

SCOMM

122:51

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

DIVISION OF ADMINISTRATIVE SERVICES

TONY KNOWLES, GOVERNOR

P.O. Box 110650

Juneau, AK 99811-0650

Phone: (907) 465-3082

Fax: (907) 465-2499

MEMORANDUM

DATE: November 2, 1999

TO: DHSS Privatization Task Force

FROM: Janet Clarke
Director



SUBJECT: Response to October 26, 1999 Privatization Task Force Questions

The following responses pertain to the October 26, 1999 Privatization Subcommittee questions.

❖ *In CINA case & rsquo;s where do the permanent fund dividends go?*

The PFD fund is held by the State as trust fund and is invested by the State Treasury. The Division of Administrative Services (DAS), Finance Section, maintains a standalone ACCESS database for each account of the children under DFYS custody. Each account, principal and interest can only be disbursed to a specific payee based on the directive of DFYS.

❖ *Are they put in an interest bearing account?*

Yes. The State Treasury is responsible for investing the fund. The DAS Finance Section receives a daily investment income rate of return for the fund from the Street Bank of Boston (coordinated by the State Treasury). The daily investment account is calculated and distributed to each individual account in the ACCESS database based on their outstanding balances using the rate.

❖ *What happens to that interest?*

The interest is added to the trust fund balance held by the State. The actual monthly investment income applicable to the trust fund is recorded by the State Treasury in the state accounting system. Correspondingly, the DAS Finance Section performs monthly reconciliation of the trust fund balance in the state accounting system with the ACCESS database fund balance and correspondingly adjusts the difference.

❖ *How much federal funding for each child in care does Alaska get from Title IV E funding?*

Title IV-E is the federal foster care program to serve only poor children who are in foster care. The program is authorized under Title IV-E of the Social Security Act (42 U.S.C. 672-679).

Title IV-E is a federal *reimbursement* for federally eligible foster care expenses that the state has already paid. All of the Title IV-E reimbursement is based on the percentage of children in custody meeting Title IV-E eligibility requirements. In order to be eligible for Title IV-E funds, the child must have been receiving or have been eligible for TANF or AFDC benefits based on the state AFDC eligibility and income standards that were in effect on July 16, 1996.

Eligibility requirements also involve court documents that attest 1) that continuation of the child in its own home is contrary to the child's welfare; and 2) that reasonable efforts were made to prevent the need to remove the child, or that reasonable efforts were made to facilitate the return of the child who has been removed.

The number of children in foster care who are Title IV-E eligible changes frequently and is reported every quarter. The last quarter reported was April-May-June 1999, when the number of children in state custody meeting Title IV-E eligibility was 56 percent. Alaska is reimbursed at 54.16 percent of the costs for Title IV-E eligible children. This means that the federal government reimburses the state for 54.16 percent of 56 percent of the cost, which totals approximately 30 percent of the cost.

If the child is not Title IV-E eligible, then the entire cost is paid by the state.

The majority of Title IV-E funds go towards the room and board payment that DFYS makes to foster parents or residential care providers. There are also some Title IV-E funds that reimburse the state for certain administration and training activities.

With administration and training reimbursement come a number of other program requirements that need to be in place in order to receive Title IV-E federal funds.

Administration reimbursement is the percentage of the time spent by DFYS social workers on Title IV-E reimbursable activities, reimbursed at 50 percent of the percentage of Title IV-E eligible children in foster care. The proportion of time that DFYS social workers spend on reimbursable and non-reimbursable activities is determined through a daily Random Moment Time Study. For children who are Title IV-E eligible, the federal government reimburse the state 50 percent of the administrative costs and the balance is state general funds. When the child is not Title IV-E eligible and the state is financially responsible for the care of the child, the state pays the entire cost. Administrative reimbursement usually covers approximately 15 to 20 percent of the total cost of Foster Care administration.

Examples of reimbursable administrative activities listed in federal regulations include:

- Referral to service
- Preparation for and participation in judicial determinations
- Placement of the child
- Development of the case plan
- Case reviews
- Case management and supervision
- Recruitment of foster homes
- Licensing studies of potential foster homes

➤ Costs related to data collection and reporting

Training reimbursement is the percentage of the costs for training staff, reimbursed at 75 percent of the percentage of Title IV-E eligible children in foster care. Training includes the cost of training staff to carry out the Title IV-E reimbursable activities listed above. Training also includes the cost of training foster parents. Costs are determined using the same Random Moment Time Study as administrative costs, and have usually covered approximately 30 to 40 percent of the total cost to the state.

➤ ***How many children are currently in relative placements with DFYS having legal custody?***

As of October 1, 1999, there were 690 children in state custody (under Child In Need of Aid statutes) placed with relatives. (This does not include the number of youth in state custody under delinquency statutes.)

➤ ***How many children are in group homes?***

As of October 1, 1999, there were 138 children in state custody under the CINA statutes placed in residential care. (This does not include the number of youth in state custody under delinquency statutes.)

➤ ***How many children are in out of home placements?***

As of October 1, 1999, there were 2,049 children in state custody and placed out of their homes.

➤ ***What is the average number of children in a group home?***

Residential care centers around the state vary from 5 bed to 16 bed facilities.

➤ ***What is the maximum number of children allowed for a group home?***

There is a staff to client ratio required in residential care but not a bed limit. In 7 AAC 50.410, one caregiver for every six children is required during any time children are awake, and one caregiver for every twelve children is required during sleeping hours. The ratio is different for infants and toddlers, which requires one caregiver for every three infants and toddlers in care during waking hours, and one caregiver for every five infants and toddlers in care during sleeping hours.

➤ ***What provision does DFYS make to ensure that sexually abused or deviant children are not placed in the same homes as those who are not?***

DFYS is responsible for providing foster parents with information about the child as is necessary for the foster parent to provide appropriate care for the child, to protect the safety of the child, and to protect the safety and property of the members of the foster family. This includes any medical or behavioral history that is known about the child. There are times, usually during emergency placements, when DFYS does not know all of the history a child has experienced.

Foster parents decide whether a child will fit into their home, and can decide not to accept a child when the child presented to them does not fit at that particular time.

➤ ***What happens to children when abuse occurs in a foster home?***

Law enforcement and child protection investigation occurs, in addition to a licensing investigation. Each has its own purpose. Law enforcement is involved to collect any criminal evidence and to determine criminal action. Child protection is involved to assure the safety of the child and to remove the child if safety cannot be secured. Licensing staff is involved to determine regulatory infractions and any action that needs to occur regarding the license.

☞ ***Is the state penalized for failure to protect? Why not?***

The state is penalized for failure to protect like anyone else. Civil lawsuits and liability for gross negligence are actions taken against the state for failing to protect children.

☞ ***What reasonable efforts are generally made to prevent children from being removed from the home of the biological family prior to substantiation of claims of non-sexual abuse, neglect and priority 3 reports of harm?***

Families are referred to many services in the community. Alcohol treatment, parenting classes, family counseling, public assistance, and mental health services are some of the services families are referred too.

☞ ***What statute requires DFYS to investigate all reports of harm? Provide copy of related section.***

AS 47.17.030. Action On Reports; Termination of Parental Rights.

(a) If a child, concerning whom a report of harm is made, is believed to reside within the boundaries of a local government exercising health functions for the area in which the child is believed to reside, the department may, upon receipt of the report, refer the matter to the appropriate health or social services agency of that local government. For cases not referred to an agency of a local government, the department shall, for each report received, investigate and take action, in accordance with law, that may be necessary to prevent further harm to the child or to ensure the proper care and protection of the child.

(b) A local government health or social services agency receiving a report of harm shall, for each report received, investigate and take action, in accordance with law, that may be necessary to prevent further harm to the child or to ensure the proper care and protection of the child. In addition, the agency receiving a report of harm shall forward a copy of its report of the investigation, including information the department requires by regulation, to the department.

(c) Action shall be taken regardless of whether the identity of the person making the report of harm is known.

(d) Before the department or a local government health or social services agency may seek the termination of parental rights under AS 47.10, it shall offer protective social services and pursue all other reasonable means of protecting the child.

(e) In all actions taken by the department or a health and social services agency of a local government under this chapter that result in a judicial proceeding, the child shall be represented

by a guardian ad litem in that proceeding. Appointment of a guardian ad litem shall be made in accordance with AS 25.24.310.

(f) If an investigation under this section shows reasonable cause to believe that a certified nurse aide has committed abuse, neglect, or misappropriation of property, the department shall report the matter to the Board of Nursing.

❧ ***How much funding is designated for services to families to prevent removal?***

Not all of the services to families used to prevent removal are in DFYS. Substance abuse treatment and mental health services exist in other divisions. DFYS receives \$806,670 of federal funds through Title IV-B of the Social Security Act for family support, family preservation, and time-limited family reunification services. State general funds are combined with these funds for a total of \$2.1 million. Those funds are provided to private agencies to provide these services for DFYS-referred children and families.

DFYS also receives \$300,000 for child care or day care for families with child protection concerns. Some times leaving the child at home and providing the family with child care relieves the stress in the family.

❧ ***How much funding is designated for educational enhancement for social workers?***

Funding for training DFYS social workers includes \$617,000 federal funds and \$420,000 state general funds.

❧ ***How much funding is designated for retirement incentive programs for social workers?***

No funding is designated for retirement incentive programs for social workers.

❧ ***What is the average length of time a client with a narcotic addiction waits for admission to an inpatient treatment program?***

Narcotic addicts are a priority treatment population. Intravenous drug users requesting treatment must be admitted to treatment no later than 14 days after that request, unless no treatment capacity exists and interim services are provided within 48 hours of the request. Addicts requesting treatment and receiving interim services instead must be admitted no later than 120 days after the request.

❧ ***What services does DFYS offer to those waiting for such admission?***

Anchorage and Fairbanks DFYS have a substance abuse treatment counselor on-site. These two positions are employees from private community agencies that help assess for alcohol or other drug problems and refer directly to treatment programs.

❧ ***Does this waiting time count towards the 12-15 months a parent has to address issues as assessed by DFYS?***

No. Services or reasonable efforts to help the parent must be provided to the parent. This is one of the exceptions to the required petition to terminate parental rights at the time limit. The time limit is for any child who has been in foster care for 15 of the most recent 22 months.

❧ ***Are DFYS social workers trained in assessment?***

Yes. DFYS social workers are trained in assessment of child abuse and neglect, future risk and safety assessment, recognizing the effect of abuse and neglect on child development, family systems assessment, as well as other areas of practice.

☞ ***Is there a professional requirement for diagnosing mental illness?***

Usually diagnosis of mental illness requires a physician or psychologist. Some Master level clinicians can also assess mental illness.

☞ ***Is there a professional requirement or educational requirement to assess chemical dependency?***

Yes, staff conducting chemical dependency assessments should be at a minimum certified as Chemical Dependency Counselor, Level I or be in training under the supervision of a certified Chemical Dependency Clinical Supervisor.

☞ ***What if any external review boards currently act as an oversight for DFYS, Juvenile Justice, and mental health? Provide contact numbers if any state funds are distributed to them for services? And if so how much?***

The court system is the external review for DFYS.

The Division of Juvenile Justice is accredited by the American Correctional Association (ACA), a national correctional organization. The accreditation process requires a thorough and rigorous review of several hundred quality standards that represent best practice in the juvenile justice field. The facility accreditation process ensures that the Division utilizes good management procedures and provides appropriate care and treatment of juveniles in facilities. The field probation accreditation reviews the entire juvenile probation case process, beginning at intake and including case management contact standards through the court process.

DJJ has an advisory board mandated by Section 223(a)(3) of the federal Juvenile Justice and Delinquency Prevention (JJDP) Act. This board, known as the Alaska Juvenile Justice Advisory Committee (AJJAC), is comprised of Alaskans who have experience with youth and juvenile justice issues and includes parents, youth, teachers, social service workers and court and corrections employees. The advisory group receives designated federal funds from the JJDP appropriation to fulfill its duties in the amount of 5% of the total federal Formula grant.

DJJ is actively involved with the community on a number of levels. McLaughlin Youth Center has an active citizen advisory board and Fairbanks Youth Facility, Nome Youth Facility, Bethel Youth Facility and Johnson Youth Center are in the process of developing one.

Review boards for DMHDD are the Alaska Mental Health Board and the Governor's Council on Disabilities and Special Education.

☞ ***What are the federal requirements for external reviews of agency actions according to CAPTA? Provide policy section as it relates.***

CAPTA requires states to have a "multidisciplinary task force on children's justice." The task force must be comprised of professional representatives who have "knowledge and experience relating to the criminal justice system and issues of child physical abuse, child neglect, child sexual abuse and exploitation, and child maltreatment related fatalities."

❧ ***How long does the average home study take for relative placement?***

For relatives who are not licensed as a foster home, DFYS is required by law to check criminal history records prior to placement and usually conducts a home visit to check on environmental safety precautions in the home. With a name-based criminal history check, this type of study usually occurs immediately. For licensed relative homes, this type of study can take longer depending upon many factors. However, an emergency license can be issued to the relative and it requires the same as the unlicensed relative home. The difference is in the finger print based criminal history check, which can usually take up to 6 months to receive the results.

❧ ***What is used as a basis for requiring supervised visitation? Provide policy as related.*** DFYS' Child Protection Policy and Procedures Manual states the following policy for visitation:

"6.5.6 VISITING BY PARENTS, GUARDIAN, FAMILY MEMBERS

POLICY: If a child is removed from the parental home, the department shall provide reasonable visitation between the child and the child's parents, guardian, and family. When determining what constitutes reasonable visitation with a family member, the department shall consider the nature and quality of the relationship that existed between the child and family member before the child was committed to the custody of the department. The may require the department to file a visitation plan with the court. The department may deny visitation to the parent, guardian, or family members if there is clear and convincing evidence that visits are not in the child's best interests. A parent, Indian custodian, or guardian who is denied visitation may request a review hearing."

Procedures follow this policy (pages 579-582, CPS Manual) and spell out what workers need to do assure visits with parents occur. The worker can determine the need for supervised visits (occur in the presence of a worker or designee) between the child and parent and must document reasons for the supervised visits. Reasons for supervised visitation usually include some evidence of the parent not supporting the child's statements or not being able to protect the child.

❧ ***How does DFYS interpret parental involvement in the case plan?***

It is a requirement of the division to plan all casework activities with families (Policy 2.9 pages 119 to 128). The plan is to be developed with the family as soon as possible after assumption of custody. The plan is developed together with the parents, Indian custodian where applicable. Everyone involved in preparing the plan is asked to sign as soon as it is completed.

❧ ***How does the legislature interpret parental involvement in the case plan?***

Unable to answer this question, since it is addressed to Legislature.

⌘ ***What is required to replace a social worker who cannot work with a client?***

Transferring a client from one worker to the another worker usually involves the client requesting this of the social worker's supervisor.

⌘ ***Is it standard practice to give service providers, such as A. counselors, B. psychiatrists, C. school teachers, D. assessment providers, E. CASA volunteers, F. medical professional all information concerning allegations of abuse?***

Yes. If the division is requesting a service of the providers to help in the assessment and treatment, then information is provided to service providers.

⌘ ***Is it common to give the information prior to the service provider meeting the client?***

If the division is the referring agency then usually service providers want the information prior to meeting the client.

⌘ ***Does this information include whether or not the information pertaining to the allegations are substantiated or based on caseworker perception?***

This is usually based on the information that the worker has collected in the investigation process or in on-going communication with the family.

⌘ ***What is the exact number of social workers licensed with proper education to be a social currently employed by DFYS?***

The division is currently updating this information and does not have it readily available.

⌘ ***How many social workers currently employed do not have a bachelors in social work?***

The division is currently updating this information and does not have it readily available.

⌘ ***What are the criteria for people who supervise visitations, particularly where there exist allegations of sexual abuse? Provide section of policy that relates to question.***

There are no specific criteria for people who supervise visitations between a child and parent. DFYS social workers, social service associates, foster parents, and in some places in the state, private agencies have grants to help provide supervised visitation.

❧ ***How does DFYS monitor the performance of persons who act as supervisors in DFYS cases?***

Supervisors and all other employees are evaluated routinely. Private agencies who may be supervising visitations between a child and parent have grant agreements with the division. If there is a performance problem with a grantee, then the division would review the grant agreement and could issue conditions or amendments to change performance.

❧ ***What does DFYS think should be done to improve training of people who supervise visitation?***

The Department has asked for additional funds to have a visitation program, but this was not funded by the Legislature. With additional funds, a training program can be developed and used.

❧ ***What are the written policies concerning DFYS intervention where the parents are in an active custody fight? Does DFYS abstain from cases where it would otherwise act solely because there is an active, existing custody litigation? If so, how does DFYS proceed with the on-going status of the investigation?***

If a child is reported and the child's parents are in the middle of a custody fight, DFYS would proceed by following its policy and procedures. It does not have special policies for parents who are in an active custody fight. The fact that a custody fight is occurring is brought into the facts of the investigation. These are more complicated investigations. DFYS does not act solely on cases where there is an active custody litigation. There must be some evidence that the child or children are suffering from abuse or neglect.

❧ ***Is the National Association of Social Workers Code of Ethics recognized by DFYS?***

Yes. The National Association of Social Workers Code of Ethics is the division's adopted conduct code for staff members directly involved in providing services to clients.

❧ ***Is there a policy requirement to follow it? Provide policy if so.***

Child Protection Policy and Procedures Manual 1.6 "Code of Ethics for the Staff of the Division of Family and Youth Services." (Attached)

❧ ***Are their written policies stating the procedure for DFYS monitoring of mental health care professional who evaluate sexual abuse cases? Provide copies.***

DFYS is not responsible for monitoring mental health professionals' practice. They are licensed professionals who fall under the Division of Occupational Licensing. DFYS requests services from mental health professionals who have considerable experience and knowledge in responding to sexual abuse of children.

❧ ***What is the DFYS written policy concerning interviews of alleged perpetrators in sexual abuse cases before DFYS makes a determination about whether the allegations are substantiated?***

Interviews of the children and parents are required as part of the investigation. When the investigation is complete, then a finding of substantiated, unconfirmed, or invalid is determined. Interviews with the alleged perpetrators are usually coordinated with law enforcement, with them taking the lead in interviewing the alleged perpetrators.

❧ ***What on-going professional education does DFYS provide to workers in the areas of sexual abuse investigations?***

This is a very specific practice area that requires special skill and knowledge on the part of the workers. Most workers do not come to the agency with this skill and knowledge and must be trained. Workers receive training prior to receiving a caseload, and again within the first year of employment. The training they receive prior to assigning a caseload covers interviewing skills along with other topics (intensive two-week training). This year the division is providing a two-day specialized course just in this practice area.

❧ ***How many people alleged as sexual abuses re criminally prosecuted? Physical abuse? Other abuses or endangerment of a child?***

The division does not have the number of sexual abuse, physical abuse, or other abuse cases that are criminally prosecuted. The Department of Law, Criminal Division, may have those numbers.

❧ ***What is the average length of supervision in DFYS sexual abuse cases where there is no physical evidence of abuse?***

The division does not collect this information. The average length of supervision in sexual abuse cases depends on a number of factors including collaborating testimony or evidence, statements from witnesses, etc. There are times when sexual abuse is first alleged, but other problems in the family show up during the investigation, assessment, and services, such as alcoholism, inappropriate parenting, anger management, and domestic violence. Many families coming to DFYS attention have multiple problems affecting them.

❧ ***What are the written DFYS guidelines or training manuals stating the investigation protocol in sexual abuse cases? Provide copies if they exist.***

The division follows an interagency Child Sexual Abuse Agreement that was developed several years ago. The agreement covers policies and procedures for the Departments of Law, Health and Social Services, Public Safety, and Corrections. It is located in the CPS Policy and Procedures Manual.

❧ ***How does DFYS determine whether someone is a "qualified expert" within the meaning of ICWA?***

Before the court can order an Indian child removed from the parent's or Indian custodian's care, testimony from a qualified expert witness is required to support a finding that the child is likely to suffer serious emotional or physical damage if the child remains in the custody of the parent or Indian custodian. The court ultimately decides who is a qualified expert witness. All of the parties in the case bring forward who they think would qualify as an expert witness. DFYS has listed the following characteristics of people who would likely qualify as expert witnesses for purposes of Indian child custody proceedings (CPS Manual Policy 4.0 Court Proceedings).

1. A professional person having substantial education and experience in an appropriate specialty;
2. A lay expert witness having substantial experience in the delivery of child and family services to Indians, and extensive knowledge of prevailing social and cultural standards and childrearing practices within the Indian community, relevant to the Indian child;

3. A member of the Indian child's Tribe who is recognized within the Tribal community as knowledgeable in Tribal customs as they pertain to family organization and childrearing practices;
4. A member of the child Tribe is always preferred, but a member of the child's ethnic and /or language group, who is recognized as knowledgeable in Tribal customs as they pertain to family organization and childrearing practices.

☛ ***Does DFYS maintain a written list of mental health professional that may be used in DFYS investigations; or who cannot be used in DFYS investigations? If yes, please state the criteria and provide a copy of the list.***

The division is not aware of any such list of mental health professionals.

☛ ***Who reviews the licensing of foster homes and under what statute?***

Under AS. 47.35, the Department of Health and Social Services is responsible for and reviews the licensing of foster homes. The Alaska Administrative Code Title 7, Chapter 50, Article 1 through 9, are the regulations for licensing foster homes.

☛ ***Where do grievances from foster parents go? Biological parents? (chain of command)***

The division has a grievance procedure in regulations (7 AAC 54.205-240). The grievance procedure states that an aggrieved individual may file a grievance, under these regulations, on the following grounds:

1. The application of a division policy or procedure;
2. An action or failure to act by the division; or
3. Division action under AS 47.35 (licensing statute) short of the denial, involuntary conditioning, suspension, or revocation of a license; an aggrieved individual may file a grievance on a division licensing investigation only after the investigation is complete.

Under 7 AAC 54.210 (c), the grievance procedure is not available to:

1. A resident of a state-operated juvenile correctional facility for which procedures developed by the superintendent under 7 AAC 52.095 apply;
2. A state employee unless the employee is also a client of the division, a client's parent or guardian, or a service provider of the division;
3. For contract or agreement for services disputes;
4. Appeal late payments or to contest rates paid;
5. Complain of child placement or removal decisions of the division as a result of intervention under AS 47.10 (there is a court process in placement for these types of complaints);
6. Complain of a denial, involuntary conditioning, suspension, or revocation of a license for which an appeal is available under AS 44.62;
7. Appeal a decision regarding grant programs for which an appeal is available under 7 AAC 78.310; and
8. Appeal a decision regarding civil rights actions covered under the department's civil rights complaint procedures.

A foster parent or biological parent is told about the grievance procedure and can use the grievance procedure according to the above description. When a negative licensing action occurs, such as a denial, involuntary conditioning, suspension, or revocation, then the foster parent and the division follow AS 44.62.330-AS 44.62.630. This is the Administrative Adjudication statute, where the Governor or Lieutenant Governor appoints qualified, unbiased, and impartial Hearing Officers.

What is the response time for allegations of abuse of a child in foster care? Out of home care center?

The response time for allegations of abuse of a child in foster care or another out-of-home care center is required in the division's CPS Manual under 2.1.1 Prioritizing Referrals. The allegations of a child in foster care are assessed as either a Priority 1, 2, or 3, depending upon the type and nature of the alleged abuse and any research completed between the time of receiving the report of alleged abuse and assigning for an investigation. (However, no investigation is delayed due to failure or inability to research.) Research around the alleged abuse involves completing information on the number and names of children in the home or center, cross checking children's names with the Licensing file, reviewing the Licensing file and child protection information for any prior contacts or complains. Research may also involve coordinating and checking with law enforcement.

Who reviews these complaints?

If there is a complaint about an alleged abuse of a child in a licensed foster home or residential care center, then a Child Protection Social Worker is assigned to review the complaint and conduct the CPS investigation. There is also a licensing investigation by a licensing specialist. The licensing investigation is coordinated with the CPS and law enforcement investigation, which takes precedence if the allegation involves criminal activity.

How many children are returned to the same home after reports of harm?

The division receives over 16,000 reports of harm regarding children's safety in a year. Approximately 11 percent of those reports conclude with legal intervention. The remaining children and families remain in their homes and are referred for services, monitored for safety plans, or are just closed for services.

What is the specific amount of funding appropriated for the advertisement of reporting child abuse?

The division does not use any funding to advertise the reporting of child abuse.

How is that amount proportionate to what is spent on educating those at risk to decrease the need for state intervention?

The division does not have this information.

What are the policies on keeping sibling together when neither is the alleged abuser? Provide policy/statute.

The division's CPS Manual, Policy 2.3.6 Emergency Placements, Policy 2.7 Placement Preferences, and 3.15.2 Placement Preferences for Legal Risk and Adoptive Placements, covers

the required policy, procedure, and practice of keeping siblings together. It states that every effort will be made to place sibling groups together, provided it is in the best interest of the children.

When a worker is formulating recommendations regarding legal-risk and adoptive placements, the case review committee must consider that siblings should be placed together, unless there is substantial evidence that such a plan would be damaging to the children. Separating siblings because of the children's special needs, requires the written approval of the case review team. In those situations where siblings are separated, continued and planned contact between the siblings should be maintained.

❧ ***What are DFYS policies on contacting relatives and are there any time limits to prevent children from lingering in foster care, and tying up needed foster homes when relatives are known?***

Relatives are given first consideration as placement resources (CPS Manual 2.3.6). When it is necessary to make an emergency placement or any out of home placement of children, priority consideration will always be given for placement with a relative. Procedures outline what the worker is to do at the time of the initial placement: 1/ ask the parents for names of possible relative placement resources; 2/ consider the parent's feelings about relative resources; 3/ before placement, ascertain that the relatives are able to adequately protect the child and be supportive of the case plan. There is also a required placement search form that the worker completes.

The division is always looking at ways to improve the timeliness of relative searches and placements. Currently the division is working with Cook Inlet Tribal Council, Eklutna Tribe, and the Alaska Native Justice Center to start a Tribal HELP desk in the Anchorage DFYS office. The Tribal HELP desk will help locate a child's Tribe and search for relative placements for Native children coming into state custody in the Anchorage area.

❧ ***What is the process for locating relatives and how high of a priority is this in accordance with federal and state law?***

The above answer responds to the high priority of placing with relatives. Both federal and state law support the practice of placing children with their relatives.

❧ ***DFYS has a legislative liaison, but do they have a similar family liaison that specializes in dealing with family laws comparable to that of the legislative liaison? Does policy or statute prohibit this? Please provide statute if so.***

DFYS has a legislative liaison like every other division. This staff person also has other job responsibilities besides tracking legislation effecting the division. The division is unaware of a family liaison that specializes in dealing with family laws, except for family law attorneys. The division is not aware of any policy or statute prohibiting family liaisons.

❧ ***What is the policy of recording ones conversations with DFYS (for accuracy not dissemination)?***

There is no policy on recording individual conversations with DFYS employees.

- ☞ ***Is it legally prohibited? If so by what authority, and/or statute (relevance: many parents claim DFYS misinterprets things in meetings).***

The division is not aware of any laws prohibiting the recording of individual conversations.

- ☞ ***What is the current policy for video taping interviews of children?***

There is not a policy for video taping interviews with children. Some interviews are taped, especially those where law enforcement is involved. The division does not have the equipment or funding to videotape every interview with a child.

- ☞ ***How many man-hours are spent interviewing children approximately per care? And what are the related costs of manpower?***

Policy and practice requires coordination of the interviews with children, trying not to interview the children multiple times. An interview with one child may last 2 to 4 hours depending upon the circumstances. The related costs of manpower are difficult to determine without more time and knowledge of other agency staff time.

- ☞ ***Are interviews of children traumatic from the agency point of view?***

Interviews of children can be traumatic if the interview is not handled well. This is a very specific skill area requiring staff who are trained in asking and obtaining information from children.

- ☞ ***Has there been any data collected from those interviewed concerning their opinions of how it made them feel?***

The division is not aware of such data collected.

- ☞ ***Who usually conducts these interviews?***

Social workers, law enforcement representatives, and in some areas of the state Child Advocacy Centers staff (such as Alaska CARES in Anchorage) conduct interviews of children.

- ☞ ***Where are they done?***

Interviews are conducted in a variety of places depending upon the situation. Some times interviews are conducted at schools, police stations, hospitals, Child Advocacy Centers, and DFYS offices.

- ☞ ***What are the professional requirements to interview a child for each type of abuse?***

The division requires staff to complete their initial training courses (two week intensive) and observe other interviews prior to interviewing a child. The division is not aware of professional requirements that other agencies use.

- ☞ ***Has DFYS ever done a study or public poll on how effective the community believes they are?***

The division is not aware of such a study or public poll. Other states have completed similar studies (Colorado).

- ✶ ***Has one ever been done in Alaska to document public opinion of the current system (that includes beneficiaries of services and those who are not in a proportionate amount)? Provide copies of studies if so.***

The division is not aware of such a study or public poll.

If you have questions, comments, or require additional clarification regarding this information, please contact me at 465-1630

Attachment

cc: Karen Perdue, Commissioner
Elmer Lindstrom, Special Assistant
Theresa Tanoury, Director, Family and Youth Services
George Buhite, Director, Juvenile Justice
Karl Brimner, Director, Mental Health and Developmental Disabilities
Tom Cherian, Administrative Manager, Family and Youth Services
Lisa Emerson, Administrative Manager, Juvenile Justice
Sarah Brinkley, Administrative Manager, Mental Health and Developmental Disabilities
Laura Baker, Chief Budget Analyst, Administrative Services
Verne Skagerberg, Budget Analyst, Administrative Services
Mary Ashmore, Budget Analyst, Administrative Services

STATE OF ALASKA
DEPARTMENT OF HEALTH & SOCIAL SERVICES
DIVISION OF FAMILY & YOUTH SERVICES

PROGRAM: CHILD PROTECTIVE SERVICES
CHAPTER: 1.0 INTRODUCTION
SECTION: 1.7

1.6 CODE OF ETHICS FOR THE STAFF OF THE DIVISION OF FAMILY AND YOUTH SERVICES

The Division is a public agency established to provide public services which have been determined to be necessary through the representative governmental process. It is the responsibility of each employee to perform their assigned tasks, in the delivery of service to the client, with appropriate and professional conduct. Any personal interaction with the public, other agencies, clients, or any other person that comes in contact with an employee as a part of their assigned job duties, must occur with the employee displaying proper respect toward the individual. Alaska's population is composed of a diversity of lifestyles, ethnic and cultural backgrounds. It is expected that those differences will be respected and every individual will be treated with dignity. State employees must adhere to the State Code of Ethics.

Because of the perceived and real power of the agency, it is essential that employees not misuse their authority.

The National Association of Social Workers code of ethics is the Division's adopted conduct code for the staff members directly involved in providing services to clients. The code sets forth the values, principles, and standards of the social work profession.

See the NASW Code of Ethics, and the State of Alaska Code of Ethics for more detail.

Department of Health and Social Services responses to Privatization Task Force Subcommittee Recommendations.

1. Fully fund and reinstate the Foster Care Review Board with more specific criteria to reunify families as well as incentive funding to do so (this will offer balance in retrospect to the federal funding offered to substantiate reports of harm and adopt children out). Ensure that the Dept. fully supports and transfers the funding. Have them report to a department not connected to the division of Family and Youth Services. Possibly add the review of juvenile justice cases and mental health to the areas of responsibility for this review agency.

The first part of this recommendation is probably meant for the Legislature. The Department has, under this administration, fully supported the Foster Care Review Board. We did not support the elimination of the Board.

2. Create a board (functionally similar to the State Board of Education) for all three departments (DFYS, JJ, and MH). These boards would be tasked with two primary responsibilities: 1) Intake, and 2) case review to ensure quality control.

The Alaska Mental Health Board (AMHB) exists currently, and, among other responsibilities, is statutorily responsible to monitor the quality of the mental health services provided in Alaska.

The Board has established a Program Evaluation and Review Committee (PERC) to specifically evaluate mental health programs and report findings to the whole Board.

In partnership with the Division of Medical Assistance, the Division of Mental Health and Developmental Disabilities (DMHDD) has developed through a private contractor an Integrated Quality Assurance review process to determine medical necessity for services and the adequacy of treatment plans and the resultant interventions.

The DMHDD has reached an agreement with PERC to include PERC in the QA process, to enable PERC to directly monitor samples of client care throughout the state.

The mental health system serves over 20,000 persons per year, with over 7,000 being served long-term.

The monitoring of samples of clients appears to be the most practical way for the AMHB to monitor quality of care. There is no practical way to review 20,000 cases per year, most of which are seen one or two times for brief crisis intervention.

The current procedure seems to essentially meet the intent of the recommendation, and the process is continuing to evolve toward even more effective oversight.

The Division of Juvenile Justice is accredited by the American Correctional Association (ACA), a national correctional organization. The accreditation process requires a thorough and rigorous review of several hundred quality standards that represent best practice in the juvenile justice field. There are separate accreditation standards for juvenile facilities (both detention and treatment) and

for field probation services. The facility accreditation process ensures that the Division utilizes good management procedures and provides appropriate care and treatment of juveniles in facilities. The field probation accreditation reviews the entire juvenile probation case process, beginning at intake and including case management contact standards through the court process. Alaska recently completed its reaccreditation review and preliminary findings from ACA are that all of our juvenile facilities and our probation offices have passed the audit process with a score of at least 95%.

DJJ has an advisory board mandated by Section 223(a)(3) of the federal Juvenile Justice and Delinquency Prevention (JJDP) Act. This board, known as the Alaska Juvenile Justice Advisory Committee (AJJAC), is comprised of Alaskans who have experience with youth and juvenile justice issues and includes parents, youth, teachers, social service workers and court and corrections employees. Primary responsibilities of the AJJAC include assisting the State in coming into compliance with the core requirements of the JJDP Act, participation in the development of the state's juvenile justice plan, review and approval of community-based grants funded through OJJDP and advising the Governor and the Division regarding improvements to the juvenile justice system. The advisory group receives designated federal funds from the JJDP appropriation to fulfill its duties in the amount of 5% of the total federal Formula grant.

DJJ is actively involved with the community on a number of levels. McLaughlin Youth Center has an active citizen advisory board and Fairbanks Youth Facility, Nome Youth Facility, Bethel Youth Facility and Johnson Youth Center are in the process of developing one. The boards will meet regularly with facility staff to provide citizen input and oversight into facility operations. Juvenile probation is in the process of developing citizen review boards as well. Additionally, field probation services is actively involved in community policing efforts, local village and tribal court initiatives and a range of other local projects and processes designed to encourage interaction between DJJ and the community.

There was a statewide Citizen Foster Care Review board until this year when its funding was eliminated. This board reported to the Legislature annually regarding the children in custody. The Department does not oppose a statewide board, but will need funding to support the board's travel, reviews, support staff, and publications.

3. Support the Governor's concept of "Single Point of Entry" for services to children and families through implementing a private agency or non-profit designated for such a point of contact.

This is on-going as part of the API 2000 project. The target population is people experiencing mental health and/or substance abuse crisis with special emphasis on people with co-occurring disorders. As noted above, the applications for this service (for Anchorage) are under way with expected start date of April 1, 2000.

NOTE: This recommendation seems to imply that Single Point of Entry pertains broadly to children and families and is not limited to mental health and substance abuse issues. If they are talking about a single point of entry for child protection issues or family problems not of a mental health/substance abuse nature, then not sure how to respond.

4. Support DHSS in contracting some of API services to private hospitals and practitioners.

This is ongoing as part of the API 2000 project for all community services (e.g. Single Point of Entry, DET, Enhance Crisis Respite and Enhanced Detox). The SPE application is currently under review and other service scopes of work are being negotiated to increase their current level of care.

5. Repeal the administrative law act and allow for external monitoring and implementation of regulations by a department by a department outside of the respective branch to which the administrative regulation applies.

The Administrative Adjudication Act (AS 44.62.330-630) applies to more than just the Department of Health and Social Services. The Department cannot respond for other agencies and entities effected by this recommendation.

The Department's experience with the Administrative Adjudication Act involves the appointment of a Hearing Officer who is outside of the Department. AS 44.62.350 states that the Governor "shall assign a qualified, unbiased, and impartial hearing officer..." The Department does not view this recommendation as needed at this time.

6. Increase the ability of Native entities to become child placement agencies in conjunction with other non-Native counsel reviews (this will decrease the chances of related family members or closely knit tribal neighbors from being accused of non-action, Reference: Browers vs. State of Alaska, a Barrow case where an abuser was protected due to relationship with mayor). They could do home studies, placements, and monitor placement of ICWA children and Interstate Compact children who are Native. This would free DFYS staff of perhaps several thousand cases per year and save money.

The Department has worked with many Tribes and Tribal organizations to increase their capacity and infrastructure to perform child protection functions. Many Tribes and Tribal organizations have ICWA workers, who work closely with DFYS workers and who DFYS workers rely on. There are ICWA workers in villages where DFYS workers are not present and where travel may be difficult, so ICWA workers in many instances take the lead in their village for child protection.

Some Tribes take children into Tribal custody without state intervention. Additionally, more Tribes are developing their own courts.

Two Tribes, the Native Village of Barrow and the Native Village of Chevak, received Exclusive Jurisdiction under the Indian Child Welfare Act (25 U.S.C.S. 1918) The Federal Department of Interior granted both Tribes' sole jurisdiction over matters concerning their Tribal children. In these two situations, the state has no authority to intervene. Currently, the Department is working on Tribal-State agreements with both Tribes.

The Department supports Tribal involvement in the placement and care of Native children. One of the major barriers has been the lack of funding available to both Tribes and the Department.

7. Pass a law that would entitle the state to establish a lien to recoup money spent in Medicaid payments if an insurance company or other third part makes a subsequent settlement for the same expenses.

This is a new recommendation to which the Department has not had an opportunity to respond.

8. Consideration should be given to extending all contracts with providers to multi-year or continuing contracts, with changes handled as minor amendments thereto. This is especially useful where a consumer or group of consumers have a chronic condition that continues year after year, with only minor changes. This will save much preparation and review time annually which is not value added.

DHSS currently establishes multi-year contracts and renews them annually via contract amendments.

Grants for Health and Social Services are solicited and awarded on a multi-year basis. Currently a two-year cycle is standard throughout the department. Grants are extended by a modified agreement through the second year that requires minimal paperwork from the grantee. This usually involves providing the new annual budget and any needed adjustments to the scope of work. Extending agreements beyond that two-year cycle is sometimes done under the authority of 7 AAC 78.095, waiving the competitive process for grants for which there is a single potential grantee with the expertise or capability to provide the necessary services.

Extending competitively awarded grants beyond the two-year cycle would not necessarily meet the needs of the clients served by the programs. Requiring proposals in response to a competitive RFP on a regular cycle provides the department and potential grantees the opportunity to review program policy and services and make adjustments necessary for the successful delivery of those services to the public. It also provides fair access to funds for agencies interested in providing services through state programs.

9. Consideration should be given to entering annual approved budgets of contracted agencies, receiving electronic billings periodically charging against those budgets and electronically sending payments to contracted agencies. Billings would be reviewed on a sample basis after this process and any adjustments made. This would save a mountain of paperwork, speed up the process by weeks, eliminate interest expense payments by the State and save considerable administrative costs.

The Department of Administration, Division of Finance, is still planning for an electronic data interface (EDI) pilot project for the disbursement of their grants to municipalities. Participation in the pilot project has been extended to interested departments. Three specific state grantees, City of Juneau, City of Anchorage, and the Fairbanks North Star Borough are intended to be in the pilot project. The Department of Health and Social Services intends to participate in this pilot project as soon as the Division of Finance gives us the approval to proceed.

10. Cut the budget of the Alaska Mental Health Trust Authority in half or more, as a non value-added function of state government.

The Alaska Mental Health Trust Authority resides in the Department of Revenue; they should be allowed to respond directly to this recommendation.

11. State should start the process now to work with private sector entities re the redesign and new delivery of services at API, so that a concrete budget proposal is ready for consideration by the legislature in the spring of 2000, including cost savings.

The Community Mental Health/API 2000 Project is well underway in developing new and enhancing existing community-based services (private, non-profit) to support the reduction of API by 25 beds. As was true last year, this year a five-year project budget employing federal grant funds for a three-year transition period is providing the basis for DHSS budget proposals to support this effort.

The Department of Health and Social Services, working with the Alaska Mental Health Trust Authority and the Alaska Mental Health Board, is developing concrete budget proposals that will compare the cost and number of people served by continuing the system as is, versus implementing API 2000. These cost comparisons will be available to the 2000 Alaska Legislature.

12. There's a new laboratory built in Anchorage. This facility can accommodate the staff and services that are needed to perform the lab test that are prepared in Fairbanks. Eliminating the lab in Fairbanks and maintaining just the one in Anchorage will save the State \$_____ per year.

The new laboratory in Anchorage will not be completed until late in calendar year 2000. Until that time there is no space for these tests to be done in Anchorage. After the new lab opens all of the personnel and operation costs related to the tests being done in Fairbanks would remain, whether the tests are performed in Fairbanks or Anchorage. Any savings that might be gained by closing the Fairbanks Lab (e.g. lease costs) would be a very small portion of the overall costs related to those services, and would likely be exceeded by additional transportation costs. There would also be additional costs in terms of less timely service.

13. In making the Medical Assistance Program into a loan program, we recommend that your department looks into finding ways to incorporate some of the programs that you are offering that requires State and Federal fund match. Example: Family Planning, MCH Evaluations and consultations.

Many of the programs delivered by the Division, such as the ones mentioned, are currently offered to the public with sliding fee schedules that require individuals to pay based on their ability to do so. Since many of these are preventive type services, (i.e. family planning services assist low income women in preventing unplanned pregnancies) turning them into loan programs which imply a long term financial obligation will likely deter the individuals who most need the services from obtaining them. The long term costs to both the individuals and society will likely be far greater than any savings gained from loan paybacks for such services.

14. Implement a statute giving medical facilities the flexibility to decide whether or not to pursue collection of questionable debts.

The Alaska statute requires that certain Medicaid recipient's be liable to pay cost-sharing charges for medical facility services and that the provider collect the allowable charge. (AS 47.07.042. Recipient cost-sharing) Federal law is permissive on whether the provider must collect any cost-sharing charge, however, the provider may not deny services because a recipient is unable to pay the charge. (Soc. Sec. Act, Sec. 1916(e)) A change to the Alaska Statutes to provide medical facilities flexibility to decide whether or not to pursue collection of cost-sharing amounts is a legislative choice. Giving medical facility providers the option would allow them to collect cost-sharing from those few who may have ability to pay and yet forgive those who do not.

15. Make the medical assistance program into a loan program for people who are physically able to support themselves and their family, but have medical needs and to [do] not have the immediate resources to pay for that need.

This is not feasible under federal or State law. Every state has a Medicaid program, and no state administers it as a loan program.

Medicaid is a program based in federal law and, while the states have considerable latitude in determining amount, duration, and scope of the program, conversion to a loan program would require new congressional law or application for and approval for a waiver from the Health Care Financing Administration (HCFA). HCFA has never given waiver to a state to convert its Medicaid program to a loan program.

For the State to attempt to convert to a loan program without federal permission would jeopardize \$332,000 million in federal Medicaid funds and put health coverage at risk for 105,000 Alaskans.

Conversion to a loan program necessitates new costs for management of a loan program and loan portfolio; it would not reduce the administrative costs for the current Medicaid program. Recipient eligibility would still have to be determined, providers would still submit claims, and yet all the functions of a loan program would be added (loan eligibility, requirements for filing and recording loan papers, determination of repayment schedules, tracking loan payments, debt collection, etc.) The capital and ongoing costs of managing the loan program would be comparable to other state loan programs, however, program receipts from debt collection would be low.

It seems recommendation #1 is somewhat in conflict with this recommendation. Currently, there are cost sharing as co-payments required of individuals using Medicaid. A loan program would require aggressive cost recovery. Recommendation #1 seems to indicate a desire to not pursue collections.

The department now pursues estate recovery for those persons who have assets, are over 55 years, and have received nursing home or similar institutional services. This new effort is mandated by federal law and is authorized by state law (AS 47.07.055)

16. All services provided by Health and Social Services are [to] be provided [only] to applicants who are 100% of poverty level.

This change would have a large effect on four distinct groups in Alaska covered under Medicaid – Low-income elderly, low-income disabled, pregnant women and newborns, and children and would be in violation of federal law. Federal law requires that pregnant women and newborns be covered to at least 133% of poverty.

The impact depends on how the change in income allowance would impact each person. A breakdown of information on these groups is given below according to eligibility category.

Eligibility Category	People Served Under Current Limits	<i>People Who Would Lose Medical Coverage</i>
Aged Alaskans	6,143	<i>Not available</i>
Nursing Home Residents	587	236
Older Alaskans Wavier	661	116
Children	64,218	Over 14,000
Pregnant Women	5,270	Over 1,400
Adults Disabled and DD Waivers	735	59
Disabled Alaskans	9,139	<i>Not available</i>

17. We recommend that the legislature conduct a legislative audit on the Medicaid Rate Advisory Commission.

The Medicaid program pays approximately \$150 million in public money to participating facilities annually. The department and the Legislature are attempting to pay close attention to the cost of these services. By paying the approximate cost of these services, and to only pay our fair share of these costs.

One of the methods the state uses to make sure we are consistently paying close to the cost of services is by performing facility audits. These facility audits are attempting to ensure the prudent use of resources and are not intended to be punitive to healthcare facilities. An audit of the auditing unit's work seems redundant.

(Subsequent clarification)

During the Tuesday October 26th meeting of the Privatization Task Force members expressed confusion regarding Recommendation # 4. Recommendation #4 calls for a legislative audit of the Medicaid Rate Advisory Commission.

There seemed to be two basic areas of confusion. First, the Task Force's initial description of the recommendation identified medical facilities as the target of punitive audits. It was this recommendation and description to which the Department responded. Secondly, the Task Force's Response to the Department's Comments identified a \$500,000 audit being conducted for the Division. The audit referenced was a competitively procured contract for the auditing of non-facility medical providers. One of the Task Force members expressed ethical concerns of an audit that was issued with a goal of recovering a \$1,000,000 target expenditure amount from medical providers.

Audits of non-facility providers were initiated at Legislative direction with a \$4,300,000 cut and specific intent language written into the Medical Assistance section of the budget appropriations act for FY98. The Legislature saw non-facility provider auditing as an effective cost avoidance/cost containment activity. Shortly after the end of the Legislative session the Division began the competitive procurement process the contract for these professional services. A contract was signed and the contractor began work on October 27, 1997. The contracted dollar amount was an annual maximum of \$477,275 and included 2 one-year extensions. The current contract expires June 30, 2000.

The Request For Proposal, Scope of Work, 5.01 Introduction, Purpose and Goals, identified 10 goals for this contract. Among them was a goal to recover \$1,000,000 of overpayments made by the Medicaid program to medical providers. Problems with that language in the contract were pointed out by the Medical Association after the contractor been working on the contract for 4-5 months. The Department amended the contract with the beginning of FY99 (July 1998) extension by substituting the following language for that goal: "(8) Reducing Medicaid program payments through cost avoidance; and as proposed by the contractor in their proposal to the State of Alaska for Desk and Onsite Reviews". I want to emphasize that during the life of this contract the contractor has never been held to a recovery amount as a target, goal or otherwise.

The cost avoidance purpose for this contract has proven an effective tool in reducing the state's Medicaid program expenditures for Physician Services. This cost avoidance has translated directly into a reduction in the amount of state general fund expenditures necessary to support Alaska's Medicaid program. During the period of this contract, expenditures for physician services have decreased and remained flat, a trend we expect to continue this fiscal year as well. The following table displays the state's total Medicaid expenditures for Physician Services FY95- FY99, expressed in thousands.

<u>FY95</u>	<u>FY96</u>	<u>FY97</u>	<u>FY98</u>	<u>FY99</u>
44,271.5	45,267.0	45,098.5	39,400.0	39,828.3

18. Pass legislation similar to Rep. Jeannette James proposed that would require the legislature to review and approve proposed regulations before they are put into effect.

If legislative review and approval were required of our regulations, the division would have no mechanism to act when the legislature is not in session as the court has ruled that legislative action

cannot be delegated to a committee. The state could also face significant financial penalties if it were unable to adopt regulations required under federal rules.

Cost containment is a major purpose of the regulations. Review and approval by the legislature would slow the department's ability to address new opportunities for cost containment through regulations.

19. Make the ATAP program into a loan program for all public assistance for people who are physically able to support themselves and their family.

Response:

- The Alaska Temporary Assistance Program (ATAP) currently receives a portion of its funding from the federal government. This "block grant" funding is authorized by PL 104-193, Temporary Assistance to Needy Families (TANF). Converting the Alaska Temporary Assistance Program into a loan program would put Alaska out of compliance with the provisions of TANF. The state would no longer be eligible to receive TANF block grant funds resulting in a projected loss of \$69.5 million in federal dollars for FY 2001.
- The state would also become ineligible to receive federal Department of Labor "Welfare to Work" grants, at a loss of \$2.7 to \$2.9 per year.

20. Eliminate the hold harmless programs for the Permanent Fund Dividend and Alaska Longevity Bonus payments.

Response:

- The PFD hold harmless provisions found in state law have had the effect of helping recipients of Temporary Assistance to become more, not less self-sufficient. Families living at only 66% of the poverty level have the once a year opportunity to purchase the goods or services they need to reduce their reliance on state assistance.
- Without the hold harmless program, many families would be forced to impoverish themselves in order to receive the same benefits that all Alaskans enjoy.

21. Consolidate the childcare assistance and Head Start programs currently in the Department of Education into Division of Public Assistance Welfare-to-Work Services and contract regionally for administration of the consolidated program.

Response:

- The Legislature addressed this issue during the last legislative session when they consolidated childcare programs into the Department of Education and Early Development. This legislative initiative was designed to avoid duplication and save administrative resources.

22. Scale down the Adult Public Assistance to include only an Interim Assistance Program. Assistance would only be provided to Supplemental Security Income (SSI) applicants who have a medical emergency, but who have not received a determination from Social Security. The assistance is terminated as soon as the applicant has been approved or disapproved for SSI benefits.

- To be eligible for the Adult Public Assistance Program (APA) a low-income individual must be aged, blind, or diagnosed by a physician as permanently disabled, chronically ill, or terminally ill. The applicant must also undergo a rigorous process to determine that he or she is incapable of self-support through gainful employment. APA was created by the legislature not to respond to short-term medical emergencies, but to meet the long-term needs of the most needy Alaskans.
- The maximum SSI benefit an individual may receive is \$500. Without the income supplement provided by APA, many aged or disabled people would not be able to live independently in the community. Many would be forced into high-cost institutions at state expense. Others could become homeless.

Participation in the APA program also provides access to Medicaid for many aged and disabled Alaskans. The loss of medical care will jeopardize the life and health of many without alternative resources for health care. Medical costs for these individuals will be shifted to other community resources such as hospitals, clinics and private physicians.

23. Eliminate the General Relief Assistance Program

Response:

- The General Relief Program (GR) was developed as a safety net for those very low-income individuals who are not eligible for any other state or federal assistance.
- In FY 99, 75% of GR funds were spent on burial services for indigent Alaskans. Loss of GR funding will shift the cost of this service to the mortuary industry, or, require the state to begin providing its own burial services.

24. Eliminate all exemptions to the 60-month limitation for receiving ATAP.

Response

- Exemptions to the 60-month limit specific to Alaska Native villages are found in the federal TANF statute. Eliminating them would require a change in federal law.
- All other exemptions found in state law apply to those families who through no fault of their own are temporarily or permanently unable to work and support their families.

Improving Foster Care Through Privatization

Doug Bandow

Health & Human Services Task Force

ABOUT THE AUTHOR

Doug Bandow is a Senior Fellow at the Cato Institute and a former Visiting Fellow at the Heritage Foundation. The author and editor of numerous books, he served as a Special Assistant to President Reagan and is a graduate of Stanford Law School.

The State Factor— Improving Foster Care Through Privatization

Volume 25, Number 6

Copyright © July 1999 by the American Legislative Exchange Council

All rights reserved

American Legislative Exchange Council

910 17th Street, N.W.

Fifth Floor

Washington, D.C. 20006

(202) 466-3800

Publications Order Code: 9931 Cost to non-members: \$10.00 plus shipping and handling

The State Factor—Improving Foster Care Through Privatization has been published by the American Legislative Exchange Council (ALEC), Health and Human Services Task Force, as part of its mission to discuss, develop and disseminate public policies which expand free-markets, promote economic growth, limit government and preserve individual liberty. ALEC is the nation's largest bipartisan, voluntary membership organization of state legislators, with nearly 3,000 members across the nation. ALEC is governed by a 21 members Board of Directors of state legislators, which is advised by a 23 member Private Enterprise Board representing major corporate and foundation sponsors.

ALEC is classified by the Internal Revenue Service as a 501(c)(3) non-profit public policy and educational organization. Individuals, philanthropic foundations, corporations, companies, or associations are eligible to support ALEC's work through tax-deductible gifts. Nothing written herein is to be construed as necessarily reflecting the view of the American Legislative Exchange Council, its Board of Directors, or its membership, or as an attempt to aid or hinder the passage of any bill before the Congress or in state legislatures.

IMPROVING FOSTER CARE THROUGH PRIVATIZATION

There are few circumstances more poignant than the existence of hundreds of thousands of would-be parents desperate to adopt separated from hundreds of thousands of children desperate to be adopted. Yet today's government-run foster care system, despite the involvement of many well-meaning social workers, seems incapable of compassionately and efficiently placing needy children in permanent, loving homes. States need to consider radical reforms, such as contracting out foster care and adoption services, thereby turning the care of children over to private, community-based facilities, and creating positive incentives to encourage adoption.

Children in Crisis

Foster care is big business, a \$12 billion system encompassing more than half a million children.¹ California, New York, Illinois, and Pennsylvania have the largest foster care populations, alone accounting for 42 percent of the 526,112 total in foster care in 1996.² Some 650,000 children—up 50 percent from a decade before—spent at least part of 1997 in foster care.³ The system is heavily funded at the federal level, but is run at the state level.⁴

The primary purpose of foster care is to provide a haven for kids whose homes have become unsafe. Dr. Toshio Tatara of the American Public Welfare Association estimated that half of young people end up in foster care because of abusive or neglectful parents; one-fifth are removed from homes where parents are incapacitated (for instance, addicted to drugs, ill, or jailed). The rest enter the foster care system because they have committed a juvenile offense, such as truancy, suffer from a disability, or for other miscellaneous causes.⁵

In general, the role of abuse or neglect has been falling somewhat in recent years, while that of incapacitation has been rising.⁶ However, increasing drug abuse by women has contributed to the jump in the foster care population. The latter has been rising at an increasing rate (for instance, 11.8 percent in Fiscal Year 1990 compared to 2.6 per-

cent in Fiscal Year 1986 and smaller jumps in preceding years) and far faster than the increase in the population of children generally (11.8 percent compared to .36 percent in 1990, or an incredible 33 times as fast).⁷

Foster care is intended to be temporary. Children are placed with foster parents (sometimes relatives, when it is called "kinship care") or in group homes.⁸ The relevant state agency is supposed to develop a "permanency plan," charting the official goal for the child. That often means being returned to the parents, the outcome in two-thirds of the cases. It may also mean adoption, guardianship, or continuing foster care.

Unfortunately, however, for many children foster care has become more like a permanent way of life. Complains Children's Rights, Inc., an advocacy group: "Once in the custody of the system, children languish for years, being bounced from placement to placement."⁹ When earlier affiliated with the American Civil Liberties Union, the then-Children's Rights Project reported that one in ten foster care children is caught in the system for longer than 7.4 years. One quarter are in foster care for 4.3 or more years.¹⁰ Equally fearsome are the estimates of Caliber Associates for the Department of Health and Human Services, which found that length of time children remained in foster care increased significantly between 1990 and 1994. The share of those staying in foster care for five or more years rose from 10.0 percent to 18.6 percent.¹¹ Those children tagged for adoption spend, on average, four to six years in the foster care system.¹²

Yet, even long-term care doesn't mean stability: one survey found that one-third of kids were run through at least three different homes in the previous three years; nearly as many had two "placements."¹³ Sadly, the overall trend has been towards multiple placements: the number of foster children placed in just one home dropped from 54.3 percent to 42.6 percent between 1982 and 1990, while those placed in three to five homes rose from 17.9 percent to 23.6 percent over the same period.¹⁴ An incredible seven percent of kids will call more than seven places home.¹⁵ Reentry after escaping from the system is also common. One-third of foster chil-

dren who return to their families end up back in public care.

Another disturbing trend indicates that the younger the age at which children enter the foster care system, the longer they will remain in the system. The share of kids staying in the system both from two to three years and from three to five years increased by 50 percent between 1983 and 1990 alone.¹⁶ Stays seem destined to only increase. The median age of kids in foster care dropped by four years, to 8.6 years-old, through the 1980s; as a result, "children in substitute care," writes Tata, "are *much* younger" now.¹⁷ Yet younger kids are likely to stay in the system longer. According to the Chapin Hall Center for Children at the University of Chicago: "children who entered foster care during infancy had substantially longer median durations than all other children."¹⁸

Lifetime Dependency

Dependency often doesn't end with the foster care system. The consulting firm Westat, Inc. looked at kids 2.5 to four years out of foster care. The sad result: "Youths who leave foster care at age 18 because they are no longer eligible may experience unstable and troubled lives."¹⁹ All told, "46 percent had not completed high school, 38 percent had not held a job for more than one year, 25 percent had been homeless for at least one night and 60 percent of young women had given birth to a child. Forty percent had been on public assistance, incarcerated or a cost to the community in some other way."²⁰ When studying foster children who had left the system two years before, the ACLU found that 51 percent were unemployed, 46 percent had dropped out of school, and 40 percent were on AFDC; former foster kids were almost 30 times as likely as other people to end up in jail.²¹ The advocacy group, Coalition for the Homeless, once estimated that 60 percent of New York City's homeless population had spent some time in foster care.²² New York City puts the number at 10 to 11 percent, and 17 percent for women, numbers which are shocking enough.²³

Obviously, something is very wrong with the foster care system. For over a decade, more children have been entering foster care than leaving it. This growing caseload, report Conna Craig and Derek Herbert of the Institute for Children, "has been influenced more by declines in exit rates than increases in the

number of children entering care."²⁴

In particular, adoption rates are shockingly low: only about one and one-half percent of the children in Pennsylvania's foster care system were adopted in 1996. The adoption rate in California, with the largest foster care population, was just four percent. Rates in most other states were only marginally better.

Even among children legally eligible for adoption—that is, with their parents' rights having been extinguished—rates are low. In Hawaii, for instance, the number of adoptions comprised barely one-tenth of the number of children eligible for adoption. The adoption rate in Georgia was one-third of eligible children. Eligible children in Pennsylvania fared far worse, with less than one-fifth adopted. As of mid-1997, nearly 54,000 foster kids were eligible for adoption, but still waiting.²⁵

As a result of this slow process, 15,000 children annually reach age 18 without having a legal family. Those who are adopted wait an average of 42 to 66 months—at 5.5 years, that's nearly a full one-third of childhood—after getting into foster care.²⁶ Nearly half of all foster kids wait two or more years.²⁷ Again, the trend has been getting steadily worse: between 1986 and 1990, the percentage of children in foster care adopted within one year dropped from 42 percent to 32 percent.²⁸

Such delays benefit no one. Ann Sullivan of the Child Welfare League of America refers to adoption as "both cost-effective and outcome-effective."²⁹ That is, adoption requires far less intensive services and oversight (of both abusive biological and temporary foster parents), and ends federal per child payments, thus making it far less costly. (Sullivan figures that the per-child administrative expense of foster care runs more than three times that of adoption assistance.³⁰) Even more important, adoption provides children with a permanent, and usually loving, home, vastly improving their lives.

The problem, argues Conna Craig, president of the Institute for Children, "is not the level of government spending, it is the structure of that spending."³¹ The cause is two-fold. First, it takes too long to end parental rights. In a study of 11 states, the federal Department of Health and Human Services found that, on average, states took between 12 and 78 months from a child's entry into foster care to complete the process.³²

Lack of Adoption

The second issue is the apparent inability and/or reluctance of states to encourage adoption, even when children are legally eligible. Explain Craig and Herbert: The most troublesome obstacles to foster-child adoption are: (a) a federal funding scheme that compensates states for keeping children in care; (b) the failure of states, including the court system, to expedite adoptive placements; (c) overuse of the "special needs" categorization; and (d) a lack of public awareness about the number of children in foster care who are legally free for adoption but are not in pre-adoptive homes.³³

These problems are largely state issues. Most state welfare departments are reluctant to direct resources to adoption services, preferring to focus on more labor-intensive oversight functions. Indeed, placing children for adoption actually *reduces* agency funding since the bureaucracy is paid based on its number of clients. Moreover, state payments to foster parents are usually higher than subsidies for adoption, creating a concomitant financial disincentive for foster parents to adopt.³⁴

Unfortunately, federal funding exacerbates the problem. For instance, the \$3.6 billion spent in 1997 on foster care through Title IV-E requires states to make "reasonable efforts" to reunify children. States often interpret this provision to mean reunification even with parents who have been abusive or neglectful. William Pierce, with the National Council for Adoption and an advocate of the law, admits: "We had no idea that judges would mandate exhaustive efforts at every step."³⁵ This reinforces states' preexisting timidity in terminating parental rights.³⁶

Moreover, federal subsidies create an incentive for state governments to expand, not contract, the foster care population. Washington reimburses states on a per-child, per-day basis—essentially establishing a cost-plus foster care system. Particularly perverse is the fact that payments continue unabated even when a child is eligible for adoption. Since most states monopolize the adoption process, there is little private pressure for greater speed. And while Congress requires states to try to preserve families, it does not make a similar demand that states facilitate adoption.

Having addressed the problem of perverse incentives created by other aspects of the welfare system, Congress should return to foster care. The

Clinton administration has indicated its openness to reform. In December 1996, President Clinton challenged the states: "The public child-welfare system was created to provide a temporary haven for children, not to let them languish forever in foster care."³⁷

At base, the goal should be to create "a child-centered system," as Carol Statuto Bevan, Vice President for Public Policy at the National Council for Adoption, puts it.³⁸ Good suggestions include adjusting federal payments to encourage departure from foster care, especially through speedy adoption; discouraging inappropriate categorization of "special needs" cases; and giving states greater freedom to experiment with reforms, including greater involvement of the private sector.³⁹ Some progress was made in 1997, with passage of the Camp-Kennelly Bill, which encouraged states to more expeditiously end parental rights in cases of chronic abuse or neglect, and to expedite adoption when appropriate.⁴⁰ An even better solution would be to take the federal money and return it back to the states in the form of block grants for use as they believe best.⁴¹ Whether or not Congress acts, however, states could dramatically improve the operations of their foster care systems.

State Solutions?

Perhaps the most difficult issue involves more quickly extinguishing parental rights. Obviously this is not a decision to make lightly. But current policy sacrifices the interest of children to those of biological parents who have no wish to be real parents.⁴² Nor is it fair to parents, and especially to children, to allow the process to drag on for years. That kids suffer most is evident from the fact that one-third of children who are returned to their families end up back in the system. The ultimate standard of termination should be the child's, rather than the parent's, welfare.

Where it is evident that parental rights should be terminated, states should act expeditiously.⁴³ States could, for instance, set stricter limits on the time allowed biological parents to meet the conditions necessary for them to reclaim their children. In some cases, greater efficiency would be relatively painless. Some states don't begin the process of making a youngster legally free for adoption until he or she is actually placed. Instead, states should petition the court to terminate parental rights once it is evident that the child's reunion with his or her family is impossible or inappropriate.

Perhaps easier to address, because it doesn't step into the emotional quicksand of changing the balance between parental rights and responsibilities, is the need to find children who are eligible for adoption and take them out of foster care in an expeditious manner. Observe Craig and Herbert: "Since no program can ever replace the love and commitment of a caring family, the ultimate goal *must* be a permanent home for every one of America's children."⁴⁴

There are a number of pieces to the puzzle. States should set a goal—a year has been proposed—for getting children into a permanent home. They should adjust procedures governing abandoned children, who could be made eligible for adoption through private agencies without first being put into foster care.

Most important, states should emphasize adoption. Obviously, where there is a reasonable chance of reuniting a family, agencies should continue to counsel, educate, and train parents to be able to care for their children. But in many cases adoption is the best option.⁴⁵

Potential parents are ready to act. Reports Patrick Fagan of the Heritage Foundation: "there are more than enough families to meet the demand. The National Council for Adoption estimates that at least one million infertile couples and an additional one million fertile couples would like to adopt."⁴⁶

These prospective parents are interested in adopting foster children. According to The Polling Co., a Washington, D.C.-based firm, 71 percent of people said that if they desired to adopt, they would consider choosing a child in foster care. Rates were uniformly high across racial, generational, income, and geographical categories.⁴⁷

Nor are foster care children particularly hard to place. States tend to overuse the category of "special needs" children (in many states race, religion, and emotional attachment to foster parents are all criteria for the label), in part to qualify for the extra money provided by the federal government. Moreover, parents have routinely stepped forward even for children who do have genuine special needs.⁴⁸ Argues Conna Craig, president of the Institute for Children: "Every child is adoptable, and there are waiting lists of families ready to take in even the most emotionally troubled and physically handicapped children."⁴⁹

Helping Kids

Even more important, adoption almost always benefits children. Observes Bevan, "An examination of the different placement options (family reunification, foster care, and adoption) once a child has been removed from the family due to maltreatment shows that the developmental outcome for children is least favorable when the child is returned home."⁵⁰ Kids do best when adopted.

According to data from the National Center for Health Statistics, "children from adoptive two-parent homes are at significantly lower health risk than children in fatherless homes," explains Gracie Hsu of the Family Research Council, which, she argues, adds "a unique contribution to the overwhelming empirical evidence which demonstrates that children living with two continuously married parents, whether biological or adoptive, are healthier than children in single-parent or stepparent households."⁵¹ Indeed, surveys suggest that adoptive children have better relationships with their parents than do their peers.⁵²

Thus, states should simultaneously remove artificial (such as race-based) restrictions on adoption, mandate that foster care agencies place children for adoption immediately after the termination of parental rights, and transform incentives within the system to encourage adoptions. States might also consider maintaining Medicaid eligibility for true "special needs" children, as well as reorganizing social service and court offices dealing with children.⁵³

ALEC's proposed *Privatization of Foster Care and Adoption Services Act* provides one strategy to improve the efficiency and effectiveness of the foster care system. This approach would have states contract with private, community-based providers. Such agencies, whether non-profit or for-profit, would be responsible for care of foster children and their placements in adoptive homes. Such organizations would be held accountable to state performance standards; payments would be set on a decreasing sliding scale, to encourage the provider to place the child. Final payments would be based on the simple marginal cost of caring for the child, while bonuses would be awarded for early placement.

The goal is not simply greater efficiency; the goal is to improve the quality of life for children at all stages of foster care. That is, privatization offers

the hope of getting children out of the system more quickly and providing better care for them while they are in foster care. Private institutions, whether group homes, orphanages, or others, inevitably have greater opportunity to show love and enforce discipline than public institutions. (For instance, rules prohibit workers from hugging children in some state-run facilities.⁵⁴) Additionally, private institutions can have a mission, points out Conna Craig, and act to fulfill that mission.⁵⁵ For public agencies, in contrast, continued funding is often the mission.

Leaping Into the Known

Foster care privatization would not be a leap into the unknown. To the contrary, a number of states have begun to transform their antiquated foster care systems by turning to the private sector, usually contracting out some or all services.⁵⁶

For instance, earlier this decade, Kansas found its foster care system in crisis. Reports public policy analyst William Eggers:

Case workers were overwhelmed, the computer equipment was antiquated, and the bureaucracy moved glacially. Because they weren't mandated by state law, adoption services were neglected; over the past eight years, fewer than half of Kansas children legally free for adoption were placed in homes within a year. Foster care was also a mess. Children were shuffled from one foster home to another, and many passed through seven or eight homes during their childhood.⁵⁷

After a lawsuit by the ACLU, the state was forced in 1990 to operate its system under a consent decree. The system's widely acknowledged failure spurred the development of a broad political consensus that major change was necessary. Instead of doing more of the same, Kansas turned to private agencies, adopting the most radical privatization plan in the country.

The state contracted out almost all foster care services, including adoption, family preservation, and foster care. At the same time, legislators set performance standards higher than those previously applied to the state government. Legislators also adjusted the payment system, offering a simple, one-time rate irrespective of how long the child remained

in the program. Government contractors obviously had a strong incentive to place kids quickly, since after seven or eight months they would begin to lose money.

Private operators quickly demonstrated their superiority over the old state monopoly. They were innovative and flexible; many had religious links that allowed new agencies to draw upon local community support. Competition forced greater efficiency and accountability; contractors seeking to place children also generated increased public attention on adoption.

Privatization yields more benefits than simply saving money and increasing adoption rates. Contractors exceeded state standards, which were higher than those which had been applied to state agencies. Private operators provided outstanding performance on almost every measure: adoption placement rate, child safety, client satisfaction, minimal additional moves, non-recidivism by juvenile offenders, and siblings kept together.⁵⁸

Commitment to Children

The new approach also encouraged involvement by private organizations committed to children. Explained Bob Hartman, executive director of the Kansas Children's Service League, "We faced a big decision in bidding for this contract because it involves a financial risk to the agency. Yet we've been committed to these children for more than 100 years."⁵⁹

Michigan moved even earlier, if less dramatically, than Kansas. In the former, the Department of Social Services (DSS) has increasingly relied on private agencies to monitor children placed in foster care. Between 1981 and 1991, the number of children cared for by private contractors rose 200 percent; the share of children outside of DSS rose from 44 percent to 66 percent.⁶⁰ Starting in 1992, the state began contracting with 55 different private agencies, which handled about 60 percent of all foster care placements and adoptions.

According to researchers for Michigan's Mackinac Center for Public Policy, privatization has delivered better services for less money. Although the state set a goal of a 30:1 children/staff ratio and accreditation agencies promoted a ratio of 25:1, DSS never met those numbers. Most private providers did so, achieving an average of 19:1 to 23:1 for regular foster care, and 12:1 to 14:1 for specialized foster care.⁶¹ Yet, concluded the Mackinac Center report, "the administrative rate paid by DSS to private

agencies is lower than what DSS spends for in-house care."⁶² Between 1992 and 1996, the number of children available for adoption rose 41 percent and the number actually placed increased 66 percent.

In several Wisconsin counties, all welfare services were privatized; statewide roughly one-fifth of foster care children are handled through private agencies. In October 1997, Ohio began a five year project to set capitated payments for counties, which can use their money more flexibly. North Dakota, with a sparser population and lower caseload, contracted out adoption services. The state also created a public/private organization, Adults Adopting Special Kids, to promote adoption. According to Patrick Poole, of the Alabama Family Alliance, "the North Dakota adoption program has one of the highest adoption finalization rates in the country."⁶³

Alas, the need for reform elsewhere is overwhelming. From 1983 to 1993, foster care caseloads increased 158 percent in Illinois, 154 percent in California, 123 percent in Texas, and 120 percent in New York. Nearly half the states face class action lawsuits for their failure to adequately protect children; a half dozen are operating under judicial consent decrees.

California, with the nation's largest foster care caseload, has failed abysmally to place children in private homes, offer quality care, or control costs.⁶⁴ Many other states have done no better. Of Illinois children who left foster care in 1996, one quarter had been in the system for five or more years. In several states, including California, at least ten percent had been in foster care for the same length of time.

In privatizing foster care services, states need to pay particular attention to setting performance standards. According to Ann Sullivan of the Child Welfare League of America, doing so has proved to be "the most difficult and often the weakest link in the privatization process."⁶⁵ At the same time, however, performance standards offer perhaps the greatest opportunity to improve care, since government bureaucracies are notorious for their lack of accountability.

Radical reform has also proved to be surprisingly feasible politically. In Kansas, for instance, advocates of change managed to defuse opposition from state employees: The Department of Social and Rehabilitation Services used a hiring freeze to avoid layoffs. Moreover, even some more liberal lobbying groups recognized the need for serious reform, including

privatization. "The movement is in the right direction," says Mary Lee Allen, of the Children's Defense Fund.⁶⁶ Similarly, Ann Sullivan of the Child Welfare League of America calls "preliminary reports" from Kansas "encouraging."⁶⁷

Conclusion

Despite the down payment on welfare reform made by Congress in 1995, and the varying progress achieved by many states, much more remains to be done, especially in terms of child welfare and the foster care system. Privatization of services with an emphasis on adoption offers many advantages. However, strong local leadership in both the political and private sectors will be necessary to move privatization onto state agendas and to put it into practice.⁶⁸

The ALEC plan would seek to simultaneously move foster care services to more responsive private agencies and create a competitive environment with continual pressure on providers to improve their performance. The ALEC initiative would also adjust payments to offer an ongoing incentive to place children for adoption as quickly as possible. Experience from states which have begun experimenting with foster care privatization suggest that the benefits would be significant.

But as important as it is to save money and operate the system more efficiently, there is a more critical reason for radical reform: saving children. Conna Craig put it in perspective when she wrote:

Unless the government apparatus of foster care and adoption is dismantled, these children could spend their childhoods wishing for what most people take for granted: stability, a family that will last longer than a few months, a last name.⁶⁹

Endnotes

1. Conna Craig and Derek Herbert, "The State of the Children: An Examination of Government-Run Foster Care," National Center for Policy Analysis, NCPA Report No. 210, August 1997, p. 1.
2. Craig and Herbert, p. 9.
3. Craig and Herbert, p. 1. The foster care population, though generally growing, is constantly changing: the House Ways and Means Committee reported that 698,000 children were in the foster care system for at

- least part of 1994, but 230,000 left and 254,000 entered. Committee on Ways and Means (U.S. House of Representatives), *1996 Green Book: Background Material and Data on Programs Within the Jurisdiction of the Committee on Ways and Means* (Washington, D.C.: U.S. Government Printing Office, 1996), November 4, 1996, p. 743.
4. Federal outlays spiraled upward from \$788 million in Fiscal Year 1985 to \$3.973 billion a decade later. Spending will break the \$6 billion barrier in 2001 if not before. Committee on Ways and Means, p. 695.
 5. Toshio Tataru, *Characteristics of Children in Substitute and Adoptive Care: Based on FY 82 and FY 90 Data* (Washington, D.C.: American Public Welfare Association, 1993), pp. 56-57.
 6. Tataru, p. 57.
 7. Tataru, p. 23; Toshio Tataru, *Characteristics of Children in Substitute and Adoptive Care: A Statistical Summary of the VCIS National Child Welfare Data Base Based on FY 86 Data* (Washington, D.C.: American Public Welfare Association, 1990), pp. vii, 19.
 8. A small number end up elsewhere, including residential treatment centers, shelters, and even independent living. The number in foster care has been increasing in recent years. Tataru (1993), pp. 95-100.
 9. Children's Rights, Inc., *An Undeclared National Emergency: Poor Children in America, A Plan for Reform* (undated), p. 3.
 10. Children's Rights Project, *A Force for Change* (New York: American Civil Liberties Union, 1993), p. 2.
 11. *Analysis of State Child Welfare Data: VCIS Survey 1990 Through 1994, Final Report* (Fairfax, Va.: Caliber Associates, 1998), p. III-74. Paradoxically, the median length of time spent in foster care dropped slightly. It also varies widely by state: in 1995 median times ranged from 6.6 months in Hawaii to 79 months in Arizona. Michael Petit and Patrick Curtis, *Child Abuse and Neglect: A Look at the States, 1997 CWLA Stat Book* (Washington, D.C.: Child Welfare League of America, 1997), p. 99.
 12. Carol Statuto Bevan, "Foster Care: Too Much, Too Little, Too Early, Too Late," (Washington, D.C.: National Council for Adoption, 1996), p. 22.
 13. Tataru (1993), p. 106.
 14. *Ibid.*, p. 107. See also *Analysis of State Child Welfare Data: VCIS Survey 1990 Through 1994, Final Report*, pp. III-78 to III-82 and Tataru (1990), p. 74-75.
 15. Richard McKenzie, "Rethinking Orphanages for the 21st Century," Center of the American Experiment, 1997, p. 6.
 16. Bevan, p. 22.
 17. Tataru (1993), p. 90.
 18. Fred Wulczyn, et al., *Foster Care Dynamics 1983-1994: An Update from the State Foster Care Data Archive* (Chicago: The Chapin Hall Institute for Children, University of Chicago, 1997), p. 22. Although the relationship is weaker for noninfants and varies some by state, this phenomenon holds for most states over time. For an earlier but similar analysis, see Robert Goerge, et al., *Foster Care Dynamics 1983-1992: A Report From the Multistate Foster Care Data Archive* (Chicago: The Chapin Hall Center for Children, University of Chicago, 1994), p. 40.
 19. Cited in U.S. General Accounting Office, *Child Welfare: Complex Needs Strain Capacity to Provide Services*, GAO/HEHS-95-208, September 1995, p. 14.
 20. Cited in U.S. General Accounting Office, *Child Welfare*, pp. 14-15.
 21. Conna Craig and Derek Herbert, Institute for Children Memorandum, March 17, 1997, p. 4. See also Amanda Spake, "Adoption Gridlock," *U.S. News & World Report*, June 22, 1998.
 22. Shelly Nortz, Director of Policies, emphasizes that the number depends in part on definitions: for instance, whether one is looking at single males or families. Phone conversation.
 23. Commission on the Homeless, *The Way Home: A New Direction in Social Policy* (Report of the New York City Commission on the Homeless), February 1992, p. B-6.
 24. Craig and Herbert, "The State of the Children," p. 4.
 25. Craig and Herbert, p. 9.
 26. Office of Inspector General, *Barriers to Freeing Children for Adoption* (Washington, D.C.: Department of Health and Human Services, February 1991), p. 10.
 27. Tataru (1993), pp. 148-49.
 28. Compare Tataru (1990), p. 101, with Tataru (1993), p. 148.
 29. Ann Sullivan, "Adoption and Privatization: An Issue Brief," (Washington, D.C.: Child Welfare League of America, 1998), p. 22.
 30. Sullivan, p. 22.
 31. Conna Craig, "'What I Need Is a Mom'," *Policy Review*, Summer 1995, p. 42.
 32. By far the greatest delay is in deciding to set adoption as the child's permanency plan. Then the state must move to terminate parental rights and the court must grant the petition. Office of Inspector General, p. 7.
 33. Craig and Herbert, "The State of the Children," p. 6.
 34. This is not to say that most foster parents, as well as government social workers, are not well-motivated. However, Craig warns that such incentives can "lead to mischief." Craig, p. 42.
 35. Quoted in Spake.
 36. For a general discussion of the problem, see Bevan, pp. 41-45; Office of Inspector General, pp. 11-12.
 37. Quoted in William Eggers, "There's No Place Like Home," *Policy Review*, May/June 1997, p. 43.
 38. Bevan, p. 46.
 39. Craig and Herbert, "The State of the Children," p. 15; Craig and Herbert, Memorandum.
 40. For instance, the legislation establishes some exceptions to the requirement that states make "reasonable

- efforts" to reunify families. For a summary of the measure, see Karen Spar, "Adoption Promotion Legislation in the 105th Congress," CRS Report for Congress, 97-491 EPW, November 24, 1997. For a discussion of the competing bills before final passage, see Patrick Fagan, "Reforming Foster Care and Adoption: Why the Senate Version is Flawed," Heritage Foundation Issue Bulletin No. 247, October 8, 1997; Patrick Fagan and Dorothy Hanks, "It Takes a Family: The Adoption Promotion Act of 1997," Heritage Foundation Executive Memorandum No. 477, April 23, 1997.
41. Such funding could obviously be sent with or without strings, options discussed in Bevan, pp. 52-55.
 42. See generally Bevan, pp. 23-29.
 43. See, e.g., McKenzie, pp. 10-13.
 44. Craig and Herbert, "The State of the Children," p. 16.
 45. Steadfast support for adoption is made even more necessary by the curious crusade against adoption being mounted by some interest groups, such as the National Association of Black Social Workers, which has worked to block transracial adoptions. See, e.g., Craig, p. 43; Spake.
 46. Patrick Fagan, "Promoting Adoption Reform: Congress Can Give Children Another Chance," Heritage Foundation Backgrounder No. 1080, May 6, 1996, p. 11.
 47. Cited in Craig and Herbert, "The State of the Children," pp. 12-13.
 48. Craig and Herbert, "The State of the Children," pp. 13-15; Cheryl Wetzstein, "Ex-Foster Child Urges Reform of System," *The Washington Times*, May 28, 1996.
 49. Craig, p. 41. See also Fagan, p. 11.
 50. Bevan, p. 30.
 51. Gracie Hsu, "New Research Shows Adopted children Fare Better than Children in Single Family Households," Family Research Council, *In Focus*, IF95E1AD. See also Fagan, pp. 8-10.
 52. Craig, p. 44.
 53. For different lists of proposed reforms, see, e.g. Craig and Herbert, "The State of the Children," p. 16; Bevan, pp. 58-63; Fagan, pp. 28-31; "Child Protection Comes First," *National Adoption Reports*, Vol. XVIII, Issue No. 2, February 1997, p. 6.
 54. Craig, p. 45.
 55. See the discussion by economist Richard McKenzie, who grew up in an orphanage, about the benefits of children's homes. McKenzie, pp. 7-10.
 56. For an overview, see Sullivan.
 57. Eggers, p. 44. For a discussion of the Kansas experience, see also Conna Craig, et al., *Blueprint for the Privatization of Child Welfare*, Reason Public Policy Institute (Los Angeles), December 1998, pp. 15-22.
 58. Patrick Poole, "Privatizing Child Welfare Services: Models for Alabama," Alabama Family Alliance, January 1998, pp. 2-4.
 59. Quoted in Eggers, p. 45.
 60. Michigan's experience is covered by Mark Michaelsen, et al., *Child Foster Care in Michigan: A Privatization Success Story*, Mackinac Center for Public Policy, June 1993. A more recent discussion of the Michigan program is provided by Conna Craig, et al., pp. 5-9).
 61. Michaelsen, p. 8.
 62. Michaelsen, p. 11.
 63. Palmer, p. 8.
 64. See, e.g., Justin Matlick, "Fifteen Years of Failure: An Assessment of California's Child Welfare System," Pacific Research Institute for Public Policy, policy study, March 1997.
 65. Sullivan, p. 5.
 66. Quoted in Eggers, p. 47.
 67. Sullivan, p. 26.
 68. Sullivan, pp. 4-5.
 69. Craig, p. 41.

The **HEALTH AND HUMAN SERVICES TASK FORCE**, with more than 170 members from both the private and public sectors, promotes free-market health care and welfare reforms in the states. This commitment to free-market reforms enabled the Task Force to develop privatization policies in the areas of adoption and foster care services and welfare-to-work programs. In 1998, the Task Force responded to the federal children's health insurance block grants with developing market-based insurance policies. The Task Force continues to address free market health care reforms to ensure the affordability of health insurance, such as updating the *Mandated Benefits Review Act*, encouraging the use of high-risk pools, and medical savings accounts. Encouraging long term care and home health care through regulatory reforms and market incentives will be one of the priority issues. With the newly created Health Professions Subcommittee, the Task Force will address issues, such as telehealth, and certificate of need reform for hospital expenditures.



910 17th Street N.W. ■ Fifth Floor ■ Washington, D.C. 20006
(202) 466-3800 ■ Fax. (202) 466-3801 ■ <http://www.alec.org>

Policy Studies Inc. Privatization in Nebraska: Five Year Trial A Success

By: Jan Overmiller

There has been in the past several years a great deal of interest in the privatization of some child support enforcement (CSE) services and programs. In January, 1996, CSR summarized the General Accounting Office's report on the privatization of CSE services. And in an interview with CSR (August, 1996) Montana child support director Mary Ann Wellbank reflected on her State's experiences with the private sector. This account of Douglas County, Nebraska's, five years of experience with privatization continues CSR's coverage of this important trend.

Having enjoyed five years of positive experience with privatization in Douglas County, the State of Nebraska, after a competitive bid, recently awarded a new contract to the incumbent for a minimum of three years, with options for further extensions. Said Nebraska Child Support Administrator Daryl D. Wusk, "Child support enforcement continues to be at the forefront of welfare reform. We are pleased with the results we have achieved through our public/private partnership in Douglas County."

*"Child support enforcement
continues to be at the forefront
of welfare reform.*

*We are pleased with the results we
have achieved through
our public/private partnership
in Douglas County."*

.....Nebraska Administrator Daryl D. Wusk

These results in a jurisdiction with one-third of the State's caseload include eliminated case backlogs, increased collections, achieved audit compliance, and improved customer service.

The impetus to privatize came from a need to address compelling performance issues in a jurisdiction



Nebraska's Angela Paasch in CHARTS

where responsibility was divided between State and County offices. Concerns included a backlog of paternity and order establishment cases, fragmentation of duties, and a lack of clear lines of authority. Although total collections were considered to be at a reasonable level, shortcomings in audit compliance and customer service marred the overall performance.

Following the award of the contract, employment offers were made to all current child support staff at comparable compensation levels. Employees took a five-year leave of absence to preserve their civil service rights in case they later decided to transfer back into positions with the State or County.

Under the contract, authority is shared in a partnership arrangement between the contractor and the State, with the contractor being responsible for daily operations and the State for oversight management. Over the past five years, this combination has brought many benefits to the Douglas County child support enforcement program, including:

- increasing collections by 81 percent;
 - putting the establishment caseload current.
- The rate of paternity establishment has increased by more than four and one-half times and the rate of support order establishment by more than two and one-half times;
- increasing enforcement productivity, with the office executing almost 10,000 income withholding orders and initiating more than 4,400 contempt hearings in 1997;
 - resolving outstanding audit issues; and
 - enhancing customer service. The office is accessible, the waiting area is pleasant and comfortable, and customer concerns are promptly addressed.

Continued on page 7

Puerto Rico Meets Distribution Deadlines

By: Angel Marrero



Angel Marrero

Welfare reform legislation mandates that child support collections must be distributed within two business days after receipt. Puerto Rico has been in compliance with this requirement for several years, even though more than 100,000 checks and electronic transactions are processed every month. The successful pre-Act implementation of this requirement is based on two factors: (1) a 1995 reorganization which turned a splintered IV-D program into a separate and single-purpose child support administration (ASUME), with new authorities, enhanced visibility, and improved salary scales; and (2) maximum utilization of electronic funds transfer technology (EFT) in support payment transfers.

The EFT results already exceed expectations. More than 7,000 custodial parents in Puerto Rico receive their child support payments via the direct deposit system. Many noncustodial parents pay child support through PC banking, using free personal computer-based software. And more than 500 employers use EFT to transmit income-withheld support payments under Puerto Rico's legislation that authorizes ASUME to order employers to transmit payments via EFT.

Direct deposit allows ASUME to automatically deposit child support payments into custodial parent checking or saving accounts nationwide. To sign up for this service, a support recipient is required to complete and sign an Authorization Agreement. The authorization can be completed at any local or regional ASUME office, at any of the more than 200 bank branches operated by the privatized collections vendor, or forwarded by mail.

To complete the application process the obligee must attach a copy of a voided check or deposit slip to the agreement, and provide certain bank information.

It takes ASUME approximately 30 days to contact the obligee's financial institution and set up future payments for direct deposit. All transactions are processed through the National Automated Clearing House (NACH) system pursuant to the guide and standard of the Bankers EDI Council of the NACH Association.

*More than 99.5 percent
of all payments are processed
within 24 hours.*

ASUME continues to expand the use of EFT, so that as many of our customers as possible can benefit from this cost-effective and efficient technology. The Government of Puerto Rico has already agreed to transmit all child support payments withheld from state employees using EFT. And ASUME is in the process of requesting that the Social Security Administration, the Department of Defense Accounting Office, and other federal agencies use EFT for the transfer of support payments, as envisioned by the Debt Collection Improvement Act of 1996.

We likewise encourage all of our state partners to use EFT in the transfer of interstate child support payments. We believe that as other states increase their use of EFT in both intra and interstate transactions, they will see results similar to ours, of which we are very proud: a decrease in the rate of unidentifiable payment transactions from 34 percent in 1995 to 0.41 percent in 1998. Thanks to EFT and our highly skilled and motivated staff, as of today more than 99.5 percent of all payments are processed within 24 hours. The remainder are processed within the 48 hour window.

For more information about establishing EFT transactions to and from Puerto Rico, or for information about our payment processing system, recently described as "efficient, innovative, and highly automated," please contact our office at (787) 767-1828. □

Angel Marrero is Deputy Administrator for Puerto Rico's Administration for Child Support.

Indian Tribes and Consultation



Judge David Harding addressing Tribal consultation conference

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (welfare reform) and technical amendments authorize the Secretary of DHHS to make direct payments to Indian Tribes or Tribal organizations to establish and operate their own child support enforcement programs. A Tribe's eligibility for direct funding is contingent on the Secretary's satisfaction with the Tribe's capacity to operate a program that meets the objectives of welfare reform, including:

- establishment of paternity;
- establishment, modification, and enforcement of support orders; and
- location of absent parents.

Under this law, Tribes can establish child support enforcement programs based on their own tribal law, including norms, traditional practices, and customs.

To assist Tribes in preparing for this opportunity and responsibility, OCSE hosted a series of three regional Tribal consultation meetings: in Albuquerque, New Mexico (April 22-24), Portland, Oregon (May 20-22), and Nashville, Tennessee (June 4-6). The purpose of these consultations was to solicit Tribal input into the Tribal child support enforcement regulation development process.

At each consultation site, Tribal representatives received a briefing from federal speakers on the fundamentals of the child support enforcement program and the importance of participating fully in the regulations development process. Lucille Dawson, OCSE's Native American Program Officer, told the group in opening remarks at Albuquerque, "These are your sessions. We are here to listen to what you have to say."

Tribal speakers emphasized the significance of taking part in historic sessions that, for the first time, give Tribes a strong voice in a federal program designed to serve them. "Take full advantage of this opportunity," Judge David Harding said, "to develop policy that will incorporate Native American values into Tribal child support enforcement programs."

"These are your sessions.

We are here to listen

to what you have to say."

.....OCSE's Lucille Dawson, speaking to Indian Tribes in Albuquerque.

After opening presentations on child support enforcement, the new legislation, and the regulations-writing process, participants broke into three consultation groups: for Tribal leaders, Tribal judges and attorneys, and Tribal front-line workers. Led by Tribal judges, with federal staff participating, these sessions were intensive exercises in the unfolding of an overall approach to the development of regulations that would be faithful to Tribal cultures and values and supportive of vigorous child support programs.

Following the three conferences, Tribal recommendations will be organized and presented to OCSE for consideration as the Tribal regulations are written.

In addition to the three formal Tribal consultations, there is an 800 number (1-800-433-1434) for communication between OCSE and Tribes on the formulation of regulations. Other communication tools are also planned, including forums in regional and national Indian organization meetings and conferences.

If you would like more information, contact Lucille C. Dawson, OCSE Native American Program Officer, at (202) 401-5437. □

The National CSE TRaining Workgroup

By: Carol Monteiro and Tom Horan

April '98 CSR presented a number of articles on different aspects of training: computer-based, learning partnerships, cross-training, distance learning, and traditional classroom training. Much of the credit for OCSE's diversified approach to training belongs to the forty members of OCSE's National Training Workgroup, who represent a broad cross-section of state, local, and federal child support staff. The following is a brief account of some of their training-related activities.

The National Training Workgroup (NTW) was formed in 1995 with federal, state, and local child support representatives. The Workgroup members work closely with OCSE's National Training Center and with State Training Contacts and Regional Training Liaisons.

Workgroup Mission Statement

"As a collaborative effort with the child support community, to develop a national strategy for meeting our diverse training needs in order to improve child support enforcement program results and customer services at the federal, state, and local levels. This strategy supports the mission of the child support enforcement program to improve the lives of America's children."

*Workgroup members
work closely with OCSE's
National Training Center
and with
State Training Contacts and
Regional Training Liaisons.*

Initial Workgroup Tasks

- conducting a training needs assessment;
- fostering use of innovative technology in training operations;
- developing a training strategy;
- developing and maintaining a training resource index; and
- coordinating training activities to maximize resources.

This year the NTW, along with representatives from OCSE's central office divisions, is serving as the planning committee for OCSE's Eighth Annual Training Conference (see below).

Major Accomplishments

The NTW's major accomplishments to date reflect the information derived from the Training Needs Assessment conducted in 1996 (see April '97 CSR). They include:

- development of an Electronic Resource Center;
- development of computer-based training (CBT) training modules;
- development of training courses using satellite video conferencing technology; and
- assessment of state and regional technology and recommendation of suggested technology levels in anticipation of CBT training.

Other initiatives, such as establishing a child support training Website, are being planned. If you would like more information about the National Training Workgroup, contact OCSE's Charlene Butler at (202) 401-5091. □

Carol Monteiro is a Child Support Program Specialist in OCSE's Boston Regional Office. Tom Horan is a Public Assistance Consultant and Trainer in Connecticut's Child Support Program.

Get Ready!

OCSE's Eighth National Child Support Enforcement Conference will be held September 28-30, 1998, at the Hyatt Regency Washington on Capitol Hill in Washington, DC.

This year's conference theme: **Meeting the Child Support Challenge—Children First.**

The agenda is designed for state and federal child support professionals, with an emphasis on welfare reform changes, cross-program collaboration, and training technology. The registration fee of \$100 is eligible for Federal Financial Participation at the regular matching rate.

For registration information contact OCSE's Bertha Hammett at (202) 401-5292. □

Partners for Fragile Families

As part of its commitment to help improve the child support system's response to young low-income unemployed and underemployed nonresidential fathers, OCSE has awarded a grant to the National Center for Strategic Nonprofit Planning and Community Leadership (NPCL). The project also aims to help these fathers work with the mothers of their children in sharing the legal, financial, and emotional responsibilities of parenthood.

The project includes:

- holding Fatherhood Development Workshops to train practitioners on effective practices for working with young unemployed and underemployed fathers;
- developing a manual for practitioners to use in helping low-income fathers learn to interact more effectively with the child support enforcement system; and
- developing and implementing a Peer Learning College for child support enforcement experts to identify systemic barriers these young fathers face in becoming responsible fathers.

For more information contact Jeffery Johnson at NPCL (202) 822-6725 or Susan Notar at OCSE (202) 401-4606. □

Program Announcement: CSE Demonstration and Special Projects

OCSE invites eligible applicants to submit competitive grant applications for special improvement projects which further the national child support mission, vision, and goals as outlined in the CSE Strategic Plan with Outcome Measures for Fiscal Years 1995-1999. A copy of the CSE Strategic Plan may be obtained upon request (see below).

Awards will be contingent on the outcome of the competition and availability of funds. The closing date for submission of applications is July 7, 1998.

Application kits containing the necessary forms and instructions to apply for a grant under this program announcement, and the CSE Strategic Plan, are available from: ACF/OCSE/Office of Automation and Special Projects, 370 L'Enfant Promenade, SW, 4th Floor, West Wing, Washington, DC 20447, Attention: Jay Adams (202) 401-9240. □

Nebraska

Continued from page 3

All of these improvements have been made while maintaining the State's cost-effectiveness. During the past four years, for example, IV-A collections have increased by 56 percent, even while the IV-A caseload dropped by 16 percent.

Results were achieved by a mix of management and technological strategies and a blending of the components of the operation into an integrated, team-based management structure. Productivity and quality goals were established for staff, with merit pay and bonuses tied to goals. All employees received training during the transition period, with strong emphasis placed on customer service.

A Windows-based case management and document generation system was developed to supplement the State's financially oriented computer system. This step greatly increased the ability of staff to prepare legal documents quickly and track case actions effectively.

The new contract will zero in on meeting new federal performance standards. The proportion of cases under order already has increased from 39 percent to 60 percent. An increase to 70 percent is expected by the end of the first renewal year and to 80 percent (the top of the new federal incentive scale) no later than the end of the third renewal year.

A major focus of the new contract will be on the implementation of CHARTS, Nebraska's new automated child support enforcement system. A user-friendly, Windows-based system, CHARTS will provide greatly enhanced case tracking and automated enforcement capabilities that will improve the efficiency and effectiveness of the Douglas County program.

Through privatization, Nebraska has successfully forged a long-term public/private partnership that has improved child support outcomes in its largest county. Partnering, cost effectiveness, and performance are the underlying themes of its approach. For Nebraska, and for Douglas County, privatization has proven to be an effective tool for increasing the support provided to the State's children and families.

For more information, contact Jan Overmiller at (402) 479-5505. □

Jan Overmiller is Manager of Field Operations for Nebraska's Department of Social Services.

**U.S. Department of
Health and Human Services**

Administration for Children
and Families
Office of Child Support Enforcement
Division of Consumer Services
Mail Stop OCSE/DCS
370 L'Enfant Promenade
Washington D.C. 20447

Official Business
Penalty for Private Use, \$300

Return this sheet to above address if

☐ you do not want to receive this material

☐ a change of address is needed:

indicate change, including zip code.

**FIRST CLASS MAIL
POSTAGE & FEES PAID
Administration for
Children and Families
Permit No. G-717**

Representative Green
716 West 4th, Ste 350
Anchorage AK 99501

Child Support Report

States/Territories Now 100 Percent UIFSA

Another child support enforcement provision of the welfare reform legislation is now fully implemented. The law requires states to adopt the Uniform Interstate Family Support Act.

With the passage of UIFSA legislation in the Virgin Islands on May 6, 1998, as part of a comprehensive welfare reform legislative package, *all states and territories are now carrying out their interstate activities under the Uniform Interstate Family Support Act, or UIFSA.* ☐

System Certifications Continue: Total of Certified States Now 30

A total of 30 states/territories have now had their automated systems certified. The latest to be added: Maine, Minnesota, Puerto Rico, and Tennessee. ☐



Child Support Report

**Vol. XX No. 6
June 1998**

Child Support Report is a publication of the Office of Child Support Enforcement, Division of Consumer Services.

Assistant Secretary
for Children and Families
Olivia A. Golden

Commissioner, OCSE
David Gray Ross

Director, Division of Consumer Services
David H. Siegel

Editor, Phil Sharman

(202)401-4626 Fax (202)401-5559 Internet:
JSharman@acf.dhhs.gov

CSR is published for information purposes only. No official endorsement of any practice, publication, or individual by the Department of Health and Human Services or the Office of Child Support Enforcement is intended or should be inferred.

Internet:
<http://www.acf.dhhs.gov/programs/cse/index.html>

Permission to reprint articles is granted.
Acknowledging **CSR** is appreciated. ☐

*If you have enjoyed this issue of **Child Support Report**, please pass it on to a co-worker or friend.*



Child Support Report

Office of Child Support Enforcement

Vol. XX, No. 5, June 1998

Child Support Oversight Hearing Testimony

On May 19, Donna Bonar, director of OCSE's division of program operations, testified before the Committee on Ways and Means, Subcommittee on Human Resources, U.S. House of Representatives, on the role of the National Directory of New Hires (NDNH) in strengthening the child support enforcement program. Also testifying were Diane M. Fray, administrator of Connecticut's child support enforcement program; Alisha Griffin, acting assistant director of New Jersey's division of family development; and Jeffrey Cohen, director of Vermont's child support enforcement program.

Ms. Bonar reported that, as of May 4, 1998:

- the NDNH had 23 million new hire records, 159 million quarterly wage records, and 9 million unemployment insurance claims records; and that
- more than 100 federal agencies had transmitted over 350,000 new hire records and 5 million quarterly wage records.

She also noted that since October 1, 1997, 700,000 state interstate locate requests had been matched against individuals in the national new hire directory. When states receive this matched information, they are able to quickly establish an interstate case or enforce an existing order.

"By locating parents owing child support and expediting the transfer of an income assignment to a new employee," Ms. Bonar said, "the National Directory of New Hires plays a pivotal role in promoting both parental responsibility and family self-sufficiency."

*Since October 1, 1997, more than
700,000 state interstate locate requests
have been matched
against individuals in the
National Directory of New Hires.*

Ms. Fray reported that one of the keys to Connecticut's success with the new hire program was the close relationship maintained with the employer community. From October, 1997 through March, 1998, new hire reporting was responsible for \$4.7 million in collections in Connecticut.

Ms. Griffin spoke of the success of New Jersey's Paternity Opportunity Program (POP). Since the beginning of POP in late 1995, more than 45,000 voluntary paternity acknowledgments have been obtained—making it one of the most successful voluntary paternity establishment programs in the country.

Mr. Cohen testified about Vermont's efforts to establish parentage in cases involving out-of-wedlock births. He reported that in 1988 only 42 percent of Vermont's unwed caseload had parentage established. By 1996 that number had risen to 82 percent—a significantly higher percentage than the 1995 national average of 55 percent. □



U.S. Department of
Health and Human Services
Administration for Children and Families
Office of Child Support Enforcement

Inside

Helping Fathers Become More Involved.....	2
Indian Tribes Consult on Regulations.....	5

Helping Fathers Become More Involved with Their Children and Families

By: David Arnaudo

The Administration for Children and Families (ACF) of the Department of Health and Human Services has a number of initiatives in place to help fathers become more involved with their children and families. All 50 states, the District of Columbia, Guam, Puerto Rico, and the Virgin Islands, for example, have Access and Visitation grants from ACF to assist noncustodial fathers in becoming more involved with their children (see January '98 CSR).

Funded services include: counseling; guidelines for custody and visitation; parenting plans; education; mediation; and visitation enforcement, including neutral drop-off and pickup, and monitored and supervised visitation.

Funded services include: counseling; development of guidelines for custody and visitation arrangements; development of parenting plans; education; mediation; and visitation enforcement, including neutral drop-off and pickup, and monitored, as well as supervised visitation.

Eight states (California, Colorado, Maryland, Massachusetts, Missouri, New Hampshire, Washington, and Wisconsin) have received demonstration grants or waivers from ACF to allow testing of comprehensive approaches to encourage responsible fatherhood behaviors by noncustodial fathers. The approach is to provide low-income or unemployed fathers with needed services (e.g., job services and training, access and visitation, social services referral and case work, and child support services) to enable them to pay child support.

Fathers are referred by schools or social service agencies, or by self-referral, following in-hospital or judicial paternity establishment.

For a number of years, sites in California, Florida, Massachusetts, Michigan, New Jersey, Ohio, and Ten-

nessee have received grants under the ACF Parents' Fair Share Program, which has served more than 1600 noncustodial parents (see July '94 CSR).

These programs provide a variety of services aimed at increasing child support payments, including on-the-job and employment skills training and related educational services, to secure employment or increase earnings. They also provide peer group support, parenting education, and mediation services to encourage low-income minority unwed fathers to become involved with their children.

If you would like more information about these or other ACF projects to help fathers, contact David Arnaudo at (202)401-5364. □

David Arnaudo is OCSE's Liaison for Advocacy Relations.

Illinois Says Thanks to Dads

This June marks Illinois' fifth annual pre-Father's Day "Thanks for Putting Children First" event. Fathers who are involved with Chicago's Paternity Involvement Project are honored for putting their children first. The event is an outcome of collaboration between the Illinois Department of Public Aid and the Chicago Area Project—an umbrella organization for some 40 Chicago-area community agencies.

The Illinois Department of Public Aid has also produced a 30-second public service announcement (PSA) for Father's Day.

Illinois PSA

Thanks Dad!

Paying child support is not the only way to show you love your child...but it's a very important one.

As we celebrate Father's Day, children across the state say, "Thanks, Dad!" to all the fathers who faithfully provide emotional and financial support.

If you would like more information, call Lois Rakov in the State's Child Support Enforcement Division at (312) 793-4790. □

Happy Fathers Day to All!

H&SS

To
Annette Deal, Cowdery's Office 269-0223
Melba Piispanen, FBX LIO 456-3346
Alyson Stogsdill, Kenai LIO 283-3075
Lana Decker, ANCH LIO 269-0229

**11/16/99 Privatization Meeting
H&SS Information**

University of Alaska Fairbanks Lease Agreement
Lease No. ~~2353~~ 2353
Provided to Sylvia Villamedes 11/12/99

From
Stacey Anderson
H&SS
Administrative Services, Budget Section
465-3331 (phone)

Please Print and Distribute at 11/16/99 Meeting

Thanks!

STATE OF ALASKA

LEASE

Lease Number 2353is assigned for D/Admin
control purposes.

THIS INDENTURE, is entered into effective the 1st day of July, 1991, by and between the UNIVERSITY OF ALASKA FAIRBANKS, hereinafter called the LESSOR, and the STATE OF ALASKA, hereinafter called the LESSEE.

This lease does hereby supersede prior lease No. 934, lease No. 1012, and lease No. 1526, between the above parties.

WITNESSETH:

That the LESSOR does hereby demise and let unto the LESSEE the following described premises, to wit: 5,255 square feet of laboratory space situated in the Arctic Health Research Center Building, University of Alaska Fairbanks, described as East 1/2 of Section 6, Township 1 South, Range 1 West, Fairbanks, Alaska, (more fully described in attached Appendix A), to have and to hold the same, with all appurtenances, unto the LESSEE for the period of one year beginning July 1, 1991 and ending June 30, 1992, at the rental of \$9,196.25 per month, payable in advance on the first day of each month and every month of said term at the office of the LESSOR, whose address is University of Alaska Fairbanks, Accounting and Business Operations, First Floor Signers' Hall, Fairbanks, Alaska 99775-0380, or in advance at the option of the LESSEE. Payment for any partial months occupancy shall be pro-rated, based on a thirty (30) day month.

COVENANTS OF THE LESSEE:

1. - The LESSEE does hereby covenant and agree with the LESSOR that it will:
 - a. - Pay said rent at the time and place and in the manner aforesaid;
 - b. - Use and occupy said premises in a careful and proper manner;
 - c. - Not use or occupy said premises for any unlawful purpose;
 - d. - Not assign this lease, nor underlet said premises, nor any part thereof, without the written consent of the LESSOR, provided however, such consent shall not be unreasonably withheld;
 - e. - Not use or occupy said premises or permit the same to be used or occupied, for any purpose or business deemed extra-hazardous on account of fire or otherwise;
 - f. - Make no alterations, or additions in or to said premises without the written consent of the LESSOR, which consent shall not unreasonably be withheld;

- 2 -

- g. - Leave the premises at the expiration or prior termination of this lease or any renewal or extension thereof in as good condition as received or in which they might be put by the LESSOR, excepting reasonable wear and tear and /or loss of damage caused by fire, explosions, earthquakes, acts of God, other casualty or as provided for in Section 2b below;
- h. - Permit the LESSOR to enter upon said premises at all reasonable times to examine the condition of same;

COVENANTS OF THE LESSOR:

- 2. - And the LESSOR on its' part, covenants and agrees with the LESSEE that it will:
 - a. - Maintain the demised premises in good repair and tenantable condition during the continuance of this lease;
 - b. - Indemnity: The LESSOR shall hold and save the State, its' officers, agents and employees, harmless from liability of any nature or kind, including costs and expenses for or on account of any and all suits or damages sustained by any person or persons or property by virtue of any act performed by the LESSOR or the LESSOR's agents and employees risks and bear any loss or injury to property or persons occasioned by neglect or accident during the tenure of this lease, excepting only sole negligence of LESSEE.
 - c. - Furnish heat, electricity, water, toilet facilities, trash removal, water disposal, and sewage disposal without additional cost to the LESSEE;
 - d. - Furnish heat to all office space and similar type space uniformly to a 68 - 70 degree temperature, janitorial services and supplies at no additional cost to the LESSEE;
 - e. - Furnish adequate toilet and lavatory facilities for both men and women. Each toilet room shall be equipped with adequate mirrors, soap, tissue and paper towel dispensers, and have hot and cold running water at all lavatories and similar fixtures as required;
 - f. - Maintain and keep the stairway and common public or public hallway used for access to the leased premises in a good and safe condition;
 - g. - Maintain the premises in keeping with good fire prevention practices. The State reserves the right at reasonable times to enter and make fire prevention and fire protection inspections of the building and space occupied. Recommended improvements will be given every consideration by the LESSOR;

- h. - Maintain the building free of any building structural or building mechanical accident hazards. If any accident hazard relative to the structure of the building or building operating equipment is detected through inspection of the space, they shall be promptly corrected by the LESSOR;
 - i. - Furnish janitoria and cleaning services and supplies as provided to all other occupants of University facilities.;
 - j. - Included under this item of LESSOR'S responsibility is the removal of snow from the sidewalks and parking outside storage areas of the entire site to an extent which will render the area herein mentioned, safe to pedestrian traffic and automobile operation.
3. - It is mutually agreed by and between the LESSOR and the LESSEE that:
- a. - All terms and conditions of the preceding covenants of both LESSEE and LESSOR are agreeable and accepted in their entirety, accept as herein noted;
 - b. - If during the term hereof, the demised premises or any part thereof be rendered untenable by public authority, or by fire or the elements, or other casualty, a proportionate part of the rent herein reserved, whether paid in advance or otherwise, according to the extent of such untenability, shall be abated and suspended until the premises are again made tenantable and restored to their former condition by the rendered untenable. If so remain for a period of thirty (30) days, the LESSEE may at its option, terminate this lease by written notice to the LESSOR;
 - c. - All fixtures and/or equipment of whatsoever nature as shall have been installed in the demised premises by the LESSEE, whether permanently affixed thereto or otherwise, shall continue to be the property of the LESSEE, and may be removed by it if it desires, at the expiration or termination of this lease or any renewal and at its own expense repair any injury to the premises resulting from such removal;
 - d. - If the LESSEE shall at any time be in default in the payment of rent herein reserved, or in the performance of any of the covenants, terms, conditions or provisions of this lease, and the LESSEE shall fail to remedy such default within sixty (60) days after written notice thereof from the LESSOR, it shall be lawful for the LESSOR to enter upon said premises and again have, repossess, and enjoy the same as if the lease had not been made, and thereupon this lease and everything herein contained on the part of the LESSOR to be done and performed shall cease and determine without prejudice however, to the right of the LESSOR to recover from the LESSEE all rent due up to the time of such entry. In case of any such default and entry by the LESSOR, said LESSOR may relet said premises for the remainder of said term for the highest rent obtainable, and may recover from the LESSEE any deficiency between the amount so obtained and the rent herein reserved;

memorandum

Date: 1/15/99
To: DHSS Subcommittee Members
From: Silvia Villamides (258-6538)
Re: Privatization Sub-Committee

Please distribute (fax) to all sub committee members. They will need this information for tomorrows meeting.

Thanks,

memorandum

Date: 11/15/99
To: HSS Subcommittee Members
From: Silvia Villamides
RE: Public Health

Good Morning:

Kathy Andress and I met on Friday, at 1:00p.m. to process recommendations for Public Health. This Tuesday, Kathy will be presenting these recommendations to the committee in our meeting. Please read these recommendations carefully and have in mind that we have done lots of research. If you have any other recommendations, concerns or questions feel free to call me at 258-6538 or Kathy at 283-9003.

Thanks,



COMMISSION ON PRIVATIZATION

Department of Health & Social Services

Subcommittee on the Subcommittee On Public Health

November 15, 1999

Mike Tauriainen
Privatization Commission Subcommittee of Health & Social Services

Dear Chairman:

We believe that the primary role for basic support for many Alaskans is to provide a consistent means to meet fundamental living such as food, shelter, clothing, medical care and transportation. The role of basic support in the lives of program participants establishes guiding principles for the support programs that are offered through the State of Alaska. All Americans deserve to have our basic human needs met to achieve and maintain the highest possible level of independence.

Recommendation #1:

There's a new laboratory built in Anchorage. This facility can accommodate the staff and services that are needed to perform the lab test that are prepared in Fairbanks. Eliminating the lab in Fairbanks and maintaining just the one in Anchorage will save the State over \$250 thousand dollars per year.

Department Response:

Recommendation #2:

There are 17 employees employed at the lab in Fairbanks, the cost of labor is \$781.8 thousand dollars per year; lab personnel for both sites are certified and cross-trained. Combining and selecting the needed personnel of both labs, can cut the payroll down by 50%. The State does not need two labs operating at the same time. The lab in Anchorage once is completed can accommodate all tests and personnel. At this time tests are transported from Anchorage to Fairbanks and from other cities; Anchorage transports more test to Fairbanks than any other city. By moving the lab to Anchorage the State will save over 75% of the transportation cost of these tests.

The new lab in Anchorage is designed strategically for many years to come, we need to keep in mind that the lab in Fairbanks will cost more eventually from upgrading the equipment and keeping the facilities up to code. The lease agreement only covers some of the repairs and maintenance that is required.

Department Response:

Subcommittee on Medicaid Services Unit recommended the following:

In recommending the making of the Medical Assistance Program into an loan program, we recommend that your department looks into finding ways to incorporate some programs that are offered, with the intent of making them into a loan programs.

Department Response:

Respectfully Submitted,

Silvia Villamides

*Fax to Sylvia Villanueva
(907) 258-6526*

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

DIVISION OF ADMINISTRATIVE SERVICES

TONY KNOWLES, GOVERNOR

P.O. Box 110630

Juneau, AK 99811-0630

Phone: (907) 465-3082

Fax: (907) 465-2499

MEMORANDUM

DATE: November 3, 1999

TO: DHSS Privatization Task Force

FROM: Janet Clarke
Director

Clarke

SUBJECT: Response to November 2, 1999 Privatization Task Force Recommendations

The following information is provided in response to the sub-subcommittee recommendations for the Division of Public Health.

Recommendation #1

There's a new laboratory built in Anchorage. This facility can accommodate the staff and services that are needed to perform the lab test that are prepared in Fairbanks. Eliminating the lab in Fairbanks and maintaining just the one in Anchorage will save the State \$_____ per year.

The new laboratory in Anchorage will not be completed until late in calendar year 2000. Until that time there is no space for these tests to be done in Anchorage. After the new lab opens all of the personnel and operation costs related to the tests being done in Fairbanks would remain, whether the tests are performed in Fairbanks or Anchorage. Any savings that might be gained by closing the Fairbanks Lab (e.g. lease costs) would be a very small portion of the overall costs related to those services, and would likely be exceeded by additional transportation costs. There would also be additional costs in terms of less timely service.

worded

Recommendation #2

Closing down the laboratory in Fairbanks will save the state \$_____, with these savings we can provide more testing for the indigent or make reasonable adjustments to the general budget of this department.

As described above, any savings from closing the Fairbanks Lab would be small, and likely exceeded by additional operating cost elsewhere.

Recommendation #3

Testing in the State's laboratories. The State's laboratory offers testing to any individual in the

Privatization Task Force/Public Health

Page 2

11/05/99

state through their local health provider. Can we absorb some of the costs by merging services with ANMS, PAMC or Alaska Regional Hospital?

The Public Health Lab exists not to compete with private labs, but primarily to perform the public health functions private labs cannot or will not fulfill because individuals haven't the ability to pay.

Capacity and equipment needs vary between public health and private labs. While testing services may appear similar to a private lab the focus is very much different. In a public health laboratory the focus is on community health and intervention; in a private laboratory the focus is on individuals and their medical needs. Public health is directed towards the entire community using data from individuals. One of the laboratory's goals is to prevent the spread of diseases of public health significance and to intervene in the disease processes while treatment and social costs are low. Private health concerns are focused on individual patients and their care.

Additionally, public health laboratories provide testing that is specialized, difficult and labor intensive. Highly complex tests such as Rabies, Botulism, Tuberculosis, Pertussis, and viral isolation are test services not frequently found in private laboratories. With the global nature of the nation's food sources, it is critical that sporadic cases of unusual or infrequent diseases be investigated. This investigation can determine if these cases, dispersed in space, are in fact linked. The National Centers for Disease Control and Prevention has established protocols for determining the relatedness of separate isolates of the same disease causing microorganisms. The Alaska State Public Health Laboratory is a member of the group of laboratories that can submit unique identification patterns to the national database. Those unique identifiers are then compared with similar patterns from other national laboratories and determinations made as to the commonality of the disease. With this new tool, disease outbreaks occurring in separate states and in low numbers have been linked. Reference services for health care providers include identifying problem isolates or confirming original laboratory identifications.

Subcommittee on Medicaid Services Unit

Recommendation #1

In making the Medical Assistance Program into a loan program, we recommend that your department looks into finding ways to incorporate some of the programs that you are offering that requires State and Federal fund match. Example: Family Planning, MCH Evaluations and consultations.

Many of the programs delivered by the Division, such as the ones mentioned, are currently offered to the public with sliding fee schedules that require individuals to pay based on their ability to do so. Since many of these are preventive type services, (i.e. family planning services assist low income women in preventing unplanned pregnancies) turning them into loan programs which imply a long term financial obligation will likely deter the individuals who most need the services from obtaining them. The long term costs to both the individuals and society will likely be far greater than any savings gained from loan paybacks for such services.

Recommendation #2

All services provided by HSS are to be provided only to applicants who are at 100% of the poverty level; Denali KidCare is a program that supports 200% of the poverty level. Many

Privatization Task Force/Public Health

Page 3

11/05/99

Alaskans work for small business that do not provide health insurance. Can we eliminate from under this department the administrative functions for prenatal services, and public health improvement plan process and use these funds to help support DKC?

The Department eliminated it's Prenatal Care II program effective July 1, 1999, as a result of the increased coverage of low-income pregnant women under Medicaid up to 200% of poverty. The dollars that funded this effort were cut as a part of the overall Department's unallocated budget reductions required by the legislature for SFY 00. The funding for the public health improvement process is primarily private grant funding from the Robert Wood Johnson Foundation. These dollars cannot be used for any other purpose, so they are not available for transfer to fund any other Department activity.

Recommendation #3

Combining multiple related contracts throughout the State; this can help the department negotiate and keep track of specific programs in one central location and save up to 10% or more in administrative cost.

The Department already uses this approach to contracting. We currently combine related requests for commodities and services into single, statewide contracts whenever possible.

Please contact me at 465-1630 if you have questions regarding this information.

cc: Karen Perdue, Commissioner
Elmer Lindstrom, Special Assistant
Peter Nakamura, MD, MPH, Director, Public Health
Karen Pearson, Health Program Manager, Public Health
Laura Baker, Chief Budget Analyst, Administrative Services
Verne Skagerberg, Budget Analyst, Administrative Services
Sharon Lowe, Administrative Manager, Public Health

Fax to Sylvia Villaneda
(907) 258-6526

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

DIVISION OF ADMINISTRATIVE SERVICES

TONY KNOWLES, GOVERNOR

P.O. Box 110630
Juneau, AK 99811-0630
Phone: (907) 463-3002
Fax: (907) 463-2499

MEMORANDUM

DATE: October 26, 1999

TO: DHSS Privatization Task Force

FROM: Janet Clarke
Director 

SUBJECT: Response to October 26, 1999 Privatization Task Force Fax Request for Information

The following are responses to the sub-subcommittee recommendations for the Division of Public Health.

Recommendation #1: Responsible use of public money for graphic art designs.
Why did the Child Health Insurance Graphic Art Design cost \$19,900? This was found in the Division of Public Health report on pages 6 and 7. Contractors were Fieldhouse, Mike Graphic Design whose cost was \$19,000 and Kincheles, Anne whose cost was \$900.

The Division of Public Health was given responsibility to develop the outreach materials for the Department's Denali KidCare program. The outreach mandate by the federal funding agency required the Division to produce attractive, easily understood and usable outreach and application materials. Since the Division does not employ graphic artists we turned to the private sector for the graphic arts part of this production effort. The two individuals listed above designed the logo and, using the logo and overall design concepts, produced for the program a myriad of posters, brochures, mail inserts, application forms, training materials and other such promotional materials needed to do the mandatory outreach for Denali KidCare.

Recommendation #2: Utilize educational departments at local hospitals to provide all the education and training of EMT's and community health aides, comprehensive statewide emergency medical services and trauma care systems, rural and primary health care service, and health promotion and prevention efforts statewide.
Hospitals have facilities and health care educators who can coordinate classroom and bedside training. Community programs between different hospitals already exist and encourage working together toward common goals. The participants would meet and work with many

Privatization Task Force

Page 2

11/01/99

individuals from the medivac teams to the emergency room staff who they will work with in the future. The educational process would focus on the "team" to provide quality health care throughout Alaska. Health care is a continuum in and out of a hospital and requires good communication among the team.

Many of the communities in desperate need of EMS, primary care, and health promotion training are distant from hospitals. Most hospitals lack staff with the pre-hospital emergency care experience necessary to teach basic Emergency Medical Technician courses. Additionally, most hospitals do not have staff trained in community-based health promotion, prevention or rural health systems development to conduct many of the training events that are needed.

Many of the community outreach roles suggested in the recommendation are nontraditional activities for most hospitals. The "continuum of care" is a basic tenet of the EMS system. Communications and respect among all emergency medical services personnel, from dispatchers to nurses and physicians, is promoted at every opportunity. Encouraging the continuum of care and a comprehensive approach to care often involves remote primary care clinics, health centers and private practices that are already linked through referral patterns and networks. Educational departments at local hospitals would need to expand beyond their current capabilities and activities, in such areas as prevention, in order to provide broad-based education and training. Local hospitals would likely need to expand their capabilities to provide training and education throughout a region or network of communities.

The Community Health Aide (CHA) training program, developed and administered by the tribal health entities, ensures a minimal response capacity at the village level. The state provides a minimal level of support for this program to ensure that non-natives can be served as well.

Recommendation #2 does not address the broad range of activities vital to ensuring the presence of a comprehensive statewide emergency medical services system (including trauma), adequate rural and primary health care, and health promotion and prevention efforts.

Recommendation #3: Work with the University of Alaska masters programs to do research desired, like behavioral risk factor surveys mentioned in report.

UAA students in master programs are always looking for topics and worthwhile projects to research. This would decrease the State labor cost of such projects and provide valuable experiences for the students while making their education meaningful and realistic in the health field. This could potentially provide information on more topics than would be feasible if done only by the Division. The Division could provide "wish lists" of topics.

The Division of Public Health works cooperatively with the University of Alaska Southeast concerning the operation of the Behavioral Risk Factor Surveillance System. The Division of Public Health employs college students (undergraduates) exclusively as College Interns to collect the data via computer assisted telephone interviewing which provides the students with educational experience in research. Since the BRFSS survey is ongoing, long term positions are desirable for maintaining quality assurance of data collection. The DPH has had reimbursable service agreements with UAA for technical assistance to the survey but not for data collection

2

Privatization Task Force

Page 3

11/01/99

because of high overhead charges. The DPH is the believed to be the only survey research operation in Alaska equipped for a computerized telephone interviewing system of this type.

Trained college students may be appropriate for conducting other related research studies or surveys (observation, face to face, or telephone) that are short in duration (point in time) as a project.

College students have access to public use BRFSS data files for research purposes. Although data analysis is an ongoing need of the Division for BRFSS, students and many other researchers require additional training to analyze the data according to CDC standards. The capacity to analyze BRFSS data is best built over time with specialized training.

How many of the 458 full time employees work in community health and emergency medical service programs?

There are 23 full time employees working in community health and emergency medical services programs.

If you have questions, comments, or require additional clarification regarding this information, please contact me at 465-1630.

cc: Karen Perdue, Commissioner
Elmer Lindstrom, Special Assistant
Peter Nakamura, MD, MPH, Director, Public Health
Sharon Lowe, Administrative Manager, Public Health
Laura Baker, Chief Budget Analyst, Administrative Services
Verne Skagerberg, Budget Analyst, Administrative Services

Telefacsimile Transmittal Cover Sheet

STATE OF ALASKA

Department of Health & Social Services

Tony Knowles, Governor

Karen Perdue, Commissioner



DATE: 11/15/99

FROM:

TO: Sylvia Villanides

DIVISION: Administrative Services

FAX: (907) 258-6526

Procurement Section

P.O. Box 110650

PHONE:

Room 6

Juneau, Alaska 99811-0650

NO. OF PAGES TO FOLLOW: 3

PHONE: (907) 465-3005

FAX: (907) 463-3153

CIRCLE ONE: **URGENT** **PRIORITY** **ROUTINE** **REPLY REQUESTED**REMARKS: Per your request for language in the Fairbanks Lab lease pertaining to maintenanceContact Tara Mitchell at (907) 465-3005 if complete message is not received.

STATE OF ALASKA

LEASE

Lease Number 2363
is assigned for D/Admin
control purposes.

THIS INDENTURE, is entered into effective the 1st day of July, 1991, by and between the UNIVERSITY OF ALASKA FAIRBANKS, hereinafter called the LESSOR, and the STATE OF ALASKA, hereinafter called the LESSEE.

This lease does hereby supersede prior lease No. 934, lease No. 1012, and lease No. 1826, between the above parties.

WITNESSETH:

That the LESSOR does hereby demise and let unto the LESSEE the following described premises, to wit: 5,255 square feet of laboratory space situated in the Arctic Health Research Center Building, University of Alaska Fairbanks, described as East 1/2 of Section 6, Township 1 South, Range 1 West, Fairbanks, Alaska, (more fully described in attached Appendix A), to have and to hold the same, with all appurtenances, unto the LESSEE for the period of one year beginning July 1, 1991 and ending June 30, 1992, at the rental of \$9,186.25 per month, payable in advance on the first day of each month and every month of said term at the office of the LESSOR, whose address is University of Alaska Fairbanks, Accounting and Business Operations, First Floor Signers' Hall, Fairbanks, Alaska 99775-0380, or in advance at the option of the LESSEE. Payment for any partial months occupancy shall be pro-rated, based on a thirty (30) day month.

COVENANTS OF THE LESSEE:

1. - The LESSEE does hereby covenant and agree with the LESSOR that it will:
 - a. - Pay said rent at the time and place and in the manner aforesaid;
 - b. - Use and occupy said premises in a careful and proper manner;
 - c. - Not use or occupy said premises for any unlawful purpose;
 - d. - Not assign this lease, nor underlet said premises, nor any part thereof, without the written consent of the LESSOR, provided however, such consent shall not be unreasonably withheld;
 - e. - Not use or occupy said premises or permit the same to be used or occupied, for any purpose or business deemed extra-hazardous on account of fire or otherwise;
 - f. - Make no alterations, or additions in or to said premises without the written consent of the LESSOR, which consent shall not unreasonably be withheld;

- 2 -

- g. - leave the premises at the expiration or prior termination of this lease or any renewal or extension thereof in as good condition as received or in which they might be put by the LESSOR, excepting reasonable wear and tear and /or loss of damage caused by fire, explosions, earthquakes, acts of God, other casualty or as provided for in Section 2b below;
- h. - Permit the LESSOR to enter upon said premises at all reasonable times to examine the condition of same;

COVENANTS OF THE LESSOR:

- 2. - And the LESSOR on its' part, covenants and agrees with the LESSEE that it will:
 - a. - Maintain the demised premises in good repair and tenantable condition during the continuance of this lease;
 - b. - Indemnity: The LESSOR shall hold and save the State, its' officers, agents and employees, harmless from liability of any nature or kind, including costs and expenses for or on account of any and all suits or damages sustained by any person or persons or property by virtue of any act performed by the LESSOR or the LESSOR's agents and employees risks and bear any loss or injury to property or persons occasioned by neglect or accident during the tenure of this lease, excepting only sole negligence of LESSEE.
 - c. - Furnish heat, electricity, water, toilet facilities, trash removal, water disposal, and sewage disposal without additional cost to the LESSEE;
 - d. - Furnish heat to all office space and similar type space uniformly to a 68 - 70 degree temperature, janitorial services and supplies at no additional cost to the LESSEE;
 - e. - Furnish adequate toilet and lavatory facilities for both men and women. Each toilet room shall be equipped with adequate mirrors, soap, tissue and paper towel dispensers, and have hot and cold running water at all lavatories and similar fixtures as required;
 - f. - Maintain and keep the stairway and common public or public hallway used for access to the leased premises in a good and safe condition;
 - g. - Maintain the premises in keeping with good fire prevention practices. The State reserves the right at reasonable times to enter and make fire prevention and fire protection inspections of the building and space occupied. Recommended improvements will be given every consideration by the LESSOR;

- 3 -

- h. - Maintain the building free of any building structural or building mechanical accident hazards. If any accident hazard relative to the structure of the building or building operating equipment is detected through inspection of the space, they shall be promptly corrected by the LESSOR;
 - i. - Furnish janitorial and cleaning services and supplies as provided to all other occupants of University facilities.;
 - j. - Included under this item of LESSOR'S responsibility is the removal of snow from the sidewalks and parking outside storage areas of the entire site to an extent which will render the area herein mentioned, safe to pedestrian traffic and automobile operation.
3. - It is mutually agreed by and between the LESSOR and the LESSEE that:
- a. - All terms and conditions of the preceding covenants of both LESSEE and LESSOR are agreeable and accepted in their entirety, accept as herein noted;
 - b. - If during the term hereof, the demised premises or any part thereof be rendered untenable by public authority, or by fire or the elements, or other casualty, a proportionate part of the rent herein reserved, whether paid in advance or otherwise, according to the extent of such untenability, shall be abated and suspended until the premises are again made tenable and restored to their former condition by the rendered untenable and so remain for a period of thirty (30) days, the LESSEE may at its option, terminate this lease by written notice to the LESSOR;
 - c. - All fixtures and/or equipment of whatsoever nature as shall have been installed in the demised premises by the LESSEE, whether permanently affixed thereto or otherwise, shall continue to be the property of the LESSEE, and may be removed by it if it desires, at the expiration or termination of this lease or any renewal and at its own expense repair any injury to the premises resulting from such removal;
 - d. - If the LESSEE shall at any time be in default in the payment of rent herein reserved, or in the performance of any of the covenants, terms, conditions or provisions of this lease, and the LESSEE shall fail to remedy such default within sixty (60) days after written notice thereof from the LESSOR, it shall be lawful for the LESSOR to enter upon said premises and again have, repossess, and enjoy the same as if the lease had not been made, and thereupon this lease and everything herein contained on the part of the LESSOR to be done and performed shall cease and determine without prejudice however, to the right of the LESSOR to recover from the LESSEE all rent due up to the time of such entry. In case of any such default and entry by the LESSOR, said LESSOR may relet said premises for the remainder of said term for the highest rent obtainable, and may recover from the LESSEE any deficiency between the amount so obtained and the rent herein reserved;

STATE OF ALASKA

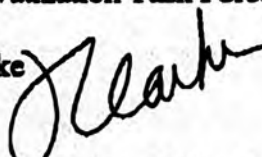
DEPT. OF HEALTH AND SOCIAL SERVICES**DIVISION OF ADMINISTRATIVE SERVICES****TONY KNOWLES, GOVERNOR**

P.O. Box 110650
Juneau, AK 99811-0650
Phone: (907) 465-3082
Fax: (907) 465-2499

MEMORANDUM

DATE: November 15, 1999

TO: DHSS Privatization Task Force

FROM: Janet Clarke
Director 

SUBJECT: Response to additional Privatization Task Force questions

The following information is provided in response to the additional sub-subcommittee questions regarding the Fairbanks Laboratory

➤ How many employees does the \$781.8 represent in the Personal Services line?

This covers 15 employees out of the 17 positions established for the Fairbanks Lab. Due to the shortage of funding two positions are being held vacant.

➤ What repair and maintenance issues are on the horizon for the Fairbanks Lab and what costs might be involved?

The University of Alaska-Fairbanks leases the space to the State that is occupied by the Fairbanks Lab. According to the lab director, they have done a very good job of maintenance and recently upgraded the air exchange system and improved the power back-up capacity. The University without additional charge to the Lab program covers all these costs. The lease includes all needed maintenance and repair.

➤ What are the transportation costs that were mentioned in the earlier response to the cost effectiveness of consolidating the Fairbanks and Anchorage labs.

These costs would include the on-going costs of transporting Fairbanks area specimens to Anchorage and costs related to moving staff and equipment as well.

➤ Does the Fairbanks Lab do testing specific to meet the individual needs of UAF faculty and students?

No, the tests they do for university students and faculty is the same as the ones done any other citizen of the state. These are tests such as HIV etc. What is unique in Fairbanks is the collaborative research UAF and the Fairbanks lab carry out in such areas as rabies risk reduction. A recent project tested oral vaccination, using test bait, of arctic fox for rabies. It proved successful and the project is being reported on nationally very soon.

➤ What tests are done in the Anchorage Lab and what tests are done in the Fairbanks Lab?

Testing services offered at the two state labs can be divided into two major categories. Viral disease causing agents are assayed for or isolated at the Fairbanks lab. Viral serology is testing done on human blood to detect the presence of antibodies or viral antigens. Viral isolation testing is done for such things as Influenza, Chlamydia, Varicella Zoster, Herpes Simplex and other such viruses. They also do all the rabies testing for the state. The Anchorage Lab does all the bacterial mycological and parasitic tests for the state. Some of these include salmonella, gonorrhea, cholera and streptococcus. They also have the ability to determine if any two or more cases are related to a common source, this is called Pulse Field Gel Electrophoresis.

➤ If the qualifications for the microbiologists in the two Labs are the same, why would you need all of the staff currently employed, if the Fairbanks Lab were closed and the functions moved to Anchorage?

While the staffs of both laboratories are microbiologists, the specialization of each group is very different. Each staff represents years of study and practice specific to their respective area. The skills and knowledge are not interchangeable from discipline to discipline. The staff of the Fairbanks laboratory would require years of training to achieve the level of the Anchorage lab in bacterial, fungal, and parasitic identification and evaluation. Likewise the Anchorage staff would require the same years of training to achieve the level of skill the Fairbanks staff have in viral isolation, identification and serology. The current testing load of approximately 65-70,000 tests per year would require the same level of staffing, no matter where the tests are being performed. Each microbiologist can only do so many tests per unit of work time, no matter the skill area

Please contact me at 465-1630 if you have questions regarding this information.

cc: Karen Perdue, Commissioner
Elmer Lindstrom, Special Assistant
Peter Nakamura, MD, MPH, Director, Public Health
Karen Pearson, Health Program Manager, Public Health
Laura Baker, Chief Budget Analyst, Administrative Services
Verne Skagerberg, Budget Analyst, Administrative Services
Sharon Lowe, Administrative Manager, Public Health

Richard D. Kibby
Attorney at Law
405 West Thirty-Sixth Avenue
Suite 102
Anchorage, Alaska 99503
phone (907) 563-0373
fax (907) 563-5083

Send to
FRKS LIO
Kena LIO
HESS

TELECOPIER COVER SHEET

CONFIDENTIALITY NOTICE: The documents accompanying this telecopy transmission contain confidential information belonging to the sender which is legally privileged. The information is intended only for the use of the individual(s) or entity(ies) named below. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance to the contents of this telecopied information is strictly prohibited. If you have received this telecopy in error, please immediately notify us by telephone to arrange for return of the original documents to us.

11/4/99
DATE

ATTENTION: WES

FIRM NAME: FRED DYSON

FAX NO.: 694-1015

FROM: R. KIBBY

CLIENT: _____

DOCUMENTS: DRAFT BILL

MESSAGE: Note to say that it is being
introduced by the GOV. as now

SENT BY: RD Kibby

We are sending a total of 2 pages including this cover sheet. If you do not receive the indicated number of pages, please call (907) 563-0373 as soon as possible so that we can check on it for you.

For your information, our automatic 24 hour incoming telecopier number is (907) 563-5083.

Introduced:
Referred:

IN THE HOUSE

BY THE RULES COMMITTEE BY
REQUEST OF THE GOVERNOR

HOUSE BILL NO. _____

IN THE LEGISLATURE OF THE STATE OF ALASKA

_____ LEGISLATURE - _____ SESSION

A BILL

For an Act entitled "An Act relating to collection of medical
benefits paid; and providing for an effective
date."

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

*Section 1. AS 47.05.070 is amended to read:

Subrogation. To the extent that payment for covered expenses
has been made under the state Medicaid program or through any state
agency administering health benefits or a health benefit plan for
which Medicaid is a source of funding for health care items or
service furnished to an individual, in any case where a third party
has a legal liability to make payments, the state is considered to
have acquired the rights of the individual to payment by any other
party for those health care items or services.

[(a) The department may not pay medical claims that are
payable by a third party payor. Medical providers shall attempt
collection from the third party payor before billing Medicaid.
Before payment by Medicaid, evidence of third-party denial or
partial payment shall be presented with the claim.

(b) If the department provides or pays for medical assistance

for injury or illness under this title, the department is subrogated to the rights of the recipient of that medical assistance for any claim arising from the injury or illness and to the proceeds of an insurance policy covering the injury or illness to the extent of the value of the medical assistance provided.

(c) If a recipient of medical assistance under this title settles a claim or obtains an award or judgment arising from the injury or illness for which the medical assistance was received, the department shall reimburse the recipient for attorney fees and costs commensurate with the amount of the settlement, award, or judgment to which the department is entitled under (b) of this section. Regardless of the manner in which the amount of the attorney fees is derived, reimbursement of attorney fees shall be in accordance with the applicable rules of court governing the award of attorney fees in civil matters.

(d) The department is authorized to enter into contracts for the collection of medical expenses already paid by Medicaid from potential third-party payors. The department may pay, from the funds recovered by the contractor, any amounts owing to the federal government as its share of the Medicaid paid claim, and the costs of collecting the funds.]

*Section 2. AS 47.05 is amended by adding a new section to read:

Sec. 47.05.110. Payor of last resort and release of information. (a) Any clause in an insurance contract, plan or agreement which limits or excludes payments to a recipient is void.

(b) The department may not pay medical claims that are payable by a third party payor. Medical providers shall attempt collection from the third party payor before billing Medicaid. Before payment by Medicaid, evidence of third-party denial or partial payment shall be presented with the claim. Medicaid shall be the payor of last resort to any insurer which contracts to pay health care costs for a recipient.

(c) Every applicant for or recipient of Medicaid under this title is deemed to have authorized all third parties to release to the department all information needed by the department to secure or enforce its rights under this title. The department shall inform an applicant or recipient of the provisions of this subsection at the time of application for Medicaid benefits.

(d) The department is authorized to enter into contracts for the collection of medical expenses already paid by Medicaid from potential third-party payors. The department may pay, from the funds recovered by the contractor, any amounts owing to the federal government as its share of the Medicaid paid claim, and the costs of collecting the funds.

*Section 3. AS 47.05 is amended by adding a new section to read:

Sec. 47.05.120. Third party liability and liens. (a) The department shall have a lien against a third party, to the extent of the amount paid by the department, on any recovery for that claim, whether by award, judgment, compromise or settlement, whenever:

(1) the department pays medical expenses for or on

behalf of a recipient who has been injured or suffered an illness or disease; and

(2) the person asserts a claim against a third party for damages resulting from the injury, illness or disease.

(b) The department shall have a lien against an insurer, to the extent of the amount paid by the department, on any recovery from an insurer, whenever:

(1) the department pays medical expenses or renders medical services on behalf of a person who has been injured or has suffered any injury, illness or disease; and

(2) the person asserts a claim against an insurer as a result of the injury, illness or disease.

(d) The recipient of medical assistance under this title must notify the department in writing of any action or claim against a third party or insurer if the medical assistance was provided because of any injury, illness or disease for which the third party or insurer is potentially liable.

(e) A medical provider must notify the department when the provider files a lien for unpaid medical bills against a judgment, award, compromise or settlement obtained by or on behalf of a recipient or medical assistance under this title. The department's rights under this section have priority over a lien filed by a medical provider.

(g) An attorney, representing a person who, as a result of injuries, illness or disease suffered, has received, is receiving or has applied for medical assistance under this title or for residential care provided by the department at a hospital for the

mentally ill or rehabilitative care center for the developmentally disabled, shall notify the department before distributing any proceeds from an award, judgment, compromise or settlement of any claim for the recipient.

(f) The department may, at its option, file suit against potential third party tort feasons on its own behalf to recover amounts it paid for the medical assistance for recipients.

(h) The department shall send a copy of the notice of lien to the following persons if the appropriate names and addresses can be determined:

(1) the person for whom the department paid medical expenses;

(2) any insurance carrier that may be ultimately liable;

(3) any attorney for the recipient.

(i) Within 45 days after filing the notice of lien, the department shall send an itemized statement of the medical expenses paid by the department, for which the department seeks to perfect a lien, to the persons listed in subsection (h) of this section. The notice provisions contained in this subsection may be waived by agreement of the parties.

(j) If a recipient of medical assistance under this title settles a claim or obtains an award, judgment or settlement arising from the injury, illness or disease for which the medical assistance was received, the department shall reimburse the recipient for attorney fees, as calculated by Rule 82, Alaska Rules of Civil Procedure, and costs as calculated by Rule 79, Alaska Rules of Civil Procedure, commensurate with the amount of the

settlement, award or judgment to which the department is entitled under this title [(b) of this section. Regardless of the manner in which the amount of attorney fees is derived, reimbursement of attorney fees shall be in accordance with the applicable rules of court governing the award of attorney fees in civil matters.)

*Section 4. This Act takes effect immediately under AS 01.10.070(c).



**DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF ADMINISTRATIVE SERVICES
DIRECTOR'S OFFICE**



FACSIMILE COVER SHEET

TO:	
Annette Deal - Cowdery	269-0223
Melba Piispanen - FBI	456-3346
Alyson Wogstad - Keri	283-3075
Lana Decker - Arch	269-0229
FAX NUMBER	
PHONE NUMBER	

FROM:	
Stacey Anderson	
11/8	7
DATE	NO. OF PAGES
465-2499	
FAX NUMBER	
465-3331	
PHONE NUMBER	

RE: 11/9 Privatization Information

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ OTHER

NOTES/COMMENTS:

Please print & distribute @ 11/9 Privatization Meeting

Memo - Public Health Response 3 pages

Memo - Administrative Services Response 3 pages

State of Alaska
Department of Health & Social Services
Division of Administrative Services/Director's Office
P.O. Box 110650
Juneau, Alaska 99811-0650

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES**DIVISION OF ADMINISTRATIVE SERVICES****TONY KNOWLES, GOVERNOR**

P.O. Box 110650
Juneau, AK 99811-0650
Phone: (907) 465-3082
Fax: (907) 465-2499

MEMORANDUM**DATE:** November 3, 1999**TO:** DHSS Privatization Task Force**FROM:** Janet Clarke
Director**SUBJECT:** Response to November 2, 1999 Privatization Task Force Recommendations

The following information is provided in response to the sub-subcommittee recommendations for the Division of Public Health.

Recommendation #1

There's a new laboratory built in Anchorage. This facility can accommodate the staff and services that are needed to perform the lab test that are prepared in Fairbanks. Eliminating the lab in Fairbanks and maintaining just the one in Anchorage will save the State \$_____ per year.

The new laboratory in Anchorage will not be completed until late in calendar year 2000. Until that time there is no space for these tests to be done in Anchorage. After the new lab opens all of the personnel and operation costs related to the tests being done in Fairbanks would remain, whether the tests are performed in Fairbanks or Anchorage. Any savings that might be gained by closing the Fairbanks Lab (e.g. lease costs) would be a very small portion of the overall costs related to those services, and would likely be exceeded by additional transportation costs. There would also be additional costs in terms of less timely service.

Recommendation #2

Closing down the laboratory in Fairbanks will save the state \$_____, with these savings we can provide more testing for the indigent or make reasonable adjustments to the general budget of this department.

As described above, any savings from closing the Fairbanks Lab would be small, and likely exceeded by additional operating cost elsewhere.

Recommendation #3

Testing in the State's laboratories. The State's laboratory offers testing to any individual in the

state through their local health provider. Can we absorb some of the costs by merging services with ANMS, PAMC or Alaska Regional Hospital?

The Public Health Lab exists not to compete with private labs, but primarily to perform the public health functions private labs cannot or will not fulfill because individuals haven't the ability to pay.

Capacity and equipment needs vary between public health and private labs. While testing services may appear similar to a private lab the focus is very much different. In a public health laboratory the focus is on community health and intervention; in a private laboratory the focus is on individuals and their medical needs. Public health is directed towards the entire community using data from individuals. One of the laboratory's goals is to prevent the spread of diseases of public health significance and to intervene in the disease processes while treatment and social costs are low. Private health concerns are focused on individual patients and their care.

Additionally, public health laboratories provide testing that is specialized, difficult and labor intensive. Highly complex tests such as Rabies, Botulism, Tuberculosis, Pertussis, and viral isolation are test services not frequently found in private laboratories. With the global nature of the nation's food sources, it is critical that sporadic cases of unusual or infrequent diseases be investigated. This investigation can determine if these cases, dispersed in space, are in fact linked. The National Centers for Disease Control and Prevention has established protocols for determining the relatedness of separate isolates of the same disease causing microorganisms. The Alaska State Public Health Laboratory is a member of the group of laboratories that can submit unique identification patterns to the national database. These unique identifiers are then compared with similar patterns from other national laboratories and determinations made as to the commonality of the disease. With this new tool, disease outbreaks occurring in separate states and in low numbers have been linked. Reference services for health care providers include identifying problem isolates or confirming original laboratory identifications.

Subcommittee on Medicaid Services Unit

Recommendation #1

In making the Medical Assistance Program into a loan program, we recommend that your department looks into finding ways to incorporate some of the programs that you are offering that requires State and Federal fund match. Example: Family Planning, MCH Evaluations and consultations.

Many of the programs delivered by the Division, such as the ones mentioned, are currently offered to the public with sliding fee schedules that require individuals to pay based on their ability to do so. Since many of these are preventive type services, (i.e. family planning services assist low income women in preventing unplanned pregnancies) turning them into loan programs which imply a long term financial obligation will likely deter the individuals who most need the services from obtaining them. The long term costs to both the individuals and society will likely be far greater than any savings gained from loan paybacks for such services.

Recommendation #2

All services provided by HSS are to be provided only to applicants who are at 100% of the poverty level; Denali KidCare is a program that supports 200% of the poverty level. Many

Alaskans work for small business that do not provide health insurance. Can we eliminate from under this department the administrative functions for prenatal services, and public health improvement plan process and use these funds to help support DKC?

The Department eliminated it's Prenatal Care II program effective July 1, 1999, as a result of the increased coverage of low-income pregnant women under Medicaid up to 200% of poverty. The dollars that funded this effort were cut as a part of the overall Department's unallocated budget reductions required by the legislature for SFY 00. The funding for the public health improvement process is primarily private grant funding from the Robert Wood Johnson Foundation. These dollars cannot be used for any other purpose, so they are not available for transfer to fund any other Department activity.

Recommendation #3

Combining multiple related contracts throughout the State; this can help the department negotiate and keep track of specific programs in one central location and save up to 10% or more in administrative cost.

The Department already uses this approach to contracting. We currently combine related requests for commodities and services into single, statewide contracts whenever possible.

Please contact me at 465-1630 if you have questions regarding this information.

cc: Karen Perdue, Commissioner
Elmer Lindstrom, Special Assistant
Peter Nakamura, MD, MPH, Director, Public Health
Karen Pearson, Health Program Manager, Public Health
Laura Baker, Chief Budget Analyst, Administrative Services
Verne Skagerberg, Budget Analyst, Administrative Services
Sharon Lowe, Administrative Manager, Public Health

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

DIVISION OF ADMINISTRATIVE SERVICES

TONY KNOWLES, GOVERNOR

P.O. Box 110630
Juneau, AK 99811-0630
Phone: (907) 463-3082
Fax: (907) 463-2499

MEMORANDUM

DATE: November 8, 1999

TO: DHSS Privatization Task Force

FROM: Janet Clarke
Director



SUBJECT: Response to November 2, 1999 Privatization Task Force Recommendations

Enclosed are responses to the sub-subcommittee recommendations for the Division of Administrative Service.

Recommendation #1

Consideration should be given to extending all contracts with providers to multi-year or continuing contracts, with changes handled as minor amendments thereto. This is especially useful where a consumer or group of consumers have a chronic condition that continues year after year, with only minor changes. This will save much preparation and review time annually which is not value added.

DHSS currently establishes multi-year contracts and renews them annually via contract amendments.

Grants for Health and Social Services are solicited and awarded on a multi-year basis. Currently a two-year cycle is standard throughout the department. Grants are extended by a modified agreement through the second year that requires minimal paperwork from the grantee. This usually involves providing the new annual budget and any needed adjustments to the scope of work. Extending agreements beyond that two-year cycle is sometimes done under the authority of 7 AAC 78.095, waiving the competitive process for grants for which there is a single potential grantee with the expertise or capability to provide the necessary services.

Extending competitively awarded grants beyond the two-year cycle would not necessarily meet the needs of the clients served by the programs. Requiring proposals in response to a competitive RFP on a regular cycle provides the department and potential grantees the opportunity to review program policy and services and make adjustments necessary for the

successful delivery of those services to the public. It also provides fair access to funds for agencies interested in providing services through state programs.

Recommendation #2

Consideration should be given to entering annual approved budgets of contracted agencies, receiving electronic billings periodically charging against those budgets and electronically sending payments to contracted agencies. Billings would be reviewed on a sample basis after this process and any adjustments made. This would save a mountain of paperwork, speed up the process by weeks, eliminate interest expense payments by the State and save considerable administrative costs.

The Department of Administration, Division of Finance, is still planning for an electronic data interface (EDI) pilot project for the disbursement of their grants to municipalities. Participation in the pilot project has been extended to interested departments. Three specific state grantees, City of Juneau, City of Anchorage, and the Fairbanks North Star Borough are intended to be in the pilot project. The Department of Health and Social Services intends to participate in this pilot project as soon as the Division of Finance gives us the approval to proceed.

Recommendation #4

State should start the process now to work with private sector entities re the redesign and new delivery of services at API, so that a concrete budget proposal is ready for consideration by the legislature in the spring of 2000, including cost savings.

The Community Mental Health/API 2000 Project is well underway in developing new and enhancing existing community-based services (private, non-profit) to support the reduction of API by 25 beds. As was true last year, this year a five-year project budget employing federal grant funds for a three-year transition period is providing the basis for DHSS budget proposals to support this effort.

The Department of Health and Social Services, working with the Alaska Mental Health Trust Authority and the Alaska Mental Health Board, is developing concrete budget proposals that will compare the cost and number of people served by continuing the system as is, versus implementing API 2000. These cost comparisons will be available to the 2000 Alaska Legislature.

Recommendation #5

From now on the State should rely on single audits provided by the provider entities and refrain from spending money duplicating the audit process.

The Department of Health and Social Services (DHSS) participates fully in the State's single audit program. DHSS has not done any routine audits of grantees since the inception of the single audit program in 1986. We desk review approximately 130 grant agency single audits covering almost \$100,000,000 each year. The only time we visit a grant agency for audit work is when it is requested by the granting division or the Commissioner's office, and then it is limited to specific issues and concerns.

State single audits are intended to meet the basic audit needs for all state agencies in a non-duplicative way. They do not entirely eliminate the possibility that some additional or different audit work may need to be conducted on state awards.

Please contact me at 465-1630 if you have questions regarding this information.

**cc: Karen Perdue, Commissioner
Elmer Lindstrom, Special Assistant
Laura Baker, Chief Budget Analyst, Administrative Services
Mary Ashmore, Budget Analyst, Administrative Services
Susan Mitten, Administrative Manager, Administrative Services**

Richard D. Kibby
Attorney at Law
405 West Thirty-Sixth Avenue
Suite 102
Anchorage, Alaska 99503
phone (907) 563-0373
fax (907) 563-5083

TELECOPIER COVER SHEET

CONFIDENTIALITY NOTICE: The documents accompanying this telecopy transmission contain confidential information belonging to the sender which is legally privileged. The information is intended only for the use of the individual(s) or entity(ies) named below. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance to the contents of this telecopied information is strictly prohibited. If you have received this telecopy in error, please immediately notify us by telephone to arrange for return of the original documents to us.

11/4/99
DATE

ATTENTION: WES

FIRM NAME: FRED DYSON

FAX NO.: 694-1015

FROM: R. KIBBY

CLIENT: _____

DOCUMENTS: DRAFT BILL

MESSAGE: Note it says that it is being
introduced by the GOV. as now

SENT BY: RD Kibby

We are sending a total of 2 pages including this cover sheet. If you do not receive the indicated number of pages, please call (907)563-0373 as soon as possible so that we can check on it for you.

For your information, our automatic 24 hour incoming telecopier number is (907) 563-5083.

Introduced:
Referred:

IN THE HOUSE

BY THE RULES COMMITTEE BY
REQUEST OF THE GOVERNOR

HOUSE BILL NO. _____

IN THE LEGISLATURE OF THE STATE OF ALASKA

_____ LEGISLATURE - _____ SESSION

A BILL

For an Act entitled "An Act relating to collection of medical benefits paid; and providing for an effective date."

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

*Section 1. AS 47.05.070 is amended to read:

Subrogation. To the extent that payment for covered expenses has been made under the state Medicaid program or through any state agency administering health benefits or a health benefit plan for which Medicaid is a source of funding for health care items or service furnished to an individual, in any case where a third party has a legal liability to make payments, the state is considered to have acquired the rights of the individual to payment by any other party for those health care items or services.

[(a) The department may not pay medical claims that are payable by a third party payor. Medical providers shall attempt collection from the third party payor before billing Medicaid. Before payment by Medicaid, evidence of third-party denial or partial payment shall be presented with the claim.

(b) If the department provides or pays for medical assistance

for injury or illness under this title, the department is subrogated to the rights of the recipient of that medical assistance for any claim arising from the injury or illness and to the proceeds of an insurance policy covering the injury or illness to the extent of the value of the medical assistance provided.

(c) If a recipient of medical assistance under this title settles a claim or obtains an award or judgment arising from the injury or illness for which the medical assistance was received, the department shall reimburse the recipient for attorney fees and costs commensurate with the amount of the settlement, award, or judgment to which the department is entitled under (b) of this section. Regardless of the manner in which the amount of the attorney fees is derived, reimbursement of attorney fees shall be in accordance with the applicable rules of court governing the award of attorney fees in civil matters.

(d) The department is authorized to enter into contracts for the collection of medical expenses already paid by Medicaid from potential third-party payors. The department may pay, from the funds recovered by the contractor, any amounts owing to the federal government as its share of the Medicaid paid claim, and the costs of collecting the funds.]

*Section 2. AS 47.05 is amended by adding a new section to read:

Sec. 47.05.110. Payor of last resort and release of information. (a) Any clause in an insurance contract, plan or agreement which limits or excludes payments to a recipient is void.

(b) The department may not pay medical claims that are payable by a third party payor. Medical providers shall attempt collection from the third party payor before billing Medicaid. Before payment by Medicaid, evidence of third-party denial or partial payment shall be presented with the claim. Medicaid shall be the payor of last resort to any insurer which contracts to pay health care costs for a recipient.

(c) Every applicant for or recipient of Medicaid under this title is deemed to have authorized all third parties to release to the department all information needed by the department to secure or enforce its rights under this title. The department shall inform an applicant or recipient of the provisions of this subsection at the time of application for Medicaid benefits.

(d) The department is authorized to enter into contracts for the collection of medical expenses already paid by Medicaid from potential third-party payors. The department may pay, from the funds recovered by the contractor, any amounts owing to the federal government as its share of the Medicaid paid claim, and the costs of collecting the funds.

*Section 3. AS 47.05 is amended by adding a new section to read:

Sec. 47.05.120. Third party liability and liens. (a) The department shall have a lien against a third party, to the extent of the amount paid by the department, on any recovery for that claim, whether by award, judgment, compromise or settlement, whenever:

(1) the department pays medical expenses for or on

behalf of a recipient who has been injured or suffered an illness or disease; and

(2) the person asserts a claim against a third party for damages resulting from the injury, illness or disease.

(b) The department shall have a lien against an insurer, to the extent of the amount paid by the department, on any recovery from an insurer, whenever:

(1) the department pays medical expenses or renders medical services on behalf of a person who has been injured or has suffered any injury, illness or disease; and

(2) the person asserts a claim against an insurer as a result of the injury, illness or disease.

(d) The recipient of medical assistance under this title must notify the department in writing of any action or claim against a third party or insurer if the medical assistance was provided because of any injury, illness or disease for which the third party or insurer is potentially liable.

(e) A medical provider must notify the department when the provider files a lien for unpaid medical bills against a judgment, award, compromise or settlement obtained by or on behalf of a recipient or medical assistance under this title. The department's rights under this section have priority over a lien filed by a medical provider.

(g) An attorney, representing a person who, as a result of injuries, illness or disease suffered, has received, is receiving or has applied for medical assistance under this title or for residential care provided by the department at a hospital for the

mentally ill or rehabilitative care center for the developmentally disabled, shall notify the department before distributing any proceeds from an award, judgment, compromise or settlement of any claim for the recipient.

(f) The department may, at its option, file suit against potential third party tort feasons on its own behalf to recover amounts it paid for the medical assistance for recipients.

(h) The department shall send a copy of the notice of lien to the following persons if the appropriate names and addresses can be determined:

(1) the person for whom the department paid medical expenses;

(2) any insurance carrier that may be ultimately liable;

(3) any attorney for the recipient.

(i) Within 45 days after filing the notice of lien, the department shall send an itemized statement of the medical expenses paid by the department, for which the department seeks to perfect a lien, to the persons listed in subsection (h) of this section. The notice provisions contained in this subsection may be waived by agreement of the parties.

(j) If a recipient of medical assistance under this title settles a claim or obtains an award, judgment or settlement arising from the injury, illness or disease for which the medical assistance was received, the department shall reimburse the recipient for attorney fees, as calculated by Rule 82, Alaska Rules of Civil Procedure, and costs as calculated by Rule 79, Alaska Rules of Civil Procedure, commensurate with the amount of the

settlement, award or judgment to which the department is entitled under this title ((b) of this section. Regardless of the manner in which the amount of attorney fees is derived, reimbursement of attorney fees shall be in accordance with the applicable rules of court governing the award of attorney fees in civil matters.)

*Section 4. This Act takes effect immediately under AS 01.10.070(c).

NOV. 4.1999 " 9:38AM " DHSS DAS DIR OFFICE

NO. 287

P. 2/2

commission on privatization

Admin Services

ALASKA DEPARTMENT OF
& SOCIAL SERVICES, Admin
sub-sub committee

Susan
Coordinating

November 2, 1999

The following recommendations are from this sub-sub committee:

1. Consideration should be given to extending all contracts with providers to multi-year or continuing contracts, with changes handled as minor amendments thereto. This is especially useful where a consumer or group of consumers have a chronic condition that continues year after year, with only minor changes. This will save much preparation and review time annually which is not value added.

2. Consideration should be given to entering annual approved budgets of contracted agencies, receiving electronic billings periodically charging against those budgets and electronically sending payments to contracted agencies. Billings would be reviewed on a sample basis after this process and any adjustments made. This would save a mountain of paperwork, speed up the process by weeks, eliminate interest expense payments by the State and save considerable administrative costs.

3. Consideration should be given to cutting the budget of the Alaska Mental Health Trust Authority in half, or more, as a non value-added function of State government. The land assets are managed by the Dept. of Natural Resources, and the monetary assets are managed by the Permanent Fund. The only function seems to be setting policy and increasingly trying to set overall appropriations by the State. Spending over a half million dollars for this function is not value-added.

4. State should start the process now to work with private sector entities on the redesign and new delivery of services at API, so that a concrete budget proposal is ready for consideration by the legislature in the spring of 2000, including cost savings.

5. From now on the State should rely on single audits provided by the provider entities and refrain from spending money duplicating the audit process.

We estimate implementing these recommendations will save millions of dollars, which may be reinvested by the State or saved

longer cycle
for grants

Jamie
Dorley

Medicaid
Waivers
&
Prior Authorization

orlando

No Comment

Jane
Jones

Bowright

Recommendations

DATE _____

1. Encourage ROH reporters to identify self.
Why? Decreases false allegations, misperceptions
+ agency financial + time waste. Speeds
investigation process, quality + time of intervention
+ services. (Retain option of disclosing this info
to possible abusers confidentiality for reporters)
2. Actively solicit non-profit / community services in
mentoring, educating, involvement in IHS (in home services),
risk prevention, and other such community action groups.
3. Implement continuous review panel to study,
make suggests, solution search, and assist the
legislators in areas of DFYS, admin, CSED and
other "Human Service Agencies" for quality enhancement.
(Fund this based on legislative staff time saved.
If task force / review panel cuts time by 50%
forward half that to support task force?)
Review Panel must be equally manned by state
and beneficiaries of services.
4. Organize + Implement Permanent External Review
Panel (with disciplinary power) according to CAPTA 1996.
5. Legislatively initiate a public poll on the quality,
efficiency, and ethics of DFYS, admin, CSED.
Possibly include section for solution suggestions
(and solicit ideas from 10 colleges nationwide +
of course UAA + UAF) To be reviewed independently
by HESS sub committee (DFYS) ^{DHSS} review task force.

1. Why is DFYS not overseen by a board of beneficiaries similar to the one that oversees mental health professionals?
 2. Why are there so many procedures needlessly repeated by DFYS, thus tying up caseworker time and wasting state and federal funds? (Example: homestudies, adoption studies [see example sent to Randy Phillips office], repeated interviews by numerous caseworkers asking the same questions because they either can not find the file or fail to read it, traumatic interviews with children that could be video taped, Foster parent training by people with only book experience and no life experience [very one sided and not a true explanation of a child's point of view], unanswered or poorly answered grievance procedures, lack of parental involvement [to include equal input at court proceedings] and more.
 3. Is giving DHHS more money giving them more room for error? Is the money being spent wisely? How much goes to the actual solving of the initial problems?
 4. Are the laws currently in place, that require children to be placed with relatives, not supported clearly through time restraints? 47.14.100 says children must be placed with relatives but does not give a time requirement. It should be a number one priority to reduce unnecessary bonding with foster families, and reduce trauma to the child. (Please set a one month time limit to place children with relatives from the point a relative is notified, and require the dept. to show notification efforts clearly documented.
 5. What is the current level of input on changes to the system that include points of view from adult foster children, children in the system, families affected, and agency officials? Is the input equal from two sides or is it highly stacked with agency personnel?
 6. The accountability of the parent protects the child from abuse at home where is the agency accountability?
 7. Why are parents not allowed to sign a release of information and have the assistance of an advocate group like Safe Families, Families First Partnership, and others? It should be a parental right to open the case confidentiality to specified people or agencies that can assist the process in a more timely manner.
 8. Isn't it in the best interest of the child to look into everything including what the parent and their advocates have to say concerning the case?
 9. Have you spoken to a person like Sarah Short who has been a foster child, abused at home and in states care, an adoptive parent, an accused parent, a foster parent, an advocate, and a reporter of abused children? Shouldn't you before making decisions?
 10. Is there an equal balance for the family in the court? With the agencies involved? In funding for defense on the part of the parent equal to that of the state?
- There are more questions you should ask. I would urge you to do this before cutting funding for external reviews, and I would also encourage you to put in place a board of beneficiaries as mentioned above in this legislative session.

SUPPORT OF RELATIVE PLACEMENT

1. Pursuant to 42 U.S.C. 671(19), the state is mandated to consider giving preference to an adult relative over a non-related caregiver when determining a placement for a child.
2. Pursuant to DFYS Manual 2.3.6 (4), under the authority of AS 47.10.412 and AS 47.14.100, a child may not be placed in a foster home or in the care of an agency or institution providing care for children if a relative by blood or marriage requests placement of the child in the relative's home.

CHILDREN'S CABINET ACCOMPLISHMENTS & TO DO LIST

ALASKA CHILDREN'S TRUST

- ☒ Activate the Alaska Children's Trust by naming a Board of Trustees and depositing money into the trust.
- ☒ Award child abuse and neglect prevention grants to communities.
- ☒ Form the Friends of the Alaska Children's Trust—the fundraising arm of the trust.
- ☐ Continue to support the work of the ACT.

YOUTH AND JUSTICE

- ☒ Appoint the Governor's Conference on Youth and Justice to examine youth justice issues.
- ☒ Work with conference participants to find ways to prevent juvenile crime; issue a report to the governor with recommendations.
- ☒ Help communities implement conference recommendations.
- ☒ Continue to protect Alaska children through a "0 tolerance" for child abuse and neglect.

HEALTHY CHILDREN

- ☒ Provide basic health care coverage to all children and pregnant women in families at or below the 200% poverty level.
- ☐ Provide basic health care coverage to the remaining 6% of children who currently are without health care coverage.
- ☐ Develop and implement a plan addressing complex issues facing children who have been harmed by the use and abuse of alcohol.
- ☒ Implement a plan to provide all families in Alaska with baby packets and well baby in-home visits to ensure healthy development of the very young.

QUALITY SCHOOLS

- ☒ Hold and support statewide, regional and local education summits.
- ☒ Enact Quality Schools Initiative requiring mandatory academic standards, testing and school accountability.
- ☐ Implement school curriculum for middle and high school age children on early childhood development parenting information.
- ☐ Develop programs and family-friendly work policies that encourage parents to be involved in their children's education.
- ☒ Secure \$26-million funding increase for classrooms—the largest increase in a decade.
- ☐ Secure long-term, reliable source of funds for K-12 education.

INITIATE SYSTEMS CHANGE

- ☒ Begin implementing systems change through COMPASS (COMMunity Partnerships for Access, Solutions and Success); supporting community-driven initiatives, breaking barriers to services, pooling funding sources, moving towards results-based budgeting.
- ☒ Focus on accountability, prevention, and collaboration across departments to achieve community-based solution with communities.

CHILDREN OF INCARCERATED PARENTS

- ☒ Implement programs to address special needs of children with incarcerated parents or siblings.

EARLY CARE AND EDUCATION

- ☐ Establish an Office of Child Development.
- ☐ Develop a strategic plan and raise awareness of the critical issues and challenges facing children ages 0-9 and the importance of early childhood brain development.
- ☒ Collaborate with state departments, communities, and child advocacy organizations to support efficient, effective and appropriate services.
- ☒ Provide advocacy and coordination for children's services in Alaska.
- ☐ Identify and assist in the acquisition of research and administrative grants.
- ☒ Provide the public with a single point of contact for information regarding Alaska's programs and services for children.

- ☒ Collaborate with businesses in supporting quality programs for children.
- ☐ Improve the quality of child care through wage increases and training for providers.
- ☐ Support the development of pre-schools and Head Start programs for all children.

ONGOING PROJECTS

- ☒ Continue to develop indicators of child health and well-being.
- ☐ Implement planning that seeks involvement by all parties interested in a Tobacco Free Alaska.
- ☐ Construct a children's budget.



Ad doesn't help abused kids

Several things recently in the paper disgusted me. As an advocate, adoptive and biological mother, I am dedicated to making our agencies efficient and more family-oriented.

One thing was the full-page ad on Oct. 3, page H-13. It labeled abused children as more likely to get pregnant, need state assistance and grow up to abuse their own kids.

I survived years of abuse. Ads like that are mean, slanderous and not a positive way to solicit reports of abuse. Children need positive help, good self-esteem and education about what is right and wrong so they can do better. They do not need derogatory comments. Shame on the Advertising Federation of Alaska and UAA.

I am shocked at the story about the Laurel Street shelter. Group homes are a bad idea. These kids usually have special needs and need one-on-one care. To group so many together is only asking for such incidents as 500 reports of harm. This is stupid when you consider that reports of harm, like the one reported by Steven Murray concerning his foster parents, go unresolved.

Many foster parents do not receive support and are harassed over alleged reports which DFYS drags their feet in investigating. This is why we do not have the number of homes needed to help these kids. We all pay for this, through juvenile crime, taxes that support poor quality human services, and agencies that are less accountable than we are as parents.

Are you unsatisfied with DFYS, CSED, the courts and other human service agencies? Call Families First Partnership at 561-5976 and let's start thinking smart. Make positive changes rather than ignore agency abuse and slander. Make reports of harm, but identify yourself so we can decrease false allegations and protect those who do need help.

— Sarah Musgrove Short, president
Families First Partnership HESS
subcommittee member for privatization
Anchorage

THE
FOLLOWING
DOCUMENT(S)
ARE
POOR
ORIGINAL
COPIES

ALASKA'S KIDS ARE LINING UP FOR YOUR MONEY



Alaska's child abuse victims are lining up for your money. Abused kids frequently become pregnant in their teens and need the state's financial support.

The lessons they learn in violence often lead them to jail as adults. Each inmate costs the state over \$20,000.

their teens and need the state's financial support.

The lessons they learn in violence often lead them to jail as adults. Each inmate costs the state over \$10,000 a year.

Many abused children grow up to abuse their own kids. This cycle of violence continues to cost the state and could increase your tax burden.

You can stop the impact of abuse on its victims and your wallet.



Stop the Impact
of Child Abuse
in Alaska

Report Abuse
Anonymously at
1-800-478-4444

A cooperative effort of the Advertising Federation of Alaska and the University of Alaska Anchorage
Journalism & Public Communications Department

80% OF ALL LONG TERM PRISONERS WERE VICTIMS OF CHILD ABUSE



People carry the lessons they learn as children with them for the rest of their lives. If those lessons teach them to be violent and angry, the impact can be devastating.

Victims of child abuse are more likely to commit acts of violence that lead them to prison. Then we have to pay for their jail time through higher taxes.

You can stop the impact of abuse on its victims and your wallet.

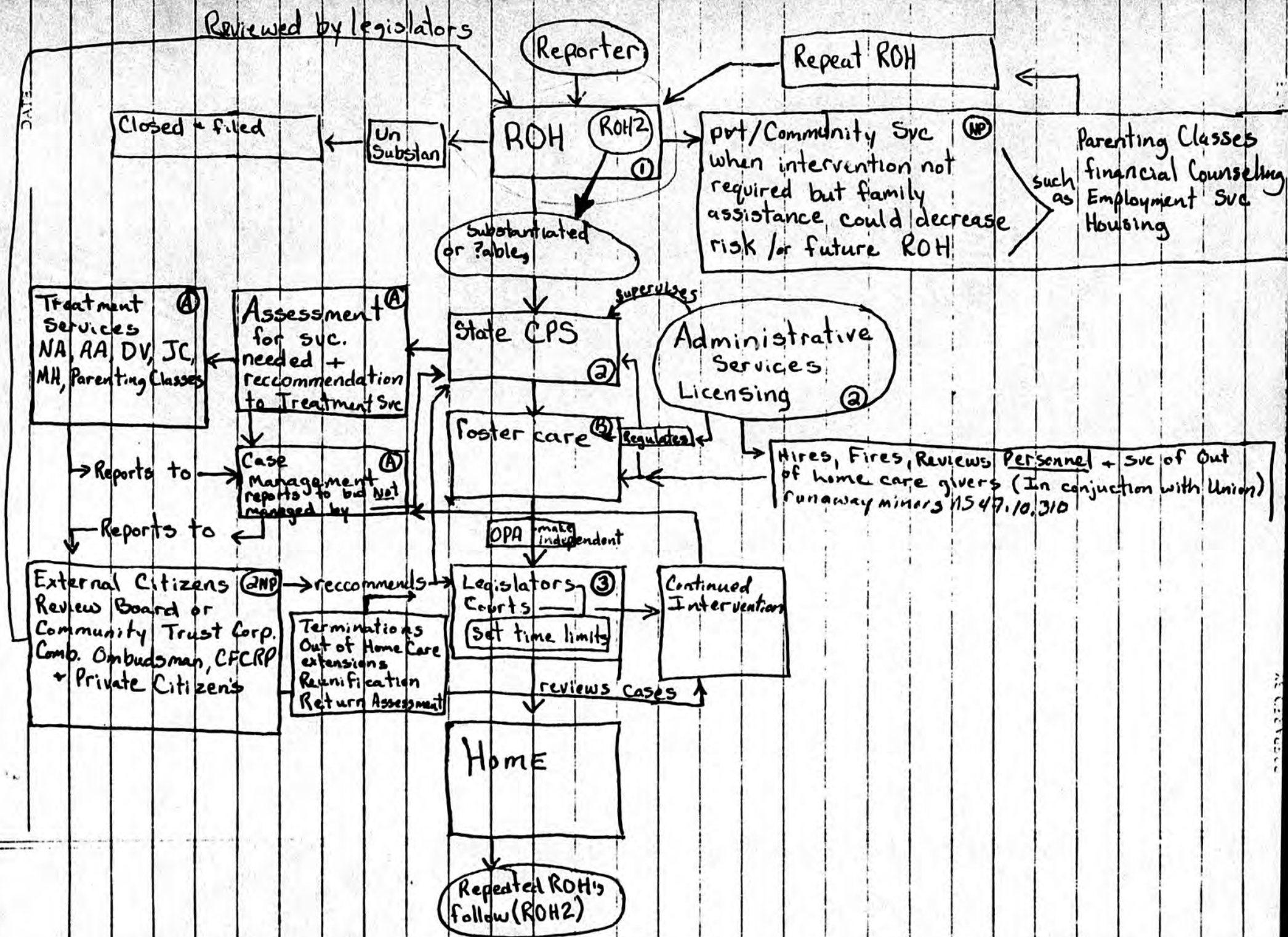


Stop the Impact
of Child Abuse
in Alaska

Report Abuse
Anonymously at
1-800-478-4444

Dr. Fred Pierce
786-4183

A cooperative effort of the Advertising Federation of Alaska and the University of Alaska Anchorage
Journalism & Public Communications Department. 786-4180



CHILD PROTECTIVE SERVICES

REPORTS OF HARM BY CASE TYPE

Case Type	Jul-98	Aug-98	Sep-98	Oct-98	Nov-98	Dec-98	Jan-99	Feb-99	Mar-99	Apr-99	May-99	Jun-99	Jul-99
Neglect	730	645	653	808	680	791	866	788	829	848	807	815	823
Physical Abuse	276	289	382	328	316	348	331	392	405	387	361	254	224
Sexual Abuse	168	149	121	194	136	125	163	151	177	172	153	162	149
Mental Injury	23	19	47	66	80	64	100	110	101	92	111	87	82
Abandonment	2	0	0	5	0	3	4	3	6	2	0	1	0
Total	1,200	1,093	1,403	1,399	1,233	1,331	1,264	1,442	1,518	1,501	1,432	1,308	1,078

REPORTS OF HARM BY SCREENING OUTCOME

Screening Outcome	Jul-98	Aug-98	Sep-98	Oct-98	Nov-98	Dec-98	Jan-99	Feb-99	Mar-99	Apr-99	May-99	Jun-99	Jul-99
Missing	0	0	0	0	0	1	0	0	1	0	0	0	0
Assigned	885	756	998	985	765	928	1,035	1,085	1,151	1,208	1,225	1,127	908
Non CPS Reason	38	23	33	49	34	38	34	52	54	31	49	60	45
Workload Adjusted	298	306	378	356	431	358	191	293	311	256	138	68	63
Dual Track	0	0	0	0	0	0	0	0	0	0	14	30	29
Insufficient Info	1	5	2	9	3	5	4	12	1	5	9	15	2
Total	1,200	1,093	1,403	1,399	1,233	1,331	1,264	1,442	1,518	1,501	1,432	1,308	1,078

COMPLETED INVESTIGATIONS OF REPORTS OF HARM BY OUTCOME

Investigation Outcome	Jul-98	Aug-98	Sep-98	Oct-98	Nov-98	Dec-98	Jan-99	Feb-99	Mar-99	Apr-99	May-99	Jun-99	Jul-99
Missing	0	0	0	0	0	0	0	0	0	0	0	0	0
Can't Locate	12	15	8	2	6	13	6	11	17	6	6	4	7
Invalid	75	119	46	67	100	84	110	65	76	72	90	103	92
Substantiated	332	402	253	288	369	360	288	335	447	285	317	353	258
Unconfirmed	410	525	215	209	313	312	258	352	304	298	286	326	246
Total	829	1,061	523	566	788	769	762	773	844	641	698	786	683

LINE STAFF

Staff	Jul-98	Aug-98	Sep-98	Oct-98	Nov-98	Dec-98	Jan-99	Feb-99	Mar-99	Apr-99	May-99	Jun-99	Jul-99
Available	139	133	145	145	146	156	147	151	155	154	156	156	157
Vacant	15	16	13	16	15	8	15	12	8	9	7	8	9
Total	145	149	158	161	161	162	162	163	163	163	163	164	166

September 1999 - 9/3/1999

FAMILY SERVICES OUT OF HOME CARE REPORT

CHILDREN IN OUT OF HOME CARE BY THE NUMBER OF MONTHS IN CONTINUOUS CUSTODY

Months in Custody	Sep-98	Oct-98	Nov-98	Dec-98	Jan-99	Feb-99	Mar-99	Apr-99	May-99	Jun-99	Jul-99	Aug-99	Sep-99
0-11	695	657	671	682	663	647	687	724	727	735	711	735	742
12-23	483	439	467	480	508	518	546	563	568	580	582	568	541
24-35	241	223	211	228	224	210	220	219	239	254	267	278	287
36-47	183	202	203	203	208	214	195	209	202	201	168	172	170
48+	234	219	229	231	247	258	274	277	297	304	307	303	288
Total	1,756	1,740	1,781	1,834	1,848	1,847	1,922	1,982	2,033	2,054	2,036	2,054	2,038

AVERAGE MONTHS IN CONTINUOUS CUSTODY

Average Months	Sep-98	Oct-98	Nov-98	Dec-98	Jan-99	Feb-99	Mar-99	Apr-99	May-99	Jun-99	Jul-99	Aug-99	Sep-99
	23.8	24.5	24.2	24.6	24.6	25.0	24.8	24.5	24.8	24.8	24.9	24.8	24.9

CHILDREN IN OUT OF HOME CARE BY THE NUMBER OF PLACEMENTS IN CURRENT CUSTODY EPISODE

Placements	Sep-98	Oct-98	Nov-98	Dec-98	Jan-99	Feb-99	Mar-99	Apr-99	May-99	Jun-99	Jul-99	Aug-99	Sep-99
1	260	258	282	279	281	268	302	336	336	346	335	327	321
2-3	521	522	527	529	589	564	597	619	641	650	649	653	644
4-7	554	560	551	585	559	570	571	573	579	589	596	619	610
8+	421	410	421	431	439	445	452	464	477	492	456	464	463
Total	1,756	1,740	1,781	1,804	1,848	1,847	1,922	1,982	2,033	2,054	2,036	2,054	2,038

AVERAGE NUMBER OF PLACEMENTS FOR CHILDREN IN CARE

Average Placements	Sep-98	Oct-98	Nov-98	Dec-98	Jan-99	Feb-99	Mar-99	Apr-99	May-99	Jun-99	Jul-99	Aug-99	Sep-99
	5.8	5.8	5.8	5.8	5.7	5.8	5.7	5.7	5.6	5.6	5.5	5.6	5.7

OCT-06-1999 WED 10:31 AM

10-06-99 10:07am From-DHSS COMMISSIONERS OFFICE

FAX NO.

8074553068

P. 10/11

T-253 P.08/10 F-551

JUVENILE PROBATION SERVICES

SUPERVISION CASES SERVED DURING

	<u>Jul-98</u>	<u>Aug-98</u>	<u>Sep-98</u>	<u>Oct-98</u>	<u>Nov-98</u>	<u>Dec-98</u>	<u>Jan-99</u>	<u>Feb-99</u>	<u>Mar-99</u>	<u>Apr-99</u>	<u>May-99</u>	<u>Jun-99</u>	<u>Jul-99</u>
Open at Beginning	1,428	1,435	1,373	1,341	1,310	1,334	1,305	1,280	1,248	1,201	1,198	1,158	1,168
New	129	121	103	97	128	107	94	83	97	95	70	99	74
Closed	122	183	135	128	102	136	119	115	144	109	110	87	72
Open at End	1,435	1,373	1,341	1,310	1,334	1,305	1,280	1,248	1,201	1,198	1,158	1,168	1,170

NEW SUPERVISION CASE BY THE INITIAL CASE TYPE

Case Type	<u>Jul-98</u>	<u>Aug-98</u>	<u>Sep-98</u>	<u>Oct-98</u>	<u>Nov-98</u>	<u>Dec-98</u>	<u>Jan-99</u>	<u>Feb-99</u>	<u>Mar-99</u>	<u>Apr-99</u>	<u>May-99</u>	<u>Jun-99</u>	<u>Jul-99</u>
Institutionalization	1	2	1	1	5	5	1	3	3	3	5	2	4
Informal Probation	73	64	61	43	59	49	38	41	41	33	28	43	37
Maximum Probation	9	5	5	8	9	5	5	1	7	5	2	6	2
Medium Probation	23	31	17	23	24	34	28	17	29	31	17	30	15
Minimum Probation	16	15	16	18	25	11	16	19	12	17	13	14	13
Out-of-State	1	0	0	0	1	0	0	0	0	1	0	1	0
Residential Care	8	4	3	4	3	3	8	2	5	5	5	3	3
Total	129	121	103	97	128	107	94	83	97	95	70	99	74

JUVENILE JUSTICE

JUVENILE DELINQUENCY REFERRALS BY OFFENSE CATEGORY

	Jul-99	Aug-99	Sep-99	Oct-99	Nov-99	Dec-99	Jan-99	Feb-99	Mar-99	Apr-99	May-99	Jun-99	Jul-99
Referral Offense	97	105	128	130	145	129	89	129	128	130	115	109	102
Against Persons	481	435	397	268	273	306	215	258	320	331	398	330	337
Property	22	15	24	22	35	25	19	24	39	23	38	30	26
Public Order	43	54	62	81	54	50	29	66	80	87	48	36	45
Drug/Nicotine	9	6	15	4	11	4	9	13	14	13	14	7	11
Weapons	85	82	112	95	96	93	86	71	96	96	74	80	81
Misc. Offenses	657	705	738	600	615	607	447	554	678	680	597	584	584
Total													

JUVENILE DELINQUENCY REFERRALS BY OFFENSE CLASS

	Jul-99	Aug-99	Sep-99	Oct-99	Nov-99	Dec-99	Jan-99	Feb-99	Mar-99	Apr-99	May-99	Jun-99	Jul-99
Referral Offense	0	0	0	0	0	0	0	0	0	0	0	0	0
Missing	202	200	228	178	180	163	102	142	178	178	178	128	167
Felony	389	416	398	327	339	248	259	338	403	408	344	396	355
Misdemeanor	23	37	45	34	39	33	31	24	39	37	34	33	22
Violation/Other	62	52	67	61	57	63	55	47	57	59	40	47	40
Probation Violation	857	705	738	600	615	607	447	554	678	680	597	584	584
Total													

JUVENILE DELINQUENCY REFERRALS INTAKE DECISION

	Jul-99	Aug-99	Sep-99	Oct-99	Nov-99	Dec-99	Jan-99	Feb-99	Mar-99	Apr-99	May-99	Jun-99	Jul-99
Intake Decision	2	13	14	15	9	17	14	34	25	55	54	103	118
Intake Open	130	130	115	105	96	109	56	80	116	91	68	75	67
Adjusted - Conference	78	47	82	34	36	31	18	14	32	39	28	19	18
Adjusted - Letter	86	108	110	94	111	89	68	79	127	118	90	102	112
Adjusted - Referral	58	71	84	56	70	60	39	65	61	62	45	46	29
Dismissed	18	15	15	17	14	12	4	13	7	12	8	10	22
Detention Screen Only	48	31	45	52	48	37	26	34	31	34	27	29	30
Informal Probation	181	225	225	174	185	185	185	177	215	222	208	131	128
Adjudication Petition	0	2	0	1	1	0	0	0	0	0	0	0	0
Waiver Petition	60	63	68	52	35	57	49	55	64	57	67	78	62
Youth Court Referral	657	705	738	600	615	607	447	554	678	680	597	584	584
Total													

AVERAGE NUMBER OF DAYS TO DETERMINE AN INTAKE DECISION*

	Jul-99	Aug-99	Sep-99	Oct-99	Nov-99	Dec-99	Jan-99	Feb-99	Mar-99	Apr-99	May-99	Jun-99	Jul-99
Average Days	40.8	28.5	36.2	36.1	30.8	28.8	23.4	21.1	21.4	17.5	16.0	16.1	11.4

* This measure is based on the delinquency referrals where an intake decision has been determined. Does not include DSOs.

September 1999 - 9/3/1999

JUVENILES REFERRED TO DFYS BY AGE, RACE, AND GENDER July 1999

AGE			RACE		GENDER			
Age	Number	Percent	Race	Number	Percent	Gender	Number	Percent
<9	7	1%	Native	208	37%	Male	483	74%
9	19	4%	Black	48	9%	Female	138	26%
10	20	2%	Caucasian	222	41%	Unknown	0	0%
11	16	3%	Hispanic	16	3%	Total	541	100%
12	32	6%	Asian	27	5%			
13	57	11%	Other	3	1%			
14	68	13%	Unknown	24	4%			
15	184	19%	Total	541	100%			
16	105	19%						
17	117	22%						
18+	5	1%						
Total	541	100%						

PETITIONED JUVENILE DELINQUENCY REFERRALS BY COURT OUTCOME

Court Outcome	Jul-99	Aug-99	Sep-99	Oct-99	Nov-99	Dec-99	Jan-00	Feb-00	Mar-00	Apr-00	May-00	Jun-00	Jul-00
In Process	13	22	21	26	24	26	23	32	63	62	70	57	80
Dismissed	49	38	49	26	40	43	32	27	29	24	33	11	7
Divorced	3	7	7	7	6	7	8	6	5	4	16	3	0
Held in Absence	11	21	19	15	14	12	9	15	14	17	16	13	9
Adjudicated	105	135	129	98	112	94	83	97	104	115	73	47	30
Withdrawn	0	0	0	0	0	1	0	0	0	0	0	0	0
Waived	0	2	8	2	0	2	0	0	0	0	0	0	0
Total	181	227	225	176	196	185	165	177	215	222	208	131	126

LINE STAFF

Staff	Jul-99	Aug-99	Sep-99	Oct-99	Nov-99	Dec-99	Jan-00	Feb-00	Mar-00	Apr-00	May-00	Jun-00	Jul-00
Available	55	55	55	54	54	58	58	55	59	62	62	62	62
Vacant	2	2	2	3	2	4	4	4	2	2	2	2	2
Total	57	57	57	57	57	62	62	59	61	64	64	64	64

September 1999 - 9/3/1999

Very Rough

Some preliminary
thoughts to ruminate on.

DRAFT PREAMBLE

The DHSS Privatization Subcommittee has evaluated DHSS programs in light of the following rationales.

1. Poor Alaskans are generally able to, and do, provide for their basic needs.
2. People in general, and Alaskans in particular, are willing and able to help others in need. They can and do step in to help when needs arise.
3. A myriad of private organizations - churches, charities, fraternal organizations, etc. are involved in helping those that for one reason or another, short term and long term, are unable to provide basic necessities.
4. The State has improperly stepped in to try and right all "wrongs".
5. The State should not be involved in any area that is being reasonably served by private endeavor.
6. If the State steps in at all, using other's money collected as taxes, it should be as a last resort, not the first line of care.

Important issues, but which this subcommittee has not had time to adequately address include the following.

- What % of funds received by DHSS is actually delivered to individuals/families? I.e. what is overhead/administration?
- How much of that:
 - meets essential need that otherwise would not be met
 - enables people to leave system, be self-supporting?
- How much:
 - encourages people to stay in system
 - promotes single parent families, teen pregnancies, etc.
 - goes to those not really in need (fraud, lazy, double dipping)
 - is used for non-essentials - or allows other resource to be used for: tobacco, alcohol, drugs, or other irresponsible living?

Does State spending encourage or inhibit family, friend, neighbor help to individuals/families? What would happen if a State program were eliminated? Would someone else pick up the slack and would help be less, the same, or more?

"PRIVATIZATION HIERARCHY":

- 4 Private, no state involvement
- 3 State contract with private
- 2 State contract with quasi-public/private
- 1 State contract with local govt
- 0 State do or contract with other state agency
- 1 State take over from private

Mike Tauriainen

Subject: To the Chair, Mr. Taurianan, of the DHHS Subcommittee, Commission on privatization

Date: Thu, 4 Nov 1999 23:32:11 -0800

From: "David Paschane" <paschane@u.washington.edu>

To: <Privatize@legis.state.ak.us>

Mr. Taurianan,

I wanted to thank you and express my interest in your service on the Commission on Privatization, Department of Health and Social Services Subcommittee. My wife and I are also alumni of George Fox College, and therefore know your daughters. We also have ties to Soldotna, as Amy, my wife was the clinician for the Kenai Peninsula Community Care Center. Now we are both working on doctorates in Seattle, though we return to Alaska often. I will be up there again this winter to work with Marc Marlow on some projects. I am very interested in the work you are doing for the subcommittee, as it is a central piece of my research questions. I too am interested in the potential for privatizing some of the scope of the Department of Health and Human Services. If I can be of any service, please let me know. If it is possible to have the subcommittee staff add me to their mailing list for any disseminated materials, I would appreciate it. If you or the staff wishes to know more about me, you can see my resume on line at <http://students.washington.edu/paschane/resume.html>

Thank you again,

David Paschane



**DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF ADMINISTRATIVE SERVICES
DIRECTOR'S OFFICE**



FACSIMILE COVER SHEET

TO:
Annette Deal-Coxworthy
Melba Piispanen-FBX
Alyson Stogsdill-Kenai
Lana Decker-Anch
FAX NUMBER
PHONE NUMBER

FROM:
(Stanley Anderson)
11/2
DATE
12
NO. OF PAGES
465-2499
FAX NUMBER
465-3331
PHONE NUMBER

RE:

11/2 Privatization Information

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ OTHER

NOTES/COMMENTS:

Annette	269-0223	PH Memo	3 pgs
Melba	456-3346	Recommendation Memo	
Alyson	283-3075		8 pgs
Lana	269-0229		

Please Print and Distribute Today

State of Alaska
Department of Health & Social Services
Division of Administrative Services/Director's Office
P.O. Box 110650
Juneau, Alaska 99811-0650

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

DIVISION OF ADMINISTRATIVE SERVICES

TONY KNOWLES, GOVERNOR

P.O. Box 110650
Juneau, AK 99811-0650
Phone: (907) 465-3082
Fax: (907) 465-2499

MEMORANDUM

DATE: October 26, 1999

TO: DHSS Privatization Task Force

FROM: Janet Clarke
Director 

SUBJECT: Response to October 26, 1999 Privatization Task Force Fax Request for Information

The following are responses to the sub-subcommittee recommendations for the Division of Public Health.

Recommendation #1: Responsible use of public money for graphic art designs.
Why did the Child Health Insurance Graphic Art Design cost \$19,900? This was found in the Division of Public Health report on pages 6 and 7. Contractors were Fieldhouse, Mike Graphic Design whose cost was \$19,000 and Kinchloe, Anne whose cost was \$900.

The Division of Public Health was given responsibility to develop the outreach materials for the Department's Denali KidCare program. The outreach mandate by the federal funding agency required the Division to produce attractive, easily understood and usable outreach and application materials. Since the Division does not employ graphic artists we turned to the private sector for the graphic arts part of this production effort. The two individuals listed above designed the logo and, using the logo and overall design concepts, produced for the program a myriad of posters, brochures, mail inserts, application forms, training materials and other such promotional materials needed to do the mandatory outreach for Denali KidCare.

Recommendation #2: Utilize educational departments at local hospitals to provide all the education and training of EMT's and community health aides, comprehensive statewide emergency medical services and trauma care systems, rural and primary health care service, and health promotion and prevention efforts statewide.

Hospitals have facilities and health care educators who can coordinate classroom and bedside training. Community programs between different hospitals already exist and encourage working together toward common goals. The participants would meet and work with many

Individuals from the medivac teams to the emergency room staff who they will work with in the future. The educational process would focus on the "team" to provide quality health care throughout Alaska. Health care is a continuum in and out of a hospital and requires good communication among the team.

Many of the communities in desperate need of EMS, primary care, and health promotion training are distant from hospitals. Most hospitals lack staff with the pre-hospital emergency care experience necessary to teach basic Emergency Medical Technician courses. Additionally, most hospitals do not have staff trained in community-based health promotion, prevention or rural health systems development to conduct many of the training events that are needed.

Many of the community outreach roles suggested in the recommendation are nontraditional activities for most hospitals. The "continuum of care" is a basic tenet of the EMS system. Communications and respect among all emergency medical services personnel, from dispatchers to nurses and physicians, is promoted at every opportunity. Encouraging the continuum of care and a comprehensive approach to care often involves remote primary care clinics, health centers and private practices that are already linked through referral patterns and networks. Educational departments at local hospitals would need to expand beyond their current capabilities and activities, in such areas as prevention, in order to provide broad-based education and training. Local hospitals would likely need to expand their capabilities to provide training and education throughout a region or network of communities.

The Community Health Aide (CHA) training program, developed and administered by the tribal health entities, ensures a minimal response capacity at the village level. The state provides a minimal level of support for this program to ensure that non-natives can be served as well.

Recommendation #2 does not address the broad range of activities vital to ensuring the presence of a comprehensive statewide emergency medical services system (including trauma), adequate rural and primary health care, and health promotion and prevention efforts.

Recommendation #3: Work with the University of Alaska masters programs to do research desired, like behavioral risk factor surveys mentioned in report.

UAA students in master programs are always looking for topics and worthwhile projects to research. This would decrease the State labor cost of such projects and provide valuable experiences for the students while making their education meaningful and realistic in the health field. This could potentially provide information on more topics than would be feasible if done only by the Division. The Division could provide "wish lists" of topics.

The Division of Public Health works cooperatively with the University of Alaska Southeast concerning the operation of the Behavioral Risk Factor Surveillance System. The Division of Public Health employs college students (undergraduates) exclusively as College Interns to collect the data via computer assisted telephone interviewing which provides the students with educational experience in research. Since the BRFSS survey is ongoing, long term positions are desirable for maintaining quality assurance of data collection. The DPH has had reimbursable service agreements with UAA for technical assistance to the survey but not for data collection

Privatization Task Force

Page 3

11/01/99

because of high overhead charges. The DPH is the believed to be the only survey research operation in Alaska equipped for a computerized telephone interviewing system of this type.

Trained college students may be appropriate for conducting other related research studies or surveys (observation, face to face, or telephone) that are short in duration (point in time) as a project.

College students have access to public use BRFSS data files for research purposes. Although data analysis is an ongoing need of the Division for BRFSS, students and many other researchers require additional training to analyze the data according to CDC standards. The capacity to analyze BRFSS data is best built over time with specialized training.

• ***How many of the 458 full time employees work in community health and emergency medical service programs?***

There are 23 full time employees working in community health and emergency medical services programs.

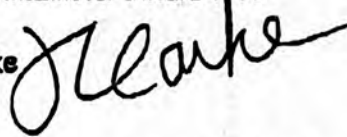
If you have questions, comments, or require additional clarification regarding this information, please contact me at 465-1630.

cc: Karen Perdue, Commissioner
Elmer Lindstrom, Special Assistant
Peter Nakamura, MD, MPH, Director, Public Health
Sharon Lowe, Administrative Manager, Public Health
Laura Baker, Chief Budget Analyst, Administrative Services
Vern Skagerberg, Budget Analyst, Administrative Services

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES***DIVISION OF ADMINISTRATIVE SERVICES*****TONY KNOWLES, GOVERNOR**

P.O. Box 110650
Juneau, AK 99811-0650
Phone: (907) 465-3082
Fax: (907) 465-2499

MEMORANDUM**DATE:** November 1, 1999**TO:** DHSS Privatization Task Force**FROM:** Janet Clarke
Director**SUBJECT:** Response to October 26, 1999 Privatization Task Force Recommendations

We appreciate the opportunity to respond to the Subcommittee recommendations on DFYS, Mental Health, and Juvenile Justice, however we are deeply disturbed with the statements in the sub-subcommittee report in the opening comment section. Several of these comments are inflammatory, do not have supporting information, and imply fraudulent activities occurring on the part of the department. In particular we would ask that the subcommittee remove the following statements:

PARAGRAPH #2: *"We see a growing trend in misappropriation of funding for the benefit of the agencies with reckless disregard for the beneficiaries of those agencies."*

A statement indicating misappropriation of funds has occurred is serious in nature and should not be used in a reckless manner without supporting evidence. Implying that there is misappropriation of funds would also seem to imply that criminal behavior is taking place. This is a serious accusation to make without supporting evidence. If specific evidence of this allegation does exist please provide it to me or Commissioner Perdue.

PARAGRAPH #4: *"There has been a proven track record of negative management decisions. Some of these are related to untimely promotions of unqualified individuals to fill vacancies."*
The sub-subcommittee provides no proof of negative management decisions and once again this is overly broad statement that appears to be targeted at all three divisions. Once again if there is evidence please provide the information to me or to Commissioner Perdue.

Enclosed are responses to the sub-subcommittee recommendations for the Divisions of Family and Youth Services, Mental Health and Developmental Disabilities and Juvenile Justice. Also enclosed is the Medical Assistance clarification of Recommendation # 4 (calls for a legislative audit of the Medicaid Rate Advisory Commission).

Recommendation #1

Create a board (functionally similar to the State Board of Education) for all three departments (DFYS, JJ, and MH). These boards would be tasked with two primary responsibilities: 1) Intake, and 2) case review to ensure quality control.

The Alaska Mental Health Board (AMHB) exists currently, and, among other responsibilities, is statutorily responsible to monitor the quality of the mental health services provided in Alaska.

The Board has established a Program Evaluation and Review Committee (PERC) to specifically evaluate mental health programs and report findings to the whole Board.

In partnership with the Division of Medical Assistance, the Division of Mental Health and Developmental Disabilities (DMHDD) has developed through a private contractor an Integrated Quality Assurance review process to determine medical necessity for services and the adequacy of treatment plans and the resultant interventions.

The DMHDD has reached an agreement with PERC to include PERC in the QA process, to enable PERC to directly monitor samples of client care throughout the state.

The mental health system serves over 20,000 persons per year, with over 7,000 being served long-term.

The monitoring of samples of clients appears to be the most practical way for the AMHB to monitor quality of care. There is no practical way to review 20,000 cases per year, most of which are seen one or two times for brief crisis intervention.

The current procedure seems to essentially meet the intent of the recommendation, and the process is continuing to evolve toward even more effective oversight.

The Division of Juvenile Justice is accredited by the American Correctional Association (ACA), a national correctional organization. The accreditation process requires a thorough and rigorous review of several hundred quality standards that represent best practice in the juvenile justice field. There are separate accreditation standards for juvenile facilities (both detention and treatment) and for field probation services. The facility accreditation process ensures that the Division utilizes good management procedures and provides appropriate care and treatment of juveniles in facilities. The field probation accreditation reviews the entire juvenile probation case process, beginning at intake and including case management contact standards through the court process. Alaska recently completed its reaccreditation review and preliminary findings from ACA are that all of our juvenile facilities and our probation offices have passed the audit process with a score of at least 95%.

DJJ has an advisory board mandated by Section 223(a)(3) of the federal Juvenile Justice and Delinquency Prevention (JJDP) Act. This board, known as the Alaska Juvenile Justice Advisory Committee (AJJAC), is comprised of Alaskans who have experience with youth and juvenile justice issues and includes parents, youth, teachers, social service workers and court and corrections employees. Primary responsibilities of the AJJAC include assisting the State in

coming into compliance with the core requirements of the JJDP Act, participation in the development of the state's juvenile justice plan, review and approval of community-based grants funded through OJJDP and advising the Governor and the Division regarding improvements to the juvenile justice system. The advisory group receives designated federal funds from the JJDP appropriation to fulfill its duties in the amount of 5% of the total federal Formula grant.

DJJ is actively involved with the community on a number of levels. McLaughlin Youth Center has an active citizen advisory board and Fairbanks Youth Facility, Nome Youth Facility, Bethel Youth Facility and Johnson Youth Center are in the process of developing one. The boards will meet regularly with facility staff to provide citizen input and oversight into facility operations. Juvenile probation is in the process of developing citizen review boards as well. Additionally, field probation services is actively involved in community policing efforts, local village and tribal court initiatives and a range of other local projects and processes designed to encourage interaction between DJJ and the community.

There was a statewide Citizen Foster Care Review board until this year when its funding was eliminated. This board reported to the Legislature annually regarding the children in custody. The Department does not oppose a statewide board, but will need funding to support the board's travel, reviews, support staff, and publications.

Recommendation #2

All contracts established with private for-profit and not-for-profit entities must be put out for competitive bid.

Of the grants currently active, 82.1% were awarded through competitive solicitation. For 13.8%, competition was waived under 7 AAC 78.095 (b); and 4.1% were awarded to designated grantees. The category "designated grantees" includes those grants for which the grantees were designated by either state legislation or required by the federal funding source (such as the Indian Pass through Grants).

A check of the FY99 contracts and discovered that 70% were awarded using some type of competitive solicitation. Some were formal (over \$50,000) and for those with total award amounts of less than \$50,000, an informal solicitation was conducted.

That leaves 30% of our contracts that were awarded without using a competitive award. Of this 30%, 16% were awarded after obtaining approval to use an alternate procurement method and 14% of these are exempt from the procurement code and therefore do not require any solicitation.

Recommendation #3

Fully fund and reinstate the Foster Care Review Board with more specific criteria to reunify families as well as incentive funding to do so (this will offer balance in retrospect to the federal funding offered to substantiate reports of harm and adopt children out). Ensure that the Dept. fully supports and transfers the funding. Have them report to a department not connected to the division of Family and Youth Services. Possibly add the review of juvenile justice cases and mental health to the areas of responsibility for this review agency.

The first part of this recommendation is probably meant for the Legislature. The Department has, under this administration, fully supported the Foster Care Review Board. We did not support the elimination of the Board.

Recommendation #4

Set up a statewide independent review panel to study best practices of other states (what successes and failures have other states experienced) so that we can develop a model for this state. We also need to accept that any system involving the often highly subjective issue of caring for and protecting children will create situations that are not easily seen as black and white. There will be mistakes on both sides. How DFYS handles the very trauma that their intervention creates regardless of validity of a report is critical.

There was a statewide Citizen Foster Care Review board until this year when its funding was eliminated. This board reported to the Legislature annually regarding the children in custody. The Department does not oppose a statewide board, but will need funding to support the board's travel, reviews, support staff, and publications.

Recommendation #5

DFYS needs to have a privatized statewide register of all reports of harm. The system needs to be regulated to clarify which reports have been truly substantiated and those that are just assumed by preponderance of evidence, or unconfirmed. We have a very transient population. As children and abusers move around the state, and additional reports are made, DFYS will know that there have been previous concerns. Access to the register should be limited. The purpose for the registry and all information kept on it should be substantiated. (See Missouri)

According to Alaska Statute 47.17.040, Alaska is required to have a privatized statewide register of all investigation reports. The statute is copied below for Committee members' review.

Sec. 47.17.040. Central registry; confidentiality.

- (a) The department shall maintain a central registry of all investigation reports but not of the reports of harm.
- (b) Investigation reports and reports of harm filed under this chapter are considered confidential and are not subject to public inspection or copying under AS 09.25.110 and 09.25.120. However, in accordance with department regulations, investigation reports may be used by appropriate governmental agencies with child protection functions, inside and outside the state, in connection with investigations or judicial proceedings involving child abuse, neglect, or custody. A person, not acting in accordance with department regulations, who with criminal negligence makes public information contained in confidential reports is guilty of a class B misdemeanor.

This statute is further clarified in regulations, Chapter 54, Article 1 of the Alaska Administrative Code (7 AAC 54).

The division has used PROBER, its management information system, as the central registry. PROBER contains information on all investigation reports. At the conclusion of an investigation, data is entered into PROBER that indicates whether the report of harm was valid.

Recommendation #6

Establish an independent or partially independent review team for the removal of children. Children in immediate danger obviously can't wait for a team meeting. Those children in categories P1, P2, or P3 who may not need immediate removal would be under the jurisdiction of this team. See Helfer and Kemp's Child Protection Team concept.

The Court must approve all removals of children. Even children in immediate danger, who are removed and placed by the state, must be approved in court. The division is required to notify the court within 24 hours after emergency custody was assumed. The Court must hold a court hearing within 48 hours to determine whether sufficient reason existed to remove the child from its home. Given this, the Department does not see a reason for an independent review team to review situations where children are removed from their homes.

Multidisciplinary child protection teams were established in statute in 1998. These teams were created "to assist in the evaluation and investigation of reports made under AS 47.17 and to provide consultation and coordination for agencies involved in child protection cases under AS 47.10." (AS 47.14.300). Currently not all communities have multidisciplinary child protection teams. The Department participated with several community members in developing a concept paper that outlines six major teams statewide. These teams would support smaller community teams in their area. The concept paper along with a request for funding was submitted on the federal level. The Department is waiting to hear about the potential for funding to support these teams.

Recommendation #7

Increase the ability of Native entities to become child placement agencies in conjunction with other non-Native counsel reviews (this will decrease the chances of related family members or closely knit tribal neighbors from being accused of non-action, Reference: Browers vs. State of Alaska, a Barrow case where an abuser was protected due to relationship with mayor). They could do home studies, placements, and monitor placement of ICWA children and Interstate Compact children who are Native. This would free DFYS staff of perhaps several thousand cases per year and save money.

The Department has worked with many Tribes and Tribal organizations to increase their capacity and infrastructure to perform child protection functions. Many Tribes and Tribal organizations have ICWA workers, who work closely with DFYS workers and who DFYS workers rely on. There are ICWA workers in villages where DFYS workers are not present and where travel may be difficult, so ICWA workers in many instances take the lead in their village for child protection.

Some Tribes take children into Tribal custody without state intervention. Additionally, more Tribes are developing their own courts.

Two Tribes, the Native Village of Barrow and the Native Village of Chevak, received Exclusive Jurisdiction under the Indian Child Welfare Act (25 U.S.C.S. 1918) The Federal Department of Interior granted both Tribes' sole jurisdiction over matters concerning their Tribal children. In these two situations, the state has no authority to intervene. Currently, the Department is working on Tribal-State agreements with both Tribes.

The Department supports Tribal involvement in the placement and care of Native children. One of the major barriers has been the lack of funding available to both Tribes and the Department.

Recommendation #8

Support DHSS in contracting some of API services to private hospitals and practitioners.

This is ongoing as part of the API 2000 project for all community services (e.g. Single Point of Entry, DET, Enhance Crisis Respite and Enhanced Detox). The SPE application is currently under review and other service scopes of work are being negotiated to increase their current level of care.

Recommendation #9

Support the Governor's concept of "Single Point of Entry" for services to children and families through implementing a private agency or non-profit designated for such a point of contact.

This is on-going as part of the API 2000 project. The target population is people experiencing mental health and/or substance abuse crisis with special emphasis on people with co-occurring disorders. As noted above, the applications for this service (for Anchorage) are under way with expected start date of April 1, 2000.

NOTE: This recommendation seems to imply that Single Point of Entry pertains broadly to children and families and is not limited to mental health and substance abuse issues. If they are talking about a single point of entry for child protection issues or family problems not of a mental health/substance abuse nature, then not sure how to respond.

Recommendation #10

Privatize foster home licensing operations to include training, hiring, discipline, oversight.

The Department has privatized training for foster parents since the late 1980s. The selection, discipline, and oversight of foster parents have been viewed as state regulatory activities. The Department does not agree that this function of state government should be privatized.

Recommendation #11

Privatize adoption of relinquished children.

The Department agrees with this recommendation and has moved towards these services being privatized. Project Succeed started two years ago and begun by focusing on children whose parents' rights have been terminated and who are still in state custody. This Project has helped many children and families finalize their adoptions and has helped moved those children out of

the system. The longer the Project exists, the more refinement and improvements are made with these services. The Department hopes to continue this Project.

Recommendation #12

Privatize training of DFYS personnel, policy writing, retention/retirement incentive policies.

The training for DFYS personnel moved from the DFYS to the University of Alaska in 1998. While the university is considered a public institution, it is still outside the Department. The current training program is a competency-based training curriculum that focuses on best practices and models for front line social workers and supervisors.

DFYS policy writing emerges as a direct result of both federal and state statutes. Guidebooks for social workers have been privatized in the past. However, policy writing is part of assuring that statutes and best practices are followed. Privatizing such activity would not allow accountability or oversight to occur. The Department does not agree with this part of the recommendation.

Retention and retirement incentive policies are adopted by labor relations boards, unions, the administration, and the Legislature. There have been some retention efforts that the DFYS has adopted, such as four day work weeks, training programs, back-to-school education leave of absences, and supervisory and management training. However, there are limits to what the Division can do since these workers are state workers. The Department does not agree with this part of the recommendation.

Recommendation #13

Separate and privatize all aspects of case management, assessment for treatment services required and referrals. This will provide an external review to decrease financial burden on state due to lengthy unwarranted retention of children in out of home care placements. It will also decrease the current conflict of interest.

Assessments for treatment services are mostly privatized now. Certainly state social workers perform assessments but usually private treatment providers conduct their own assessments based on their expertise. Case management in child protection involves legal intervention that is not easily privatized. It is not clear what "current conflict of interest" means in this context. The Department does not support this recommendation and requires further clarification.

During the Tuesday October 26th meeting of the Privatization Task Force members expressed confusion regarding Recommendation # 4. Recommendation #4 calls for a legislative audit of the Medicaid Rate Advisory Commission.

There seemed to be two basic areas of confusion. First, the Task Force's initial description of the recommendation identified medical facilities as the target of punitive audits. It was this recommendation and description to which the Department responded. Secondly, the Task Force's Response to the Department's Comments identified a \$500,000 audit being conducted for the Division. The audit referenced was a competitively procured contract for the auditing of non-facility medical providers. One of the Task Force members expressed ethical concerns of an

Privatization Task Force

Page 8

11/01/99

audit that was issued with a goal of recovering a \$1,000,000 target expenditure amount from medical providers.

Audits of non-facility providers were initiated at Legislative direction with a \$4,300,000 cut and specific intent language written into the Medical Assistance section of the budget appropriations act for FY98. The Legislature saw non-facility provider auditing as an effective cost avoidance/cost containment activity. Shortly after the end of the Legislative session the Division began the competitive procurement process the contract for these professional services. A contract was signed and the contractor began work on October 27, 1997. The contracted dollar amount was an annual maximum of \$477,275 and included 2 one-year extensions. The current contract expires June 30, 2000.

The Request For Proposal, Scope of Work, 5.01 Introduction, Purpose and Goals, identified 10 goals for this contract. Among them was a goal to recover \$1,000,000 of overpayments made by the Medicaid program to medical providers. Problems with that language in the contract were pointed out by the Medical Association after the contractor been working on the contract for 4-5 months. The Department amended the contract with the beginning of FY99 (July 1998) extension by substituting the following language for that goal: "(8) Reducing Medicaid program payments through cost avoidance; and as proposed by the contractor in their proposal to the State of Alaska for Desk and Onsite Reviews". I want to emphasize that during the life of this contract the contractor has never been held to a recovery amount as a target, goal or otherwise.

The cost avoidance purpose for this contract has proven an effective tool in reducing the state's Medicaid program expenditures for Physician Services. This cost avoidance has translated directly into a reduction in the amount of state general fund expenditures necessary to support Alaska's Medicaid program. During the period of this contract, expenditures for physician services have decreased and remained flat, a trend we expect to continue this fiscal year as well. The following table displays the state's total Medicaid expenditures for Physician Services FY95- FY99, expressed in thousands.

<u>FY95</u>	<u>FY96</u>	<u>FY97</u>	<u>FY98</u>	<u>FY99</u>
44,271.5	45,267.0	45,098.5	39,400.0	39,828.3

Please contact me at 465-1630 if you have questions regarding this information.

cc: Karen Perdue, Commissioner
Elmer Lindstrom, Special Assistant
Theresa Tanoury, Director, Family and Youth Services
George Buhite, Director, Juvenile Justice
Karl Brimner, Director, Mental Health and Developmental Disabilities
Bob Labbe, Director, Medical Assistance
Tom Cherian, Administrative Manager, Family and Youth Services
Lisa Emerson, Administrative Manager, Juvenile Justice
Sarah Brinkley, Administrative Manager, Mental Health and Developmental Disabilities
Randy Super, Administrative Manager, Medical Assistance
Laura Baker, Chief Budget Analyst, Administrative Services
Verne Skagerberg/Mary Ashmore, Budget Analyst, Administrative Services



COMMISSION ON PRIVATIZATION

Department of Health & Social Services

Subcommittee on Medical Assistance

October 19, 1999

Mike Taurialnen
Privatization Commission Subcommittee of Health & Social Services

Dear Chairman :

Recommendation #1: Implement a state statute giving medical facilities the flexibility to decide whether or not to pursue collection of questionable debts.

This recommendation passed 3 to 0.

Under the current system, medical facilities providing medical assistance to a medical patient are required to collect the recipients co-pay portion of the medical bill. The end result many times is that the medical facilities are losing money by being required to pursue pennies with dollars.

Department Response:

The Alaska statute requires that certain Medicaid recipient's be liable to pay cost-sharing charges for medical facility services and that the provider collect the allowable charge. (AS 47.07.042. Recipient cost-sharing) Federal law is permissive on whether the provider must collect any cost-sharing charge, however, the provider may not deny services because a recipient is unable to pay the charge. (Soc. Sec. Act, Sec.1916(e)) A change to the Alaska Statutes to provide medical facilities flexibility to decide whether or not to pursue collection of cost-sharing amounts is a legislative choice. Giving medical facility providers the option would allow them to collect cost-sharing from those few who may have ability to pay and yet forgive those who do not.

Response to Department's Comments:

It sounds like the Department would be supportive of this recommendation. If the federal law is permissive, this is one instance where the legislation can revise state statutes to be more aligned with federal law.

Recommendation #2: Make the medical assistance program into a loan program for people who are physically able to support themselves and their family, but have medical needs and to not have the immediate resources to pay for that need.

This recommendation passed 2 to 1.

The rationale for supporting this recommendation is that a loan program, be it a low interest or no interest loan, would discourage abuse of the medical services available under the medicaid program because the participant would incur a debt. Medicaid currently competes with private charities. Taxes are collected from productive Alaskans to provide medical services for non-productive residents. Charitable entities provide compassion and accountability that government does not provide.

The loan program concept could eventually result in a steady income of revenues for medical services from repayment of the loans. This could enable the State of Alaska to turn back federal dollars with unfunded mandates attached. This would eliminate such requirements placed on doctors as the stipulation that they can not charge less to any patient than what a medicaid patient pays. The elimination of that requirement would enable doctors to perform medical services to certain patients at no cost.

The rationale against the recommendation is the recommendation attempts to adjust the whole system to catch the abusers. It spoils the whole barrel by trying to get one bad apple.

Department Response:

This is not feasible under federal or State law. Every state has a Medicaid program, and no state administers it as a loan program.

Medicaid is a program based in federal law and, while the states have considerable latitude in determining amount, duration, and scope of the program, conversion to a loan program would require new congressional law or application for and approval for a waiver from the Health Care Financing Administration (HCFA). HCFA has never given waiver to a state to convert its Medicaid program to a loan program.

For the State to attempt to convert to a loan program without federal permission would jeopardize \$332,000 million in federal Medicaid funds and put health coverage at risk for 105,000 Alaskans.

Conversion to a loan program necessitates new costs for management of a loan program and loan portfolio; it would not reduce the administrative costs for the current Medicaid program. Recipient eligibility would still have to be determined, providers would still submit claims, and yet all the functions of a loan program would be added (loan eligibility, requirements for filing and recording loan papers, determination of repayment schedules, tracking loan payments, debt collection, etc.) The capital and ongoing costs of managing the loan program would be comparable

to other state loan programs, however, program receipts from debt collection would be low.

It seems recommendation #1 is somewhat in conflict with this recommendation. Currently, there are cost sharing as co-payments required of individuals using Medicaid. A loan program would require aggressive cost recovery. Recommendation #1 seems to indicate a desire to not pursue collections.

The department now pursues estate recovery for those persons who have assets, are over 55 years, and have received nursing home or similar institutional services. This new effort is mandated by federal law and is authorized by state law (AS 47.07.055)

Response to Department's Comments:

Innovation is what makes changes that count. This recommendation can not be accomplished without cooperation with our Congressional delegation and changes in federal laws. It is, however, a realistic goal that could result in major welfare reform and reestablishment of a society driven by personal responsibility instead of reliance on government with the cradle to grave mentality.

One recommendation made by at least two subcommittees is that all loan programs of the state be privatized and administered by commercial.

Recommendation #3:

All services provided by Health and Social Services are to be provided only to applicants who are 100% of poverty level.

The recommendation passed 3 to 0.

The state spends as much money on feeding, clothing, and housing Alaskans on public assistance as we do on education. Poverty is "the condition or quality of being poor."¹

Programs administered by Health & Social Services should be available for the poor, not the almost poor or the person who has twice as much as the poor. Poverty programs should be available to people who live in poverty, including medical assistance. These programs should address only emergency needs that are not available elsewhere and the public should be weaned of any public assistance from government sources unless individuals are actually physically unable to provide for their family. In this case, there are other sources of assistance such as workers' compensation, social supplemental income from Social Security's Disability Program, United Way, Salvation Army, March of Dimes, etc.

¹ Webster's New World Dictionary of the American Language; Second College Edition; 1982; Simon & Schuster; New York; Page 1116

The current system enables people use the system on the backs of other Alaskans. We are not being responsible as a state by taking money from productive people and giving services to non-productive people.

People living in poverty should receive emergency assistance but it should be giving with compassion that will result in people moving out of a life of poverty and with accountability that would encourage a change in lifestyle.

For those people who are truly physically unable to provide for their families, public assistance is available.

Department Response:

This change would have a large effect on four distinct groups in Alaska covered under Medicaid – Low-income elderly, low-income disabled, pregnant women and newborns, and children and would be in violation of federal law. Federal law requires that pregnant women and newborns be covered to at least 133% of poverty.

The impact depends on how the change in income allowance would impact each person. A breakdown of information on these groups is given below according to eligibility category.

Eligibility Category	People Served Under Current Limits	People Who Would Lose Medical Coverage
Aged Alaskans	6,143	Not available
Nursing Home Residents	587	236
Older Alaskans Wavlor	661	116
Children	64,218	Over 14,000
Pregnant Women	5,270	Over 1,400
Adults Disabled and DD Waivers	735	59
Disabled Alaskans	9,139	Not available

Response to Department comments:

The intent of this recommendation is to get the legislature to lead the way in welfare reform that would include working with our Congressional delegation to revise federal welfare laws. It is Representative Coghill's intent to introduce legislation this session to begin that process. With a cost of living adjustment, 100% of poverty level is actually 125%.

Recommendation #4: We recommend that the legislature conduct a legislative audit on the Medicaid Rate Advisory Commission.

The recommendation passed 3 to 0.

The legislature needs to examine if costly audits being required of medical facilities are being conducted to be helpful or are being conducted to be punitive with a "gotcha" motive of trying to catch medical facilities doing something wrong.

Department Response:

The Medicald program pays approximately \$150 million in public money to participating facilities annually. The department and the Legislature are attempting to pay close attention to the cost of these services. By paying the approximate cost of these services, and to only pay our fair share of these costs.

One of the methods the state uses to make sure we are consistently paying close to the cost of services is by performing facility audits. These facility audits are attempting to ensure the prudent use of resources and are not intended to be punitive to healthcare facilities. An audit of the auditing unit's work seems redundant.

Response to Department's Comment:

This recommendation was passed after discussion of the \$500,000 audit being conducted currently for Medical Assistance. The information received by the subcommittee indicated that the auditors were instructed to find enough claims adjustments to pay for the audit.

Recommendation # 5: Pass legislation similar to Rep. Jeannette James proposed that would require the legislature to review and approve proposed regulations before they are put into effect.

This recommendation passed 3 to 0.**Department Response:**

Rep. James currently does not have legislation to accomplish this but she did have some several years ago. Regulations are too burdensome on the medical industry and legislative review to reduce that burden.

If legislative review and approval were required of our regulations, the division would have no mechanism to act when the legislature is not in session as the court has ruled that legislative action cannot be delegated to a committee. The state could also face significant financial penalties if it were unable to adopt regulations required under federal rules.

Cost containment is a major purpose of the regulations. Review and approval by the legislature would slow the department's ability to address new opportunities for cost containment through regulations.

Response to Department's Comment:

The Legislative Council serves as the sitting body of the Legislature when the Legislature is not in session. The Legislative Council can meet at the call of the council chairman.

I. Agency & Department Name

This is the privatization summary for the welfare agency for the State of Alaska, the Department of Health & Social Services. The subcommittee, chaired by Mike Taurenainen developed the process of reviewing the DOE. It was decided that the entire subcommittee would participate in the division overview presentations by the department. Once that was completed subcommittees of the subcommittee were formed to review each division and make recommendations. The final overviews were presented to the committee on September 21st.

II. BRU and Component Names as listed in state budget

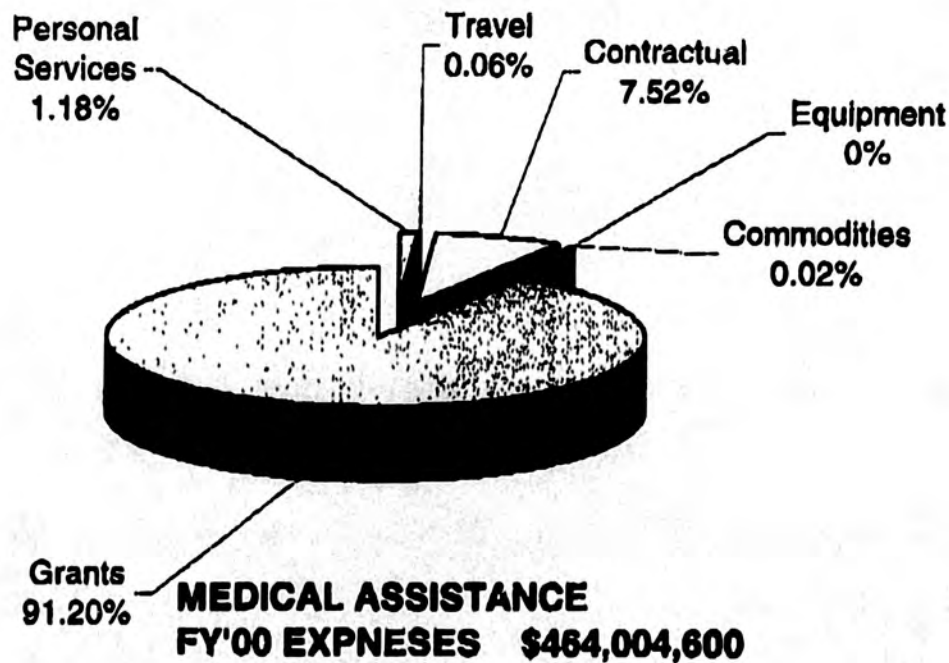
A BRU is a budget request unit that is a group of components or program activities combined to achieve a specific goal. The BRU "Medical Assistance" is comprised of eleven components: Medicaid Program, Chronic and Acute Medical Assistance, Health Baby and Healthy Kids, Home and Community Based Care, Drug Utilization Review, Medicaid Management Information System (MMIS), Surveillance and Utilization Review, Healthy Licensing and Certification (HLFC), Medical Care Advisory Committee (MCAC), Office of Hearings and Appeals, Medicaid Rate Advisory Commission (MRAC), and Audit Unit.

III. Total Budget, all funds

The total budget for Medical Assistance is \$464,004,600. The division spends \$5,452,900 on personal services, \$280,700 on travel, \$34,878,100 on contractual services, \$70,100 on commodities, \$127,900 on equipment, and \$423,194,900 on grants.

BRU - MEDICAL ASSISTANCE BUDGET

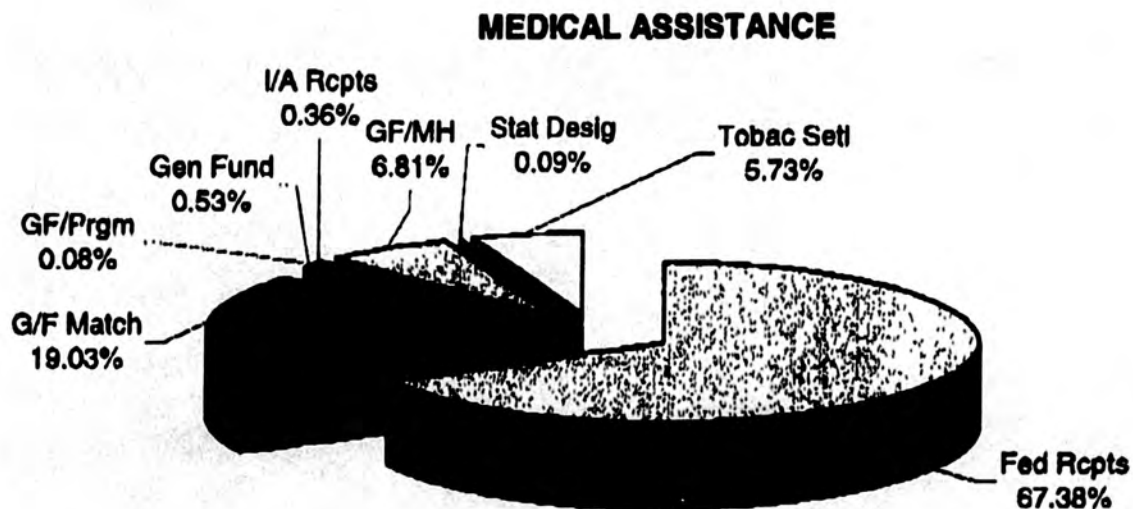
Expenses	
Personal Services	5,452,900
Travel	280,700
Contractual	34,878,100
Commodities	70,100
Equipment	127,900
Grants	423,194,900
TOTAL	464,004,600



IV. Total Revenue derived

The total revenues for the Division of Public Assistance total \$243,989,300. Federal receipts for this program total \$98,462,900 or 40.36% of the component revenues.

BRU - MEDICAL ASSISTANCE REVENUES	
Federal Receipts	312,641,200
G/F Match	88,294,200
General Fund	2,449,400
GF/Prgm	364,000
I/A Receipts	1,681,300
GF/MH	31,576,800
Statutory Designated Funds	405,000
Tobacco Settlement	26,592,700
TOTAL	464,004,600



FY'00 REVENUES
\$464,400,600

V. Identify Constitutional and Statutory Provisions Governing Agency Operation

The Alaska State Constitution provides in Article 7, Health, Education & Welfare,

Section 7.5 – WELFARE

The legislature shall provide for public welfare.

Welfare of the people of Alaska is also discussed in Article 8:

Section 8.7 - SPECIAL PURPOSE SITES.

The legislature may provide for the acquisition of sites, objects, and areas of natural beauty or of historic, cultural, recreational, or scientific value. It may reserve them from the public domain and provide for their administration and preservation for the use, enjoyment, and welfare of the people.

Lastly in the Constitution, under Article 1:

Section 1.8 - GRAND JURY.

No person shall be held to answer for a capital, or otherwise infamous crime, unless on a presentment or indictment of a grand jury, except in cases arising in the armed forces in time of war or public danger. Indictment may be waived by the accused. In that case the prosecution shall be by information. The grand jury shall consist of at least twelve citizens, a majority of whom concurring may return an indictment. The power of grand juries to investigate and make recommendations concerning the public welfare or safety shall never be suspended.

Public assistance and the establishment of Health and Social Services in Title 18 of Alaska Statutes:

Title 18. HEALTH, SAFETY, AND HOUSING***Chapter 18.05. ADMINISTRATION OF PUBLIC HEALTH AND RELATED LAWS******Sec. 18.05.010. Administration of laws by department.***

The Department of Health and Social Services shall administer the laws and regulations relating to the promotion and protection of the public health, control of communicable diseases, programs for the improvement of maternal and child health, care of crippled children, and hospitalization of the tuberculous and shall discharge other duties provided by law.

Sec. 18.05.020. Department to report activities.

The department shall prepare an annual report of its activities and notify the legislature not later than 10 days after it convenes that the report is available.

Sec. 18.05.030. Cooperation with federal government.

The department shall

(1) cooperate with the federal government in matters of mutual concern pertaining to public health, the control of communicable diseases, maternal and child health and crippled children, and other matters within the scope of this title;

(2) make reports, in the form and containing the information the federal government requires;

(3) cooperate with the federal government, its agencies or instrumentality's in establishing, extending, and strengthening services for the protection of the public health, and receive and expend funds and receive, utilize, and maintain equipment and facilities made available to the department by a department or agency of the federal government, the government of the state or its political subdivisions, and a person or nonofficial agency.

VI. Agency Mission, Goals and Objectives

**Overview
of
Executive Administration's
Fifteen
Functioning
Components**

- objectives
- revenues
- staffing
- expenses
- contracts

Medical Assistance

The goals and objectives are to:

VII. Describe Technology Used to Perform Mission

- Identify Specialized Equipment Needed for Mission

VIII. List Existing Agency Contracts including amount, contractor, purpose, term, and procurement method

IX. Make Recommendations per Section 5 in SB 33, including suggestions for new legislation.

Review and evaluate the policies and recommendations of other states that are studying or have implemented recommendations to transfer the provision of government services to other entities;

Review state contracting policy and procedures, including competitive bidding procedures;

Identification of state government functions capable of more efficient performance in the delivery of government services, and determine whether those identified functions could most effectively be provided by:

A. transferring to the private sector or contracting out;

B. transferring to local governments or regional service organizations;

C. the federal government;

D. consolidation or other efficiency changes; or

E. a combination of the approaches under (A) - (D) of this paragraph;

State government functions that should be eliminated;

Identify present state government services that are most effectively and efficiently delivered by the state and that should remain a responsibility of the state;

Solicit public comment about the delivery of state government services.

Written report of its findings and recommendations to the governor and the legislature. The report must include suggested legislation that may be needed to accomplish the recommendations.

State functions should be transferred to the private sector or contracted out;

State functions should be transferred to local governments or regional service organizations;

State agencies or functions should be consolidated or otherwise made more efficient;

State functions that should be performed by the federal government;

State functions that should be eliminated as functions of state government.

X. Explain rationale for each recommendation, the number of votes for and against it.

XI. List problems or barriers to implementing.

The problems and barriers of implementing a downsizing of welfare handouts versus personal responsibility, loans programs, and prudence in spending public funds to enable non-production include the following:

- 1. The socialist movement that began with Franklin Roosevelt, expanded with Johnson's Great Society, and has come of age with Clinton's Smart Start Program to "Save the Children".**
- 2. The Legislature's unwillingness to turn down bad legislation such as HB 375, because they fear the consequences of losing federal dollars by defeated such legislation. I still recall the floor speech of Representative Norm Rokeberg when debated HB 375. He indicated that it was bad legislation, but if it failed the State would lose \$35 million in funding for the next fiscal year.**
- 3. The dependence of citizens on federally funded programs, because there is no accountability for that dependence.**
- 4. The dependence on misfortunes of private citizens and bad decisions of private citizens for perpetuation of government jobs and government subsidies. (Case in point: A father takes over responsibilities for son who has been raised by mother. The mother has history of chemical dependence, numerous marriages and relationships, and allowing physical abuse of son. The father assumes custody of the child and**

asked for assistance from CSED in receiving child support from mother. No assistance was availed to the father for close to two years. The State is invited by the father to become involved in dealing with the fractured lifestyle of the son. The State, instead, becomes the father, mother and provider at the expense of the child and the father. The child is placed in a foster home that encourages bad habits such as smoking and skipping school. The child crosses paths with the law and spends the rest of his adolescence in a youth facility. A portion of the time the child was in custody, the state was administering drugs without the permission of the father. The state also collected SSI for the child for several years because of its claims that the child had mental problems.

5. State law provides Immunity to public employees, even when their actions destroy a family.



NOV 01 1999 7:55AM DHSS DAS DIR OFFICE AND SOCIAL SERV NO. 156
DIVISION OF ADMINISTRATIVE SERVICES
DIRECTOR'S OFFICE



10 pages total + cover
FACSIMILE COVER SHEET

TO:
Annette Deal-Coxworthy
Melba Pispasen-FB
Alyson Stogdill-Lem
Lara Decker-Anchorage
FAX NUMBER
PHONE NUMBER

FROM:
Wendy Ambrose
10/25 DATE
11 NO. OF PAGES
465-2499 FAX NUMBER
465-3331 PHONE NUMBER

RE:

Privatization Info for Oct 26 Meeting

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ OTHER

NOTES/COMMENTS:

Annette 2169-0223	Please Print and
Melba 4516-33416	Distribute at
Alyson 283-3075	10/26/99 Meeting
Lara 2169-0229	

Thanks!

Memo 2 pgs
Payment Standards 4 pgs
Medical Assistance Recommendations
4 pgs.

State of Alaska
Department of Health & Social Services
Division of Administrative Services/Director's Office
P.O. Box 110650
Juneau, Alaska 99811-0650

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

DIVISION OF ADMINISTRATIVE SERVICES

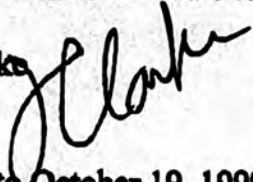
TONY KNOWLES, GOVERNOR

P.O. Box 110650
Juneau, AK 99811-0650
Phone: (907) 465-3082
Fax: (907) 465-2499

MEMORANDUM

DATE: October 22, 1999

TO: DHSS Privatization Task Force

FROM: Janet Clarke
Director 

SUBJECT: Response to October 19, 1999 Privatization Task Force Request for Information

Per your request, we are providing the following information to the Privatization Task Force subcommittee.

☛ *How many individuals does GRA serve, and what is the average cost of burials that are provided under this program?*

The General Relief Assistance Program (GRA) provides a small amount of aid to anyone who is extremely poor and facing an emergency need. The client must have an immediate and specific need such as shelter or burial, and lack the financial means to meet the need.

In FY99, the GRA program served an average of 182 individuals monthly. Of this total, approximately 29 individuals received GRA indigent burials. The average cost of burials was \$1,730. Of the total \$796.3 GRA program expenditures in FY99, \$593.2 was spent on indigent burials.

☛ *What is the comparison of benefits paid under Adult Public Assistance to what other states pay?*

Please reference the attached spreadsheet titled, "Adult Public Assistance Payment Standards Comparison Based on January 1998 Payment Levels".

Our response to the October 19, 1999 recommendations of the Subcommittee on Medical Assistance, Commission on Privatization has also been attached.

Privatization Task Force

Page 2

10/22/99

Attachment

**cc: Elmer Lindstrom, Special Assistant
Jim Nordlund/Randy Moore, Public Assistance
Chief Budget Analyst Jim Galea, Administrative Services**

**Adult Public Assistance - Payment Standards Comparison
Based on January 1998 Payment Levels**

State	Living Arrangement	Maximum SSI Payment	Maximum State payment	Combined Maximum Payment	Percent of Poverty
Alabama	Individual, Living Independently	\$ 494.00	\$ -	\$ 494.00	73.6%
	Couple, Living independently	\$ 741.00	\$ -	\$ 741.00	81.9%
Alaska	Individual, Living Independently	\$ 494.00	\$ 362.00	\$ 856.00	101.9%
	Couple, Living independently	\$ 741.00	\$ 528.00	\$ 1,269.00	112.2%
Arkansas	<i>State does not provide optional State supplement.</i>				
Arizona	Individual, Living Independently	\$ 494.00	\$ -	\$ 494.00	73.6%
	Couple, Living independently	\$ 741.00	\$ -	\$ 741.00	81.9%
California*	Individual, Living Independently	\$ 494.00	\$ 156.40	\$ 650.40	96.9%
	Couple, Living independently	\$ 741.00	\$ 414.71	\$ 1,155.71	127.7%
<i>* For aged and disabled recipients. California pays a higher state supplement payment to blind recipients</i>					
Colorado*	Individual, Living Independently	\$ 494.00	\$ -	\$ 494.00	73.6%
	Couple, Living independently	\$ 741.00	\$ 238.00	\$ 979.00	108.2%
<i>*For blind and disabled recipients. Colorado pays a higher state supplement to aged recipients.</i>					
Connecticut	Individual, Living Independently	\$ 494.00	\$ 253.00	\$ 747.00	111.3%
	Couple, Living independently	\$ 741.00	\$ 353.00	\$ 1,094.00	120.9%
Delaware	Individual, Living Independently	\$ 494.00	\$ -	\$ 494.00	73.6%
	Couple, Living independently	\$ 741.00	\$ -	\$ 741.00	81.9%
District of Columbia	Individual, Living Independently	\$ 494.00	\$ -	\$ 494.00	73.6%
	Couple, Living independently	\$ 741.00	\$ -	\$ 741.00	81.9%
Florida	Individual, Living Independently	\$ 494.00	\$ -	\$ 494.00	73.6%
	Couple, Living Independently	\$ 741.00	\$ -	\$ 741.00	81.9%
Georgia	<i>State does not provide optional State supplement.</i>				
Hawaii	Individual, Living Independently	\$ 494.00	\$ 4.90	\$ 498.90	64.6%
	Couple, Living independently	\$ 741.00	\$ 8.80	\$ 749.80	72.1%
Idaho	Individual, Living Independently	\$ 494.00	\$ 48.00	\$ 542.00	80.8%
	Couple, Living independently	\$ 741.00	\$ 17.00	\$ 758.00	83.8%

**Adult Public Assistance - Payment Standards Comparison
Based on January 1998 Payment Levels**

State	Living Arrangement	Maximum SSI Payment	Maximum State payment	Combined Maximum Payment	Percent of Poverty
Illinois	Individual, Living Independently	\$ 494.00	\$ 58.00	\$ 552.00	82.3%
	Couple, Living independently	\$ 741.00	\$ 116.00	\$ 857.00	94.7%
Indiana	Individual, Living Independently	\$ 494.00	\$ -	\$ 494.00	73.6%
	Couple, Living independently	\$ 741.00	\$ -	\$ 741.00	81.9%
Iowa*	Individual, Living Independently	\$ 494.00	\$ 22.00	\$ 516.00	76.9%
	Couple, Living independently	\$ 741.00	\$ 44.00	\$ 785.00	88.7%
* State supplement payment is only available to blind recipients.					
Kansas	State does not provide optional State supplement.				
Kentucky	Individual, Living Independently	\$ 494.00	\$ -	\$ 494.00	73.6%
	Couple, Living independently	\$ 741.00	\$ -	\$ 741.00	81.9%
Louisiana	Individual, Living Independently	\$ 494.00	\$ -	\$ 494.00	73.6%
	Couple, Living independently	\$ 741.00	\$ -	\$ 741.00	81.9%
Maine	Individual, Living Independently	\$ 494.00	\$ 10.00	\$ 504.00	75.1%
	Couple, Living independently	\$ 741.00	\$ 15.00	\$ 756.00	83.5%
Maryland	Individual, Living Independently	\$ 494.00	\$ -	\$ 494.00	73.6%
	Couple, Living independently	\$ 741.00	\$ -	\$ 741.00	81.9%
Massachusetts	Individual, Living Independently	\$ 494.00	\$ 114.39	\$ 608.39	90.7%
	Couple, Living independently	\$ 741.00	\$ 180.06	\$ 921.06	101.8%
*For disabled recipients. Massachusetts pays a higher state supplement to aged and blind recipients.					
Michigan	Individual, Living Independently	\$ 494.00	\$ 14.00	\$ 508.00	75.7%
	Couple, Living independently	\$ 741.00	\$ 28.00	\$ 769.00	85.0%
Minnesota	Individual, Living Independently	\$ 494.00	\$ 81.00	\$ 575.00	85.7%
	Couple, Living independently	\$ 741.00	\$ 126.00	\$ 867.00	95.8%
Mississippi	State does not provide optional State supplement.				
Missouri*	Individual, Living Independently	\$ 494.00	\$ 373.00	\$ 867.00	129.2%
	Couple, Living independently	\$ 741.00	\$ 746.00	\$ 1,487.00	184.3%
* State supplement payment is only available to blind recipients.					

**Adult Public Assistance - Payment Standards Comparison
Based on January 1998 Payment Levels**

State	Living Arrangement	Maximum SSI Payment	Maximum State payment	Combined Maximum Payment	Percent of Poverty
Montana	Individual, Living Independently	\$ 494.00	\$ -	\$ 494.00	73.6%
	Couple, Living independently	\$ 741.00	\$ -	\$ 741.00	81.9%
Nebraska	Individual, Living Independently	\$ 494.00	\$ 8.00	\$ 502.00	74.8%
	Couple, Living independently	\$ 741.00	\$ 98.00	\$ 839.00	92.7%
Nevada*	Individual, Living Independently	\$ 494.00	\$ 36.40	\$ 530.40	79.0%
	Couple, Living independently	\$ 741.00	\$ 74.46	\$ 815.46	90.1%
* State Supplement is for aged recipients. Blind recipients get a higher payment, while the disabled receive none.					
New Hampshire	Individual, Living Independently	\$ 494.00	\$ 27.00	\$ 521.00	77.6%
	Couple, Living independently	\$ 741.00	\$ 21.00	\$ 762.00	84.2%
New Jersey	Individual, Living Independently	\$ 494.00	\$ 31.25	\$ 525.25	78.3%
	Couple, Living independently	\$ 741.00	\$ 25.36	\$ 766.36	84.7%
New Mexico	Individual, Living Independently	\$ 494.00	\$ -	\$ 494.00	73.6%
	Couple, Living independently	\$ 741.00	\$ -	\$ 741.00	81.9%
New York	Individual, Living Independently	\$ 494.00	\$ 86.00	\$ 580.00	86.4%
	Couple, Living independently	\$ 741.00	\$ 102.50	\$ 843.50	93.2%
North Carolina*	Individual, Living Independently	\$ 494.00	\$ 146.00	\$ 640.00	95.4%
	Couple, Living independently	\$ 741.00	\$ 243.00	\$ 984.00	108.7%
* State supplement payment is only available to blind recipients.					
North Dakota	Individual, Living Independently	\$ 494.00	\$ -	\$ 494.00	73.6%
	Couple, Living independently	\$ 741.00	\$ -	\$ 741.00	81.9%
Ohio	Individual, Living Independently	\$ 494.00	\$ -	\$ 494.00	73.6%
	Couple, Living independently	\$ 741.00	\$ -	\$ 741.00	81.9%
Oklahoma	Individual, Living Independently	\$ 494.00	\$ 53.00	\$ 547.00	81.5%
	Couple, Living independently	\$ 741.00	\$ 108.00	\$ 847.00	93.6%
Oregon*	Individual, Living Independently	\$ 494.00	\$ 1.70	\$ 495.70	73.9%
	Couple, Living independently	\$ 741.00	\$ -	\$ 741.00	81.9%
* For aged and disabled recipients. Oregon pays a higher state supplement payment to blind recipients					
Pennsylvania	Individual, Living Independently	\$ 494.00	\$ 27.40	\$ 521.40	77.7%
	Couple, Living independently	\$ 741.00	\$ 43.70	\$ 784.70	86.7%

**Adult Public Assistance - Payment Standards Comparison
Based on January 1998 Payment Levels**

State	Living Arrangement	Maximum SSI Payment	Maximum State payment	Combined Maximum Payment	Percent of Poverty
Rhode Island	Individual, Living Independently	\$ 494.00	\$ 64.35	\$ 558.35	83.2%
	Couple, Living independently	\$ 741.00	\$ 120.50	\$ 861.50	95.2%
South Carolina	Individual, Living Independently	\$ 494.00	\$ -	\$ 494.00	73.6%
	Couple, Living independently	\$ 741.00	\$ -	\$ 741.00	81.9%
South Dakota	Individual, Living Independently	\$ 494.00	\$ 15.00	\$ 509.00	75.9%
	Couple, Living independently	\$ 741.00	\$ 15.00	\$ 756.00	83.5%
Tennessee	State does not provide optional State supplement.				
Texas	State does not provide optional State supplement.				
Utah	Individual, Living Independently	\$ 494.00	\$ -	\$ 494.00	73.6%
	Couple, Living Independently	\$ 741.00	\$ 4.60	\$ 745.60	82.4%
Vermont	Individual, Living Independently	\$ 494.00	\$ 54.91	\$ 548.91	81.8%
	Couple, Living Independently	\$ 741.00	\$ 103.12	\$ 844.12	93.3%
Virginia	Individual, Living Independently	\$ 494.00	\$ -	\$ 494.00	73.6%
	Couple, Living independently	\$ 741.00	\$ -	\$ 741.00	81.9%
Washington	Individual, Living Independently	\$ 494.00	\$ 27.00	\$ 521.00	77.6%
	Couple, Living independently	\$ 741.00	\$ 21.00	\$ 762.00	84.2%
West Virginia	State does not provide optional State supplement.				
Wisconsin	Individual, Living Independently	\$ 494.00	\$ 83.78	\$ 577.78	86.1%
	Couple, Living independently	\$ 741.00	\$ 132.05	\$ 873.05	96.5%
Wyoming	Individual, Living Independently	\$ 494.00	\$ 9.70	\$ 503.70	75.1%
	Couple, Living independently	\$ 741.00	\$ 24.60	\$ 765.60	84.6%

Page 1

The following is given in response to the October 19, 1999 recommendations of the Subcommittee on Medical Assistance, Commission on Privatization.

Recommendation #1

Implement a statute giving medical facilities the flexibility to decide whether or not to pursue collection of questionable debts.

The Alaska statute requires that certain Medicaid recipient's be liable to pay cost-sharing charges for medical facility services and that the provider collect the allowable charge. (AS 47.07.042. Recipient cost-sharing) Federal law is permissive on whether the provider must collect any cost-sharing charge, however, the provider may not deny services because a recipient is unable to pay the charge. (Soc. Sec. Act, Sec.1916(e)) A change to the Alaska Statutes to provide medical facilities flexibility to decide whether or not to pursue collection of cost-sharing amounts is a legislative choice. Giving medical facility providers the option would allow them to collect cost-sharing from those few who may have ability to pay and yet forgive those who do not.

Recommendation #2

Make the medical assistance program into a loan program for people who are physically able to support themselves and their family, but have medical needs and to [do] not have the immediate resources to pay for that need.

This is not feasible under federal or State law. Every state has a Medicaid program, and no state administers it as a loan program.

Medicaid is a program based in federal law and, while the states have considerable latitude in determining amount, duration, and scope of the program, conversion to a loan program would require new congressional law or application for and approval for a waiver from the Health Care Financing Administration (HCFA). HCFA has never given waiver to a state to convert its Medicaid program to a loan program.

For the State to attempt to covert to a loan program without federal permission would jeopardize \$332,000 million in federal Medicaid funds and put health coverage at risk for 105,000 Alaskans.

Conversion to a loan program necessitates new costs for management of a loan program and loan portfolio; it would not reduce the administrative costs for the current Medicaid program. Recipient eligibility would still have to be determined, providers would still submit claims, and yet all the functions of a loan program would be added (loan eligibility, requirements for filing and recording loan papers, determination of repayment schedules, tracking loan payments, debt collection, etc.) The capital and ongoing costs of managing the loan program would be comparable to other state loan programs, however, program receipts from debt collection would be low.

Page 2

It seems recommendation #1 is somewhat in conflict with this recommendation. Currently, there are cost sharing as co-payments required of individuals using Medicaid. A loan program would require aggressive cost recovery. Recommendation #1 seems to indicate a desire to not pursue collections.

The department now pursues estate recovery for those persons who have assets, are over 55 years, and have received nursing home or similar institutional services. This new effort is mandated by federal law and is authorized by state law (AS 47.07.055)

Recommendation #3

All services provided by Health and Social Services are [to] be provided [only] to applicants who are 100% of poverty level.

This change would have a large effect on four distinct groups in Alaska covered under Medicaid – Low-income elderly, low-income disabled, pregnant women and newborns, and children and would be in violation of federal law. Federal law requires that pregnant women and newborns be covered to at least 133% of poverty.

The impact depends on how the change in income allowance would impact each person. A breakdown of information on these groups is given below according to eligibility category.

Eligibility Category	People Served Under Current Limits	People Who Would Lose Medical Coverage
Aged Alaskans	6,143	Not available
Nursing Home Residents	587	236
Older Alaskans Waiver	661	116
Children	64,218	Over 14,000
Pregnant Women	5,270	Over 1,400
Adults Disabled and DD Waivers	735	59
Disabled Alaskans	9,139	Not available

Recommendation #4

We recommend that the legislature conduct a legislative audit on the Medicaid Rate Advisory Commission.

The Medicaid program pays approximately \$150 million in public money to participating facilities annually. The department and the Legislature are attempting to pay close attention to the cost of these services. By paying the approximate cost of these services, and to only pay our fair share of these costs.

Page 3

One of the methods the state uses to make sure we are consistently paying close to the cost of services is by performing facility audits. These facility audits are attempting to ensure the prudent use of resources and are not intended to be punitive to healthcare facilities. An audit of the auditing unit's work seems redundant.

Page 4

Recommendation #5

Pass legislation similar to Rep. Jeannette James proposed that would require the legislature to review and approve proposed regulations before they are put into effect.

If legislative review and approval were required of our regulations, the division would have no mechanism to act when the legislature is not in session as the court has ruled that legislative action cannot be delegated to a committee. The state could also face significant financial penalties if it were unable to adopt regulations required under federal rules.

Cost containment is a major purpose of the regulations. Review and approval by the legislature would slow the department's ability to address new opportunities for cost containment through regulations.

Subject: Print for meeting please

Date: Mon, 25 Oct 1999 17:27:35 -0800

From: "sarah" <skyler@alaska.net>

To: "Annette Deal" <Annette_Deal@legis.state.ak.us>

These questions are being forwarded to the DFYS legislative liaison so that the answers can be included in the HESS sub-committee on privatization report. If you have any you feel are pertinent please contact Sarah Short ASAP. They are also being shared with the legislators and community advocates. All responses to these questions welcome

Questions for Elmer Lindstrom Legislative Liaison for DFYS

In CINA case's where do the permanent fund dividends go?

Are they put in an interest bearing account?

What happens to that interest?

How much federal funding for each child in care does Alaska get from Title IV E funding?

How many children are currently in relative placements with DFYS having legal custody?

How many children are in group homes?

How many children are in out of home placements?

What is the average number of children in a group home?

What is the maximum number of children allowed for a group home?

What provisions does DFYS make to ensure that sexually abused or deviant children are not placed in the same homes as those who are not?

What happens to children when abuse occurs in a foster home?

Is the state penalized for failure to protect? Why not?

What reasonable efforts are generally made to prevent children from being removed from the home of the biological family prior to substantiation of claims of non-sexual abuse, neglect and priority 3 reports of harm?

What statute requires DFYS to investigate all reports of harm? Provide copy of related section

How much funding is designated for services to families to prevent removal?

How much funding is designated for educational enhancement for social workers?

How much funding is designated for retirement incentive programs for social workers?

What is the average length of time a client with a narcotic addiction waits for admission to an inpatient treatment program?

What services does DFYS offer to those waiting for such admission?

Does this waiting time count towards the 12-15 months a parent has to address issues as assessed by DFYS?

Are DFYS social workers trained in assessment?

Is there a professional requirement for diagnosing mental illness?

Is there a professional requirement or educational requirement to assess chemical dependency?

What if any external review boards currently act as an oversight for DFYS, Juvenile Justice and mental health? Provide contact numbers If any are any state funds distributed to them for services? And if so how much?

What are the federal requirements for external reviews of agency actions according to the CAPTA? Provide policy section as it relates

How long does the average homestudy take for relative placement?

What is used as a basis for requiring supervised visitation? Provide policy as related

How does DFYS interpret parental involvement in the case plan?

How does the legislature interpret parental involvement in the case plan?

What is required to replace a social worker who can not work with a client?

Is it standard practice to give service providers, such as A. counselors B. psychiatrists C. school teachers D. assessment providers E. CASA volunteers F. medical professionals all information concerning allegations of abuse?

Is it common to give the information prior to the service provider meeting the client?

Does this information include whether or not the information pertaining to the allegations are substantiated or based on caseworker perception?

What is the exact number of social workers licensed with proper education to be a social worker currently employed by DFYS?

How many social workers currently employed do not have a bachelors in social work?

What are the criteria for people who supervise visitations, particularly where there exist allegations of sexual abuse? Provide section of policy that relates to question.

How does DFYS monitor the performance of persons who act as supervisors in DFYS cases?

What does DFYS think should be done to improve training of people who supervise visitation?

What are the written policies concerning DFYS intervention where the parents are in an active custody fight? i.e. Does DFYS abstain from cases where it would otherwise act solely because there is an active, existing custody litigation? If so, how does DFYS proceed with the on-going status of the investigation?

Is the National Association of Social Workers Code of Ethics recognized by DFYS?

Is there a policy requirement to follow it? Provide policy if so

Are their written policies stating the procedure for DFYS monitoring of mental health care professionals who evaluate sexual abuse cases? Provide copies

What is the DFYS written policy concerning interviews of alleged perpetrators in sexual abuse cases before DFYS makes a determination about whether the allegations are substantiated?

What on-going professional education does DFYS provide to workers in the area of sexual abuse investigations?

How many people alleged as sexual abuses re criminally prosecuted? Physical abuse? Other abuses or endangerment of a child?

What is the average length of supervision in DFYS sexual abuse cases where there is no physical evidence of abuse?

What are the written DFYS guidelines or training manuals stating the investigation protocol in sexual abuse cases? Provide copies if they exist

How does DFYS determine whether someone is a "qualified expert" within the meaning of ICWA?

Does DFYS maintain a written list of mental health care professionals that may be used in DFYS investigations; or who cannot be used in DFYS investigations? If yes, please state the criteria and provide a copy of the list

Who reviews the licensing of DFYS social workers? And is there an external licensing board such as the mental health profession or bar association who handles disciplinary action?

Who monitors the licensing of foster homes and under what statute?

Where do grievances from foster parents go? Biological parents? (chain of command)

What is the response time for allegations of abuse of a child in foster care? Out of home care center?

Who reviews these complaints?

How many children are returned to the same home after reports of harm?

What is the specific amount of funding appropriated for the advertisement of reporting child abuse?

How is that amount proportionate to what is spent on educating those at risk to decrease the need for state

intervention?

What are the policies on keeping siblings together when neither is the alleged abuser? Provide policy/statute

What are DFYS policies on contacting relatives and are there any time limits to prevent children from lingering in foster care, and tying up needed foster homes when relatives are known?

What is the process for locating relatives and how high of a priority is this in accordance with federal and state law?

DFYS has a legislative liaison, but do they have a similar family liaison that specializes in dealing with family laws comparable to that of the legislative liaison? Does policy or statute prohibit this? Please provide statute if so

What is the policy of recording ones conversations with DFYS (for accuracy not dissemination)?

Is it legally prohibited? If so by what authority, and/or statute (relevance: many parents claim DFYS misinterprets things in meetings)

Is it policy to inform parents prior to signing anything that they do not have to do so until speaking to their attorney? Provide policy either supporting or unsupportive

What is the current policy for video taping interviews of children?

How many man-hours are spent interviewing children approximately per case? And what are the related costs of man power?

Are interviews of children traumatic from the agency point of view?

Has there been any data collected from those interviewed concerning their opinion of how it made them feel?

Who usually conducts these interviews?

Where are they done?

What are the professional requirements to interview a child for each type of abuse?

Has DFYS ever done a study or public poll on how effective the community believes they are?

Has one ever been done in Alaska to document public opinion of the current system (that includes beneficiaries of services and those who are not in a proportionate amount)? Provide copy of studies if so

For any question you do not have an explanation for please explain why you do not have such data, or can not locate the information in detail.

For the questions I do not receive answers to I will be asking the legislators to pursue a timely factual response from the respective agencies.

Print for meeting please

Sarah Short

907-561-5976

Re: notice

Subject: Re: notice

Date: Wed, 20 Oct 1999 17:16:42 -0800

From: Wes Keller <Wes_Keller@legis.state.ak.us>

Organization: Alaska State Legislature

To: Annette Deal <Annette_Deal@legis.state.ak.us>

Hi Annette, I got this with nothing attached? For your info, I sent out following to HSS sub committee (I think I got them all):

HSS Privatization Sub Committee
Minutes for October 19 Meeting -DRAFT-

Present for the meeting: Mike Taurianan, Lynn Caswell, Wes Keller, Richard Kibby, Elmer Lundstrom, Janet Clark, Scott Calder, Barry Eldridge, Sarah Short, and Rynnieva Moss.

Committee Actions:

I. The Public Assistance sub-sub committee reported with six recommendations. The agency responded with their perspective on the recommendations. Written copies of the recommendations and written copies of the response where available to members who attended. If you were absent, you may want to contact someone who is present and get copies before the next meeting.

II. A motion was moved, seconded, and failed on an eight-to-one vote which would have passed all recommendations of the sub-sub committees to the commission with no approval vote by the sub committee.

III. A consensus decision was made to vote on recommendations 1-6 of the PA sub-sub committee next week (Tuesday, Oct 26). Please plan to attend and be prepared to vote.

IV. A consensus decision was made that members of the committee which are employed by the agencies should abstain from voting on sub committee recommendations.

V. A consensus decision was made to limit debate at next meeting on recommendations 1-6 of the PA sub-sub committee report in interest of best use of time. If any member has input, it should be made in the form of new recommendations. These recommendations should be sent to Elmer

Lundstrom and Rynnieva Moss (PA sub-sub chair) no later than 11 AM Friday so the Agency will have time to respond before the Tuesday meeting.

VI. No recommendations were produced from other sub-sub committees except Medical

Assistance. The Medical Assistance recommendations were not presented because there had not been enough time for the Agency to respond.

VII. Scott Calder reported that is still waiting for information he requested based on AS 47.10.410.

wes

Annette Deal wrote:

> Attached is the meeting notice I will send out electronically and via
> fax on Monday. Please let me know if it is correct.
>

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES***DIVISION OF ADMINISTRATIVE SERVICES*****TONY KNOWLES, GOVERNOR**

P.O. Box 110630

Juneau, AK 99811-0630

Phone: (907) 465-3082

Fax: (907) 465-2499

MEMORANDUM**DATE:** October 8, 1999**TO:** DHSS Privatization Task Force**FROM:** Janet Clarke
Director**SUBJECT:** Response to October 5, 1999 Privatization Task Force Request for Information

Per your request, we are providing the following information to the Privatization Task Force Department of Health and Social Services subcommittee.

➤ *How much money is spent on Interim Assistance under APA annually?*

In FY99, the general fund expenditures for Interim Assistance were \$2,969,733.

➤ *How many social workers are employed by the State of Alaska and in what departments?*

Following is a breakdown of the social workers employed by the State of Alaska. This data was obtained from the Alaska Department of Administration:

Department	Number of Positions	Filled
Dept of Administration	16	13
Dept of Education & Early Development	1	1
Dept of Health & Social Services	243	212
Dept of Corrections	1	vacant

➤ *How many of those social workers are licensed?*

Division of Family and Youth Services does not have this information; however, we will contact the Department of Commerce, Division of Occupational Licensing to obtain it and will provide it to the Task Force.

How many social workers are there in the State of Alaska?

The Division of Family and Youth Services does not have this information; however, we will contact the Department of Labor, Research and Analysis to obtain it and will provide it to the Task Force.

How many of those social workers are licensed?

Division of Family and Youth Services does not have this information; however, we will contact the Department of Commerce, Division of Occupational Licensing to obtain it and will provide it to the Task Force.

How does the level of assistance provided under ATAP compare to that same level of assistance in California, Wyoming, Oregon, Texas, North Dakota, and Wyoming?

In the new world of welfare reform and the flexible Temporary Assistance for Needy Children block grants that fund states welfare programs, this question becomes very difficult to answer. States no longer just pay families for basic needs as they did under the AFDC program. Instead, they often make a combination of payments directly to families. Payments may include an amount for basic needs, supportive services for employment, or child care. States may also make payments to agencies or vendors on the behalf of needy families, or even use a separate state program to make either direct or vendor payments to families.

The "make work pay" policies are different state to state and payments made directly to families vary widely and change according to countable income. For instance, some states may discount all of a family's earnings up to the assistance payment standard, thus the payment could show on a chart as \$300, but the family is also allowed to keep \$300, making the family's available income \$600. On a state-by-state chart of maximum payments, a state could be compared to another state that paid \$500 and counted earnings differently so the family's total available income is \$600. However, a flat payment chart would show the first state at \$300 and the second at \$500 and would be very misleading.

We are not aware of any published charts of state-to-state comparisons that reflect states true assistance levels under the Temporary Assistance for Needy Families block grant and do not know what the above listed states pay in assistance, state only and supportive service payments. The state of Alaska's maximum assistance benefit for a family of three who have no other countable income and are responsible for shelter costs is \$923 a month.

How many families are exempted from the 60-month limit in the 20% exemption rule and what are their demographics?

Under the final TANF regulations, families are not exempt from the time limit until they have reached 60 months of assistance. Then, up to 20% of the average monthly caseload receiving assistance in the fiscal year can be exempted based on specific criteria. Since the caseload fluctuates and families may leave and return to the program several times, we do not know how

Privatization Task Force

Page 3

10/11/99

many will reach 60 months of assistance when the provision first applies in July, 2002 or what their demographics would be. If we have an average monthly caseload of 8,900, up to 1,780 families could be exempt from the time limit.

Do any of the two above exemptions overlap?

It is possible that a family could be exempt for more than one of the reasons provided for in the 20% exemption criteria. However, families living in an exempt Alaska Native Village are not included in the 20% exemption limit.

How many families are exempted under the 50% unemployment rule and what are their demographics?

Following is the number of Temporary Assistance families that live on an Indian reservation, or in an Alaska Native Village, with at least 50 percent of the adults living there not working. The figures are for the month of June 1999 and are summarized by census area:

Census Area	6/99 Cases	Census Area	6/99 Cases
Alutians East	3	North Slope	1
Alutians West	4	Northwest Arctic	106
Bethel	424	Prince of Wales	59
Bristol Bay	1	Southeast Fairbanks	7
Denali	2	Skagway/Hoonah/Angoon	27
Dillingham	103	Valdez/Cordova	49
Kenai	24	Wade Hampton	321
Kodiak	14	Wrangell/Petersburg	14
Lake and Peninsula	52	Yukon/Koyukuk	16
Nome	181	Total 6/99 Cases	1408

When families apply for Denali KidCare are they screened to see if they qualify for medical assistance from Indian Health Service?

Denali KidCare applicants are required to provide all third party liability information, both private health insurance and public coverage such as CHAMPUS/TriCare and IHS. While eligibility for Denali KidCare for children in families about 150% of the federal poverty level is restricted to those who do not have health insurance coverage (200% is the maximum income for those without), IHS eligibility is not considered health insurance for that purpose. Hence, IHS beneficiaries may be eligible for coverage even at incomes above 150% of poverty.

While Medicaid/Denali KidCare pays for IHS covered services, the funds for these payments are 100 percent federal. No state general fund match is required. Eligibility workers are trained that IHS eligibility status is an important piece of information to obtain, even though it does not affect their Denali KidCare eligibility.

❖ What statute prevents the department from providing copies of juvenile records to a juvenile or their parent?

Juvenile records maintained by DJJ are privileged and may not be disclosed directly or indirectly to anyone unless the release is authorized by law or is subject to an order for release by the court. The statutory citation is AS 47.12.310(a). Current law does not authorize release of a client case file to a parent or juvenile. (A copy of AS 47.12.310 is attached.)

❖ In the table provided in the October 4th memo, on page 1, is the count duplicated (number of reports) or unduplicated (number of children)?

The count shown in this table is unduplicated count of children that had a previous juvenile correction referral within the year.

❖ For the answer to question 2 in the October 4th memo, clarification is requested for what is meant by the statement that "no data is available" in the first sentence of the response. Why isn't the data available?

The requested information (*Please provide the number of Reports of Harm received for children who are in Foster Homes as compared to biological parent home.*) is unavailable due to the fact that the DFYS information system (PROBER) does not uniquely identify foster parents as alleged perpetrators. When the information system was developed only a limited number of fields and responses were available. A pragmatic approach was used to define the response options in order to provide a level of detail for perpetrator types that occurred most commonly and then group other perpetrator types accordingly. Consequently, foster parents were grouped with the category Licensed Provider. The available list of alleged perpetrators that workers are allowed to choose from when entering data into PROBER are:

Father	Brother	Relative	Stranger
Mother	Sister	Temporary Caretaker	Other
Step-Father	Grandparent	Licensed Provider	
Step-Mother	Family Acquaintance	Paramour	

Since at the point of referral or report the perpetrator's relationship to the child is often unknown, our response in the October 4, 1999 memo identified the perpetrator once a referral was investigated. Following the completion of an investigation, the perpetrator data field is confirmed or updated by the workers.

❖ What are the sources of Reports of Harm?

The following table may include multiple referrals on an individual (duplicated) and represents data from PROBER covering fiscal year 1999.

Privatization Task Force

Page 5

10/11/99

SOURCE	REPORTS
School	3145
Human Service Agency	1928
Police Agency	1756
Relative	1456
Medical	1399
Anonymous	1267
Community	1023
Neighbor	592
Non-Custodial Parent	567
Custodial Parent	500
Friend	477

SOURCE	REPORTS
Native Agency - Village	442
DFYS	366
Court System	275
Military	226
Child Care	214
Grant Agency	167
CPS Agency	150
Client	85
Custodial Parent Partner	52
Non-Cust Parent Partner	38
TOTAL	16125

If you have questions or require additional clarification regarding this information, please contact me at 465-1630.

Attachment

cc: Elmer Lindstrom, Special Assistant
George Buhite, Director, Juvenile Justice
Theresa Tanoury, Director, Family and Youth Services
Jim Nordlund, Director, Public Assistance
Tom Cherian, Administrative Manager, Family and Youth Services
Lisa Emerson, Administrative Manager, Juvenile Justice
Randy Moore, Administrative Manager, Public Assistance
Verne Skagerberg, Budget Analyst, Administrative Services

[REDACTED]

Made available by Touch N' Go Systems, Inc., and the
Law Offices of James B. Gottstein.

You can search the Alaska Statutes, go to The Alaska Legal Resource Center, or the Touch N' Go home page.

Touch N' Go®, the DeskTop In-and-Out Board makes your
office run smoother. Visit Touch N' Go's Website to see how.

SOFTWARE

Alaska Statutes.

Title 47. Welfare, Social Services and Institutions

Chapter 12. Delinquent Minors

Section 310. Agency Records

previous: Section 300. Court Records.

next: Section 315. Public Disclosure of Information in Agency Records Relating to Certain Minors.

AS 47.12.310. Agency Records.

(a) Except as specified in AS 47.12.315, 47.12.320, and (b) - (g) of this section, all information and social records pertaining to a minor who is subject to this chapter or AS 47.17 prepared by or in the possession of a federal, state, or municipal agency or employee in the discharge of the agency's or employee's official duty, including driver's license actions under AS 28.15.185, are privileged and may not be disclosed directly or indirectly to anyone without a court order.

(b) A state or municipal agency or employee

(1) shall disclose information regarding a case to a federal, state, or municipal law enforcement agency for a specific investigation being conducted by that agency; and

(2) shall disclose appropriate information regarding a case to

(A) a guardian ad litem appointed by the court;

(B) a person or an agency requested by the department or the minor's legal custodian to provide consultation or services for a minor who is subject to the jurisdiction of the court under this chapter as necessary to enable the provision of the consultation or services;

(C) school officials as may be necessary to protect the safety of the minor who is the subject of the case and the safety of school students and staff or to enable the school to provide appropriate counseling and supportive services to meet the needs of a minor about whom information is disclosed;

(D) a governmental agency as may be necessary to obtain that agency's assistance for the department in its investigation or to obtain physical custody of a minor;

(E) a law enforcement agency of this state or another jurisdiction as may be necessary for

the protection, rehabilitation, or supervision of any minor or for actions by that agency to protect the public safety;

(F) a victim or to the victim's insurance company as may be necessary to inform the victim or the insurance company about the arrest of the minor, including the minor's name and the names of the minor's parents, copies of reports, or the disposition or resolution of a case involving a minor;

(G) the state medical examiner under AS 12.65 as may be necessary to perform the duties of the state medical examiner; and

(H) foster parents or relatives with whom the child is placed by the department as may be necessary to enable the foster parents or relatives to provide appropriate care for the child who is the subject of the case, to protect the safety of the child who is the subject of the case, and to protect the safety and property of family members and visitors of the foster parents or relatives.

(c) A state or municipal law enforcement agency

(1) shall disclose information regarding a case that is needed by the person or agency charged with making a preliminary investigation for the information of the court under this chapter;

(2) may disclose to the public information regarding a criminal offense in which a minor is a suspect, victim, or witness if the minor is not identified by the disclosure;

(3) may disclose to school officials information regarding a case as may be necessary to protect the safety of school students and staff or to enable the school to provide appropriate counseling and supportive services to meet the needs of a minor about whom information is disclosed;

(4) may disclose to the public information regarding a case as may be necessary to protect the safety of the public; and

(5) may disclose to a victim or to the victim's insurance company information, including copies of reports, as necessary for civil litigation or insurance claims pursued by or against the victim.

(d) Upon request of a victim, the department shall make every reasonable effort to notify the victim as soon as practicable, by telephone or in writing, when a delinquent minor is to be released from placement in a juvenile facility under AS 47.12.120(b)(1). The notice under this subsection must include the expected date of the delinquent minor's release, the geographic area in which the delinquent minor is required to reside, and other pertinent information concerning the delinquent minor's conditions of release that may affect the victim.

(e) A person may authorize the department to release information to the military or to a prospective employer about the existence of a delinquency adjudication against that person under this chapter and the offense on which it was based.

(f) The department may release to a person with a legitimate interest information relating to minors not subject to the jurisdiction of the court under this chapter. The department shall adopt regulations governing the release of information and identifying a sufficient legitimate interest.

(g) The department and affected law enforcement agencies shall work with school districts and private schools to develop procedures for the disclosure of information to school officials under (b)(2)(C) and (c)(3) of this section. The procedures must provide a method for informing the principal or the principal's designee of the school the student attends as soon as it is reasonably practicable.

(h) Notwithstanding (c)(3) of this section, a state or municipal law enforcement agency is not required to notify the appropriate school official of a school district or school under (c) of this section if the agency

determines that notice would jeopardize an ongoing investigation.

(i) In this section, "school" means a public or private elementary or secondary school.

(j) A person who discloses confidential information in violation of this section is guilty of a class B misdemeanor.

Note to HTML Version:

The Alaska Statutes were automatically converted to HTML from a plain text format. Every effort has been made to ensure their accuracy, but neither Touch N' Go Systems nor the Law Offices of James B. Gottstein can be held responsible for any possible errors. This version of the Alaska Statutes is current through December, 1998.

If it is critical that the precise terms of the Alaska Statutes be known, it is recommended that more formal sources be consulted. For statutes adopted after the effective date of these statutes, see, Alaska State Legislature. If any errors are found, please e-mail Touch N' Go systems at touchngo@touchngo.com. We hope you find this information useful.

Last modified 9/9/99

Review Panels for Permanency Planning

Subject: Review Panels for Permanency Planning

Date: Mon, 04 Oct 1999 18:53:58 -0800

From: Marco Pignalberi <Marco_Pignalberi@legis.state.ak.us>

Organization: Alaska State Legislature

To: Alison_Elgee@admins.state.ak.us, Elmer_Lindstrom@health.state.ak.us

CC: Fran_Zarling@legis.state.ak.us

Please look at Article 3 in Title 47, i.e., 47.14.200 thru 299, and then provide a list of the local and state panels required therein. Please also fax me a copy of the last report required under section 210.

Can you collaborate and explain why Administration is tasked for these panels and reports instead of H&SS. Should this be changed? Please let us know asap. Tx, Marco

RYNNIEVA-----September 22nd, 1999

Alaska Statutes (A.S. 18.80) refer to "human rights" and "discriminat(ion)...against an inhabitant of the state", based upon criteria which includes "parenthood". However, A.S. 18.80.255 "Unlawful actions by the state government or its political subdivisions.", offers a loophole which encourages the state human rights commission to avoid addressing the state government as a potential violator of human rights.

This was discovered by Mr. Scott Calder, when he attempted to stop what he knew to be an improper drugging of his son during custody as a juvenile, and when he also knew that the state had improperly acted in other ways. Although no termination of parental rights had occurred, agents of the state had acted to circumvent parental authority of Mr. Calder without a right to do so, and the human rights commission cited A.S. 18.80.255.

This raises the question of equal protection under law.

Should the state human rights commission be able to address discrimination against an inhabitant of the state because he or she is "only the child's parent", as viewed by the state?

Clearly, parents are not secondclass citizens, and belief systems to the contrary notwithstanding, the state government should not possess special license to treat them as such.

Elsewhere in A.S. 18.80 language clearly says discrimination against a person based upon parenthood is unlawful. This bill will simply correct an error and inconsistency in state statutes which has obstructed proper governmental functioning.

Scott Trafford Calder

P.O. Box 75011

Fairbanks, Alaska 99707

Telephone: (907) 474-0174

HESS

Subject: FFP**Date:** Wed, 29 Sep 1999 21:35:17 -0800**From:** "sarah" <skyler@alaska.net>**To:** "Mike Taurianan" <mtpentl@alaska.net>

CC: "Richard Benavides" <Richard_Benavides@legis.state.ak.us>,
 "National Coalition for Child Protection Reform" <info@nccpr.org>,
 "Marco P" <Marco_Pignalberi@legis.state.ak.us>, "Lynn Caswell" <lcaswell@css.ak.org>,
 "Barbara A Nelson" <barbiedoll50@juno.com>,
 "Annette Deal" <Annette_Deal@legis.state.ak.us>, "Gloria O'Neil" <goneil@citci.com>,
 "David Maltman" <david_maltman@health.state.ak.us>,
 "Mark Andrews" <mandrews@tanachiefs.org>,
 "Rynnieva Moss" <Rynnieva_Moss@legis.state.ak.us>

I thought you might find this interesting... (last seasons presentation to the legislature) Sent to Rynnieva for Clyde thanks Sara

Families First Partnership, Inc.

Anchorage, Alaska 99518

(907) 561-5976

To all Representative and Senators

State Capitol

Juneau, Alaska 99801

Re: CSED and DFYS Audits

Dear lawmakers

My members hope that we share similar concerns about HB375 and the detrimental affects that it is having upon children and families.

As a survivor of the foster care system, I question why so much funding does not appear to be reaching the children for whom it is intended, to assist them in remaining within families capable of positive rehabilitation? It is critical to the welfare of our children that we find solutions to family problems rather than just dismissing dysfunctional parents. I believe we must consider making major reforms, before pouring additional millions of funding into an equally dysfunctional child protective system. To that end, audits should be requested that will determine the following:

- 1. Why does Alaska, a state with only about 1/2 million people total population, require over a billion dollars in funding for social welfare services, yet remain unable to provide protective services appropriately or even adequately and safely provide for approximately 2000 foster children? Although we are a spread out state many of our outlying areas are not getting the services for which the extra money is intended for. I can not answer why but know this needs to be addressed.**
- 2. To what extent is "agency profiteering" in state and private nonprofit agencies the culprit? (Specifically mental health providers preferred by DFYS.)**
- 3. To what degree is the current one-sided view of the difficulties with state agencies the cause of the problem? As you discussed with Karen Leonard, you may be interested in requesting a legislative audit of CSED and DFYS. Karen has sent you a proposed outline for the audits, and hopefully we can expand on that after talking. Please review both of our letters and call me at your**

earliest convenience to discuss the desperate need of both audits.

4. I also believe we need to seriously look at an audit for GAL procedures, as they are not consistently involved enough with the children they are mandated to advocate for at hearings to have any substantial weight placed on their recommendations.

5. I have also received many complaints about the public defenders office not being properly prepared or willing to represent their lower income clients and their wishes and best interests in a timely professional manner. This department may need an audit too. I would make recommendations, but due to my limited knowledge, it would not be fair to do so at this time.

Thank you again for your time and interest in helping children and families.

Sincerely,

Sarah Musgrove Short

President Families First Partnership

Enclosures

PROPOSED OUTLINE FOR AUDITS

I. DEPARTMENT OF HEALTH AND SOCIAL SERVICES.

1. Organizational Audit.

Purpose: improve service delivery by increasing number of intake, investigative, case worker positions, and quality of care without increasing funding requirements.

Focus: Prior studies have revealed that the Department is *top-heavy* with useless middle-management and administrative positions. Audit should identify management and administrative positions that can be eliminated in order to create additional intake, investigative and case worker positions. It should also include a comprehensive investigation of all personnel files and positive success history verses complaints. Those with multiple similar complaints need thorough retraining or possible termination needs to be considered more often.

2. Administration Audit:

Purpose: Improve the department's consistency in abiding by policies and procedures and to protect the rights of families from power hungry management.

Focus: (1) Determine whether services are provided in compliance with federal guidelines; (2) identify dead weight in middle-management and administrative positions; (3) determine whether adequate internal reviews are conducted by

unbiased personnel (4) whether Department has an adequate system for detecting and prosecuting internal fraud.

II. CHILD SUPPORT ENFORCEMENT DIVISION ("CSED").

1. Financial Audit.

Purpose: To ensure that the maximum amount of funds collected reach the children for whom such funds are intended.

Focus: financial records to identify and cure agency profiteering; and determine if the amount retained by CSED from collections is excessive and in what amounts it is being handed out to what sections within CSED. Second to find specific reasons why CSED can charge interest on delinquent payments, but in turn is not mandated to return overpayments with reciprocal interest, and to correct this inequality.

2. Organizational Audit.

Purpose: To increase quality and quantity of service delivery without increasing funding requirements. To protect the equal right to due process for both custodial and non-custodial parents.

Focus: (1) financial audit to identify and cure agency profiteering, if any; and (2) study of organizational structure to identify useless middle-management and administrative positions that can be eliminated in favor of creating additional intake, investigation, and case worker positions.

3. Regulatory Audit.

Purpose: To determine if CSED processes cases in compliance with existing regulatory and procedural guidelines; to determine if existing regulations and procedures are equitable and sufficient.

Focus: (1) Does CSED create deadbeat parents by failing to process cases in a timely manner and in compliance with regulations and procedures?

(2) Does a conflict of interest supporting the appearance of bias exist because Hearing Officers and CSED are both regulated and paid by the Department of Revenue?

(3) Are hearings conducted in a timely manner benefiting the children, or an untimely manner to the detriment of both parents and the children involved?

(4) Are regulations inequitably pro-custodial parent? Do regulations, or the implementation of regulations, tend to create arrears and deadbeat parents.

(5) Are we allowing mothers to benefit from not informing fathers of children, while making unknowing fathers debt ridden criminals? And can we implement legislation to protect the children from this, as well as specifically targeted fathers?

FAMILIES FIRST PARTNERSHIP

www.families-1st.org 561-5976 or 277-1939 please call for information or assistance

We would like everyone to know his or her opinion is welcomed. We will gladly address any misperceptions or questions in a professional manner immediately. If you find our information incorrect please help us correct it. We are not yet finished our web page and encourage you to add your input. Everyone has the right to know his or her rights. And everyone has an obligation to be responsible for his or her individual actions. While participating in Families First Partnership meetings we ask that everyone remember to treat guests and visitors with courtesy and respect. We do not endorse child abuse, neglect, slander, violence, drug use, discrimination, or agencies that practice any of these practices.

Other Resources either affiliated with Families First Partnership or recommended by FFP

Community Dispute Resolution Center

505 West Northern Lights Anchorage, AK 99503 907-274-1542

Safe City Program

Anchorage, AK 907-343-6302

Alaska Baptist Family Services

Anchorage, AK 907-349-2222

Child Support Defense Services (Gary Maxwell)

Anchorage, AK 907-277-3980

Many Representatives and Senators support our ideas and solutions. I will have available a tape of the presentation of the our presentation to the legislative Children's Caucus should anyone care to view it. We appreciate all your support. We are rapidly growing, because the need for reform and equality in dealing with state agencies is great. Thank You all...Sarah Musgrove Short

Families First Partnership Children's Caucus Presentation

Thank you for allowing me the opportunity to introduce a new coalition of old organizations from around the state that addresses the matter of families and family rights. I am impressed by the number of you attending that are so interested in the best interests of families and children and that you have taken the time to participate in finding solutions to fixing the system.

I. Families First Partnership is a non-profit organization of volunteers. It consists of concerned family and community members, many of whom are involved in other community resource groups, such as health care professionals, attorneys, parents (adoptive, natural, foster and step). It was developed by a survivor of the system in order to find the problems, find solutions and find efficient, cost effective ways to implement them while increasing community awareness. We are working together to assist government agencies and court systems in meeting the needs of families in crisis in a timely manner. This can be accomplished through:

Promoting agency accountability and parental responsibility.

Reducing barriers to services so that children are adequately protected, families are appropriately strengthened, and terminations of parental rights justified.

Organizing a support network for families, biological, foster, and adoptive.

Transcending communication problems by coordinating community resources and mediation

Ensuring that children and families' rights are given complete and equal due process.

Combining legislative advocacy with mediation and other non-adversarial tools to reduce unnecessary coercive intervention into the lives of families and children

Treating families and agencies with equal respect.

II. Some of our most important goals are:

A. Legislation that reflects the needs of both families and state agencies is needed.

B. Establishing a Family Justice Center where people can learn about their rights when dealing with state agencies and courts, which will eliminate a lot of conflict and prevent wasting time.

C. Assistance, which will help the average citizen in understanding and clarifying, complicated laws as they relate to families.

D. Advocacy to increase agency accountability and decrease unnecessary intrusion into the family. E. Clarifying and strengthening family responsibility. F. Advocacy for children and families that are in crisis by having their best interest and due process ignored.

III. CSED, FFP wishes to see this agency have a "user-friendly" child-support agency. We need to minimize the acrimony and hostility between CSED and parents, so those children can benefit by being able to have a loving relationship with both parents. CSED needs to recognize that many of the non-custodial parents are being financially ruined through policy and procedures and this is not helpful to the child. The legislature and courts need to recognize that the total financial responsibility cannot rest on only one parent, but equally on both. They also need to equally recognize and enforce policies and procedures for both sides. Timely recognition of modification and adjustments for custodial and noncustodial parents are essential in maintaining the child's best interest.

IV. OPA simply needs to be more independent, more open to two-sided input, and more involved through firsthand knowledge, not hearsay about the child they advocate for. It should be a requirement that GALs be notified of all hearings or meetings scheduled. GAL's are supposed to be notified by the court of all hearings, but that is not consistent. The GAL's have the responsibility of notifying the CASA, not the courts. CASA should be requested to attend when GALs do not have current substantial knowledge of the child and/or situation and they should not have to report to the GAL's. They should be independent volunteers overseen by an external agency. It might even be

prudent to do away with the involvement of OPA and create a totally external CASA program of volunteers, which would eliminate much of the money wasted by GAL's. Based on the strength of the CASA's or GAL's knowledge and how current their contact is their input should be appropriately weighed. You might also want to question if they are being overloaded with negative information and unsubstantiated allegations from DFYS social workers prior to having been able to have an objective opinion or interaction with the parent or family. This happens alot with mental health workers and out of home caregivers.

V. In dealing with DFYS we have experienced unproductiveness in various forms. We hope to ensure that only the positive areas of our state agency are continued for the protection of children. We recognize that last year, HB 375, put into place many new policies within Title 47. However, we see the need for many more reforms.

- 1) A mandatory parental informational booklet that outlines in layman's terms clearly and briefly the process that will occur when a child is removed. It should clarify parental rights and responsibilities.
- 2) Court order enforced Visitation with family members should be arranged at the 48 hour hearing and should be consistent, according to policies to ease the child's trauma (unless supported by substantial and independently verified evidence that contact is harmful). This should be mandatory even if it has to be supervised. Supervision should be by neutral parties in appropriate settings that are comforting to the child, not prison-like (reference DFYS facilities in Anchorage & Also see solutions section last page). Supervised visits should be reasonable and specified in the case plan for limited lengths of time. After which the plan is adjusted appropriately towards less supervision and longer visits or more according to advice from case worker, counselor, treatment coordinator (when necessary), and others having contact with the child(ren) (foster parent, parent and/or guardian to be, grandparents/other relatives).
- 3) A case plan that has parental involvement should be mandatory and not based on the condition of whether or not the parent admits wrong doing (when parents want to be involved). It can also be used as a safe guard for caseworkers by adding several options for the parents to check. (Examples: I am not admitting guilt by signing this case plan, I will agree to seek help as specified by the dept., I do not agree to the terms listed within this case plan, however I will attempt to find a solution with the department through mediation, I will not cooperate with this agency, at this time I am only recognizing that a case plan has been drawn up, I have received a copy of a case plan and understand the proposed actions.) Caseworkers will then have proof that they have clearly explained the procedures to the parent and those documents can be used in court. The parent will have a clear written guideline to follow.
- 4) The mediation process can be used as a safety net by being a formal tool in parent/caseworker communication. This will cut down on unnecessary hostility and misperceptions between the parties involved. It will also save time that is currently wasted rehashing conflict, because it will help provide clarification on both sides.
- 5) In the area of Confidentiality, while we understand its necessity to protect children's identities, we have seen this part of the law used to protect the agency, not the child. It is the cause of much animosity and distrust toward the agency. If we teach the child that open communication is ok to practice they will internalize less of the pain and shame associated with family dysfunction and abuse. The peers of foster children already know they do not live at home. School time becomes more difficult for these children who are learning by our actions not to talk about these problems. This increases the inner turmoil for the child and leads to more disfunction. Sharing information retained by the agency should be done with parental permission only. (Possible insert) FFP advocates for video taping of interviews with children to ensure the allegations are correct and the interviews are unbiased (not leading [ref Wenatchee]). They should be admissible in a courtroom, if needed, when a transcript can not adequately convey the child's emotional state.

IV. Other areas of concern, FFP advocates for:

- 1) A placement matching system so that children are placed in foster environments that are not a shock to their system. (Include Example) Foster parents need to have more support as well as better training to prepare them for possible loss of a child they may become attached to and difficulties in keeping kids as well as the benefit of keeping those who can not go home. Placements for adoption and the proceedings after termination of parental rights must be more efficient and expedient.
- 2) Repairing damage to reputations when allegations of abuse are false. We repeatedly see parents accused of crimes that are not true. Instead of closure, allegations continue to be used in many cases, rather than those using the allegations admitting they were incorrect. Once allegations are proven false they should then become liable slander for which the agency and caseworker are accountable. This will cut down on an agency's

repetitious use of wrongful allegations. It will also cut down the time spent in malicious court battles. When a parent is finally cleared of wrongdoing, there is no way to wipe the record clean. There is no compensation for the financial and emotional ruin that the family has undergone. This further weakens families and creates the substantial possibility of future intervention on behalf of the agency. We must address these grievances with positive measures through pro-intervention. 3) Grievance procedures need to be made readily available to families unconditionally. They should not be hard to get as they are currently. Their proper use should be adequately conveyed to families. 4) Mental health counseling is a large concern that desperately needs immediate attention. The conflict of using only DFYS appointed counselors has become a serious cause for concern with many of our affiliate groups and families. Some of the allegations include preparing children for adoption prior (before) to termination of parental rights. Since these are employees or contractors of DFYS, then whatever the agencies perception is usually is concurred with by the provider. If not, then the high probability of the findings being influenced is definitely a factor. FFP advocates for all providers/counselors to be licensed in the private sector and believes that using only selected ones is discriminatory towards others. It also questions the integrity of those not used who are equally licensed by the state. In some cases, we have seen families refused the right to choose their own counselors, even ones that they had an on going history with. Does this cost the state unnecessary money? Yes, because the state has negotiated payment rates with the "selected providers." Not all providers are willing to be paid at a "reduced rate." Thus that is why you find the state's providers are not always that great, perhaps they are more desperate for work (but not always the case), therefore they agree to be paid at the state's negotiated rate. This increases the likelihood of agreement based on job security. It also costs the state unnecessary money because information sought could be obtained through the previously engaged counselor, and in less time. This would cut down on time wasted waiting for some reports by new counselors who have no knowledge of things already addressed. I believe it would also be easier to get a true sense of the person in counseling if they felt secure in the fact that DFYS input was not influencing the Mental Health Professionals judgment. Making this a protected choice through legislation would protect the agency against claims of wrongful interference and corruption. It is beneficial to both sides. A listing of legally licensed providers should be made available for them to choose from. After the professional makes a diagnosis then the findings would be available with consent to the GAL and attorneys, but not for open revision or interpretation by DFYS. The agency must justify any input they provide to licensed counselors and document it in writing with a carbon copy going to the parent (guardian). This is another way to open communication and cut down on errors or misperceptions by the mental health provider, caseworker or involved party. (Possible solution) 5) A mandatory requirement on behalf of the agency to inform family members of their rights to children who become wards of the state should be secured by legislation. This legislation should include clear steps within the mandatory case plan to get them placed with relatives within two weeks of removal. This does not mean home studies should not be done, just that they should be quicker. Extended periods in foster care in these situations are unnecessary and harmful to the child. (It can result in confused bonding, displacement and attachment disorders and distrust towards parents they may return to or the agency children must rely on for help.)

Conclusion: FFP wants to offer solutions, not add to the growing complaints. Among many suggestions to improve agency efficiency is to start neutral mediation between parents and caseworkers so that everyone knows their responsibility and has a better understanding and can work toward reunification. We are actively seeking a grant to take on such mediation, the family justice center, and problem solving committees to assist DFYS and CSED (and others) in meeting the needs of families in pre-intervention and post-intervention needs. In doing this we will open communication facilitation between children, agencies and families in the community. Many families look upon DFYS as "legal kidnappers of children," this is not how FFP wants this agency viewed. FFP recognizes the need for the protection of abused children. The more information given to the public through community service programs, the more secure families will be with their state agency. This will allow the agencies of DFYS and CSED to be more efficient and positive. FFP knows that many of these issues were addressed in HB375. We are not seeing them properly implemented and feel more needs to be done. An independent agency is desperately needed to mediate and help resolve conflict. Adequate monitoring of such agencies can not be done effectively internally or by connected state agencies, it just leaves too much room for special interest, favoritism and corruption.

Solutions:

Let nonprofit groups (such as FFP and others) campaign for the job (every two years on the ballot perhaps) to be the checks and balance system for such agencies. Require all non

profit agencies desiring this position to submit for public review a budget proposal which includes wage caps on all employees (of say 12 hourly), and declaration of independence from special interest, as well as a policies and procedures manual available to all. Implement legislation to supply a checks and balance grant not to exceed 100,000. I believe you will find many volunteers who will promote this effort. Those interested in the family rights preservation (I.e. the employees) will actively encourage volunteers to support their work and help them meet the needs of their budget restraints and job requirements.

Visitation areas: Should not be in the building where children were taken after removal, too traumatic. Rooms should be set up like living rooms, comfortable and appropriately stocked with toys and positive interaction materials. Supervisors or observers should be in another room watching through one way glass as so not to inhibit natural child actions (and parental actions). After such visitation a parent/observer meeting should occur while child visits in the same room with on site counselor. The observer would then offer positive input to the parent to help decrease negative parenting. This should not be done in a degrading manner or by the caseworker, but by a neutral person. It would be similar to the mentor system tried about 15 years ago. Of course this is not to say that children will be left alone with alleged sexual offenders. In those cases there will be available staff in the room to intervene should the need arise. By reducing time wasted by such state agencies and helping them meet the needs of the communities more efficiently we strengthen our families. This will allow for better distribution of funds intended for children. We will be able to use money saved, by limiting waste, on helping children become safer and healthier. The best part is that we will be able to offer families more opportunities to learn positive roles.

Question? When CSED takes money interest is charged if payments are delinquent, What is done with that interest? I hope it goes to the children, as CSED already has a budget. And when money is wrongfully taken, it sometimes takes months even years to be returned by CSED. Where is the parents interest on that money? Speaking from experience, I received no interest when my pay was attached and my dividend taken even though I was not behind. If the state can be compensated for late payments why are not the families?

MORE SOLUTIONS EXIST AND WILL SOON BE AVAILABLE IN DETAIL TO EVERYONE!!
 please forward all comments and suggestions to skyler@alaska.net and please view our web page www.families-1st.org Sorry web page currently down working on it... hey we are funded by donation what can I say?

commission on privatization

SUBCOMMITTEE ON HEALTH
& SOCIAL SERVICES

Meeting minutes, September 21, 1999

The meeting was called to order at 11:03 AM. Present in person or by teleconference were Chair Taurianan, Co-Chair Andress, Andrews, Brown, Calder, Caswell, Clarke, Foutz, Hagevig, Lorenz, Majewske, Maltman, Moss, Short, Villamides, Vitale, Tanoury, Buhite, and Rep. Fred Dyson. See attached detail list of subcommittee membership.

This was the fourth meeting of this subcommittee. This meeting consisted of reviews of the DFYS and Juvenile Justice divisions by Tanoury and Buhite, respectively. Information background packets were provided to the subcommittee.

Questions/comments during this session included

1. DFYS - Lots of discussion about who gets looked at and the screening process. Are there wasted efforts? The more problems DFYS finds, the bigger their budget. Independent review/arbitrator needed. Social justice ideas may drive DFYS into more spending.
2. DFYS - Committee had many examples of overreaching DFYS. Actually breaking up families, and increasing costs.
3. DFYS - There was no support for the way DFYS currently runs, but no ideas were forthcoming on ways to fix it.
4. JJ - How many in JJ system have had prior contact with DFYS? Answer, about 60%.
5. JJ - How are meds used? Answer, only upon doctor prescription.
6. JJ - How are grants and contracts given out? how are grantees chosen?
7. Dyson - Consider what to privatize, using any kind of provider, profit or nonprofit or other government.

Clarke went over procedure for suspending an employee

Chairman asked for areas of interest by committee members. Please get areas of interest to Marco's office.

For next week, we will have a summary of administration.

Meeting adjourned at 12:58 PM
September 21, 1999

commission on privatization

**SUBCOMMITTEE ON HEALTH
& SOCIAL SERVICES**

Meeting minutes, September 14, 1999

The meeting was called to order at 11:00 AM. Present in person or by teleconference were Chair Taurianan, Andrews, Calder, Clarke, Derr, Eldridge, Foutz, Hagevig, Kibby, Lorenz, Majewske, Maltman, O'Neil, Pignalberi, Short, Vitale, DiMatteo, L. Jones, Abel, Burns, and Nakamura. See attached detail list of subcommittee membership.

This was the third meeting of this subcommittee. This meeting consisted of reviews of the Public Health, DMHDD and Alcohol & drug Abuse divisions by Nakamura, Abel and Jones, respectively. Three information background packets were provided to the subcommittee.

Questions/comments during this session included

1. Public Health - What Federal funding duplicates State funding and how much is it?

2. Public Health - What # is covered under Denali Kids at 200% of poverty level?
Answer is 11,000. 200% of poverty level is \$44,000.

3. Public Health - What are interagency receipts? Primarily medicaid receipts.

4. DMHDD - Any savings from Harborview closing?

5. DMHDD - What is savings from 79 to 54 beds at API? Community cost is estimated at \$3MM when implemented.

6. Alcohol - Why is AMHT involved in policy at all? Per laws, copy to come.

7. Alcohol - Any mechanism to prevent AMHT "replacement" of general funds?
Answer is no.

8. What are Federal dollars to health corps? No answer.

9. Chairman reiterated need for an inventory of community resources to deal with the needs DHSS addresses. Maybe a listing of agencies and services provided.

For next week, we will have a summary of juvenile justice and DFYS.

Meeting adjourned at 1:25 PM
September 14, 1999

commission on privatization

SUBCOMMITTEE ON HEALTH
& SOCIAL SERVICES

Meeting minutes, September 7, 1999

The meeting was called to order at 11:05 AM. Present in person or by teleconference were Chair Taurianan, Co-Chair Andress, Calder, Caswell, Clarke, Derr, Eldridge, Foutz, Keller, Kibby, Lindstrom, Lorenz, Majewske, Moss, Pignalberi, Vitale, Labbe, and Nordlund. See attached detail list of subcommittee membership.

This was the second meeting of this subcommittee. This meeting consisted of reviews of the Medical Assistance and Public Assistance divisions by Labbe and Nordlund, respectively. Five information background packets were provided to the subcommittee. Clarke reviewed the two overall statistical packets.

Questions/comments during this session included

1. Provide number of employees by BRU and detail component.
2. How many of the 90,000 medicaid participants are in state custody?
3. Give the committee a shell-in draft of outline reports for the committee covering points I to X, leaving out subjective comments on points VI and X.
4. List and identify private charity/nonprofit activities and resources - what they do and what is available.
5. Again, for requests for information, they should go through Pignalberi to Lindstrom. ✓
6. Continue working and reading. Let Pignalberi's office know of any specific areas of interest.
7. New public assistance regs just signed by the Lt. Governor will be provided to the committee.

For next week, we will have a summary of mental health, alcohol, and public health by DHSS, with other divisions to follow subsequently.

Meeting adjourned at 1:10 PM
September 7, 1999

commission on privatization

**SUBCOMMITTEE ON HEALTH
& SOCIAL SERVICES**

Meeting minutes, August 31, 1999

The meeting was called to order at 11:05 AM. Present in person or by teleconference were Chair Taurianan, Co-Chair Andress, Andrews, Brown, Caswell, Clasby, Foutz, Keller, Lindstrom, Majewske, O'Neill, Moss, Clarke, Calder, Eldridge, Pignalberi, and Higgins. See attached detail list of subcommittee membership.

This was the initial meeting of this subcommittee. Member name and address sheets were filled out. This information should be sent to Pignalberi. Our legislative staff support will be Marco Pignalberi, Debbie Higgins and R. Moss. DHSS staff support will be Elmer Lindstrom (primary) and Janet Clarke. Contact phone numbers and communication information was exchanged.

A large amount of background information was given out or made available to committee members. This included the purpose of our committee, enabling legislation, details of the DHSS organization. Clarke led the committee through a discussion of DHSS operations.

Questions/comments during this session included

1. Which programs have Federal match and how much is it?
2. How many employees are there in each division/function?
3. Give the committee a one or two page 'committee resource index' for the next meeting.
4. Need to look at definitions as we go, as well as policy issues.
5. For requests for information, they should go through Pignalberi to Lindstrom.
6. No expenses are allowed for committee members.

For next week, we will have a summary of Medical Assistance and Public Assistance by DHSS, with other divisions to follow subsequently.

An updated committee membership information listing will be sent out.

Meeting adjourned at 1:25 PM

commission on privatization

SUBCOMMITTEE ON HEALTH
& SOCIAL SERVICES

Meeting minutes, September 14, 1999

The meeting was called to order at 11:00 AM. Present in person or by teleconference were Chair Taurianan, Andrews, Calder, Clarke, Derr, Eldridge, Foutz, Hagevig, Kibby, Lorenz, Majewske, Maltman, O'Neil, Pignalberi, Short, Vitale, DiMatteo, L. Jones, Abel, Burns, and Nakamura. See attached detail list of subcommittee membership.

This was the third meeting of this subcommittee. This meeting consisted of reviews of the Public Health, DMHDD and Alcohol & drug Abuse divisions by Nakamura, Abel and Jones, respectively. Three information background packets were provided to the subcommittee.

Questions/comments during this session included

1. Public Health - What Federal funding duplicates State funding and how much is it?
2. Public Health - What # is covered under Denali Kids at 200% of poverty level?
Answer is 11,000. 200% of poverty level is \$44,000.
3. Public Health - What are interagency receipts? Primarily medicaid receipts.
4. DMHDD - Any savings from Harborview closing?
5. DMHDD - What is savings from 79 to 54 beds at API? Community cost is estimated at \$3MM when implemented.
6. Alcohol - Why is AMHT involved in policy at all? Per laws, copy to come.
7. Alcohol - Any mechanism to prevent AMHT "replacement" of general funds?
Answer is no.
8. What are Federal dollars to health corps? No answer.
9. Chairman reiterated need for an inventory of community resources to deal with the needs DHSS addresses. Maybe a listing of agencies and services provided.

For next week, we will have a summary of juvenile justice and DFYS.

Meeting adjourned at 1:25 PM
September 14, 1999

commission on privatization

**SUBCOMMITTEE ON HEALTH
& SOCIAL SERVICES**

Meeting minutes, September 7, 1999

The meeting was called to order at 11:05 AM. Present in person or by teleconference were Chair Taurianan, Co-Chair Andress, Calder, Caswell, Clarke, Derr, Eldridge, Foutz, Keller, Kibby, Lindstrom, Lorenz, Majewske, Moss, Pignalberi, Vitale, Labbe, and Nordlund. See attached detail list of subcommittee membership.

This was the second meeting of this subcommittee. This meeting consisted of reviews of the Medical Assistance and Public Assistance divisions by Labbe and Nordlund, respectively. Five information background packets were provided to the subcommittee. Clarke reviewed the two overall statistical packets.

Questions/comments during this session included

1. Provide number of employees by BRU and detail component.
2. How many of the 90,000 medicaid participants are in state custody?
3. Give the committee a shell-in draft of outline reports for the committee covering points I to X, leaving out subjective comments on points VI and X.
4. List and identify private charity/nonprofit activities and resources - what they do and what is available.
5. Again, for requests for information, they should go through Pignalberi to Lindstrom.
6. Continue working and reading. Let Pignalberi's office know of any specific areas of interest.
7. New public assistance regs just signed by the Lt. Governor will be provided to the committee.

For next week, we will have a summary of mental health, alcohol, and public health by DHSS, with other divisions to follow subsequently.

Meeting adjourned at 1:10 PM
September 7, 1999

commission on privatization

**SUBCOMMITTEE ON HEALTH
& SOCIAL SERVICES**

Meeting minutes, August 31, 1999

The meeting was called to order at 11:05 AM. Present in person or by teleconference were Chair Taurianan, Co-Chair Andress, Andrews, Brown, Caswell, Clasby, Foutz, Keller, Lindstrom, Majewske, O'Neil, Moss, Clarke, Calder, Eldridge, Pignalberi, and Higgins. See attached detail list of subcommittee membership.

This was the initial meeting of this subcommittee. Member name and address sheets were filled out. This information should be sent to Pignalberi. Our legislative staff support will be Marco Pignalberi, Debbie Higgins and R. Moss. DHSS staff support will be Elmer Lindstrom (primary) and Janet Clarke. Contact phone numbers and communication information was exchanged.

A large amount of background information was given out or made available to committee members. This included the purpose of our committee, enabling legislation, details of the DHSS organization. Clarke led the committee through a discussion of DHSS operations.

Questions/comments during this session included

1. Which programs have Federal match and how much is it?
2. How many employees are there in each division/function?
3. Give the committee a one or two page 'committee resource index' for the next meeting.
4. Need to look at definitions as we go, as well as policy issues.
5. For requests for information, they should go through Pignalberi to Lindstrom.
6. No expenses are allowed for committee members.

For next week, we will have a summary of Medical Assistance and Public Assistance by DHSS, with other divisions to follow subsequently.

An updated committee membership information listing will be sent out.

Meeting adjourned at 1:25 PM
August 31, 1999

commission on privatization

SUBCOMMITTEE ON HEALTH
& SOCIAL SERVICES

Meeting minutes, August 31, 1999

The meeting was called to order at 11:05 AM. Present in person or by teleconference were Chair Taurianan, Co-Chair Andress, Andrews, Brown, Caswell, Clasby, Foutz, Keller, Lindstrom, Majewske, O'Neil, Moss, Clarke, Calder, Eldridge, Pignalberi, and Higgins. See attached detail list of subcommittee membership.

This was the initial meeting of this subcommittee. Member name and address sheets were filled out. This information should be sent to Pignalberi. Our legislative staff support will be Marco Pignalberi, Debbie Higgins and R. Moss. DHSS staff support will be Elmer Lindstrom (primary) and Janet Clarke. Contact phone numbers and communication information was exchanged.

A large amount of background information was given out or made available to committee members. This included the purpose of our committee, enabling legislation, details of the DHSS organization. Clarke led the committee through a discussion of DHSS operations.

Questions/comments during this session included

1. Which programs have Federal match and how much is it?
2. How many employees are there in each division/function?
3. Give the committee a one or two page 'committee resource index' for the next meeting.
4. Need to look at definitions as we go, as well as policy issues.
5. For requests for information, they should go through Pignalberi to Lindstrom.
6. No expenses are allowed for committee members.

For next week, we will have a summary of Medical Assistance and Public Assistance by DHSS, with other divisions to follow subsequently.

An updated committee membership information listing will be sent out.

Meeting adjourned at 1:25 PM
August 31, 1999

Department of Health & Social Services Subcommittee Membership						
Address	Kathy	283-9003	283-8118		Bio Cycle Alaska	comfzone@ptialaska.net
Taurianan	Mike	262-4624	262-5777	262-4489	Northern Test Lab	mtocentl@alaska.net
Andrews	Mark	452-8251 x3177	459-3953	474-8063	Tanana Chiefs	mandrews@tananachiefs.org
Brown	Kelly	452-2300	452-2307	452-5870	ASEA /AFSCME. Local 52	kelly@asea.fbx.mxmail.com
Caswell	Lynn	276-5590	258-1091	688-4284	Catholic Social Services	lcaswell@css.ak.org
Clarke	Janet	465-1630	465-2499	789-3741	Dept Health & Social - Dept Contact	Janet_Clarke@health.state.ak.us
Derr	Laraine	586-1790	463-3573		AK Hospital & Nursing Home Assoc.	
Eldridge	Barry	283-7152	283-7152	398-7811	Barry Management	lridgebb@ptialaska.net
Foutz	Paul	272-1196	272-4850	561-0048	O'Connor & CO., P.C.	
Franz	Charlie	235-8101	235-0253		Homer Hospital	
Gilleen	Jerri	276-2131	276-0946		Muscular Distrophy Assn., Director	j_gilleen@hotmail.com
Grasse	Don	786-0218	786-0270		General Mgr., K&L Distributors	dgrasse@ptialaska.net
Hagevig	Rosemary	463-6151	586-9018		Catholic Community Services, Exec Director	rosemaryhagevig@ccsluno.com
Keller	Wes	694-6683	694-1015	376-6115	Representative Dysons Office - SOA	
Kibby, Esq.	Richard	563-0373	563-5083			
Lindstrom	Elmer	465-1613	465-3068		Dept Health & Social - Dept Contact	
Lorenz	Clyde	457-7106	456-8245	457-7106	Families First	Rvnnieva_Moss@legis.state.ak.us
Majewske	Marie	333-0717	N/A		North East Community Center	nonoinak@aol.com
Maltman	David	269-8991	269-8995		HESS	david_maltman@health.state.ak.us
Moss	Rvnnieva	456-5081	456-8245	488-6583	Rep Coghill	Rvnnieva_Moss@legis.state.ak.us
O'Neil	Gloria	265-5917	265-5996	230-0346	CEO, Cook Inlet Tribal Council	goneill@citci.com
Sandvik	Helvi	265-4149	265-4123		NANA Development	helvi.sandvik@nana-dev.com
Short	Sarah	561-5976	562-8630		Families First	skvler@alaska.net
Trafford Calder	Scott	474-0174	456-8245	474-0174	Safe Families Inc.	Rvnnieva_Moss@legis.state.ak.us
Villamides	Sylvia	258-6538	258-6526		Anchorage Neighborhood Health	silviav@anhc.org
Vitale	Vincent	276-7576	258-7030		Attorney At Law	fiatlux@sinbad.net

Report for the Privatization Task Force
September 20, 1999

- I. Department of Health and Social Services**
- II. List of BRU / Component – Appendix A.**
- III. FY2000 Authorized Budget by Funding Sources**

Federal Receipts	481,750.5
General Fund Match	159,114.2
General Fund	140,474.6
General Fund / Program Receipts	4,468.7
Interagency Receipts	53,021.5
Alcohol & Drug	2.0
General Fund / Mental Health	105,280.8
Title 20 (Federal)	4,474.5
PFD Fund	18,688.9
CIP Receipts	865.6
MHTAAR	4,156.7
Child Trust Earnings	345.7
Statutory Designated Receipts	4,531.1
Tobacco Settlement Fund	29,337.5
Total Funding	1,006,512.3

- V. Constitution and Statutory**
- Constitutional - Public Welfare, Public Health**
- Statutory Authority**

Program	Statute	Description
Medicaid	AS 47.07.010-080	It is declared as a matter of public concern that the needy persons of this state receive uniform and high quality medical care, regardless of race, age, national origin, or economic standing. Accordingly, this chapter authorizes the Department of Health and Social Services to apply for participation in the national medical assistance program as provided for under 42 U.S.C. 1396 - 1396p (Title XIX, Social Security Act).

Report for the Privatization Task Force
September 20, 1999

Program	Statute	Description
Chronic Acute Medical Assistance (CAMA)	AS 47.08.150	Under the provisions of this section, the Department of Health and Social Services may pay providers of medical care for services that are provided to needy persons suffering from a chronic or acute medical condition who qualify for assistance under AS 47.25.120 and are not eligible for the medical assistance program under AS 47.07.
Alaska Temporary Assistance Program (ATAP)	AS 47.27.005	The Temporary Assistance Program provides temporary financial assistance to eligible needy families when the parents or caretaker relatives are temporarily unemployed, currently underemployed, or facing significant barriers to gainful employment.
Child Care Services	AS 47.27.635	The Child Care Development Fund is a federal and state funded block grant which provides child care assistance on a sliding scale based on family size and income. This grant is available for families in welfare-to-work activities; families moving off of welfare due to increased earnings; and working families whose low income places them at risk of needing assistance.
Work Services	AS 47.27.005	The array of services intended to help recipients into the workforce is referred to as "Work Services". Recognizing that many welfare recipients must overcome substantial challenges in order to find employment, Alaska's welfare to work services include assistance in job readiness and job search, case management, job retention and advancement, basic education, training and transportation to work.
Adult Public Assistance (APA)	AS 47.25.430	Adult Public Assistance (APA) is a state funded program that provides cash assistance to needy aged, blind, and disabled persons who meet certain income and resource requirements.
Food Stamp Program	AS 47.25.975	The Food Stamp Program helps low-income households maintain adequate nutrition.

Report for the Privatization Task Force
September 20, 1999

Program	Statute	Description
Energy Assistance Program (EAP)	AS 47.05.010	The Energy Assistance Program (EAP) is 100 percent federally funded by the Low-Income Home Energy Assistance Program (LIPEAP) Block Grant. The program provides seasonal help with home heating costs to low-income households.
General Relief Assistance (GRA)	AS 47.25.120	Alaska's General Relief Assistance (GRA) program provides for the most basic needs of many Alaskans who haven't the personal resources to meet an emergent need and who are not eligible for assistance through other assistance programs offered by the state.
Medicaid and DPA Service Delivery	AS 47.07.010	Medicaid, an entitlement program created by the federal government, is the primary public program financing basic health and long-term care services for low-income Alaskans. The Division of Public Assistance (DPA) is responsible for determining the eligibility of individuals and families in need of Medicaid benefits.
Licensure/Practice	AS 08.65-95	Provides standards for licensure and practice of various health-related occupations.
State Management of Programs	AS 44.29.020	Establishes the Department of Health and Social Services as the Administrator of Public Health and Social Services programs including Mental Health and Developmental Disabilities Programs.
Community Mental Health Centers Act	AS 47.30.520-620	Provides the granting authority and sets standards for Community Mental Health grantees.
Hospitalization of Clients	AS 47.30.655-915	Establishes the conditions under which persons may be voluntarily or involuntarily admitted to mental health inpatient facilities.
Use of Mental Health Trust Funds	AS 47.30.056	Defines mental health beneficiaries and the services to be provided to them through the use of Mental Health Trust Funds.
Persons with Handicaps	AS 47.80.010-900	Provides the granting authority and sets standards for Community Developmental Disabilities grantees.

Report for the Privatization Task Force
September 20, 1999

Program	Statute	Description
Community Based Treatment Services	AS 47.30.475 AS 47.37	Community Based Treatment Services include emergency care, residential treatment services, outpatient services, and methadone treatment (Anchorage only).
Community Action Against Substance Abuse (CAASA) Prevention Grants	AS 47.37.045	CAASA grants provide funding for: youth assessment and referral programs for minors required to participate in alcoholism or drug education; programs and projects that the division determines are effective in preventing or treating substance abuse; and technical assistance for neighborhood based substance abuse prevention and treatment.
Medical Examiner	AS 12.65	Establishes the criteria for deaths to be investigated by the state and provides for medical examiners to perform these investigations.
Public Health	AS 18.05	Gives authority to the Department of Health and Social Services relating to the protection of the public's health.
Emergency Medical Services	AS 18.08	Provides for the establishment of an emergency medical services system.
Disease Control	AS 18.15	Provides for disease control.
Aid to Communities	AS 18.25	Provides for the state to assist non-profit hospitals and facilities in the purchase, construction, renovation or establishment of hospitals, health centers or clinics.
Vital Statistics Act	AS 18.50	Provides for the recording of the vital records for the residents and visitors of the state.
Radiological Health	AS 18.60.475-545	Provides for the monitoring of radiation sources.
Medical Care	AS 47.07	Provides for the health care of the needy.
Confidentiality	AS 09.25 AS 25.23	Establishes the confidentiality of adoption proceedings and records, and the circumstances under which such records can be made available to specified individuals.
Children in Need of Aid	AS 47.10	Subject to AS 47.10.019, the court may find a child to be a child in need of aid if it finds by a preponderance of the evidence.

Report for the Privatization Task Force
September 20, 1999

Program	Statute	Description
Child Abuse and Neglect Reporting Law	AS 47.17	In order to protect children whose health and well-being may be adversely affected through the infliction, by other than accidental means, of harm through physical injury or neglect, mental injury, sexual abuse, sexual exploitation, or maltreatment, the legislature requires the reporting of these cases by practitioners of the healing arts and others to the department. Reports must be made when there is a reasonable cause to suspect child abuse or neglect in order to make state investigative and social services available in a wider range of cases at an earlier point in time, to make sure that investigations regarding child abuse and neglect are conducted by trained investigators, and to avoid subjecting a child to multiple interviews about the abuse or neglect.
Adoptions	AS 25.23 AS 18.50	Chapter 25 shall be liberally construed to the end that the best interests of adopted children are promoted. Due regard shall be given to the rights of all persons affected by a child's adoption.
Uniform Child Custody Jurisdiction Act	AS 25.30	Establishes the state's jurisdiction with regard to child custody proceedings.
Interstate Compact on the Placement of Children	AS 47.70	It is the purpose and policy of the states of the compact to cooperate with each other in the interstate placement of children.
Guardians of Minors	AS 13.26	The guardianship program provides permanent homes, through adoption and guardianship, for children in the custody of the Department who cannot return to their biological parents.
Youth Services - Field Probation and Youth Correctional Facilities	AS 47.12.010	Passed during the 1998 legislative session, the statute codifies the principles of restorative and balanced justice. This enabling statute recognizes that effective public safety is found in a vision where juvenile offenders have an immediate consequence, perform community service and, where possible, reconnect to their community.

Report for the Privatization Task Force
September 20, 1999

Program	Statute	Description
Financial Management	AS 37.10	Statutory responsibilities include sound financial management and revenue collection of state, federal and other funds.
Budget Section	AS 37.07	Responsible for the preparation, coordination, analysis and enactment of a budget that is organized to focus on the services provided by state agencies and on the cost of those services and that provides for implementation of policies and plans, in the succeeding budget period.
Procurement Section	AS 36.30	Defines the requirements which government agencies must adhere to in procuring goods and services for the State of Alaska.
Capital Projects	AS 37.07.062	Responsible for preparation and submission of annual capital budget requests. Once funding is obtained, responsible for competent management of capital projects and funds.
Personnel and Payroll Section	AS 39.25	It is the purpose of this statute to manage and administer all personnel administration including payroll, labor relations, safety, and personnel actions.

Report for the Privatization Task Force
September 20, 1999

VI. Agency Mission Statement

The mission of the Department of Health and Social Services is to promote and protect the health and well-being of Alaska citizens with a focus on prevention and early intervention.

OFFICE OF THE COMMISSIONER

The mission of the Office of the Commissioner is to promote and protect the well-being of every Alaskan by investing in families and communities.

DIVISION OF PUBLIC ASSISTANCE

The mission of the Division of Public Assistance is to provide basic living expenses and self-sufficiency services to Alaskans in need.

DIVISION OF MEDICAL ASSISTANCE

The mission of the Division of Medical Assistance is to maintain access to quality health care for all Alaskans and to provide health coverage for Alaskans in need.

DIVISION OF FAMILY & YOUTH SERVICES

The mission of the Division of Family and Youth Services is to

- 1) Protect children who are abused and neglected or at risk of abuse and neglect;
- 2) Protect and restore communities and victims; and (*DJJ)
- 3) Rehabilitate juvenile offenders. (*DJJ)

DIVISION OF JUVENILE JUSTICE (* New Division effective 7/1/99)

The mission of the Division of Juvenile Justice is to hold juvenile offenders accountable for their behavior, promote the safety and restoration of victims and communities, and assist offenders and their families in developing skills to prevent crime.

DIVISION OF PUBLIC HEALTH

The mission of the Division of Public Health is to preserve and promote the state's public health.

DIVISION OF ALCOHOL & DRUG ABUSE

The mission of the Division of Alcoholism and Drug Abuse is to promote the health and well-being of Alaskans by preventing and treating the abuse of alcohol, other drugs and inhalant.

Report for the Privatization Task Force
September 20, 1999

DIVISION OF MENTAL HEALTH & DEVELOPMENTAL DISABILITIES

The mission of the Division of Mental Health and Developmental Disabilities is to plan with and provide appropriate prevention, treatment, and support for consumers and their families affected by mental disorders or developmental disabilities, while maximizing their self-determination.

DIVISION OF ADMINISTRATIVE SERVICES

The mission of the Division of Administrative Services is to provide quality administrative services that supports the department's programs.

VII. Number of Employees

Privatization Task Force-Positions by Category

<i>Categories</i>	<i>Number of Positions</i>
Eligibility Technicians & Workforce Development	359
Social Workers	298
Youth Corrections (Counselors & Probation Officers)	274
Clerical	249
Nursing (Public Health & Psychiatric)	188
Health Professionals	161
Administrative Staff	160
Mental Health Specialists	143
Accounting & Budget Staff	111
Other	86
Analyst/Programmers	79
Facilities Maintenance	59
Medical Specialists	48
Research & Planning	28
Grants & Procurement	18
Total Number of Positions	2,261

FY2000 Authorized Budget-Position Count			
Full Time	Part Time	Non-Permanent	Total
2,192	57	12	2,261

Report for the Privatization Task Force
September 20, 1999

VIII. Technology Used to Perform Mission

A) Data Systems

Medical Assistance	MMIS -Medicaid Management Information System (this is run by a private firm-First Health) STARS -Service Tracking, Analysis and Reporting System-Decision Support
Public Assistance	EIS -Eligibility Information System-Determines the eligibility of individuals and families for a variety of Public Assistance programs and the eligibility for Medicaid
Mental Health and Developmental Disabilities	ARORA -Supports the management of clients receiving services from grantees DDMIS -Information system supporting the management of services provided to clients with developmental disabilities
Public Health	Vital Statistics -Registers Births, Deaths, Marriages, Adoptions RPMS -Nursing-Information Systems reporting on the Public Health Nursing services be provided to clients WIC -Women, Infants, Children EPI -Disease Reporting and Rapid Telephonic Reporting Trauma Registry EPSDT -Early Periodic Screening Diagnosis and Treatment
Family Services	PROBER -Recording and reporting Reports of Harm, Harm Investigations, Placements, Youth Supervision and Youth Corrections PROVIDER -Provider billing Subsidized Adoptions
Alcoholism and Drug Abuse	ADAMIS -Centralized recording and reporting based on data received from Private Treatment Vendors

B) Equipment

Lab Equipment, Medical Equipment - Nursing, Electronic Monitoring Equipment

C) Electronic Benefit Transfer (Food Stamp Program)

IX. List Contracts and Grants – Appendix B

Report for the Privatization Task Force

September 20, 1999

X. Existing Privatization Practices

- ✧ Harborview - Total closure and deinstitutionalization in 1998, approximately 125 State jobs eliminated, services provided by private non-profit agencies.
- ✧ Audiology - The Division of Public Health has privatized audiology services across the state. Six community-based private providers residing in Anchorage, Barrow, Homer, Kenai, and Juneau now provide services in regions previously served by three regional offices. Additionally, Bristol Bay Native Association has developed an audiology program to serve residents of Dillingham and surrounding communities. With privatization, services are available on a continual basis in communities previously served on an itinerant basis, communities never served before by State audiologists are receiving services, and the State has realized considerable cost savings.
- ✧ Medical Assistance - The Division of Medical Assistance utilizes a contractor, First Health, to process Medicaid claim payments to providers.
- ✧ Grants and Contracts to non-profits for service delivery - Grants or contracts are a regular method to deliver services in DHSS
- ✧ Community Equipment Closet - The Division of Mental Health and Developmental Disabilities has developed a program to recycle durable medical goods. The Community Equipment Closet is a collaborative project with the DMH&DD, Geneva Woods HealthCare Services, Hope Cottages, the Arc of Anchorage, Mat-Su Services and other community members. Used adaptive equipment and medical supplies are reconditioned and distributed to consumers with special health care needs by the private sector under contract. The cost of the reconditioned equipment is always less (often substantially) than the cost of new equipment. The savings in equipment and medical supply costs increase availability of resources for other individuals in need.
- ✧ Electronic Benefit Transfer - In June of 1998 the Division of Public Assistance completed statewide implementation of Electronic Benefit Transfer (EBT) system. EBT is a method of efficiently distributing public assistance benefits. With EBT, a plastic Alaska Quest debit card has replaced paper food stamps and some cash warrants. A design strength of EBT is its use of existing financial networks to support the system. EBT has improved client service, program management, and public support through increased program integrity. The Department of Health and Social Services has joined an alliance of six western states to gain better EBT pricing. Alaska has contracted with Citibank and Deluxe Electronic Payment Systems for Alaska Quest development and operation. Through the use of the Alaska Quest card, EBT has helped:

Report for the Privatization Task Force

September 20, 1999

- 1) Provide a safe, secure, and convenient way to receive food stamp and temporary assistance benefits.
- 2) Eliminate paper food stamps and the stigma associated with redeeming them in public.
- 3) Speed delivery of benefits by eliminating the delays for packaging and mailing coupons and warrants.
- 4) Reduce client and food retailer fraud.
- 5) Eliminate theft of mailed food stamps and the associated state penalty payments.
- 6) Move welfare recipients toward greater familiarity with modern financial transactions.
- 7) Improve the process for food retailers redeeming food stamp transactions.
- 8) Promote other business improvements such as direct deposit of cash payments for those with bank accounts wanting this service.

• **Consolidations** - In preparation for the new laboratory facility, the Division of Public Health has consolidated the functions of the Juneau Lab, the Lab Chief's Office, and the Anchorage Lab into one Anchorage location. The sections of Community Health and Emergency Medical Services were combined and consolidated from three different locations into one Juneau location.

• The Division of Public Health Nursing section was consolidated from five regions into four.

• **Medicaid Cost Containment** - Division of Medical Assistance, in partnership with Division of Mental Health and Developmental Disabilities, has developed new regulations for community mental health services that limit the amount scope and duration of services. A study is underway to recommend a model for managed care in Alaska. A comprehensive program of Quality Assurance has been instituted which will help to assure that the quality of service is not degraded as cost containment efforts move forward.

• **Computer and Information Technology** - The Department of Health and Social Services web site was established and now provides the public with information about the department as well as access to forms electronically (e.g., Energy Assistance Application Form and Vital Statistics Information request forms). Travel authorizations are prepared, distributed and authorized electronically. The Department is partnering with other agencies to automate timesheet processing. A Computerized Maintenance Management System (CMMS) has been established, which assures timely repair and maintenance, maximizing the return on maintenance dollars. The Department has developed and is in the initial stages of implementing a Data Warehouse. The Data Warehouse is a Decision Support System, which

Report for the Privatization Task Force
September 20, 1999

integrates data from the Department's administrative and program operation data systems.

- **Roof Audits** - The Facilities and Planning Section developed in-house expertise in diagnosing aging condition and deficiencies in building roofs, which will result in reducing the cost of hiring outside contractors to conduct the same analysis. Performing the analysis in-house will result in savings that can be applied toward roof repairs at a later date.

Subject: Privatization Meeting for September 21, 1999

Date: Mon, 20 Sep 1999 13:30:17 -0800

From: "Anderson, Stacey" <Stacey_Anderson@health.state.ak.us>

To: "Melba Piispanen" <Melba_Piispanen@legis.state.ak.us>, "Lana Decker" <Lana_Decker@legis.state.ak.us>, "Alyson Stogsdill" <Alyson_Stogsdill@legis.state.ak.us>, "Annette Deal" <Annette_Deal@legis.state.ak.us>, "Marco Pignalberi" <Marco_Pignalberi@legis.state.ak.us>

CC: "Emerson, Lisa G." <lisa_emerson@health.state.ak.us>

Good Afternoon!

Attached is a 12 page document for the Privatization meeting scheduled for tomorrow - please print and distribute the document at each of your sites. (We will distribute the information to the Juneau office.)

Additional information will be sent to each of you via fax this afternoon.

If you cannot open the document, please contact me and I will send it in a lower version.

Thanks!

<<Report PTF 9 17 99.doc>>

Stacey';)

 Report PTF 9 17 99.doc	Name: Report PTF 9 17 99.doc Type: Winword File (application/msword) Encoding: base64 Download Status: Not downloaded with message
--	---



DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF ADMINISTRATIVE SERVICES
DIRECTOR'S OFFICE



FACSIMILE COVER SHEET

TO:	
Annette Deal-Cowdery	
Fairbanks L10 - Melba P. Pospinen	
Kenai L10 - Alyson Stogsdill	
Annette - 269-0223	
Melba - 456-3846	FAX NUMBER
Alyson - 283-3075	PHONE NUMBER

FROM:	
Tina Clarke	
9/27	
DATE	NO. OF PAGES
465-2499	
FAX NUMBER	
465-3331	
PHONE NUMBER	

RE: Privatization Information for 9/28

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ OTHER

NOTES/COMMENTS:

*Letter from Tina 3 pgs
*Attachment A 1pg
*Attachment B 2 pgs
*Attachment C 3 pgs
Division of Admin Sves 22 pgs
Privatization Articles 55 pgs
*Differences Between DOA & Agencies 8 pgs
This transmission

State of Alaska
Department of Health & Social Services
Division of Administrative Services/Director's Office
P.O. Box 110650
Juneau, Alaska 99811-0650

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES***DIVISION OF ADMINISTRATIVE SERVICES*****TONY KNOWLES, GOVERNOR**

P.O. Box 110650
Juneau, AK 99811-0650
Phone: (907) 463-3082
Fax: (907) 463-2499

MEMORANDUM**DATE:** September 27, 1999**TO:** DHSS Privatization Task Force**FROM:** Janet Clarke
Director**SUBJECT:** Response to Questions asked by the Privatization Task Force

Per your request, we are providing the following information to the Privatization Task Force Department of Health and Social Services subcommittee.

- **Denali KidCare:** What would happen if the state dropped the rate of children covered to 133% rather than 200%? How many kids would lose coverage and what other implications are there?

The Legislature approved the coverage of children at the 200% of poverty level during the 1999 session. A change in law would be required to reduce the number of children served by lowering this eligibility threshold. The number of children that would be effected can only be estimated for a reduction to the 150% level at this time because we have not conducted our analysis at the 133% level—the additional work to do so would take a great deal of time.

If eligibility were lowered to the 150% level, approximately 3,000 children would be uninsured in fiscal year 2000. This would result in a reduction in expenditures of about \$1,465,000 general funds and \$3,707,900 federal funds. However, the long term ramifications would be greater expenditures by health care providers for uncompensated care and increased costs to the entire health care system, including Medicaid, resulting from chronic and acute conditions that are brought on or exacerbated by the lack of appropriate care at an early stage. Early, appropriate, and periodic health care is essential to avoid long-term health consequences for children.

- **Please provide information on the Poverty level in Alaska; (i.e. what it is and compared to other states if we have it).**

The federal poverty guidelines are updated each year by the U.S. Department of Health and Human Services. These guidelines are published in the Federal Register during February or March of each year, and are adjusted to account for the previous year's increase in prices as measured by the consumer price index.

There are separate guidelines for (1) Alaska, (2) Hawaii, and (3) the 48 contiguous states and the District of Columbia. The Alaska guidelines are about 25% higher than the federal poverty

guidelines for the 48 contiguous states and D.C. The Hawaii guidelines are about 15% higher than the federal poverty guidelines for the 48 contiguous states and D.C.

For 1999, the federal poverty guidelines for Alaska are:

Family Size	Poverty Guideline
1	\$10,320
2	\$13,840
3	\$17,360
4	\$20,880
5	\$24,400
6	\$27,920
7	\$31,440
8	\$34,960
Each Addl.	\$3,520

- The committee wants to know the number of abortions we did last year (under the Hyde amendment, since we assume those would be the only ones done).

Eighteen abortions were paid for in fiscal year 1999.

- Please provide the budget plan for the downsizing of API and the increase to community services.

Between FY 00 and FY 04 the Department of Health and Social Services will be restructuring the community mental health services in Anchorage. This work will result in a smaller API (79 to 54 beds) and an increase in services provided by the private medical and mental health system. Services such as the Single Point of Entry, Designated Evaluation and Treatment, Crisis Respite and Enhanced Detoxification are community-based services designed to better serve consumers in a less restrictive setting.

We will, during this period of time, be moving care being provided at the state operated API to care being provided by local medical and mental health providers.

Fiscal Year	Community Services	API	Total
FY 00	\$8.8 million	\$15.9 million	\$24.7
FY 04	\$11.8 million	\$13.6 million	\$25.4

- What percent of clients served in the Mental Health and DD system were referred by other state agencies?

Attached is a listing of referrals (attachment A).

- How many delinquency cases have had prior CPS contact?

Attachment C – Breaking the Link, A forum on child maltreatment and juvenile delinquency provides data on the number of delinquency cases that had CPS contact.

- Provide information on privately operated juvenile systems from around the country.

We have included several articles on the privatization of juvenile systems. However, no states (that we know of) have ever contracted out existing juvenile facilities. Privatization has occurred as new facilities have been built.

- How many DHSS employees are on suspension with pay?

Three employees are on suspension with pay.

- Would you please identify which FY99 contracts are DFYS versus DJJ.

We have hand annotated the list of contracts for DFYS and DJJ (Attachment B).

If you have any additional questions, please give me a call at 465-1630.

cc: Karen Perdue, Commissioner
Elmer Lindstrom, Legislative Liaison
Lisa Emerson, Budget Chief

ARORA MIS Frequency Distribution on Referral From Field

Valid	API	Frequency	Percent
	Private Psychiatric Hospital	599	7.8
	Alcohol Detox or Residential Program	451	5.8
	Drug Detox or Residential Program	79	1.1
	General Hospital	12	.0
	Nursing Home or Intermediate Care Facility	530	6.9
	Board and Care Facility	119	1.6
	Developmental Disabilities Residential Program	9	.0
	Alaska Native Hospital (PHS or IHS)	14	.0
	V.A. Hospital	77	1.1
	Supervised Apartment	8	.0
	Halfway House	3	.0
	Crisis/Respite Care	8	.0
	Department of Corrections/Jail	50	.7
	Partial Care or Day Care Program	295	3.8
	Other Residential/Institutional	17	.0
	MH Professional, Not Psychiatrist, Including School/Church	108	1.4
	Psychiatrist or Psychiatric Outpatient Clinic	241	3.1
	Physician	289	3.8
	Other CMHC Outpatient Caseload	764	10.0
	Court-Civil Proceedings	396	5.1
	Court-Criminal Proceedings	267	3.5
	Correctional Agency (Probation or Parole)	164	2.2
	Alcohol Program	116	1.6
	Drug Program	86	1.1
	School	41	.6
	Division of Vocational Rehabilitation	877	11.4
	Division of Family and Youth Services	17	.0
	Other Social or Community Agencies	1507	19.6
	Public Health (IHS, PHS, Division of Public Health)	523	6.8
	Developmentally Disabled Program	78	1.0
	Village Health Aide	13	.0
	Totals	8	.0
		7785	100.0

CONTRACT #	CONTRACTOR	PURPOSE OF CONTRACT	START	END	TOTAL	FY 99 AMOUNT
------------	------------	---------------------	-------	-----	-------	--------------

DIVISION OF FAMILY & YOUTH SERVICES

67632	Agnew, Thea	Consultant	7/8/98	8/30/98	\$5,500	\$5,500
67649 DU	Aketh, Ruth A.	JYC Nurse	7/20/98	8/30/99	\$8,000	\$8,000
67651 DU	Atrops, Martin Dr.	On-site Assessment	2/19/99	3/19/99	\$1,500	\$1,500
67587 DU	Atrops, Martin Ph. D.	Psychological Services	8/20/98	8/30/99	\$20,000	\$20,000
67638	Baker Jennings Films	Foster Parent Recruitment	1/11/99	2/17/99	\$7,041	\$7,042
67658	Baker Jennings Films	Foster Parent Recruitment	2/25/99	3/15/99	\$7,814	\$7,814
67228 DU	Bergdahl, Patricia, DMD	Dental services for the Fairbanks Youth Facility.	1/1/97	8/30/99	\$40,000	\$17,500
67227 DU	Bering Sea Dental Center	Dental services for the Bethel Youth Facility.	1/1/97	8/30/99	\$40,000	\$17,500
67602 DU	Blasey, Larry J. Ph. D. CRC	Psychological Services	8/20/98	8/30/99	\$20,000	\$20,000
67495	Blake, F.M. & Associates	SSI Applications & Appeals	4/20/98	8/30/00	\$500,000	\$200,000
67318 DU	Bryant, Leslie, M.D., A.P.C.	Physician services for the McLaughlin Youth Center.	7/1/97	8/30/00	\$133,200	\$48,000
67550	C. Henry Kempe, Univ. of Colorado	Expert Consultation	7/1/98	8/30/00	\$14,000	\$7,000
67627 DU	Crawford, E. Ben	Mental Health Assessment Project	1/18/98	4/30/99	\$22,000	\$22,000
67588	Cutler, Louisiana Esq	Hearing Officer	8/24/98	9/30/99	\$10,000	\$10,000
67625	Cutler, Louisiana	Hearing Officer	11/2/98	4/15/99	\$10,000	\$10,000
67670 DU	David Mandt & Assoc.	Client Management Services	4/11/99	8/30/99	\$8,000	\$8,000
67636	Dillon & Findley DFYS/DJ split	Regulations Revision/DFYS Organizational Split	2/21/98	8/30/99	\$25,000	\$25,000
67697 DU	E. Ben Crawford, PhD	Staff Training - Mental Health Treatment Strategies	8/1/99	10/31/99	\$24,000	\$9,600
67231 DU	Fairbanks Clinic	Medical services for the Fairbanks Youth Facility.	1/1/97	8/30/99	\$120,000	\$48,000
67690	Guss, Mary E.	Hearing Officer	5/7/99	12/31/99	\$10,000	\$2,500
67309 DU	Hansen, George, DDS	Dental care for the McLaughlin Youth Center.	7/1/97	8/30/00	\$121,040	\$40,000

Tuesday, August 31, 1999

Page 3 of 13

Contracts are DFYS unless noted as DJJ (Juvenile Justice)

SEP: 27.1999

1:56PM

DHSS DRS DIR OFFICE

Attachment B NO. 854

P. 6/13

CONTRACT #	CONTRACTOR	PURPOSE OF CONTRACT	START	END	TOTAL	FY 99 AMOUNT	
67639	InformAlaska, Inc.	Licensing Regulations Revision/HB375&18	12/1/98	9/30/99	\$34,600	\$34,600	
67603	Jimmerfield, Steven	One-on-One Control Tactics	Control Tactics Training	0/22/98	10/31/98	\$2,600	\$2,600
67638	Koehler, Vicki	CORE 102 Training	7/20/98	7/31/98	\$8,000	\$8,000	
67588	Koehler, Vicki Ms.	Core 102 Training	9/14/98	9/17/98	\$2,000	\$2,000	
67612	Longenbaugh, Leslie	Hearing Officer	0/12/98	3/1/99	\$10,000	\$10,000	
67429	New Bethel Family Clinic	BYF Medical Services Contract	11/1/97	6/30/99	\$20,550	\$12,000	
67700	Nolan, Rice, Volland & Taylor	Hearing Officer	5/7/99	12/31/99	\$10,000	\$10,000	
67635	Nome Dental Office	NYF Dental Contract	1/4/99	6/30/99	\$2,600	\$2,600	
67655	Northwest Resource Association	Alaskan Adoption Exchange	2/18/99	6/30/00	\$150,445	\$33,400	
67165	Northwest Resource Association	Adoption exchange and consultation services.	7/1/98	6/30/99	\$23,175	\$27,955	
67414	Northwest Resources Assoc.	Foster Parent Training	11/1/97	6/30/00	\$1,201,224	\$431,909	
67642	Northwest Strategies	Foster Parent Recruitment	1/20/99	3/15/99	\$8,940	\$8,940	
67660	Norton Sound Health Corporation	NYF Dental Contract	1/4/99	6/30/99	\$2,500	\$2,500	
67659	Norton Sound Health Corporation	NYF Medical Contract	1/4/99	6/30/99	\$10,000	\$10,000	
67316	Patricia C. Patrick M.D.	Psychiatric evaluations for the McLaughlin Youth Center.	7/1/97	6/30/99	\$132,800	\$70,000	
67317	Providence Behavioral Medicine Group	Court-ordered psychiatric evaluations on juveniles at McL	7/1/97	6/30/00	\$15,000	\$5,000	
67525	Schmid, Donald L.	Consultation re: development of Title IV-E funding for Alas	7/13/98	12/31/98	\$4,000	\$4,000	
67621	Schmid, Donald L.	Federal funding and program design enhancements Phase	11/1/98	6/30/99	\$49,640	\$49,640	
67632	Sunrise Counseling	BYF Mental Health Services	1/4/99	6/30/00	\$47,000	\$17,000	
67516	Taylor Stocker Group, dba Alcohol Drug Test Servi	Urinalysis Testing Program	7/1/98	6/30/00	\$180,000	\$90,000	
67676	Wood, Shelly	Training Victim Impact	5/3/99	5/7/99	\$2,500	\$2,500	

FY99 Total for DIVISION **\$1,368,399**

Thursday, August 31, 1999

Page 4 of 13

N

SEP. 27. 1999 1:57PM DHSS DRS DIR OFFICE

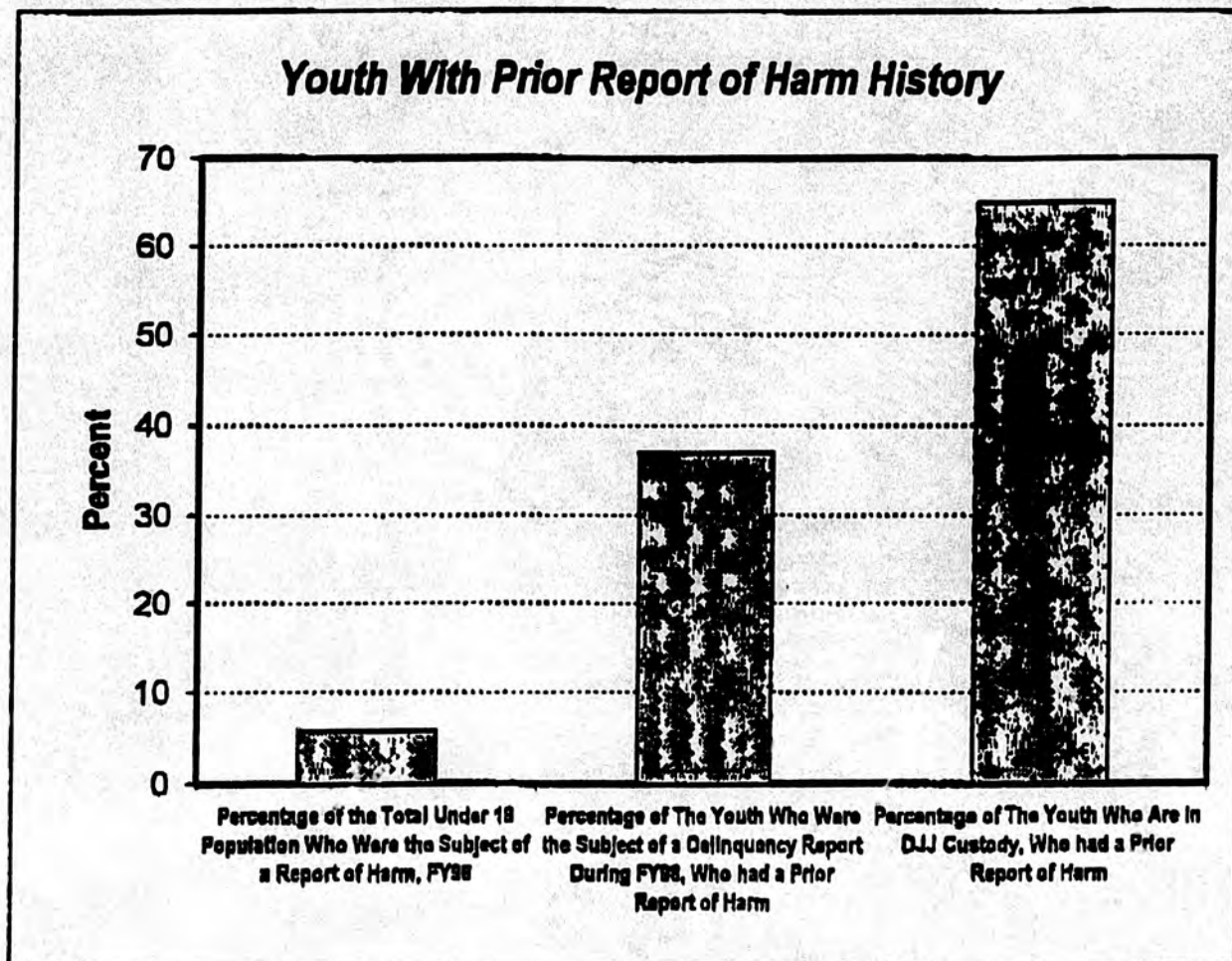
NO. 854 P. 7/13

BREAKING THE LINK

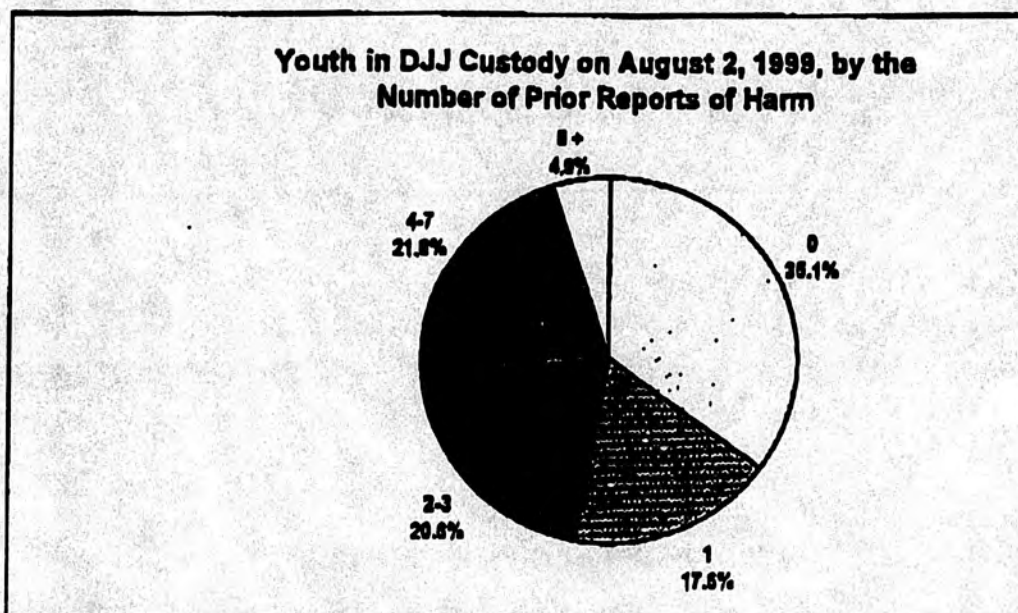
A Forum on Child Maltreatment and Juvenile Delinquency

During FY 98 in Alaska, approximately 5.8 percent of all children under 18 years old were reported as abused or neglected. Contrast that with Alaska's delinquent youths...

- Of the 5,424 juveniles who were the subject of at least one delinquency report in FY 98, 2009 (37 percent) had previously been reported as abused or neglected as children.
- Of the 427 juveniles in state (Division of Juvenile Justice) custody on Aug. 2, 1999, at least 277 – 65 percent – had previously been reported as abused or neglected as children.



- Nearly 26 percent of the juveniles in state custody on Aug. 2, 1999 had been the subject of *four or more* reports of abuse or neglect.



The link is even more significant for Alaska Native youths...

- About 74 percent of the Alaska Native juveniles in state custody had previously been reported as abused or neglected as children.
- Nearly 37 percent of those youths had been the subject of four or more reports of abuse or neglect.

Division of Administrative Services

Janet Clarke
Division Director



Mission

*To provide quality administrative service so that the
Department of Health and Social Services programs can achieve their mission.*

Budget Section

The Budget Section provides technical budget support to the Department, as well as management guidance and analysis to the Commissioner's Office. It is responsible for analyzing, monitoring, and controlling the Department's annual operating and capital budgets, budget amendments, revised programs, supplemental budgets, and fiscal notes. It is also responsible for departmental financial procedures, processing and controls, and position authorization control.

Data Integration

The Department's Data Warehouse database is a technological tool to provide decision support for the Department. All divisions provide statistical data that is integrated into a single decision support database. The Data Administrator works with the Department's research analysts to obtain the necessary data, and then generates appropriate reports that enable policy makers to make more informed decisions based on integrated statistical data.

Facilities and Planning Section

The Facilities and Planning Section is responsible for research, planning, and oversight of multi-agency activities for the Department. This includes managing all renovation and repair, deferred maintenance, and major capital construction projects, including oversight of design and construction for Department owned and operated facilities. The Department operates 33 State owned buildings throughout Alaska, at a replacement value of \$197.8 million. These buildings house mental health services, youth probation and detention services, for public health services. The Section is also responsible for Certificate of Need

review and approval for major new hospital and nursing home projects, and coordination of the Comprehensive Integrated Mental Health Plan (CIMHP). The Section also manages nearly all of the Department's capital grants, including named recipient grants and competitive grants in a variety of programs.

Finance Section

The Finance Section is responsible for the financial accounting and related support services to the department's divisions, boards, and commissions in fulfilling their financial obligations. Services include prompt and accurate payments to vendors and various financial expenditure accounting needs; daily and weekly draws of approximately \$500 million in federal funds, including maintenance of adequate cash management control; and the recording of all appropriated receipts to appropriate budget controls. The Finance Section is responsible for the Department's reporting structures; timely preparation and submission of quarterly, semi-annual, and annual reports to federal agencies for all federal grants administered by the Department; writing and updating the Department's cost allocation plan and negotiating approval with the Federal Division of Cost Allocation; coordination of financial audits by federal and legislative auditors, including the preparation of audit responses; and ensuring Department compliance to all state and federal accounting and reporting requirements.

Grants Administration

The Grants Administrator is responsible for the coordination and standardization of grant processes, as well as providing assistance and training for staff in the procurement and administration of grants department wide. This position compiles and maintains the Department's grant database and develops the annual Operating Grants Booklet. The Grants Administrator also directly assists the Program Managers for the Alaska Children's Trust (ACT) and the Community Partnerships for Access, Solution and Success (COMPASS) grant programs.

Human Resources Section

The Human Resources Section is responsible for personnel management within the Department. Procedural functions include initiating and maintaining personnel, payroll, leave, and related records. Programmatic functions include labor relations, risk management, position classification, hiring and recruitment, employee training, and management and employee consultations. The section serves about 2,000 employees located in more than 50 geographic locations.

Information Systems

The Information Systems section is responsible for two levels of information technology support: it meets the needs of the Division of Administrative Services, as well as being responsible for coordination of Department information technology efforts. As support for the Department, staff are responsible for maintaining network and file services for 100 users, including maintenance of desktop machines, file servers, application servers, printers, software maintenance and instruction, and wiring infrastructure. As support to the Department, staff coordinate electronic mail services, represent the Department at statewide agency meetings, maintain the communications infrastructure, track mainframe logon IDs, coordinate Department telephone services, and provide technical support to other small groups in the Department that do not have technical staff.

Procurement Section

The Procurement Section is responsible for procurement, property control and leasing for the Department. Staff also oversees the processing of all professional services contracts, streamlines the review and approval of all contractual documents, and provides clear interpretation of respective regulations, as well as receiving and distributing the Department's mail. The central office in Juneau, along with the regional office in Anchorage, serves all of the Department's regions.

Division Contacts

Janet Clarke, Director
350 Main Street, Room 129
P.O. Box 110650
Juneau, Alaska 99811-0650
Phone (907) 465-3082/Fax 465-2499

Human Resources Section
Jo Olson, Human Resource Manager
350 Main Street, Room 129
P.O. Box 110650
Juneau, Alaska 99811-0650
Phone (907) 465-3024/Fax 465-2384

Budget Section
Lisa Emerson, Budget Supervisor
350 Main Street, Room 129
P.O. Box 110650
Juneau, Alaska 99811-0650
Phone (907) 465-3331/Fax 465-2499

Information Systems
David Simons, IS Lead
350 Main Street, Room 129
P.O. Box 110650
Juneau, Alaska 99811-0650
Phone (907) 465-3144/Fax 465-2499

Grants Administration
Janine Place, Grants Administrator
350 Main Street, Room 129
P.O. Box 110650
Juneau, Alaska 99811-0650
Phone (907) 465-1620/Fax 465-2499

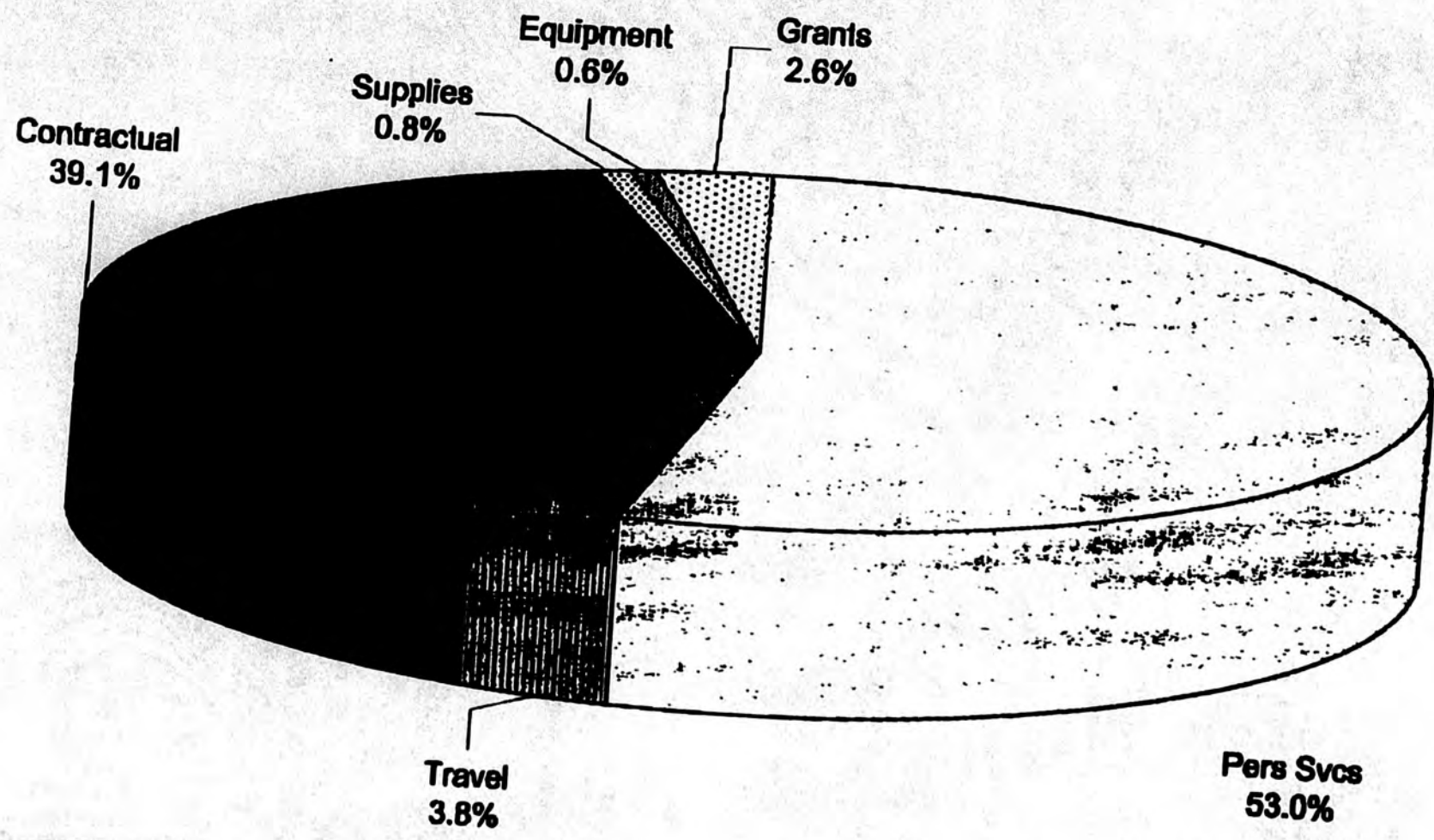
Finance Section
Orlando Moskito, Finance Officer
350 Main Street, Room 129
P.O. Box 110650
Juneau, Alaska 99811-0650
Phone (907) 465-3131/ Fax 465-3184

Data Integration
Ted Israelson, Data Administrator
350 Main Street, Room 129
P.O. Box 110650
Juneau, Alaska 99811-0650
Phone (907) 465-3603/Fax 465-2499

Procurement Section
Darla Madden, Procurement Chief
350 Main Street, Room 129
P.O. Box 110650
Juneau, Alaska 99811-0650
Phone (907) 465-3005/Fax 465-3153

Facilities & Planning Section
Larry Streuber, Facilities & Planning Chief
350 Main Street, Room 129
P.O. Box 110650
Juneau, Alaska 99811-0650
Phone (907) 465-3015/Fax 465-2499

Department of Health and Social Services
Division of Admin Services



FY2000 Authorization
DHSS Div of Admin Svcs, Budget Section
8/30/99

DHSS FY 99 Contracts

CONTRACT #	CONTRACTOR	PURPOSE OF CONTRACT	START	END	TOTAL	FY 99 AMOUNT
ADVISORY BOARD ON ALCOHOLISM AND DRUG ABUSE						
67650	Dapcevic, Donald	Legislative Liaison	2/18/98	8/30/99	\$5,031	\$5,031
67674	Hamilton, Steve, C & S Management Associates	Web Site Development & Maintenance	5/1/99	8/30/00	\$3,000	\$2,000
67519	Steve Hamilton, C&S Management Associates	Statewide Strategic Plan Development	7/8/98	12/31/98	\$11,000	\$11,000
FY99 Total for DIVISION						\$18,031
ALASKA MENTAL HEALTH BOARD						
67685	C & S Management Associates	Mental Health Outcomes, Indicators and Performance Measures	4/15/99	8/31/99	\$15,000	\$15,000
FY99 Total for DIVISION						\$15,000
DIVISION OF ADMINISTRATIVE SERVICES						
67642	Access Alaska, Inc.	Americans with Disabilities Act training	7/20/98	11/30/98	\$20,977	\$20,977
67586	Bhargava, Raj		8/3/98	8/3/98	\$2,371	\$2,371
67563	Information Insights	Comprehensive Integrated Mental Health Plan	8/21/98	3/30/99	\$28,950	\$28,950
67416	Informix Software, Inc.	Data Warehouse Development	11/1/97	8/30/99	\$334,985	\$100,000
67548	Ka Mell Architects		9/30/98	11/30/98	\$5,000	\$5,000
67629	Leonard, David F.	Certificate of Need Program	8/1/99	12/31/99	\$10,000	\$4,000
67634	Yaletown Technology Group, Inc.	Brit User Training	8/1/98	8/30/98	\$10,000	\$10,000
FY99 Total for DIVISION						\$171,298

u

Division of Administrative Services
FY 2000 Operating Grants

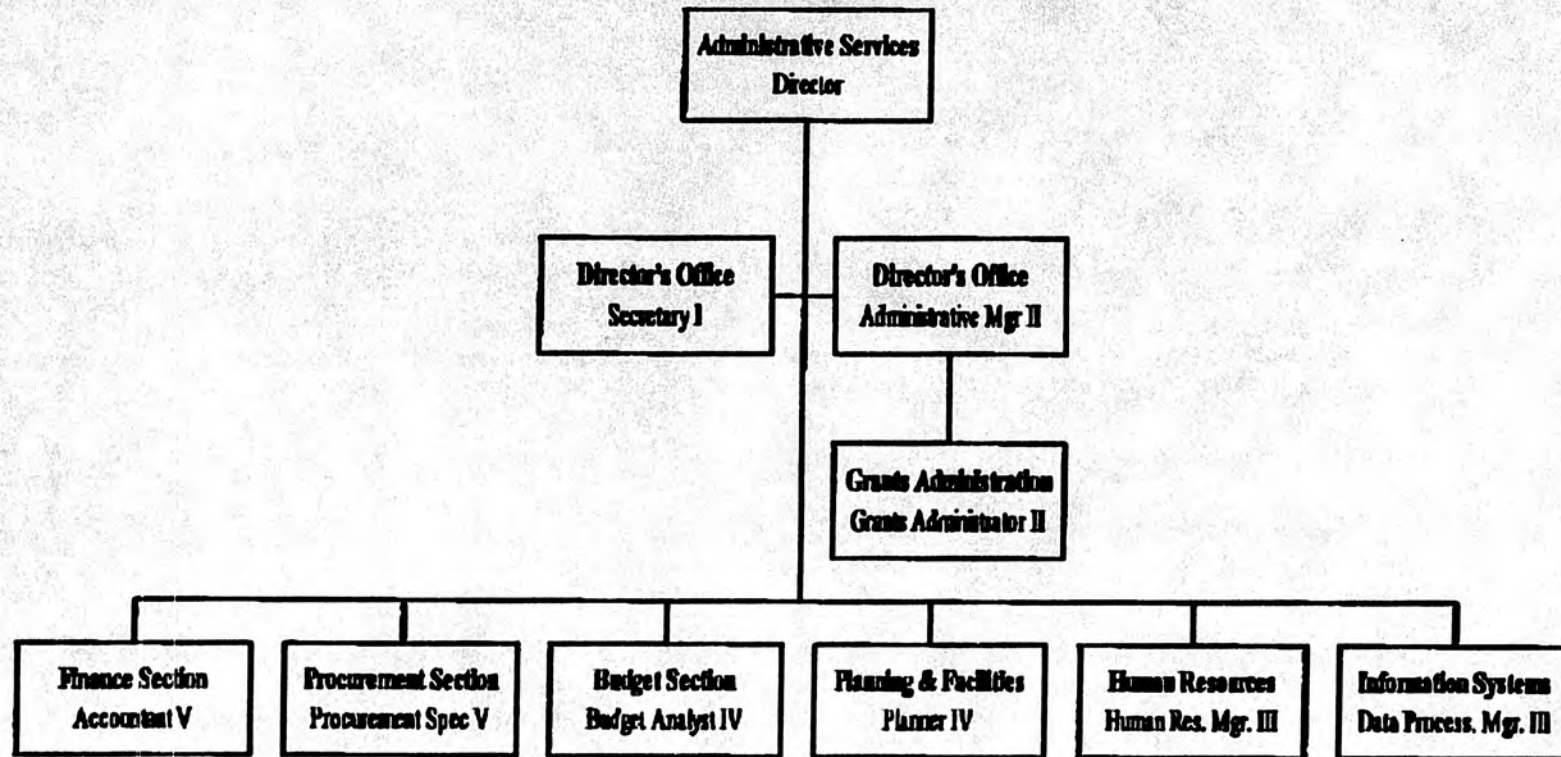
Program	Grantee	Location	2000 Award
Alaska Children's Trust	AK Public Radio Network	Statewide	\$26,800
Alaska Children's Trust	Anchorage Center for Families	Anchorage	\$12,000
Alaska Children's Trust	Boys and Girls Club of Anchorage	Anchorage/Eagle River	\$3,935
Alaska Children's Trust	Covenant House	Anchorage	\$13,500
Alaska Children's Trust	Eastern Aleutian Tribes	Sand Point	\$20,556
Alaska Children's Trust	Fairbanks Resource Agency	Fairbanks	\$15,088
Alaska Children's Trust	Frontier Community Services	Kenai/Soldotna	\$21,000
Alaska Children's Trust	Gateway Center for Human Services	Saxman	\$15,000
Alaska Children's Trust	Homer Children's Services	Homer	\$25,704
Alaska Children's Trust	Mat-Su Borough School District	Sutton	\$25,900
Alaska Children's Trust	Nome Community Center	Nome/Koyuk	\$28,429
Alaska Children's Trust	Resource Center for Parents & Children	Fairbanks	\$23,993
Alaska Children's Trust	St. George Traditional Council	St. George	\$16,000
Alaska Children's Trust	Volunteers of America	Anchorage	\$9,841
Alaska Children's Trust	Wrangell Community Services	Wrangell	\$18,980
Alaska Children's Trust	Yup'it School District	Tuluksak	\$14,175
		Total	\$290,881

SEP 27 1999 2:03PM DSS DCS DIR OFFICE

NO. 855 P. 7/23

9/1/99

**Department of Health & Social Services
Division of Administrative Services**



OBJECTIVE:	REFERENCE DATA:		PERFORMANCE MEASURES:	
	FY 99 ACTIVITY LEVELS:	FY 99 TARGET:	FY 99 ACTUAL	FY 00 PROJECTED TARGET:
HEALTH PLANNING AND FACILITIES MANAGEMENT:				
Provide reliable, defensible Certificate of Need (CON) reviews in a timely manner	9 CON's Received	Complete CON reviews within 120 days statutory limit	100% CON Reviews completed within 120 days	Anticipate completing CON reviews within 120 day statutory limit
Process capital grant payments efficiently and accurately	87 Competitive Grants; 15 Named Recipient Grants	Process all grant payments within 15 days from receipt; close grants within 90 days from completion	90% of grant payments were made within 15 days; 91% of all grant agreements were closed out within 90 days of completion	Process 100% grant payments within 15 days from receipt; close 92% grants within 90 days from completion
Provide competent management of capital projects	24 Capital projects were undertaken	Complete all capital projects on time and within budget	22 capital projects were completed on time for 92%	Anticipate 90% of capital projects completed on time and within budget
PERSONNEL AND PAYROLL:				
Provide time and accurate classification	648 Classification Actions	50% of Classification actions finalized within 10 work days	46% Classification Actions finalized within 10 work days	Anticipate 50% of Classification Actions Finalized within 10 work days
Process Personnel Actions (PA's) timely	6,870 PA's Processed	92% PA's processed within 15 work days	86% PA's processed within 15 work days	Anticipate 92% PA's processed within 15 work days
Ensure legal hires and timely approval of job offers (Workplace Alaska)	4,484 Applicant Profiles	92% approvals made within 4 working days	100% of approvals made within 4 work days	Anticipate 95% approvals made within 3 work days

OBJECTIVE:	REFERENCE DATA:		PERFORMANCE MEASURES:	
	FY 99 ACTIVITY LEVELS:	FY 99 TARGET:	FY 99 ACTUAL	FY 00 PROJECTED TARGET:
PERSONNEL AND PAYROLL, CONTINUED:				
Administer sound labor relations practices	131 Grievances Filed	Resolve 98% of all grievances/complaints without arbitration	96% of all grievances/complaints resolved without arbitration	Anticipate resolving 98% of all grievances/complaints without arbitration
Provide Safety training about on the job injuries and their associated costs	9 Training Sessions held for 190 employees	Reduce Worker's Comp claims by 10%	61% Reduction in Worker's Comp claims	Anticipate reducing Worker's Comp by 5%
ADMINISTRATIVE SUPPORT SERVICES:				
FINANCE SECTION:				
Efficient payment turnaround on all financial transactions	91,000 Payments Made; 3,353 Agency Receipts Processed	Process 90% of payments within 5 work days	90% of payments process within 5 work days	Anticipate 92% of payments processed within 5 work days
To ensure federal funds are drawn down timely	1,026 Federal Draw Downs were completed	Process 100% of Federal Fund Requests Daily and Weekly through State Treasury	100% Federal Draw Downs were done Daily & Weekly through State Treasury	Process 100% of Federal Fund requests Daily & Weekly through State Treasury
To ensure Federal reports are submitted timely and accurately	135 Reports Submitted	Submit 90% of Federal reports on time	70% of Federal Reports were on time. 30% processed 1-10 days late	Submit 90% of Federal reports on time
PROCUREMENT SECTION:				
Efficient processing of purchase documents ensuring timely receipt of goods	806 Purchase Requisitions Received	Action taken on 100% of PR's within 3 work days	Action was taken 100% of PR's within 3 work days	Anticipate turnaround time within average of 3 work days

OBJECTIVE:	REFERENCE DATA:		PERFORMANCE MEASURES:	
	FY 99 ACTIVITY LEVELS:	FY 99 TARGET:	FY 99 ACTUAL	FY 00 PROJECTED TARGET:
PROCUREMENT SECTION, CONTINUED:				
Maintain efficient processing of mail	59,707 Piece Mailed out quarters	Process 100% of all incoming/outgoing mail daily	100% of mail was processed daily	Anticipate processing 100% of all outgoing mail daily
GRANTS ADMINISTRATION:				
Review and make recommendations for grant waivers requests and amendments timely and accurately	124 Request for 235 Grantees received	Action taken on 100% of Waivers and Amendments within 3 work days	91% processed within 3 work days; 9% within 6 work days	90% processed within 3 work days
Review received Request for Proposals (RFP's) timely and accurately	18 RFP's received	Action taken on 100% of RFP's within 5 work days	90% reviewed and returned within 5 work days	Anticipate reviewing 100% of Grant RFP's within average of 5 work days
BUDGET SECTION:				
Revised Program Requests (RP's) efficiently and accurately	503 Revised Programs Logged	Process 100% within 3 work days	386 processed within 3 work days; average Budget Section Processing 2.9days	Process 85% within 3 work days
Process Fiscal Notes/Bill Analysis/ Legislative Inquiries efficiently and accurately	35 Fiscal Notes Processed; 36 Bill Analyses Processed; 73 Legislative Requests Processed	Process 100% of Fiscal Notes/Bill Analysis/ Legislative Inquires within 5 work days	26 Fiscal Notes completed by due date (74%); 30 Bill Analyses completed by due date (83%); average departmental processing time for Legislative inquires was 4.6 work days	Process 90% within 5 work days

OBJECTIVE:	REFERENCE DATA:		PERFORMANCE MEASURES:	
	FY 99 ACTIVITY LEVELS:	FY 99 TARGET:	FY 99 ACTUAL	FY 00 PROJECTED TARGET:
DATA WAREHOUSE:				
Provide reliable platform for decision support information	Removal of artifacts from the match history to allow matching levels to increase	Anticipate increasing accuracy client match across divisions data systems by 10%	This achieved approximately 10% increase of the missed matches	Anticipate increasing accuracy client match across divisions data systems by 20%
INFORMATION SYSTEMS:				
Provide stable and effective LAN work environment for employees	365 days x 24 hours = 8,760 hours per year	Keep network up and running 99% of time	Network was up and running 8,733.72 hours during the year (or 99.7%)	Anticipate network up and running 99% of the time
Provide stable Email system	365 days x 24 hours = 8,760 hours per year	Keep reported Email failures to less than 1% of volume of Email	Estimated Email volume for year is approximately 4000 messages per day x 260 work days = 800,000 messages. Less than 100 reports of failure = .0096%	Keep reported Email failures to less than 1% of volume of Email

Component Detail
Department of Health and Social Services
FY2000 Budget

Component: Alaska Mental Health Board (2022)
BRU: Mental Health Trust Boards

FY2000 Mgt Plan

71000 Personal Services	350.8
72000 Travel	70.1
73000 Contractual	40.4
74000 Supplies	4.3
75000 Equipment	0.0
76000 Land/Buildings	0.0
77000 Grants, Claims	0.0
78000 Miscellaneous	0.0

Totals **465.4**

Funding Sources :

1007 VA Rcpts	125.5
1037 GF/MH	339.9

Positions :

Permanent Full Time	4
Permanent Part Time	1
Non Permanent	0

SEP. 27. 1999 2:05PM DSES DSS DIR OFFICE

NO. 655 P. 13/23

12

Component Detail
Department of Health and Social Services
FY2000 Budget

Component: Governor's Council on Disabilities and Special Education (2023)
BRU: Mental Health Trust Boards

FY2000 Mgt Plan

71000 Personal Services	322.3
72000 Travel	159.3
73000 Contractual	1,193.9
74000 Supplies	10.0
75000 Equipment	5.0
76000 Land/Buildings	0.0
77000 Grants, Claims	0.0
78000 Miscellaneous	0.0
Totals	1,690.5

Funding Sources :

1002 Fed Rcpts	954.5
1007 I/A Rcpts	168.0
1037 GF/MH	10.0
1092 MHTAAR	558.0

Positions :

Permanent Full Time	5
Permanent Part Time	0
Non Permanent	1

SEP. 27. 1999 2:05PM DHSS DAS DIR OFFICE

NO. 855 P. 14/23

13

Component Detail
Department of Health and Social Services
FY2000 Budget

Component: Advisory Board on Alcoholism and Drug Abuse (2024)
BRU: Mental Health Trust Boards

FY2000 Mgt Plan

71000 Personal Services	183.1
72000 Travel	68.8
73000 Contractual	24.0
74000 Supplies	6.5
75000 Equipment	6.0
76000 Land/Buildings	0.0
77000 Grants, Claims	0.0
78000 Miscellaneous	0.0

Totals **288.2**

Funding Sources :

1037 GF/MH	288.2
------------	-------

Positions :

Permanent Full Time	3
Permanent Part Time	0
Non Permanent	0

SEP. 27. 1999 2:05PM DHSS DAS DIR OFFICE

NO. 655 P. 15/23

14

Component Detail
Department of Health and Social Services
FY2000 Budget

Component: Unallocated Reduction (2301)
BRU: Administrative Services

FY2000 Mgt Plan

71000 Personal Services	0.0
72000 Travel	-0.0
73000 Contractual	0.0
74000 Supplies	0.0
75000 Equipment	0.0
76000 Land/Buildings	0.0
77000 Grants, Claims	0.0
78000 Miscellaneous	0.0
Totals	-0.0
Funding Sources :	
1003 G/F Match	58.7
1004 Gen Fund	-165.2
1037 GFAMH	106.5
Positions :	
Permanent Full Time	0
Permanent Part Time	0
Non Permanent	0

5

Component Detail
Department of Health and Social Services
FY2000 Budget

Component: Commissioner's Office (317)
BRU: Administrative Services

FY2000 Mgt Plan

71000 Personal Services	793.5
72000 Travel	77.2
73000 Contractual	31.0
74000 Supplies	8.4
75000 Equipment	0.0
76000 Land/Buildings	0.0
77000 Grants, Claims	0.0
78000 Miscellaneous	0.0

Totals	910.1
---------------	--------------

Funding Sources :

1002 Fed Rcpts	339.7
1003 G/F Match	228.2
1004 Gen Fund	82.1
1007 I/A Rcpts	255.7
1061 CIP Rcpts	4.4

Positions :

Permanent Full Time	10
Permanent Part Time	0
Non Permanent	0

SEP.27.1999 2:06PM DHSS DAS DIR OFFICE

NO.055 P.17/23

15

Component Detail
Department of Health and Social Services
FY2000 Budget

Component: Personnel and Payroll (319)
BRU: Administrative Services

FY2000 Mgt Plan

71000 Personal Services	1,209.5
72000 Travel	15.0
73000 Contractual	43.0
74000 Supplies	11.7
75000 Equipment	5.1
76000 Land/Buildings	0.0
77000 Grants, Claims	0.0
78000 Miscellaneous	0.0
Totals	1,284.3

Funding Sources :

1002 Fed Rcpts	219.1
1003 G/F Match	148.4
1004 Gen Fund	573.7
1007 I/A Rcpts	341.6
1061 CIP Rcpts	3.5

Positions :

Permanent Full Time	22
Permanent Part Time	0
Non Permanent	0

SEP. 27. 1999 2:05PM DHSS DAS DIR OFFICE

NO. 855 P. 18/23

12

Component Detail
Department of Health and Social Services
FY2000 Budget

Component: Administrative Support Services (320)
BRU: Administrative Services

FY2000 Mgt Plan

71000 Personal Services	2,716.7
72000 Travel	21.3
73000 Contractual	494.8
74000 Supplies	43.5
75000 Equipment	38.0
76000 Land/Buildings	0.0
77000 Grants, Claims	0.0
78000 Miscellaneous	0.0

Totals	3,314.3
---------------	----------------

Funding Sources :

1002 Fed Rcpts	1,031.8
1003 G/F Match	552.8
1004 Gen Fund	1,421.5
1007 I/A Rcpts	256.5
1061 CIP Rcpts	51.9

Positions :

Permanent Full Time	48
Permanent Part Time	0
Non Permanent	0

SEP. 27. 1999 2:05PM DHSS DAS DIR OFFICE

NO. 855 P. 19/23

Component Detail**Department of Health and Social Services
FY2000 Budget****Component: Health Planning & Facilities Management (2020)
BRU: Administrative Services****FY2000 Mgt Plan**

71000 Personal Services	740.3
72000 Travel	39.6
73000 Contractual	193.4
74000 Supplies	13.0
75000 Equipment	20.1
76000 Land/Buildings	0.0
77000 Grants, Claims	0.0
78000 Miscellaneous	0.0

Totals	1,606.4
---------------	----------------

Funding Sources :

1002 Fed Rcpts	104.7
1003 G/F Match	13.2
1004 Gen Fund	179.2
1007 I/A Rcpts	118.9
1061 CIP Rcpts	540.4
1092 MHTAAR	50.0

Positions :

Permanent Full Time	11
Permanent Part Time	0
Non Permanent	0

SEP.27.1999 2:06PM DSES DAS DIR OFFICE

NO. 655 P. 29/23

19

Component Detail
Department of Health and Social Services
FY2000 Budget

Component: COMPASS Community Grants (2257)
BRU: Administrative Services

FY2000 Mgt Plan

71000 Personal Services	0.0
72000 Travel	0.0
73000 Contractual	0.0
74000 Supplies	0.0
75000 Equipment	0.0
76000 Land/Buildings	0.0
77000 Grants, Claims	25.0
78000 Miscellaneous	0.0
Totals	25.0
Funding Sources :	
1004 Gen Fund	25.0
Positions :	
Permanent Full Time	0
Permanent Part Time	0
Non Permanent	0

SEP. 27. 1999 2:06PM DHSS DAS DIR OFFICE

NO. 855 P. 21/23

20

Component Detail
Department of Health and Social Services
FY2000 Budget

Component: Children's Trust Programs (2146)
BRU: Children's Trust Programs

FY2000 Ngt Plan

71000 Personal Services	0.0
72000 Travel	0.0
73000 Contractual	55.7
74000 Supplies	0.0
75000 Equipment	0.0
76000 Land/Buildings	0.0
77000 Grants, Claims	290.0
78000 Miscellaneous	0.0
Totals	345.7
Funding Sources :	
1086 ChildTrEm	345.7
Positions :	
Permanent Full Time	0
Permanent Part Time	0
Non Permanent	0

SEP. 27. 1999 2:06PM DHSS DAS DIR OFFICE

NO. 855 P. 22/23

21

Component Detail
Department of Health and Social Services
FY2000 Budget

Component: Facilities Maintenance (2371)
BRU: Facilities Maintenance

FY2000 Mgt Plan

71000 Personal Services	0.0
72000 Travel	0.0
73000 Contractual	2,584.9
74000 Supplies	0.0
75000 Equipment	0.0
76000 Land/Buildings	0.0
77000 Grants, Claims	0.0
78000 Miscellaneous	0.0
Totals	2,584.9
Funding Sources :	
1007 I/A Rcpts	2,584.9
Positions :	
Permanent Full Time	0
Permanent Part Time	0
Non Permanent	0

SEP. 27. 1999 2:06PM DHSS DRS DIR OFFICE

NO. 855 P. 23/23

2

Articles

REALITIES OF PRIVATIZATION IN JUVENILE CORRECTIONS

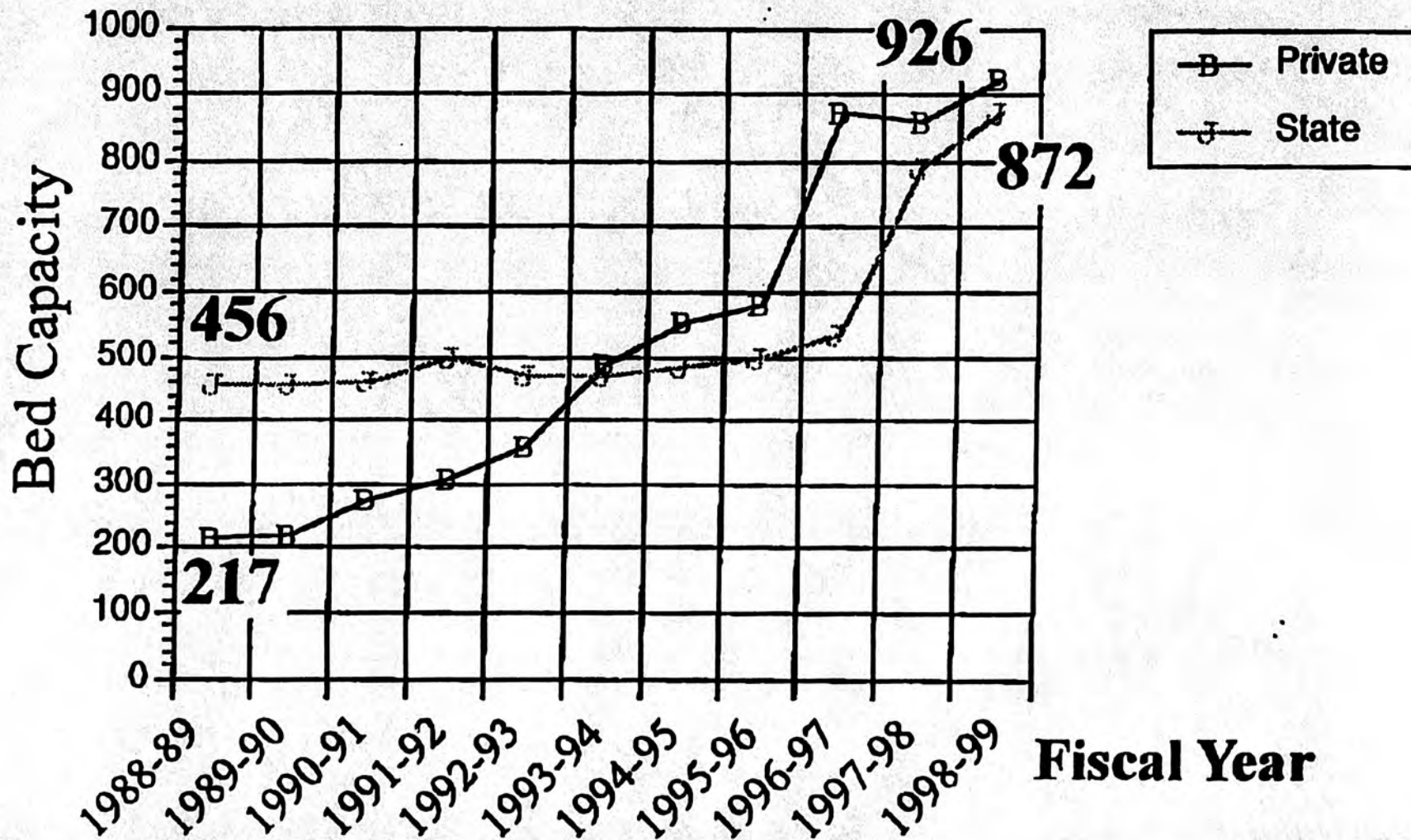
WHY PRIVATIZE?

- SYSTEM BECOMES CUSTOMER
- MORE COST-EFFECTIVE/COST EFFICIENT
- READILY ADAPTABLE TO NEEDS OF SYSTEM
- VARITEY OF PROGRAMS/SERVICES
- PERFORMANCE DRIVEN - OUTCOME BASED
- CONTRACTS CONTROLLED BY SYSTEM

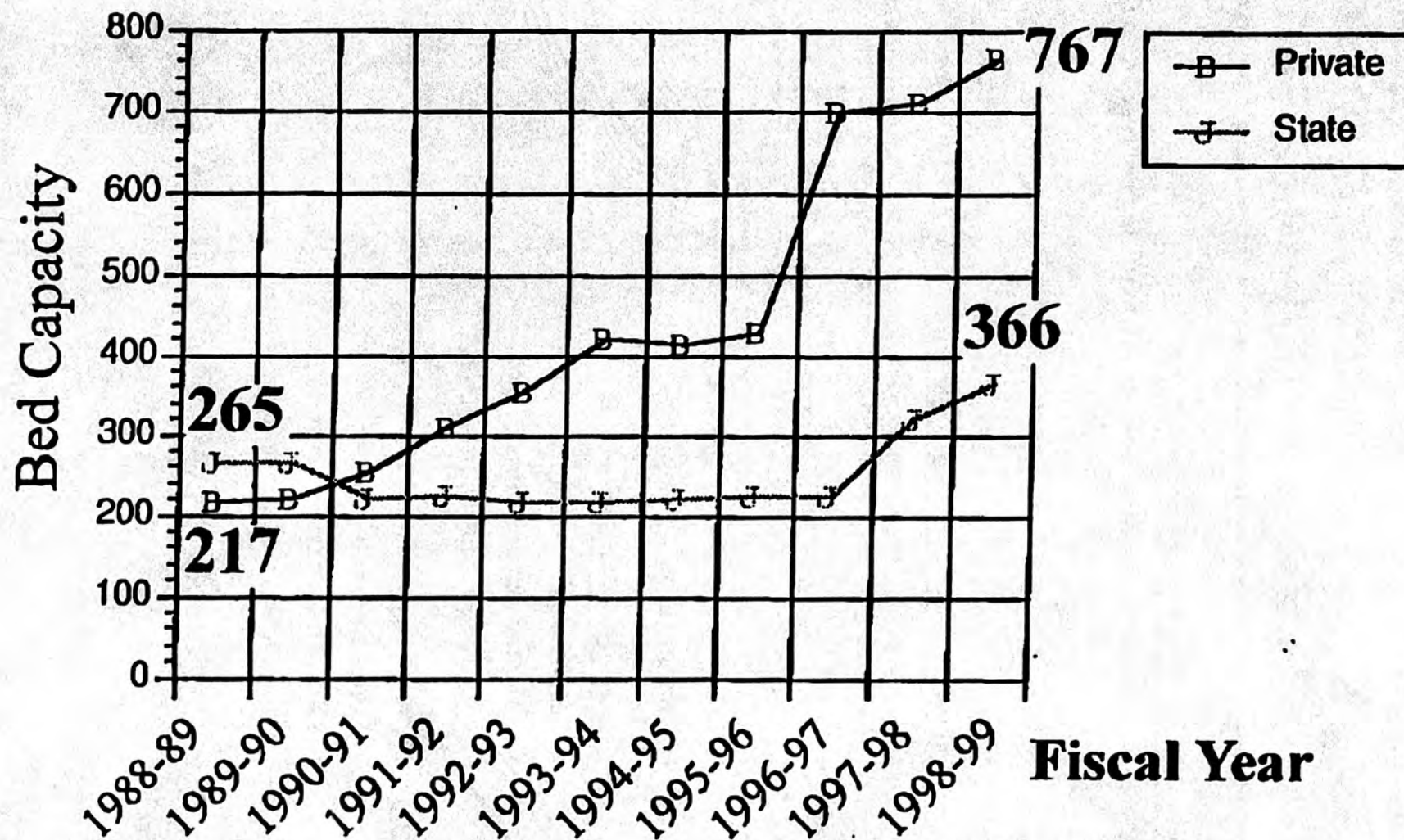
WHY NOT PRIVATIZE?

- PROFIT IS BOTTOM LINE --- ONLY LINE!
- COMPETITION IS CRITICAL
- DEPENDENCY CREATES HOSTAGES
- SELECTIVELY OF PRIVATE SECTOR
- POLICY DRIVEN POLITICALLY
- CONTRACT COMPLIANCE REQUIRES VILIGANCE
- PUBLIC LIABILITY IS RETAINED

COLORADO DIVISION OF YOUTH CORRECTIONS TRENDS IN DYC DETENTION AND COMMITMENT CAPACITIES



COLORADO DIVISION OF YOUTH CORRECTIONS TRENDS IN DYC COMMITMENT CAPACITIES





TEXAS YOUTH COMMISSION ESSENTIAL ELEMENTS OF CONTRACTING FOR JUVENILE SERVICES

Identify Statutory Authority

- ◆ Enabling legislation, Chapter 61 of the Human Resources Code, provides authority to contract for
 - Residential;
 - Non-residential; and
 - Parole Services

Ascertain Procurement Requirements

- ◆ General Services Commission waived competitive bidding and going through GSC for TYC purchase of services, however must comply with the following:
 - Negotiate fair and reasonable rate; and
 - Ensure qualified provider.
 - Formal study of providers and proposal
 - Request for Proposal
- ◆ Post on Texas Marketplace

Ensure Need for Services

- ◆ Base decision on statistics
- ◆ Projected commitments to TYC
- ◆ Agency performance measures

Build Trust and Relationships

- ◆ Partnership with provider
- ◆ State and Community acceptance
- ◆ Coordination and cooperation with education entity

Establish a Contract and Statement of Work

- ◆ TYC outlines the basic and additional services required
 - License or Certification
 - Staff Ratios and Training
 - Medical and Dental Services
 - Psychiatric, Psychological and Treatment Services
 - Target Population
 - Daily Living Services
 - Education Services
 - Clothing
 - Transportation Services
 - Security Measures/Public Safety
 - Youth Complaint and Resolution System
 - Youth Rights and Privileges
 - Trust Fund
 - Volunteer and Chaplaincy Services
- ◆ Provider responds to SOW outline in narrative form
- ◆ Negotiate a fair and reasonable rate
- ◆ Federal and State Requirements

Provide Technical Assistance/Training

- ◆ TYC provides training in critical areas
- ◆ On-going technical assistance

Establish Performance Measures and Standards

- ◆ Used for evaluating all residential contract programs
 - Percent positive releases
 - Percent negative releases
 - Number of escapes
 - Percent of students escaping
 - Misdemeanor arrests
 - Confirmed mistreatments
 - Percent early movement
 - Felony arrests
- ◆ Standards set annually

Monitor for Compliance and Quality

- ◆ Risk assessment
- ◆ Formal monitoring system
 - Standardized monitoring instruments
 - Quarterly monitoring schedules
 - Covers all components of contract
 - Identifies staff responsible for monitoring
 - Developed in Central Office
- ◆ Control and tracking system for all monitoring
- ◆ Corrective action plan tracking
- ◆ Sanctions tracking system

Sent by: MCLAUGHLIN Y C 8072814321

ISSN-0084-2413



Page 1

Vol. 25 No. 18

September 25, 1997

FEDS SAY GANGS SPREADING THROUGH INDIAN RESERVATIONS

Once confined to inner cities, street gangs now are spreading rapidly to the nation's Indian reservations, often overwhelming tribal police forces and courts. Federal law enforcement officials said Sept. 17.

Studies indicate the number of gangs has more than doubled since 1994, and the FBI has reported a "dramatic increase" in violent crime linked to gang activity, said Kevin Di Gregory, a top official in the Justice Department's criminal division.

He told the Senate Judiciary and Indian Affairs committees that the "emergence of gangs in Indian country strains already limited tribal law enforcement resources and threatens the safety and security of many tribal communities."

The problem appears particularly acute in Arizona. The Navajo Nation reports 55 gangs with 900 members, and the Gila River Indian Community says it has 20.

The Salt River Pima-Maricopa Indian Community, a small tribe near Phoenix, estimates it has 19 gangs, about one for every 300 tribal members on the reservation.

This year, five members of the reservation's East Side Crips Rolling Thirties gang were convicted of murder and other offenses under a Federal organized crime law.

"Our police departments are outmanned and outgunned," said Ivan Makil, president of the Salt River tribe. "Even the technology used by the

(See GANGS, page two)

IN THIS ISSUE

GANGS: Spreading On Indian Reservations.....	1
UTAH: Problems With Private Youth Programs.....	1
DARE: Creating Youth Informers?.....	4
PARENTAL PENALTIES: Increasingly Popular	5
BRAIN DAMAGE/VIOLENT CRIME: Studies Show Link	6
LOUISIANA: Widespread Brutality In Juvenile Facilities Reported	9
"HARD KNOCKS HIGH": New Program In Phoenix..	10
NIGHT CURFEW: Ruled Unconstitutional	10

* In Utah:

ANOTHER PRIVATE YOUTH PROGRAM IN TROUBLE

First there was Proctor Advocate, then Challenger and North Star. Now, another private youth treatment program is in trouble with the law, and facing possible revocation of its Utah state license.

This time, the probe involves allegations of mismanagement and possible sexual abuse at A Better Way Residential Treatment Services, which contracts with the state.

(See UTAIL, page two)

RICHARD J. O'CONNELL, Publisher SUEAN M. O'CONNELL, Editor NANCY VAN WYEN, Subscription Director
 Published semi-monthly (24 issues) by Washington Crime News Services 3918 Prosperity Ave., Suite 118, Fairfax, Virginia 22031
 Phone: 1-800-422-9267 or 703-573-1602, FAX: 703-573-1604, E-mail: WCNEditor@aol.com
 \$195.00 per year; multi-copy rates and 30-day trial subscription available on request.
 All rights reserved. Reproduction prohibited without written permission of the publisher.

9

Page 2

JUVENILE JUSTICE DIGEST

September 25, 1997

(GANGS, from page one)

gangs is more sophisticated than our police have. That's a fact."

Surveys have found significant gang activity on numerous other reservations, particularly those close to cities, including: Seattle; Tulsa, Okla.; Albuquerque, N.M.; and Rapid City, S.D., said Charles Rinkovich, director of the Federal Law Enforcement Training Center.

Problem At "Crisis Level"

Several reservations "are at a crisis level," said Rinkovich. "Parks and schools are dominated by gangs, the community is living in fear of gangs, there is an increase in truancy/dropouts, and crime and the police are overburdened."

In New Mexico, a man was beaten with a beer bottle, stabbed 72 times and left with a ritualistic triangle carved in his side. In South Dakota, four gang members from the Lower Brule reservation broke into a patrol car and threw a Molotov cocktail in it.

Gang activity has been reported throughout reservations in North Dakota and South Dakota, said Woudy Wright, director of an Indian police training center that recently surveyed tribes in the region. "All of them are seeing it," he said.

The rise in gang activity correlates to a sharp increase in violent crime overall on reservations. The homicide rate on Indian lands has soared 87 percent in the past five years, even as it has declined nationwide by 22 percent.

President Clinton recently ordered Interior and Justice officials to meet with tribal leaders and recommend ways to deal with the problem.

A study by the Bureau of Indian Affairs this year estimated there are 375 Indian gangs with 4,650 members, up from 181 gangs in 1994.

Meanwhile, the number of Indian juveniles jailed in Federal prisons for serious offenses has nearly doubled from 78 in 1994 to 143 this year.

Indian gangs take names similar to national gangs such as the Crips and Bloods, but they often are less coordinated than their urban counterparts and less interested in robbery and other money-making crimes, said Di Gregory, a deputy assistant attorney general.

Part of the reason for the rise in gang activity is the lack of police, social services and detention facilities for juvenile offenders, he said. Without proper law enforcement, Indian youth feel "they can commit crimes with impunity," he said.

* (UTAH, from page one)

Regulators say the scenario raises questions about Utah's headlong rush to privatize youth services.

"The state is going to have to bear some of the responsibility here," said Assistant Utah Attorney General Craig Barlow, who directs the Children's Justice Division.

Barlow is overseeing the criminal investigation of alleged child sexual abuse at one of A Better Way's homes in Salt Lake County.

All Privatized Programs Have Same Problem

"Privatized programs all have the same problem--they need a profit margin--all the while dealing with sophisticated problems requiring sophisticated staff," he said.

But, most often, staffing expenses and administrative oversight are generally the first to suffer when a company is trying to stay afloat, Barlow said.

"The profit motive says you hire staff at less," he said. "And, unfortunately, it's hard to find sophisticated staff at \$7 an hour."

"It's definitely the downside of privatization," added Carol Verhulst, an attorney in the A.G.'s Child Protection Division.

Earlier this month, the state's Office of Licensing petitioned to pull A Better Way's license to operate in Utah. The action came after numerous violations were alleged, including using improperly or inadequately trained staff; failure to conduct or document proper criminal background checks; failure to provide adequate educational opportunities for patients, and failure to timely report allegations of abuse or neglect of a child.

At the same time, A Better Way closed the doors of a treatment home for girls in Salem after the city moved to shut it down for allegedly violating the terms of its business license.

Barlow confirmed only that he has begun "a criminal investigation into some of the staff" at a home

10

September 25, 1997

JUVENILE JUSTICE DIGEST

Page 3

for teenage sex offenders operated by A Better Way in Murray.

Sources familiar with the probe, however, say it involves allegations that some of the boys—many victims of sexual abuse themselves—were molested by counselors. The sources spoke only on condition of anonymity.

This comes after an 11-year-old boy placed in another home for young sex offenders the company operates in Cedar City was allegedly raped last month by an 18-year-old resident.

Marion Polk, an Omaha, Neb., attorney representing A Better Way—which is incorporated in Utah—said the company planned to contest the state's allegations.

"I can confirm that there is an investigation and that we intend to fully cooperate," Polk said. Meantime, A Better Way will "continue doing business in Utah," she said.

That also appears to be where company owners Larry Gelwix, Sterling Devenaux and Rodney Rice, a former Brigham Young University football star, were focusing their attention.

State Has Encouraged Contracting

More than perhaps anywhere else in state government, Youth Corrections and the Division of Family Services have been encouraged by Gov. Mike Leavitt and legislators to contract with private providers whenever possible.

Private companies provide services ranging from mental health counseling to operating detention centers.

At the same time, youth residential and inpatient treatment programs have flourished, outpacing the state's ability to regulate and license them.

In the private sector, this explosion of new programs has been met with tragedy. The now-defunct Challenger wilderness therapy program and its offspring, North Star, both saw young patients die on poorly supervised wilderness outings.

Berkow, Verdoia and others familiar with those cases believe the companies' desire to put profits over patients played some role in those tragedies.

But even before that, there were troubles. Proctor Advocates, a program which in the mid-1990s placed troubled teens in refuge homes, was sanctioned by the

state and its founder unsuccessfully prosecuted on child abuse charges.

More stringent oversight has resulted, child advocates allow, but add that the state can only do as much. A Better Way's problems are indicative of those that arise at the nexus of for-profit companies and the state's drive to privatize, regulators say.

"In this case, it is a possibility that because of profit margins that the people they hired failed to do things they should do," Verdoia said.

"The sad fact is that the state just doesn't have the resources to help good, strong programs develop," she said. "Yet, the state has the responsibility to monitor them and, ultimately, is responsible for what happens to the children in them."

"A Better Way" Not Better

Bob MacDougall, the licensing specialist seeking to put A Better Way out of business in Utah, said the vast majority of contractors do the work they're paid to do.

"There's nothing wrong with having a bottom line," he said. "But when kids are involved, it better not get in the way."

The company, which was incorporated in March 1996, until two weeks ago had operated three residential homes in Utah and an offshore, private treatment program in American Samoa.

Company officers, according to incorporation papers on file with the Department of Commerce, Larry Gelwix, Sterling Devenaux and Rodney Rice, a former Brigham Young University football star.

Interviews and information on the company's World Wide Web Internet site indicate the company is focusing on the program at the Robert Louis Stevenson Academy on the island of Upolu in Western Samoa. That facility takes only private-paying youth, at a cost of tens of thousands of dollars for a regimen that can last up to a year.

Only the Utah programs would be affected by any licensing sanctions.

A Better Way operated residential treatment facilities in Cedar City, Salem and Murray. The Cedar City home and the Murray residence cater to male sex offenders, ages 12 through 18. In all, there were 25 beds available.

11

The Salem home, according to company literature, was for up to 10 girls with "depressive symptomatology, anxiety disorders, victims of abuse and neglect, family discord and behavioral issues."

The city, however, was operating under the impression that the home was for "handicapped kids," said Mayor Randy Brailsford. When it found out differently, the city moved to revoke A Better Way's business license.

"We'd had problems with runaways, rowdy kids and the like," Brailsford said. "We're not sure whether we were intentionally misled or whether this was just some sort of misunderstanding."

City Attorney Junior Baker said the business licenses carried a specific notation that the home was for handicapped children. "And that was based on their representations to us," he said.

FORMER DARE STUDENT SAYS POLICE FORCED HER TO INFORM ON PARENTS

The police officer giving Crystal Grendell and her fellow Searsport, Maine, sixth graders a DARE course on the dangers of drug abuse confused her. Crystal had seen her parents smoke marijuana at home for years, but she says, "They didn't act any different."

In a set of circumstances still in dispute, officer James Gillway later questioned the 11-year-old girl, Crystal says, assuring her nobody would be arrested if she cooperated. He warned her not to tell mom and dad because "often parents beat their children after the children talk to police," Crystal recalls him saying.

Soon afterwards, state narcotics agents raided her house, her parents were arrested on her birthday, and the soft-spoken girl with hazel eyes was left to pick up the pieces of a life she says has been torn asunder by guilt and anger.

"It makes it hard for me to trust anybody," says Grendell, now 18. "People I thought I could trust let me down."

A lot is unclear about what exactly happened that spring of 1991 in this once prominent ship-building town. Grendell has gone to Federal court to sue Gillway, now Searsport police chief, accusing him of violating her constitutional rights.

Meanwhile, civil libertarians portray the case as an example of what they have long claimed: The nationwide program known as DARE (Drug Abuse Resistance Education) is not only ineffective, it encourages children to rat on their parents.

"How strange that we're spending all this time and money trying to get our 10- and 11-year-olds to worship uniformed officers of the state," said Gary Peterson of Fort Collins, Colo., head of Parents Against DARE. "Gee, where did that happen in history before?"

Los Angeles-based DARE America Inc. boasts that 33 million school children around the world—25 million in the United States—will take its course this year in skills to resist drugs, gangs and violence.

DARE, which started in 1983 and trains local police officers, denies charges it seeks to recruit child informants. The program's boosters say its goal is to bring families together and point out there have been very few incidents where police officers have had to act on tips given them by pupils.

"If the children know that if they're going to that DARE officer and tell that officer something that's going to cause problems in their homes, quite honestly, I don't think it would be very good for the relationship," said Frank Pegueros, a former Los Angeles Police commander who now helps train DARE officers.

How everything started is a bit of a mystery. Grendell says a guidance counselor called her out of English class one day to tell her she knew her parents grew marijuana. Grendell insisted in an interview she doesn't know how the counselor found out, since she hadn't told anyone since second grade about the drugs.

But Gillway's attorney, Edward Benjamin, disputes that: "This kid Crystal had been telling anybody who would listen to her for three years about her parents and drugs." Grendell's own lawyer, Jed Davis, says "this girl came forward because of what she heard in the DARE class."

After a few meetings, the counselor suggested the girl talk to police, Grendell said.

Gillway, then a sergeant, interviewed Grendell, who told him her parents were growing marijuana plants under grow lights in a closet, according to court documents. She also answered the

THE
FOLLOWING
DOCUMENT(S)
ARE
POOR
ORIGINAL
COPIES

EMERGING ISSUES ON PRIVATIZED PRISONS

Prepared by

James Austin, Ph.D.
Garry Coventry, Ph.D.

March 15, 1999

NATIONAL COUNCIL ON CRIME AND DELINQUENCY



Headquarters Office 685 Market Street, Suite 620 • San Francisco, CA 94105
(415) 896-6223 • Fax (415) 896-9109

Midwest Office 426 South Yellowstone Drive, Suite 250 • Madison, WI 53719
(608) 431-8882 • Fax (608) 831-6446

Washington, D.C. Office 1325 G Street, NW, Suite 770 • Washington, D.C. 20005
(202) 638-0556 • Fax (202) 638-0723

New York Office 9 East 47th Street, 5th Floor • New York, NY 10017
(212) 371-9130 • Fax (212) 371-9104

EXECUTIVE SUMMARY

Current Trends in Privatization

1. It is estimated that there are 186 privately operated correctional facilities in the world which hold a total of 132,346 inmates.
2. Within the United States, 30 states, Puerto Rico, and the District of Columbia have 158 private correctional facilities operating within in their jurisdictions. The most active state is Texas with 43 facilities, followed by California (23), Florida (10) and Colorado (9). Most states with private correctional facilities tend to represent the south and western regions of the United States.
3. Another 26 facilities exist in five other countries, with most in Australia (12) and the United Kingdom (10).
4. The total amount of revenue now allocated to private prisons and jails is estimated at \$1 billion.
5. Despite rapid increases in the presence of private correctional facilities, they represent only a small share of the entire correctional population market. With a total jail and prison population of approximately 1.7 million in the United States, the estimated 116,626 bed capacity in the United States reflects less than seven percent of the U.S. market. Less than five percent (52,370 inmates) of the total 1.2 million prison population is housed in private facilities.

Prior Research Findings on Privatization

1. There have been an insufficient number of conclusive studies completed to date regarding the impact of private prisons on costs, protection from harm, recidivism, and conditions of confinement.
2. Of the few studies completed meeting minimal evaluation standards, the major conclusion one can reach is that privately operated prisons function as well as publically operated prisons.
3. With respect to operating costs, privately operated prisons can reduce expenditures in those markets where public employee benefit rates are relatively high in comparison to national rates.
4. Management problems that have occurred with privatized prisons can be linked to a poorly drafted contract, lack of oversight by the contracting agency, and improper transfer of

inmates with classification levels which do not meet the resources and capabilities of the private prison.

5. There is some evidence that the presence of private prisons has encouraged public facilities to adopt similar cost saving strategies in the areas of staff deployment and procurement policies.
6. There is evidence that private entities can construct new facilities faster and at less cost than the public sector.

National Survey Results

1. The vast majority of privately operated prisons (not jails or detention centers) are relatively new, with bed capacities of 800 or less, and designed for medium and minimum custody inmates.
2. Similar to the results reviewed in previous individual studies, privately operated prisons function similarly to publically operated prisons with respect to program and work participation by inmates, and the distribution of staff by key functional areas.
3. The three exceptions to the above findings are in the areas of staffing levels, staff salaries, and critical incidents. Privately operated facilities have a significantly lower staffing level and offer significantly lower salaries than public state correctional agencies. They also reported a significantly higher rate of assaults on staff and inmates.
4. These differences may be related to other factors such as reporting standards or the fact that most correctional facilities experience management difficulties when newly opened. However, one must also entertain the notion that insufficient training and a lack of qualified staff in key positions may also be a valid explanation for these differences. Nonetheless, the notion that privately operated prisons are safer or better managed than publically operated facilities is not supported by these results.

Future Trends

1. The number of privatized prisons is likely to increase, but not at the pace exhibited during the past decade.
2. The number of privatized prison companies is likely to decrease as competition and the costs of doing business increase, thus forcing a consolidation of firms within the industry.
3. It is unlikely that privatized prisons will develop a strong market in the high security inmate population market due to a recent flurry of well-publicized disturbances. However, important inroads can be expected for the private sector within low security medical, mental health and geriatric inmate populations.

4. The so-called "speculative prisons" will face the greatest scrutiny and resistance by state and federal correctional agencies. These types of facilities are the most difficult to monitor and regulate.
5. Unless there is a sharp reduction in major incidents at private prisons, one can anticipate increased litigation directed at such facilities which are immune from the PARA.

**Privately Operated Prisons in the United States:
A Brief Overview of the Landscape**

**Douglas McDonald
Abt Associates Inc.**

Some recent maps of the terrain

McDonald, Fournier, Russell-Einhorn and Crawford, *Private Prisons in the United States: An Assessment of Current Practice* (Abt Associates Inc. 1998, at www.nicic.org)

- sponsored by National Institute of Corrections
- survey of state and federal correctional agencies regarding contracts for privately operated secure facilities at year-end 1997 (past, present, future)
- assessment of research on cost and performance
- legal issues

Austin and Coventry, *Emerging Issues on Privatized Prisons* (NCCD, forthcoming)

- sponsored by Bureau of Justice Assistance
- survey of privately operated facilities ("prisons"); used BJS survey instrument to permit comparison with public facilities
- data pertains to 1997-98
- review of research
- the future

Camp and Camp, *The Corrections Yearbook 1998* (Criminal Justice Institute, Inc.)

- surveyed privately operated facilities
- data pertains to January 1, 1998
- includes facilities holding state, federal, local prisoners
- information about inmates, staff, facilities, and programming

Thomas, Bolinger, Badalamenti, *Private Adult Correctional Facility Census*, Tenth Ed. (Univ. of Florida, 1997) and Eleventh Edition (<http://web.crim.ufl.edu/pcp/census/1998>)

- year-end 1996 and 1997 data
- information collected from private firms and other sources
- includes facilities holding state, federal, local prisoners
- characteristics of facilities, client jurisdictions, firms' market shares

Q. How many privately operated prisons?

A. It depends what you call a "prison."

- Secure adult facilities of all types--about 140-160, but includes illegal immigrant detention centers, county jails, etc.
- Year-end 1997: 84 facilities had contracts with 91 state/federal correctional agencies to hold prisoners (includes states, BOP, DC, PR, USVI); some facilities not operational at time of census (McDonald)
- Missed facilities housing prisoners that were not under direct contract, but passed through another governmental agency (e.g., local sheriff's department)
- Thomas et al. count 142 on 12/31/87, but include jails, immigrant detention centers, etc.
- Austin and Coventry count 65 "state prisons"; rely on private firms to identify "prisons"
- Camp and Camp count 83 facilities; but includes those holding local, state, and federal prisoners/detainees
-

How many prisoners in privately operated facilities?

- About 64,000 in all forms of secure facilities, year-end 1997 (<3% of nation's inmates)
- State and federal correctional agencies send about 80% (about 52,400 prisoners)
- 28 state/federal governments sent 37,700 prisoners to privately operated facilities under direct contract
- Another 14,700 prisoners placed in private facilities through intergovernmental agency agreement rather than direct contract
- 50% of prisoners classified as medium security, 45% minimum, 4% high
- Small proportion housed in facilities located out-of-state (6,000, or about one-seventh of non-federal prisoners)
- Non-secure adult facilities, privately operated: 529 under contract at year-end 1997.

Growth of the industry

- 1986-96: no. of beds in such facilities grew at about 45%/year, on average
- Industry revenues about \$1B at year-end 1997
- Concentrated in a few states: ten governments responsible for 80% of prisoners in privately held facilities

BOP	(9,951)	FL	(3,877)	CA	(2,948)
TX	(7,223)	LA	(3,581)	CO	(2,390)
OK	(4,588)	TN	(2,958)	MS	(2,522)
				DC	(1,927)

- Heaviest reliance in OK (23% in privately operated)

DC	(22%)
CO, TN, LA	(19-21%)
MS	(16%)
TX	(5%)
FBOP	(10%)

- "Privatization" or "contracting out"?
- Provision of new capacity by contracting rather than conversion of public to private
- Exploiting market opportunities created by rapid growth in prison population
- Industry concentration: a few big firms
- Changing organizational structures (e.g., separation of facility ownership from operations, REITs, etc)

Principal approaches to serving the market

- Publicly owned prisons, privately operated (one principal client)
- Privately owned and operated, but serves a dominant client
- Privately owned and operated, serves many clients
- [Privately owned facilities, operated by public correctional agencies]

Control by governments greater in first two arrangements, weakest in latter

Integration into jurisdiction's correctional system generally closer in first two, weakest in latter

Privatization as a result of policy, rather than administrative, decision

- Most correctional directors report that decision to contract was made by legislature or chief executive
- Differs from decisions to contract out for specific services and programs
- Correctional managers typically make these about contracting for

health care
mental health services
food services
community residential programs
substance abuse & sex offender treatment programs
educational/vocational programs
etc.

Q. Are government's purposes for contracting being achieved?

Q. But what is government asking for, anyway?

- Legislative objectives sometimes spelled out in authorizing statutes (e.g., save 10%), but not always
- Asked state and federal correctional directors in 28 states that contract to rank main reason for contracting with privately managed prisons.

Reduce overcrowding/get new beds quickly	16 states
operational cost savings	8
gain operational flexibility	1
Improve services	1
Other	3

- Divining public will not always easy here
 - Lack of consensus regarding purposes
 - Politics makes strange bedfellows
- Sometimes unstated objectives
 - Create competition for public correctional agencies
 - Spur greater vigilance re: expenditures
 - Avoid building constituency for new public facilities

Are beds brought on-line faster by means of contracting?

Are costs to taxpayers lower?

Problem of calculating the cost of direct public provision

Should focus on *marginal* cost of adding new public facilities

The overhead cost problem

Need to account for differences in spending for *capital* and *operations*

Cost of public expenditures in support of contracting

- What the state evaluations show, in those states that seek lower costs by contracting

A different question: Are private facilities less costly than public ones?

- Conflicting findings of research
- Some potential sources of lower costs:

In design/build/operate arrangements, savings from

- designing for fewer staff
- faster and less costly construction
- lower labor costs (salaries, benefits, staff/inmate ratios)
- lower costs for purchased services (e.g., medical care)

In management contracts,

- lower labor costs
- lower costs for purchased services

- "Inherent" advantages or advantages that stem from specific opportunities in the market?

Do privately operated facilities perform better, the same, or worse?

- What constitutes "performance"?
- Performance as *compliance* with standards?
- Performance as measured by *outcomes*?
 - Recidivism?
 - Incidents?
- Importance of distinguishing types of facilities, contractual arrangements, etc.
 - Out-of-state facilities
 - "Spec" facilities,
 - In-state/tightly integrated facility, etc.
- What the research shows
- Are correctional services suited to performance-based contracting?

Or:

How can clients affect contractor's performance?

Big differences in approaches to monitoring and control

- **Of 28 contracting govts. surveyed by Abt Associates:**

20 had contract monitors in addition to contract administrators

- **Of 91 different contracts active on 12/31/97:**

Half had monitors on-site on daily basis, generally worked on full-time basis

16 contracts had part-time monitors (one-day per week, on average), on-site monthly

Ten had part-time monitors (one day per week), with quarterly visits

Are privately operated prisons showing the way to a more innovative correctional system?

- **Innovation is not commonly stated objective for client governments**
- **The two-way street: public corrections' influence on private corrections, and vice-versa**
- **Evidence regarding effects on public correctional administration**



Pros & Cons of Private Prisons

Policy Issues

Executive Summary

In 1989, the Florida Legislature authorized the Department of Corrections to enter into contracts with private corrections firms for the construction and operation of private prisons. From this starting point, the State of Florida opened its first 768-bed private prison in Gadsden County in March of 1995. Since this time, contracts have been awarded for the construction and operation of four additional private prisons, creating a combined capacity of 3,936 beds. This number represents almost six percent of Florida's total state prison beds.

While some preliminary studies have been done, time and continued observation is needed to properly evaluate the effectiveness of this venture. This paper summarizes the benefits that Florida hopes to receive as a result of our prison privatization efforts and shares some of the concerns and public policy issues that have been encountered over the past decade that this option has been actively pursued.

Potential benefits of private prisons

- Cost savings in both construction and operation
- Speedy construction of private prison beds
- Comprehensive educational and training programs
- Introduction of competition into the prison industry
- Fruits of competition: innovation, efficiency & value

Public policy concerns

- Need for accountability
- Potential public safety hazard from out-of-state prisoners & other escapees
- Difficulty in measuring "success" of private prisons
- Need for cooperation between private and state prisons
- Ethical considerations when "for profit" corporations are faced with profits vs. quality of care issues

The Honorable Allen Trovillion

Chairman of the Florida House of Representatives Corrections Committee

District Office: 1360 Palmetto Avenue ♦ Winter Park, Florida 32789-4916 ♦ (407) 623-1353

Capital Office: 308 House Office Building ♦ Tallahassee, Florida 32399-1300 ♦ (850) 488-6333

*Page 2**Pros & Cons of Private Prisons*

Potential Benefits of Private Prisons

Cost Savings in Both Construction and Operation

In general, the savings that were expected from the construction of private facilities was not realized. Site acquisition and preparation costs were lower for contracted private prisons than comparable costs for public prisons. However, private prison building costs were higher. One of the primary reasons cited for the higher building costs is that inmate labor was not utilized in the construction of private prisons.

The Florida Legislature established a goal for private prisons to operate at a cost that is at least seven percent less than a comparable state-run facility. Comparing state and private prisons has been problematic, and controversial. While the costs of operating private prisons did not meet the expected seven-percent level of savings for the 1996-1997 fiscal year, a saving of approximately four percent was realized. (See OPPAGA Report # 97-68.)

Prison costs are typically analyzed in terms of "inmate per diem," the average daily operational cost of incarcerating an inmate. Per diem costs are affected by a number of factors including prison size, types of inmates housed, location, and programs. The Department's reported inmate per diem rates ranged widely, from as low as \$32.24 to as high as \$284.83, and averaged \$45.38 during fiscal year 1995-96. These reported per diem rates do not include Department administrative costs, which have been previously determined to add approximately \$3 to the per diem rate.

Inmate per diem rates for the private prisons are specified by contract. Typically, the contracts guarantee a rate based on 90% of capacity, and include a second, lower rate for additional inmates. For the contract year most comparable to the 1995-96 fiscal year, these per diem rates ranged from \$38.44 to \$45.88 for 90% capacity and from \$8.61 to \$40.00 for each additional inmate. (This number does not include certain indirect costs incurred by the state.) The average per diem paid by the state for private prisons varied depending on programs offered. However, none of the private prisons operating in Florida during the 1995-96 fiscal year were directly comparable in these categories to a public prison. (See OPPAGA Report #96-69.)

Comprehensive Educational and Training Programs

The private prisons in Florida use a programmatic approach, a program-rich environment in which most inmates are assigned to academic or vocational education programs and substance abuse treatment programs. The department has used a similar programmatic approach at its youthful offender prisons and at its drug treatment centers. However, adult male prisons in Florida (DOC) typically provide a limited number of academic and vocational education programs and substance abuse treatment that can serve only a small proportion of the population at any given time. (See OPPAGA Report # 97-68.)

25

Page 3

Pros & Cons of Private Prisons

Fruits of Competition: Innovation, Efficiency & Value

One advantage of prison privatization is the opportunity to introduce different and sometimes innovative correctional practices that may provide a basis for re-examining public prison practices. Four major differences have been identified in the private prisons: a more programmatic approach to inmates, a more compact construction design, air-conditioned housing units, and the use of civilian staff and technology to reduce prison staffing needs.

Measures of safety, medical health services, and program services generally indicate that private prison performance compares favorably with public prison performance. Currently, Florida's contracts with private prisons serve a select inmate population. The inmates transferred to private prisons must be relatively healthy and trainable. A maximum health cost of \$10,000 is provided for in the contracts. In addition, performance on measures of public safety, staff safety, and inmate safety indicate assault and disciplinary report rates that are lower than the statewide average for public prisons. (See OPPAGA Report # 97-68.)

Public Policy Concerns

Need for Accountability

The most obvious form of accountability in corrections, is legal accountability. If the rule of law can limit and constrain the power of the state, then surely it can hold a private firm at least equally accountable. Constitutional standards, for example, will apply equally to all prisons, whether run by government employees or by contractors. In addition, many state laws provide for accountability including the following examples:

- *Promotes the development and use of objective performance measures.*
- *Enforces adherence to procedures and limit or control discretion in the discipline of inmates.*
- *Forces responsiveness to the attitudes and needs of local communities when siting a prison.*
- *Encourage much broader interest, involvement, and participation in corrections by people outside of government.*

Potential Public Safety Hazard from Out-of-State Prisoners & other Escapees

The potential for private correctional facilities contracting to house out-of-state offenders in Florida would create new employment opportunities and may boost local economies. However, specific statutory, procedural, and liability safeguards would be necessary to regulate the practice to ensure that Florida's interests are not compromised.

Two 1997 escapes from the Bay County Jail Annex exemplify the need to establish statutory and procedural safeguards to regulate private correctional facilities contracting to house out-of-state offenders in Florida.

Page 4
Pros & Cons of Private Prisons

Difficulty in Measuring "Success" of Private Prisons

One important measure of success is the extent to which the private prisons are able to reduce inmate recidivism. In January 1998, the commission issued a review of recidivism of inmates released from private prisons. This study, conducted by staff of the Private Corrections Project from the University of Florida, provides an initially favorable analysis of one-year recidivism data for inmates released after less than a year in private prison, but the data must be considered preliminary.

On February 2, 1998, the staff of the Florida Joint Legislative Management Committee's Division of Economic and Demographic Research reviewed the methodology used in the recidivism study. The reviewers found three major deficiencies. The first was that there were insufficient numbers of inmates who had served most of their time in private correctional facilities and who have spent a reasonable amount of time out of prison to permit a reliable comparison.

Second, the conclusions drawn in the report were out of proportion to the weak evidence collected. An extremely small sample size of 1.7% of total releases was used in the study which was not a true representation of the total inmate population in private and state correctional facilities.

Finally, the methodology used did not adequately take into account that program participation (type, length, quality, etc.) may have an impact on post release behavior.

The role of program participation as a possible explanatory variable for the difference in outcomes between public and private facilities was not explored in the study, despite the fact that the researchers acknowledged its probable importance.

Future reviews need to improve methodology by analyzing whether public prison inmates used for comparison participated in or completed educational or substance abuse treatment programs, and by comparing sample populations on length of incarceration and type of post-release supervision. No conclusions about the private prisons' effect on recidivism should be made until data covering two years after release is available on inmates who were housed in private prisons for more than one year.

The Office of Program Policy Analysis and Government Accountability (OPPAGA) recommends that a two-year period after release allows more time for cases to be processed through the court system and more information on inmate post-release behavior to be collected. (See OPPAGA Report # 97-68.)

Need for Cooperation between Private and State Prisons

By not working cooperatively, the department and the commission may not be maximizing the potential benefits privatization may offer the state. For example, instead of using privatization as a tool to increase the efficiency of today's corrections services delivery, the department and the commission have moved the state towards operating a dual or alternative corrections systems of publicly and privately operated prisons that may be duplicative.

Page 5

Pros & Cons of Private Prisons

Ethical Considerations when "For Profit" Corporations are Faced with Profits Vs. Quality of Care Issues

Critics contend that contracting invites corruption, in the form of favoritism, bid-rigging, conflict of interest, bribes, and kickbacks. They point to contemporary examples in other areas of contracting and to historical examples of corruption in contracting for inmate labor.

Felons hired as jail guards

By DANIEL J. CHACON

The New Mexican

April 27, 1999

Cornell Corrections knowingly hired three convicted felons to work as guards inside Santa Fe County's juvenile jail, the jail director admitted.

Despite conducting background checks, the private company employed the felons as correctional officers to supervise minors at the Youth Development Program center on Airport Road, said Pete Looker, the juvenile jail director.

Cornell operates both the adult and juvenile jail facilities on contract with Santa Fe County.

The company is required to send all background information on potential employees to the contract monitor, which is the Santa Fe County Sheriff's Department. But the company was not doing as required, County Manager David Wolf said.

"We just became aware of this late last week. We did not realize this was Cornell's hiring practice," Wolf said.

"Their background checks were not given to the sheriff for the sheriff to review," he said. "These people should not have been hired."

Information on the guards' convictions was not available Monday.

Looker, who hired the felons, said corporate policy did not allow him to comment on the guards' backgrounds. But Looker said none of the guards was a "sex offender."

"We have no one in this facility who has raped anybody, who is a pedophile or who engages in that type of sexual deviancy," Looker said. "We have no sex offenders in this facility - absolutely not."

In related matters, the Sheriff's Department is investigating allegations that a guard - who either quit or was fired - raped and molested a female inmate at the juvenile jail about two weeks ago. And on April 17, five juvenile female inmates accused another guard of pecking at them while they were in the shower.

Alleged actions at the adult jail also are under investigation.

On April 16, a male guard at the adult jail was arrested on charges of sexual assault of a male inmate. Police said the inmate traded convenience-store burritos for oral sex.

Wolf, in a letter to Cornell's chief operating officer dated Friday, stated that the county will no longer allow convicted felons or others with morally questionable misdemeanor charges to be hired at the juvenile jail.

"I'm telling them that that's an area that needs to be fully implemented immediately," he said.

And Wolf said he wants the three guards who have convictions out of the jail.

"I want those individuals removed from our facility immediately," Wolf said. "It will be Cornell's position on how they will handle that."

But Looker said the three guards with felony convictions still work at the juvenile facility, which currently houses 81 minors - both male and female - and by the beginning of June, will accommodate 115 juvenile inmates.

Looker said he hired the former felony convicts because he determined they had entered and completed a rehabilitation process.

"I certainly don't discriminate," he said. If he thought there was potential the juvenile inmates would be in danger, Looker said, then the former felons would not have been placed in the facility.

"A lot of our kids think: 'There's no hope for me,' " Looker said. "We can demonstrate that you can change and become a productive member of society" by hiring the former convicts as examples to the younger generation of inmates.

The contract between the county and Cornell does not prevent the company from hiring convicts.

If Cornell complies with the county's request, "then this issue stops here," Wolf said. But if it doesn't, failure to comply will be considered a breach of contract.

Looker said hiring convicts "was an incorrect interpretation on my part in the contract. (Now) I understand clearly what the county needs, and we will respond to their needs."

Santa Fe County Sheriff Ray Sisneros said that, according to adult jail officials, "they have no convicted felons that are employees there."

[REDACTED]

CORNELL ABRAXAS YOUTH CENTER

Multi-Service Site Providing Secure Care, Secure Care for Adolescent Sex Offenders, and Fire Setters, Detention, and Shelter Services

10058 South Mountain Road, P.O. Box 334 ■ South Mountain, Pennsylvania 17261

Cornell Abraxas was established in 1973 as a treatment alternative to incarceration for young offenders referred through the justice system because of their use and abuse of legal and illegal chemical substances.

Over the years, we have developed programs for special populations including females, drug sellers, sex offenders, and families. We have also developed specialized services in the areas of mental health, education and job placement.

Today, Cornell Abraxas brings to its programs a range of experience and expertise unequalled in the area of treatment and habilitation of children, adolescents, and delinquent and dependent juveniles. Most importantly, our programs provide not only meaningful treatment options but also continuing care bridges back to the community.

Demographics

- Situated on the grounds of the South Mountain Restoration Center (state facility), South Mountain, PA (Franklin County)
- Multi-service site includes secure care, secure care for adolescent sex offenders and fire setters, detention, and shelter services
- 72-bed facility includes: 36-bed secure care - 18 hardware and staff secure beds for serious and violent male offenders and a separate 18-bed unit for sex offenders and fire setters; 18 hardware and staff secure detention beds for males and females; and 18-bed staff secure, open residential shelter for male and female youth
- Brick facility with three floors of residential housing, administrative offices, classrooms, laundry, food service, and on-site high and low ropes courses
- Secure Care programs serve adjudicated delinquent 14-18 year-old males; Detention services are provided for delinquent males and females, 14-18 years old; Shelter Care serves dependent and delinquent male and female youth ages 12-18
- 6 to 1 client to direct care staff ratio (waking hours)
- Multi-service site offers a full range of services from shelter care to specialized secure care, as well as the Abraxas Leadership Development Program
- Intensive programming and education
- Licensed, private on-site school operates year-round
- Licensed by the PA Departments of Public Welfare (Office of Children Youth and Families), and Education

Key Services

- Video conferencing capability
- Transportation provided to counties on a first come, first served basis
- Assessment and diagnostic services available for youth placed in detention and shelter care
- Cognitive, behavioral treatment approach
- Zero tolerance of inappropriate behavior
- Bi-monthly progress reports (Secure Care)
- Wraparound services available through the Cornell Abraxas Mental Health Program
- Individual and group counseling
- GED track or opportunity to earn credits toward graduation; SAT preparation classes
- Community Service
- Life skills training
- Health and medical services
- Family services
- Balanced attention to the development of client competencies, community safety, and victim issues
- Discharge and continuing care planning

Treatment Approach

- Strong emphasis on treatment and habilitation services
- Holistic treatment philosophy: Reality Therapy, Behavioral Change approaches, Cognitive Models with strong emphasis on Criminal Personality Theory

Client Profile - Secure Care**ADMISSIBLE**

- Serious, violent, and chronic offenders
- Adjudicated delinquent 14-18 year old males
 - Serious and Violent Offenders
 - Sex Offenders/ Fire Setters

INADMISSIBLE*(Exceptions based on individual case review)*

- IQ below 80
- Serious medical, physical, or mental health conditions, or other conditions that cannot be managed safely within the scope of the program

Client Profile - Shelter/Detention**ADMISSIBLE**

- Dependent and delinquent male and female youth
 - 12-18 years of age for Shelter Care
 - 14-18 years of age for Detention
- Meet with JCJC standards for detention

INADMISSIBLE*(Exceptions based on individual case review)*

- IQ below 80
- Serious medical, physical, or mental health conditions, or other conditions that cannot be managed safely within the scope of the program

Referral Sources (In-State/Out-of-State)

- Juvenile courts
- Childrens service agencies

Continuum of Care

The Cornell Abraxas Youth Center is an integral component of a complete continuum of care offered by Cornell Abraxas programs. The Cornell Abraxas spectrum of services at the South Mountain location includes:

- Military-style Leadership Academy (LDP)
- Secure Treatment (SMSTU and CAYC)
- Sex Offender/Firestarter (CAYC)
- Secure Detention (CAYC)
- Staff-Secure Shelter Care (CAYC)
- Diagnostic and Wrap Around Services (CAYC)

Additional services included in the Cornell Abraxas continuum include:

- Drug and Alcohol Rehabilitation and Drug Sellers
- Day Treatment
- Work Bridge
- Female Offenders
- Community-based Treatment
- PsychoSocial Rehabilitation Unit
- Mental Health Clinic
- Mental Health Wrap Around Services

Referral Information

To make a referral, please contact:

Your local Cornell Abraxas Court Liaison

or

Cornell Abraxas Court Services

Harrisburg, PA

(800) 210-7215

(717) 221-0500

(717) 221-0606 (fax)

or

Cornell Abraxas Youth Center

South Mountain, PA

(717) 749-3066

(717) 749-3229 (fax)



MAHLER'S UNFINISHED SYMPHONY / ROBERT D. KAPLAN IN BULGARIA

The Atlantic Monthly

DECEMBER 1998

AN OLD-FASHIONED CHRISTMAS

AUSTRIA BRINGS OUT THE BEST IN THE HOLIDAY

BY CORBY KUMMER

AMERICA'S MAGINOT LINE

CAN THE U.S. AFFORD TO STAY INVOLVED IN EAST ASIA?

BY PAUL BRACKEN

TRANSLATION SOFTWARE

TWO WEB SITES THAT OFFER FREE TRANSLATIONS TO AND FROM ENGLISH

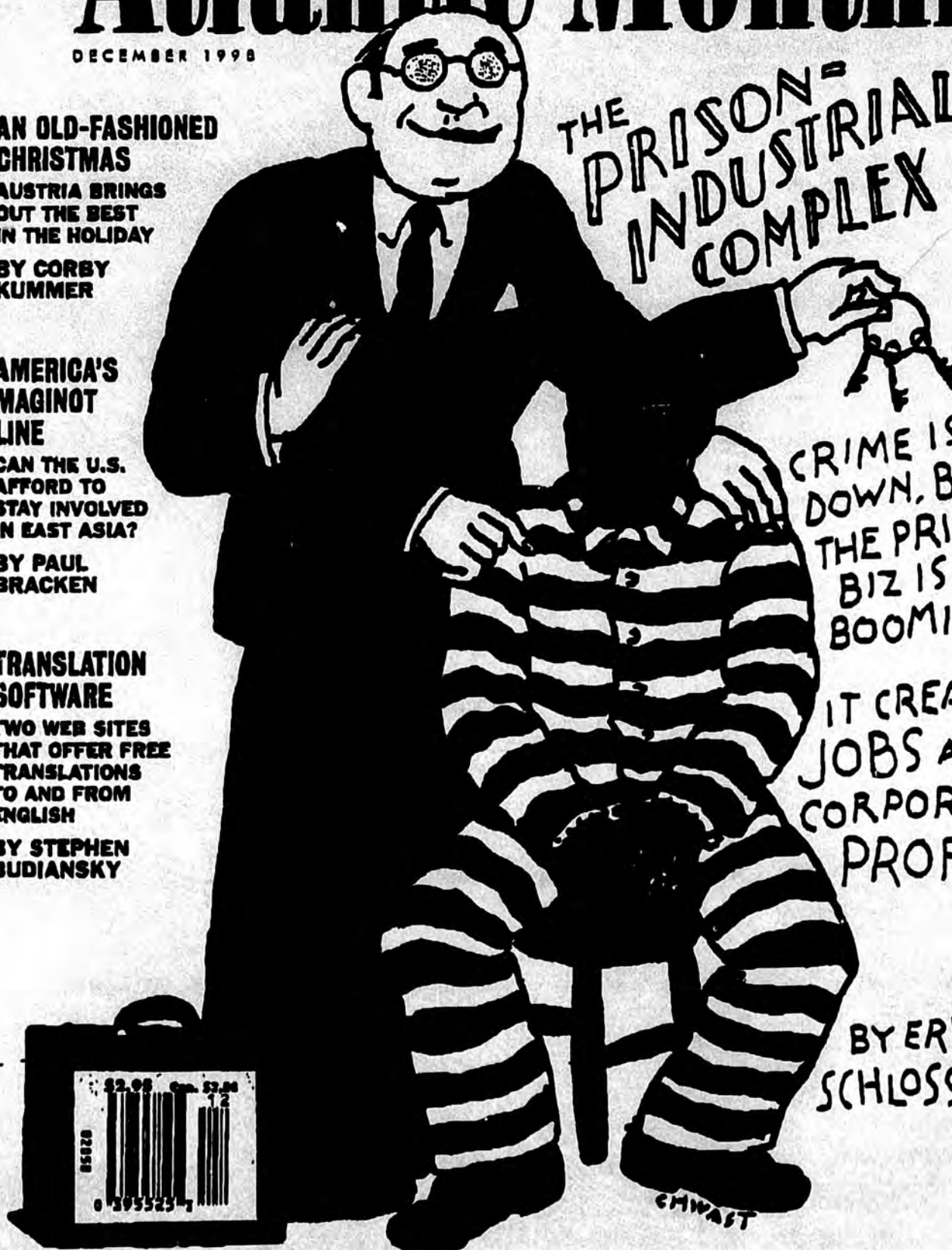
BY STEPHEN BUDIANSKY

THE PRISON INDUSTRIAL COMPLEX

CRIME IS DOWN, BUT THE PRISON BIZ IS BOOMING—

IT CREATES JOBS AND CORPORATE PROFITS

BY ERIC SCHLOSSER



THE PRISON- INDUSTRIAL COMPLEX

by ERIC SCHLOSSER

*Correctional officials see danger in prison overcrowding.
Others see opportunity. The nearly two million Americans behind bars—
the majority of them nonviolent offenders—
mean jobs for depressed regions and windfalls for profiteers*

IN the hills east of Sacramento, California, Folsom State Prison stands beside a man-made lake, surrounded by granite walls built by inmate laborers. The gun towers have peaked roofs and Gothic stonework that give the prison the appearance of a medieval fortress, ominous and forbidding. For more than a century Folsom and San Quentin were the end of the line in California's penal system; they were the state's only maximum-security penitentiaries. During the early 1980s, as California's inmate population began to climb, Folsom became dangerously overcrowded. Fights between inmates ended in stabbings six or seven times a week.

The poor sight lines within the old cellblocks put correctional officers at enormous risk. From 1984 to 1994 California built eight new maximum-security (Level 4) facilities. The bullet holes in the ceilings of Folsom's cellblocks, left by warning shots, are the last traces of the prison's violent years. Today Folsom is a medium-security (Level 2) facility, filled with the kind of inmates that correctional officers consider "soft." No one has been stabbed to death at Folsom in almost four years. Among its roughly 3,800 inmates are some 500 murderers, 250 child molesters, and an assortment of rapists, armed robbers, drug dealers, burglars,



and petty thieves. The cells in Housing Unit 1 are stacked five stories high, like boxes in a vast warehouse; glimpses of hands and arms and faces, of flickering TV screens, are visible between the steel bars. Folsom now houses almost twice as many inmates as it was designed to hold. The machine shop at the prison, run by inmates, manufactures steel frames for double bunks—and triple bunks—in addition to license plates.

Less than a quarter mile from the old prison is the California State Prison at Sacramento, known as "New Folsom," which houses about 3,000 Level 4 inmates. They are the real hard cases: violent predators, gang members, prisoners

unable to "program" well at other facilities, unable to obey the rules. New Folsom does not have granite walls. It has a "death-wire electrified fence," set between two ordinary chain-link fences, that administers a lethal dose of 5,100 volts at the slightest touch. The architecture of New Folsom is stark and futuristic. The buildings have smooth gray concrete façades, unadorned except for narrow slits for cell windows. Approximately a third of the inmates are serving life sentences; more than a thousand have committed at least one murder, nearly 500 have committed armed robbery, and nearly 200 have committed assault with a deadly weapon.

Inmates were placed in New Folsom while it was still under construction. The prison was badly overcrowded even before it was finished, in 1987. It has at times housed more than 300 inmates in its gymnasiums. New Folsom—like old Folsom, and like the rest of the California prison system—now operates at roughly double its intended capacity. Over the past twenty years the State of California has built twenty-one new prisons, added thousands of cells to existing facilities, and increased its inmate population eightfold. Nonviolent offenders have been responsible for most of that increase. The number of drug offenders imprisoned in the state today is more than twice the number of inmates who were imprisoned for all crimes in 1978. California now has the biggest prison system in the Western industrialized world, a system 40 percent bigger than the Federal Bureau of Prisons. The state holds more inmates in its jails and prisons than do France, Great Britain, Germany, Japan, Singapore, and the Netherlands combined. The California Department of Corrections predicts that at the current rate of expansion, barring a court order that forces a release of prisoners, it will run out of room eighteen months from now. Simply to remain at double capacity the state will need to open at least one new prison a year, every year, for the foreseeable future.

Today the United States has approximately 1.8 million people behind bars: about 100,000 in federal custody, 1.1 million in state custody, and 600,000 in local jails. Prisons hold inmates convicted of federal or state crimes; jails hold people awaiting trial or serving short sentences. The United States now imprisons more people than any other country in the world—perhaps half a million more than Communist China. The American inmate population has grown so large that it is difficult to comprehend: imagine the combined populations of Atlanta, St. Louis, Pittsburgh, Des Moines, and Miami behind bars. "We have embarked on a great social experiment," says Marc Mauer, the author of the upcoming book *The Race to Incarcerate*. "No other society in human history has ever imprisoned so many of its own citizens for the purpose of crime control." The prison boom in the United States is a recent phenomenon. Throughout the first three quarters of this century the nation's incarceration rate remained relatively stable, at about 110 prison inmates for every 100,000

people. In the mid-1970s the rate began to climb, doubling in the 1980s and then again in the 1990s. The rate is now 445 per 100,000; among adult men it is about 1,100 per 100,000. During the past two decades roughly a thousand new prisons and jails have been built in the United States. Nevertheless, America's prisons are more overcrowded now than when the building spree began, and the inmate population continues to increase by 50,000 to 80,000 people a year.

The economist and legal scholar Michael K. Block, who believes that American sentencing policies are still not harsh enough, offers a straightforward explanation for why the United States has lately incarcerated so many people: "There are too many prisoners because there are too many criminals committing too many crimes." Indeed, the nation's prisons now hold about 150,000 armed robbers, 125,000 murderers, and 100,000 sex offenders—enough violent criminals to

populate a medium-sized city such as Cincinnati. Few would dispute the need to remove these people from society. The level of violent crime in the United States, despite recent declines, still dwarfs that in Western Europe. But the proportion of offenders being sent to prison each year for violent crimes has actually fallen during the prison boom. In 1980 about half the people entering state prison were violent offenders; in 1995 less than a third had been convicted of a violent crime. The enormous increase in America's inmate population can be explained in large part by the sentences given to people who have committed nonviolent offenses. Crimes that in other countries would usually lead to community service, fines, or drug treatment—or would not be considered crimes at all—in the United States now lead to a prison term, by far

the most expensive form of punishment. "No matter what the question has been in American criminal justice over the last generation," says Franklin E. Zimring, the director of the Earl Warren Legal Institute, "prison has been the answer."

ON January 17, 1961, President Dwight D. Eisenhower used his farewell address to issue a warning, as the United States continued its cold war with the Soviet Union. "In the councils of government," Eisenhower said, "we must guard against the acquisition of unwarranted influence,

**THE PRISON-
INDUSTRIAL COMPLEX IS
NOT A CONSPIRACY,
GUIDING CRIMINAL-
JUSTICE POLICY BEHIND
CLOSED DOORS. IT IS
A CONFLUENCE OF
SPECIAL INTERESTS THAT
HAS GIVEN PRISON
CONSTRUCTION IN THE
UNITED STATES A SEEMINGLY
UNSTOPPABLE MOMENTUM.**

whether sought or unsought, by the military-industrial complex." Eisenhower had grown concerned about this new threat to democracy during the 1960 campaign, when fears of a "missile gap" with the Soviet Union were whipped up by politicians, the press, and defense contractors hoping for increased military spending. Eisenhower knew that no missile gap existed and that fear of one might lead to a costly, unnecessary response. "The potential for the disastrous rise of misplaced power exists and will persist," Eisenhower warned. "We should take nothing for granted."

Three decades after the war on crime began, the United States has developed a prison-industrial complex—a set of bureaucratic, political, and economic interests that encourage increased spending on imprisonment, regardless of the actual need. The prison-industrial complex is not a conspiracy, guiding the nation's criminal-justice policy behind closed doors. It is a confluence of special interests that has given prison construction in the United States a seemingly unstoppable momentum. It is composed of politicians, both liberal and conservative, who have used the fear of crime to gain votes; impoverished rural areas where prisons have become a cornerstone of economic development; private companies that regard the roughly \$35 billion spent each year on corrections not as a burden on American taxpayers but as a lucrative market; and government officials whose fiefdoms have expanded along with the inmate population. Since 1991 the rate of violent crime in the United States has fallen by about 20 percent, while the number of people in prison or jail has risen by 50 percent. The prison boom has its own inexorable logic. Steven R. Donziger, a young attorney who headed the National Criminal Justice Commission in 1996, explains the thinking: "If crime is going up, then we need to build more prisons; and if crime is going down, it's because we built more prisons—and building even more prisons will therefore drive crime down even lower."

The raw material of the prison-industrial complex is its inmates: the poor, the homeless, and the mentally ill; drug dealers, drug addicts, alcoholics, and a wide assortment of violent sociopaths. About 70 percent of the prison inmates in the United States are illiterate. Perhaps 200,000 of the country's inmates suffer from a serious mental illness. A generation ago such people were handled primarily by the mental-health, not the criminal-justice, system. Sixty to 80 percent of the American inmate population has a history of substance abuse. Meanwhile, the number of drug-treatment slots in American prisons has declined by more than half since 1993. Drug treatment is now available to just one in ten of the inmates who need it. Among those arrested for violent crimes, the proportion who are African-American men has changed little over the past twenty years. Among those arrested for drug crimes, the proportion who are African-American men has tripled. Although the prevalence of illegal drug use among white men is approximately the same as

that among black men, black men are five times as likely to be arrested for a drug offense. As a result, about half the inmates in the United States are African-American. One out of every fourteen black men is now in prison or jail. One out of every four black men is likely to be imprisoned at some point during his lifetime. The number of women sentenced to a year or more of prison has grown twelvefold since 1970. Of the 80,000 women now imprisoned, about 70 percent are nonviolent offenders. About 75 percent have children.

The prison-industrial complex is not only a set of interest





groups and institutions. It is also a state of mind. The lure of big money is corrupting the nation's criminal-justice system, replacing notions of public service with a drive for higher profits. The eagerness of elected officials to pass "tough-on-crime" legislation—combined with their unwillingness to disclose the true costs of these laws—has encouraged all sorts of financial improprieties. The inner workings of the prison-industrial complex can be observed in the state of New York, where the prison boom started, transforming the economy of an entire region; in Texas and Tennessee, where private

New prison construction. Franklin County, N.Y.

prison companies have thrived; and in California, where the correctional trends of the past two decades have converged and reached extremes. In the realm of psychology a complex is an overreaction to some perceived threat. Eisenhower no doubt had that meaning in mind when, during his farewell address, he urged the nation to resist "a recurring temptation to feel that some spectacular and costly action could become the miraculous solution to all current difficulties."

THE LIBERAL LEGACY

THE origins of the prison-industrial complex can be dated to January of 1973. Senator Barry Goldwater had used the fear of crime to attract white middle-class voters a decade earlier, and Richard Nixon had revived the theme during the 1968 presidential campaign, but little that was concrete emerged from their demands for law and order. On the contrary, Congress voted decisively in 1970 to eliminate almost all federal mandatory-minimum sentences for drug offenders. Leading members of both political parties applauded the move. Mainstream opinion considered drug addiction to be largely a public-health problem, not an issue for the criminal courts. The Federal Bureau of Prisons was preparing to close large penitentiaries in Georgia, Kansas, and Washington. From 1963 to 1972 the number of inmates in California had declined by more than a fourth, despite the state's growing population. The number of inmates in New York had fallen to its lowest level since at least 1950. Prisons were widely viewed as a barbaric and ineffective means of controlling deviant behavior. Then, on January 3, 1973, Nelson Rockefeller, the governor of New York, gave a State of the State address demanding that every illegal-drug dealer be punished with a mandatory prison sentence of life without parole.

Rockefeller was a liberal Republican who for a dozen years had governed New York with policies more closely resembling those of Franklin Delano Roosevelt than those of Ronald Reagan. He had been booed at the 1964 Republican Convention by conservative delegates; he still harbored grand political ambitions; and President Nixon would be ineligible for a third term in 1976. Rockefeller demonstrated his newfound commitment to law and order in 1971, when he crushed the Attica prison uprising. By proposing the harshest drug laws in the United States, he took the lead on an issue that would soon dominate the nation's political agenda. In his State of the State address Rockefeller argued not only that all drug dealers should be imprisoned for life but also that plea-bargaining should be forbidden in such cases and that even juvenile offenders should receive life sentences.

The Rockefeller drug laws, enacted a few months later by the state legislature, were somewhat less draconian: the penalty for possessing four ounces of an illegal drug, or for selling two ounces, was a mandatory prison term of fifteen years to life. The legislation also included a provision that established a mandatory prison sentence for many second felony convictions, regardless of the crime or its circumstances. Rockefeller proudly declared that his state had enacted "the toughest anti-drug program in the country." Other states eventually followed New York's example, enacting strict mandatory-minimum sentences for drug offenses. A liberal Democrat, Speaker of the House Tip O'Neill, led the campaign to revive federal mandatory minimums,

which were incorporated in the 1986 Anti-Drug Abuse Act. Nelson Rockefeller had set in motion a profound shift in American sentencing policy, but he never had to deal with the consequences. Nineteen months after the passage of his drug laws Rockefeller became Vice President of the United States.

When Mario Cuomo was first elected governor of New York, in 1982, he confronted some difficult choices. The state government was in a precarious fiscal condition, the inmate population had more than doubled since the passage of the Rockefeller drug laws, and the prison system had grown dangerously overcrowded. A week after Cuomo took office, inmates rioted at Sing Sing, an aging prison in Ossining. Cuomo was an old-fashioned liberal who opposed mandatory-minimum drug sentences. But the national mood seemed to be calling for harsher drug laws, not sympathy for drug addicts. President Reagan had just launched the War on Drugs; it was an inauspicious moment to buck the tide.

Unable to repeal the Rockefeller drug laws, Cuomo decided to build more prisons. The rhetoric of the drug war, however, was proving more popular than the financial reality. In 1981 New York's voters had defeated a \$500 million bond issue for new prison construction. Cuomo searched for an alternate source of financing, and decided to use the state's Urban Development Corporation to build prisons. The corporation was a public agency that had been created in 1968 to build housing for the poor. Despite strong opposition from upstate Republicans, among others, it had been legislated into existence on the day of Martin Luther King Jr.'s funeral, to honor his legacy. The corporation was an attractive means of financing prison construction for one simple reason: it had the authority to issue state bonds without gaining approval from the voters.

Over the next twelve years Mario Cuomo added more prison beds in New York than all the previous governors in the state's history combined. Their total cost, including interest, would eventually reach about \$7 billion. Cuomo's use of the Urban Development Corporation drew criticism from both liberals and conservatives. Robert Gangi, the head of the Correctional Association of New York, argued that Cuomo was building altogether the wrong sort of housing for the poor. The state comptroller, Edward V. Regan, a Republican, said that Cuomo was defying the wishes of the electorate, which had voted not to spend money on prisons, and that his financing scheme was costly and improper. Bonds issued by the Urban Development Corporation carried a higher rate of interest than the state's general-issue bonds.

Legally the state's new prisons were owned by the Urban Development Corporation and leased to the Department of Corrections. In 1991, as New York struggled to emerge from a recession, Governor Cuomo "sold" Attica prison to the corporation for \$200 million and used the money to fill gaps in the state budget. In order to buy the prison, the corporation

had to issue more bonds. The entire transaction could eventually cost New York State about \$700 million.

The New York prison boom was a source of embarrassment for Mario Cuomo. At times he publicly called it "rupid," an immoral waste of scarce state monies, an obligation forced on him by the dictates of the law. But it was also a source of political capital. Cuomo strongly opposed the death penalty, and building new prisons shielded him from Republican charges of being soft on crime. In his 1987 State of the State address, having just been re-elected by a landslide, Cuomo boasted of having put nearly 10,000 "dangerous felons" behind bars. The inmate population of New York's prisons had indeed grown by roughly that number during his first term in office. But the proportion of offenders being incarcerated for violent crimes had fallen from 63 percent to 52 percent during those four years. In 1987 New York State sent almost a thousand fewer violent offenders to prison than it had in 1983. Despite having the "toughest anti-drug program" and one of the fastest-growing inmate populations in the nation, New York was hit hard by the crack epidemic of the 1980s and the violent crime that accompanied it. From 1983 to 1990 the state's inmate population almost doubled—and yet during that same period the violent-crime rate rose 24 percent. Between the passage of the Rockefeller drug laws and the time Cuomo left office, in January of 1995, New York's inmate population increased almost fivefold. And the state's prison system was more overcrowded than it had been when the prison boom began.

BY using an unorthodox means of financing prison construction, Mario Cuomo turned the Urban Development Corporation into a rural development corporation that invested billions of dollars in upstate New York. Although roughly 80 percent of the state's inmates came from New York City and its suburbs, high real-estate prices and opposition from community groups made it difficult to build correctional facilities there. Cuomo needed somewhere to put his new prisons; he formed a close working relationship with the state senator Ronald B. Stafford, a conservative Republican whose rural, Adirondack district included six counties

extending from Lake George to the Canadian border. "Any time there's an extra prison," a Cuomo appointee told *Newsday* in 1990, "Ron Stafford will take it."

Stafford had represented this district, known as the North Country, for more than two decades. Orphaned as a child, he had been adopted by a family in the upstate town of Danemora. The main street of the town was dominated by the massive stone wall around Clinton, a notorious maximum-security prison. His adoptive father was a correctional officer at Clinton, and Stafford spent much of his childhood within the prison's walls. He developed great respect for correctional officers, and viewed their profession as an honorable one; he believed that prisons could give his district a real economic boost. Towns in the North Country soon competed with one another to attract new prisons. The Republican Party controlled the state senate, and prison construction became part of the political give and take with the Cuomo administration. Of the twenty-nine correctional facilities authorized during the Cuomo years, twenty-eight were built in upstate districts represented by Republican senators.

When most people think of New York, they picture Manhattan. In fact, two thirds of the state's counties are classified as rural. Perhaps no other region in the United States has so wide a gulf between its urban and rural populations. People in the North Country—which includes the

Adirondack State Park, one of the nation's largest wilderness areas—tend to be politically conservative, taciturn, fond of the outdoors, and white. New York City and the North Country have very little in common. One thing they do share, however, is a high rate of poverty.

Twenty-five years ago the North Country had two prisons; now it has eighteen correctional facilities, and a nineteenth is under construction. They run the gamut from maximum-security prisons to drug-treatment centers and boot camps. One of the first new facilities to open was Ray Brook, a federal prison that occupies the former Olympic Village at Lake Placid. Other prisons have opened in abandoned factories and sanatoriums. For the most part North Country prisons are tucked away, hidden by trees, nearly invisible amid the vastness and beauty of the Adirondacks. But they have brought

**THE PRISON-
INDUSTRIAL COMPLEX
INCLUDES SOME OF THE
NATION'S LARGEST ARCHITECTURE AND CONSTRUCTION
FIRMS, WALL STREET
INVESTMENT BANKS,
AND COMPANIES THAT SELL
EVERYTHING FROM SECURITY
CAMERAS TO PADDED
CELLS AVAILABLE IN A
"VAST COLOR SELECTION."**

profound change. Roughly one out of every twenty people in the North Country is a prisoner. The town of Dannemora now has more inmates than inhabitants.

The traditional anchors of the North Country economy—mining, logging, dairy farms, and manufacturing—have been in decline for years. Tourism flourishes in most towns during the summer months. According to Ram Chugh, the director of the Rural Services Institute at the State University of New York at Potsdam, the North Country's per capita income has long been about 40 percent lower than the state's average per capita income. The prison boom has provided a huge infusion of state money to an economically depressed region—one of the largest direct investments the state has ever made there. In addition to the more than \$1.5 billion spent to build correctional facilities, the prisons now bring the North Country about \$425 million in annual payroll and operating expenditures. That represents an annual subsidy to the region of more than \$1,000 per person. The economic impact of the prisons extends beyond the wages they pay and the local services they buy. Prisons are labor-intensive institutions, offering year-round employment. They are recession-proof, usually expanding in size during hard times. And they are nonpolluting—an important consideration in rural areas where other forms of development are often blocked by environmentalists. Prisons have brought a stable, steady income to a region long accustomed to a highly seasonal, uncertain economy.

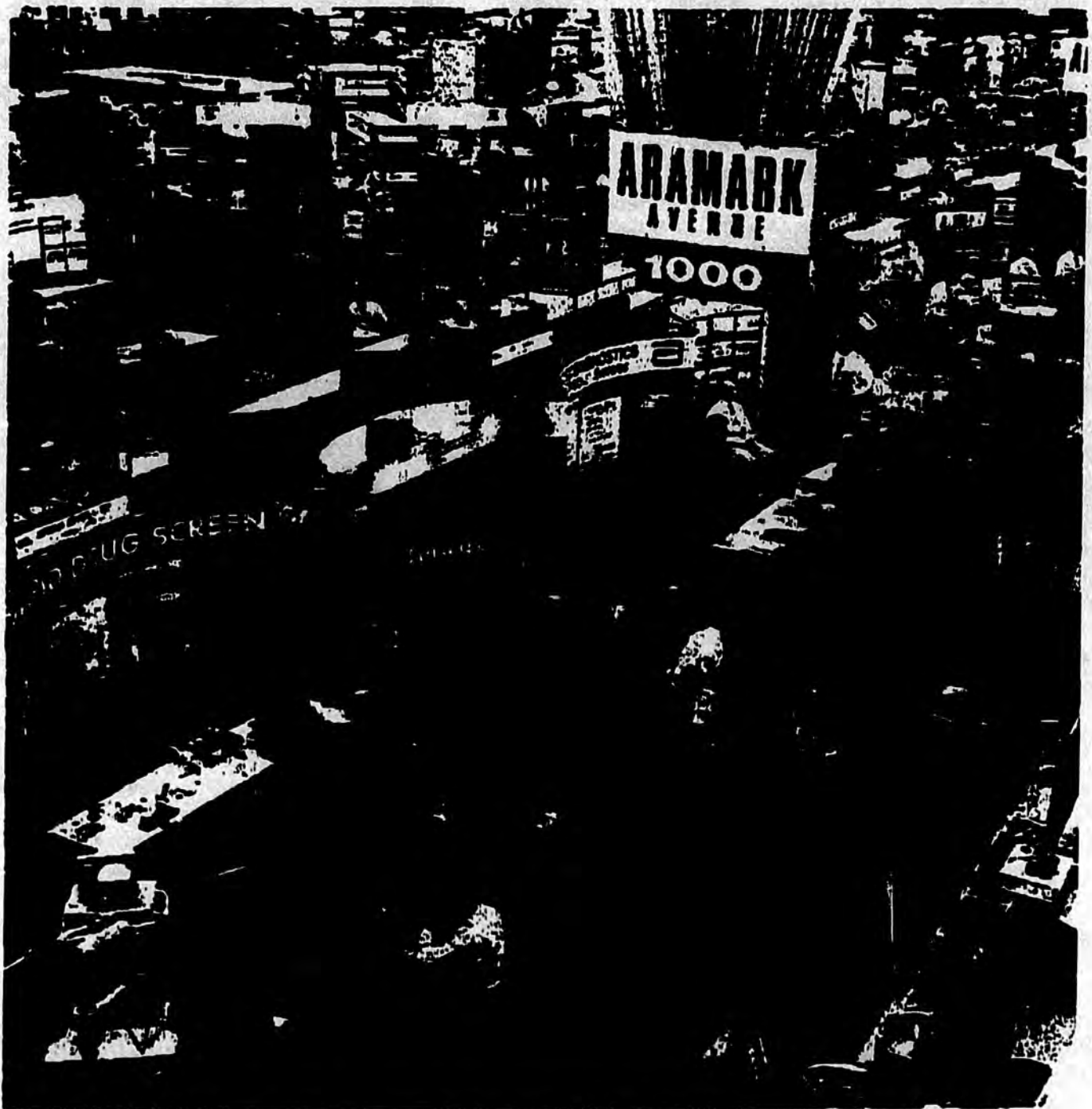
Anne Mackinnon, who grew up in the North Country and wrote about its recent emergence as New York's "Siberia" for *Adirondack Life* magazine, says the prison boom has had an enormous effect on the local culture. Just about everyone now seems to have at least one relative who works in corrections. Prison jobs have slowed the exodus from small towns, by allowing young people to remain in the area. The average salary of a correctional officer in New York State is about \$36,000—more than 50 percent higher than the typical salary in the North Country. The job brings health benefits and a pension. Working as a correctional officer is one of the few ways that men and women without college degrees can enjoy a solid middle-class life there. Although prison jobs are stressful and dangerous, they are viewed as a means of preserving local communities. So many North Country residents have become correctional officers over the past decade that those just starting out must work for years in prisons downstate, patiently waiting for a job opening at one of the facilities in the Adirondacks.

WHILE many families in the north await the return of sons and daughters slowly earning seniority downstate, families in New York City must endure the absence of loved ones who seem to have been not just imprisoned for their crimes but exiled as well. Every Friday night about 800 people, mostly women and children, almost all of them African-American or Latino, gather at Columbus Circle, in Manhat-

tan, and board buses for the north. The buses leave through the night and arrive in time for visiting hours on Saturday. Operation Prison Gap, which runs the service, was founded by an ex-convict named Ray Simmons who had been imprisoned upstate and knew how hard it was for the families of inmates to arrange visits. When the company started, in 1973, it carried passengers in a single van. Now it charts thirty-five buses and vans on a typical weekend and a larger number on special occasions, such as Father's Day and Thanksgiving. Ray Simmons's brother Tyrone, who heads the company, says that despite the rising inmate population, ridership has fallen a bit over the past few years. The inconvenience and expense of the long bus trips take their toll. One customer, however, has for fifteen years faithfully visited her son in Comstock every weekend. In 1996 she stopped appearing at Columbus Circle; her son had been released. Six months later he was convicted of another violent crime and sent back to the same prison. The woman, now in her seventies, still boards the 2:00 A.M. bus for Comstock every weekend. Simmons gives her a discount, charging her \$15—the same price she paid on her first trip, in 1983.

The Bare Hill Correctional Facility sits near the town of Malone, fifteen miles south of the Canadian border. The Franklin Correctional Facility is a quarter of a mile down the road, and the future site of a new maximum-security prison is next door. Bare Hill is one of the "cookie cutter" medium-security prisons that were built during the Cuomo administration. The state has built fourteen other prisons exactly like it—a form of penal mass production that saves a good deal of money. Most of the inmates at Bare Hill are housed in dormitories, not cells. The dormitories were designed to hold about fifty inmates, each with his own small cubicle and bunk. In 1990, two years after the prison opened, double-bunking was introduced as a "temporary" measure to ease the overcrowding in county jails, which were holding an overflow of state inmates. Eight years later every dormitory at Bare Hill houses sixty inmates, a third of them double-bunked. About 90 percent of the inmates come from New York City or one of its suburbs, eight hours away; about 80 percent are African-American or Latino. The low walls of the cubicles, which allow little privacy, are covered with family photographs, pinups, religious postcards. Twenty-four hours a day a correctional officer sits alone at a desk on a platform that overlooks the dorm.

The superintendent of Bare Hill, Peter J. Lacy, is genial and gray-haired, tall and dignified in his striped tie, flannels, and blue blazer. His office feels light and cheery. Lacy began his career, in 1955, as a correctional officer at Dannemora; he wore a uniform for twenty-five years, and in the 1980s headed a special unit that handled prison emergencies and riots. He later served as an assistant commissioner of the New York Department of Corrections. One of his sons is now a lieutenant at a downstate prison. As Superintendent Lacy



American Corrections Association convention, 1997

walks through the prison grounds, he seems like a captain surveying his ship, rightly proud of its upkeep, familiar with every detail. The lawns are neatly trimmed, the buildings are well maintained, and the red-brick dorms would not seem out of place on a college campus, except for the bars in the windows. There is nothing oppressive about the physical appearance of Bare Hill, about the ball fields with pine trees in the background, about the brightly colored murals and rustic sten-

cils on the walls, about the classrooms where instructors teach inmates how to read, how to write, how to draw a blueprint, how to lay bricks, how to obtain a Social Security card, how to deal with their anger. For many inmates Bare Hill is the nearest, cleanest, most well-ordered place they will ever live. As Lacy passes a group of inmates leaving their dorms for class, the inmates nod their heads in acknowledgment, and a few of them say, "Hello, sir." And every so often a young inmate gives Lacy a look filled with a hatred so pure and so palpable that it would burn Bare Hill to the ground, if only it could.



BIG BUSINESS

THE black-and-white photograph shows an inmate leaning out of a prison cell, scowling at the camera, his face partially hidden in the shadows. "HOW HE GOT IN IS YOUR BUSINESS," the ad copy begins. "HOW HE GETS OUT IS OURS." The photo is on the cover of a glossy brochure promoting AT&T's prison telephone service, which is called The Authority. BellSouth has a similar service, called MAX, advertised with a photo of a heavy steel chain dangling

from a telephone receiver in place of a cord. The ad promises "long distance service that lets inmates go only so far." Although the phone companies rely on clever copy in their ads, providing telephone service to prisons and jails has become a serious, highly profitable business. The nearly two million inmates in the United States are ideal customers: phone calls are one of their few links to the outside world; most of their calls must be made collect; and they are in no position to switch long-distance carriers. A pay phone at a prison can generate as much as \$15,000 a year—about five times the revenue of a typical pay phone on the street. It is estimated that inmate calls generate a billion dollars or more in revenues each year. The business has become so lucrative that MCI installed its inmate phone service, Maximum Security, throughout the California prison system at no charge. As part of the deal it also offered the California Department of Corrections a 32 percent share of all the revenues from inmates' phone calls. MCI Maximum Security adds a \$3.00 surcharge to every call. When free enterprise intersects with a captive market, abuses are bound to occur. MCI Maximum Security and North American Intelcom have both been caught overcharging for calls made by inmates; in one state MCI was adding an additional minute to every call.

Since 1980 spending on corrections at the local, state, and federal levels has increased about fivefold. What was once a niche business for a handful of companies has become a multibillion-dollar industry with its own trade shows and conventions, its own Web sites, mail-order catalogues, and direct-marketing campaigns. The prison-industrial complex now includes some of the nation's largest architecture and construction firms, Wall Street investment banks that handle prison bond issues and invest in private prisons, plumbing-supply companies, food-service companies, health-care companies, companies that sell everything from bullet-resistant security cameras to padded cells available in a "vast color selection." A directory called the Corrections Yellow Pages lists more than a thousand vendors. Among the items now being advertised for sale: a "violent prisoner chair," a sadomasochist's fantasy of belts and shackles attached to a metal frame, with special accessories for juveniles; B.O.S.S., a "body-orifice security scanner," essentially a metal detector that an inmate must sit on; and a diverse line of razor wire, with trade names such as Maze, Supermaze, Detainer Hook Barb, and Silent Swordsman Barbed Tape.

As the prison industry has grown, it has assumed many of the attributes long associated with the defense industry. The line between the public interest and private interests has blurred. In much the same way that retired admirals and generals have long found employment with defense contractors, correctional officials are now leaving the public sector for jobs with firms that supply the prison industry. These career opportunities did not exist a generation ago. Fundamental choices about public safety, employee training, and the de-

nial of personal freedoms are increasingly being made with an eye to the bottom line.

One clear sign that corrections has become a big business as well as a form of government service is the emergence of a trade newspaper devoted to the latest trends in the prison and jail marketplace. *Correctional Building News* has become the *Variety* of the prison world, widely read by correctional officials, investors, and companies with something to sell. Eli Gage, its publisher, founded the paper in 1994, after searching for a high-growth industry not yet served by its own trade journal. Gage is neither a cheerleader for the industry nor an outspoken critic. He believes that despite recent declines in violent crime, national spending on corrections will continue to grow at an annual rate of five to 10 percent. The number of young people in the prime demographic for committing crimes, ages fifteen to twenty-four, is about to increase; and the demand for new juvenile-detention centers is already rising. *Correctional Building News* runs ads by the leading companies that build prisons (Turner Construction, CRSS, Brown & Root) and the leading firms that design them (DMJM, the DLR Group, and KMD Architects). It features a product of the month, a facility of the month, and a section titled "People in the News." An advertisement in a recent issue promoted electrified fences with the line "Don't Touch!"

PPRIVATE-prison companies are the most obvious, the most controversial, and the fastest-growing segment of the prison-industrial complex. The idea of private prisons was greeted with enthusiasm during the Reagan and Bush Administrations; it fit perfectly with a belief in small government and the privatization of public services. The Clinton Administration, however, has done far more than its Republican predecessors to legitimize private prisons. It has encouraged the Justice Department to place illegal aliens and minimum-security inmates in private correctional facilities, as part of a drive to reduce the federal work force. The rationale for private prisons is that government monopolies such as old-fashioned departments of corrections are inherently wasteful and inefficient, and the private sector, through competition for contracts, can provide much

better service at a much lower cost. The privatization of prisons is often described as a "win-win" outcome. A private-prison company generally operates a facility for a government agency, or builds and operates its own facility. The nation's private prisons accepted their first inmates in the mid-1980s. Today at least twenty-seven states make use of private prisons, and approximately 90,000 inmates are being held in prisons run for profit.

The living conditions in many of the nation's private prisons are unquestionably superior to conditions in many state-run facilities. At least forty-five state prison systems are now operating at or above their intended capacity. In twenty-two states prisons are operating under court-ordered population caps. In fifteen states prison conditions are being monitored by the courts. Life in the aging, overcrowded prisons operat-

ed by many state agencies is dangerous and degrading. Most of the 34,000 state inmates currently being held in the nation's jails for lack of available prison cells live in conditions that are even worse. Private prisons tend to be brand-new, rarely overcrowded, and less likely to house violent offenders. Moreover, some private prisons offer programs, such as drug treatment and vocational training, that a number of state systems have cut back. And yet something inherent in the idea of private prisons seems to invite abuse.

The economics of the private-prison industry are in many respects similar to those of the lodging industry. An inmate at a private prison is like a guest at a hotel—a guest whose bill is being paid and whose check-out date is set by someone else. A hotel has a strong economic incentive to book every available room and encourage every guest to stay as long as possible. A private

prison has exactly the same incentive. The labor costs constitute the bulk of operating costs for both kinds of accommodation. The higher the occupancy rate, the higher the profit margin. Although it might seem unlikely that a private prison would ever try to keep an inmate longer than was necessary for justice to be served, New York State's experience with the "fee system" during the nineteenth century suggests that the temptation to do so is hard to resist. Under the fee system local sheriffs charged inmates for their stay in jail. A 1902 report by the Correctional Association of New York

THE CORRECTIONS
CORPORATION OF
AMERICA ANNOUNCED
IT WOULD BUILD THREE
PRISONS IN CALIFORNIA
ENTIRELY ON SPEC—
THAT IS, WITHOUT ANY
CONTRACT TO FILL THEM.
"IF YOU BUILD IT IN
THE RIGHT PLACE," A CCA
EXECUTIVE SAID, "THE
PRISONERS WILL COME."

harshly criticized this system, warning that judges might be inclined to "sentence a man to jail where he may be a source of revenue to a friendly sheriff." Whenever the fee system was abolished in a New York county, the inmate population dropped—by as much as half. Last year a Prudential Securities report on private prisons described some of the potential risks for the industry: a falling crime rate, shorter prison sentences, a move toward alternative sentences, and changes in the nation's drug laws. Nonetheless, the report concluded that "the industry appears to have excellent prospects."

Private-prison companies can often build prisons faster and at lower cost than state agencies, owing to fewer bureaucratic delays and less red tape. And new prisons tend to be much less expensive to operate than the old prisons still used in many states. But most of the savings that private-prison companies offer are derived from the use of nonunion workers. Labor represents 60 to 80 percent of the operating costs at a prison. Although private-prison companies are now moving into northern states and even signing agreements with some labor unions, the overwhelming majority of private-prison cells are in southern and southwestern states hostile to unions. Correctional officers in these private prisons usually earn lower wages than officers employed by state governments, while receiving fewer benefits and no pension. Some private-prison companies offer their uniformed staff stock options as a retirement plan; the long-term value of the stock is uncertain. The sort of cost-cutting imposed on correctional officers does not extend to managers and administrators. They usually earn much more than their counterparts in the public sector—a fact that greatly increases the potential for conflicts of interest and official corruption.

BED BROKERS AND MAN-DAYS

LAST year a videotape of beatings at a private correctional facility in Texas provoked a great deal of controversy. The tape showed correctional officers at the Brazoria County Detention Center kicking inmates who were lying on the floor, shooting inmates with a stun gun, and ordering a police dog to attack them. The inmates had been convicted of crimes in Missouri, but were occupying rented cells in rural Texas. One of the correctional officers in the video had previously lost his job at a Texas state prison and served time on federal charges for beating an inmate. The Brazoria County videotape received nationwide publicity and prompted Missouri to cancel its contract with Capital Correctional Resources, the private company operating the facility. But the beatings were unusual only because they were captured on tape. Incidents far more violent and surreal have become almost commonplace in the private prisons of Texas.

The private-prison system in Texas arose in response to the violence and disarray of the state system. In 1980 conditions in Texas state prisons were so bad that the federal judge

William Wayne Justice ruled that they amounted to "cruel and unusual punishment." He appointed a special overseer for the prison system and ordered the state to provide at least forty square feet of living space for each inmate. By the mid-1980s, however, conditions had grown even worse: Texas prisons were more overcrowded; gang wars between inmates resulted in dozens of murders; and local jails were so crammed with the overflow of state inmates that a number of counties later sued the state for relief. In 1986 Judge Justice threatened the state with a fine of \$800,000 a day unless it came up with a plan to ease the overcrowding in its prisons. While the Texas legislature scrambled to add new prison beds to the system, entrepreneurs sensed that profits could be made from housing state inmates in private facilities. Developers cut deals with sheriffs in impoverished rural counties, providing the capital to build brand-new jails, offering to run them, and promising to share the profits. Privately run correctional facilities sprang up throughout rural Texas, much the way oil rigs were once raised by wildcaters. The founders of one large private-prison developer, N-Group Securities, had previously sold condominiums and run a Houston disco. One critic quoted by the *Houston Chronicle* called the speculative new enterprises "Joe's Bar and Grill and Prisons."

The private-prison building spree in Texas—backed by investors such as Allstate, Merrill Lynch, Shearson Lehman, and American Express—soon faced an unanticipated problem. The State of Texas, under the auspices of a liberal Democratic governor, Ann Richards, began to carry out an ambitious prison-construction plan of its own in 1991, employing inmate labor and adding almost 100,000 new beds in just a few years. In effect the state flooded the market. Private firms turned to "bed brokers" for help, hoping to recruit prisoners from out of state. By the mid-1990s thousands of inmates from across the United States were being transported from overcrowded prison systems to "rent-a-cell" facilities in small Texas towns. The distances involved in this huge migration at times made it reminiscent of the eighteenth-century transport schemes that shipped British convicts and debtors to Australia. In 1996 the Newton County Correctional Center, in Newton, Texas, operated by a company called the Bobby Ross Group, became the State of Hawaii's third largest prison.

The private-prison industry usually charges its customers a daily rate for each inmate; the success or failure of a private prison is determined by the number of "man-days" it can generate. In a typical rent-a-cell arrangement a state with a surplus of inmates will contact a well-established bed broker, such as Dominion Management, of Edmond, Oklahoma. The broker will search for a facility with empty beds at the right price. The cost per man-day can range from \$25 to \$60, depending on the kind of facility and its level of occupancy. The more crowded a private prison becomes, the less it charges for each additional inmate. Facilities with individual cells are

45

more expensive than those with dormitories. Bed brokers earn a commission of \$2.50 to \$5.50 per man-day, depending on how tight the market for prison calls is at the time. The county—which does not operate the prison but simply gives it legal status—sometimes gets a fee of as much as \$1.50 a night for each prisoner. When every bed is filled, the private-prison company, the bed broker, and the county can do quite well.

The interstate commerce in prisoners, like many new industries, developed without much government regulation. In 1996 the State of Texas encountered a number of unexpected legal problems. Its private prisons were housing roughly 5,000 inmates from fourteen states. In August of that year two Oregon sex offenders escaped from a Houston facility operated by the Corrections Corporation of America. The facility normally held illegal aliens, under contract to the Immigration and Naturalization Service. Faced with empty beds, CCA had imported 240 sex offenders from Oregon. Texas officials had no idea that violent offenders from another state were being housed in this minimum-security facility. The escaped prisoners were eventually recaptured—but they could not be prosecuted for escaping, because running away from a private prison was not a violation of any Texas state law. The following month a riot erupted at the Frio Detention Center, a private facility operated by the Dove Development Corporation, which housed about 300 inmates from Utah and Missouri. The Texas Department of Criminal Justice had to send thirty of its officers in riot gear to regain control of the prison. A month later two Utah prisoners, one of them a convicted murderer, escaped from the same facility. A manhunt by state authorities failed to recapture them. Six other Utah inmates had previously escaped from facilities run by Dove Development; three were murderers. Last year the Texas legislature passed a bill that made it illegal for an offender from any state to escape from a private prison and that held the owners of such facilities responsible for any public expense stemming from riots or escapes. Few other states have even attempted to pass legislation dealing with these issues.

The private companies that now transport thousands of inmates across the United States every day face even less government oversight than private-prison companies. Indeed, federal regulations concerning the interstate shipment of cattle are much stricter than those concerning the interstate shipment of prisoners. Sheriff's deputies and U.S. marshals have traditionally been used to pick up inmates in one state and deliver them to another. During the late 1980s private companies began to offer the same service for about half the cost. The firms saved money by employing nonunion guards and making multiple pickups and deliveries on each trip. Prisoners today may spend as long as a month on the road, visiting dozens of states, sitting for days in the backs of old station wagons and vans, locked up alongside defendants

awaiting trial and offenders on their way to prison. Driving one of these transport vehicles is a dangerous job, one that combines the stresses encountered by correctional officers with those of long-distance truckers. Moreover, prisoners tend to view their days in transit as an excellent time to attempt an escape. The turnover rate among the transport guards and drivers is high; the pay is relatively low; and training for the job rarely lasts more than a week. As a result, violent criminals are frequently shipped from state to state in the custody of people who are ill equipped to deal with them. Local authorities often don't learn that inmates are passing through their towns until something goes wrong.

In August of 1996 Rick Carter and Sue Smith, the husband-and-wife operators of R and S Prisoner Transport, were taking five murderers and a rapist from Iowa to New Mexico. At a public rest stop in the Texas Panhandle one of the convicts assaulted Carter on the way to the men's room. The others overpowered his wife and seized the van. Carter and Smith, who had set off unarmed, were taken hostage. A passing motorist dialed 911, and the six inmates were recaptured by Texas police officers after a chase. On July 30 of last year Dennis Patrick Glick—a convicted rapist, sentenced to two life terms, who was being transported from Utah to Arkansas—commandeered a van owned by the Federal Extradition Agency, a private company. One of the guards had fallen asleep, and Glick borrowed his gun. Glick took the guard and seven other inmates hostage in Ordway, Colorado; abandoned the van; took a local rancher hostage; stole two more vehicles and a horse; eluded sixty law-enforcement officers through the night; and was captured the next morning on horseback. In December of last year Homer D. Land, a prisoner being transported from Kansas to Florida, escaped from a van operated by TransCor America. The van had stopped at a Burger King in Owatonna, Minnesota. While one guard went inside and bought eleven hamburgers, the other guard (who had been a TransCor America employee for less than a month) opened the van's back doors for ventilation, enabling Land and two other inmates to get away. Land took a married couple hostage and spent the night at their house in Owatonna before being recaptured in Chicago. The same TransCor America van had been commandeered four days earlier by Whatley Roylene, a prisoner traveling from New Mexico to Massachusetts and facing charges of murder and armed robbery. At a gas station in Sterling, Colorado, Roylene grabbed a shotgun from a sleeping guard. Officers from the Colorado state police and the local sheriff's department surrounded the van; the standoff ended, according to a local official, when other prisoners persuaded Roylene to hand over the gun.

THE Bobby Ross Group, based in Austin, Texas, has proved to be one of the more troubled private-prison companies. The company's founder, Bobby Ross, was a sheriff in Texas and a successful bed broker before starting his

own business, in 1993. He eventually set up operations at seven Texas facilities and one Georgia facility, signing contracts to accept inmates from states including Colorado, Hawaii, Montana, Missouri, Oklahoma, and Virginia. It did not take long for problems to begin. In January of 1996 nearly 500 Colorado inmates, many of them sex offenders, were transferred to a Bobby Ross facility in Karnes County, Texas; two later escaped, and a full day passed before state authorities were notified. At the Bobby Ross prison in Dickens County, Texas, fights broke out between inmates from Montana and Hawaii that spring. A few months later a protest about the poor quality of food and medical care turned into a riot, and the warden ordered guards to shoot live rounds. The warden was replaced.

Montana canceled its contract with the Bobby Ross Group in September of last year. Three Montana inmates had escaped, and one had been killed by an inmate from Hawaii. Montana investigators found that many of the inmates at the Dickens County prison were going hungry and waiting days to see a doctor. "We really dislike losing a customer," an attorney representing Bobby Ross said to a reporter. In October an inspector for the Texas Commission on Jail Standards gave the Dickens County prison the highest possible ratings. A month later the same inspector acknowledged that in addition to his official duties he worked as a "consultant" for the Bobby Ross Group, which paid him \$42,000 a year. In December eleven inmates from Hawaii escaped from their dormitory at the Newton County facility operated by Bobby Ross, released nearly 300 other inmates, and set fire to one of the buildings. In February of this year inmates rioted again at Newton and set fire to the prison commissary. In brighter days, before the riots and fires, Bobby Ross had explained the usefulness of employing William Sessions, the former director of the Federal Bureau of Investigation, as a "special adviser" to the company. "He goes with us on sales calls to potential clients," Ross told a reporter for the Colorado paper *Westword*. "That kind of thing."

The U.S. Corrections Corporation, for years the nation's third largest private-prison company, has encountered legal difficulties even more serious than those of the Bobby Ross Group. In 1993 an investigation by the *Louisville Courier-Journal* discovered that the company was using unpaid prison labor in Kentucky. Inmates were being forced to perform a variety of jobs, including construction work on nine small buildings at the Lee County prison; construction work on one church and renovation work on three others attended by company employees; renovation work on a company employee's game-room business; painting and maintenance at a country club; and painting at a private school attended by a prison warden's daughter. The *Courier-Journal* concluded that "U.S. Corrections has repeatedly profited financially from its misuse of inmate labor." Although the state Department of Corrections confirmed these findings, it took no



action against the company. A year later J. Clifford Todd, the chairman of U.S. Corrections, pleaded guilty to a federal charge of mail fraud, admitting that he had paid a total of roughly \$200,000 to a county correctional official in Kentucky. In return for monthly payments, which for four years were laundered through a California company, the official sent inmates to U.S. Corrections. Todd cooperated fully with an FBI investigation, but later became embittered when a federal judge denied his request for a term of house arrest. The head of the nation's third largest private-prison



company was sentenced to fifteen months in a federal prison.

The nation's second largest private-prison company, Wackenhut Corrections, has operated with a far greater degree of professionalism and discretion. Its parent company, the Wackenhut Corporation, has for many years worked closely with the federal government, performing various sensitive tasks such as guarding nuclear-weapons facilities and overseas embassies. Indeed, the company has long been accused of operating as a front for the Central Intelligence Agency—an accusation that its founder, George Wackenhut,

Shift change. Clinton prison, Dannemora, N.Y.

has vehemently denied. In the early 1950s Wackenhut quit the FBI, at the age of thirty-four, and formed a private-security company with three other former FBI agents. He went on to assemble the nation's largest private collection of files on alleged "subversives," with dossiers on at least three million Americans. During the 1970s the Wackenhut Corporation diversified into strike-breaking and anti-terrorism. The company, headquartered in Palm Beach Gardens, Florida, has

branch offices in forty-two states and in more than fifty foreign countries. Its annual revenues exceed \$1 billion. George Wackenhut remains the chairman of the company, but the day-to-day operations are handled by his son, Richard. Over the years Wackenhut's board of directors has read like a Who's Who of national security, including a former head of the FBI, a former head of the Defense Intelligence Agency, a former CIA director, a former CIA deputy director, a former head of the Secret Service, a former head of the Marine Corps, and a former Attorney General. After the company decided to enter the private-prison industry, it hired Norman Carlson, who had headed the Federal Bureau of Prisons.

Last year Wackenhut Corrections became the first private company ever hired by the Federal Bureau of Prisons to manage a large facility. The federal government's long-standing relationship with Wackenhut has developed an odd equilibrium: one wields the power while the other reaps the financial rewards. Kathleen Hawk Sawyer, the current director of the Federal Bureau of Prisons, is responsible for the supervision of about 115,000 inmates, including drug lords, international terrorists, and organized-crime leaders. Her salary last year was \$125,900. George C. Zoley, the chief executive officer of Wackenhut Corrections, is responsible for the supervision of about 25,000 state and federal inmates, mostly illegal aliens, low-level drug offenders, petty thieves, and parole violators. His salary last year was \$366,000—plus a bonus of \$122,500, plus a stock-option grant of 20,000 shares. At least half a dozen other executives at Wackenhut Corrections were paid more last year than the head of the Federal Bureau of Prisons.

The Corrections Corporation of America is the nation's largest private-prison company: it recently participated in a buyout of the U.S. Corrections Corporation, thereby obtaining several thousand additional inmates. CCA was founded in 1983 by Thomas W. Beasley and Doctor R. Crants, Nashville businessmen with little previous experience in corrections. Beasley, a former chairman of the Tennessee Republican Party, later told *Inc.* magazine his strategy for promoting the concept of private prisons: "You just sell it like you were selling cars, or real estate, or hamburgers." Beasley and Crants recruited a former director of the Virginia Department of Corrections to help run the company. In 1984 CCA accepted its first Texas inmates, before it had a completed facility in that state. The inmates were housed in rented motel rooms; a number of them pushed the air-conditioning units out of the wall and escaped. A year later Beasley approached his good friend Lamar Alexander, the governor of Tennessee, with an extraordinary proposal: CCA would buy the state's entire prison system for \$250 million. Alexander supported the idea, saying, "We don't need to be afraid in America of people who want to make a profit." His wife, Honey, and the speaker of the Tennessee House, Ned McWhorter, were among CCA's early investors; between them the two had

owned 1.5 percent of CCA's stock; they sold their shares to avoid any perceived conflict of interest. Nevertheless, the CCA plan was blocked by the Democratic majority in the legislature.

CCA expanded nationwide over the next decade, winning contracts to house more than 40,000 inmates and assembling the sixth largest prison system in the United States; but it never lost the desire to take over all the prisons in Tennessee. In order to achieve that goal, CCA executives established personal and financial links with figures in both political parties. During the spring of last year CCA's allies in the Tennessee legislature began once again to push for privatization. Crants said that letting CCA run the prisons would save the state up to \$100 million a year; he did not specify how these dramatic savings would be achieved. George Zoley, the head of Wackenhut Corrections, argued that handing over the Tennessee prison system to a single company would simply turn a state monopoly into a private one. Wackenhut employed the law firm of the former U.S. senator Howard Baker to lobby on its behalf, seeking a piece of the action.

By February of this year a compromise of sorts had emerged in Tennessee. New legislation proposed shifting as much as 70 percent of the state's inmate population to the private sector; CCA and Wackenhut would both get a chance to bid for prison contracts. The new privatization bill seemed a sure thing. It was never put before the legislature for a vote, however. On April 20 CCA announced plans for a corporate restructuring so complex in its details that many Wall Street analysts began to wonder about the company's financial health. The price of CCA stock—which in recent years had been one of the nation's top performers—began to plummet, declining in value by 25 percent over the next several days. At the annual CCA shareholders meeting, last May, Crants compared Wall Street investors to "wildbeests" stampeding out of fear, and blamed the stock's plunge on a single broker who had sold 640,000 shares.

Crants neglected to tell CCA shareholders a crucial bit of information: he himself had sold 200,000 shares of CCA stock just weeks before the announcement that sent its value tumbling. By selling his stock on March 2, Crants had avoided a loss of more than \$2.5 million. When asked recently to explain his CCA financial dealings, Crants declined to comment. The timing and the size of that stock transaction are likely to be of interest to the attorneys who have filed more than half a dozen lawsuits on behalf of CCA shareholders.

Although conservatives have long worried about the loss of American sovereignty to international agencies such as the United Nations and the World Bank, the globalization of private-prison companies has thus far eluded criticism. A British private-prison company, Securicor, operates two facilities in Florida. Wackenhut Corrections is now under contract to operate Doncaster prison, in England; three prisons in Australia; and a prison in Scotland. It is actively seeking

prison contracts in South Africa. CCA has received a good deal of publicity lately, but few of the articles about it have mentioned that the largest shareholder of America's largest private-prison company is Sodexo Alliance—a food-service conglomerate whose corporate headquarters are in Paris.

THE MEGA-PRISON

ABOUT 200 inmates were in the A yard at New Folsom when I visited not long ago. They were playing softball and handball, sitting on rocks, standing in small groups, smoking, laughing, jogging around the perimeter. Three unarmed correctional officers casually kept an eye on things, like elementary school teachers during recess. The yard was about 300 feet long and 250 feet wide, with more dirt than grass, and it was hot, baking hot. The heat of the sun bounced off the gray concrete walls enclosing the yard. "These are the sensitive guys," a correctional officer told me, describing the men in Facility A. Most of them had killed, raped, committed armed robberies, or misbehaved at other prisons, but now they were trying to stay out of trouble. Some were former gang members; some were lifers because of a third strike; some were getting too old for prison violence; some were in protective custody because of their celebrity, their snitching, or their previous occupation. A few of the inmates on the yard were former police officers. As word spread that I was a journalist, groups of inmates followed me and politely approached, eager to talk. Lieutenant Billy Mayfield, New Folsom's press officer, graciously kept his distance, allowing the prisoners to speak freely.

"I shouldn't be here" was a phrase I heard often, followed by an impassioned story about the unfairness of the system. I asked each inmate how many of the other men in the yard deserved to be locked up in this prison, and the usual response was "These guys? Man, you wouldn't believe some of these guys; at least two thirds of them should be here." Behind the need to blame others for their predicament and the refusal to accept responsibility, behind all the denial, lay an enormous anger, one that seemed far more intense than the typical inmate complaints about the food or the behavior of certain officers. Shirtless, sweating, unshaven, covered in tattoos, one inmate after another described the rage that was growing inside New Folsom. The weights had been taken away; no more conjugal visits for inmates who lacked a parole date; not enough help for the inmates who were crazy, really crazy; not enough drug treatment, when the place was full of junkies; not enough to do—a list of grievances magnified by the overcrowding into something that felt volatile, ready to go off with the slightest spark. As I stood in the yard hearing the anger of the sensitive guys, the inmates in Facility C were locked in their cells, because of a gang-related stabbing the previous week, and the inmates in Facility B were being shot with pepper spray to break up a fight.

The acting warden at New Folsom when I visited, a woman named Suzan Hubbard, began her career as a correctional officer at San Quentin nineteen years ago. Although she has a degree in social work from the University of California at Berkeley, Hubbard says that her real education took place at the "college of San Quentin." She spent a decade at the prison during one of its most violent and turbulent periods. In her years on the job two fellow staff members were murdered. Hubbard learned how to develop a firm but fair relationship with inmates, some of whom were on death row. She found that contrary to some expectations, women were well suited for work in a maximum-security prison. Communication skills were extremely important in such a charged environment; inmates often felt less threatened by women, less likely to engage in a clash of egos. Hubbard was the deputy warden at New Folsom on September 27, 1996, when fights broke out in the B yard. At nine o'clock in the morning she was standing beside her car in the prison parking lot, and she heard three shots being fired somewhere inside New Folsom. Everyone in the parking lot froze, waiting for the sound of more gunfire. After more shots were fired, Hubbard hurried into the prison, made her way to the B yard, and found it in chaos.

A group of Latino gang members had launched an attack on a group of African-American gang members, catching them by surprise and stabbing them with homemade weapons. The fighting soon spread to the other inmates in the exercise yard, who divided along racial lines. As many as 200 inmates were involved in the riot. Correctional officers instructed everyone in the yard to get down; they fired warning shots, rubber bullets, and then live rounds. When Hubbard arrived at the yard, about a hundred inmates had dropped to the ground and another hundred were still fighting. The captain in charge of the unit stood among a group of inmates, telling them, "Sit down, get down, we'll take care of this." Hubbard and the other officers circulated in the yard, calling prisoners by name, telling them to get down. It took thirty minutes to quell the riot. Twelve correctional officers were injured while trying to separate combatants. Six inmates were stabbed, and five were shot. Victor Hugo Flores, an inmate serving an eighteen-year sentence for voluntary manslaughter and attempted murder, was killed by gunfire.

Hubbard finds working in the California penal system to be stressful but highly rewarding. She tries to defuse tensions by talking and listening to the inmates on the yards. She and her officers routinely place themselves at great risk. Last year 2,583 staff members were assaulted by inmates in California. Thousands of the inmates are HIV-positive; thousands more carry hepatitis C. Officers have lately become the target of a new form of assault by inmates, known as gassing. Being "gassed" means being struck by a cup or bag containing feces and urine. The California prison system, especially its Level 4 facilities, is full of warring gangs—members of the Crips, the Bloods, the Fresno Bulldogs, the Aryan Brother-

hood, the Nazi Lowriders, the Mexican Mafia, and the Black Guerrilla Family, to name a few. In addition to the organized violence, there are random acts of violence. On June 15 of last year a correctional officer was attacked by an inmate in the infirmary at New Folsom. The officer, Linda Lowery, was savagely beaten and kicked, receiving severe head wounds. Her attacker was serving a four-year sentence for assaulting an officer.

California's correctional officers are not always the victims when violence occurs behind bars; in recent months they have been linked to several widely publicized acts of brutality. At Pelican Bay State Prison at least one officer conspired with inmates to arrange assaults on convicted child molesters. At Corcoran State Prison officers allegedly staged "gladiator days," in which rival gang members were encouraged to fight, staff members placed bets on the outcome, and matches often ended with inmates being shot. As the FBI investigates alleged abuses at Corcoran and allegations of an official cover-up, correctional officers are feeling misrepresented and unfairly maligned by the media—only adding to the tension in California's prisons.

The level of violence in the California penal system is actually lower today than it was a decade ago. But the rate of assaults among inmates has gradually climbed since its low point, in 1991. Studies have linked double-bunking and prison overcrowding with higher rates of stress-induced mental disorders, higher rates of aggression, and higher rates of violence. In the state's Level 4 prisons almost every cell is now double-bunked. The fact that more bloodshed has not occurred is a testament to the high-tech design of the new prisons and the skills of their officers. Nevertheless, Cal Terhune, the director of the California Department of Corrections, worries about how much more stress the system can bear, and about how long it can go without another riot. "We're sitting on a very volatile situation," Terhune says. "Every time the phone rings here, I wonder..."

THIRTY years ago California was renowned for the liberalism of its criminal-justice system. In 1968 an inmate bill of rights was signed into law by Ronald Reagan, then the governor of California. More than any other state, California

was dedicated to the rehabilitative ideal, to the belief that a prison could take a criminal and "cure" him, set him on the right path. California's prisons were notable for their many educational and vocational programs and their group-therapy sessions. In those days every state in the country had a system of indeterminate prison sentences. The legislature set the maximum sentence for a crime, and judges and parole boards tried to make the punishment fit the individual. California's system was the most indeterminate: the sentence for a given offense might be anything from probation to life. The broad

range of potential sentences gave enormous power to the parole board, known as the Adult Authority; a prisoner's release depended on its evaluation of how well his "treatment" was proceeding. One person might serve ten months and another person ten years for the same crime.

Although indeterminate sentencing had many flaws, one of its virtues was that it gave the state a means of controlling the size of the prison population. If prisons grew too full, the parole board could release inmates who no longer seemed to pose a threat to public safety. Governor Reagan used the Adult Authority to reduce the size of California's inmate population, giving thousands of prisoners an early release and closing one of the state's prisons. By the mid-1970s, however, the Adult Authority had come under attack from an unusual coalition of liberals, prisoners, and conservative advocates of law and order.

Liberals thought that the Adult Authority discriminated against minorities, making them serve longer sentences. Prisoners thought that it was unfair; after all, they were still in prison. Conservatives thought that it was too soft, allowing too many criminals back on the street too soon. And no one put much faith in the rehabilitative effects of prison. In 1971 seventeen inmates and seven staff members were killed in California prisons. The following year thirty-five inmates and one staff member were killed.

California was one of the first states in the nation to get rid of indeterminate sentencing. The state's new law required inmates to serve the sentence handed down by the judge, with an allowance for "good time," which might reduce a prison term by half. The law also amended the section of the state's penal code that declared the ultimate goals of impris-

**THE PRISON-
INDUSTRIAL COMPLEX IS NOT
ONLY A SET OF INTEREST
GROUPS AND INSTITUTIONS.
IT IS ALSO A STATE OF MIND.
THE LOVE OF BIG MONEY
IS CORRUPTING THE
NATION'S CRIMINAL-JUSTICE
SYSTEM, REPLACING
NOTIONS OF PUBLIC SERVICE
WITH A DRIVE
FOR HIGHER PROFITS.**

onment: the word "rehabilitation" was replaced by the word "punishment." In 1976 the bill was endorsed and signed into law by a liberal Democrat, Governor Jerry Brown.

As liberalism gave way to demands for law and order, California judges began to send a larger proportion of convicted felons to prison and to give longer sentences. The inmate population started to grow. Sentencing decisions made at the county level, by local prosecutors and judges, soon had a major impact on the state budget, which covered the costs of incarceration. Tax cuts mandated by Proposition 13 meant that county governments were strapped for funds and could not maintain local jails properly or pay for community-based programs that administered alternative sentences. Offenders who might once have been sent to a local jail or a halfway house were now sent to a state prison. California's criminal-justice system slowly but surely spun out of control. The state legislature passed hundreds of bills that required tough new sentences, but did not adequately provide for their funding. Judges sent people to prison without giving any thought to where the state would house them. And the Department of Corrections was left to handle the flood of new inmates, unable to choose how many it would accept or how many it would let go.

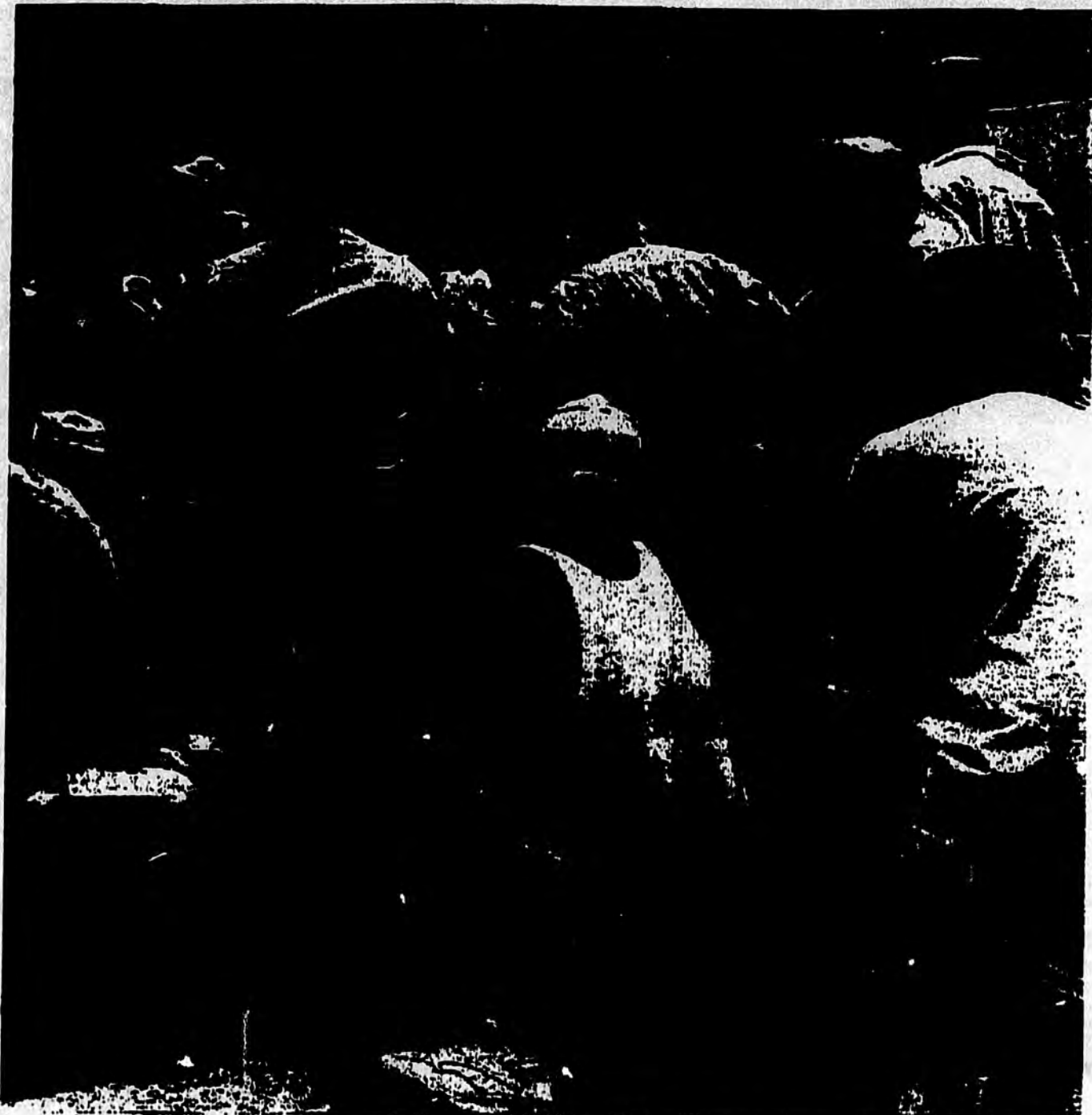
In 1977 the inmate population of California was 19,600. Today it is 159,000. After spending \$5.2 billion on prison construction over the past fifteen years, California now has not only the largest but also the most overcrowded prison system in the United States. The state Department of Corrections estimates that it will need to spend an additional \$6.1 billion on prisons over the next decade just to maintain the current level of overcrowding. And the state's jails are even more overcrowded than its prisons. In 1996 more than 325,000 inmates were released early from California jails in order to make room for offenders arrested for more-serious crimes. According to a report this year by the state's Little Hoover Commission, in many counties offenders who are convicted of a crime and given sentences of less than ninety days will not even be sent to jail. The state's backlog of arrest warrants now stands at about 2.6 million—the number of arrests that have not been made, the report says, largely because there's no room in the jails. According to one official estimate, counties will need to spend \$2.4 billion over the next ten years to build more jails—again, simply to maintain the current level of overcrowding.

The extraordinary demand for new prison and jail cells in California has diverted funds from other segments of the criminal-justice system, creating a vicious circle. The failure to spend enough on relatively inexpensive sanctions, such as drug treatment and probation, has forced the state to increase spending on prisons. Only a fifth of the felony convictions in California now lead to a prison sentence. The remaining four fifths are usually punished with a jail sentence, a term of probation, or both. But the jails have no room, and



the huge caseloads maintained by most probation officers often render probation meaningless. An ideal caseload is about twenty-five to fifty offenders: some probation officers in California today have a caseload of 3,000 offenders. More than half the state's offenders on probation will most likely serve their entire term without ever meeting or even speaking with a probation officer. Indeed, the only obligation many offenders on probation must now fulfill is mailing a postcard that gives their home address.

California parole officers, too, are overwhelmed by their



caseloads. The state's inmate population is not only enormous but constantly changing. Last year California sent about 140,000 people to prison—and released about 132,000. On average, inmates spend two and a half years behind bars, and then serve a term of one to three years on parole. During the 1970s each parole agent handled about forty-five parolees; today each agent handles about twice that number. The money that the state has saved by not hiring enough new parole agents is insignificant compared with the expense of sending parole violators back to prison.

A fight begins, Folsom prison, Repress, Calif.

About half the California prisoners released on parole are illiterate. About 85 percent are substance abusers. Under the terms of their parole, they are subjected to periodic drug tests. But they are rarely offered any opportunity to get drug treatment. Of the approximately 130,000 substance abusers in California's prisons, only 3,000 are receiving treatment behind bars. Only 8,000 are enrolled in any kind of pre-release program to help them cope with life on the outside. Violent

offenders, who need such programs most of all, are usually ineligible for them. Roughly 124,000 inmates are simply released from prison each year in California, given nothing more than \$200 and a bus ticket back to the county where they were convicted. At least 1,200 inmates every year go from a secure housing unit at a Level 4 prison—an isolation unit, designed to hold the most violent and dangerous inmates in the system—right onto the street. One day these predatory inmates are locked in their cells for twenty-three hours at a time and fed all their meals through a slot in the door, and the next day they're out of prison, riding a bus home.

Almost two thirds of the people sent to prison in California last year were parole violators. Of the roughly 80,000 parole violators returned to prison, about 60,000 had committed a technical violation, such as failing a drug test; about 15,000 had committed a property or a drug crime; and about 3,000 had committed a violent crime, frequently a robbery to buy drugs. The punitive prison system that California has built at such great expense has essentially become a revolving door for poor, highly dysfunctional, and often illiterate drug abusers. They go in, they get out, they get sent back, and every year there are more. The typical offender being sent to prison in California today has five prior felony convictions.

THE California legislature has not authorized a new bond issue for prison construction since 1992, deadlocked over the cost. Meanwhile, the state's "Three Strikes, You're Out" law has been steadily filling prison cells with long-term inmates. Don Novey, the head of the California Correctional Peace Officers Association (CCPOA), helped to gain passage of the law. He now worries that if California's prison system becomes much more overcrowded, a federal judge may order a large-scale release of inmates. Novey has proposed keeping some nonviolent offenders out of prison, allowing judges to give them suspended sentences and a term of probation instead. He has also advocated a way to save money while expanding the penal system: build "mega-prisons." California already builds and operates the biggest prisons in the United States. A number of California prisons now hold more than 6,000 inmates—about six times the nationwide average. The mega-prisons proposed by the CCPOA would house up to 20,000 inmates. A few new mega-prisons, Novey says, could satisfy California's demand for new cells into the next century.

Correctional officials see prison overcrowding as grounds

for worry about potential riots, bloodshed, and court orders; others see opportunity. "It has become clear over the past several months," Doctor R. Crants said earlier this year, "that California is one of the most promising markets CCA has, with a burgeoning need for secure, cost-effective prison beds at all levels of government." In order to get a foothold in that market, CCA announced it would build three prisons in California entirely on spec—that is, without any contract to fill them. "If you build it in the right place," a CCA executive told *The Wall Street Journal*, "the prisoners will come."

Crants boasted to the *Tennessean* that California's private-prison industry will be dominated by "CCA alone." Executives at Wackenhut Corrections think otherwise. Wackenhut already houses almost 2,000 of California's minimum-security inmates at facilities in the state. The legislature has recently adopted plans to house an additional 2,000 minimum-security inmates in private prisons. Wackenhut and CCA have opened offices in Sacramento and hired expensive lobbyists. The CCPOA vows to fight hard against the private-prison companies and their anti-union tactics. "They can build whatever prisons they want," Don Novey says. "But the hell if they're going to run them." One of the new CCA prisons is rising in the Mojave Desert outside California City, at a cost of about \$100 million. The company is gambling

that cheap, empty prison beds will prove irresistible to California lawmakers. The new CCA facility promises to be a boon to California City once the inmates start arriving. The town has been hit hard by layoffs at Edwards Air Force Base, which is nearby. Mayor Larry Adams, asked why he wanted a prison, said, "We're a desperate city."

FACTORIES FOR CRIME

ALEXIS de Tocqueville's *Democracy in America* is one of the most famous books ever written about the politics and culture of the United States. The original purpose of Tocqueville's 1831 journey to this country is less well known. He came to tour its prisons on behalf of the French government. The United States at the time was renowned in Europe for having created a whole new social institution: the penitentiary. In New York and Pennsylvania prisons were being designed not to punish inmates but to reform them. Solitary confinement, silence, and hard work were imposed in order to encourage spiritual and moral change. At some penitentiaries officials placed hoods over the heads of newcomers to isolate them from other inmates. After visiting American prisons Tocqueville and his travel-



New Folsom, Repress, Calif.

ing companion, Gustave de Beaumont, wrote that social reformers in the United States had been swept up in "the monomania of the penitentiary system," convinced that prisons were "a remedy for all the evils of society."

The historian David J. Rothman, author of *The Discovery of the Asylum* (1971), has noted one of the ironies of America's early-nineteenth-century fondness for prisons. The idea of the penitentiary took hold at the height of Jacksonian democracy, when freedom and the spirit of the common man were being widely celebrated. "At the very moment that Americans began to pride themselves on the openness of their society, when the boundless frontier became the symbol of opportunity and equality," Rothman observes, "notions of total isolation, unquestioned obedience, and severe discipline became the hallmarks of the captive society." More than a century and a half later political rhetoric about small government and the virtues of the free market is being accompanied by an eagerness to deny others their freedom. The hoods now placed on inmates in the isolation units at maximum-security prisons are not intended to rehabilitate. They are designed to protect correctional officers from being bitten or spat upon.

The standard justification for today's prisons is that they prevent crime. The rate of violent crime in the United States has indeed been declining since 1991. The political scientist James Q. Wilson, among many others, believes that the recent rise in the nation's incarceration rate has been directly responsible for the decrease in violent crime. Although the validity of the theory seems obvious (murderers and rapists who are behind bars can no longer kill and rape ordinary citizens), it is difficult to prove. Michael Tonry, a professor of law and public policy at the University of Minnesota, is an expert on international sentencing policies and an advocate of alternative punishments for nonviolent offenders. He acknowledges that the imprisonment of almost two million Americans has prevented some crimes from being committed. "You could choose another two million Americans at random and lock them up," Tonry says, "and that would reduce the number of crimes too." But demographics and larger cultural trends may be responsible for most of the decline in violent crime. Over the past decade Canada's incarceration rate has risen only slightly. Nevertheless, the rate of violent crime in Canada has been falling since 1991. Last year the homicide rate fell by nine percent. The Canadian murder rate has now reached its lowest level since 1969.

Christopher Stone, the head of New York's Vera Institute of Justice, believes that prisons can be "factories for crime." The average inmate in the United States spends only two years in prison. What happens during that time behind bars may affect how he or she will behave upon release. The lesson being taught in most American prisons—where violence, extortion, and rape have long been routine—is that the strong will always rule the weak. Inmates who display

the slightest hint of vulnerability quickly become prey. During the 1950s and 1960s prison gangs were formed in California and Illinois as a means of self-protection. Those gangs have now spread nationwide. The Mexican Mafia and the Aryan Brotherhood have gained power in Texas prisons. The Gangsta Killer Bloods and the Sex Money Murder Bloods have emerged in New York prisons. America's prisons now serve as networking and recruiting centers for gang members. The differences between street gangs and prison gangs have become less distinct. The leaders of prison gangs increasingly direct illegal activity both inside and outside. A 1996 investigation by the *Chicago Tribune* found that gangs had gained extraordinary control over the state prisons in Illinois: formal classes at the Stateville prison law library had taught the history and rules of the Maniac Latin Disciples; a leader of the Gangster Disciples had at various times kept cellular phones, a color television, a stereo, a Nintendo Game Boy, a portable washing machine, and up to a hundred pounds of marijuana in his cell. Many of the customs, slang, and tattoos long associated with prison gangs have become fashionable among young people. In cities throughout America, the culture of the prisons is rapidly becoming the culture of the streets.

The spirit of every age is manifest in its public works, in the great construction projects that leave an enduring mark on the landscape. During the early years of this century the Panama Canal became President Theodore Roosevelt's legacy, a physical expression of his imperial yearnings. The New Deal faith in government activism left behind huge dams and bridges, post offices decorated with murals, power lines that finally brought electricity to rural America. The interstate highway system fulfilled dreams of the Eisenhower era, spreading suburbia far and wide; urban housing projects for the poor were later built in the hopes of creating a Great Society.

"The era of big government is over," President Bill Clinton declared in 1996—an assertion that has proved false in at least one respect. A recent issue of "Construction Report," a monthly newsletter published by *Correctional Building News*, provides details of the nation's latest public works: a 3,100-bed jail in Harris County, Texas; a 500-bed medium-security prison in Redgranite, Wisconsin; a 130-bed minimum-security facility in Oakland County, Michigan; two 200-bed housing pods at the Fort Dodge Correctional Facility, in Iowa; a 350-bed juvenile correctional facility in Pendleton, Indiana; and dozens more. The newsletter includes the telephone numbers of project managers, so that prison-supply companies can call and make bids. All across the country new cellblocks rise. And every one of them, every brand-new prison, becomes another lasting monument, concrete and ringed with deadly razor wire, to the fear and greed and political cowardice that now pervade American society. ☉

55

Differences between the Department of Administration and Administrative Services Divisions:

First, the Department of Administration (DOA) manages several large systems that are instrumental to financial and personnel management of state agencies. These include the Alaska State Accounting System (AKSAS), the Alaska Payroll system (AKPAY), and Workplace Alaska, the system used to advertise position openings and collect applications for those positions. The attached chart demonstrates the relationship between DOA and other departments. It has responsibility for setting policy, system management, establishing standard procedures, interpretation of law, and providing training.

Second, through its various functions, DOA exercises oversight of the administrative processes through which the department administrative services divisions discharge their responsibilities. The departmental role is significantly different in character. Department personnel are engaged in direct administrative support of departmental programs—they use the systems managed by DOA in order to satisfy the administrative needs of those programs.

Over the last few years, DOA and OMB have transferred—or delegated—additional responsibilities to the departments' administrative staffs. Some examples of transferred responsibilities are:

Delegated Authority for Planning and Facilities:

Delegation of Construction Authority from DOT&PF for \$200,000.

Delegated Authority for Procurement Section:

Delegation of Purchasing Authority from DOA:

- Contract directly for small procurements.
- Purchase directly from contracts in the Contract Award (CA) Manual.
- Contract directly in response to an emergency.
- Responsible for issuing decisions on protests.
- Purchase directly from Alaska Correctional Industries (ACI)
- Requests for Alternate Procurement (RAP's)

Delegated Authority for Budget Section:

- Reimbursable Services Agreement (RSA's)
- Budget Transfers between Line Items
- Budget Transfers between Allocations/Components

Delegated Authority For Human Resource Section:

Permanent positions – authority to establish, reclassify, and update permanent positions for all job classes except human resource classes. Approve transfers (except those for the good of the service). Enter position information into AKPAY (except where a BU change is recommended).

Non-permanent positions - establish, reclassify, transfer and delete non-permanent positions; approve list waivers. Convert non-perm employees to permanent positions when appropriate under contract.

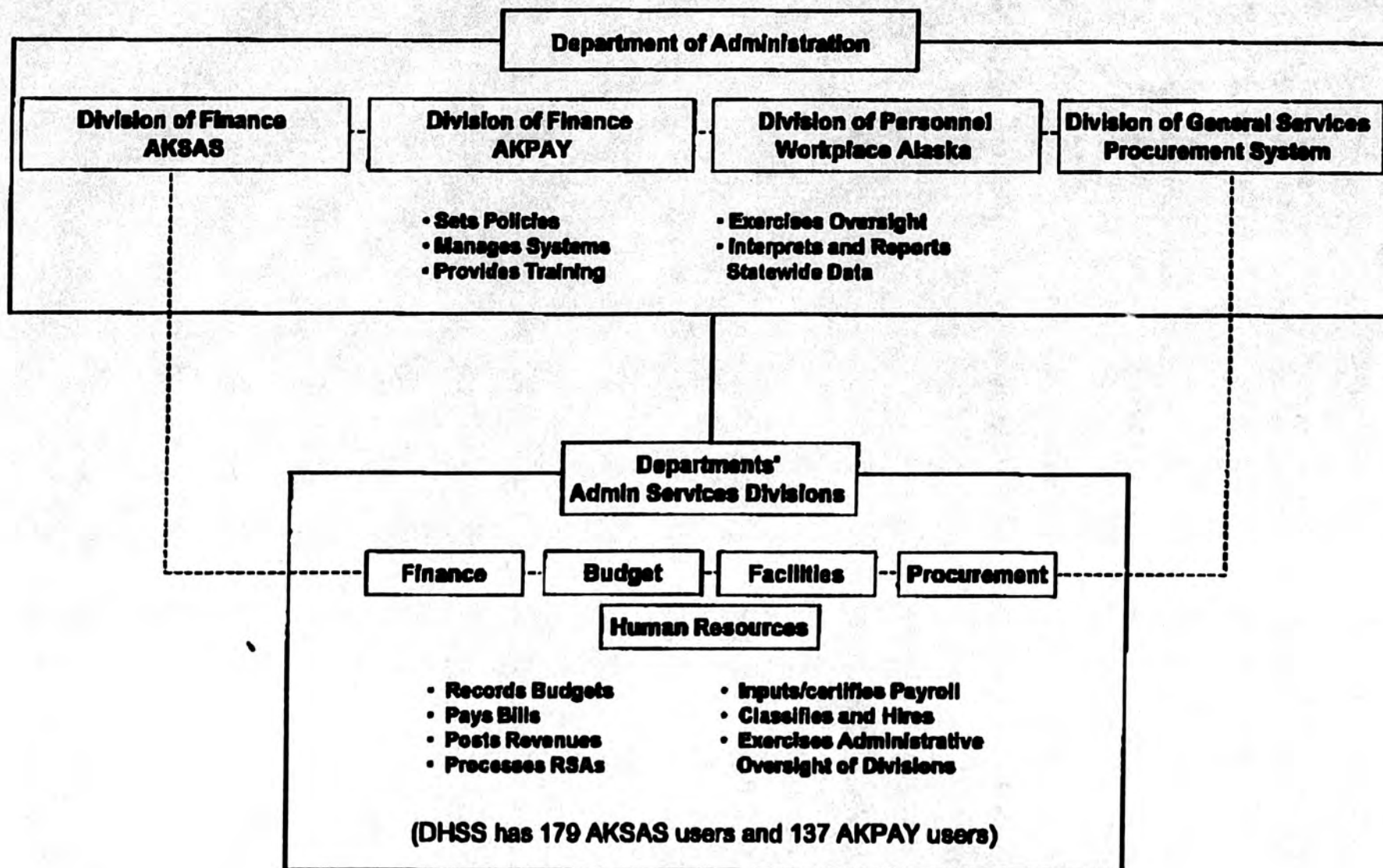
Revise minimum qualifications for department unique job .

Determine related and parallel job classes for the purpose of transfer, rehire or voluntary demotion.

Approve advanced step hires.

Approve job orders, certify minimum qualifications and determine legal hires under Workplace Alaska; determine residency, review for convictions, respond to applicant appeals at level one.

Establish layoff units/lists and calculate points



----- Technical Support, Advice, Coordination
 ————— Policy Direction, Management Coordination

Executive Summary

Mission

To promote and protect the well-being of every Alaskan by investing in families and communities.

Motto

"Believing in the power of families and communities."

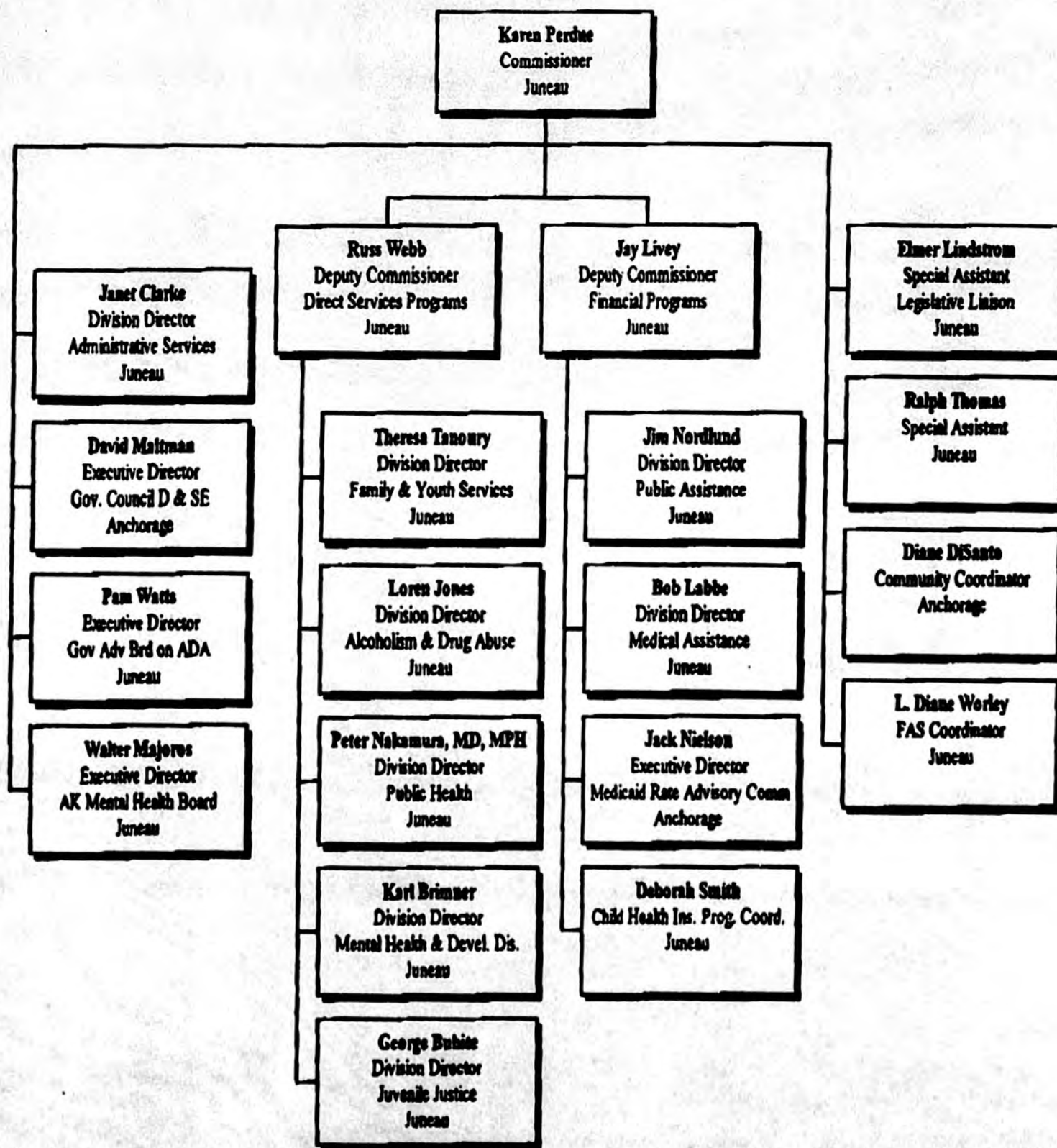
DHSS Goals

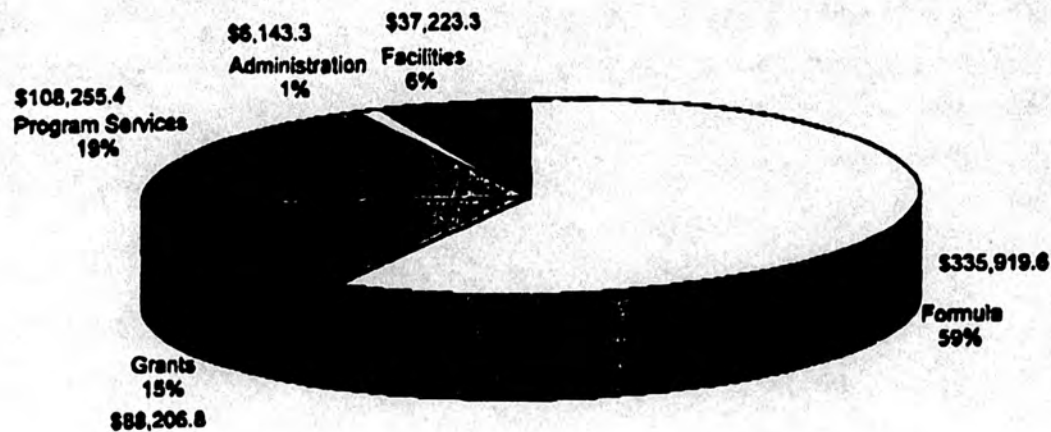
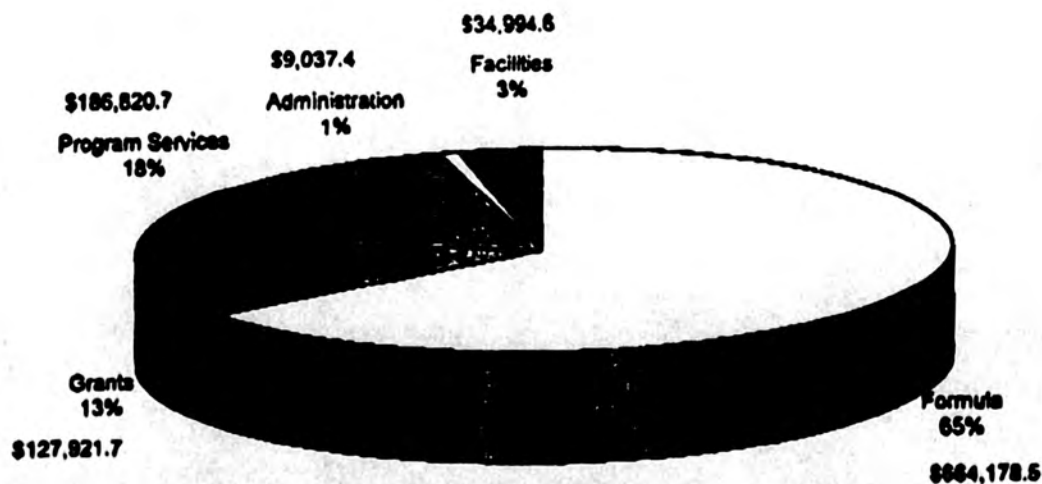
Revised January 1999

Long Term Goals

- Help children and families stay healthy and safe.
- Increase the incentives and opportunities for communities to collaborate with the Department to improve results for children and families.
- Help Alaskans live healthier and have access to basic health care to reduce chronic and preventable disease.
- Assist Alaskans who are elderly or have disabilities to live independently and remain economically secure.
- Move more Alaskans from welfare into jobs so they can support their families.
- Establish an integrated statewide system for data collection, analysis, and reporting which improves services to Alaskans.
- Promote efficient streamlined systems where employees value their work and meet customer needs.

STATE OF ALASKA
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
EXECUTIVE MANAGEMENT ORGANIZATION
AUGUST 1999

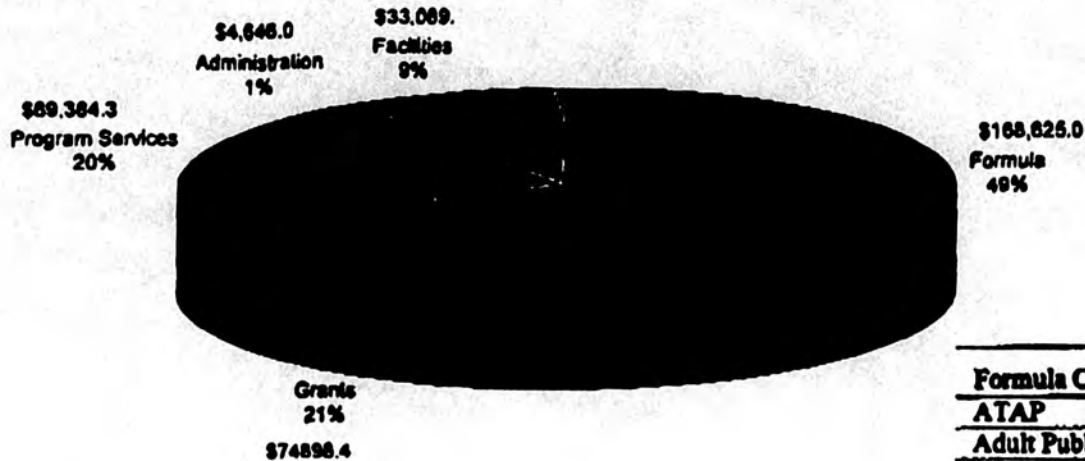


FY91 Total Funds by Expenditure Category
(Conference Committee)**FY2000 Total Funds by Expenditure Category**
(Governor's Request)

Summary of FY 2000 Governor's Budget Request

Budget Charts and Graph

FY91 General Fund by Expenditure Category
(Conference Committee)



Formula Components

ATAP

Adult Public Assistance

General Relief Assistance

OAA-ALB Hold Harmless

PFD Hold Harmless

Medicaid Service

Chronic Acute Medical Assistance

Child Care Benefits

Foster Care Base Rate

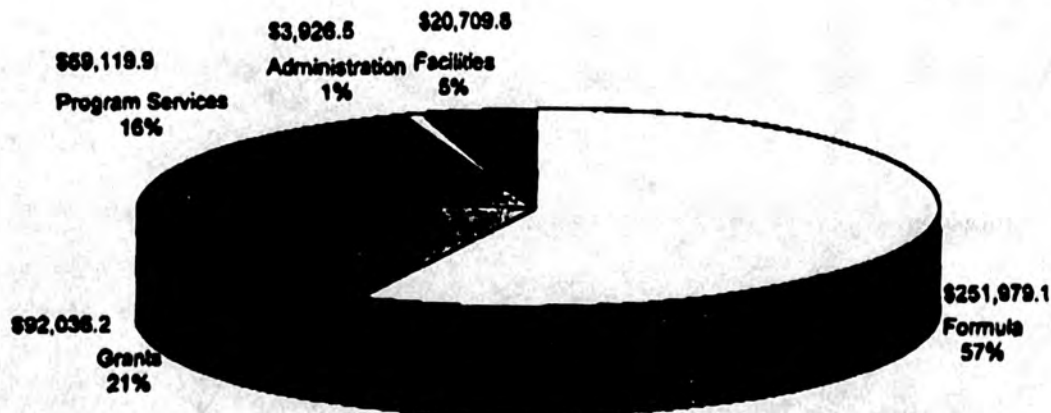
Foster Care Augmented Rate

Foster Care Special Need

Foster Care AYI

Subsidized Adoption &

FY2000 General Fund by Expenditure Category
(Governor's Request)





and Delivery of Government Services

Co-Chairs:

Representative John Cowdery

Senator Jerry Ward

Senator Al Adams

Bill Allen

Representative Tom Brice

Tom Fink

William Prosser

Helvi Sandvik

Kathryn Thomas

Don Valesko

George Wuerch

FAX COVER SHEET

To: DHESS : Janet Clarke

Number: 465-2499

From: Representative Cowdery's Office

Number: 269-0223

Date: Sept 22, 1999

Subject: Subcommittee Requested Questions

of pages including cover: 2

Notes:

716 W. 4th Ave. Anchorage, AK 99501

Senator Jerry Ward: 907-269-0107 Fax 907-269-0109

Representative John Cowdery: 907-269-0222 Fax 907-269-0223

<http://www.privatizealaska.org>

Do DFYS caseworkers undergo any type of mental health evaluation?

What external - non state funded agency is available as a checks and balance for DFYS?

Where does abuse recognition come from?

What are requirements for SW applicants?
SSA applicants?

Is the fact finding process in abuse/neglect investigations the same for biological families as for foster families?

NASW code of ethics provides ethical standards to which the general public can hold the social work profession accountable - how does the state ensure accountability for adhering to this code of ethics?

Can we get a copy of the union agreements for SW & mental health providers that are unionized?

Due Process - how is it protected within DFYS when the regulations are inconsistent?

Sept 21, 99
From: SARA SHORT
To: MARCO

Audit finds DFYS cut investigations

The Associated Press

ANCHORAGE—When Alaska's child-protection agency told lawmakers last year that it needed more resources to do its job, it was given 28 more workers.

But the latest quarterly figures show that the Department of Family and Youth Services investigated a smaller percentage of abuse and neglect reports than before it was beefed up.

A legislative audit said that DFYS investigated 73 percent of the child abuse and neglect reports from July through October 1998, compared with 77 percent a year earlier.

"We didn't expect to see a significant increase in the reports of harm investigated," said Pat Davidson, the legislative auditor, because DFYS needed time to get new workers trained.

But, she said, "we were surprised they were lower."

The drop resulted largely from a management decision to set

aside greater numbers of reports in the Anchorage office without an investigation, in order to not overload the new workers.

State law says DFYS must investigate every report of child abuse and neglect. But in practice, DFYS has been setting aside minor reports for years—cases like neglect or minor abuse, children showing up hungry and dirty at school, a teen who reports being slapped, a youngster not sent to school at all.

Child protection officials say they've made dramatic progress in just a few months in reforming a complicated and overburdened system.

Besides recruiting, hiring and training new workers, DFYS implemented a new child protection law that requires much quicker actions by the agency. And it did so at a time with record numbers of children in custody and staff turnover of more than 40 percent last fiscal year, according to DFYS.

"There is a huge job out there

to do," said Russ Webb, deputy commissioner of health and social services. "It is not going to be done overnight. We are attacking it on a variety of fronts."

State Sen. Randy Phillips, R-Eagle River, requested the audit as a follow-up to one last year that found DFYS needed more positions.

Before Phillips judges how the agency has handled its new resources—and whether it deserves even more—he wants to hear from DFYS, he said. The audit will be on the agenda at a March 29 meeting of the Senate Finance Committee.

"When I go shooting for somebody, I want to be on firm ground," Phillips said. He said the reforms may be too new to evaluate.

This year, DFYS is seeking an increase of \$9.7 million in state

funds for child protection. It wants to hire another 28 workers.

The decision to set aside more minor reports was made last summer by then-acting Anchorage DFYS manager Linden Staciokas when workers were getting new cases at a rate of one every 24 hours.

From July through October 1997, Anchorage workers investigated 89 percent of the abuse and neglect reports. A year later, the rate was 78 percent, even though the number of reports had dropped.

The situation has improved since October, Webb said.

In January, DFYS investigated almost 86 percent of the abuse and neglect reports, according to its statistics. In Anchorage, almost 86 percent of the reports were investigated.

3 Nome DFYS workers suspended; reason secret

The Associated Press

ANCHORAGE—Three of the five employees with the state Division of Family and Youth Services office in Nome have been suspended, pending the outcome of a personnel investigation.

Officials with DFYS and with the Department of Health and Social Services would not discuss the circumstances surrounding the suspensions, which took place Sept. 8, but said they were "of a very serious nature."

Officials with the two agencies would not release the names of those who were suspended, nor would they say whether the workers were being paid while on suspension.

"We are constrained greatly in terms of the information that we can make public about any personnel action we've taken," said Theresa Tanoury, DFYS director.

Russ Webb, deputy commissioner of Health and Social Services, said the agency hoped to wrap up its investigation quickly.

"We don't replace staff in an office even temporarily unless we have a very serious issue to deal with," said Webb. "We have to be fair to employees and investigate and, if the allegation is serious, we've got to act."

The results of the investigation will not be made public.

explaining to the world the basis of any personnel actions we might take. We want to be fair to the employees," Webb said.

The Nome office employs three social workers, a supervisor and a clerk. Webb and Tanoury would not disclose which positions were affected by the suspensions. The Nome office continues to operate.

"We have put a different staff in the office, so we're basically open, taking calls and doing the casework that's necessary," Tanoury said.

Tanoury and Webb said there has been a mixed reaction in Nome to the changes.

"When people have been used to working with individual staff, they're going to miss them when they're not on the job," Webb said. "My understanding is people are satisfied with the service they're getting in general."

Submitted by
Clyde D. Loremy
9-21-99
for DHSS Privatization
Committee



DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF ADMINISTRATIVE SERVICES
DIRECTOR'S OFFICE



FACSIMILE COVER SHEET

Annette Deal - Leg Aide / Secretary

TO:

Anchorage L10 - Lana Decker
Fairbanks L10 - Melba Piispanen
Kenai L10 - Alyson Stogsdill

FAX NUMBER

PHONE NUMBER

FROM:

Lisa Emerson
Budget Section

9/20

DATE

NO. OF
PAGES

465-2499

FAX NUMBER

465-3331

PHONE NUMBER

RE: Privatization Information for 9/21 Meeting

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ OTHER

NOTES/COMMENTS:

Annette 269-0223

Lana 269-0229

Melba 456-3346

Alyson 283-3075

Juvenile Justice 17 pgs

Family & Youth 26 pgs

Appendix A 4 pgs

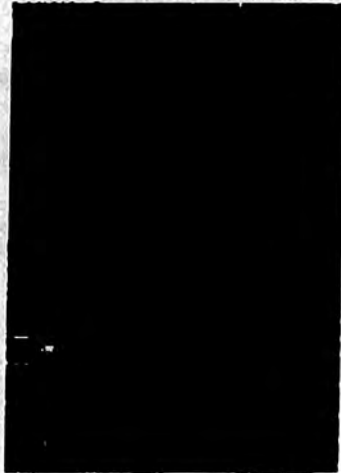
Appendix B 39 pgs

Please confirm receipt of electronic portion
Thanks!

State of Alaska
Department of Health & Social Services
Division of Administrative Services/Director's Office
P.O. Box 110650
Juneau, Alaska 99811-0650

Division of Family & Youth Services

Theresa Tanoury
Director



Mission

To protect children by preventing and remedying repeated abuse, neglect, and the exploitation of children.

The Division of Family and Youth Services (DFYS) is responsible for protecting children from abuse or neglect. There are 30 field offices statewide, organized into four geographic management areas. The Northern Region, headquartered in Fairbanks, serves the Interior, Bethel, North Slope, Northwest Arctic Borough, and Norton Sound areas. The newly created Southcentral Region, presently headquartered in Anchorage, serves the Southcentral Region outside Anchorage, including the Kenai Peninsula, Kodiak Island, Mat-Su, Prince William Sound, Bristol Bay, and Aleutian areas. The Southeast Region, headquartered in Juneau, serves communities from Yakutat to Hyder. The Anchorage Region serves the Anchorage metropolitan area.

Child Welfare Services

Child welfare services encompass the following: receiving and assessing allegations of abuse and neglect; assessing the risk to a child and evaluating the family's ability to accept and use help; providing service planning and coordinating resources for the family; initiating court involvement for removal of children and the provision of mandatory protective services to parents; assuring that children are receiving a minimum standard of care before closing a case; educating the public regarding what is reportable; and developing and coordinating community resources and services.

/

Foster Care Program

The Division licenses foster homes that provide both emergency and long term care to youth who cannot stay in their own homes. Except for emergency placements, the Court must enter an order authorizing the Division to place a youth in a foster home.

Adoption and Guardianship Program

The adoption and guardianship program provides permanent homes, through adoption and guardianship, for children in the custody of the Department who cannot return to their biological parents. Adoptions and legal guardianships can be subsidized for special needs children.

Residential Care Program

The Division provides residential care services for children in custody who need placement in a therapeutic environment. A residential care program may be a short-term emergency shelter or long term residential group treatment program. Residential care services are purchased from private providers through a competitive grant process.

Family Support Grant Program

The Division provides a variety of community-based prevention, intervention, and treatment services to children, youth, and families through grant awards to local community groups and agencies. Grants are awarded on a competitive basis for a one or two year period, depending on the specific requirements of the individual grant.

Community Care Licensing

Community care licensing reduces predictable risk of harm to vulnerable populations by regulating and licensing facilities that provide direct care and services to children. Included are child foster homes, child residential care facilities, childcare centers and homes, and child placement agencies.

Division Contacts**Regional Managers**

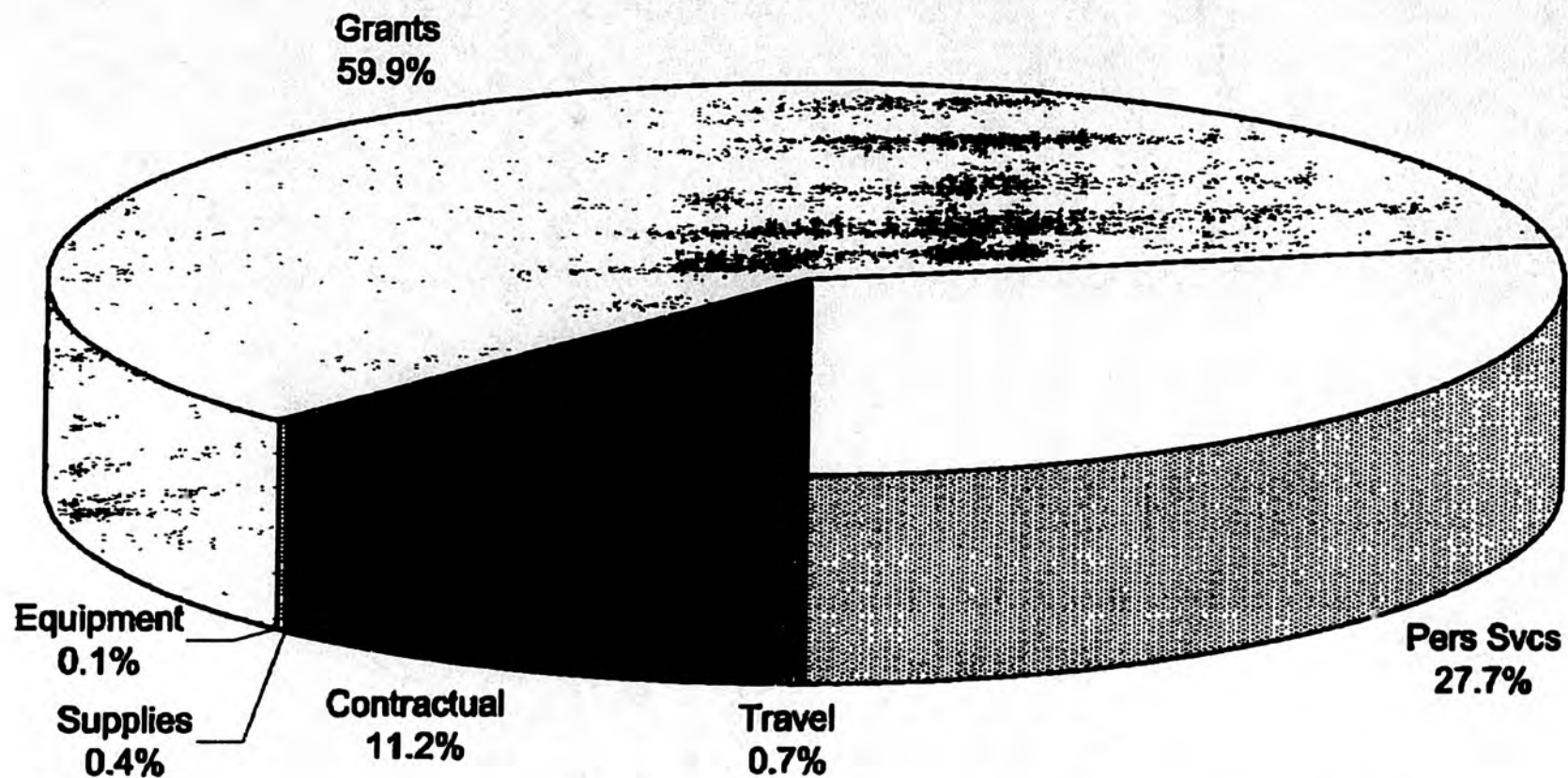
James Steele
Children Services Manager
550 W. 8th Street, Suite 304
Anchorage, Alaska 99501-3553
Phone (907) 269-3900/Fax 269-3901

Deirdre O'Connor
Children Services Manager
Vintage Park
3025 Clinton Drive
Juneau, Alaska 99801
Phone (907) 465-3296/Fax 465-1669

Rayna Hamm
Children Services Manager
751 Old Richardson Highway, #300
Fairbanks, Alaska 99701
Phone (907) 451-2065/Fax 451-2058

Gladys Langdon
Children Services Manager
550 W. Eighth Avenue, Suite 304
Anchorage, Alaska 99501
Phone (907) 269-3900/Fax 269-3902

**Department of Health and Social Services
Division of Family & Youth Services**



FY2000 Authorization
DHSS Div of Admin Svcs, Budget Section
8/30/99

CONTRACT #	CONTRACTOR	PURPOSE OF CONTRACT	START	END	TOTAL	FY 99 AMOUNT
------------	------------	---------------------	-------	-----	-------	--------------

DIVISION OF FAMILY & YOUTH SERVICES

67532	Agnew, Thea	Consultant	7/8/98	9/30/98	\$5,500	\$5,500
67549	Akslin, Ruth A.	JYC Nurse	7/20/98	6/30/99	\$8,000	\$8,000
67651	Atrops, Martin Dr.	On-site Assessment	2/18/99	3/19/99	\$1,500	\$1,500
67587	Atrops, Martin Ph. D.	Psychological Services	8/20/98	6/30/99	\$20,000	\$20,000
67638	Baker Jennings Film	Foster Parent Recruitment	1/11/99	2/17/99	\$7,041	\$7,042
67658	Baker Jennings Film	Foster Parent Recruitment	2/25/99	3/15/99	\$7,814	\$7,814
67226	Bergdahl, Patricia, DMD	Dental services for the Fairbanks Youth Facility.	1/1/97	6/30/98	\$40,000	\$17,500
67227	Bering Sea Dental Center	Dental services for the Bethel Youth Facility.	1/1/97	6/30/98	\$40,000	\$17,500
67602	Bissey, Larry J. Ph. D. CRC	Psychological Services	8/20/98	6/30/99	\$20,000	\$20,000
67485	Blake, F.M. & Associates	SSI Applications & Appeals	4/20/98	6/30/00	\$500,000	\$200,000
67318	Bryant, Leslie, M.D., A.P.C.	Physician services for the McLaughlin Youth Center.	7/1/97	6/30/00	\$133,200	\$48,000
67650	C. Henry Kempa, Univ. of Colorado	Expert Consultation	7/1/98	6/30/00	\$14,000	\$7,000
67627	Crawford, E. Ben	Mental Health Assessment Project	1/18/98	4/30/99	\$22,000	\$22,000
67588	Cutler, Louisanna Esq	Hearing Officer	8/24/98	9/30/99	\$10,000	\$10,000
67625	Cutler, Louisanna	Hearing Officer	11/2/98	4/15/99	\$10,000	\$10,000
67670	David Mandt & Assoc.	Client Management Services	4/11/99	6/30/99	\$8,000	\$8,000
67636	Dillon & Findley	Regulations Revision/DFYS Organizational Split	2/21/98	9/30/99	\$25,000	\$25,000
67687	E. Ben Crawford, PhD	Staff Training - Mental Health Treatment Strategies	6/1/99	10/31/99	\$24,000	\$9,600
67231	Fairbanks Clinic	Medical services for the Fairbanks Youth Facility.	1/1/97	6/30/99	\$120,000	\$48,000
67680	Guss, Mary E.	Hearing Officer	5/7/99	12/31/99	\$10,000	\$2,500
67309	Hansen, George, DDS	Dental care for the McLaughlin Youth Center.	7/1/97	6/30/00	\$121,040	\$40,000

Wednesday, September 01, 1999

Page 3 of 13

SEP. 20. 1999

12:47PM

DHSS DAS DIR OFFICE

NO. 881

P. 5/31

CONTRACT#	CONTRACTOR	PURPOSE OF CONTRACT	START	END	TOTAL	FY 99 AMOUNT
67638	Inform Alaska, Inc.	Licensing Regulations Revision/HB975&16	12/1/98	8/30/99	\$34,800	\$34,800
67603	Jimmerfield, Steven	One-on-One Control Tactics	0/22/98	10/31/98	\$2,500	\$2,500
67538	Koehler, Vicki	CORE 102 Training	7/20/98	7/31/98	\$8,000	\$8,000
67588	Koehler, Vicki Ms.	Core 102 Training	9/14/98	9/17/98	\$2,000	\$2,000
67612	Longenbaugh, Leslie	Hearing Officer	0/12/98	3/1/99	\$10,000	\$10,000
67428	New Bethel Family Clinic	BYF Medical Services Contract	11/1/97	8/30/99	\$20,550	\$12,000
67700	Nolen, Rice, Volland & Taylor	Hearing Officer	5/7/98	12/31/99	\$10,000	\$10,000
67635	Norm Dental Office	NYF Dental Contract	1/4/99	8/30/99	\$2,500	\$2,500
67655	Northwest Resource Association	Alaskan Adoption Exchange	2/18/99	8/30/00	\$150,445	\$33,400
67165	Northwest Resource Association	Adoption exchange and consultation services.	7/1/98	8/30/99	\$23,175	\$27,965
67414	Northwest Resources Assoc.	Foster Parent Training	11/1/97	8/30/00	\$1,201,224	\$431,909
67642	Northwest Strategies	Foster Parent Recruitment	1/20/99	3/15/99	\$6,940	\$6,940
67680	Norton Sound Health Corporation	NYF Dental Contract	1/4/99	8/30/99	\$2,500	\$2,500
67659	Norton Sound Health Corporation	NYF Medical Contract	1/4/99	8/30/99	\$10,000	\$10,000
67318	Patricia C. Patrick M.D.	Psychiatric evaluations for the McLaughlin Youth Center.	7/1/97	8/30/99	\$132,800	\$70,000
67317	Providence Behavioral Medicine Group	Court-ordered psychiatric evaluations on juveniles at McLa	7/1/97	8/30/00	\$15,000	\$5,000
67525	Schmid, Donald L.	Consultation re: development of Title IV-E funding for Alas	7/13/98	12/31/98	\$4,000	\$4,000
67621	Schmid, Donald L.	Federal funding and program design enhancements Phase	11/1/98	8/30/99	\$49,640	\$49,640
67632	Sunrise Counseling	BYF Mental Health Services	1/4/99	8/30/00	\$47,000	\$17,000
67615	Taylor Stocker Group, dba Alcohol Drug Test Servi	Urinalysis Testing Program	7/1/98	8/30/00	\$180,000	\$90,000
67676	Wood, Shelly	Training Victim Impact	5/3/99	5/7/99	\$2,500	\$2,500
FY99 Total for DIVISION						\$1,385,399

Division of Family Youth Services
FY 2000 Operating Grants

Program	Grantee	Location	2000 Award
Adoption Support Grants	Bristol Bay Native Association	Dillingham	\$150,000
Adoption Support Grants	Catholic Social Services	Anchorage	\$150,000
Community Based Family Resource Grants	Catholic Community Services	Juneau	\$40,000
Community Based Family Resource Grants	Parents, Inc.	Fairbanks	\$38,875
Community Based Family Resource Grants	St. George Traditional Council	St. George	\$36,125
Community Based Family Resource Grants	Women in Safe Homes	Ketchikan	\$35,000
Community Based Family Resource Networks/COMPASS	Anchorage Center for Families	Southcentral Region	\$63,000
Community Based Family Resource Networks/COMPASS	Juneau Youth Services	Southeast Region	\$20,000
Community Based Family Resource Networks/COMPASS	Nome Community Center	Western Region	\$20,000
Community Based Family Resource Networks/COMPASS	Resource Center for Parents & Children	Northern Region	\$20,000
Family Support/Family Preservation	Alaska Women's Resource Center	Anchorage	\$115,504
Family Support/Family Preservation	Anchorage Center for Families	Anchorage	\$485,538
Family Support/Family Preservation	Anchorage, Municipality of	Anchorage	\$220,355
Family Support/Family Preservation	Big Dipper Community Circle	Kotzebue	\$63,600
Family Support/Family Preservation	Bristol Bay Native Association	Bristol Bay Borough	\$124,386
Family Support/Family Preservation	Catholic Community Services	Juneau	\$92,440
Family Support/Family Preservation	Catholic Community Services	Juneau	\$74,571
Family Support/Family Preservation	Community Organized for Health Optns	Craig	\$62,262
Family Support/Family Preservation	Cook Inlet Native Council	Anchorage	\$31,286
Family Support/Family Preservation	Copper River Native Association	Copper Center	\$66,644
Family Support/Family Preservation	Cordova Family Resource Center	Cordova	\$52,370
Family Support/Family Preservation	Fairbanks Counseling & Adoption	Fairbanks	\$28,521
Family Support/Family Preservation	Fairbanks Counseling & Adoption	Fairbanks	\$33,849
Family Support/Family Preservation	Fairbanks Counseling & Adoption	Fairbanks	\$29,568
Family Support/Family Preservation	Fairbanks Native Association	Fairbanks	\$290,946
Family Support/Family Preservation	Fairbanks Native Association	Fairbanks	\$36,137
Family Support/Family Preservation	Juneau Youth Services	Juneau	\$23,220
Family Support/Family Preservation	Juneau Youth Services	Juneau	\$16,340
Family Support/Family Preservation	Kenai Peninsula Community Care Cntr	Kenai	\$49,303
Family Support/Family Preservation	Kenaitze Indian Tribe	Kenai	\$50,618
Family Support/Family Preservation	Kodiak Youth Services	Kodiak	\$39,689
Family Support/Family Preservation	Native Village of Eklutna	Anchorage	\$54,242

9/1/99

Division of Family Youth Services
FY 2000 Operating Grants

Program	Grantee	Location	2000 Award
Family Support/Family Preservation	Nome Community Center	Nome	\$60,480
Family Support/Family Preservation	Orutsamlut Native Council	Bethel	\$31,050
Family Support/Family Preservation	Resource Center for Parents & Children	Fairbanks	\$295,693
Family Support/Family Preservation	Salvation Army Booth Memorial	Anchorage	\$40,665
Family Support/Family Preservation	Seward Life Action Council	Seward	\$18,488
Family Support/Family Preservation	Sitka Mental Health Clinic	Sitka	\$20,035
Family Support/Family Preservation	Valdez, City of	Valdez	\$21,808
Family Support/Family Preservation	Valley Women's Resource Center	Palmer	\$225,282
Family Support/Family Preservation	Women in Safe Homes	Ketchikan	\$95,181
Family Support/Family Preservation	Wrangell Community Services	Wrangell	\$29,707
Human Services Community Matching Grants	Anchorage, Municipality of	Anchorage	\$1,296,431
Human Services Community Matching Grants	Fairbanks North Star Borough	Fairbanks	\$420,469
Residential Child Care	Alaska Baptist Family Mission	Anchorage	\$648,970
Residential Child Care	Alaska Children's Services	Anchorage	\$191,625
Residential Child Care	Alaska Children's Services	Anchorage	\$561,400
Residential Child Care	Alaska Youth & Parent Foundation	Anchorage	\$700,800
Residential Child Care	Alaska Youth & Parent Foundation	Anchorage	\$219,000
Residential Child Care	Anana's House	Dillingham	\$151,110
Residential Child Care	Anchorage Center for Families	Anchorage	\$340,983
Residential Child Care	Association of Village Council Presid'nts	Bethel	\$346,896
Residential Child Care	Bethel Group Home	Bethel	\$498,152
Residential Child Care	Juneau Youth Services	Juneau	\$966,520
Residential Child Care	Kenai Peninsula Community Care Cntr	Kenai	\$678,900
Residential Child Care	Kids Are People, Inc.	Wasilla	\$131,400
Residential Child Care	Kodiak Youth Services	Kodiak	\$200,000
Residential Child Care	Mat-Su Community Center	Mat-Su	\$219,000
Residential Child Care	Nome Receiving Home	Nome	\$291,178
Residential Child Care	North Slope Borough	Barrow	\$582,175
Residential Child Care	Presbyterian Hospitality House	Fairbanks	\$629,625
Residential Child Care	Presbyterian Hospitality House	Fairbanks	\$219,000
Residential Child Care	Residential Youth Care	Ketchikan	\$262,800
Residential Child Care	Residential Youth Care	Ketchikan	\$278,130

9/1/99

**Division of Family Youth Services
FY 2000 Operating Grants**

Program	Grantee	Location	2000 Award
Residential Child Care	Salvation Army Booth Memorial	Anchorage	\$792,050
Residential Child Care	Salvation Army Booth Memorial	Anchorage	\$232,050
Residential Child Care	Youth Advocates of Sitka	Sitka	\$70,104
Social Services Block Grants	Central Council of Tlingit & Haida	Southeast Region	\$5,900
Social Services Block Grants	Central Council of Tlingit & Haida	Southeast Region	\$186,800
Social Services Block Grants	Kawerak, Inc.	Western Region	\$372,700
		Total	\$14,938,726

SEP. 28. 1999 12:49PM DMS DAS DIR OFFICE

NO. 801 P. 9/31

9/1/99

2

Statistical Summary of Services in Division of Family & Youth Services

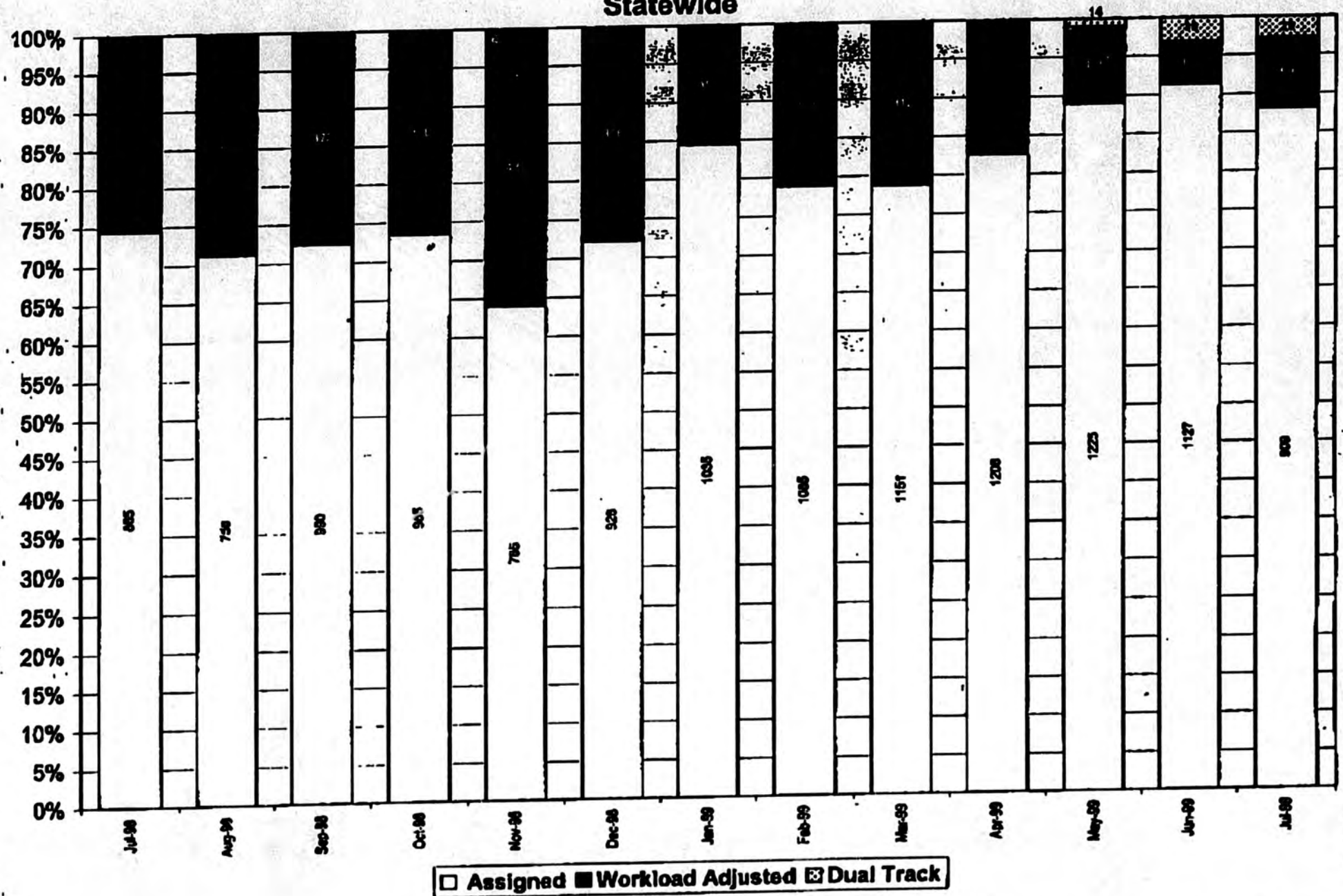
Total Reports of Harm												
FY1989 -												
(FY1989 - FY2000)												
Fiscal	198	199	199	199	199	199	199	199	199	199	199	200
ROH	7,87	9,02	10,28	11,69	14,68	15,50	15,79	15,00	15,59	16,37	17,19	17,88
%		15%	14%	14%	26%	6%	2%	-5%	4%	5%	5%	4%

Foster Care of Full Time Equivalents											
FY1992 - FY2001											
(FY1992 - FY2001)											
Fiscal	FY9	FY9	FY9	FY9	FY9	FY9	FY9	FY9	FY9	FY200	FY200
FTE'	1,08	951	975	919	956	965	988	1,08	1,16	1,15	
%		-	3%	-6%	4%	1%	2%	10%	7%	-1%	

Subsidized Adoption/Guardianship										
FY1992 -										
(FY1992 - FY2000)										
Fiscal	FY9	FY9	FY9	FY9	FY9	FY9	FY9	FY9	FY9	FY200
# of	338	450	605	696	775	847	101	1,30	1,45	
%		33%	34%	15%	11%	9%	20%	28%	12%	

Subsidized Adoptions/Guardianship										
FY1992 -										
(FY1992 - FY2000)										
Fiscal	FY9	FY9	FY9	FY9	FY9	FY9	FY9	FY9	FY9	FY200
Annual	\$1,8	\$2,61	\$4,01	\$4,21	\$4,82	\$5,56	\$6,86	\$8,77	\$9,79	
%		38%	54%	5%	15%	15%	23%	28%	12%	

Reports of Harm Statewide



Data Set = 9/1/1999

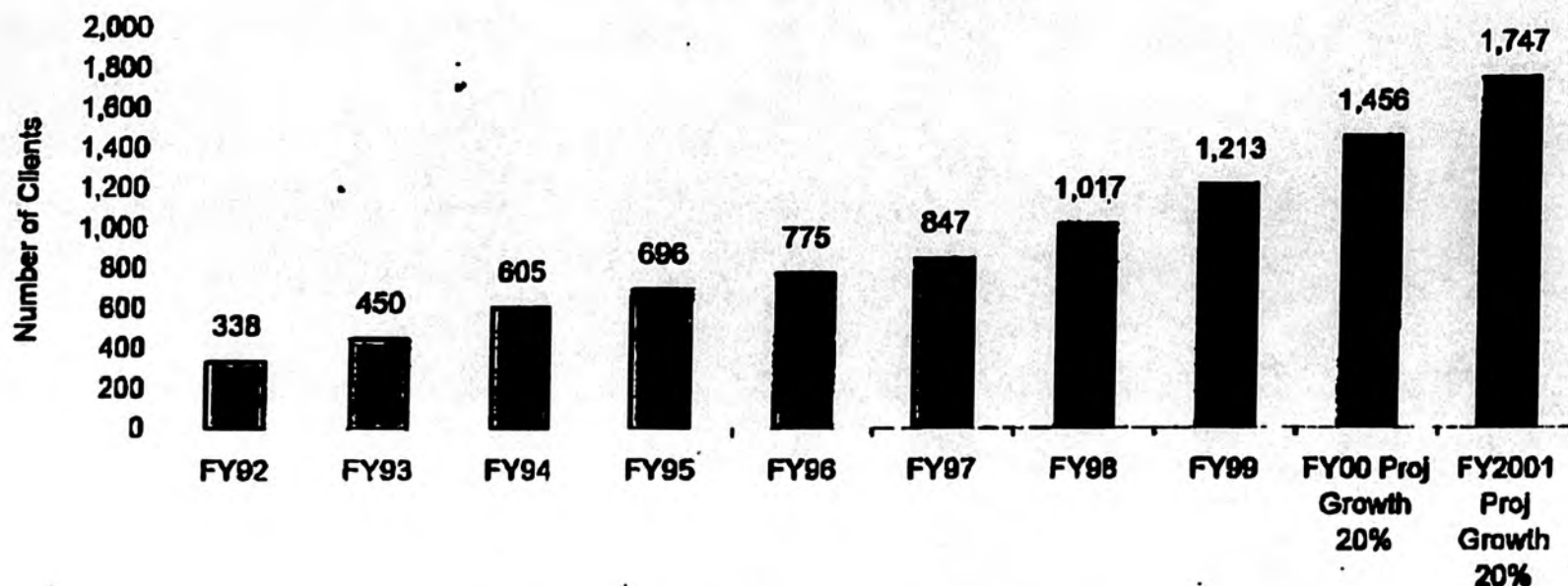
No adjustments to Workload Adjusted figures after April 1999.

Family Services Children in Out of Home Care by Placement Category November 1993 through August 1999



Source: Division of Family and Youth Services - PROBER
 (April 1994 information as of April 15, 1994)

Subsidized Adopt/Guard Caseload FY92-FY00 (FY00-FY01 Projected)



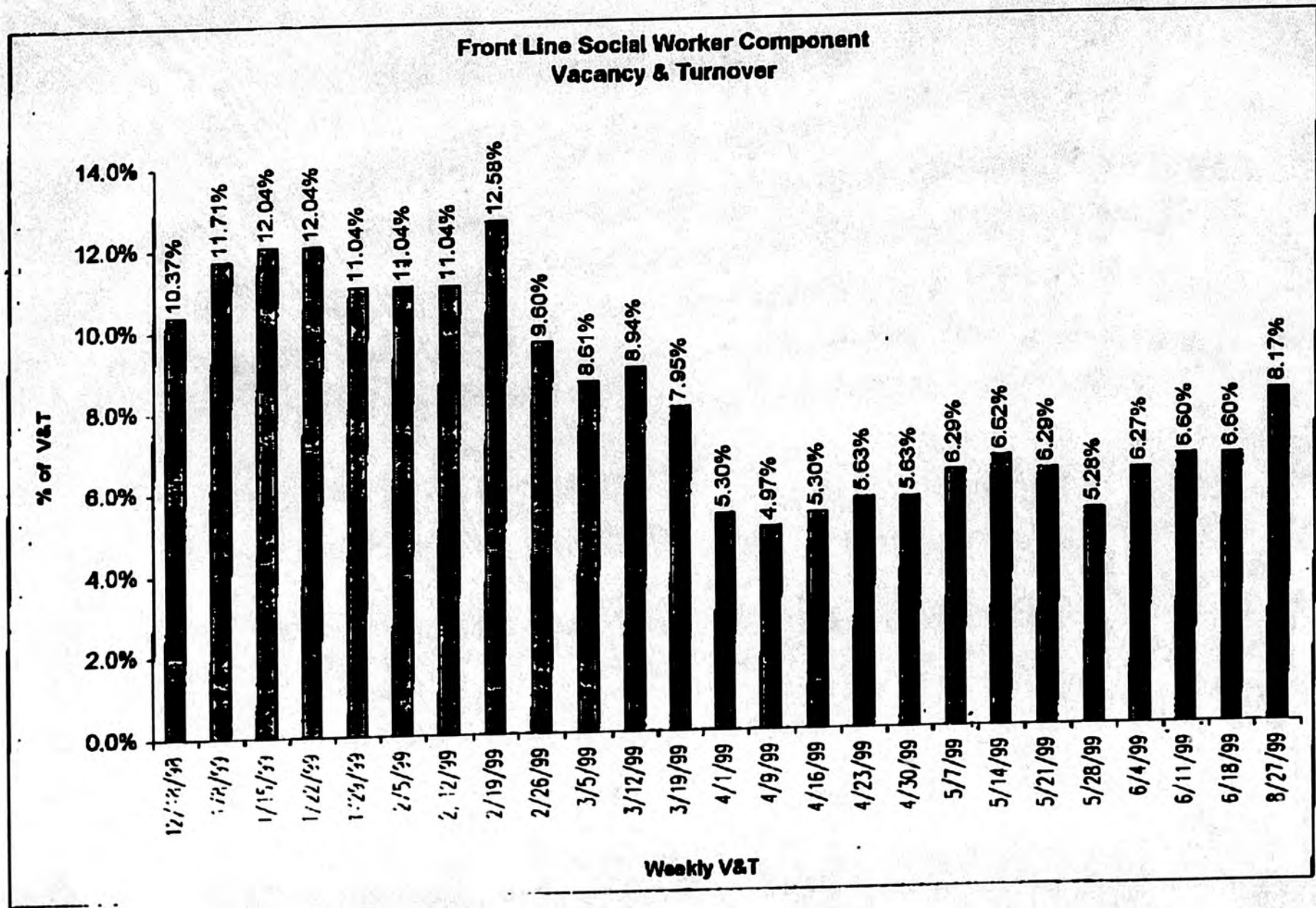
Notes: In FY98 and FY99 subsidized adoption guardianship caseload increased by 20.1% and 19.3% respectively.

The projected growth for FY2000 and FY2001 is 20%. The initiatives such as Balloon Project, Project Succeed, and other improvements made to the child protection services will continue to increase the number of adoptions and guardianship processed. The growth may range from 20% to 25%.

12

Σ 1

VET Shw 7-02-99 Chan 9 VET Shw 7-02-99 Chan 9 04/09 9:51 AM



Component Detail
Department of Health and Social Services
FY2000 Budget

Component: Family Preservation (1628)
BRU: Purchased Services

FY2000 Mgt Plan

71000 Personal Services	0.0
72000 Travel	124.3
73000 Contractual	611.0
74000 Supplies	0.0
75000 Equipment	0.0
76000 Land/Buildings	0.0
77000 Grants, Claims	3,586.7
78000 Miscellaneous	0.0
Totals	4,322.0
Funding Sources :	
1002 Fed Rcpts	2,341.2
1004 Gen Fund	1,980.8
Positions :	
Permanent Full Time	0
Permanent Part Time	0
Non Permanent	0

SEP. 20. 1999 12:51PM DHSS DAS DIR OFFICE

NO. 001 P. 15/31

14

Component Detail
Department of Health and Social Services
FY2000 Budget

Component: Foster Care Base Rate (2236)
BRU: Purchased Services

FY2000 Mgt Plan

71000 Personal Services	0.0
72000 Travel	0.0
73000 Contractual	0.0
74000 Supplies	0.0
75000 Equipment	0.0
76000 Land/Buildings	0.0
77000 Grants, Claims	8,360.8
78000 Miscellaneous	0.0
Totals	8,360.8
Funding Sources :	
1002 Fed Rcpts	1,770.6
1003 G/F Match	2,464.2
1004 Gen Fund	3,134.5
1005 GF/Prgm	991.5
Positions :	
Permanent Full Time	0
Permanent Part Time	0
Non Permanent	0

SEP. 20. 1999 12:51PM DHSS DAS DIR OFFICE

NO. 001 P. 16/31

15

Component Detail
Department of Health and Social Services
FY2000 Budget

Component: Foster Care Augmented Rate (2237)
BRU: Purchased Services

FY2000 Mgt Plan

71000 Personal Services	0.0
72000 Travel	0.0
73000 Contractual	0.0
74000 Supplies	0.0
75000 Equipment	0.0
76000 Land/Buildings	0.0
77000 Grants, Claims	2,520.6
78000 Miscellaneous	0.0
Totals	2,520.6

Funding Sources :

1002 Fed Rcpts	278.4
1003 G/F Match	284.0
1004 Gen Fund	378.8
1007 I/A Rcpts	1,079.4
1037 GF/MH	500.0

Positions :

Permanent Full Time	0
Permanent Part Time	0
Non Permanent	0

Component Detail
Department of Health and Social Services
FY2000 Budget

Component: Foster Care Special Need (2238)
BRU: Purchased Services

FY2000 Mgt Plan

71000 Personal Services	0.0
72000 Travel	0.0
73000 Contractual	1,057.6
74000 Supplies	0.0
75000 Equipment	0.0
76000 Land/Buildings	0.0
77000 Grants, Claims	2,500.5
78000 Miscellaneous	0.0
Totals	3,558.1

Funding Sources :

1002 Fed Rcpts	442.1
1004 Gen Fund	1,966.8
1007 I/A Rcpts	50.0
1037 GF/MH	747.9
1082 MHTAAR	135.0
1119 Tobac Sell	216.3

Positions :

Permanent Full Time	0
Permanent Part Time	0
Non Permanent	0

SEP.20.1999 12:51PM DHSS DAS DIR OFFICE

NO.001 P.18/31

17

Component Detail
Department of Health and Social Services
FY2000 Budget

Component: Foster Care Alaska Youth Initiative (2239)
BRU: Purchased Services

FY2000 Mgt Plan

71000 Personal Services	0.0
72000 Travel	0.0
73000 Contractual	0.0
74000 Supplies	0.0
75000 Equipment	0.0
76000 Land/Buildings	0.0
77000 Grants, Claims	550.0
78000 Miscellaneous	0.0
Totals	550.0

Funding Sources :

1004 Gen Fund	150.0
1037 GF/MH	400.0

Positions :

Permanent Full Time	0
Permanent Part Time	0
Non Permanent	0

18

Component Detail
Department of Health and Social Services
FY2000 Budget

Component: Subsidized Adoptions & Guardianship (1982)
BIRU: Purchased Services

FY2000 Mgt Plan

71000 Personal Services	0.0
72000 Travel	0.0
73000 Contractual	850.0
74000 Supplies	0.0
75000 Equipment	0.0
76000 Land/Buildings	0.0
77000 Grants, Claims	9,270.8
78000 Miscellaneous	0.0
Totals	9,920.8

Funding Sources :

1002 Fed Rcpts	2,381.9
1003 G/F Match	1,994.9
1004 Gen Fund	4,953.4
1092 MHTAAR	590.4
1119 Tobac Sell	0.0

Positions :

Permanent Full Time	0
Permanent Part Time	0
Non Permanent	0

19

Component Detail
Department of Health and Social Services
FY2000 Budget

Component: Residential Child Care (253)
BRU: Purchased Services

FY2000 Mgt Plan

71000 Personal Services	0.0
72000 Travel	0.0
73000 Contractual	208.3
74000 Supplies	0.0
75000 Equipment	0.0
76000 Land/Buildings	0.0
77000 Grants, Claims	11,841.8
78000 Miscellaneous	0.0
Totals	12,047.9

Funding Sources :

1002 Fed Rcpts	625.0
1003 G/F Match	580.2
1004 Gen Fund	6,239.4
1037 GF/MH	3,858.3
1082 MHTAAR	250.0
1119 Tobac Sell	497.0

Positions :

Permanent Full Time	0
Permanent Part Time	0
Non Permanent	0

SEP. 20. 1999 12:52PM DHSS DAS DIR OFFICE

NO. 001 P. 21/31

2

Component Detail
Department of Health and Social Services
FY2000 Budget

Component: Front Line Social Workers (2305)
BRU: Front Line Social Workers

FY2000 Mgt Plan

71000 Personal Services	10,559.1
72000 Travel	141.5
73000 Contractual	1,684.9
74000 Supplies	163.3
75000 Equipment	12.0
76000 Land/Buildings	0.0
77000 Grants, Claims	0.0
78000 Miscellaneous	0.0
Totals	18,560.8

Funding Sources :

1002 Fed Rcpts	4,955.8
1003 G/F Match	2,478.7
1004 Gen Fund	5,530.7
1007 VA Rcpts	491.7
1037 GF/MH	145.8
1047 Title 20	4,328.6
1119 Tobac Sell	631.5

Positions :

Permanent Full Time	307
Permanent Part Time	4
Non Permanent	0

SEP. 20. 1999 12:52PM DHSS DAS DIR OFFICE

NO. 801 P. 22/31

2

Component Detail**Department of Health and Social Services****FY2000 Budget****Component: Family and Youth Services Management (2306)****BRU: Family and Youth Services Management****FY2000 Mgt Plan**

71000 Personal Services	3,237.5
72000 Travel	130.6
73000 Contractual	945.8
74000 Supplies	78.8
75000 Equipment	38.0
76000 Land/Buildings	0.0
77000 Grants, Claims	0.0
78000 Miscellaneous	0.0
Totals	4,428.7

Funding Sources :

1002 Fed Rcpts	2,384.0
1003 G/F Match	584.7
1004 Gen Fund	1,138.0
1007 I/A Rcpts	129.3
1047 Title 20	145.9
1061 CIP Rcpts	56.8

Positions :

Permanent Full Time	57
Permanent Part Time	1
Non Permanent	0

22

Component Detail
Department of Health and Social Services
FY2000 Budget

Component: Family and Youth Services Staff Training (2307)
BRU: Family and Youth Services Staff Training

FY2000 Mgt Plan

71000 Personal Services	0.0
72000 Travel	0.0
73000 Contractual	1,037.0
74000 Supplies	0.0
75000 Equipment	0.0
76000 Land/Buildings	0.0
77000 Grants, Claims	0.0
78000 Miscellaneous	0.0
Totals	1,037.0
Funding Sources :	
1002 Fed Rcpts	617.0
1004 Gen Fund	420.0
Positions :	
Permanent Full Time	0
Permanent Part Time	0
Non Permanent	0

22

Component Detail
Department of Health and Social Services
FY2000 Budget

Component: Office of Public Advocacy (2318)
BRU: Child Protection Legal Assistance

FY2000 Mgt Plan

71000 Personal Services	0.0
72000 Travel	0.0
73000 Contractual	185.0
74000 Supplies	0.0
75000 Equipment	0.0
76000 Land/Buildings	0.0
77000 Grants, Claims	0.0
78000 Miscellaneous	0.0

Totals	185.0
---------------	--------------

Funding Sources :

1004 Gen Fund	185.0
---------------	-------

Positions :

Permanent Full Time	0
---------------------	---

Permanent Part Time	0
---------------------	---

Non Permanent	0
---------------	---

24

Component Detail
Department of Health and Social Services
FY2000 Budget

Component: Public Defender Agency (2320)
BRU: Child Protection Legal Assistance

FY2000 Mgt Plan

71000 Personal Services	0.0
72000 Travel	0.0
73000 Contractual	255.0
74000 Supplies	0.0
75000 Equipment	0.0
76000 Land/Buildings	0.0
77000 Grants, Claims	0.0
78000 Miscellaneous	0.0

Totals	255.0
---------------	--------------

Funding Sources :

1004 Gen Fund	255.0
---------------	-------

Positions :

Permanent Full Time	0
Permanent Part Time	0
Non Permanent	0

SEP. 20. 1999 12:52PM DHSS DSS DIR OFFICE

NO. 001 P. 26/31

25

Component Detail
Department of Health and Social Services
FY2000 Budget

Component: Human Services Community Matching Grant (1821)
BRU: Human Services Community Matching Grant

FY2000 Mgt Plan

71000 Personal Services	0.0
72000 Travel	0.0
73000 Contractual	0.0
74000 Supplies	0.0
75000 Equipment	0.0
76000 Land/Buildings	0.0
77000 Grants, Claims	1,718.9
78000 Miscellaneous	0.0
Totals	1,718.9
Funding Sources :	
1004 Gen Fund	410.9
1007 I/A Rcpts	1,308.0
Positions :	
Permanent Full Time	0
Permanent Part Time	0
Non Permanent	0

76

Appendix A**Department of Health and Social Services
FY2000 Budget Structure****BRU****Component****Public Assistance****ATAP****Adult Public Assistance****General Relief Assistance****DAA-ALB Hold Harmless****PFD Hold Harmless****Energy Assistance Program****Tribal Assistance Programs****Medical Assistance****Medicaid Services****Catastrophic and Chronic Illness Assistance****Catastrophic and Chronic Illness****Public Assistance Admin****Public Assistance Admin****Quality Control****PA Field Services****Fraud Investigation****Public Assistance Data Processing****Work Services****Child Care Benefits****Medical Assistance Admin****Medical Assistance Admin****Medicaid State Programs****Health Purchasing Group****Certification & Licensing****Hearings and Appeals****Audit****Children's Health Eligibility****Purchased Services****Delinquency Prevention****Family Preservation****Foster Care Base Rate**

Foster Care Augmented Rate
Foster Care Special Need
Foster Care AYI
Subsidized Adoption & Guardianship
Residential Child Care

Front Line Social Workers
Front Line Social Workers

Family and Youth Services Management
Family and Youth Services Management

Family and Youth Services Staff Training
Family and Youth Services Staff Training

Child Protection Legal Assistance
Office of Public Advocacy
Public Defender Agency

Youth Corrections
McLaughlin Youth Center
Fairbanks Youth Facility
Nome Youth Facility
Johnson Youth Center
Bethel Youth Facility
Mat-Su Youth Facility
Probation Services

Human Svcs Community Matching Grant
Human Svcs Community Matching Grant

Maniilaq
Maniilaq Social Services
Maniilaq Public Health Services
Maniilaq Alcohol & Drug Abuse
Maniilaq Mental Health/DD Svcs

Norton Sound
NS Social Services
NS Public Health Services
NS Alcohol & Drug Abuse Services
NS Mental Health/DD Services
NS Sanitation

SE Alaska Regional Health Consortium
SEARHC Public Health Services
SEARHC Alcohol & Drug Abuse Services
SEARHC Mental Health Services

Kawerak**KAWERAK Social Services****Tanana Chiefs Conference****TCC Public Health Services****TCC Alcohol & Drug Abuse Svcs****TCC Mental Health Svcs****Tlingit Haida****T-H Social Services****T-H Alcohol & Drug Abuse Svcs****Yukon-Kuskokwim Health Corp.****Y-K Public Health Services****Y-K Alcohol & Drug Abuse Svcs****Y-K Mental Health Services****State Health Services****Nursing****Women, Infants and Children****Maternal, Child, & Family Hlth****Healthy Families****Public Health Admin Services****Epidemiology****Bureau of Vital Statistics****Health Services/Medicaid****Community Health/EMS Services****Community Health Grants****Emergency Medical Services Grants****State Medical Examiner****Infant Learning Program Grants****Public Health Laboratories****Radiological Health****Tobacco Prevention and Control *****Alcohol and Drug Abuse Svcs****ADA Administration****Alcohol Safety Action Program****Alcohol/Drug Abuse Grants****Community Grants - Prevention****CAASA Grants****Correctional ADA Grant Services****Rural Services Grants****Community Mental Health Grants****Gen Community Mental Hlth Grants****Psychiatric Emergency Services**

Services for the Chronically Mentally Ill
Designated Eval & Treatment
Services for Seriously Emotionally Disturbed Youth

Community DD Grants
Community DD Grants

Institutions and Administration
Mental Health/DD Admin
Alaska Psychiatric Institute
Federal Mental Health Projects

Mental Health Trust Boards
Alaska Mental Health Board
Governor's Council on Disabilities and Special Education
Advisory Board on Alcoholism and Drug Abuse

Administrative Services
Commissioner's Office
Personnel and Payroll
Administrative Support Services
Health Planning and Facilities Management
COMPASS Community Grants

Children's Trust Programs
Children's Trust Programs

Facilities Maintenance
Facilities Maintenance



SEP. 20. 1999

2:08PM

DHSS DAS DIR OFFICE

NO. 804

P. 1/40

DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF ADMINISTRATIVE SERVICES
DIRECTOR'S OFFICE



FACSIMILE COVER SHEET

Annette Deal-Leg Aide Cawdery

TO:

Anchorage L10 - Lana Decker
Fairbanks L10 - Melba Piispanen
Kenai L10 - Alyson Stogsdill

FAX NUMBER

PHONE NUMBER

FROM:

Lisa Emerson
Budget Section

9/20

DATE

NO. OF
PAGES

465-2499

FAX NUMBER

465-3331

PHONE NUMBER

RE: Privatization Information for 9/21 Meeting

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ OTHER

NOTES/COMMENTS:

Annette 269-0223

Juvenile Justice 17 pgs

Lana 269-0229

Family & Youth 26 pgs

Melba 456-3346

Appendix A 4 pgs

Alyson 283-3075

Appendix B 39 pgs

Please confirm receipt of electronic portion

Thanks!

State of Alaska
Department of Health & Social Services
Division of Administrative Services/Director's Office
P.O. Box 110650
Juneau, Alaska 99811-0650

Division of Public Assistance
FY 2000 Operating Grants

Program	Grantee	Location	2000 Award
Alaska Temporary Assistance & Work Svs	Aleutian/Pribilof Islands Association	Sand Point	\$75,800
Alaska Temporary Assistance & Work Svs	Association of Village Council Presidents	Bethel	\$816,400
Alaska Temporary Assistance & Work Svs	Bristol Bay Area Health Corporation	Dillingham	\$449,800
Alaska Temporary Assistance & Work Svs	Cook Inlet Tribal Council	Anchorage	\$202,500
Alaska Temporary Assistance & Work Svs	Cook Inlet Tribal Council	Anchorage	\$861,400
Alaska Temporary Assistance & Work Svs	Copper River Native Association	Prince William Sound/Cooper	\$59,700
Alaska Temporary Assistance & Work Svs	Kawerak, Inc.	Western Region	\$223,100
Alaska Temporary Assistance & Work Svs	Manillaq Manpower	Kotzebue	\$162,200
Alaska Temporary Assistance & Work Svs	Metlakatla Indian Corporation	Metlakatla	\$115,200
Alaska Temporary Assistance & Work Svs	Tanana Chiefs Conference	Fairbanks	\$2,405,200
Alaska Temporary Assistance & Work Svs	Tanana Chiefs Conference	Fairbanks	\$120,000
Alaska Temporary Assistance & Work Svs	Tlingit & Haida Tribes of Alaska	Juneau	\$136,100
Alaska Temporary Assistance & Work Svs	Tlingit & Haida Tribes of Alaska	Juneau/SE	\$122,500
Community Emergency Food Programs	Alaska Food Coalition	Statewide	\$90,000
Services for Pregnant & Parenting Teens	Catholic Community Services	Juneau	\$65,000
Services for Pregnant & Parenting Teens	Fairbanks North Star Borough School District	Fairbanks	\$65,000
Services for Pregnant & Parenting Teens	Kenai Alternative High School	Kenai	\$65,000
Services for Pregnant & Parenting Teens	Valley Women's Resource Center	Wasilla	\$65,000
SSI Disability Benefits	Alaska Legal Services	Statewide	\$50,000
		Total	\$6,149,900

9/1/99

Page 1

Appendix B

SEP. 20, 1999 2:08PM DSS DAS DIR OFFICE NO. 804 P. 2/40

Division of Alcoholism and Drug Abuse
FY 2000 Operating Grants

Program	Grantee	Location	2000 Award
Alcohol & Drug Abuse Training Program	AK Comm. for Chemical Dependency Prof. Cert.	Statewide	\$25,000
Alcohol Safety Action Program	Abused Women's Aid in Crisis, Inc.	Anchorage	\$50,000
Alcohol Safety Action Program	Akeela Treatment Services	Kenai, Homer	\$100,000
Alcohol Safety Action Program	Bristol Bay Area Health Corporation	Dillingham	\$24,195
Alcohol Safety Action Program	Fairbanks Native Association	Fairbanks	\$105,995
Alcohol Safety Action Program	Gateway Center for Human Services	Ketchikan	\$44,000
Alcohol Safety Action Program	Mat-Su Recovery Center	Palmer/Wasilla	\$83,724
Alcohol Safety Action Program	National Council on Alcoholism	Juneau	\$91,486
Alcohol Safety Action Program	Safeharbor/KCA	Kodiak	\$34,500
Community Action Against Substance Abuse	Bristol Bay Area Health Corporation	Dillingham	\$27,619
Community Action Against Substance Abuse	Mat-Su Recovery Center	Wasilla	\$48,950
Community Action Against Substance Abuse	Seward Life Action Council	Seward	\$50,000
Community Action Against Substance Abuse	Volunteers of America	Anchorage	\$50,000
Community Action Against Substance Abuse	Wrangell Police in School Liason	Wrangell	\$40,000
Community Action Against Substance Abuse	Yakutat Tlingit Tribe	Yakutat	\$33,431
Community Based Suicide Prevention	Akutan Traditional Council	Akutan	\$12,000
Community Based Suicide Prevention	Alakanuk, City of	Alakanuk	\$15,000
Community Based Suicide Prevention	Allakaket Tribal Council	Allakaket	\$12,000
Community Based Suicide Prevention	Ambler, City of	Ambler	\$13,500
Community Based Suicide Prevention	Beaver Village Council	Beaver	\$12,000
Community Based Suicide Prevention	Brevig Mission Traditional Council	Brevig Mission	\$10,000
Community Based Suicide Prevention	Chalkyitsik Village Council	Chalkyitsik	\$12,000
Community Based Suicide Prevention	Chignik Lake Traditional Village Council	Chignik Lake	\$10,000
Community Based Suicide Prevention	Chistochina Village Council	Chistochina	\$10,000
Community Based Suicide Prevention	Circle Traditional Council	Circle	\$12,000
Community Based Suicide Prevention	Delta Junction, City of	Delta Junction	\$10,000
Community Based Suicide Prevention	Emmonak, City of	Emmonak	\$15,000
Community Based Suicide Prevention	False Pass, City of	False Pass	\$10,500
Community Based Suicide Prevention	Gulkana Village Council	Gulkana	\$12,000
Community Based Suicide Prevention	Hughes Village Council	Hughes	\$11,000
Community Based Suicide Prevention	Iditarod School District	McGrath	\$14,000
Community Based Suicide Prevention	Igiugig Village Council	Igiugig	\$10,000

9/1/99

Page 1

SEP. 20. 1999

2:08PM

DHS DAS DIR OFFICE

NO. 804

P. 3/40

Division of Alcoholism and Drug Abuse
FY 2000 Operating Grants

Program	Grantee	Location	2000 Award
Community Based Suicide Prevention	Illamna Village Council	Illamna	\$12,000
Community Based Suicide Prevention	King Cove, City of	King Cove	\$10,000
Community Based Suicide Prevention	King Salmon Village Council	King Salmon	\$11,000
Community Based Suicide Prevention	Kipruk Traditional Council	Kipruk	\$18,000
Community Based Suicide Prevention	Kokhanok Village Council	Kokhanok	\$10,000
Community Based Suicide Prevention	Kotlik City Council	Kotlik	\$14,000
Community Based Suicide Prevention	Koyukuk, City of	Koyukuk	\$10,000
Community Based Suicide Prevention	Levelock Village Council	Levelock	\$12,000
Community Based Suicide Prevention	Lower Kalskag, City of	Lower Kalskag	\$11,000
Community Based Suicide Prevention	Manokotak Village Council	Manokotak	\$12,000
Community Based Suicide Prevention	Mentasta Tribal Council	Mentasta	\$12,000
Community Based Suicide Prevention	Minto Village Council	Minto	\$11,000
Community Based Suicide Prevention	Native Village of Elm	Elm	\$12,200
Community Based Suicide Prevention	Native Village of Fort Yukon	Fort Yukon	\$14,000
Community Based Suicide Prevention	Native Village of Gambell	Gambell	\$11,000
Community Based Suicide Prevention	Native Village of Koyuk	Koyuk	\$13,000
Community Based Suicide Prevention	Native Village of Mekoryuk	Mekoryuk	\$12,000
Community Based Suicide Prevention	Native Village of Napaskiak	Napaskiak	\$12,000
Community Based Suicide Prevention	Native Village of Shishmaref	Shishmaref	\$15,000
Community Based Suicide Prevention	Native Village of St. Michael	St. Michael	\$10,000
Community Based Suicide Prevention	Nenana Native Council	Nenana	\$14,000
Community Based Suicide Prevention	Newhalen Tribal Council	Newhalen	\$14,000
Community Based Suicide Prevention	Nondalton Tribal Council	Nondalton	\$12,500
Community Based Suicide Prevention	Nulato, City of	Nulato	\$10,000
Community Based Suicide Prevention	Old Harbor Tribal Council	Old Harbor	\$15,000
Community Based Suicide Prevention	Organized Village of Kake	Kake	\$15,000
Community Based Suicide Prevention	Organized Village of Kwethluk (IRA)	Kwethluk	\$13,000
Community Based Suicide Prevention	Pilot Point Traditional Council	Pilot Point	\$10,000
Community Based Suicide Prevention	Qagan Tayagungin Tribe	Sand Point	\$12,000
Community Based Suicide Prevention	Qawalangin Tribe of Alaska	Unalaska	\$10,000
Community Based Suicide Prevention	Ruby City Council	Ruby	\$13,000
Community Based Suicide Prevention	Savoonga, City of	Savoonga	\$15,000

li 9/1/99

Division of Alcoholism and Drug Abuse
FY 2000 Operating Grants

Program	Grantee	Location	2000 Award
Community Based Suicide Prevention	Shaktoolik IRA Council	Shaktoolik	\$12,000
Community Based Suicide Prevention	Slana Community Corporation	Slana	\$7,500
Community Based Suicide Prevention	South Naknek Village Council	South Naknek	\$12,000
Community Based Suicide Prevention	St. George Traditional Council	St. George	\$11,000
Community Based Suicide Prevention	St. Mary's, City of	St. Mary's	\$14,000
Community Based Suicide Prevention	Stevens Village Tribal Council	Stevens Village	\$12,000
Community Based Suicide Prevention	Tapraq, Inc.	Stebbins	\$12,000
Community Based Suicide Prevention	Togiak, City of	Togiak	\$16,000
Community Based Suicide Prevention	Toksook Bay, City of	Toksook Bay	\$13,000
Community Based Suicide Prevention	Tuntatuliak Traditional Council	Tuntatuliak	\$12,000
Community Based Suicide Prevention	Upper Kalskag Traditional Council	Upper Kalskag	\$11,000
Community Based Suicide Prevention	Venatie Village Council	Venatie	\$12,000
Community Based Suicide Prevention	Wales, City of	Wales	\$19,000
Community Based Suicide Prevention	White Mountain, City of	White Mountain	\$14,000
Community Based Suicide Prevention	Yakutat Tlingit Tribe	Yakutat	\$13,000
Community Prevention Services	Akeela Treatment Services	Anchorage	\$154,421
Community Prevention Services	Akeela Treatment Services	Anchorage, Kenai	\$136,632
Community Prevention Services	Akeela Treatment Services	Statewide	\$244,994
Community Prevention Services	Alaska Youth Military Academy	Statewide	\$25,000
Community Prevention Services	Fairbanks Native Association	Fairbanks	\$45,368
Community Prevention Services	Mat-Su Recovery Center	Wasilla	\$40,000
Community Prevention Services	National Council on Alcoholism	Southeast Region	\$114,679
Community Prevention Services	RurALCAP	Statewide	\$25,000
Community Prevention Services	Seldovia Village	Seldovia, Nanwalek	\$32,000
Community Prevention Services	Sitka Prevention & Treatment Services	Sitka	\$71,900
Community Prevention Services	Volunteers of America	Statewide	\$75,000
Department of Corrections Treatment Beds	Akeela Treatment Services	Anchorage/ Stwd	\$71,537
Department of Corrections Treatment Beds	Cook Inlet Tribal Council	Anchorage/ Stwd	\$35,770
Department of Corrections Treatment Beds	Fairbanks Native Association	Fairbanks/ Stwd	\$53,655
Department of Corrections Treatment Beds	Gastineau Human Services	Juneau/Stwd	\$35,770
Department of Corrections Treatment Beds	Manillaq Association	Northwest Arctic	\$17,885
Department of Corrections Treatment Beds	Safeharbor/KCA	Kodiak/Stwd	\$35,770

9/1/99

Division of Alcoholism and Drug Abuse
FY 2000 Operating Grants

Program	Grantee	Location	2000 Award
Department of Corrections Treatment Beds	Salvation Army Clitheroe Center	Anchorage/ Stwd	\$295,328
Department of Corrections Treatment Beds	Yukon-Kuskokwim Health Corp.	Bethel/Stwd	\$17,885
Family Spirit Project	Yukon-Kuskokwim Health Corp.	Yukon-Kuskokwim Region	\$200,000
Fetal Alcohol Syndrome Consultation/Training	University of Alaska Fairbanks	Statewide	\$139,200
Methadone Treatment Services	Narcotic Drug Treatment Center	Anchorage	\$460,000
Peer Counselor/Natural Helper	Bristol Bay Area Health Corporation	Dillingham	\$45,000
Peer Counselor/Natural Helper	Communities Organized for Health Options	Craig	\$23,831
Peer Counselor/Natural Helper	Council of Athabascan Tribal Governments	Yukon Flats	\$12,000
Peer Counselor/Natural Helper	Fairbanks Crisis Line	Delta Greely	\$12,100
Peer Counselor/Natural Helper	Fairbanks Crisis Line	Fairbanks	\$56,000
Peer Counselor/Natural Helper	Mat-Su Community Mental Health Services	Wasilla	\$22,165
Peer Counselor/Natural Helper	Nome Community Center	Nome	\$12,257
Peer Counselor/Natural Helper	Sitka Prevention & Treatment Services	Sitka	\$60,000
Peer Counselor/Natural Helper	Wrangell Community Services	Wrangell	\$12,000
Pregnant Postpartum Women's Project	Fairbanks Native Association	Fairbanks/ Stwd	\$885,000
Rural Human Service System	Bristol Bay Area Health Corporation	Bristol Bay	\$375,109
Rural Human Service System	Copper River Native Association	Copper Center	\$5,000
Rural Human Service System	Eastern Aleutian Tribes	Aleutians East	\$146,000
Rural Human Service System	Fairbanks Native Association	Fairbanks	\$9,300
Rural Human Service System	Hoonah Indian Association	Hoonah	\$9,000
Rural Human Service System	Kenaitze Indian Tribe, IRA	Kenai Peninsula	\$12,000
Rural Human Service System	Kodiak Area Native Association	Kodiak Island	\$150,619
Rural Human Service System	Manilaq Association	Northwest Arctic	\$162,159
Rural Human Service System	McGrath Anvik Educational & Mental Health	McGrath	\$64,000
Rural Human Service System	Norton Sound Health Corporation	Nome	\$74,432
Rural Human Service System	SouthEast Alaska Regional Health Consortium	Sitka, Angoon	\$28,112
Rural Human Service System	Tanana Chiefs Conference	Old Minto	\$15,000
Rural Human Service System	Yakutat Tlingit Tribe	Yakutat	\$26,000
Rural Human Service System	Yukon-Koyukuk Mental Health	Yukon-Koyukuk	\$160,000
Rural Human Service System	Yukon-Kuskokwim Health Corp.	Yukon-Kuskokwim Region	\$209,115
Rural Remote & Culturally Distinct	Yukon-Kuskokwim Health Corp.	Yukon-Kuskokwim Region	\$370,000
Treatment/Emergency Care Services	Providence Alaska Medical Center	Anchorage	\$18,700

9/1/99

Division of Alcoholism and Drug Abuse
FY 2000 Operating Grants

Program	Grantee	Location	2000 Award
Treatment/Outpatient Services	Akeela Treatment Services	Kenai/Homer	\$10,000
Treatment/Outpatient Services	Aleutian/Pribilof Islands Association	Unalaska	\$73,000
Treatment/Outpatient Services	Avenues	Wrangell	\$93,140
Treatment/Outpatient Services	Changing Tides	Petersburg	\$106,649
Treatment/Outpatient Services	Communities Organized for Health Options	Craig	\$146,585
Treatment/Outpatient Services	Cook Inlet Council on Alcohol	Homer/Kenai	\$325,597
Treatment/Outpatient Services	Eastern Aleutian Tribes	Sand Point	\$72,500
Treatment/Outpatient Services	Fairbanks Native Association	Fairbanks	\$60,000
Treatment/Outpatient Services	Four Rivers Counseling Services	McGrath	\$128,424
Treatment/Outpatient Services	Gateway Center for Human Services	Ketchikan	\$63,300
Treatment/Outpatient Services	Hoonah Indian Association	Hoonah	\$40,000
Treatment/Outpatient Services	Kenaitze Indian Tribe, IRA	Kenai Peninsula	\$40,000
Treatment/Outpatient Services	Kuskokwim Native Association	Aniak	\$58,000
Treatment/Outpatient Services	Mat-Su Recovery Center	Wasilla/Talkeetna	\$343,781
Treatment/Outpatient Services	Railbelt Mental Health	Nenana	\$77,353
Treatment/Outpatient Services	Seward Life Action Council	Seward	\$107,794
Treatment/Outpatient Services	Sitka Prevention & Treatment Services	Sitka	\$232,727
Treatment/Outpatient Services	Sound Alternatives	Cordova	\$72,373
Treatment/Outpatient Services	Valdez Counseling Center	Valdez	\$10,000
Treatment/Residential Services	Akeela Treatment Services	Statewide	\$640,510
Treatment/Residential Services	Anchorage, Municipality of	Anchorage	\$423,853
Treatment/Residential Services	ARCA, The Arc of Anchorage	Anchorage	\$149,800
Treatment/Residential Services	Bristol Bay Area Health Corporation	Dillingham	\$515,325
Treatment/Residential Services	Cook Inlet Tribal Council	Statewide	\$387,554
Treatment/Residential Services	Fairbanks Native Association	Fairbanks	\$1,020,808
Treatment/Residential Services	Fairbanks Native Association	Fairbanks	\$100,000
Treatment/Residential Services	Gateway Center for Human Services	Ketchikan	\$434,534
Treatment/Residential Services	Juneau, City & Borough	Juneau	\$931,491
Treatment/Residential Services	North Slope Borough	Barrow	\$400,000
Treatment/Residential Services	Nugen's Ranch	Statewide	\$982,286
Treatment/Residential Services	Safeharbor/KCA	Kodiak	\$456,062
Treatment/Residential Services	Salvation Army Clitheroe Center	Statewide	\$1,785,291

Division of Alcoholism and Drug Abuse
FY 2000 Operating Grants

Program	Grantee	Location	2000 Award
Treatment/Residential Services	Sitka Prevention & Treatment Services	Sitka	\$114,626
Treatment/Residential Services	Tanana Chiefs Conference	Yukon-Koyukuk	\$115,000
Women & Children	Alaska Women's Resource Center	Statewide	\$394,589
Women & Children	Bristol Bay Area Health Corporation	Bristol Bay Region	\$50,000
Women & Children	Fairbanks Native Association	Fairbanks	\$50,000
Women & Children	Fairbanks Native Association	Fairbanks/ Stwd	\$600,000
Women & Children	Juneau, City & Borough	Juneau	\$93,000
Women & Children	Mat-Su Recovery Center	Wasilla	\$105,113
Women & Children	Salvation Army Clitheroe Center	Statewide	\$655,644
Women & Children	Sitka Prevention & Treatment Services	Sitka	\$49,852
Women & Children	SouthCentral Foundation	Statewide	\$251,402
Youth Residential & Outpatient	Fairbanks Native Association	Fairbanks	\$208,985
Youth Residential & Outpatient	Juneau, City & Borough	Juneau	\$143,363
Youth Residential & Outpatient	Mat-Su Recovery Center	Wasilla	\$65,782
Youth Residential & Outpatient	Salvation Army Booth Memorial	Anchorage	\$44,400
Youth Residential & Outpatient	Volunteers of America/ARCH & ASSIST	Anchorage	\$823,020
		Total	\$20,949,686

9/1/99

Page 6

SEP. 20. 1999

2:11PM

DMS DMS DIR OFFICE

NO. 804

P. 8/40

Division of Mental Health and Developmental Disabilities
Community Mental Health FY2000 Operating Grants

Program	Grantee	Location	2000 Award
Alaska Youth Initiative	Alaska Children's Services	Anchorage	\$38,576
Alaska Youth Initiative	Alaska Specialized Education & Training	Anchorage	\$423,484
Alaska Youth Initiative	Alaska Youth & Parent Foundation	Anchorage	\$24,902
Alaska Youth Initiative	Alternatives Community Mental Health Center	Anchorage	\$10,391
Alaska Youth Initiative	ARCA, The Arc of Anchorage	Anchorage	\$169,282
Alaska Youth Initiative	Bristol Bay Area Health Corporation	Bristol Bay Region	\$44,043
Alaska Youth Initiative	Central Peninsula Counseling Services	Kenai	\$62,170
Alaska Youth Initiative	Community Connections	Ketchikan	\$45,477
Alaska Youth Initiative	Family Centered Services of Alaska	Fairbanks	\$389,840
Alaska Youth Initiative	Hope Cottage	Anchorage	\$11,589
Alaska Youth Initiative	Juneau Community Mental Health Center	Juneau	\$89,047
Alaska Youth Initiative	Kenai Peninsula Community Care Center	Kenai	\$26,350
Alaska Youth Initiative	Life Quest	Wasilla	\$79,574
Alaska Youth Initiative	Mat-Su Services for Children & Adults	Wasilla	\$55,114
Alaska Youth Initiative	Norton Sound/Rainbow Services	Nome	\$80,159
Alaska Youth Initiative	Providence Kodiak Island Mental Health Center	Kodiak	\$7,896
Alaska Youth Initiative	Sitka Mental Health Clinic	Sitka	\$9,000
Alaska Youth Initiative	South Peninsula Mental Health Assoc.	Homer	\$66,422
Alaska Youth Initiative	Yukon-Kuskokwim Health Corp.	Bethel	\$143,299
Community Mental Health Services	Alaska Mental Health Association	Anchorage	\$18,000
Community Mental Health Services	ARCA, The Arc of Anchorage	Anchorage	\$28,300
Community Mental Health Services	ARCA, The Arc of Anchorage	Anchorage	\$189,900
Community Mental Health Services	Bristol Bay Area Health Corporation	Dillingham	\$4,300
Community Mental Health Services	Central Peninsula Counseling Services	Kenai	\$83,200
Community Mental Health Services	Community Organized for Health Options	Craig	\$1,000
Community Mental Health Services	Copper River Native Association	Copper Center	\$26,400
Community Mental Health Services	Disability Law Center	Anchorage	\$90,000
Community Mental Health Services	Eastern Aleutian Tribes	Sand Point	\$5,600
Community Mental Health Services	Fairbanks Community Mental Health Center	Fairbanks	\$69,000
Community Mental Health Services	Four Rivers Counseling Services	McGrath	\$900
Community Mental Health Services	Galena, City of	Galena	\$4,600
Community Mental Health Services	Iliuliuk Center	Unalaska	\$300

Division of Mental Health and Developmental Disabilities
Community Mental Health FY2000 Operating Grants

Program	Grantee	Location	2000 Award
Community Mental Health Services	Juneau Community Mental Health Center	Juneau	\$47,300
Community Mental Health Services	Ketchikan, City of	Ketchikan	\$88,900
Community Mental Health Services	Kuskokwim Native Association	Aniak	\$1,300
Community Mental Health Services	Life Quest	Wasilla	\$27,700
Community Mental Health Services	Lynn Canal Counseling Services	Haines	\$9,600
Community Mental Health Services	Mental Health Consumers of Alaska	Anchorage	\$43,700
Community Mental Health Services	North Slope Borough	Barrow	\$4,700
Community Mental Health Services	Petersburg Mental Health Services	Petersburg	\$18,900
Community Mental Health Services	Providence Kodiak Island Mental Health Center	Kodiak	\$30,800
Community Mental Health Services	Railbelt Mental Health	Kenai	\$16,200
Community Mental Health Services	Sitka Mental Health Clinic	Sitka	\$1,800
Community Mental Health Services	Sound Alternatives	Cordova	\$4,900
Community Mental Health Services	South Central Counseling	Anchorage	\$10,000
Community Mental Health Services	South Peninsula Mental Health Assoc.	Homer	\$14,800
Community Mental Health Services	Tok Area Mental Health Center	Tok	\$3,400
Community Mental Health Services	Valdez, City of	Valdez	\$1,700
Community Mental Health Services	Wrangell Community Services	Wrangell	\$2,800
Designated Evaluation & Treatment Services	Copper River Native Association	Copper Center	\$20,000
Designated Evaluation & Treatment Services	Fairbanks Native Association	Fairbanks	\$80,000
Designated Evaluation & Treatment Services	Juneau Recovery Hospital	Juneau	\$80,000
Psychiatric Emergency Services	Bristol Bay Area Health Corporation	Dillingham	\$111,400
Psychiatric Emergency Services	Central Peninsula Counseling Services	Kenai	\$138,800
Psychiatric Emergency Services	Community Organized for Health Options	Craig	\$104,000
Psychiatric Emergency Services	Copper River Native Association	Copper Center	\$117,800
Psychiatric Emergency Services	Eastern Aleutian Tribes	Sand Point	\$192,100
Psychiatric Emergency Services	Fairbanks Community Mental Health Center	Fairbanks	\$456,400
Psychiatric Emergency Services	Four River Counseling Services	McGrath	\$101,900
Psychiatric Emergency Services	Galena, City of	Galena	\$100,500
Psychiatric Emergency Services	Iliuliuk Center	Unalaska	\$49,000
Psychiatric Emergency Services	Juneau Alliance for the Mentally Ill	Juneau	\$92,000
Psychiatric Emergency Services	Juneau Community Mental Health Center	Juneau	\$227,400
Psychiatric Emergency Services	Juneau Youth Service	Juneau	\$71,400

**Division of Mental Health and Developmental Disabilities
Community Mental Health FY2000 Operating Grants**

Program	Grantee	Location	2000 Award
Psychiatric Emergency Services	Kenaitze Indian Tribe	Kenai	\$5,200
Psychiatric Emergency Services	Ketchikan, City of	Ketchikan	\$81,500
Psychiatric Emergency Services	Kuskokwim Native Association	Aniak	\$80,400
Psychiatric Emergency Services	Life Quest	Wasilla	\$315,700
Psychiatric Emergency Services	Lynn Canal Counseling Services	Haines	\$113,500
Psychiatric Emergency Services	Manilaq Association	Kotzebue	\$289,700
Psychiatric Emergency Services	North Slope Borough	Barrow	\$505,400
Psychiatric Emergency Services	Petersburg Mental Health Services	Petersburg	\$78,500
Psychiatric Emergency Services	Providence Kodiak Island Mental Health Center	Kodiak	\$127,000
Psychiatric Emergency Services	Railbelt Mental Health	Nenana	\$54,100
Psychiatric Emergency Services	Seward Life Action Council	Seward	\$93,800
Psychiatric Emergency Services	Sitka Mental Health Clinic	Sitka	\$129,500
Psychiatric Emergency Services	Sound Alternatives	Cordova	\$105,900
Psychiatric Emergency Services	South Central Counseling	Anchorage	\$1,803,000
Psychiatric Emergency Services	South Peninsula Mental Health Assoc.	Homer	\$113,900
Psychiatric Emergency Services	SouthCentral Foundation	Anchorage	\$80,400
Psychiatric Emergency Services	SouthEast Alaska Regional Health Consortium	Sitka	\$10,000
Psychiatric Emergency Services	Tanana Chiefs Conference	Tanana/Ft. Yukon	\$5,000
Psychiatric Emergency Services	Tok Area Mental Health Center	Tok	\$151,600
Psychiatric Emergency Services	Valdez, City of	Valdez	\$101,000
Psychiatric Emergency Services	Wrangell Community Services	Wrangell	\$105,500
Seriously Emotionally Disturbed Youth	Anchorage Center for Families	Anchorage	\$293,700
Seriously Emotionally Disturbed Youth	Bristol Bay Area Health Corporation	Dillingham	\$17,500
Seriously Emotionally Disturbed Youth	Central Peninsula Counseling Services	Kenai	\$176,500
Seriously Emotionally Disturbed Youth	Community Organized for Health Options	Craig	\$31,600
Seriously Emotionally Disturbed Youth	Copper River Native Association	Copper Center	\$6,700
Seriously Emotionally Disturbed Youth	Eastern Aleutian Tribes	Sand Point	\$33,900
Seriously Emotionally Disturbed Youth	Fairbanks Community Mental Health Center	Fairbanks	\$982,400
Seriously Emotionally Disturbed Youth	Family Centered Services of Alaska	Fairbanks	\$181,900
Seriously Emotionally Disturbed Youth	Four Rivers Counseling Services	McGrath	\$49,700
Seriously Emotionally Disturbed Youth	Galena, City of	Galena	\$2,800
Seriously Emotionally Disturbed Youth	Illuulik Center	Unalakleet	\$16,700

SEP. 20. 1999

2:13PM

DHS DAS DIR OFFICE

NO. 884

P. 11/40

9/1/99

Page 3

Division of Mental Health and Developmental Disabilities
Community Mental Health FY2000 Operating Grants

Program	Grantee	Location	2000 Award
Seriously Emotionally Disturbed Youth	Juneau Community Mental Health Center	Juneau	\$157,200
Seriously Emotionally Disturbed Youth	Juneau Youth Services	Juneau	\$241,100
Seriously Emotionally Disturbed Youth	Ketchikan, City of	Ketchikan	\$258,900
Seriously Emotionally Disturbed Youth	Kuskokwim Native Association	Aniak	\$15,600
Seriously Emotionally Disturbed Youth	Life Quest	Wasilla	\$378,200
Seriously Emotionally Disturbed Youth	Lynn Canal Counseling Services	Haines	\$10,900
Seriously Emotionally Disturbed Youth	North Slope Borough	Barrow	\$14,800
Seriously Emotionally Disturbed Youth	Parents, Inc.	Statewide	\$57,500
Seriously Emotionally Disturbed Youth	Petersburg Mental Health Services	Petersburg	\$33,800
Seriously Emotionally Disturbed Youth	Providence Kodiak Island Mental Health Center	Kodiak	\$56,600
Seriously Emotionally Disturbed Youth	Railbelt Mental Health	Nenana	\$30,400
Seriously Emotionally Disturbed Youth	Sitka Mental Health Clinic	Sitka	\$19,300
Seriously Emotionally Disturbed Youth	Sound Alternatives	Cordova	\$13,600
Seriously Emotionally Disturbed Youth	South Central Counseling	Anchorage	\$832,200
Seriously Emotionally Disturbed Youth	South Peninsula Mental Health Assoc.	Homer	\$95,400
Seriously Emotionally Disturbed Youth	SouthCentral Foundation	Anchorage	\$40,000
Seriously Emotionally Disturbed Youth	Tok Area Mental Health Center	Tok	\$38,100
Seriously Emotionally Disturbed Youth	Wrangell Community Services	Wrangell	\$31,900
Seriously Emotionally Disturbed Youth	Yukon-Kuskokwim Health Corp.	Bethel	\$490,700
Services to the Chronically Mentally Ill	Alaska Alliance for the Mentally Ill	Anchorage	\$168,200
Services to the Chronically Mentally Ill	Alaska Mental Health Consumer Web	Statewide	\$12,500
Services to the Chronically Mentally Ill	Alaska Specialized Education & Training	Anchorage	\$371,000
Services to the Chronically Mentally Ill	ARCA, The Arc of Anchorage	Anchorage	\$257,100
Services to the Chronically Mentally Ill	Bethel Community Services	Bethel	\$140,000
Services to the Chronically Mentally Ill	Bristol Bay Area Health Corporation	Dillingham	\$200,500
Services to the Chronically Mentally Ill	Central Peninsula Counseling Services	Kenai	\$238,700
Services to the Chronically Mentally Ill	Community Organized for Health Options	Craig	\$21,500
Services to the Chronically Mentally Ill	Copper River Native Association	Copper Center	\$46,000
Services to the Chronically Mentally Ill	Daybreak, Inc.	Wasilla	\$101,700
Services to the Chronically Mentally Ill	Eastern Aleutian Tribes	Sand Point	\$91,800
Services to the Chronically Mentally Ill	Fairbanks Community Mental Health Center	Fairbanks	\$1,581,100
Services to the Chronically Mentally Ill	Four Rivers Counseling Services	McGrath	\$21,900

**Division of Mental Health and Developmental Disabilities
Community Mental Health FY2000 Operating Grants**

Program	Grantee	Location	2000 Award
Services to the Chronically Mentally III	Galena, City of	Galena	\$18,400
Services to the Chronically Mentally III	Iliuliuk Center	Unalaska	\$9,000
Services to the Chronically Mentally III	Juneau Alliance for the Mentally III	Juneau	\$796,300
Services to the Chronically Mentally III	Juneau Community Mental Health Center	Juneau	\$235,200
Services to the Chronically Mentally III	Ketchikan, City of	Ketchikan	\$373,300
Services to the Chronically Mentally III	Kuskokwim Native Association	Aniak	\$44,400
Services to the Chronically Mentally III	Life Quest	Wasilla	\$938,700
Services to the Chronically Mentally III	Lynn Canal Counseling Services	Haines	\$18,000
Services to the Chronically Mentally III	Mental Health Association of Alaska	Statewide	\$40,000
Services to the Chronically Mentally III	Mental Health Consumers of Alaska	Anchorage	\$158,300
Services to the Chronically Mentally III	North Slope Borough	Barrow	\$124,000
Services to the Chronically Mentally III	Petersburg Mental Health Services	Petersburg	\$15,000
Services to the Chronically Mentally III	Providence Kodiak Island Mental Health Center	Kodiak	\$284,200
Services to the Chronically Mentally III	Railbelt Mental Health	Nenana	\$51,600
Services to the Chronically Mentally III	Seward Life Action Council	Seward	\$168,200
Services to the Chronically Mentally III	Sitka Mental Health Clinic	Sitka	\$131,200
Services to the Chronically Mentally III	Sound Alternatives	Cordova	\$28,200
Services to the Chronically Mentally III	South Central Counseling	Anchorage	\$3,572
Services to the Chronically Mentally III	South Central Counseling/Vocational	Anchorage	\$150,000
Services to the Chronically Mentally III	South Peninsula Mental Health Assoc.	Homer	\$125,000
Services to the Chronically Mentally III	SouthCentral Foundation	Anchorage	\$80,000
Services to the Chronically Mentally III	Tanana Chiefs Conference	Tanana/Ft. Yukon	\$55,800
Services to the Chronically Mentally III	Tok Area Mental Health Center	Tok	\$31,500
Services to the Chronically Mentally III	Valdez, City of	Valdez	\$42,400
Services to the Chronically Mentally III	Wrangell Community Services	Wrangell	\$38,700
		Total	\$20,738,287

SEP.28.1999

2:14PM

DHSS DAS DIR OFFICE

NO.804

P.13/40

12

9/1/99

**Division of Mental Health and Developmental Disabilities
Developmental Disabilities FY 2000 Operating Grants**

Program	Grantee	Location	2000 Award
ADA Community Accessibility	Challenge Alaska	Statewide	\$125,000
Community Developmental Disabilities	Access Alaska	Anchorage	\$185,309
Community Developmental Disabilities	Adult Learning Programs of Alaska	Fairbanks	\$293,608
Community Developmental Disabilities	ARCA, The Arc of Anchorage	Anchorage	\$1,528,513
Community Developmental Disabilities	ARCA, The Arc of Anchorage	Anchorage	\$637,800
Community Developmental Disabilities	ARCA, The Arc of Anchorage	Anchorage	\$192,738
Community Developmental Disabilities	ASSETS, Inc.	Anchorage	\$996,738
Community Developmental Disabilities	Bethel Community Services	Bethel	\$613,833
Community Developmental Disabilities	Catholic Social Services	Anchorage	\$520,584
Community Developmental Disabilities	Center for Community	Sitka	\$232,795
Community Developmental Disabilities	Center for Psychosocial Development	Anchorage	\$461,244
Community Developmental Disabilities	Community Connections	Ketchikan	\$386,983
Community Developmental Disabilities	Connecting Ties	Valdez	\$22,350
Community Developmental Disabilities	Cordova Community Hospital	Cordova	\$30,685
Community Developmental Disabilities	Crossroads Counseling and Training Services	Fairbanks	\$396,742
Community Developmental Disabilities	Deaf Community Services	Fairbanks	\$88,871
Community Developmental Disabilities	Disability Law Center	Statewide	\$244,418
Community Developmental Disabilities	Fairbanks Resource Agency	Fairbanks	\$52,033
Community Developmental Disabilities	Fairbanks Resource Agency	Fbks-Interior	\$1,513,241
Community Developmental Disabilities	FOCUS (Family Outreach Center)	Eagle River	\$190,815
Community Developmental Disabilities	Frontier Community Services	Soldotna	\$676,487
Community Developmental Disabilities	Hope Cottages	Anchorage	\$143,066
Community Developmental Disabilities	Hope Cottages	Anchorage	\$1,897,045
Community Developmental Disabilities	Horizons Unlimited	Valdez	\$24,800
Community Developmental Disabilities	Manilaq Association	Kotzebue	\$261,822
Community Developmental Disabilities	Mat-Su Services for Children & Adults	Wasilla	\$920,908
Community Developmental Disabilities	North Slope Borough	Barrow	\$87,460
Community Developmental Disabilities	Norton Sound Health Corporation	Nome	\$237,050
Community Developmental Disabilities	PARENTS, Inc.	Statewide	\$78,400
Community Developmental Disabilities	REACH	Juneau	\$851,876
Community Developmental Disabilities	Salvation Army	Anchorage	\$35,000

9/1/99

Page 1

13

SEP.20.1999

2:14PM

DHS DRS DIR OFFICE

NO.004

P.14/40

Division of Mental Health and Developmental Disabilities
Developmental Disabilities FY 2000 Operating Grants

Program	Grantee	Location	2000 Award
Community Developmental Disabilities	Seward Life Action Council	Seward	\$88,327
Community Developmental Disabilities	South Peninsula Mental Health Assoc.	Homer	\$290,387
Community Developmental Disabilities	Tanana Chiefs Conference	Fairbanks	\$165,781
Community Developmental Disabilities	Wrangell Community Services	Wrangell	\$88,505
		Total	\$14,361,014

9/1/99

Page 2

SEP. 20. 1999 2:15PM

DHSS DAS DIR OFFICE

NO. 804

P. 15/40

Division of Public Health
FY 2000 Operating Grants

Program	Grantee	Location	2000 Award
Abstinence Education	Kenai Peninsula Borough School District	Kenai Peninsula	\$39,255
Abstinence Education	Sitka Prevention & Treatment Services	Sitka	\$39,255
Aid to Clinics	Bristol Bay Area Health Corporation	Chignik Bay	\$25,000
Aid to Clinics	Bristol Bay Area Health Corporation	Togiak	\$35,000
Aid to Clinics	Eastern Aleutian Tribes	Akutan	\$10,304
Aid to Clinics	Eastern Aleutian Tribes	King Cove	\$25,000
Aid to Clinics	Eastern Aleutian Tribes	Sand Point	\$27,000
Aid to Clinics	Galena, City of	Galena	\$30,000
Aid to Clinics	Gustavus Community Clinic	Gustavus	\$25,000
Aid to Clinics	Hoonah Indian Association	Hoonah	\$30,000
Aid to Clinics	Norton Sound Health Corporation	Gambell	\$12,500
Aid to Clinics	Norton Sound Health Corporation	Shishmaref	\$12,500
Aid to Clinics	Norton Sound Health Corporation	Stebbins	\$12,500
Aid to Clinics	Skagway, City of	Skagway	\$18,000
Aid to Clinics	SouthEast Alaska Regional Health Cnsrtm	Pelican	\$25,596
Aid to Clinics	Sunshine Community Health Center	Talkeetna	\$32,300
Aid to Clinics	Tenana Chiefs Conference	McGrath	\$37,000
AIDS Care/Ryan White	Alaskan AIDS Assistance Association	Anchorage/ Stwd	\$158,449
AIDS Care/Ryan White	Interior AIDS Association	Fairbanks	\$36,000
AIDS Care/Ryan White	Shanti of Southeast Alaska	Juneau/SE	\$35,000
AIDS Prevention	Alaska Native Health Board	Statewide	\$80,000
AIDS Prevention	Alaska Youth & Parent Foundation	Anchorage	\$20,000
AIDS Prevention	Alaskan AIDS Assistance Association	Anchorage	\$140,000
AIDS Prevention	Anchorage Neighborhood Health Center	Anchorage	\$30,000
AIDS Prevention	Anchorage School District	Anchorage	\$25,000
AIDS Prevention	Anchorage, Municipality of	Anchorage	\$95,000
AIDS Prevention	Interior AIDS Association	Fairbanks	\$95,000
AIDS Prevention	Mat-Su Borough School District	Palmer	\$20,000
AIDS Prevention	Shanti of Southeast Alaska	Juneau/SE	\$45,000
Alaska Trauma Registry	Southern Region EMS Council	Statewide	\$50,000
Alaskan Exposure	Alaska Family Practice Residency	Anchorage	\$8,000

Division of Public Health
FY 2000 Operating Grants

Program	Grantee	Location	2000 Award
Alaskan Exposure	Alaska Primary Care Association	Statewide	\$4,000
Alaskan Exposure	Anchorage Neighborhood Health Center	Anchorage	\$6,000
Alaskan Exposure	Eastern Aleutian Tribes	Sand Point/King Cove	\$6,000
Alaskan Exposure	Interior Neighborhood Health Clinic	Fairbanks	\$4,500
Alaskan Exposure	Norton Sound Health Corporation	Norton Sound Region	\$4,500
Breast/Cervical Cancer Project	Planned Parenthood of Anchorage-Soldotna	Kenai Peninsula	\$8,500
Cancer Outreach	YWCA of Anchorage	Anchorage	\$60,000
Cancer Registry	Alaska Native Health Board	Statewide	\$102,298
Community Health Aide Training	Aleutian/Pribilof Islands Association	Anchorage	\$45,292
Community Health Aide Training	Bristol Bay Area Health Corporation	Dillingham	\$274,034
Community Health Aide Training	Chitina Traditional Village Council	Chitna	\$6,725
Community Health Aide Training	Chugachmiut	Anchorage	\$52,116
Community Health Aide Training	Copper River Native Association	Copper Center	\$45,391
Community Health Aide Training	Eastern Aleutian Tribes	Sand Point	\$45,392
Community Health Aide Training	Kodiak Area Native Association	Kodiak	\$72,291
Community Health Aide Training	Mt. Sanford Tribal Consortium	Gakona	\$13,449
Community Health Aide Training	North Slope Borough	Barrow	\$105,915
Community Health Aide Training	Yak-Tat Nonprofit Corporation	Yakutat	\$6,725
Denali KidCare	Alaska Primary Care Association	Anchorage	\$15,000
Denali KidCare	Alaska Women's Resource Center	Anchorage	\$14,500
Denali KidCare	Aleutian/Pribilof Islands Association	St. Paul, Unalaska	\$7,500
Denali KidCare	Allakaket Tribal Council	Allakaket	\$5,000
Denali KidCare	Anchorage Neighborhood Health Center	Anchorage	\$17,500
Denali KidCare	Anchorage, Municipality of	Anchorage	\$15,000
Denali KidCare	Catholic Social Services	Anchorage/ Stwd	\$7,500
Denali KidCare	Copper River Native Association	Copper River Basin	\$5,000
Denali KidCare	Cordova Family Resource Center	Cordova/Tatitlek/Chenega Bay	\$7,500
Denali KidCare	Eastern Aleutian Tribes	Eastern Aleutian Region	\$15,000
Denali KidCare	Frontier Community Services	Kenai Peninsula, Aleutian Isls	\$10,000
Denali KidCare	Hoonah City Schools	Hoonah, Whitestone	\$8,000
Denali KidCare	Ketchikan Indian Corp./Tribal Health Clinic	Ketchikan	\$5,000

Division of Public Health
FY 2000 Operating Grants

Program	Grantee	Location	2000 Award
Denali KidCare	Manilaq Association	NW Arctic Region	\$5,000
Denali KidCare	McGrath, City of	McGrath	\$5,000
Denali KidCare	North Slope Borough	North Slope Region	\$10,000
Denali KidCare	Northway Village Council	Northway	\$5,000
Denali KidCare	Parents, Inc.	Statewide	\$5,000
Denali KidCare	SouthEast Alaska Regional Health Cnsrtm	Angr/Tenakee/Pelican/Hoonah/Kake	\$15,000
Denali KidCare	Southeast Island School District	Prince of Wales Island	\$5,000
Denali KidCare	St. George Traditional Council	St. George	\$7,500
Denali KidCare	Sunshine Community Health Center	Talkeetna/Upper Susitna Valley	\$10,000
Denali KidCare Pilot Project	Alaska Native Tribal Health Consortium	Statewide	\$97,500
Denali KidCare Pilot Project	Chugiak Children's Services	Mat-Su Borough	\$70,750
Designated BRU Grant	Council of Athabaskan Tribal Governments	Fort Yukon/Yukon Flats	\$161,176
Designated BRU Grant	Manilaq Association	Manilaq Region	\$3,098,300
Designated BRU Grant	Norton Sound Health Corporation	Norton Sound Region	\$2,471,140
Designated BRU Grant	SouthEast Alaska Regional Health Cnsrtm	Southeast Region	\$578,700
Designated BRU Grant	Tanana Chiefs Conference	Northern Region	\$1,109,224
Designated BRU Grant	Yukon-Kuskokwim Health Corp.	Yukon-Kuskokwim Region	\$2,774,100
Diabetes Control	Anchorage Neighborhood Health Center	Anchorage	\$5,000
Emergency Medical Services	Interior Region EMS Council	Interior	\$497,082
Emergency Medical Services	North Slope Borough	Barrow	\$85,850
Emergency Medical Services	Southeast Region EMS Council	Southeast	\$353,730
Emergency Medical Services	Southern Region EMS Council	South Central	\$773,438
Health Promotion	Eastern Aleutian Tribes	Aleutian Communities	\$10,000
Health Promotion	RurALCAP	Alakn/Ksigik/ Npskiak/Nnptchk	\$24,990
Health Promotion	SouthEast Alaska Regional Health Cnsrtm	Angr/Kake/Wrangl/Ptrsbrg	\$10,088
Health Promotion	SouthEast Alaska Regional Health Cnsrtm	Craig/Klawock	\$10,000
Healthy Families	Anchorage Center for Families	Anchorage	\$250,000
Healthy Families	Bristol Bay Native Association	Dillingham	\$204,000
Healthy Families	Catholic Community Services	Juneau	\$297,000
Healthy Families	Cook Inlet Tribal Council	Anchorage	\$40,000
Healthy Families	Mat-Su Services for Children & Adults	Wasilla	\$310,000

Division of Public Health
FY 2000 Operating Grants

Program	Grantee	Location	2000 Award
Healthy Families	Resource Center for Parents & Children	Fairbanks	\$225,000
Immunization	Anchorage Neighborhood Health Center	Anchorage	\$40,000
Infant Learning Program	Alaska Crippled Children & Adults	Fairbanks	\$526,432
Infant Learning Program	Anchorage School District	Statewide	\$150,500
Infant Learning Program	Bethel Community Services	Bethel	\$587,575
Infant Learning Program	Bristol Bay Area Health Corporation	Dillingham	\$181,294
Infant Learning Program	Center for Community	Sitka	\$160,391
Infant Learning Program	Community Connections	Ketchikan	\$277,233
Infant Learning Program	FOCUS (Family Outreach Center)	Chugiak	\$291,121
Infant Learning Program	Frontier Community Services	Soldotna	\$291,253
Infant Learning Program	Homer Children's Services	Homer	\$216,300
Infant Learning Program	Kodiak Area Native Association	Kodiak	\$145,901
Infant Learning Program	Mat-Su Services for Children & Adults	Wasilla	\$282,589
Infant Learning Program	North Slope Borough	Barrow	\$162,021
Infant Learning Program	Northwest Arctic Borough School Dist	Kotzebue	\$120,664
Infant Learning Program	Program for Infants & Children	Anchorage	\$1,429,369
Infant Learning Program	REACH	Juneau/SE	\$392,577
Infant Learning Program	Seward Life Action Council	Seward	\$106,424
Infant Learning Program	Special Education Services Agency	Statewide	\$194,000
Infant Learning Program	Tanana Chiefs Conference	Fairbanks-Interior	\$305,858
Nursing	Anchorage, Municipality of	Anchorage	\$948,100
Nursing	North Slope Borough	Barrow	\$298,844
Office of Rural Health	AK Center for Rural Health	Statewide	\$65,000
Prevention of Fire Related Injuries	Yukon-Kuskokwim Health Corp.	Yukon-Kuskokwim Region	\$6,500
Prevention of Fire Related Injuries	Yukon-Kuskokwim Health Corp.	Yukon-Kuskokwim Region	\$6,500
Rural Health Ed/Screening	Alaska Health Fairs, Inc.	Statewide	\$41,000
Tuberculosis Control	Anchorage Neighborhood Health Center	Statewide	\$63,000
Women, Infants & Children	Aleutian/Pribilof Islands Association	Aleutian/Pribs	\$134,676
Women, Infants & Children	Anchorage Neighborhood Health Center	Anchorage	\$189,504
Women, Infants & Children	Anchorage, Municipality of	Anchorage	\$1,035,128
Women, Infants & Children	Bristol Bay Area Health Corporation	Dillingham	\$152,441

SEP. 20. 1999

2:17PM

DHSS DAS DIR OFFICE

NO. 884

P. 19/40

18

9/1/99

Page 4

Division of Public Health
FY 2000 Operating Grants

Program	Grantee	Location	2000 Award
Women, Infants & Children	Chugachmiut	Cordova	\$123,862
Women, Infants & Children	Kodiak Area Native Association	Kodiak	\$145,284
Women, Infants & Children	Manilaq Association	Kotzebue	\$184,900
Women, Infants & Children	Metlakatla Indian Community	Metlakatla	\$20,905
Women, Infants & Children	North Slope Borough	Barrow	\$81,292
Women, Infants & Children	Norton Sound Health Corporation	Nome	\$156,796
Women, Infants & Children	Providence Alaska Foundation	Anchorage	\$349,197
Women, Infants & Children	Resource Center for Parents & Children	Fairbanks-Interior	\$581,425
Women, Infants & Children	SouthEast Alaska Regional Health Cnsrtm	Southeast	\$312,358
Women, Infants & Children	Tanana Chiefs Conference	Fairbanks-Interior	\$144,281
Women, Infants & Children	Valley Women's Resource Center	Palmer	\$261,402
Women, Infants & Children	Women's Resource & Crisis Center	Kenai	\$364,080
Women, Infants & Children	Yukon-Kuskokwim Health Corp.	Bethel	\$348,344
Women, Infants & Children Supplemental	Providence Alaska Foundation	Anchorage	\$29,486
		Total	\$27,655,640

SEP.20.1999

2:17PM

DHSS DAS DIR OFFICE

NO.804

P.20/40

61

9/1/99

Division of Family Youth Services
FY 2000 Operating Grants

Program	Grantee	Location	2000 Award
Adoption Support Grants	Bristol Bay Native Association	Dillingham	\$150,000
Adoption Support Grants	Catholic Social Services	Anchorage	\$150,000
Community Based Family Resource Grants	Catholic Community Services	Juneau	\$40,000
Community Based Family Resource Grants	Parents, Inc.	Fairbanks	\$38,876
Community Based Family Resource Grants	St. George Traditional Council	St. George	\$38,125
Community Based Family Resource Grants	Women in Safe Homes	Ketchikan	\$35,000
Community Based Family Resource Networks/COMPASS	Anchorage Center for Families	Southcentral Region	\$53,000
Community Based Family Resource Networks/COMPASS	Juneau Youth Services	Southeast Region	\$20,000
Community Based Family Resource Networks/COMPASS	Nome Community Center	Western Region	\$20,000
Community Based Family Resource Networks/COMPASS	Resource Center for Parents & Children	Northern Region	\$20,000
Family Support/Family Preservation	Alaska Women's Resource Center	Anchorage	\$115,504
Family Support/Family Preservation	Anchorage Center for Families	Anchorage	\$485,538
Family Support/Family Preservation	Anchorage, Municipality of	Anchorage	\$220,355
Family Support/Family Preservation	Big Dipper Community Circle	Kotzebue	\$63,600
Family Support/Family Preservation	Bristol Bay Native Association	Bristol Bay Borough	\$124,386
Family Support/Family Preservation	Catholic Community Services	Juneau	\$92,440
Family Support/Family Preservation	Catholic Community Services	Juneau	\$74,571
Family Support/Family Preservation	Community Organized for Health Optns	Craig	\$62,262
Family Support/Family Preservation	Cook Inlet Native Council	Anchorage	\$31,286
Family Support/Family Preservation	Copper River Native Association	Copper Center	\$66,844
Family Support/Family Preservation	Cordova Family Resource Center	Cordova	\$52,370
Family Support/Family Preservation	Fairbanks Counseling & Adoption	Fairbanks	\$28,521
Family Support/Family Preservation	Fairbanks Counseling & Adoption	Fairbanks	\$33,849
Family Support/Family Preservation	Fairbanks Counseling & Adoption	Fairbanks	\$29,568
Family Support/Family Preservation	Fairbanks Native Association	Fairbanks	\$290,946
Family Support/Family Preservation	Fairbanks Native Association	Fairbanks	\$36,137
Family Support/Family Preservation	Juneau Youth Services	Juneau	\$23,220
Family Support/Family Preservation	Juneau Youth Services	Juneau	\$16,340
Family Support/Family Preservation	Kenai Peninsula Community Care Cntr	Kenai	\$49,303
Family Support/Family Preservation	Kenaitze Indian Tribe	Kenai	\$50,618
Family Support/Family Preservation	Kodiak Youth Services	Kodiak	\$39,689
Family Support/Family Preservation	Native Village of Eklutna	Anchorage	\$54,242

9/1/99

Division of Family Youth Services
FY 2000 Operating Grants

Program	Grantee	Location	2000 Award
Family Support/Family Preservation	Nome Community Center	Nome	\$60,480
Family Support/Family Preservation	Orutsaramiut Native Council	Bethel	\$31,050
Family Support/Family Preservation	Resource Center for Parents & Children	Fairbanks	\$296,893
Family Support/Family Preservation	Salvation Army Booth Memorial	Anchorage	\$40,665
Family Support/Family Preservation	Seward Life Action Council	Seward	\$18,488
Family Support/Family Preservation	Sitka Mental Health Clinic	Sitka	\$20,035
Family Support/Family Preservation	Valdez, City of	Valdez	\$21,808
Family Support/Family Preservation	Valley Women's Resource Center	Palmer	\$225,282
Family Support/Family Preservation	Women in Safe Homes	Ketchikan	\$95,161
Family Support/Family Preservation	Wrangell Community Services	Wrangell	\$29,707
Human Services Community Matching Grants	Anchorage, Municipality of	Anchorage	\$1,296,431
Human Services Community Matching Grants	Fairbanks North Star Borough	Fairbanks	\$420,469
Residential Child Care	Alaska Baptist Family Mission	Anchorage	\$648,970
Residential Child Care	Alaska Children's Services	Anchorage	\$191,625
Residential Child Care	Alaska Children's Services	Anchorage	\$561,400
Residential Child Care	Alaska Youth & Parent Foundation	Anchorage	\$700,800
Residential Child Care	Alaska Youth & Parent Foundation	Anchorage	\$219,000
Residential Child Care	Anana's House	Dillingham	\$151,110
Residential Child Care	Anchorage Center for Families	Anchorage	\$340,983
Residential Child Care	Association of Village Council Presid'nts	Bethel	\$346,896
Residential Child Care	Bethel Group Home	Bethel	\$498,152
Residential Child Care	Juneau Youth Services	Juneau	\$966,520
Residential Child Care	Kenai Peninsula Community Care Cntr	Kenai	\$678,900
Residential Child Care	Kids Are People, Inc.	Wasilla	\$131,400
Residential Child Care	Kodiak Youth Services	Kodiak	\$200,000
Residential Child Care	Mat-Su Community Center	Mat-Su	\$219,000
Residential Child Care	Nome Receiving Home	Nome	\$291,178
Residential Child Care	North Slope Borough	Barrow	\$582,175
Residential Child Care	Presbyterian Hospitality House	Fairbanks	\$629,625
Residential Child Care	Presbyterian Hospitality House	Fairbanks	\$219,000
Residential Child Care	Residential Youth Care	Ketchikan	\$262,800
Residential Child Care	Residential Youth Care	Ketchikan	\$278,130

9/1/99

**Division of Family Youth Services
FY 2000 Operating Grants**

Program	Grantee	Location	2000 Award
Residential Child Care	Salvation Army Booth Memorial	Anchorage	\$792,050
Residential Child Care	Salvation Army Booth Memorial	Anchorage	\$232,050
Residential Child Care	Youth Advocates of Sitka	Sitka	\$70,104
Social Services Block Grants	Central Council of Tlingit & Haida	Southeast Region	\$5,900
Social Services Block Grants	Central Council of Tlingit & Haida	Southeast Region	\$186,600
Social Services Block Grants	Kawerak, Inc.	Western Region	\$372,700
		Total	\$14,936,726

9/1/99

22

Division of Juvenile Justice
FY 2000 Operating Grants

Program	Grantee	Location	2000 Award
Delinquency Prevention & Offender Intervntn	Alaska Youth & Parent Foundation	Anchorage	\$139,000
Delinquency Prevention & Offender Intervntn	Alaska Youth & Parent Foundation	Anchorage	\$30,000
Delinquency Prevention & Offender Intervntn	Big Brothers/Big Sisters-Anchorage	Anchorage	\$28,000
Delinquency Prevention & Offender Intervntn	Fairbanks Counseling & Adoption	Fairbanks	\$8,182
Delinquency Prevention & Offender Intervntn	Fairbanks Native Association	Fairbanks	\$45,000
Delinquency Prevention & Offender Intervntn	Fairbanks Native Association	Fairbanks	\$30,000
Delinquency Prevention & Offender Intervntn	Juneau Youth Services	Juneau	\$19,318
Delinquency Prevention & Offender Intervntn	Juneau Youth Services	Juneau	\$19,156
Delinquency Prevention & Offender Intervntn	Juneau Youth Services	Juneau	\$30,000
Delinquency Prevention & Offender Intervntn	Kids Are People, Inc.	Wasilla	\$50,000
Delinquency Prevention & Offender Intervntn	Nome Community Center	Nome	\$29,998
Delinquency Prevention & Offender Intervntn	Resource Center for Parents & Children	Fairbanks	\$19,155
Delinquency Prevention & Offender Intervntn	SE AK Guidance Association	Angeon, Hoonah, Kake, Klukwan	\$29,910
Delinquency Prevention & Offender Intervntn	Tundra Women's Coalition	Bethel	\$29,998
Delinquency Prevention & Offender Intervntn	Women in Safe Homes	Ketchikan	\$65,000
Governor's Conference on Youth and Justice	Big Brothers/Big Sisters of Juneau	Juneau	\$8,000
Governor's Conference on Youth and Justice	Choices for Teens	Homer	\$8,000
Governor's Conference on Youth and Justice	Craig City School District	Craig	\$8,000
Governor's Conference on Youth and Justice	Gateway Human Services	Ketchikan	\$8,000
Governor's Conference on Youth and Justice	Kiwanas Club of Delta Junction	Delta Junction	\$8,000
Governor's Conference on Youth and Justice	Louden Tribal Court	Louden	\$8,000
Governor's Conference on Youth and Justice	Mat-Su Youth Court	Wasilla	\$1,400
Governor's Conference on Youth and Justice	Muldoon Community Developm't Corp.	Anchorage	\$7,999
Governor's Conference on Youth and Justice	Nome Community Center	Nome	\$8,000
Governor's Conference on Youth and Justice	North Star Youth Court	Fairbanks	\$8,000
Governor's Conference on Youth and Justice	Organized Village of Kwethluk	Kwethluk	\$5,000
Governor's Conference on Youth and Justice	PARENTS	Anchorage	\$8,000
Governor's Conference on Youth and Justice	Resource Center for Parents & Children	Fairbanks	\$8,000
Governor's Conference on Youth and Justice	Sitka Prevention & Treatment Svs	Sitka	\$6,500
Governor's Conference on Youth and Justice	Tetlin Village	Tetlin	\$7,400
Governor's Conference on Youth and Justice	Unitarian Universalist Community Svs	Anchorage	\$8,000

Division of Juvenile Justice
FY 2000 Operating Grants

Program	Grantee	Location	2000 Award
Governor's Conference on Youth and Justice	Wrangell Community Svs	Wrangell	\$6,083
Indian Pass Through Grants	Aleutian/Pribilof Islands Association	Aleutian/Pribilof Villages	\$2,790
Indian Pass Through Grants	Assoc. of Village Council Presidents	Bethel	\$7,150
Indian Pass Through Grants	Bristol Bay Native Association	Bristol Bay Villages	\$3,273
Indian Pass Through Grants	Central Council of Tlingit & Haida	Juneau	\$3,402
Indian Pass Through Grants	Chugachmiut	Anchorage	\$2,640
Indian Pass Through Grants	Kodiak Area Native Association	Kodiak	\$2,747
Indian Pass Through Grants	Manilaq Manpower	NW Arctic Region	\$3,510
Indian Pass Through Grants	Metlakatla Indian Community	Metlakatla	\$2,920
Indian Pass Through Grants	Tanana Chiefs Conference	Tanana/ Fairbanks	\$3,348
Juvenile Accountability Incentive Block Grants	Anchorage Youth Court	Anchorage	\$28,000
Juvenile Accountability Incentive Block Grants	Community Dispute Resolution Cntr	Anchorage	\$29,700
Juvenile Accountability Incentive Block Grants	Juneau Community Mediation Cntr	Juneau	\$28,750
Juvenile Accountability Incentive Block Grants	Juneau School District	Juneau	\$24,342
Juvenile Accountability Incentive Block Grants	Juneau Youth Services	Juneau	\$30,000
Juvenile Accountability Incentive Block Grants	Kenai Peninsula Youth Court	Kenai	\$29,500
Juvenile Accountability Incentive Block Grants	Kids Are People, Inc.	Wasilla	\$29,991
Juvenile Accountability Incentive Block Grants	Kodiak Youth Services	Kodiak	\$29,000
Juvenile Accountability Incentive Block Grants	Mat-Su Youth Court	Mat-Su	\$26,260
Juvenile Accountability Incentive Block Grants	Native Village of Emmonak	Emmonak	\$30,000
Juvenile Accountability Incentive Block Grants	Nome Community Center	Nome	\$30,000
Juvenile Accountability Incentive Block Grants	Orutsaramiut Native Council	Bethel	\$30,000
Juvenile Accountability Incentive Block Grants	Resource Center for Parents & Children	Fairbanks	\$28,500
Juvenile Accountability Incentive Block Grants	SE AK Guidance Association	Haines	\$29,699
Juvenile Accountability Incentive Block Grants	SE Regional Resource Center	Ketchikan	\$26,258
Juvenile Accountability Incentive Block Grants	Volunteers of America	Anchorage	\$30,000
Nonsecure Shelter	Dillingham, City of/Police Dept.	Dillingham	\$15,000
Nonsecure Shelter	Fairbanks Native Association	Fairbanks	\$15,000
Nonsecure Shelter	Juneau Youth Services	Juneau	\$15,000
Nonsecure Shelter	Kenai Peninsula Community Care Cntr	Homer, Seward, Kenai	\$50,000
Nonsecure Shelter	Kodiak Youth Services	Kodiak	\$8,000

9/1/99

Division of Juvenile Justice
FY 2000 Operating Grants

Program	Grantee	Location	2000 Award
Nonsecure Shelter	North Slope Borough	Barrow	\$5,000
Nonsecure Shelter	Residential Youth Care	Ketchikan	\$23,000
Nonsecure Shelter	Valdez, City of	Valdez	\$6,000
Nonsecure Shelter	Youth Advocates of Sitka	Sitka	\$3,000
Therapeutic Foster Care Pilot Project	Alternatives Community Mental Hlth Cntr	Anchorage	to be annualized
Therapeutic Foster Care Pilot Project	Family Centered Services of Alaska	Fairbanks	to be annualized
Title V-Juvenile Justice	Juneau, City & Borough	Southeast Region	\$39,895
Title V-Juvenile Justice	Valdez, City of	Valdez	\$36,334
Title V-Juvenile Justice	Wasilla, City of	Wasilla	\$40,000
Underage Drinking Program/Enforcement	Anchorage Police Department	Anchorage	\$49,951
Underage Drinking Program/Prevention	Anchorage Youth Court	Anchorage	\$13,500
Underage Drinking Program/Prevention	Nanwalek IRA Council	Nanwalek/Port Graham	\$23,437
Underage Drinking Program/Prevention	RurALCAP	SouthCentral Villages	\$24,029
Underage Drinking Program/Prevention	Togiak, City of	Togiak	\$24,797
Underage Drinking Program/Prevention	Volunteers of America	Anchorage, Mat-Su Valley, Kenai	\$14,236
		Total	\$1,593,068

SEP. 20. 1999

2:20PM

DHS DAS DIR OFFICE

NO. 884

P. 26/40

25

9/1/99

Division of Administrative Services
FY 2000 Operating Grants

Program	Grantee	Location	2000 Award
Alaska Children's Trust	AK Public Radio Network	Statewide	\$26,800
Alaska Children's Trust	Anchorage Center for Families	Anchorage	\$12,000
Alaska Children's Trust	Boys and Girls Club of Anchorage	Anchorage/Eagle River	\$3,935
Alaska Children's Trust	Covenant House	Anchorage	\$13,500
Alaska Children's Trust	Eastern Aleutian Tribes	Sand Point	\$20,668
Alaska Children's Trust	Fairbanks Resource Agency	Fairbanks	\$15,068
Alaska Children's Trust	Frontier Community Services	Kenai/Soldotna	\$21,000
Alaska Children's Trust	Gateway Center for Human Services	Saxman	\$15,000
Alaska Children's Trust	Homer Children's Services	Homer	\$25,704
Alaska Children's Trust	Mat-Su Borough School District	Sutton	\$25,900
Alaska Children's Trust	Nome Community Center	Nome/Koyuk	\$28,429
Alaska Children's Trust	Resource Center for Parents & Children	Fairbanks	\$23,993
Alaska Children's Trust	St. George Traditional Council	St. George	\$16,000
Alaska Children's Trust	Volunteers of America	Anchorage	\$9,841
Alaska Children's Trust	Wrangell Community Services	Wrangell	\$18,980
Alaska Children's Trust	Yupik School District	Tuluksak	\$14,175
		Total	\$290,881

SEP. 20. 1999

2:20PM

DSS DAS DIR OFFICE

NO. 804

P. 27/40

9/1/99

Page 1

26

DHSS FY 99 Contracts

CONTRACT #	CONTRACTOR	PURPOSE OF CONTRACT	START	END	TOTAL	FY 99 AMOUNT
------------	------------	---------------------	-------	-----	-------	--------------

ADVISORY BOARD ON ALCOHOLISM AND DRUG ABUSE

67650	Dapcevic, Donald	Legislative Liaison	2/18/99	6/30/99	\$5,031	\$5,031
67674	Hamilton, Steve, C & S Management Associates	Web Site Development & Maintenance	5/1/99	6/30/00	\$3,000	\$2,000
67519	Steve Hamilton, C&S Management Associates	Statewide Strategic Plan Development	7/8/98	12/31/98	\$11,000	\$11,000

FY99 Total for DIVISION \$18,031

ALASKA MENTAL HEALTH BOARD

67685	C & S Management Associates	Mental Health Outcomes, Indicators and Performance Mes	4/15/99	8/31/99	\$15,000	\$15,000
-------	-----------------------------	--	---------	---------	----------	----------

FY99 Total for DIVISION \$15,000

DIVISION OF ADMINISTRATIVE SERVICES

67542	Access Alaska, Inc.	Americans with Disabilities Act training	7/20/98	11/30/98	\$20,977	\$20,977
67596	Bhaugava, Raj		9/3/98	9/3/98	\$2,371	\$2,371
67583	Information Insights	Comprehensive Integrated Mental Health Plan	8/21/98	3/30/99	\$28,950	\$28,950
67418	Informix Software, Inc.	Data Warehouse Development	11/1/97	6/30/99	\$334,985	\$100,000
67548	Ke Melt Architects		9/30/98	11/30/98	\$5,000	\$5,000
67629	Leonard, David F.	Certificate of Need Program	5/1/99	12/31/99	\$10,000	\$4,000
67534	Yaletown Technology Group, Inc	Brio User Training	8/1/98	8/30/98	\$10,000	\$10,000

FY99 Total for DIVISION \$171,218

Tuesday, August 31, 1999

Page 1 of 13

27

SEP. 20. 1999

2:20PM

DHSS DAS DIR OFFICE

NO. 804

P. 28/40

CONTRACT #	CONTRACTOR	PURPOSE OF CONTRACT	START	END	TOTAL	FY 99 AMOUNT
DIVISION OF ALCOHOLISM & DRUG ABUSE						
67598	C & S Management	Completion of the Division Database	9/15/98	11/15/98	\$4,000	\$4,000
67689	C & S Management Associates	Consolidated Training RFP writing assistance	6/20/99	6/25/99	\$2,500	\$2,500
67648	C & S Management Associates, Steven Hamilton	Prevention Programs Participatory Evaluation Project (PPP)	2/10/99	7/15/99	\$8,500	\$8,500
67479	C&S Management Associates, Steven Hamilton	Prevention Program Participatory Evaluation Project (PPP)	3/23/98	10/31/98	\$48,905	\$19,600
67669	Dunning, Kenneth	Appropriate Interventions for Working w/Individuals Prenat	4/11/99	4/17/99	\$5,000	\$5,000
67551	Favro, Susan - Meeting Results	Rural Human Services Summit	8/11/98	8/30/98	\$19,000	\$19,000
67690	Fiscal Policy Studies Institute, Inc.	Presentation Training at Annual School	5/12/99	5/18/99	\$2,500	\$2,500
67618	LaDue, Robin Dr.	FAS Summit '98-The State's Response to FAS	1/18/98	11/19/98	\$3,000	\$3,000
67607	Lefazio, Mary Ann	Consulting & Training/Planning Management for State Ince	10/3/98	10/8/98	\$2,000	\$2,000
67566	North Charles, Inc.	Additional Needs Assessment Activity	9/15/98	3/31/99	\$69,995	\$69,995
67630	Northern Computing Consultants	CCMS and Central MIS System Maintenance	2/15/98	6/30/99	\$25,000	\$25,000
67620	Northern Computing Consultants	MIS System Data Warehouse Software	0/19/98	12/31/98	\$15,000	\$15,000
67568	Professional Growth Systems, Inc.	Division P&P Update	6/27/98	6/30/99	\$10,000	\$10,000
67535	Recovery Foundation of the Southwest, Inc	Presentation/Training for CBSPP Coordinators Conference	0/21/98	10/24/98	\$8,250	\$8,250
67675	Sirius Publishing	Technical writing services for P&P manual	4/30/99	10/1/99	\$15,000	\$15,000
67715	Westmann	Task Order Westmann Contract	4/1/99	6/15/99	\$3,553	\$3,553
FY99 Total for DIVISION						\$210,898

CONTRACT#	CONTRACTOR	PURPOSE OF CONTRACT	START	END	TOTAL	FY 99 AMOUNT
DIVISION OF FAMILY & YOUTH SERVICES						
67532	Agnew, Thea	Consultant	7/8/98	9/30/98	\$6,500	\$6,500
67549	Akstin, Ruth A.	JYC Nurse	7/20/98	8/30/99	\$8,000	\$8,000
67551	Alrops, Martin Dr.	On-site Assessment	2/19/98	3/19/99	\$1,500	\$1,500
67587	Alrops, Martin Ph. D.	Psychological Services	8/20/98	8/30/99	\$20,000	\$20,000
67538	Baker Jennings Film	Foster Parent Recruitment	1/11/99	2/17/99	\$7,041	\$7,042
67558	Baker Jennings Film	Foster Parent Recruitment	2/25/99	3/15/99	\$7,514	\$7,514
67228	Bergdahl, Patricia, DMD	Dental services for the Fairbanks Youth Facility.	1/1/97	8/30/99	\$40,000	\$17,500
67227	Bering Sea Dental Center	Dental services for the Bethel Youth Facility.	1/1/97	8/30/99	\$40,000	\$17,500
67602	Blasey, Larry J. Ph. D. CRC	Psychological Services	8/20/98	8/30/99	\$20,000	\$20,000
67495	Blake, F.M. & Associates	SSI Applications & Appeals	4/20/98	8/30/00	\$500,000	\$200,000
67318	Bryant, Leslie, M.D., A.P.C.	Physician services for the McLaughlin Youth Center.	7/1/97	8/30/00	\$133,200	\$48,000
67550	C. Henry Kempa, Univ. of Colorado	Expert Consultation	7/1/98	8/30/00	\$14,000	\$7,000
67627	Crawford, E. Ben	Mental Health Assessment Project	1/18/98	4/30/98	\$22,000	\$22,000
67588	Cutler, Louisiana Esq	Hearing Officer	8/24/98	9/30/98	\$10,000	\$10,000
67625	Cutler, Louisiana	Hearing Officer	11/2/98	4/15/99	\$10,000	\$10,000
67670	David Mandt & Assoc.	Client Management Services	4/11/99	8/30/99	\$6,000	\$6,000
67636	Dillon & Findley	Regulations Revision/DFYS Organizational Split	2/21/98	9/30/99	\$25,000	\$25,000
67697	E. Ben Crawford, PhD	Staff Training - Mental Health Treatment Strategies	6/1/99	10/31/99	\$24,000	\$9,800
67231	Fairbanks Clinic	Medical services for the Fairbanks Youth Facility.	1/1/97	8/30/99	\$120,000	\$48,000
67680	Guss, Mary E	Hearing Officer	5/7/99	12/31/99	\$10,000	\$2,500
67309	Hansen, George, DDS	Dental care for the McLaughlin Youth Center.	7/1/97	8/30/00	\$121,040	\$40,000

66
 Tuesday, August 31, 1999

Page 3 of 13

SEP. 20. 1999

2:21PM

DHSS DAS DIR OFFICE

NO. 884

P. 30/40

CONTRACT #	CONTRACTOR	PURPOSE OF CONTRACT	START	END	TOTAL	FY 99 AMOUNT
67639	InformAlaska, Inc.	Licensing Regulations Revision/HB375516	12/1/98	8/30/99	\$34,600	\$34,600
67603	Jimmerfield, Steven	One-on-One Control Tactics Control Tactics Training	0/22/98	10/31/98	\$2,500	\$2,500
67538	Koehler, Vicki	CORE 102 Training	7/20/98	7/31/98	\$8,000	\$8,000
67586	Koehler, Vicki Ma.	Core 102 Training	8/14/98	8/17/98	\$2,000	\$2,000
67612	Longenbaugh, Leslie	Hearing Officer	0/12/98	3/1/99	\$10,000	\$10,000
67429	New Bethel Family Clinic	BYF Medical Services Contract	11/1/97	6/30/99	\$20,560	\$12,000
67700	Nolan, Rice, Volland & Taylor	Hearing Officer	6/7/99	12/31/99	\$10,000	\$10,000
67635	Nome Dental Office	NYF Dental Contract	1/4/99	6/30/99	\$2,500	\$2,500
67655	Northwest Resource Association	Alaskan Adoption Exchange	2/18/99	6/30/00	\$160,445	\$33,400
67165	Northwest Resource Association	Adoption exchange and consultation services.	7/1/96	6/30/99	\$23,175	\$27,955
67414	Northwest Resources Assoc.	Foster Parent Training	11/1/97	6/30/00	\$1,201,224	\$431,909
67642	Northwest Strategies	Foster Parent Recruitment	1/20/99	3/15/99	\$8,940	\$8,940
67660	Norton Sound Health Corporation	NYF Dental Contract	1/4/99	6/30/99	\$2,500	\$2,500
67659	Norton Sound Health Corporation	NYF Medical Contract	1/4/99	6/30/99	\$10,000	\$10,000
67316	Patricia C. Patrick M.D.	Psychiatric evaluations for the McLaughlin Youth Center.	7/1/97	6/30/99	\$132,800	\$70,000
67317	Providence Behavioral Medicine Group	Court-ordered psychiatric evaluations on juveniles at McLa	7/1/97	6/30/00	\$15,000	\$5,000
67525	Schmid, Donald L.	Consultation re: development of Title IV-E funding for Alas	7/13/98	12/31/98	\$4,000	\$4,000
67621	Schmid, Donald L.	Federal funding and program design enhancements Phase	11/1/98	6/30/99	\$49,840	\$49,840
67632	Sunrise Counseling	BYF Mental Health Services	1/4/99	6/30/00	\$47,000	\$17,000
67516	Taylor Stocker Group, dba Alcohol Drug Test Servi	Urinalysis Testing Program	7/1/98	6/30/00	\$180,000	\$90,000
67676	Wood, Shelly	Training Victim Impact	5/3/99	5/7/99	\$2,500	\$2,500
FY99 Total for DIVISION						\$1,365,300

Tuesday, August 31, 1999

Page 4 of 13

CONTRACT #	CONTRACTOR	PURPOSE OF CONTRACT	START	END	TOTAL	FY 99 AMOUNT
DIVISION OF MEDICAL ASSISTANCE						
67419	Deloitte & Touche Consulting Group LLC	Onsite reviews of Medicaid health care providers.	6/27/97	6/30/00	\$1,431,750	\$477,250
67440	First Health	Computer Technical Support-MDS Automation	1/2/98	6/30/98	\$30,000	\$10,000
66778	First Health Services Corp.	Medicaid management information system.	6/1/87	12/31/99	\$73,321,951	\$8,763,595
67382	First Mental Health, Inc	Medical necessity reviews to prior authorize payments for	9/4/97	6/30/00	\$2,289,363	\$1,060,000
67595	InterAccess Corporation	Year 2000 MMIS Testing Technical Assistance Contract	8/27/98	8/31/99	\$600,000	\$600,000
67299	Millman & Robertson, Inc.	Managed care cost savings analysis.	6/5/97	6/30/99	\$86,850	\$35,000
67514	PRO-West	Medical Necessity Reviews	7/1/98	6/30/99	\$2,500,000	\$1,500,000
67357	PRO-West	TEFRA application oversight and approval.	9/15/97	6/30/00	\$555,468	\$180,899
67425	Professional Growth Systems	Office organization, planning, work process & environment	11/3/97	6/30/99	\$79,146	\$30,000
67688	Professional Growth Systems	WIN Meeting	5/20/99	6/30/99	\$3,500	\$3,500
67610	The Growth Company	Communications Training	6/12/98	12/30/98	\$4,999	\$4,999
67584	Tierney, Steve J. MD	Quality monitoring provider team for managed care.	7/23/98	6/30/00	\$30,800	\$20,800
60036	Woolman & Associates	Training NetWare Application Delivery System	6/1/99	6/30/99	\$4,500	\$4,500
67661	Woolmann and Associates	Database/JUCE Technical Support Task order 06-012	3/1/99	6/30/99	\$2,992	\$2,992
FY99 Total for DIVISION						\$12,653,335

Tuesday, August 31, 1999

Page 5 of 13

21

CONTRACT#	CONTRACTOR	PURPOSE OF CONTRACT	START	END	TOTAL	FY 99 AMOUNT
-----------	------------	---------------------	-------	-----	-------	--------------

DIVISION OF MENTAL HEALTH & DEVELOPMENTAL DISABILITIES

67569	Care Systems North	Co-chairman for Finance Implementation Plan for API Dow	8/1/98	8/30/99	\$5,000	\$5,000
67482	Carroll, William N, M.D.	Psychiatric Services	7/1/98	8/30/99	\$50,000	\$50,000
67582	CompHealth	Psychiatric Services	8/24/98	2/28/99	\$140,000	\$140,000
67541	Davis, Janet	Secretarial/Clerical Services	7/23/98	7/23/98	\$120	\$120
67673	Dean, Mary	Summer School Education Svcs	8/14/98	8/13/99	\$4,500	\$1,170
67188	Elting Corporation	Deficien services for the Alaska Psychiatric Institute.	8/22/98	9/30/99	\$80,080	\$32,000
67547	Human Affairs of Alaska, Inc.	Drug-Free Workplace Training	8/1/98	8/30/99	\$4,500	\$4,500
67605	Information Insights, Inc.	Odiana Maintenance & Enhancements	9/21/98	8/30/99	\$50,000	\$50,000
67701	Informafix Laboratories Corp.	Y2K Compliance for Hospital Info Systems	8/21/99	3/30/00	\$50,000	\$50,000
67597	J.L. Mitson & Associates	API Implementation Plan	9/15/98	8/30/00	\$299,875	\$218,170
67634	J.L. Mitson & Associates	Comm. Mental Health Services/API Y2K project	2/30/98	8/30/99	\$8,650	\$8,650
67586	Johnson Consulting Services	Follow Up Consultation & IS Vendor Review	8/8/98	12/8/98	\$3,000	\$3,000
67637	Joint Commission Worldwide Consulting	TA for systematic quality improvement	1/12/99	8/30/99	\$80,000	\$80,000
67631	Kohler, David E.	Alaska Psychiatric Institute	7/15/98	8/31/98	\$1,850	\$1,850
67513	McManamin, Patricia	Alaska Psychiatric Institute	8/29/98	8/31/98	\$1,840	\$1,840
67333	MedSearch	Relief pharmacy services for the Alaska Psychiatric Institut	7/1/97	8/30/99	\$16,000	\$8,000
67151	Metwest dba Quest Diagnostics	Laboratory services for the Alaska Psychiatric Institute.	7/16/98	8/30/00	\$220,000	\$55,000
67335	Morrow, Geraldine, DMD	Dental Services	7/1/97	8/30/00	\$89,000	\$33,000
67540	Public Consulting Group (PCG)	Peer Review of API Feasibility Study	7/21/98	9/15/98	\$5,000	\$5,000
66862	Stadtlanders Drug Distribution Co, Inc.	Clozapine patient management system and medication.	10/1/94	8/30/99	\$74,000	\$10,000
67801	Stalder, Kim dba WordSmith	Transcription & Reporting for the API QA	9/18/98	3/31/99	\$7,970	\$7,970

Tuesday, August 31, 1999

Page 6 of 13

SEP. 20. 1999

2:22PM

DHSS DRS DIR OFFICE

NO. 884

P. 33/40

CONTRACT#	CONTRACTOR	PURPOSE OF CONTRACT	START	END	TOTAL	FY 99 AMOUNT
67662	Thorn, Dale L. PA-C	Physician's Assistant	3/12/99	6/30/00	\$55,000	\$15,000
66787	Thorn, Dale. PA-C	Physician's assistant for the Alaska Psychiatric Institute.	7/1/94	6/30/99	\$166,000	\$23,625
FY99 Total for DIVISION						\$763,605

Tuesday, August 31, 1999

Page 7 of 13

SEP. 20. 1999

2:22PM

DHSS DAS DIR OFFICE

NO. 804

P. 34/40

23

CONTRACT#	CONTRACTOR	PURPOSE OF CONTRACT	START	END	TOTAL	FY 99 AMOUNT
-----------	------------	---------------------	-------	-----	-------	--------------

DIVISION OF PUBLIC ASSISTANCE

67528	Adult Learning Program of Alaska	Applicant Work Search	7/1/98	6/30/00	\$463,200	\$212,900
67686	Alaska Energy Associates	Energy Assistance	6/20/99	5/21/02		\$7,500
67683	Baker Jennings Film	Orientation Video Re-Shoot	4/1/99	6/30/99	\$7,500	\$7,500
67571	Baker Jennings Films	Orientation Video for DPA	6/24/99	12/1/99	\$7,500	\$7,500
67645	Baker Jennings Films	Creation of PSA's for Welfare to Work	2/15/99	6/30/99	\$9,100	\$9,100
67533	Center for Community	Innovative Case Management - Sitka	7/1/98	6/30/00	\$183,600	\$83,600
67269	Citicorp Services Inc.	Design, develop and implement an EBT-Electronic Benefit	4/1/97	3/30/1904	\$2,515,000	\$15,000
67565	City of Fairbanks	Post Employment Case Management-Fairbanks	7/1/98	6/30/99	\$239,900	\$239,900
67524	Human Resources, Inc.	Applicant Work Search	7/1/98	6/30/00	\$430,000	\$198,000
67654	Human Resources, Inc.	Post Employment Case Management Anchorage, Mat-Su	2/15/99	6/30/00	\$448,750	\$100,750
67652	Job Ready, Inc.	Post Employment Case Management Anchorage, Mat-Su	2/15/99	6/30/00	\$571,350	\$136,260
67614	Kodiak Island Borough	Comprehensive Case Management-Kodiak	9/28/98	6/30/99	\$228,800	\$114,400
67249	Loomis, Fargo, and Company	Food Stamp Program - Direct Mail Issuance	3/1/97	2/28/99	\$737,500	\$36,000
67520	Nine Star Enterprises	Applicant Work Search	7/1/98	6/30/00	\$593,700	\$296,700
67623	Robbins and Associates	Specialized Training in Welfare to Work Issues	4/27/99	5/1/99	\$4,500	\$4,500
67527	Southeast Regional Resource Center	Innovative Case Management - Prince of Wales	7/1/98	6/30/00	\$161,000	\$83,800
67523	Southeast Regional Resource Center, Inc.	Applicant Work Search	7/1/98	6/30/00	\$179,300	\$72,000
67522	Southeast Regional Resource Center, Inc.	Applicant Work Search	7/1/98	6/30/00	\$113,800	\$59,800
67653	UAA Adult Learning Center	Post Employment Case Management Anchorage, Mat-Su	2/15/99	6/30/00	\$571,350	\$136,380
67584	UAA Adult Learning Center	Community Service Work-Anchorage	7/1/98	6/30/99	\$50,000	\$50,000
67521	University of Alaska Anchorage	Applicant Work Search	7/1/98	6/30/00	\$593,832	\$296,832

Tuesday, August 31, 1999

Page 8 of 13

78

SEP. 20. 1999

2:22PM

DHSS DAS DIR OFFICE

NO. 884

P. 35/40

CONTRACT#	CONTRACTOR	PURPOSE OF CONTRACT	START	END	TOTAL	FY 99 AMOUNT
67689	Westmann & Assoc.	Westmann Task Order Install/Upgrade etc	7/21/99	9/10/99	\$84,477	\$84,477
67657	Westmann & Associates	PC/LAN Training	3/8/99	12/31/99	\$103,156	\$103,156
67656	Westmann & Associates	Fraud Unit Systems Analysis	1/18/99	3/1/99	\$4,675	\$4,675
FY99 Total for DIVISION						\$2,319,788

Tuesday, August 31, 1999

Page 9 of 13

52

SEP. 20, 1999

2:22PM

DHSS DCS DIR OFFICE

NO. 804

P. 36/40

CONTRACT #	CONTRACTOR	PURPOSE OF CONTRACT	START	END	TOTAL	FY 99 AMOUNT
------------	------------	---------------------	-------	-----	-------	--------------

DIVISION OF PUBLIC HEALTH

67671	A Sign of Design	EMS Patient Encounter Form	6/1/99	6/30/99	\$500	\$500
67417	Al Marine Safety Education Association	Injury Prevention/Safety Instruction Commercial Fishes	11/1/97	3/29/99	\$104,794	\$15,900
67626	AKINFO/United Way of Anchorage, Inc	Healthy Alaskans Information Line	7/1/98	6/30/00	\$114,000	\$54,000
67497	Alaska Health Futures	Suicide prevention "gatekeeper" training	8/15/98	12/31/98	\$15,000	\$11,250
67177	Alaska Women's Health Services	Family planning services.	9/1/98	6/30/99	\$15,000	\$5,000
67198	Alutian Pribilof Island Association, Inc	Nutrition consultant services.	10/7/96	6/30/99	\$1,521	\$600
67681	Anchorage Police Department	Tobacco Use Reduction Enforcement Activities	5/17/99	6/30/99	\$4,000	\$4,000
67517	Beta Analytic, Inc.	Radiocarbon dating of hair	7/1/98	6/30/00	\$25,000	\$5,000
67264	Branch, Brenda, RD	Nutrition consultant services.	2/17/97	6/30/99	\$3,690	\$800
67295	Brauner, David, DO	Pediatric cardiologist for pediatric specialty clinics.	7/1/97	6/30/00	\$16,300	\$3,700
67376	Brittingham, Nancy	Nutrition consultant services.	8/11/97	10/15/98	\$1,885	\$385
67687	Buchanan Associates	Special Needs Services Unit, MCFH	3/31/99	4/30/99	\$750	\$750
67594	Bunting, Susan Ms.	Audiology Services	6/24/98	6/30/99	\$12,500	\$12,500
67257	Central Peninsula General Hospital	Nutrition consultant services.	2/17/97	6/30/99	\$8,854	\$800
67640	City of Fairbanks Department of Public Safety	Tobacco Use Reduction Enforcement Activities	2/1/99	6/30/99	\$10,000	\$10,000
67545	City of Fairbanks Department of Public Safety	Tobacco Statute Enforcement	7/1/98	9/14/99	\$27,044	\$27,022
67543	City of Homer Police Department	Tobacco Statute Enforcement	7/1/98	9/14/99	\$32,800	\$32,800
67643	City of Homer Police Department	Tobacco Use Reduction Enforcement Activities	2/1/99	6/30/99	\$1,000	\$1,000
67546	City of North Pole Police Department	Tobacco Statute Enforcement	7/1/98	9/14/99	\$15,869	\$15,869
67544	City of Soldotna Police Department	Tobacco Statute Enforcement	7/1/98	9/14/99	\$8,202	\$8,202
67668	Councils, Jon Dr., PH	Public Health Laboratory Assessment	4/1/99	6/30/99	\$4,800	\$4,800

Tuesday, August 31, 1999

Page 10 of 13

310

SEP. 20. 1999

2:22PM

DHS DAS DIR OFFICE

NO. 884

P. 37/40

CONTRACT #	CONTRACTOR	PURPOSE OF CONTRACT	START	END	TOTAL	FY 99 AMOUNT
67538	Crackun and Associates	Cancer Survey	7/1/88	12/31/88	\$49,608	\$49,608
67530	Culture Matters	AIDS/STD Program	8/1/88	8/30/89	\$20,000	\$20,000
67103	Darnall, Deana, ANP	Family planning services to low income clients.	7/1/86	8/30/89	\$36,400	\$8,200
67101	Deaney, Dorothy, ANP	Family planning services to low income clients.	7/1/87	8/30/89	\$83,480	\$28,000
67454	Dillon & Findley, P.C.	Revision of Public Health Fee for Service Regulations	2/2/88	7/31/88	\$10,000	\$2,000
67672	Dubrin, Lawrence	Child Abuse Recognition	4/27/89	8/2/89	\$600	\$600
67616	Dull, Scott MD	EMS Medical Director	11/1/88	8/30/89	\$4,500	\$4,500
67593	Ear, Nose, and Throat Clinic, Inc	Audiology Services	8/24/88	8/30/89	\$6,500	\$6,500
67648	Evergreen Computer Services	LAN Maintenance	2/5/89	8/30/90	\$40,000	\$7,500
67468	Evergreen Computer Services	LAN Design, Installation & Maintenance	2/11/88	2/10/89	\$27,600	\$2,500
67631	Fieldhouse, Mike Graphic Design	Child Health Insurance Graphic Art Design	2/18/88	8/30/89	\$19,000	\$18,000
67512	Frontier Geosciences Inc.	Trace metal screening.	7/1/88	8/30/90	\$150,000	\$150,000
67537	Gessner, Bradford MD	MCH Epidemiology and evaluation.	7/20/88	11/30/88	\$9,000	\$9,000
67567	Gone, Joan RD	MCH WIC Training Manual	8/28/88	8/30/89	\$8,000	\$5,000
67806	Gostin, Lawrence J.D., LL.D	Public Health Law Consultant	8/2/88	12/31/88	\$28,334	\$18,334
67604	Heiderdorf, Sidney D	Mammography Equipment Inspections	10/1/88	8/30/89	\$21,000	\$21,000
67694	Hollenhal and Associates	Diabetes Primary Care Provider Survey	8/15/89	12/31/89	\$18,000	\$18,000
67588	Ingraham, David MD	EMS Medical Director	8/1/88	8/30/89	\$5,500	\$5,500
67695	Ivan Moore Research	Diabetes Primary Care Provider Survey	8/15/89	12/31/89	\$35,000	\$35,000
67663	Ivan Moore Research	YRBS Survey	3/15/89	9/30/89	\$18,850	\$18,850
67615	Jensen, Christine	APHIP Meeting Facilitator	9/15/88	12/31/88	\$4,000	\$4,000
67622	Kincheloe, Anne	Health Promotion	8/24/88	8/1/89	\$1,500	\$1,500
67658	Kincheloe, Anne	Child Health Insurance Graphic Art Design	4/1/89	8/30/89	\$4,950	\$4,950

Thursday, August 31, 1999

Page 11 of 13

169

SEP. 20. 1999

2:23PM

DHSS DCS DIR OFFICE

NO. 804

P. 38/40

CONTRACT#	CONTRACTOR	PURPOSE OF CONTRACT	START	END	TOTAL	FY 99 AMOUNT
67641	Kincheloe, Annie	Child Health Insurance Graphic Art Design	1/20/99	2/28/99	\$900	\$900
67698	Kismet Corporation	Healthy Families Alaska	6/21/99	9/30/99	\$16,000	\$3,000
67187	Laage, Sharylyn, RN	Interview families for Infant Mortality Review Project	8/1/98	6/30/99	\$9,000	\$1,500
67251	Larson, Irene, RD	Nutrition consultant services.	2/17/97	6/30/99	\$6,740	\$2,000
67879	Livingston, Michael	Investigation of Retail Stores for Compliance with Federal	5/7/99	9/25/99	\$3,333	\$3,333
67102	McArthur, Donalee, ANP	Family planning services to low income clients.	7/1/98	6/30/99	\$30,000	\$10,500
67518	McCleskey, Bridget	AK Domestic Violence Training Project	6/29/98	6/30/99	\$362,150	\$362,149
67510	Municipality of Anchorage	Pregnant Teen: High Risk EPSDT Case Management	7/1/98	6/30/99	\$150,000	\$150,000
67633	Municipality of Anchorage Police Department	Tobacco Statute Enforcement	1/1/99	9/14/99	\$62,770	\$62,770
67619	Murphy, Michael J. Ed.D	Guest Speaker, Alaska Pediatric Symposium	11/6/98	11/7/98	\$1,798	\$1,798
67608	Nighwander	Immunization	10/1/98	6/30/99	\$5,000	\$5,000
67374	NORCOM	Laboratory system maintenance.	8/1/97	6/30/99	\$48,000	\$24,000
67592	Northern Hearing Services	Audiology Services	8/24/98	6/30/99	\$9,000	\$9,000
67591	Northland Audiology and Hearing	Audiology Services	8/24/98	6/30/99	\$7,000	\$7,000
67877	Parker, David	Investigation of Retail Stores for Compliance with Federal	5/7/99	9/25/99	\$3,333	\$3,333
67580	Peninsula Hearing Services	Audiology Services	8/24/98	6/30/99	\$2,225	\$2,225
67649	Perkins Consulting	EMSC Suicide Prevention Project	2/15/99	3/31/99	\$1,400	\$1,400
67234	Professional Infusion Pharmacy, Inc.	Implement AIDS assistance program.	1/24/97	9/30/99	\$500,000	\$237,680
67186	Providence Alaska Medical Services	Nutrition consultant services.	9/10/98	6/30/99	\$18,644	\$2,500
67599	Psychology Resources	Training for Healthy Families Alaska Programs	9/14/98	10/15/98	\$300	\$300
67583	Psychology Resources	FAS Surveillance Project	8/25/98	6/30/00	\$20,000	\$10,000
67664	Resource Data, Inc	Breast & Cervical Cancer Detection Program	3/25/99	6/30/99	\$10,000	\$10,000
67691	Rowe, Carolyn	Facilitation of ATCA Steering Committee Mtg	6/4/99	6/20/99	\$1,750	\$1,750

Thursday, August 31, 1999

Page 12 of 13

SEP.20.1999 2:23PM DHS DAS DIR OFFICE

NO. B04 P.39/40

38

CONTRACT #	CONTRACTOR	PURPOSE OF CONTRACT	START	END	TOTAL	FY 99 AMOUNT
67258	Shapleigh, Elizabeth, RD	Nutrition consultant services.	2/17/97	6/30/99	\$10,072	\$1,000
67628	Siegel, Mark D. DDS, MPH	Oral Health Speaker-Alaska Health Summit	12/4/98	12/4/98	\$2,500	\$2,500
67624	Simonsen, Barbara R.N	Traumatic Brain Injury Surveillance/Trauma Registry Data	1/15/98	7/31/99	\$15,000	\$15,000
67644	Simpson, Tellinghaas, Sorensen & Lorensen	Attorney review/consultation for development of regulations	2/1/99	6/30/99	\$10,000	\$10,000
67529	Smayda, Lisa	Mat-Su Healthy Baby Care Coordination	7/1/98	6/30/99	\$105,000	\$52,500
67175	South Peninsula Hospital	Nutrition consultant services.	9/10/98	6/30/98	\$5,160	\$800
67665	Southern Region EMS Council, Inc.	Implement Two EMSC Objectives: (1) Provide Pediatric Int	3/19/99	9/30/99	\$20,000	\$20,000
67647	Southern Region EMS Council, Inc.	Oversight/payment of Alaska Trauma Registry Nurse Abstr	2/15/99	7/1/99	\$10,000	\$10,000
67617	Southern Region EMS Council, Inc.	Injury Prevention Guest Speaker	11/1/98	12/31/98	\$5,000	\$5,000
67481	The Family Institute, Hawaii Family Support Center	Healthy Families Alaska	1/26/98	6/30/99	\$40,370	\$20,375
67183	Valley Women's Resource	Nutrition consultant services.	9/10/98	6/30/99	\$9,642	\$1,400
67678	Vandervalk, John	Investigation of Retail Stores for Compliance with Federal	5/7/99	9/25/99	\$3,333	\$3,333
67582	Wagman, Lawrence D MD	Biennial Symposium on Breast & Cervical Cancer	9/9/98	9/12/98	\$1,800	\$1,800
66985	Wang Federal, Inc	Women, Infants and Children client Information Manageme	7/28/96	6/30/99	\$1,014,783	\$155,839
67172	West, Patricia, RD	Nutrition consultant services.	9/10/98	6/30/99	\$9,999	\$2,000
67383	Williams, Mark G. DDS	Cleft palate clinic- prosthodontist - Juneau.	7/1/97	6/30/00	\$4,500	\$1,500

FY99 Total for DIVISION **\$1,859,703**

GOVERNOR'S COUNCIL ON DISABILITIES & SPECIAL EDUCATION

67613	Brown, Cynthia A. Cyn City Services	Media Plan for Child Find Campaign	01/15/98	12/31/98	\$7,300	\$7,300
-------	-------------------------------------	------------------------------------	----------	----------	---------	---------

FY99 Total for DIVISION **\$7,300**

FY99 Total for Department **\$19,434,270**

Tuesday, August 31, 1999

Page 13 of 13

SEP. 28. 1999

2:24PM

DHS DAS DIR OFFICE

NO. 804

P. 40/40



DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF ADMINISTRATIVE SERVICES
DIRECTOR'S OFFICE



FACSIMILE COVER SHEET

Annette Deal - Leg Aide Cowdery

TO:

Anchorage L10 - Lana Decker
Fairbanks L10 - Melba Piispanen
Kenai L10 - Alyson Stogsdill

FAX NUMBER

PHONE NUMBER

FROM:

Wise Emerson
Budget Section

9/20

DATE

NO. OF
PAGES

465-2499

FAX NUMBER

465-3331

PHONE NUMBER

RE: Privatization Information for 9/21 Meeting

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ OTHER

NOTES/COMMENTS:

Annette 269-0223

Lana 269-0229

Melba 456-3346

Alyson 283-3075

Juvenile Justice 17 pgs

Family & Youth 26 pgs

Appendix A 4 pgs

Appendix B 39 pgs

Please confirm receipt of electronic portion.

Thanks!

State of Alaska
Department of Health & Social Services
Division of Administrative Services/Director's Office
P.O. Box 110650
Juneau, Alaska 99811-0650

Division of Juvenile Justice

George Buhite
Director



Mission

The mission of the Division of Juvenile Justice is to hold juvenile offenders accountable for their behavior, promote the safety and restoration of victims and communities, and assist offenders and their families in developing skills to prevent crime.

The Division of Juvenile Justice (DJJ) is responsible for assisting in rehabilitating youth and assuring safety of the community when youth commit delinquent acts.

Division of Juvenile Justice

The Division of Juvenile Justice has 13 field offices and 5 youth facilities divided into three geographical management areas: the Northern Regional Office in Fairbanks is responsible for Bethel, Nome, Kotzebue, Barrow, and surrounding towns and villages; the Southcentral Regional Office in Anchorage is responsible for the Mat-Su Valley, Kenai Peninsula, Valdez, Kodiak, the Aleutian Islands, and surrounding areas; and the Southeastern Regional Office in Juneau is responsible for Haines, Sitka, Petersburg, Ketchikan, and surrounding communities.

The Division of Juvenile Justice follows a restorative justice model to hold offenders accountable for their behavior through a variety of graduated sanctions ranging from community diversion to secure confinement, victim and community restoration and offender competency development.

Field Probation

Juvenile probation officers provide preventative and rehabilitative services by: conducting intake investigations of youth who are alleged to have committed delinquent acts; completing court and detention screening; implementing diversion plans; and providing formal probation services for youth adjudicated as delinquents.

/

Youth Correctional Facilities

The Division operates five nationally accredited youth correctional facilities. The McLaughlin Youth Center in Anchorage, the Fairbanks Youth Facility, Bethel Youth Facility, and the Johnson Youth Center provide long term treatment services to adjudicated youth, as well as short-term detention. The Nome Youth Facility provides only 48-hour emergency detention, but will be offering expanded detention services in the near future. New facilities are currently planned for Mat-Su, Ketchikan, and Kenai/Soldotna.

Division Contacts

Division of Juvenile Justice

Steve McComb
Youth Services Operations Manager
2600 Providence Drive
Anchorage, Alaska 99508
Phone (907) 261-4399/Fax 261-4308

Ellen Lash, JPO IV
Anchorage Service Supervisor
2600 Providence Dr.
Anchorage, Alaska 99508
Phone (907) 562-2285/Fax 562-3996

Margaret Krause, JPO IV
SCRO Service Supervisor
2600 Providence Drive
Anchorage, Alaska 99508
Phone (907) 261-4399/Fax 261-4393

Jim Orr, JPO IV
NRO Service Supervisor
1502 Wilbur
Fairbanks, Alaska 99701
Phone (907) 451-2150/Fax 451-5152

Barbara Murray, JPO IV
SERO Service Supervisor
3252 Hospital Drive
Juneau, Alaska 99801
Phone (907) 586-9433/Fax 463-4933

Youth Facilities

Johnson Youth Center
Greg Roth, Superintendent
3252 Hospital Drive
Juneau, Alaska 99801
Phone (907) 586-9433/Fax 586-2680

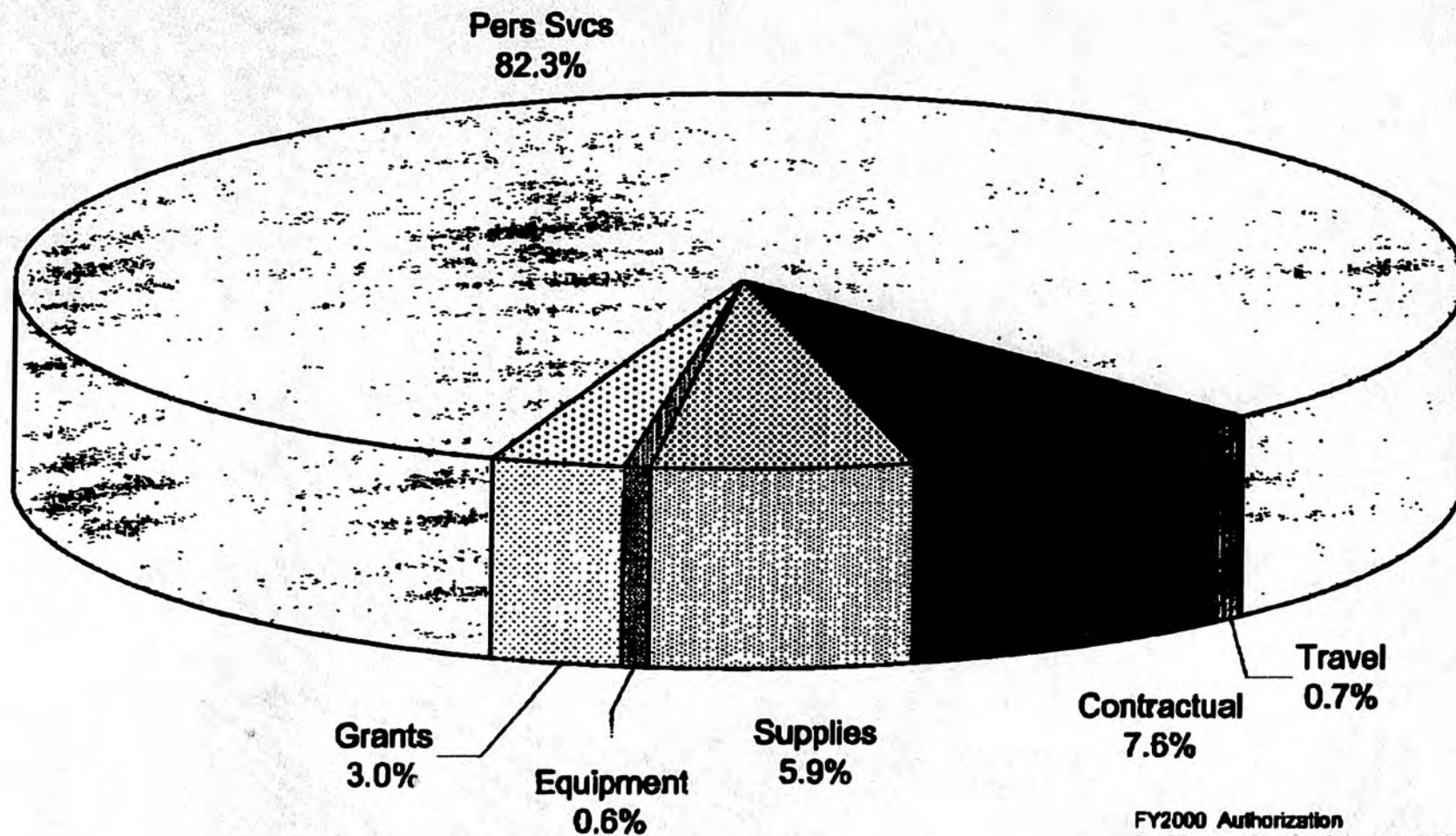
McLaughlin Youth Center
Donis Morris, Superintendent
2600 Providence Drive
Anchorage, Alaska 99508
Phone (907) 261-4399 / Fax 261-4308

Bethel Youth Facility
Patricia Leeman, Superintendent
P.O. Box 1988
Bethel, Alaska 99559
Phone (907) 543-5200/Fax 543-2710

Nome Youth Facility
Dean Williams, Superintendent
1045 E. 4th Street
Nome, Alaska 99762
Phone (907) 443-5434/Fax 443-3740

Fairbanks Youth Facility - Greg Thompson, Superintendent
1502 Wilbur, Fairbanks, Alaska 99701
Phone (907) 451-2150 / Fax 451-5152

**Department of Health and Social Services
Division of Juvenile Justice**



FY2000 Authorization
DHSS Div of Admin Svcs, Budget Section
8/30/99

lu

CONTRACT #	CONTRACTOR	PURPOSE OF CONTRACT	START	END	TOTAL	FY 99 AMOUNT
DIVISION OF FAMILY & YOUTH SERVICES						
67632	Agnew, Thea	Consultant	7/8/98	9/30/98	\$5,500	\$5,500
67649	Aketh, Ruth A.	JYC Nurse	7/20/98	8/30/99	\$8,000	\$8,000
67651	Atropa, Martin Dr.	On-site Assessment	2/19/99	3/19/99	\$1,500	\$1,500
67657	Atropa, Martin Ph. D.	Psychological Services	8/20/98	8/30/99	\$20,000	\$20,000
67658	Baker Jennings Films	Foster Parent Recruitment	1/11/99	2/17/99	\$7,041	\$7,042
67658	Baker Jennings Films	Foster Parent Recruitment	2/25/99	3/15/99	\$7,814	\$7,814
67228	Bergdahl, Patricia, DMD	Dental services for the Fairbanks Youth Facility.	1/1/97	8/30/99	\$40,000	\$17,500
67227	Bering Sea Dental Center	Dental services for the Bethel Youth Facility.	1/1/97	8/30/99	\$40,000	\$17,500
67602	Blasey, Larry J. Ph. D. CRC	Psychological Services	8/20/98	8/30/99	\$20,000	\$20,000
67495	Blake, F.M. & Associates	SSI Applications & Appeals	4/20/98	8/30/00	\$500,000	\$200,000
67318	Bryant, Leslie, M.D., A.P.C.	Physician services for the McLaughlin Youth Center.	7/1/97	6/30/00	\$133,200	\$48,000
67550	C. Henry Kempe, Univ. of Colorado	Expert Consultation	7/1/98	8/30/00	\$14,000	\$7,000
67627	Crawford, E. Ben	Mental Health Assessment Project	1/18/98	4/30/99	\$22,000	\$22,000
67688	Cutler, Louisiana Esq	Hearing Officer	8/24/98	9/30/99	\$10,000	\$10,000
67625	Cutler, Louisiana	Hearing Officer	11/2/98	4/15/99	\$10,000	\$10,000
67670	David Mandl & Assoc.	Client Management Services	4/11/99	6/30/99	\$6,000	\$6,000
67656	Dillon & Findley	Regulations Revision/DFYS Organizational Split	2/21/98	9/30/99	\$25,000	\$25,000
67697	E. Ben Crawford, PhD	Staff Training - Mental Health Treatment Strategies	6/1/99	10/31/99	\$24,000	\$9,600
67231	Fairbanks Clinic	Medical services for the Fairbanks Youth Facility.	1/1/97	8/30/99	\$120,000	\$48,000
67650	Guss, Mary E.	Hearing Officer	5/7/99	12/31/99	\$10,000	\$2,500
67309	Hansen, George, DDS	Dental care for the McLaughlin Youth Center.	7/1/97	8/30/00	\$121,040	\$40,000

CONTRACT#	CONTRACTOR	PURPOSE OF CONTRACT	START	END	TOTAL	FY 99 AMOUNT
67639	InformAlaska, Inc.	Licensing Regulations Revision/HB375&16	12/1/98	9/30/99	\$34,800	\$34,800
67603	Jimmerfield, Steven	One-on-One Control Tactics Control Tactics Training	0/22/98	10/31/98	\$2,500	\$2,500
67638	Koehler, Vicki	CORE 102 Training	7/20/98	7/31/99	\$8,000	\$8,000
67585	Koehler, Vicki Ma.	Core 102 Training	9/14/98	9/17/98	\$2,000	\$2,000
67612	Longenbaugh, Leslie	Hearing Officer	0/12/98	3/1/99	\$10,000	\$10,000
67429	New Bethel Family Clinic	BYF Medical Services Contract	11/1/97	8/30/99	\$20,550	\$12,000
67700	Nolan, Rice, Volland & Taylor	Hearing Officer	5/7/99	12/31/99	\$10,000	\$10,000
67636	Nome Dental Office	NYF Dental Contract	1/4/99	6/30/99	\$2,500	\$2,500
67635	Northwest Resource Association	Alaskan Adoption Exchange	2/18/99	8/30/00	\$150,445	\$33,400
67185	Northwest Resource Association	Adoption exchange and consultation services.	7/1/98	8/30/99	\$23,175	\$27,855
67414	Northwest Resources Assoc.	Foster Parent Training	11/1/97	8/30/00	\$1,201,224	\$431,900
67642	Northwest Strategies	Foster Parent Recruitment	1/20/99	3/15/99	\$6,940	\$6,940
67660	Norton Sound Health Corporation	NYF Dental Contract	1/4/99	6/30/99	\$2,500	\$2,500
67669	Norton Sound Health Corporation	NYF Medical Contract	1/4/99	6/30/99	\$10,000	\$10,000
67316	Patricia C. Patrick M.D.	Psychiatric evaluations for the McLaughlin Youth Center.	7/1/97	6/30/99	\$132,800	\$70,000
67317	Providence Behavioral Medicine Group	Court-ordered psychiatric evaluations on juveniles at McLa	7/1/97	6/30/00	\$15,000	\$5,000
67625	Schmid, Donald L.	Consultation re: development of Title IV-E funding for Alas	7/13/98	12/31/98	\$4,000	\$4,000
67621	Schmid, Donald L.	Federal funding and program design enhancements Phase	11/1/98	6/30/99	\$49,640	\$49,640
67632	Summa Counseling	BYF Mental Health Services	1/4/99	6/30/00	\$47,000	\$17,000
67516	Taylor Stocker Group, dba Alcohol Drug Test Servi	Urinalysis Testing Program	7/1/98	6/30/00	\$180,000	\$90,000
67678	Wood, Shelly	Training Victim Impact	5/3/99	5/7/99	\$2,500	\$2,500
FY99 Total for DIVISION						\$1,366,399

Wednesday, September 01, 1999

Page 4 of 13

SEP. 20. 1999 12:42PM

DHSS DAS DIR OFFICE

NO. 802

P. 6/18

Division of Juvenile Justice
FY 2000 Operating Grants

Program	Grantee	Location	2000 Award
Delinquency Prevention & Offender Intervntn	Alaska Youth & Parent Foundation	Anchorage	\$139,000
Delinquency Prevention & Offender Intervntn	Alaska Youth & Parent Foundation	Anchorage	\$30,000
Delinquency Prevention & Offender Intervntn	Big Brothers/Big Sisters-Anchorage	Anchorage	\$28,000
Delinquency Prevention & Offender Intervntn	Fairbanks Counseling & Adoption	Fairbanks	\$8,182
Delinquency Prevention & Offender Intervntn	Fairbanks Native Association	Fairbanks	\$45,000
Delinquency Prevention & Offender Intervntn	Fairbanks Native Association	Fairbanks	\$30,000
Delinquency Prevention & Offender Intervntn	Juneau Youth Services	Juneau	\$19,318
Delinquency Prevention & Offender Intervntn	Juneau Youth Services	Juneau	\$19,156
Delinquency Prevention & Offender Intervntn	Juneau Youth Services	Juneau	\$30,000
Delinquency Prevention & Offender Intervntn	Kids Are People, Inc.	Wasilla	\$50,000
Delinquency Prevention & Offender Intervntn	Nome Community Center	Nome	\$29,998
Delinquency Prevention & Offender Intervntn	Resource Center for Parents & Children	Fairbanks	\$19,155
Delinquency Prevention & Offender Intervntn	SE AK Guidance Association	Angeon,Hoonah,Kake,Klukwan	\$29,910
Delinquency Prevention & Offender Intervntn	Tundra Women's Coalition	Bethel	\$29,998
Delinquency Prevention & Offender Intervntn	Women in Safe Homes	Ketchikan	\$65,000
Governor's Conference on Youth and Justice	Big Brothers/Big Sisters of Juneau	Juneau	\$8,000
Governor's Conference on Youth and Justice	Choices for Teens	Homer	\$8,000
Governor's Conference on Youth and Justice	Craig City School District	Craig	\$8,000
Governor's Conference on Youth and Justice	Gateway Human Services	Ketchikan	\$8,000
Governor's Conference on Youth and Justice	Kiwanas Club of Delta Junction	Delta Junction	\$8,000
Governor's Conference on Youth and Justice	Louden Tribal Court	Louden	\$8,000
Governor's Conference on Youth and Justice	Mat-Su Youth Court	Wasilla	\$1,400
Governor's Conference on Youth and Justice	Muldoon Community Developm't Corp.	Anchorage	\$7,999
Governor's Conference on Youth and Justice	Nome Community Center	Nome	\$8,000
Governor's Conference on Youth and Justice	North Star Youth Court	Fairbanks	\$8,000
Governor's Conference on Youth and Justice	Organized Village of Kwethluk	Kwethluk	\$5,000
Governor's Conference on Youth and Justice	PARENTS	Anchorage	\$8,000
Governor's Conference on Youth and Justice	Resource Center for Parents & Children	Fairbanks	\$8,000
Governor's Conference on Youth and Justice	Sitka Prevention & Treatment Svs	Sitka	\$6,500
Governor's Conference on Youth and Justice	Tetlin Village	Tetlin	\$7,400
Governor's Conference on Youth and Justice	Unitarian Universalist Community Svs	Anchorage	\$8,000

SEP. 20. 1999 12:43PM DMS DMS DIR OFFICE

NO. 888 P. 7/18

9/1/99

Division of Juvenile Justice
FY 2000 Operating Grants

Program	Grantee	Location	2000 Award
Governor's Conference on Youth and Justice	Wrangell Community Svs	Wrangell	\$6,083
Indian Pass Through Grants	Aleutian/Pribilof Islands Association	Aleutian/Pribilof Villages	\$2,790
Indian Pass Through Grants	Assoc. of Village Council Presidents	Bethel	\$7,150
Indian Pass Through Grants	Bristol Bay Native Association	Bristol Bay Villages	\$3,273
Indian Pass Through Grants	Central Council of Tlingit & Haida	Juneau	\$3,402
Indian Pass Through Grants	Chugachmiut	Anchorage	\$2,640
Indian Pass Through Grants	Kodiak Area Native Association	Kodiak	\$2,747
Indian Pass Through Grants	Manilaq Manpower	NW Arctic Region	\$3,510
Indian Pass Through Grants	Metlakatla Indian Community	Metlakatla	\$2,920
Indian Pass Through Grants	Tanana Chiefs Conference	Tanana/ Fairbanks	\$3,348
Juvenile Accountability Incentive Block Grants	Anchorage Youth Court	Anchorage	\$28,000
Juvenile Accountability Incentive Block Grants	Community Dispute Resolution Cntr	Anchorage	\$29,700
Juvenile Accountability Incentive Block Grants	Juneau Community Mediation Cntr	Juneau	\$28,750
Juvenile Accountability Incentive Block Grants	Juneau School District	Juneau	\$24,342
Juvenile Accountability Incentive Block Grants	Juneau Youth Services	Juneau	\$30,000
Juvenile Accountability Incentive Block Grants	Kenai Peninsula Youth Court	Kenai	\$29,500
Juvenile Accountability Incentive Block Grants	Kids Are People, Inc.	Wasilla	\$29,991
Juvenile Accountability Incentive Block Grants	Kodiak Youth Services	Kodiak	\$29,000
Juvenile Accountability Incentive Block Grants	Met-Su Youth Court	Mat-Su	\$26,260
Juvenile Accountability Incentive Block Grants	Native Village of Emmonak	Emmonak	\$30,000
Juvenile Accountability Incentive Block Grants	Nome Community Center	Nome	\$30,000
Juvenile Accountability Incentive Block Grants	Orutsarmiut Native Council	Bethel	\$30,000
Juvenile Accountability Incentive Block Grants	Resource Center for Parents & Children	Fairbanks	\$28,500
Juvenile Accountability Incentive Block Grants	SE AK Guidance Association	Haines	\$29,699
Juvenile Accountability Incentive Block Grants	SE Regional Resource Center	Ketchikan	\$26,258
Juvenile Accountability Incentive Block Grants	Volunteers of America	Anchorage	\$30,000
Nonsecure Shelter	Dillingham, City of/Police Dept.	Dillingham	\$15,000
Nonsecure Shelter	Fairbanks Native Association	Fairbanks	\$15,000
Nonsecure Shelter	Juneau Youth Services	Juneau	\$15,000
Nonsecure Shelter	Kenai Peninsula Community Care Cntr	Homer, Seward, Kenai	\$50,000
Nonsecure Shelter	Kodiak Youth Services	Kodiak	\$8,000

Division of Juvenile Justice
FY 2000 Operating Grants

Program	Grantee	Location	2000 Award
Nonsecure Shelter	North Slope Borough	Barrow	\$5,000
Nonsecure Shelter	Residential Youth Care	Ketchikan	\$23,000
Nonsecure Shelter	Valdez, City of	Valdez	\$6,000
Nonsecure Shelter	Youth Advocates of Sitka	Sitka	\$3,000
Therapeutic Foster Care Pilot Project	Alternatives Community Mental Hlth Cntr	Anchorage	to be annualized
Therapeutic Foster Care Pilot Project	Family Centered Services of Alaska	Fairbanks	to be annualized
Title V-Juvenile Justice	Juneau, City & Borough	Southeast Region	\$39,895
Title V-Juvenile Justice	Valdez, City of	Valdez	\$36,334
Title V-Juvenile Justice	Wasilla, City of	Wasilla	\$40,000
Underage Drinking Program/Enforcement	Anchorage Police Department	Anchorage	\$49,951
Underage Drinking Program/Prevention	Anchorage Youth Court	Anchorage	\$13,500
Underage Drinking Program/Prevention	Nanwalek IRA Council	Nanwalek/Port Graham	\$23,437
Underage Drinking Program/Prevention	RurALCAP	SouthCentral Villages	\$24,029
Underage Drinking Program/Prevention	Togiak, City of	Togiak	\$24,797
Underage Drinking Program/Prevention	Volunteers of America	Anchorage, Mat-Su Valley, Kenai	\$14,236
		Total	\$1,593,058

SEP. 20. 1999 12:44PM DHSS DCS DIR OFFICE

NO. 888 P. 9/18

9/1/99

**Youth Probation Referrals
FY1992 - FY2001
(FY1999 - FY2001 Projected)**

Fiscal Year	FY92	FY93	FY94	FY95	FY96	FY97	FY98	FY99	FY2000	FY2001
# of Referrals	7,290	7,538	8,832	9,066	8,800	8,146	8,349	9,291	9,922	10,596
% Change		3%	17%	3%	-3%	-7%	2%	11%	7%	7%

**Youth Facility Admissions
FY1995 - FY2005
(FY1999, FY2000, & FY2005 Projected)**

Fiscal Year	FY95	FY96	FY97	FY98	FY99	FY2000	FY2005
Low Estimate**	2,154	2,451	2,633	2,708	2,829	2,881	2,745
High Estimate	-	-	-	-	2,829	2,814	2,881

** FY1995 - FY1998 actual data. FY1999 - FY 2005 projected.

**MatSu Admissions to McLaughlin Youth Center (MYC)
FY1993 - FY1998**

Fiscal Year	FY 93	FY 94	FY 95	FY 96	FY 97	FY 98
Admissions	88	130	98	118	164	154
% Change		48%	-25%	20%	39%	-6%

Component Detail
Department of Health and Social Services
FY2000 Budget

Component: Delinquency Prevention (248)
BRU: Purchased Services

FY2000 Mgt Plan

71000 Personal Services	0.0
72000 Travel	109.0
73000 Contractual	1,390.5
74000 Supplies	10.5
75000 Equipment	0.0
76000 Land/Buildings	0.0
77000 Grants, Claims	1,828.0
78000 Miscellaneous	0.0
Totals	3,338.0

Funding Sources :

1002 Fed Rcpts	3,338.0
----------------	---------

Positions :

Permanent Full Time	0
Permanent Part Time	0
Non Permanent	0

SEP. 20. 1999 12:44PM DHSS DCS DIR OFFICE

NO. 800 P. 11/18

10

Component Detail
Department of Health and Social Services
FY2000 Budget

Component: McLaughlin Youth Center (284)
BRU: Juvenile Justice

FY2000 Mgt Plan

71000 Personal Services	8,253.2
72000 Travel	3.2
73000 Contractual	782.5
74000 Supplies	704.7
75000 Equipment	0.0
76000 Land/Buildings	0.0
77000 Grants, Claims	304.4
78000 Miscellaneous	0.0
Totals	10,058.0

Funding Sources :

1004 Gen Fund	9,619.3
1007 VA Rcpts	279.2
1037 GF/MH	159.5

Positions :

Permanent Full Time	139
Permanent Part Time	1
Non Permanent	0

SEP.20.1999 12:44PM DHSS DSS DIR OFFICE

NO. 800 P.12/18

Component Detail
Department of Health and Social Services
FY2000 Budget

Component: Fairbanks Youth Facility (265)
BRU: Juvenile Justice

FY2000 Mgt Plan

71000 Personal Services	2,137.2
72000 Travel	10.5
73000 Contractual	232.0
74000 Supplies	315.4
75000 Equipment	0.0
76000 Land/Buildings	0.0
77000 Grants, Claims	70.0
78000 Miscellaneous	0.0
Totals	2,765.1

Funding Sources :

1004 Gen Fund	2,617.9
1007 I/A Rcpts	69.0
1037 GF/MH	78.2

Positions :

Permanent Full Time	36
Permanent Part Time	2
Non Permanent	0

Component Detail
Department of Health and Social Services
FY2000 Budget

Component: Nome Youth Facility (268)
BRU: Juvenile Justice

FY2000 Mgt Plan

71000 Personal Services	481.7
72000 Travel	5.5
73000 Contractual	85.0
74000 Supplies	50.8
75000 Equipment	0.0
76000 Land/Buildings	0.0
77000 Grants, Claims	42.5
78000 Miscellaneous	0.0

Totals **675.5**

Funding Sources :

1004 Gen Fund	675.5
---------------	-------

Positions :

Permanent Full Time	7
Permanent Part Time	2
Non Permanent	0

SEP. 20. 1999 12:45PM DHSS DAS DIR OFFICE

NO. 800 P. 14/18

13

Component Detail
Department of Health and Social Services
FY2000 Budget

Component: Johnson Youth Center (287)
BRU: Juvenile Justice

FY2000 Mgt Plan

71000 Personal Services	1,688.8
72000 Travel	20.0
73000 Contractual	252.5
74000 Supplies	219.3
75000 Equipment	107.2
76000 Land/Buildings	0.0
77000 Grants, Claims	162.0
78000 Miscellaneous	0.0

Totals **2,447.8**

Funding Sources :

1004 Gen Fund	2,423.8
1007 I/A Repts	24.0

Positions :

Permanent Full Time	28
Permanent Part Time	2
Non Permanent	0

SEP. 20. 1999 12:45PM DHSS DAS DIR OFFICE

NO. 800 P. 15/18

71

Component Detail
Department of Health and Social Services
FY2000 Budget

Component: Bethel Youth Facility (266)

BRU: Juvenile Justice

FY2000 Mgt Plan

71000 Personal Services	1,597.1
72000 Travel	10.6
73000 Contractual	180.0
74000 Supplies	142.5
75000 Equipment	0.7
76000 Land/Buildings	0.0
77000 Grants, Claims	29.8
78000 Miscellaneous	0.0
Totals	1,940.7

Funding Sources :

1004 Gen Fund	1,853.3
1007 I/A Rcpts	37.4
1037 GFRMH	50.0

Positions :

Permanent Full Time	21
Permanent Part Time	1
Non Permanent	0

15

Component Detail
Department of Health and Social Services
FY2000 Budget

Component: Mat-Su Youth Facility (2339)
BRU: Juvenile Justice

FY2000 Mgt Plan

71000 Personal Services	27.5
72000 Travel	0.0
73000 Contractual	52.3
74000 Supplies	0.0
75000 Equipment	0.0
76000 Land/Buildings	0.0
77000 Grants, Claims	0.0
78000 Miscellaneous	0.0

Totals	79.8
---------------	-------------

Funding Sources :

1004 Gen Fund	79.8
---------------	------

Positions :

Permanent Full Time	1
Permanent Part Time	1
Non Permanent	0

SEP.20.1999 12:46PM DHSS DAS DIR OFFICE

NO.800 P.17/18

16

Component Detail
Department of Health and Social Services
FY2000 Budget

Component: Probation Services (2134)
BRU: Juvenile Justice

FY2000 Mgt Plan

71000 Personal Services	6,877.0
72000 Travel	118.7
73000 Contractual	347.4
74000 Supplies	58.8
75000 Equipment	31.8
78000 Land/Buildings	0.0
77000 Grants, Claims	140.0
78000 Miscellaneous	0.0
Totals	7,371.7

Funding Sources :

1002 Fed Rcpts	705.8
1004 Gen Fund	6,540.3
1106 Stat Desig	125.6

Positions :

Permanent Full Time	111
Permanent Part Time	0
Non Permanent	0

SEP. 20. 1999 12:46PM DHSS DAS DIR OFFICE

NO. 800 P. 18/18

17

TRANSACTION REPORT

P. 01

SEP-20-1999 MON 02:02 PM

BROADCAST

DATE	START	RECEIVER	TX TIME	PAGES	TYPE	NOTE	M#	DP
SEP-20	02:01 PM	919074656557	25"	1	SEND	OK	240	
	02:02 PM	919074655334	29"	1	SEND	OK	240	
TOTAL :						54S	PAGES:	2

Interim:

716 West 4th Ave., Suite
320 Anchorage, AK 99501

Phone: 907-269-0222

Fax: 907-269-0223

Toll Free: 1-888-269-3879



Representative
John J. Cowdery
Chairman
House Rules
Committee

Session:

State Capitol Bldg., Suite
204
Juneau, AK 99801

Phone: 907-465-3879

Fax: 907-465-2069

Toll Free: 1-888-269-3879

DATE: September 20, 1999

TO: Kevin Kempton, Human Resource Manager
Legislative Affairs Agency

FROM: Representative John J. Cowdery
Chairman, House Rules Committee

RE: Floor Staff Pay Range - ammended

This memo requires no action.

LEGISLATIVE AFFAIRS AGENCY LONG TERM PER DIEM CLAIM FORM

ACCOUNTING OFFICE
130 Seward Street, Suite 313
Juneau, Alaska 99801-2197

Attn: Mary Cargill
Phone (907) 465-6625
Fax (907) 465-3234

I, _____, CERTIFY that the facts herein contained and on supporting documents are correct and constitute a valid claim for long-term per diem. I was on legislative or committee business as indicated below and claim _____ days of long-term per diem.

Print Name of Legislator

Signature of Legislator

Date _____

To qualify for interim long term per diem, a legislator must attend a meeting for a legislative or public purpose, or spend at least 4 hours of that day on legislative and constituent business.

Long Term Per Diem Claims are subject to approval by the appropriate presiding officer.

TO BE CLAIMED WITHIN 60 DAYS AFTER THE DAY THE BUSINESS WAS CONDUCTED

[illegible]

1. Per Diem _____ **Days at \$** _____ =

Claim	Accounting
-------	------------

Per Diem	Per Diem
----------	----------

OFFICE USE[illegible]**Warrant Mailing Address:**

ALASKA BAR
ASSOCIATION

MESS
CORRECTIONS

99-70

**Alternatives to Jail
For Mentally Disabled Misdemeanant**

Monday, September 20, 1999
12:15 - 1:15 p.m.
Courtroom 202, Nesbett Courthouse
1.0 CLE Credits

FREE! PUBLIC INVITED!

This program introduces the audience to the Court Coordinated Resources Project and the Jail Alternative Services Project, pilot sentencing projects designed to divert mentally disabled low risk misdemeanor offenders from jail and into community based behavioral health treatment.

Presenters:

Third Judicial District Court Judge John Lohff
Third Judicial District Court Judge Stephanie Rhoades
Court Coordinated Resources Project

And

Laura Brooks
Case Coordinator, Department of Corrections
Jail Alternative Services Project

With Representatives From:

State District Attorney's Office
Anchorage Municipal Prosecutor's Office
Public Defender Agency
Gorton & Associates

This program is presented in cooperation with the



Anchorage
Bar Association, Inc.

401 1st 1017's Anchorage, Alaska 99501-0279 • 907-272-7469

P.O. Box 100279 • Anchorage, Alaska 99510-0279
907-272-7469 • Fax 907-272-2932 • <http://www.alaskabar.org>

ALASKA BAR

A S S O C I A T I O N

Naltrexone -- The Anti-Alcohol Drug: Is This A Magic Bullet in Treating Alcohol Addiction?

Video Replay: Monday, September 13, 1999

Courtroom 202, Nesbett Courthouse

12:15 - 4:00 p.m./3.25 CLE Credits

FREE! PUBLIC INVITED!

This program introduces and explains the use of Naltrexone as a part of alcohol treatment in our judicial and correctional system. The promise of Naltrexone is significant. When administered for 90 days, the drug can block an individual's opioid receptors resulting in a loss of craving for alcohol. A panel of medical experts and lawyers discusses case studies, ways to implement the use of Naltrexone, and the effectiveness of Naltrexone in probation and rehab programs.

Topics:

- How the drug, Naltrexone, is used in alcohol treatment.
- How Naltrexone works in conjunction with traditional alcohol treatment programs - case studies.
- How the courts can encourage the use of Naltrexone as a sentencing alternative.
- How much Naltrexone costs
- Ways to implement a Naltrexone program in Alaska
- How Naltrexone can work in jail, probation, and rehab programs
- About the Nygren case and Nygren credits
- Use of Naltrexone in recovery plans for affected lawyers

This program is presented in cooperation with the



P.O. Box 100279 • Anchorage, Alaska 99510-0279
907-272-7469 • Fax 907-272-2932 • <http://www.alaskabar.org>

COPY
CORRECT
HEB

Article by Janet McCabe, Co-Chair, Partners for Downtown Progress

Jail Alternatives Give People in Trouble with the Law a Chance to Change.

This summer a number of judges, attorneys, and people associated with non-profit and governmental organizations have been exploring ways to reduce crime through alternatives to jail. The emphasis has been on models of rehabilitative justice that have proven successful in other states. Coming up are three important seminars sponsored by the Alaska Bar Association with the support of the Anchorage Bar Association and Partners for Downtown Progress.

- On September 13 from 12:15 PM to 4:15 PM in Courtroom 202 of the Nesbett Courthouse, video tapes about the new anti-alcohol drug, Naltrexone, will be shown, and a panel of medical experts and lawyers will explain the use of Naltrexone in probation and rehabilitation programs. It is commonly estimated that 80 to 90 percent of criminal defendants have substance abuse problems, primarily alcoholism. Therefore, the potential of Naltrexone, which reduces the urge to drink, is very significant. This program is open to the public and free.
- On September 20, from 12:15 PM to 1:15 PM in Courtroom 202 of the Nesbett Courthouse, there will be a session on alternatives to jail for mentally disabled misdemeanants. This program will review a successful "specialty court" designed to divert mentally disabled low-risk misdemeanor offenders from jail into community-based behavioral health treatment. The program is open to the public and free.
- On September 27 from 8:30 AM to noon in the Captain Cook, Judge Dennis A. Challeen, a nationally recognized expert in the field of criminal sentencing, will speak about systems that enable criminals to change themselves into responsible members of society. Judge Challeen is credited with pioneering sentencing to community service, now a common practice for persons who are not dangers to the public. The half-day seminar is open to the public and costs \$45. For registration call the Alaska Bar Association at 272-7469.

These seminars represent a change from the judicial approach that has become dominant in this country. Over the past 25 years the emphasis has been on tough punishment, on sending more people to jail. By now one out of every 150 U.S. citizens is in jail. Funding for in-jail rehabilitation, education and work experience has been largely eliminated, and jails are now mostly "no-frills" human warehouses. The push for jail has meant incarceration of a higher proportion of non-violent offenders than before. "Crimes that in other countries would usually lead to community service, fines, or drug treatment - or would not be considered crimes at all - in the United States now lead to a prison term, by far the most expensive form of punishment".¹

¹ See "The Prison-Industrial Complex" in The Atlantic Monthly, December 1998.

But the trend is turning. People are coming to realize that jail is hugely expensive both in terms of individual lives and public money. In Alaska it costs about \$35,000 to jail one person for a year. In total, it costs the state \$130 million annually to house people in jails. From the perspective of protecting the public, jail is a short-term solution. Most criminals are eventually released. Lifers are only a minor fraction of Alaska's jail population. With little rehabilitation and much punishment by inactivity or isolation, jail often intensifies a person's inability to cope outside of jail and increases the store of anger that may have led to trouble in the first place. Two-thirds of the people released from jail return within three years.

The jail alternative programs being considered in Anchorage would be built on elements that have been successful elsewhere. Community courts, drug courts, or other specialty courts, all assist individuals who want to change by combining the incentive of avoiding jail with practical, individualized assistance in fulfilling the terms of court orders and rejoining the community. Typically, such programs involve "check-up" visits with the same judge who monitors compliance with his order, recognizes and praises success, and swiftly punishes non-compliance. Typically, also, these programs require strong partnerships between the courts, treatment providers, and organizations that assist the defendant on a one-to-one basis with transitional employment and housing, medical services, and other essentials, such as keeping court ordered appointment dates.

In Anchorage, the Partners for Downtown Progress (PDP) supports the development of jail alternative programs. This support is warranted by positive results in other communities. In the short run such programs require more court resources, but they reduce recidivism and jail costs, and they offer the court the benefits of collaboration with others to achieve a positive outcome. PDP would work with individuals who are referred by the courts, assisting each person in developing and following an individually tailored plan to utilize existing services to fit his or her needs. PDP is especially interested in participating in the development of a specialty court for alcoholic misdemeanants and criminals, and in facilitating the utilization of Naltrexone, the drug that reduces craving for alcohol.

Junet McCabe is on the board of the Anchorage Downtown Partnership (ADP) and chairs Partners for Downtown Progress, which was created by ADP to focus on human and social needs in Anchorage's Downtown Business Improvement District.

ALASKA BAR
ASSOCIATION

HESS
CORRECTIONS

99-70

**Alternatives to Jail
For Mentally Disabled Misdemeanant**

Monday, September 20, 1999
12:15 - 1:15 p.m.
Courtroom 202, Nesbett Courthouse
1.0 CLE Credits

FREE! PUBLIC INVITED!

This program introduces the audience to the Court Coordinated Resources Project and the Jail Alternative Services Project, pilot sentencing projects designed to divert mentally disabled low risk misdemeanor offenders from jail and into community based behavioral health treatment.

Presenters:

Third Judicial District Court Judge John Lohff
Third Judicial District Court Judge Stephanie Rhoades
Court Coordinated Resources Project

And

Laura Brooks
Case Coordinator, Department of Corrections
Jail Alternative Services Project

With Representatives From:

State District Attorney's Office
Anchorage Municipal Prosecutor's Office
Public Defender Agency
Gorton & Associates

This program is presented in cooperation with the



P.O. Box 100279 • Anchorage, Alaska 99510-0279
907-272-7469 • Fax 907-272-2932 • <http://www.alaskabar.org>

ALASKA BAR

A S S O C I A T I O N

Naltrexone -- The Anti-Alcohol Drug: Is This A Magic Bullet in Treating Alcohol Addiction?

Video Replay: Monday, September 13, 1999

Courtroom 202, Nesbett Courthouse

12:15 - 4:00 p.m./3.25 CLE Credits

FREE! PUBLIC INVITED!

This program introduces and explains the use of Naltrexone as a part of alcohol treatment in our judicial and correctional system. The promise of Naltrexone is significant. When administered for 90 days, the drug can block an individual's opioid receptors resulting in a loss of craving for alcohol. A panel of medical experts and lawyers discusses case studies, ways to implement the use of Naltrexone, and the effectiveness of Naltrexone in probation and rehab programs.

Topics:

- How the drug, Naltrexone, is used in alcohol treatment.
- How Naltrexone works in conjunction with traditional alcohol treatment programs - case studies.
- How the courts can encourage the use of Naltrexone as a sentencing alternative.
- How much Naltrexone costs
- Ways to implement a Naltrexone program in Alaska
- How Naltrexone can work in jail, probation, and rehab programs
- About the Nygren case and Nygren credits
- Use of Naltrexone in recovery plans for affected lawyers

This program is presented in cooperation with the



P.O. Box 100279 • Anchorage, Alaska 99510-0279
907-272-7469 • Fax 907-272-2932 • <http://www.alaskabar.org>

COPIES
CORRECT
HES

Jail Alternatives Give People in Trouble with the Law a Chance to Change.

This summer a number of judges, attorneys, and people associated with non-profit and governmental organizations have been exploring ways to reduce crime through alternatives to jail. The emphasis has been on models of rehabilitative justice that have proven successful in other states. Coming up are three important seminars sponsored by the Alaska Bar Association with the support of the Anchorage Bar Association and Partners for Downtown Progress.

- On September 13 from 12:15 PM to 4:15 PM in Courtroom 202 of the Nesbett Courthouse, video tapes about the new anti-alcohol drug, Naltrexone, will be shown, and a panel of medical experts and lawyers will explain the use of Naltrexone in probation and rehabilitation programs. It is commonly estimated that 80 to 90 percent of criminal defendants have substance abuse problems, primarily alcoholism. Therefore, the potential of Naltrexone, which reduces the urge to drink, is very significant. This program is open to the public and free.
- On September 20, from 12:15 PM to 1:15 PM in Courtroom 202 of the Nesbett Courthouse, there will be a session on alternatives to jail for mentally disabled misdemeanants. This program will review a successful "specialty court" designed to divert mentally disabled low-risk misdemeanor offenders from jail into community-based behavioral health treatment. The program is open to the public and free.
- On September 27 from 8:30 AM to noon in the Captain Cook, Judge Dennis A. Challeen, a nationally recognized expert in the field of criminal sentencing, will speak about systems that enable criminals to change themselves into responsible members of society. Judge Challeen is credited with pioneering sentencing to community service, now a common practice for persons who are not dangers to the public. The half-day seminar is open to the public and costs \$45. For registration call the Alaska Bar Association at 272-7469.

These seminars represent a change from the judicial approach that has become dominant in this country. Over the past 25 years the emphasis has been on tough punishment, on sending more people to jail. By now one out of every 150 U.S. citizens is in jail. Funding for in-jail rehabilitation, education and work experience has been largely eliminated, and jails are now mostly "no-frills" human warehouses. The push for jail has meant incarceration of a higher proportion of non-violent offenders than before. "Crimes that in other countries would usually lead to community service, fines, or drug treatment - or would not be considered crimes at all - in the United States now lead to a prison term, by far the most expensive form of punishment"¹.

¹ See "The Prison-Industrial Complex" in The Atlantic Monthly, December 1998.

But the trend is turning. People are coming to realize that jail is hugely expensive both in terms of individual lives and public money. In Alaska it costs about \$35,000 to jail one person for a year. In total, it costs the state \$130 million annually to house people in jails. From the perspective of protecting the public, jail is a short-term solution. Most criminals are eventually released. Lifers are only a minor fraction of Alaska's jail population. With little rehabilitation and much punishment by inactivity or isolation, jail often intensifies a person's inability to cope outside of jail and increases the store of anger that may have led to trouble in the first place. Two-thirds of the people released from jail return within three years.

The jail alternative programs being considered in Anchorage would be built on elements that have been successful elsewhere. Community courts, drug courts, or other specialty courts, all assist individuals who want to change by combining the incentive of avoiding jail with practical, individualized assistance in fulfilling the terms of court orders and rejoining the community. Typically, such programs involve "check-up" visits with the same judge who monitors compliance with his order, recognizes and praises success, and swiftly punishes non-compliance. Typically, also, these programs require strong partnerships between the courts, treatment providers, and organizations that assist the defendant on a one-to-one basis with transitional employment and housing, medical services, and other essentials, such as keeping court ordered appointment dates.

In Anchorage, the Partners for Downtown Progress (PDP) supports the development of jail alternative programs. This support is warranted by positive results in other communities. In the short run such programs require more court resources, but they reduce recidivism and jail costs, and they offer the court the benefits of collaboration with others to achieve a positive outcome. PDP would work with individuals who are referred by the courts, assisting each person in developing and following an individually tailored plan to utilize existing services to fit his or her needs. PDP is especially interested in participating in the development of a specialty court for alcoholic misdemeanants and criminals, and in facilitating the utilization of Naltrexone, the drug that reduces craving for alcohol.

Junet McCabe is on the board of the Anchorage Downtown Partnership (ADP) and chairs Partners for Downtown Progress, which was created by ADP to focus on human and social needs in Anchorage's Downtown Business Improvement District.

ALASKA BAR
ASSOCIATION

HESS
CORRECTIONS

99-70

**Alternatives to Jail
For Mentally Disabled Misdemeanant**

Monday, September 20, 1999
12:15 - 1:15 p.m.
Courtroom 202, Nesbett Courthouse
1.0 CLE Credits

FREE! PUBLIC INVITED!

This program introduces the audience to the Court Coordinated Resources Project and the Jail Alternative Services Project, pilot sentencing projects designed to divert mentally disabled low risk misdemeanor offenders from jail and into community based behavioral health treatment.

Presenters:

Third Judicial District Court Judge John Lohff
Third Judicial District Court Judge Stephanie Rhoades
Court Coordinated Resources Project

And

Laura Brooks
Case Coordinator, Department of Corrections
Jail Alternative Services Project

With Representatives From:

State District Attorney's Office
Anchorage Municipal Prosecutor's Office
Public Defender Agency
Gorton & Associates

This program is presented in cooperation with the



Anchorage
Bar Association, Inc.

PO Box 100279 Anchorage, Alaska 99510-0279 • 907-272-7469

P.O. Box 100279 • Anchorage, Alaska 99510-0279
907-272-7469 • Fax 907-272-2932 • <http://www.alaskabar.org>

HESS

ALASKA BAR

A S S O C I A T I O N

Naltrexone -- The Anti-Alcohol Drug: Is This A Magic Bullet in Treating Alcohol Addiction?

Video Replay: Monday, September 13, 1999
Courtroom 202, Nesbett Courthouse
12:15 - 4:00 p.m./3.25 CLE Credits

FREE! PUBLIC INVITED!

This program introduces and explains the use of Naltrexone as a part of alcohol treatment in our judicial and correctional system. The promise of Naltrexone is significant. When administered for 90 days, the drug can block an individual's opioid receptors resulting in a loss of craving for alcohol. A panel of medical experts and lawyers discusses case studies, ways to implement the use of Naltrexone, and the effectiveness of Naltrexone in probation and rehab programs.

Topics:

- How the drug, Naltrexone, is used in alcohol treatment.
- How Naltrexone works in conjunction with traditional alcohol treatment programs - case studies.
- How the courts can encourage the use of Naltrexone as a sentencing alternative.
- How much Naltrexone costs
- Ways to implement a Naltrexone program in Alaska
- How Naltrexone can work in jail, probation, and rehab programs
- About the Nygren case and Nygren credits
- Use of Naltrexone in recovery plans for affected lawyers

This program is presented in cooperation with the



P.O. Box 100279 • Anchorage, Alaska 99510-0279
907-272-7469 • Fax 907-272-2932 • <http://www.alaskabar.org>

CORRECT
HCB

Jail Alternatives Give People in Trouble with the Law a Chance to Change.

This summer a number of judges, attorneys, and people associated with non-profit and governmental organizations have been exploring ways to reduce crime through alternatives to jail. The emphasis has been on models of rehabilitative justice that have proven successful in other states. Coming up are three important seminars sponsored by the Alaska Bar Association with the support of the Anchorage Bar Association and Partners for Downtown Progress.

- On September 13 from 12:15 PM to 4:15 PM in Courtroom 202 of the Nesbett Courthouse, video tapes about the new anti-alcohol drug, Naltrexone, will be shown, and a panel of medical experts and lawyers will explain the use of Naltrexone in probation and rehabilitation programs. It is commonly estimated that 80 to 90 percent of criminal defendants have substance abuse problems, primarily alcoholism. Therefore, the potential of Naltrexone, which reduces the urge to drink, is very significant. This program is open to the public and free.
- On September 20, from 12:15 PM to 1:15 PM in Courtroom 202 of the Nesbett Courthouse, there will be a session on alternatives to jail for mentally disabled misdemeanants. This program will review a successful "specialty court" designed to divert mentally disabled low-risk misdemeanor offenders from jail into community-based behavioral health treatment. The program is open to the public and free.
- On September 27 from 8:30 AM to noon in the Captain Cook, Judge Dennis A. Challeen, a nationally recognized expert in the field of criminal sentencing, will speak about systems that enable criminals to change themselves into responsible members of society. Judge Challeen is credited with pioneering sentencing to community service, now a common practice for persons who are not dangers to the public. The half-day seminar is open to the public and costs \$45. For registration call the Alaska Bar Association at 272-7469.

These seminars represent a change from the judicial approach that has become dominant in this country. Over the past 25 years the emphasis has been on tough punishment, on sending more people to jail. By now one out of every 150 U.S. citizens is in jail. Funding for in-jail rehabilitation, education and work experience has been largely eliminated, and jails are now mostly "no-frills" human warehouses. The push for jail has meant incarceration of a higher proportion of non-violent offenders than before. "Crimes that in other countries would usually lead to community service, fines, or drug treatment - or would not be considered crimes at all - in the United States now lead to a prison term, by far the most expensive form of punishment"¹.

¹ See "The Prison-Industrial Complex" in *The Atlantic Monthly*, December 1998.

But the trend is turning. People are coming to realize that jail is hugely expensive both in terms of individual lives and public money. In Alaska it costs about \$35,000 to jail one person for a year. In total, it costs the state \$130 million annually to house people in jails. From the perspective of protecting the public, jail is a short-term solution. Most criminals are eventually released. Lifers are only a minor fraction of Alaska's jail population. With little rehabilitation and much punishment by inactivity or isolation, jail often intensifies a person's inability to cope outside of jail and increases the store of anger that may have led to trouble in the first place. Two-thirds of the people released from jail return within three years.

The jail alternative programs being considered in Anchorage would be built on elements that have been successful elsewhere. Community courts, drug courts, or other specialty courts, all assist individuals who want to change by combining the incentive of avoiding jail with practical, individualized assistance in fulfilling the terms of court orders and rejoining the community. Typically, such programs involve "check-up" visits with the same judge who monitors compliance with his order, recognizes and praises success, and swiftly punishes non-compliance. Typically, also, these programs require strong partnerships between the courts, treatment providers, and organizations that assist the defendant on a one-to-one basis with transitional employment and housing, medical services, and other essentials, such as keeping court ordered appointment dates.

In Anchorage, the Partners for Downtown Progress (PDP) supports the development of jail alternative programs. This support is warranted by positive results in other communities. In the short run such programs require more court resources, but they reduce recidivism and jail costs, and they offer the court the benefits of collaboration with others to achieve a positive outcome. PDP would work with individuals who are referred by the courts, assisting each person in developing and following an individually tailored plan to utilize existing services to fit his or her needs. PDP is especially interested in participating in the development of a specialty court for alcoholic misdemeanants and criminals, and in facilitating the utilization of Naltrexone, the drug that reduces craving for alcohol.

Junet McCabe is on the board of the Anchorage Downtown Partnership (ADP) and chairs Partners for Downtown Progress, which was created by ADP to focus on human and social needs in Anchorage's Downtown Business Improvement District.

ALASKA BAR
ASSOCIATION

HESS
CORRECTIONS

99-70

**Alternatives to Jail
For Mentally Disabled Misdemeanant**

Monday, September 20, 1999

12:15 - 1:15 p.m.

Courtroom 202, Nesbett Courthouse

1.0 CLE Credits

FREE! PUBLIC INVITED!

This program introduces the audience to the Court Coordinated Resources Project and the Jail Alternative Services Project, pilot sentencing projects designed to divert mentally disabled low risk misdemeanor offenders from jail and into community based behavioral health treatment.

Presenters:

Third Judicial District Court Judge John Lohff
Third Judicial District Court Judge Stephanie Rhoades
Court Coordinated Resources Project

And

Laura Brooks
Case Coordinator, Department of Corrections
Jail Alternative Services Project

With Representatives From:

State District Attorney's Office
Anchorage Municipal Prosecutor's Office
Public Defender Agency
Gorton & Associates

This program is presented in cooperation with the



Anchorage
Bar Association, Inc.

40 E. 10th St. Anchorage, Alaska 99510-0279 • 907-272-7469

P.O. Box 100279 • Anchorage, Alaska 99510-0279
907-272-7469 • Fax 907-272-2932 • <http://www.alaskabar.org>

ALASKA BAR

A S S O C I A T I O N

Naltrexone -- The Anti-Alcohol Drug: Is This A Magic Bullet in Treating Alcohol Addiction?

Video Replay: Monday, September 13, 1999
Courtroom 202, Nesbett Courthouse
12:15 - 4:00 p.m./3.25 CLE Credits

FREE! PUBLIC INVITED!

This program introduces and explains the use of Naltrexone as a part of alcohol treatment in our judicial and correctional system. The promise of Naltrexone is significant. When administered for 90 days, the drug can block an individual's opioid receptors resulting in a loss of craving for alcohol. A panel of medical experts and lawyers discusses case studies, ways to implement the use of Naltrexone, and the effectiveness of Naltrexone in probation and rehab programs.

Topics:

- How the drug, Naltrexone, is used in alcohol treatment.
- How Naltrexone works in conjunction with traditional alcohol treatment programs - case studies.
- How the courts can encourage the use of Naltrexone as a sentencing alternative.
- How much Naltrexone costs
- Ways to implement a Naltrexone program in Alaska
- How Naltrexone can work in jail, probation, and rehab programs
- About the Nygren case and Nygren credits
- Use of Naltrexone in recovery plans for affected lawyers

This program is presented in cooperation with the



P.O. Box 100279 • Anchorage, Alaska 99510-0279
907-272-7469 • Fax 907-272-2932 • <http://www.alaskabar.org>

CORRECT
HHS

Jail Alternatives Give People in Trouble with the Law a Chance to Change.

This summer a number of judges, attorneys, and people associated with non-profit and governmental organizations have been exploring ways to reduce crime through alternatives to jail. The emphasis has been on models of rehabilitative justice that have proven successful in other states. Coming up are three important seminars sponsored by the Alaska Bar Association with the support of the Anchorage Bar Association and Partners for Downtown Progress.

- On September 13 from 12:15 PM to 4:15 PM in Courtroom 202 of the Nesbett Courthouse, video tapes about the new anti-alcohol drug, Naltrexone, will be shown, and a panel of medical experts and lawyers will explain the use of Naltrexone in probation and rehabilitation programs. It is commonly estimated that 80 to 90 percent of criminal defendants have substance abuse problems, primarily alcoholism. Therefore, the potential of Naltrexone, which reduces the urge to drink, is very significant. This program is open to the public and free.
- On September 20, from 12:15 PM to 1:15 PM in Courtroom 202 of the Nesbett Courthouse, there will be a session on alternatives to jail for mentally disabled misdemeanants. This program will review a successful "specialty court" designed to divert mentally disabled low-risk misdemeanor offenders from jail into community-based behavioral health treatment. The program is open to the public and free.
- On September 27 from 8:30 AM to noon in the Captain Cook, Judge Dennis A. Challeen, a nationally recognized expert in the field of criminal sentencing, will speak about systems that enable criminals to change themselves into responsible members of society. Judge Challeen is credited with pioneering sentencing to community service, now a common practice for persons who are not dangers to the public. The half-day seminar is open to the public and costs \$45. For registration call the Alaska Bar Association at 272-7469.

These seminars represent a change from the judicial approach that has become dominant in this country. Over the past 25 years the emphasis has been on tough punishment, on sending more people to jail. By now one out of every 150 U.S. citizens is in jail. Funding for in-jail rehabilitation, education and work experience has been largely eliminated, and jails are now mostly "no-frills" human warehouses. The push for jail has meant incarceration of a higher proportion of non-violent offenders than before. "Crimes that in other countries would usually lead to community service, fines, or drug treatment - or would not be considered crimes at all - in the United States now lead to a prison term, by far the most expensive form of punishment"¹.

¹ See "The Prison-Industrial Complex" in The Atlantic Monthly, December 1998.

But the trend is turning. People are coming to realize that jail is hugely expensive both in terms of individual lives and public money. In Alaska it costs about \$35,000 to jail one person for a year. In total, it costs the state \$130 million annually to house people in jails. From the perspective of protecting the public, jail is a short-term solution. Most criminals are eventually released. Lifers are only a minor fraction of Alaska's jail population. With little rehabilitation and much punishment by inactivity or isolation, jail often intensifies a person's inability to cope outside of jail and increases the store of anger that may have led to trouble in the first place. Two-thirds of the people released from jail return within three years.

The jail alternative programs being considered in Anchorage would be built on elements that have been successful elsewhere. Community courts, drug courts, or other specialty courts, all assist individuals who want to change by combining the incentive of avoiding jail with practical, individualized assistance in fulfilling the terms of court orders and rejoining the community. Typically, such programs involve "check-up" visits with the same judge who monitors compliance with his order, recognizes and praises success, and swiftly punishes non-compliance. Typically, also, these programs require strong partnerships between the courts, treatment providers, and organizations that assist the defendant on a one-to-one basis with transitional employment and housing, medical services, and other essentials, such as keeping court ordered appointment dates.

In Anchorage, the Partners for Downtown Progress (PDP) supports the development of jail alternative programs. This support is warranted by positive results in other communities. In the short run such programs require more court resources, but they reduce recidivism and jail costs, and they offer the court the benefits of collaboration with others to achieve a positive outcome. PDP would work with individuals who are referred by the courts, assisting each person in developing and following an individually tailored plan to utilize existing services to fit his or her needs. PDP is especially interested in participating in the development of a specialty court for alcoholic misdemeanants and criminals, and in facilitating the utilization of Naltrexone, the drug that reduces craving for alcohol.

Junet McCabe is on the board of the Anchorage Downtown Partnership (ADP) and chairs Partners for Downtown Progress, which was created by ADP to focus on human and social needs in Anchorage's Downtown Business Improvement District.

HESS
CORRECTIONS

99-70

ALASKA BAR

A S S O C I A T I O N

Alternatives to Jail For Mentally Disabled Misdemeanant

Monday, September 20, 1999
12:15 - 1:15 p.m.
Courtroom 202, Nesbett Courthouse
1.0 CLE Credits

FREE! PUBLIC INVITED!

This program introduces the audience to the Court Coordinated Resources Project and the Jail Alternative Services Project, pilot sentencing projects designed to divert mentally disabled low risk misdemeanor offenders from jail and into community based behavioral health treatment.

Presenters:

Third Judicial District Court Judge John Lohff
Third Judicial District Court Judge Stephanie Rhoades
Court Coordinated Resources Project

And

Laura Brooks
Case Coordinator, Department of Corrections
Jail Alternative Services Project

With Representatives From:

State District Attorney's Office
Anchorage Municipal Prosecutor's Office
Public Defender Agency
Gorton & Associates

This program is presented in cooperation with the



Anchorage
Bar Association, Inc.

40 Tax 1027 • Anchorage, Alaska 99510-0279 • 907, 272-7469

P.O. Box 100279 • Anchorage, Alaska 99510-0279
907-272-7469 • Fax 907-272-2932 • <http://www.alaskabar.org>

ALASKA BAR

ASSOCIATION

Naltrexone -- The Anti-Alcohol Drug: Is This A Magic Bullet in Treating Alcohol Addiction?

Video Replay: Monday, September 13, 1999
Courtroom 202, Nesbett Courthouse
12:15 - 4:00 p.m./3.25 CLE Credits

FREE! PUBLIC INVITED!

This program introduces and explains the use of Naltrexone as a part of alcohol treatment in our judicial and correctional system. The promise of Naltrexone is significant. When administered for 90 days, the drug can block an individual's opioid receptors resulting in a loss of craving for alcohol. A panel of medical experts and lawyers discusses case studies, ways to implement the use of Naltrexone, and the effectiveness of Naltrexone in probation and rehab programs.

Topics:

- How the drug, Naltrexone, is used in alcohol treatment.
- How Naltrexone works in conjunction with traditional alcohol treatment programs - case studies.
- How the courts can encourage the use of Naltrexone as a sentencing alternative.
- How much Naltrexone costs
- Ways to implement a Naltrexone program in Alaska
- How Naltrexone can work in jail, probation, and rehab programs
- About the Nygren case and Nygren credits
- Use of Naltrexone in recovery plans for affected lawyers

This program is presented in cooperation with the



P.O. Box 100279 • Anchorage, Alaska 99510-0279
907-272-7469 • Fax 907-272-2932 • <http://www.alaskabar.org>

Jail Alternatives Give People in Trouble with the Law a Chance to Change.

This summer a number of judges, attorneys, and people associated with non-profit and governmental organizations have been exploring ways to reduce crime through alternatives to jail. The emphasis has been on models of rehabilitative justice that have proven successful in other states. Coming up are three important seminars sponsored by the Alaska Bar Association with the support of the Anchorage Bar Association and Partners for Downtown Progress.

- On September 13 from 12:15 PM to 4:15 PM in Courtroom 202 of the Nesbett Courthouse, video tapes about the new anti-alcohol drug, Naltrexone, will be shown, and a panel of medical experts and lawyers will explain the use of Naltrexone in probation and rehabilitation programs. It is commonly estimated that 80 to 90 percent of criminal defendants have substance abuse problems, primarily alcoholism. Therefore, the potential of Naltrexone, which reduces the urge to drink, is very significant. This program is open to the public and free.
- On September 20, from 12:15 PM to 1:15 PM in Courtroom 202 of the Nesbett Courthouse, there will be a session on alternatives to jail for mentally disabled misdemeanants. This program will review a successful "specialty court" designed to divert mentally disabled low-risk misdemeanor offenders from jail into community-based behavioral health treatment. The program is open to the public and free.
- On September 27 from 8:30 AM to noon in the Captain Cook, Judge Dennis A. Challeen, a nationally recognized expert in the field of criminal sentencing, will speak about systems that enable criminals to change themselves into responsible members of society. Judge Challeen is credited with pioneering sentencing to community service, now a common practice for persons who are not dangers to the public. The half-day seminar is open to the public and costs \$45. For registration call the Alaska Bar Association at 272-7469.

These seminars represent a change from the judicial approach that has become dominant in this country. Over the past 25 years the emphasis has been on tough punishment, on sending more people to jail. By now one out of every 150 U.S. citizens is in jail. Funding for in-jail rehabilitation, education and work experience has been largely eliminated, and jails are now mostly "no-frills" human warehouses. The push for jail has meant incarceration of a higher proportion of non-violent offenders than before. "Crimes that in other countries would usually lead to community service, fines, or drug treatment - or would not be considered crimes at all - in the United States now lead to a prison term, by far the most expensive form of punishment"¹.

¹ See "The Prison-Industrial Complex" in The Atlantic Monthly, December 1998.

But the trend is turning. People are coming to realize that jail is hugely expensive both in terms of individual lives and public money. In Alaska it costs about \$35,000 to jail one person for a year. In total, it costs the state \$130 million annually to house people in jails. From the perspective of protecting the public, jail is a short-term solution. Most criminals are eventually released. Lifers are only a minor fraction of Alaska's jail population. With little rehabilitation and much punishment by inactivity or isolation, jail often intensifies a person's inability to cope outside of jail and increases the store of anger that may have led to trouble in the first place. Two-thirds of the people released from jail return within three years.

The jail alternative programs being considered in Anchorage would be built on elements that have been successful elsewhere. Community courts, drug courts, or other specialty courts, all assist individuals who want to change by combining the incentive of avoiding jail with practical, individualized assistance in fulfilling the terms of court orders and rejoining the community. Typically, such programs involve "check-up" visits with the same judge who monitors compliance with his order, recognizes and praises success, and swiftly punishes non-compliance. Typically, also, these programs require strong partnerships between the courts, treatment providers, and organizations that assist the defendant on a one-to-one basis with transitional employment and housing, medical services, and other essentials, such as keeping court ordered appointment dates.

In Anchorage, the Partners for Downtown Progress (PDP) supports the development of jail alternative programs. This support is warranted by positive results in other communities. In the short run such programs require more court resources, but they reduce recidivism and jail costs, and they offer the court the benefits of collaboration with others to achieve a positive outcome. PDP would work with individuals who are referred by the courts, assisting each person in developing and following an individually tailored plan to utilize existing services to fit his or her needs. PDP is especially interested in participating in the development of a specialty court for alcoholic misdemeanants and criminals, and in facilitating the utilization of Naltrexone, the drug that reduces craving for alcohol.

Junet McCabe is on the board of the Anchorage Downtown Partnership (ADP) and chairs Partners for Downtown Progress, which was created by ADP to focus on human and social needs in Anchorage's Downtown Business Improvement District.

ALASKA BAR
ASSOCIATION

HESS
CORRECTIONS

99-70

**Alternatives to Jail
For Mentally Disabled Misdemeanant**

Monday, September 20, 1999
12:15 - 1:15 p.m.
Courtroom 202, Nesbett Courthouse
1.0 CLE Credits

FREE! PUBLIC INVITED!

This program introduces the audience to the Court Coordinated Resources Project and the Jail Alternative Services Project, pilot sentencing projects designed to divert mentally disabled low risk misdemeanor offenders from jail and into community based behavioral health treatment.

Presenters:

Third Judicial District Court Judge John Lohff
Third Judicial District Court Judge Stephanie Rhoades
Court Coordinated Resources Project

And

Laura Brooks
Case Coordinator, Department of Corrections
Jail Alternative Services Project

With Representatives From:

State District Attorney's Office
Anchorage Municipal Prosecutor's Office
Public Defender Agency
Gorton & Associates

This program is presented in cooperation with the



Anchorage
Bar Association, Inc.

PO Box 100279 • Anchorage, Alaska 99510-0279 • 907-272-7469

P.O. Box 100279 • Anchorage, Alaska 99510-0279
907-272-7469 • Fax 907-272-2932 • <http://www.alaskabar.org>

ALASKA BAR

A S S O C I A T I O N

Naltrexone -- The Anti-Alcohol Drug: Is This A Magic Bullet in Treating Alcohol Addiction?

Video Replay: Monday, September 13, 1999

Courtroom 202, Nesbett Courthouse

12:15 - 4:00 p.m./3.25 CLE Credits

FREE! PUBLIC INVITED!

This program introduces and explains the use of Naltrexone as a part of alcohol treatment in our judicial and correctional system. The promise of Naltrexone is significant. When administered for 90 days, the drug can block an individual's opioid receptors resulting in a loss of craving for alcohol. A panel of medical experts and lawyers discusses case studies, ways to implement the use of Naltrexone, and the effectiveness of Naltrexone in probation and rehab programs.

Topics:

- How the drug, Naltrexone, is used in alcohol treatment.
- How Naltrexone works in conjunction with traditional alcohol treatment programs - case studies.
- How the courts can encourage the use of Naltrexone as a sentencing alternative.
- How much Naltrexone costs
- Ways to implement a Naltrexone program in Alaska
- How Naltrexone can work in jail, probation, and rehab programs
- About the Nygren case and Nygren credits
- Use of Naltrexone in recovery plans for affected lawyers

This program is presented in cooperation with the



P.O. Box 100279 • Anchorage, Alaska 99510-0279
907-272-7469 • Fax 907-272-2932 • <http://www.alaskabar.org>

CORRECT
HES

Jail Alternatives Give People in Trouble with the Law a Chance to Change.

This summer a number of judges, attorneys, and people associated with non-profit and governmental organizations have been exploring ways to reduce crime through alternatives to jail. The emphasis has been on models of rehabilitative justice that have proven successful in other states. Coming up are three important seminars sponsored by the Alaska Bar Association with the support of the Anchorage Bar Association and Partners for Downtown Progress.

- On September 13 from 12:15 PM to 4:15 PM in Courtroom 202 of the Nesbett Courthouse, video tapes about the new anti-alcohol drug, Naltrexone, will be shown, and a panel of medical experts and lawyers will explain the use of Naltrexone in probation and rehabilitation programs. It is commonly estimated that 80 to 90 percent of criminal defendants have substance abuse problems, primarily alcoholism. Therefore, the potential of Naltrexone, which reduces the urge to drink, is very significant. This program is open to the public and free.
- On September 20, from 12:15 PM to 1:15 PM in Courtroom 202 of the Nesbett Courthouse, there will be a session on alternatives to jail for mentally disabled misdemeanants. This program will review a successful "specialty court" designed to divert mentally disabled low-risk misdemeanor offenders from jail into community-based behavioral health treatment. The program is open to the public and free.
- On September 27 from 8:30 AM to noon in the Captain Cook, Judge Dennis A. Challeen, a nationally recognized expert in the field of criminal sentencing, will speak about systems that enable criminals to change themselves into responsible members of society. Judge Challeen is credited with pioneering sentencing to community service, now a common practice for persons who are not dangers to the public. The half-day seminar is open to the public and costs \$45. For registration call the Alaska Bar Association at 272-7469.

These seminars represent a change from the judicial approach that has become dominant in this country. Over the past 25 years the emphasis has been on tough punishment, on sending more people to jail. By now one out of every 150 U.S. citizens is in jail. Funding for in-jail rehabilitation, education and work experience has been largely eliminated, and jails are now mostly "no-frills" human warehouses. The push for jail has meant incarceration of a higher proportion of non-violent offenders than before. "Crimes that in other countries would usually lead to community service, fines, or drug treatment - or would not be considered crimes at all - in the United States now lead to a prison term, by far the most expensive form of punishment".

¹ See "The Prison-Industrial Complex" in The Atlantic Monthly, December 1998.

But the trend is turning. People are coming to realize that jail is hugely expensive both in terms of individual lives and public money. In Alaska it costs about \$35,000 to jail one person for a year. In total, it costs the state \$130 million annually to house people in jails. From the perspective of protecting the public, jail is a short-term solution. Most criminals are eventually released. Lifers are only a minor fraction of Alaska's jail population. With little rehabilitation and much punishment by inactivity or isolation, jail often intensifies a person's inability to cope outside of jail and increases the store of anger that may have led to trouble in the first place. Two-thirds of the people released from jail return within three years.

The jail alternative programs being considered in Anchorage would be built on elements that have been successful elsewhere. Community courts, drug courts, or other specialty courts, all assist individuals who want to change by combining the incentive of avoiding jail with practical, individualized assistance in fulfilling the terms of court orders and rejoining the community. Typically, such programs involve "check-up" visits with the same judge who monitors compliance with his order, recognizes and praises success, and swiftly punishes non-compliance. Typically, also, these programs require strong partnerships between the courts, treatment providers, and organizations that assist the defendant on a one-to-one basis with transitional employment and housing, medical services, and other essentials, such as keeping court ordered appointment dates.

In Anchorage, the Partners for Downtown Progress (PDP) supports the development of jail alternative programs. This support is warranted by positive results in other communities. In the short run such programs require more court resources, but they reduce recidivism and jail costs, and they offer the court the benefits of collaboration with others to achieve a positive outcome. PDP would work with individuals who are referred by the courts, assisting each person in developing and following an individually tailored plan to utilize existing services to fit his or her needs. PDP is especially interested in participating in the development of a specialty court for alcoholic misdemeanants and criminals, and in facilitating the utilization of Naltrexone, the drug that reduces craving for alcohol.

Janet McCabe is on the board of the Anchorage Downtown Partnership (ADP) and chairs Partners for Downtown Progress, which was created by ADP to focus on human and social needs in Anchorage's Downtown Business Improvement District.

ALASKA BAR
ASSOCIATION

HESS
CORRECTIONS

99-70

**Alternatives to Jail
For Mentally Disabled Misdemeanant**

Monday, September 20, 1999
12:15 - 1:15 p.m.
Courtroom 202, Nesbett Courthouse
1.0 CLE Credits

FREE! PUBLIC INVITED!

This program introduces the audience to the Court Coordinated Resources Project and the Jail Alternative Services Project, pilot sentencing projects designed to divert mentally disabled low risk misdemeanor offenders from jail and into community based behavioral health treatment.

Presenters:

Third Judicial District Court Judge John Lohff
Third Judicial District Court Judge Stephanie Rhoades
Court Coordinated Resources Project

And

Laura Brooks
Case Coordinator, Department of Corrections
Jail Alternative Services Project

With Representatives From:

State District Attorney's Office
Anchorage Municipal Prosecutor's Office
Public Defender Agency
Gorton & Associates

This program is presented in cooperation with the



P.O. Box 100279 • Anchorage, Alaska 99510-0279
907-272-7469 • Fax 907-272-2932 • <http://www.alaskabar.org>

ALASKA BAR

A S S O C I A T I O N

Naltrexone -- The Anti-Alcohol Drug: Is This A Magic Bullet in Treating Alcohol Addiction?

Video Replay: Monday, September 13, 1999
Courtroom 202, Nesbett Courthouse
12:15 - 4:00 p.m./3.25 CLE Credits

FREE! PUBLIC INVITED!

This program introduces and explains the use of Naltrexone as a part of alcohol treatment in our judicial and correctional system. The promise of Naltrexone is significant. When administered for 90 days, the drug can block an individual's opioid receptors resulting in a loss of craving for alcohol. A panel of medical experts and lawyers discusses case studies, ways to implement the use of Naltrexone, and the effectiveness of Naltrexone in probation and rehab programs.

Topics:

- How the drug, Naltrexone, is used in alcohol treatment.
- How Naltrexone works in conjunction with traditional alcohol treatment programs - case studies.
- How the courts can encourage the use of Naltrexone as a sentencing alternative.
- How much Naltrexone costs
- Ways to implement a Naltrexone program in Alaska
- How Naltrexone can work in jail, probation, and rehab programs
- About the Nygren case and Nygren credits
- Use of Naltrexone in recovery plans for affected lawyers

This program is presented in cooperation with the



P.O. Box 100279 • Anchorage, Alaska 99510-0279
907-272-7469 • Fax 907-272-2932 • <http://www.alaskabar.org>

CORRECT
HEB

Jail Alternatives Give People in Trouble with the Law a Chance to Change.

This summer a number of judges, attorneys, and people associated with non-profit and governmental organizations have been exploring ways to reduce crime through alternatives to jail. The emphasis has been on models of rehabilitative justice that have proven successful in other states. Coming up are three important seminars sponsored by the Alaska Bar Association with the support of the Anchorage Bar Association and Partners for Downtown Progress.

- On September 13 from 12:15 PM to 4:15 PM in Courtroom 202 of the Nesbett Courthouse, video tapes about the new anti-alcohol drug, Naltrexone, will be shown, and a panel of medical experts and lawyers will explain the use of Naltrexone in probation and rehabilitation programs. It is commonly estimated that 80 to 90 percent of criminal defendants have substance abuse problems, primarily alcoholism. Therefore, the potential of Naltrexone, which reduces the urge to drink, is very significant. This program is open to the public and free.
- On September 20, from 12:15 PM to 1:15 PM in Courtroom 202 of the Nesbett Courthouse, there will be a session on alternatives to jail for mentally disabled misdemeanants. This program will review a successful "specialty court" designed to divert mentally disabled low-risk misdemeanor offenders from jail into community-based behavioral health treatment. The program is open to the public and free.
- On September 27 from 8:30 AM to noon in the Captain Cook, Judge Dennis A. Challeen, a nationally recognized expert in the field of criminal sentencing, will speak about systems that enable criminals to change themselves into responsible members of society. Judge Challeen is credited with pioneering sentencing to community service, now a common practice for persons who are not dangers to the public. The half-day seminar is open to the public and costs \$45. For registration call the Alaska Bar Association at 272-7469.

These seminars represent a change from the judicial approach that has become dominant in this country. Over the past 25 years the emphasis has been on tough punishment, on sending more people to jail. By now one out of every 150 U.S. citizens is in jail. Funding for in-jail rehabilitation, education and work experience has been largely eliminated, and jails are now mostly "no-frills" human warehouses. The push for jail has meant incarceration of a higher proportion of non-violent offenders than before. "Crimes that in other countries would usually lead to community service, fines, or drug treatment - or would not be considered crimes at all - in the United States now lead to a prison term, by far the most expensive form of punishment".¹

¹ See "The Prison-Industrial Complex" in The Atlantic Monthly, December 1998.

But the trend is turning. People are coming to realize that jail is hugely expensive both in terms of individual lives and public money. In Alaska it costs about \$35,000 to jail one person for a year. In total, it costs the state \$130 million annually to house people in jails. From the perspective of protecting the public, jail is a short-term solution. Most criminals are eventually released. Lifers are only a minor fraction of Alaska's jail population. With little rehabilitation and much punishment by inactivity or isolation, jail often intensifies a person's inability to cope outside of jail and increases the store of anger that may have led to trouble in the first place. Two-thirds of the people released from jail return within three years.

The jail alternative programs being considered in Anchorage would be built on elements that have been successful elsewhere. Community courts, drug courts, or other specialty courts, all assist individuals who want to change by combining the incentive of avoiding jail with practical, individualized assistance in fulfilling the terms of court orders and rejoining the community. Typically, such programs involve "check-up" visits with the same judge who monitors compliance with his order, recognizes and praises success, and swiftly punishes non-compliance. Typically, also, these programs require strong partnerships between the courts, treatment providers, and organizations that assist the defendant on a one-to-one basis with transitional employment and housing, medical services, and other essentials, such as keeping court ordered appointment dates.

In Anchorage, the Partners for Downtown Progress (PDP) supports the development of jail alternative programs. This support is warranted by positive results in other communities. In the short run such programs require more court resources, but they reduce recidivism and jail costs, and they offer the court the benefits of collaboration with others to achieve a positive outcome. PDP would work with individuals who are referred by the courts, assisting each person in developing and following an individually tailored plan to utilize existing services to fit his or her needs. PDP is especially interested in participating in the development of a specialty court for alcoholic misdemeanants and criminals, and in facilitating the utilization of Naltrexone, the drug that reduces craving for alcohol.

Junet McCabe is on the board of the Anchorage Downtown Partnership (ADP) and chairs Partners for Downtown Progress, which was created by ADP to focus on human and social needs in Anchorage's Downtown Business Improvement District.

ALASKA BAR
ASSOCIATION

HESS
CORRECTIONS

99-70

**Alternatives to Jail
For Mentally Disabled Misdemeanant**

Monday, September 20, 1999
12:15 - 1:15 p.m.
Courtroom 202, Nesbett Courthouse
1.0 CLE Credits

FREE! PUBLIC INVITED!

This program introduces the audience to the Court Coordinated Resources Project and the Jail Alternative Services Project, pilot sentencing projects designed to divert mentally disabled low risk misdemeanor offenders from jail and into community based behavioral health treatment.

Presenters:

Third Judicial District Court Judge John Lohff
Third Judicial District Court Judge Stephanie Rhoades
Court Coordinated Resources Project

And

Laura Brooks
Case Coordinator, Department of Corrections
Jail Alternative Services Project

With Representatives From:

State District Attorney's Office
Anchorage Municipal Prosecutor's Office
Public Defender Agency
Gorton & Associates

This program is presented in cooperation with the



Anchorage
Bar Association, Inc.

4015 10th Avenue, Anchorage, Alaska 99510-0279 • 907-272-7469

P.O. Box 100279 • Anchorage, Alaska 99510-0279
907-272-7469 • Fax 907-272-2932 • <http://www.alaskabar.org>

ALASKA BAR

ASSOCIATION

Naltrexone -- The Anti-Alcohol Drug: Is This A Magic Bullet in Treating Alcohol Addiction?

Video Replay: Monday, September 13, 1999
Courtroom 202, Nesbett Courthouse
12:15 - 4:00 p.m./3.25 CLE Credits

FREE! PUBLIC INVITED!

This program introduces and explains the use of Naltrexone as a part of alcohol treatment in our judicial and correctional system. The promise of Naltrexone is significant. When administered for 90 days, the drug can block an individual's opioid receptors resulting in a loss of craving for alcohol. A panel of medical experts and lawyers discusses case studies, ways to implement the use of Naltrexone, and the effectiveness of Naltrexone in probation and rehab programs.

Topics:

- How the drug, Naltrexone, is used in alcohol treatment.
- How Naltrexone works in conjunction with traditional alcohol treatment programs - case studies.
- How the courts can encourage the use of Naltrexone as a sentencing alternative.
- How much Naltrexone costs
- Ways to implement a Naltrexone program in Alaska
- How Naltrexone can work in jail, probation, and rehab programs
- About the Nygren case and Nygren credits
- Use of Naltrexone in recovery plans for affected lawyers

This program is presented in cooperation with the



P.O. Box 100279 • Anchorage, Alaska 99510-0279
907-272-7469 • Fax 907-272-2932 • <http://www.alaskabar.org>

CORRECT
HEB

Jail Alternatives Give People in Trouble with the Law a Chance to Change.

This summer a number of judges, attorneys, and people associated with non-profit and governmental organizations have been exploring ways to reduce crime through alternatives to jail. The emphasis has been on models of rehabilitative justice that have proven successful in other states. Coming up are three important seminars sponsored by the Alaska Bar Association with the support of the Anchorage Bar Association and Partners for Downtown Progress.

- On September 13 from 12:15 PM to 4:15 PM in Courtroom 202 of the Nesbett Courthouse, video tapes about the new anti-alcohol drug, Naltrexone, will be shown, and a panel of medical experts and lawyers will explain the use of Naltrexone in probation and rehabilitation programs. It is commonly estimated that 80 to 90 percent of criminal defendants have substance abuse problems, primarily alcoholism. Therefore, the potential of Naltrexone, which reduces the urge to drink, is very significant. This program is open to the public and free.
- On September 20, from 12:15 PM to 1:15 PM in Courtroom 202 of the Nesbett Courthouse, there will be a session on alternatives to jail for mentally disabled misdemeanants. This program will review a successful "specialty court" designed to divert mentally disabled low-risk misdemeanor offenders from jail into community-based behavioral health treatment. The program is open to the public and free.
- On September 27 from 8:30 AM to noon in the Captain Cook, Judge Dennis A. Challeen, a nationally recognized expert in the field of criminal sentencing, will speak about systems that enable criminals to change themselves into responsible members of society. Judge Challeen is credited with pioneering sentencing to community service, now a common practice for persons who are not dangers to the public. The half-day seminar is open to the public and costs \$45. For registration call the Alaska Bar Association at 272-7469.

These seminars represent a change from the judicial approach that has become dominant in this country. Over the past 25 years the emphasis has been on tough punishment, on sending more people to jail. By now one out of every 150 U.S. citizens is in jail. Funding for in-jail rehabilitation, education and work experience has been largely eliminated, and jails are now mostly "no-frills" human warehouses. The push for jail has meant incarceration of a higher proportion of non-violent offenders than before. "Crimes that in other countries would usually lead to community service, fines, or drug treatment - or would not be considered crimes at all - in the United States now lead to a prison term, by far the most expensive form of punishment"¹.

¹ See "The Prison-Industrial Complex" in The Atlantic Monthly, December 1998.

But the trend is turning. People are coming to realize that jail is hugely expensive both in terms of individual lives and public money. In Alaska it costs about \$35,000 to jail one person for a year. In total, it costs the state \$130 million annually to house people in jails. From the perspective of protecting the public, jail is a short-term solution. Most criminals are eventually released. Lifers are only a minor fraction of Alaska's jail population. With little rehabilitation and much punishment by inactivity or isolation, jail often intensifies a person's inability to cope outside of jail and increases the store of anger that may have led to trouble in the first place. Two-thirds of the people released from jail return within three years.

The jail alternative programs being considered in Anchorage would be built on elements that have been successful elsewhere. Community courts, drug courts, or other specialty courts, all assist individuals who want to change by combining the incentive of avoiding jail with practical, individualized assistance in fulfilling the terms of court orders and rejoining the community. Typically, such programs involve "check-up" visits with the same judge who monitors compliance with his order, recognizes and praises success, and swiftly punishes non-compliance. Typically, also, these programs require strong partnerships between the courts, treatment providers, and organizations that assist the defendant on a one-to-one basis with transitional employment and housing, medical services, and other essentials, such as keeping court ordered appointment dates.

In Anchorage, the Partners for Downtown Progress (PDP) supports the development of jail alternative programs. This support is warranted by positive results in other communities. In the short run such programs require more court resources, but they reduce recidivism and jail costs, and they offer the court the benefits of collaboration with others to achieve a positive outcome. PDP would work with individuals who are referred by the courts, assisting each person in developing and following an individually tailored plan to utilize existing services to fit his or her needs. PDP is especially interested in participating in the development of a specialty court for alcoholic misdemeanants and criminals, and in facilitating the utilization of Naltrexone, the drug that reduces craving for alcohol.

Junet McCabe is on the board of the Anchorage Downtown Partnership (ADP) and chairs Partners for Downtown Progress, which was created by ADP to focus on human and social needs in Anchorage's Downtown Business Improvement District.

HESS
CORRECTIONS

99-70

ALASKA BAR

ASSOCIATION

Alternatives to Jail For Mentally Disabled Misdemeanant

Monday, September 20, 1999
12:15 - 1:15 p.m.
Courtroom 202, Nesbett Courthouse
1.0 CLE Credits

FREE! PUBLIC INVITED!

This program introduces the audience to the Court Coordinated Resources Project and the Jail Alternative Services Project, pilot sentencing projects designed to divert mentally disabled low risk misdemeanor offenders from jail and into community based behavioral health treatment.

Presenters:

Third Judicial District Court Judge John Lohff
Third Judicial District Court Judge Stephanie Rhoades
Court Coordinated Resources Project

And

Laura Brooks
Case Coordinator, Department of Corrections
Jail Alternative Services Project

With Representatives From:

State District Attorney's Office
Anchorage Municipal Prosecutor's Office
Public Defender Agency
Gorton & Associates

This program is presented in cooperation with the



Anchorage
Bar Association, Inc.

401 1st 1227 • Anchorage, Alaska 99501-1227 • 907-272-7469

P.O. Box 100279 • Anchorage, Alaska 99510-0279
907-272-7469 • Fax 907-272-2932 • <http://www.alaskabar.org>

ALASKA BAR

ASSOCIATION

Naltrexone -- The Anti-Alcohol Drug: Is This A Magic Bullet in Treating Alcohol Addiction?

Video Replay: Monday, September 13, 1999
Courtroom 202, Nesbett Courthouse
12:15 - 4:00 p.m./3.25 CLE Credits

FREE! PUBLIC INVITED!

This program introduces and explains the use of Naltrexone as a part of alcohol treatment in our judicial and correctional system. The promise of Naltrexone is significant. When administered for 90 days, the drug can block an individual's opioid receptors resulting in a loss of craving for alcohol. A panel of medical experts and lawyers discusses case studies, ways to implement the use of Naltrexone, and the effectiveness of Naltrexone in probation and rehab programs.

Topics:

- How the drug, Naltrexone, is used in alcohol treatment.
- How Naltrexone works in conjunction with traditional alcohol treatment programs - case studies.
- How the courts can encourage the use of Naltrexone as a sentencing alternative.
- How much Naltrexone costs
- Ways to implement a Naltrexone program in Alaska
- How Naltrexone can work in jail, probation, and rehab programs
- About the Nygren case and Nygren credits
- Use of Naltrexone in recovery plans for affected lawyers

This program is presented in cooperation with the



P.O. Box 100279 • Anchorage, Alaska 99510-0279
907-272-7469 • Fax 907-272-2932 • <http://www.alaskabar.org>

Jail Alternatives Give People in Trouble with the Law a Chance to Change.

This summer a number of judges, attorneys, and people associated with non-profit and governmental organizations have been exploring ways to reduce crime through alternatives to jail. The emphasis has been on models of rehabilitative justice that have proven successful in other states. Coming up are three important seminars sponsored by the Alaska Bar Association with the support of the Anchorage Bar Association and Partners for Downtown Progress.

- On September 13 from 12:15 PM to 4:15 PM in Courtroom 202 of the Nesbett Courthouse, video tapes about the new anti-alcohol drug, Naltrexone, will be shown, and a panel of medical experts and lawyers will explain the use of Naltrexone in probation and rehabilitation programs. It is commonly estimated that 80 to 90 percent of criminal defendants have substance abuse problems, primarily alcoholism. Therefore, the potential of Naltrexone, which reduces the urge to drink, is very significant. This program is open to the public and free.
- On September 20, from 12:15 PM to 1:15 PM in Courtroom 202 of the Nesbett Courthouse, there will be a session on alternatives to jail for mentally disabled misdemeanants. This program will review a successful "specialty court" designed to divert mentally disabled low-risk misdemeanor offenders from jail into community-based behavioral health treatment. The program is open to the public and free.
- On September 27 from 8:30 AM to noon in the Captain Cook, Judge Dennis A. Challeen, a nationally recognized expert in the field of criminal sentencing, will speak about systems that enable criminals to change themselves into responsible members of society. Judge Challeen is credited with pioneering sentencing to community service, now a common practice for persons who are not dangers to the public. The half-day seminar is open to the public and costs \$45. For registration call the Alaska Bar Association at 272-7469.

These seminars represent a change from the judicial approach that has become dominant in this country. Over the past 25 years the emphasis has been on tough punishment, on sending more people to jail. By now one out of every 150 U.S. citizens is in jail. Funding for in-jail rehabilitation, education and work experience has been largely eliminated, and jails are now mostly "no-frills" human warehouses. The push for jail has meant incarceration of a higher proportion of non-violent offenders than before. "Crimes that in other countries would usually lead to community service, fines, or drug treatment - or would not be considered crimes at all - in the United States now lead to a prison term, by far the most expensive form of punishment"¹.

¹ See "The Prison-Industrial Complex" in The Atlantic Monthly, December 1998.

But the trend is turning. People are coming to realize that jail is hugely expensive both in terms of individual lives and public money. In Alaska it costs about \$35,000 to jail one person for a year. In total, it costs the state \$130 million annually to house people in jails. From the perspective of protecting the public, jail is a short-term solution. Most criminals are eventually released. Lifers are only a minor fraction of Alaska's jail population. With little rehabilitation and much punishment by inactivity or isolation, jail often intensifies a person's inability to cope outside of jail and increases the store of anger that may have led to trouble in the first place. Two-thirds of the people released from jail return within three years.

The jail alternative programs being considered in Anchorage would be built on elements that have been successful elsewhere. Community courts, drug courts, or other specialty courts, all assist individuals who want to change by combining the incentive of avoiding jail with practical, individualized assistance in fulfilling the terms of court orders and rejoining the community. Typically, such programs involve "check-up" visits with the same judge who monitors compliance with his order, recognizes and praises success, and swiftly punishes non-compliance. Typically, also, these programs require strong partnerships between the courts, treatment providers, and organizations that assist the defendant on a one-to-one basis with transitional employment and housing, medical services, and other essentials, such as keeping court ordered appointment dates.

In Anchorage, the Partners for Downtown Progress (PDP) supports the development of jail alternative programs. This support is warranted by positive results in other communities. In the short run such programs require more court resources, but they reduce recidivism and jail costs, and they offer the court the benefits of collaboration with others to achieve a positive outcome. PDP would work with individuals who are referred by the courts, assisting each person in developing and following an individually tailored plan to utilize existing services to fit his or her needs. PDP is especially interested in participating in the development of a specialty court for alcoholic misdemeanants and criminals, and in facilitating the utilization of Naltrexone, the drug that reduces craving for alcohol.

Junet McCabe is on the board of the Anchorage Downtown Partnership (ADP) and chairs Partners for Downtown Progress, which was created by ADP to focus on human and social needs in Anchorage's Downtown Business Improvement District.

HESS
CORRECTIONS

99-70

ALASKA BAR

A S S O C I A T I O N

Alternatives to Jail For Mentally Disabled Misdemeanant

Monday, September 20, 1999
12:15 - 1:15 p.m.
Courtroom 202, Nesbett Courthouse
1.0 CLE Credits

FREE! PUBLIC INVITED!

This program introduces the audience to the Court Coordinated Resources Project and the Jail Alternative Services Project, pilot sentencing projects designed to divert mentally disabled low risk misdemeanor offenders from jail and into community based behavioral health treatment.

Presenters:

Third Judicial District Court Judge John Lohff
Third Judicial District Court Judge Stephanie Rhoades
Court Coordinated Resources Project

And

Laura Brooks
Case Coordinator, Department of Corrections
Jail Alternative Services Project

With Representatives From:

State District Attorney's Office
Anchorage Municipal Prosecutor's Office
Public Defender Agency
Gorton & Associates

This program is presented in cooperation with the



Anchorage
Bar Association, Inc.

NO Tax 1517's Anchorage, Alaska 99510 3/15 '99 437, 272-1248

P.O. Box 100279 • Anchorage, Alaska 99510-0279
907-272-7469 • Fax 907-272-2932 • <http://www.alaskabar.org>

ALASKA BAR

A S S O C I A T I O N

Naltrexone -- The Anti-Alcohol Drug: Is This A Magic Bullet in Treating Alcohol Addiction?

Video Replay: Monday, September 13, 1999
Courtroom 202, Nesbett Courthouse
12:15 - 4:00 p.m./3.25 CLE Credits

FREE! PUBLIC INVITED!

This program introduces and explains the use of Naltrexone as a part of alcohol treatment in our judicial and correctional system. The promise of Naltrexone is significant. When administered for 90 days, the drug can block an individual's opioid receptors resulting in a loss of craving for alcohol. A panel of medical experts and lawyers discusses case studies, ways to implement the use of Naltrexone, and the effectiveness of Naltrexone in probation and rehab programs.

Topics:

- How the drug, Naltrexone, is used in alcohol treatment.
- How Naltrexone works in conjunction with traditional alcohol treatment programs - case studies.
- How the courts can encourage the use of Naltrexone as a sentencing alternative.
- How much Naltrexone costs
- Ways to implement a Naltrexone program in Alaska
- How Naltrexone can work in jail, probation, and rehab programs
- About the Nygren case and Nygren credits
- Use of Naltrexone in recovery plans for affected lawyers

This program is presented in cooperation with the



P.O. Box 100279 • Anchorage, Alaska 99510-0279
907-272-7469 • Fax 907-272-2932 • <http://www.alaskabar.org>

Jail Alternatives Give People in Trouble with the Law a Chance to Change.

This summer a number of judges, attorneys, and people associated with non-profit and governmental organizations have been exploring ways to reduce crime through alternatives to jail. The emphasis has been on models of rehabilitative justice that have proven successful in other states. Coming up are three important seminars sponsored by the Alaska Bar Association with the support of the Anchorage Bar Association and Partners for Downtown Progress.

- On September 13 from 12:15 PM to 4:15 PM in Courtroom 202 of the Nesbett Courthouse, video tapes about the new anti-alcohol drug, Naltrexone, will be shown, and a panel of medical experts and lawyers will explain the use of Naltrexone in probation and rehabilitation programs. It is commonly estimated that 80 to 90 percent of criminal defendants have substance abuse problems, primarily alcoholism. Therefore, the potential of Naltrexone, which reduces the urge to drink, is very significant. This program is open to the public and free.
- On September 20, from 12:15 PM to 1:15 PM in Courtroom 202 of the Nesbett Courthouse, there will be a session on alternatives to jail for mentally disabled misdemeanants. This program will review a successful "specialty court" designed to divert mentally disabled low-risk misdemeanor offenders from jail into community-based behavioral health treatment. The program is open to the public and free.
- On September 27 from 8:30 AM to noon in the Captain Cook, Judge Dennis A. Challeen, a nationally recognized expert in the field of criminal sentencing, will speak about systems that enable criminals to change themselves into responsible members of society. Judge Challeen is credited with pioneering sentencing to community service, now a common practice for persons who are not dangers to the public. The half-day seminar is open to the public and costs \$45. For registration call the Alaska Bar Association at 272-7469.

These seminars represent a change from the judicial approach that has become dominant in this country. Over the past 25 years the emphasis has been on tough punishment, on sending more people to jail. By now one out of every 150 U.S. citizens is in jail. Funding for in-jail rehabilitation, education and work experience has been largely eliminated, and jails are now mostly "no-frills" human warehouses. The push for jail has meant incarceration of a higher proportion of non-violent offenders than before. "Crimes that in other countries would usually lead to community service, fines, or drug treatment - or would not be considered crimes at all - in the United States now lead to a prison term, by far the most expensive form of punishment".¹

¹ See "The Prison-Industrial Complex" in The Atlantic Monthly, December 1998.

But the trend is turning. People are coming to realize that jail is hugely expensive both in terms of individual lives and public money. In Alaska it costs about \$35,000 to jail one person for a year. In total, it costs the state \$130 million annually to house people in jails. From the perspective of protecting the public, jail is a short-term solution. Most criminals are eventually released. Lifers are only a minor fraction of Alaska's jail population. With little rehabilitation and much punishment by inactivity or isolation, jail often intensifies a person's inability to cope outside of jail and increases the store of anger that may have led to trouble in the first place. Two-thirds of the people released from jail return within three years.

The jail alternative programs being considered in Anchorage would be built on elements that have been successful elsewhere. Community courts, drug courts, or other specialty courts, all assist individuals who want to change by combining the incentive of avoiding jail with practical, individualized assistance in fulfilling the terms of court orders and rejoining the community. Typically, such programs involve "check-up" visits with the same judge who monitors compliance with his order, recognizes and praises success, and swiftly punishes non-compliance. Typically, also, these programs require strong partnerships between the courts, treatment providers, and organizations that assist the defendant on a one-to-one basis with transitional employment and housing, medical services, and other essentials, such as keeping court ordered appointment dates.

In Anchorage, the Partners for Downtown Progress (PDP) supports the development of jail alternative programs. This support is warranted by positive results in other communities. In the short run such programs require more court resources, but they reduce recidivism and jail costs, and they offer the court the benefits of collaboration with others to achieve a positive outcome. PDP would work with individuals who are referred by the courts, assisting each person in developing and following an individually tailored plan to utilize existing services to fit his or her needs. PDP is especially interested in participating in the development of a specialty court for alcoholic misdemeanants and criminals, and in facilitating the utilization of Naltrexone, the drug that reduces craving for alcohol.

Junet McCabe is on the board of the Anchorage Downtown Partnership (ADP) and chairs Partners for Downtown Progress, which was created by ADP to focus on human and social needs in Anchorage's Downtown Business Improvement District.

HESS
CORRECTIONS

99-70

ALASKA BAR

A S S O C I A T I O N

Alternatives to Jail For Mentally Disabled Misdemeanant

Monday, September 20, 1999
12:15 - 1:15 p.m.
Courtroom 202, Nesbett Courthouse
1.0 CLE Credits

FREE! PUBLIC INVITED!

This program introduces the audience to the Court Coordinated Resources Project and the Jail Alternative Services Project, pilot sentencing projects designed to divert mentally disabled low risk misdemeanor offenders from jail and into community based behavioral health treatment.

Presenters:

Third Judicial District Court Judge John Lohff
Third Judicial District Court Judge Stephanie Rhoades
Court Coordinated Resources Project

And

Laura Brooks
Case Coordinator, Department of Corrections
Jail Alternative Services Project

With Representatives From:

State District Attorney's Office
Anchorage Municipal Prosecutor's Office
Public Defender Agency
Gorton & Associates

This program is presented in cooperation with the



Anchorage
Bar Association, Inc.

PO Box 100279 • Anchorage, Alaska 99510-0279 • 907-272-7469

P.O. Box 100279 • Anchorage, Alaska 99510-0279
907-272-7469 • Fax 907-272-2932 • <http://www.alaskabar.org>

ALASKA BAR

A S S O C I A T I O N

Naltrexone -- The Anti-Alcohol Drug: Is This A Magic Bullet in Treating Alcohol Addiction?

Video Replay: Monday, September 13, 1999
Courtroom 202, Nesbett Courthouse
12:15 - 4:00 p.m./3.25 CLE Credits

FREE! PUBLIC INVITED!

This program introduces and explains the use of Naltrexone as a part of alcohol treatment in our judicial and correctional system. The promise of Naltrexone is significant. When administered for 90 days, the drug can block an individual's opioid receptors resulting in a loss of craving for alcohol. A panel of medical experts and lawyers discusses case studies, ways to implement the use of Naltrexone, and the effectiveness of Naltrexone in probation and rehab programs.

Topics:

- How the drug, Naltrexone, is used in alcohol treatment.
- How Naltrexone works in conjunction with traditional alcohol treatment programs - case studies.
- How the courts can encourage the use of Naltrexone as a sentencing alternative.
- How much Naltrexone costs
- Ways to implement a Naltrexone program in Alaska
- How Naltrexone can work in jail, probation, and rehab programs
- About the Nygren case and Nygren credits
- Use of Naltrexone in recovery plans for affected lawyers

This program is presented in cooperation with the



P.O. Box 100279 • Anchorage, Alaska 99510-0279
907-272-7469 • Fax 907-272-2932 • <http://www.alaskabar.org>

CORRECT
HCB

Jail Alternatives Give People in Trouble with the Law a Chance to Change.

This summer a number of judges, attorneys, and people associated with non-profit and governmental organizations have been exploring ways to reduce crime through alternatives to jail. The emphasis has been on models of rehabilitative justice that have proven successful in other states. Coming up are three important seminars sponsored by the Alaska Bar Association with the support of the Anchorage Bar Association and Partners for Downtown Progress.

- On September 13 from 12:15 PM to 4:15 PM in Courtroom 202 of the Nesbett Courthouse, video tapes about the new anti-alcohol drug, Naltrexone, will be shown, and a panel of medical experts and lawyers will explain the use of Naltrexone in probation and rehabilitation programs. It is commonly estimated that 80 to 90 percent of criminal defendants have substance abuse problems, primarily alcoholism. Therefore, the potential of Naltrexone, which reduces the urge to drink, is very significant. This program is open to the public and free.
- On September 20, from 12:15 PM to 1:15 PM in Courtroom 202 of the Nesbett Courthouse, there will be a session on alternatives to jail for mentally disabled misdemeanants. This program will review a successful "specialty court" designed to divert mentally disabled low-risk misdemeanor offenders from jail into community-based behavioral health treatment. The program is open to the public and free.
- On September 27 from 8:30 AM to noon in the Captain Cook, Judge Dennis A. Challeen, a nationally recognized expert in the field of criminal sentencing, will speak about systems that enable criminals to change themselves into responsible members of society. Judge Challeen is credited with pioneering sentencing to community service, now a common practice for persons who are not dangers to the public. The half-day seminar is open to the public and costs \$45. For registration call the Alaska Bar Association at 272-7469.

These seminars represent a change from the judicial approach that has become dominant in this country. Over the past 25 years the emphasis has been on tough punishment, on sending more people to jail. By now one out of every 150 U.S. citizens is in jail. Funding for in-jail rehabilitation, education and work experience has been largely eliminated, and jails are now mostly "no-frills" human warehouses. The push for jail has meant incarceration of a higher proportion of non-violent offenders than before. "Crimes that in other countries would usually lead to community service, fines, or drug treatment - or would not be considered crimes at all - in the United States now lead to a prison term, by far the most expensive form of punishment"¹.

¹ See "The Prison-Industrial Complex" in The Atlantic Monthly, December 1998.

But the trend is turning. People are coming to realize that jail is hugely expensive both in terms of individual lives and public money. In Alaska it costs about \$35,000 to jail one person for a year. In total, it costs the state \$130 million annually to house people in jails. From the perspective of protecting the public, jail is a short-term solution. Most criminals are eventually released. Lifers are only a minor fraction of Alaska's jail population. With little rehabilitation and much punishment by inactivity or isolation, jail often intensifies a person's inability to cope outside of jail and increases the store of anger that may have led to trouble in the first place. Two-thirds of the people released from jail return within three years.

The jail alternative programs being considered in Anchorage would be built on elements that have been successful elsewhere. Community courts, drug courts, or other specialty courts, all assist individuals who want to change by combining the incentive of avoiding jail with practical, individualized assistance in fulfilling the terms of court orders and rejoining the community. Typically, such programs involve "check-up" visits with the same judge who monitors compliance with his order, recognizes and praises success, and swiftly punishes non-compliance. Typically, also, these programs require strong partnerships between the courts, treatment providers, and organizations that assist the defendant on a one-to-one basis with transitional employment and housing, medical services, and other essentials, such as keeping court ordered appointment dates.

In Anchorage, the Partners for Downtown Progress (PDP) supports the development of jail alternative programs. This support is warranted by positive results in other communities. In the short run such programs require more court resources, but they reduce recidivism and jail costs, and they offer the court the benefits of collaboration with others to achieve a positive outcome. PDP would work with individuals who are referred by the courts, assisting each person in developing and following an individually tailored plan to utilize existing services to fit his or her needs. PDP is especially interested in participating in the development of a specialty court for alcoholic misdemeanants and criminals, and in facilitating the utilization of Naltrexone, the drug that reduces craving for alcohol.

Junet McCabe is on the board of the Anchorage Downtown Partnership (ADP) and chairs Partners for Downtown Progress, which was created by ADP to focus on human and social needs in Anchorage's Downtown Business Improvement District.

HESS
CORRECTIONS

99-70

ALASKA BAR

A S S O C I A T I O N

Alternatives to Jail For Mentally Disabled Misdemeanant

Monday, September 20, 1999
12:15 - 1:15 p.m.
Courtroom 202, Nesbett Courthouse
1.0 CLE Credits

FREE! PUBLIC INVITED!

This program introduces the audience to the Court Coordinated Resources Project and the Jail Alternative Services Project, pilot sentencing projects designed to divert mentally disabled low risk misdemeanor offenders from jail and into community based behavioral health treatment.

Presenters:

Third Judicial District Court Judge John Lohff
Third Judicial District Court Judge Stephanie Rhoades
Court Coordinated Resources Project

And

Laura Brooks
Case Coordinator, Department of Corrections
Jail Alternative Services Project

With Representatives From:

State District Attorney's Office
Anchorage Municipal Prosecutor's Office
Public Defender Agency
Gorton & Associates

This program is presented in cooperation with the



P.O. Box 100279 • Anchorage, Alaska 99510-0279
907-272-7469 • Fax 907-272-2932 • <http://www.alaskabar.org>

ALASKA BAR

A S S O C I A T I O N

Naltrexone -- The Anti-Alcohol Drug: Is This A Magic Bullet in Treating Alcohol Addiction?

Video Replay: Monday, September 13, 1999
Courtroom 202, Nesbett Courthouse
12:15 - 4:00 p.m./3.25 CLE Credits

FREE! PUBLIC INVITED!

This program introduces and explains the use of Naltrexone as a part of alcohol treatment in our judicial and correctional system. The promise of Naltrexone is significant. When administered for 90 days, the drug can block an individual's opioid receptors resulting in a loss of craving for alcohol. A panel of medical experts and lawyers discusses case studies, ways to implement the use of Naltrexone, and the effectiveness of Naltrexone in probation and rehab programs.

Topics:

- How the drug, Naltrexone, is used in alcohol treatment.
- How Naltrexone works in conjunction with traditional alcohol treatment programs - case studies.
- How the courts can encourage the use of Naltrexone as a sentencing alternative.
- How much Naltrexone costs
- Ways to implement a Naltrexone program in Alaska
- How Naltrexone can work in jail, probation, and rehab programs
- About the Nygren case and Nygren credits
- Use of Naltrexone in recovery plans for affected lawyers

This program is presented in cooperation with the



P.O. Box 100279 • Anchorage, Alaska 99510-0279
907-272-7469 • Fax 907-272-2932 • <http://www.alaskabar.org>

Jail Alternatives Give People in Trouble with the Law a Chance to Change.

This summer a number of judges, attorneys, and people associated with non-profit and governmental organizations have been exploring ways to reduce crime through alternatives to jail. The emphasis has been on models of rehabilitative justice that have proven successful in other states. Coming up are three important seminars sponsored by the Alaska Bar Association with the support of the Anchorage Bar Association and Partners for Downtown Progress.

- On September 13 from 12:15 PM to 4:15 PM in Courtroom 202 of the Nesbett Courthouse, video tapes about the new anti-alcohol drug, Naltrexone, will be shown, and a panel of medical experts and lawyers will explain the use of Naltrexone in probation and rehabilitation programs. It is commonly estimated that 80 to 90 percent of criminal defendants have substance abuse problems, primarily alcoholism. Therefore, the potential of Naltrexone, which reduces the urge to drink, is very significant. This program is open to the public and free.
- On September 20, from 12:15 PM to 1:15 PM in Courtroom 202 of the Nesbett Courthouse, there will be a session on alternatives to jail for mentally disabled misdemeanants. This program will review a successful "specialty court" designed to divert mentally disabled low-risk misdemeanor offenders from jail into community-based behavioral health treatment. The program is open to the public and free.
- On September 27 from 8:30 AM to noon in the Captain Cook, Judge Dennis A. Challeen, a nationally recognized expert in the field of criminal sentencing, will speak about systems that enable criminals to change themselves into responsible members of society. Judge Challeen is credited with pioneering sentencing to community service, now a common practice for persons who are not dangers to the public. The half-day seminar is open to the public and costs \$45. For registration call the Alaska Bar Association at 272-7469.

These seminars represent a change from the judicial approach that has become dominant in this country. Over the past 25 years the emphasis has been on tough punishment, on sending more people to jail. By now one out of every 150 U.S. citizens is in jail. Funding for in-jail rehabilitation, education and work experience has been largely eliminated, and jails are now mostly "no-frills" human warehouses. The push for jail has meant incarceration of a higher proportion of non-violent offenders than before. "Crimes that in other countries would usually lead to community service, fines, or drug treatment - or would not be considered crimes at all - in the United States now lead to a prison term, by far the most expensive form of punishment".

¹ See "The Prison-Industrial Complex" in *The Atlantic Monthly*, December 1998.

But the trend is turning. People are coming to realize that jail is hugely expensive both in terms of individual lives and public money. In Alaska it costs about \$35,000 to jail one person for a year. In total, it costs the state \$130 million annually to house people in jails. From the perspective of protecting the public, jail is a short-term solution. Most criminals are eventually released. Lifers are only a minor fraction of Alaska's jail population. With little rehabilitation and much punishment by inactivity or isolation, jail often intensifies a person's inability to cope outside of jail and increases the store of anger that may have led to trouble in the first place. Two-thirds of the people released from jail return within three years.

The jail alternative programs being considered in Anchorage would be built on elements that have been successful elsewhere. Community courts, drug courts, or other specialty courts, all assist individuals who want to change by combining the incentive of avoiding jail with practical, individualized assistance in fulfilling the terms of court orders and rejoining the community. Typically, such programs involve "check-up" visits with the same judge who monitors compliance with his order, recognizes and praises success, and swiftly punishes non-compliance. Typically, also, these programs require strong partnerships between the courts, treatment providers, and organizations that assist the defendant on a one-to-one basis with transitional employment and housing, medical services, and other essentials, such as keeping court ordered appointment dates.

In Anchorage, the Partners for Downtown Progress (PDP) supports the development of jail alternative programs. This support is warranted by positive results in other communities. In the short run such programs require more court resources, but they reduce recidivism and jail costs, and they offer the court the benefits of collaboration with others to achieve a positive outcome. PDP would work with individuals who are referred by the courts, assisting each person in developing and following an individually tailored plan to utilize existing services to fit his or her needs. PDP is especially interested in participating in the development of a specialty court for alcoholic misdemeanants and criminals, and in facilitating the utilization of Naltrexone, the drug that reduces craving for alcohol.

Junet McCabe is on the board of the Anchorage Downtown Partnership (ADP) and chairs Partners for Downtown Progress, which was created by ADP to focus on human and social needs in Anchorage's Downtown Business Improvement District.

HESS
CORRECTIONS

99-70

ALASKA BAR

A S S O C I A T I O N

Alternatives to Jail For Mentally Disabled Misdemeanant

Monday, September 20, 1999
12:15 - 1:15 p.m.
Courtroom 202, Nesbett Courthouse
1.0 CLE Credits

FREE! PUBLIC INVITED!

This program introduces the audience to the Court Coordinated Resources Project and the Jail Alternative Services Project, pilot sentencing projects designed to divert mentally disabled low risk misdemeanor offenders from jail and into community based behavioral health treatment.

Presenters:

Third Judicial District Court Judge John Lohff
Third Judicial District Court Judge Stephanie Rhoades
Court Coordinated Resources Project

And

Laura Brooks
Case Coordinator, Department of Corrections
Jail Alternative Services Project

With Representatives From:

State District Attorney's Office
Anchorage Municipal Prosecutor's Office
Public Defender Agency
Gorton & Associates

This program is presented in cooperation with the



Anchorage
Bar Association, Inc.

401 East 10th Street, Anchorage, Alaska 99501-2779 • 907-272-7469

P.O. Box 100279 • Anchorage, Alaska 99510-0279
907-272-7469 • Fax 907-272-2932 • <http://www.alaskabar.org>

ALASKA BAR

A S S O C I A T I O N

Naltrexone -- The Anti-Alcohol Drug: Is This A Magic Bullet in Treating Alcohol Addiction?

Video Replay: Monday, September 13, 1999

Courtroom 202, Nesbett Courthouse

12:15 - 4:00 p.m./3.25 CLE Credits

FREE! PUBLIC INVITED!

This program introduces and explains the use of Naltrexone as a part of alcohol treatment in our judicial and correctional system. The promise of Naltrexone is significant. When administered for 90 days, the drug can block an individual's opioid receptors resulting in a loss of craving for alcohol. A panel of medical experts and lawyers discusses case studies, ways to implement the use of Naltrexone, and the effectiveness of Naltrexone in probation and rehab programs.

Topics:

- How the drug, Naltrexone, is used in alcohol treatment.
- How Naltrexone works in conjunction with traditional alcohol treatment programs - case studies.
- How the courts can encourage the use of Naltrexone as a sentencing alternative.
- How much Naltrexone costs
- Ways to implement a Naltrexone program in Alaska
- How Naltrexone can work in jail, probation, and rehab programs
- About the Nygren case and Nygren credits
- Use of Naltrexone in recovery plans for affected lawyers

This program is presented in cooperation with the



P.O. Box 100279 • Anchorage, Alaska 99510-0279
907-272-7469 • Fax 907-272-2932 • <http://www.alaskabar.org>

Jail Alternatives Give People in Trouble with the Law a Chance to Change.

This summer a number of judges, attorneys, and people associated with non-profit and governmental organizations have been exploring ways to reduce crime through alternatives to jail. The emphasis has been on models of rehabilitative justice that have proven successful in other states. Coming up are three important seminars sponsored by the Alaska Bar Association with the support of the Anchorage Bar Association and Partners for Downtown Progress.

- On September 13 from 12:15 PM to 4:15 PM in Courtroom 202 of the Nesbett Courthouse, video tapes about the new anti-alcohol drug, Naltrexone, will be shown, and a panel of medical experts and lawyers will explain the use of Naltrexone in probation and rehabilitation programs. It is commonly estimated that 80 to 90 percent of criminal defendants have substance abuse problems, primarily alcoholism. Therefore, the potential of Naltrexone, which reduces the urge to drink, is very significant. This program is open to the public and free.
- On September 20, from 12:15 PM to 1:15 PM in Courtroom 202 of the Nesbett Courthouse, there will be a session on alternatives to jail for mentally disabled misdemeanants. This program will review a successful "specialty court" designed to divert mentally disabled low-risk misdemeanor offenders from jail into community-based behavioral health treatment. The program is open to the public and free.
- On September 27 from 8:30 AM to noon in the Captain Cook, Judge Dennis A. Challeen, a nationally recognized expert in the field of criminal sentencing, will speak about systems that enable criminals to change themselves into responsible members of society. Judge Challeen is credited with pioneering sentencing to community service, now a common practice for persons who are not dangers to the public. The half-day seminar is open to the public and costs \$45. For registration call the Alaska Bar Association at 272-7469.

These seminars represent a change from the judicial approach that has become dominant in this country. Over the past 25 years the emphasis has been on tough punishment, on sending more people to jail. By now one out of every 150 U.S. citizens is in jail. Funding for in-jail rehabilitation, education and work experience has been largely eliminated, and jails are now mostly "no-frills" human warehouses. The push for jail has meant incarceration of a higher proportion of non-violent offenders than before. "Crimes that in other countries would usually lead to community service, fines, or drug treatment - or would not be considered crimes at all - in the United States now lead to a prison term, by far the most expensive form of punishment".

¹ See "The Prison-Industrial Complex" in The Atlantic Monthly, December 1998.

But the trend is turning. People are coming to realize that jail is hugely expensive both in terms of individual lives and public money. In Alaska it costs about \$35,000 to jail one person for a year. In total, it costs the state \$130 million annually to house people in jails. From the perspective of protecting the public, jail is a short-term solution. Most criminals are eventually released. Lifers are only a minor fraction of Alaska's jail population. With little rehabilitation and much punishment by inactivity or isolation, jail often intensifies a person's inability to cope outside of jail and increases the store of anger that may have led to trouble in the first place. Two-thirds of the people released from jail return within three years.

The jail alternative programs being considered in Anchorage would be built on elements that have been successful elsewhere. Community courts, drug courts, or other specialty courts, all assist individuals who want to change by combining the incentive of avoiding jail with practical, individualized assistance in fulfilling the terms of court orders and rejoining the community. Typically, such programs involve "check-up" visits with the same judge who monitors compliance with his order, recognizes and praises success, and swiftly punishes non-compliance. Typically, also, these programs require strong partnerships between the courts, treatment providers, and organizations that assist the defendant on a one-to-one basis with transitional employment and housing, medical services, and other essentials, such as keeping court ordered appointment dates.

In Anchorage, the Partners for Downtown Progress (PDP) supports the development of jail alternative programs. This support is warranted by positive results in other communities. In the short run such programs require more court resources, but they reduce recidivism and jail costs, and they offer the court the benefits of collaboration with others to achieve a positive outcome. PDP would work with individuals who are referred by the courts, assisting each person in developing and following an individually tailored plan to utilize existing services to fit his or her needs. PDP is especially interested in participating in the development of a specialty court for alcoholic misdemeanants and criminals, and in facilitating the utilization of Naltrexone, the drug that reduces craving for alcohol.

Janet McCabe is on the board of the Anchorage Downtown Partnership (ADP) and chairs Partners for Downtown Progress, which was created by ADP to focus on human and social needs in Anchorage's Downtown Business Improvement District.

STATE OF ALASKA**TONY KNOWLES, GOVERNOR****DEPARTMENT OF HEALTH & SOCIAL SERVICES**

Office of the Commissioner

350 Main Street, Room 229

P.O. Box 110601

Juneau, Alaska 99811-0601

Phone: (907) 465-3030

Fax: (907) 465-3068

ROUTINE ☐URGENT ☐CONFIDENTIAL ☐**FAX COVER PAGE**DATE: 10/5/99 TOTAL PAGES: 10 w/coverTO: Marco P

FAX: _____ PHONE: _____

FROM:

- ☐ Karen Perdue, Commissioner
☐ Russ Webb, Deputy Commissioner
☐ Jay Livey, Deputy Commissioner
☐ Elmer Lindstrom, Special Assistant

- ☒ Ralph Thomas, Special Assistant
☐ Nancy Cashen, Executive Secretary
☐ Linda Cryan, Secretary
☐ Gayle Byrne, Secretary

NOTE: Marco -

Here's the report you requested.
Please note that this report
is still "preliminary" - due to an
ongoing data lag. It will be
completed in about December.

PLEASE CALL (907) 465-3030 IF TRANSMISSION IS UNCLEAR OR INCOMPLETE

10-05-98 10:06am From-DHSS COMMISSIONERS OFFICE 9074653068 T-253 P.02 F-551

CHILD PROTECTIVE SERVICES

REPORTS OF HARM BY CASE TYPE

Case Type	Jul-98	Aug-98	Sep-98	Oct-98	Nov-98	Dec-98	Jan-99	Feb-99	Mar-99	Apr-99	May-99	Jun-99	Jul-99
Neglect	739	645	653	806	699	791	666	788	829	848	807	815	623
Physical Abuse	270	280	382	328	318	348	331	392	405	387	361	254	224
Sexual Abuse	166	149	121	194	136	125	163	151	177	172	153	152	149
Mental Injury	23	19	47	66	80	64	100	110	101	92	111	87	82
Abandonment	2	0	0	5	0	3	4	3	6	2	0	1	0
Total	1,200	1,093	1,403	1,399	1,233	1,331	1,264	1,442	1,518	1,501	1,432	1,309	1,078

REPORTS OF HARM BY SCREENING OUTCOME

Screening Outcome	Jul-98	Aug-98	Sep-98	Oct-98	Nov-98	Dec-98	Jan-99	Feb-99	Mar-99	Apr-99	May-99	Jun-99	Jul-99
Missing	0	0	0	0	0	1	0	0	1	0	0	0	0
Assigned	865	756	990	985	765	928	1,035	1,085	1,151	1,208	1,225	1,127	909
Non CPS Reason	36	23	33	49	34	38	34	52	54	31	49	60	45
Workload Adjusted	298	306	378	358	431	358	191	293	311	256	138	68	93
Dual Track	0	0	0	0	0	0	0	0	0	0	14	39	29
Insufficient Info	1	6	2	2	3	6	4	12	1	6	6	15	2
Total	1,200	1,093	1,403	1,399	1,233	1,331	1,264	1,442	1,518	1,501	1,432	1,309	1,078

COMPLETED INVESTIGATIONS OF REPORTS OF HARM BY OUTCOME

Investigation Outcome	Jul-98	Aug-98	Sep-98	Oct-98	Nov-98	Dec-98	Jan-99	Feb-99	Mar-99	Apr-99	May-99	Jun-99	Jul-99
Missing	0	0	0	0	0	0	0	0	0	0	0	0	0
Can't Locate	12	16	8	2	6	13	6	11	17	6	6	4	7
Invalid	75	119	46	67	100	84	110	65	76	72	90	103	92
Substantiated	332	402	253	268	369	360	288	335	447	285	317	353	258
Unconfirmed	410	525	216	209	313	312	358	362	304	298	285	326	246
Total	829	1,061	523	546	788	769	762	773	844	661	688	786	603

LINE STAFF

Staff	Jul-98	Aug-98	Sep-98	Oct-98	Nov-98	Dec-98	Jan-99	Feb-99	Mar-99	Apr-99	May-99	Jun-99	Jul-99
Available	130	133	145	145	146	156	147	151	155	164	156	156	157
Vacant	15	16	13	16	15	6	15	12	8	9	7	8	9
Total	145	149	158	161	161	162	162	163	163	163	163	164	166

CHILD PROTECTIVE SERVICES

UNDUPLICATED CHILDREN AND FAMILIES IDENTIFIED IN THE REPORT OF HARM BY FAMILY TYPE, AGE, RACE, AND GENDER DURING July 1999

FAMILY TYPE			AGE			RACE			GENDER		
Family Type	Number	Percent	Age Group	Number	Percent	Race Group	Number	Percent	Gender	Number	Percent
2 Parent Family	209	35.5%	0-1	144	14.3%	Native	343	34.0%	Male	500	49.6%
Single Mother	241	40.9%	2-5	282	27.9%	Black	81	8.0%	Female	503	49.9%
Single Father	33	5.6%	6-10	317	31.4%	Caucasian	373	37.0%	Unknown	6	0.6%
Bio Mother/Partner	31	5.3%	11-14	179	17.7%	Hispanic	16	1.6%	Total	1,009	100.0%
Bio Father/Partner	1	0.2%	15-17	87	8.6%	Asian	18	1.8%	Children		
Bio Mother/Step Father	48	7.8%	18+	0	0.0%	Other	8	0.8%			
Bio Father/Step Mother	12	2.0%	Total	1,000	100%	Unknown	170	16.6%			
Relative Caretaker	7	1.2%	Children			Total	1,000	100%			
Other	9	1.5%				Children					
Missing	0										
Total Families	589	100%									

FAMILY SERVICES REPORT OF HARM INTAKE SUMMARY

	Jul-98	Aug-98	Sep-98	Oct-98	Nov-98	Dec-98	Jan-99	Feb-99	Mar-99	Apr-99	May-99	Jun-99	Jul-99
All Intakes	538	510	636	654	518	584	606	659	734	742	717	680	568
Number of Children in Intake	883	763	975	1,005	788	987	1,012	1,076	1,217	1,219	1,237	1,181	959
Intakes Involving Placements	52	39	61	60	39	54	47	41	50	42	29	36	23
Number of Children Placed	78	50	60	66	52	69	57	27	60	45	43	40	24
Percent of Children Placed	9.0%	6.6%	8.2%	6.6%	6.8%	7.1%	5.6%	2.5%	4.9%	3.7%	3.5%	3.4%	2.5%
Percent of Intakes Involving Placements	9.7%	7.8%	9.6%	9.2%	7.5%	9.2%	7.8%	6.2%	6.8%	5.7%	4.0%	5.5%	4.0%

ONGOING FAMILY SERVICES

FAMILIES RECEIVING ONGOING SERVICES

	Jul-98	Aug-98	Sep-98	Oct-98	Nov-98	Dec-98	Jan-99	Feb-99	Mar-99	Apr-99	May-99	Jun-99	Jul-99
Beginning	1,553	1,505	1,558	1,587	1,825	1,653	1,653	1,670	1,715	1,732	1,734	1,724	1,726
Opened	70	74	75	100	88	71	74	97	89	85	60	60	57
Closed	58	81	48	62	60	71	57	52	72	83	70	58	89
Ending	1,565	1,558	1,587	1,625	1,853	1,653	1,670	1,715	1,732	1,734	1,724	1,726	1,694

FAMILY SERVICES OUT OF HOME CARE REPORT

CHILDREN IN OUT OF HOME CARE BY PLACEMENT TYPE

Level of Care	Sep-98	Oct-98	Nov-98	Dec-98	Jan-99	Feb-99	Mar-99	Apr-99	May-99	Jun-99	Jul-99	Aug-99	Sep-99
Relative Home	622	615	604	613	598	595	632	637	671	669	677	683	683
Foster Home	909	899	940	942	988	992	1,038	1,089	1,099	1,117	1,099	1,082	1,071
Medical Facility	29	31	31	30	32	30	36	39	38	33	32	34	39
Residential Care	107	101	116	115	115	117	112	122	121	120	125	139	137
Detention Facility	42	44	38	43	48	44	38	44	39	47	40	39	41
Correction Facility	3	5	6	7	10	12	11	5	5	5	9	10	15
Other	44	45	46	54	57	57	57	58	60	63	54	57	52
Total	1,756	1,749	1,781	1,804	1,848	1,847	1,922	1,992	2,033	2,054	2,036	2,054	2,038

CHILDREN IN OUT OF HOME CARE BY AGE, RACE, AND GENDER September 1999

AGE			RACE			GENDER		
Age Group	Number	Percent	Race Group	Number	Percent	Gender	Number	Percent
0-1	220	11%	Native	1,111	55%	Male	1,026	50%
2-5	486	24%	Black	220	11%	Female	1,012	50%
6-10	597	29%	Caucasian	587	29%	Unknown	0	0%
11-14	401	20%	Hispanic	43	2%	Total	2,038	100%
15-17	299	15%	Asian	23	1%			
18 +	35	2%	Other/Unk	54	3%			
Total	2,038	100%	Total	2,038	100%			

CHILDREN IN OUT OF HOME CARE BY PERMANENCY PLAN September 1999

Plan	Number	Percent
Return Home	1,484	72%
Permanent Relative Guardianship	33	2%
Permanent Foster Care	106	5%
Adoption	54	3%
Independent Living	364	18%
Long Term Residential Care	9	0%
Unknown	6	0%
Total	2	0%
	2,038	100%

FAMILY SERVICES OUT OF HOME CARE REPORT

CHILDREN IN OUT OF HOME CARE BY THE NUMBER OF MONTHS IN CONTINUOUS CUSTODY

Months in Custody	Sep-98	Oct-98	Nov-98	Dec-98	Jan-99	Feb-99	Mar-99	Apr-99	May-99	Jun-99	Jul-99	Aug-99	Sep-99
0-11	695	657	671	682	663	647	687	724	727	735	711	735	742
12-23	403	439	467	480	506	518	546	563	568	560	582	568	541
24-35	241	223	211	228	224	210	220	219	239	254	287	278	287
36-47	183	202	203	203	208	214	195	209	202	201	169	172	170
48+	234	219	229	231	247	258	274	277	297	304	307	303	288
Total	1,758	1,740	1,781	1,804	1,848	1,847	1,922	1,982	2,033	2,054	2,026	2,054	2,038

AVERAGE MONTHS IN CONTINUOUS CUSTODY

	Sep-98	Oct-98	Nov-98	Dec-98	Jan-99	Feb-99	Mar-99	Apr-99	May-99	Jun-99	Jul-99	Aug-99	Sep-99
Average Months	23.8	24.5	24.2	24.6	24.6	25.0	24.6	24.5	24.8	24.8	24.9	24.8	24.9

CHILDREN IN OUT OF HOME CARE BY THE NUMBER OF PLACEMENTS IN CURRENT CUSTODY EPISODE

Placements	Sep-98	Oct-98	Nov-98	Dec-98	Jan-99	Feb-99	Mar-99	Apr-99	May-99	Jun-99	Jul-99	Aug-99	Sep-99
1	260	258	282	279	281	268	302	336	336	346	335	327	321
2-3	521	522	527	529	589	564	597	619	641	650	649	653	644
4-7	554	550	551	585	559	570	571	573	579	589	596	610	610
8+	421	410	421	431	439	445	452	464	477	469	458	484	463
Total	1,758	1,740	1,781	1,804	1,848	1,847	1,922	1,992	2,033	2,054	2,036	2,054	2,038

AVERAGE NUMBER OF PLACEMENTS FOR CHILDREN IN CARE

	Sep-98	Oct-98	Nov-98	Dec-98	Jan-99	Feb-99	Mar-99	Apr-99	May-99	Jun-99	Jul-99	Aug-99	Sep-99
Average Placements	5.8	5.8	5.8	5.8	5.7	5.8	5.7	5.7	5.6	5.6	5.5	5.6	5.7

FAMILY SERVICES OUT OF HOME CARE REPORT

CHILDREN IN OUT OF HOME CARE BY THE CHILD'S NUMBER OF MONTHS IN CONTINUOUS CUSTODY AND AVERAGE NUMBER OF PLACEMENTS

Months in Custody	Sep-98	Oct-98	Nov-98	Dec-98	Jan-99	Feb-99	Mar-99	Apr-99	May-99	Jun-99	Jul-99	Aug-99	Sep-99
0-11	3.4	3.3	3.2	3.2	3.1	3.2	3.0	2.8	2.8	2.7	2.8	2.9	3.0
12-23	5.3	5.3	5.2	5.1	5.0	4.7	4.8	4.9	4.7	4.8	4.8	4.7	4.6
24-35	6.3	6.0	5.9	6.1	6.4	6.4	6.6	6.9	7.2	7.1	6.8	6.8	6.7
36-47	10.1	10.0	9.5	9.6	9.2	9.2	8.8	8.6	8.1	8.0	7.9	8.3	8.4
48+	10.1	10.6	11.0	11.3	10.8	11.0	11.4	11.5	11.5	11.2	11.0	11.3	11.6
Total	5.8	5.8	5.8	5.8	5.7	5.8	5.7	5.7	5.6	5.6	5.5	5.6	5.7

CHILDREN RELEASED FROM DFYS CUSTODY

Released Type	Jul-98	Aug-98	Sep-98	Oct-98	Nov-98	Dec-98	Jan-99	Feb-99	Mar-99	Apr-99	May-99	Jun-99	Jul-99
To Biological Parent	20	35	38	48	30	38	29	14	17	30	18	23	31
To Adoptive Parent	6	5	7	3	3	2	1	3	2	6	16	4	10
To Relative	0	2	2	6	4	2	0	0	4	2	5	2	0
To Non Relative	0	1	1	0	1	1	0	0	0	0	2	0	1
Emancipation	8	2	0	3	0	4	0	1	3	2	1	3	4
To Adoptive Home	0	3	1	4	2	3	6	0	0	1	0	2	0
To Parent/Other	0	0	1	2	0	0	5	2	1	2	2	1	0
To Legal Guardian	4	2	3	0	7	2	1	1	1	8	0	2	1
To Adult Corrections	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	38	50	53	66	47	52	42	21	28	51	44	37	47

CHILDREN WHO HAD PARENTAL RIGHTS TERMINATED

	Jul-98	Aug-98	Sep-98	Oct-98	Nov-98	Dec-98	Jan-99	Feb-99	Mar-99	Apr-99	May-99	Jun-99	Jul-99
1 Parent Terminations	9	5	6	5	1	5	3	2	6	9	0	2	10
2 Parent Terminations	15	10	6	6	9	5	7	6	8	9	2	9	6
Total	24	15	12	11	10	10	10	8	14	18	2	11	16

JUVENILE JUSTICE

JUVENILE DELINQUENCY REFERRALS BY OFFENSE CATEGORY

Referral Offense	Jul-98	Aug-98	Sep-98	Oct-98	Nov-98	Dec-98	Jan-99	Feb-99	Mar-99	Apr-99	May-99	Jun-99	Jul-99
Against Persons	97	105	128	130	145	129	89	129	129	130	115	109	102
Property	401	435	397	268	273	306	215	258	320	331	308	330	337
Public Order	22	16	24	22	36	25	19	24	39	23	38	30	28
Drug/Alcohol	43	54	62	81	54	50	29	56	80	87	48	38	45
Weapon	9	6	15	4	11	4	9	13	14	13	14	7	11
Misc. Offenses	85	89	112	95	96	93	86	71	96	96	74	80	61
Total	657	705	738	600	615	607	447	551	678	680	597	584	584

JUVENILE DELINQUENCY REFERRALS BY OFFENSE CLASS

Referral Offense	Jul-98	Aug-98	Sep-98	Oct-98	Nov-98	Dec-98	Jan-99	Feb-99	Mar-99	Apr-99	May-99	Jun-99	Jul-99
Missing	0	0	0	0	0	0	0	0	0	0	0	0	0
Felony	203	200	228	178	180	163	102	142	179	178	179	128	167
Misdemeanor	369	416	398	327	339	348	259	338	403	406	344	386	355
Violation/Other	23	37	45	34	39	33	31	24	39	37	34	33	22
Probation Violation	62	52	67	61	57	63	55	47	57	59	40	47	40
Total	657	705	738	600	615	607	447	551	678	680	597	584	584

JUVENILE DELINQUENCY REFERRALS INTAKE DECISION

Intake Decision	Jul-98	Aug-98	Sep-98	Oct-98	Nov-98	Dec-98	Jan-99	Feb-99	Mar-99	Apr-99	May-99	Jun-99	Jul-99
Intake Open	2	13	14	15	9	17	14	34	25	55	56	103	118
Adjusted - Conference	130	130	115	105	96	109	66	80	116	91	68	75	67
Adjusted - Letter	76	47	82	34	36	31	18	14	32	39	28	19	18
Adjusted - Referral	86	108	110	94	111	89	66	79	127	118	90	102	112
Dismissed	56	71	84	56	70	60	39	65	61	52	45	46	29
Detection Screen Only	18	15	15	17	14	12	4	13	7	12	8	10	22
Informal Probation	48	31	45	52	48	37	26	34	31	34	27	29	30
Adjudication Petition	181	225	225	174	195	185	165	177	215	222	208	131	126
Waiver Petition	0	2	0	1	1	0	0	0	0	0	0	0	0
Youth Court Referral	60	63	68	52	35	67	49	55	64	57	67	79	62
Total	657	705	738	600	615	607	447	551	678	680	597	584	584

AVERAGE NUMBER OF DAYS TO DETERMINE AN INTAKE DECISION*

	Jul-98	Aug-98	Sep-98	Oct-98	Nov-98	Dec-98	Jan-99	Feb-99	Mar-99	Apr-99	May-99	Jun-99	Jul-99
Average Days	40.6	28.5	36.2	36.1	30.8	26.8	23.4	21.1	21.4	17.5	16.0	16.1	11.4

* This measure is based on the delinquency referrals where an intake decision has been determined. Does not include DSOs.

JUVENILES REFERRED TO DFYS BY AGE, RACE, AND GENDER July 1999

AGE			RACE		GENDER			
Age	Number	Percent	Race	Number	Percent	Gender	Number	Percent
< 9	7	1%	Native	200	37%	Male	403	74%
9	19	4%	Black	49	9%	Female	138	26%
10	10	2%	Caucasian	222	41%	Unknown	0	0%
11	16	3%	Hispanic	16	3%	Total	541	100%
12	32	6%	Asian	27	5%			
13	57	11%	Other	3	1%			
14	68	13%	Unknown	24	4%			
15	104	19%	Total	541	100%			
16	105	19%						
17	117	22%						
18 +	6	1%						
Total	541	100%						

PETITIONED JUVENILE DELINQUENCY REFERRALS BY COURT OUTCOME

Court Outcome	Jul-98	Aug-98	Sep-98	Oct-98	Nov-98	Dec-98	Jan-99	Feb-99	Mar-99	Apr-99	May-99	Jun-99	Jul-99
In Process	13	22	21	26	24	26	23	32	63	62	70	57	80
Dismissed	49	39	49	26	40	43	32	27	29	24	33	11	7
Diverled	3	7	7	7	6	7	8	6	5	4	16	3	0
Held in Abeyance	11	21	19	15	14	12	9	15	14	17	16	13	9
Adjudicated	105	135	129	98	112	94	93	97	104	115	73	47	30
Withdrawn	0	0	0	0	0	1	0	0	0	0	0	0	0
Waived	0	3	0	3	0	2	0	0	0	0	0	0	0
Total	181	227	225	175	196	195	185	177	215	222	208	131	126

LINE STAFF

Staff	Jul-98	Aug-98	Sep-98	Oct-98	Nov-98	Dec-98	Jan-99	Feb-99	Mar-99	Apr-99	May-99	Jun-99	Jul-99
Available	55	55	55	54	54	56	58	55	59	62	62	62	62
Vacant	2	2	2	3	3	4	4	4	2	2	2	2	2
Total	57	57	57	57	57	60	60	59	61	64	64	64	64

JUVENILE PROBATION SERVICES

SUPERVISION CASES SERVED DURING

	<u>Jul-98</u>	<u>Aug-98</u>	<u>Sep-98</u>	<u>Oct-98</u>	<u>Nov-98</u>	<u>Dec-98</u>	<u>Jan-99</u>	<u>Feb-99</u>	<u>Mar-99</u>	<u>Apr-99</u>	<u>May-99</u>	<u>Jun-99</u>	<u>Jul-99</u>
Open at Beginning	1,428	1,435	1,373	1,341	1,310	1,334	1,305	1,280	1,248	1,201	1,198	1,158	1,168
New	129	121	103	97	126	107	94	83	97	95	70	99	74
Closed	122	183	135	128	102	136	119	115	144	100	110	87	72
Open at End	1,435	1,373	1,341	1,310	1,334	1,305	1,280	1,248	1,201	1,198	1,156	1,168	1,170

NEW SUPERVISION CASE BY THE INITIAL CASE TYPE

<u>Case Type</u>	<u>Jul-98</u>	<u>Aug-98</u>	<u>Sep-98</u>	<u>Oct-98</u>	<u>Nov-98</u>	<u>Dec-98</u>	<u>Jan-99</u>	<u>Feb-99</u>	<u>Mar-99</u>	<u>Apr-99</u>	<u>May-99</u>	<u>Jun-99</u>	<u>Jul-99</u>
Institutionalization	1	2	1	1	5	5	1	3	3	3	5	2	4
Informal Probation	73	64	61	43	59	49	38	41	41	33	28	43	37
Maximum Probation	9	5	5	8	9	5	5	1	7	5	2	6	2
Medium Probation	23	31	17	23	24	34	26	17	29	31	17	30	15
Minimum Probation	16	15	16	18	25	11	16	19	12	17	13	14	13
Out-of-State	1	0	0	0	1	0	0	0	0	1	0	1	0
Residential Care	6	4	3	4	3	3	8	2	5	5	5	3	3
Total	129	121	103	97	126	107	94	83	97	95	70	99	74

JUVENILE JUSTICE OUT OF HOME CARE REPORT

JUVENILES IN OUT OF HOME CARE BY PLACEMENT TYPE

Level of Care	Sep-98	Oct-98	Nov-98	Dec-98	Jan-99	Feb-99	Mar-99	Apr-99	May-99	Jun-99	Jul-99	Aug-99	Sep-99
Relative Home	24	23	18	24	22	20	13	11	11	12	8	8	8
Foster Home	54	55	56	51	48	48	49	44	50	51	52	45	44
Medical Facility	10	11	7	7	5	6	4	3	3	3	4	2	0
Residential Care	72	72	67	66	66	64	69	71	67	66	66	64	64
Detention Facility	90	83	82	83	86	85	75	93	81	88	70	71	84
Correction Facility	157	158	141	140	141	140	132	136	144	141	139	142	138
Other	17	23	18	20	15	18	18	21	25	23	28	28	21
Total	424	425	389	381	383	381	358	379	382	382	387	358	358

JUVENILES IN OUT OF HOME CARE BY AGE, RACE, AND GENDER September 1999

AGE			RACE			GENDER		
Age Group	Number	Percent	Race Group	Number	Percent	Gender	Number	Percent
<6	0	0.0%	Native	126	35.1%	Male	317	88%
6-10	1	0.3%	Black	35	9.7%	Female	42	12%
11-14	30	8.4%	Caucasian	179	49.9%	Unknown	0	0%
15-17	258	71.9%	Hispanic	5	1.4%	Total	359	100%
18+	70	19.5%	Asian	7	1.9%			
Total	359	100%	Other/Unk	7	1.9%			
			Total	359	100%			