State of Alaska
FY2010 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 promoting 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; delivering preventative, rehabilitative and educational services targeting women, children and families; and conducting epidemiological surveillance and data analysis to contribute to policy and program changes that improve outcomes.

Core Services

- Serve pregnant women and infants; women across the lifespan; children and adolescents; and children with special health care needs.
- Services for Breast and Cervical Health Check (BCHC); the Family Planning Reproductive Health Partnership
- Perinatal Health and Adolescent Health
- Services for Oral Health for Children and Adults; Newborn Metabolic Screening; the Early Hearing Detection, Treatment and Intervention Program (Newborn Hearing Screening); the Pediatric Specialty Clinics; the Genetics and Metabolic Clinics and the Autism and Neurodevelopmental Program
- Pregnancy Risk Assessment and Monitoring Program (PRAMS); the Childhood Understanding Behaviors Survey (CUBs); the Maternal and Infant Mortality Review Committee; the Alaska Birth Defects Registry; the Fetal Alcohol and Surveillance; the Child Maltreatment Surveillance Program; the Maternal-Child Health Indicators and the State Systems Development Initiative
- 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.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $10,179,300

Personnel:	
Full time	43
Part time	1
Total	44

Key Component Challenges

Women's and Adolescent Health
Breast and Cervical Health Check (BCHC)

Due to static funding, and limitations on the program's ability to reimburse providers for new, more expensive screening technologies continue to be the greatest challenge and will most likely result in restricted eligibility criteria

starting in January 2009 to meet demands for services. An additional new challenge will be the 35% increase in the Medicare reimbursement rates for Alaska providers beginning January 1, 2009. BCHC anticipates resulting program costs for clinical services to increase in excess of $500,000 in FY2010. Close monitoring through the first two quarters of FY2009 will allow the program to predict needs for the remainder of the fiscal year.

Due to static funding and program activity reprioritization by the Center for Disease Control (CDC), the program discontinued funding for three outreach providers bringing all outreach and referral functions into BCHC. A new position was hired and has been able to fulfill a large part of these functions. As a result, screening for enrollment eligibility, referrals and program information are much more accurate and efficient than when handled by community-based organizations. In the last year, an award-winning statewide poster and calendar outreach project raised awareness about the importance of early detection. Despite this success, the program does not believe it is reaching the entire population previously covered by the outreach providers so the BCHC is expanding this program.

Addressing the technology gap between new laboratory and diagnostic imaging and the program's resources and policies continues to be a challenge. In the past, the CDC has not supported reimbursement for digital mammography; as a result, mammography centers had to choose between providing this service at a financial loss or providing only conventional mammogram to lower-income clients. Because of the dramatic increase in facilities providing only digital mammography, the CDC has authorized NBCCEDP programs, beginning June 30, 2009, to reimburse providers at the Medicare rate for digital mammography. In FY2010, resulting program costs will increase by approximately $250,000.

Between the 35% increase in Medicare reimbursement rates and BCHC reimbursing for digital mammography, the program anticipates an overall increase in clinical costs of $750,000 for FY2010. Eligibility criteria, already restricted will have to be further restricted in order to meet the demands for services. It is also likely that the program may have a waiting list for services.

Despite the 35% increases, low Medicare reimbursement rates (compared to private insurance rates) and the inability to cover more expensive new technologies strains the existing pool of BCHC providers and negatively affects the ability to recruit new providers. This is especially true in areas of the state with 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. In 2006, Alaska experienced a slight increase in teen births for women ages 15-17 years of age; a greater increase in births was experienced in the 18-19 year old group and those women 20-24 years of age. There continues to be a need for resources to support contraceptives, additional health care providers and agencies to provide family planning (FP) services administered through this component.

Perinatal Health

The major challenge 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 with health insurance decreases, prenatal and postpartum home visiting programs are eliminated, SIDS rates remain high, birth defects are higher than most other parts of the nation, 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. 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.

Newborn Hearing Screening

Legislation was passed in 2006 and enacted in 2008 that mandates all newborns receive a hearing screening by one month of age. This program tracks the results of the hearing screening to ensure infants who do not pass a screen are directed to diagnostic services. Once diagnosed with a hearing loss, families are then linked with early intervention services. Facilities are provided feedback on their systems for screening and follow-up. Challenges include limited access to diagnostic services in rural Alaska and the availability of pediatric speech/language therapists for these families.

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. In high demand are specialty clinics for neurodevelopmental and autism spectrum disorders. Expansion of these specialty diagnostic services is challenging with limited specialty training physicians, pediatric speech/language, physical and occupational therapists available. With more young children identified, an increase in pressure is placed on the early intervention system.

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 where clinics are held.

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 are limited to only urban areas.

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

Maternal and Child Health (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, post-neonatal mortality, 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 FY2010

With requested funding, will maintain the Birth Defects Registry and for the first time contribute GF dollars to support this basic but critical public health function. MCH Block Grant funding can no longer adequately support this registry. Accurate information on birth defects in Alaska, including fetal alcohol spectrum disorders, is used to target prevention messages; interventions and health services; define populations at increased risk for birth defects; and identify clusters of conditions that may be related to environmental exposures.

Major Component Accomplishments in 2008

As part of the All Alaska Pediatric Partnership, WCFH participated in the Pediatric Disaster Planning effort that included all four hospitals in Anchorage, Mat-Su Regional, Fairbanks Memorial and Central Peninsula Hospital. Pediatric community training was conducted for non-pediatric clinicians, pediatric specific supplies were purchased, community education materials were developed and two pediatric specific disaster drills were conducted all in the space of 10 months. Ongoing work continued, including the offering of a two-day maternal-child community disaster planning conference in December 2008.

Through partnership with the Division of Public Assistance, statewide efforts have continued 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 airing of television and radio PSAs, and conducting several training events aimed at helping clinicians and other professionals working with youth to develop counseling and education skills. Health care providers in communities with high teen and out of wedlock births have received training, educational materials and contraceptive supplies. Ongoing work will focus specific attention in three rural communities where teen and out-of-wedlock births are the highest: Nome, Kotzebue and the Yukon-Kuskokwim Delta.

The 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. A statewide Perinatal Advisory committee has been established and has met to begin development of a long range plan and to set priorities on areas to focus on across the state. To date the committee has chosen post-neonatal mortality, preconception and intraconception care as a focus.

The Breast and Cervical Health Check (BCHC), in collaboration with four CDC-funded NBCCEDP tribal organizations in Alaska (Southcentral Foundation, Yukon-Kuskokwim Health Corporation, Arctic Slope Native Association and South East Alaska Regional Health Consortium), developed and distributed a statewide poster and calendar project to increase awareness about the importance of breast and cervical cancer screening and early cancer detection. These posters, produced by Affinity Films, won state and national awards. They are regionally customized with photographs of women from these locations engaged in activities in settings to which women in each geographic region can relate. BCHC providers, coalition members and women served by BCHC have provided positive feedback. Some women in Wrangell, McGrath and Sand Point informed BCHC that none of the posters adequately represented their lives and their people. In response, additional posters are currently being produced to meet the needs of women in these locations.

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 and over 92 percent of all newborns were screened for newborn hearing loss.

General Fund dollars and funds from the Alaska Mental Health Trust Authority were appropriated in FY08 to support the expansion of screening and diagnosis of autism spectrum disorder. Additional MHTAAR and GF dollars were also appropriated to support the expansion of education and training for professionals for workforce expansion in the area of intensive early intervention services for young children diagnosed with autism spectrum disorders through a partnership with UAA's Center for Human Development.

The second-year survey of mothers of 3-year-old toddlers (Childhood Understanding Behavior Survey) was initiated in FY08 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.

The Alaska Surveillance of Child Abuse and Neglect (SCAN) is a new program that will gather data on child maltreatment from a variety of sources, such as vital statistics, police reports, medical examiner reports, hospital records, child protective services, etc. Individually, these sources provide fragmented data about maltreatment in a narrow context, but together they offer a more complete picture of the circumstances and risk factors associated with child maltreatment. It is hoped that points of intervention, trends or changes over time, effectiveness of interventions and risk factors can be analyzed and published. This program will provide the necessary information to guide and support the efforts of all of the different agencies in Alaska concerned with reducing child maltreatment.

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, .030, .040	Vital Statistics Act
AS 44.29.020	Department of Health and Social Services
AS 11.41.434-.440	Sexual Abuse of Minor
AS 25.20.025	Minors Right to Consent for Services, Examination and Treatment
AS 47.17.010-.290	Child protection
AS 47.20.300-.390	Newborn Hearing
7 AAC 27.600-.650	Newborn Hearing
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
12 AAC 2.280	Board of Nursing
12 AAC 44	Advanced Nurse Practitioner

Contact Information

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Women, Children and Family Health
Component Financial Summary

All dollars shown in thousands

	FY2008 Actuals	FY2009 Management Plan	FY2010 Governor
Non-Formula Program:			
Component Expenditures:			
71000 Personal Services	3,210.2	3,909.1	4,124.0
72000 Travel	185.3	242.0	300.0
73000 Services	3,545.0	4,707.9	4,927.9
74000 Commodities	247.2	302.4	317.4
75000 Capital Outlay	-0.1	0.0	10.0
77000 Grants, Benefits	363.7	500.0	500.0
78000 Miscellaneous	0.0	0.0	0.0
Expenditure Totals	**7,551.3**	**9,661.4**	**10,179.3**
Funding Sources:			
1002 Federal Receipts	4,609.1	6,428.4	6,501.9
1003 General Fund Match	366.0	372.0	378.4
1004 General Fund Receipts	537.8	576.9	860.0
1007 Inter-Agency Receipts	816.5	719.2	733.1
1037 General Fund / Mental Health	250.0	500.0	752.7
1061 Capital Improvement Project Receipts	0.3	0.0	0.0
1092 Mental Health Trust Authority Authorized Receipts	19.8	250.0	125.0
1156 Receipt Supported Services	951.8	814.9	828.2
Funding Totals	**7,551.3**	**9,661.4**	**10,179.3**

Estimated Revenue Collections

Description	Master Revenue Account	FY2008 Actuals	FY2009 Management Plan	FY2010 Governor
Unrestricted Revenues				
None.		0.0	0.0	0.0
Unrestricted Total		**0.0**	**0.0**	**0.0**
Restricted Revenues				
Federal Receipts	51010	4,609.1	6,428.4	6,501.9
Interagency Receipts	51015	816.5	719.2	733.1
Receipt Supported Services	51073	951.8	814.9	828.2
Capital Improvement Project Receipts	51200	0.3	0.0	0.0
Restricted Total		**6,377.7**	**7,962.5**	**8,063.2**
Total Estimated Revenues		**6,377.7**	**7,962.5**	**8,063.2**

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

All dollars shown in thousands

	General Funds	Federal Funds	Other Funds	Total Funds
FY2009 Management Plan	**1,448.9**	**6,428.4**	**1,784.1**	**9,661.4**
Adjustments which will continue current level of service:				
-Reverse FY2009 MH Trust Recommendation	0.0	0.0	-250.0	-250.0
-FY2010 Wage and Health Insurance Increases for Bargaining Units with Existing Agreements	11.9	73.5	27.2	112.6
Proposed budget increases:				
-MH Trust: Gov Cncl - 2044 Expanded Autism Diagnostic Clinic	125.0	0.0	0.0	125.0
-MH Trust: Workforce Dev - Autism capacity building	125.0	0.0	0.0	125.0
-MH Trust: Workforce Dev - Autism capacity building	0.0	0.0	125.0	125.0
-Birth Defects Registry	280.3	0.0	0.0	280.3
FY2010 Governor	**1,991.1**	**6,501.9**	**1,686.3**	**10,179.3**

Women, Children and Family Health
Personal Services Information

Authorized Positions			Personal Services Costs	
	FY2009 Management Plan	FY2010 Governor		
Full-time	43	43	Annual Salaries	2,641,023
Part-time	1	1	COLA	102,194
Nonpermanent	0	0	Premium Pay	0
			Annual Benefits	1,426,711
			Less 1.10% Vacancy Factor	(45,928)
			Lump Sum Premium Pay	0
Totals	**44**	**44**	**Total Personal Services**	**4,124,000**

Position Classification Summary

Job Class Title	Anchorage	Fairbanks	Juneau	Others	Total
Accounting Tech I	1	0	0	0	1
Administrative Clerk II	2	0	0	0	2
Administrative Clerk III	4	0	0	0	4
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	1	0	0	0	1
Health Program Mgr II	3	0	0	0	3
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	11	0	0	0	11
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	**43**	**0**	**1**	**0**	**44**