

Office of the  
Legislative Fiscal Analyst

## **FY 2002 Budget Recommendations**

Joint Appropriations Subcommittee for  
Health and Human Services

Utah Department of Health  
**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.

	Analyst FY 2002 Base	Analyst FY 2002 Changes	Analyst FY 2002 Total
<b>Financing</b>			
General Fund	10,649,500		10,649,500
Federal Funds	52,585,400		52,585,400
Dedicated Credits Revenue	13,085,500		13,085,500
GFR - Cigarette Tax Rest	250,000		250,000
GFR - Tobacco Settlement	3,971,300		3,971,300
Transfers	4,326,200		4,326,200
<b>Total</b>	<b>\$84,867,900</b>	<b>\$0</b>	<b>\$84,867,900</b>
<b>Programs</b>			
Director's Office	2,745,100		2,745,100
Health Education	13,603,600		13,603,600
Maternal and Child Health	50,559,900		50,559,900
Children with Special Health Care Needs	17,959,300		17,959,300
<b>Total</b>	<b>\$84,867,900</b>	<b>\$0</b>	<b>\$84,867,900</b>
<b>FTE/Other</b>			
Total FTE	273		273

## 2.0 Issues: Community and Family Health Services

### 2.1 FY 2000 Legislative Action – Tobacco Prevention

Last year, the Legislature approved using \$4 million in proceeds from the Master Settlement Agreement for tobacco education, prevention, and cessation. The Department determined the allocation for the funds based on input from the Tobacco Advisory Group. Further reports will be made during the session regarding the usage of these funds.

### 2.2 FY 2000 Legislative Action – Early Intervention

Last year, the Legislature approved increasing the funding for the Early Intervention program by \$487,600 (\$300,000 General Fund). Since 1998, this program has increased the number of children receiving services by approximately 1,000 each year.

### 2.3 Early Intervention

Due to the continued growth in the Early Intervention program (Children with Special Health Care Needs program), there is a need to increase funding by \$856,000 (\$600,000 General Fund). This program assists both developmentally delayed children and their families with therapies to help the child gain age-appropriate skills. This funding increase is not part of the Analyst's recommendation, given the amount of available revenue.

### 2.4 Division Reorganization

The Division currently has six programs, but wants to consolidate functions and reduce the number of programs to four as shown in the following table:

	<u>FY 2001</u>			<u>FY 2002</u>	
	<u>Budget</u>	<u>FTE</u>		<u>Budget</u>	<u>FTE</u>
Director	581,500	3.5	→	2,745,100	17.0
Division Resources	2,296,400	16.5	→		
Health Education	8,770,300	37.5	→	13,603,600	84.0
Maternal and Child Health	51,988,000	65.6	→	50,559,900	64.0
Chronic Disease	5,128,500	50.2	→		
Children with Special Health Care Needs	18,083,800	107.2	→	17,959,300	108.0
<b>Total</b>	<b>86,848,500</b>	<b>280.6</b>		<b>84,867,900</b>	<b>273.0</b>

As shown, Division Resources would combine with functions in the Director's office, while Chronic Disease would merge with Health Education, and be renamed Health Promotion. The other two programs, Maternal and Child Health and Children with Special Health Care Needs would remain as they currently exist. The reduction of approximately \$2 million and 6 FTE is mostly due to reduced Federal Funds within the programs and the reduction in the retirement rates, and not due to the consolidation of programs.

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

#### Recommendation

The Analyst's recommendation for the Director's Office is based on a staffing level of 17 FTEs. The Analyst recommends a budget of \$2,745,100. The funding sources are the General Fund, Federal Funds, and Dedicated Credits. The recommended FY 2002 budget is significantly higher than the FY 2001 budget because the “Division Resources” program is recommended to be merged in with the Director’s Office beginning in FY 2002.

In FY 2001, the Robert Wood Johnson Foundation provided the state with funds for the “Covering Kids Utah” grant (listed as Dedicated Credits). A similar amount is expected in FY 2002.

	<b>2000 Actual</b>	<b>2001 Estimated</b>	<b>2002 Analyst</b>	<b>Est/Analyst Difference</b>
<b>Financing</b>				
General Fund	275,000	253,000	572,200	319,200
General Fund, One-time	700			
Federal Funds			1,849,300	1,849,300
Dedicated Credits Revenue	277,178	328,500	323,600	(4,900)
Lapsing Balance	(14,000)			
<b>Total</b>	<b>\$538,878</b>	<b>\$581,500</b>	<b>\$2,745,100</b>	<b>\$2,163,600</b>
<b>Expenditures</b>				
Personal Services	260,934	265,900	927,000	661,100
In-State Travel	1,227	4,300	5,500	1,200
Out of State Travel	5,159	5,600	7,500	1,900
Current Expense	266,532	257,800	331,100	73,300
DP Current Expense	5,303	3,400	38,500	35,100
Other Charges/Pass Thru	(277)	44,500	1,435,500	1,391,000
<b>Total</b>	<b>\$538,878</b>	<b>\$581,500</b>	<b>\$2,745,100</b>	<b>\$2,163,600</b>
<b>FTE/Other</b>				
Total FTE	4	4	17	14

#### 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, the Financial Resources Program, the Data resources Program, and the Covering Kids Project. 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.

The Data Resources program provides data and computer support for the division. The program consists of two teams: Information and LAN. These teams provide baseline and comparative data for planning and evaluation, as well as centralized computer support functions for the Division.

Covering Kids Project, funded by a Robert Wood Johnson grant, promotes outreach for children who are eligible for CHIP or Medicaid.

**Administration/  
Service Cost  
Breakdown Intent  
Language**

The 2001 Legislature also approved this item of 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.*

The Department reports that the budget for the Director's Office is 44 percent administration. In comparison to the whole line item, the administrative costs are 0.3 percent.

### 3.2 Community and Family Health Services – Division Resources

The Analyst recommends that this program be consolidated with the Director's Office for FY 2002. Therefore, there is now recommendation for FY 2002.

	<b>2000 Actual</b>	<b>2001 Estimated</b>	<b>2002 Analyst</b>	<b>Est/Analyst Difference</b>
<b>Financing</b>				
General Fund	532,000	324,000		(324,000)
General Fund, One-time	800			
Federal Funds	2,094,854	1,972,400		(1,972,400)
Lapsing Balance	(141,100)			
<b>Total</b>	<b>\$2,486,554</b>	<b>\$2,296,400</b>	<b>\$0</b>	<b>(\$2,296,400)</b>
<b>Expenditures</b>				
Personal Services	862,582	776,300		(776,300)
In-State Travel	1,993	1,600		(1,600)
Out of State Travel	7,090	9,900		(9,900)
Current Expense	135,787	79,900		(79,900)
DP Current Expense	59,880	33,200		(33,200)
DP Capital Outlay	7,211			
<b>Total</b>	<b>\$2,486,554</b>	<b>\$2,296,400</b>	<b>\$0</b>	<b>(\$2,296,400)</b>
<b>FTE/Other</b>				
Total FTE	19	17		(17)



### **3.3 Community and Family Health Services – Health Promotion**

#### **Recommendation**

The Analyst recommends \$13,603,600 for FY 2002 for this bureau. Of this amount, over \$2 million is passed through to local health departments 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 Cigarette Tax funding source comes 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. The Tobacco Settlement Restricted Account is from the proceeds from the Master Settlement Agreement, as established in last year's 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 Revenue Transfer comes from Medicaid matching funds for Baby Your Baby outreach programs (\$411,300) and the Tobacco Media Campaign (\$395,000). The Children's Health Insurance Program also contributes \$65,000 for the Baby Your Baby program. Also included is \$52,000 for Pedestrian Safety from the Department of Public Safety; and \$10,000 from the Department of Human Services for the Child Fatality Review.

The significant increase in the size of this budget comes because of the division's reorganization which merges the current Chronic Disease program into this program. This move will add over \$5 million and approximately 50 FTEs to this program.

	2000	2001	2002	Est/Analyst
<b>Financing</b>	<b>Actual</b>	<b>Estimated</b>	<b>Analyst</b>	<b>Difference</b>
General Fund	1,763,400	541,300	1,533,100	991,800
General Fund, One-time	1,700			
Federal Funds	2,369,605	2,643,400	5,984,200	3,340,800
Dedicated Credits Revenue	168,704	373,600	931,700	558,100
GFR - Cigarette Tax Rest	250,000	250,000	250,000	
GFR - Tobacco Settlement		4,000,000	3,971,300	(28,700)
Transfers	577,571	962,000	933,300	(28,700)
Lapsing Balance	(35,300)			
<b>Total</b>	<b>\$5,095,680</b>	<b>\$8,770,300</b>	<b>\$13,603,600</b>	<b>\$4,833,300</b>
<b>Expenditures</b>				
Personal Services	1,588,124	1,588,600	3,900,500	2,311,900
In-State Travel	12,512	18,400	64,600	46,200
Out of State Travel	24,691	35,200	83,500	48,300
Current Expense	1,811,569	3,913,200	5,542,800	1,629,600
DP Current Expense	36,921	53,100	90,700	37,600
Other Charges/Pass Thru	1,621,863	3,161,800	3,921,500	759,700
<b>Total</b>	<b>\$5,095,680</b>	<b>\$8,770,300</b>	<b>\$13,603,600</b>	<b>\$4,833,300</b>
<b>FTE/Other</b>				
Total FTE	43	37	84	47

## Purpose

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

## Cancer Control Program

Breast cancer is the leading cause of cancer death for Utah women and the leading cause of death for women ages 44-65. In 1998, 220 Utah women died of breast cancer and 1,023 new cases of cancer 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.

## Cardiovascular Disease Program

The goal of the Cardiovascular Health Program (CVHP) is to decrease premature death and disability due to heart disease and stroke through the following:

1. Establish a statewide alliance of organizations, companies, providers, and community leaders to combine resources to work together to promote cardiovascular health.
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.
3. 5-A-Day, which promotes the message to eat five servings of fruits and vegetables each day for better health. Since the program began the proportion of adults and adolescents who eat “5-A-Day” has increased significantly. More than 50,000 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.
5. Increase the knowledge and awareness base of Utahns about the importance of preventing heart disease and stroke.

## Outcome Measures

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

FY 2000 Service	Outcomes
Utahns receiving prevention messages directly	70,000
Utahns receiving education on website	54,000
Utahns receiving prevention messages from events, campaigns	2,357,984 impressions
Schools receiving 5-A-Day programs	90% of elementary schools
Health professionals receiving education	2,345
Utahns taking action to decrease high levels:	
High blood pressure	89.6%
Cholesterol	90.0%
Percent of in adults eating 5-A-Day (1993 and 1999)	13%/25%
Percent of in adolescents eating 5-A-Day (1993 and 1999)	13%/27%

## Diabetes Control Program (DCP)

It is estimated that about 116,000 Utahns have diabetes, and that only half are aware of it. DCP improves the prevention, detection and treatment of diabetes and its complications (end-stage kidney disease, blindness, amputations, hospitalizations and long-term reduction in activity).

DCP has accomplished the following:

1. Completed, analyzed and reported on surveys of providers and Utahns with diabetes,
2. Worked with health insurance companies to assess and improve care provided to their members with diabetes,
3. Compiled and distributed profiles of the burden of diabetes for each local health district and the state as a whole,
4. Partnered with the Association for Diabetes Educators in Utah to provide continuing education programs for their members,
5. Developed and implemented a certification program to ensure high quality diabetes self-management education is provided in the state,
6. Contracted with the University of Utah to provide diabetes updates to primary care physicians throughout the state,
7. Assisted private and public health care providers to improve processes care through implementation of a quality improvement project,
8. Supported diabetes community coalitions in four areas of the state,
9. Supported Utah's American Indian tribes and urban Indian clinic develop behavior change diabetes education programs,
10. Developed a strategic plan for the diabetes community; and
11. Developed a media and public education campaign to improve awareness of diabetes and its treatment among high risk populations.

**Healthy Utah Program**

Healthy Utah is a work-site-based employee health promotion and prevention program available to more than 45,000 state and other public employees and 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, health risk appraisals, personal health sessions, weight management and smoking cessation classes and counseling, seminars on a variety of health topics and group health promotion programs. 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 FY2000:

<b>FY 2000 Service</b>	<b>Outcomes</b>
State/Public employees and spouses who are registered members	15,025
Participants in assessment sessions	3,800
Participants in health related seminars	1,942
Participants in personal health Counseling Sessions	3,950
Participants in group health promotion programs	2,758
Participants in weight management classes	91
Number of people who quit smoking	55
Number of people completing the physical activity log	2,214
Average number of visits to the web site per day	531

## **Arthritis Program**

Arthritis affects at least one of every six Americans and is the leading cause of disability. The medical and social costs nationally total almost \$65 billion annually. This amount is expected to increase dramatically by the year 2020, when it is estimated that 60 million individuals will be affected. When considering both “diagnosed” and “under-diagnosed” individuals, the rate of arthritis in Utah may be nearly 30 percent. Clearly, arthritis has become one of our most pressing public health concerns.

The Utah Arthritis Program is focusing on surveillance, professional and community education, and policies/systems related to arthritis. The mission of the Utah Arthritis Control Program is to reduce disability from arthritis and improve quality of life for people with arthritis.

The long-term goals of the program support those of the National Arthritis Action Plan which are to:

1. Increase public awareness of arthritis as the leading cause of disability and an important public health problem.
2. Promote early diagnosis and appropriate management for people with arthritis to ensure them the maximum number of years of healthy life.
3. Minimize preventable pain and disability due to arthritis.
4. Support people with arthritis in developing and accessing the resources they need to cope with their disease.

The Arthritis program is striving to reach these goals through:

1. Development of a State Arthritis Plan, outlining state capacity activities to further address the burden of arthritis.
2. Development and refining of an arthritis specific surveillance system.
3. Development and implementation of programs to increase participation in arthritis self-help courses.
4. Development of programs to improve systems and policies related to arthritis care.

## **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. To accomplish this, 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. Injuries are a leading cause of death among Utah residents, resulting in the death of 1,222 people in 1998. In the same year, the cost of injury related hospitalizations in Utah exceeded 122 million. 38 percent of these charges were paid by Medicaid, Medicare or other government sources. These numbers don't include the cost of long term disability or injuries treated in emergency departments, outpatient clinics or doctors' offices.

Strategies to reduce fatal and non-fatal injuries include the following:

1. Collaborate with UDOH and community partners to improve injury data collection, epidemiology and research for use in planning, implementing and evaluating injury prevention programs.
2. Conduct education to increase awareness about the causes and preventability of injuries; and promote behaviors that help prevent injuries- e.g. use of seat belts, bicycle helmets, smoke detectors, etc.
3. Promote policy changes, legislation and enforcement activities that will reduce injury hazards or increase safe behaviors - e.g., standard seat belt law, graduated driver licensing, school zone speed limit enforcement, etc.

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/Partner Abuse Prevention Project, Traumatic Brain Injury Surveillance Project, Adolescent Pedestrian Safety Project, Utah Safe Kids Campaign, and others. The VIPP contract 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, and the new Children's Health Insurance Program(CHIP). The program provides hotline services, develops education strategies, outreach consultation, and program coordination. The Hotline provides information and referral services to approximately 40,000 callers each year for BYB, Check Your Health, Immunize by Two, 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, vaccine-preventable infections, injury and violence, dental disease, and other important maternal and child health issues.

<b>Service</b>	<b><u>FY 1996</u></b>	<b><u>FY 1997</u></b>	<b><u>FY 1998</u></b>	<b><u>FY 1999</u></b>
Number of hotline callers served	21,059	23,073	31,141	43,309

### **Tobacco Prevention and Control Program (TPC)**

The TPC provides technical expertise, and coordination at state and community levels to prevent and reduce tobacco use in Utah. This is accomplished through educational programs and policy development to reinforce healthy social norms. Tobacco is the single most preventable cause of premature mortality. Approximately 1,200 Utahns die each year due to tobacco-related illnesses.

The goals of this program are to:

1. Promote Quitting among Adults and Youth
2. Prevent Initiation among Youth
3. Eliminate environmental tobacco smoke exposure of Utahns and visitors to the state
4. Identify and Eliminate disparities among populations
5. Provide training and technical assistance to community-based organizations and local health departments

**Anti-Tobacco  
Projects Funded by  
Senate Bill 15**

The TPC uses CDC's current Best Practices guidelines to develop tobacco prevention and control interventions for use by local health departments and community-based organizations. The program receives state general, dedicated funds and federal funds. Ninety-six percent of state funds are passed through to local health departments, Anti-Tobacco Media campaign, and Community prevention and cessation programs. Local Health Department services include youth tobacco access, youth cessation, school-based training and prevention and retailer education. Additional federal funds are passed through to local health departments and to other community-based organizations. The Anti-Tobacco Media campaign utilizes television and radio that targets youth, adults and pregnant women. A Truth for Youth Anti-Tobacco Advertising contest is also utilized. Youth Ambassadors are recruited and trained throughout the state to carry an anti-tobacco message to their peers and promote the advertising contest. Best of TV and radio ads are produced and aired throughout the state. Cessation programs focus on youth, adults and pregnant women while the primary target for prevention programs are youth in grades 5-7. An independent evaluation contractor will assist in measuring the impact of all programs funded with state dollars.

The TPC's statewide Vision for Tobacco Reduction has the goals of:

- ▶ Preventing youth from starting tobacco use
- ▶ Reducing tobacco use among users
- ▶ Reducing premature death and disease related to tobacco use, and
- ▶ Decreasing costs due to tobacco use

The four major areas of focus include Prevention, Cessation, Media, and Enforcement. The Prevention area uses the 12 local health departments and other community-based organizations such as the State Office of Education and the Boys and Girls Club of Salt Lake. The Cessation area uses the 12 local health departments who focus their attention of youth, adults, and pregnant women; the Teen Quitline; and Medicaid, also focusing on pregnant women. The Media area is focusing its efforts on youth prevention and cessation for youth, adults, and pregnant women. The Enforcement area utilizes the 12 local health departments, local law enforcement, and the Division of Substance Abuse.

**Other Senate Bill 15  
Funding**

In addition to the \$4 million that Senate Bill 15 allocated to the Health Department, \$5.5 million was appropriated to cover the State's share of the costs for the Children's Health Insurance Program (CHIP); \$1.49 million was appropriated to the Courts and the Department of Human Services to expand the drug court program; \$510,000 was appropriated to the Board of Pardons, the Department of Corrections, and the Department of Human Services for a drug board pilot program; and \$4 million was appropriated to the University of Utah Health Sciences Center. This \$4 million has been divided as follows: \$2 million to the Huntsman Cancer Institute for research and program support, \$1 million for the new Addiction Research and Education Center (AREC), and \$1 million to help fund a research and lab building on the University campus dedicated to heart disease, lung disease, and stroke research.



### **3.4 Community and Family Health Services – Maternal and Child Health**

**Recommendation**

The Analyst recommends a budget of \$50,559,900 for Maternal and Child Health for FY 2002.

The Analyst's General Fund recommendation includes \$931,700 from the General Fund, for FACT dental programs, contracts, and Technical Assistance staff and training purposes, and pass-through funding which goes to the local health departments.

The majority of the funding for this program 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 Public Health Services Local Grant is another significant portion of the total budget, although this grant is projected to be decreased by over \$200,000 in FY 2002.

Infant formula manufacturers rebate funds to the State from WIC formula purchases. These rebates, projected at \$9.2 million are listed as dedicated credits, together with private contributions.

Of the \$501,600 identified as Revenue Transfers, \$466,700 is funding from the Medicaid program for the following programs: (1) Pregnancy Risk Assessment and Management, (2) Home Visitation, (3) Immunization Media Campaign and Immunization private donations, (4) Utah Statewide Immunization Information System (USIIS), and (5) FACT matching funds. The State Office of Education contributes \$20,000 for the Head Start program, and the Department of Human Services provides \$14,900 for Mental Health services.

	2000	2001	2002	Est/Analyst
<b>Financing</b>	<b>Actual</b>	<b>Estimated</b>	<b>Analyst</b>	<b>Difference</b>
General Fund	2,408,000	2,574,000	2,560,200	(13,800)
General Fund, One-time	400			
Federal Funds	32,760,058	38,922,600	37,682,100	(1,240,500)
Dedicated Credits Revenue	9,940,522	9,833,300	9,816,000	(17,300)
Transfers	602,499	518,600	501,600	(17,000)
Beginning Nonlapsing		139,500		(139,500)
Closing Nonlapsing	(139,517)			
Lapsing Balance	159,100			
<b>Total</b>	<b>\$45,731,062</b>	<b>\$51,988,000</b>	<b>\$50,559,900</b>	<b>(\$1,428,100)</b>
<b>Expenditures</b>				
Personal Services	2,789,284	3,395,700	3,245,900	(149,800)
In-State Travel	21,701	43,700	40,600	(3,100)
Out of State Travel	59,879	79,800	68,800	(11,000)
Current Expense	2,561,703	2,959,800	2,891,400	(68,400)
DP Current Expense	306,150	1,148,000	329,600	(818,400)
DP Capital Outlay	46,420	33,000		(33,000)
Other Charges/Pass Thru	39,945,925	44,328,000	43,983,600	(344,400)
<b>Total</b>	<b>\$45,731,062</b>	<b>\$51,988,000</b>	<b>\$50,559,900</b>	<b>(\$1,428,100)</b>
<b>FTE/Other</b>				
Total FTE	57	66	64	(2)

The Maternal and Child Health Bureau covers five specific areas of Maternal and Child Health: Reproductive Health, Child, Adolescent and School Health, Immunizations, Oral Health, and Women, Infants and Children(WIC) Programs. The Maternal and Child Health Bureau provides leadership for most Maternal and Child Health (MCH) services in the state through these programs.

### **Reproductive Health Program (RHP)**

The RHP comprises numerous components. 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. 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 family planning component assures access to family planning services. The family planning component assures access to family planning services in underserved areas of the state.

The Wee Care component offers perinatal nurse telephone case management of high-risk PEHP clients throughout the state.

<b>Service</b>	<b><u>FY 1998</u></b>	<b><u>FY 1999</u></b>	<b><u>FY 2000</u></b>
Presumptive Eligibility	8,000	8,000	8,500
Wee Care Clients Screened	750	900	950

The Perinatal mortality review component reviews fetal deaths, infant deaths, and the deaths of women who have recently delivered an infant, so that strategies can be developed to prevent them in the future.

The Sudden Infant Death Syndrome (SIDS) component involves tracking of all SIDS deaths, suspected SIDS, suffocation and undetermined causes of death in the state, linking families with support resources and educating the public and healthcare providers about factors that may reduce the risk of SIDS.

The Abstinence Education component oversees implementation of the federal abstinence education program. Community organizations and agencies provide abstinence education to youth between the ages of 9 and 14 years through this program to reduce teen pregnancy and sexually transmitted diseases.

The Pregnancy Risk Assessment Monitoring System (PRAMS) is a population-based surveillance system that monitors Utah mothers about their experiences before, during and after pregnancies.

### **Child and Adolescent Health (CAH) Program**

CAH program services include both early childhood and school and adolescent health components. The CAH program oversees the Prenatal-5 (P-5) Nurse Home Visitation Program, conducted by local health departments (LHDs), wherein specially trained LHD nurses conduct home visits and provide outreach, assessment and referral services for pregnant women and at-risk children from birth to five years of age. The CAH program provides funding, nursing consultation, technical assistance and training for LHD nurse home visiting services, as well as for LHD well child clinic services, which are conducted by ten of the twelve local health departments within the State. Nurse home visiting and well child clinic services strengthen the family's capacity to meet the health needs of their children, and assist them in accessing needed health care.

The Head Start Collaboration Project, located within the CAH program creates and strengthens interagency partnerships and linkages between Head Start and other early childhood services for low income children and their families.

The CAH program is responsible for Utah's Healthy Child Care America Project, and develops child care health and safety training for use by public health nurses throughout the State. CAH also provides technical assistance, consultation, and training to child care providers, local health departments, and other agencies and programs on issues related to child care health and safety.

The school and adolescent health component of the CAH program provides technical assistance, training, and nursing consultation to local and state health and educational agencies and programs; health care providers; local health departments and school health nurses; migrant education programs and personnel; parents and the general public in issues related to school health services, school nursing, and to general health and health care needs of school-age children and adolescents. The CAH program also partners with local health departments in the FACT initiative. Interagency coordination of services at the community level is accomplished through a local case management team. Many services are delivered in non-traditional ways including home-based, school-based, and community-based sites and during non-traditional working hours. Dental screening and weekly fluoride mouth rinses are conducted in all FACT schools.

Service	<u>FY 1997</u>	<u>FY 1998</u>	<u>FY 1999</u>	<u>FY 2000</u>
FACT-Targeted Children	2,800	2,100	5,869	6,000

### **Immunization Program (IMM)**

IMM promotes immunization as part of comprehensive health care for all ages- children/ adolescents, parents, and adults. It provides services through technical assistance to Local Health Departments (LHD), Community Health Centers, managed Care Organizations, and other providers. The program contracts with LHD and Community Health Centers to support infrastructure for outreach activities. Special emphasis is placed on efforts to improve the immunization coverage for pre school-age children, especially those under two years of age. IMM is composed of the following components:

The Vaccines for Children (VFC) component provides vaccine at no cost to children ages 0-18 years of age who are uninsured, covered by Medicaid, under-insured, or American Indian. The vaccine is provided to enrolled public and private medical providers. An essential part of this is vaccine management.

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 retrospective school entrance surveys and validation audits of schools and day care/Head Start centers. It also monitors second MMR levels of all school children through grade 12.

The Vaccine Adverse Event Reports System (VARES) component provides for 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.

The Immunization Registry component pertains to IMM program support of aspects of development and maintenance of a population based immunization registry.

The Perinatal Hepatitis B Prevention program promotes Hepatitis B immunization to prevent perinatal Hepatitis B transmission. The program offers case management through local health departments, as well as Hepatitis B immunization for the infant and household contacts.

The Adolescent Immunization component supports activities to prevent vaccine preventable diseases in adolescents ages 11-21. This is accomplished through providing current information and education.

The Adult Immunization component promotes the prevention of vaccine preventable diseases among adults with an emphasis on influenza and pneumococcal disease.

**Utah Statewide  
Immunization  
Information System  
(USIIS)**

USIIS is an electronic tool to consolidate children's immunization records, improve immunization services and increase immunization rates. Utah's rates for adequately immunized children has improved since 1998. However, this statewide tracking system is crucial to sustain the improved level. Health plans, private physicians, local health departments, and the Centers for Disease Control Prevention support implementation of the Utah immunization tracking system. The program has made significant progress in 1999: A USIIS software IPC and Web versions has been developed, tested and installed by public and private providers; All WIC clinics were linked to USIIS; Approximately 50 percent of immunization records of children under six years of age were populated into USIIS; Community-based coalitions have been initiated; support from private providers, health plans, and schools has increased as well. The project is steadily moving toward its vision: A statewide, public/private immunization registry encompassing all providers and all children in Utah. The goals of USIIS are:

1. Connect USIIS to approximately 300 public and private provider sites in the State.

2. Provide immunization information to all public and private providers, health plans, and children in the Women, Infants and Children (WIC) program.
3. Increase the State's immunization rate for children under two years of age.

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

WIC provides 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. Resident of area or member of population served by the local clinic.
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.
4. Re-certified every six months to determine continuing eligibility.

In 1999, the average monthly participation was 59,591; in 2000 the participation decreased to 57,460.

**Oral Health  
Program**

The Oral Health Program improves access to dental care for all Utah persons by promoting effective prevention programs and dental access programs within local health departments. The formation of local oral health coalitions is facilitated by conducting needs assessments, organizing partnerships, providing oral health technical consultation and reporting progress toward oral health objectives. Collaboration with Local Health Departments and partner-shipping with other community stakeholders is an effective way to reduce the need for a larger state oral health staff, at the same time as the principle of finding local solutions to local problems is being served.

### 3.5 Community and Family Health Services – Chronic Disease

The Analyst recommends that this program be consolidated with Health Promotion for FY 2002. Therefore, there is now recommendation for FY 2002.

	<b>2000 Actual</b>	<b>2001 Estimated</b>	<b>2002 Analyst</b>	<b>Est/Analyst Difference</b>
<b>Financing</b>				
General Fund	894,500	999,900		(999,900)
General Fund, One-time	1,400			
Federal Funds	2,675,403	3,512,500		(3,512,500)
Dedicated Credits Revenue	537,145	616,100		(616,100)
<b>Total</b>	<b>\$4,108,448</b>	<b>\$5,128,500</b>	<b>\$0</b>	<b>(\$5,128,500)</b>
<b>Expenditures</b>				
Personal Services	1,938,698	2,474,100		(2,474,100)
In-State Travel	34,247	50,600		(50,600)
Out of State Travel	54,122	55,500		(55,500)
Current Expense	1,444,418	1,741,300		(1,741,300)
DP Current Expense	59,694	47,300		(47,300)
Other Charges/Pass Thru	577,269	759,700		(759,700)
<b>Total</b>	<b>\$4,108,448</b>	<b>\$5,128,500</b>	<b>\$0</b>	<b>(\$5,128,500)</b>
<b>FTE/Other</b>				
Total FTE	41	50		(50)

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

#### Recommendation

The Analyst recommends \$17,959,300 for Children with Special Health Care Needs for FY 2002. This program receives a substantial amount of its funding from federal funds, but also requires nearly \$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 \$2,891,300 represents \$604,300 received from the Department of Human Services for the Fostering Health Children program to cover qualified children. These funds are then utilized to draw down an additional \$833,400 from the Medicaid program. The balance of the Revenue Transfers come from Medicaid funds for administrative case management (\$616,700), community based services under the Home Health Care waiver (\$120,000), fostering health children (\$1,327,700), pregnancy riskline (\$42,600), and early intervention case management (\$180,000).

	2000	2001	2002	Est/Analyst
<b>Financing</b>	<b>Actual</b>	<b>Estimated</b>	<b>Analyst</b>	<b>Difference</b>
General Fund	5,539,300	6,025,100	5,984,000	(41,100)
General Fund, One-time	6,500			
Federal Funds	6,444,300	7,127,500	7,069,800	(57,700)
Dedicated Credits Revenue	1,790,200	2,036,600	2,014,200	(22,400)
Transfers	2,342,263	2,894,600	2,891,300	(3,300)
Lapsing Balance	40,500			
<b>Total</b>	<b>\$16,163,063</b>	<b>\$18,083,800</b>	<b>\$17,959,300</b>	<b>(\$124,500)</b>
<b>Expenditures</b>				
Personal Services	5,481,942	5,906,000	5,813,600	(92,400)
In-State Travel	141,087	164,400	163,700	(700)
Out of State Travel	30,207	43,500	40,900	(2,600)
Current Expense	6,375,972	5,320,600	5,291,000	(29,600)
DP Current Expense	133,301	183,300	179,100	(4,200)
Other Charges/Pass Thru	4,000,554	6,466,000	6,471,000	5,000
<b>Total</b>	<b>\$16,163,063</b>	<b>\$18,083,800</b>	<b>\$17,959,300</b>	<b>(\$124,500)</b>
<b>FTE/Other</b>				
Total FTE	98	107	108	1

#### Purpose

The Office of the Bureau Director for Children with Special Health Care Needs (CSHCN) manages 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. The statewide provision of direct screening and diagnostic services to CSHCN includes 6,000 children.



**Fee Intent Language**

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. Last year, 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 Division reports the following:

The programs complied with the intent language by implementing the \$10.00 suggested donation fee to parents. Parents have been generally responsive to the request for a donation as opposed to a set fee. There has been no known attrition in the programs because of this donation request. Providers also report that they are more comfortable with this approach.

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

This program 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 central clinic in Salt Lake City, regional clinical facilities in Ogden, Cedar City, Vernal, Price, and Montezuma Creek, and 26 traveling clinic sites. Children identified with these disorders in early life have a much lower rate of subsequent chronic disability. More than 4,000 clinical visits are provided annually.

HSVS also administrates legislatively mandated hearing screening of all Utah newborns and manages a centralized database for this program. In SFY 2000, 92.1 percent of all Utah newborns were screened for hearing loss.

<b>Service</b>	<b><u>FY 1998</u></b>	<b><u>FY 1999</u></b>	<b><u>FY 2000</u></b>	<b><u>FY 2001 est.</u></b>
% Hospitals providing UNHS	52%	77%	100%	100%
% Live births receiving hearing screening	66%	79%	92%	95%
% of those screened passing initial test			85%	90%
# confirmed hearing loss			50	145
# in diagnostic process			254	<1%
# patient evaluations	2,059	1,868	4,493	4,400
# public health education efforts	2,590	2,400	2,500	2,500
# photo screens provided statewide		608	888	850
# recycled hearing aids provided	20	33	20	30

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

This program provides statewide multi-disciplinary services through three satellite offices to the very low birth weight graduates of Utah newborn intensive care units. There are approximately 400-500 critically ill children born in Utah each year. These babies have an increased rate of health and growth problems, neurological findings, learning difficulties, mental retardation, hearing and vision deficits, behavioral disorders, attention deficits, language delays, delayed social skills, and school failure. The neonatal Follow-up Program provides:

- ▶ Five year follow-up
- ▶ Periodic screening by multi discipline providers (neurologist, pediatricians, audiologist, speech pathologist, dietitian, psychologist, ophthalmologist, occupational/physical therapist, nurses and others as dictated by the child's condition).

Service	<u>FY 1997</u>	<u>FY 1998</u>	<u>FY 1999</u>	<u>FY 2000</u>	<u>FY 2001 est.</u>
Patient encounters	6,089	6,426	8,857	11,645	11,700
Clinics	140	152	154	155	155
Patients	1,275	1,412	1,688	1,875	1,880

**Child Development clinic (CDC)**

This program provides multi-disciplinary clinical services for children birth to five years of age that have special health care needs. 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;
- ▶ Promote and develop appropriate community wide services for the prevention of disabilities.

Service	<u>FY 1997</u>	<u>FY 1998</u>	<u>FY 1999</u>	<u>FY 2000</u>	<u>FY 2001 est.</u>
# of Clinics	181	197	171	216	200
# of Children served	312	336	471	384	500
# of Patient encounters	2,358	2,944	3,075	3,092	3,500

### Community Based Specialty Services (CBS)

Children with chronic illnesses or disabling conditions need access to a continuum of care which includes, primary care, specialized care and related services such as early identification, evaluation and specialized treatment. In rural areas, a lack of local, integrated planning and coordination of services for children with complex health care needs presents a barrier to appropriate health care. CBS provides an optimal statewide system of community-based care for 3,750 special needs children, families, and their primary care providers through the Rural Outreach Program (traveling multi-disciplinary clinics, community-based satellite offices). CBS also contracts with the Utah chapter of Family Voices to provide assistance and help with referrals for families. The Family Voices coordinator is very involved with CSHCN Bureau activities and also legislative activities that impact children and families.

### Telehealth

CSHCN Bureau will continue to develop the Telehealth Outreach Program that will establish a telehealth video network to provide health services to children with special needs. The network connects CSHCN in Salt Lake City to two rural local health department offices in Vernal and Richfield, Utah. Specific services to be offered include physical and occupational therapy, initial and follow-up speech pathology testing and intervention and neurological follow-up examinations. The network also will be used for training and continuing education of nurses in Baby Watch Early Intervention Program.

Service	<u>FY 1997</u>	<u>FY 1998</u>	<u>FY 1999</u>	<u>FY 2000</u>	<u>FY 2001 est.</u>
Itinerant Clinic Patient encounters	2,767	3,739	3,750	4,950	5,000
Ogden Patient encounters		522	525		
# of Early Intervention referrals		46	50	76	80
# of Other Community referrals			New	229	250
Cumulative Outreach encounters from RNs			18	14	15
# of Children on Travis C. Waiver	40	50	55	87	110

### Adaptive Behavior and Learning Evaluation Program (ABLE)

The ABLE program serves multi-problem school-aged children and their families where the child suffers from problems of learning, memory attention, sensory processing language or cognition as well as those with chronic physically disabling conditions. The clinic staff is multi-disciplinary and works with the family, school, and other agencies. The team travels to various sites around the state to provide assessment, diagnostic and treatment planning for children unable to access the services in Salt Lake. Services include: assessment, diagnosis, treatment planning, specialty health care, case management, and prevention services. The team conducts school conferences and interagency conferences, coordinating care plans and core teams for the clients seen in the clinic schools and agencies present other identified at risk students for advice from the team, to prevent the child from deteriorating to a more serious level.

Service	<u>FY 1998</u>	<u>FY 1999</u>	<u>FY 2000</u>	<u>FY 2001 est.</u>
# of Clinics	158	201	200	200
# of Provider encounters	1,914	1,911	2,077	3,500
# of Provider encounters including itinerant sites		2,050	2,293	3,800
Amount billed	\$107,514	\$150,041	\$212,000	\$280,000
Billed services not paid by insurance or Medicaid			\$27,014	\$35,000

### Fostering Healthy Children

This program assists the Utah Child Welfare agency in meeting the health care needs of children in foster care by co-locating nurses with the Division of Child and Family Service case workers and providing medical case management. The staff (registered nurses and health program representatives) are employed by the Utah Department of Health and work with the Division of Child and Family Services (DCFS) case managers to ensure that appropriate health assessments are completed in a timely manner. They complete health histories on each child and provide coordination, tracking and monitoring of health care services to children in the custody of DCFS. There are approximately 2,400 children in DCFS Foster Care at any one time, with a total of approximately 4,800 children served throughout the year.

Service	<u>FY 1997</u>	<u>FY 1998</u>	<u>FY 1999</u>	<u>FY 2000</u>	<u>FY 2001 est.</u>
# of Children served	1,200	4,800	6,000	6,200	6,000
% of Children receiving exams			80%	96%	95%

**Systems  
Development  
Program**

This program continues to ensure access to specialty services for children with special health care needs, such as neurology, cardiology, genetics, orthopedics, Spina Bifida clinics, Orofacial clinics, Osteogenesis Imperfecta clinics, Hemophilia and Cystic Fibrosis clinics. Many of these services are provided statewide with CSHCN and local health department staff participating directly and in a supportive role. Additionally, the program has expanded to include system development and quality improvement activities in the areas of transition, medical home, Social Security and cultural sensitivity.

<b>Service</b>	<b><u>FY 1998</u></b>	<b><u>FY 1999</u></b>	<b><u>FY 2000</u></b>	<b><u>FY 2001 est.</u></b>
# of Patient encounters	4,498	4,974	4,803	4,800
# of Clinics held	360	225*	225	225
DDS transmittals received	500	555	550	550
# subsequently obtaining Medicaid			110	100
* In 1999, neurology clinics were transferred to the Univ. of Utah.				

**Teratology and  
Birth Defects  
Program (previously  
the Pregnancy  
RiskLine Program**

Information regarding exposures in pregnancy and lactation and the possible effect on the developing fetus, breast-fed infant and mother is often not easily accessible to health care practitioners nor consumers. Since it is common for pregnant and lactating women to be exposed to medications/drugs, chemicals, infectious agents and other maternal states, misinformation can too frequently be transmitted. A study of drugs taken by pregnant women in Utah found that on average, each woman took nearly four drugs during pregnancy. One-fourth took five or more drugs during pregnancy and approximately 10 percent took eight or more drugs. Potential teratogenic (reproductive hazard) risks appear constantly in the medical literature and the media. Usually in the media reports, risks are stressed without context and rarely is the safety of a specific agent addressed. An analysis by the Pregnancy RiskLine (Teratology 42:469, 1990) of all issues for a one-year period of 15 popular magazines revealed poor scientific standards with a tendency to be alarming as well as inaccurate and misleading when reporting on fetal effects of maternal exposures. It is understandable that during pregnancy there is an increased sensitivity to the possibility of having a child with a congenital 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 (*Maternal-Fetal Toxicology*, ch 29, Koren, 1994). Unfortunately, medical, nursing, pharmacy and other health-related schools usually do not provide courses in human or clinical teratology, so practitioners are not prepared to assist their pregnant or lactating patients with these questions and concerns. 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. Additionally, another 1,000 medical, pharmacy, nursing and health education students are educated each year.

<b>Service</b>	<b><u>FY 1997</u></b>	<b><u>FY 1998</u></b>	<b><u>FY 1999</u></b>	<b><u>FY 2000</u></b>	<b><u>FY 2001 est.</u></b>
Number of clients served	8,760	9,314	10,403	10,500	10,500

**Newborn Screening  
(NS)**

This program provides a statewide system for early identification and referral of newborns with any of three metabolic disorders that can produce mental retardation or death if not treated early. The disorders are: congenital hypothyroidism, galactosemia and phenylketonuria (PKU). Hospitals/institutions of birth are charged a fee of \$27.00 for the testing kit. In 1999, 99.4 percent of all Utah Newborns had at least one screening for PKU, galactosemia, hypothyroidism. Total births by occurrence: 46,982.

<b>Service</b>	<b><u>FY 1997</u></b>	<b><u>FY 1998</u></b>	<b><u>FY 1999</u></b>	<b><u>FY 2000</u></b>	<b><u>FY 2001 est.</u></b>
# of first specimens	44,116	46,131	46,982	47,000	47,500
# of second specimens	41,505	43,771	43,975	44,000	44,000
% of newborns receiving first screen	98.2%	97.8%	99.4%	98.0%	98.0%
# of newborns with abnormal confirmatory testing:					
Pheylketonuria					
classical	5	4	2	3-4	3-4
Pheylketonuria					
hyperphe	0	4	0	2	2
Glactosemia classisal	1	0	0	0-1	0-1
Glactosemia variant	28	19	35	20	20
Congenital					
Hypothyroidism					
confirmed	9	10	15	15	15
Congenital					
Hypothyroidism					
other	29	36	45	20	20

### **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 1997</u></b>	<b><u>FY 1998</u></b>	<b><u>FY 1999</u></b>	<b><u>FY 2000</u></b>	<b><u>FY 2001 est.</u></b>
# of Children served	3,355	4,179	5,051	6,000	7,000
# of programs	19	19	17	17	16

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 Division reports the following: the programs complied with the intent language by implementing the \$10.00 suggested donation fee to parents. Parents have been generally responsive to the request for a donation as opposed to a set fee. There has been no known attrition in the programs because of this donation request. Providers also report that they are more comfortable with this approach. The 2000 Legislature allocated \$300,000 (General Fund) for growth in the BW/EI Program.

**Expansion of Early  
Intervention  
Program**

As the program becomes better known throughout the State, the eligible population grows. The Department has requested an additional \$600,000 General Fund (to be matched with an additional \$256,000 from other sources). The Analyst recommends that this be an item for the Committee to consider when prioritizing items for funding.



## 4.0 Additional Information: Community and Family Health Services

### 4.1 Funding History

	1998	1999	2000	2001	2002
<b>Financing</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Estimated</b>	<b>Analyst</b>
General Fund	11,027,800	11,164,100	11,412,200	10,717,300	10,649,500
General Fund, One-time	250,000		11,500		
Federal Funds	44,176,194	45,663,633	46,344,220	54,178,400	52,585,400
Dedicated Credits Revenue	11,325,577	11,956,936	12,713,749	13,188,100	13,085,500
GFR - Cigarette Tax Rest		250,000	250,000	250,000	250,000
GFR - Tobacco Settlement				4,000,000	3,971,300
Transfers	1,566,878	3,571,437	3,522,333	4,375,200	4,326,200
Beginning Nonlapsing				139,500	
Closing Nonlapsing			(139,517)		
Lapsing Balance	(3,138)	(7,344)	9,200		
<b>Total</b>	<b>\$68,343,311</b>	<b>\$72,598,762</b>	<b>\$74,123,685</b>	<b>\$86,848,500</b>	<b>\$84,867,900</b>
<b>Programs</b>					
Director's Office	245,800	258,450	538,878	581,500	2,745,100
Division Resources	2,553,818	2,118,636	2,486,554	2,296,400	
Health Education	5,070,154	5,326,942	5,095,680	8,770,300	13,603,600
Maternal and Child Health	43,315,795	46,892,013	45,731,062	51,988,000	50,559,900
Chronic Disease	2,856,623	3,339,056	4,108,448	5,128,500	
Children with Special Health Care Needs	14,301,121	14,663,665	16,163,063	18,083,800	17,959,300
<b>Total</b>	<b>\$68,343,311</b>	<b>\$72,598,762</b>	<b>\$74,123,685</b>	<b>\$86,848,500</b>	<b>\$84,867,900</b>
<b>Expenditures</b>					
Personal Services	10,826,122	11,912,793	12,921,564	14,406,600	13,887,000
In-State Travel	196,714	212,139	212,767	283,000	274,400
Out of State Travel	135,620	135,074	181,148	229,500	200,700
Current Expense	10,106,328	7,458,633	12,595,981	14,272,600	14,056,300
DP Current Expense	1,413,382	774,970	601,249	1,468,300	637,900
DP Capital Outlay	17,181	8,402	53,631	33,000	
Capital Outlay	54,000	5,396			
Other Charges/Pass Thru	45,593,964	52,091,355	47,557,345	56,155,500	55,811,600
<b>Total</b>	<b>\$68,343,311</b>	<b>\$72,598,762</b>	<b>\$74,123,685</b>	<b>\$86,848,500</b>	<b>\$84,867,900</b>
<b>FTE/Other</b>					
Total FTE	222	269	262	281	273

## 4.2 Federal Funds

Program		FY 2000 Actual	FY 2001 Estimated	FY 2002 Analyst
Director's Office	Federal			\$1,393,000
MCH Block Grant	Required State Match			1,044,750
	Total	0	0	2,437,750
Director's Office	Federal			456,300
Preventative Block Grant	Required State Match			
	Total	0	0	456,300
Health Promotion	Federal	1,512,827	1,446,600	745,500
MCH Block Grant	Required State Match	1,134,620	1,084,950	559,125
	Total	2,647,447	2,531,550	1,304,625
Health Promotion	Federal	503,789	471,500	820,100
Preventative Block Grant	Required State Match			
	Total	503,789	471,500	820,100
Health Promotion	Federal	78,238	54,300	4,418,600
PHS Local Federal Grant <sup>1</sup>	Required State Match			5,416,487
	Total	78,238	54,300	9,835,087
Health Education	Federal	734,445	764,500	
MCH Block Grant	Required State Match	550,834	573,375	
	Total	1,285,279	1,337,875	0
Health Education	Federal	612,653	603,600	
Preventative Block Grant	Required State Match			
	Total	612,653	603,600	0
Health Education	Federal	1,022,507	1,275,300	
PHS Local Federal Grant	Required State Match	75,101	250,000	
	Total	1,097,608	1,525,300	0
Maternal and Child Health	Federal	821,760	1,325,000	1,200,500
MCH Block Grant	Required State Match	616,320	993,750	900,375
	Total	1,438,080	2,318,750	2,100,875
Maternal and Child Health	Federal	1,974,065	2,242,300	2,008,200
PHS Local Federal Grant <sup>2</sup>	Required State Match	283,734	311,142	276,775
	Total	2,257,799	2,553,442	2,284,975
Maternal and Child Health	Federal	29,912,091	35,355,300	34,473,400
WIC Program USDA	Required State Match			
	Total	29,912,091	35,355,300	34,473,400
Maternal and Child Health	Federal	52,142		
WIC Program Formula	Required State Match			
	Total	52,142	0	0

<b>Program</b>		<b>FY 2000 Actual</b>	<b>FY 2001 Estimated</b>	<b>FY 2002 Analyst</b>
Chronic Disease	Federal	156,267	237,700	
Preventative Block Grant	Required State Match			
	Total	156,267	237,700	0
Chronic Disease	Federal	2,519,136	3,274,800	
PHS Local Federal Grant <sup>3</sup>	Required State Match	882,202	857,287	
	Total	3,401,338	4,132,087	0
Children with Special Health Care Needs	Federal	2,487,788	2,632,700	2,577,800
MCH Block Grant	Required State Match	1,865,841	1,974,525	1,974,525
	Total	4,353,629	4,607,225	4,552,325
Children with Special Health Care Needs	Federal	164,214	337,400	334,600
PHS Local Federal Grant	Required State Match			
	Total	164,214	337,400	334,600
Children with Special Health Care Needs	Federal	3,792,298	4,157,400	4,157,400
Early Intervention	Required State Match			
	Total	3,792,298	4,157,400	4,157,400
	<b>Federal</b>	<b>46,344,220</b>	<b>54,178,400</b>	<b>52,585,400</b>
	<b>Required State Match</b>	<b>5,408,652</b>	<b>6,045,029</b>	<b>10,172,037</b>
	<b>Total</b>	<b>\$51,752,872</b>	<b>\$60,223,429</b>	<b>\$62,757,437</b>

1 \$857,287 of this match is paid for by private providers.

2 \$244,275 of this match is paid for by private providers.

3 Match is paid for by private providers.

### 4.3 Fees

	<u>Current FY 2000-01</u>	<u>Proposed FY 2001-02</u>	<u>Difference</u>	<u>Projected Revenue</u>
<b>COMMUNITY AND FAMILY HEALTH SERVICES</b>				
<b>Chronic Disease</b>				
Cardiovascular Disease Program				
Cholesterol/Hypertension Control:				
Blood Pressure Standardization protocol	5.00	5.00	0.00	50
Cholesterol Procedure Manual	5.00	5.00	0.00	50
Relaxation Tape	5.00	5.00	0.00	5
Booklets				
"So You Have High Blood Cholesterol"	1.50	1.50	0.00	3
"Eating to Lower Your High Blood Cholesterol"	1.50	1.50	0.00	3
Total Cholesterol/HDL Testing	10.00	10.00	0.00	50
Total Lipid Profile (special audience only)	15.00	15.00	0.00	75
(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	0.00	200
<del>Adult Colored T-shirt</del>	<del>10.00</del>			0
Children's T-shirt	8.00	8.00	0.00	80
Aprons	5.00	5.00	0.00	25
Food Pyramid Poster	1.50	1.50	0.00	3
<del>Posters</del>	<del>1.00</del>			0
Puppet Show (rental/cleaning fee)	5.00	5.00	0.00	25
Refrigerator Magnets (food pyramid)	0.15	0.15	0.00	15
Tool Kit	10.00	10.00	0.00	100
<u>Costumes (rental/cleaning fee)</u>		<u>5.00</u>	5.00	25

#### Children with Special Health Care Needs

*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 will be assigned. For FY 2001, the Utah Department of Health, Division of Health Care Financing (Medicaid) is not increasing rates based on the projected Medical inflation rate for physician services. Accordingly, CFHS proposed rates are increased by 0%.*

#### Patient Care

##### Office Visit, New Patient

99201 Problem focused, straightforward	41.00	41.00	0.00	1,845
99202 Expanded problem, straightforward	52.00	52.00	0.00	11,804
99203 Detailed, low complexity	77.00	77.00	0.00	33,957
99204 Comprehensive, Moderate complexity	103.00	103.00	0.00	55,002

	Current FY 2000-01	Proposed FY 2001-02	Difference	Projected Revenue
99205 Comprehensive, high complexity Office Visit, Established Patient	120.00	120.00	0.00	19,920
99211 Minimal Service or non-MD	14.00	14.00	0.00	2,016
99212 Problem focused, straightforward	37.00	37.00	0.00	53,317
99213 Expanded problem, low complexity	51.00	51.00	0.00	67,524
99214 Detailed, moderate complexity	62.00	62.00	0.00	18,104
99215 Comprehensive, high complexity	94.00	94.00	0.00	20,398
99241 Consult	63.00	63.00	0.00	4,158
99242 Consult Exp.	77.00	77.00	0.00	61,908
99244 Consult Comprehensive	124.00	124.00	0.00	10,788
99361 Med Conference by Phys/Int Dis Team	63.00	63.00	0.00	19,782
Psychological				
96100 Psychological Testing	130.00	130.00	0.00	58,500
96110 Developmental Test	64.00	64.00	0.00	50,048
90801 Diagnostic Exam, per hour	130.00	130.00	0.00	20,930
90801-52 Diagnostic Exam, per hour, Reduced Procedures	63.00	63.00	0.00	38,052
90841 Individual Psychotherapy	66.00	66.00	0.00	132
90846 Family Med Psychotherapy, w/o 30 minutes	60.00	60.00	0.00	23,520
90847 Family Med Psychotherapy, conjoint 30 minutes	130.00	130.00	0.00	55,120
90882 Environmental Intervention w/Agencies Employers, etc.	39.00	39.00	0.00	8,385
90882-52 Environmental Intervention, Reduced Procedures	19.00	19.00	0.00	9,538
Physical and Occupational Therapy				
97110 Therapeutic Procedure, 15 minutes	24.00	24.00	0.00	24,960
97116 Gait training	24.00	24.00	0.00	24
97530 Therapeutic activities to improve functional performance	41.00	41.00	0.00	410
97703 Check Out, Orthotic/Prosthetic Use	24.00	24.00	0.00	240
97001 Physical Therapy Evaluation	36.00	36.00	0.00	8,352
97002 Physical Therapy Re-evaluation	36.00	36.00	0.00	5,076
97003 Occupational Therapy Evaluation	37.00	37.00	0.00	5,624
97004 Occupational Therapy Re-evaluation	37.00	37.00	0.00	2,553
Speech				
92506 Speech Basic Assessment	75.00	75.00	0.00	9,225
92506-22 Speech Assessment, unusual procedures	108.00	108.00	0.00	14,364
92506-52 Speech Assessment, reduced procedures	39.00	39.00	0.00	44,382
Ophthalmologic, New Patient				0
92002 Ophthalmologic, Intermediate	55.00	55.00	0.00	8,360
92004 Ophthalmologic, Comprehensive	74.00	74.00	0.00	17,168
Ophthalmologic, Established Patient				0
92012 Ophthalmologic, Intermediate	50.00	50.00	0.00	16,850
Audiology				0
92551 Audiometry, Pure Tone Screen	30.00	30.00	0.00	15,990
92552 Audiometry, Pure Tone Threshold	32.00	32.00	0.00	3,680
92553 Audiometry, Air and Bone	40.00	40.00	0.00	320
92557 Basic Comprehension, Audiometry	72.00	72.00	0.00	8,856
92567 Tympanometry	16.00	16.00	0.00	24,928

	Current	Proposed		Projected
	<u>FY 2000-01</u>	<u>FY 2001-02</u>	<u>Difference</u>	<u>Revenue</u>
92582 Conditioning Play Audiometry	72.00	72.00	0.00	27,216
92589 Central Auditory Function	78.00	78.00	0.00	2,730
92591 Hearing Aid Exam Binaural	98.00	98.00	0.00	1,274
92587 Evaluation of Alternate Communication Device	38.00	38.00	0.00	50,806
92596 Ear Mold	76.00	76.00	0.00	608
92579 Visual Reinforcement Audio	31.00	31.00	0.00	4,929
92593 Hearing Aid Check, Binaural	88.00	88.00	0.00	88

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 2002**

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	\$695.83	\$0.00 - 925.46	\$925.47 - 1,043.75	\$1,043.76 - 1,287.29	\$1,287.30 - 1,565.63	\$1,565.64 and up
2	937.50	0.00 - 1,246.88	1,246.89 - 1,406.25	1,406.26 - 1,734.38	1,734.39 - 2,109.38	2,109.39 and up
3	1,179.17	0.00 - 1,568.29	1,568.30 - 1,768.75	1,768.76 - 2,181.46	2,181.47 - 2,653.13	2,653.14 and up
4	1,420.83	0.00 - 1,889.71	1,889.72 - 2,131.25	2,131.26 - 2,628.54	2,628.55 - 3,196.88	3,196.89 and up
5	1,662.50	0.00 - 2,211.13	2,211.14 - 2,493.75	2,493.76 - 3,075.63	3,075.64 - 3,740.63	3,740.64 and up
6	1,904.17	0.00 - 2,532.54	2,532.55 - 2,856.25	2,856.26 - 3,522.71	3,522.72 - 4,284.38	4,284.39 and up
7	2,145.83	0.00 - 2,853.96	2,853.97 - 3,218.75	3,218.76 - 3,969.79	3,969.80 - 4,828.13	4,828.14 and up
8	2,387.50	0.00 - 3,175.38	3,175.39 - 3,581.25	3,581.26 - 4,416.88	4,416.89 - 5,371.88	5,371.89 and up
Each Additional Family Member	241.67	321.42	362.50	447.08	543.75	543.75

NOTE: This CFHS fee schedule is based on Federal Poverty Guidelines published in the Federal Register February 15, 2000, Vol. 65 No. 31, pgs. 7,555 - 7,557. 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.