

# **State of Alaska FY2010 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 expected outcomes of the Alaska Fetal Alcohol Syndrome (FAS) program are to prevent alcohol-related birth defects, to increase diagnostic services in Alaska, to improve the delivery of community-based 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, coordination 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 Fetal Alcohol Spectrum Disorders (FASD).

### FY2010 Resources Allocated to Achieve Results

<b>FY2010 Component Budget: \$1,352,300</b>	<b>Personnel:</b>	
	Full time	0
	Part time	0
	<b>Total</b>	<b>0</b>

### Key Component Challenges

- Alaska's FASD programs continue to focus on the need to increase awareness about the danger of drinking alcohol during pregnancy, to increase the state's ability to identify and diagnose disabilities resulting from prenatal exposure to alcohol, to increase and enhance service providers' knowledge about these brain-based disabilities, and to increase appropriate and accessible services to individuals with a FASD and their families.
- Three primary projects define the FASD program: community-based diagnostic services; training for providers on what a FASD is and how best to serve those individuals with prenatal exposure to alcohol; and the development and expansion of community-based strategies to prevent and intervene in FASD-related issues.
- FASD diagnostic services are provided across Alaska through a certified "provider agreement" funding process. The use of Provider Agreements to fund diagnostic services began as an experiment in using payment for a specific service instead of funding providers through grant programs. When first established, there was concern if this form of payment would be viable to sustain these services across Alaska. Payment for services is a combination of Provider Agreement payments and Medicaid receipts for billable services. While the payment system is working, we continue to have a need for more service than is currently available.
- Increasing service provider knowledge about brain-based disabilities resulting from prenatal exposure to alcohol is being accomplished utilizing two curricula developed by the State of Alaska: FASD 101 (providing a basic understanding of how alcohol impacts brain development and the resulting disabilities) and FASD 201 (developing appropriate interventions when working with an individual impacted by a FASD). Both curricula were developed over five years ago and are currently being revised and updated with current data and research. The field of FASD is receiving much research attention, helping to better define the role of alcohol on brain development and identifying more effective interventions through service to science efforts. FASD

101 revisions will be completed in November 2008, with training of trainer events occurring in November 2008 and February/March 2009. FASD 201 will be revised beginning in the spring 2009.

- Community-based grant programs (solicited through the Comprehensive Behavioral Health Prevention & Early Intervention Grants) continue to be funded in FY09. FASD projects include: the annual FASD Family Camp offered each January/February; school-based training for middle and high school students about the dangers of alcohol and pregnancy; early substance use screening for pregnant women; and training for school personnel in FASD interventions with students, to name a few. All programs have identified measurable outcomes that will be tracked over the three years of grant funding.

### Significant Changes in Results to be Delivered in FY2010

There will be no significant changes in results to be delivered.

### Major Component Accomplishments in 2008

The Alaska Fetal Alcohol Spectrum Disorder (FASD) Program highlights include:

- FY08 was the second full-year of the FASD Diagnostic Services Provider Agreements. Eight community-based diagnostic teams are currently certified providers serving Fairbanks, Tok, Bethel, Anchorage, Mat-Su, Kodiak, Kenai/Soldotna, Juneau and Sitka.
- Service providers in Anchorage are working to develop a second diagnostic team to serve children, youth and adults who are not beneficiaries of the Alaska Native Medical Center (currently the only Anchorage-based team is located at Southcentral Foundation and serves primarily Alaska Native clients).
- A specialized FASD diagnostic team is located at the Alaska Psychiatric Institute (API), serving youth ages 12-18.
- Copper River and Ketchikan are rebuilding their diagnostic teams and intend to be providing services again during FY09.
- A new database for collecting and analyzing FASD diagnostic data is being developed; we anticipate having all FY08 data entered and available by February 2009.
- The FASD 101 curriculum revision project was initiated in FY08 and is expected to be completed in November 2008. The curriculum is aimed at training all service providers across disciplines about FASD.
- Each year September 9 is recognized as International FASD Prevention and Awareness Day, with FASD community coalitions across Alaska organizing a vast array of diverse and creative strategies for increasing knowledge about FASD and engaging community member's participation. This year, the Anchorage FASD community coalition engaged the alcohol-server industry with a non-alcoholic beverage recipe competition. Coalition activities are growing each year, with activities happening beyond just September 9, but occurring all year long—showing sustainability of the issue at the community level.

### Statutory and Regulatory Authority

AS 47.30.470-500	Mental Health
AS 47.37	Uniform Alcoholism & Intoxication Treatment Act
7 AAC 78	Grant Programs

### Contact Information

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

*All dollars shown in thousands*

	<b>FY2008 Actuals</b>	<b>FY2009 Management Plan</b>	<b>FY2010 Governor</b>
<b>Non-Formula Program:</b>			
<b>Component Expenditures:</b>			
71000 Personal Services	0.0	0.0	0.0
72000 Travel	0.0	0.0	0.0
73000 Services	0.0	194.1	194.1
74000 Commodities	0.0	0.0	0.0
75000 Capital Outlay	0.0	0.0	0.0
77000 Grants, Benefits	1,292.8	1,098.7	1,158.2
78000 Miscellaneous	0.0	0.0	0.0
<b>Expenditure Totals</b>	<b>1,292.8</b>	<b>1,292.8</b>	<b>1,352.3</b>
<b>Funding Sources:</b>			
1004 General Fund Receipts	1,292.8	1,292.8	1,292.8
1037 General Fund / Mental Health	0.0	0.0	59.5
<b>Funding Totals</b>	<b>1,292.8</b>	<b>1,292.8</b>	<b>1,352.3</b>

**Summary of Component Budget Changes  
From FY2009 Management Plan to FY2010 Governor**

*All dollars shown in thousands*

	<u>General Funds</u>	<u>Federal Funds</u>	<u>Other Funds</u>	<u>Total Funds</u>
<b>FY2009 Management Plan</b>	<b>1,292.8</b>	<b>0.0</b>	<b>0.0</b>	<b>1,292.8</b>
<b>Proposed budget increases:</b>				
-Increased Grantee Costs	59.5	0.0	0.0	59.5
<b>FY2010 Governor</b>	<b>1,352.3</b>	<b>0.0</b>	<b>0.0</b>	<b>1,352.3</b>