

Office of the
Legislative Fiscal Analyst

FY 2003 Budget Recommendations

Joint Appropriations Subcommittee for
Health and Human Services

Utah Department of Health
Community and Family Health Services

Contents:

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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 2003 Base	Analyst FY 2003 Changes	Analyst FY 2003 Total
Financing			
General Fund	8,953,400	(500,200)	8,453,200
Federal Funds	52,926,400		52,926,400
Dedicated Credits Revenue	14,117,300		14,117,300
GFR - Cigarette Tax Rest	250,000		250,000
GFR - Tobacco Settlement	6,059,200		6,059,200
Transfers	4,361,100		4,361,100
Total	<u>\$86,667,400</u>	<u>(\$500,200)</u>	<u>\$86,167,200</u>
Programs			
Director's Office	2,294,200	(24,300)	2,269,900
Health Promotion	15,117,100	(108,100)	15,009,000
Maternal and Child Health	49,118,300	(302,200)	48,816,100
Children with Special Health Care Needs	20,137,800	(65,600)	20,072,200
Total	<u>\$86,667,400</u>	<u>(\$500,200)</u>	<u>\$86,167,200</u>
FTE/Other			
Total FTE	271.45	(12.10)	259.35

2.0 Issues: Community and Family Health Services

2.01 Across-the-Board Reductions

The Analyst has included 10 percent across the board decreases in the General Fund in the following expense categories: Conventions / Workshops, Data Processing, Entertainment / Receptions, Office supplies / Equipment, and Travel. For the Division, these General Fund reductions total \$7,200.

General Fund **(\$7,200)**

2.02 FTE Position Elimination

The Analyst recommends reducing two FTEs in the Cardiovascular program, one-half FTE FACT position, and one FTE staff position in the Children with Special Health Care Needs program. The total estimated General Fund savings would be \$138,000.

General Fund **(\$138,000)**

2.03 Internal General Fund Transfers

The Analyst recommends transferring \$355,000 from the Division of Community and Family Health Services to the Executive Director's budget for the centralization of Information Technology (\$80,000) and the Utah Statewide Immunization Information System (\$275,000). The Department is consolidating Information Technology (IT) functions and personnel into the Program Operations budget. This transfer is taking place in the current fiscal year and is included in the FY 2002 Supplemental Recommendations. In addition, the Department is proposing transferring the Utah Statewide Immunization Information System (USIIS) from Community and Family Health Services to the Center for Health Data within the Executive Director's line item.

General Fund **(\$355,000)**

2.04 Administrative Cost Intent Language

The 2001 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 percent indirect services, and 80 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 2001 Authorized Costs				
	Admin- istration	Indirect Services	Direct Services	Total
Director	713,700 26.3%	1,064,980 39.2%	936,420 34.5%	2,715,100
Health Promotion	249,524 1.6%	9,150,762 59.9%	5,881,614 38.5%	15,281,900
Maternal and Child Health	414,305 0.8%	3,617,589 7.4%	45,048,406 91.8%	49,080,300
Children with Special Health Care Needs	447,279 2.2%	2,172,809 10.7%	17,682,813 87.1%	20,302,901
Total	1,824,808 2.1%	16,006,140 18.3%	69,549,253 79.6%	87,380,201

Source: Department of Health

2.05 Nonlapsing Funding Intent Language

The 2001 Legislature approved the following supplemental intent language authorizing funding as nonlapsing for FY 2001:

It is the intent of the Legislature that funds appropriated from the Tobacco Settlement Restricted Account be considered nonlapsing.

It is the intent of the Legislature that supplemental funds for Youth Suicide Prevention be considered nonlapsing.

The funding was made nonlapsing so that the programs would spend the funds without the fear of losing the funds if they were not all spent by the end of FY 2001. The Tobacco funds are contracted out and may cover a time period spanning two fiscal years. The Department has a balance of \$924,000 in this account at the end of FY 2001. The Legislature intended the funding for the Youth Suicide program to be for FY 2002, but funded it with nonlapsing funds in FY 2001. The group has met several times and is working on implementing specific interventions to reduce the occurrence of suicides among adolescents.

2.06 Early Intervention Intent Language

The 2001 Legislature approved the following intent language to be implemented by this division:

It is the intent of the Legislature that there be a \$10.00 suggested donation for children's services in the Early Intervention program. This donation may be paid by the person responsible for the child receiving the services to help defray the costs associated with those services.

Donations have been received by the providers of early intervention services which go to defray the expenses associated with those services. In FY 2001, it was reported that the donations totaled \$22,144.

2.07 FY 2002 Legislative Action – Early Intervention

Last year, the Legislature approved increasing the funding for the Early Intervention program by \$856,000 (\$600,000 General Fund). Since 1998, this program has increased the number of children receiving services by approximately 50 percent. The projected increase in the Early Intervention caseload from FY 2001 to FY 2002 is 10.8 percent or 258 children.

2.08 FY 2003 Request for Additional Funding for Early Intervention

Due to the continued growth in the Early Intervention program, there is a need to increase funding by \$903,000 (\$558,000 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.

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 13.3 FTEs. The Analyst recommends a budget of \$2,269,900. The funding sources are the General Fund and Federal Funds.

For the past few years, the Robert Wood Johnson Foundation has provided the state with funds for the “Covering Kids Utah” grant (listed as Dedicated Credits). As grant is scheduled to end in May of 2002, there are no Dedicated Credits recommended for FY 2003.

Approximately \$1.4 million of Federal funds are passed through to the 12 local health departments for services covered by the Maternal and Child Health grant and the Public Health Block grant.

Financing	2001 Actual	2002 Estimated	2003 Analyst	Est/Analyst Difference
General Fund	587,100	582,800	554,200	(28,600)
General Fund, One-time	(9,100)	(16,000)		16,000
Federal Funds	1,972,037	1,735,100	1,715,700	(19,400)
Dedicated Credits Revenue	264,599	405,700		(405,700)
Transfers		100		(100)
Lapsing Balance	(2,000)			
Total	\$2,812,636	\$2,707,700	\$2,269,900	(\$437,800)
Expenditures				
Personal Services	954,133	772,900	737,600	(35,300)
In-State Travel	1,003	1,000	1,000	
Out of State Travel	9,806	2,000	1,400	(600)
Current Expense	300,789	451,000	105,900	(345,100)
DP Current Expense	77,456	45,300	28,500	(16,800)
Other Charges/Pass Thru	1,469,449	1,435,500	1,395,500	(40,000)
Total	\$2,812,636	\$2,707,700	\$2,269,900	(\$437,800)
FTE/Other				
Total FTE	20.01	14.40	13.30	(1.10)

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 health data and information support to CFHS programs, local health departments, community based health organizations, and citizens. The program strives to increase access to health information and data and provide consultation, technical assistance, and training services.

**Administration/
Service Cost
Breakdown Intent
Language**

The 2001 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 26 percent administration, 39 percent indirect services, and 35 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. The balance of the direct services is from the Covering Kids Utah project.

3.2 Community and Family Health Services – Health Promotion

Recommendation The Analyst recommends \$15,009,000 for FY 2003 for this bureau. Of this amount, over \$2 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 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. Since 1998, the Legislature has approved an annual appropriation from the restricted account in the amount of \$250,000. 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 2001 to FY 2002 was \$924,111. For FY 2003, the Analyst has increased the funding from the Tobacco Settlement Restricted Account by \$2 million and decreased a corresponding amount from the General Fund. This was done in response to the decrease in FY 2002 and FY 2003 revenues.

The level of Dedicated Credits shows a significant increase over the three years shown. The most significant driver of this increase 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 - quit smoking. The grant has increased from approximately \$80,000 in FY 2001 to nearly \$900,000 in FY 2003.

The Revenue Transfer comes from Medicaid matching funds for Baby Your Baby outreach programs (\$437,800) and the Tobacco Media Campaign (\$423,000). The Children's Health Insurance Program also contributes \$65,000 for the Baby Your Baby program. Also included is \$50,000 for Pedestrian Safety from the Department of Public Safety; and \$10,000 from the Department of Human Services for the Child Fatality Review.

	2001	2002	2003	Est/Analyst
	Actual	Estimated	Analyst	Difference
Financing				
General Fund	1,540,100	1,557,400	(685,200)	(2,242,600)
General Fund, One-time	99,600	(2,166,500)		2,166,500
Federal Funds	5,814,228	6,703,600	6,440,600	(263,000)
Dedicated Credits Revenue	875,473	1,692,500	1,958,600	266,100
GFR - Cigarette Tax Rest	250,000	250,000	250,000	
GFR - Tobacco Settlement	3,998,900	6,053,300	6,059,200	5,900
Transfers	1,002,565	988,700	985,800	(2,900)
Beginning Nonlapsing		1,024,100		(1,024,100)
Closing Nonlapsing	(1,024,111)			
Total	\$12,556,755	\$16,103,100	\$15,009,000	(\$1,094,100)
Expenditures				
Personal Services	3,870,457	4,465,500	4,305,900	(159,600)
In-State Travel	44,951	80,900	84,000	3,100
Out of State Travel	82,463	102,700	102,800	100
Current Expense	5,129,144	6,013,500	5,924,500	(89,000)
DP Current Expense	127,007	101,700	97,200	(4,500)
Other Charges/Pass Thru	3,302,733	5,338,800	4,494,600	(844,200)
Total	\$12,556,755	\$16,103,100	\$15,009,000	(\$1,094,100)
FTE/Other				
Total FTE	87.73	93.25	89.85	(3.40)

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 campaigns, 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

Breast cancer is the leading cause of cancer death for Utah women and the leading cause of death for women ages 44-65. In 1999, 183 Utah women died of breast cancer and 984 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.

The Bureau provides approximately \$600,000 to the local health departments for Cancer Control programs

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. Maintain the Alliance for Cardiovascular Health in Utah, a statewide organization of agencies, institutions, 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, such as the Gold Medal School Initiative.
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. Maintain a surveillance and evaluation program to monitor heart health 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 2001 Service	Outcomes
Utahns receiving prevention messages from events, campaigns	2,024,893
Utahns receiving prevention messages directly	80,000
Utahns receiving education on website	98,000
Health professionals receiving education	2,345
Utahns walking the Legacy Gold Medal Mile	2,719
Gold Medal School Initiative	90 schools/28,548 students
Walk Your Child to School Day	8,606
Utahns taking action to decrease high levels	
Blood Pressure	89.6%
Cholesterol	90.0%
Percent of in adults eating 5-A-Day (1993 and 1999)	25.0%
Percent of in adolescents eating 5-A-Day (1993 and 1999)	27.0%

Diabetes Control Program (DCP)

It is estimated that about 97,000 Utahns have diabetes, and that approximately only two-thirds of them are aware of it. Diabetes is a major cause of morbidity and mortality and places a significant economic burden on the health care system. In 1999, hospitalizations alone amounted to nearly \$188 million in addition to lost productivity, disability, and family resources. DCP improves the prevention, detection and treatment of diabetes and its complications (heart disease, end-stage kidney disease, blindness, amputations, hospitalizations and long-term reduction in activity). DCP has focused on access to information as an important component of diabetes management and awareness.

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.

The Diabetes Control Program is funded with federal funds. Approximately \$389,000 of these funds are passed through to the local health departments and the University of Utah.

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 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 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 2001:

FY 2001 Service	Outcomes
State/Public employees and spouses who are registered members	19,650
Participants in assessment sessions	4,519
Participants in health related seminars	2,540
Participants in personal health Counseling Sessions	4,580
Participants in group health promotion programs	5,022
Participants in weight management classes	600
Number of people who quit smoking	120
Number of people completing the physical activity log	3,348
Average number of visits to the web site per day	2,103

Arthritis Program

Arthritis is the leading cause of disability in the United States and is the second leading cause of disability in Utah. The medical and social costs nationally total almost \$65 billion annually. Health data reports that 31 percent of Utah residents over 18 years of age have arthritis. Clearly, arthritis has become one of our most pressing public health concerns. It should be stressed that these conditions, costs, and negative health outcomes can be managed through effective, but underutilized programs.

The mission of the Utah Arthritis Program 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.

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.

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. Government sources – Medicaid, Medicare, or other sources – pay for approximately 38 percent of these charges. The cost of long term disability or injuries treated in emergency departments, outpatient clinics or doctors’ offices are costs in addition to the \$122 million.

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 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, 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, 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, vaccine-preventable infections, injury and violence, dental disease, and other important maternal and child health issues.

<u>Service</u>	<u>FY 1997</u>	<u>FY 1998</u>	<u>FY 1999</u>	<u>FY 2000</u>
Number of hotline callers served	23,073	31,141	43,309	45,365

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 Funds, dedicated funds and federal funds. Ninety-five percent of state funds are passed through to local health departments, an 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 Truth About Tobacco media campaign utilizes television and radio messages that target youth, adults and pregnant women. A Truth for Youth Anti-Tobacco Advertising contest is promoted statewide. Youth are recruited and trained throughout the state to carry an anti-tobacco message to their peers and promote the advertising contest. Best of contest TV, radio, and billboard 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 assists in measuring the impact of all programs funded with state dollars.

The Tobacco Prevention and Control Program’s funding is the major piece of the Health Promotion budget. Because of the funds provided through the Master Settlement Agreement, this program is now approximately \$5.6 million. Nearly \$2 million of this goes to the local health departments. Over \$2.2 million is used for various anti-tobacco media campaigns. The balance of the funds are contracted to various groups and providers for their anti-tobacco services.

FY 2001 Service	Outcomes
Media Campaign	
Teen TV	98.0%
Adult & Pregnant Women	98.0%
% of adult smokers who made a quit attempt due to media campaign	55.0%
% of youth smokers who made a quit attempt due to media campaign	66.0%
Number of teens and parents utilizing teen quit line services	760
Youth grade 5 - 7 reached through curriculum	10,128
Non-compliance with youth access laws	18.8%
Number of visits to TPC website	115,119

**Other Senate Bill 15
Funding**

In addition to the \$4 million that Senate Bill 15 allocates 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. 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 2001 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 percent administration, 60 percent indirect services, and 38 percent direct services. The direct services are in the following areas: Cancer, Breast and Cervical Cancer, Healthy Utah, Diabetes, Arthritis, Injury Prevention, Rape Crisis, Safe Kids, Youth Suicide, Baby Your Baby, and Tobacco Prevention.

In the Cancer program, 6,038 breast and cervical cancer screens were performed at an average cost of \$41.20 per screen. In the Cardiovascular program, surveys indicate that a heart healthy service or message was received by 2.4 million Utahns. The average cost of each message comes to \$0.35.

In the Diabetes program, the services provided include training, social marketing, community-based activities, etc. Each of the individual efforts reached approximately 2 million people, at an average of cost of \$0.03 to \$0.10.

In the Arthritis program, efforts were made to increase community awareness, measure trends through a survey, and improve clinical practices. With the awareness program and the survey, the population numbers were significant enough to make the unit cost minimal. The efforts to improve clinical practice were more costly, at an average cost per person of \$2.35.

The Violence and Injury Prevention Program inspected 5,055 child safety seats at an average cost of \$3.91 per inspection. The program also provided child safety seat education to 6,565 parents at an average cost of \$1.39 per parent, and provided literature dealing with care safety to over 29,000 parents at a cost of \$0.33 per person. The program also provided prevention education, hotline responses, and victim responses in the rape crisis area to over 62,000 people at an average cost of \$2.74 per person.

As listed above, in 2000, there were over 45,000 hotline calls to the Baby Your Baby program. While the actual cost of each individual call depended on the caller and the questions and concerns, the average cost per call was \$5.69.

The cost of services provided by the Tobacco Prevention and Control Program included teen quit line services (\$181.46 per caller) and the anti-tobacco media campaign (\$0.91 per capita).

3.3 Community and Family Health Services – Maternal and Child Health

Recommendation The Analyst recommends a budget of \$48,816,100 for Maternal and Child Health for FY 2003.

The majority of the funding for this program (\$32.3 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 over \$2 million in federal funds for child immunization efforts.

Infant formula manufacturers rebate funds to the State from WIC formula purchases. These rebates, projected at \$9.6 million are listed as dedicated credits, together with private contributions.

Of the \$442,800 identified as Revenue Transfers, \$427,000 is funding from the Medicaid program for the following programs: (1) Pregnancy Risk Assessment and Management, (2) Home Visitation and FACT, and (3) Immunization Media Campaign and Immunization private donations.

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.

	2001	2002	2003	Est/Analyst
	Actual	Estimated	Analyst	Difference
Financing				
General Fund	2,574,000	2,569,100	2,151,800	(417,300)
General Fund, One-time	(400)	(119,800)		119,800
Federal Funds	34,423,820	36,583,900	36,280,100	(303,800)
Dedicated Credits Revenue	10,187,486	10,272,900	9,941,400	(331,500)
Transfers	511,613	510,300	442,800	(67,500)
Beginning Nonlapsing	139,517	260,800		(260,800)
Closing Nonlapsing	(260,783)	(225,800)		225,800
Total	<u>\$47,575,253</u>	<u>\$49,851,400</u>	<u>\$48,816,100</u>	<u>(\$1,035,300)</u>
Expenditures				
Personal Services	3,075,664	3,529,800	3,009,400	(520,400)
In-State Travel	28,378	34,300	29,500	(4,800)
Out of State Travel	77,899	81,100	71,900	(9,200)
Current Expense	1,940,322	3,134,800	2,900,200	(234,600)
DP Current Expense	1,045,507	347,000	278,400	(68,600)
Other Charges/Pass Thru	41,407,483	42,724,400	42,526,700	(197,700)
Total	<u>\$47,575,253</u>	<u>\$49,851,400</u>	<u>\$48,816,100</u>	<u>(\$1,035,300)</u>
FTE/Other				
Total FTE	65.63	66.43	46.50	(19.93)

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. 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.

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 SIDS program collaborates with public health nurses throughout the State to assure that families are provided grief support and referrals when they experience a sudden and unexpected infant death.

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. This may involve a wide range of helpful strategies from clinical remedies to changes in the health/social service delivery system and the development of public policies to improve fetal, infant, and maternal health outcomes.

The Reproductive Health Promotion component creates and disperses pertinent health education messages that are identified through the program's various data collection resources. These messages are distributed via presentations at schools, churches, health fairs, the Department's website, brochures, radio messages, and poster displays.

The Wee Care component offers perinatal nurse telephone case management of moderate and high-risk PEHP clients throughout the State. In FY 2001, 752 women were provided with information to help them reduce the risk of premature delivery and other pregnancy complications. Wee Care also provides follow-up contact throughout the pregnancy to assure that everything goes well, and that mother and infant have optimal healthy outcomes.

The Abstinence Education component oversees implementation of the federal abstinence-only education program. Community organizations and agencies provide abstinence education to youth between the ages of 9 and 14 years and their parents through this program to reduce teen pregnancy and sexually transmitted diseases. Approximately 19,600 students received this education program.

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. Data are used to provide important information that can guide policy and other efforts to improve care and outcomes for pregnant women and infants in Utah.

The Baby-Your Baby by phone component provides a quick and easy Medicaid Presumptive Eligibility determination to pregnant women residing in the Salt Lake County area via a telephone interview. This serves to expedite early access to prenatal care for those women who participate. Almost 2,000 persons were determined to be Medicaid eligible through this service last year.

Child, Adolescent and School Health (CASH) Program

The CASH program covers a broad range of services related to child health and development, from birth through adolescence. CASH oversees the Prenatal-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. CASH provides contract funding, nursing consultation, technical assistance and training for LHD nurses conducting home visiting and other child health-related services such as well child clinics. 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, funded under a federal Head Start grant, creates and strengthens interagency partnerships and linkages between Head Start and other early childhood service providers to improve access to important early childhood services for low income children and their families.

The CASH program is responsible for Utah’s Healthy Child Care America Project, which is funded by a federal MCH/Community Integrated Services System grant. This project develops child care health and safety training for use by public health nurses throughout the State and provides technical assistance, consultation, and training to child care providers, Head Start programs, local health departments, and other agencies and programs on issues related to child care health and safety. CASH also provides technical assistance, training, and nursing consultation to local and state health and educational agencies; parents and the general public in issues related to health care needs of school-age children and adolescents.

Service	<u>FY 2001</u>
Child Health Services (well child care, care coordination, screening)	13,143
Prenatal - 5 Nurse Home Visit	1,723
Children receiving FACT Site-Based Programs	4,359

**Immunization
Program (IMM)**

IMM promotes immunization as part of comprehensive health care across the life span – children, adolescents, and adults. It provides services through technical assistance to local health departments, Community Health Centers, managed care organizations, 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. IMM is composed of the following components:

The Vaccines for Children (VFC) 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 enrolled public and private medical providers statewide. An essential part of this is 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 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.

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. 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 current information and education. College entrance immunization requirements 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.

The IMM program provides vaccine to eligible children through a federal grant awarded 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.

**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. Resident of area or member of 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.
4. Re-certified every six months to determine continuing eligibility.

In 2001, the average monthly participation was 58,437. The average monthly cost to administer the WIC program was \$12.78 per participant. The average monthly cost for food for these low income participants was \$44.21 each.

**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. The program promotes prevention methods such as community water fluoridation, fluoride mouth rinse programs, tooth sealant programs, and early childhood interventions to reduce dental decay among all populations. The conducting and evaluating of statewide dental health surveys provides important needs assessment information for state and local health departments. Activities which improve outreach and treatment care for Medicaid, CHIP, and low-income uninsured populations help to assure access to appropriate oral health care services for these target populations. Projects such as *Smile Factory* and other health awareness activities educate children and adults to assume responsibility for their own oral health. The local health departments reported MCH block grant expenses for oral health services including fluoride prescriptions and tooth sealant referrals with an average cost of \$5.07 per client. The FACT expenses for oral health services includes educational material sent to parents for oral health screenings and overseeing the weekly fluoride mouth rinse program. The average cost of these functions is \$1.37 per client.

The Oral Health Program had developed 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.

**Administration/
Service Cost
Breakdown Intent
Language**

The 2001 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 percent administration, 7 percent indirect services, and 92 percent direct services. The direct services are in the following areas: Wee Care, Prenatal Services, Abstinence Education, Reproductive Health, FACT, Home Visitation, Child Literacy, Immunization, WIC, and Oral Health.

Wee Care offers perinatal nurse telephone case management services to moderate and high-risk PEHP client. This is done through a contract with PEHP at an average cost of \$198.96 per client.

The Abstinence Education component, funded through federal Title V funds, oversees the implementation of services provided by community organization and agencies for youth ages 9 to 14. The average cost per teen/parent educated was \$16.30.

The Prenatal – 5 Home Visitation program visited 1,723 clients in FY 2001 at an average cost of \$159 per client.

Various components of the Immunization program deals with vaccines from infancy through age 21. The standard complete immunization series consists of 22 doses per child at a total cost of \$387.68.

WIC services are available to a significant number of women and children throughout the State. In 2001, the average monthly participation was 58,437. The average monthly cost to administer the WIC program was \$12.78 per participant. The average monthly cost for food for the participants was \$44.21.

The Oral Health program provides funding to local health departments for oral health services, including fluoride prescriptions and tooth sealant referrals at an average cost per client of \$5.07. FACT provides funding for additional oral health services, including weekly fluoride mouth rinses. The average cost of these services was \$1.37 per client.

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

Recommendation

The Analyst recommends \$20,072,200 for Children with Special Health Care Needs for FY 2003. This program receives a substantial amount of its funding from federal funds (\$8.5 million), but also requires over \$6.4 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 \$2,932,500 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 additional federal funds in the Medicaid program. The balance of the Revenue Transfers come from Medicaid funds for administrative case management (\$639,200), community based services under the Home Health Care waiver (\$120,000), fostering health children (\$1,296,800), pregnancy riskline (\$42,600), and early intervention case management (\$197,000).

	2001	2002	2003	Est/Analyst
	Actual	Estimated	Analyst	Difference
Financing				
General Fund	6,025,100	6,691,900	6,432,400	(259,500)
General Fund, One-time	(1,000)	(252,500)		252,500
Federal Funds	6,733,370	8,745,700	8,490,000	(255,700)
Dedicated Credits Revenue	3,821,706	2,214,600	2,217,300	2,700
Transfers	1,292,317	2,939,800	2,932,500	(7,300)
Total	\$17,871,493	\$20,339,500	\$20,072,200	(\$267,300)
Expenditures				
Personal Services	5,970,611	6,429,700	6,345,800	(83,900)
In-State Travel	144,843	156,300	155,300	(1,000)
Out of State Travel	31,555	41,600	39,000	(2,600)
Current Expense	5,807,668	5,971,800	5,859,700	(112,100)
DP Current Expense	188,217	184,000	137,500	(46,500)
Other Charges/Pass Thru	5,728,599	7,556,100	7,534,900	(21,200)
Total	\$17,871,493	\$20,339,500	\$20,072,200	(\$267,300)
FTE/Other				
Total FTE	107.20	111.30	109.70	(1.60)

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

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. Approximately 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.

Service	<u>FY 1999</u>	<u>FY 2000</u>	<u>FY 2001</u>	<u>FY 2002 est.</u>
% Hospitals providing UNHS	77%	100%	100%	100%
% Live births receiving hearing screening	79%	92%	96%	99%
% of those screened passing initial test		85%	86%	90%
# confirmed hearing loss		50	96	145
# in diagnostic process		254	359	<1% of all newborns
# patient evaluations	1,868	4,493	3,817	4,400
# public health education efforts	2,400	2,500	4,335	4,300
# photo screens provided statewide	608	888	1,030	1,000
# recycled hearing aids provided	33	20	20	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 400-500 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:

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

Service	<u>FY 1998</u>	<u>FY 1999</u>	<u>FY 2000</u>	<u>FY 2001</u>	<u>FY 2002 est.</u>
Patient encounters	6,426	8,857	11,645	12,431	12,000
Clinics	152	154	155	156	156
Patients	1,412	1,688	1,875	2,149	2,000

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 1998</u>	<u>FY 1999</u>	<u>FY 2000</u>	<u>FY 2001</u>	<u>FY 2002 est.</u>
# of Clinics	197	171	216	246	230
# of Children served	336	471	384	1,124	850
# of Patient encounters	2,944	3,075	3,092	4,247	3,600

**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.

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. 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 1998</u>	<u>FY 1999</u>	<u>FY 2000</u>	<u>FY 2001</u>	<u>FY 2002 est.</u>
Itinerant Clinic Patient encounters	3,739	3,750	4,950	4,967	5,000
Ogden Patient encounters	522	525	Included under Itinerant clinic encounters		
# of Early Intervention referrals	46	50	76	41	50
# of Other Community referrals		New	229	255	260
Cumulative Outreach encounters from RNs		18	14	8	no longer collected
# of Children on Travis C. Waiver	50	55	87	110	120
Average number of encounters/child on Waiver program				50	50

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</u>	<u>FY 2002 est.</u>
# of Clinics	158	201	200	250	250
# of Provider encounters	1,914	1,911	2,077	2,017	2,050
# of Provider encounters including itinerant sites		2,050	2,293	3,932	4,000

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 Fostering Healthy Children program meets its mission through nurse consultation and case management to maximize the quality and timeliness of health care services for foster children and to ensure access to health care providers. 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 care, dental care, and mental health care to all children in its custody on an on-going basis. DCFS contracts for this service with the Department of Health to support and monitor the needs of the children in State custody. 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. Nurses are utilized in the program to:

- Manage the 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 being licensed by the State
- Provide hospital, home and/or office visits for children with special needs with one on one health care education
- Increase the accessibility for health care by identifying providers willing to provide care

Service	<u>FY 1998</u>	<u>FY 1999</u>	<u>FY 2000</u>	<u>FY 2001</u>	<u>FY 2002 est.</u>
# of Children served	4,800	6,000	6,200	see date below	
# of children served in out of home care				3,878	3,800
# of encounters for children in out of home care				27,051	27,500
# of encounters with children in protective custody				986	1,000
# of Health Status Outcome Measure evaluations				9,239	9,000

Systems Development Program

This program ensures 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.

Service	<u>FY 1999</u>	<u>FY 2000</u>	<u>FY 2001</u>	<u>FY 2002 est.</u>
# of Patient encounters	4,974	4,803	3807*	3,300
# of Clinics held	225	225	238	238
DDS transmittals received	555	550	508**	515
# subsequently obtaining Medicaid		110	81	80
# of DDS/SSI child referrals subsequently obtaining Medicaid		48	30	30
* 2001 Encounter numbers lower than in 2000 due to loss of 3-5 providers and reporting unduplicated number.				
** 2001 DDS transmittals lower due to backlog of cases w/ longer turnaround times.				

Teratology and Birth Defects

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 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 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.

For most birth defects, the cause is not known. Population based screening for birth defects is critical in order to evaluate trends over time, perform cluster analysis and develop the framework for epidemiological investigations that may provide clues to identify causes. 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 the family to decrease social, financial, and medical burdens. The Birth Defect Network is an information and referral resource for parents of children with birth defects, as well as health care providers seeking accurate and up-to-date information about birth defects.

Service	<u>FY 1998</u>	<u>FY 1999</u>	<u>FY 2000</u>	<u>FY 2001</u>	<u>FY 2002 est.</u>
Number of clients served by Pregnancy Riskline	9,314	10,403	10,422	10,503	10,510
Number of births screened by Birth Defects Network	45,128	46,243	47,331		

Newborn Screening (NS)

This program provides a statewide system for early identification and referral of newborns with any of three 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 fee for the testing kit increased to \$31.00 on November 15, 2001. The fee is split between the State Health Laboratory and CSHCN.

Service	<u>FY 1998</u>	<u>FY 1999</u>	<u>FY 2000</u>	<u>FY 2001</u>	<u>FY 2002 est.</u>
# of first specimens	46,131	46,982	48,303	47,500	48,000
# of second specimens	43,771	43,975	45,377	44,000	45,000
% of newborns receiving first screen	97.8%	99.4%	98.0%	98.5%	98.5%
# of newborns with abnormal confirmatory testing:					
Pheylketonuria					
classical	4	2	0	3-4	3-4
Pheylketonuria hyperphe					
	4	0	3	2	2
Glactosemia classisal					
	0	0	0	0-1	0-1
Glactosemia variant					
	19	35	103	20	20
Congenital Hypothyroidism					
confirmed					
	10	15	23	15	15
Congenital Hypothyroidism other					
	36	45	42	20	20
Hemoglobinopathy* sickle cell					
				0-1	0-1
Hemoglobinopathy* variant, treatable					
				0-2	0-2
Hemoglobinopathy* variant,nontreatable					
				200	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.

Service	<u>FY 1997</u>	<u>FY 1998</u>	<u>FY 1999</u>	<u>FY 2000</u>	<u>FY 2001 est.</u>
# of Children referred and evaluated	3,355	4,179	5,051	5,703	6,000
Children served w/ Indiv. Family Service Plan					
				4,282	4,600
Avg. number of encounters per child					
				36	36
# of programs	19	19	17	16	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; the 2001 Legislature approved an additional \$600,000.

Expansion of Early Intervention Program

As the program becomes better known throughout the State, the eligible population grows. The caseload in FY 1999 was 2,018, growing in FY 2000 to 2,173 and in FY 2001 to 2,394. Projections for future caseloads are estimated at 2,652 for FY 2002 and 2,917 in FY 2003. The Department has requested an additional \$558,000 General Fund (to be matched with an additional \$345,000 from other sources) to cover the costs of this growing population. The Analyst recommends that this be an item for the Committee to consider when prioritizing items for funding.

Administration/ Service Cost Breakdown Intent Language

The 2001 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 percent administration, 11 percent indirect services, and 87 percent direct services. The direct services are in the following areas: Case Management, Clinical Services, Neonatal follow-up, Community-Based services, ABLE clinics, Newborn Screening, and Baby Watch/Early Intervention.

In FY 2001, there were 3,817 encounters in the Hearing, Speech, and Vision Services (HSVS) at an average cost per encounter of \$186.43. This component also screened 48,454 newborns for hearing. The average cost per encounter for the screening was \$2.47. Other newborn tests include metabolic screening, which averaged a cost per encounter of \$13.54. The Neonatal follow-up program provided services at 12,431 encounters at an average cost of \$79.77 per encounter. Case Management in the Child Development Clinics assisted 4,247 children at an average cost of \$161.64 per encounter. Community-Based Specialty Services (CBS) helped 4,967 children at an average cost per encounter of \$193.80. The CBS Waiver program deals with more difficult cases, so there are fewer encounters, but are more costly. There were 100 children who received services at an average cost per child of \$1,090.91. ABLE Clinics had encounters numbering 3,932 and cost \$176.59 per encounter.

The costs for services under the Fostering Healthy Children program averaged \$71.17 for the 27,051 encounters. In the Systems Development Program, there were 4,315 encounters at an average cost of \$181.96 per encounter.

The Pregnancy Riskline handled 10,503 calls at an average cost of \$31.06. The Birth Defects Network had 47,331 encounters at an average cost of \$4.89.

The Baby Watch/Early Intervention program assisted 5,703 children in FY 2001 at an average cost of \$1,722.48 per child.

4.0 Additional Information: Community and Family Health Services

4.1 Funding History

	1999	2000	2001	2002	2003
Financing	Actual	Actual	Actual	Estimated	Analyst
General Fund	11,164,100	11,412,200	10,726,300	11,401,200	8,453,200
General Fund, One-time		11,500	89,100	(2,554,800)	
Federal Funds	45,663,633	46,344,220	48,943,455	53,768,300	52,926,400
Dedicated Credits Revenue	11,956,936	12,713,749	15,149,264	14,585,700	14,117,300
GFR - Cigarette Tax Rest	250,000	250,000	250,000	250,000	250,000
GFR - Tobacco Settlement			3,998,900	6,053,300	6,059,200
Transfers	3,571,437	3,522,333	2,806,495	4,438,900	4,361,100
Beginning Nonlapsing			139,517	1,284,900	
Closing Nonlapsing		(139,517)	(1,284,894)	(225,800)	
Lapsing Balance	(7,344)	9,200	(2,000)		
Total	\$72,598,762	\$74,123,685	\$80,816,137	\$89,001,700	\$86,167,200
Programs					
Director's Office	258,450	538,878	2,812,636	2,707,700	2,269,900
Division Resources	2,118,636	2,486,554			
Health Promotion	5,326,942	5,095,680	12,556,755	16,103,100	15,009,000
Maternal and Child Health	46,892,013	45,731,062	47,575,253	49,851,400	48,816,100
Chronic Disease	3,339,056	4,108,448			
Children with Special Health Care Needs	14,663,665	16,163,063	17,871,493	20,339,500	20,072,200
Total	\$72,598,762	\$74,123,685	\$80,816,137	\$89,001,700	\$86,167,200
Expenditures					
Personal Services	11,912,793	12,921,564	13,870,865	15,197,900	14,398,700
In-State Travel	212,139	212,767	219,175	272,500	269,800
Out of State Travel	135,074	181,148	201,723	227,400	215,100
Current Expense	7,458,633	12,595,981	13,177,923	15,571,100	14,790,300
DP Current Expense	774,970	601,249	1,438,187	678,000	541,600
DP Capital Outlay	8,402	53,631			
Capital Outlay	5,396				
Other Charges/Pass Thru	52,091,355	47,557,345	51,908,264	57,054,800	55,951,700
Total	\$72,598,762	\$74,123,685	\$80,816,137	\$89,001,700	\$86,167,200
FTE/Other					
Total FTE	268.60	262.20	280.57	285.38	259.35

4.2 Federal Funds

Program		FY 2001 Actual	FY 2002 Estimated	FY 2003 Analyst
Director's Office	Federal	\$1,444,956	\$1,263,600	\$1,244,200
Maternal and Child	Required State Match	1,083,717	947,700	947,700
	Total	2,528,673	2,211,300	2,191,900
Director's Office	Federal	49,884		
PHS Local Federal Grant	Required State Match	0	0	0
	Total	49,884	0	0
Director's Office	Federal	477,197	471,500	471,500
Preventative Block Grant	Required State Match	0	0	0
	Total	477,197	471,500	471,500
Health Education	Federal	1,185,466	1,241,100	1,241,100
Core Tobacco Prevention ¹	Required State Match	250,000	1,241,100	1,241,100
	Total	1,435,466	2,482,200	2,482,200
Health Education	Federal	713,030	957,000	745,500
Maternal and Child	Required State Match	534,773	723,450	559,125
	Total	1,247,803	1,680,450	1,304,625
Health Education	Federal	776,748	827,100	827,100
Preventative Health	Required State Match	0	0	0
	Total	776,748	827,100	827,100
Health Education	Federal	3,138,984	3,678,400	3,626,900
PHS Local Federal Grant ²	Required State Match	877,202	857,287	857,287
	Total	4,016,186	4,535,687	4,484,187
Maternal and Child Health	Federal	1,798,638	2,216,000	2,012,000
Child Immunization	Required State Match	0	0	0
	Total	1,798,638	2,216,000	2,012,000
Maternal and Child Health	Federal	31,082,530	32,258,000	32,243,600
WIC Program Formula	Required State Match	0	0	0
	Total	31,082,530	32,258,000	32,243,600
Maternal and Child Health	Federal	1,063,253	1,401,100	1,376,100
Maternal and Child	Required State Match	797,440	1,050,825	1,032,075
	Total	1,860,693	2,451,925	2,408,175
Maternal and Child Health	Federal	479,399	708,800	648,400
PHS Local Federal Grant ³	Required State Match	198,509	283,175	241,400
	Total	677,908	991,975	889,800

Program		FY 2001	FY 2002	FY 2003
		Actual	Estimated	Analyst
Children with Special Health Care Needs Infants Toddlers	Federal	3,914,860	4,836,000	4,836,000
	Required State Match	0	0	0
	Total	3,914,860	4,836,000	4,836,000
Children with Special Health Care Needs Maternal and Child	Federal	2,397,160	2,951,900	2,696,200
	Required State Match	1,797,870	2,215,500	2,016,000
	Total	4,195,030	5,167,400	4,712,200
Children with Special Health Care Needs PHS Local Federal Grant ⁴	Federal	421,350	957,800	957,800
	Required State Match	0	35,365	35,365
	Total	421,350	993,165	993,165
Federal		48,943,455	53,768,300	52,926,400
Required State Match		5,539,511	7,354,402	6,930,052
Total		\$54,482,966	\$61,122,702	\$59,856,452

1 Match ratio changed in FY 2002.

2 Match is paid by private providers.

3 \$202,500 of this match is paid for by private providers in FY 2003

4 \$30,000 of this match is paid for by private providers

4.3 Fees

	<u>Current</u> FY 2001-02	<u>Proposed</u> FY 2002-03	<u>Difference</u>	<u>Projected</u> <u>Revenue</u>
COMMUNITY AND FAMILY HEALTH SERVICES				
Bureau of Health Promotion				
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			0
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
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
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
Costumes (rental/cleaning fee)	5.00	5.00	0.00	25
Children with Special Health Care Needs				
<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 will be assigned.</i>				
Office Visit, New Patient				
99201 Problem focused, straightforward	41.00	41.00	0.00	738
99202 Expanded problem, straightforward	52.00	52.00	0.00	8,788
99203 Detailed, low complexity	77.00	77.00	0.00	21,483
99204 Comprehensive, Moderate complexity	103.00	103.00	0.00	68,289
99205 Comprehensive, high complexity	120.00	120.00	0.00	21,240
Office Visit, Established Patient				
99211 Minimal Service or non-MD	14.00	14.00	0.00	812
99212 Problem focused, straightforward	37.00	37.00	0.00	25,937
99213 Expanded problem, low complexity	51.00	51.00	0.00	102,357
99214 Detailed, moderate complexity	62.00	62.00	0.00	21,328
99215 Comprehensive, high complexity	94.00	94.00	0.00	33,182
<u>Office Consultation, New or Established Patient</u>				
99241 Consult Problem focused, straightforward	63.00	63.00	0.00	252

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99242 Consult-Exp. <u>Expanded problem focused, straightforward</u>	77.00	77.00	0.00	59,983
99243 <u>Detailed exam, low complexity</u>		<u>86.00</u>	86.00	10,492
99244 Consult- <u>Comprehensive, moderate complexity</u>	124.00	124.00	0.00	28,148
99245 <u>Comprehensive, high complexity</u>		<u>186.00</u>	186.00	21,390
99361 Med Conference by Phys/Int Dis Team	63.00	63.00	0.00	11,340
99373 <u>Telephone Consultation, complex or lengthy</u>		<u>41.00</u>	41.00	6,314
<u>Nutrition</u>				
97802 <u>Nutrition Assessment</u>		<u>22.00</u>	22.00	1,496
<u>Psychological</u>				
96100 Psychological Testing	130.00	130.00	0.00	102,700
96110 Developmental Test	64.00	64.00	0.00	52,928
90801 Diagnostic Exam, per hour	130.00	130.00	0.00	34,970
90801-52 Diagnostic Exam, per hour, Reduced Procedures	63.00	<u>65.00</u>	2.00	40,495
90841 Individual Psychotherapy	66.00			0
90846 Family Med Psychotherapy, w/o 30 minutes	60.00	<u>66.00</u>	6.00	12,144
90847 Family Med Psychotherapy, conjoint 30 minutes	130.00	130.00	0.00	65,000
90882 Environmental Intervention w/Agencies Employers, etc.	39.00	<u>46.00</u>	7.00	8,694
90882-52 Environmental Intervention, Reduced Procedures	19.00	<u>23.00</u>	4.00	7,820
<u>Physical and Occupational Therapy</u>				
97110 Therapeutic Procedure, 15 minutes	24.00			0
97116 Gait training	24.00			0
97530 Therapeutic activities to improve functional performance	41.00			0
97703 Check-Out, Orthotic/Prosthetic Use	24.00			0
97001 Physical Therapy Evaluation	36.00	<u>43.00</u>	7.00	7,955
97002 Physical Therapy Re-evaluation	36.00	36.00	0.00	3,924
97003 Occupational Therapy Evaluation	37.00	<u>44.00</u>	7.00	21,340
97004 Occupational Therapy Re-evaluation	37.00	37.00	0.00	8,991
<u>Speech</u>				
92506 Speech Basic Assessment	75.00	<u>83.00</u>	8.00	11,703
92506-22 Speech Assessment, unusual procedures	108.00	<u>132.00</u>	24.00	10,164
92506-52 Speech Assessment, reduced procedures	39.00	<u>53.00</u>	14.00	59,042
<u>Ophthalmologic, New Patient</u>				
92002 Ophthalmologic, Intermediate	55.00	55.00	0.00	7,865
92004 Ophthalmologic, Comprehensive	74.00	74.00	0.00	6,512
<u>Ophthalmologic, Established Patient</u>				
92012 Ophthalmologic, Intermediate	50.00	50.00	0.00	31,350
<u>Audiology</u>				
92551 Audiometry, Pure Tone Screen	30.00	<u>33.00</u>	3.00	22,011
92552 Audiometry, Pure Tone Threshold	32.00	<u>36.00</u>	4.00	6,012
92553 Audiometry, Air and Bone	40.00	<u>44.00</u>	4.00	1,320
92557 Basic Comprehension, Audiometry	72.00	<u>80.00</u>	8.00	10,080
92567 Tympanometry	16.00	<u>19.00</u>	3.00	35,245
92582 Conditioning Play Audiometry	72.00	<u>80.00</u>	8.00	37,520
92589 Central Auditory Function	78.00	<u>86.00</u>	8.00	3,956
92591 Hearing Aid Exam Binaural	98.00	<u>108.00</u>	10.00	1,296
92587 Evaluation of Alternate Communication Device	38.00	<u>42.00</u>	4.00	54,264
92596 Ear Mold	76.00	<u>84.00</u>	8.00	252
92579 Visual Reinforcement Audio	31.00	<u>35.00</u>	4.00	7,420

92593 Hearing Aid Check, Binaural	88.00	<u>97.00</u>	9.00	1,067
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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 2003**

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%
FAMILY SIZE	MONTHLY FAMILY INCOME					
1	\$715.83	\$0.00 - 952.06	\$952.07 - 1,073.75	\$1,073.76 - 1,324.29	\$1,324.30 - 1,610.63	\$1,610.64 and up
2	967.50	0.00 - 1,286.78	1,286.79 - 1,451.25	1,451.26 - 1,789.88	1,789.89 - 2,176.88	2,176.89 and up
3	1,219.17	0.00 - 1,621.49	1,621.50 - 1,828.75	1,828.76 - 2,255.46	2,255.47 - 2,743.13	2,743.14 and up
4	1,470.83	0.00 - 1,956.21	1,956.22 - 2,206.25	2,206.26 - 2,721.04	2,721.05 - 3,309.38	3,309.39 and up
5	1,722.50	0.00 - 2,290.93	2,290.94 - 2,583.75	2,583.76 - 3,186.63	3,186.64 - 3,875.63	3,875.64 and up
6	1,974.17	0.00 - 2,625.64	2,625.65 - 2,961.25	2,961.26 - 3,652.21	3,652.22 - 4,441.88	4,441.89 and up
7	2,225.83	0.00 - 2,960.36	2,960.37 - 3,338.75	3,338.76 - 4,117.79	4,117.80 - 5,008.13	5,008.14 and up
8	2,477.50	0.00 - 3,295.08	3,295.09 - 3,716.25	3,716.26 - 4,583.38	4,583.39 - 5,574.38	5,574.39 and up
Each Additional Family Member	251.67	334.72	377.50	465.58	566.25	566.25

NOTE: This CFHS fee schedule is based on Federal Poverty Guidelines published in the Federal Register February 16, 2001, Vol. 66 No. 33, pgs. 10,695 - 10,697. 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.