

**ALASKA LEGISLATURE**

**1873**

**HOUSE and SENATE FINANCE COMMITTEE FILES, 1999 - 2000**

24

## Provider Capacity Building 1998-1999

- Funded by Trust, UAA & federal government
- UAA taught classes, developed on-line & video training
- Trust paid \$100,000 for scholarships for grantsmanship classes
- 73 received scholarships
- In a follow-up survey (10/99)
  - 76% applied for grants
  - 27% received grants; 36% more pending
  - \$3 million in grants awarded

## Trauma Victim Study: Providence Hospital 1997 to 2000

- In 9 months of 1999, 156 people admitted to the emergency room, injured while under the influence.
- 5 died & 1 remained in a coma.
- 120 received substance abuse consultations.
- 106 received motivational interventions.
- 70 complied with treatment recommendations within 1 month.

## Jail Alternative Services 1998 to present

- In 1998, Mental Health Court saw 138 people with mental illness, developmental disabilities, or brain injury
- 111 also had substance abuse problems
- 36 volunteered for intensive case management through JAS
- 59% *decrease* in API admissions for JAS participants compared to
- 60% *increase* in API admissions for non-JAS participants

	In JAS (36)	Non-JAS (102)	Difference
# people re-arrested	17	46	+2%
# re-arrests	25	89	-80%
# misdemeanor charges	25	127	-56%
# felony charges	0	5	-100%
# admissions to API 1 year before JAS	41	38	
API admissions during JAS	13	63	

## Women's Residential Substance Abuse Treatment in Corrections October 1998 to present

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• Before program           <ul style="list-style-type: none"> <li>– 12 women could receive outpatient treatment at once.</li> <li>– 30 on waiting list for avg 100 days.</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• Now           <ul style="list-style-type: none"> <li>– 35 can receive inpatient treatment at once.</li> <li>– 68 have been treated year to date.</li> <li>– No waiting list.</li> <li>– 100% UAs clean.</li> </ul> </li> </ul> |
|--|---|

## Housing 1996 to present

- Supportive Housing: reducing institutionalization
- Funders
  - AHFC & HUD for bricks and mortar
  - Trust and feds bridge home operating costs & service start-up
  - State for service continuation
- Accomplishments
  - Moved everyone from Harborview into community-based housing
  - Moved everyone from Hope ICF-MR
  - Moved long-term API residents
- Harborview:
  - Former residents now rate quality of life high.
  - Cost of care reduced by \$69,122 per person.
- Housing Modification Brokerage
  - DHSS administers Trust & AHFC funds
  - 59 homes modified in 1998 and 99.
  - Average cost \$6,800 per home.
  - Grantees also manage other housing modification programs, maximize resources.
  - Should reduce need for institutional care.
- Complements AHFC weatherization program
  - 366 homes of elderly or disabled adults modified in 1997.
  - 390 homes of elderly or disabled adults modified in 1998.

## Healthy Families 1996 to present

- Services funded by legislature, feds, Trust.
  - About 350 families served from 1997 to 1999.
    - Of all families that have had one home visit, 88% have had no substantiated abuse or neglect.
  - After 90 days in service (6/99),
    - 37% of primary caregivers became employed or were in school.
    - 28% completed education programs.
    - 90% of children had a "medical home"--regular health care provider.
  - Families are experiencing these problems (6/99):
    - 28% of families were experiencing substance abuse.
    - 42% of primary caregivers had concerns about domestic violence.
- Trust funding 5-year control group study in cooperation with legislature.
  - Johns Hopkins University hired to conduct control group study 7/1/99.
  - On 1/3/00, DHSS began enrolling families in study.

## Alaska Psychiatric Institute

### *The difference a year makes*

#### *What Trust & DHSS said we would do*

- Address the API replacement problem

#### *What we did*

- Community implementation plan.
- Due diligence review of property.
- Established removal costs for the old building.
- Confirmed need for hospital: 54-72 beds.

#### *What we are doing now*

- Completing a coordinated package: buy new building, remove old building, pay for community services before federal rate changes cost the state millions more.

#### *Strategies*

- ✓ Implement community service plan.
- ✓ Negotiate location & cost of replacement hospital with 54-72 beds.
- Emergency psych care in local hospitals.
- Detox for drinking mentally ill people.
- Single point of entry.
- ✓ Psychiatric assisted living for people who now live in API.
- Re-allocate savings from API to community services.

#### *Validating & monitoring investment*

- Decreased admissions to API.
  - Avg. daily census below 60, down from 70-80

## System Improvements

- Trust paid for several system reviews
  - HCB Waiver study
  - Guardianship review
  - Managed Care study
  - Economic Development review
- Results with no GF costs
  - Waiver system changes
  - OPA & DSS re-structuring
  - Mental Health Medicaid reg changes
  - \$2.1 million Federal employment demonstration project; DVR, Labor, DPA collaboration

## Confirming Best Use of Resources

- Beneficiary Survey (3/99)
  - 871 beneficiaries confirmed the issues: safety, poverty, jobs, education, housing, health care, transportation, jail instead of treatment.
- Criminal Justice Assessment Commission Report (10/99)
  - Jails fill with people who would be better served in treatment and supportive housing.
- Mental Health Court & Jail Alternative Services (current)
  - people with mental illness, brain injuries, developmental disabilities need supportive housing and case management, not jail.
- ADA evaluation (7/98)
  - Alter residential treatment,
    - 25% reduction in missed work, and 19% reduction in work lateness for people.
    - 25% fewer arrests, 23% fewer traffic arrests, 11% fewer motor vehicle accidents
  - Alter inpatient or outpatient treatment,
    - 21% reduced hospitalizations
    - 25% fewer arrests, 31% fewer traffic arrests, 7% fewer motor vehicle accidents
- Waiver Review (7/99)
  - 5 years of DD waivers; we can improve what we do without paying more.

## Responsible Oversight

- Young Adult Transition Program FY98-99
- Children's care coordination pilot project FY97-99

## Trust Priorities

- Assisted Living
- Alaska Psychiatric Institute
- Decriminalizing the Mentally Ill
- Emergency Behavioral Health Care
- Medicaid and Basic Supports

## The Future

- Two-year Comprehensive Integrated Mental Health Plan
- Two-year budget cycle
- Fewer projects with longer terms

**1999  
COMPREHENSIVE INTEGRATED  
MENTAL HEALTH PLAN**



*Tony Knowles, Governor  
State of Alaska*

*Karen Perdue, Commissioner  
Alaska Department of Health and Social Services  
June, 1999*

# STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

OFFICE OF THE COMMISSIONER

TONY KNOWLES, GOVERNOR

P.O. BOX 110601  
JUNEAU, AK 99811-0601  
PHONE: (907) 465-3030  
FAX: 465-3068

June 1999

Dear Alaskan:

I am pleased to present the 1999 Comprehensive Integrated Mental Health Plan (CIMHP). In mandating this plan, the Alaska Legislature envisioned a practical document that would guide program funding decisions. The 1999 CIMHP represents the mid-point of a five year effort to realize this vision using a results based budgeting approach. The 1999 CIMHP also marks a significant milestone because it is the first plan to be used as a basis for justifying requests for program funding.

The 1999 CIMHP reflects two major enhancements over the previous year's document. First, this document contains new sections on recommended strategies for achieving the desired results. These recommendations of the plan development team reflect new or expanded efforts that should be considered by the departments of the Executive Branch of State government, the Alaska Mental Health Trust Authority, the legislature and other agencies of State government in working to improve the health, safety, economic security and the quality of life of Alaskans. They do not reflect the policy of the Department of Health and Social Services. Second, a Data Development Agenda has been added to help identify and prioritize those steps that need to be taken to strengthen our ability to measure need and understand the results our programs achieve.

I am very grateful to the generous commitment of expertise, information and genuine concern that have been given by members of the public and the staff of many agencies and organizations. I would especially like to thank the multi-agency CIMHP Work Group which has worked with great deliberation to blend their diverse concerns into an increasingly more practical vision of how to improve the lives Trust beneficiaries.

A coordinated planning and evaluation process is essential to achieving the desired result of improving the lives of beneficiaries. As this comprehensive integrated planning process matures, we will continue to see improvements in the programs and outcomes for Alaskans.

Sincerely,

Karen Perdue,  
Commissioner

**1999**  
**COMPREHENSIVE INTEGRATED**  
**MENTAL HEALTH PLAN**

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**Karen Perdue, Commissioner**  
**Alaska Department of Health and Social Services**  
**P. O. Box 110650**  
**Juneau, Alaska 99801-0650**

## INTRODUCTION

The Comprehensive Integrated Mental Health Program provides services and supports to Alaskans who are beneficiaries of the Mental Health Trust and to some individuals at risk of becoming beneficiaries. The beneficiaries include people with mental illness, developmental disabilities, Alzheimer's disease and related disorders, and chronic alcoholism with psychosis. During territorial days individuals with these conditions were often sent out of state for treatment provided for by the federal government. In 1956 Congress passed the Alaska Mental Health Enabling Act in 1956, which granted Alaska the administrative and fiscal authority to administer its own mental health program. This Enabling Act also included an endowment of a 1 million-acre Mental Health Lands Trust to address beneficiary needs.

In 1994 the Alaska Legislature created the Alaska Mental Health Trust Authority. This act gives the Trust Authority responsibility to "submit to the governor and the Legislative Budget and Audit Committee a budget for the next fiscal year and a proposed plan of implementation based on the integrated comprehensive mental health program plan." The act assigned responsibility for the development of this plan, the CIMHP, to the Department of Health and Social Services in conjunction with the Trust Authority. In addition, the law assigns to Alaska Mental Health Board, Governor's Council on Disabilities and Special Education, Advisory Board on Alcohol and Drug Abuse, and the Alaska Commission on Aging the responsibility to contribute to the CIMHP.

The Department of Health and Social Services and the Alaska Mental Health Trust Authority have adopted a results based budgeting approach to the Comprehensive Integrated Health Plan. This approach which focuses on the effectiveness with which programs improve the lives of beneficiaries, is expected to require five years to fully implement. The 1999 CIMHP is the third year of this process. Prior year efforts have led to the identification of five broad result areas which provide focus and direction to a program for improving the lives of beneficiaries. These result areas are:

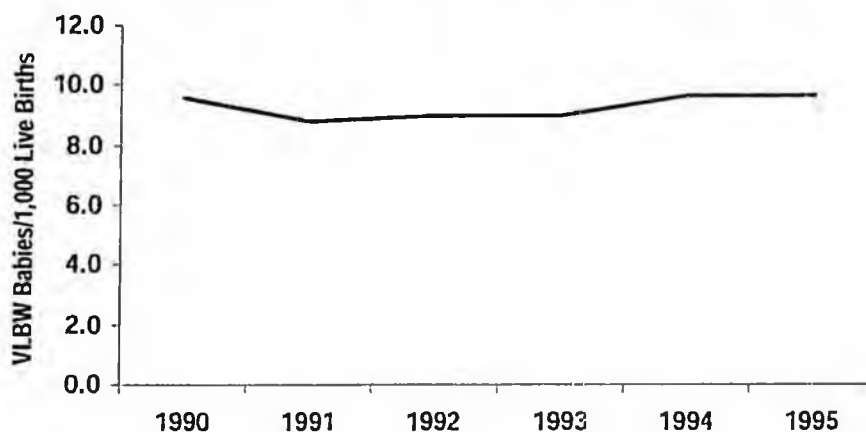
- Health
- Safety
- Economic Security
- Productively engaged, employed, contributing
- Living with dignity, to be valued members of society

Building on prior year efforts, this 1999 CIMHP presents an enhanced list of indicators that help monitor and measure the extent to which the overall program is achieving the desired results. Each set of indicators is accompanied by a discussion of the data and current efforts to achieve the desired results. The plan also outlines the expansion of existing strategies or the addition of existing strategies for consideration by departments of the Executive Branch, Alaska Mental Health Trust Authority and the Alaska State Legislature. These recommended strategies are do not reflect the current policy of the Department of Health and social Services. Finally a Data Development Agenda points to the most pressing needs in the area of gathering and managing data to better identify, understand and evaluate program efforts.

## Result #1: HEALTH

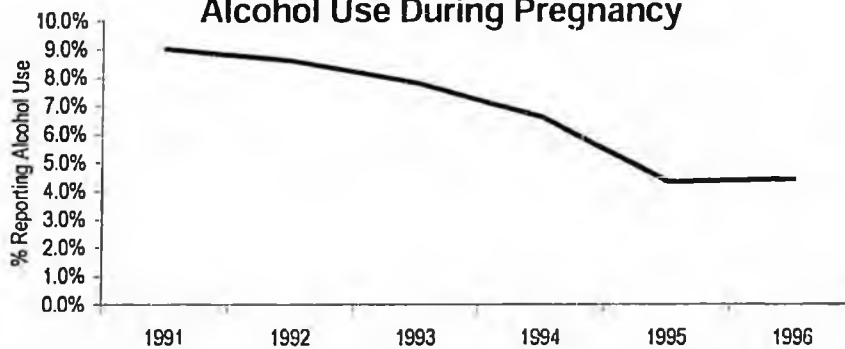
### Indicator Baseline:

#### Very Low Birth Weight Babies: Alaska



Annual Reports (1988 - 1995), Alaska Bureau of Vital Statistics, Alaska Department of Health and Social Services, Juneau, Alaska

#### % of Alaskan Women Reporting Alcohol Use During Pregnancy



Annual Reports (1988 - 1996), Alaska Bureau of Vital Statistics, Alaska Department of Health and Social Services, Juneau, Alaska

**The Story Behind the Baselines:** Information on birth weight is collected from birth certificates by the Vital Statistics Section of the Department of Health and Social Services. Alaska has the lowest percentage of low birth weight babies in the nation. The percentage of babies born weighing less than 2,500 grams (5.5 pounds) was under 5.0% for the past ten years, although it has been increasing slightly each year since 1992. Children who are born with very low birth weights (<1,500 grams or 3.5 pounds) are at greater risk of experiencing developmental disabilities. In 1995, the Center for the Future of Children reported that very low birth weight babies experience the following long-term effects:

School Age Intelligence:	30% - IQ score of less than 85
Neurosensory Impairments:	14% - 17% (cerebral palsy, blindness, deafness, etc.)
Behavioral Outcomes:	28% experience behavior problems
Health Outcomes:	37% will have had at least one surgery by age 8

Drinking during pregnancy is strongly linked to Fetal Alcohol Syndrome and Fetal Alcohol Effects, which result in a range of physical and behavioral disabilities.

An encouraging trend can be seen in the percentage of women reporting alcohol use during pregnancy. Between 1991 and 1996, the percentage of women reporting alcohol use dropped by more than 50%, from 9.0% to 4.4%. It is not clear whether the decrease is due to an actual decline in drinking during pregnancy. Alcohol use is a self-reported item on the birth certificate so the decrease may also be in part due to the growing awareness of the dangers of drinking during pregnancy and the stigma this may now cause. Alaskan businesses that sell liquor were required to display signs warning about drinking during pregnancy in the early 1990s.

**Current Efforts to Turn the Curve:** Alaska has a number of programs that have been addressing these public health problems, including the FAS Prevention Project, Supplemental Food Program for Women, Infants and Children (WIC), Healthy Families Alaska, Medicaid (EPSDT), and Public Health Nursing. Recent expansions in Medicaid eligibility have made it possible for more women to get prenatal care. Programs for women at risk of alcohol use during pregnancy include alcohol in-patient and outpatient treatment programs, specialized treatment programs for pregnant women and children, Healthy Families, and alcohol public education efforts. Public awareness efforts, including signs in bars and liquor stores and public service advertising

in the media also impact drinking behavior.

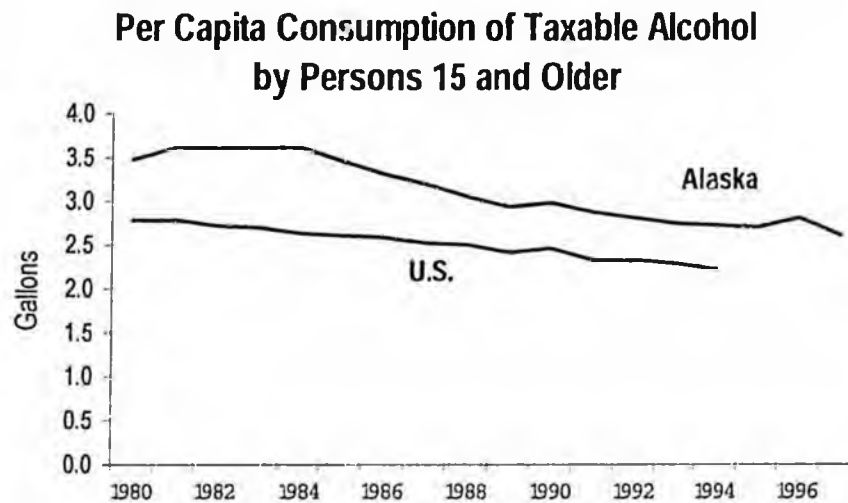
### **Recommended Strategies:**

#### ***Expansion of Current Efforts***

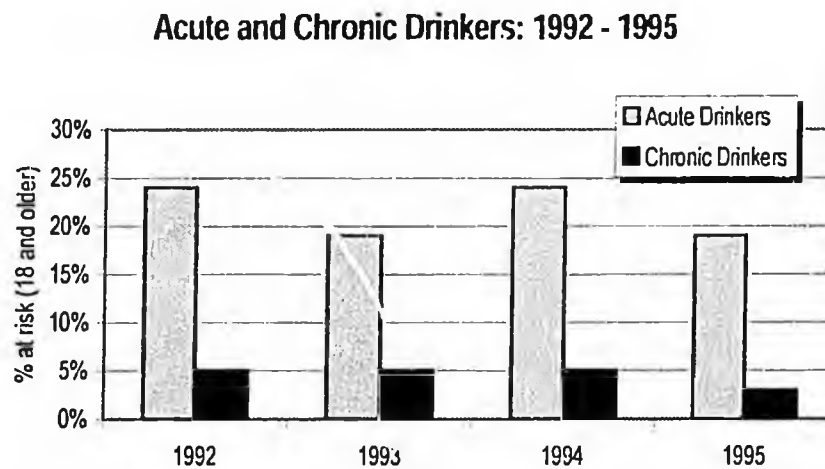
1. Media and public education campaigns directed at young women of childbearing age emphasizing the importance of good nutrition and not drinking or abusing drugs while pregnant or while trying to become pregnant.
2. Education programs for physicians and other health care providers emphasizing the importance of talking to pregnant women about the dangers of drinking and abusing drugs while pregnant.

## Result #1: HEALTH

### Indicator Baselines:



Annual Report, State of Alaska Advisory Board on Alcoholism and Drug Abuse, 1997



Behavioral Risk Factor Survey (Annual Reports 1992 - 1995), Alaska Department of Health and Social Services

**The Story Behind the Baselines:** Alcohol use in Alaska is higher than the national norm but the overall trend in consumption is downward. While there have been periodic upswings in total consumption, per capita consumption has dropped over the past twenty years. This decrease is surprising considering the growth of the tourism industry in Alaska (1.2 million visitors in 1996). Alcohol consumption figures are calculated using state population and in-state sales of alcoholic beverages. It is expected that this trend will continue through the year 2000.

The percent of Alaskans who are acute or binge drinkers seems to vary from one year to the next. Using 1992-1995 data on Alaskans who are acute or binge drinkers as a base, it appears that we can expect approximately 22% of Alaskans (18 and older) to fall into this category over the next five years. The percent of adults who are chronic drinkers remained at 5% from 1992 to 1994, then dropped to 3% in 1995. Data on acute and chronic drinkers is collected as part of the Behavioral Risk Factor Surveillance System (BRFSS). The purpose of BRFSS is to measure behavioral risk factors in the general population through a random sample telephone interview survey that is conducted monthly. The sample size is approximately 1,500 annually. In the BRFSS, acute drinking is defined as five or more drinks on an occasion, one or more times in the past month. Chronic drinking is defined as an average of 60 or more alcoholic drinks a month. Trends in acute and chronic drinking will become more apparent as more data is collected by the BRFSS.

In 1997 and 1998, the Gallup Organization conducted a household telephone survey for the Alaska Division of Alcoholism and Drug Abuse. More than 8,000 interviews were conducted. The study found that 9.7% of Alaskans 18 and older were dependent on alcohol and another 4.1% were alcohol abusers. In addition, the study found that there are differences in the level of alcohol abuse by region, as can be seen on the table below:

<u>REGION</u>	<u>Alcohol Dependent</u>	<u>Alcohol Abusers</u>
<b>Urban</b>	9.4%	4.1%
<b>Gulf Coast</b>	8.5%	3.9%
<b>Southeast</b>	10.5%	4.9%
<b>Bush</b>	11.9%	3.2%

The link between alcohol use and the development of chronic alcoholism is clear. Alcohol abuse is also associated with child abuse, crime, suicide, birth defects, occupational injury, accidental death, and the development of dementia. National mental health data indicates that more than 50% of individuals experiencing psychiatric disorder have a substance abuse disorder. In Alaska, data indicate that 80% to 90% of

"I tried to reach out to my family and tell them, "Look I have a problem, I need help." They blew me off. They said, "Oh well, you have a problem, deal with it."

Beneficiary  
1998 Beneficiary Survey

"Public attitudes have changed. When I first came out here, if you talked about drinking or sobriety, people thought you called them something nasty and didn't want to hear about it. But now there are celebrations of sobriety and sober dances. And people are willing to talk about something that's a problem. But they talk - not just saying it's a problem and everything's bad, but this is something that can be solved."

Beneficiary  
1998 Beneficiary Survey

those experiencing psychiatric disorder have a co-occurring substance abuse disorder. The estimated number of adults with serious mental illness is 29,800.

**Current Efforts to Turn the Curve:** Reducing the number of people in the late stages of alcohol addiction requires a multi-faceted approach. At the individual treatment level, programs providing long-term services and support are essential. Correctional system treatment programs for alcohol and drug abuse can reduce post-release criminality and alcohol/drug abuse relapse. At the policy level, alcohol sales and consumption can be regulated to lower abusive drinking within the state or community. Strategies include prevention programs for young people (peer helpers, community suicide prevention programs, school health curriculum), alcohol taxation, and reducing alcohol-related problems by limiting access or availability of alcohol through pricing, zoning laws or license requirements.

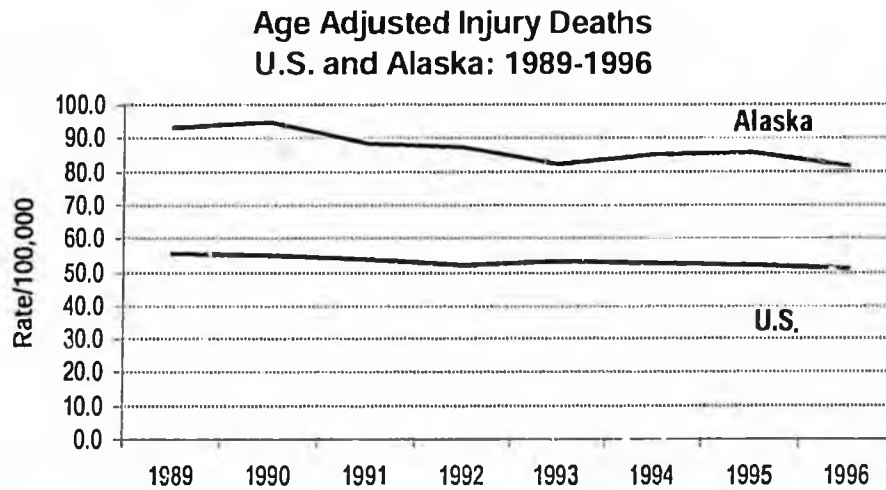
## **Recommended Strategies:**

### ***New Initiatives***

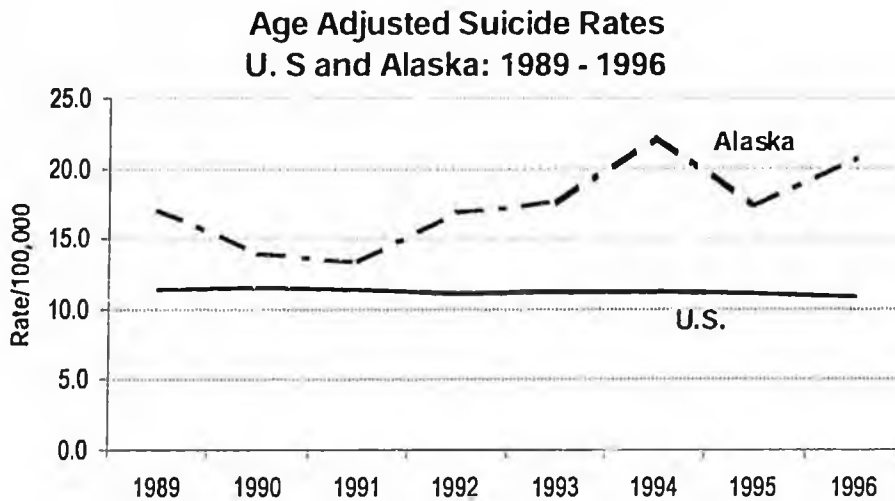
1. Require that tourism liquor licenses be seasonal unless it can be demonstrated that the year-round population of the community meets the population to license ratio established in Title 4.
2. Buy back licenses, as they go on the market, in communities where the number of licenses exceeds the number allowable based on population.
3. Increase state tax on alcohol sales.

## Result #1: HEALTH

### Indicator Baselines:



Injury Mortality Statistics, National Center for Injury Prevention and Control,  
<http://www.cdc.gov/ncipc/osp/>



Suicide Deaths and Rates Per 100,000, National Center for Injury Prevention and Control,  
<http://www.cdc.gov/ncipc/osp/>

**The Story Behind the Baselines:** Information on cause of death is collected and published annually by the Department of Health and Social Services Vital Statistics Section. Accidental deaths include motor vehicle accidents and all other accidents.

In Alaska, accidents are the leading cause of death for all age groups from one year up to 45 years. Children (between one and 14 years old) most often die due to motor vehicle accidents and drowning. The cause of death for adults is most frequently motor vehicle and air transport accidents. The Alaska age adjusted rate of death due to injury is consistently higher than the U. S. rate.

Accident survivors sometimes have life-long disabilities for which they will require support and services. In 1997, there were 621 traumatic brain injuries (TBI) in Alaska. TBI is often associated with long-term physical, emotional and financial costs.

Suicide was the fifth leading cause of death in Alaska in 1995. Suicide is the second leading cause of death for teenagers between the ages of 15 and 19. Accidents and suicides combined account for 60% of the deaths in this age group. The teen suicide rate is highest among young Alaska Native men. In 1995, the suicide rate dropped to 19.5 deaths per 100,000 population, down from 26.0 per 100,000 in 1994. This is the lowest age-adjusted suicide rate for Alaska since the beginning of the 1990s.

Information on cause of death for all Trust beneficiaries is not yet available.

**Current Efforts to Turn the Curve:** Some of the programs that are working to improve the safety of children are peer counselors and student assistance programs, community suicide prevention programs, mental health and substance abuse programs, and child protective services. Public health programs promoting, infant car seats, personal floatation devices, bicycle and motorcycle helmets, and other sports and outdoor safety gear, help reduce the number of children and adults who are injured or die in accidents. In communities, local Public Health Nurses, Community Health Aides and Public Safety Officers play an important role in community education and in responding to accidents, injuries or reports of harm.

## **Recommended Strategies:**

### ***Expansion of Current Efforts***

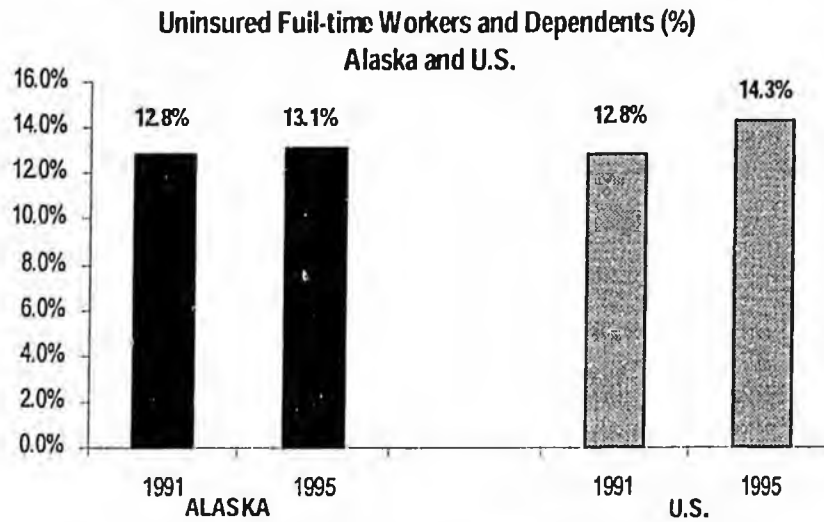
1. Expand public education programs on the importance of bike helmets, personal floatation devices, seat belts, etc.
2. Provide training to public safety officers on identifying people at-risk of attempting or committing suicide.
3. Expand peer helper programs in middle and high schools.
4. Increase the number of in-school clinics in high schools.

### ***New Initiatives***

1. Develop in-state traumatic brain injury programs to provide early and appropriate rehabilitation for adults and children.
2. Explore the feasibility of developing a Medicaid Waiver for people with traumatic brain injuries and chronic mental illness (TBI/CMI Waiver)

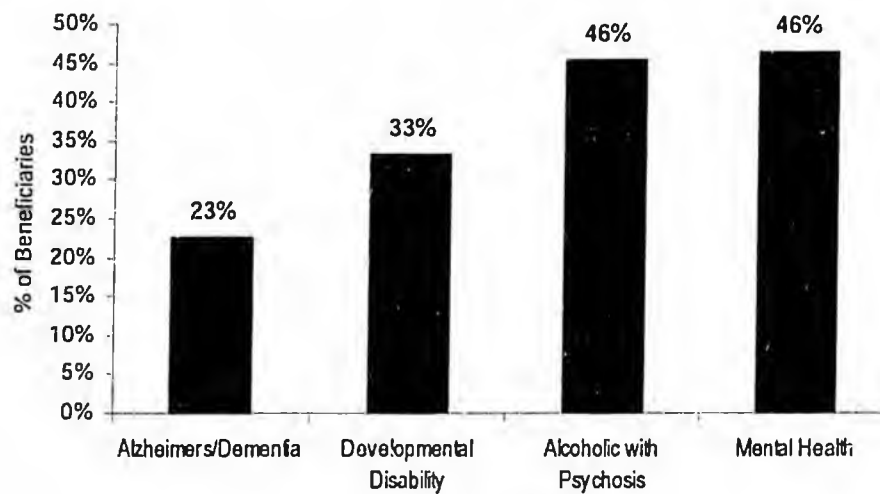
## Result #1: HEALTH

### Indicator Baselines:



Reforming the Health Care System: State Profiles 1997, Public Policy Institute, AARP, Washington, DC, 1997.

**1998 Beneficiary Survey  
(Self-selected Sample of 821 Alaska Mental Health Trust Beneficiaries)  
Postponed or Gone Without Medical Care**



**The Story Behind the Baselines:** Access to health care in Alaska is a complicated issue. In 1992, the Health Resources and Access Task Force reported to the Alaska Legislature that there were 90,000 uninsured Alaskans and that many of those with insurance had inadequate coverage. In 1995, 13.1% of Alaskan workers and their dependents did not have health insurance. Even with health insurance or Medicaid, access to health can be limited by other factors. Physicians often limit the number of Medicaid or Medicare patients they treat because the reimbursement for services does not meet the usual fee charged for the health care. Access is also sometimes limited by geographic factors. People living in remote areas of the state often have to fly to an urban area to get medical or dental care. Private insurers do not cover or adequately cover behavioral health and substance abuse services.

Medicaid is an important health care payment source for many Mental Health Trust beneficiaries. Even with medical coverage, beneficiaries often can not find physicians willing to treat them. While Medicaid pays for the full range of medical services, it only pays for acute dental service for adults.

Information on access to health care for Trust beneficiaries is not yet available. However, the Beneficiary Survey asked beneficiaries if they had postponed or gone without medical care in the previous 12 months. Mental health (46%) and alcoholics with psychosis (46%) beneficiaries were the most likely to have postponed or gone without care. Survey respondents with Alzheimer's or related dementia (23%) were the least likely to postpone medical services, probably because most of these beneficiaries are over 65 and eligible for Medicare.

**Current Efforts to Turn the Curve:** Medicaid income eligibility for children was recently expanded in Alaska through Denali KidCare. Other efforts that provide access to health care for beneficiaries are pro bono dental programs (Anchorage and Fairbanks), and sliding fee medical services through Section 330 Community Health Centers (Fairbanks and Anchorage). In 1999, a bill was introduced in the Legislature to provide for parity between physical and mental health coverage.

"Before, the argument was, if you got to see the doctor for free, everyone was going to see the doctor every other day. But now the argument is the opposite. A lot of people who need to see the doctor run out of money so they don't see the doctor when they need to, because they don't have any money to pay."

Consumer  
1998 Beneficiary Survey

"We have no decent dental care. You can go get a tooth pulled if you are in pain. But to maintain, you can't get a teeth cleaning, you can't get caps."

Consumer  
1998 Beneficiary Survey

"My health insurance pays for about 10% of my medical bills, and then they wonder why mental health people are not getting their medical care. They wonder why we don't get better. I never did have Medicaid."

Consumer  
1998 Beneficiary Survey

## **Recommended Strategies:**

### ***Expansion of Current Efforts***

1. Include screening for mental health disorders in EPSDT screenings.
2. Expand Medicaid coverage of dental services for adults to include preventive care.

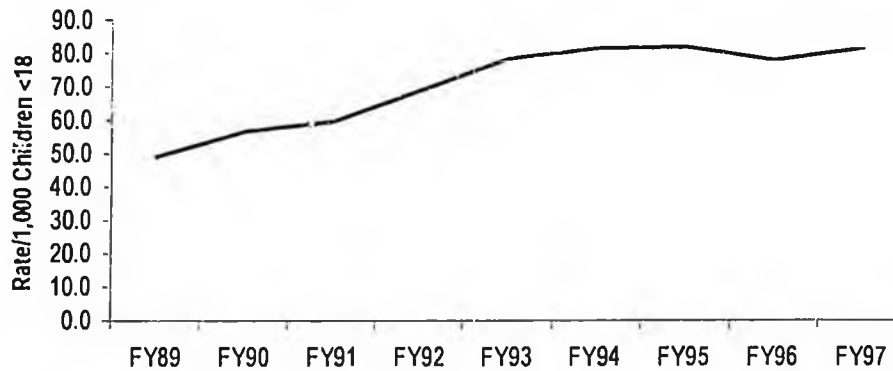
### ***New Initiatives***

1. Monitor the expansion of Medicaid income eligibility for children's health services.
2. Develop affordable health plans for young adults who may not be in school or working.
3. Implement the recommendations of the Parity Task Force.

## Result #2: SAFETY

### Indicator Baselines:

Child Protection Services: Rate of Reports of Abuse and Neglect (Alaska)



Alaska Department of Health and Social Services, Division of Family and Youth Services,  
Juneau, AK

**The Story Behind the Baselines:** The Division of Family and Youth Services collects information on reports of harm to children. Reports of harm doubled between FY89 and FY97, increasing from 7,876 to 15,547. In 1997, there were 8,990 reports of neglected children, 4,123 reports of physical harm, 2,094 reports of sexual abuse and 340 'other' reports (abandonment and mental injury). A child may be the subject of more than one report of harm. Reports of neglect are continuing to increase while physical and sexual abuse reports began to level off in FY95. Abuse and neglect are major risk factors for emotional disorders, substance abuse, suicide and involvement with the correctional system. Many children who experience abuse and neglect repeat the pattern as adults by abusing and neglecting their own children. A recent study by the University of Alaska Justice Center (1998) shows that 82% of Alaska's long-term prisoner population reported that they experienced some form of sexual or physical abuse prior to their thirteenth birthday. Two-thirds (66%) reported being neglected as children. Another 1998 Department of Corrections study of the needs of female offenders found that 84% of women inmates experienced physical, sexual or emotional abuse at sometime in their lives. Information on reports of harm for Trust beneficiaries is not yet available.

"We need counseling services for the whole family, because anger comes into this a lot, because your whole life is gone, and now you're this other person. But counselling, because it's not only affecting you but it affects your kids, your significant other or husband, or your grandparents, or your aunts."

Consumer  
1998 Beneficiary Survey

**Current Efforts to Turn the Curve:** The Healthy Families Program, supported parenting programs for people with developmental disabilities, and other early intervention programs are aimed at intervening with families at risk of child abuse and neglect. Other programs that can impact abuse and neglect of children are domestic violence programs, emergency medical services, Public Health Nurses, Community Health Aides and Public Safety Officers, and homemaker and chore services.

### **Recommended Strategies:**

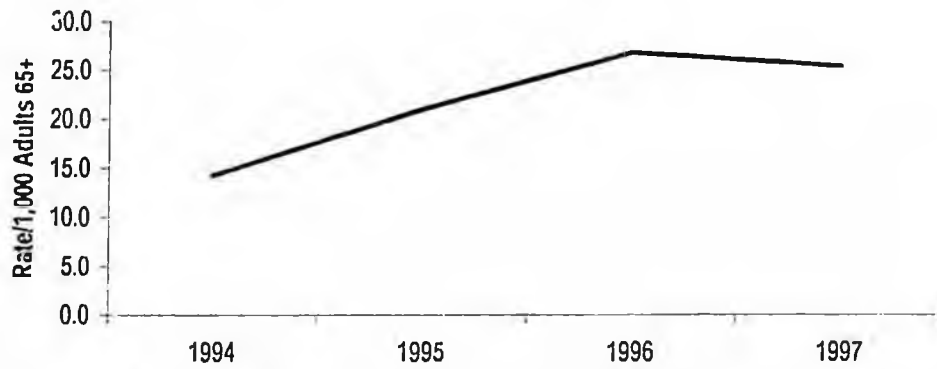
#### ***Expansion of Current Efforts***

1. Increase the availability of in-home early intervention programs for at-risk families.
2. Increase the availability of parent training and support services.
3. Increase the availability of emergency respite care for children and adults.
4. Increase the availability of before and after school programs for children.

## Result #2: SAFETY

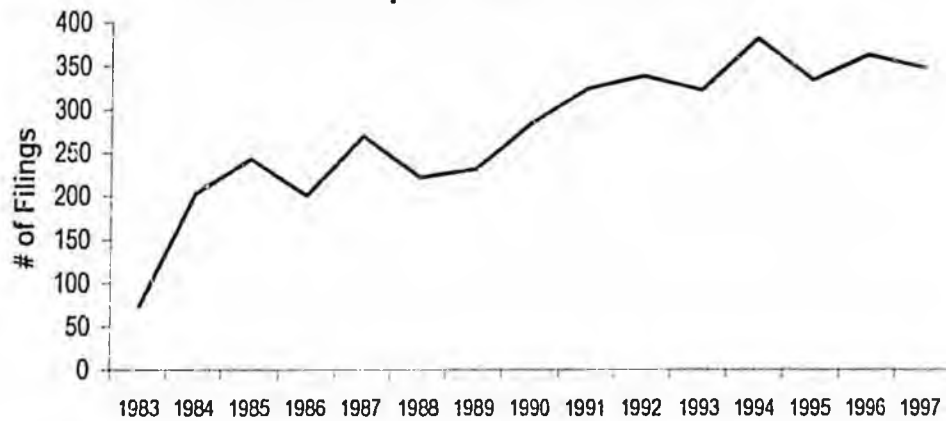
### Indicator Baselines:

**Adult Protective Services: Rate of Reports of Abuse and Neglect (Alaska)**



Alaska Department of Administration, Division of Senior Services, Anchorage, AK

**Superior Court: Probate Case Filings  
Guardianship Petitions: 1983 - 1997**



The Alaska Guardianship System, The McDowell Group, September 1998.

**The Story Behind the Baselines:** The Division of Senior Services in the Department of Administration receives and tracks reports of harm to seniors and other dependent adults, including adult Alaska Mental Health Trust beneficiaries. The rate of reports increased from 14.3 reports for every 1,000 Alaskans 65 and older in 1994 to 25.3/1,000 in 1997. The increase can be attributed, to some extent, to the reorganization of Adult Protection Services in the Division of Senior Services in July 1994. The Division developed a public information campaign about elder abuse and was able to focus greater staff resources at responding to and following up on reports.

"Legal Services and Disability Center is good, but there's not enough money to have them help us for all of the problems. There either needs to be more money for those agencies or ways that private attorneys would benefit, because they can only do so much pro bono."

Consumer  
1998 Beneficiary Survey

Information on reports of harm for Trust beneficiaries is not yet available.

In a 1998 study of the relationship between guardianship and safety by the McDowell Group, it is estimated that 95% of adults who have guardians are beneficiaries of the Mental Health Trust. The Alaska guardianship system serves an estimated 2,700 protected persons. Approximately 2,000 of these individuals have private guardians, usually family members. The study estimates that the major reasons for guardianship care for adults are:

"I don't want to be by myself, but I want to take care of my own money."

Consumer  
1998 Beneficiary Survey

Alzheimer's' and related dementia	40 - 50%
Mental illness	25 - 35%
Developmental disabilities	20 - 25%
Chronic substance abuse with psychosis	5 - 15%
Other	5 - 10%

"I was so involved and so worn out by the time I went to get help that I think that I wasn't thinking things through very well. But it seemed like I would hear about one thing and would go to that agency and somehow they never made it clear what groups did what things."

Consumer  
1998 Beneficiary Survey

**Current Efforts to Turn the Curve:** Programs that can impact abuse and neglect of seniors are domestic violence programs, emergency medical services, Public Health Nurses, Community Health Aides and Public Safety Officers, homemaker and chore services, care coordination, substance abuse services, and outreach services to seniors with mental illness.

## Recommended Strategies:

### *Expansion of Current Efforts*

1. Increasing respite care for caretakers of vulnerable adults.
2. Improve the quality of personal care and home health services through direct care provider training.

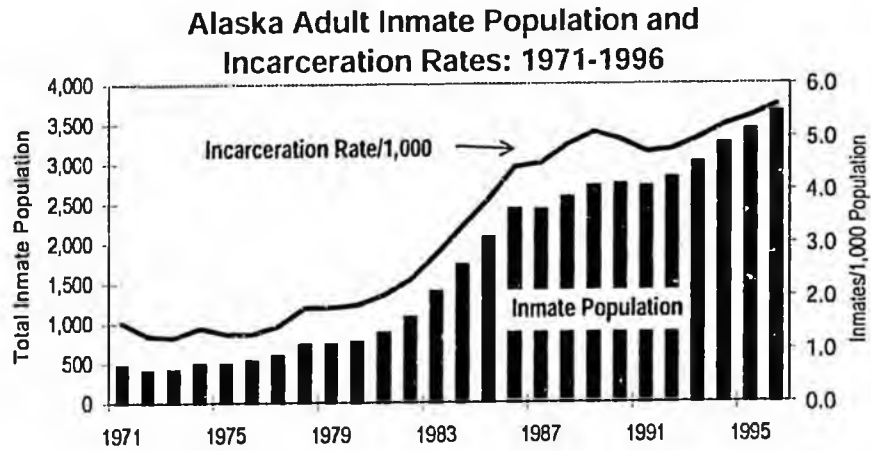
3. Provide family support and counseling services to families supporting vulnerable adults.)
4. Increase the number of public guardians.

***New Initiatives***

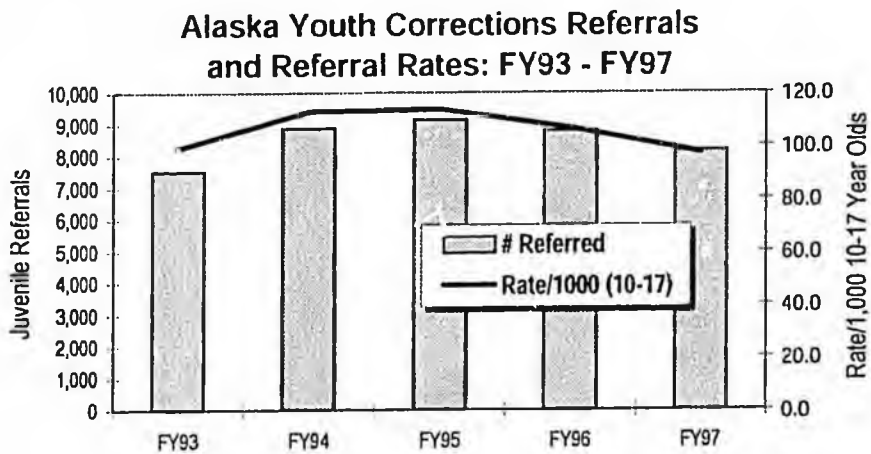
1. Increase Personal Care Attendant (PCA) and assisted living rates, including augmented rates for people with mental illness or substance abuse problems.
2. Provide treatment opportunities for those who abuse and neglect dependent adults.)

## Result #2: SAFETY

### Indicator Baselines:



Average Annual Populations and Incarceration Rates (1971-1996), Alaska Department of Corrections, Anchorage, AK



Referral Summary (FY93 - FY97), Alaska Department of Health and Social Service, Division of Family and Youth Services

**The Story Behind the Baselines:** Alaska has one of the highest incarceration rates in the nation. In 1971, 1.5 of every 1,000 Alaskans was in prison. By 1996, the rate had more than tripled to 5.5 per 1,000. Between 1971 and 1996, the total incarcerated population increased from 482 to 3,648, or by 657%. Over this same period, the state population increased by only 104%. Some of the factors affecting the increase in the incarceration rate are:

- rise in the violent crime rate
- increases in police forces
- 1980 revision of the Criminal Code, including establishment of presumptive sentencing
- 1982 and 1983 Criminal Code revisions expanding presumptive sentencing
- mandatory minimum sentences for DWI offenders
- rise in serious juvenile crime and the 1994 juvenile waiver law requiring juveniles convicted of certain felonies be automatically waived to the adult system
- lack of emergency psychiatric services in the community to deal with violent mentally ill clients
- lack of transitional/supported housing in the community for displaced or discharged de-institutionalized mentally ill patients
- reduction in support services for ex-offenders

Alcohol abuse has a significant impact on incarceration rates in Alaska and nationally. The National Center for Addiction and Substance Abuse reported that 80% of the men and women behind bars in the nation's prisons are seriously involved in alcohol and drugs. In Alaska, the Criminal Justice Work Group reported in 1994 that alcohol is the primary or contributing factor in 80% to 95% of all criminal offenses committed.

In March through July 1997, the Division of Alcohol and Drug Abuse conducted interviews and collected urine samples from inmates at the Fairbanks, Bethel, Cook Inlet Pre-Trail Facility (CIPT), and 6<sup>th</sup> Avenue correctional facilities. The prisoners participating in the study were volunteers and had been arrested within 48 hours of their interview. The study found that 48% were abusing or dependent on alcohol, 18.5 on cocaine and 13.1% on marijuana.

In FY97, there were 8,163 juveniles (or 96.9 referrals per 1,000 youth aged 10 to 17) referred to the youth corrections program in the Alaska Department of Health and Social Services. A 1996 survey at the McLaughlin Youth Center in Anchorage indicated that 65% of residents had a DSMIII/IV diagnosis and 9% had severe emotional disorders. The New York Times recently reported that nationally up to 20% of incarcerated juveniles are seriously emotionally disturbed and that,

"A few times my symptoms have been really bad, and I've called for help and the Juneau Police Department showed up at my door to take me in, and that's not what I needed. I just needed the support and help though. I didn't need the police there."

Consumer  
1998 Beneficiary Survey

often, going to jail is the only way for many to get treatment.

**Current Efforts to Turn the Curve:** Some of the programs that are working to reduce adult and youth incarceration and recidivism are alternative sentencing and specialized probation officers, Community Residential Centers and electronic monitoring. Programs developed for Trust beneficiaries in the correctional system include treatment programs for prisoners with mental illness or alcoholism, diversion and the Institutional Discharge Program. Programs and activities aimed at preventing incarceration are Youth Court, Smart Start, alcohol and substance abuse treatment programs, community mental health programs, and child abuse and neglect programs.

### **Recommended Strategies:**

#### ***Expansion of Current Efforts***

1. Increase the availability of discharge programs, including transition planning, designed to support the transition of beneficiaries from the correctional system to the community.
2. Stricter interpretation and sanctions (including youth oriented alcohol treatment services) for young people charged with minor consuming.
3. School-based alcohol and drug support for adolescents.

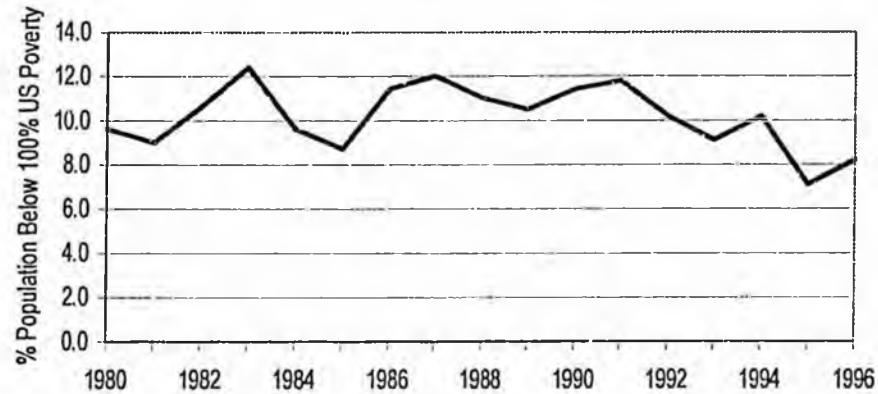
#### ***New Initiatives***

1. Increase the number of communities with Youth Courts and other diversion programs (including Mental Health and Drug Courts) for youth.
2. Provide misdemeanor diversion programs.
3. Pilot a community based, single point of entry for behavioral health emergencies as an alternative to placement in the correctional system.
4. Provide support services and housing to youth transitioning from the juvenile correctional system.
5. Allow youth treatment programs flexibility in extending services past the youth's 18<sup>th</sup> birthday.
6. Provide early intervention services to high-risk youth, e.g. siblings of youth already in jail.

## Result #3: ECONOMIC SECURITY

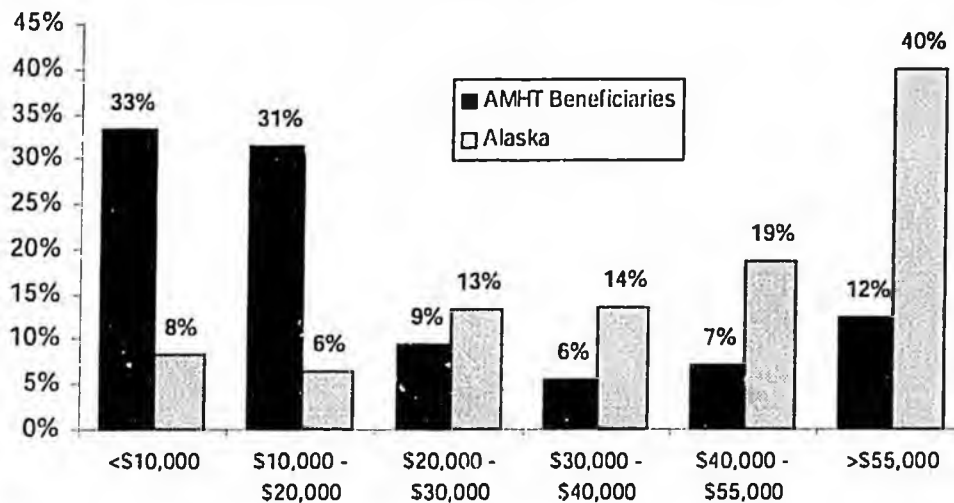
### Indicator Baselines:

Poverty in Alaska: 1980 - 1996



Government Information Sharing Project, Oregon State University, <http://govinfo.kerr.orst.edu/>

1998 Beneficiary Survey  
(Self-selected Sample of 821 Alaska Mental Health Trust Beneficiaries)  
Beneficiary and General Population Income: 1998



**The Story Behind the Baselines:** Income and poverty levels are measured every ten years as part of the federal census and updated annually by the US Census Bureau. The current method of determining the official poverty rate is based solely on income and family size. Families with incomes low enough to qualify for cash benefits also qualify for other programs that reduce their need for cash. Such families can receive subsidized housing at reduced rents, free medical care through Medicare and Medicaid, food assistance with Food Stamps, and childcare. As part of the planning process for the 2000 census, the US Census Bureau is considering including income and non-cash benefits in the determination of poverty.

According to the US Census Bureau, the Alaska poverty rate is equal to 125% of the U. S. poverty rate. The only source of Alaska poverty rate data is a special report prepared for the Division of Public Health by the Census Bureau from the 1990 Census, which included analysis of poverty by census area/borough, age group and ethnicity. Over the past 16 years, the percentage of Alaskans below 100% US poverty has varied from year to year, but averaged approximately 10% of the population. In 1990, nearly 30% of Alaska Natives were living at or below the poverty level. At the same time, nearly 1 in 5 children under 5 years old was living under the Alaska poverty level.

The US Census Bureau reported that in 1994-95, people with disabilities were at greater risk of having a low income than other Americans. They found that for people between the ages of 22 and 64, 13.3% of those who had no disability were classified as low income, compared to 19.3% of those with non-severe disabilities and 42.2% of those with severe disabilities. Consumer fraud of seniors is a national trend that is negatively impacting the limited incomes of people over 65.

The Beneficiary Survey, conducted by the Alaska Mental Health Trust Authority in 1998, asked beneficiaries for information about their household income. Survey participants reported incomes that contrast drastically with the household income for the general population. Nearly two-thirds (64%) of the beneficiaries participating in the survey reported household incomes of less than \$20,000 while on 15% of Alaskan Households fell in this income group. Conversely, 59% of all Alaskan households reported incomes of more than \$40,000, while only 19% of beneficiaries reported similar household incomes. Alaska Psychiatric Institute reported that 90% of adults admitted had income below \$20,000 while 80% of adults receiving services from community mental health centers reported incomes below \$40,000.

"On the housing programs and the Dividends, our rents should not go up. They're charging us one-third of our income, and if we have a child in the house, then they count it as income and raise the rent."

Beneficiary  
1998 Beneficiary Survey

"They're doing a good job of keeping us at poverty level."

Beneficiary  
1998 Beneficiary Survey

"We can't afford to go bowling, or to the movies, or out to dinner. We don't have the extra money to do any of these things."

Beneficiary  
1998 Beneficiary Survey

**Current Efforts to Turn the Curve:** Some of the strategies that are proving effective at increasing the incomes of beneficiaries are employment training programs like those provided by the Division of Vocational Rehabilitation and the Private Industry Council. Developmental disability and mental health employment support programs provide on-the-job employment readiness training and support for workers. On-going support after acquiring employment is a determining factor in job retention for many beneficiaries. Senior employment programs provide many seniors with jobs as senior volunteers and help train seniors to acquire unsubsidized employment.

### **Recommended Strategies:**

#### ***Expansion of Current Efforts***

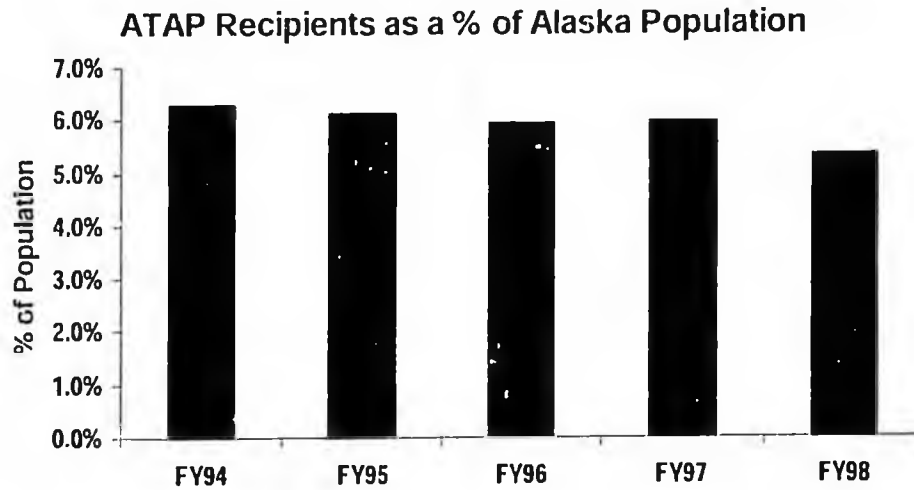
1. Educate seniors about consumer fraud.
2. Increase respite or day care funding so that caregivers can continue working while caring for a beneficiary.

#### ***New Initiative***

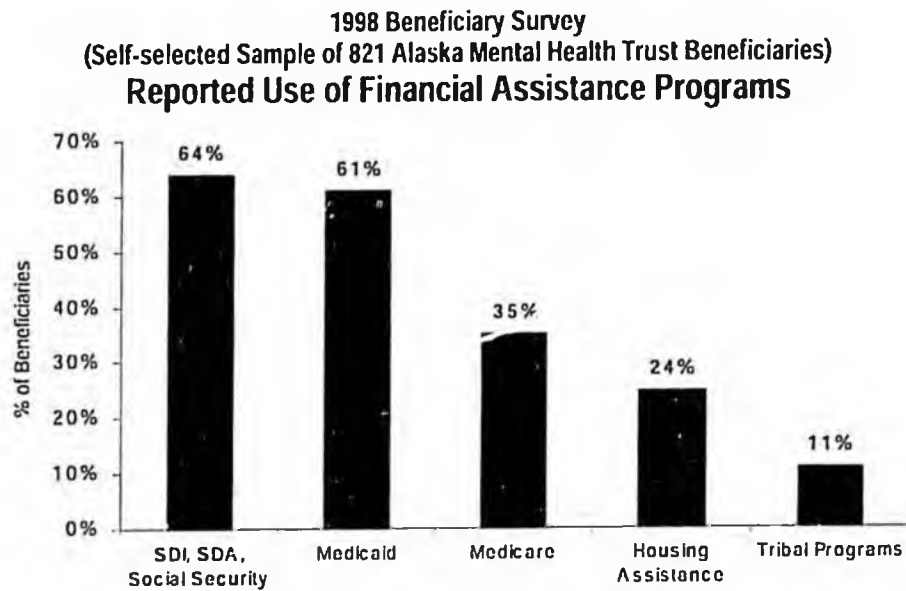
1. Establish a consumer credit union specifically for beneficiaries.

## Result #3: ECONOMIC SECURITY

### Indicator Baselines:



Alaska Division of Public Assistance, Department of Health and Social Services, August 1998



**The Story Behind the Baselines:** The Alaska Temporary Assistance Program (ATAP) was signed into law in 1996. The goal of welfare reform is to: *move Alaskans from welfare to jobs so they can support their families, while maintaining a safety net for those truly in need.*

The first year of ATAP brought significant changes to the welfare caseload, including:

- The welfare caseload declined by 15%
- Welfare savings for FY98 were more than \$24 million
- The welfare caseload dropped to under 11,000 for the first time since 1992

The Division of Public Assistance estimates that 5% to 10% of those receiving ATAP are Alaska Mental Health Trust beneficiaries. One of the most significant changes brought about by welfare reform is the five-year lifetime limit of ATAP benefits. Most of the people who came off the welfare rolls during the first year were the most ready-to-work. There is currently no safety-net for recipients who complete five years of ATAP benefits and who are unable or unwilling to work. There are an unknown number of beneficiaries on ATAP for whom the goal of employment is unrealistic.

Other financial assistance programs provide support for Mental Health Trust beneficiaries. Many of the beneficiaries who participated in the Beneficiary Survey reported that they receive assistance through Social Security (64%) and Medicaid (61%), Medicare (35%), housing assistance (24%) and tribal assistance programs (11%). Eight thousand (8,000) adults with disabilities receive Adult Public Assistance, about 45% of whom have a psychiatric disability.

**Current Efforts to Turn the Curve:** Some of the strategies that are proving effective at increasing the number of people leaving public assistance are child care subsidies, job readiness programs, job training, and case management.

"I used to make more money in a day than I have in allowance for one week now, and I paid more taxes than I get in benefits today."

Beneficiary  
1998 Beneficiary Survey

"I'm a single parent with two kids at home. And it's hard. One of my children has a disability, and it's hard to try to go out and work without the support I need for my kids, the childcare."

Beneficiary  
1998 Beneficiary Survey

## **Recommended Strategies:**

### ***Expansion of Current Efforts***

1. Case management to assist with access to public assistance and services.
2. Provide employer incentives for training and hiring hard to place ATAP and APA recipients.
3. Collect and analyze information collected about beneficiaries who use public assistance (disability, use of public assistance services, use over time)
4. Support legislation and funding for programs that provide beneficiaries with home and community based alternatives to institutional care.
5. Increase access to guardians, conservators, representative payees and provide assistance with paperwork.

### ***New Initiative***

6. Develop strategies to assure beneficiaries access to public assistance services even if they have received Alaska Temporary Assistance Programs (ATAP) services for five years. (*New policy initiative*)

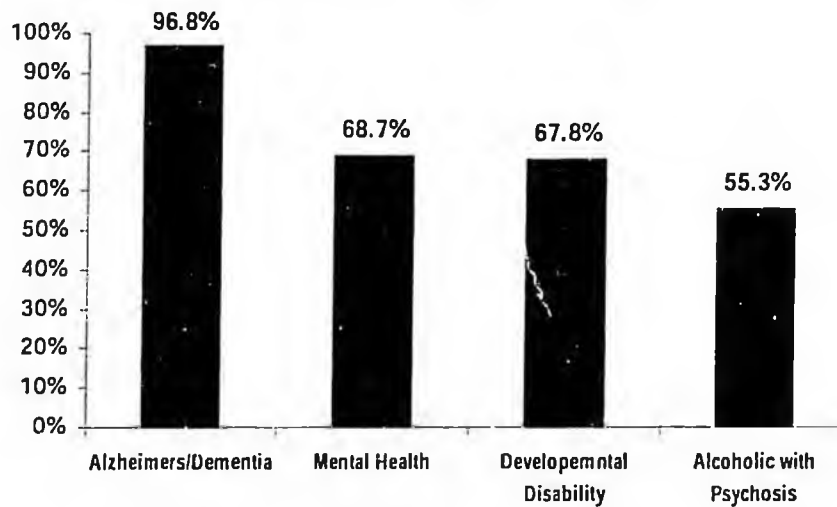
## RESULT #4: PRODUCTIVELY ENGAGED, EMPLOYED, CONTRIBUTING

### Indicator Baselines:



Government Information Sharing Project, Oregon State University, <http://govinfo.kerr.orst.edu/>

**1998 Beneficiary Survey**  
(Self-selected Sample of 821 Alaska Mental Health Trust Beneficiaries)  
**Unemployment by Beneficiary Group**



**The Story Behind the Baselines:** Data on employment, unemployment, hours and wages are collected and published monthly by the Alaska Department of Labor.

Unemployment in Alaska varies greatly with the season. In 1996, the statewide rate of unemployment ranged from 9.7% in January to 5.5% in August. Unemployed rates also vary according to region or community. Traditional methodologies for determining unemployment do not work well in Alaska's smaller, more remote villages, where few jobs are available. Many people in these communities rely on a traditional subsistence lifestyle. Hunting, fishing and gathering wild foods form the basis of a non-cash economy. Often, people living in these communities have given up on actively seeking employment and are not counted in local or state statistics. In many of these communities, it is estimated that more than 75% of the adults are not working at cash jobs.

National sources estimate that up to 65% of adults with a variety of disabilities are unemployed. The Mental Health Trust Beneficiary Survey found similar rates of unemployment in Alaska. Of those who took part in the telephone survey, 69% of those with mental illness and 68% of those with developmental disabilities reported that they were unemployed. Fifty-five percent (55%) of alcoholics with psychosis and 97% of those with Alzheimer's or other dementia, most of whom are 60 or older, said that they were not employed.

Even when Trust beneficiaries are employed, they are often in part-time, low paying jobs. Beneficiaries may remain in these jobs because, if they worked longer hours or made more money, they would lose their eligibility for Medicaid, which is often their only source of health insurance. Loss of medical benefits was the most commonly cited reason given for not seeking work by unemployed beneficiaries. The cost of some psychotropic drugs which make it possible for mentally ill people to work can cost \$900 per month. Other frequently cited reasons were discrimination, inability to find a job, and lack of training.

**Current Efforts to Turn the Curve:** Some of the strategies that are proving effective at increasing employment opportunities for beneficiaries are employment training programs like those provided by the Division of Vocational Rehabilitation and the Private Industry Council. Developmental disability and mental health employment support programs provide on-the-job employment readiness training and support for workers. The Governor's Council on Disabilities and Special Education recently received federal funding for a five-year employment initiative (Alaska Works). Senior employment programs provide many seniors with jobs as senior volunteers and helps train

"That's the only reason why I haven't gone out to look for work--to keep my medical coverage."

Consumer  
1998 Beneficiary Survey

"I refuse to quit (job). My four hour day is all I get, and that is the most wonderful thing in my whole life, besides my children."

Consumer  
1998 Beneficiary Survey

"Vocational Rehabilitation has helped me find a job."

Consumer  
1998 Beneficiary Survey

seniors to acquire unsubsidized employment. During their 1998 session, the Alaska Legislature passed a bill that would allow people with disabilities to retain Medicaid coverage while working. Programs like elder care and respite make it possible for caregivers of people with Alzheimer's Disease to continue working.

## **Recommended Strategies:**

### ***Expansion of Current Efforts***

1. Increase Division of Vocational Rehabilitation transition services to beneficiaries 18 to 21 years old, including those in alternative schools.
2. Increase the number of school districts that support beneficiaries in inclusive settings.
3. Increase the number of beneficiaries, including those in the juvenile justice system, who complete school and pass high school qualifying exams or complete a GED.
4. Provide access to educational resources to juveniles in the adult correctional system.

### ***New Initiatives***

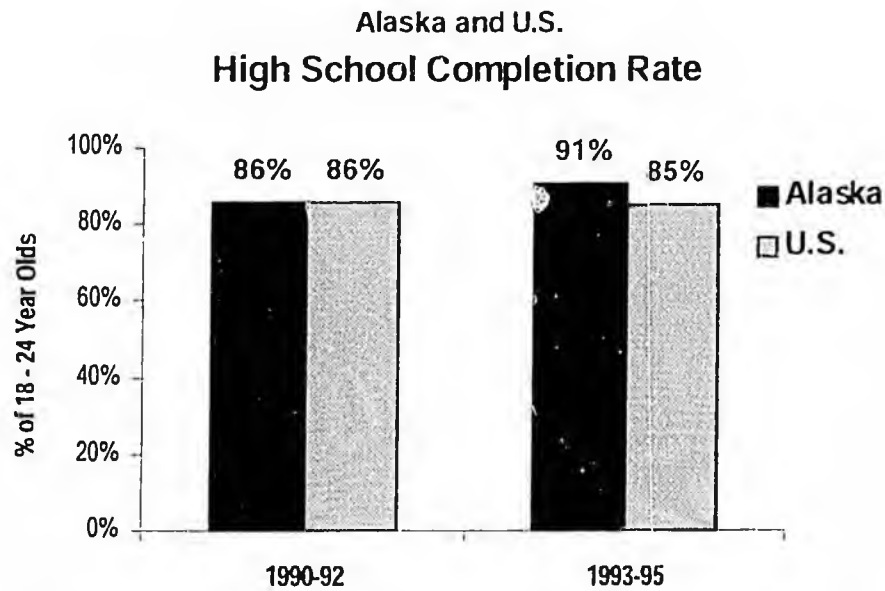
5. Provide cross-beneficiary job support services.
6. Create work opportunities for beneficiaries in the adult correctional system.
7. Monitor implementation of new employment initiatives, including Alaska Works and changes to Medicaid, to determine whether they provide expanded employment opportunities for beneficiaries.
8. Develop a strategic plan for the education of Trust beneficiaries.

"Job coaching takes people out and helps people get a job; they are helpful. They give you good information. They help you out."

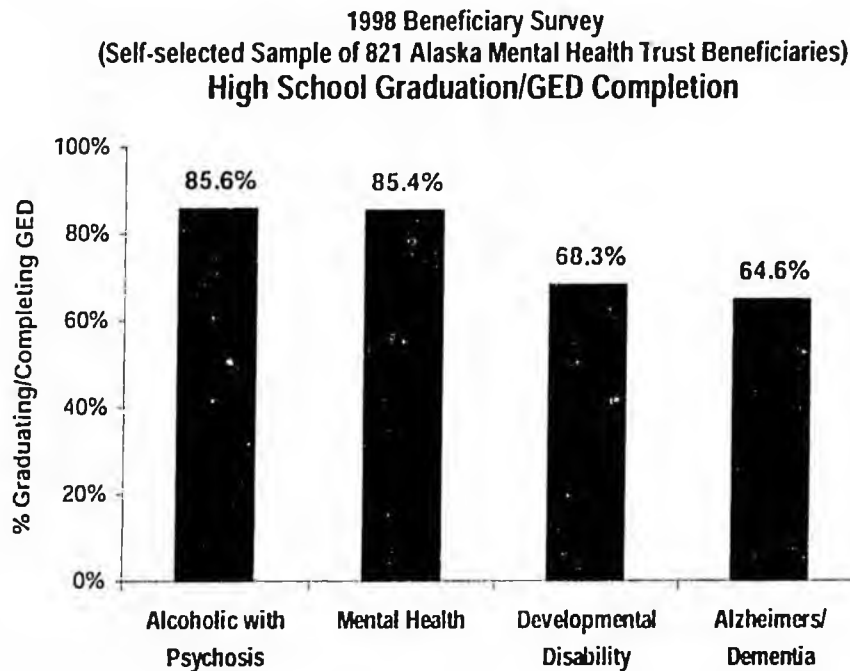
Consumer  
1998 Beneficiary Survey

## Result #4: PRODUCTIVELY ENGAGED, EMPLOYED, CONTRIBUTING

### Indicator Baseline:



Government Information Sharing Project, Oregon State University, <http://govinfo.kerr.orst.edu/>



**The Story Behind the Baselines:** Each October, the US Census Bureau conducts the Current Population Survey. Among the information collected is "high school completion rates for 18 through 24-year-olds not currently enrolled in high school". This information is collected for each state and is computed based on data spanning three years. In the years 1993-95, the Alaska high school completion rate was 90.5%, compared to a national rate of 85.5%.

The Mental Health Trust Beneficiary Survey found similar rates for high school graduation or GED completion for two beneficiary groups, alcoholics with psychosis (85.6%) and those with mental illness (85.4%). Approximately two-thirds (68.3%) of the survey participants with developmental disabilities had graduated from high school or completed a GED. Beneficiaries who have Alzheimer's or related dementia had the lowest high school completion rate (64.6%), which is probably a function of growing up at a time when many young people left high school to work or join the military.

The National Center for Education Statistics reported that in 1995, the percentage of young adults with disabilities (16 to 24 years) who dropout was 14.6%. The percentage of non-disabled young adults who dropped out was 11.8%. Students with mental illness are the most likely to dropout (56.1%), followed by those with mental retardation (31.1%), serious emotional disturbances (23.6%), and specific learning disabilities (15.8%). Learning disabilities were the most commonly reported disability in the study, affecting 2.2% of the population or one-third of the youths with disabilities in the age group.

**Current Efforts to Turn the Curve:** Some of the programs and initiatives proving to be effective at improving the educational outcomes for beneficiaries are education in regular classrooms, transition planning, mental health treatment services linked with special education programs, and support programs like peer counseling.

## **Recommended Strategies:**

### ***Expansion of Current Efforts***

1. Increase the number of children in inclusive classrooms.
2. The Department of Health and Social Services and the Alaska Mental Health Trust Authority develop collaborative relationship with the Department of Education.

"When I was going to high school, I had a teacher who said I wouldn't be able to graduate from high school. He said, "You'll never make it to college." I graduated from high school with honors, and I enrolled in college for an Associates degree. I have three more credits and I'll have an Associates degree."

Consumer  
1998 Beneficiary Survey

"We need more adult basic centers in villages for school; for GED, ABE (Adult Basic Education). They quit the ABE program in my village."

Consumer  
1998 Beneficiary Survey

3. Increase the number of beneficiaries, including those in the juvenile justice system, who complete school and pass high school qualifying exams or complete a Graduate Equivalency Diploma (GED).
4. Increase access to educational resources for juveniles in the adult and juvenile correctional systems.

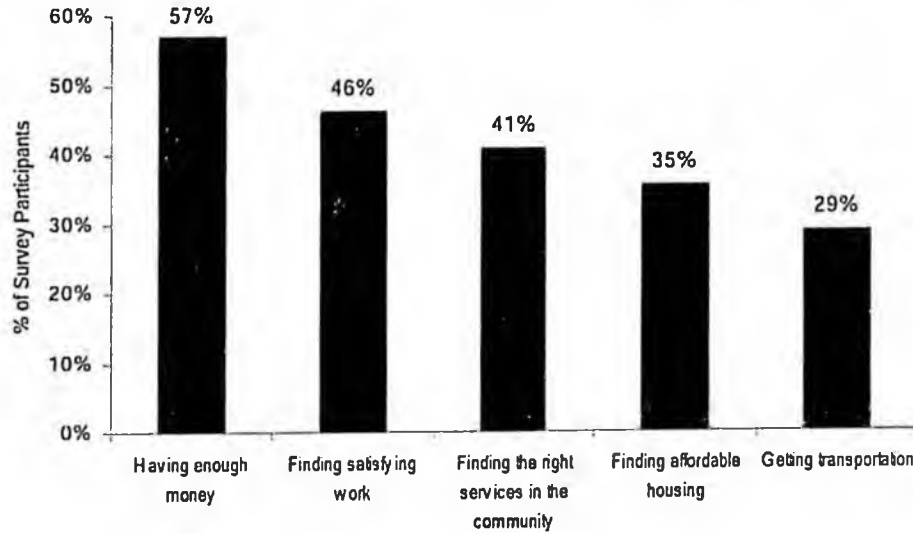
***New Initiatives***

1. Fund periodic audits of IEPs and make recommendations based on findings)
2. Develop an education strategic plan for beneficiaries.

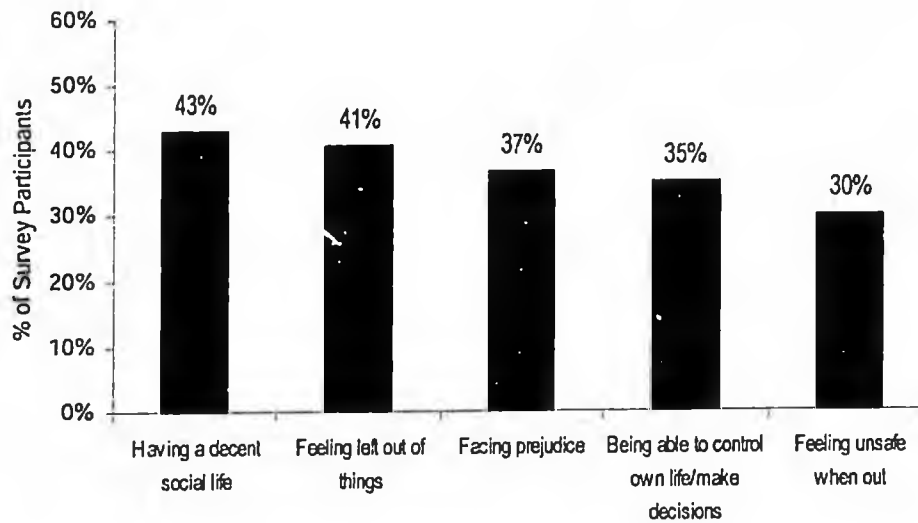
## Result #5: LIVE WITH DIGNITY / VALUED MEMBERS OF SOCIETY

### Indicator Baseline:

1998 Beneficiary Survey  
(Self-selected Sample of 821 Alaska Mental Health Trust Beneficiaries)  
**Problems Encountered with Community Living**



1998 Beneficiary Survey  
(Self-selected Sample of 821 Alaska Mental Health Trust Beneficiaries)  
**Problems Encountered with Community Integration/Acceptance**



**The Story Behind the Baselines:** Until recently, people with mental illness, developmental disabilities, chronic alcoholism and dementia were routinely removed from their homes and communities and placed in institutions. Until the late 1950s, hundreds of children and adults were sent to Morningside (Oregon) and other institutions thousand of miles from their homes and families. After statehood, beneficiaries received services in Alaska, but generally in centrally located institutions. As a result, people with disabilities were rare in communities and were often viewed with suspicion and mistrust. It is only in recent years, that local, community-based services have begun to spread across the state. Part of the mission of the Trust is to assist beneficiaries in becoming valued and contributing members of their communities.

Beneficiaries who participated in the Alaska Mental Health Trust Beneficiary Survey were questioned about problem areas they encountered in community living. Some of the problem areas noted were having enough money (57%), finding satisfying work (46%), finding the right services in the community (41%), finding affordable housing (35%), and getting transportation (29%).

Beneficiaries participating in the survey were also asked about some of the issues they faced in community integration and acceptance. The most common problems were having a decent social life (43%), feeling left out of things (41%), facing prejudice (37%), being able to control their own lives and making decisions (35%), and feeling unsafe when out (30%).

There is currently no comparable general population data.

**Current Efforts to Turn the Curve:** Some of the programs that have proven to be effective at providing beneficiaries with community living and home ownership support are HUD Section 8 and Supported Housing Programs, HUD 811 and 202 programs, the developmental disabilities and mental health housing grants, transitional housing and domiciliary care, supported living, and in-home support programs. In addition, there are general relief and housing assistance programs for elders. Advocacy groups, such as NAMI Alaska, the Alzheimer's Association, and the Key Coalition play important roles in educating the public, changing attitudes, and advocating for community options for people with disabilities.

"Everyone should be guaranteed a place to live. Nobody should be homeless."  
Consumer  
1998 Beneficiary Survey

"I like having a roof over my head and money coming in. And I'm at a level that I'm feeling O.K. and can get back out in the community."  
Consumer  
1998 Beneficiary Survey

"I don't have things to do. I'm not a street roamer, I do not drink, and I am very isolated. I need friends."  
Consumer  
1998 Beneficiary Survey

"I like volunteering."  
Consumer  
1998 Beneficiary Survey

"I like to go drumming. One of my plans is working at a music store and being a drum teacher and beginning a band. And I'm really good. I was in the newspaper for Artist of the Week."  
Consumer  
1998 Beneficiary Survey

"Anything is possible. I went skydiving a year and a half ago."  
Consumer  
1998 Beneficiary Survey

"Maybe I'd think about getting married and finding a girlfriend someday."  
Consumer  
1998 Beneficiary Survey

## Recommended Strategies:

### *Expansion of Current Efforts*

1. Ensure compliance with standards of care for facilities providing home and community based services for beneficiaries.
2. Provide training opportunities for community emergency services personnel (police, EMTs, hospital staff) on dealing with beneficiaries in crisis situations.
3. Support efforts to integrate beneficiaries into their communities.
4. Promote the participation of beneficiaries on policy-making boards and commissions.

### *New Initiatives*

1. Re-capture the savings from the longevity bonus and reinvest it in senior services as a means of supporting seniors in their own homes and communities.
2. Explore a "universal" Medicaid waiver for home and community based care that is based on functional assessment rather than a specific disability.
3. Provide Alzheimer's and related dementia diagnostic and consultation services.

"I'd like to be able to get out more. Our transportation system only takes us to doctor's appointments but not anyplace else."

Consumer  
1998 Beneficiary Survey

"Having knowledgeable family members makes a difference in how easily services are accessed or situations are handled."

Caregiver  
1998 Beneficiary Survey

"We had a program with after hours that we could go to anytime--do crafts, and I liked that program. Everybody liked it. Then they cut that program. It's confusing."

Consumer  
1998 Beneficiary Survey

"When you open up the newspaper, our Anchorage paper, there is, maybe once a week, an article about Alzheimer's in there, even if it's just a short little note. It's educating the general public."

Caregiver  
1998 Beneficiary Survey

## Data Development Agenda

In Results Based Budgeting, results and indicators are used to establish baselines for the development of strategies and performance measures. Much of the information included in the Comprehensive Integrated Mental Health Plan (CIMHP) reflects the broader statewide population and are not specific to Mental Health Trust beneficiaries. Part of the CIMHP development process is identifying information gaps and moving forward with a data development agenda. The purpose of the data development agenda is to improve the quality and reliability of information on beneficiaries, thereby improving Department of Health and Social Services and AMHITA planning and budget development. The indicators below are currently not available. There are funding implications for most of the recommendations below. Each requires further analysis to determine the complexity, costs or potential legal barriers for each action or change.

### Overarching Data Development Needs:

DATA	Why its important	Action or Change Required
1. Consistent definition of beneficiaries across information systems (i.e. ARORA, DDIANA, PROBER, Senior Services, ADA, DOC, DOE, DVR, etc.).	It is important to compare the number of beneficiaries served by different programs and across systems.	Policy Change Addition/Revision to Existing Systems
2. Unduplicated count of beneficiaries to establish Alaska specific prevalence rates.	Current estimates of the number of beneficiaries are based on national prevalence data that may or may not be applicable to Alaska.	Survey Research - New Primary Data Source
3. Consistent definition of descriptive data elements (Income, ethnicity, educational attainment, living situation) across data systems.	Standardized method of describing beneficiaries.	Policy Change Addition/Revision to Existing Systems
4. New information systems funded by the Mental Health Trust Authority must include a determination of beneficiary status.	Standardized beneficiary count by program.	Policy Change
5. Regular survey of beneficiaries to determine income and living conditions.	It will be important to see how the status of beneficiaries changes over time.	Survey Research - New Primary Data Source
6. Identify DHSS and other department information systems that collect information on beneficiaries and include them as sources of data for the data warehouse.	May provide a more complete picture of how beneficiaries use state-funded services.	Policy Change Addition/Revision to Existing Systems

**Result #1: HEALTH**

**DATA**

	<b>Why its important</b>	<b>Action or Change Required</b>
1. # and rate of suicide attempts.	Indicator of need for mental health and substance abuse services.	New Primary Data Source
2. % of low-birth weight babies with long-term disabilities.	Estimating future impacts on service systems.	Survey Research - New Primary Data Source
3. Hospital discharge data by diagnosis as defined by ICD9 code.	Indicator of use of medical acute care facilities by beneficiaries.	Policy Change - Legislation Addition/Revision to Existing Systems
4. Hospital emergency room data by diagnosis as defined by ICD9 code.	indicator of use of medical emergency care facilities by beneficiaries.	Policy Change - Legislation Addition/Revision to Existing Systems
5. % of beneficiaries who are uninsured (do not have a public or private third party payer).	Indicator of beneficiary access to health care.	Beneficiary Survey - New Primary Data Source
6. % of beneficiaries with health insurance that includes behavioral health coverage.	Indicator of beneficiary access to mental health and substance abuse treatment services.	Survey Research - New Primary Data Source
7. % of beneficiaries who are unable to access needed medical, dental, mental health, long-term care or substance abuse treatment services.	Indicator of beneficiary access to health care and mental health treatment services.	Survey Research - New Primary Data Source
8. % of physicians enrolled in and accepting Medicare/Medicaid reimbursement.	Indicator of beneficiary access to health care and mental health treatment services.	Survey Research - New Primary Data Source

## Result #2: SAFETY

DATA	Why its important	Action or Change Required
1. Retrospective studies: % of adults in correctional system, on Adult Public Assistance or In substance abuse treatment who were contacted by DFYS as children.	Indicator of future impacts on service systems and the need for future services.	Survey Research - New Primary Data Source
2. # and percentages of beneficiaries in the correctional system.	Indicator of future impacts on correctional system and the need for future community services.	Addition/Revision to Existing System
3. Recidivism rate for beneficiaries involved in the correctional system.	Indicator of future impacts on service systems and the need for future services.	Addition/Revision to Existing System
4. # of beneficiaries with guardians, including reason for guardianship and type of guardian (guardians, conservators, representative payees).	Indicator of the level of support required by beneficiaries and provides a means of monitoring the guardianship services. Safety indicator.	New Information System
5. % of beneficiaries living in safe neighborhoods (based on neighborhood crime rates, existence of neighborhood watch programs, availability of alcohol through liquor licenses or local option, presence of law enforcement/VPSOs).	Quality of life indicator.	Survey Research - New Primary Data Source

## Result #3: ECONOMIC SECURITY

DATA	Why its important	Action or Change Required
1. Income of beneficiaries.	Indicator of beneficiary quality of life - comparable to population.	Addition/Revision to Existing System Survey Research - New Primary Data Source
2. Standardize methodology for collecting income information across databases.	Indicator of beneficiary quality of life - comparable to population.	Policy Change Addition/Revision to Existing Systems
3. Rate of employment for caregivers: before and after they become caregivers.	Indicator of care giver well-being and the availability of home and community services for beneficiaries.	Survey Research - New Primary Data Source
4. Availability of affordable specialized, transitional and assisted living housing.	Indicator of access to services.	Survey Research - New Primary Data Source
5. % of beneficiaries who are homeless.	Safety and quality of life Indicator.	Survey Research - New Primary Data Source

#### Result 4: PRODUCTIVELY ENGAGED, EMPLOYED, CONTRIBUTING

DATA	Why its important	Action or Change Required
1. # of beneficiaries on ATAP and % nearing 5 year limit.	Indicator of the # of beneficiaries who may need alternatives to ATAP at some point.	Addition/Revision to Existing Systems
2. Hours worked per week for beneficiaries.	Indicator of the economic status of beneficiaries as compared to population.	Addition/Revision to Existing Systems Survey Research - New Primary Data Source
3. Wages per hour for beneficiaries.	Indicator of the economic status of beneficiaries as compared to population.	Addition/Revision to Existing Systems Survey Research - New Primary Data Source
4. % of beneficiaries who receive a diploma or GED.	Indicator of the future economic status of beneficiaries.	Addition/Revision to Existing Systems
5. % of juvenile offenders who are beneficiaries and who receive a diploma/GED.	Indicator of the future economic status of beneficiaries and recidivism potential.	Addition/Revision to Existing Systems

#### Result 5: LIVING WITH DIGNITY / VALUED MEMBER OF SOCIETY

DATA	Why its important	Action or Change Required
1. Number of people living in nursing homes by age and diagnosis.	Indicator of the availability of community based alternatives to nursing home care.	Addition/Revision to Existing Systems
2. % of seniors (60+) living in nursing homes.	Indicator of the availability of community based alternatives to nursing home care.	Addition/Revision to Existing Systems
3. Number of complaints against nursing homes and assisted living homes.	Status of the service system and quality of care.	Addition/Revision to Existing Systems
4. Number (or %) of beneficiaries using public transportation and para-transit (municipal or service provider)	Indicator of access to the community.	Addition/Revision to Existing Systems Survey Research - New Primary Data Source
5. % of beneficiaries living in the community or home of their choice.	Indicator of choice and quality of life.	Survey Research
6. Community support or treatment service availability index	Method of comparing the availability of community capacity to provide home and community based services.	Analysis of Existing Service System

2/3/00

Overview:

H.S. Exit

Exam

**HFIN**

**FILE**

## Alaska State-Statute - Secondary Pupil Competency Testing

Sec. 14.03.075. Secondary pupil competency testing. [Effective January 1, 2002]..

(a) A pupil may not be issued a secondary school diploma unless the pupil passes a competency examination in the areas of reading, English, and mathematics. The department shall determine the form and contents of the examination and shall score completed examinations. A pupil who fails to pass the examination required under this subsection and who is no longer in attendance shall receive a certificate of attendance from the school district indicating the years of attendance and that the pupil has not passed a competency examination or received a diploma.

(b) A pupil who fails the examination required under this section may be reexamined. A reexamination may not be offered more often than once every three months and must occur within three years after the date the pupil is no longer in attendance. A pupil who passes the reexamination and who meets any other graduation requirements shall receive a diploma from the school district.

## Setting the Passing Score on the High School Graduation Qualifying Exam

Dr. Nick Stayrook, Consultant  
Dept. of Education & Early Development

Feb 3, 2000

House FIN/HESS

1

## Secondary Pupil Competency Testing (A.S.14.03.075)

- Students must pass a competency test in reading, writing, and math and complete credit requirements to receive a diploma
- Students who fail the exam may be reexamined up to three years after they are no longer in attendance.

Feb 3, 2000

House FIN/HESS

2

## Developing a Competency Test

- What should be on the test? (Content)
- How will the students be assessed?
  - Legal Defensibility
- Making the decision about passing the test.

Feb 3, 2000

House FIN/HESS

3

## Alaska's The High School Graduation Qualifying Examination

- Alaskans Passed the Law
- Alaskans Developed the Standards
- Alaskans Selected the Test Questions
- Alaskans Will Set the Passing Score

Feb 3, 2000

House FIN/HESS

4

## Content of the Test

- The subject matter areas to be tested are:
  - Reading
  - Writing
  - Mathematics
- Alaska Content Standards (1992)
- Alaska Performance Standards for reading, writing, and mathematics (1998)

Feb 3, 2000

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5

## Selecting Test Questions

- Test Contractor is CTB/McGraw-Hill
- Our test questions were selected from large pool of questions developed by CTB
  - Test questions were matched to the standards by CTB
  - Test questions were then reviewed by Alaskans
    - Content match to standards
    - Cultural appropriateness to Alaska
    - Technical quality

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6

## Creation of the Tests

- Approved items were collected together to form preliminary tests
- A statewide field test of the test questions was done in March 1999
- Technical studies were done on the field test to select a final set of questions that:
  - had highest quality and least bias
  - assured adequate coverage of the standards

Feb 3, 2000

House FIN/HESS

7

## How Will the Students be Assessed?

- The test is a paper and pencil test
- The test is a collection of questions
  - Multiple-choice questions (about 2/3)
  - Open-ended questions (about 1/3)
- Given under controlled standardized conditions to ensure fairness
- The tests are untimed

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8

## Scoring the Tests

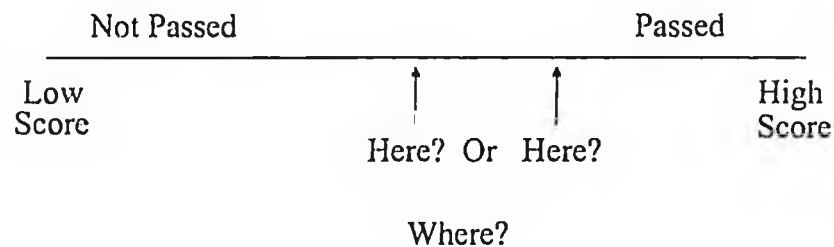
- 1 point for each correct multiple-choice question
- Open-ended questions have varying number of points using scales of 0-1 to 0-6.
- Sum of the points yields a total score

Feb 3, 2000

House FIN/HESS

9

## Setting the Passing Score



Feb 3, 2000

House FIN/HESS

10

## Procedures for Setting the Passing Score

- The passing score could be set today, but....
- Methods:
  - Use percent correct
  - Other earlier methods (Angoff, 1971; Item mapping, 1993)
  - CTB's Bookmark method (1995)

Feb 3, 2000

House FIN/HESS

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## Participants for the Bookmark Method

- 21 Participants needed for each content area
  - All participants will be Alaskans
  - The 21 participants will be divided into 3 small groups of 7 each
- **These participants have NO knowledge of how well Alaska 10th graders scored on the test in March.**

Feb 3, 2000

House FIN/HESS

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## Establishing a Passing Score

- Make a judgement for each test question
- “Should the HS graduate we want in the future be able to correctly answer the question?”
- Go through the test item by item and make this judgement

Feb 3, 2000

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13

## The Bookmark Method's Innovation

- Use of the ordered item booklet
- Each test question is placed on a separate sheet of paper.
- These are arranged in a notebook in order from the easiest question to the hardest
- Participant places a “bookmark” at the place where they judge the question as above the level of competency desired.

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## Bookmark Workshop

- Participants will take the test, study the items, scoring guides, and standards
- Participants will go through 3 rounds of setting the bookmark with discussions of differences after each round
- Participants will write performance descriptions of what students should know that are as specific as possible without educational jargon.

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## Problems Solved using Bookmarking

- Participants don't have to guess at the difficulty of a question.
- Traditional method causes inconsistencies
  - If items are judged as easy (but are really hard) then these are included under the cut score
  - If items are judged as hard (but are really easy) then these are not included under the cut score

Feb 3, 2000

House FIN/HESS

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## Why Bookmarking?

- This is currently considered the best method for establishing a passing score because it has withstood legal challenges.
- Does not produce a cut score where a student who really is competent fails the test or vice versa.
- States who have used traditional method are re-doing their cut scores using the Bookmark Method.

Feb 3, 2000

House FIN/HESS

19

2/9/00

Overview:

Privatiz-  
ation

**HFIN**

**FILE**

21ST ALASKA LEGISLATURE

COMMISSION ON PRIVATIZATION AND  
DELIVERY OF GOVERNMENT SERVICES

FINAL REPORT



SENATOR  
JERRY WARD  
CO-CHAIR



REPRESENTATIVE  
JOHN COWDERY  
CO-CHAIR

*MEMBERS*

SENATOR AL ADAMS  
BILL ALLEN  
REPRESENTATIVE TOM BRICE  
TOM FINK  
MICHAEL HARPER  
EMIL NOTTI  
KATHRYN THOMAS  
DON VALESKO  
GEORGE WUERCH

MARCO PIGNALBERI, EXECUTIVE DIRECTOR



*and Delivery of Government Services*

January 21, 1999

Co-Chairs:

Representative John Cowdery  
Senator Jerry Ward  
Senator Al Adams  
Bill Allen  
Representative Tom Brice  
Tom Fink  
Michael Harper  
Emil Notti  
Kathryn Thomas  
Don Valesko  
George Wurch

Honorable Tony Knowles, Governor  
State of Alaska  
PO Box 110001  
Juneau, AK 99811

Honorable Drue Pearce, President  
Alaska State Senate  
State Capitol Building  
Juneau, AK 99801

Honorable Brian Porter, Speaker of the House  
Alaska House of Representatives  
State Capitol Building  
Juneau, AK 99801

Dear Governor Knowles, Madam President Pearce and Speaker Porter:

Please consider this letter, the accompanying report and appendices as satisfaction of the requirements in Chapter 61 SLA 1999.

The Commission on Privatization and Delivery of Government Services met 13 times over an 18 week period. We solicited public participants to work in 20 different subcommittees that focused on each department in state government, the University of Alaska, the legislature and the court system. Additional panels focused on state owned hydro-electric projects, the Alaska Railroad Corporation and the Alaska Housing Finance Corporation. Through various stages of consideration, approximately 300 Alaskans volunteered to work on the subcommittees. Collectively, they participated in more than 200 meetings. In all we made 408 recommendations concerning privatization and delivery of government services.

The accompanying report includes a Master List of Recommendations. They are cross referenced to each department and subcommittee report. The full subcommittee reports are included as appendices.

This volume of work represented by the subcommittee reports is extraordinary. We have never seen such a prolific contribution by Alaskan citizens to their state government. Indeed, while the Commission heard a presentation from each subcommittee and reviewed each of their reports, it was impossible to assimilate and debate all the information within the time available. Therefore, the Commission recommends the entire corpus of work for further consideration by the Administration and Legislature.

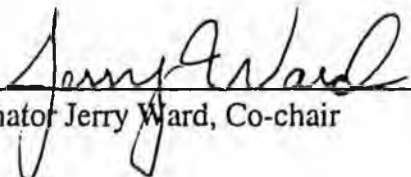
In the meantime, the Commission adopted 20 recommendations for immediate consideration. These recommendations were selected in large part because of a clear consensus among commissioners. These 20 recommendations are attached as Table A.


If there is a consistent theme that resounded from nearly every subcommittee, it is this: state budget documents are frustrating and incomprehensible to the citizens of the state. Subcommittee members and Commissioners wanted to discover what costs accompany specific activities performed by state government. They could not. Our budget structure and format do not serve the public and should be changed or supplemented to accommodate public interest.

We wish to record that the Commission, and its subcommittees, enjoyed broad cooperation, even enthusiasm, from many departments in the executive branch. We commend the departmental liaisons who enriched the experience of subcommittee members with their earnest responses to our inquiries.

Finally, the commissioners and subcommittee members wish to express appreciation for the opportunity to constructively involve themselves in state government. We view our work as a first, small step toward a state government that is prepared to meet the challenges of the impending millennium.

Yours truly,

  
\_\_\_\_\_  
Senator Jerry Ward, Co-chair

  
\_\_\_\_\_  
Representative John Cowdery, Co-chair

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### ATTACHMENT 1

#### Budget Format Rationale

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**HYDRO ELECTRIC PROJECTS**

**CORRECTIONS**

**COURTS**

**EDUCATION**

**VOLUME 2**

**ENVIRONMENTAL CONSERVATION**

**FISH & GAME**

**GOVERNOR**

**HEALTH EDUCATION & SOCIAL SERVICES**

**LABOR**

**LAW**

**VOLUME 3**

**LEGISLATURE**

**MILITARY & VETERAN AFFAIRS**

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**REVENUE**

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## ACKNOWLEDGMENTS

*This report is the climax of a brief and intense period of time. The logistical imperatives of more than 200 meetings involving 300 volunteers could not have been met without generous assistance from many volunteers and fellow legislative staff.*

*Andrew Clary did a great design job on the web site and John Aldrighette refined it regularly for us. Jerry Ritter took pictures and disseminated information. Jonathon Lack maintained our bibliography. Beth Tobey was our meeting scheduler and Ben Grenn helped form the subcommittees. Joel Lounsbury and Jennifer Florian handled our phones when we couldn't and organized some of our handout material. Amy Ragula did everything. Bob Walsh proved to be a great researcher and Chris Nelson took on a chairmanship, above and beyond the call of duty.*

*Annette Kreitzer and Rynnieva Moss aided several committees with their contextual experience. Debbie Higgins in Co-chairman Ward's office was a valuable cohort throughout aided by Patti Freeman and Angela Moss. These were our mainstay helpers and there were others too who bailed us out from time to time: Kevin Hand, Amy Erickson, Mike Tibbles, Bill Nelson, Hugh Towe, Casey Sullivan and Conor Sullivan. Julie Mitchell is literally an MS Word wizard and Robin Phillips handled the appreciation certificates.*

*So frequently did we stalk the hallways beseeching help from other offices, they developed a mystical alarm system. We'd get off the elevator on any floor in our building and we could hear doors start swishing shut. We could feel the whispers, "Here comes the Privatization staff... Swish!" Actually, we never were denied the help we sought. It was always offered with good spirit and willingness.*

*Inevitably, our work spilled over and impacted other offices too. We dramatically increased the workload for the statewide teleconference workers and the Legislative Information Offices in Anchorage, Fairbanks, Juneau and Kenai. For their good offices we are appreciative.*

*A special note of gratitude to Commissioner Kathryn Thomas who made every commission meeting and all her subcommittee meetings, recruited outside stenographic help for us, filled in for the chairmen when they were otherwise occupied and generally inspired us to keep plugging away. She was the commission's conscience; trying to ensure that each recommendation fit within the scope of the enabling legislation.*

*As we reported to the governor, "we have never seen such a prolific contribution by Alaskan citizens to their state government." The subcommittee members deserve salutary recognition for producing a magnum opus, their subcommittee reports. Unfortunately, we didn't keep the names of some early participants who couldn't stay the distance. But, the following list of committee assignments is as near perfect as we can get it and we'd welcome learning if there is any omission.*

*Subcommittee Members*

**ADMINISTRATION: Joe Henri, Esq, Chair**

*Bill Allen, Jack Coghill, David Cottrell, CPA, John Fox Worthington, Donna Gilbert, Spence Hochstein, Donn Liston, Paul Martone, Andree McLeod, Dale Nelson, Janelle Norman, Patty Polley, Lewis Quinn, Jim Rowe, Carl Springer, Scott Lewis, Don Valesko, Tom Wagner, Gerri Wakefield, Dan Wayne.*

**ALASKA RAILROAD: Lee Wareham, Chair**

*David Cottrell, Gene Furman, John Haxby, Don Schroer, Samantha Wilson.*

**COMMUNITY & ECONOMIC DEVELOPMENT: Lee Wareham, Craig Johnson, Co-Chairs**

*Chris Anderson, Jim Crawford, Rick Davidge, Dale Fox, Gene Furman, John Haxby, J.D. Holmes, Henry Kim, Linda Leary, Steve Levi, Mel Nichols, Justin Ripley, Steve Rouse, Jim Sanders, Dennis Schlotfeldt, Don Schroer, Steve Smirnoff, Don Smith, Bob Southall, Kathryn Thomas, Ken Zong.*

**CORRECTION: Sharon Anderson, Chair**

*Fred Dyson, Russell Lewis, Barbara Miller, Mary Pate, Esq., Greg Pease, Keith Perrin, Donna Poff, Gail Schubert, Mel Tipton, Greg Utterback, Jerry Ward, Garland Warren.*

**COURT SYSTEM: Joyce Harris, "B" Jarvi, Ken Peavyhouse, Co-chairs**

*Al Adams, Susan Gibson, Edward Leon, Marco Pignatelli, Don Rogers, M.D., Charles Rollins, Al Tamagni, Colleen VanHatten,.*

**EDUCATION: Jim Hickel, Chair**

*Al Adams, Sharon Cissna, Tom Cobaugh, Bob Coghill, Don Evans, Paul Fisher, Sam Gaston, JoAnn Henderson, Doug Johnson, Rich Kronberg, Rynnieva Moss, Tom Murphy, Emil Notti, Marvin Owen, Jeff Walters, Bonnie Williams.*

**ENVIRONMENTAL CONSERVATION: Virgil Norton, Chair**

*Gus Andress, P.E., Jerry Brookman, Keith Bucklin, Doug Donagin, Bob Gilfilian, P.E., Paul Hampton, Dee High, P.E., Greg Horner, Bill Lawrence, Stephanie Madsen, Greg Magee, P.E., Vern McCorkle, Rick VanHatten.*

**FISH & GAME: Mead Treadwell, Chair**

*Rod Arno, Sue Aspelund, Tom Brice, John Burke, Amy Daugherty, Duncan Fields, Cliff Judkins, Dale Kelley, Steve Kemper, Bruce Knowles, Stephanie Madsen, Kris Norosz, Jeff Patterson, Pat Simpson.*

**GOVERNOR/OMB: Wayne Anthony Ross, Chair**

*Tom T. Anderson, Spence Hochstein, Gregory Hall, Andree McLeod, Pauline Martens, Jack Frost, Terry Martin, Paul Woerner.*

**HEALTH EDUCATION & SOCIAL SERVICE: Kathy Andress, Mike Taurianan, Co-Chairs**

*Mark Andrews, Lynn Caswell, Laraine Derr, Barry Eldridge, Paul Foutz, Rosemary Hagevig, Michael Harper, Wes Keller, Richard Kibbey, Clyde Lorenz, Marie Majewske, David Maltman, Rynniva Moss, Gloria O'Neil, Mike Price, Sarah Short, Scott Trafford Calder, Sylvia Villamides, Vincent Vitale.*

***HYDRO ELECTRIC PROJECTS: Lee Wareham, Chair***

*Dave Carlson, Tom Friesen, Marco Pignalberi, Walt Sapp, Robert Wilkinson, Eric Yould.*

***LABOR: Valerie Baffone, Chair***

*Robert Derr, Jerry DesJarlais, Kay Slack, Clark Smith, Jim Spalding, Bill Watterson.*

***LAW: Mark Johnson, Chair***

*Scott Brandt-Erichsen, Blake Call, Representative John Cowdery, Pete Kinneen, Richard McVeigh, William Oberly, Betty Rollins, Bill Satterberg, Bruce Weyhrauch.*

***LEGISLATURE: Kip Knudson, Chair***

*Kim Duke, Candi English, Harriet Fenerty, Mark Hanley, Mike Hawker, Mike Heatwole, Ed Hendrickson, Cindy Norquist.*

***MILITARY & VETERAN AFFAIRS: Chris Nelson, Chair***

*Don Dietz, Mary Good, Roger Graves, Casey Sullivan, Bob Walsh, Senator Jerry Ward.*

***NATURAL RESOURCES: Leo MarkAnthony, Chair***

*Ron Anderson, Hugh Ashlock, Del Moss, Bob Motznik, Steve Noble, Rob Reiman, Randy Ruedrich, Marty Rutherford, George Schmidt, John Swanson, Eric Tasker, Kathryn Thomas, Dale Urich, Don Wilcox.*

***PUBLIC SAFETY: Deborah Luper, Chair***

*Dick Barrett, Victor Gunn, Brian Horner, Hal Hume, Chuck Rollins, Don Valesko, Dave Williams, Jay Yakopatz.*

***REVENUE/AHFC: MaryAnn Pease, Chair***

*Mike Barry, Terry Duszynski, Joe Griffith, Buz Hoffman, John Main, Frank McQueary, Dana Owen, Leisa Roberts, Doug Schmedlen, Leonard Steinberg, Gerald Timmons.*

***UNIVERSITY OF ALASKA: Cheryl Frasca, Chair***

*Jan Fredricks, Wayne Jensen, K. Wayne Price, Chik Wallace, Tom Wilson, Nancy Usera.*

***TRANSPORTATION & PUBLIC FACILITIES: Frank Dillon, Sam Kito, Co-Chairs***

*Jim Ashton, Joe Beedle, Al Brooks, Alan Christopherson, Jerry DesJarlais, George Easley – Chairman Emeritus, Tom Fink, Glen Glenzer, Bob Griffin, Mike Hamilton, Spence Hochstein, Andy Lindhal, Tom Maloney, Tom Meehan, Emil Notti,*

*Marco Pignalberi, Pat Ryan, Henry Springer, Steve Wells, Marie Wilson, Thomas Young.*

*DEPARTMENTAL LIASONS: Michael Abbott, Robert Bosworth, Bruce Geron, Mary McDowell, Allison Elgee, Greg Wolf, Bruce Richards, Doug Wooliver, Mary Siroky, Stacey Anderson, Janet Clarke, Elmer Lindstrom, Jim Chase, Marty Rutherford, Karen Rehflod, Kurt Parkan, Del Smith, Annalee McConnell, Dwight Perkins, Joan Kasson, Barbara Ritchie, Cynthia Cooper, Pam Varni, Dana Owen, Wendy Redman, Ann Ringstad, Wendy Lindskoog, John Bitney, Keith Laufer.*

*In the din of battle against the dragon, "Clock," when events were hurled quicker than a mortal could fend, Annette Deal and Andree Mcleod were my sword and shield. I am grateful.*

*Finally, every good cause needs a political champion. Senator Jerry Ward sponsored the enabling legislation and shepherded it through the Senate. When the bill got into trouble in the House, Representative John Cowdery rescued it and managed it through conference committee to final passage. But, the silent champion who looked over shoulders and prodded rear ends whenever needed, was Pamela LaBolle, who has been for years garnering allegiance to the banner of privatization.*

*Marco Pignalberi  
Executive Director*

## FOREWORD

*The statute creating the Commission on Privatization and Delivery of Government Services required the commission to solicit public comment. We did this in an innovative way. We brought the public into the process and made them an integral part of the mechanism that brought forth these recommendations.*

*There was an amazing response from the public when we asked for volunteers to work on the subcommittees. We had the idea to create one subcommittee with 5 or 6 members for each cabinet department and branch of government. But we ended up with nearly 300 volunteers on 20 different committees. Most subcommittees had more than 15 members. They included at least one member of the state employee unions. The governor helped out by assigning a departmental liaison to work with each subcommittee. Collectively, they convened over 200 meetings in their effort to understand how their state government works and how it might work better through privatization.*

*The resounding complaint from the majority of subcommittees is that the state budget documents are useless to ordinary citizens. They do not reveal the cost of performing state services. The services themselves are not well defined and the cost of carrying them out is no where to be found. This was very frustrating for subcommittee members. A review of privatization commission work in other states indicates that this is a widespread and fundamental problem. It is fundamental because we always want to know if a privatization proposal will save money. Without the ability to match costs to services performed, there will be many cases where we can't know if a savings will accrue. One of the recommendations, number 9, passed by the Commission, in Table #5, deals with this issue. It's supporting rationale is in Attachment #1.*

*Senator Jerry Ward*

*Representative John Cowdery*

**EXECUTIVE SUMMARY  
FINDINGS AND RECOMMENDATIONS TO THE GOVERNOR  
AND THE LEGISLATURE**

Pursuant to CSSB33, the Commission on Privatization and Delivery of Government Services makes the following report. CSSB33 states that the annual cost of state government is exceeding the annual revenue and that our commission is to study government services and make determinations along the following lines;

1. Services that should be eliminated.
2. Services that ought to be contracted out to private organizations.
3. Services that ought to be performed by local government or regional service organizations.
4. Services that ought to be performed by the federal government.
5. Services that ought to be consolidated for efficiency purposes.
6. Services that can most effectively and efficiently be delivered by the state.

This commission appointed 20 subcommittees to review the various elements of state government. There were about 250 to 300 people active on these subcommittees. Each subcommittee returned a report and, in the aggregate, all subcommittees made 305 recommendations for changes. The commission considers most of the recommendations to be very valid and ought to be followed by the state government.

In an attempt to zero in on a limited number of those recommendations, each commissioner was asked to prepare a list of recommendations that he or she wanted to take up in the full committee. The committee then took up, discussed, and voted upon those recommendations that each committee member put forward during our meeting. The commission members did not put forward all of the items which were listed on each of their personal privatization recommendations list.

The following 20 recommendations received majority approval of the commission members:

1. *The Commission recommends giving 250,000 acres to the University of Alaska.*

2. *The Commission recommends selling the Matanuska Maid dairy and associated facilities.*
3. *The Commission recommends changing DWI laws so that most offenders will be electronically monitored along with community service, but without requiring incarceration.*
4. *Charter Schools: The Commission recommends the legislature enact revised charter school laws that provide for educational choice by:*
  - (1) *increasing the number of charter schools allowed in Alaska;*
  - (2) *extending the contract period from five to ten years;*
  - (3) *requiring school districts to provide equal funding for charter school students in their district, and;*
  - (4) *providing school facilities equal to other schools in their district without impeding their creation or development.*
5. *The Commission recommends vouchers for K-12 education to parents at maximum 75 percent of the per pupil cost in each district with standards limited to reading, writing and arithmetic.*
6. *The Commission recommends the University of Alaska determine the true cost/benefit of providing utilities at the three main campuses.*
7. *The Commission recommends determination of the true cost/benefit to privatizing property management functions of all University of Alaska buildings.*
8. *The Commission recommends putting up state land for sale similar to open to entry for oil leases.*
9. *The Commission recommends the legislature devise a task-based budget format and require, by statute, that the governor's budget be submitted in that format.*
10. *The Commission recommends issuing a Request for Proposal for the purpose of all collection of Court Systems-fines.*

11. *The Commission recommends privatizing the collection of delinquent child support debt owed to the State of Alaska.*
12. *The Commission recommends selling or soliciting proposals for a sale of:*
  - Electric Intertie, for fair market value;*
  - Four/Dam pool, for fair market value;*
  - Bradley Lake, for fair market value.**Either get a consultant to try to find an economical method of sale or request proposal ideas from potential buyers.*
13. *The Commission recommends withdrawing AHFC from the secondary mortgage market wherein taxable bonds or assets of AHFC would be used.*
14. *The Commission recommends the legislature pass a law making land available for homesteading.*
15. *The Commission recommends the Legislature consider an ongoing effort for the Delivery of Government Services in the most effective and cost-efficient manner and provide the public with budgeting and performance measures of government services.*
16. *The Commission recommends The Alaska Railroad implement a vegetation control program including use of herbicides.*
17. *Telephony: The Commission recommends privatizing; turning over to an Alaska company with core competency in telephone service, but seeing to it that bush and emergency service continue to be provided as at present.*
18. *The Commission recommends that any privatization efforts insure that there is a cost savings to the state on an immediate and long-term basis.*
19. *The Commission recommends a statute that labor contracts may not contain language restricting privatization activities.*

*20. The Commission recommends that legislative sessions be held in Anchorage, Alaska.*

Also included with this report is the subcommittees' and commissioners' master list of 408 recommendations, in all. A copy of each subcommittee's full report is provided with a list of their members and chairmen.

We did not vote on all the subcommittees' recommendations, as time did not permit a full review. The Privatization Committee did meet with each of the subcommittees to receive their written and oral reports.

We recommend that the administration and the legislature follow through on the recommendations of this commission and that the appropriate legislative committees review all of the recommendations of the subcommittees.

This commission expires on December 31, 1999, but all the members of this commission and the members of the subcommittees are available to the legislature or the Governor.

Commissioner Tom Fink