

Overview

Dept. of

H&SS

1-19-94

HOUSE HESS PRESENTATION

Madam Chair, Mr. Chairman, Members of the Committee:

Thank you for this opportunity to meet with you and discuss the Department of Health and Social Services. Our Department is made up of 7 divisions: Public Health, Mental Health and Developmental Disabilities, Family and Youth Services, Alcoholism and Drug Abuse, Public Assistance, Medical Assistance, and Administration. You are acquainted with our Division Directors, but I would like to introduce Julie Neyhart, our new Director of DMHDD.

As regards legislation at this point in time, we are particularly interested in four categories. Those are the Governor's crime package, the Senior Services legislation, Health Care Reform, and Alcohol and Tobacco excise tax. We have specific involvement in each of these areas.

I would like to call your attention to the planning that is in process in DHSS, as regards services to Alaskans. We are preparing to publish the "Healthy Alaskans 2000" document in February; this is the document that my predecessor took initiative on, in order to have a long range plan for the health of Alaska. It coordinates with the federal plan "Health People 2000." As you are aware, there have been two major conferences on health planning recently -- the conference in Fairbanks

in August at the invitation of various legislators, and the Health Summit in Anchorage at the end of November. The other major piece of this planning is the Healthy Children plan that is just getting started. Over 500 Alaskans were involved in the preparation of Healthy Alaskans 2000, and the process for development the integrated healthy child plan will also involve much community input, lead by competent contractors and a fine steering committee.

I will share some of our specific priorities and concerns with you, but before I do that, I would like you to know that our Department is made up of advocates for the people who receive services from DHSS. We join you in struggling to make very tough decisions during this very challenging time. But we represent devalued and powerless individuals, in most cases, and we will continue to make you aware of their needs.

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Major health issues facing the State, such as teenage suicide, violence, unintentional injuries, unsafe water and sewage disposal, escalating cancer rates, teen pregnancy, domestic violence, and unhealthy communities can only be addressed and controlled with a strong state public health program based on prevention, health promotion, and protection.

During the past year, the Women, Infants, and Children nutrition program grew by about 50%. A proposal for full federal funding in 1996 will bring that caseload to about 30,000. This will bring more federal funds into the state and also enhance a vital program.

The Home Health Care/Homemaker/Personal Care Attendant program has grown through consolidation to five agencies throughout the state providing services to 900 persons: 555 are covered by Medicaid, 28% are under age 60, 3% are under age 21, and 1% are developmentally disabled.

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In the Division of Mental Health and Developmental Disabilities Medicaid refinancing for mental health services has proven very successful. As of January, Medicaid revenues collected by grantees were greater than for the entire previous year. By April it is anticipated that all grantees will have made up through Medicaid for funding cuts in FY94.

Also through Medicaid, the Alaska Youth Initiative is able to serve 130 youngsters for a budget that previously accommodated 100, without decrease in quality of comprehensive services.

However, in our needs assessment research on Severely Emotionally Disturbed children statewide, we find distressing evidence of great unmet need for mental health services.

In suicide prevention we have data that clearly shows that the decline in suicide is the most significant in the villages that have grants for our rural program--that is about 60 villages throughout the state.

The developmental disabilities menu now includes Project CHOICE waivers to serve individuals who experience physical disabilities and medically complex children. Later this month the TEFRA option will be implemented, providing Medicaid services to eligible children under 18, regardless of family income.

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There has been decreased reliance of foster care resulting in a reduction of children placed, even though the reports of harm and need for intake has increased. This is due to serving children in their own homes whenever possible, and shortening out-placement length of stay. More children are being placed with relatives, and adoption and guardianships are increasing, resulting in more permanent placements and less disruption to childrens' lives. This is the reality of Family Preservation that you have heard a lot about during the past three years.

Our Department is supporting the automatic waiver of juveniles age 16 and over to be remanded to adult courts, per the amendment of SB 54.

The American Correctional Association Commission on Accreditation for Corrections has accredited all of Alaska's five juvenile correctional facilities and the three regional state probation programs. We are one of three states in the nation which has the entire youth correctional program accredited.

In the Administration legislative package on senior services protection and licensing for adults and children is reorganized. If this legislation passes, DFYS will only be responsible for protection and licensing for children. All adult concerns will be shared by the Division of Senior Services in the Department of Administration and DMHDD in our Department.

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Based on concerns regarding the alcohol and drug abuse programs, a contract has been entered into with a national firm to engage us in outcome research over the next two and a half years. This research will provide a foundation for measuring performance of treatment providers and a basis for developing future performance expectations of grantees.

In addition, the results of a research project under UAA will be published soon, focusing on outcomes from the Alcohol Safety Action Program. This study tracks misdemeanant offenders and recidivism from 1989 through 1992.

The House Task Force on Alcohol Abuse held four public hearings during the legislative interim, and we anticipate a report that is positive toward the Department's efforts and direction in practice and treatment.

Governor Hickel will submit legislation to increase the excise tax on alcoholic beverages by 50%. We endorse this heartily as a deterrent to alcohol abuse. The effect of what really amounts to a user fee is especially beneficial in decreasing alcohol consumption among the young, as proven in national research, and yet does not effect the nearly 40% of Alaskans who do not use alcoholic beverages.

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In the area of public assistance, we know that you acknowledge with us that these recipients are the result of lack of other preventive and supportive programs that prevent people from getting into the system in the first place. Regarding welfare dependency and cost increase, we want to produce economically independent families via the JOBS Program and other self-sufficiency projects for AFDC clients.

We need adequate staffing to assure that we can keep up our caseload containment and payment accuracy. Ensuring that only eligible clients receive benefits requires staff, but controls are needed to contain the rate of growth of the program. The eligibility information system is also crucial to this effort and is in need of alterations, updating, and enhancement.

Some legislators have expressed interest and intention to submit welfare reform legislation. We are anxious to cooperate in this effort and to assist in supplying data and information towards their efforts. We also expect that federal legislation will be forthcoming fairly soon, which we will also monitor.

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Medical Assistance and Medicaid efforts have been clearly directed toward increasing home-based and community services for clients, and toward reducing the amount of dollars spent for facility or in-patient treatment. This is reflected in Project CHOICE waivers, the TEFRA option, and also in community mental health refinancing. In mental health, the goal is to create a managed care system that will save literally millions of dollars, while providing more appropriate services to the chronically mentally ill.

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Along with all of these agendas we are moving along on the replacement of API on its current site in Anchorage. With capital funding appropriated, we will replace the existing hospital with a small facility designated to provide comprehensive mental health treatment for complex patients, while enhancing a state system to provide designated treatment beds in existing facilities around the state, so that most in-patient treatment can occur in a patient's home area. Current plans are for a 90-bed facility with a 24-bed forensic facility on the same site.

The issue of the future of and uses for Harborview Developmental Center will also need to be considered during this session, and I believe it will come to our attention both as a fiscal and a needs issue.

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It is good to be able to share with you the services and concerns of the Department. We will answer questions as you wish. Thank you.