

**PUBLIC
TESTIMONY
ON DEPT.
OF H & SS,
11/5/03**

To: JHES

11-05-03

pg 1 of 2

Thank you for the opportunity to share ideas and concerns pertaining to the funding and possible reductions to Alaska's Health and Social Services—

I owe Alaska a great deal of gratitude. From the bottom of my heart, Thank You! I am the mother of a 19-year-old son who has a chronic lung disease, Cystic Fibrosis known as CF. Thank God for Alaska's responsible financial funding of medical services for Max^{III} and his disease. Max's medical funding came through programs ~~like~~ such as Handicapped Children's Program, Tetra Option of Medicaid, recently Alaska Medicaid and Adult Public Assistance. CF is an insidious disease that affects all organs in the body; therefore, causing a complex treatment plan. Any cuts to Max's medical treatment plan, would indeed compromise his already fragile health.

I believe any budget cuts would destabilize and derail the hard work, momentum, and progress to the train of Health and Social Services. Please create a form of taxation that protects all funding of Health and Social Services. I believe budget cuts would not be the responsible tactic to solving the state's fiscal concerns. Please fund ~~the~~ state services! Please create a state income tax —

to
Health
and
Social
Services

Thank you,

Alice Haggerty

Alice Haggerty

PO Box 737

Homer AK 99603

(907) 235-6410

E-mail: aliceh@xyz.net



Alaska State Legislature

Please enter into the record my testimony to the J HES
 committee name
 committee on Dept. of Health & Social Services dated 11-04-03
 bill/s subject

Hi, I am Nikki, I get Medicaid and Medicare and Social Security. I use these for my daily need's. If you cut my Benefit's, I would not be able to pay my rent, or my daily need's (Medicine, Food, Plane and so on). Please, consider your planned actions!

Signed: Nikki Den
 Testifier

Representing (Optional)

Address
907-235-7336
 Phone No.



Alaska State Legislature

Please enter into the record my testimony to the J HES
 committee name
 committee on Dept. of Health & Social Serv., dated 11-07-03
 bill/subject

I urge you to reconsider your proposed actions. My husband and myself work - but we still could not afford healthcare for our four children! We are not able to pay healthcare for ourselves - we are also unable to find work with benefits in the lower area. I urge you to stop cutting benefits for our children (schools, Dental Care) - these children are precious. These children are our future, stop spending money for wars and military needs, put the money back to the needs of our children!

Signed: Margaret Wisler
 Testifier

Representing (Optional)
Box 314, Andros Pt. AK 99556
 Address
907-235-9494
 Phone No.



Alaska State Legislature

Please enter into the record my testimony to the (J) HES
 committee name
 Dept. 4
 committee on Health & Social Services, dated Nov. 5 - 03
 bill/subject

I would like to thank you for the opportunity to express my opinion. I am an hourly provider for CMHC in Homer. I work directly with my clients on a daily basis and I see each day how much the services I provide enhance my clients lives. I don't have a college degree or a lot of statistics to quote. What I do have is hands-on experience with my clients and I cannot stress how much the services I provide help my clients. These services are essential to the day today health and well being of my clients. I urge this committee to find another way to deal with this problem, and not to cut funding for these programs.

Signed: Marion Miller
 Testifier

Representing (Optional)
P.O. Box 2457 Homer AK
 Address
235 6823
 Phone No.



Alaska State Legislature

Please enter into the record my testimony to the (J) HES
 committee name
 Dept. of
 committee on Health & Social Services, dated Nov 5 - 03
 bill/subject

Thank you for starting for our children. Speaking for my guardian I am sure she would agree with a state tax. I don't know what I would do without my Medicaid. It depresses me to think of it. Thank you.

Signed: Hazel Bentley
 Testifier

Representing (Optional)

1152 Sea Breeze Ct, Homer
 Address

235 7982
 Phone No.



Alaska State Legislature

Please enter into the record my testimony to the (J) HES
 committee name
 Dept. of
 committee on Health & Social Serv. dated 11/5/03
 bill/subject

I get Public Assistance and Medicaid.
 I need all the mental health
 services I get I appreciate
 being able to go to the doctor
 when I need to.
 Please don't cut me off.

Signed: David Fomer David Fomer
 Testifier

Representing (Optional)
3948 Ben Walters Lane
 Address
235-3243
 Phone No.



Alaska State Legislature

Please enter into the record my testimony to the (J) HES
 committee name
 committee on Dept. of Health & Social Services, dated 11/5/03
 bill/subject

I am dependant on public assistance and medicaid. There is no way I could afford to pay for the prescriptions I need including anti psychotic and anti depressants. I also am very limited in funds to be able to see a doctor when I need to. Going to the mental health center is a God send to my well being. I cant imagine what would happen to me if I didn't have access to their services.

Signed: Patricia Lee
 Testifier

Homer Mental Health
 Representing (Optional)

Address
3479 Landings St #5 Homer AK 99603
 Phone No. 907-299-7605



Alaska State Legislature

Please enter into the record by testimony to the (J) HES
COMMITTEE NAME
Dept. of Health
 committee on & Social Services, dated 11/5/03.
BILL / SUBJECT TODAY'S DATE

*I receive medicaid, APA & SSI every month.
 I would feel terrible if these services
 were cut off from me*

Signed: Charles Thompson
TESTIFIER
Homer Community
REPRESENTING
Box 1042 Homer AK 99603
ADDRESS

PHONE NO.



Alaska State Legislature

Please enter into the record by testimony to the (J)HES
COMMITTEE NAME
 committee on Dept. of Health + Social Serv., dated 11/5/03
BILL / SUBJECT TODAY'S DATE

I Am Against the proposed budget cuts.
 I Feel that this would have a very
 negative effect on the people who are
 dependent on these services.

Signed: Don Alvarado
TESTIFIER
 Homer AK
REPRESENTING
 40700 Old Sterling Hwy
ADDRESS
 235-6926
PHONE NO.



Alaska State Legislature

Please enter into the record my testimony to the (J)HES
 committee name
 committee on Social Service, dated 11/5/03
 bill/subject

Please do not cut Social Services.
 \$150 million, you want to eliminate?
 When was the last time Alaskan
 politicians took a cut in salary?
 And Governor, forget that bridge
 you want to build! You are doing
 that because it's a visible thing,
 and people will say, "hey, look,
 what Gov. M. did!" Meanwhile, we poor
 and disabled are invisible. So you
 don't think we matter. I can't live without
 my medical coupons that pay my Depression
 medicine. I would be suicidal within 2 wks!
 Or worse, end up in API + use up more govt \$.

Signed: Jan Horgan
 Testifier
Mental Health Services in AK
 Representing (Optional)
3971 Main St. Apt 4 Homer
 Address
235 - 6990
 Phone No.

Thanks
 for
 listening.

To (J) HES

11005-03

Coordinate mental health services for children in Homer. I would rather see recipients of the service here than me today, but the truth of the matter is that the youngest portion of our population doesn't have a voice for itself.

I would like to advocate for early intervention services, mental health and programs like infant learning and head start. Money funded for children's services will ultimately recoup benefits for our communities in terms of healthy families and money saved for the state in the long run.

I would like to warn legislators that reduction of grants and services to health and human service agencies supporting healthy families, children and adolescents may appear to save money today but the cost will be great in the future. The dollars that could have gone into early intervention will be spent fourfold for emergency services, hospital care, residential care and the prison system.

I hope you will recognize the value of supporting the children in our communities through continued funding for children's services, mental health, and other early intervention programs.

Molly Stonorov

Molly Stonorov

907-235-8273

PO Box 15005

Tutak Creek, Alaska 99603



Alaska State Legislature

(page 1)
of 2

Please enter into the record my testimony to the JHES committee name
committee on Dept. of Health & Social Services, dated 11/5/03
bill/subject

I am a 27 year resident of the Homer area and a 20 year employee of the local Community Mental Health Center. I coordinate adult psychosocial rehab services for people who experience mental illness and severe emotional disturbance. I am here to request no further budget cuts be made to services for this population. The cuts DMHDD has experienced most recently have put Alaskans at risk in a variety of ways. Costs are merely shifting - not really being saved. As examples: one adult who experiences both mental illness and substance abuse was admitted to an in-patient alcohol treatment program last year ^(March 03) but was sent home midway through treatment due to the sudden budget cuts that closed that program without notice. He has since relapsed. Another dually diagnosed young adult in our community has been unable to find a treatment program for people in his age group. He is trying to seek services but is struggling. Another 19 year old individual has been cycling between API of the correctional system and has a tentative connection with community based services due to the pressure on API to discharge prematurely. Cuts to CMHCs has made residential options very tentative. There is a breaking point, which we have reached.

Signed: _____

Testifier

Chris Lantz - Community mental health center

Representing (Optional)

3948 Ben Walters Lane, Homer, AK 99603

Address

(907) 235-9243

Phone No.

(see pg 2)



Alaska State Legislature

(page 2)

Please enter into the record my testimony to the JHES
committee name
committee on Dept. of Health & Social Services, dated 11/5/03
bill/subject

Further budget cuts to community based services do not save dollars. Instead, the quality of life & independence of Alaskans is severely compromised, and the attention and costs are simply shifted to emergency services such as hospitals and jails.

I urge you to recognize this dangerous point we have achieved and stop further budget cut considerations. Instead, it is high time, in my opinion, that we join the rest of the country in raising a state income tax. We need to increase our income in order to preserve a quality of life worth living for all in our State.

Signed: Chris Lantz
Testifier

Community Mental Health Center
Representing (Optional)

3948 Ben Walters Lane, Homer, AK 99603
Address

(907) 235-9243
Phone No.



Alaska State Legislature

Please enter into the record by testimony to the (J) HES
COMMITTEE NAME
 committee on Dept. of Health + Social Serv., dated 11/5/03
BILL / SUBJECT TODAY'S DATE

I am a school nurse, a home health nurse & parent of two children with special needs adopted through DFYS fourteen years ago. I am a life-long Alaskan.

I urge you to prioritize programs which support the health and safety of children and people of all ages with physical and mental disabilities. Programs which provide services in decentralized, community-based ways are more cost effective and respectful to families and individuals than are programs ~~such~~ providing ~~institutional~~ safety or health care in institutions such as jails or hospitals. Denali Kid Care is a very important example of a program that helps children get needed care in a timely manner from community based clinics, before problems become so severe that families are forced to use expensive emergency hospital services. I support ~~an~~ state income tax.

Signed: Ellen Kleinfelder RN, BSN
TESTIFIER
Self
REPRESENTING
PO Box 367, Homer AK 99603
ADDRESS
907-235-8702
PHONE NO.
 email: leder@xyz.net



Alaska State Legislature

Please enter into the record by testimony to the (J) HES
 Dept. of Health & Social Services dated 11/15/03
 committee on Health & Social Services COMMITTEE NAME
 BILL / SUBJECT TODAY'S DATE

I would like to take this opportunity to request the Committee consider the probable outcome of cuts to Community Mental Health Services. ~~C.M.H.S.~~ ^{C.M.H.S.} provide the supports necessary to keep individuals with mental illnesses out of Alaska Psychiatric Institute and jail or prison. Without psychiatric care, medication, and case management and supportive services, there will be NO alternatives. When someone is newly diagnosed CAMA and Interim Assistance must be available to them. Affordable housing and supported housing must be increased because homelessness cannot keep an individual stable. The Mental Health court is also a necessary option to keep individuals from being incarcerated unnecessarily. With new methods of psychiatric rehabilitation and medications, individuals can recover and become productive taxpayers. Parity for health insurance is the key. My family member, a son, has received services in Alaska for over 9 years. We know what works & are grateful for the supports received.

Signed: Loisina Bowers
 TESTIFIER

REPRESENTING Self
 ADDRESS Box 116 Homer AK 99603
 PHONE NO. 399-0300

State wide and in our local communities, people, particularly those with few resources have relied on and benefitted from the DHSS - Dept. of Public Health. In Kenosha PHNs have provided a great variety of services to the public. Most people, if asked what the Public Health Dept does, would probably say - they give shots. In addition, they provide family planning services, do well child exams, have a tuberculosis surveillance program and a parent support program. These services are available to all with low or no cost and with confidentiality as a high priority.

Each of these programs is focused on prevention as opposed to fixing a problem. Prevention of disease, prevention of ^{unwanted} pregnancy, prevention of child abuse. The importance of education, access to health care and prevention of problems cannot be overemphasized.

Please support your local Public Health Center and the statewide Dept of Public Health.

Marty Ellis

11-5-03

JHSS



Alaska State Legislature FAX 11-5-03

Please enter into the record my testimony to the HESS committee name

Committee on Restructuring, dated NOV. 5, 2003
bill # / subject public hearing date

I am the mom of a 17 year old disabled young man. He has been on the wait list for 7 1/2 ^(since 1/4/97) years. He was close to the top of our area list. now that the list has been combined state wide - no one can tell me where he is on the list. How will the list be managed now? He gets core service now, but it is not enough now that he is getting older.

I am a single mom and this situation is VERY stressful on me!

I am willing to give up my dividend and pay taxes - if my son could get services

Signed: Susan L Stafford
Testifier

Elijah Stafford
Representing (optional)

404 Eadies Way #2 Kenai
Address

907-283-6635
Phone number



Alaska State Legislature

Please enter into the record my testimony to the Education + Social Services
committee name

Committee on A+SS Undermines Restructuring, dated 11-05-03
bill # subject public hearing date

My name is Anne Evans and I represent Central Peninsula Health Centers, a 501c3 community health center that operates both Cottonwood Health Center and Aspen Dental Center. We are members of the Alaska Primary Care Association, who will also be providing testimony. I am here today to point out that, when we opened our doors to provide dental care to underserved, under and non-insured children, there were approximately 3500 kids in our service area covered by Denali Kid Care. A majority of these children had not received crucially necessary dental treatment prior to our opening due to financial barriers. Currently, 85-90% of our patients are covered under Denali Kid Care or Medicaid and a majority of these children, as a result of lack of care in the past, have an alarmingly high level of dental caries and even infection. Today, the number of children covered by Denali Kid Care is approaching 4,000. This translates to 4000 children who, without DKC or Medicaid coverage, may not have access to dental care. Proper dental care as a child has a lifelong effect on ones health and well being. The point that I make is an example of the impact that Denali Kid Care and Medicaid has on the children of our area and the general health of our community and state. Please don't let down the children that are relying on state benefits to receive necessary and even urgent medical and dental treatment by reducing your commitment. Every child needs and deserves to ~~be~~ taken care of.

Signed: Anne Evans Anne Evans
 Testifier
Central Peninsula Health Centers, Inc.
 Representing (optional)
395 Main St Loop Yonca AK 99161
 Address
(907) 283-7759
 Phone number



Alaska State Legislature

Please enter into the record my testimony to the JHESS
committee name

Committee on DHSS restructuring, dated Nov. 5 2003
bill # / subject public hearing date

I am a program manager for the Kenai/Soldotna Community Mental Health Center (Central Peninsula Counseling Services). I strongly urge you to preserve and support community based programs that serve individuals with severe mental illness - by ensuring that they receive adequate funding to serve consumers in their community effectively and proactively. Any funding decisions that result in reduction or elimination of rehabilitation services will only lead to more crises, de-stabilization and hospitalizations - with corresponding increased costs in economic and human terms.

I also urge you to consider the wisdom of broadening the scope of eligibility criteria while at the same time expecting providers to serve this expanded population with less funding to do so. you will be driving our system of care into further ~~chaos~~ chaos, increasing the suffering of those who depend on these services ~~to~~ to achieve a quality of life.

Signed: Donna LeGerda
Testifier

CPCS (Community Outreach Program)
Representing (optional)

362 Tyee St. Soldotna, AK 99669
Address

907-260-3691
Phone number

Community based services are more effective in outcome results. Focus on direct services only will result in increased direct service costs. Proactive supports are critical for well-being as well as economic.



ALASKA STATE LEGISLATURE

Please enter into the record my testimony to the _____

HS HS

Committee Name

Committee on _____

Dated

11-05-03

Bill / Subject

I appreciate this opportunity to address the Commission. As a gerontologist I am concerned that the department reorganization has diminished focus on senior issues. The intent of the Older Americans Act was to serve seniors regionally. The single site concept for Alaska may have been appropriate years ago - today however there are agencies and professionals available to be responsible for regional needs. The size of AK results in very different community needs. These needs are not being met by funding Anchorage based agencies whose indifference, or being overwhelmed by their local area needs result in neglect of needed services across the state. A minimum of 30% of funds intended for state areas is absorbed to support Anchorage based administration with minimum support or interest in these other community needs. Cutting block grants is another example of local decision making.

SIGNED:

Karen Wood

Testifier

Self

Representing

PO Box 85228

(1909 Becker Ridge)

Fairbanks AK 99708

Address / Phone Number

(907) 474-2121

Health and Social Services needs resources in order to be able to help people. People need the services they receive from Health and Social Services in order to purchase the goods and services they need from the community. And in doing that provide jobs for the community.

Joy Price
330 3rd Avenue
Fairbanks, AK 99701

Kimberly McNaughton
PO Box 34122
Juneau, Alaska
99803-4122
1-907-789-1434



My name is Kimberly McNaughton. I support the infant learning program. I adopted two children through foster care. They both are special needs children. With the help of the staff at the ILP the boys received the therapy they needed to be able to progress at a steady pace. Without this early intervention I do not feel one of the children would be talking and the other one walking right now. We have used speech therapy, physical therapy and the mental health specialist. We have participated in group activities as well as the two's learning class. My husband and I both took their Hanen language class. The ILP has given us the tools to help alleviate anxiety because of previous trauma which occurred in their lives. Because of the ILP's help I see a bright future for both boys.

I am a licensed foster parent. I have confidence that I will be able to help the community of Juneau by taking in more children under the age of three because I will be able to handle what ever problem arises with the help of the ILP.

I also think it is in the best interest for all Alaskan newborns to have their hearing tested.

Thank you,
Kimberly McNaughton

HESS November 5, 2003

Senate and House committees on Health, Education, and Social Services

Senator Dyson
Chair

My Name is Sharon Martin. I'm a home care provider licensed as an Assisted Living Home that provides 24/7 care.

I have one client that is an adult female with developmental and physical disabilities that requires 24/7 personal care. My client has been in the Alaska system for over 27 years.

I came here today to give testimony to you in regards to some of my concerns.

As a home care provider, I and many other care providers find it very difficult to run an Assisted Living home/business on an income of less than half of minimum wage. Medicaid has a cap of approximately \$61.74 per unit. (1 unit = 1 day = 24 hours) My client is under the medicaid home and community based waiver program which is paid with that cap.

This figure must cover personal care attendant cost, administrator costs, insurance, transportation, auto maintenance, escort service, interperator cost, home maintenance cost, additional overhead, training and educational cost.

Example:

Administrator training costs are \$350.00. It takes me approximately 5 ½ days to pay for this training. As you can see

Monies received from medicaid does not begin to cover the above services. Nor will it pay for health benefits, sick leave, vacation, and retirement just to mention a few that we do not receive at all

During my administrator training it became very clear that anyone taking a medicaid client would be in a losing business. There are no profits here.

My next concern is Respite. Service Provider companies and other care providers can not supply trained, qualified respite providers. Some of the problems are: low wages, have to do their own 1099's for the IRS, no training/education, no health benefits, and no retirement benefits, not to mention paid sick leave or vacations.

Most care providers have utilized free services from family and friends and they are volunteered out.

Last Care Coordinators

All Care Coordinators need to have quality education and training in the field of mental/developmental and physical disabilities. They should have a clear understanding of the medicaid system and other programs and various service suppliers.

All Care Coordinators should be able to pass a professional licensing exam.

Does it make any sense to pay Care Coordinators \$100.00 per hour, benefits such as health, social security, paid vacations, paid sick leave, paid holidays, mileage, and paid training while many Care Providers don't receive anything close to this?

Thank you,
Sharon Martin

868-4982

Changleec@gci.net

THE
FOLLOWING
DOCUMENT(S)
ARE
POOR
ORIGINAL
COPIES

Quyanna Deputy Chairman Marcie Kennai, Program Administrator Joanne Gibbens, Field Administrator Myra Casey, Commissioner, Committee Members. Thank you so very much for the opportunity to be able to speak to you today. My name is Ruth C. Ferguson-Schaeffer. This is a personal request, however; I work for Maniilaq Association in Kotzebue, AK.

For over 4 years now I have had *physical* custody of my grandson. I have been dealing with different case workers over this same period.

The same problems come up with every case worker in Anchorage and Kotzebue. When I talk with them, they tell me that their hands are tied. This is Departmental Policy.

The main problems that I have had are:

1. That there are jurisdiction(s) for every village, town, city. When a family moves, they are then out of jurisdiction and the case is closed.
2. That cases are closed as soon as there is a temporary safety setting.
3. That there is no coverage 24/7 for children.

Recommendations that would work to solve these problems:

1. **As long as a child is in the State of Alaska, they should be in OCS jurisdiction. The open case should be transferred to the office where the child is residing, not closed.**
 - If there is open jurisdiction for criminals, why not for our children to keep them safe?
 - When they are going to take him into custody, his mother will move from town to town so that they will close the case because it is "out of their jurisdiction". Her father owns Grant Aviation, so she can travel whenever she wants to; either to Bethel, Hooperbay, Kotzebue, or Anchorage depending on which agency has a case open at the time.
2. **When a case has been opened on a child, that case should stay open until permanently resolved, not temporarily resolved.**
 - The other thing she does is to send him to me. Every time she does this, DFYS or now OCS will close his case stating that "Now that he is with me, 'he is safe', and 'they can close his case'".
 - As soon as they close the case, his mother will get physical custody of him. I call DFYS/OCS and they say that the case has been closed and that there is nothing they can do. *The only thing they can do, per policies, is to wait until there is another complaint on the child for negligence and then they can 'open a new case'.*
 - In reality, the child is only *safe temporarily*. This is not permanent, so the case should remain open so that when the parent takes the child back, OCS can continue with the open case.
3. **Child safety is a 24/7 problem. Therefore there should be 24/7 OCS Case Coverage.** OCS workers now work 8-4:30 p.m. When they do this, no one can do surprise checks on a child during off hours because they are not getting paid after hours, so they make appointments to "visit" during working hours M-F. The majority of the problems are at night and on weekends. There should be workers available 24/7. Rotation of shifts

would solve this problem. Especially in Anchorage and Fairbanks where there are more than a few workers.

What I'm saying is this:

When my grandson is with his mother, there has been case after case opened for him, none of them are ever resolved, let alone resolved permanently. This continues, year after year with out any permanent solution for my grandson. OCS needs to look for **permanent solutions**, not temporary ones. That alone, will make everything run smoother.

Regulations should be made for the long term safety of the child, not the convenience of OCS Case Workers.

- Most likely, it is more work to open a case and close a case; than to transfer the case to the new city, town, village until there is a permanent solution found. Everyone needs to learn to work together, share information. Communicate.

Quyanna (Thank You),
Ruth C. Ferguson-Schaeffer
PO Box 615
Kotzebuc, AK 99752-0615

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Subject: Public testimony 11/05/03

Date: Wed, 05 Nov 2003 19:45:09 -0900

From: Robin Hill <willynilly@alaska.com>

To: Senator_Fred_Dyson@legis.state.ak.us,
Senator_Lyda_Green <Senator_Lyda_Green@legis.state.ak.us>,
Senator_Gary_Wilken <Senator_Gary_Wilken@legis.state.ak.us>,
Senator_Bettye_Davis@legis.state.ak.us, Senator_Gretchen_Guess@legis.state.ak.us,
Representative_Peggy_Wilson@legis.state.ak.us, Representative_Carl_Gatto@legis.state.ak.us,
Representative_John_Coghill@legis.state.ak.us,
Representative_Paul_Seaton@legis.state.ak.us, Representative_Kelly_Wolf@legis.state.ak.us,
Representative_Sharon_Cissna@legis.state.ak.us,
Representative_Mary_Kapsner@legis.state.ak.us. joel_gilbertson@health.state.ak.us

I attended the meeting today in Anchorage (however, I live in Wasilla) that allowed the public to provide testimony regarding health and human services issues. I am providing my testimony in writing because I was unable to stay long enough to personally testify.

I would like to address the Developmental Disability waitlist in particular.

Intellectually I understand there are tough choices to make in terms of budget cuts, and a limited source of State funding for health and human services programs. However, the practical reality is that there are many in the community, myself included, who are barely surviving and at risk of further problems because they or their children have not been selected to receive services.

In my case, my 15 year old son has a fairly high assessment, but has not received even core services yet. As a result, he is at risk of being temporarily institutionalized due to behavioral issues. If the situation were to escalate to this point, it would be devastating to the family and our son. I have exhausted all options for community supports. Family, friends, or church members do not have the skills, and frankly the desire, to help us. Other social service agencies either do not have the funding or we do not qualify for their services because we are working and above the poverty line. We need more daily supports, and behavioral supports to prevent problems from escalating that result in temporary institutionalization, emotional breakdowns for the parents, and breakup of the family. These are all very real concerns. It doesn't make sense to me that services provided wouldn't be proactive to keep the costs down. I urge you to explore ways to provide services to more people currently on the waitlist. I also support generating additional sources of revenue to fund State programs such as an income tax or sales tax.

Thank you for your time.

Robin Hill
1420 W. Ridgeview Drive
Wasilla, AK 99654
907-376-8757
willynilly@alaska.com



Alaska State Legislature

Pg 1 of 2
FAX 11-5-03

Please enter into the record my testimony to the JH ESS committee name

Committee on Restructuring, dated 11/5/03
bill # / subject public hearing date

As director of an adult day services program, I would like to unofficially speak for the adult day programs across Alaska. We serve seniors who because of health problems isolate themselves. This tends to cause depression and a worsening of their symptoms. Adult day services give these seniors an opportunity to socialize, be mentally stimulated and physically active thus re-involving them in life and improving their well-being. The benefits to the participants can be summed up in a comment made by a participant who had ~~attend~~ been in our program for the third day. She stated "I had forgotten what happy was." She suffers from advanced Alzheimer's and most times cannot be understood. We not only benefit the seniors, but also their unpaid caregivers who provide 24 hrs/day 7 days per week care, giving them much need rest from their caregiving duties. Our services

Signed: Linda Flewener
Testifier
Adult Day Services (CPUS & Forget-Me-Not Care Center)
Representing (optional)
905 Cook Avenue, Kenai, AK 99611
Address
907-283-7294
Phone number

are a fee for service. Medicare and ~~the~~ private insurance does not cover adult day services. The only way a senior can pay for services is through the waiver program or ~~if~~ if they don't qualify for the waiver program, through their own funds.

Approximately half of our participants self-pay.

Our costs run around \$117 per day per participant.

None of our self-pay participants can pay the full amount. We are working to lower our per participant daily costs by increasing our daily census while keeping expenses from increasing.

Grant funding is vital to keeping the fees affordable to those seniors who do not qualify for the waiver program. After FY04 cuts in our grants we are struggling to keep the quality of our program at its current ~~but~~ high level.

I applaud our state government for working toward greater efficiency but I think it is time to also look at increasing revenue through income or sales taxes so we may continue to meet the needs of all Alaskans.

Linda Flowers



Alaska State Legislature

Please enter into the record my testimony to the HHESS
committee name

Committee on _____, dated Nov. 5, 2003
bill # / subject public hearing date

From the Fetal Alcohol Syndrome Coord. at Frontier Community Services. At the heart of the problem of so many consumers of state Behavioral Health services is substance abuse. As a state, we must keep this in the forefront of media to inform. But more importantly, we must connect consumers with treatment. We need substance abuse treatment centers for parents with children. We need to continue diagnosing FASD, to identify the problem, connect individuals with appropriate services and undergo a quality continuum of care.

Legislators and providers must be good role models and advocates of substance abuse free citizens. Substance abuse must be addressed first in families - providers need to screen and connect individuals with services. OCS needs to connect ^{substance abuse} ~~to~~ so families can be connected with each other. The path is often long, but patterns

Signed: Margaret Parsons-Williams
Testifier

FAS - Frontier Community Services
Representing (optional)

43335 K-Beach Rd. #36 Soldotna 99669
Address

262-6331
Phone number

can be broken. Youth need ~~that~~ ^{early} as well. ~~and~~
~~support~~ alcohol is typically the source of youth's
difficulty with the law ^{reports} but DW workers. ~~support~~

The alcohol tax needs to be used specifically
for prevention and intervention of substance
abuse.

Margaret Parsons-Williams
pg. 202

Janet Johnson
Parent Advocate
Box 1079
Cordova, AK 99574-1079
(907) 424-7773

November 5, 2003

Dear Committee Members,

*****TESTIMONY OFFERED IN SUPPORT OF SPECIFIC EARLY INTERVENTION SERVICES WITH EMPHASIS ON THEIR IMPACT TOWARDS THE SUCCESS IN MEETING I.D.E.A. STANDARDS IN A COST EFFICIENT MANNER**

I am the mother of a Wilde Rose Aurora Johnson, a beautiful child from the rural area of Cordova Alaska. Rose Johnson is 4 years old. She has a degenerative eye disease and is currently legally blind. Her vision will continue to deteriorate. She also suffers from displasia so she walks with a pronounced wobble and would run into things and fall even if she had perfect vision. A sensory disorder complicates her issues as well as her inability to sleep through the night. She is intelligent and determined.

We have used the services of the Infant Learning Program. Professionals were brought in to evaluate and offer assistance with Rose. These services were not available in our town. Though we have a local clinic, services in our town vary throughout the year. We are also required to fly to Anchorage there is not a road system from our town to any other. Having these professionals (Occupational Therapist, Physical Therapist, etc.) brought to us saved the trips for 2 to Anchorage to receive initial evaluations (a cost that would have been provided through Denali Kid Care for us.) When we were in need of more extensive services the proper paperwork was filed with the assistance of our Infant Learning Specialist. Rose at that time did not sleep more than a 3 hour span at a time so I was exhausted and unable to do much to coordinate care and paperwork issues for Rose. Our family was in survival mode. Not only did we see the appropriate doctors but care was taken through the ILP Program to schedule our appointments so that we could accomplish multiple appointments in one trip to Anchorage rather than needing multiple trips. Again, I know that Denali Kid Care would have picked up the cost but the stress involved with multiple trips would have been more difficult for us.

When Rose was found to need special services we were able to accommodate many of those needs with local resources instead of costly trips out of town. I have many examples of the use of town facilities such as the pool and recreation center but none are so prominent as her physical/occupational therapy needs. She receives two sessions each week of very intensive and successful therapy for a cost of \$30 dollars a week. We have developed a program through a local dance instructor. I do not have the figures at this time for the cost of having the same services through our clinic but will send those when requested. Being able to see Rose walk down a small hill, play baseball, and not need a hand to hold at all times is a great thrill for us.

Infant Learning Services also provided a strong foundation for my understanding of her rights within her school system. I have asked appropriate questions, brought forth information to my school and received services beneficial to Rose, our family, and the school system that has elicited no additional cost but has changed Rose's demeanor and her ability to maintain a full day without a meltdown or shut down. I would have never been able to accomplish this without the training I received through the program.

Resources through this program provide an essential base for the rest of the system to succeed.

Sincerely,
Janet Johnson

So what does All Kids Count actually do?

Often families find themselves alone and afraid when children are placed in foster care. Both parent and child suffer shock, grief, despair, and feel no one is listening or cares. We attempt to advise family members on action to bring the child home and recommend available services. We speak to state officials and legislators in an attempt to bring needed change to the system. We DO NOT have any special inroad to the system that will prevail over decisions made by case workers and we cannot change decisions made by the courts.



Are you a child abuser?

If you get a kick out of abusing your children, relish the power you have over your child, enjoy the fear in your child's eyes when you approach, or are so self absorbed you cannot see to your child's needs, we can now provide unsolicited advice. STOP! Get professional help.

FAMILY RIGHTS INITIATIVE

While there have been numerous attempts to reform child protective services, the state legislature has failed to adopt this legislation. When the legislature fails to adopt reasonable and much needed legislation dealing with child protection and family rights, Alaskans can enact it through the initiative process. All Kids Count is sponsoring an initiative drive to reform child protective services. This initiative does four things.

- ★ Provides parents with the right to a jury trial if the State moves to terminate parental rights.
- ★ Requires any interviews of a child by state agencies or nonprofits conducting interviews for the State to be videotaped.
- ★ Requires the State to make a reasonable attempt to place the child with family or friends of the family that the child has spent time with and would be comfortable with.
- ★ Implements a reporting process for children in State custody that are prescribed psychotropic, psycho-stimulant or other mind, emotional, or behavioral altering drugs.

If you would be interested in becoming a sponsor of this initiative and assist us in collecting signatures to place the initiative on the ballot, please contact us immediately.

ALL KIDS COUNT is dedicated to families in crisis -- contributions are tax deductible.
Federal ID # 95083

ALL KIDS COUNT



allkidscount@hotmail.com

**P.O. Box 58387
Fairbanks, AK 99711-0387**

(907) 488-9030

or

(907) 488-4524

Who are we?

All Kids Count is a federally recognized nonprofit organization based in Fairbanks, Alaska. Our board consists of a group of citizens who are dedicated to assisting families and children in crisis, especially those enmeshed within the Office of Children's Services (formerly Division of Family & Youth Services). Numerous studies and recommendations exhibit that abrupt removal of children from their homes and everything they know and love causes serious trauma to the child. Quite often, children lose trust that can never be regained. Attachment disorders that will follow them through their lifetime are common. We believe in many cases there is a better way than removal and in other cases a speedy return to the parent is appropriate.

Do you believe the system should always permit children to remain at home or be returned to their biological family?

Certainly not! Some parents are sadistic, cruel or perverted. Some parents are so wrapped up in their own needs and desires they tragically neglect their children. Some are so addicted to drugs or alcohol, they cannot care for their children and they refuse assistance. Some do not love their children and see them as an annoyance. Yet, we believe such parents are in the minority of the children who are in care of the state. And we believe that OCS should make a concerted effort to work with family members other than the parents that could care for the children.

If indeed, systemic problems exist, what do you see as the solution?

There is no need to reinvent the wheel. Many Intensive Family Preservation programs are in place throughout our nation. Homebuilders in Washington and Michigan, Families First in many locations, the Alabama system of Care enforced by Court Decree, Family to Family developed by the Anne E. Casey Foundation, Community Partnerships for Child Protection in Washington, Iowa and other locations, and the Family Care Court in Anchorage. Implementing such programs is expensive and often upsetting to the established system. Detractors state these programs do not work and endanger children. Yet, in places where these programs are affirmed and truly embraced, positive results have been impressive. The Anne E. Casey Foundation and the National Coalition for Child Protection Reform, as well as other organizations, have a wealth of information that could be tailored and used to fit the needs of a state protective system, no matter the location. The Armed Forces solution to child and spouse abuse should also be studied.

Does All Kids Count believe that children should be freed for adoption according to federal law?

Presently federal directive requires that parental rights should be terminated when a child has been in care for 15 out of the past 22 months. Exceptions to this instruction are available. In some cases this mandate is arbitrary. Fifteen months is a long time for a child to be away from family especially in the world of a child. We believe it would be far better to work with the

family as a whole, allowing the children to remain at home or return them to the home long before the 15 month deadline. In other cases, 15 months may not be adequate to determine that termination is the best move. In still other cases, where the situation is far too extreme to anticipate reunification, the time period should be shorter. There is no one answer, and each situation must be assessed.



Do you see financial incentives for the state to assume custody of children, retain custody, and subsequently adopt these children to other families?

We do see financial incentives to the state's assumption of custody. The federal government provides up to 75% of the cost of children in care. Children whose family would qualify under the old Aid to Dependent Children are classed for a different type of funding. The state also receives \$4,000 to \$6,000 for each child adopted from the system in excess of the number adopted the previous year. Ninety-three percent of adoptive parents in Alaska receive a monthly subsidy per adopted child, until the child reaches 18. Depending on the circumstances, this subsidy can range between \$350 to \$1,200 monthly.



Alaska State Legislature

Please enter into the record my testimony to the Senate/House HESS
Committee name

Committee on DHSS, dated 11/5/03
Bill/Subject

In the growing senior population are many persons who are ineligible for waiver services but still very much in need of assistance. Through grant funding we are able to provide some services, increase safety, improve access to health care and mental health intervention for our seniors. With increasing cuts in grant funding anticipated, we are faced with dwindling options for meeting the needs of this vulnerable population. This ultimately will place more individuals at risk, promote increased emergency room visits, hospitalization and mortality. It cannot be stressed strongly enough how vital grant funding is for continued provision of services to our elderly citizens.

Signed: Jenny Astumercie Roberts Case Coordinator
Testifier

Palmer Senior Citizens' Center
Representing (Optional)

831 S. Chugach St, Palmer AK 99645
Address

(907) 745-5451
Phone number



Alaska State Legislature

Please enter into the record my testimony to the Joint Health, Educ + Soc. Services
committee name

committee on Health, Education & dated Nov 5, 2003
Social Services
bill/subject

I would like to see parenting classes made mandatory for any individual receiving social services - especially a parent who is seeking the return of children taken into custody by ~~DYFS~~ ^{DYFS}. We have a generational problem, where young people are trying to raise children when they themselves have no model for what good parenting is. I personally know young parents who want to be good parents but don't know what that is because they have not experienced it themselves. We need to break this cycle! Social Services is in a position to provide the education necessary to turn things around.

Signed: Susan A. Steinkeler
Testifier

personal - self
Representing (Optional)

Po Box 1609, Nome, AK 99762
Address

WL - 443-2271 / hm. 443-7673
Phone No.



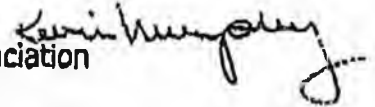
**City of
Ketchikan**

Gateway Center for Human Services

3050 Fifth Avenue
Ketchikan, Alaska 99901
Phone 907-225-4135
Fax 907-247-4135

November 5, 2003

To: Senato. Fred Dyson, Chair Senate Committee HSS
From: Kevin Murphy, President, Substance Abuse Director's Association



As the legislature looks to the Department of Health and Social Services budget there are important issues to the programs represented by SADA across the state that need to be considered for this session.

1. Last year the legislature set aside funds generated from the increase in the alcohol tax that would be later earmarked for alcohol and other drug abuse related programs. These funds were to be used for expanded capacity for women and children treatment programs, therapeutic courts, and other programs. We request that you free these funds as early as possible in this next legislative session. We need these funds this year, they are crucial to the program delivery system.

2. As the Division of Behavioral Health Integration process has moved forward, the substance abuse treatment system has been stressed to its maximum. Further cuts in this system, will permanently harm the ability of communities, especially in rural areas to respond to the treatment needs of individuals. This treatment system is necessary for treating a huge percentage of the individuals receiving services within DHSS.

There are other issues that are important to us. I thank you for your time and consideration in this matter. I can be reached at 907-228-6521 or kevinm@city.ketchikan.ak.us

FAX to JHES

c/o Senator Dyson

5 pages - Public Written Testimony

694-1015

From Seward LIO



ALASKA STATE LEGISLATURE

Please enter into the record my testimony to the JHES
(committee name)

committee on _____ dated _____
(bill/subject)

I live in Seward and have used the mental services in our town for the last 1 1/2 years. My husband and I adopted three children require mental health services. If we did not have these services in our town it would be an extra burden. If social services were not there we would have to pay for children who did not need the mental health care during childhood. If children and adults do not get the health support we could see more crime, alcohol abuse, etc.

Please support mental health in our rural communities.

Signed: Bonnie Clavin
(Testifier)

Family
(Representing / Optional)

20 Box 2081 Seward AK 99664
(Address)

907-224-6254
(Phone No.)

Good Morning Senate and House Committee members,

My name is Claudia Simpson the mother of 7 children. I was born and raised in Seward. I have been a consumer of several health, educational and social services provided by the State of Alaska.

I was raised in a family consumed by alcohol. For me it seemed normal to always be around drinking and living with violence. If you grow up that way, how could you ever know that things can be different? If this is all you know as a child it will be all you know as an adult. Somebody needs to be out there to teach people like me how to break this cycle. Somebody needs to be out there to teach people like me that it is OK to be different than the rest of the family. And there needs to be support for people like me, until we learn how to start new life. Support is what helps you keep going.

For a part of my adult life I lived the way my family lived, consumed by alcohol. I did not want my 7 children to grow up the same way I did. I chose sobriety and a healthy, safe home for my children. Rebuilding my life was not just about getting sober. My alcohol abuse took my home, and my ability to hold a job and support my family. I needed for a place for the 8 of us to live, childcare, education, medical and dental care. I am certain that my family would not be together, under my care if I had to overcome all of these problems while struggling to stay sober. I feel strongly that my children would be in separate places under the care of others. I would also not have a home.

SeaView Community Services has been there for my after care, Women's support, Paro Aid, Youth and Family Services and Legal Advocacy. I enrolled in ATAP and Job Ready. I am 18 months sober, have been employed and am working towards obtaining my GED. Making a better life for myself and my children would not be possible without the supports provided through state programs.

The greatest obstacle I faced was housing. Due to previously unpaid debts and the size of my family the issue of finding suitable housing was impossible yet, it is the most important factor in keeping families together. Even though I was receiving support for many issues, none of that does any good if you don't have a place to live. I would like to see something in place to help all families recover from bad credit in order to find housing. Low-income housing is a great program but isn't worth anything if you have bad credit. My children were split up and in different homes because housing wasn't available to me. They are still recovering from being split apart. The single most important factor that I feel moved my family towards a healthy and sober life was when we found housing and we were back together again. Now that we had a home we were able to move forward with the other support programs available to us.

I do not think I would have been able to change our lives if services were not available in my community of Seward. I would never have packed up my children and left them with strangers while I enter a treatment program. I would not go to a city or town that I don't even know the streets or people and ask for help. SeaView Community Services can offer help with the many programs they have in one building. They also point you in the

right direction for other resources in the community. I think it is startling to know how my family would be without these services.

I quit smoking too!

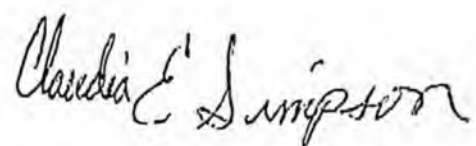
Thank you for your time and attention.

Claudia Simpson

P.O. Box 1792

Seward, AK 99664

907-224-2780

A handwritten signature in cursive script that reads "Claudia E. Simpson". The signature is written in black ink and is positioned below the typed contact information.



ALASKA STATE LEGISLATURE

Please enter into the record my testimony to the JHES
 (committee name)
 committee on Services of Department
Health & Social Services dated 11-5-03
 (bill/subject)

I believe that cutting anymore from this dep budgets would be harmful to this state.

My husband is a senior and taking away his health. He's always been to manage on his own, will go without his Medicare rather than to ask for help. He's not the only one affected among that have worked hard and paid taxes, pride away. Let people live with pride.

Our children's protection is important, how do their jobs with such a case load. Early intervention services pay off in the long for all ages.

Signed: Carolyn Tanner
 (Testifier)

Seniors - children - people
 (Representing / Optional)

PO Box 1123 Seward, AK 99664
 (Address)

(907) 224-7798
 (Phone No.)

Budget: I would like to see no more raises state government, take the same hit as the people a cut in salary from governor down it would only a small percentage.

11/05/03

I hope that before decisions are made to cut the budget to health and social services the following is considered:

Health care providers in this state are on the edge and already overwhelmed with the complexity and demands of patients in this state. Many physicians and nurses statewide are refusing to accept Medicaid or Medicare patients. Public funding for the uninsured no longer exists. The number of employers providing private health insurance is in decline. Cuts in public funding disproportionately affect rural providers. Physicians and medical professionals are and will relocate to cities with large private insured populations if public funding sources are cut. We already suffer from an inability to recruit medical care to rural Alaska.

Alaska has the highest per capita substance abuse problem in the nation.

Alaska has the highest per capita Hepatitis C in the nation.

Alaska leads the nation in per capita child physical and sexual abuse.

Alaska leads the nation in rape per capita.

Suicide is epidemic in Alaska at Four times the national average.

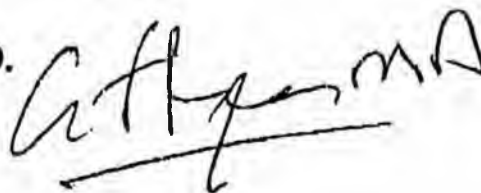
The morbidity and mortality associated with under-funding mental health care is significant. If one breadwinner is restored to a functional state, if one child is able to graduate and go to college, one suicide prevented, we have saved costs which occur elsewhere in lost productivity, jails, and hospital emergency rooms. Children with untreated attention deficit disorder suffer four times as many car accidents as those who are treated.

The costs to not treating Psychiatric and Physical illness in children and adults are staggering and will drag on our communities especially in rural Alaska where development depends on having good schools and effective services available to meet the needs of the people.

Effective leaders rise to the occasion to find sources of funding and to defend the needs of the people they serve.

Thank you for your consideration,

Charles F. Burgess, M.D.



FAY TO CJHES

907-694-1015



Alaska State Legislature

Please enter into the record by testimony to the _____
COMMITTEE NAME

committee on _____, dated _____
BILL / SUBJECT TODAY'S DATE

My name is Heidi Morris and I work as a clinician with Children & Adolescents in the community of Homer. It is my professional opinion that cuts to the DPHHS budget will result in significant adverse effects. Services to children, adolescents and families are essential to prevent future problems and possible increased costs in other areas. DPHHS budget cuts would likely result in increased costs related to crisis services, hospitals, prisons and jails and other areas. The best way to support healthy children, adolescents and families is to provide preventive services and support before other problems develop.

Signed: Heidi Morris
TESTIFIER

Children and Adolescents
REPRESENTING

PO Box 1805, Homer, Alaska 99603
ADDRESS

235-7232
PHONE NO.

Testimony - 11/04/03 @ approx 12:15 pm

Thank you, Senator Dyson and committee members:

I am a private citizen who has been involved on a personal level with Office of Child Services since Dec 2002.

Many times our family has heard from OCS workers that they have too much work and not enough time to do what is needed for children in state's custody.

April 15, I met with Comm Gilbertson re: permanent placement of 2 of my 5 grandchildren. He was invited to attend a hearing on a motion for abuse of discretion against OCS due to the proposed permanent placement plan being to move the 2 children under the age of 5 to the home of the birth mother in Wrangell, a home where the step father has been convicted over 47 times. As recently as January 2003 he had been involved in a bar fight where his finger was broken. The birth mother abandoned these 2 children in March of 2001 and had maintained very limited contact with them. There were issues of sexual abuse occurring in the placement home by the step-father's own father. Our family pleaded with Commissioner Gilbertson to attend the hearing to see what is happening in his dept. He did not attend. We were referred to the acting dep comm.

April 26, met with acting dep comm. She referred us to the acting director of OCS. He advised us that any action contrary to the placement plan was out of OCS hands as the judge was the one who had placed the children. The judge did not place the children, he merely ruled that there was no abuse of discretion on the part of OCS, not that the children had to be placed in the home of the biological mother. The OCS caseworker testified, even with the information that our family brought forth with the potential danger to the children in proceeding with this case plan, that he would still place the children in the biological mother and stepfather's home, with reservations.

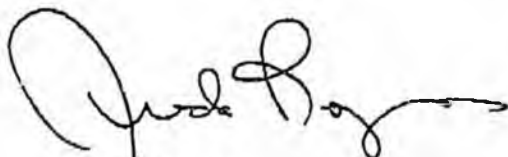
May 2, the children were flown to Wrangell and were told they would be with their mother permanently. ICWA was cited as the deciding factor that his was to remain the placement decision. The children were already safe where they were in the home of the paternal Aunt and Uncle in Juneau. The biological father, who had cared for the children as a single parent since March of 2001, had not been convicted of any crime at that time, yet he had not been allowed to see his children since January.

May 3, I called the OCS office and spoke to the field office administrator and asked her if she would take responsibility not if but when these children are harmed. She stated she would not be the responsible party.

May 7, After 2 phone calls to the Wrangell police dept for domestic violence involving alcohol abuse in the home where OCS placed these 2 children under 5, the children were returned emergently to the home of the Paternal Aunt and Uncle in Juneau, where they had been placed in foster care since 12/6/02,

My summary to the committee members is: OCS does not provide a cohesive and cooperative relationship with the extended family that cares, loves and will always be

there for children in whose future the OCS is responsible. "Not having the time" is no excuse for not doing the work that needs to be done to protect our children. I also request a review of OCS investigative procedures. OCS has shown itself to be adversarial to families, not advocates. I appreciate your time.



FREDA ROGERS

1283 MENDENHALL PENINSULA RD.

JUNEAU, AK 99801

(907) 789-6735



Alaska State Legislature

Please enter into the record by testimony to the (J)HES
Dept. 4 COMMITTEE NAME

committee on Health & Social Services dated 11/5/03
BILL/SUBJECT TODAY'S DATE

I would like to take this opportunity to request the Committee consider the probable outcome of our to Community mental health services. CMHES provide the supports necessary to keep individuals with mental illnesses out of Alaska Psychiatric Institute and jail or prison without psychiatric care, medication, and case management and supportive services. There will be NO alternatives. When someone is newly diagnosed CAMA and Interim Assistance must be available to them. Affordable housing and supported housing must be increased because homelessness cannot keep an individual stable. The Mental Health court is also a necessary option to keep individuals from being incarcerated unnecessarily. With new methods of psychiatric rehabilitation and medications, individuals can recover and become productive tax payers. Parity for health insurance is the key. My family member, a son, has received services in Alaska for over 9 years. We know what works & are grateful for the supports received.

Signed: Patricia Lewis TESTIFIER

REPRESENTING Self

ADDRESS Box 116 Homer AK 99603

PHONE NO. 399-0300



Alaska State Legislature

(page 1)
of 2

Please enter into the record my testimony to the JHES committee name
committee on Dept. of Health & Social Services, dated 11/5/03
bill/subject

I am a 27 year resident of the Homer area and a 20 year employee of the local Community Mental Health Center. I coordinate adult psychosocial rehab services for people who experience mental illness and severe emotional disturbance. I am here to request no further budget cuts be made to services for this population. The cuts DMHDD has experienced most recently have put Alaskans at risk in a variety of ways. Costs are merely shifting - not really being saved. An example: one adult who experiences both mental illness and substance abuse was admitted to an inpatient alcohol treatment program last year ^(March 2003) but was sent home midway through treatment due to the sudden budget cuts that closed that program without notice. He has since relapsed. Another dually diagnosed young adult in our community has been unable to find ^{inpatient services} a treatment program for people in his age group. He is trying to seek services but is struggling. Another 19 year old individual has been cycling between API of the correctional system and has a tentative connection with community based services due to the pressure on API to discharge prematurely. Cuts to CMHCs has made residential options very tentative. There is a breaking point, which we have reached.

Signed: _____ (see pg 2)

Testifier
Chris Lane - Community mental health center
Representing (Optional)
3948 Ben Walters Lane, Homer, AK 99603
Address
(907) 235-9243
Phone No.



Alaska State Legislature

(page 2)

Please enter into the record my testimony to the JHES committee name

committee on Dept. of Health & Social Services, dated 11/5/03
bill/subject

Further budget cuts to community based services do not save dollars. Instead, the quality of life & independence of Alaskans is severely compromised and the attention and costs are simply shifted to emergency services such as hospitals and jails.

I urge you to recognize this dangerous point we have achieved and stop further budget cut considerations. Instead, it is high time, in my opinion, that we join the rest of the country in charging a state income tax. We need to increase our income in order to preserve a quality of life worth living for all in our State.

Signed: Chris Lange
Testifier

Community Mental Health Center
Representing (Optional)

3948 Ben Walters Lane, Homer, AK 99603
Address

(907) 235-9243
Phone No.

11/05/2003 10:11 907-235-2420

MICHAEL HOUGH

PAGE 01

JAMES C. HORNADAY ATTORNEY AT LAW
3733 BEN WALTERS LN #3
HOMER, AK 99603
PH # 907 235-2173 FAX # 907 235-2420

11 5 03

To: Legislative Health Education and Social Services Committees fax4008
From: James C. Hornaday, Citizen
Re: Committee hearing 11 5 03; Health Care Coverage for Alaskans
Thank you for the opportunity to present written testimony.
Unfortunately, business commitments today made it impossible for me to remain for oral testimony.

I am representing only myself. Two questions from the following observations:

1. Recent news stories indicate that nation-wide about 15% of the citizenry do not have health insurance coverage; however 18% of Alaskans do not have health insurance coverage.
2. Recent news stories indicate that last session the Administration and Legislature reduced the number of children covered by Alaska Denali Kid Care.

If the above observations are correct, then I would urge the following:

1. The Administration and Legislature should work to increase the number of Alaskans with health care coverage.
2. Specifically, the Administration and the Legislature should correct their serious error last session when they reduced the number of Alaska children covered by Denali Kid Care and increase the number of Alaska children covered by Denali Kid Care.

Good health of the general citizenry and especially the good health of Alaska children should be a top priority of the Administration and the Legislature.

Thank you for considering my views.

Sincerely,

James C. Hornaday

cc: Rep. Paul Seaton
345 W. Sterling Hwy
Homer, Ak 99603

fax 235 4008

Sen Gary Stevens
112 Mill Bay Road
Kodiak, Ak 99615

fax 486 5264

1100 5-03

To (GJ) HES

Coordinate mental health services for children in Homer. I would rather see recipients of the service here than me today, but the truth of the matter is that the youngest portion of our population doesn't have a voice for itself.

I would like to advocate for early intervention services, mental health and programs like infant learning and head start. Money funded for children's services will ultimately recoup benefits for our communities in terms of healthy families and money saved for the state in the long run.

I would like to warn legislators that reduction of grants and services to health and human service agencies supporting healthy families, children and adolescents may appear to save money today but the cost will be great in the future. The dollars that could have gone into early intervention will be spent fourfold for emergency services, hospital care, residential care and the prison system.

I hope you will recognize the value of supporting the children in our communities through continued funding for children's services, mental health, and other early intervention programs.

Molly Stonorov

Molly Stonorov

907-235-8273

PO Box 15005

Tutze Creek, Alaska 99603



Alaska State Legislature

Please enter into the record by testimony to the (J) HES
COMMITTEE NAME
 Dept. of Health
 committee on Social Services, dated 11/5/03
BILL / SUBJECT TODAY'S DATE

*I receive medicaid, APA & SSI every month.
 I would feel terrible if these services
 were cut off from me*

Signed: Charles Thompson
TESTIFIER
Homer Community
REPRESENTING
Box 1042 Homer AK 99603
ADDRESS

PHONE NO.

11/5/03



Alaska State Legislature

Please enter into the record my testimony to the (J)HES
 committee name
 committee on Social Service, dated 11/5/03
 bill/subject

Please do not cut Social Services.
 \$150 million, you want to eliminate?
 When was the last time Alaskan
 politicians took a cut in salary?
 And Governor, forget that bridge,
 you want to build! You are doing
 that because it's a visible thing,
 and people will say, "hey, look,
 what Gov. M. did!" Meanwhile, we poor
 and disabled are invisible. So you
 don't think we matter. I can't live without
 my medical coupons that pay my Depression
 medicine. I would be suicidal within 3 wks!
 Or worse, end up in API + use up more govt \$.

Signed: Jan H. Horgan

Testifier

Mental Health Services in AK

Representing (Optional)

3971 Main St. Apt 4 Homer

Address

235-6990

Phone No.

Thanks
 for
 listening.



Alaska State Legislature

Please enter into the record by testimony to the (J)HES
COMMITTEE NAME
 committee on Dept. of Health & Social Serv., dated 11/5/03
BILL / SUBJECT TODAY'S DATE

I AM Against the proposed budget cuts.
 I Feel that this would have a very
 negative effect on the people who are
 dependent on these services.

Signed: *Homer Lio*
TESTIFIER
HOMER AK
REPRESENTING
40700 Old Sterling Hwy
ADDRESS
2.35- 6926
PHONE NO.



Alaska State Legislature

Please enter into the record my testimony to the (J) HES
 committee name
 Dept. of
 committee on Health & Social Serv. dated 11/5/03
 bill/subject

I get Public Assistance and Medicaid.
 I need all the mental health
 services I get I appreciate
 being able to go to the doctor
 when I need to.

Please don't cut me off.

Signed: David Forner David Forner
 Testifier

Representing (Optional)

3914-B Ben Walters Lane

Address

235-3243

Phone No.



Alaska State Legislature

Please enter into the record my testimony to the (J) HES
 committee name
 Dept. of
 committee on Health & Social Services, dated Nov 5 - 03
 bill/subject

Thank you for standing for our children. Speaking for my guardian I can assure she would agree with a state tax. I don't know what I would do without my Medicaid. It depressed me to think of it. Thank you.

Signed: Hazel Bentley
 Testifier

Representing (Optional)
1152 Seaside Breeze Ct, Homer
 Address
235 7982
 Phone No.



Alaska State Legislature

Please enter into the record my testimony to the (J) HES
 committee name
 Dept. 4
 committee on Health & Social Services, dated Nov. 5 - 03
 bill/subject

I would like to thank you for the opportunity to express my opinion. I am an hourly provider for CMHC in Homer. I work directly with my clients on a daily basis and I see each day how much the services I provide enhance my clients lives. I don't have a college degree or a lot of statistics to quote, what I do have is hands-on experience with my clients and I cannot stress how much the services I provide help my clients. These services are essential to the day today health and well being of my clients. I urge this committee to find another way to deal with this problem, and not to cut funding for these programs.

Signed: Arwen Miller
 Testifier

Representing (Optional)
P.O. Box 2157 Homer AK
 Address
235 1823
 Phone No.



Alaska State Legislature

Please enter into the record my testimony to the J HES
 committee name
 committee on Dept. of Health & Social Serv., dated 11-07-03
 bill/s. object

I urge you to reconsider your proposed actions. My husband and myself work - but we still could not afford healthcare for our four children. We are not able to pay healthcare for ourselves - we are also unable to find work with benefits in the lower area. I urge you to stop cutting benefits for our children (Schools, Dental Care) - these children are precious. These children are our future, stop spending money for wars and military needs, put the money back to the needs of our children!

Signed: Margaret Bisher
 Testifier

Representing (Optional)
Box 314 Andros Pt. AK 99556
 Address
907-235-9494
 Phone No.



Alaska State Legislature

Please enter into the record my testimony to the J HES
 committee name
 committee on Dept. of Health & Social Services dated 11-04-03
 bill/subject

Hi, I am Nikki, I get Medicaid and Medicare and Social Security. I use these for my daily need's. If you cut my Benefits, I would not be able to pay my rent, or my daily need's (Medicine, Food, Plane and so on). Please, reconsider your planned actions!

Signed: Nikki Den
 Testifier

Representing (Optional)

Address
907-235-7336
 Phone No.

To: JHES

11-05-03

pg 1 of 2

Thank you for the opportunity to share ideas and concerns pertaining to the funding and possible reductions to Alaska's Health and Social Services.

I owe Alaska a great deal of gratitude. From the bottom of my heart, Thank You! I am the mother of a 19-year-old son who has a chronic lung disease, Cystic Fibrosis known as C.F. Thank God for Alaska's responsible financial funding of medical services for Max and his disease. Max's medical funding came through programs ~~like~~ such as Handicapped Children's Program, Tetra Option of Medicaid, recently Alaska Medicaid and Adult Public Assistance. CF is an insidious disease that affects all organs in the body; therefore, causing a complex treatment plan. Any cuts to Max's medical treatment plan, would indeed compromise his already fragile health.

pg 2 of 2

I believe any budget cuts would destabilize and derail the hard work, momentum, and progress to the train of Health and Social Services. Please create a form of taxation that protects all funding of Health and Social Services. I believe budget cuts would not be the responsible tactic to solving the state's fiscal concerns. Please fund ~~the~~ state services! Please create a state income tax —

to
Health
and
Social
Services

Thank you,

Alice Haggerty

Alice Haggerty

PO Box 737

Homer AK 99603

(907) 235-6410

E-mail: alicc@xyz.net

(J) HES re: Dept. of Health & Social Serv. 11/5/03

Why do you want
to cut us off,

I served my country.

I need to get my
medicine.

I need to go to the
Mental Health Center.

Thank you.

David Fomer

3948 Ben Walters Lane

Homer

**LEGISLATIVE AFFAIRS AGENCY
INFORMATION & TELECONFERENCING**

PO Box 845

Tok, AK 99780

Phone: 883-5020 Fax: 883-5021

Date: 11/5/03

Please accept the enclosed original(s) of written testimony for the _____
teleconferenced hearing that was scheduled on Nov. 5th, 2003 9:00am - 1:00pm

A copy of this testimony was transmitted to your committee via fax on 11/5/03

Thank you.

Tok LIO

Please make sure the people involved in determining the Preferred Drug List try to use generic medications as much as possible. This could save the millions of dollars to state and federal budgets. According to your teleconference, the members determining the Preferred Drug List are physicians. Physicians are notorious for receiving "kickbacks" from pharmaceutical companies for prescribing brand name drugs when generic forms are available. Instead of having a Preferred Drug List Team, the state only needs to get a list of the most prescribed drugs from pharmacies and dispensaries, determine where generic forms are available, and select the highest. This would save time in teleconferences and reduce the influence of pharmaceutical companies. This list could be updated yearly as generic drugs become available.

*Mary Martin, Volunteer EMT-III**P.O. Box 434**Tok, AK 99780*

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundations) and Section 501(c), 501(j), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information

OMB No. 1545-0047

2000

Department of the Treasury
Internal Revenue Service

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

Name of the organization

Providence Health System - Washington

Employer identification number

51-0216586

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>Sandra Roxem</u>	<u>CEO Medalia</u>			
<u>506 Second Ave, Seattle, WA 98104</u>		<u>1141021.</u>	<u>34,573.</u>	<u>1,568.</u>
<u>Michael J. Madden</u>	<u>VP/CEO So. CA</u>			
<u>506 Second Ave, Seattle, WA 98104</u>	<u>40 +</u>	<u>750,354.</u>	<u>26,415.</u>	<u>0.</u>
<u>Raymond Crerand</u>	<u>CEO NWSA</u>			
<u>506 Second Ave, Seattle, WA 98104</u>	<u>40 +</u>	<u>564,149.</u>	<u>44,019.</u>	<u>0.</u>
<u>Donald A. Bruce</u>	<u>CEO Alaska</u>			
<u>506 Second Ave, Seattle, WA 98104</u>	<u>40 +</u>	<u>554,561.</u>	<u>164,205.</u>	<u>0.</u>
<u>Michael Thomas</u>	<u>Physician</u>			
<u>506 Second Ave, Seattle, WA 98104</u>	<u>40 +</u>	<u>504,863.</u>	<u>18,055.</u>	<u>0.</u>
Total number of other employees paid over \$50,000	<u>2046</u>			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>Cornerstone/Anderson</u>	<u>General Contractor</u>	
<u>212 E. 51st Ave, Anchorage, AK 99503</u>		<u>12493053.</u>
<u>Olympia Emergency Services</u>	<u>Emergency Room Physicians</u>	
<u>SPH Emergency, 413 Lilly Rd, Olympia, WA 98506</u>		<u>4371467.</u>
<u>Arthur Andersen, LL2</u>	<u>Accounting, Auditing & Consul</u>	
<u>PO Box 100592, Pasadena, CA</u>		<u>3900053.</u>
<u>Yakima Emergency Physicians</u>	<u>Emergency Room Physicians</u>	
<u>P.O. Box 1687, Yakima, WA 98907</u>		<u>2235284.</u>
<u>Pacific Northwest Cardiovascular AS</u>	<u>Cardiac Services</u>	
<u>1600 N. Jefferson, Suite 101, Seattle, WA 98122</u>		<u>962,500.</u>
Total number of others receiving over \$50,000 for professional services	<u>140</u>	

LHA For Paperwork Reduction Act Notice, see page 1 of the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2000

Mr. Chairman,
Members of the Senate and House Committees on Health, Education, and Social Services

My name is Stephanie Rhoades. I am the innovator and one of two judges who preside over the Anchorage District Court Coordinated Resources Project (CRP), also known as mental health court. This court project began in 1998, then only one of a handful in the nation. Today it is hailed as a national model court for other states developing mental health courts. Why do we have a mental health court, why do other states want them and why should you care about what a mental health court cares about? Let me tell you.

In the 1950s, we began the deliberate process of deinstitutionalization. The number of mental patients in the US dropped from 559,000 in 1955 to 54,000 in 2000. Over the same period of time, our nation's jail and prison population has quadrupled. Two weeks ago Human Rights Watch reported that 25% of all people in jails and prisons in the US are mentally ill. In 1997, the number of incarcerated people with mental disorders in Alaska was 37%. 25% is shocking, 37% is embarrassing.

Mental Health Courts address this problem – a problem known as 'criminalization' of the mental ill. 'Criminalization' is incarcerating rather than providing treatment for people who engage in criminal behaviors not so much because of criminal intention but because of the symptoms of a brain disorder. Unlike the discrete symptoms of untreated diabetes, asthma or hypertension, symptoms of mental illness are more visible to the public and often trigger a police response. The result: individuals charged with low risk nuisance offenses and incarcerated in high numbers at considerable expense.

The Department of Corrections has become the largest provider of inpatient psychiatric services, yet jails are only equipped for a punitive and anti-therapeutic response. Once released, poor coordination between the criminal justice and mental health systems further prevents a treatment response and perpetuates the recycle of these individuals through the criminal justice system. And once labeled a criminal, an individual is even more likely to be processed through the justice system rather than the behavioral health system for future public displays of their illness.

Since 1998, the mental health court has used its unique role to forge collaboration between the criminal justice and the behavioral health systems to prevent the 'criminalization' of the mentally ill and stop the cycling of those already 'criminalized.' The mental health court identifies and diverts low risk people from jail and into existing behavioral health treatment. This collaboration is clearly successful and

a cost-saver. Since the court's inception, outcome studies show fewer arrests per court participant: 183 arrests in the 12 months prior to court participation reduced to 85 during the period of court participation. A reduction in days of incarceration from 29.5 in the 12 months prior to court participation down to 19.4 days during participation (saving the Department of Corrections approximately \$272,000). And, similar reductions in length of stays at API have also been a salutary effect of the court project (834 API days in the 12 months prior to court participation reduced to 130 days during participation (saving API approximately \$95,000).

In a cost-saving era, it is important to take heed of successes achieved through collaboration. This collaboration saves the State and local communities money with little additional investment. It has the added benefit of being the right thing to do, since it also provides an opportunity for disabled Alaskans to access treatment and improve the quality of their lives. These cost savings are entirely dependent, however, on minimal continued funding for the mental health court and sufficient critical behavioral health services to divert adults with disabilities into.

To prevent unnecessary incarceration of people with mental disorders and to halt their recycle through the justice system, it is critical that an adequate supply of the following elements of the behavioral health system be fully in place: (1) affordable, accessible, safe and sober housing for these vulnerable populations – which include elderly dementia and Alzheimer's patients who cannot safely remain in their homes, (2) expansion of integrated treatment capacity for persons with serious mental illness and co-occurring substance use disorders, (3) case management services for Traumatically Brain Injured Alaskans, (4) expanded case management services for persons with serious mental illnesses, and (5) improved transitional services for our youth.

The Anchorage mental health court looks forward to continuing its collaboration with community behavioral health. The court is committed to serving consumers and the public by reducing the social costs incurred in criminally processing low risk people who are basically ill and require treatment. Future success of our collaboration, however, requires adequate behavioral health supports and services for those in need.

Thank you for your time and attention to these issues.

Subject: Infant Learning Program Support

Date: Fri, 31 Oct 2003 15:09:06 -0900

From: Steve Ito <sito@swr.sd.org>

To: jason_hooley@legis.state.ak.us

Dear Mr. Hooley,

At this time we are unavailable to give testimony in person on November 5, 2003 in support of the Infant Learning Program. Therefore, please distribute our letter to the Senate and House Committees on Health, Education and Social Services.

We feel the Infant Learning Program is a highly valuable program to all parents but especially to those who live in rural Alaska because of the limited access to specialists such as speech and language therapists, occupational therapists, etc. As a new family to Dillingham over four years ago, it was a wonderful surprise to find such a courteous, thoughtful, and professional group of individuals as those in the Infant Learning Program. Our three children and ourselves have benefited from well structured activities provided by the Infant Learning Program teachers. Their attention to detailed observations and testing of our children has identified individual needs that may have been overlooked if not enrolled in the program. The prompt response to follow up on needs and referral specialists shows a commitment to our children. The home visits are a nice personal touch to increasingly impersonal societal norms. It is a nice feeling to consider the people in the Infant Learning Program family friends.

Sincerely,
Steve, Nicole, Connor, Lane, and Logan Ito
PO Box 558
Dillingham, Alaska
99576

(907) 842-4105

Hb10-ESB
Newborn



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Released: May 22, 2001

**Press Statement
On
Universal Newborn Hearing Screening and Intervention**

The American Academy of Pediatrics is pleased to join the National Campaign for Hearing Health today in raising awareness about the importance of universal newborn hearing screening. In its 1999 policy statement to the nation's pediatricians, the American Academy of Pediatrics recommended the development of universal hearing screening programs nationwide. The "Newborn and Infant Hearing Loss: Detection and Intervention" statement also established parameters to ensure that all newborns with hearing loss are identified prior to hospital discharge and that these newborns begin receiving the services they need no later than 6 months of age.

Significant hearing loss is one of the most common health problems at birth. Any delay in diagnosis and intervention has lasting consequences because if undetected, hearing loss in an infant will impede speech, language and cognitive development. According to the AAP policy statement, however, the average age at which hearing loss is detected without newborn hearing screening is approximately 14 months of age—far too late. Pediatricians play a critical role in making sure that all infants have been screened for hearing loss at birth and that those who need follow-up care do not fall through the many cracks in the health care and early intervention systems.

The American Academy of Pediatrics supports federal legislation that would provide states with additional money to develop infrastructure support and further research for universal newborn hearing screening. Effective statewide screening programs will require broad-based support and collaboration of parents, health care and early intervention providers, federal and state legislators and health care payers.

###

The American Academy of Pediatrics is an organization of 55,000 primary care pediatricians, pediatric medical subspecialists and pediatric surgical specialists dedicated to the health, safety and well-being of infants, children, adolescents and young adults.

**American Academy of Pediatrics
Department of Federal Affairs
601 13th Street, NW
Suite 400 North
Washington, DC 20005**

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

Policy Statement

Pediatrics

Volume 103, Number 2

February 1999, pp 527-530

Newborn and Infant Hearing Loss: Detection and Intervention (RE9846)

AMERICAN ACADEMY OF PEDIATRICS

Task Force on Newborn and Infant Hearing

This statement endorses the implementation of universal newborn hearing screening. In addition, the statement reviews the primary objectives, important components, and recommended screening parameters that characterize an effective universal newborn hearing screening program.

ABBREVIATIONS. UNIISP, universal newborn hearing screening program; EOAE, evoked otoacoustic emissions; ABR, auditory brainstem response; CDC, Centers for Disease Control and Prevention.

Significant hearing loss is one of the most common major abnormalities present at birth and, if undetected, will impede speech language and cognitive development.¹⁻⁷ Significant bilateral hearing loss is present in ~1 to 3 per 1000 newborn infants in the well-baby nursery population, and in ~2 to 4 per 100 infants in the intensive care unit population. Currently, the average age of detection of significant hearing loss is ~14 months. The American Academy of Pediatrics supports the statement of the Joint Committee on Infant Hearing (1994), which endorses the goal of universal detection of hearing loss in infants before 3 months of age, with appropriate intervention no later than 6 months of age.⁸ Universal detection of infant hearing loss requires universal screening of all infants. Screening by high-risk registry alone (eg, family history of deafness) can only identify ~50% of newborns with significant congenital hearing loss.^{9,10} Reliance on physician observation and/or parental recognition has not been successful in the past in detecting significant hearing loss in the first year of life.

To justify universal screening, at least five criteria must be met:

1. An easy-to-use test that possesses a high degree of sensitivity and specificity to minimize referral for additional assessment is available.
2. The condition being screened for is otherwise not detectable by clinical parameters.
3. Interventions are available to correct the conditions detected by screening.
4. Early screening, detection, and intervention result in improved outcome.
5. The screening program is documented to be in an acceptable cost effective range.^{11,12}

Although additional studies are necessary, review of both published and unpublished data indicates that all five of these criteria currently are achievable by effective universal newborn hearing screening programs (UNHSP).^{5,13,15-28} Therefore, this statement endorses the implementation of universal newborn hearing screening. In addition, this statement reviews the primary objectives, important components, and recommended screening parameters that characterize an effective UNHSP.

The Academy recognizes that there are five essential elements to an effective UNHSP: initial screening, tracking and follow-up, identification, intervention, and evaluation.^{13,14} The child's physician and parents, working in partnership, make up the child's medical home and play an important role in each of these elements of a UNHSP.²⁹

SCREENING^{11,13,14}

The following are guidelines for the screening element of a UNHSP:

- Universal screening has as its goal that 100% of the target population, consisting of all newborns, will be tested using physiologic measures in both ears. A minimum of 95% of newborns must be screened successfully for it to be considered effective.^{16,19,21}
- The methodology should detect, at a minimum, all infants with significant bilateral hearing impairment, i.e. those with hearing loss >35-decibel in the better ear.^{1,16,19}
- The methodology used in screening should have a false-positive rate, i.e. the proportion of infants without hearing loss who are labeled incorrectly by the screening process as having significant hearing loss, of $\leq 3\%$. The referral rate for formal audiologic testing after screening should not exceed 4%.^{16,17,19-21}
- The methodology used in screening ideally should have a false-negative rate, i.e. the proportion of infants with significant hearing loss missed by the screening program, of zero.^{21,23}
- Until a specific screening method(s) is proved to be superior, the Academy defers recommendation as to a preferred method. Currently, acceptable methodologies for physiologic screening include evoked otoacoustic emissions (EOAE) and auditory brainstem response (ABR), either alone or in combination. Both methodologies are noninvasive, quick (<5 minutes), and easy to perform, although each assesses hearing differently. EOAE measures sound waves generated in the inner ear (cochlea) in response to clicks or tone bursts emitted and recorded via miniature microphones placed in the external ear canal of the infant. Although EOAE screening is even quicker and easier to perform than ABR, EOAE may be affected by debris or fluid in the external and middle ear, resulting in referral rates of 5% to 20% when screening is performed during the first 24 hours after birth. ABR measures the electroencephalographic waves generated in response to clicks via three electrodes pasted to the infant's scalp. ABR screening requires the infant to be in a quiet state, but it is not affected by middle or external ear debris. Referral rates <3% may be achieved when screening is performed during the first 24 to 48 hours after birth. Referral rates <4% are generally achievable with EOAE combined with automated ABR in a two-step screening system or with automated ABR alone.^{16,17,19-21} In a two-step system using EOAE as the first step, referral rates of 5% to 20% for repeat screening with ABR or EOAE may be expected. The second screening may be performed before discharge or on an outpatient basis within 1 month of age. Screening should be conducted before discharge from the hospital whenever possible.

- Each birthing hospital should establish a UNHSP with a designated medical (physician) director and sufficient staff to perform the following:
 1. Develop the screening protocol and select the screening method(s).
 2. Provide appropriate training and monitoring of the performance of staff responsible for performing hearing screening.
 3. Provide the parents or guardians information concerning the screening procedure, costs, potential risks of hearing loss, and the benefits of early detection and intervention.
 4. Establish a system that ensures confidentiality and allows the parents or guardians the opportunity to decline hearing screening. In most institutions, general hospital consent obtained at time of admission is considered to be inclusive of routine care, such as newborn hearing screening.
 5. Ensure that all individuals performing hearing screening are trained properly in the performance of the tests, the risks including psychological stress for the parents, infection control practices, and the general care and handling of infants in hospital settings according to established hospital policies and procedures.³⁰
 6. Establish clear guidelines for responsibility of documenting the results of the screening procedure.
 7. Develop mechanisms for communicating results of screening in a sensitive and timely manner to the parents and the child's physician(s). If repeat screening is necessary after discharge from the hospital, ensure that appropriate follow-up is provided.
 8. Work with local, state, and national monitoring systems to identify all cases of significant hearing loss occurring in infants designated initially as free of hearing impairment by the UNHSP (false-negatives).
 9. Secure funding for the program. Funding through third-party reimbursement is essential to cover the costs of the UNHSP, including the initial screen(s), as well as of diagnostic and intervention services. The cost of complete screening in statewide programs ranges from ~\$7 to \$26 per infant screened.¹³ Additional studies (some of which are ongoing) are necessary to quantify costs of tracking, diagnostic, and intervention services.²⁶⁻²⁸
 10. Collect critical performance data to ensure that each UNHSP meets the criteria specified in this statement. These data should be reported in a regular and timely manner to a statewide central monitoring program.

TRACKING AND FOLLOW-UP^{13-15,26-28}

The following are guidelines for the tracking and follow-up elements of a UNHSP:

- Universal screening has as its goal that there will be 100% follow-up of all infants referred for formal audiologic assessment and for all infants not screened initially in the birthing hospital whose parents did not refuse screening. A minimum of 95% successful follow-up is required for a UNHSP to be considered an effective screening program.

- State departments of health, in coordination with programs mandated by Part C of the Individuals with Disabilities Education Act, should:
 1. Establish and maintain a central monitoring system for all hearing screening programs within the state. Critical performance data, including number of infants born; the proportion of all infants screened; the referral rate; the follow-up rate; the false positive rate; and the false-negative rate should be collected in a timely manner.
 2. Establish and maintain a tracking program that monitors all referrals and misses. Monitoring should ensure that children with significant hearing loss are not missed, ie, all children designated as free of hearing loss by the UNHSP, but who are later detected to have significant hearing loss, are identified by the statewide tracking program.
 3. Develop mechanisms for communicating results of follow-up activities with the parents/guardians and the child's physician(s), audiologist, and speech language therapist.²⁹
 4. Ensure that hearing screening is performed on all out-of-hospital births.
 5. Report the screening performance parameters of individual hospital-based UNHSPs within the state in a timely manner.
 6. Report critical performance data of each UNHSP (without personal identifiers) to a national Early Hearing Detection and Intervention monitoring program established by the Centers for Disease Control and Prevention (CDC).

IDENTIFICATION AND INTERVENTION^{15-15,26-28}

The following are guidelines for the identification and intervention element of a UNHSP:

- Universal screening has as its goal that 100% of infants with significant congenital hearing loss shall be identified by 3 months of age and shall have appropriate and necessary intervention initiated by 6 months of age.^{6,7}
- Appropriate and necessary care for the infant with significant hearing loss should be directed and coordinated by the child's physician within the medical home, with support from appropriate ancillary services.²
- A regionalized approach to identification and intervention for infants with significant hearing loss is essential, ensuring access for all children with significant hearing loss to appropriate expert services. It is recognized that professionals with demonstrated competency to provide expert services in the identification and intervention of significant hearing loss in young infants are not available in every hospital or community. The child's physician, within the medical home, working with the state department of health must ensure that every infant with significant hearing loss is referred to the appropriate professional(s) within the regionalized system.
- It is anticipated that there will be increased demand for qualified personnel to provide age-appropriate identification and intervention services for young infants with significant hearing loss. As a result, there will be a need for the training and education of additional expert care providers.

EVALUATION^{13-15,26-28}

The following are guidelines for the evaluation element of a UNHSP:

- The UNHSPs should be evaluated on an ongoing and regular basis by the state monitoring system for performance with regard to parameters enumerated in "Screening" above.
- Tracking and follow-up should be evaluated on an ongoing and regular basis by the state monitoring system, as well as through a national monitoring system to be established by the CDC.
- Intervention services should be evaluated on an ongoing and regular basis by the state department of health to ensure that sufficient expert services are available for children identified with significant hearing loss, that the services are accessible to the children in need, and that outcomes from interventions provided are effective.

OTHER RECOMMENDATIONS AND ISSUES

The following are additional recommendations of the Academy for developing a UNHSP:

- The Academy recommends that each American Academy of Pediatrics chapter assume a leadership role in state-based efforts to promote optimal implementation of UNHSPs. Effective statewide programs require broad-based support and collaboration. Collaboration should include (but not be limited to) appropriate professional organizations, parent advocacy groups, deaf and hard-of-hearing adults, physicians, audiologists, speech and language therapists, nurses, administrators, payers, legislators, and state departments of health and special education.
- The Academy shall identify, develop, and disseminate educational materials regarding effective hearing screening programs.¹⁷
- To promote additional research and the development of the needed infrastructure to provide universal newborn hearing screening, the Academy recommends the following:
 1. The National Institutes of Health support ongoing research to improve the efficacy of screening, identification, and intervention.
 2. The Health Resources and Services Administration promote the development of a state-based early hearing loss identification and intervention network.
 3. The CDC establish and maintain a national monitoring and evaluation program for early hearing loss identification and intervention.

Physicians should provide recommended hearing screening, not only during early infancy but also through early childhood for those children at risk for hearing loss (eg, history of trauma, meningitis) and for those demonstrating clinical signs of possible hearing loss.^{9,14} Although most hearing loss in children is congenital (ie, present at birth), a significant portion of hearing loss is acquired after birth.²⁻⁴ Regardless of the age of onset, all children with hearing loss require prompt identification and intervention by appropriate professionals with pediatric training and expertise.

TASK FORCE ON NEWBORN AND INFANT HEARING, 1998-1999

Bill Text



BILL ID: HB 108

00

HOUSE BILL NO. 108

01 "An Act relating to establishing a screening, tracking, and intervention program
02 to the hearing ability of newborns and infants; providing an exemption to licensu
03 an audiologist for certain persons performing hearing screening tests; relating t
04 insurance coverage for newborn and infant hearing screening; and providing for an
05 effective date."

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

07 * Section 1. The uncodified law of the State of Alaska is amended by adding a
08 to read:

09 LEGISLATIVE FINDINGS. The legislature finds that

10 (1) hearing loss occurs in newborns and infants more frequently than
11 health condition for which newborn or infant screening is required;

12 (2) 80 percent of the language ability of a child is established by t
13 child is 18 months of age, and appropriate language training is vitally important
01 development of cognitive, social, emotional, and academic skills;

02 (3) early detection of hearing loss in a child and early intervention
03 treatment have been demonstrated to be highly effective in facilitating a child's
04 development in a manner consistent with the child's age and cognitive ability;

05 (4) children with hearing loss who do not receive early intervention
06 treatment frequently require special education services, and these services are p
07 for the vast majority of children with hearing needs in the state; and

08 (5) appropriate testing and identification of newborns and infants wi
09 loss will facilitate early intervention and treatment and may serve the public pu
10 promoting the healthy development of children while reducing public expenditures.

11 * Sec. 2. The uncodified law of the State of Alaska is amended by adding a ne
12 read:

13 LEGISLATIVE INTENT. Subject to the availability of appropriations to imple
14 AS 47.20.300 - 47.20.390, enacted by sec. 6 of this Act, the Department of Health
15 Services shall implement the program required by this Act so that at least 90 per
16 newborns and infants in the state are being screened for hearing loss by January

17 * Sec. 3. AS 08.11.120(b) is amended to read:

18 (b) Notwithstanding the provisions of this chapter,

19 (1) a nurse licensed under AS 08.68 may perform hearing sensitiv
20 evaluations;

21 (2) an individual licensed as a hearing aid dealer under AS 08.5
22 deal in hearing aids;

23 (3) an individual holding a class A certificate issued by the Co
24 of Executives of American Schools of the Deaf may teach the hearing impairo

25 (4) an individual may engage in the testing of hearing as part o
26 hearing conservation program that complies with the regulations of the Occu
27 Safety and Health Administration of the federal government if the individua
28 certified to do the testing by a state or federal agency acceptable to the
29 Safety and Health Administration;

30 (5) an individual may perform a hearing screening test under
31 AS 47.20.310 if authorized to do so under a protocol adopted under
01 AS 47.20.310(e) by the Department of Health and Social Services.

02 * Sec. 4. AS 18.50 is amended by adding a new section to read:

03 Sec. 18.50.162. Notification about hearing screening. When the burea
04 receives a certificate of live birth under AS 18.50.160 for a newborn who w
05 delivered outside of a hospital, the bureau shall forward the names and add
06 the parents to the department employees who administer the screening progra
07 in AS 47.20.310 - 47.20.390. Those department employees shall notify the c

08 parents of the merits of having the child screened for hearing ability.

09 * Sec. 5. AS 21.42 is amended by adding a new section to read:

10 Sec. 21.42.349. Coverage for newborn and infant hearing screening. (

11 Except for a fraternal benefit society, a health care insurer that offers,

12 delivery, delivers, or renews in this state a health care insurance plan sh

13 coverage for newborn and infant hearing screening under the schedule descri

14 of this section if the plan covers services provided to women during pregna

15 childbirth and the dependents of a covered individual.

16 (b) The minimum coverage required under (a) of this section includes

17 (1) a newborn or infant hearing screening test to be performed w

18 30 days after the child's birth; and

19 (2) if the initial test under (1) of this subsection determines

20 child may have a hearing impairment, a confirmatory hearing diagnostic test

21 (c) The coverage required by this section may be subject to standard

22 provisions that are applicable to other benefits, such as deductible or cop

23 provisions.

24 * Sec. 6. AS 47.20 is amended by adding new sections to read:

25 Article 2. Newborn and Infant Hearing Screening, Tracking,

26 and Intervention Program.

27 Sec. 47.20.300. Department to implement program. The department shal

28 plan, develop, and implement a hearing screening, tracking, and interventio

29 to facilitate compliance with the requirements of AS 47.20.300 - 47.20.390.

30 Sec. 47.20.310. Screening requirements. (a) Subject to (b) of this

31 the physician in attendance at or immediately after the birth of a child in

01 this state, or, if a physician is not in attendance at or immediately after

02 person attending the newborn child in a hospital in this state, shall, unle

03 contraindicated, cause the child to be tested to determine whether the chil

04 potential hearing impairment using the methods determined by the department

05 (e) of this section. Unless medically contraindicated, the screening shall

06 the newborn is released from the hospital or before the infant is 30 days o

07 whichever is earlier. Each birthing center that provides maternity and new

08 services shall provide that each newborn in the center's care is referred f

09 appointment to a licensed audiologist or to a hospital or other newborn hea

10 screening provider before discharge. Unless medically contraindicated, the

11 shall occur before the infant is 30 days old.

12 (b) Notwithstanding (a) of this section, the physician or other pers

13 immediately after the birth of a child in a hospital or birthing center tha

14 than 50 births a year is not required to screen the child as described in (

15 section but shall, before the newborn is released from the hospital or birt

16 refer the child for screening at another facility or with another provider.

17 medically contraindicated, the screening shall occur before the child is 30

18 (c) If it is determined by testing that a newborn child may have a he

19 impairment, the physician or other person who is required under (a) of this

20 cause the child to be tested shall

21 (1) refer the child for confirmatory testing; and

22 (2) make reasonable efforts to promptly notify the child's paren

23 the child may have a hearing impairment and explain to the parent the poten

24 of the impairment on the development of the child's speech and language ski

25 (d) When the Bureau of Vital Statistics receives a certificate of liv

26 under AS 18.50.160 for a newborn who was delivered at a place other than a

27 the bureau shall notify the department employees who administer AS 47.20.30

28 47.20.390; the department employees shall notify the child's parents of the

29 having a hearing screening performed, and the department shall provide info

30 the parents to assist the parents in accomplishing the hearing testing with

31 after the child's birth.

01 (e) The hearing testing required under this section shall use protoco

02 established by the department. At a minimum, the protocols must include th

03 least one of the following physiologic technologies: automated or diagnost

04 brainstem response (ABR) or otoacoustic omissions (OAE). The department sh

05 consider updating the protocols as information is provided to the departmen
06 physiologic technologies or improvements to existing physiologic technologi
07 substantially enhance newborn and infant hearing assessment.

08 ') Notwithstanding (a) of this section, a physician or other person
09 cause a newborn hearing screening test under this section is exempt from th
10 requirement if the parent of the newborn child objects to the testing proce
11 grounds that the procedure conflicts with the religious tenets and practice
12 parent. The parent shall sign a statement that the parent knowingly refuse
13 services, and the physician or other person shall have a copy of the signed
14 retained in the hospital records of the birth.

15 Sec. 47.20.320. Reporting and tracking program. (a) The department
16 develop and implement a reporting and tracking system for newborns and infa
17 tested for hearing loss in order to provide the department with information
18 effectively plan, establish, monitor, and evaluate the newborn and infant h
19 screening, tracking, and intervention program. Evaluation of the program m
20 include evaluation of the initial hearing screening, follow-up components,
21 and availability of the system of services for newborns and infants who are
22 hard of hearing and their families.

23 (b) A physician or other person attending the birth in the state, or
24 behalf of a physician or other person attending the birth, shall report inf
25 related to hearing screening required under (a) of this section as specific
26 department. Persons providing audiological confirmatory testing and diagno
27 services for newborns and infants whose hearing was tested under AS 47.20.3
28 report information as specified by the department in regulation.

29 (c) The information received under (b) of this section shall be compi
30 maintained by the department in the tracking system. The information shall
31 confidential in accordance with the applicable provisions of 20 U.S.C. 1439
01 (Individuals with Disabilities Education Act), as amended by P.L. 105-17.
02 collected by the department that was obtained from the medical records of t
03 newborn or infant shall be for the confidential use of the department and a
04 records subject to disclosure under AS 40.25.110. Aggregate statistical da
05 identifying information compiled from the information received is public in

06 (d) A hospital or other health facility, clinical laboratory, audiolo
07 physician, registered nurse, officer or employee of a health facility or cl
08 laboratory, or an employee of an audiologist, physician, or registered nurs
09 criminally or civilly liable for furnishing information in good faith to th
10 or its designee under this section. The furnishing of information in accor
11 this section is not a violation of AS 08 or AS 18 or regulations adopted un
12 AS 18 for licensees under those statutes.

13 Sec. 47.20.330. Intervention program. (a) The department shall esta
14 guidelines for the provision of follow-up care for newborn and infant child
15 state who have been identified as having or being at risk of developing a h
16 The services recommended must include appropriate follow-up care for newbor
17 infants with abnormal or inconclusive test results, such as diagnostic eval
18 referral, and coordination of early intervention service programs if the ne
19 infant is found to have a hearing loss.

20 (b) The parents of all newborns and infants diagnosed with a hearing
21 reported to the department, shall be provided by the department with writte
22 information on the availability of follow-up care through community resourc
23 government agencies, including those provided in accordance with 20 U.S.C.
24 1491 (Individuals with Disabilities Education Act), as amended. Informatio
25 by the department must include listings of local and statewide nonprofit de
26 of hearing consumer-based organizations, parent support organizations affil
27 dation, counseling and educational services, and programs offered through
28 department and the Department of Education and Early Development.

29 Sec. 47.20.340. Outreach campaign. The department shall conduct a
30 community outreach and awareness campaign to inform medical providers, preg
31 women, and families of newborns and infants of the newborn and infant heari
01 screening, tracking, and intervention program and the value of early hearin

02 Sec. 47.20.350. Report. The department shall prepare an annual report
03 governor about the newborn and infant hearing screening, tracking, and inte
04 program administered under AS 47.20.300 - 47.20.390. The report must inclu
05 recommendations on improving the testing program, including strategies to i
06 the rate of early screening and the use of appropriate early intervention t
07 The department shall notify the legislature that the report is available.
08 Sec. 47.20.390. Definitions. In AS 47.20.300 - 47.20.390,
09 (1) "commissioner" means the commissioner of health and social
10 services;
11 (2) "Department" means the Department of Health and Social Servi
12 (3) "follow-up care" means all of the following:
13 (A) services necessary to diagnose and confirm a hearing lo
14 (B) ongoing audiological services to monitor hearing;
15 (C) communication services, including aural rehabilitation,
16 speech, language, social, and psychological services;
17 (D) support services for the infant and family; and
18 (E) early intervention services described in 20 U.S.C. 1431
19 1445 (Individuals with Disabilities Education Act), as amended by P.L.
20 17:
21 (4) "hearing loss" means a hearing loss of 30 decibels or greate
22 frequency region important for speech recognition and comprehension in one
23 ears, approximately 500 through 1000 Hz;
24 (5) "infant" means a child 30 days to 24 months old;
25 (6) "newborn" means a child less than 30 days old;
26 (7) "parent" means a natural parent, stepparent, adoptive parent
27 guardian, or other legal custodian of the child;
28 (8) "program" means the newborn and infant hearing, tracking, an
29 intervention screening program established under AS 47.20.300 - 47.20.390.
30 * Sec. 7. The uncodified law of the State of Alaska is amended by adding a ne
31 read:
01 TRANSITION: REGULATIONS. Notwithstanding sec. 9 of this Act, the
02 Department of Health and Social Services may proceed to develop and adopt regulat
03 required to implement this Act. The regulations take effect under AS 44.62 (Admi
04 Procedure Act), but not before the effective date of the relevant provision of th
05 * Sec. 8. The uncodified law of the State of Alaska is amended by adding a ne
06 read:
07 INSTRUCTION TO REVISOR. In AS 47.20.060 - 47.20.290, the revisor shall del
08 "this chapter" and insert "AS 47.20.060 - 47.20.290."
09 * Sec. 9. AS 47.20.300, enacted by sec. 6 of this Act, and secs. 7 and 8 of t
10 effect immediately under AS 01.10.070(c).
11 * Sec. 10. Except as provided in sec. 9 of this Act, this Act takes effect Jan

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02 Sec. 47.20.350. Report. The department shall prepare an annual report
 03 governor about the newborn and infant hearing screening, tracking, and
 04 program administered under AS 47.20.300 - 47.20.390. The report must include
 05 recommendations on improving the testing program, including strategies to
 06 the rate of early screening and the use of appropriate early intervention.
 07 The department shall notify the legislature that the report is available.

08 Sec. 47.20.390. Definitions. In AS 47.20.300 - 47.20.390,
 09 (1) "commissioner" means the commissioner of health and social
 10 services;
 11 (2) "department" means the Department of Health and Social Services;
 12 (3) "follow-up care" means all of the following:
 13 (A) services necessary to diagnose and confirm a hearing loss;
 14 (B) ongoing audiological services to monitor hearing;
 15 (C) communication services, including aural rehabilitation,
 16 speech, language, social, and psychological services;
 17 (D) support services for the infant and family; and
 18 (E) early intervention services described in 20 U.S.C. 1431
 19 1445 (Individuals with Disabilities Education Act), as amended by P.L.
 20 107;
 21 (4) "hearing loss" means a hearing loss of 30 decibels or greater
 22 frequency region important for speech recognition and comprehension in one
 23 ears, approximately 500 through 2000 Hz;
 24 (5) "infant" means a child 30 days to 24 months old;
 25 (6) "newborn" means a child less than 30 days old;
 26 (7) "parent" means a natural parent, stepparent, adoptive parent,
 27 guardian, or other legal custodian of the child;
 28 (8) "program" means the newborn and infant hearing, tracking, and
 29 intervention screening program established under AS 47.20.300 - 47.20.390.

30 * Sec. 7. The uncodified law of the State of Alaska is amended by adding a new
 31 read:

01 TRANSITION: REGULATIONS. Notwithstanding sec. 9 of this Act, the
 02 Department of Health and Social Services may proceed to develop and adopt regulations
 03 required to implement this Act. The regulations take effect under AS 44.52 (Admini-
 04 Procedure Act), but not before the effective date of the relevant provision of this
 05 Act.

06 * Sec. 8. The uncodified law of the State of Alaska is amended by adding a new
 07 read:

08 INSTRUCTION TO REVISOR. In AS 47.20.060 - 47.20.290, the revisor shall re-
 09 write "this chapter" and insert "AS 47.20.060 - 47.20.290."

10 * Sec. 9. AS 47.20.500, enacted by sec. 6 of this Act, and secs. 7 and 8 of this
 11 Act take effect immediately under AS 01.10.070(c).

12 * Sec. 10. Except as provided in sec. 9 of this Act, this Act takes effect Jan-

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Nathan Knowles
1505 Crescent Avenue, Anchorage, AK 99508 (907-569-8009)

I want to share with you about "Success for a Person with a Learning Disability"

My Early Years

I remember an increase in community awareness (Sitka School District and Center for Community) of extra support needed for people with autism.

Event 1. - Graduated from Sitka High School
Success - Accomplishment, pride in oneself

Event 2. - Reached rank of Eagle in Boy Scouts of America
Success - Accomplishment, pride in oneself

Event 3. - Temporary jobs through JPTA
Success - Earning my own money, pride in oneself

Event 4. - Respite Care and DD Services
Success - Began independent living, learned to ride a bicycle, and my parents got a break from always having to help me.

Since Moving to Anchorage 3 Years Ago

I have taken steps towards independent living

Event 1. - Assets introduced me to Anchor Rides, which led to City Bus Training Program, which has taught me how to ride city buses.
Success - pride in my independent travel to my job, for recreation and education.

Event 2. - Assets job placement (funded by Voc Rehab) at Elmendorf AFB Post Office.
Success - Pride in oneself at personal accomplishment, earning my own money.

Event 3. UAA Open-Entry class in basic keyboarding.
Success - Pride in oneself in completing a college class, increase job skills and increase job production value.

For the Future

Currently practicing some independent living skills:

1. Doing own laundry,
2. Fixing own breakfast and lunch,
3. Taking care of personal pets.

With assistance from Assets and 25 hour/week coach;

Events 1. Shop for food and "cook" my own meals,

Events 2. Better organization and management of finances (balance checkbook) and medical needs (doctor appointments and prescription).

Planned Success - move out of parents home into my own condo and live independently.

Please notice my use of pride in personal accomplishments, increased skills in independent living, and desired to earn my own money.

Through state supported programs, mine is a success story.
Thank you for your time.

November 5, 2003

Kathleen Fitzgerald
4521 Southpark Bluff Drive
Anchorage, Alaska 99516

Testimony to the HESS Committee

I have been an Alaskan since 1966. During that time, I have seen our state respond to many important issues, none however, are as important to Alaskans with disabilities as what your response will be this session to the erosion of Developmental Disability Services. The budget cuts to the Developmental Service System last year was very hard to take and impacted many families. But it is not the budget cuts which worry me the most; it is the almost total shift of dollars to "Medicaid Waiver" services. I certainly support the state's efforts to maximize federal receipts for any person with a disability who will meet eligibility, but we cannot exclude other individuals from needed service because they are not eligible for a waiver. **We must preserve the state grant system.**

Having invested a great deal of the past 20 years advocating for services to support individuals with disabilities and their families, it is indeed painful to watch all the advances made on behalf of individuals with disabilities erode.

When my daughter, Kara, was born almost 21 years ago there were relatively few services or options for families. I was told I could admit her to an institution, or I could place her in a "group home". She was our daughter, and we knew the best place for her was with our family and so we struggled with little or no services for the first several years. Gradually respite became available. That helped us tremendously. Our daughter's needs grew and her need for habilitative services became more and more critical. Eventually, Kara received services through a Medicaid waiver, which has made all of our lives better.

Unfortunately, young families will be facing exactly what my family faced twenty years ago, an all or nothing situation if we do not maintain our state grant dollars. What will happen to all those individuals who need just a little bit of help to get by? If our system has no state dollars to provide for core or respite services, families will have no help.

My greatest concern is that individuals who have a developmental disability will not receive the minimal supports and services they need because of a lack of state grant dollars. Many people with disabilities need only a small amount of support to be successful in the community. They are often individuals who will never meet the institutional level of care requirements for a Medicaid waiver. We know however, that without those minimal supports, they will not be able to keep their jobs, or live in their own apartments, manage their own checkbooks, etc.

Our system must provide for the full array of individuals who have developmental disabilities. Those who need just a little and those who need a lot in order to be successful and safe in our communities. This is not only critical for the individual needing support, but it is also critical to the wellness of our community as a whole.

I ask you to maintain your commitment to these most vulnerable of Alaskans by ensuring there is a *safety net* system for all Alaskans with disabilities. That there are "crisis dollars" to take care of emergency situations which arise such as the death of elderly parents, or when there's a significant deterioration and need for immediate supports for individuals who are waiting for services.

Thank you for this opportunity to speak with you about my concerns.

Julie P. Isom

P.O. Box 19278 Thome Bay, Alaska 99919
Phone: (Day) 907-828-8254 (Eve) 907-828-3363

November 3, 2003

Dear Senator Fred Dyson,

I have been a resident of Thome Bay Alaska for fourteen years. My son, Jimmy, was born with a rare chromosome abnormality, which means that he experiences many mental and physical disabilities. I was told there will be a HESS hearing on Wednesday November 5th at 9:00 a.m. I wanted to make sure my voice was heard at this meeting, so I am writing a letter for the hearing.

Before moving to Alaska I had never heard of community-based services. When Community Connections first contacted me and told me about services we qualified for, it was like a dream come true. Although care providers were extremely hard to find in our rural area, Community Connections did all they could to make sure I always had respite providers to choose from.

Community Connections has provided our family with specialized services that were not available in other places. I didn't think anyone could relate to what we were going through, however, Community Connections has sound experience and expertise in cases similar to what our family needed.

Seven years ago if you would have asked my husband and I about our son's future we would have told you that Jimmy would be living with us indefinitely (not the best thing for either of us). Three years ago we, along with other community based service agencies set up a plan for Jimmy's future. Jimmy was taken off the "dreaded" wait list a few years ago and that is basically when life began to get better for our family. The Medicaid waiver has been a "relationship saver" for our family. It has given us the time we needed with our daughter, the time we needed as husband and wife, and the time and skills Jimmy desperately needed to gain an independent lifestyle away from home. Jimmy (22 yrs old) is now living in an independent living home just 2 hours away from us (on the same island thanks to the Medicaid waiver!). All this... AND it costs the state much LESS than institutionalizing people like Jimmy.

Jimmy is an active member of his community in Hydaburg. We love Alaska and look forward to having our son stay close to family thanks to the support systems we have through community based services and the Medicaid waiver. I basically wanted to say thank you for these services. Our family has beaten the odds and survived triumphantly and much of it has to do with Alaska's community based services.

Thank you,

Julie Isom

MARCI Schmidt
2040 Wasilla Fishhook
Wasilla AK 99654
907-357-3618

November 5, 2003

Dear HESS Committee:

I am sorry I could not be there in person so I am giving my suggestions to you about the Office of Children's Services (formerly know as DFYS). Kim Carnot, Senator Green's aide and I did speak with Greg Van Kirk on Monday and I did present him with an idea for restructuring this agency. In the meantime, I would like to make some suggestions regarding current practices in the department.

Many parents I have talk to have felt that they are being set-up to fail with the demands of their case plan. Most parents want to comply to get a glimpse of their children. When you are doing parent classes, anger management, therapy sessions, court dates and a full time job, it becomes an impossible task to complete the many case plans by the end of twelve months. It is regrettable that many of you will buy into the hype that no one sets anyone up for failure. It does happen and needs to be stopped.

I advocated for the Adoption and Safe Families Act of 97. I am regretting that now because we have a booming adoption industry emerging from it. The pure intent was to get children adopted that have been in foster care for a long time. ASFA gave timelines for this to happen. Instead a parent is told their child will be adopted within a year, period. Even the federal review stated we are not working on family reunification very well. I wish for case plans to be realistic.

I would like "A Handbook for Parents and Guardians in Child in Abuse and Neglect Cases" to be handed out when a removal occurs. It makes parents feel like they have a starting point to getting their kids back.

I wish kinship care be encouraged more. There are some good relatives out there that are not being allowed to care for their relative's children. Most will do it for free.

I ask the HESS Committee to please support House Bill 316 and Senate Bill 8 (JUD). In Senate Bill 8 we need to add that if a case worker lies or makes false statements that should be held as a crime the same as if I told false statements to ruin a reputation.

I beg the HESS Committee to ask the Legislature to change the standard from "Probable Cause" to "Clear and Convincing evidence".

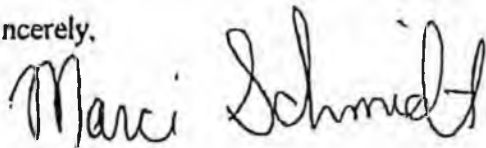
When interviewing a child by OCS or the police, a third party such as a lawyer, a teacher or a friend is present during questioning. I would like a male social worker interview a child with another social worker present, video taping (cassette tape) would ensure the social worker is not accused of wrongdoing.

There are many more suggestions I could make but this is a start. Many of you may have stated in the past that no one gives suggestions. You have been given suggestions, some

of them good ones, but no one has done anything and these practices of setting some parents up for failure are continuing. OCS is getting the image of removing children that are adoptable for the money and incentives ASFA has set up. This is the image you are getting and not dedicated men and women out to protect children from abuse. I know there are good social workers that want to protect but the few bad ones are making it hard to see the many good ones. I would have people come forward so you knew I wasn't lying but many of them still have open cases, some have fled the state and many don't want retaliation for speaking up.

I wish you could speak with some of the kids. It is their voice in the end that needs to be heard. While many in foster care need to be in foster care, I have heard the dark side of foster care. Some of the kids I have talked to have lived on the streets for awhile and wouldn't be caught dead going to a foster home because of a friend's bad experience. These are the real voices I wish you could hear. Please consider my words as you decided on what should be done. It is a horrible shame when we can't protect children from the system that is supposed to be protecting them. Thank you for your time and consideration with regard to this matter. Good luck.

Sincerely,



Marci Schmidt
2040 Wasilla Fishhook Road
Wasilla, Alaska 99654
(907) 357-3618 home
(907) 376-0188 (work - afternoons)

Dear Committee:

I wanted to share with you the experience I had with the Infant Learning Program.

My daughter Isabelle was just under a year old when we moved to Dillingham. A friend told me that there was this fun play group for kids 0-3, including Sarah, who eventually became our family service coordinator.

Isabelle didn't roll over until she was about nine months and she didn't crawl on her hands and knees until she was about a year. When I went in for a well child check-up, I mentioned my concerns to the doctor. He went through the Denver Developmental with Isabelle and saw that she was delayed in some areas. He suggested making a referral to the Infant Learning Program. I knew Sarah already and about her program, so I was glad to have him refer us.

Sarah came over and did an evaluation and Isabelle was eligible for the program. The evaluations are very informative and also very positive. They tell what age the child is currently at, what the child is doing well right now, and what to expect the child to do next. After enrolling Isabelle in the program, Sarah made some goals with me to further her development like "Isabelle will walk with support" and "Isabelle will increase her vocabulary to 20 words." Each time Sarah came to visit, she brought toys to help with those goals. Sarah left a push toy her first visit to encourage Isabelle's walking.

We were visited by the physical therapist and her comments were really enlightening. She said Isabelle had low muscle tone as well as being extra flexible. This could explain why she was late with some of her gross motor skills. When the physical therapist was there at my house, she showed me some things I could do with Isabelle to help her walk. One was writing on a chalkboard I had nailed to the wall. Another was to use a broomstick to help her walk without so much adult support.

When Sarah did the first evaluation, Isabelle was behind in her receptive and expressive language skills as well as gross motor so we were visited by the speech therapist too. The speech and language pathologist also gave helpful suggestions about helping Belle talk more: playing with bubbles (blowing strengthens the mouth muscles) and for me to talk about what she was doing while she was doing it.

Although the visits from the therapists were interesting and informative, my favorite part of the program was Sarah's visits. She would bring developmentally appropriate toys for both Isabelle and her older brother, Abraham. It wasn't even the toys so much as watching someone else interact with my daughter. It helped me appreciate and enjoy my daughter more watching someone else having fun with her. It also helped me to hear Sarah play with her. Sarah was such a good language model as she described Isabelle's play and followed her lead. I found myself using Sarah's knowledge of how to "play" as I interacted with my children after she was gone. To this day Isabelle knows and loves Sarah. As a parent, I'm glad my child has grown-up people she considers her friends.

At age three she was exited from the program with no further services. She caught up with her peers in all areas. I will always be grateful to the Infant Learning Program for providing me with the support, knowledge, and skills I needed to work with my daughter's delays.

Kristin Nygren
Dillingham, Alaska

I am a recovering substance abuser and I also have post traumatic stress and depression. I have learned this is call a dual diagnosis, substance abuse and mental health.

I am on CAMA; I get \$280 a month and very limited medical coverage, not adequate enough for what I need. I can only see my psychiatrist. I am not allowed to see a medical doctor. I am only allowed 3 prescriptions for the state to pay. Last month they cut it drastically to 3 prescriptions only and I take 5 that cost quite a bit of money and I do try to buy what I can get but \$280 minus a little bit for rent is not enough to buy all my medications. The state last would year would cover my medications and let me see a medical doctor. I have severe health problems: my knees need to be replaced, my hands need an operation; I am having trouble using my cane for my problems walking because of my knees and my back problems. I also have severe back and ankle problems. I am in pain constantly. I have managed to get in to see two medical doctors anyway but have to pay \$20 through Access to Care per visit and I need many visits so cannot afford that as well. I have learned that I have Hepatitis C and am unable to get a doctor to treat it in ongoing way because of no coverage. This is life-threatening. I have been told my liver is in severely serious shape; I need a biopsy and medicine to treat this which I cannot afford because it goes into more medication, doctors, etc.

As for housing, there needs to be a safe place for recovering substance abusers. I was at a place and could not walk up the stairs where my room was and there was not treatment or anyone there for any moral support. I had to move in with a relative that is not a very good situation for me in terms of my abuse history which I do not want to go into but bring up because we need more safe places not just for me but for people in my situation. I do not qualify for the shelter for abused women because I have not been abused for the last year. I probably could not stay in the homeless shelter because you have to leave during the day and they would not allow the medication requirements to rest after injections, etc. Plus it is a scary place. In other words, I would be homeless without shelter with all these severe medical problems if I were not staying with a relative under difficult circumstances. I could die. It is very real to me. So for services for me regarding my housing situation and medical needs, there is nothing or almost nothing and probably people who cannot speak out ate dying due to lack of medical care, lack of money and lack of housing in our state.

As for my mental health issues I do not quite qualify for a lot of things but I can have therapy. It makes me scared, anxious and depressed that this will get cut, too, for lack of funds. I really do need the therapy because it does help me a lot. I have a very good therapist and am fearful it could stop and then where would I be: homeless, almost no medical help and no one to turn to. Also, I worry about my bills, being able to pay for things and my health and cannot focus on my actual mental health issues; these become them.

This is not Iraq; this is your state and mine.

Carmen Keenan 11/4/03



Assets, Inc.

Assets • Action • Results

Utana Al-Sa'at, Executive Director

To: Representative Peggy Wilson, Chair
House Health, Education, & Social Services Committee
From: Diana Strzok, Executive Director, *DS*
Date: November 5, 2003
RE: Public Hearing Comments

Thank you for this opportunity to address you directly with concerns about the future of disability services in Alaska.

There is a high amount of confusion and anxiety regarding the new DHSS reorganization. There are many planning efforts (I heard 21 to be exact) around the union of mental health and substance abuse, but apparently no one knows who, if anyone, is coordinating all these efforts. Meanwhile, I am aware of few, if any, planning efforts around combining senior services with developmental disabilities which leaves those providers wondering what's happening. There are several providers in the state (The Arc of Anchorage, Homer Mental Health Services, Seaview Services in Seward, Assets in Anchorage, Fairbanks Mental Health Center, to name a few) who provide both mental health and developmental disability services and some also provide services to children. The new re-organization means that now these providers will be working with three different divisions: Behavioral Health, Disability and Senior Services, and Office of Children's Services which is bound to complicate and increase our administrative workload. The new re-organization also begs the question of how individuals who have a dual diagnosis of mental illness and developmental disabilities (which is half the individuals we serve at Assets) will be better served.

A major concern to providers is the loss of grant funds (general funds) which offer many advantages over Medicaid funding when it comes to delivering services people need.

- 1) Grant funding has minimal eligibility requirements. Medicaid waiver funding requires a person meet the ICAP standard in order to be eligible. When a person fails to meet this standard, but still is in need of services, access to grant dollars have made it possible to deliver those needed services.
- 2) Grant funding is flexible. It buys services that don't meet specific Medicaid guidelines.
- 3) Grant funding helps assure fiscal stability for provider organizations. Funds are paid in advance, ensuring a steady cash flow. Medicaid "fee for service" method requires that a service be provided and billed before reimbursement occurs. Timely payments are sometimes problematic.
- 4) Grant funding allows providers to focus on person centered services and individual choice which reflects the service principles that have been the underpinning of the Alaska disability service system since the mid-90s. Medicaid is a deficit based medical model that often seems to be in conflict with these service principles.
- 5) Medicaid and an increase in paperwork and administrative costs go hand in hand.

Every general fund dollar lost is a lost in flexibility and the service systems safety net. DS



Alison Be

**The Arc of Anchorage
Testimony to the House HESS Committee
November 5, 2003**

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Challenges facing Senior Services and Developmental Disability Divisions

1. DD Service Principles

Services

The State, Consumers, and Service Providers have worked together to develop a set of service principles for developmental disability services. These need to be maintained and followed even as Senior and Disability service merge into the new division of Senior and Disability Services.

Arctic Resource Center

CE/QL Program

Care Coordination

Community Living Services

Deaf and Hard of Hearing Center

Family Services

Interpreter Referral Line

Mental Health Services

Nursing Services

Short Term Assistance
and Referral (STAR)

Student Living Center for the
Deaf and Hard of Hearing

Substance Abuse Treatment

Supported Employment

Supported Parenting

General

Advocacy

Espresso Shop

Information and Referral

Public Education

Pick-Up Service and
Donation Center

The Developmental Disabilities Program supports services that are person centered and developed using the following Service Principles:

- Individuals are actively involved in and determine the design and implementation of their service plan.
- Individuals have access to a system of comprehensive and integrated community based services.
- Services promote natural and community supports including family friends, and other citizens.
- Services are relevant to the individual's age, abilities, and life goals.
- Services demonstrate respect for the rights and dignity of all individuals.
- Services incorporate the culture and value system of the individual.
- Individual choice, satisfaction, safety and positive outcomes are the focus of services.
- Individuals are offered the support and services necessary to be successful where they live, work and play.
- Services are designed to foster communities where all members are included, respected and valued.

2. Services focused on skill acquisition

Developmental Disability services have changed over time, starting when people were discarded by society and moving through stages where people were imprisoned, then warehoused, to now when services are designed to assist the individual in the development of life skills leading to the most independent life possible. The focus on skill acquisition as an integral part of services provided to a person must not be lost.



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Services

Arctic Resource Center

CE/QL Program

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Advocacy

Espresso Shop

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Donation Center

Any person utilizing public funds for services must be assisted to gain and maintain the highest level of independence, people live better lives when they can do as much as possible for themselves.

3. Person Centered Planning vs. Categorical Services

The need for individuals to be the driving force in the planning and deliver of their services is a critical aspect the person maintaining choice and control over their life. Whether it is the family directing services for a child, an adult leading the person centered team, or the senior citizen maintaining the control they have exercised through their life, choice and control exemplify much of what we all believe in as being essential to a life worth living. We must not turn our backs on the progress we have made in developing services based on a person's needs and desires. We must not return to the days of institutions or categorical services.

4. Loss of General Funds and emphasis on HCBS Waiver funding for DD individuals

As the Department of Health and Social Services places greater and greater emphasis on the use of federal funds to pay for services we are faced with a loss of ability to address the needs of individuals who meet the state DD eligibility determination but not the stricter Home and Community Based Services Waiver eligibility determination. While we all recognize the need to spread diminishing state funds as far as possible, we should not take all discretionary state funds away from the developmental disability program.



Alaska Women's Resource Center

610 C Street, Suite 2A ♦ Anchorage, AK 99501 ♦ (907) 276-0528 ♦ fax (907) 279-6754

My name is Mary Dyer, Executive Director of Alaska Women's Resource Center. I am here today to express concerns over substance abuse treatment funding in the State of Alaska. It is hard for us providers to discern between truth and rumors. Understanding this, I would like to address the continued and ever-growing need for services in Alaska and the savings we provide.

In a study released by the Department of Health and Social Services dated February 2, 2002 the wait times for entering substance abuse treatment were as follows: men wait an average of 66 days for placement. Women wait an average of 51 days for placement. Women waiting for a space in a program that accepts women with children wait an average of 107 days.

Stepping Stones, the residential treatment program for women with children, has an average of 12 women on the wait list. We average 2.3 admissions per month to this program, which can last up to 1 year.

During the client's stay in treatment, we require completion of a program called Pathways to Success. This is a vocational program that assists our clients in preparing for employment upon discharge. 73% that completed the program were employed and off the welfare rolls. This is out of 32 clients. If the average person receiving welfare receives \$821 per month, then AWRC helped save the State \$19,704/month or \$236,448/year.

From this program 42 children were reunited with their Mothers. With the reunification, these children were taken out of the foster care system. While we have been unable to receive an accurate amount of the costs for a child for 1 year in foster care, we estimate it to be approximately \$45,000. This was a savings of \$1,890,000 for the State.

Doing the math then, this Agency alone saved the State \$2,126,448 last year. Multiply this by the number of approved agencies and you will find that it is less expensive to continue funding than reducing future grant amounts.

Kelly Donnelly
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Anchorage, AK 99502
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kbdonnelly@alaska.net

November 5, 2003

Senator Fred Dyson, Chair
Representative Peggy Wilson, Chair
Joint House and Senate HESS Committee

Introduction

Thank you Sen. Dyson and Representative Wilson for this opportunity to open a dialog between Alaskans and those officials responsible for decisions that impact the most vulnerable members of our community. I address you today in several capacities. I came to Alaska in 1981 and have been a proud resident for more than 20 years. I raised my family here, built my career here, and look forward to many more years here enjoying the beauty and sense of community that is unique to our state. As an educator with nearly 20 years experience in both rural and urban Alaska I have had the opportunity to see first hand many of the challenges faced by our human service system. I am a friend of people with disabilities and their families, and advocate for their right to live lives supported with dignity and respect. I have seen how budget decisions and departmental restructuring over the past year have caused anxiety, family stress, and have allowed the growth of larger cracks through which people who need support fall.

Concerns

Senator Dyson, you and your staff were diligent in letting the public know that this hearing was about more than department restructuring. You have a history of representing constituents with compassion, advocating for those who may not be able to speak for themselves, and demonstrating a genuine concern for *all* Alaskans, not just those whose influence will benefit you politically. While I have many concerns about child protection, health care for low-income families, and funding for education, I'll restrict my comments this morning to those that relate to individuals with disabilities, elders, and their families:

- ***Erosion of the safety net*** One of the direct results of last year's budget decisions was a reduction of \$600,000 to the program that helps to support individuals with disabilities in crisis or dealing with emergencies. An example of the type of crisis I'm describing is that of an aging caregiver as the sole provider for an adult child with a disability. When the aging parent passes away, the adult with a disability is left to fend for themselves, regardless of their ability, connects or lack thereof with provider agencies, and informal supports. A mere \$200,000 was left in that budget area. I'm mystified about the decision making process that led to that reduction. Was an assumption made that we have fewer aging parents caring for adult children with disabilities? We know from census data that this is not the case. Did the decision makers feel that other programs would absorb these costs? Are they simply unaware of the potential for risk? Sen. Dyson, you and I sat here last year at the FAS Town Hall meeting this time last year and you heard the concerns of parents of young adults with Fetal Alcohol Spectrum Disorder. I

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would remind you of the genuine fear these parents have for their children's future when the parents are no longer there. We need to have a mechanism and resources to support families with emergencies and crises.

Protection and advocacy funds were also cut in the last cycle. This impacts both seniors and people with disabilities. We have a scant six investigators in Adult Protective Services to cover the entire state. APS is the state entity responsible for investigating and referring for prosecution reports of abuse and exploitation of vulnerable adults, be it elders or adults with a variety of disabilities. By not adequately funding this program people with disabilities fall through the cracks, experience continued abuse and neglect, are exploited by those who perceive them as a source of income, and end up living on the street vulnerable to predators of every sort. The cuts also resulted in the loss of one attorney at the Disability Law Center, Alaska's protection and advocacy entity. This loss means fewer resources to respond to violations of rights of people with disabilities.

The protection and advocacy funding had also supported projects that supported families as they navigate through the disability-service system. Without that funding families no longer receive the mentoring, resources, and assistance to advocate for loved ones. Families are further isolated from the very system designed to support them.

- ***Federalization of the Medicaid program*** No one will question Commissioner Gilbertson's expertise in the area of federal Medicaid. I will question however, the overall impacts of his strategies to maximize federal dollars. Alaska takes pride in offering a choice and range of service providers to individuals with disabilities. Alaskan Natives with disabilities, however, stand to lose the opportunity to choose service providers. Under the commissioner's plan, beneficiaries of Indian Health Services would be *required* to access services through an IHS (native hospital), although these hospitals have not historically had the personnel, program, or physical resources to provide such services. Bethel Community Services, for example, is a leader of identifying innovative ways of providing support and opportunities for people with disabilities. These programs strive to promote community integration, dignity, and cultural relevance. The commissioner's plan, however, will mean that Alaskan Natives in the Bethel area will not have the option of using BCS's creativity and will be forced instead to use services offered by the local hospital, whether or not services exist and support an individual's right to personal dignity. I'm sure Commissioner Gilbertson has explored the financial consequences of this decision, but I wonder if he's taken the opportunity to really listen to those most impacted.

I am also concerned about those individuals who may not meet the federal government's determination of level of care for eligibility for Medicaid-funded

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services. What will happen to those adults who fall into that gray area? Many of them are on a waitlist for services now, and anticipate opportunities to live independently, have jobs, pursue personal interests, and become more involved with their communities. Where will they turn if eligibility criteria changes? What options are available for them? Are we saying as a state they have less of a right to the same quality of life that we expect for ourselves?

- **Grants to support families/Core and Star funding** In my position as a project coordinator for the UAA Center for Human Development I have the opportunity to travel around the state talking with families about services, concerns, hopes, and goals. The recurring theme of the past year has been, "We are one step away from crisis." Families caring for a child with a disability experience stresses and challenges that most of us cannot fathom. We cannot picture ourselves trying to tend to multiple children with the average, everyday needs of any child at the same time as tending to the needs of a child with multiple disabilities, trying to save a marriage, and knowing that your family's financial resources are seriously limited because you can't work outside the home. Your child's needs are so unique that finding childcare is virtually impossible. Resentment builds, isolation grows, and we sow the seeds for family disintegration, child abuse, and an increasingly heavy burden on the strained social service system.

These examples are reality for too many families, but I don't want to paint a gloom and doom picture for you, just a taste of reality. Funding for Core services and STAR grants provide opportunities for families to have respite, support, and adaptive devices that reduce stresses and promote family unity. One family, for example, used funding from a STAR grant to support dance classes that satisfied her child's need for occupational therapy. Granted, this arrangement was unconventional and facilitated by the strengths of several people in her community, but it's illustrative of the things that can be achieved with a few dollars and maximizing natural supports. Unfortunately, my friend has lost this source of funding to support her child's needs.

- **How impacts to provider agencies translate to individuals** Alaska is rich in provider agencies with an authentic commitment to the populations they serve. When the last round of budget cuts passed, provider agencies didn't turn clients out on the streets. They didn't say, "Sorry, you are not impaired enough/old enough/lacking supports to warrant our services." People who work in provider agencies do so because they care about individuals and families. This is not about their own pocketbooks. The cuts are not the high drama that makes front-page headlines or special stories in the Sunday paper. These cuts have a subtler impact. Alaskan provider agencies absorbed the costs, but clients paid in different ways. Stretching the dollars even thinner means that provider agencies don't have the ability to attract and retain highly qualified direct service staff. Training becomes restricted to exactly what they are mandated to provide, and not an ounce more.

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For clients that means high turnover, lack of understanding between caregivers about roles and expectations, and a feeling of powerlessness. One friend of mine described it like this: "I need help with some of the most intimate tasks of daily living. Whenever I have to work with a new caregiver it's like being violated over and over again. I wish I could just hire people myself so that I could pay them enough to make them want to stay. I hate the constant turnover." Although no one in the division will comment officially to future prospects, informal conversations confirm the fears that many of us have. The funding picture as it relates to community-based grants is bleak.

Solutions

- ***Restore the safety net*** I would be the first in line to acknowledge that our state is in a period during which fiscal responsibility and accountability are paramount. Therefore, asking for restoration of funding may seem incongruous. However, if the funding for the safety net is restored, we prevent families and people with disabilities from entering the more involved, and costly, portions of the social service system. When viewed in the scheme of the entire state budget \$600,000 is a pittance.
- ***Maintain options for Medicaid supported programs*** People who fall in that gray area, those who may not qualify for an institutional level of care, benefit from Medicaid-funded activities. These activities allow adults to live independently, have control of their own lives, hold down jobs, and contribute to our communities. Fully federalizing the Medicaid program would extinguish those options allow adults with disabilities to fall through the cracks, which in turn would engage them with the social service system, Corrections, and emergency services. These options are far more costly, both in dollars and human rights.
- ***Seriously explore options for generating revenue*** It's not a popular topic, but it's time to look at our revenue options. We can no longer expect to fund our state budget solely with Big Oil. The governor's plan to spread asphalt across the state also lacks the potential for creating revenue anytime soon. It's time to thoughtfully explore alternate revenue sources, including the return of a state income tax, restructuring of the Alaska Permanent Fund, among other options. We are the richest state in the Union and it is unconscionable that we balance this budget on the backs of children, the working poor, elders, and people with disabilities. Our state constitution mandates that we protect the rights of all Alaskans. The time has come. I urge you to have the courage to open this discussion as a solution to our state's budget woes.

Kelly Donnelly
Anchorage, AK

Kimberly Martin
Regional Director
State Government Affairs



November 4,
2003

Dear Senator Fred Dyson and Representative Peggy Wilson:

I am writing on behalf of the Pharmaceutical Research and Manufacturers of America ("PhRMA") to raise concerns regarding the process of implementing a preferred drug list ("PDL") program in the State of Alaska.

A PDL creates a *de facto* restrictive formulary approach to health care cost containment. Restrictive formularies seek to discourage prescribers from using expensive medications (often the most effective) in order to save state money. When patients are denied access to the medicines they need, their health problems can worsen - often requiring more surgeries, visits to the emergency room, more nursing care, and so forth. Prior research in this area has proven that restrictive formularies will *increase* total costs, while intruding on patient care at the same time.

A PDL will especially harm high-risk patient populations. For example, drugs such as antipsychotic agents, chemotherapy drugs, antiretroviral drugs, immunosuppressant agents and hypoglycemia rescue agents may no longer be readily available to the most at-risk patients, including those suffering from mental health disorders, cancer, AIDS and diabetes.

HESS officials have not adopted rules for implementation of a PDL, contrary to what the legislative body was told would happen during legislative session deliberations on this issue. Instead the agency developed a PDL process without any public input. Consequently there is no clear direction for stakeholders in Alaska to follow regarding how the PDL will work, how decisions will be made, timelines for public input, and grievance and appeal procedures for patients and providers affected by the PDL.

On the other hand, the majority of states implementing a PDL, including northwest states such as Oregon and Washington, have fair, open, and transparent regulatory processes for stakeholders to provide comment regarding issues or concerns on the implementation of a PDL.

HESS did not put the PDL contract out for bid nor issue an RFP for a contractor to develop a PDL. This is required under Alaska law as well as by the Center for Medicaid and Medicare Services ("CMS"). We are concerned these omissions may potentially put Alaska's Federal Financial Participation dollars for the Medicaid program at risk. HESS signed a 10-year \$103 million contract with First Health Services Corporation ("First Health") for a "Medical Management Information System." We are now advised by HESS officials that they intend to amend the First Health contract to authorize First Health to develop the PDL. However, an amendment will not satisfy the requirement for a new RFP as the PDL is beyond the scope of

the initial First Health contract. Moreover, the proposed amendment does not appear to come within the circumstances under which a HESS contract may be properly amended.

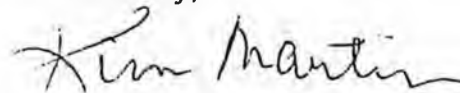
Furthermore, we understand HESS has not submitted the required State Plan Amendment to CMS prior to the implementation of a PDL. HESS apparently intends to submit the plan sometime in the future and try to get authorization retroactively. Recently, South Carolina pulled out of an agreement with the First Health purchasing pool since they were not able to get an approval of their state plan amendment from CMS.

HESS has stated the decisions regarding the PDL will be made by Alaskans, for Alaskans. In reality, many decisions will be made by First Health out of Northern Virginia, and will largely be dictated by the decisions of Maine, Michigan and Vermont who have also signed agreements with First Health. Alaska is comprised of a very different population, and decisions will potentially have an adverse affect on Alaska Medicaid recipients. There is a higher incidence of mental illness and diabetes in Alaska than many of the other states included in the pool.

Therefore, PhRMA requests that the process of implementing a PDL take place according to the rule making process as articulated in the Alaska Statutes, Title 44 State Government, Chapter 62 Administrative Procedure Act. By so doing, concerned stakeholders will have an opportunity to share their input during public comment and participate in open meetings designed to most fairly consider the development and implementation of a PDL.

Thank you for the opportunity to express our concerns.

Sincerely,



Kimberly Martin
Regional Director
PhRMA State Government Affairs

Pharmaceutical Research and Manufacturers of America

1928 Arietta Avenue SE, Olympia, WA 98501 • Tel: 360-705-1276 • E-Mail: kmartin@phrma.org

Wednesday, November 5, 2003

Senate and House Committees on Health, Education and Social Services
Public Comment by Don Roberts, Jr.

Mr. Chairman, members of the Senate and House Committees, my name is Don Roberts, Jr. I live at 264 Lilly Drive in Kodiak.

My primary concern is with the current administration's apparent obsession with efficiency. Like a bunch of anorexic teenage girls ~~they are~~ running around crying "I'm too fat! I'm too fat! I'm too fat! I got to loose weight! I got to loose weight! I got to loose weight!" not realizing that they had long ago started loosing muscle mass.

The administration and the legislature must realize that a government, particularly a democratic government, also must be accountable, responsive, and effective. *to the will of the people they serve.*

A particular example is the proposed merger of the Alaska Mental Health Board (AMHB) and the Advisory Board for Alcohol and Drug Abuse (ABADA). Apparently the administration wants to merge these boards because it's cheaper to fund one board than it is to fund one. (One board is also easier to ignore, by the way.) In the end there will be just as many advocates and activists trying to be heard by half as many boards. This is not exactly a system that lends itself to responsiveness.

Where I think you really need to focus your attention is the agencies that are providing the services. Are they using the state's money effectively? (The former director of the Providence Kodiak Island Mental Health Center, (with a high school degree) was paid \$60,000, the Clinical Director ^{was} paid \$122,000 for part-time work (0.6 fte). To the best of my knowledge, Providence also donated \$15,000 to the local chamber of commerce (a fine organization I'm sure but not a medical program). In the year 2000 the CEO of Providence Health Systems of Alaska was paid more than half a million dollars in compensation.

To be quite honest - I've seen people in manic frenzies spend their money more wisely than the state ~~is~~ *does.*
Thank you.

Don Roberts, Jr.
264 Lilly Drive / Apt C-2
Kodiak, AK 99615
(907) 486-7629

please attached schedule A 2000

(1)



Alaska State Legislature

Please enter into the record my testimony to the (J) HES
 committee on Dept. of Health & Social Services, dated 11/5/03
 committee name
 bill/subject

I am dependant on public assistance and medicaid. There is no way I could afford to pay for the prescriptions I need including anti psychotic and anti depressants. I also am very limited in funds to be able to see a doctor when I need to. Going to the mental health center is a God-send to my well being. I cant imagine what would happen to me if I didn't have access to their services.

Signed: Patricia Lee

Testifier
Homer Mental Health
 Representing (Optional)

Address
3479 Landings St #5 Homer AK 99603
 Phone No. 907-299-2605



Alaska State Legislature

Please enter into the record my testimony to the JH ESS committee name

Committee on _____, dated 11/5/03 public hearing date
bill # / subject

As director of an adult day services program, I would like to unofficially speak for the adult day programs across Alaska. We serve seniors who because of health problems isolate themselves. This tends to cause depression and a worsening of their symptoms. Adult day services give these seniors an opportunity to socialize, be mentally stimulated and physically active thus re-involving them in life and improving their well-being. The benefits to the participants can be summed up in a comment made by a participant who had ~~attended~~ been in our program for the third day. She stated "I had forgotten what happy was." She suffers from advanced Alzheimer's and most times cannot be understood. We not only benefit the seniors, but also their unpaid caregivers who provide 24 hrs/day 7 days per week care, giving them much needed rest from their caregiving duties. Our services

Signed: Linda Flewess
Testifier

Adult Day Services (CPC's & Forget-Me-Not Care Center)
Representing (optional)

905 Cook Avenue, Kenai, AK 99611
Address

907-283-7394
Phone number

are a fee for service. Medicare and ~~the~~ private insurance does not cover adult day services. The only way a senior can pay for services is through the waiver program or ~~if~~ if they don't qualify for the waiver program, through their own funds.

Approximately half of our participants ~~do~~ self pay. Our costs run around \$117 per day per participant.

None of our self pay participants can pay the full amount. We are working to lower our per participant daily costs by increasing our daily census while keeping expenses from increasing.

Grant funding is vital to keeping the fees affordable to those seniors who do not qualify for the waiver program. After FY04 cuts in our grants we are struggling to keep the quality of our program at its current ~~best~~ high level.

I applaud our state government for working toward greater efficiency but I think it is time to also look at increasing revenue through income or sales taxes so we may continue to meet the needs of all Alaskans.



Alaska State Legislature

Please enter into the record my testimony to the HHESS
committee name

Committee on _____, dated Nov. 5, 2003
bill # / subject public hearing date

From the Fetal Alcohol Syndrome Coord at Frontier Community Services. At the heart of the problem of so many consumers of state Behavioral Health services is substance abuse. As a state, we must keep this in the forefront of media to inform. But more importantly, we must connect consumers with treatment. We need substance abuse treatment centers for parents with children. We need to continue diagnosing FASD, to identify the problem, connect individuals with appropriate services and undergo a quality continuum of care.

Legislators and providers must be good role models and advocates of substance abuse free citizens. Substance abuse must be addressed first in families - providers need to screen and connect individuals with services. OCS needs to connect ^{substance abuse} families so families can be connected with each other. The path is often long, but patterns

Signed: Margaret Parsons-Williams
Testifier

FAS - Frontier Community Services
Representing (optional)

43335 K-Beach Rd. #36 Soldotna 99669
Address

262-6331
Phone number

can be broken. Youth need ~~that~~ ^{early} as well. ~~of~~
~~supply~~ alcohol is typically the source of youth's
difficulty with the law ^{reports} but DW workers. ~~XXXXXX~~

The alcohol tax needs to be used specifically
for prevention and intervention of substance
abuse.

November 5, 2003

MAECI Schmidt
2040 Wasilla Fishhook
Wasilla AK 99654
907-357-3618

Dear HESS Committee:

I am sorry I could not be there in person so I am giving my suggestions to you about the Office of Children's Services (formerly know as DFYS). Kim Carnot, Senator Green's aide and I did speak with Greg Van Kirk on Monday and I did present him with an idea for restructuring this agency. In the meantime, I would like to make some suggestions regarding current practices in the department.

Many parents I have talk to have felt that they are being set-up to fail with the demands of their case plan. Most parents want to comply to get a glimpse of their children. When you are doing parent classes, anger management, therapy sessions, court dates and a full time job, it becomes an impossible task to complete the many case plans by the end of twelve months. It is regrettable that many of you will buy into the hype that no one sets anyone up for failure. It does happen and needs to be stopped.

I advocated for the Adoption and Safe Families Act of 97. I am regretting that now because we have a booming adoption industry emerging from it. The pure intent was to get children adopted that have been in foster care for a long time. ASFA gave timelines for this to happen. Instead a parent is told their child will be adopted within a year, period. Even the federal review stated we are not working on family reunification very well. I wish for case plans to be realistic.

I would like "A Handbook for Parents and Guardians in Child in Abuse and Neglect Cases" to be handed out when a removal occurs. It makes parents feel like they have a starting point to getting their kids back.

I wish kinship care be encouraged more. There are some good relatives out there that are not being allowed to care for their relative's children. Most will do it for free.

I ask the HESS Committee to please support House Bill 316 and Senate Bill 8 (JUD). In Senate Bill 8 we need to add that if a case worker lies or makes false statements that should be held as a crime the same as if I told false statements to ruin a reputation.

I beg the HESS Committee to ask the Legislature to change the standard from "Probable Cause" to "Clear and Convincing evidence".

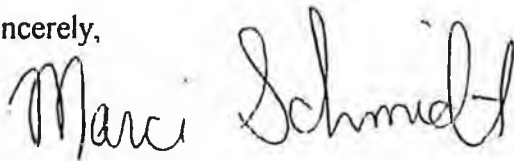
When interviewing a child by OCS or the police, a third party such as a lawyer, a teacher or a friend is present during questioning. I would like a male social worker interview a child with another social worker present, video taping (cassette tape) would ensure the social worker is not accused of wrongdoing.

There are many more suggestions I could make but this is a start. Many of you may have stated in the past that no one gives suggestions. You have been given suggestions, some

of them good ones, but no one has done anything and these practices of setting some parents up for failure are continuing. OCS is getting the image of removing children that are adoptable for the money and incentives ASFA has set up. This is the image you are getting and not dedicated men and women out to protect children from abuse. I know there are good social workers that want to protect but the few bad ones are making it hard to see the many good ones. I would have people come forward so you knew I wasn't lying but many of them still have open cases, some have fled the state and many don't want retaliation for speaking up.

I wish you could speak with some of the kids. It is their voice in the end that needs to be heard. While many in foster care need to be in foster care, I have heard the dark side of foster care. Some of the kids I have talked to have lived on the streets for awhile and wouldn't be caught dead going to a foster home because of a friend's bad experience. These are the real voices I wish you could hear. Please consider my words as you decided on what should be done. It is a horrible shame when we can't protect children from the system that is supposed to be protecting them. Thank you for your time and consideration with regard to this matter. Good luck.

Sincerely,

A handwritten signature in cursive script that reads "Marci Schmidt". The signature is written in dark ink and is positioned to the right of the word "Sincerely,".

Marci Schmidt
2040 Wasilla Fishhook Road
Wasilla, Alaska 99654
(907) 357-3618 home
(907) 376-0188 (work - afternoons)



Alaska State Legislature

Please enter into the record my testimony to the Senate/House HESS
Committee name

Committee on DHSS, dated 11/5/03
Bill/Subject

In the growing senior population are many persons who are ineligible for waiver services but still very much in need of assistance. Through Grant funding we are able to provide some services, increase safety, improve access to health care and mental health intervention for our seniors. With increasing cuts in Grant funding anticipated, we are faced with dwindling options for meeting the needs of this vulnerable population. This ultimately will place more individuals at risk, promote increased emergency room visits, hospitalization and mortality. It cannot be stressed strongly enough how vital Grant funding is for continued provision of services to our elderly citizens.

Signed: Jenny Astumec Roberts / Case Coordinator
Testifier

Palmer Senior Citizens' Center

Representing (Optional)

831 S. Chugach St. Palmer AK 99645

Address

(907) 745-5451

Phone number

Testimony: Our 19-year old son was diagnosed with static encephalopathy when he was 17. His functioning level ranges from 5 to 15 years old. He also deals with bipolar disorder, substance abuse, and learning difficulties. He is no longer in a classroom, but works occasionally on correspondence study. He leaves home and stays with friends for days at a time, wearing no winter clothing and taking nothing with him. He takes medication sporadically, if he happens to be home. He is extremely lonely and vulnerable, and has become acquainted with some very scary criminally inclined people. Since his socializing skills are those of an early teen, he puts himself at ongoing risk in his friendships with 14-15 year old girls.

We have been told that he is a poor candidate for mental health or vocational rehab programs because he is not likely to have long-term success with them. He has qualified for developmental disabilities assistance, and is on the waitlist, which is long. His attempt at independent living was a failure because he had no doorkeeper, and acquaintances literally moved in. He was held accountable for their disruptive behavior and was asked to leave. Substance abuse programs are voluntary, and have few openings. All programs require his cooperation, which he is not willing to give. Thankfully, he has not been involved with the legal system, though the local police know him and are aware of his difficulties. We have checked into the possibility of involuntary hospitalization based on the fact that he is gravely disabled. Hospitalization would probably be for a minimal time, and he would be released to continue where he left off.

It is thrilling to see that FASD is being acknowledged and that efforts are being made to help youngsters and their families. Unfortunately, there is very little help available for young adults prenatally affected by alcohol. We are running out of resources as we watch our son slide further into the pit. The idea of watching him crash and then picking up the pieces is frightening, because he might not survive the fall. As long as the systems in place continue as they are, there is little hope of helping him.

We had an older family member, who suffered traumatic brain injury as an infant in the 1930's. When that young man reached his teen years, his family realized that he was a threat to himself, and they chose to have him placed in assisted living. He spent his life in that environment, forever 10 years old. We visited him many times over the years. He was happy and protected. He had a job and friends. Others did not take advantage of him. He did not abuse drugs or alcohol. He did not learn criminal behavior. It would be a good thing today if our son could have some protection from a world that is too much for him to handle. Unfortunately, our society seems to have thrown that protection away and has chosen bureaucracy as a priority. It is ludicrous that our son, whom the courts have ruled as incapable of managing his own affairs, has complete freedom to choose things that will destroy him. We ask that you work to change this, so that our son, and others like him, have a chance to succeed.

Bruce & Kathryn Petrie
PO Box 298856
Wasilla, Ak
376-2801



Alaska State Legislature

Please enter into the record by testimony to the _____
COMMITTEE NAME
committee on _____, dated _____
BILL / SUBJECT TODAY'S DATE

I M supportive of community mental
Health dont whant to see MONEY cut
FROM COMMUNITY MENTAL Health.
Gabriel McKay

Signed: _____
TESTIFIER

REPRESENTING

ADDRESS

PHONE NO.



Alaska State Legislature

Please enter into the record by testimony to the _____
COMMITTEE NAME
 committee on _____, dated November 7, 2003
BILL / SUBJECT TODAY'S DATE

I want to raise my gratitude to the staff
 in Health and Human Services agency. I have a
 psychiatric diagnosis and have been assisted by
 the services from medical to behavioral health
 and don't know how I'd have been able to
 without the continuing assistance.

Signed: Robert J. Orwick
TESTIFIER
Sub. Committee Behavioral Health # 19001
REPRESENTING
3179 Landings #1 Harbor, Alaska 99607-7950
ADDRESS
235-7423
PHONE NO.



Alaska State Legislature

Please enter into the record by testimony to the _____
COMMITTEE NAME
 committee on _____, dated 11/7/03
BILL / SUBJECT TODAY'S DATE

Hello -
 As I understand it, the government
 is thinking on cutting human services.
 To do this, the funding to meet a birth
 would be a severe hardship for our
 Our local MHC helps me to live
 in the community instead of a hospital
 Couldn't you institute a income tax
 to make up for the shortfalls?
 I would be willing to pay it.
 Please help us stay well.

Signed: D. Michael Kammerer
TESTIFIER

REPRESENTING
3873 Ben Walker Ln #4
ADDRESS
235 542 22
PHONE NO.



Alaska State Legislature

Please enter into the record by testimony to the _____ COMMITTEE NAME

committee on _____, dated _____
BILL / SUBJECT TODAY'S DATE

As a 30 yr. Alaskan ^{resident} I support continued
funding for "Medicaid" support for mental
Health Services. Mental Health and Physical
Disabilities are not an area of state
funding that can be slashed because of
the current budget crisis.

Signed: *Richard M. Smith*
TESTIFIER

South Peninsula Behavioral Health & NAMI
REPRESENTING

4014 Ben Walter Ln A-5 - Homer AK 99603
ADDRESS

235 6350
PHONE NO.



LEGISLATIVE AFFAIRS AGENCY
INFORMATION & TELECONFERENCING

PO Box 845

Tok, AK 99780

Phone: 883-5020 Fax: 883-5021

Date: 11/5/03

Please accept the enclosed original(s) of written testimony for the _____
teleconferenced hearing that was scheduled on Nov. 5th, 2003 9am-1pm

A copy of this testimony was transmitted to your committee via fax on 11/5/03

Thank you.

Tok LIO

Please make sure the people involved in determining the Preferred Drug List try to use generic medications as much as possible. This could save the millions of dollars to state and federal budgets. According to your teleconference, the members determining the Preferred Drug List are physicians. Physicians are notorious for receiving "kickbacks" from pharmaceutical companies for prescribing brand name drugs when generic forms are available. Instead of having a Preferred Drug List Team, the state only needs to get a list of the most prescribed drugs from pharmacies and dispensaries, determine where generic forms are available, and select the highest. This would save time in teleconferences and reduce the influence of pharmaceutical companies. This list could be updated yearly as generic drugs become available.

*Mary Martin, Volunteer CMT-III
P.O. Box 434
Tok, AK 99780*

(J)HES re: Dept. of Health + Social Serv. 11/5/03

Why do you want
to cut us off,
I served my country.
I need to get my
medicine,

I need to go to the
Mental Health Center.

Thank you.

David Fomer
3948 Ben Walters Lane