

HB

596

COMMITTEE REPORT

1/16/76

HOUSE

FINANCE

Mr. Speaker:

Date May 7, 1976

The Committee on HESS has had HB 596

under consideration. A Majority of the members of the Committee

() recommends it DO PASS

() recommends it DO NOT PASS

() recommends it DO PASS WITH ATTACHED AMENDMENT(S)

() recommends it BE REPLACED WITH CS FOR HB 596 AND THAT

CS FOR _____ DO PASS

() "and" recommends it BE REFERRED TO THE _____

COMMITTEE

() reports it back WITHOUT RECOMMENDATION

() "other"

Members signing the Majority report:

Susan Sullivan Do Pass _____

_____ Do Pass _____

_____ Do Pass _____

_____ _____

Members NOT concurring in the Majority report:

John W. ... recommends: No

John ... recommends: No

_____ recommends: _____

_____ recommends: _____

_____ recommends: _____

Susan Sullivan Chairman

STATE OF ALASKA
THE LEGISLATURE

POUCH Y STATE CAPITOL
JUNEAU, ALASKA 99801

LEGISLATIVE AFFAIRS AGENCY

MEMORANDUM

May 7, 1976

SUBJECT: Draft of CSHB 596 (public health services)

TO: Doug Schoenberg, AA
House HESS

FROM: Greg Machyowsky, Legislative Counsel

The committee may wish to consider the following proposed alternative wording of the purpose clause of the bill:

Page 1, lines 11-14, delete all material after "PURPOSE." and substitute the following: "The purpose of this chapter is to promote and safeguard the health of the general public by orderly discharge of state authority and responsibility for providing public health functions through public health districts and authorizing of (1) grants for comprehensive public health services to local governments as health districts and (2) contractual arrangements with private health corporations for selected public health services in areas not served by local governments with public health powers."

Two additional minor amendments are also suggested, as follows:

Page 1, line 24: After "boroughs", insert a comma

Page 2, line 6: After "corporations", insert a comma

The committee may also wish to consider further the health district designation under Sec. 18.10.020(7) (page 2, lines 8-10). Its applicability would appear to be limited to unorganized borough areas not opting to become a local public health service area through petition and election under secs. 21-31. It would presumably permit all, or a part, of a regional educational attendance area which does not establish itself by petition and election as the local public health service area, to be designated as a health district if it is served by a private health corporation.

GM:bh

cc: Dr. Frank Pauls, Acting Director
Division of Public Health

Greg Machyowsky

PROPOSED REVISIONS

TO: CSHB 596 (public health services)

- (1) Page 1, line 16: Delete "are" and substitute "may be"
- (2) Page 2, line 1: Delete "29.63.020" and substitute "29.03.020"
- (3) Page 2, line 25: After "borough" insert the following:
"within the boundaries of regional educational attendance areas established under AS 14.03.031, if the population, including military population, of an attendance area, or two or more contiguous attendance areas combining to form a single service area, numbers at least 6,000 persons,"
- (4) Page ~~2~~³, line ~~1~~: After "area" insert "or two or more contiguous regional educational attendance areas,"
- (5) Page 3, lines 17 - 21: Delete the first sentence following "(d)" and substitute the following:
"To assure that the population served in each local public health service area remains at a minimum of 6,000 persons, including military population, two or more contiguous regional educational attendance areas established as local public health service areas under this section may combine as a single service area."
- (6) Page 4, line 23: After "area" insert a comma
- (7) Page 4, line 24: Delete "by the department of two or more" and substitute "of two or more contiguous"
- (8) Page 6, line 23: After "children" insert a comma
- (9) Page 9, line 17: Delete "professional"
- (10) Page 9, line 26: After "a" insert "nonprofit"

STATE OF ALASKA
THE LEGISLATURE

POUCH Y - STATE CAPITOL
JUNEAU, ALASKA 99801

LEGISLATIVE AFFAIRS AGENCY

MEMORANDUM

April 5, 1976

SUBJECT: HB 596

TO: House HESS

FROM: Billy G. Berrier *BGB*
Director, Legal Services Division

I have been requested to give a preliminary opinion on whether the provisions of HB 596 appear to raise substantial constitutional questions. On its face there are substantial constitutional problems.

The basic approach appears to revolve around creating independent districts called health districts.

This immediately raises questions under Article X, Section 2 of the Constitution of the State of Alaska which provides in relevant part:

"Section 2. LOCAL GOVERNMENT POWERS. All local government powers shall be vested in boroughs and cities..."

It would require substantial analysis to determine precisely what under this bill "public health districts" are. There seems to be further questions in organized boroughs since there is at least an implication that service areas in an organized borough which is not acquired health powers can be created through the Department of Health and Social Services. This would appear to create problems under Article X, Section 5 which provides:

"Section 5. SERVICES AREAS. Services areas to provide special services within an organized borough may be established, altered, or abolished by the assembly, subject to the provisions of law or charter..."

And may further be in conflict with the powers of the local boundary commission under Article X, Section 12.

House HESS
April 5, 1976
Page #2

The bill further creates problems in the unorganized borough with its creation of public health service areas there. Presumably, this is a proper function of the legislature acting as the assembly for the unorganized borough.

This analysis is based upon a quick examination of the bill and can be definitive only to the extent that even a preliminary examination discloses the existence of substantial legal questions that should be thoroughly considered.

BGB:smh

(2)

Dept. position

least [1500] 6,000, as defined by the total population in the area. A city excluded from a [REGIONAL ^{may be included in a} EDUCATIONAL] service area ~~established~~ by the local health service area established by the department -----
department

18.10.051 LOCAL HEALTH SERVICE AREA BOARDS OF THE UNORGANIZED BOROUGH

(c) (1). the qualified voters in each local health service area shall elect a local health service area board of at least seven members, of whom at least four or 51% are otherwise involved with health services only as consumers;

18.10.071 GRANTS, (a) The commissioner may make grants to health districts as defined in sec. 21(a) 1-3 of this chapter to assist in meeting costs of providing comprehensive public health

Substitution

(c) In making his determination the commissioner shall consider the relationship of the health district plan to the annual implementation plan of the appropriate Health Systems Agency established under P.L. 93-641. In each fiscal year the department shall, in accordance with the plan of service provided and approved, and under regulations adopted for the purpose, take into consideration the following

weighting factors:

(1) 50 per cent shall be distributed on the basis of program need taking into consideration such factors as the number of infant deaths per 1,000 live births, pre-school children, morbidity and mortality rates, the number of establishments or institutions requiring sanitary inspections and administrative costs.

(2) 30 per cent shall be distributed on the basis of the population of the area to be served,

(3) 10 per cent of the allocation shall be reserved for adjustments of grant or contract bases provided by sec. 91 of this chapter;

(4) 10 per cent shall be distributed on the basis of local tax effort for support of public health services in governmental units or in-kind contributions in support of public health services in non-governmental units.

~~(5)~~ - - -

~~(e)~~ The ~~minimum health district.~~ 1

Sec. 15.10.071 Delete all of (e)(1-5).

Sec 18.10.071 [(5)] (e) The minimum health district [SHARE] match is 10 per cent of the requested state grant. Health district matching funds must be local money which is not derived from state or federal sources. In lieu of matching funds, in-kind contributions (bilans of health to be devolved)



Alaska State Legislature

House

JUNEAU ALASKA

HOUSE HESS COMMITTEE MEETING

JAN. 22, 1976

Present: Ose Parr Sullivan
 Ostrosky Swanson
 Osterback Beirne

Testifying: Francis Fleek, Public Health H&SS
 Lois Jund, H & SS
 Tim Grieser, D.O.E.
 Nat Cole D.O.E.

HB 601 State aid for public schools - Rules/Gov

Cole & Grieser, spoke about the states need to raise the basic support from 93% to 95%. This is due to increased costs, inflation, unit value, etc.

Committee discussion about the quality of ed. in Alaska, kids can't even read when they get out of school. Fiscal note was reviewed by committee.

Sullivan - vote - due pass 6

HB 596 Local Health Services -Rules/Gov

Jund related purpose and reasons for the bill, how it is necessary to start contracting health services to areas.

Committee concerns related around whether communities really wanted contract services of the state or whether they would rather do it themselves.. Is there an actual need to provide this service. Swanson very concerned about communities right to provide their own health care. Discussion continued regarding the cost breakdown, as provided in the policy statement. A lot of additional staff, travel, etc.

How this bill would effect the lack of medical services on the chain was discussed, basically it will not change that, they will still have their itinerant nurses and health aids. This will not establish doctors.

Committee decided to hold and have more input into this because of the cost factor and controversial discussion regarding communities self-determination.



Alaska State Legislature

House

JUNEAU ALASKA

HOUSE HEARINGS ON HB 665 & HB 596

FEB. 12, 1976

Association of Regional Health Directors made presentation to House HESS with recommendations for changes in these two bills. Position papers supplied with specific changes in HB 596. (self-explanatory) All changes, additions, etc. underlined in their papers.

Lois Jund - Dept. H&SS states depts. position very similar to the feelings of the Regional Directors. Has two legal questions regarding these changes though. 1. Can the Health Corp., which are next to adjacent boroughs, which have chosen not to exercise health authorities, in fact, exercise rights to give away health authority? 2. By constitution and statutes we must use existing service areas (unless legislature modifies). The Native Health Directors recommended using the boundaries of the corporations rather than the education boundaries already established.

Lois also spoke to the issue of the directors recommendation for a larger board than 7. She said Dept. would finance 7 only, but they certainly could have a larger board of directors.

Also problem with (e) page 6 of Directors bill, Lois recommends reading to be "in lue of matching funds, in-kind contributions would be applicable to the health districts in unorganized boroughs.

HB 665

Directors felt that HB 596 speaks to the de-centralization of the departments control over health facilities however, HB 665 did just the oposite and re-centralized, giving back control to the Dept.

The Directors did not have specific recommendations for changes in HB 665, but would have them available at next weeks hearings.

They did list reorder of priorities in bill

1-8	5-3
2/6	6-2
3-5	7-1
4-7	c-4



Alaska State Legislature

House

JUNEAU ALASKA

HOUSE HESS COMMITTEE MEETING

MARCH 31, 1976

Present: Hackney Ostrosky Davis Ose
Parr Beirne Sullivan

Testifying: Lois Jurd, Dep. Comm. Health & Soc. Service

HB 596 - Local Health Service - Gov.

This bill has been heard before this committee

Lois Jurd - proposes several small amendments, goes over them with the committee. Also presents new revised fiscal note. This bill now parallels the bare bones bill that Carl Jack and the native corporations presented prior to this.

Motion on amendments which Lois presented, passed

Amendment 1 in 14, page 2, delete "dept. will combine" add "2 or more service areas"

Amendment passed

also amendment to change all wording which refers to Health Service areas to local public health service areas.

Passed

Charlie Parr- proposed amendment p.2 .046
Formation of local public health service areas.

a. Upon receipt of a petition signed by at least 10% of the registered voters of the regional education attendance area, the lieutenant governor shall place a question substantially in the following form, on the ballot in the next general election held in that R.E.A.A.

Shall a public health service area be formed in the boundaries of the _____ R.E.A.A.?

Upon certification by the lieutenant governor that

b. a majority of the voters in the R.E.A.A. voted YES, on the question, local public health service area is established.

c. Election of local public health service board, as in sec. .061 of this chapter, may be accomplished on the same ballot as that used in a above.

Amendment passed, but wants the entire amendment to be incorporated in C.S. and possibly be reworded. Concept accepted totally.

Committee is now concerned with the fiscal implications. Compared to S.O.S. that budget was the same after decentralization, why can't dept. fiscal implication just switch over to the public health service areas? Because some areas might not opt to have their own, thus the state must still give them public health service



JUNEAU ALASKA

Alaska State Legislature House

HOUSE HESS COMMITTEE MEETING

MAY 6, 1976

Present: Ostrosku Parr Belrne
Hackney Sullivan

Testifying: Rod Betit

HJR 72 - Food Stamp

Rod is in favor of it, explained problems in the Alaskan food stamp system. New Dept. of Agriculture regulations create greater problems.

Don Clockson, Legal Services, explained other fronts of action on this issue, congress etc.

Committee decided to move out with individual recommendations.

HCR 139 Food Stamp

Rod explained problems regarding food stamps and the people in the rural areas and the need for this resolution.

Motion to move out carries

HB 596 - Local Health Service

Lois Jund, explains changes in the proposed CS and discussed the problems that committee members have with the bill
bill held over till tomorrow.



Alaska State Legislature House

JUNEAU ALASKA

HOUSE HESS COMMITTEE MEETING

MAY 7, 1976

Present: Ostrosky Sullivan Hackney
Osterback Ose Swanson

Testifying: Lois Jund, H&SS

HB 596 - Local Health Services

Lois went through all the proposed amendments that the department had on the committee substitute, committee passes amendments.

Page 2, number 7 is totally deleted.

Motion to move bill out with individual recommendations, passes.

THE FOLLOWING PAGES WERE TREATED AS
A UNIT IN THE ORIGINAL FILE.

LETTER OF INTRODUCTION

The Aleut League is a non-profit organization incorporated in 1972 to assist the residents of the Aleutian Chain in their endeavors towards the improvement of their communities and livelihoods. We provide assistance to these communities through grants and contracts with federal and state agencies.

The Aleut League is directed by a policy making Board of 11 members who are represented by geographic location.

An Executive Director, Vera M. Skaflestad, directs the administration of The League. At present there are five departments within the League:

- Health
- Mental Health
- Education
- Manpower
- Village Affairs

The Health Department was begun in 1972 because of the great need to improve the health care delivery system to residents of the Aleutian Chain. The Health Department has a Director and a Community Health Aide Coordinator. The Mental Health Department works in coordination with their activities.

The Aleutian area covers approximately 7,500,000 acres stretched over 1500 miles. The population of this area is approximately 8057 of which 1,971¹ are Natives. The people residing in these areas are, for the most part isolated. Travel between villages is expensive, difficult,

¹Socio-Economic Characteristics of Natives Living In The Aleut Corporation Area, BIA Planning Support Group, January, 1974.

and often impossible due to weather conditions. Communications are very poor.

The old methods of caring for one another have been lost. The pressures of adaptation and rapid cultural change have increased greatly. No longer can a person survive by subsistence due to the decline in natural resources such as fish, sea otters, etc. and the greater dependence on a cash economy. This area is one of the poverty areas designated by the Alaska Division of Mental Health. It is now necessary for the people to rapidly become sophisticated and gain business knowledge even to the point of professionalism in many areas ^{not} only for mere survival in a cash economy but in order to retain the land and money received in exchange for their aboriginal rights under the Alaska Native Claims Settlement Act (ANCSA). Children of many villages must still leave home to complete their high school education. The problems created by such mental stress are manifold although at this time they have not been documented. A reasonable assumption would be that these residents are encountering the same mental problems as are Native people in other rural areas of Alaska. The problem becomes acute, however, in view of their isolation and the fact that there are no mental health resources for them to call upon as evidenced by the Alaska Division of Mental Health Survey attached. The community aides now working in the area of general health in six villages have little or no training in mental health and are greatly overworked. An Alcoholism counseling program and a Family & Children's Service have been started in Unalaska but they do not have

enough trained personnel to assist other villages. Nor are there facilities for rehabilitive care for people making a return to their communities after treatment in Anchorage.

If a resident of this area is very fortunate, he will receive some counselling while at the ANS hospital in Anchorage or, if he is less fortunate, he will receive no care until he must be committed to Alaska Psychiatric Institute. Receiving care in Anchorage is also traumatic as the people must come to a big strange, noisy city with no family or friends nearby. On return to the village there is no one trained to assist in the return to the community. The education of the community in mental health has been negligble so the returnee must face the stigma of having had a problem.

It is believed that all residents of this area, except for military personnel who are provided with care, will benefit from this program at least indirectly through the improvement of the communities and the availability of resources nearby.

GOALS

It is the intention of the Aleut League Mental Health Department to assist these people in overcoming these vast problems. This will be achieved in the following manner:

1. Continue the Mental Health Department of the Aleut League which will work closely with the Aleut League Health Department, the Mental Health Advisory Board, PHS, Alaska Division of Mental Health, and the communities to:

- a. Assess needs, priorities and resources in the Aleutian communities. The programs would develop according to the community's desires and the availability of resources.
- b. Provide training in the mental health area for community health aides and others who can act as counselors.
- c. Establish a referral and follow up system in conjunction with PHS and the State Division of Mental Health.
- d. Work with the communities and schools to better educate the public in regards to mental health.
- e. Assist communities in providing a means for prevention of mental health problems, i.e., community centers, libraries, training, etc. This would be done in coordination with the other departments of The Aleut League.
- f. Provide technical assistance to communities, liasion with agencies and personnel whenever a community expresses a concern and it is within the capabilities and resources of the Aleut League to do so.
- g. Attempt to provide at least one professional and one Native resident counsellor in at least one village. These people would also be available to travel to other villages and provide assistance. It is felt that in order to provide good care the counsellors must have a professional nearby who can advise and assist them. If possible, we would like either the State or PHS to have a professional based in one of the villages of the Aleutian Chain to serve in this capacity.

LETTER OF INTRODUCTION
Page Five

The Mental Health Department was begun in December, 1975 with a contract with PHS for \$19,992.26. This contract expires on 6/30/76. We are applying for renewal of this contract and at this time believe that it will be refunded at least at the previous level. The new contract year does not begin until 10/1/76, however, which leaves 3 months without funds. Last year's contract covered only 7 months; the new one must cover 12 months so if funding is at the same level, the degree of assistance will be greatly curtailed. Although we've been informed that present funds are not available for new programs under the Alaska Division of Mental Health and that grants submitted this year will not be funded until July 1, 1977, it is our hope that some means could be found to help the residents in this area receive at least some basic care in this area. The Aleut League would like to work in coordination with the State and the Public Health Service in this endeavor.

We are asking that you as legislators and as members of the Health and Social Services Committee assist us in this endeavor. We would like to know if there is some means whereby the State could assist us with financial assistance to at least continue the program at its present level. We will soon be furnishing you with a copy of our grant application for funding during FY '77. We understand that the funds for FY '76 are already obligated to the maintenance of existing programs and we do not dispute their receiving funds. We do feel, however, that new programs should also have a chance for funding so that areas which have been neglected could begin to get at least a minimum of service. We would appreciate any suggestions you may have.

*Respectfully Submitted,
Veyl Parbrugh
Director, Mental Health
The Aleut League*

DISTRICT 16 - Cold Bay

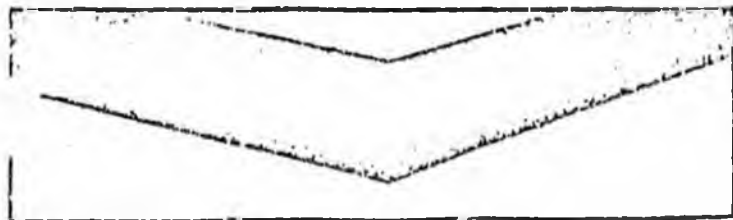
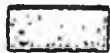
Villages:	Adak	Cold Bay	Port Moller
	Akutan	Driftwood Bay	Sand Point
	Amchitka	Dutch Harbor	Shemya
	Atka	Fiase Pass	Squaw Harbor
	Attu	Ivanof Bay	St. George
	Belkofsky	King Cove	St. Paul
	Cape Sarichef	Nelson Lagoon	Umnak
	Chignik	Nikolski	Unalaska
	Chignik lagoon	Pauleff Harbor	Uhimak Island
	Chignak Lake	Perryville	

This district, except for a small section of the Alaska Peninsula, is made up of the Aleutian "Chain" of islands. With the Bering Sea on the north, they extend westerly out into the North Pacific Ocean to the longitude of New Zealand and 300 miles east of the Commander Islands of Russia. Transportation is by air and sea and dependent on weather conditions. Distance between communities is great.

The population of the district is 6,057 or only 2.67% of the total state population. The population of District 16 is 36.1% Alaska Native. Of the population, 38.7% is under 20 and only 1.2% (the least percent in the state) is 65 years of age or older. A large portion of the population, 20.8%, is in the age group of 25-34 years old. The district has the highest concentration of males, at 62.4% of the population.

The average size of families is 3.9 and size of households is 4.1 people per dwelling unit.

COLD BAY DISTRICT XVI



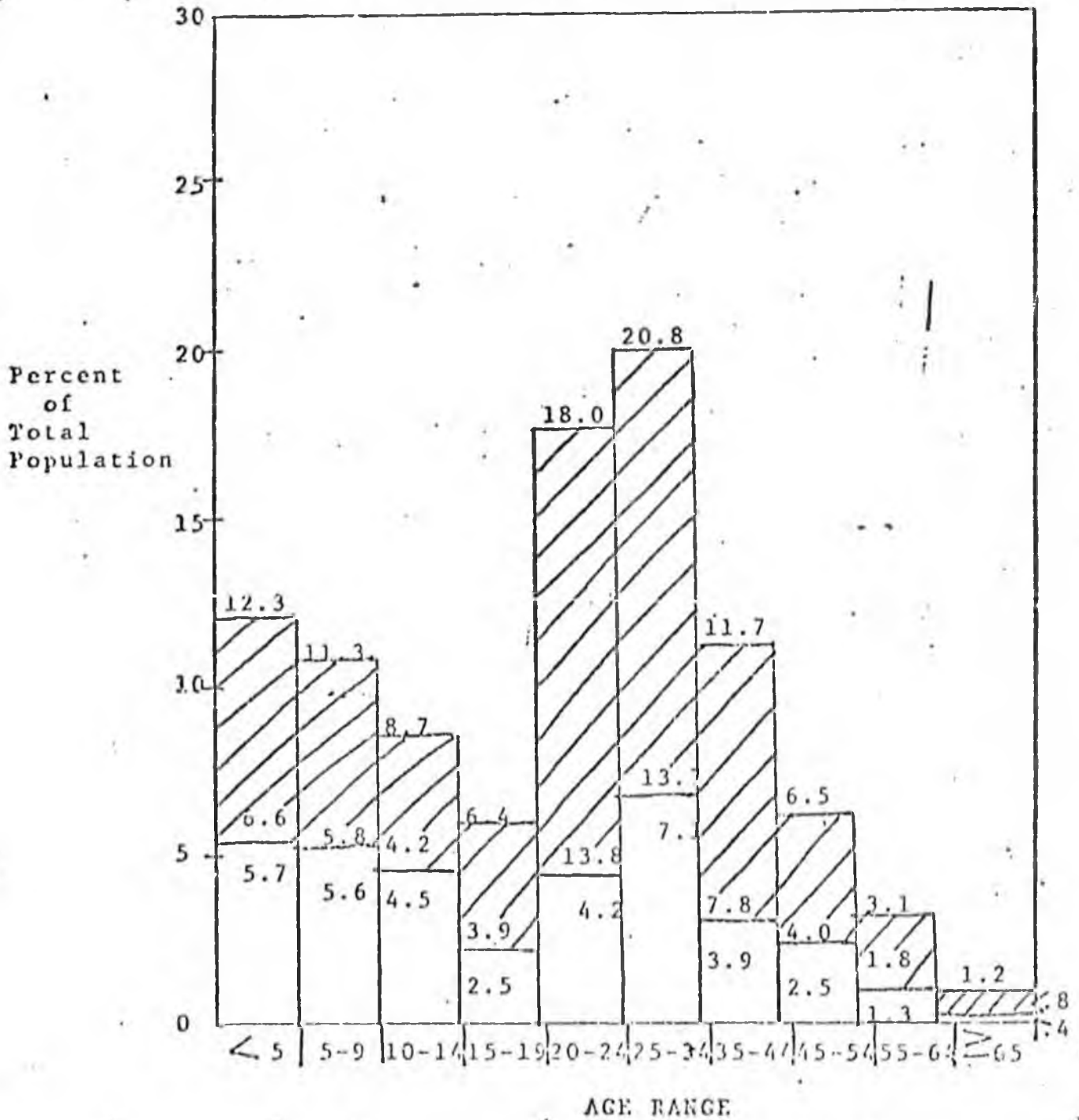
INVENTORY OF RESOURCES

I. - Direct Mental Health Services By Base Location of Services

Key: P = Psychiatrist
Psy = Psychologist
SW = Social Worker
C = Counselor

- a. Inpatient Services: -0-
- b. Outpatient Services: -0-
- c. Partial Hospitalization: -0-
- d. 24 Hour Emergency Care: PHS Hospital (Cold Bay)
- e. MH Services Specifically for Elderly: -0-
- f. MH Services Specifically for Children: -0-
- g. Consultation and Education: -0-
- i. Assistance to Courts and Other Public Agencies: -0-
- j. Transitional Services: -0-
- k. Training Programs: -0-
- l. Research and Evaluation: -0-
- m. Rehabilitative Services (social, vocational, etc.): -0-
- n. Diagnostic Services: -0-
- o. Follow-up/After-care: -0-

DISTRICT 16 COLD BAY
AGE AND SEX DISTRIBUTION



Total District Population: 8,057

62.4 % Male
37.6 % Female

38.7 % less than 20 years of age
1.2 % 65 years of age or more

36.1 % Native

KEY

▭ = Total % in Age Group

▨ = % of Males

II. - Alaska Alcohol Abuse Programs

a. Name of Program; Purpose/Service:

Unalaska Alcoholism Project (Unalaska); Counseling, referral, outpatient treatment.

III. - Alaska Drug Abuse Programs

a. Name of Program; Purpose/Service: -0-

IV. - Programs for the Aging

- a. Program(s) (Services which include counseling, information/referral, transportation, arts & crafts, health education & meal programs.): -0-

V. - Vocational Rehabilitation

- a. Main Offices: -0-
b. Regularly Scheduled Itinerant Services: -0-

VI. - Alaska Court System

- a. Auxiliary Court Services for Emotional and Social Concerns: 1 Marriage Counselor; 3 Juvenile Intake Officers

VII. - Manpower

- a. Psychiatrists: -0-
b. Other M.D.'s: 5
c. Psychologists: -0-
d. University Counselors: -0-
e. School Counselors: -0-
f. Vocational Rehabilitation Counselors: -0-
g. Counselors in Alcohol Abuse: -0-
h. Counselors in Drug Abuse: -0-
i. #1 Social Workers: Nat'l. Assoc.: -0-
j. #2 Social Workers: State Div. Family & Children Services: -0-
k. MI Paraprofessionals (Known): -0-
l. Special Education Teachers (For Emotionally Disturbed): 3 (0)
m. MI Educators: -0-

VII. - Manpower cont.

- n. Corrections Counselors: -0-
- o. Probation/Parole Officers: -0-
- p. Occupational Therapists: -0-
- q. Physical Therapists: 1
- r. State Public Hlth. Nurses: 1
- s. Community Health Aides: 12
- t. Registered Nurses: 6
- u. Licensed Practical Nurses: 2
- v. Physician Assistants: -0-
- w. Audiologists: -0-
- x. Homemaker-Home Health Aides: -0-

VIII. - Health Facilities

- a. General Hospitals (bed capacity): -0-
- b. Number Psychiatric Beds: -0-
- c. Number Security Rooms: -0-
- d. PHS Hospitals (bed capacity): St. George (6), St. Paul (4)
- e. State Public Health Centers (Itinerant nurse): Cold Bay (1)
- f. Long-term Care Facilities (bed capacity): -0-
- g. Nursing Homes (bed capacity): -0-
- h. Military Hospitals (bed capacity): 1 Adak (26) ; ...
- i. Pioneer Homes (bed capacity): -0-
- j. Diagnostic Facilities: -0-
- k. Communicative Disorders Clinics: -0-

VIII. - Health Facilities cont.

1. Rehabilitation Facilities: -0-

m. P.H.S. Village-Built Clinics (Total): Nikolski, Atka, Perryville,
Unalaska (4)

IX. - Residential Transitional Facilities

a. Name of Facility; (Clients Served); Purpose/Services Offered: -0-

X. - Institutions for Children

a. Name of Institution; Purpose; Capacity; Age Range: -0-

XI. - Correctional Facilities

- a. Probation/Parole Offices: -0-
- b. Bush Jails (Short Term Confinement): -0-
- c. Correctional Centers (Emergency Capacity):
 - 1. Adult Male: -0-
 - 2. Adult Female: -0-
 - 3. Juveniles (Age 12 - 18): -0-
- d. Detention (Women & Youth): -0-
- e. Temporary Holding Facilities: Sand Point

XII. - Mental Health Education and Training

a. Training Institution/Program; Level of Training: -0-

XIII. - Existing Health Plans Which Include Mental Health

a. Community & Native Regional Corporation: -0-

b. U.S. HEW - PHS - Indian Health Service Operating Plans, FY 76 PHS
Service Units: Anchorage

PROVIDER SURVEY:

INDIVIDUAL DISTRICT MENTAL HEALTH NEEDS

DISTRICT # 16 - Cold Bay :

- a. psychiatric and psychological outpatient treatment
- b. 24-hour emergency services
- c. paraprofessional training
- d. after-care and follow-up services
- e. diagnostic services
- f. transitional facilities
- g. consultation and education

ESTIMATE OF PERSONS IN NEED OF MENTAL HEALTH SERVICES

AND SERVED BY DISTRICT IN FY 75

DISTRICTS	PERSONS IN NEED		NUMBER OF PERSONS SERVED					TOTAL
	(2% of pop.) Low Estimate	(10% of pop.) High Estimate	State-Operated MH Clinics ¹	Community MH Centers ¹	Private Psych. ²	IAP ³	Gen. Hosp.	
1 Barrow	56.28	281.4	2	0	0	1	0	3
2 Kotzebue	85.68	443.4	0	0	0	4	0	4
3 Bettles	9.22	46.1	0	0	0	1	0	2
4 Ft. Yukon	18.66	93.4	0	0	0	1	0	2
5 Nome	114.98	574.9	0	0	150	15	0	165
6 Galena	37.24	186.2	3	0	0	2	0	7
7 Fairbanks	1,041.48	5,207.4	37	0	422	31	0	790
8 Tok	12.98	64.9	1	0	0	4	0	5
9 Bethel	233.68	1,168.4	3	0	0	12	0	12
10 Antik	37.62	118.1	0	0	0	4	0	4
11 McGrath	11.7	58.5	0	0	0	0	0	0
12 Anchorage	2,656.84	13,284.2	319	0	1,580	322	200	2,979
13 Glenallen	24.08	120.4	1	0	0	3	55	59
14 Dillingham	92.64	463.2	0	0	0	11	0	11
15 Kodiak	188.18	940.9	0	156	0	12	156	324
16 Cold Bay	161.14	805.7	0	0	0	5	0	5
17 Hannai	285.0	1,425.0	1	0	0	15	78	94
18 Seward	46.72	233.6	4	0	0	16	0	20
19 Valdez	78.66	390.3	2	0	0	6	0	8
20 Juneau	354.40	1,772.0	32	0	300	15	0	537
21 Sitka	220.38	1,101.9	3	69	26	3	0	176
22 Ketchikan	279.46	1,392.3	1	305	0	5	95	415

¹ Based on FY 74 figures

² Known number treated by private psychiatrists and psychologists

³ Known number admitted to general hospitals and nursing homes for MH reasons

6,2644 30,142 '2

4,722

48

Alaska Division of Mental Health

ESTIMATE OF PERSONS IN NEED OF MENTAL HEALTH SERVICES
AND SERVED IN ALASKA IN FY 75

<u>Number of Persons in Need*</u>	<u>Number of Persons Served**</u>
<u>Low Estimates</u>	
Adults (2% of population).....3,630	- State-Operated Regional Mental Health Clinics.....1,143
Children & Adolescents (3% of population)..... <u>3,595</u>	- Community Mental Health Centers.....367
<u>TOTAL</u> 7,225	- Estimated number treated by private psychiatrists and psychologists***.....6,400
<u>High Estimates</u>	
Adults (10% of population).....18,052	- Alaska Psychiatric Institute.....606
Children & Adolescents (11% of population)..... <u>13,184</u>	- Alaska Native Medical Center - Psychiatry Service (U.S.P.H.S.).....196
<u>TOTAL</u> 31,236	<u>TOTAL</u> 8,712

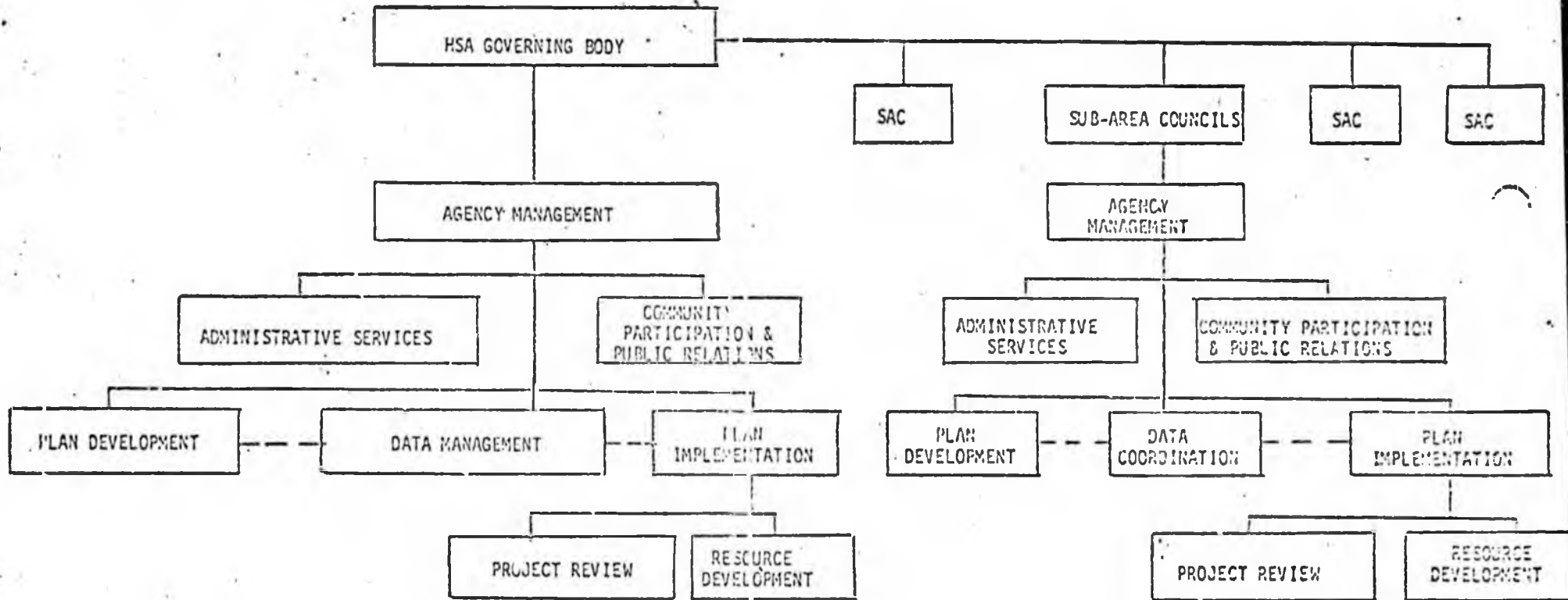
* Both low and high estimates of persons in need of mental health services are given because various NIMH studies indicate that the prevalence of mental disorders in the United States varies from 2% to 10%. Studies also show that a slightly higher percentage of the population under 18 years of age require psychiatric services than do adults. (1970 Census population figures were used.)

** These numbers of persons being served include duplications (the same person may have received treatment from various sources).

*** It is estimated that the number of clients per psychiatrist in private practice is about 100 per year (based on a 1965 study by Bahn, Conwell and Harley in Archives of General Psychiatry). This figure was used for psychologists, too. There are about 36 psychiatrists and 28 psychologists in Alaska.

#12

FIGURE 12 LOCAL AGENCY ORGANIZATION: FULLY STAFFED HSAs AND SACs



Current staffing Altern

THE PRECEDING PAGES WERE TREATED AS
A UNIT IN THE ORIGINAL FILE.

HEALTH AFFAIRS DIVISION
TESTIMONY

THANK YOU MADAM CHAIRMAN FOR THIS PRIVILEGE TO TESTIFY BEFORE THIS COMMITTEE. MY NAME IS CARL JACK, DIRECTOR, HEALTH AFFAIRS DIVISION. MY TESTIMONY WILL BE ON THOSE ISSUES THAT ARE STATEWIDE IN NATURE, IN TERMS OF TARGET POPULATION AND SECONDLY, THOSE PROGRAMS THAT ARE IN NEED OF SUPPORT IN THE RURAL AREAS.

HAVING BEEN INVOLVED IN TRYING TO IMPROVE THE RURAL HEALTH CARE DELIVERY SYSTEM THROUGH THE ESTABLISHMENT AND PROMOTION OF REGIONAL HEALTH CORPORATIONS - LOCALLY CONTROLLED HEALTH ENTITIES DESIGNED TO BE MOST RESPONSIVE TO THE REGIONS. DURING THE LAST SIX YEARS - WE HAVE MOBILIZED REGIONALLY, CONTROLLED HEALTH CORPORATIONS AND FOR FY 1977, WE WILL MOBILIZE ALL OF THE 12 REGIONAL HEALTH CORPORATIONS. THEREFORE, I FEEL THAT I CAN SPEAK WITH AUTHORITY ABOUT THE GENERAL NEEDS OF THE REGIONAL HEALTH CORPORATIONS IN HEALTH AND HEALTH-RELATED PROGRAMS.

TO DATE, ALMOST 100% OF THE FUNDS SECURED TO SUPPORT THE REGIONAL HEALTH CORPORATIONS HAVE BEEN FROM THE FEDERAL SOURCES, WITH VERY LITTLE PARTICIPATION FROM THE STATE AT THEIR DISCRETION.

ALTHOUGH I DON'T HAVE A FISCAL NOTE OF H.B. 596, I WOULD, AGAIN, REQUEST THIS COMMITTEE TO GIVE HIGH CONSIDERATION FOR PASSAGE OF H.B. 596 AS AMENDED BY THE ASSOCIATION OF REGIONAL HEALTH DIRECTORS AND APPROPRIATE ADEQUATE FUNDS TOWARD THE DECENTRALIZATION OF SOME OF THE FUNCTIONS OF THE STATE DEPARTMENT OF HEALTH AND SOCIAL SERVICES.

THE SECOND POINT I WOULD LIKE TO BRING TO YOUR ATTENTION IS THE EMERGENCY MEDICAL SERVICES. LAST YEAR, THE STATE WAS GRANTED \$450,000 UNDER P.L. 93-154 FOR BASIC LIFE SUPPORT SYSTEM. HOWEVER, SUBSEQUENT TO THE AWARD OF THE GRANT, THE FUNDS WERE PUT INTO THE GENERAL ACCOUNT -

WITH MANDATORY REQUIREMENTS FOR THE STATE BUDGET AND AUDIT COMMITTEE TO TAKE ACTION FOR EXPENDING THESE FUNDS PURSUANT TO THE PROVISIONS OF THE GRANT. THE STATE BUDGET AND AUDIT COMMITTEE DID NOT TAKE ANY ACTION UNTIL SEPTEMBER 1975 - ONE QUARTER ELAPSE.

CURRENTLY, THE STATE IS PREPARING FOR SUBMITTAL TO THE FEDERAL GOVERNMENT, A STATE EMS PLAN FOR FY 1977 BY APRIL 1, 1976. I WOULD, THEREFORE, STRONGLY RECOMMEND FOR THIS COMMITTEE TO TAKE EXPEDITIOUS ACTION UPON THE AWARD OF FY 1977 PLAN TO GET THE GRANT FUNDS OUT OF THE GENERAL FUNDS TO THE OFFICE OF EMERGENCY MEDICAL SERVICES.

THIRDLY, I WOULD LIKE TO MAKE IS IN RELATION TO GRM AND TITLE XV, OF THE SOCIAL SECURITY ACT. THERE ARE TWO POINTS THAT I WOULD LIKE TO MAKE.

1. FIRST, ONE IS IN RELATION TO ELIGIBILITY CRITERIA UNDER GRM. THE CURREN. DEFINITION, IF NOT CHANGED, LEAVE THE STATEWIDE OPEN TO CLASS ACTION SUIT UNDER TITLE VI OF THE CIVIL RIGHTS ACT. I WOULD, THEREFORE, RECOMMEND FOR THE HESS COMMITTEE TO GET A CLEAR-CUT OPINION FROM THE ATTORNEY GENERAL ON THIS MATTER AS WELL AS THE GENERAL COUNCIL IN REGION X, AND THEN TO ADJUST THE ANNUAL APPROPRIATION ACCORDINGLY AT THE STATE LEVEL.
2. IN RELATION TO TITLE 19 OF SOCIAL SECURITY ACT - MEDICAID ELIGIBLES. I FORESEE A SUBSTANTIAL UTILIZATION OF MEDICAID SERVICES IN THE FUTURE FROM THE NATIVE COMMUNITY, BASED ON THE FOLLOWING REASONS:
 - A. THERE WAS SOMEWHERE AROUND 13% TURNOVER FROM THE NATIVE COMMUNITY TO MEDICAID IN 1975 AND THE GENERAL INDICATIONS ARE THE PERCENTAGE OF TURNOVER WILL PROGRESSIVELY INCREASE IN DIRECT PROPORTION TO NUMBER OF PROVIDERS

HIRED BY THE REGIONAL HEALTH CORPORATIONS.

B. H.R. 2525, ENTITLED "INDIAN HEALTH CARE IMPROVEMENT ACT" NOW UNDER CONSIDERATION BY CONGRESS UNDER TITLE IV, SECTION 402, WILL MANDATORY REQUIRE REIMBURSEMENT TO PHS FOR MEDICAID ELIGIBLE TREATED BY IHS FACILITIES.

THESE PROVISIONS WILL DEFINITELY REQUIRE INCREASED APPROPRIATION BY THE STATE LEGISLATURE FOR MEDICAID PROGRAM. THEREFORE, I WOULD RECOMMEND TO THIS COMMITTEE TO MAKE A STUDY OF FINANCIAL REQUIREMENTS TO ADEQUATELY MEET THE STATE RESPONSIBILITY FOR MEDICAID ELIGIBLES IN THE FUTURE.

FORTH, I WOULD LIKE TO GO ON RECORD SUPPORTING THE TESTIMONY MADE BY MR. DAN SLABY ON THE PROPOSAL FOR A MORE RESPONSIVE MENTAL HEALTH DELIVERY SYSTEM.

From AG office

A M E N D M E N T

To: HOUSE BILL NO. 596

AMENDMENT: PAGE 1 LINE 26

Delete period after "chapter" and insert a comma in its place and insert the following after the comma:

"and the entire area of an organized borough which has not acquired areawide health powers but is served by a private health corporation."

Page 6, Line 11:

After "cities" insert the following:

"and borough"

STATE
of ALASKA

MEMORANDUM

HSS

TO: Fran Ulmer
Legislative Assistant
to the Governor
Office of the Governor

DATE : January 23, 1976

FROM: *DAP*
Patty Ann Polley
Director
Division of Elections
Office of the Lt. Governor

SUBJECT: Fiscal Note - "An Act relating to
local health services."

The initial health service board members election during FY 77 would cost \$75,500. This would include election boards for 200 precincts (the number of precincts within the Regional Educational Attendance Regions according to the following schedule:

200 Election Board Chairmen at \$5.00 an hour for 15 hours	\$15,000
600 Judges and Clerks at \$4.50 an hour for 15 hours	40,500
Total	\$55,500

The printing of ballots, the advertising for the elections and election supplies are estimated at \$20,000.

The total request for the initial elections would be \$75,500.

The regular elections held on the first Tuesday in October would require little additional money as the REAA School Board Elections would be held at the same time. Election board expenses would increase by \$4,700. assuming that 200 Chairmen and 600 Judges and Clerks worked 2 additional hours.

Ballot printing costs for the additional names and length of the ballot would increase by \$2,000.

The total additional money requested for FY 78 would be \$6,700.

THE LEGISLATURE OF THE STATE OF ALASKA
FISCAL NOTE

Second Session - Ninth Legislature

I. REQUEST

Bill No. HB 596
 Title: "An Act relating to local health services."
 Requested by: Rules Committee - Request of Governor Date: 1-23-76
 Return Date Requested: _____
 Agency: Division of Elections Program: Elections

II. FISCAL DETAIL

Budget Request Unit(s) Affected: Elections

A. EXPENDITURES: (Thousands of dollars)

OBJECT	FY 76	FY 77	FY 78	FY 79	FY 80	FY 81
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL		75.5	6.7	7.0	7.3	7.6
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL		75.5	6.7	7.0	7.3	7.6

B. FUNDING: (Thousands of dollars)

GENERAL FUND		75.5	6.7	7.0	7.3	7.6
FEDERAL FUNDS						
OTHER						

C. POSITIONS:

PERMANENT/TEMPORARY	/	/	/	/	/	/
MAN MONTHS (P./T.)	/	/	/	/	/	/

III. ANALYSIS (See Fiscal Note Preparation Instructions, Section III)

IV. ATTACHMENTS

V. DATE: 1-23-76 PREPARED BY: Patty Ann Polley, Director

Division of Elections
Office of the Lt. Governor

Original: Legislative Finance
 cc: Budget and Management
 Prime Sponsor (First Legislator Named)

POSITION PAPER
ON
HOUSE BILL 596

"An Act relating to local health services."

This bill provides basic enabling legislation to permit delegation of mandated health responsibilities of the State to interested local health districts. The present health district statute is no longer applicable to present day political subdivisions.

The bill authorizes the Department of Health & Social Services to make grants to or enter into contracts with local health districts for the purpose of providing specific public health services. Funds are to be allocated on the basis of a formula described in the bill. The bill also provides for the election of local health service area boards in unorganized boroughs and requires that the Department develop and promulgate regulations covering the establishment of standards, administration, review and evaluation of health district programs initiated under this Act.

This bill will have great impact upon the Department of Health and Social Services. It represents a giant step forward in attempting to place under local jurisdiction, certain public health functions now handled by the Department. This is not a new concept. Throughout most of the states, cities and counties have assumed responsibility for health with the State Department of Health serving in an advisory capacity. In Alaska, the Municipality of Anchorage is presently the only local governmental unit having assumed full health powers with an established health department. Other cities or boroughs have adopted limited powers through specific ordinances. With the exception of a few other major communities within Alaska, the concept of local health service areas represents a number of monumental tasks and problems in terms of attempting to establish effective local health programs. There is little or no tax base, very low population density, as well as communication and transportation problems. These factors have all served to work against the concept of effective provision of locally sponsored health services. It is for this reason that Alaska has maintained centralized public health services through regional offices which are typically handled in the other states by the cities and counties.

An increase in population, a larger tax base and high consumer interest indicates the need for authority to promote participation of local health districts in public health programs. In the area of consumer interest alone, it is becoming more and more obvious that individuals in local communities wish to be involved in health programs and decisions which affect local health care. This extends beyond curative programs into traditional preventive public health programs as well.

Suitable controls will be required to guarantee the maintenance of the present quantity and quality of services provided and there must be community willingness to assume the responsibility with the additional tax burden. Further, the community must be able to recruit and keep qualified staff. The ultimate effect upon the Department of Health & Social Services

will be to place the Department in an advisory and evaluation role in those areas assumed by the local health districts rather than the present position of actually providing those services. This is particularly true in the traditional fields of Public Health Nursing and Environmental Health. The State will continue to provide direct basic public health services to areas not assuming local health responsibilities. The State will also continue to provide specialized statewide services such as crippled children's services, laboratory services, tuberculosis control, etc. which would not be cost effective to provide on a local level.

The boundaries to be established in the unorganized borough under this Act will be consistent with the Regional Educational Attendance Areas, the three Health Service Areas established under PL 93-641, and the Native Regional Health Corporations.

Since applications for grant awards and contracts under this Act must be submitted through HSA's (the planning and resource development agencies) and since the Commissioner shall consider the relationship of the health district plan to the Annual Implementation Plan for the appropriate Health Service Area, there will be no duplication.

Passage of House Bill 596 will have extensive fiscal impact upon the Department of Health & Social Services. A Fiscal Note has been prepared and is attached. Implementation of this bill will require establishment of a separate local health service unit within the Division of Public Health with sufficient staff to prepare standards and regulations, provide consultation and training, review grant and contract applications and carry out program followup and evaluation. Development of local participation will require extensive monitoring of the local effort for a number of years, resulting in additional state administrative costs. Ultimately, with development of effective local health programs, the state may realize a reduction in costs for health services. However, it is more realistic to anticipate no reduction in cost but more effective and better delivery of public health programs.

The following changes are needed:

Page 4, line 8, Sec. 18.10.071. GRANTS. After "Sec. 21(a)" add the following: (1)-(3). Note: without this specific designation, it appears that grants can be awarded to all health districts, 1 through 5, and this is not the case.

Page 5, line 20, Sec. 18.10.071. GRANTS. Delete the word "share" and substitute the word "match" so that the sentence reads "The minimum health district match is 10 per cent of the requested state grant."

Page 6, line 18, Sec. 18.10.081. CONTRACTS. Delete (c) and substitute (d).

Page 6, line 20, delete (d) and substitute (e).

Page 7, line 1, delete (d) and substitute (e).

The Department supports the Bill with changes indicated above.

Recommended BY: *Lawrence M. Jurek*
fm (Acting Director,
Division of Public Health)

1-21-76
(Date)

Approved By: *Lawrence M. Jurek*
fm (Commissioner)

1-21-76
(Date)

THE LEGISLATURE OF THE STATE OF ALASKA
FISCAL NOTE

Second Session - Ninth Legislature

I. REQUEST

Bill No. House Bill
 Title: Local Health Services
 Requested by: Office of the Governor Date: 1/12/76
 Return Date Requested: _____
 Agency: Health and Social Services Program: Public Health

II. FISCAL DETAIL

Budget Request Unit(s) Affected: Public Health Administration

A. EXPENDITURES: (Thousands of dollars)

OBJECT	FY 76	FY 77	FY 78	FY 79	FY 80	FY 81
100 PERSONAL SERVICES		180.4	256.6	272.0		
200 TRAVEL		10.0	15.0	17.0		
300 CONTRACTUAL		47.0	37.0	37.0		
400 COMMODITIES		6.0	6.0	6.0		
500 EQUIPMENT		6.5	3.0	3.0		
600 LAND & STRUCTURES		-0-	-0-	-0-		
700 GRANTS, CLAIMS, ETC.		-0-	5,050.0	5,600.0		
TOTAL	-0-	249.9	5,367.6	5,935.0		

B. FUNDING: (Thousands of dollars)

GENERAL FUND	-0-	249.9	5,367.6	5,935.0		
FEDERAL FUNDS	-0-	-0-	-0-	-0-		
OTHER	-0-	-0-	-0-	-0-		

C. POSITIONS:

PERMANENT/TEMPORARY	0 / 0	8 / 2	9 / 3	9 / 1	/	/
MAN MONTHS (P./T.)	0 / 0	72 / 18	96 / 18	96 / 9	/	/

III. ANALYSIS (See Fiscal Note Preparation Instructions, Section III)

A. Assumptions:

1. Implementation of the bill will require establishment of a separate Local Health Service Unit with required staff within the Office of the Director, Division of Public Health.
2. Establishment of unit, recruitment of staff, preparation of regulations to be accomplished in FY 77. Staff consultants for training, local assistance, review and monitoring (4) to be assigned last half of FY 77. Grant and contract applications accepted last half of FY 77.
3. Grants and contracts reviewed and funds allocated in FY 78 & FY 79.
4. Level of funding beyond FY 79 dependent on number of applications.

IV. ATTACHMENTS

V. DATE: 1/16/76 PREPARED BY: _____

Frank P. Pauls
 Frank P. Pauls, Dr. P.H.
 Acting Director

Original: Legislative Finance
 cc: Budget and Management
 Prime Sponsor (First Legislator Named)

Division of Public Health

100 - Personnel

FY 77		180.4
Coordinator, Local Health Services (23)	37,984	
Assistant Coordinator (21)	32,786	
Clerk V (11)	16,698	
Clerk Typist III (8)	13,838	
General Nursing Consultants (2)		
6 months (20)	31,131	
Environmental Health Consultants (2)		
6 months (20)	31,131	
Temporary Hire - Clerk Typist III's		
18 months equivalents	16,877	
FY 78		256.6
Same positions except consultant		
positions increased to 12 months each		
Temporary hire-Clerk Typist III's		
decreased to 12 months equivalents		
FY 79		272.0
Same personnel as in FY 78. Projected		
salary increases at 6%		

200 - Travel

FY 77		10.0
Travel costs for hearings on regulations		
and consultation with local health service		
areas.		
FY 78		15.0
Site visits by staff, training local		
staff, consultants travel.		
FY 79		17.0
Site visits, auditing, consultant		
assistance to newly established		
local health service units.		

300 - Contractual

FY 77		47.0
1. Special consultant services for		
preparation of regulations, standards		
and training materials.	30.0	
2. Publishing of regulations	5.0	
3. Telephone & communications	12.0	
FY 78 & FY 79 - Same for each FY		37.0
1. Special consultant services for		
preparation of service guidelines		
and audit system.	25.0	
2. Telephone & communications	12.0	

400 - Commodities - Printing and Office Supplies
per FY

6.0

500 - <u>Equipment</u>		
FY 77		6.5
Office equipment to establish unit and for staff. (desks, chairs, typewriters).		
FY 78 & FY 79 per FY		3.0
700 - <u>Grants, Claims</u>		
FY 77		-0-
FY 78		
Projection of anticipated applications for grants and contracts by local health districts ,	5,050.0	
FY 79	5,600.0	

FPP/mh

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FISCAL NOTE

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V. DATE: 1/16/76 PREPARED BY: Frank P. Pauls, Dr. P.H.

Original: Legislative Finance
 cc: Budget and Management
 Prime Sponsor (First Legislator Named)

Frank P. Pauls, Dr. P.H.
 Acting Director
 Division of Public Health

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70C - <u>Grants, Claims</u>		
<u>FY 77</u>		-0-
FY 78		
Projection of anticipated applications for grants and contracts by local health districts	5,050.0	
FY 79	5,600.0	

FPP/mh