enrolled provider numbers. Recruiting new participating medical providers in areas of the state that have scant coverage now will be a challenge both in terms of orienting them to the program and in supporting their continued participation.

Addressing the technology gap between the emerging new technology in laboratory and diagnostic imaging and the program's resources and policies will continue to be a challenge. For example, for at least 3 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.

### Family Planning

Responding to continuing discrepancy between modest (or no) budget increases contrasted with technological advances and new pharmaceutical approvals/new products. The state's status as a government entity (but not statewide Title X grantee) prevents the state's non-Title X agencies from participating in the discount programs for Title X grantees/delegates where the best prices are available.

There may be a need for additional nurse practitioner (ANP) contracts for family planning (FP) services administered through the women's health unit. Public health nursing (PHN) centers are seeing a reduction in the number of clients seen for family planning care and a redistribution of ANP services has resulted in a reduction of FP services at local PHN centers.

Development of increased access to family planning services in Medicaid through Medicaid waivers.

### **Children's Health**

Newborn Metabolic Screening continues to work with providers who do not support a first specimen to be drawn prior to discharge from a hospital.

Although Alaska expanded the testing of metabolic disorders from 6 to over 30, ongoing pressure to include more types of disorders and yet standardize the number in every state is being debated nationally.

Legislation to mandate newborn hearing screening and reporting in support of the work conducted by the Early Hearing Detection and Intervention program would be helpful. All birthing hospitals are participating in screening on a volunteer basis, but engaging the lay birth attendants and certified direct entry midwives in all locations of the state has been more challenging.

### **Oral Health**

Oral health screenings done by the Indian Health Service in 1991 and 1999 have demonstrated high rates of oral disease (e.g., 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, diets that promote dental decay (e.g., high soda consumption). Further, 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.

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

### **MCH Epidemiology**

Identifying sources of funding for continuing key programs. PRAMS has received funding and we have applied for funding for the Birth Defects Registry. Funding for the FAS Surveillance Project will end in 2005 and we have not identified other sources. Funding for MIMR is guaranteed only for a year.

Complete a comprehensive Alaska Birth Defects Report.

Obtain funding for and initiate a State Asthma Program. We are currently involved in various pieces of work related to asthma and there is a high demand for these services. However, we currently receive no funding for this work.

Identify qualified personnel to fill vacant positions, particularly a PHS II that is needed critically to assist with the MCH Block Grant 5 Year Needs Assessment.

## Significant Changes in Results to be Delivered in FY2006

This is a new component with resources transferring in from Health Care Services and DPH/Epidemiology.

### Women's Health

The number of women served by the Breast and Cervical Health Check program will increase by about 2,750 if incremental funding is approved. The goal of the program is to increase screening to detect cancer earlier, provide treatment sooner, save lives and reduce overall costs of cancer treatment.

The section will resume a statewide public information campaign to reduce the incidences of statutory rape.

With the reduction in family planning services statewide, there will be an increase in unintended pregnancies among all women because of reduced access to services.

### Children's Health

We anticipate working with hospitals and birthing centers to reach a newborn hearing screening rate of over 90% in FY2006.

### Oral Health

The Oral Health Program is conducting an oral health assessment that will provide first-time baselines on the oral health status of children (3<sup>rd</sup> grade age children) in Alaska. This assessment will also provide a measurement of dental sealant utilization (the only oral health performance indicator in the federal Maternal Child Health Block Grant). Working with the Alaska Mental Health Trust Authority, the Department is encouraging statutory change to convert the Adult Medicaid Dental Program to a preventive model.

### MCH Epidemiology

Restarting annual analysis and publication of results for MIMR and the Child Fatality Review Team, and submitting a successful application for development of a federally funded State Asthma Program.

## Major Component Accomplishments in 2004

The Women, Children and Family Health component is new in FY06. Accomplishments can be found in the Health Care Services, Women's and Adolescents Services component.

## Statutory and Regulatory Authority

AS 08.36.271	Dentist Permits for Isolated Areas
AS 09.25.120	Public Records
AS 18.05.010-070	Administration of Public Health and Related Laws
AS 18.15.200	Disease Control
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 47.20	Services for Developmentally Delayed or Disabled Children
7AAC23.010-.900	Programs for Handicapped Children
7AAC27.005-.900	Preventative Medical Services
7AAC 78.010-.320	Grant Programs

**Contact Information**

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

*All dollars shown in thousands*

	FY2004 Actuals	FY2005 Management Plan	FY2006 Governor
<b>Non-Formula Program:</b>			
<b>Component Expenditures:</b>			
71000 Personal Services	0.0	0.0	3,394.6
72000 Travel	0.0	0.0	150.9
73000 Services	0.0	0.0	5,046.0
74000 Commodities	0.0	0.0	182.8
75000 Capital Outlay	0.0	0.0	0.0
77000 Grants, Benefits	0.0	0.0	417.5
78000 Miscellaneous	0.0	0.0	0.0
<b>Expenditure Totals</b>	<b>0.0</b>	<b>0.0</b>	<b>9,191.8</b>
<b>Funding Sources:</b>			
1002 Federal Receipts	0.0	0.0	4,733.1
1003 General Fund Match	0.0	0.0	352.3
1004 General Fund Receipts	0.0	0.0	2,005.9
1007 Inter-Agency Receipts	0.0	0.0	1,337.8
1156 Receipt Supported Services	0.0	0.0	762.7
<b>Funding Totals</b>	<b>0.0</b>	<b>0.0</b>	<b>9,191.8</b>

**Estimated Revenue Collections**

Description	Master Revenue Account	FY2004 Actuals	FY2005 Management Plan	FY2006 Governor
<b>Unrestricted Revenues</b>				
None.		0.0	0.0	0.0
<b>Unrestricted Total</b>		<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Restricted Revenues</b>				
Federal Receipts	51010	0.0	0.0	4,765.9
Interagency Receipts	51015	0.0	0.0	1,337.8
Receipt Supported Services	51073	0.0	0.0	762.7
<b>Restricted Total</b>		<b>0.0</b>	<b>0.0</b>	<b>6,866.4</b>
<b>Total Estimated Revenues</b>		<b>0.0</b>	<b>0.0</b>	<b>6,866.4</b>

**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>
<b>FY2005 Management Plan</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Adjustments which will continue current level of service:</b>				
-Transfer Adm Clerk from Health Purchasing Group	20.4	20.4	0.0	40.8
-Transfer Abstinence & Adolescent Pregnancy Prevention from OCS/Children's Services Management	0.0	89.0	0.0	89.0
-Maintain Breast and Cervical Healthcare	500.0	-500.0	0.0	0.0
-Transfer Women's & Adolescents' Services program from Health Care Services to Public Health	157.4	2,888.4	135.9	3,181.7
-Transfer Maternal and Child Health program from Medical Assistance Admin to Public Health	194.9	1,323.5	1,067.1	2,585.5
-Transfer in Maternal Child Data Reporting Unit from Epidemiology	165.5	881.0	417.5	1,464.0
-Transfer funding to Admin Support Services for Administrative Assistant position	0.0	-56.2	0.0	-56.2
<b>Proposed budget increases:</b>				
-Breast and Cervical Health Care Expansion	1,300.0	0.0	0.0	1,300.0
-Statutory rape reduction project	20.0	0.0	480.0	500.0
-Add PCN and Federal Receipt Authorization for Childrens' Mental Health and Development Grant	0.0	87.0	0.0	87.0
<b>FY2006 Governor</b>	<b>2,358.2</b>	<b>4,733.1</b>	<b>2,100.5</b>	<b>9,191.8</b>

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

Authorized Positions		Personal Services Costs		
<u>FY2005</u>				
<u>Management</u>	<u>Plan</u>	<u>FY2006</u>		
		<u>Governor</u>		
			Annual Salaries	2,398,637
Full-time	0	44	COLA	33,309
Part-time	0	2	Premium Pay	0
Nonpermanent	0	1	Annual Benefits	1,212,312
			<i>Less 5.85% Vacancy Factor</i>	(213,189)
			Lump Sum Premium Pay	0
<b>Totals</b>	<b>0</b>	<b>47</b>	<b>Total Personal Services</b>	<b>3,431,069</b>

**Position Classification Summary**

Job Class Title	Anchorage	Fairbanks	Juneau	Others	Total
Accounting Clerk I	1	0	0	0	1
Accounting Tech II	2	0	0	0	2
Administrative Clerk II	4	0	0	0	4
Administrative Clerk III	4	0	0	0	4
Administrative Supervisor	1	0	0	0	1
Health Program Associate	6	0	0	0	6
Health Program Mgr I	1	0	0	0	1
Health Program Mgr II	9	0	0	0	9
Health Program Mgr III	2	0	1	0	3
Health Program Mgr IV	1	0	0	0	1
Nurse Consultant I	1	0	0	0	1
Nurse Consultant II	2	0	0	0	2
Public Health Spec II	8	0	0	0	8
Research Analyst I	1	0	0	0	1
Staff Physician	1	0	0	0	1
Statistical Clerk	2	0	0	0	2
<b>Totals</b>	<b>46</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>47</b>