

Office of the  
Legislative Fiscal Analyst

## **FY 2005 Budget Recommendations**

Joint Appropriations Subcommittee for  
Health and Human Services

Utah Department of Health  
**Community and Family Health Services**

Contents:

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# COMMUNITY AND FAMILY HEALTH SERVICES

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**1.0 Department of Health – Community and Family Health Services**

**Summary**

The Division of Community and Family Health Services assures that women, infants, children, and their families have access to comprehensive, coordinated, affordable, community-based quality health care. Division services are available to all citizens of the State according to their ability to pay, but primary clients are women, infants, and children who have special health care needs and are low income. The Division coordinates efforts, identifies needs, prioritizes programs, and develops resources necessary to reduce illness, disability and death from:

- Adverse Pregnancy Outcomes
- Chronic Diseases
- Disabling Conditions
- Injury and Violence
- Vaccine-Preventable Infections

The Division is organized into a Director's Office and three functional bureaus.

	<b>Analyst FY 2005 Base</b>	<b>Analyst FY 2005 Changes</b>	<b>Analyst FY 2005 Total</b>
<b>Financing</b>			
General Fund	8,391,900		8,391,900
Federal Funds	61,069,200		61,069,200
Dedicated Credits Revenue	14,332,200		14,332,200
GFR - Cigarette Tax Rest	3,131,500		3,131,500
GFR - Tobacco Settlement	6,058,400		6,058,400
Transfers	4,644,400		4,644,400
<b>Total</b>	<b>\$97,627,600</b>	<b>\$0</b>	<b>\$97,627,600</b>
<b>Programs</b>			
Director's Office	2,228,500		2,228,500
Health Promotion	18,647,300		18,647,300
Maternal and Child Health	53,076,700		53,076,700
Children with Special Health Care Needs	23,675,100		23,675,100
<b>Total</b>	<b>\$97,627,600</b>	<b>\$0</b>	<b>\$97,627,600</b>
<b>FTE/Other</b>			
Total FTE	294.2	0.0	294.2
Vehicles	8	0	8

## 2.0 Issues: Community and Family Health Services

### 2.01 Administrative Cost Intent Language

The 2003 Legislature approved the following intent language to be implemented by this division:

*It is the intent of the Legislature that the budget analysis for the Department of Health be presented with a breakdown between costs of administration and services delivered and the number of citizens served and categorized by cost and type of service.*

The Department reports that the Community and Family Health Services' budget is 2 percent administrative, 18.9 percent indirect services, and 79.1 percent direct services. The following table shows the allocation of costs between administrative, indirect services, and direct services. In those budgets that have direct services, the number of citizens served and the types of service will be discussed.

COMMUNITY AND FAMILY HEALTH SERVICES				
ADMINISTRATIVE and SERVICE COSTS				
FY 2003 Actual Expenditures				
	Admin- <u>istration</u>	Indirect <u>Services</u>	Direct <u>Services</u>	<u>Total</u>
Director	\$638,564	\$870,048	\$690,745	\$2,199,357
	29.0%	39.6%	31.4%	
Health Promotion	476,600	10,575,576	7,827,605	18,879,781
	2.5%	56.0%	41.5%	
Maternal and Child Health	406,044	3,466,477	46,739,667	50,612,188
	0.8%	6.8%	92.3%	
Children with Special Health Care Needs	368,532	2,703,854	18,373,255	21,445,641
	1.7%	12.6%	85.7%	
<b>Total</b>	<b>\$1,889,740</b>	<b>\$17,615,955</b>	<b>\$73,631,272</b>	<b>\$93,136,967</b>
	<b>2.0%</b>	<b>18.9%</b>	<b>79.1%</b>	

Source: Department of Health

### 2.02 Non-lapsing Funding Intent Language

The 2003 Legislature approved the following supplemental intent language authorizing funding as nonlapsing for FY 2004:

*It is the intent of the Legislature that funding for alcohol, tobacco, and other drug prevention, reduction, cessation, and control programs be considered nonlapsing.*

This intent language covers two separate restricted General Fund sources: the Cigarette Tax Restricted Account and the Tobacco Settlement Account. The purpose of this authorization was so that the programs could spend the funds without the fear of losing the funds if they were not all spent by the end of the fiscal year. The funds in these programs are contracted out and may cover a time period spanning two fiscal years. At the end of FY 2003, the Department had a nonlapsing balance of \$663,766 in the Tobacco Settlement Account, and no nonlapsing balance in the Cigarette Tax Restricted Account.

### **2.03 Early Intervention Intent Language**

The 2003 Legislature approved the following intent language to be implemented by this division:

*It is the intent of the Legislature that there be a sliding fee schedule adopted by the Department for children's services in the Early Intervention program.*

The Department approved a fee schedule, which was implemented by the providers in the Early Intervention Program in July 2003. Fees are expected to generate \$150,000 in FY 2004 and \$200,000 in FY 2005 which will help to defray the expenses associated with the Early Intervention services. Prior to FY 2004, a donation was requested from parents, but not required.

**3.1 Community and Family Health Services – Director’s Office**

**Recommendation** The Analyst's FY 2005 recommendation for the Director's Office is based on a staffing level of 8.7 FTEs. The Analyst recommends a budget of \$2,228,500. The funding sources are the General Fund and Federal Funds.

Approximately \$1.5 million of Federal funds is passed through to the 12 local health departments for services covered by the Maternal and Child Health grant and the Public Health Block grant.

	2003	2004	2005	Est/Analyst
	Actual	Estimated	Analyst	Difference
<b>Financing</b>				
General Fund	559,500	562,600	562,300	(300)
General Fund, One-time		1,600		(1,600)
Federal Funds	1,646,156	1,625,700	1,666,200	40,500
Dedicated Credits Revenue	503			
Lapsing Balance	(6,801)			
<b>Total</b>	<b>\$2,199,358</b>	<b>\$2,189,900</b>	<b>\$2,228,500</b>	<b>\$38,600</b>
<b>Expenditures</b>				
Personal Services	738,394	586,100	584,300	(1,800)
In-State Travel	1,007	1,300	1,300	
Out of State Travel	2,895	2,500	2,500	
Current Expense	56,914	69,600	68,100	(1,500)
DP Current Expense	13,670	13,400	14,800	1,400
Other Charges/Pass Thru	1,386,478	1,517,000	1,557,500	40,500
<b>Total</b>	<b>\$2,199,358</b>	<b>\$2,189,900</b>	<b>\$2,228,500</b>	<b>\$38,600</b>
<b>FTE/Other</b>				
Total FTE	12.6	8.7	8.7	0.0

\*Non-state funds as estimated by agency

**Purpose** The Office of the Director of the Division of Community and Family Health Services (CFHS) leads and manages all the resources and programs of the Division. The office consists of the Director, the administrative secretary, and the Financial Resources Program. The director oversees three bureaus, including Health Promotion, Maternal and Child Health, and Children with Special Health Care Needs.

The Financial Resources program provides financial management for the division by managing budgets, contracts and grants; ensuring compliance with financial policies and regulations; ensuring the accuracy of all financial transactions; and providing billing services for public services.

**Administration/ Service Cost Breakdown Intent Language** The 2003 Legislature approved this intent language for this division:

*It is the intent of the Legislature that the budget analysis for the Department of Health be presented with a breakdown between costs of administration and services delivered and the number of citizens served and categorized by cost and type of service.*

The Department reports that this budget is 29 percent administration, 39.6 percent indirect services, and 31.4 percent direct services. Almost \$700,000 that is included in direct services is funding passed through to the local health departments for Maternal and Child Health contracts. While the State Department of Health is not providing the services, it is providing the funding for direct services in this area.

### 3.2 Community and Family Health Services – Health Promotion

**Recommendation** The Analyst recommends \$18,647,300 for FY 2005 for this bureau. Of this amount, almost \$3.5 million is passed through to local health departments by contract for tobacco prevention and control and cancer control programs.

Two significant sources of funding for this program are the Cigarette Tax Restricted Account and the Tobacco Settlement Restricted Account. The original Cigarette Tax funding source came as a result of House Bill 404 in the 1998 Session, "Use of Cigarette Tax", which annually diverts \$250,000 from the tax on cigarettes and deposits that amount in the restricted account. Since 1998, the Legislature has approved an annual appropriation from the restricted account in the amount of \$250,000. During the 2002 Legislative Session, House Bill 238, "Cigarette and Tobacco Tax Amendments" increased the tax on a pack of cigarettes by 18 cents. The expected FY 2005 revenue from this increase that is earmarked for the Tobacco Prevention programs at the Department is approximately \$2.9 million.

The Tobacco Settlement Restricted Account is from the proceeds from the Master Settlement Agreement, and was established during the 2000 Session with Senate Bill 15, "Use of Tobacco Settlement Revenues." Appropriations from these accounts are to be used to continue the media campaign geared toward children, adolescents, and others to discourage them from using tobacco products. The Tobacco Settlement Restricted Account appropriations have been authorized as nonlapsing (through intent language), due to the nature and timing of the contracts with the media and other vendors. The actual nonlapsing amount carried forward from FY 2003 to FY 2004 was \$663,766.

One of the major pieces of the Dedicated Credits is a grant from the American Legacy Foundation. The American Legacy Foundation is a national, independent, public health foundation committed to working with other organizations in decreasing the use of tobacco by Americans. Among the American Legacy Foundation's top priorities are to reduce tobacco use by young people and to support programs that help people - whether they are young or old - to quit smoking. The grant has increased from approximately \$80,000 in FY 2001 to nearly \$600,000 in FY 2004, but is nearing the end and is projected to decrease to \$143,000 in FY 2005.

The Revenue Transfer comes from Medicaid matching funds for Baby Your Baby outreach programs (\$359,100) and the Tobacco Media Campaign (\$455,000). The Children's Health Insurance Program also contributes \$100,000 for the Baby Your Baby program. Also included is \$53,000 for Pedestrian Safety from the Department of Public Safety; and \$10,000 from the Department of Human Services for the Child Fatality Review.

	2003	2004	2005	Est/Analyst
	Actual	Estimated	Analyst	Difference
<b>Financing</b>				
General Fund	325,200	299,600	299,300	(300)
General Fund, One-time		900		(900)
Federal Funds	8,349,347	8,051,600	7,919,400	(132,200)
Dedicated Credits Revenue	1,234,893	1,560,834	1,021,400	(539,434)
GFR - Cigarette Tax Rest	2,868,400	3,131,500	3,131,500	
GFR - Tobacco Settlement	5,066,500	5,066,500	5,063,200	(3,300)
Transfers	1,397,273	1,227,300	1,212,500	(14,800)
Beginning Nonlapsing	319,934	663,766		(663,766)
Closing Nonlapsing	(663,766)			
Lapsing Balance	(18,000)			
<b>Total</b>	<b>\$18,879,781</b>	<b>\$20,002,000</b>	<b>\$18,647,300</b>	<b>(\$1,354,700)</b>
<b>Expenditures</b>				
Personal Services	4,558,030	4,917,400	4,788,600	(128,800)
In-State Travel	82,847	113,700	103,900	(9,800)
Out of State Travel	87,529	118,700	115,500	(3,200)
Current Expense	8,449,880	9,532,000	8,409,000	(1,123,000)
DP Current Expense	166,252	132,200	111,900	(20,300)
DP Capital Outlay		6,000		(6,000)
Other Charges/Pass Thru	5,535,243	5,182,000	5,118,400	(63,600)
<b>Total</b>	<b>\$18,879,781</b>	<b>\$20,002,000</b>	<b>\$18,647,300</b>	<b>(\$1,354,700)</b>
<b>FTE/Other</b>				
Total FTE	96.0	99.9	96.5	(3.3)
Vehicles	3	3	3	

\*Non-state funds as estimated by agency

**Purpose**

The Bureau of Health Promotion includes more than 90 highly-skilled public health professionals focused on reducing premature death and disability due to heart disease, stroke, cancer, diabetes, arthritis, asthma, tobacco, injuries and violence, and lack of prenatal care. The Bureau’s programs systematically coordinate around common functions such as surveillance and information management, local health departments and other partner relations, media campaigns and related outreach, consumer research, and education of health care providers. Comprehensive population-based interventions are provided at the school, work, community and health care sites, and include primary, secondary, and tertiary prevention strategies.

**Cancer Control Program**

Cancer places a significant burden on the lives of many Utahns. Many cancer-related programs are categorical in nature; that is they are built around specific cancer sites (e.g. breast, prostate, lung, etc.) and risk factors (e.g. poor nutrition, use of tobacco, etc.) As a result, there is often lack of coordination and collaboration among these programs, efforts are duplicated, and opportunities for cancer prevention and control may be missed. The mission of the Utah Cancer Control Program is to reduce cancer incidence and mortality in Utah through collaborative efforts that provide services and programs directed toward comprehensive cancer prevention and control through the following:

- Maintaining the Utah Cancer Action Network, a group of over 100 people from 60 organizations including hospitals, private clinics, government and community agencies, non-profit organizations and other groups who are working together to reduce cancer incidence and mortality for all Utahns.
- Implementing the goals and objectives of the State Cancer Plan written by the members of the UCAN in 2001.
- Sponsoring a meeting for 23 individuals representing primary care, urology, oncology, public health, the insurance industry, the Utah Cancer registry, medical ethics, and the American Cancer Society. The group unanimously opposed the development of statewide, population-based prostate cancer screening. It was agreed that the Department would provide education for both the public and providers.

Breast cancer is the leading cause of cancer death for Utah women. In 2002, 220 Utah women died of breast cancer and 1,073 new cases of invasive breast cancer and 196 in situ were diagnosed. Late stage diagnosis is the primary predictor of poor survival and subsequent mortality.

The program helps reduce morbidity and mortality from breast and cervical cancers by working with LHDs and other community providers statewide to:

1. Provide low cost or free breast and cervical cancer screening (including mammograms) to medically underserved women
2. Provide public and professional education about the need for early detection and availability of screening services
3. Develop and use a statewide surveillance system to plan and evaluate screening and education efforts

The Bureau provides approximately \$625,000 to the local health departments for Cancer Control programs.

**Heart Disease and Stroke Prevention Program**

The goal of the Heart Disease and Stroke Prevention Program is to decrease premature death and disability due to heart disease and stroke through the following:

1. Develop and Coordinate State Partnerships: The Alliance for Cardiovascular Health in Utah has been organized to strengthen health systems for the primary, secondary, and tertiary prevention of heart disease principles that are designed to promote, influence, and assist the public in developing skills and making good choices.
2. Help communities, work-site, schools, and health care sites develop effective policies, environment supports and practices that are effective in promoting heart health and preventing disease, such as the Gold Medal School Initiative.

3. Continue the 5-A-Day efforts, which promote the message to eat five servings of fruits and vegetables each day for better health. Since the program began, the proportion of children, adolescents, and adults who eat “5-A-Day” has increased significantly. More than 70,000 children have participated in the 5-A-Day tours of local grocery stores.
4. Work with physicians and other care providers and managed care to enhance the primary and secondary prevention efforts of all providers to Utahns at highest risk for heart disease and stroke, especially for high blood pressure and cholesterol, and obesity.
5. Increase the knowledge and awareness base of Utahns about the importance of preventing heart disease and stroke for every age group. Maintain a surveillance and evaluation program to monitor heart health and risk status of Utahns, and evaluate effectiveness of program interventions and strategies.

**Outcome Measures**

The following table shows some of the outcome measurements associated with this program.

FY 2003 Service	Outcomes
Number of policies and environmental supports made by all Gold Medal Schools to promote healthier nutrition and physical activities.	660/495
Gold Medal School Initiative (Schools/Students & Faculty)	100/48,159
Walk Your Child to School Day (Schools/Students)	102/40,000
Students participating in 5 a Day activities	70,000
Utahns receiving prevention messages from events or campaigns	
Direct prevention messages	115,000
Website education	1,317,985
Newsletters	141,950
Health professionals receiving education	1,581
Teachers, principals, superintendents, and school food service staff receiving school health information and/or training	2,335
Utahns taking action to decrease high levels	
Blood Pressure	89.8%
Cholesterol	91.3%
Percent of in adults eating 5-A-Day (1993 and 2002)	13%/21%
Percent of in adolescents eating 5-A-Day (1993 and 2001)	13%/24%

**Diabetes Prevention and Control Program (DPCP)**

The Diabetes Prevention and Control Program is funded completely through federal funds. Diabetes prevalence in Utah has doubled in the past 15 years. It is estimated that about 120,000 Utahns have diabetes. Of those 34,000 have diabetes, but are unaware of it. Indirectly, diabetes affects the entire population as it is a major cause of morbidity and mortality and places a significant economic burden on the health care system. Diabetes accounts for over 9 percent of Utah hospitalizations. In 2002, there were 20,362 diabetes-related hospital discharges, with the charges amounting to over \$268 million. There are also costs related to lost productivity, disability, and family resources.

Approximately 12 percent of Utahns belong to an ethnic or racial minority group and may have a substantially increased risk of developing diabetes. DPCP improves the awareness of the risks and treatment of diabetes and its complications (heart disease, end-stage kidney disease, blindness, amputations, hospitalizations, and long-term reduction in activity). DPCP has focused on easy access to information and education as an important component of diabetes management and awareness.

DPCP has accomplished the following during FY 2003:

1. Completed the fifth phase of its public awareness campaign. The FY 03 campaign focused on increasing awareness of diabetes care and control methods among high risk ethnic populations. Television and radio Public Service Announcements (PSAs) were developed as well as posters, bus boards, and bus shelter ads. Additionally television and radio PSAs and print media were produced to target all Utahns, with or without diabetes.
2. The Utah Diabetes Control Program contracted with six local health departments and four community based organizations to implement awareness activities in these areas. Diabetes coordinators distributed information to physicians, clinics, grocery stores, schools, pharmacies, libraries, and many other locations. In addition, media messages were displayed in print and through the radio. One of the community based organizations is developing a lay-health worker program to educate Hispanics with diabetes about self-management and risk reduction techniques. Other contracts were made with Community Health Centers to improve diabetes care for high risk/low-income populations through continuing implementation of a chronic care model.
3. Provided two days of training to non-medically trained staff from around the state, covering ten topics stipulated in the National Standards for Diabetes Self-Management Training.
4. Contracted with seven health plans to collect Health Plan Employer Data and Information Set (HEDIS) information through claims and chart exams, LDL levels, and nephrology measures. The Program developed a validated collection instrument that allows data from chart reviews to be entered electronically. The data are used to measure progress in and among the health plans.

**Healthy Utah Program**

Healthy Utah is a work-site-based employee health promotion and prevention program available to more than 55,000 state and other public employees and their spouses covered by Public Employees Health Program. Healthy Utah’s mission is “Providing resources, incentives and skills: empowering people to achieve healthy lifestyles.” Healthy Utah works in school settings, state departments and with other public entities to create healthy work environments that support healthy lifestyle behaviors. Healthy Utah offers physical assessments, personal health sessions, weight management and stress prevention classes. Seminars on a variety of health topics and group health promotion programs are also available free of charge. Healthy Utah also provides technical assistance to work sites interested in establishing wellness councils and integrating employee health promotion and prevention into daily business activities. Healthy Utah strives to increase employee productivity, decrease employee absenteeism and reduce the rapid escalation of health care costs.

**Outcome Measures**

The following table demonstrates some of the program’s accomplishments for FY 2003:

FY 2003 Service	Outcomes
State/Public employees and spouses who are registered members	20,282
Participants in assessment sessions	5,180
Participants in wellness seminars	5,872
Participants in personal health counseling sessions	310
Participants in group health promotion programs	4,158
Participants in weight management classes or online	428
Smoking cessation rebates completed	23
Physical activity rebates completed	4,251
Diabetes rebate participants	32
Average number of visits to the web site per day	1,608

**Arthritis Program**

Arthritis is the leading cause of disability in the United States and is the second leading cause of disability in Utah (following neck and back conditions, which may in fact, be arthritis). Nationally, 33 percent of adults have arthritis. In Utah, 31 percent of residents over 18 years have arthritis (2002 BRFSS data). Clearly, arthritis has become one of the most pressing public health concerns. These conditions, costs, and negative health outcomes can be managed through effective, but underutilized programs.

The Utah Arthritis Program (UAP) is fully funded by the Centers for Disease Control (CDC). The mission is “To increase the quality of life among persons in Utah affected by arthritis.” To fulfill this mission, the UAP focuses on the following: increasing community awareness, measuring arthritis trends, improving clinical practice, and promoting supportive health systems and policies.

**Asthma**

Asthma is the leading cause of school days missed within the United States. It is estimated that there are more than 15 million people with asthma in the United States, including 5 million children. Nationwide, the number of asthma cases in children under five years of age has increased more than 160 percent between 1980 and 1994, and 74 percent among children ages 5-14. Although Utah's growth rate has not been this dramatic, more than 8,500 additional children under the age of 17 were reported to have asthma from 1996 to 2001, bringing the current level to 36,300. In total, there are over 120,000 Utahns of all ages suffering with asthma, representing 5.3 percent of the population. In 2002, there were 1,443 hospitalizations for asthma, with children under the age of 20 accounting for 49 percent of those visits. Costs for the hospitalizations amounted to over \$8.3 million.

Although medical management is at the forefront of treatment for asthma, public health has an important role in the assessment of the problem. The Utah Asthma Program was developed in 2002 with CDC funding to begin efforts to address asthma from a public health perspective. The Utah Asthma Program has developed an asthma surveillance system to measure the burden created by this chronic illness to Utah residents. A Utah Asthma Task Force, comprised of public and private organizations, assessed the state of asthma prevention and care in Utah and designed a strategic plan that provides direction for future program interventions. As funding from CDC was specifically designed for statewide planning, partnership development, and surveillance efforts, infrastructure development services have been provided. With the development of the state Asthma Plan, action workgroups have been convened to address some of the most pressing needs identified by the Asthma Task Force. School and provider resource development, a data needs assessment, risk factor identification and a public awareness campaign will be some of the first projects implemented.

**Genomics Program**

The Genomics Program began in July 2003 with funding from the CDC, and is designed to develop the Utah Department of Health's capacity for planning and integrating the use of genomic information in public health policy and programs, particularly in chronic disease programs. Of particular importance is enhanced coordination within State core public health specialties (such as epidemiology, laboratory activities, and environmental health) and facilitation of the effective application of new knowledge about gene-environment interactions, and crosscutting family history information to chronic disease opportunities.

**Violence and Injury Prevention Program**

The mission of the Violence and Injury Prevention Program (VIPP) is to reduce the occurrence of fatal and non-fatal injuries among Utah residents. Injury is a significant public health problem and a leading cause of premature death and disability. During the three-year period of 2000-2002, unintentional injuries resulted in 1,994 deaths (29.05 per 100,000 persons). For that same period, there were 26,399 injury-related hospitalizations, with total charges exceeding \$336 million. These figures do not include injuries due to medical mishaps, suicide, or assault.

To accomplish its mission, VIPP collaborates with many partners including other UDOH programs, state and local agencies, local health departments, private business, nonprofit community organizations, health care providers and others.

The VIPP conducts and/or provides significant support to the following projects and activities: Motor Vehicle Seat Belt and Child Booster Seat Campaigns, Youth Suicide Study, Suicide Prevention Task Force, Child Fatality Review Committee, Intimate Partner Violence Death Review Team, Rape and Sexual Assault Prevention Project, Domestic Violence Prevention Project, Traumatic Brain Injury Surveillance Project, Adolescent Pedestrian Safety Project, Utah Safe Kids Campaign, and others. The VIPP contracts with all local health departments - providing funding and technical support for local injury prevention programs that address adult seat belt and child care seat use, bicycle safety and helmet use, pedestrian safety, school playground safety, fall prevention, community and family violence prevention, etc.

**Baby Your Baby Program (BYB)**

The BYB Outreach Program strives to improve the health of families in Utah through programs such as Baby your Baby, Check your Health, Children’s Health Insurance Program (CHIP), and the Primary Care Network (PCN). The program provides hotline services, develops education strategies, and program coordination. The Hotline provides information and referral services to more than 50,000 callers each year for BYB, Check Your Health, Immunization hotline, CHIP, and other division programs. The outreach program establishes public-private partnerships to promote healthy lifestyles, reduce health risks, and increase access to health care. This is accomplished through public service announcements and other television programs, radio and printed materials which address Department goals dealing with early prenatal care, birth defects, SIDS, folic acid, child passenger safety, vaccine-preventable infections, injury and violence, dental disease, and other important maternal and child health issues.

<u>Service</u>	<u>FY 1999</u>	<u>FY 2000</u>	<u>FY 2001</u>	<u>FY 2002</u>
Number of hotline callers served	43,309	45,365	50,029	73,648

**Tobacco Prevention and Control Program (TPCP)**

The TPCP provides technical expertise, and coordination at state and community levels to prevent and reduce tobacco use in Utah. The data indicate that Utah’s anti-tobacco efforts are starting to pay off. Tobacco use rates among adults and youth are on a downward trend, more smokers are making a serious attempt to quit, tobacco consumption is down, and fewer retailers are selling tobacco products to minors. Despite these successes, the need to address tobacco use in Utah remains high. More than 200,000 Utahns continue to use tobacco. Tobacco use is a leading preventable cause of death in the U.S., and kills over 1,200 Utahns annually. Utah incurs more than \$273 million annually in smoking-related medical costs. Smoking-attributable Medicaid expenditures alone amount to \$81 million per year. Since the advent of the Master Settlement Agreement, research indicates the tobacco industry is spending more money than ever on marketing and promoting their products. In Utah alone, the tobacco industry spent an estimated \$90.8 million in product marketing in 2001—more than 10 times what Utah spends on anti-tobacco programming. The program’s efforts in fighting tobacco are paying off, but with continued industry marketing, there is more to be done to protect citizens from the disability, disease, and death caused by tobacco use.

The goals of this program are to:

1. Promote quitting among adults and youth
2. Prevent initiation of tobacco use among young people
3. Eliminate nonsmokers’ exposure to secondhand smoke
4. Identify and eliminate disparities in tobacco use among populations groups

The program receives state, federal, and private funds. Ninety-five percent of state funds are passed through to local health departments, community prevention and cessation programs, a Truth About Tobacco media campaign, and other services. An independent evaluation contractor assists in measuring the impact of funded programs.

**Anti-Tobacco Projects Funded by Senate Bill 15, 2000 General Session**

The TPCP and its partners attack the problem of tobacco use with proven program components, including: Statewide and community-based services to help smokers quit; the “Truth About Tobacco” public awareness campaign; prevention partnerships with local health departments, schools, and communities; and youth access to tobacco.

Statewide and community-based services to help smokers quit – Tobacco cessation counseling is one of the most effective interventions in preventive medicine. Quitting smoking at any age provides health benefits and increases life expectancy for former smokers. More than 75 percent of Utah’s smokers have thought about quitting. To help smokers quit successfully, the TPCP offers the Utah Tobacco Quit Line and Utah QuitNet ([www.utahquitnet.com](http://www.utahquitnet.com)), Medicaid coverage of tobacco cessation services for pregnant women and for the cessation medication Zyban, local school and community based teen cessation programs, community-based adult cessation programs, and Medicaid coverage.

“Truth About Tobacco” Public Awareness Campaign – The TRUTH media campaign is multi-pronged, targeting prevention and quitting among mainstream and high risk youth, adults, pregnant women, Native Americans, Hispanics and Latinos, college students, rural populations, and work sites through a mix of media including radio, TV, and outdoor advertising. Most Utah residents are directly or indirectly impacted by the campaign. The TPCP evaluates the reach and impact of the media campaign with annual surveys of 2,000 randomly selected Utah teens, and adult smokers and non-smokers. Some campaign components include:

- "I Did It" quit smoking TV campaign to promote Utah Quit Line and QuitNet services
- "Truth About Tobacco" youth ads
- Advertisements addressing pregnant women and secondhand smoke
- Events promoting tobacco-free communities

Prevention Partnerships with Local Health Districts, Schools, and Communities - Evidence-based school programs promote strong "no tobacco use" attitudes among students, increase students' knowledge of the dangers of tobacco, and teach students skills to resist peer influences. School programs are most effective when they are part of comprehensive school tobacco policies that include enforcement of rules against tobacco use, tobacco prevention education for students in all grades, access to cessation services, and involvement of families and communities in tobacco prevention. TPCP prevention services included:

- Collaboration with select school districts to strengthen and better enforce school tobacco policies.
- Evidence-based anti-tobacco curricula for students in grades 4 to 8.
- Truth from Youth Anti-Tobacco Advertising Contest.
- Anti-tobacco activities and presentations in schools and communities across Utah.

Youth Access to Tobacco - Utah law prohibits tobacco sales to minors under the age of 19. Local health departments collaborate with retailers and law enforcement to ensure compliance with youth access laws through retailer education, retailer recognition, and compliance checks.

The following table lists some of the outcomes and accomplishments of the TPCP during FY 2003.

FY 2003 Service	Outcomes
% Decrease in Adult tobacco use*	9.0%
% Decrease in Youth tobacco use*	26.0%
Number of Utahns who called the Quit Line	14,700
Number of Utahns who used Quit Line referral or local cessation programs	6,000
Anti-tobacco awareness campaign:	
% of Adults recalling anti-tobacco ads	90.0%
% of Youth recalling anti-tobacco ads	94.0%
Number of students impacted by enhanced school policies on tobacco use	34,000
Number of students participating in anti-tobacco curricula	12,000
Number of students who have created anti-tobacco ads for the "Truth From Youth" program (Since 1997)	36,000
% of Sales to youth during compliance checks (FY01/FY03)	16%/8.0%
* since beginning of MSA funding	

**Other Funding through Senate Bill 15, 2000 General Session**

Originally, Senate Bill 15 allocated \$4.0 million to the Health Department for programs addressing tobacco education, prevention, and cessation. The bill’s language also provided additional funding (\$2 million) in the event that the lawsuit from the outside law firm was settled. That suit was settled and the Legislature approved increasing the funding from the Tobacco Settlement Account to \$6 million, but reduced the division’s General Fund appropriation by a corresponding \$2 million.

In addition to the Tobacco Settlement Account’s funding for the TPCP, other allocations include \$7 million to cover the State’s share of the costs for the Children’s Health Insurance Program (CHIP); \$1.49 million to the Courts and the Department of Human Services to expand the drug court program; \$510,000 to the Board of Pardons, the Department of Corrections, and the Department of Human Services for a drug board pilot program; and \$4 million to the University of Utah Health Sciences Center. Utah Code requires that each of the state agencies that receive funding from the Tobacco Settlement funds shall provide an annual report on the program and activities funded to both the Health and Human Services Interim Committee and the Health and Human Services Joint Appropriations Subcommittee (63-97-201(6)).

**Administration/ Service Cost Breakdown Intent Language**

The 2003 Legislature approved this intent language for this division:

*It is the intent of the Legislature that the budget analysis for the Department of Health be presented with a breakdown between costs of administration and services delivered and the number of citizens served and categorized by cost and type of service.*

The Department reports that this budget is 2.5 percent administration, 56 percent indirect services, and 41.5 percent direct services. The direct services are in the following areas: Cancer Control, Cardiovascular Disease, Diabetes Control, Healthy Utah, Arthritis, Asthma, Violence and Injury Prevention, Baby Your Baby, and Tobacco Prevention.

Cancer Control Program: The cost of breast and cervical cancer screens (including clinical breast examination, pelvic examinations, or both) is \$41.20 per screen.

Cardiovascular Disease Program: The cost per all services and messages (including media campaigns) in FY 2003 was \$1.32. The cost per child in Gold Medal Schools was \$5.02.

Diabetes Control Program: The estimated cost per person impacted by the DCP is \$1.00.

Healthy Utah: The average cost per participant in Healthy Utah is \$32.08.

Arthritis Program: The estimated costs of services include the following: an arthritis radio campaign to increase community awareness reached an estimated 600,000 at a per person cost of \$0.015; the Utah Arthritis Report distributed to key partners and constituencies, as well as on the department's web page was developed at a per person cost of \$0.012; and providing 3,900 individuals with training, information, or services related to these efforts at a per person cost of \$2.05; and free arthritis seminars were provided to 300 participants at an average cost of \$10.00 per person.

Asthma Program: The program completed and published its report at a cost of \$1.18 per report and maintained its website at a cost of \$0.02 per Utahn with asthma.

Violence and Injury Prevention Program: During FY 2002, 5,560 child safety seats and booster seats were inspected at a cost of \$3.90 per inspection. In addition, 5,920 parents were educated in child safety seats at a cost of \$1.45 per parent. Literature was provided for 22,450 parents and adults about safety seats and booster seats, at a cost of \$0.45 per person.

Child pedestrian safety efforts were conducted with various education programs including Green Ribbon, Walk This Way, and Walk Your Child to School assisting an estimated 33,150 adults and children at a cost of \$0.52 per person.

Baby Your Baby Program: The estimated cost per call was \$2.91.

Tobacco Prevention and Control Program: The cost of services provided by the Tobacco Prevention and Control Program included quit line services (\$84 per caller) and the anti-tobacco media campaign (\$1.38 per capita).

### 3.3 Community and Family Health Services – Maternal and Child Health

**Recommendation** The Analyst recommends a budget of \$53,076,700 for Maternal and Child Health for FY 2005.

The majority of the funding for this program (\$34.7 million) comes from federal funds for the federal Women, Infants, and Children (WIC) program, a supplemental food program for pregnant, breast-feeding or postpartum women, infants, and children up to five years of age. The Bureau also receives \$4.1 million in federal funds for child immunization efforts.

Infant formula manufacturers rebate funds to the State from WIC formula purchases. These rebates, projected at \$9.8 million are listed as dedicated credits, together with private contributions.

Of the \$728,700 identified as Revenue Transfers, most (\$600,000) is from the Children’s Health Insurance Program (CHIP) for vaccines. The balance is funding from the Medicaid program for the following programs: (1) Pregnancy Risk Assessment and Management, (2) Baby Your Baby, (3) Home Visitation, and (4) Immunization Media Campaign and Immunization private donations.

	2003	2004	2005	Est/Analyst
	Actual	Estimated	Analyst	Difference
<b>Financing</b>				
General Fund	244,400	209,100	208,600	(500)
General Fund, One-time		200		(200)
Federal Funds	37,741,238	40,612,400	41,023,500	411,100
Dedicated Credits Revenue	10,000,111	10,138,100	10,120,700	(17,400)
GFR - Tobacco Settlement	995,200	995,200	995,200	
Transfers	1,670,438	128,700	728,700	600,000
Lapsing Balance	(39,200)			
<b>Total</b>	<b>\$50,612,187</b>	<b>\$52,083,700</b>	<b>\$53,076,700</b>	<b>\$993,000</b>
<b>Expenditures</b>				
Personal Services	2,897,344	3,553,400	3,583,100	29,700
In-State Travel	22,215	41,500	46,700	5,200
Out of State Travel	59,779	72,800	71,700	(1,100)
Current Expense	4,812,130	3,952,900	4,895,900	943,000
DP Current Expense	356,494	627,200	546,700	(80,500)
Other Charges/Pass Thru	42,464,225	43,835,900	43,932,600	96,700
<b>Total</b>	<b>\$50,612,187</b>	<b>\$52,083,700</b>	<b>\$53,076,700</b>	<b>\$993,000</b>
<b>FTE/Other</b>				
Total FTE	57.8	65.1	64.4	(0.7)
Vehicles	1	1	1	

\*Non-state funds as estimated by agency

**Purpose**

The Maternal and Child Health Bureau works to improve the health of mothers, children and their families. The Bureau programs focus on various public health functions, such as surveillance and analysis of data related to maternal behaviors before, during and after pregnancy; maternal, fetal and infant deaths; pregnancy outcomes; media campaigns and other means of outreach; education of consumers and health care providers; collaborative efforts with local health departments, community health centers and the private provider community, as well as community-based organizations and schools. The Bureau includes six programs that work to achieve the Bureau's goal: Reproductive Health; Child, Adolescent and School Health; Immunizations; Data Resources; Women, Infants and Children (WIC); and Oral Health Programs. The Maternal and Child Health Bureau provides leadership for most Maternal and Child Health (MCH) efforts in the state through these programs.

**Reproductive Health Program (RHP)**

The RHP's mission is to improve the health of women of childbearing age and their infants. The program is comprised of numerous components, each of which functions to meet the program's goals and mission.

The Prenatal component of the program improves access to prenatal care through expedited eligibility to Medicaid, enhanced prenatal and delivery services within Medicaid, and by covering prenatal care for uninsured women. The family planning component assures access to family planning services in undeserved areas of the state. It also assures reproductive health services through technical assistance to local health departments, community health centers, and other providers. Contracts are maintained with these agencies for prenatal and family planning services.

The Wee Care component offers nurse case management of moderate and high-risk PEHP pregnant participants throughout the state via telephone. Women are provided information that can help them reduce the risk of premature delivery and other pregnancy complications. They also enjoy follow-up contact throughout the pregnancy to assure that everything is going well, and that mother and infant have optimal healthy outcomes. This program is supported through a state contract with Public Employees Health Plan.

The Pregnancy Risk Assessment Monitoring System (PRAMS) is a population-based surveillance system that queries a sample of Utah mothers about their experiences before, during and after pregnancy. PRAMS is intended to help answer questions that birth certificate data alone cannot answer. Data are used to provide important information that can guide policy interventions, and other efforts to improve care and outcomes for pregnant women and infants in Utah. An example of how PRAMS data are being used is to educate prenatal care providers about women's perceptions and experiences during pregnancy.

**Child, Adolescent and School Health (CASH) Program**

The CASH Program provides a broad range of services related to child health and development, from birth through adolescence. The CASH Program provides oversight, training and technical assistance for three home visiting nurse programs. The CASH Program oversees the Prenatal-5 Nurse Home Visiting Program and provides federal Title V funding to local health departments (LHDs) to implement nurse home visiting for pregnant women and at-risk children from birth to five years of age. Program staff provides nursing consultation, technical assistance and training for local health department nursing staff that conducts home visits and provide outreach, assessment and referral services for pregnant women and at-risk children to support and strengthen the capacity of families to meet the health and developmental needs of their children and to gain access to needed health care services.

Program staff provides training and technical assistance to local health departments on the Medicaid-funded Early Childhood Targeted Case Management Service for children from birth to age four. The LHD nurses conduct home visits and provide outreach, assessment, and referral services to Medicaid eligible children to support the healthy development of the children and help them gain access to needed health care services in their communities.

The CASH Program staff provide oversight, training and technical assistance for the Sudden Infant Death Syndrome (SIDS) Program using Title V funds. The LHD nurses conduct home visits and provide grief support, assessment, and referral services for families who have suffered the unexpected loss of an infant to support the healthy recovery of the family. Program staff coordinates efforts with Department and community programs. Staff addresses prevention efforts and provides outreach materials and training services to hospitals, community organizations, child care providers, and professional education programs.

Program staff administers the State Early Childhood Comprehensive Systems grant, funded with federal Title V funds, to improve the system of services for children from birth to age eight by coordinating efforts of statewide agencies and organizations to ensure children are ready to enter school healthy and ready to learn.

The Head Start State Collaboration Project is designed to meet the increasingly complex and difficult challenges of improving long-term health outcomes for low-income children and their families and is funded with federal and state-match funds. The overall goal of this project is to create and promote a statewide focus of interagency partnerships and linkages between Head Start and other early childhood service providers. The Project is heading a collaborative initiative to develop an action plan for early childhood services in the state.

The Healthy Child Care America (HCCA) Project, funded with a Title V grant, develops, revises, and provides oversight for the implementation of Utah's Health and Safety Curriculum for Early Childhood Providers. Public health nurses and Child Care Resource and Referral agencies use this curriculum throughout the state to educate child care providers on practices that promote the overall health and safety of children in child care including reducing the incidence of SIDS. Utah's HCCA Project is also involved in training child care health consultants (CCHCs) that provide direct consultation to child care providers, upon request, on health and safety issues. CASH Program staff provide technical assistance, consultation, and training to child care providers, local health departments, the Bureau of Licensing, the Office of Child Care, and other programs on issues related to child care health and safety and on CCHC training and development.

The CASH Program provides oversight, with federal Title V funds, for the Abstinence Education Grant, Section 510 of Title V, to provide technical assistance, training, and consultation to the agencies that implement the Abstinence programs for youth from ages nine to fourteen. The goal of this grant is to promote abstinence from sexual activity.

Service	<u>FY 2002</u>
Child Health Services (well child care, care coordination, screening)	11,886
Prenatal - 5 Nurse Home Visit	2,014

**Immunization Program (IMM)**

IMM promotes immunization as part of comprehensive health care across the life span – infants, children, adolescents, and adults. It provides services through technical assistance to local health departments, community health centers, managed care organizations, schools, licensed day care centers, and private providers. The program contracts with LHDs and community health centers to support infrastructure for outreach activities to at-risk and eligible populations. Special emphasis is placed on efforts to improve the immunization coverage for pre school-age children, especially those under two years of age.

The Vaccines for Children (VFC) program component provides vaccine at no cost to eligible children ages 0-18 years of age who are uninsured, covered by Medicaid, under-insured, or American Indian. The vaccine is provided to 289 enrolled public and private medical providers statewide. An essential part of this is vaccine management and accountability including doses administered and quality assurance, assessment, and audits. The VFC distribution system is now used to provide vaccine to children enrolled in CHIP which provides a substantial cost savings to the CHIP program and also provides the same provider services related to vaccine management and accountability.

The Disease Surveillance and Outbreak Control activities monitor the incidence of vaccine-preventable diseases and assist in addressing disease outbreaks. A staff member is supported in the Division of Epidemiology and Laboratory Services to monitor morbidity and mortality data.

The Population Based Assessment component provides technical assistance to school staff, school nurses, and school administrators. It provides retrospective school entrance surveys and validation audits of schools and licensed day care/Head Start centers. It also monitors second MMR levels of all school children through grade 12. There is a strong collaboration with the Utah State Office of Education.

The Vaccine Adverse Event Reports System (VARES) component provides a reporting system for adverse events following receipt of any U.S. licensed vaccine.

The Public and Professional Information and Education component involves activities and efforts to provide current immunization information, education, and training to the public and providers. It also supports the *Every Child by Two* public private partnership and two local coalitions and media campaign working to increase immunization rates for children under two. This component maintains the Immunization Hotline.

The Immunization Registry component pertains to IMM program support of aspects of the development and maintenance of a population based immunization registry. This includes support of provider enrollment and historical data entry to increase provider utilization of the Utah Statewide Immunization Information System (USIIS).

The Perinatal Hepatitis B Prevention program promotes Hepatitis B immunization to prevent perinatal Hepatitis B transmission. The program offers technical assistance and oversight of case management provided through local health departments, as well as Hepatitis B immunization for infants and household contacts. It also provides information on all forms of hepatitis: A, B, and C.

The Adolescent Immunization component supports activities to prevent vaccine preventable diseases in adolescents ages 11-21. This is accomplished through providing technical assistance, current information and education to the public and providers. College entrance immunization recommendations are also in place.

The Adult Immunization component promotes the prevention of vaccine preventable diseases among adults with an emphasis on influenza and pneumococcal disease. It also supports the Utah Adult Immunization Coalition working to increase immunization rates for adults.

The WIC linkage component promotes increased rates of immunization and the prevention of vaccine preventable diseases among WIC participants.

The Smallpox Vaccination and Pandemic Preparedness component provides support for Utah to achieve appropriate pandemic preparedness and response to bioterrorism agents statewide. Technical assistance and vaccine management are provided to local health departments and communities statewide.

The IMM program provides vaccine to eligible children through a federal grant award credit line at the Centers of Disease Control (CDC). Additionally, the program provides educational and technical assistance to the entire population through grant-awarded CDC funds.

**Data Resources Program**

The Data Resources Program (DRP) provides health data and information support to staff within MCH and CSHCN programs, local health departments, community-based health organizations, and citizens. The program is two-pronged in its approach as it aims to 1) increase access to health information and data, and 2) provide analytic consultation, data training, and web services.

DRP acts as a resource for MCH programs in identifying data sources and status of certain health indicators. The program also facilitates the coordination of multi-program projects, reports, and system integration. The program also plays an active role in designing web site and web-based applications for CFHS and ensures that they are in compliance with Department and State web standards.

DRP provides the necessary activities related to all the MCH Bureau programs which deal with the documentation of data reporting by local health departments as part of the contract process. The DRP serves as the data resource component for all MCH Bureau programs since it is not feasible to hire an epidemiologist or data analyst for each individual program.

**Women, Infants and Children (WIC)**

WIC is a federally funded program designed to provide supplemental food and nutritional education to pregnant, breast-feeding or postpartum women, infants and children up to five years of age. Included are individuals from low income families who are determined to be at nutritional risk because of inadequate nutrition, health care, or both. WIC is specifically designed to serve as an adjunct to good health care during critical periods of human growth and development.

Applicants must meet the following criteria to receive food:

1. A resident of the area or member of the population served by the 60 local clinics.
2. Income at or below 185 percent of the poverty guidelines established by the Federal Government.
3. Certified to be at nutritional need through a medical and/or nutritional assessment.

**Oral Health Program**

The Oral Health Program improves the oral health status of Utah residents by developing, implementing, and promoting effective prevention and dental access programs at both the state and local health department levels. OHP dental caries prevention methods such as community water fluoridation, fluoride mouth rinse programs, tooth sealant programs, and early childhood interventions help reduce rates of dental caries among all populations. The evaluation and dissemination of statewide dental health surveys, Head Start data and other Utah specific dental health information by OHP provide important needs assessment information for state and local health departments. OHP activities which improve systems of outreach to and treatment care for Medicaid, CHIP, and low-income uninsured populations help us to assure access to appropriate oral health care services for these targeted populations.

In collaboration with the Utah Oral Health Coalition, the OHP has developed and maintains the Utah Oral Health Action Plan which emphasizes implementation of appropriate prevention and access strategies for target populations and promotes development of policies for better oral health and improved oral health systems statewide. Additionally, the OHP encourages and facilitates the formation of local oral health coalitions by conducting needs assessments and oral health surveys, providing technical consultation and reporting progress toward HP 2010 oral health objectives. The OHP collaborates with local health departments and community health centers and partners with many community public health and private practice dental and health professionals, stakeholders, and advocates to effectively implement programs which best serve the needs of local communities.

**Administration/  
Service Cost  
Breakdown Intent  
Language**

The 2003 Legislature approved this intent language for this division:

*It is the intent of the Legislature that the budget analysis for the Department of Health be presented with a breakdown between costs of administration and services delivered and the number of citizens served and categorized by cost and type of service.*

The Department reports that this budget is 0.8 percent administration, 6.8 percent indirect services, and 92.3 percent direct services. The direct services are in the following areas: Reproductive Health, Child and Adolescent School Health, Immunization, and WIC.

Reproductive Health Program: The average cost per case managed client in the Wee Care program was \$149.29.

Child, Adolescent and School Health (CASH) Program: The average cost for 11,886 clients in child health services (well child care, care coordination, screening) was \$24. The average cost of a nurse home visit was \$128 per client (2014 children and pregnant women) and \$49 per home visit for the 5,302 visits. The average per visits cost of visits for Sudden Infant Death Syndrome home visits was \$7 (29 infant deaths and 15 home visits). Abstinence-only education was provided to 26,945 adolescents and parents at an average cost of \$10 per person.

Immunization Program: The cost for a 24-dose series of vaccine is \$437.93 (federal vaccine contract price) per eligible child served.

WIC: In 2003, the average monthly participation was 63,909. The average monthly cost to administer the WIC program was \$12.01 per participant. The average monthly cost for food for these low income participants was \$41.63 per participant.

### 3.4 Community and Family Health Services – Children with Special Health Care Needs

**Recommendation**

The Analyst recommends \$23,675,100 for Children with Special Health Care Needs for FY 2005. This program receives a substantial amount of its funding from federal funds (\$10.4 million), although this shows an anticipated decrease from FY 2004 due to a decrease in the Public Services local grant. The significant level of federal funds requires over \$6 million of state General Funds. The Dedicated Credit revenue comes mainly from collections for the direct services provided by this program, including Early Intervention, Newborn Screening, and the specialty clinics for children with special needs.

The Revenue transfer of \$2.7 million represents funds which are utilized to draw down additional federal funds through the Medicaid program. These transfers include Case Management (\$681,000), community-based services (\$150,000), Fostering Healthy Children (\$1,737,300), Teratology (Birth Defects and Genetics) (\$60,600), and Baby Watch/Early Intervention (\$74,300).

	2003	2004	2005	Est/Analyst
	Actual	Estimated	Analyst	Difference
<b>Financing</b>				
General Fund	6,460,900	7,320,600	7,321,700	1,100
General Fund, One-time		7,200		(7,200)
Federal Funds	9,426,865	10,922,200	10,460,100	(462,100)
Dedicated Credits Revenue	4,671,598	3,242,900	3,190,100	(52,800)
Transfers	918,178	2,671,700	2,703,200	31,500
Lapsing Balance	(31,900)			
<b>Total</b>	<u>\$21,445,641</u>	<u>\$24,164,600</u>	<u>\$23,675,100</u>	<u>(\$489,500)</u>
<b>Expenditures</b>				
Personal Services	6,998,189	7,538,900	7,333,900	(205,000)
In-State Travel	133,126	166,200	162,700	(3,500)
Out of State Travel	61,096	75,500	61,100	(14,400)
Current Expense	6,050,644	6,743,500	6,686,900	(56,600)
DP Current Expense	385,607	487,400	383,500	(103,900)
DP Capital Outlay	6,373			
Other Charges/Pass Thru	7,810,606	9,153,100	9,047,000	(106,100)
<b>Total</b>	<u>\$21,445,641</u>	<u>\$24,164,600</u>	<u>\$23,675,100</u>	<u>(\$489,500)</u>
<b>FTE/Other</b>				
Total FTE	119.3	127.5	124.6	(3.0)
Vehicles	4	4	4	

\*Non-state funds as estimated by agency

**Purpose**

The Bureau of Children with Special Health Care Needs (CSHCN) encompasses ten programs serving special needs children. CSHCN programs reduce preventable death, disability, and illness due to chronic and disabling conditions by providing access to affordable high-quality health screening, specialty health care, and case management. Bureau programs provide “direct services” or “population based services”. These services are provided by bureau staff or through contractual agreement with community providers.

**Fee Intent Language**

Most of the previous years, the Legislature has traditionally authorized additional funding for the Early Intervention program to handle the increased number of requests for Early Intervention services. Co-pays, through a sliding fee schedule, were utilized for a short time, but were discontinued with the adoption of intent language authorizing a “suggested donation” for services. The 2003 Legislature changed that back to a sliding fee schedule, by adopting the following intent language:

*It is the intent of the Legislature that there be a sliding fee schedule adopted by the Department for children’s services in the Early Intervention Program.*

The Division reports the following:

The program complied with the intent language by implementing a sliding fee schedule. Parents have been generally responsive to the fee. Fee revenue, which is used to partially offset the cost of the services, is expected to generate \$150,000 in the current fiscal year and \$200,000 in FY 2005.

**Hearing, Speech, and Vision Services (HSVS)**

HSVS provides statewide screening, evaluation, and referral of infants and children with hearing, speech, and/or vision problems. Target populations are newborns, infants and preschoolers, children at risk, children in areas lacking alternative care and children whose parents request financial assistance. Pediatric hearing, speech, and vision services are provided throughout the state, from the main clinic in Salt Lake City, regional clinical facilities in Ogden, Cedar City, Vernal, Price, and Montezuma Creek, and 26 traveling clinic sites. HSVS works with local resources to provide referral to appropriate intervention services. Children identified with these disorders in early life have a much lower rate of subsequent chronic disability. Approximately 3,000 clinical visits are provided annually.

<b>Service</b>	<b><u>FY 2000</u></b>	<b><u>FY 2001</u></b>	<b><u>FY 2002</u></b>	<b><u>FY 2003 est.</u></b>
% Hospitals providing UNHS	100%	100%	100%	100%
% Live births receiving hearing screening	92%	96%	97%	99%
% of those screened passing initial test	85%	86%	89%	90%
# confirmed hearing loss	50	96	59	100
# in diagnostic process	254	359	288	< 1% of all newborns
# patient evaluations	4,493	3,817	3,023	3,500
# public health education efforts	2,500	4,335	3,455	4,000
# photo screens provided statewide	888	1,030	814	1,000
# recycled hearing aids provided	20	20	15	30

**Neonatal Follow-up Program (NFP)**

This program provides statewide multi-disciplinary services for the very low birth weight graduates of Utah newborn intensive care units. The services are offered through three satellites in Salt Lake City, Ogden, and Provo. There are approximately 600 very low birth weight babies born in Utah each year. Compared to normal birth weight babies, low birth weight babies have a higher rate of health and growth problems, soft and hard neurological findings, learning difficulties, cognitive difficulties, mental retardation, hearing and vision deficits, behavioral disorders, attention problems, language delays, delayed social skills, and school failure. The Neonatal Follow-up Program provides follow-up to two and one-half years of age and periodic screening by multi-disciplinary providers (neurologist, pediatrician, audiologist, speech pathologist, dietitian, psychologist, ophthalmologist, occupational/physical therapist, nurses and others as dictated by the child's condition). Note: the decrease in patient encounters in FY 2003 is due to new eligibility requirements.

<u>Service</u>	<u>FY 1999</u>	<u>FY 2000</u>	<u>FY 2001</u>	<u>FY 2002</u>	<u>FY 2003</u>
Patient encounters	8,857	11,645	12,431	9,382	6,202
Clinics	154	155	156	156	134
Patients	1,688	1,875	2,149	2,408	2,000

**Child Development Clinic (CDC)**

This program provides multi-disciplinary medical and developmental assessment services for children birth to five years of age who have developmental disabilities or chronic illness associated with developmental delay. The program also offers consultative and case management services for children with multiple disabilities up to 18 years of age. Services are designed to:

- Recognize the need for early diagnosis and treatment;
- Provide timely detection of sensory, cognitive, and emotional disorders;
- Assist the family in identifying their child's strengths and weaknesses;
- Develop and monitor a written plan of services;
- Provide parents with support and information;
- Coordinate the delivery of services with local agencies; and
- Promote and develop appropriate community wide services for the prevention of disabilities.

In addition, the program provides general oversight to the new Utah Registry Autism and Developmental Disabilities (URADD). The purpose of URADD is to find out how many people in Utah have autism spectrum disorders and developmental disabilities. URADD is part of a national project by the CDC. A key component of Utah's registry is to teach health care providers and teachers how to tell if a child has an autism spectrum disorder.

<b>Service</b>	<b><u>FY 1999</u></b>	<b><u>FY 2000</u></b>	<b><u>FY 2001</u></b>	<b><u>FY 2002</u></b>	<b><u>FY 2003</u></b>
# of Clinics	171	216	246	249	246
# of Children served	471	384	1,124	899	800
# of Patient encounters	3,075	3,092	4,247	6,710	7,121

**Community Based Specialty Services (CBS)**

Much of this program has been reorganized during the past year, in part due to budget reductions. The traveling clinics are transferred to the Child Development Clinic. This program will continue to administer Utah’s Medicaid waiver for Technology Dependent Children and the Utah Collaborative Medical Home Project.

<b>Service</b>	<b><u>FY 1999</u></b>	<b><u>FY 2000</u></b>	<b><u>FY 2001</u></b>	<b><u>FY 2002</u></b>	<b><u>FY 2003</u></b>
Itinerant Clinic Patient encounters	3,750	4,950	4,967	5,234	5,464
# of CBS children seen via telehealth			59	179	171
# of Children on Travis C. Waiver	55	87	110	111	120

**School Age and Specialty Services Program (SASS)**

The School Age and Specialty Services Program represents the combination of two previously existing CSHCN programs (Systems Development and Adaptive, Behavior, and Learning Evaluation programs). Combining these two programs provides services to children birth through 18 and provides increased statewide access to medical and behavioral specialists not generally available in rural Utah. Children with special health care needs may be seen by neurology, cardiology, orthopedics, and genetics. The ABLE component of SASS evaluates school age children for learning and behavioral disorders, working closely with the parent, school and other community agencies and provides these services in Salt Lake City and at a variety of itinerant sites. Multidisciplinary clinics for conditions like cleft palate, Spina bifida or Osteogenesis Imperfecta can be accessed through collaboration with Primary Children’s Medical Center or Shriners’s Hospital for Children. Itinerant site clinics are conducted in collaboration with the local health departments and include Price, Moab, Blanding, as well as sites in Ogden and Provo. General pediatric services are provided through contracts with the University of Utah’s Department of Pediatrics. Additionally, the program includes activities in the areas of transition, medical home, SSI/disability, and cultural sensitivity.

<b>Service</b>	<b><u>FY 1999</u></b>	<b><u>FY 2000</u></b>	<b><u>FY 2001</u></b>	<b><u>FY 2002</u></b>	<b><u>FY 2003</u></b>
# of Clinics	201	200	250	247	260
# of children served				533	1,215
# of Patient encounters including itinerant sites	2,050	2,293	3,932	4,640	3,737
# of urban encounters					6,157
# of urban encounters					2,890
DDS transmittal coordination/medicaid outreach				397	551

**Fostering Healthy Children**

The mission of the Fostering Health Children Program is to ensure that the health care needs of children in the Utah Child Welfare System are met in a timely manner. The program was implemented in response to the Settlement Agreement the State made with the National Center for Youth Law in 1994. The settlement agreement requires the State to provide health, dental, and mental health care to all children in foster care custody on an on-going basis. DCFS contracts this service with the Department of Health to provide Administrative Case Management of all children entering Foster Care across the state. There are approximately 2,000 children in foster care.

Children taken into state custody often come with increased needs for health, dental, and mental health care. Registered nurses are utilized to:

- Manage the health, dental, and mental health care needs of children in Foster Care
- Assist the caseworker in addressing physical, dental, and mental health concerns for a child in state custody
- Provide input on the placement of a child with special health care needs
- Provide medical education and training to foster parents, families, and caseworkers
- Provide hospital, home and/or office visits for children with special needs with one on one health care education and training
- Increase the accessibility for health care by identifying providers willing to provide care
- Implement the use of Ages and Stages to identify those children at risk for developmental delays and address them as identified

<b>Service</b>	<b><u>FY 2001</u></b>	<b><u>FY 2002</u></b>	<b><u>FY 2003</u></b>
# of children served in out of home care	3,878	3,803	3,778
# of encounters for children in out of home care	27,051	59,594	63,903
# of Health Status Outcome Measure evaluations	9,239	10,357	12,304
# of encounters with children in protective custody	986	435	509
# of foster children requiring continual on-going follow-up			1,947

**Birth Defects and Genetics Program**

This program includes three major efforts: the Pregnancy RiskLine, the Center for Birth Defects Research, and the Utah Genetics Project.

The Pregnancy RiskLine provides information regarding exposure to drugs, chemicals, and infections in pregnancy and lactation and the possible effect on the developing fetus, breast-fed infant and mother that is often not easily accessible to health care practitioners or consumers. It is understandable that during pregnancy there is an increased sensitivity to the possibility of having a child with a birth defect. After an exposure and because of the poor quality of available information about fetal effects, women often feel their risk of having an affected child is higher than the actual risk posed by the exposure. These perceptions of heightened risk have too often led to terminations of otherwise wanted pregnancies, increased anxiety, demands for unnecessary and costly prenatal diagnostic procedures as well as for repeated screening and testing of the in-utero exposed infant and child. Unfortunately, medical, nursing, pharmacy, and other health-related schools usually do not provide courses in human or clinical teratology (the study of causes of birth defects), so practitioners are not prepared to assist their pregnant or lactating patients with these questions and concerns. Since it is common for pregnant and lactating women to be exposed to medications/drugs, chemicals, and infectious agents, misinformation can too often be transmitted. The Pregnancy Riskline was established to provide health care practitioners and consumers with accurate, up-to-date information regarding potential risks to a fetus or breast-fed infant in order to prevent unjustified anxiety leading to unnecessary abortions, costly prenatal and postnatal screening, diagnostics, and testing of an exposed fetus or infant. The program educates more than 9,000 callers each year and more than 1,000 health care practitioners, a total of over 10,000 encounters. Additionally, another 1,000 medical, pharmacy, nursing and health education students are educated each year.

The Birth Defect Network provides the basic infrastructure to monitor all infants and pregnancies affected by a birth defect in the State. For most birth defects, the cause is not known. Statewide monitoring for the occurrence of birth defects is critical to know background prevalence rates, to evaluate trends over time, perform cluster analysis and develop the framework for epidemiological investigations that may provide clues to identify causes. This program has been evolving since 1994 and became a full surveillance system in 1999, monitoring all major structural birth defects occurring in Utah. Two critical areas the Utah Birth Defect Network is involved with are primary and secondary prevention. Primary prevention, the ability to prevent birth defects from occurring, is dependent upon accurate data both for evaluation of potential prevention strategies and evaluation after implementation of a prevention project. Secondary prevention, minimizing secondary disabilities as a result of the primary birth defect, is critical for both the child and family to decrease the social, financial, and medical burden. The Utah Birth Defect Network also provides resource and referral information for parents of children with birth defects, as well as health care providers seeking accurate and up to date information about birth defects. Recently, the Utah Birth Defect Network was awarded a grant to make it one of seven Centers for Birth Defects Research and Prevention. This grant provides researchers the ability to investigate potential causes of birth defects as well as examining interventions for prevention.

Service	<u>FY 1999</u>	<u>FY 2000</u>	<u>FY 2001</u>	<u>FY 2002</u>	<u>FY 2003 est.</u>
Number of clients served by Pregnancy Riskline	10,403	10,422	10,503	10,891	10,600
Number of births screened by Birth Defects Network	46,243	47,331	47,915	49,140	49,200

**Newborn Screening (NS)**

This program provides a statewide system for early identification and referral of newborns with certain metabolic, endocrine, or hematologic disorders that can produce long term mental or physical disabilities or death if not treated early. The disorders are: congenital hypothyroidism, galactosemia, hemoglobinopathy, and phenylketonuria (PKU). The kit needed to test for these disorders is normally part of the hospital delivery charge. The cost of the kit is \$31.00 with the fee revenue split between the State Health Laboratory and CSHCN.

<b>Service</b>	<b><u>FY 1999</u></b>	<b><u>FY 2000</u></b>	<b><u>FY 2001</u></b>	<b><u>FY 2002</u></b>	<b><u>FY 2003 est.</u></b>
Occurent births (CY)	47,261	48,454	49,041	50,505	55,000
# of first specimens	46,982	48,303	48,430	48,686	52,000
# of second specimens	43,975	45,377	45,874	46,402	50,500
% of newborns receiving first screen	99.4%	98.0%	99.0%	96.4%	98.0%
# of newborns with abnormal confirmatory testing:					
Pheylketonuria:					
classical	2	0	3	7	3-4
hyperphe	0	3	3	4	2
Glactosemia					
classical	0	0	0	0	0-1
variant	35	103	32	33	20
Congenital Hypothyroidism					
primary	15	23	23	16	15
other	45	42	42	24	20
Hemoglobinopathy*					
sickle cell			2	2	0-1
variant, other			64	288	200
* Hemoglobinopathy screening began September 24, 2001					

**Baby Watch Early Intervention (BW/EI)**

BW/EI provides early intervention and developmental interventions statewide for young children with developmental delays and/or disabilities from birth to age three. Services include multi-disciplinary evaluation and assessment; service coordination; specialty and therapy services such as nursing, physical therapy, occupational therapy, speech therapy, special instruction, family support and other related services that build on family strengths and child potential. Services are available statewide through local service delivery personnel.

<b>Service</b>	<b><u>FY 1999</u></b>	<b><u>FY 2000</u></b>	<b><u>FY 2001</u></b>	<b><u>FY 2002</u></b>	<b><u>FY 2003 est.</u></b>
Children served w/ Indiv. Family Service Plan	2,013	2,263	2,463	2,527	2,557
Avg. number of encounters per child	36	36	36	36	36
Total encounters				90,972	90,972

The 1997 Legislature authorized additional funding for this program to handle the increased number of requests for early intervention services. The amount added to the budget was \$1.5 million, with half of that funding coming from the General Fund and the other half coming from fees paid by the recipients, according to the sliding fee schedule which was also approved. In response to concerns about the sliding fee schedule, the Legislature adopted the following intent language:

*It is the intent of the Legislature that there be a \$10.00 suggested fee for children's services in the Early Intervention Program*

The donation fee was in place for a number of years, but last year, is an effort to ensure a more stable revenue stream, the Legislature directed the division to implement a sliding fee schedule. This direction was made through intent language. The division has complied with the intent language by implementing a sliding fee schedule. Parents have been generally responsive to the fee. Fee revenue is expected to generate \$150,000 in the current fiscal year and \$200,000 in FY 2005.

The 2000 Legislature allocated \$300,000 (General Fund) for growth in the BW/EI Program; the 2001 Legislature approved an additional \$600,000. The 2002 Legislature was unable to add any new funding for Early Intervention, however, the division was able to cover the additional growth with carry-forward federal funds. Last year, the 2003 Legislature approved an additional \$1 million. It now appears that that funding, together with the fee revenue and the division's tightening if eligibility will be sufficient to cover anticipated FY 2005 expenses.

Over the past several years, the BW/EI program has become better known throughout the State and the eligible population has also grown. The caseload in FY 1999 was 2,018, growing in FY 2000 to 2,173 in FY 2001 to 2,394 and in FY 2002 to 2,652. Due to the limited funding levels, eligibility criteria have reduced the FY 2003 caseload to 2,382.

**Administration/  
Service Cost  
Breakdown Intent  
Language**

The 2003 Legislature approved this intent language for this division:

*It is the intent of the Legislature that the budget analysis for the Department of Health be presented with a breakdown between costs of administration and services delivered and the number of citizens served and categorized by cost and type of service.*

The Department reports that this budget is 1.7 percent administration, 12.6 percent indirect services, and 85.7 percent direct services. The direct services are in the following areas: Hearing Speech Vision Services, Neonatal Follow-up, Child Development Clinics, Community-Based Specialty Services, School Age and Specialty Program, Fostering Healthy Children, Birth Defects and Genetics Program, Newborn Screening, and Baby Watch/Early Intervention.

Hearing Speech Vision Services: In FY 2003, there were 3,514 encounters in the Hearing, Speech, and Vision Services (HSVS) at an average cost per encounter of \$191.27. This component screened 49,686 newborns for hearing. The average cost per encounter for the screening was \$2.34.

Neonatal Follow-up Program: The Neonatal follow-up program provided services during 6,202 encounters at an average cost of \$151.26 per encounter.

Child Development Clinic: Case Management in the Child Development Clinics assisted 7,121 children at an average cost of \$97.65 per encounter.

Community-Based Specialty Services: Community-Based Specialty Services (CBS) helped 3,165 children at an average cost per encounter of \$291.01. The CBS Waiver had 6,000 encounters at an average cost per encounter of \$18.52.

School Age and Specialty Program: ABLE Clinics had encounters numbering 3,737 and cost \$177.64 per encounter.

Fostering Healthy Children: The costs for services under the Fostering Healthy Children program averaged \$34.38 for the 63,903 encounters.

Birth Defects and Genetics Program: The Pregnancy Riskline handled 10,891 calls at an average cost of \$29.20. The Birth Defects Network had 49,140 encounters at an average cost of \$4.73.

Newborn Screening: Newborn tests include metabolic screening, which averaged a cost per encounter of \$13.33 for the 50,505 births in 2002.

Baby Watch/Early Intervention: The Baby Watch/Early Intervention program had 90,972 encounters at an average cost of \$114.30 per encounter.

**4.0 Additional Information: Community and Family Health Services**

**4.1 Funding History**

	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>
<b>Financing</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Estimated*</b>	<b>Analyst</b>
General Fund	10,726,300	11,401,200	7,590,000	8,391,900	8,391,900
General Fund, One-time	89,100	(2,758,900)		9,900	
Federal Funds	48,943,455	50,951,790	57,163,606	61,211,900	61,069,200
Dedicated Credits Revenue	15,149,264	16,022,679	15,907,105	14,941,834	14,332,200
GFR - Cigarette Tax Rest	250,000	250,000	2,868,400	3,131,500	3,131,500
GFR - Tobacco Settlement	3,998,900	6,053,700	6,061,700	6,061,700	6,058,400
Transfers	2,806,495	2,940,596	3,985,889	4,027,700	4,644,400
Beginning Nonlapsing	139,517	1,024,111	319,934	663,766	
Closing Nonlapsing	(1,284,894)	(319,934)	(663,766)		
Lapsing Balance	(2,000)	(259,988)	(95,901)		
<b>Total</b>	<b>\$80,816,137</b>	<b>\$85,305,254</b>	<b>\$93,136,967</b>	<b>\$98,440,200</b>	<b>\$97,627,600</b>
<b>Programs</b>					
Director's Office	2,812,636	2,656,754	2,199,358	2,189,900	2,228,500
Health Promotion	12,556,755	15,164,367	18,879,781	20,002,000	18,647,300
Maternal and Child Health	47,575,253	47,473,004	50,612,187	52,083,700	53,076,700
Children with Special Health Care Needs	17,871,493	20,011,129	21,445,641	24,164,600	23,675,100
<b>Total</b>	<b>\$80,816,137</b>	<b>\$85,305,254</b>	<b>\$93,136,967</b>	<b>\$98,440,200</b>	<b>\$97,627,600</b>
<b>Expenditures</b>					
Personal Services	13,870,865	14,335,813	15,191,957	16,595,800	16,289,900
In-State Travel	219,175	225,800	239,195	322,700	314,600
Out of State Travel	201,723	191,834	211,299	269,500	250,800
Current Expense	13,177,923	14,411,230	19,369,568	20,298,000	20,059,900
DP Current Expense	1,438,187	748,609	922,023	1,260,200	1,056,900
DP Capital Outlay			6,373	6,000	
Other Charges/Pass Thru	51,908,264	55,391,968	57,196,552	59,688,000	59,655,500
<b>Total</b>	<b>\$80,816,137</b>	<b>\$85,305,254</b>	<b>\$93,136,967</b>	<b>\$98,440,200</b>	<b>\$97,627,600</b>
<b>FTE/Other</b>					
Total FTE	280.6	290.4	285.6	301.1	294.2
Vehicles	6	7	8	8	8

\*Non-state funds as estimated by agency.

**4.2 Federal Funds**

<b>Program</b>			<b>FY 2003 Actual</b>	<b>FY 2004 Estimated</b>	<b>FY 2005 Analyst</b>
Director's Office	Federal		\$1,180,672	\$1,032,700	\$1,032,700
Maternal and Child	Required State Match		885,504	774,525	774,525
	Total		2,066,176	1,807,225	1,807,225
Director's Office	Federal		465,484	593,000	633,500
Preventative Block Grant	Required State Match		0	0	0
	Total		465,484	593,000	633,500
Health Education	Federal		1,094,580	1,153,400	1,153,400
Core Tobacco Prevention	Required State Match		1,094,580	1,153,400	1,153,400
	Total		2,189,160	2,306,800	2,306,800
Health Education	Federal		782,812	813,500	745,500
Maternal and Child	Required State Match		587,109	610,125	559,125
	Total		1,369,921	1,423,625	1,304,625
Health Education	Federal		450,526	345,700	311,700
Preventative Health	Required State Match		0	0	0
	Total		450,526	345,700	311,700
Health Education	Federal			2,653,900	2,653,900
Breast and Cervical Cancer Early Det.	Required State Match			variable	variable
	Total		0	2,653,900	2,653,900
Health Education	Federal			931,400	931,400
Cardiovascular Health Programs	Required State Match			0	0
	Total		0	931,400	931,400
Health Education	Federal			855,000	855,000
State-Based Diabetes Programs	Required State Match			variable	variable
	Total		0	855,000	855,000
Health Education	Federal			288,000	288,000
Rheumatic Conditions	Required State Match			0	0
	Total		0	288,000	288,000
Health Education	Federal			258,600	257,400
Asthma	Required State Match			0	0
	Total		0	258,600	257,400
Health Education	Federal			189,600	195,600
Chronic Disease Prevention	Required State Match			0	0
	Total		0	189,600	195,600
Health Education	Federal			35,000	
Violence Against Women	Required State Match			0	
	Total		0	35,000	0
Health Education	Federal			318,200	318,200
Rape Prevention and Education	Required State Match			0	0
	Total		0	318,200	318,200
Health Education	Federal			137,800	137,800
Traumatic Brain Injury Surveillance	Required State Match			0	0
	Total		0	137,800	137,800

<b>Program</b>		<b>FY 2003 Actual</b>	<b>FY 2004 Estimated</b>	<b>FY 2005 Analyst</b>
Health Education	Federal		71,500	71,500
Core State Injury Surveillance	Required State Match		0	0
	Total	0	71,500	71,500
Health Education	Federal	6,021,429		
PHS Local Federal Grant	Required State Match	933,562		
	Total	6,954,991	0	0
Maternal and Child Health	Federal	3,110,019	3,398,100	4,122,900
Child Immunization	Required State Match	0	0	0
	Total	3,110,019	3,398,100	4,122,900
Maternal and Child Health	Federal	32,756,365	34,814,700	34,683,500
WIC Program Formula	Required State Match	0	0	0
	Total	32,756,365	34,814,700	34,683,500
Maternal and Child Health	Federal	1,152,905	1,646,400	1,522,000
Maternal and Child	Required State Match	864,679	1,234,800	1,141,500
	Total	2,017,584	2,881,200	2,663,500
Maternal and Child Health	Federal		294,300	294,300
Abstinence Education	Required State Match		220,725	220,725
	Total	0	515,025	515,025
Maternal and Child Health	Federal		65,800	73,000
PRAMS	Required State Match		0	0
	Total	0	65,800	73,000
Maternal and Child Health	Federal		96,200	96,200
Early Childhood Comprehensive System	Required State Match		0	0
	Total	0	96,200	96,200
Maternal and Child Health	Federal		83,000	66,200
Utah Healthy Child Care America	Required State Match		0	0
	Total	0	83,000	66,200
Maternal and Child Health	Federal		168,900	120,400
Head Start State Collaboration	Required State Match		56,300	40,133
	Total	0	225,200	160,533
Maternal and Child Health	Federal		45,000	45,000
Oral Health Integrated Systems	Required State Match		0	0
	Total	0	45,000	45,000
Maternal and Child Health	Federal	721,949		
PHS Local Federal Grant	Required State Match	245,622		
	Total	967,571	0	0

<b>Program</b>		<b>FY 2003 Actual</b>	<b>FY 2004 Estimated</b>	<b>FY 2005 Analyst</b>
Children with Special Health Care Needs Infants/Toddlers	Federal	\$4,848,463	\$5,254,000	\$5,212,000
	Required State Match			
	Total	4,848,463	5,254,000	5,212,000
Children with Special Health Care Needs Maternal and Child	Federal	2,654,720	3,105,700	3,052,200
	Required State Match	1,991,040	2,329,275	2,289,150
	Total	4,645,760	5,434,975	5,341,350
Children with Special Health Care Needs State Systems Development	Federal		94,000	94,000
	Required State Match		0	0
	Total	0	94,000	94,000
Children with Special Health Care Needs Early Hearing Detection and Interventio	Federal		435,700	435,700
	Required State Match		0	0
	Total	0	435,700	435,700
Children with Special Health Care Needs Universal Newborn Hearing and Screeni	Federal		157,000	
	Required State Match		0	
	Total	0	157,000	0
Children with Special Health Care Needs Developmental Disabilities	Federal		394,100	394,100
	Required State Match		0	0
	Total	0	394,100	394,100
Children with Special Health Care Needs Integrated Services for Young CSHCN	Federal		180,000	
	Required State Match		0	
	Total	0	180,000	0
Children with Special Health Care Needs Genetic Services Implementation	Federal		287,600	258,000
	Required State Match		0	0
	Total	0	287,600	258,000
Children with Special Health Care Needs Birth Defects Surveillane	Federal		141,500	141,500
	Required State Match		0	0
	Total	0	141,500	141,500
Children with Special Health Care Needs Centers for Birth Defects Research	Federal		872,600	872,600
	Required State Match		0	0
	Total	0	872,600	872,600
Children with Special Health Care Needs PHS Local Federal Grant	Federal	1,923,682		
	Required State Match	35,400		
	Total	1,959,082	0	0
	<b>Federal</b>	<b>57,163,606</b>	<b>61,211,900</b>	<b>61,069,200</b>
	<b>Required State Match</b>	<b>6,637,496</b>	<b>6,379,150</b>	<b>6,178,558</b>
	<b>Total</b>	<b>\$63,801,102</b>	<b>\$67,591,050</b>	<b>\$67,247,758</b>

4.3 Fees

	Current FY 03-04	Proposed FY 04-05	Difference	Projected Revenue
<b>Fees for Health Promotion:</b>				
Cardiovascular Disease Program				
Cholesterol/Hypertension Control				
Blood Pressure Standardization protocol	5.00	5.00		50
Cholesterol Procedure Manual	5.00	5.00		50
Total Cholesterol/HDL Testing	10.00			
Total Lipid Profile (special audience only)	15.00			
(No fees are charges to local health departments. However, private agencies are charged for class materials and instructor services.)				
5-A-Day				
Adult White T-shirt	10.00	10.00		200
Children's T-shirt	8.00	8.00		80
Aprons	5.00	5.00		50
Puppet Show (rental/cleaning fee)	5.00	5.00		25
Tool Kit	10.00	10.00		120
Costumes (rental/cleaning fee)	5.00	5.00		25
Gold Medal Schools				
Step It Up Pedometers	10.00	10.00		500
<b>Fees for Children with Special Health Care Needs:</b>				
<i>Note: The schedule of charges for Children with Special Health Care Needs services provided by the Division of Community and Family Health Services represents commonly performed procedures by CPT code and is consistent with charges by the private sector. The list is not intended to be comprehensive as the Division is mandated to assign a charge for all services performed and there is potentially an unlimited number of procedures that could be provided. If unlisted services are performed, charges consistent with the private sector</i>				
Office Visit, New Patient				
99201 Problem focused, straightforward	41.00	41.00		**
99202 Expanded problem, straightforward	52.00	52.00		**
99203 Detailed, low complexity	77.00	77.00		**
99204 Comprehensive, Moderate complexity	103.00	103.00		**
99205 Comprehensive, high complexity	120.00	120.00		**
Office Visit, Established Patient				
99211 Minimal Service or non-MD	14.00	14.00		**
99212 Problem focused, straightforward	37.00	37.00		**
99213 Expanded problem, low complexity	51.00	51.00		**
99214 Detailed, moderate complexity	62.00	62.00		**
99215 Comprehensive, high complexity	94.00	94.00		**
Office Consultation, New or Established Patient				
99242 Expanded problem focused, straightforward	77.00	77.00		**
99243 Detailed exam, low complexity	86.00	86.00		**
99244 Comprehensive, moderate complexity	124.00	124.00		**
99245 Comprehensive, high complexity	186.00	186.00		**
99361 Med Conference by Phys/Int Dis Team	63.00	63.00		**
99373 Telephone Consultation, complex or lengthy	41.00	41.00		**
Nutrition				
97802 Nutrition Assessment	22.00	22.00		**
97803 Nutrition Reassessment		22.00		**
Psychology				
96100 Psychological Testing	130.00	130.00		**
96110 Developmental Testing	64.00	64.00		**
96111 Extended Developmental Testing		60.00		**
90801 Diagnostic Exam, per hour	130.00	130.00		**
90801-52 Diagnostic Exam, per hour, Reduced Procedures	65.00	65.00		**
90846 Family Med Psychotherapy, w/o 30 minutes	66.00	66.00		**
90847 Family Med Psychotherapy, conjoint 30 minutes	130.00	130.00		**
90882 Environmental Intervention w/Agencies, Employers, etc.	46.00	46.00		**
90882-52 Environmental Intervention Reduced Procedures	23.00	23.00		**
90885 Evaluation of hospital records		36.00		**
90889 Preparation of reports		39.00		**
Physical and Occupational Therapy				
97001 Physical Therapy Evaluation	43.00	43.00		**
97002 Physical Therapy Re-evaluation	36.00	36.00		**
97003 Occupational Therapy Evaluation	44.00	44.00		**
97004 Occupational Therapy Re-evaluation	37.00	37.00		**

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97110 Therapeutic Physical Therapy		24.00	**
Speech			
92506 Speech Basic Assessment	83.00	83.00	**
92506-22 Speech Assessment, unusual procedures	132.00	132.00	**
92506-52 Speech Assessment, reduced procedures	53.00	53.00	**
Ophthalmology			
92002 Ophthalmologic, Intermediate, new patient	55.00	55.00	**
92012 Ophthalmologic, Intermediate, established patient			
92015 Determination of refractive state	50.00	50.00	**
Audiology			
92285 Photoscreen		17.00	**
92551 Audiometry, Pure Tone Screen	33.00	33.00	**
92552 Audiometry, Pure Tone Threshold	36.00	36.00	**
92553 Audiometry, Air and Bone	44.00	44.00	**
92555 Speech Audiometry threshold testing		28.00	**
92556 Speech Audiometry threshold/speech recognition testing		40.00	**
92557 Basic Comprehension, Audiometry	80.00	80.00	**
92567 Tympanometry	19.00	19.00	**
92579 Visual reinforcement audiometry testing		35.00	**
92579-52 Visual reinforcement audiometry, limited		31.00	**
92582 Conditioning Play Audiometry	80.00	80.00	**
92587 Evaluation of Alternate Communication Device	42.00	42.00	
92587 Evoked Otoacoustic emissions testing	42.00	42.00	**
92589 Central Auditory Function	86.00	86.00	**
92591 Hearing Aid Exam, Binaural	108.00	108.00	**
92596 Ear Mold	84.00	84.00	**
92579 Visual Reinforcement Audio	35.00	35.00	**
92592-52 Hearing aid check, monaural		31.00	**
92593-52 Hearing aid check, binaural		44.00	**
92593 Hearing Aid Check, Binaural		97.00	

\*\* The Division assigns a charge to all services performed regardless of the client's or third party insurer's financial responsibility or the likelihood of receiving payment for the services. Projected numbers of units of services are based on past experiences but are subject to significant variation determined by the actual needs of patients and changes in medical practices. Hence, it is not possible to calculate the change in revenue resulting from a change in the charge for a given service.

**COMMUNITY AND FAMILY HEALTH SERVICES  
SLIDING FEE SCHEDULE - FY 2004**

Patient's Financial Responsibility (PFR)	0%	0%	20%	40%	60%	100%
% of Federal Poverty Guideline	100%	0% to 133%	133% to 150%	150% to 185%	185% to 225%	>225%
<b>FAMILY SIZE</b>	<b>MONTHLY FAMILY INCOME</b>					
1	\$748.33	\$0.00 - 995.28	\$995.29 - 1,122.50	\$1,122.51 - 1,384.42	\$1,384.43 - 1,683.75	\$1,683.76 and up
2	1,010.00	0.00 - 1,343.30	1,343.31 - 1,515.00	1,515.01 - 1,868.50	1,868.51 - 2,272.50	2,272.51 and up
3	1,271.67	0.00 - 1,691.32	1,691.33 - 1,907.50	1,907.51 - 2,352.58	2,352.59 - 2,861.25	2,861.26 and up
4	1,533.33	0.00 - 2,039.33	2,039.34 - 2,300.00	2,300.01 - 2,836.67	2,836.68 - 3,450.00	3,450.01 and up
5	1,795.00	0.00 - 2,387.35	2,387.36 - 2,692.50	2,692.51 - 3,320.75	3,320.76 - 4,038.75	4,038.76 and up
6	2,056.67	0.00 - 2,735.37	2,735.38 - 3,085.00	3,085.01 - 3,804.83	3,804.84 - 4,627.50	4,627.51 and up
7	2,318.33	0.00 - 3,083.38	3,083.39 - 3,477.50	3,477.51 - 4,288.92	4,288.93 - 5,216.25	5,216.26 and up
8	2,580.00	0.00 - 3,431.40	3,431.41 - 3,870.00	3,870.01 - 4,773.00	4,773.01 - 5,805.00	5,805.01 and up
Each Additional Family Member	261.67	348.02	392.50	484.08	588.75	588.75

NOTE: This CFHS fee schedule is based on Federal Poverty Guidelines published in the Federal Register February 14, 2002, Vol. 67 No. 31, pgs. 6,931 - 6,933. When new poverty guidelines are published, the fee scale will be changed as required by federal law, Title V of the Social Security Act, and in accordance with guidelines published by the Department of Health and Human Services, Office of the Secretary.

**COMMUNITY AND FAMILY HEALTH SERVICES  
Baby Watch Early Intervention Program  
2003 Sliding Fee Schedule**

Monthly Family Fee	exempt	\$10.00	\$20.00	\$30.00	\$40.00	\$50.00	\$60.00	\$80.00	\$100.00
Fee Group	FX	FH	FG	FF	FE	FD	FC	FB	FA
FAMILY SIZE	modified income	modified income	modified income	modified income	modified income	modified income	modified income	modified income	modified income
2	\$0.00 - \$22,542.99	\$22,543.00 - \$24,239.99	\$24,240.00 - \$30,299.99	\$30,300.00 - \$36,359.99	\$36,360.00 - \$48,479.99	\$48,480.00 - \$60,599.99	\$60,600.00 - \$72,719.99	\$72,720.00 - \$84,839.99	\$84,840.00 - and above
3	\$0.00 - \$28,383.99	\$28,384.00 - \$30,519.99	\$30,520.00 - \$38,149.99	\$38,150.00 - \$45,779.99	\$45,780.00 - \$61,039.99	\$61,040.00 - \$76,299.99	\$76,300.00 - \$91,559.99	\$91,560.00 - \$106,819.99	\$106,820.00 - and above
4	\$0.00 - \$34,223.99	\$34,224.00 - \$36,799.99	\$36,800.00 - \$45,999.99	\$46,000.00 - \$55,199.99	\$55,200.00 - \$73,599.99	\$73,600.00 - \$91,999.99	\$92,000.00 - \$110,399.99	\$110,400.00 - \$128,799.99	\$128,800.00 - and above
5	\$0.00 - \$40,063.99	\$40,064.00 - \$43,079.99	\$43,080.00 - \$53,849.99	\$53,850.00 - \$64,619.99	\$64,620.00 - \$86,159.99	\$86,160.00 - \$107,699.99	\$107,700.00 - \$129,239.99	\$129,240.00 - \$150,779.99	\$150,780.00 - and above
6	\$0.00 - \$45,904.99	\$45,905.00 - \$49,359.99	\$49,360.00 - \$61,699.99	\$61,700.00 - \$74,039.99	\$74,040.00 - \$98,719.99	\$98,720.00 - \$123,399.99	\$123,400.00 - \$148,079.99	\$148,080.00 - \$172,759.99	\$172,760.00 - and above
7	\$0.00 - \$51,744.99	\$51,745.00 - \$55,639.99	\$55,640.00 - \$69,549.99	\$69,550.00 - \$83,459.99	\$83,460.00 - \$111,279.99	\$111,280.00 - \$139,099.99	\$139,100.00 - \$166,919.99	\$166,920.00 - \$194,739.99	\$194,740.00 - and above
8	\$0.00 - \$57,585.99	\$57,586.00 - \$61,919.99	\$61,920.00 - \$77,399.99	\$77,400.00 - \$92,879.99	\$92,880.00 - \$123,839.99	\$123,840.00 - \$154,799.99	\$154,800.00 - \$185,759.99	\$185,760.00 - \$216,719.99	\$216,720.00 - and above
Each Additional Family Member	\$5,839.99	\$5,840.00	\$6,280.00	\$7,850.00	\$9,420.00	\$12,560.00	\$15,700.00	\$18,840.00	\$21,980.00