



Arkansas Department of Health

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Governor Mike Beebe

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To: Senator David Johnson
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Sheri Thomas, Bureau of Legislative Research
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CC: Ann Purvis, ADH Deputy Director
Robert Brech, ADH Legal Counsel

From: Katheryn Hargis, ADH Government Affairs Policy Director

Date: 09/13/2012

Re: ISP 2011-178, Children of Incarcerated Parents

Pursuant to ISP 2011-178, the Arkansas Department of Health has been requested to provide the following information:

1. Data regarding the number of children with at least one (1) incarcerated parent or the caregivers of these children who have contact with the Department of Health because they are receiving services or benefits from any division of the department, with the data separated for each division to include:
 - A. A description of the service or benefit;
 - B. The number of children with at least one (1) incarcerated parent or the caregivers of these children who are receiving the service or benefit and the total population served receiving the benefit, for comparison purposes;
 - C. Demographic data, including without limitation race, gender, and age for children with at least one (1) incarcerated parent or the 1 caregivers of these children;
 - D. An estimated cost of the services or benefits provided to children with at least one (1) incarcerated parent or the caregivers of these children; and
 - E. Any other data relevant to this request;
2. Services or benefits within the Department of Health that are available to children with at least one (1) incarcerated parent or the caregivers of these children that currently are not being provided to this population;
3. Policies and procedures regarding outreach to children with at least one (1) incarcerated parent or the caregivers of these children; and
4. Any recommendations for improving the outcomes of children with at least one (1) incarcerated parent or the caregivers of these children.

Since the Department of Health programs do not identify children of incarcerated parents, we are unable to provide the requested data on the number of those children that are served by our programs, their demographic data or the estimated cost of any services. We can, however, provide information on each service that potentially serves this population. Should you need any additional information, please contact me at Katheryn.Hargis@arkansas.gov or 501-551-5066.

ADH Programs and Services

Infant Hearing Program – This program serves as the statewide Early Hearing Detection and Intervention (EHDI) Program. The program is responsible for the registry of all babies' newborn hearing screening test results, quality assurance for babies not having been tested before hospital discharge, tracking and follow-up for all children 0-3 needing additional audiological evaluation, and the referral of children diagnosed with hearing loss for Early Intervention services. The program, in conjunction with the national and international Early Hearing Detection and Intervention initiative, share the vision of established norms regarding the importance of newborn hearing screening, diagnostic evaluation and culturally appropriate early intervention. The Program's goals are:

- All newborn will be screened for hearing loss before 1 month of age, preferably before hospital discharge.
- All infants who screen positive will have a diagnostic audiological evaluation before 3 months of age.
- All infants identified with hearing loss will receive appropriate early intervention services before 6 months of age (medical, audiological, and early intervention).
- All infant and children with late onset, progressive or acquired hearing loss will be identified at the earliest possible time.

In FY July 1, 2010 - June 30, 2011 there were 37,188 births in the state and of those, 36,773 (98.88%) of newborns received a physiological hearing screen. All infants identified with a hearing loss will have a medical home as defined by the American Academy of Pediatrics.

Newborn Screening – screening for inborn conditions has been mandatory in Arkansas since Act 192 of 1967 stipulated screening of all newborns for phenylketonuria (PKU). Since that time, the number of conditions screened for has grown substantially. The largest single increase occurred in July 2008, when 22 conditions were added to the screening panel, bringing the total number of conditions to 28. In FY July 1, 2010 - June 30, 2011 there were 37,188 births in the state and of those, 36,919 (99%) newborns were screened. The service area includes the entire state (all birthing hospitals/facilities).

Abstinence Education – The Arkansas Abstinence Education (AE) Program provides abstinence education to youth 12-19 years of age as well as involvement of parents and siblings whenever possible. The program adheres to the eight tenets of Abstinence Education as set forth by Section 510(b)(2) of the social Security Act (42 U.S.C. 710(b) and provides mentoring, counseling and adult supervision to promote abstinence from sexual activity, with a focus on groups which are most likely to bear children out-of-wedlock. Abstinence Education services are provided through a sub-grantee system with school and community-based organizations. Federal funding to establish the program in Arkansas was awarded in late 2010 with an official start date for the sub-grantor July 1, 2011. Currently, 26 cities in 13 counties have established Abstinence Education Programs. For the first quarter in the reporting period (3-months), July 01, 2011 – September 30, 2011, 3,609 clients had been served. The number of clients served will increase significantly, as only a few of the sub-grantees had established programs during this early start-up period of the Arkansas Abstinence Education Program.

Family Planning Services - The goal of the Arkansas Department of Health's (ADH) Title X Family Planning program is to maximize resources to provide comprehensive family planning and related preventive health services to priority populations who want and need them. Over the past five years, 25% of patients served by the ADH family planning program were nineteen years of age or younger. The ADH Family Planning program served 75,922 unduplicated patients in SFY2011, with 23% of patients at age 19 years or younger. A breakdown of ages served is as follows:

Age	Number Served
14 years and younger	1,169

15-17 years	6,982
18-19 years	9,553
20-29 years	39,282
30-39 years	15,195
40 years and older	3,741

The racial makeup and ethnicity of ADH family planning patients has remained fairly constant over the past 5 years, with the majority of patients being White (66%). African-American or Black patients averaged 27%, Native Americans averaged 0.6% and Hispanic patients averaged 15%. A priority population for the family planning program is individuals whose family incomes are below 250% Federal Poverty Level (FPL). The ADH percentage of family planning patients with an income at or below 100% of the Federal Poverty Level was 67% in SFY11.

Because most of Arkansas's population resides in rural areas, access to ADH Local Health Units (LHU) is often the only source of medical care for vulnerable and hard to reach populations. Family Planning clinical and related preventive health services are available in ninety-two (92) LHUs and two (2) school-based satellite clinics. Family planning education and counseling and referrals to LHUs for clinical services are also provided at two Title X Linkage projects. Each of Arkansas' seventy-five (75) counties has at least one LHU providing family planning services.

All LHU family planning clinics have two designated slots available for adolescents in each family planning clinic. The Local Health Units provide outreach to hard-to-reach populations regarding family planning and the availability of services at little or no cost. Patients are offered enrollment in the Medicaid Women's Health Waiver that covers the cost of family planning services or are charged for services by a sliding fee schedule based on income. Patients are not denied services and are not subjected to any variation in quality of services received because of their inability to pay. Services rendered to confidential adolescent patients are not billed to the Arkansas Medicaid Program. When a minor requests confidential services without involvement of a principal family member, charges for services must be based on the minor's income.

All unmarried teens receive education and counseling on the reproductive system, fertility and conception, and are encouraged to discuss sexual activity and contraception use with his/her parents.

Family Planning Services Include:

- Health History: including significant family history, pregnancy history, sexual history
- Education and counseling: including contraceptive counseling, education on the reproductive system, sexually transmitted infections (STIs), smoking, breast and cervical cancer and adolescent counseling, as indicated
- Physical Assessment: complete physical by clinician
- Laboratory Tests: including Pap test, STI tests, anemia screening, and pregnancy test, as indicated
- Contraceptive supplies: a broad variety of contraceptive methods are provided by ADH

Examples of the number of encountered FY2011 services provided include:

Service	All ages
Adolescent Counseling	3,030
Contraceptive Counseling	157,672
Pap Test	22,388
Chlamydia Test	37,917
Gonorrhea Test	37,917

Financial Benefit of Services**For the Patient:**

Patients are provided family planning services as described above, which includes the contraceptive method chosen by the patient. ADH's pharmaceuticals supplies the patient with many methods such as oral contraceptives, the three month contraceptive shots, intrauterine contraceptives, the contraceptive skin patch, diaphragms, condoms and spermicidal film. Abstinence education, natural family planning and infertility education and counseling are also available.

Fees are based on a sliding fee scale for individuals with family incomes between 101% and 250% of the Federal Poverty Level. Those with incomes at or less than 100% of the Federal Poverty Level are not charged a fee for services. Patients are not refused service due to inability to pay.

For the State:

Teen childbearing in the United States cost taxpayers (federal, state, and local) at least \$10.9 billion in 2008, according to an updated analysis by The National Campaign to Prevent Teen and Unplanned Pregnancy. Most of the costs of teen childbearing are associated with negative consequences for the children of teen mothers, including increased costs for health care, foster care, incarceration, and lost tax revenue. (National Campaign to Prevent Teen Pregnancy and Unplanned Pregnancy) An updated analysis from The National Campaign to Prevent Teen and Unplanned Pregnancy shows that teen childbearing in Arkansas cost taxpayers at least \$143 million in 2008.

The Women's Health Waiver is evaluated by the UAMS College of Public Health. Because waiver participants have had more than 4,000 births averted due to their participation in the waiver (implemented in 1997) the total savings for the program was more than \$54 million. Subtracting expenditure, the net savings was more than \$42 million.

The Guttmacher Institute (May, 2010) reported that by assisting women to avoid unintended pregnancies and plan when and how many children to have, publicly funded family planning clinics save taxpayers \$3.74 for every \$1 spent providing contraceptive care.

Personal Responsibility Education Program (PREP) – The goal of the PREP program is to reduce pregnancy and birth rates for high risk youth populations. Funds are required to be used for a program designed to educate adolescents on both abstinence and contraception to prevent pregnancy and sexually transmitted infections (STIs), including HIV/AIDS, and incorporation of at least three Adulthood Preparation Subjects (APS). APS topics include: Health Relationships, Adolescent Development, Financial Literacy, Parent-Child Communication, Educational & Career Success and Health Life Skills. The targeted population includes foster care adolescents between the ages of 10 – 19 residing in Pulaski County.

Benefits

- The teen birth rate in Arkansas declined 23% between 1991 and 2008
- Teen childbearing saved taxpayers an estimated 72 million dollars in 2008

Maternity Services – The goal of the ADH Maternity program is to decrease Arkansas' perinatal morbidity and mortality by assuring availability of comprehensive perinatal health services to women in the state of Arkansas. It is our goal to enhance public awareness in healthy lifestyles, reduce barriers to

prenatal care, increase access to prenatal care, provide early identification of risk factors in pregnancy and provide referral to women at risk for care by the appropriate provider. To ensure all pregnant women in Arkansas have access to early and continuous prenatal care, thereby reducing the number of pre-term and low birth weight infants and lowering infant mortality, maternal morbidity and mortality.

The local health units work with the other health care providers in the community to ensure pregnant women have access to early prenatal care. Some communities have physicians who are willing to provide care to pregnant women regardless of their ability to pay and simply request that the LHU only provide screening for Medicaid eligibility. Other communities have physicians who will accept only patients who have a pay source, so the LHU provides care for the remaining uninsured or in-eligible clients. ADH acts as a “gap filler”, providing care where there is a lack of private providers. ADH Maternity services are not dependent on place of residency or citizenship.

In SFY2011, LHUs saw 4,956 patients for initial maternity visits. A breakdown of the ages of ADH maternity patients seen for an initial prenatal visit was as follows:

Ages at initial visit	Number of Patients
14 years and younger	13
15-17 years	216
18-19 years	693
20-44 years	4,031

In SFY2011, women age 19 years and younger accounted for 20% of the initial prenatal visits. The racial makeup and ethnicity of ADH maternity patients has remained fairly constant over the past 5 years, with the majority being White (68%). African-American or Black maternity patients averaged 21%, and Hispanic patients averaged 5%. Native Americans, Pacific Islanders and Asian patients accounted for less than 1% of maternity patients. The priority population for the maternity program is pregnant women who are under insured or uninsured, that need access to early and continuous prenatal care. In CY2011, 67.7% of maternity patients were reported as having Medicaid.

ADH provides an average of 4,500 initial prenatal visits, 13,000 subsequent visits, 470 postpartum visits and 7,000 other maternity visits annually. There are 58 maternity ADH clinics in 56 of the 75 counties. ADH Maternity services provided include:

- Health History: including significant family history, pregnancy history and sexual history
- Education and Counseling: including prenatal education classes, nutrition education, education on sexually transmitted infections (STIs), smoking, breast and cervical cancer and adolescent counseling, as indicated
- Physical Assessment: complete physical by clinician
- Laboratory and Diagnostic Tests: including maternity lab for blood type, genetic screening for neurotube defects, hepatitis B, rubella immunity and Group B tests, Pap test, STI tests, anemia screening and diabetic testing, ultrasounds and non stress tests (by referral)
- High Risk Consultation and Telemedicine: phone consultation for clinicians with the University of Arkansas for Medical Sciences (UAMS) ANGELS and selected local health unit sites offer high risk telemedicine consultation, as indicated
- Medications: prenatal vitamins, anti-acid, iron tablets and medications for urinary tract infections
- Case Management: provision of additional maternity services outside routine clinical care
- Postpartum Care: includes an update of the delivery history, physical exam and family planning services if requested

Examples of the number of encountered services provided in FY2011 include:

Service	Number of Visits
Initial Prenatal Visits	4,794
Maternity Subsequent Visit	13,397
Maternity Other Visit	7,642
Postpartum Visit	445
Case Management	10,1999
Prenatal Education Class	17,414

Financial Benefit of Services

For Patients: The ADH Local Health Units provide pregnant women enrollment in presumptive eligibility Medicaid. Most of the patients who are not eligible for AR Medicaid coverage are not U.S. citizens. The State Child Health Insurance Program (SCHIP) offers Arkansas Medicaid for the unborn child. SCHIP offers this population access to providers as well as helping ADH cover some of our expenses. Enrollment in this program is still hampered by the fear of deportation. The use of alias names, language barriers, and mistrust of the government systems inhibit the enrollment of eligible women. The women have come to rely on the Health Department for many resources, such as WIC, family planning, immunizations and prenatal care.

Maternity services are provided for a record maintenance fee of \$5.00 per visit. For patients without Medicaid or insurance coverage ADH provides maternity services for little or no cost. Patients are not denied services due to inability to pay.

Oral Health – Services or benefits within the Arkansas Department of Health, Office of Oral Health (OOH) that are available to children with at least one (1) incarcerated parent are Future Smiles Dental Clinic located in Wakefield Elementary School in Little Rock and the OOH/Arkansas Children’s Hospital Seal-the-State program, which is a mobile program traveling throughout the state. Neither one of these programs depend upon Medicaid for fee payment, services are free to the child.

Future Smiles Dental Clinic

- Sponsored by UALR Children’s International, the ADH Office of Oral Health and their partners
- First elementary school-based dental clinic in AR established 2005 offering dentist-supervised cleanings, radiographs, and dental sealants
- Over 6,795 patient visits, 2,900 restorative treatments for children since inception
- Since 1998, UAMS dental hygiene students have provided 2,653 cleanings, 1,001 radiographs, and treated 661 children with 2,137 sealants
- UALR Children’s International also conducts dental screenings each fall at elementary school sites and two annual family events where every child receives a kit with a toothbrush, toothpaste, floss, and oral hygiene instructions
 - During the 2010-2011 school year, 2,127 children received screenings and required follow-up care at the Future Smiles Dental Clinic

Seal-the-State

- Following a 2-year, statewide pilot sealant program spearheaded by the Office of Oral Health and made possible by a grant from the Daughters of Charity Foundation, Arkansas Children’s Hospital (ACH) initiated a sustainable sealant program
- Last year, ACH visited eight school districts in 8 different counties, targeting high-risk children that lack access to care
 - During the 2010-2011 school year, 806 children were screened with 706 of them receiving a total of 2,612 individual sealants

- 247 children (30.6%) were found to have untreated decay, and 122 of them were referred for urgent dental care (15.1%)

Hospital Discharge Data

In addition to information of the services we provide, we have some recent hospital discharge data that may be useful. In 2010, the Hospital Data Definitions include for the first time the following code:

<u>21</u>	<u>Definition:</u> Discharged/transferred to Court/Law Enforcement -- includes transfers to incarcerated facilities such as jails, prison or other detention facilities.
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Based on this coding, we can provide the following information:

- 18 birth events with discharge code 21 in 2010 - 8 newborns and 10 mothers with that discharge code, none of the 8 newborns match any of the 10 mothers
- 10 maternal discharges –
 - 7 births at UAMS, 1 each at Batesville, Fort Smith and Harrison. It is highly likely all these discharges were to a prison or a jail
 - Median age of mother is 20.5 years – age range was 17 to 30
- 8 newborn discharges – most likely discharged directly to foster care
 - 3 births in Mena, others scattered across state
 - 4 of the newborns have been adopted
 - Ages of the mothers of the 4 infants not adopted range from 20 to 31