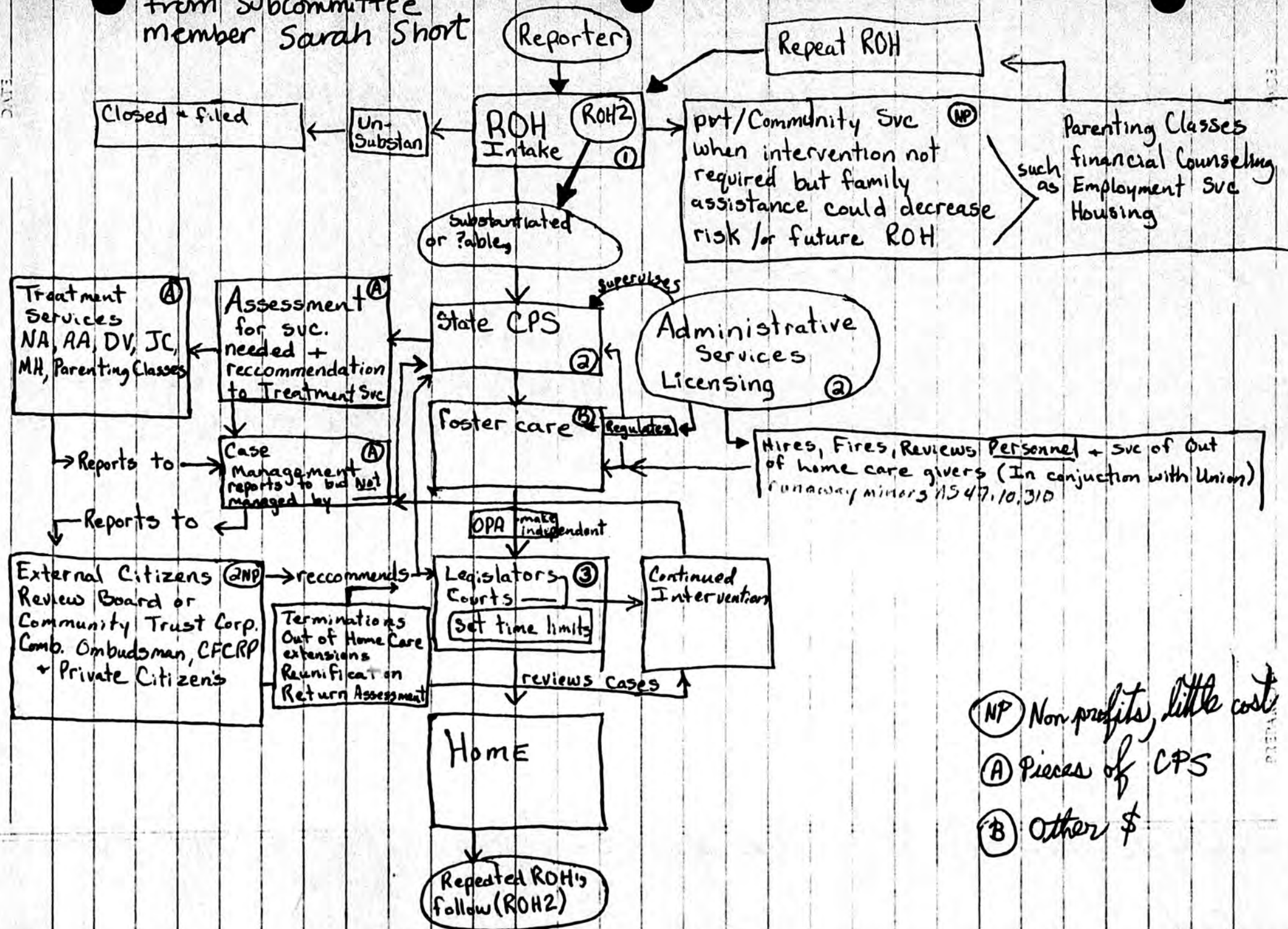


SCOMM

122:52

HESS: Tree Ladder from Subcommittee member Sarah Short



- (NP) Non profits, little cost
- (A) Pieces of CPS
- (B) Other \$

~~Education~~

HES

Subject: RE: clarification

Date: Mon, 29 Nov 1999 12:02:41 -0900

From: "Clarke, Janet E." <Janet_Clarke@health.state.ak.us>

To: "Marco Pignalberi" <Marco_Pignalberi@legis.state.ak.us>

Marco:

The items that I can think of (off the top) would be CAMA (Chronic Acute Medical Assistance) and Infant Learning Program and Developmental Disability grants (because these are both individual grant programs).

Hope this helps.

Janet

> -----Original Message-----

> From: Marco Pignalberi [SMTP:Marco_Pignalberi@legis.state.ak.us]

> Sent: Wednesday, November 24, 1999 2:57 PM

> To: Janet Clarke

> Subject: clarification

>

> hi Janet, thanks for offering to "speculate" about the program names

> that might be part of the Subcommittee recommendation no. 13. Please

> don't spend a lot of time on it. Your offhand reflection via email will

> suffice.

> tx, Marco P



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



FACSIMILE COVER SHEET

TO:
Annette Deal - Cowdery
Melba Piispanen - Fairbanks
Alyson Staggdill - Kenai
Lana Decker - Anchorage
FAX NUMBER
PHONE NUMBER

FROM:
Shane Miller
Janet Clarke's Office
10/15/99 9 (includes cover)
DATE NO. OF PAGES
465-2499
FAX NUMBER
465-1632
PHONE NUMBER

RE:

Privatization Documents - 10/19 Meeting

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

NOTES/COMMENTS:

Annette	269-0223	Please print and distribute for 10/19 meeting
Melba	456-3346	
Alyson	283-3075	
Lana	269-0229	

Memo - 2 pages	Thanks, Shane
Attachment - 6 pages	

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

STATE OF ALASKA

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

P.O. Box 110630
Juneau, AK 99811-0630
Phone: (907) 465-3082
Fax: (907) 465-2499

MEMORANDUM

DATE: October 15, 1999

TO: DHSS Privatization Task Force

FROM: Janet Clarke 
Director

SUBJECT: Additional H&SS Information Regarding October 12, 1999 Memo

The following information is a follow up to our October 12, 1999 response to the Privatization Task Force subcommittee.

❖ *How many of those social workers (employed by the State of Alaska) are licensed?*

The Alaska Department of Commerce, Division of Occupational Licensing records shows that there are 260 Licensed Clinical Social Workers in the State of Alaska. These workers are employed in the private sector, local governments and by the State of Alaska. There is no further breakdown by employer of this data from the Department of Commerce.

❖ *How many social workers are there in the State of Alaska?*

Information from the Alaska Department of Labor and Workforce Development, Research and Analysis is attached. Please note that this data is for the first quarter (January 1 - March 31) of 1998. All workers reported as SOC 2032 "Social Workers" who worked for their employer at any time during the quarter are included. If an individual worked as a "Social Worker" for more than one employer during the quarter, he/she will be counted more than once.

❖ *How many of those social workers are licensed?*

The Alaska Department of Commerce, Division of Occupational Licensing does not have this information available.

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

Privatization Task Force

Page 2

10/15/99

Attachment

**cc: Elmer Lindstrom, Special Assistant
George Buhite, Director, Juvenile Justice
Theresa Tanoury, Director, Family and Youth Services
Tom Cherian, Administrative Manger, Family and Youth Services
Lisa Emerson, Administrative Manager, Juvenile Justice
Verne Skagerberg, Budget Analyst, Administrative Services**

OCT. 15. 1999 1:42 PM

DHSS DAS DIR OFFICE

FAX NO. 18074852101

NO. 062

P. 4/9

ALASKA DEPT. OF LABOR & WORKFORCE DEVELOPMENT
Research & Analysis Box 25901, Juneau, AK 99802-5901
PHONE: (907) 465-4500 FAX: (907) 465-2101 OR (907) 465-4506

ATTENTION: Tom Cheriya

Fax# 465-3397

City/State Juneau

Date: 10/13/99

Time: 9:50 am

From: Todd Mosher

Number of pages including cover sheet: 6

Additional Instruction:

Tom,

Note that this data is for the 1st Quarter (Jan 1 - Mar 31) of 1998. All workers reported as SOC 2032 "Social Workers" who worked for their employer at any time during the quarter are included. If an individual worked ~~for~~ as a "Social Worker" for more than one employer during the quarter he/she will be counted more than once.

-- Todd

66

STANDARD OCCUPATIONAL CLASSIFICATION MANUAL

20 SOCIAL, RECREATION, AND RELIGIOUS WORKERS

203 SOCIAL AND RECREATION WORKERS

This minor group includes occupations concerned with giving assistance to individuals and groups with problems, such as poverty, illness, family maladjustment, anti-social behavior, and inadequate housing; and organizing and supervising social, recreational and cultural activities in youth clubs, community centers and similar organizations.

2032 Social Workers

This unit group includes occupations involving counseling and giving aid to individuals and families requiring assistance of social service agencies, including visiting clients and arranging for care in foster homes, half way houses or other facilities. Usually required to have knowledge and skill in casework method acquired through at least bachelor's degree from accredited school of social work.

Supervisor, volunteer services... 705... 197137014
Field representative... 705... 199367010
Caseworker... 836... 195107010
Caseworker, child welfare... 836... 195107014
Caseworker, family... 836... 195107018
Social group worker... 836... 195107022
Social worker, delinquency prevention... 836... 195107024
Social worker, medical... 705... 195107030
Social worker, psychiatric... 705... 195107034
Social worker, school... 705... 195107038
Casework supervisor... 836... 195137010
Group worker... 836... 195144010
Community organization worker... 836... 195167010
Community relations and services advisor, public housing... 836... 195167014
Parole officer... 705... 195167030
Probation officer... 705... 195167034
Program aide, group work... 836... 195227010
Housing relations or drug and alcohol counselor... 874... 195267014
Care aide... 836... 195367010
Management aide... 836... 195367014

2033 Recreation Workers

This unit group includes occupations involving organizing and supervising social, recreational and cultural activities in youth or family camps, community centers, playgrounds, and other settings. Includes conducting recreation activities with assigned groups in public or voluntary agency. Coaches are classified in major group 34.

Counselor, camp... 155... 199194010
Director, recreation center... 836... 195167026
Recreation leader... 836... 195227014

204 RELIGIOUS WORKERS

This minor group includes occupations concerned with providing spiritual and moral guidance and counseling to members of a religious faith or denomination and other persons expanding religious doctrine and performing other activities associated with the practice of religions.

2043 Clergy

This unit group includes occupations involving conducting religious worship and performing other spiritual functions associated with beliefs and practices of religious faith or denomination as delegated by ordinance, license, or other authorization, and providing spiritual and moral guidance, counseling, and assistance to members.

Notes: See page 9 for explanation of job title codes.

SC

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OCT. 15. 1999 WED 1:43 PM

DHSS DAS DIR OFFICE

FAX NO. 16074852101

NO. 062

P. 6/9

Social Welfare (SOC = 2032) by Industry (3-digit SIC), 1988-91
 Own (Ownership): 20 = State Govt.; 30 = Local Govt.; 50 = Private

TITLE	OWNERSHIP:			Total
	20	30	50	
EXECUTIVE AND LEGISLATIVE (Govt.)	677	149		826
CHILD DAY CARE SERVICES			22	22
CIVIC & SOCIAL ASSOCIATIONS			214	214
COMPUTER AND DATA PROCESSING SERVICES			2	2
ELEMENTARY AND SECONDARY SCHOOLS		15		15
HARDWARE STORES			1	1
HEALTH AND ALLIED SERVICES, N.E.C.			173	173
HOME HEALTH CARE SERVICES			6	6
HOSPITALS		15	62	77
INDIVIDUAL AND FAMILY SERVICES			690	690
INSURANCE AGENTS, BROKERS, & SERVICES			1	1
INVESTMENT OFFICES			8	8
JOB TRAINING AND RELATED SERVICES			59	59
MANAGEMENT & PUBLIC RELATIONS			23	23
MISCELLANEOUS PERSONAL SERVICES			1	1
NURSING AND PERSONAL CARE FACILITIES			2	2
OFFICES & CLINICS OF MEDICAL DOCTORS			95	95
OFFICES OF OSTEOPATHIC PHYSICIANS			4	4
OFFICES OF OTHER HEALTH PRACTITIONERS			69	69
POLITICAL ORGANIZATIONS			1	1
REAL ESTATE AGENTS AND MANAGERS			7	7
REAL ESTATE OPERATORS AND LESSORS			1	1
RELIGIOUS ORGANIZATIONS			75	75
RESIDENTIAL CARE			340	340
SCHOOLS AND EDUCATIONAL SERVICES, N.E.C.			9	9
SOCIAL SERVICES, N.E.C.			41	41

TELEPHONE COMMUNICATIONS			1	1
TRUSTS			3	3
VOCATIONAL SCHOOLS			40	40
Totals	677	179	1951	2807

Employers with 10 or more Social Workers (SOC=2032), 1998-01
 OWN (Ownership): 20 = State Govt., 30 = Local Govt., 50 = Private

	EMPLOYER	OWN	SIC	INDUSTRY	N
1	STATE OF AK DEPT OF ADMIN	20	913	GOVERNMENT	677
2	FAMILY CENTERED SVCS OF AK INC	50	832	INDIVIDUAL AND FAMILY SERVICES	105
3	FEKS NATIVE ASSOC INC	50	836	RESIDENTIAL CARE	87
4	N SLOPE BOROUGH	30	913	GOVERNMENT	78
5	SALVATION ARMY AK DIV THE	80	866	RELIGIOUS ORGANIZATIONS	71
6	ALTERNATIVE COMM MENTAL H.	50	809	HEALTH AND ALLIED SERVICES, N.E.C.	68
7	FEKS COMM MENTAL HEALTH CTR	50	809	HEALTH AND ALLIED SERVICES, N.E.C.	66
8	JUNEAU YOUTH SERVICES	50	836	RESIDENTIAL CARE	62
9	TANANA CHIEFS CONFERENCE INC	50	864	CIVIC & SOCIAL ASSOCIATIONS	58
10	COVENANT HOUSE AK	50	832	INDIVIDUAL AND FAMILY SERVICES	50
11	ANCH CENTER FOR FAMILIES	50	832	INDIVIDUAL AND FAMILY SERVICES	46
12	ADVANCED CONCEPTS IN EDUCATION	50	824	VOCATIONAL SCHOOLS	40
13	ABUSED WOMENS AID IN CRISIS	50	836	RESIDENTIAL CARE	39
14	FEKS RESOURCE AGENCY	50	833	JOB TRAINING AND RELATED SERVICES	38
15	ANCH COMM MENTAL HLTH SVC INC	50	804	OFFICES OF OTHER HEALTH PRACTITIONERS	37
16	AK YOUTH & PARENT FOUNDATION	50	832	INDIVIDUAL AND FAMILY SERVICES	35
17	MORTON SOUND HEALTH CORP	50	801	OFFICES & CLINICS OF MEDICAL DOCTORS	31
18	VOLUNTEERS OF AMERICA	50	832	INDIVIDUAL AND FAMILY SERVICES	31
19	SOUTHCENTRAL FOUNDATION	50	801	OFFICES & CLINICS OF MEDICAL DOCTORS	29
20	KAMILLAQ ASSOCIATION INC	50	801	OFFICES & CLINICS OF MEDICAL DOCTORS	27
21	MUNICIPALITY OF ANCH PATROLL	30	913	GOVERNMENT	26
22	SE AK REGIONAL HEALTH CONSORT	50	806	HOSPITALS	25
23	BRISTOL BAY NATIVE ASSOC	50	864	CIVIC & SOCIAL ASSOCIATIONS	28

24	ALLVEST INC	50	874	MANAGEMENT & PUBLIC RELATIONS	23
25	AK WOMEN RESOURCE CTR INC	50	832	INDIVIDUAL AND FAMILY SERVICES	22
26	AMARE SHELTER INC	50	836	RESIDENTIAL CARE	22
27	WOMENS RESOURCE CENTER	50	836	RESIDENTIAL CARE	22
28	VALLEY WOMENS RESOURCE CTR	50	836	RESIDENTIAL CARE	22
29	JUNEAU CITY & BOROUGH	30	913	GOVERNMENT	22
30	PROVIDENCE HOSPITAL	50	806	HOSPITALS	20
31	ASSOC OF VILLAGE COUNCIL PUEB	50	864	CIVIC & SOCIAL ASSOCIATIONS	20
32	TUNDRA WOMENS COALITION	50	832	INDIVIDUAL AND FAMILY SERVICES	19
33	JUNEAU ALLIANCE 'MENTALLY ILL	50	836	RESIDENTIAL CARE	19
34	HAT-SU RECOVERY CENTER INC	50	832	INDIVIDUAL AND FAMILY SERVICES	18
35	SITKA MENTAL HEALTH CLINIC	50	804	OFFICES OF OTHER HEALTH PRACTITIONERS	17
36	E A F E INC	50	832	INDIVIDUAL AND FAMILY SERVICES	17
37	ARELA TREATMENT SERVICES INC	50	836	RESIDENTIAL CARE	17
38	RESIDENTIAL YOUTH CARE INC	50	836	RESIDENTIAL CARE	17
39	SEWARD LIFE ACTION COUNCIL	50	832	INDIVIDUAL AND FAMILY SERVICES	16
40	COOK INLET TRIBAL COUNCIL INC	50	864	CIVIC & SOCIAL ASSOCIATIONS	16
41	CATHOLIC COMMUNITY SVC INC	50	832	INDIVIDUAL AND FAMILY SERVICES	15
42	WOMEN IN CRISIS INC	50	832	INDIVIDUAL AND FAMILY SERVICES	15
43	SITKA PREVENTION & TREATMENT	50	832	INDIVIDUAL AND FAMILY SERVICES	15
44	HUMAN AFFAIRS INTERNATIONAL	50	832	INDIVIDUAL AND FAMILY SERVICES	15
45	CENTER FOR COMMUNITY	50	832	INDIVIDUAL AND FAMILY SERVICES	14
46	KIDS ARE PEOPLE INC	50	832	INDIVIDUAL AND FAMILY SERVICES	14
47	HAT SU COMMUNITY CHSLG CTR	50	829	SOCIAL SERVICES, N.E.C.	14
48	KIDS CORPS INC	50	825	CHILD DAY CARE SERVICES	13
49	LOWER KOTIKWIL SCHOOL DIST	30	821	ELEMENTARY AND SECONDARY SCHOOLS	12
50	BEKING SEA WOMENS GROUP	50	832	INDIVIDUAL AND FAMILY SERVICES	12
51	ACCESS AK INC	50	832	INDIVIDUAL AND FAMILY SERVICES	12
52	ATHABASCAN TRIBAL GOVNT COUNCL	50	864	CIVIC & SOCIAL ASSOCIATIONS	12

53	ALZHEIMERS ASSOC AK CHAPTER	50	832	INDIVIDUAL AND FAMILY SERVICES	11
54	AKN AIDE ASST ASSOC	50	832	INDIVIDUAL AND FAMILY SERVICES	11
55	RESOURCE CTR FOR PARENTS&CHILD	50	832	INDIVIDUAL AND FAMILY SERVICES	11

Source: Alaska Department of Labor and Workforce Development, Research and Analysis Section. Does not include self-employed or federal workers. Parole and probation officers, public housing advisors, group work program aides, and drug and alcohol counselors are also included in the social workers category (SOC = 2032). N.E.C. = Not Elsewhere Classified

a. Likely most of these are drug/alcohol counselors



7:38AM

DHSS DAS DIR OFFICE

NO. 079



DIVISION OF ADMINISTRATIVE SERVICES
DIRECTOR'S OFFICE

FACSIMILE COVER SHEET

TO:
Annette Carl-Coxley
Melba Lisperen-FBX
Alyson Hoggan-Henri
Lana Carter - Anchorage
FAX NUMBER
PHONE NUMBER

FROM:
Marcy Ambrose
10/19
DATE
NO. OF PAGES
465-2499
FAX NUMBER
465-3331
PHONE NUMBER

RE: Additional Privatization Info - Pls Distribute

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

NOTES/COMMENTS:

Annette 269-0223 Please Print
Melba 456-3346 and Distribute
Alyson 283-3075 at 10/19 Meeting.
Lana 269-0229

Memo 3 pages

Thanks!

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

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

OFFICE OF THE COMMISSIONER

TONY KNOWLES, GOVERNOR

P.O. BOX 110001
JUNEAU, ALASKA 99811-0001
PHONE: (907) 465-3030
FAX: (907) 465-3068

MEMORANDUM

Date: October 19, 1999

To: Mr. Mike Taurianan
Ms. Kathy Andress
Co-Chairs
Department of Health and Social Services
Privatization Subcommittee

From: Elmer A. Lindstrom *EL*
Special Assistant to the Commissioner

Subj: Response to Recommendations Relating to the Division of Public Assistance

Recommendation #1

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

Response:

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

Recommendation #2

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

Response:

- The PFD hold harmless provisions found in state law have had the effect of helping recipients of Temporary Assistance to become more, not less self-sufficient.

Families living at only 66% of the poverty level have the once a year opportunity to purchase the goods or services they need to reduce their reliance on state assistance.

- Without the hold harmless program, many families would be forced to impoverish themselves in order to receive the same benefits that all Alaskans enjoy.

Recommendation #3

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

Response:

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

Recommendation #4

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

- To be eligible for the Adult Public Assistance Program (APA) a low-income individual must be aged, blind, or diagnosed by a physician as permanently disabled, chronically ill, or terminally ill. The applicant must also undergo a rigorous process to determine that he or she is incapable of self-support through gainful employment. APA was created by the legislature not to respond to short-term medical emergencies, but to meet the long-term needs of the most needy Alaskans.
- The maximum SSI benefit an individual may receive is \$500. Without the income supplement provided by APA, many aged or disabled people would not be able to live independently in the community. Many would be forced into high-cost institutions at state expense. Others could become homeless.
- Participation in the APA program also provides access to Medicaid for many aged and disabled Alaskans. The loss of medical care will jeopardize the life and health of many without alternative resources for health care. Medical costs for these individuals will be shifted to other community resources such as hospitals, clinics and private physicians.

Recommendation #5***Eliminate the General Relief Assistance Program*****Response:**

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

Recommendation #6***Eliminate all exemptions to the 60-month limitation for receiving ATAP.*****Response**

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

ALASKA'S KIDS ARE LINING UP FOR YOUR MONEY



Alaska's child abuse victims are lining up for your money. Abused kids frequently become pregnant in

their teens and need the state's financial support.

The lessons they learn in violence often lead them to jail as adults. Each inmate costs the state over \$30,000 each year.

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

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of Child Abuse
in Alaska

Report Abuse
Anonymously at

1-800-478-4444

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

Recommendations

DATE _____

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

OCT-06-1999 WED 10:30 AM

10-05-99 10:07am From-DHSS COMMISSIONERS OFFICE

FAX NO.
9074653060

T-253 P.07/10 F-551

P. 08/11

JUVENILE JUSTICE

JUVENILE DELINQUENCY REFERRALS BY OFFENSE CATEGORY

	Jul-99	Aug-99	Sep-99	Oct-99	Nov-99	Dec-99	Jan-99	Feb-99	Mar-99	Apr-99	May-99	Jun-99	Jul-99
Referral Offense	97	105	128	130	145	129	89	129	129	130	115	109	102
Against Persons	401	435	397	268	273	306	215	258	320	331	398	33	337
Property	22	15	24	22	35	25	19	24	39	23	38	30	28
Public Order	43	54	62	81	54	50	29	56	80	67	46	38	45
Drug/Nicotine	9	6	15	4	11	4	9	13	14	13	14	7	11
Weapons	85	89	112	95	96	93	86	71	96	96	74	80	61
Misc. Offense	657	705	738	600	615	607	447	551	678	680	597	504	584
Total													

JUVENILE DELINQUENCY REFERRALS BY OFFENSE CLASS

	Jul-99	Aug-99	Sep-99	Oct-99	Nov-99	Dec-99	Jan-99	Feb-99	Mar-99	Apr-99	May-99	Jun-99	Jul-99
Referral Offense	0	0	0	0	0	0	0	0	0	0	0	0	0
Missing	203	200	228	178	180	163	102	142	178	178	178	128	167
Felony	368	416	398	327	339	348	259	338	403	408	344	396	355
Misdemeanor	23	37	45	34	39	33	31	24	39	37	34	33	22
Violation/Other	62	52	67	61	57	63	55	47	57	59	40	47	40
Probation Violation	657	705	738	600	615	607	447	551	678	680	597	504	584
Total													

JUVENILE DELINQUENCY REFERRALS INTAKE DECISION

	Jul-99	Aug-99	Sep-99	Oct-99	Nov-99	Dec-99	Jan-99	Feb-99	Mar-99	Apr-99	May-99	Jun-99	Jul-99
Intake Decision	2	13	14	15	9	17	14	34	25	55	56	103	118
Intake Open	130	130	115	105	96	108	58	80	116	91	68	75	67
Adjusted - Conference	78	47	62	34	36	31	18	14	32	38	28	19	18
Adjusted - Letter	86	108	110	94	111	89	68	79	127	118	90	102	112
Adjusted - Referral	58	71	84	56	70	60	39	65	61	52	45	46	29
Dismissed	18	15	15	17	14	12	4	13	7	12	8	10	22
Detention Screen Only	48	31	45	52	48	37	26	34	31	34	27	29	30
Informal Probation	181	225	225	174	195	185	165	177	215	222	208	131	128
Adjudication Petition	0	2	0	1	1	0	0	0	0	0	0	0	0
Waiver Petition	60	63	88	52	35	67	48	55	61	57	87	79	62
Youth Court Referral	657	705	738	600	615	607	447	551	678	680	597	504	584
Total													

AVERAGE NUMBER OF DAYS TO DETERMINE AN INTAKE DECISION*

	Jul-99	Aug-99	Sep-99	Oct-99	Nov-99	Dec-99	Jan-99	Feb-99	Mar-99	Apr-99	May-99	Jun-99	Jul-99
Average Days	48.8	28.5	36.2	38.1	30.8	28.8	23.4	21.1	21.4	17.5	16.0	16.1	11.4

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

September 1999 - 9/3/1999

CHILD PROTECTIVE SERVICES

REPORTS OF HARM BY CASE TYPE

Case Type	Jul-98	Aug-98	Sep-98	Oct-98	Nov-98	Dec-98	Jan-99	Feb-99	Mar-99	Apr-99	May-99	Jun-99	Jul-99
Neglect	730	645	653	808	699	791	666	788	629	848	807	815	623
Physical Abuse	270	289	382	328	318	348	331	392	405	387	361	254	224
Sexual Abuse	166	149	121	194	136	125	163	151	177	172	153	152	149
Mental Injury	23	19	47	66	80	64	100	110	101	92	111	87	82
Abandonment	2	0	0	5	0	3	4	3	6	2	0	1	0
Total	1,290	1,093	1,403	1,399	1,233	1,331	1,264	1,442	1,516	1,501	1,432	1,308	1,078

REPORTS OF HARM BY SCREENING OUTCOME

Screening Outcome	Jul-98	Aug-98	Sep-98	Oct-98	Nov-98	Dec-98	Jan-99	Feb-99	Mar-99	Apr-99	May-99	Jun-99	Jul-99
Missing	0	0	0	0	0	1	0	0	1	0	0	0	0
Assigned	865	756	998	985	765	928	1,035	1,085	1,151	1,208	1,225	1,127	908
Non CPS Reason	38	23	33	49	34	38	34	52	54	31	49	60	45
Workload Adjusted	298	306	378	358	431	358	191	293	311	256	138	68	93
Dual Track	0	0	0	0	0	0	0	0	0	0	14	39	29
Insufficient Info	1	8	2	9	3	6	4	12	1	8	8	15	2
Total	1,200	1,093	1,403	1,399	1,233	1,331	1,264	1,442	1,516	1,501	1,432	1,308	1,078

COMPLETED INVESTIGATIONS OF REPORTS OF HARM BY OUTCOME

Investigation Outcome	Jul-98	Aug-98	Sep-98	Oct-98	Nov-98	Dec-98	Jan-99	Feb-99	Mar-99	Apr-99	May-99	Jun-99	Jul-99
Missing	0	0	0	0	0	0	0	0	0	0	0	0	0
Can't Locate	12	16	8	2	6	13	6	11	17	6	6	4	7
Invalid	75	119	46	67	100	84	110	65	76	72	90	103	92
Substantiated	332	402	253	288	369	360	288	335	447	285	317	353	258
Unsubstantiated	410	525	216	209	313	312	258	362	304	298	265	326	246
Total	829	1,061	523	566	788	769	762	773	844	661	690	796	603

LINE STAFF

Staff	Jul-98	Aug-98	Sep-98	Oct-98	Nov-98	Dec-98	Jan-99	Feb-99	Mar-99	Apr-99	May-99	Jun-99	Jul-99
Available	130	133	145	145	146	156	147	151	155	154	156	155	157
Vacant	15	15	12	16	15	8	15	12	8	9	7	8	9
Total	145	148	158	161	161	162	162	163	163	163	163	164	166

FAMILY SERVICES OUT OF HOME CARE REPORT

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

Months in Custody	Sep-98	Oct-98	Nov-98	Dec-98	Jan-99	Feb-99	Mar-99	Apr-99	May-99	Jun-99	Jul-99	Aug-99	Sep-99
0-11	695	657	671	682	663	647	687	724	727	735	711	735	742
12-23	403	439	467	480	506	514	546	563	568	560	582	568	541
24-35	241	223	211	228	224	219	220	219	239	254	267	278	287
36-47	183	202	203	203	208	214	195	209	202	201	188	172	170
48+	234	219	229	231	247	258	274	277	297	304	307	303	288
Total	1,758	1,740	1,781	1,804	1,848	1,847	1,922	1,992	2,033	2,054	2,036	2,054	2,038

AVERAGE MONTHS IN CONTINUOUS CUSTODY

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

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

Placements	Sep-98	Oct-98	Nov-98	Dec-98	Jan-99	Feb-99	Mar-99	Apr-99	May-99	Jun-99	Jul-99	Aug-99	Sep-99
1	260	258	282	279	281	268	302	336	336	346	335	327	321
2-3	521	522	527	529	569	564	597	618	641	650	649	653	644
4-7	554	560	551	565	559	570	571	573	579	589	596	619	610
8+	421	410	421	431	439	445	452	464	477	492	456	464	463
Total	1,758	1,740	1,781	1,804	1,848	1,847	1,922	1,992	2,033	2,054	2,036	2,054	2,038

AVERAGE NUMBER OF PLACEMENTS FOR CHILDREN IN CARE

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

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

FAX NO.
9074853088

T-253 P.09/10 P-551

P. 10/11

JUVENILE PROBATION SERVICES

SUPERVISION CASES SERVED DURING

	<u>Jul-99</u>	<u>Aug-99</u>	<u>Sep-99</u>	<u>Oct-99</u>	<u>Nov-99</u>	<u>Dec-99</u>	<u>Jan-00</u>	<u>Feb-00</u>	<u>Mar-00</u>	<u>Apr-00</u>	<u>May-00</u>	<u>Jun-00</u>	<u>Jul-00</u>
Open at Beginning	1,428	1,435	1,373	1,341	1,310	1,334	1,305	1,288	1,248	1,201	1,198	1,158	1,168
New	129	121	103	97	126	107	94	83	97	95	70	99	74
Closed	122	183	135	128	102	136	119	115	144	109	110	87	72
Open at End	1,435	1,373	1,341	1,310	1,334	1,305	1,288	1,248	1,201	1,198	1,158	1,168	1,170

NEW SUPERVISION CASE BY THE INITIAL CASE TYPE

Case Type	<u>Jul-99</u>	<u>Aug-99</u>	<u>Sep-99</u>	<u>Oct-99</u>	<u>Nov-99</u>	<u>Dec-99</u>	<u>Jan-00</u>	<u>Feb-00</u>	<u>Mar-00</u>	<u>Apr-00</u>	<u>May-00</u>	<u>Jun-00</u>	<u>Jul-00</u>
Institutionalization	1	2	1	1	5	5	1	3	3	3	5	2	4
Intensive Probation	73	64	61	43	59	49	38	41	41	33	28	43	37
Maximum Probation	8	8	5	8	9	5	5	1	7	5	2	6	2
Medium Probation	23	31	17	23	24	34	26	17	29	31	17	30	15
Minimum Probation	16	15	16	18	25	11	16	19	12	17	13	14	13
Out-of-State	1	0	0	0	1	0	0	0	0	1	0	1	0
Residential Care	8	4	3	4	3	3	8	2	5	5	5	3	3
Total	129	121	103	97	126	107	94	83	97	95	70	99	74

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FAX NO.
8074553068

P. 05/11
T-253 P.04/10 F-351

FAMILY SERVICES OUT OF HOME CARE REPORT

CHILDREN IN OUT OF HOME CARE BY PLACEMENT TYPE

Level of Care	Sep-99	Oct-99	Nov-99	Dec-99	Jan-99	Feb-99	Mar-99	Apr-99	May-99	Jun-99	Jul-99	Aug-99	Sep-99
Relative Home	622	615	604	613	598	595	632	637	671	659	677	663	683
Foster Home	909	899	940	942	938	992	1,038	1,089	1,099	1,117	1,099	1,092	1,071
Medical Facility	28	31	31	30	32	30	36	39	38	33	32	34	38
Residential Care	107	101	116	115	115	117	112	122	121	120	126	139	137
Detention Facility	42	44	38	43	48	44	38	44	39	47	40	39	41
Correction Facility	3	5	6	7	10	12	11	5	5	5	9	10	15
Other	44	45	46	54	57	57	57	58	60	63	54	57	62
Total	1,756	1,746	1,761	1,804	1,848	1,847	1,922	1,992	2,033	2,054	2,036	2,054	2,038

CHILDREN IN OUT OF HOME CARE BY AGE, RACE, AND GENDER September 1999

AGE			RACE			GENDER		
Age Group	Number	Percent	Race Group	Number	Percent	Gender	Number	Percent
0-1	220	11%	Native	1,111	55%	Male	1,026	50%
2-5	496	24%	Black	220	11%	Female	1,012	50%
6-10	587	29%	Caucasian	587	29%	Unknown	0	0%
11-14	401	20%	Hispanic	43	2%	Total	2,038	100%
15-17	299	15%	Asian	23	1%			
18+	35	2%	Other/Unk	54	3%			
Total	2,038	100%	Total	2,038	100%			

CHILDREN IN OUT OF HOME CARE BY PERMANENCY PLAN September 1999

Plan	Number	Percent
Relative Home	1,484	72%
Permanent Relative Guardianship	33	2%
Permanent Foster Care	108	5%
Adoption	54	3%
Independent Living	364	18%
Long Term Residential Care	9	0%
Unknown	6	0%
Total	2	0%
	2,038	100%

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FAX NO.

907465068

T-253 P.03/10 F-951

P. 04/11

CHILD PROTECTIVE SERVICES

UNDUPLICATED CHILDREN AND FAMILIES IDENTIFIED IN THE REPORT OF HARM BY FAMILY TYPE, AGE, RACE, AND GENDER DURING
July 1999

FAMILY TYPE			AGE			RACE			GENDER		
Family Type	Number	Percent	Age Group	Number	Percent	Race Group	Number	Percent	Gender	Number	Percent
2 Parent Family	289	36.5%	0-1	144	14.3%	Native	343	34.0%	Male	500	49.0%
Single Mother	241	40.9%	2-5	282	27.9%	Black	81	8.0%	Female	503	49.9%
Single Father	33	5.6%	6-10	317	31.4%	Caucasian	373	37.0%	Unknown	6	0.6%
Bio Mother/Partner	31	5.3%	11-14	179	17.7%	Hispanic	16	1.6%	Total	1,000	100.0%
Bio Father/Partner	1	0.2%	15-17	87	8.6%	Asian	16	1.6%	Children		
Bio Mother/Step Father	48	7.8%	18+	0	0.0%	Other	8	0.8%			
Bio Father/Step Mother	12	2.0%	Total	1,000	100%	Unknown	170	16.8%			
Relative Caretaker	7	1.2%	Children			Total	1,000	100%			
Other	9	1.5%				Children					
Missing	0										
Total Families	589	100%									

FAMILY SERVICES REPORT OF HARM INTAKE SUMMARY

	Jul-98	Aug-98	Sep-98	Oct-98	Nov-98	Dec-98	Jan-99	Feb-99	Mar-99	Apr-99	May-99	Jun-99	Jul-99
All Intakes	538	510	636	654	518	584	606	659	734	742	717	660	568
Number of Children in Intake	863	763	975	1,005	768	967	1,012	1,076	1,217	1,218	1,237	1,181	959
Intakes Involving Placements	52	39	61	60	39	54	47	41	60	42	29	36	23
Number of Children Placed	78	50	68	66	52	89	57	27	68	45	43	48	24
Percent of Children Placed	9.0%	6.6%	8.2%	6.6%	6.6%	7.1%	6.6%	2.5%	4.9%	3.7%	3.5%	3.4%	2.5%
Percent of Intakes Involving Placements	9.7%	7.9%	9.6%	9.2%	7.5%	9.2%	7.8%	6.2%	6.8%	5.7%	4.0%	5.5%	4.0%

ONGOING FAMILY SERVICES

FAMILIES RECEIVING ONGOING SERVICES

	Jul-98	Aug-98	Sep-98	Oct-98	Nov-98	Dec-98	Jan-99	Feb-99	Mar-99	Apr-99	May-99	Jun-99	Jul-99
Beginning	1,553	1,565	1,558	1,587	1,625	1,653	1,653	1,670	1,715	1,732	1,734	1,724	1,726
Opened	70	74	75	100	88	71	74	97	89	85	60	60	67
Closed	58	81	48	62	60	71	57	52	72	83	70	58	89
Ending	1,565	1,558	1,587	1,625	1,653	1,653	1,670	1,715	1,732	1,734	1,724	1,726	1,694

September 1999 - 9/3/1999

JUVENILE JUSTICE OUT OF HOME CARE REPORT

JUVENILES IN OUT OF HOME CARE BY PLACEMENT TYPE

Level of Care	Sept-99	Oct-99	Nov-99	Dec-99	Jan-00	Feb-00	Mar-00	Apr-00	May-00	Jun-00	Jul-00	Aug-00	Sep-00
Relative Home	24	23	18	24	22	20	13	11	11	12	8	8	8
Foster Home	54	55	58	51	48	48	49	44	50	51	52	45	44
Medical Facility	10	11	7	7	5	6	4	3	3	3	4	2	0
Residential Care	72	72	67	66	66	64	69	71	67	66	68	64	64
Detention Facility	90	83	82	83	88	85	75	93	81	86	70	71	84
Correction Facility	157	158	141	140	141	140	132	136	144	141	139	142	138
Other	17	23	18	20	15	18	18	21	26	21	28	26	21
Total	424	425	389	381	383	381	358	379	392	382	357	358	369

JUVENILES IN OUT OF HOME CARE BY AGE, RACE, AND GENDER September 1999

AGE			RACE			GENDER		
Age Group	Number	Percent	Race Group	Number	Percent	Gender	Number	Percent
<8	0	0.0%	Native	126	35.1%	Male	317	88%
6-10	1	0.3%	Black	35	9.7%	Female	42	12%
11-14	39	8.4%	Caucasian	179	49.9%	Unknown	0	0%
15-17	258	71.0%	Hispanic	5	1.4%	Total	359	100%
18+	70	19.5%	Asian	7	1.9%			
Total	389	100%	Other/Unk	7	1.9%			
			Total	359	100%			

JUVENILES REFERRED TO DFYS BY AGE, RACE, AND GENDER

July 1999

AGE			RACE			GENDER		
Age	Number	Percent	Race	Number	Percent	Gender	Number	Percent
<9	7	1%	Native	290	37%	Male	483	74%
9	19	4%	Black	49	9%	Female	138	26%
10	70	2%	Caucasian	222	41%	Unknown	0	0%
11	16	3%	Hispanic	15	3%	Total	541	100%
12	32	6%	Asian	27	5%			
13	57	11%	Other	3	1%			
14	65	13%	Unknown	24	4%			
15	184	18%	Total	541	100%			
16	105	19%						
17	117	22%						
18+	5	1%						
Total	541	100%						

PETITIONED JUVENILE DELINQUENCY REFERRALS BY COURT OUTCOME

Court Outcome	Jul-99	Aug-99	Sep-99	Oct-99	Nov-99	Dec-99	Jan-00	Feb-00	Mar-00	Apr-00	May-00	Jun-00	Jul-00
In Process	13	22	21	26	24	26	23	32	63	62	70	57	80
Dismissed	49	39	49	28	40	43	32	27	29	24	33	11	7
Diversed	3	7	7	7	6	7	8	6	5	4	16	3	0
Held in Abeyance	11	21	19	15	14	12	9	15	14	17	16	13	9
Adjudicated	105	135	129	98	112	94	93	97	104	115	73	47	30
Withdrawn	0	0	0	0	0	1	0	0	0	0	0	0	0
Visited	0	3	8	3	0	2	0	0	0	0	0	0	0
Total	181	227	225	175	196	165	165	177	215	222	208	131	126

LINE STAFF

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



COMMISSION ON PRIVATIZATION

Department of Health & Social Services

Subcommittee on Public Assistance

October 12, 1999

Mike Taurianan
Privatization Commission Subcommittee of Health & Social Services

Dear Chairman :

It has become apparent that the main function of the sub-committee is to take a close look at its particular Budget Request Unit (BRU) and present a layout of that BRU that the Education Subcommittee can further scrutinize and make recommendations to the full Privatization Commission.

These are areas of general concern that we believe need to be applied to the department in general. Consolidation of contracts and scrutiny of interagency receipts may reveal that the State is expended a lot of man hours accounting for these interagency transfers and a close review of the contract rates may very well reveal a need for privatization of those services. A recent example was the Department of Public Safety in Fairbanks paying DOTPF \$80.00 for an oil change when they could go across the street and have it done for \$30.00.

Our recommendations overlap into other BRU's but this is because of the above reasons.

Recommendation #1:

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

The state spends as much money on feeding, clothing, and housing Alaskans on public assistance as we do on education. It is understandable that sometimes people get down on there luck. In those times, the State can provide these people with a low interest loan for up to the 60-month limit already in affect. If a person is not physically able to provide for their family, they would qualify for disability, workers compensation, or SSI.

The program would be similar to the Small Business Administration Disaster Loan Program. This program provides low interest (3%) loans to people whose homes or businesses have suffered structural damage from floods, earthquakes, etc. The loan is set up on a thirty year repayment schedule so that the payments are smaller and do not place too big of a burden on the borrower. Borrowing the money would allow for people to provide for their family with dignity, a factor that is missing in the current system.

Recommendation #2:

Eliminate the hold harmless programs for the permanent fund dividend and Alaska Longevity Bonus payments.

The hold harmless provision of state law have been long criticized by constituents of the legislators that I have worked for. The whole premise that all Alaskans should pay for the loss of income to an individual receiving public assistance from the state because they are receiving other benefits from the State is counter-product to the goals of the Department to make people more self-sufficient. The State of Alaska currently spends \$20,114,400 on these two hold harmless grant programs.

Recommendation #3:

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

All child care, including Head Start, should be placed under one umbrella. This reduces duplication and reduces administrative costs. If the services are contracted regionally, there would be additional consolidation with regional non-profits or other entities that currently provide child care services.

The Department of Education has a new division entitled Early Development. This Division is duplicative in nature with child care in public assistance. DOE programs include the following:

"The Child Care Grant Program provides a small business subsidy for child care centers and licensed homes. Grantees must use the money for the long-term benefit of the child care facility and the children in care.

Most child care facilities use these funds for staff salaries and benefits, goods relating to health, safety, and nutrition, and age appropriate equipment, supplies, and activities for the children.

Applicants must have a current child care license, business license, and must be willing to care for children in the Child Care Subsidy Program (previous page) for whom payment is made only for the time in care. This increases childcare choices for parents receiving subsidy because caregivers have an incentive to accept these children.

The program receives an annual appropriation from the Legislature. Annual funding is approximately \$1.8 million. Over 500 centers and homes participate in the program statewide."¹

"The **Child Care Resource and Referral Program** assists parents in finding quality child care, and assists providers in advertising services and vacancies to parents. In Anchorage, Juneau and Fairbanks, low-income parents may be eligible at no charge for counseling and help in finding childcare. A sliding-fee scale covers services for other parents. DOE contracts with ChildCare Connections, Inc. in Anchorage, NAEYC Southeast in Juneau, and Fairbanks Native Association in Fairbanks to provide resource and referral services under this program."²

"The **Child Care Subsidy Program** enables low and moderate income families to afford child care while parents are working or in training. It provides a subsidy for childcare payments for eligible families.

Municipalities or unincorporated communities with licensed childcare facilities may apply to the program if a community agency can demonstrate the administrative capacity to manage the program.

The program is subject to annual state and federal legislative appropriations. The funding level is about \$13.8 million. There are approximately 25 communities participating, serving about 2,900 children per month.

Some smaller rural communities (e.g. Craig and Metlakatla) participate in this program. Most of the larger rural communities, such as Dillingham, participate. Quality childcare programs are an integral part of the economic viability of communities throughout the state. Earnings of working parents stimulate local economies. New childcare businesses are started to meet the needs of growing numbers of working parents. Local services attract additional business and enterprise. These child care resources help strengthen the economic base of the community.

"The **Child Care Resource Development** program provides child care providers with education and training in their field. Child care providers and administrators, who are licensed by the State of Alaska for child care can take classes and workshops, as well as, receive a quarterly newsletter and other educational opportunities at little or no charge. The program is subject to annual state and federal legislative appropriations."³ The department contracts with the following to provide the services:

¹ <http://www.ccd.state.ak.us/EarlyDev/ccgrantprogram.html>

² <http://www.ccd.state.ak.us/EarlyDev/ccresource.html>

³ <http://www.ccd.state.ak.us/EarlyDev/ccresource.html>

Grantee	Areas Served	Amount of Contract
Child Care Connection, Inc.	Anchorage, Bethel, Cordova, Dillingham, Glenallen, Homer, Kenai, Kodiak, Mat-Su Borough, Seward, Soldotna, Valdez, Unalaska	
NAEYC-SEA	Craig, Haines, Juneau, Ketchikan, Metlakatla, Sitka, Skagway, Wrangell	
Fairbanks Native Association	Delta Junction, Fairbanks, Kotzebue, North Pole, Point Hope	

Child Care Facilities: This is a database on the Early Development website that allows people to find contact information about licensed or registered on child care facilities in their area. A person can search for the child care facility by using one or all of the fields: Last Name, Facility, City, Zip Code, Registered, Licensed, and Status.⁴

Child Care Programs - FY'00					
Expenses			Revenues		
Personal Services	521,100	14.21%	Federal Receipts	106,000	2.9%
Travel	60,600	1.65%	GF Match	500	0.0%
Contractual	416,100	11.34%	General Fund	195,200	5.3%
Commodities	20,600	0.58%	I/A Receipts	3,366,700	91.8%
Equipment	10,000	0.27%			
Grants	2,640,000	71.97%			
TOTAL	3,668,400	100%	TOTAL	3,668,400	100.0%

Child Care Program Employees - FY'00			
Position	Range	# Emp	Location
Program Coordinator	20	1	Anchorage
Grants Administrator III	19	1	Anchorage
Grants Administrator III	17	3	Anchorage
Statistician Tech II	14	1	Anchorage
Project Coordinator	18	2	Anchorage
Administrative Clerk III	10	1	Anchorage
TOTAL			9 Anchorage

⁴ <http://www.ccd.state.ak.us/EarlyDev/ChildCare/search.asp>

"Head Start is an early intervention program now 30 years old. Head Start targets low-income children and their families providing them" developmentally and culturally appropriate education, health, nutrition and social services, parent involvement and career development. The program strives to improve children's health, their emotional, social, intellectual and physical development, and support families in becoming self-reliant."

Funds are provided to agencies to operate programs according to federal Head Start guidelines. Covered costs can include staff wages and training, medical/dental services, program supplies and equipment, program enhancement and expansion. Alaska guidelines have been developed.

Thirteen grantee agencies receive federal funds directly from the U.S. Department of Health and Human Services, and twelve grantees receive state funds from DCRA.

The Alaska Head Start program is administered from Juneau. It is subject to annual appropriation by the Legislature. The funding level for FY95 was \$5.9 million. The 13-grantee agencies operate programs in 88 communities in the state. ⁵

HEAD START					
Expenses			Revenues		
Personal Services	189,900	3.15%	Federal Receipts	150,000	2.6%
Travel	31,100	0.52%	GF Match	59,300	1.0%
Contractual	31,900	0.53%	General Fund	3,340,700	55.4%
Commodities	3,200	0.05%	I/A Receipts	2,479,200	41.1%
Grants	5,773,100	95.75%			
TOTAL	6,029,200	100%	TOTAL	6,029,200	100.0%

Grant Recipients	Amount	# programs
Adult Learning Programs of Alaska	249,103	1
Alaska Partners	15,000	
Association of Village Council Presidents	347,522	9
Central Council of Tlingit and Haida	396,246	11
Chuglak Children's Services	39,897	5
Southcentral Foundation	410,821	1
Kaworak	620,096	13
Kids Corp	28,975	1
Metlakatla	2,309,067	1
RurAL CAP	566,244	28
Tanana Chiefs Conference	71,350	10
Fairbanks Native Association	25,000	1
Bristol Bay Native Association	35,000	2
Aleutian/Pribilof Island Association	6,200	4
Native Village of Tyonek	4,100	5
Kenaitze Indian Tribe IRA	4,100	1
Health and Safety	21,457	3
TOTAL GRANTS	6,148,178	90

⁵ <http://www.ced.state.ak.us/EarlyDev/headstart.html>

The Children's Trust board has been giving out grants for three years. The grants are funded with interest earnings from the \$8.9 million Children's Trust. The 1999 awards totaled \$290,381, a slight increase over last year. In 1996, year the Legislature reactivated the dormant fund with a \$6 million deposit.

This year, a four-member review committee considered 48 proposals and rated them on innovation, community-initiation, and emphasizes on prevention rather than treatment of child abuse and neglect.

CHILDREN'S TRUST					
Expenses			Revenues		
Contractual	55,700	16.11%	Children's Trust	345,700	100%
Grants	290,000	83.89%			
TOTAL	345,700	100%	TOTAL	345,700	100%

Children's Trust Grants - FY '00

Anchorage Center for Families	to provide counseling and crisis intervention; coordinate child-abuse prevention efforts; and provide information and referrals to families in the Muldoon neighborhood.	\$12,000
Alaska Public Radio Network	to produce and distribute public service announcements on the importance of effective parenting and community support for children.	\$26,800
Boys and Girls Club of Anchorage	to expand to Eagle River an Anchorage peer counseling and mentoring program called SMART Girls.	\$3,935
Passage House	to fund periodic home visits to graduates of this Anchorage residential facility for pregnant and parenting teens.	\$13,500
Eastern Aleutian Tribes Inc.	for parenting classes, support networks, and home visits to parents of children under the age of three.	\$ 20,555
Fairbanks Resource Agency	for an education program for parents with special needs.	\$14,568
Frontier Community Services	to provide home-visits, parent mentoring, and family playgroups in the central Kenai Peninsula area.	\$21,000
Gateway Center for Human Services	for a breakfast program staffed by parent volunteers at a school bus stop in the Southeast community of Saxman.	\$15,000
Homer Children's Services	to extend home- and center-based training and support to parents of children from birth to three years of age, some of whom are developmentally delayed.	\$25,704

<i>Matanuska-Susitna School District</i>	for development of a program to provide home visits, peer-parent groups, and monthly "family nights" in the Sutton area.	\$25,000
<i>Nome Community Center</i>	to support a Youth Council that will provide at least five ongoing activities that address the causes of child abuse and neglect.	\$28,429
<i>The Resource Center for Parents and Children</i>	to train parent outreach workers in the northern region to positively influence families, raise community awareness, and change attitudes about child abuse and neglect.	\$23,993
<i>St. George Traditional Council</i>	to complete a community assessment and a long-range child-abuse prevention plan for the Aleutian island community of St. George.	\$16,000
<i>Volunteers of America, Alaska</i>	to continue parent education, support, and respite services to grandparents raising children in Anchorage.	\$9,841
<i>Wrangell Community Services</i>	to provide parenting classes and support groups designed to strengthen families.	\$18,980
<i>Yupik School District</i>	to train adult volunteer mentors to help youth work toward specific goals.	\$14,175
TOTAL GRANT AWARDS		\$290,381

Account
RSA/DHSS

Income

Cost
750,000

Recommendation #4:

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

Emergency shelter, clothing and food is provided by a variety of private organizations including, the Salvation Army, Rescue Mission, Catholic Relief Services, Love Inc., and endless church organizations. If there are medical needs that are of emergency nature, those medical services should be provided under the Interim Assistance Program.

Recommendation #5:

Eliminate the General Relief Assistance Program.

The General Relief Program was implemented before Alaska was a State and before the federal government was providing funding for assistance. The Emergency Services Division of the Division of Military and Veteran's affairs provides emergency aid for natural emergencies under a broad definition that includes large fires, floods, earthquakes and even poor fishing seasons. The Federal Emergency Services Administration augments the State program. Single-family cases of emergency services can be provided by the Salvation Army, American Red Cross, Rescue Mission, etc.

Recommendation #6:

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

The purpose of welfare reform was to get people off the welfare rolls and on a road to a productive life. With decentralization of work programs and the contracting of these services to regional contractors, the program should be working better. Medical assistance is providing in these rural areas by the Indian Health Service. Water and sewer projects are being funded by EPA and Village Safe Water. Housing is being funded by HUD and Alaska Housing Finance Corporation. . In rural areas where the unemployment is high, there should be more of an emphasis on the part of the regional profit-making corporations to develop a job market from their land holdings and resource base.

I. Agency & Department Name

This is the privatization summary for the education agency for the State of Alaska, the Department of Health & Social Services. The subcommittee, chaired by Mike Taurenian developed the process of reviewing the DOE. It was decided that the entire subcommittee would participate in the division overview presentations by the department. Once that was completed subcommittees of the subcommittee were formed to review each division and make recommendations. The final overviews were presented to the committee on September 21st.

II. BRU and Component Names as listed in state budget

A BRU is a budget request unit that is a group of components or program activities combined to achieve a specific goal. The BRU "Public Assistance" is comprised of eleven components: Alaska Temporary Assistance Program (ATAP), Welfare-to-Work Services, Child Care Services, Food Stamp Program, Adult Public Assistance, Energy Assistance Program, General Relief Assistance, Alaska Longevity Bonus Hold Harmless (ALBHH), Permanent Fund Dividend Hold Harmless Program (APFDHHP), Quality Assessment, and Fraud Control.

Alaska Temporary Assistance Program (ATAP): In 1996 the Alaska State Legislature passed welfare reform legislation in an effort to create a welfare system that encourages Alaskans rely less on government assistance and to become self-sufficient. Public assistance is no longer an entitlement, but rather a temporary assistance program that is limited to a lifetime participation of 60 month. However, there has been an exemption from that limit for certain rural communities. Those on welfare must work within two years in order to receive benefits. A single-parent family with two children receives a monthly benefit payment of \$923, about 66% of the 1997 Federal Poverty Level.

The 1996 welfare reform legislation reduced the average benefit amount especially for two-parent families. Benefits for two-parent families been reduced by \$102 a month effective. In addition, benefits for these families were cut in half during July, August and September, when work opportunities are more plentiful in Alaska.

FY98/FY99 ATAP Component Summary

FY98/99 ATAP benefit savings were generated by new ATAP program benefit provisions and caseload reductions. According to the department's web page sources of savings include:

- "Payments based on household expenses
- No additional assistance for second parents
- Seasonal benefit reduction for two-parent families
- Increased earned income
- Increased number of ATAP families with earned income
- Temporary Assistance caseload reductions

Projected ATAP caseload reduction and program savings are:

- 2-year ATAP caseload reduction of 12%
- Total 2-year caseload decrease of 1207 families from FY97
- ATAP savings from caseload reductions are \$8,149.9
- ATAP savings from ATAP payment provisions are \$6,490.1
- Total caseload and payment savings (compared to FY97 Actual) are \$14,639,900⁶

Child Care Services

Food Stamp Program

Adult Public Assistance

Energy Assistance Program

General Relief Assistance

Alaska Longevity Bonus Hold Harmless

PFD Hold Harmless Program

Quality Assistance The federal government requires that all ATAP public assistance distributed from federal revenue sources have a performance assessment. "There are two primary goals in this assessment: assess the effectiveness of policy and procedures to support client's efforts to achieve self-sufficiency and to verify the accuracy of the welfare payment."⁷

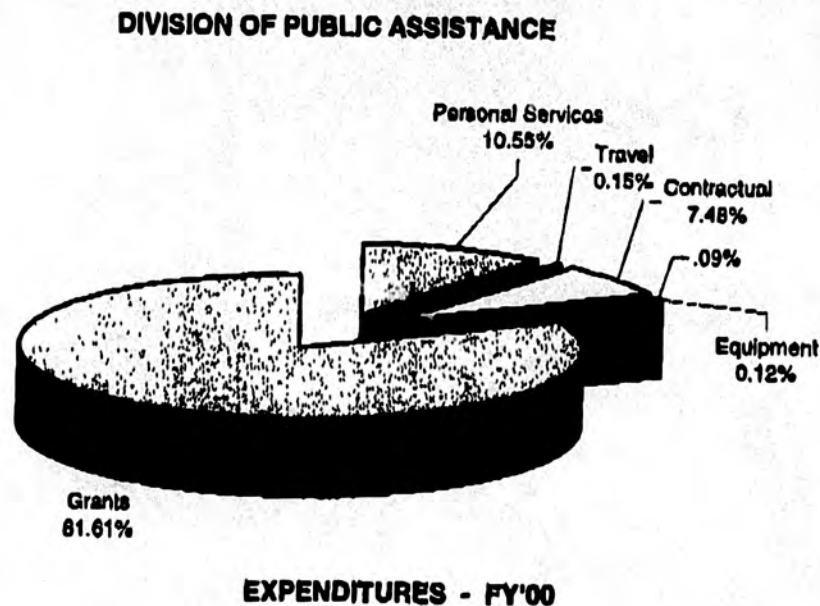
Fraud Control

⁶ <http://www.hss.state.ak.us/html/stuf/pubassin/atap.htm>

⁷ <http://www.hss.state.ak.us/OVR99.html>

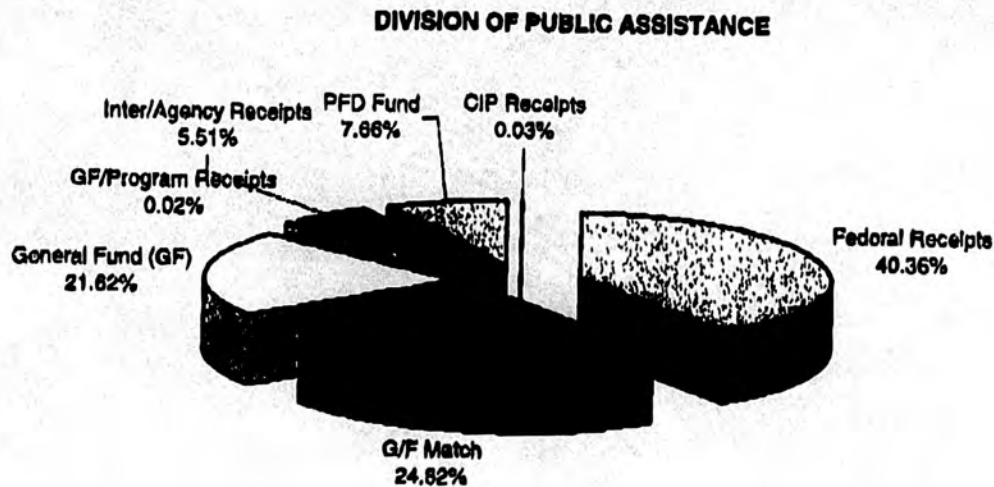
III. Total Budget, all funds

The total budget for Public Assistance is \$243,989,200. The division spends \$25,751,100 on personal services, \$372,400 on travel, \$18,247,200 on contractual services, \$209,100 on commodities, \$296,400 on equipment, and \$199,113,100 on grants.



IV. Total Revenue derived

The total revenues for the Division of Public Assistance total \$243,989,300. Federal receipts for this program total \$98,462,900 or 40.36% of the component revenues.



REVENUES - FY'00
\$243,989,200

<u>Revenues by Source:</u>	<u>Revenues</u>	<u>% of Total</u>
Federal Receipts	\$ 98,462,900	40.36%
General Fund	52,747,800	24.82%
General Fund/Match	60,551,500	21.62%
GF Program Receipts	39,800	.02%
Interagency Receipts	3,436,900	5.51%
PFD Fund	18,688,900	7.66%%
CIP Receipts	<u>61,400</u>	<u>.03%</u>
Total Projected Revenues	\$ 243,989,200	100 %

-
- V. Identify Constitutional and Statutory Provisions Governing Agency Operation**
- VI. Agency Mission, Goals and Objectives**

**Overview
of
Executive Administration's
Fifteen
Functioning
Components**

- objectives
- revenues
- staffing
- expenses
- contracts

The Adult Temporary Assistance provides leadership for educational policy in the State of Alaska and is responsible for adopting regulations required to implement statutory requirements. The sole source of revenues is interagency receipts.

This component provides funding for travel and meeting costs for the Board of Education. The component has **one full-time employee**, Secretary to the Board of Education (Range 14), who coordinates board activities, meeting notices and is the support staff for the Board. The personal expense for this position is \$49,400.

The goals and objectives are to:

1. Provide a public forum to communicate and exchange information about education in the state.
2. Provide statutory requirements to implement policy and action in support of:
 - rigorous standards and assessments;
 - a credible system of academic and fiscal accountability for students, professionals, schools and others.
 - highly qualified school professionals who meet the standards and assessments requirements.
 - schools where active partners in learning include students, staff, families and communities.

Public Assistance Expenditures & Revenues					
Expenses			Revenues		
Personal Service	49,400	52.9%			
Travel	22,600	24.2%	Interagency Receipts	93,400	100%
Contractual	19,900	21.3%	TOTALS	93,400	100%
Commodities	1,500	1.6%			
TOTALS	93,400	100.0%			

District Support Services Personnel - FY '00

Job Class	Range	Positions	Anchorage	Fairbanks	Juneau	Other
		1	0	0	1	0
	21	1	0	0	1	0
	18	2	0	0	2	0
	16	1	0	0	1	0
	17	2	0	0	2	0
	19	1	0	0	1	0
TOTALS		8	0	0	8	0

The goals and objectives are:

- Provide management support for the formula programs under K-12 Support & Donated Commodities.
- Provide technical assistance to school districts dealing with state statutes and regulations.
- Provide mechanical and safety inspections of approximately 1,000 school buses twice annually.
- Provide bus driver training and drug and alcohol testing for school bus drives.
- Provide timely and accurate payments to school districts.
- Improve quality and consistency of reported data.

Public Assistance Contracts - FY '00

Account	Expenditures	Cost
RSA's		
RSA's		
RSA's		

STATE OF ALASKA

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

P.O. Box 110650

Juneau, AK 99811-0650

Phone: (907) 465-3082

Fax: (907) 465-2499

MEMORANDUM**DATE:** October 8, 1999**TO:** DHSS Privatization Task Force**FROM:** Janet Clarke
Director**SUBJECT:** Response to October 5, 1999 Privatization Task Force Request for Information

Per your request, we are providing the following information to the Privatization Task Force Department of Health and Social Services subcommittee.

How much money is spent on Interim Assistance under APA annually?

In FY99, the general fund expenditures for Interim Assistance were \$2,969,733.

How many social workers are employed by the State of Alaska and in what departments?

Following is a breakdown of the social workers employed by the State of Alaska. This data was obtained from the Alaska Department of Administration:

Department	Number of Positions	Filled
Dept of Administration	16	13
Dept of Education & Early Development	1	1
Dept of Health & Social Services	243	212
Dept of Corrections	1	vacant

How many of those social workers are licensed?

Division of Family and Youth Services does not have this information; however, we will contact the Department of Commerce, Division of Occupational Licensing to obtain it and will provide it to the Task Force.

How many social workers are there in the State of Alaska?

The Division of Family and Youth Services does not have this information; however, we will contact the Department of Labor, Research and Analysis to obtain it and will provide it to the Task Force.

How many of those social workers are licensed?

Division of Family and Youth Services does not have this information; however, we will contact the Department of Commerce, Division of Occupational Licensing to obtain it and will provide it to the Task Force.

How does the level of assistance provided under ATAP compare to that same level of assistance in California, Wyoming, Oregon, Texas, North Dakota, and Wyoming?

In the new world of welfare reform and the flexible Temporary Assistance for Needy Children block grants that fund states welfare programs, this question becomes very difficult to answer. States no longer just pay families for basic needs as they did under the AFDC program. Instead, they often make a combination of payments directly to families. Payments may include an amount for basic needs, supportive services for employment, or child care. States may also make payments to agencies or vendors on the behalf of needy families, or even use a separate state program to make either direct or vendor payments to families.

The "make work pay" policies are different state to state and payments made directly to families vary widely and change according to countable income. For instance, some states may discount all of a family's earnings up to the assistance payment standard, thus the payment could show on a chart as \$300, but the family is also allowed to keep \$300, making the family's available income \$600. On a state-by-state chart of maximum payments, a state could be compared to another state that paid \$500 and counted earnings differently so the family's total available income is \$600. However, a flat payment chart would show the first state at \$300 and the second at \$500 and would be very misleading.

We are not aware of any published charts of state-to-state comparisons that reflect states true assistance levels under the Temporary Assistance for Needy Families block grant and do not know what the above listed states pay in assistance, state only and supportive service payments. The state of Alaska's maximum assistance benefit for a family of three who have no other countable income and are responsible for shelter costs is \$923 a month.

How many families are exempted from the 60-month limit in the 20% exemption rule and what are their demographics?

Under the final TANF regulations, families are not exempt from the time limit until they have reached 60 months of assistance. Then, up to 20% of the average monthly caseload receiving assistance in the fiscal year can be exempted based on specific criteria. Since the caseload fluctuates and families may leave and return to the program several times, we do not know how

Privatization Task Force

Page 3

10/11/99

many will reach 60 months of assistance when the provision first applies in July, 2002 or what their demographics would be. If we have an average monthly caseload of 8,900, up to 1,780 families could be exempt from the time limit.

Do any of the two above exemptions overlap?

It is possible that a family could be exempt for more than one of the reasons provided for in the 20% exemption criteria. However, families living in an exempt Alaska Native Village are not included in the 20% exemption limit.

How many families are exempted under the 50% unemployment rule and what are their demographics?

Following is the number of Temporary Assistance families that live on an Indian reservation, or in an Alaska Native Village, with at least 50 percent of the adults living there not working. The figures are for the month of June 1999 and are summarized by census area:

Census Area	6/99 Cases	Census Area	6/99 Cases
Aleutians East	3	North Slope	1
Aleutians West	4	Northwest Arctic	106
Bethel	424	Prince of Wales	59
Bristol Bay	1	Southeast Fairbanks	7
Denali	2	Skagway/Hoonah/Angoon	27
Dillingham	103	Valdez/Cordova	49
Kenai	24	Wade Hampton	321
Kodiak	14	Wrangell/Petersburg	14
Lake and Peninsula	52	Yukon/Koyukuk	16
Nome	181	Total 6/99 Cases	1408

When families apply for Denali KidCare are they screened to see if they qualify for medical assistance from Indian Health Service?

Denali KidCare applicants are required to provide all third party liability information, both private health insurance and public coverage such as CHAMPUS/TriCare and IHS. While eligibility for Denali KidCare for children in families about 150% of the federal poverty level is restricted to those who do not have health insurance coverage (200% is the maximum income for those without), IHS eligibility is not considered health insurance for that purpose. Hence, IHS beneficiaries may be eligible for coverage even at incomes above 150% of poverty.

While Medicaid/Denali KidCare pays for IHS covered services, the funds for these payments are 100 percent federal. No state general fund match is required. Eligibility workers are trained that IHS eligibility status is an important piece of information to obtain, even though it does not affect their Denali KidCare eligibility.

❖ What statute prevents the department from providing copies of juvenile records to a juvenile or their parent?

Juvenile records maintained by DJJ are privileged and may not be disclosed directly or indirectly to anyone unless the release is authorized by law or is subject to an order for release by the court. The statutory citation is AS 47.12.310(a). Current law does not authorize release of a client case file to a parent or juvenile. (A copy of AS 47.12.310 is attached.)

❖ In the table provided in the October 4th memo, on page 1, is the count duplicated (number of reports) or unduplicated (number of children)?

The count shown in this table is unduplicated count of children that had a previous juvenile correction referral within the year.

❖ For the answer to question 2 in the October 4th memo, clarification is requested for what is meant by the statement that "no data is available" in the first sentence of the response. Why isn't the data available?

The requested information (*Please provide the number of Reports of Harm received for children who are in Foster Homes as compared to biological parent home.*) is unavailable due to the fact that the DFYS information system (PROBER) does not uniquely identify foster parents as alleged perpetrators. When the information system was developed only a limited number of fields and responses were available. A pragmatic approach was used to define the response options in order to provide a level of detail for perpetrator types that occurred most commonly and then group other perpetrator types accordingly. Consequently, foster parents were grouped with the category Licensed Provider. The available list of alleged perpetrators that workers are allowed to choose from when entering data into PROBER are:

Father	Brother	Relative	Stranger
Mother	Sister	Temporary Caretaker	Other
Step-Father	Grandparent	Licensed Provider	
Step-Mother	Family Acquaintance	Paramour	

Since at the point of referral or report the perpetrator's relationship to the child is often unknown, our response in the October 4, 1999 memo identified the perpetrator once a referral was investigated. Following the completion of an investigation, the perpetrator data field is confirmed or updated by the workers.

❖ What are the sources of Reports of Harm?

The following table may include multiple referrals on an individual (duplicated) and represents data from PROBER covering fiscal year 1999.

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SOURCE	REPORTS
School	3145
Human Service Agency	1928
Police Agency	1756
Relative	1456
Medical	1399
Anonymous	1267
Community	1023
Neighbor	592
Non-Custodial Parent	567
Custodial Parent	500
Friend	477

SOURCE	REPORTS
Native Agency - Village	442
DFYS	366
Court System	275
Military	226
Child Care	214
Grant Agency	167
CPS Agency	150
Client	85
Custodial Parent Partner	52
Non-Cust Parent Partner	38
TOTAL	16125

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

Attachment

cc: Elmer Lindstrom, Special Assistant
George Buhite, Director, Juvenile Justice
Theresa Tanoury, Director, Family and Youth Services
Jim Nordlund, Director, Public Assistance
Tom Cherian, Administrative Manager, Family and Youth Services
Lisa Emerson, Administrative Manager, Juvenile Justice
Randy Moore, Administrative Manager, Public Assistance
Verne Skagerberg, Budget Analyst, Administrative Services

[REDACTED]

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SOFTWARE

Alaska Statutes.

Title 47. Welfare, Social Services and Institutions

Chapter 12. Delinquent Minors

Section 310. Agency Records

previous: Section 300. Court Records.

next: Section 315. Public Disclosure of Information in Agency Records Relating to Certain Minors.

AS 47.12.310. Agency Records.

(a) Except as specified in AS 47.12.315, 47.12.320, and (b) - (g) of this section, all information and social records pertaining to a minor who is subject to this chapter or AS 47.17 prepared by or in the possession of a federal, state, or municipal agency or employee in the discharge of the agency's or employee's official duty, including driver's license actions under AS 28.15.185, are privileged and may not be disclosed directly or indirectly to anyone without a court order.

(b) A state or municipal agency or employee

(1) shall disclose information regarding a case to a federal, state, or municipal law enforcement agency for a specific investigation being conducted by that agency; and

(2) shall disclose appropriate information regarding a case to

(A) a guardian ad litem appointed by the court;

(B) a person or an agency requested by the department or the minor's legal custodian to provide consultation or services for a minor who is subject to the jurisdiction of the court under this chapter as necessary to enable the provision of the consultation or services;

(C) school officials as may be necessary to protect the safety of the minor who is the subject of the case and the safety of school students and staff or to enable the school to provide appropriate counseling and supportive services to meet the needs of a minor about whom information is disclosed;

(D) a governmental agency as may be necessary to obtain that agency's assistance for the department in its investigation or to obtain physical custody of a minor;

(E) a law enforcement agency of this state or another jurisdiction as may be necessary for

the protection, rehabilitation, or supervision of any minor or for actions by that agency to protect the public safety;

(F) a victim or to the victim's insurance company as may be necessary to inform the victim or the insurance company about the arrest of the minor, including the minor's name and the names of the minor's parents, copies of reports, or the disposition or resolution of a case involving a minor;

(G) the state medical examiner under AS 12.65 as may be necessary to perform the duties of the state medical examiner; and

(H) foster parents or relatives with whom the child is placed by the department as may be necessary to enable the foster parents or relatives to provide appropriate care for the child who is the subject of the case, to protect the safety of the child who is the subject of the case, and to protect the safety and property of family members and visitors of the foster parents or relatives.

(c) A state or municipal law enforcement agency

(1) shall disclose information regarding a case that is needed by the person or agency charged with making a preliminary investigation for the information of the court under this chapter;

(2) may disclose to the public information regarding a criminal offense in which a minor is a suspect, victim, or witness if the minor is not identified by the disclosure;

(3) may disclose to school officials information regarding a case as may be necessary to protect the safety of school students and staff or to enable the school to provide appropriate counseling and supportive services to meet the needs of a minor about whom information is disclosed;

(4) may disclose to the public information regarding a case as may be necessary to protect the safety of the public; and

(5) may disclose to a victim or to the victim's insurance company information, including copies of reports, as necessary for civil litigation or insurance claims pursued by or against the victim.

(d) Upon request of a victim, the department shall make every reasonable effort to notify the victim as soon as practicable, by telephone or in writing, when a delinquent minor is to be released from placement in a juvenile facility under AS 47.12.120(b)(1). The notice under this subsection must include the expected date of the delinquent minor's release, the geographic area in which the delinquent minor is required to reside, and other pertinent information concerning the delinquent minor's conditions of release that may affect the victim.

(e) A person may authorize the department to release information to the military or to a prospective employer about the existence of a delinquency adjudication against that person under this chapter and the offense on which it was based.

(f) The department may release to a person with a legitimate interest information relating to minors not subject to the jurisdiction of the court under this chapter. The department shall adopt regulations governing the release of information and identifying a sufficient legitimate interest.

(g) The department and affected law enforcement agencies shall work with school districts and private schools to develop procedures for the disclosure of information to school officials under (b)(2)(C) and (c)(3) of this section. The procedures must provide a method for informing the principal or the principal's designee of the school the student attends as soon as it is reasonably practicable.

(h) Notwithstanding (c)(3) of this section, a state or municipal law enforcement agency is not required to notify the appropriate school official of a school district or school under (c) of this section if the agency

determines that notice would jeopardize an ongoing investigation.

(i) In this section, "school" means a public or private elementary or secondary school.

(j) A person who discloses confidential information in violation of this section is guilty of a class B misdemeanor.

Note to HTML Version:

The Alaska Statutes were automatically converted to HTML from a plain text format. Every effort has been made to ensure their accuracy, but neither Touch N' Go Systems nor the Law Offices of James B. Gottstein can be held responsible for any possible errors. This version of the Alaska Statutes is current through December, 1998.

If it is critical that the precise terms of the Alaska Statutes be known, it is recommended that more formal sources be consulted. For statutes adopted after the effective date of these statutes, see, Alaska State Legislature. If any errors are found, please e-mail Touch N' Go systems at touchngo@touchngo.com. We hope you find this information useful.

Last modified 9/9/99

(907) 264-0223

Dear Marco,

September 10th, 1999

I am requesting that the Alaska Department of Health and Social Services provide to the Health and Social Services Advisory Subcommittee to the Alaska Legislative Commission on Privatization, their records regarding their position that DHSS "already performs internal reviews", including as set forth in criteria and under A.S. 47.14.200 (et seq.) and as previously set forth under A.S. 47.10.400 (et seq.).

There are many reasons for this request.

The Alaska Department of Administration is mentioned under these statutes (see above) as the responsible state government agency in addition to Governor Tony Knowles himself. I realize this; however, citizens, including myself, have been pursuing the information needed, which the Department of Health and Social Services claims to have, which Administration will not produce.

The Legislative Commission on the Privatization of State Government Health and Social Services Advisory Subcommittee should obtain and consider these reports and documents primarily to learn if they truly exist, and secondarily to begin evaluating the services and budgets of DHSS Divisions affecting the wellbeing of Alaskans and their children.

Our work as a subcommittee has been unduly influenced and occupied by more of the same old, run-of-the-mill, administrative paper blizzards, removing valuable time already curtailed by delays in proceeding.

I think we should find out whether those of us who volunteer to do this can get straight answers from our employees.

Will we be left with very little time and resources, really, to properly evaluate the Division of Family and Youth Services, and its occasional subsidiary, the Division of Juvenile Justice?

I think we will know a great deal, when we find out what has been done with ALL of the children processed by DHSS/DFYS, especially whether public interests are best served by these entities, and if privacy issues are involved with privatization.

As far as I know, I am entitled to participate as a member of the subcommittee, and I don't understand why I am especially required, by you, to correspond in writing, rather than during our meetings together as a group.

"Privatization" should not be allowed to become yet another elaborate ruse of executive personnel, to avoid accountability, by simulating more "new" program "changes". DHSS/DFYS is famous for dodging and obfuscating responsibility and hiding its victims in meaningless reports.

Please see that DHSS/DFYS complies, and honors my request.

I know that people can look up A.S. 47.10.400 (et seq.), that is, the "Citizens Review Panel For Permanency Planning Act of 1990". Also, HCR 5, which did not pass in the 16th Alaska Legislature, and committee testimony from that time about both bills, is interesting, and makes the case for my requests, as well.

Thank you.


Scott Trafford Calder

(901) 267-0223

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Will we be left with very little time and resources, really, to properly evaluate the Division of Family and Youth Services, and its occasional subsidiary, the Division of Juvenile Justice?

I think we will know a great deal, when we find out what has been done with ALL of the children processed by DHSS/DFYS, especially whether public interests are best served by these entities, and if privacy issues are involved with privatization.

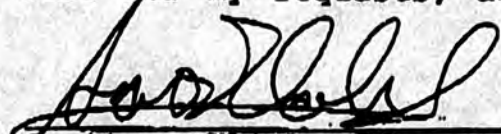
As far as I know, I am entitled to participate as a member of the subcommittee, and I don't understand why I am especially required, by you, to correspond in writing, rather than during our meetings together as a group.

"Privatization" should not be allowed to become yet another elaborate ruse of executive personnel, to avoid accountability, by simulating more "new" program "changes". DHSS/DFYS is famous for dodging and obfuscating responsibility and hiding its victims in meaningless reports.

Please see that DHSS/DFYS complies, and honors my request.

I know that people can look up A.S. 47.10.400 (et seq.), that is, the "Citizens Review Panel For Permanency Planning Act of 1990". Also, HCR 5, which did not pass in the 16th Alaska Legislature, and committee testimony from that time about both bills, is interesting, and makes the case for my requests, as well.

Thank you.


Scott Trafford Calder

commission on privatization

SUBCOMMITTEE ON HEALTH
& SOCIAL SERVICES

Meeting minutes, October 5, 1999

The meeting was called to order at 11:05 AM. Present in person or by teleconference were Chair Taurianan, Calder, Caswell, Eldridge, Foutz, Keller, Lindstrom, Lorenz, Majewske, Maltman, Moss, O'Neil, and Short. See attached detail list of subcommittee membership.

This was the sixth meeting of this subcommittee. This meeting consisted of discussion of ways to proceed, draft recommendations, and further questions and clarifications by members.

Areas of interest were discussed and the member listing of interest areas was updated. The various sub-sub committees then agreed on the following schedule of separate meetings to develop recommendations:

- DFYS - Meeting set up for 11:00 AM, 10-11-99
- JJ - Meeting set up for same time as DFYS
- MH - Meeting set up for same time as DFYS
- PA - Meeting set up for 3:00 PM, 10-7-99
- MA - Meeting set up for 3:30 PM, 10-11-99
- Alcohol - Meeting set up for 10-12 or 10-13, to be arranged by the members
- PH - Meeting to be arranged by the members
- Admin - Meeting set up for 10-9, afternoon, to be arranged by the members

Moss reported that a PA draft has been sent to all LIOs. We reviewed some of the format and content.

The committee voted to extend our meeting schedule for three more weeks, continuing through the 9th of November.

Mike Price was added as an ad hoc member to the DFYS member interest group.

Keller asked about JJ funding, since it is a new division this year. Lindstrom answered that its budget was carved out of DFYS.

Lindstrom noted that the department was very interested in privatization ideas to assist with the downsizing of API.

Committee members were urged to develop questions for each area of interest, and funnel them through Pignalberi/Lindstrom.

Short asked for data on reports of harm for the number in foster care. Foutz asked for the sources of reports of harm.

Eldridge will e-mail some questions to Lindstrom re PA. Moss will also send some questions, including number of social workers.

Meeting adjourned at 12:40 PM

October 5, 1999

commission on privatization

SUBCOMMITTEE ON HEALTH
& SOCIAL SERVICES

Meeting minutes, September 28, 1999

The meeting was called to order at 11:04 AM. Present in person or by teleconference were Chair Taurianan, Calder, Caswell, Clarke, Derr, Eldridge, Foutz, Keller, Lorenz, Majewske, Maltman, Moss, Short, Villamides, Pignalberi, McMillian, and J. Hayes(Brice). See attached detail list of subcommittee membership.

This was the fifth meeting of this subcommittee. This meeting consisted of review of the Administration division by Clarke. An information background packet was provided to the subcommittee.

After the administration review, considerable discussion about the way to proceed. The Chairman noted that the education committee report was available to us, as a possible example. All LIOs will have a copy.

Chairman asked for areas of interest by committee members. A matrix of members and interest areas was developed. A final list will be sent out tomorrow to all LIOs. Members, by areas of interest, were urged to get together and start developing recommendations. It is anticipated that this process will generate questions and requests for information.

Moss went over a draft of a recommendation format. She asked what are the rates for inter-agency charges.

For next week, we will start discussing recommendations.

Meeting adjourned at 12:50 PM
September 28, 1999

commission on privatization

SUBCOMMITTEE ON HEALTH
& SOCIAL SERVICES

Meeting minutes, September 21, 1999

The meeting was called to order at 11:03 AM. Present in person or by teleconference were Chair Taurianan, Co-Chair Andress, Andrews, Brown, Calder, Caswell, Clarke, Foutz, Hagevig, Lorenz, Majewske, Maltman, Moss, Short, Villamides, Vitale, Tanoury, Buhite, and Rep. Fred Dyson. See attached detail list of subcommittee membership.

This was the fourth meeting of this subcommittee. This meeting consisted of reviews of the DFYS and Juvenile Justice divisions by Tanoury and Buhite, respectively. Information background packets were provided to the subcommittee.

Questions/comments during this session included

1. DFYS - Lots of discussion about who gets looked at and the screening process. Are there wasted efforts? The more problems DFYS finds, the bigger their budget. Independent review/arbitrator needed. Social justice ideas may drive DFYS into more spending.
2. DFYS - Committee had many examples of overreaching DFYS. Actually breaking up families, and increasing costs.
3. DFYS - There was no support for the way DFYS currently runs, but no ideas were forthcoming on ways to fix it.
4. JJ - How many in JJ system have had prior contact with DFYS? Answer, about 60%.
5. JJ - How are meds used? Answer, only upon doctor prescription.
6. JJ - How are grants and contracts given out? How are grantees chosen?
7. Dyson - Consider what to privatize, using any kind of provider, profit or nonprofit or other government.

Clarke went over procedure for suspending an employee

Chairman asked for areas of interest by committee members. Please get areas of interest to Marco's office.

For next week, we will have a summary of administration.

Meeting adjourned at 12:58 PM
September 21, 1999

commission on privatization

SUBCOMMITTEE ON HEALTH
& SOCIAL SERVICES

Meeting minutes, September 14, 1999

The meeting was called to order at 11:00 AM. Present in person or by teleconference were Chair Taurianan, Andrews, Calder, Clarke, Derr, Eldridge, Foutz, Hagevig, Kibby, Lorenz, Majewske, Maltman, O'Neil, Pignalberi, Short, Vitale, DiMatteo, L. Jones, Abel, Burns, and Nakamura. See attached detail list of subcommittee membership.

This was the third meeting of this subcommittee. This meeting consisted of reviews of the Public Health, DMHDD and Alcohol & drug Abuse divisions by Nakamura, Abel and Jones, respectively. Three information background packets were provided to the subcommittee.

Questions/comments during this session included

1. Public Health - What Federal funding duplicates State funding and how much is it?

2. Public Health - What # is covered under Denali Kids at 200% of poverty level?
Answer is 11,000. 200% of poverty level is \$44,000.

3. Public Health - What are interagency receipts? Primarily medicaid receipts.

4. DMHDD - Any savings from Harborview closing?

5. DMHDD - What is savings from 79 to 54 beds at API? Community cost is estimated at \$3MM when implemented.

6. Alcohol - Why is AMHT involved in policy at all? Per laws, copy to come.

7. Alcohol - Any mechanism to prevent AMHT "replacement" of general funds?
Answer is no.

8. What are Federal dollars to health corps? No answer.

9. Chairman reiterated need for an inventory of community resources to deal with the needs DHSS addresses. Maybe a listing of agencies and services provided.

For next week, we will have a summary of juvenile justice and DFYS.

Meeting adjourned at 1:25 PM
September 14, 1999

commission on privatization

SUBCOMMITTEE ON HEALTH
& SOCIAL SERVICES

Meeting minutes, September 7, 1999

The meeting was called to order at 11:05 AM. Present in person or by teleconference were Chair Taurianan, Co-Chair Andress, Calder, Caswell, Clarke, Derr, Eldridge, Foutz, Keller, Kibby, Lindstrom, Lorenz, Majewske, Moss, Pignalberi, Vitale, Labbe, and Nordlund. See attached detail list of subcommittee membership.

This was the second meeting of this subcommittee. This meeting consisted of reviews of the Medical Assistance and Public Assistance divisions by Labbe and Nordlund, respectively. Five information background packets were provided to the subcommittee. Clarke reviewed the two overall statistical packets.

Questions/comments during this session included

1. Provide number of employees by BRU and detail component.
2. How many of the 90,000 medicaid participants are in state custody?
3. Give the committee a shell-in draft of outline reports for the committee covering points I to X, leaving out subjective comments on points VI and X.
4. List and identify private charity/nonprofit activities and resources - what they do and what is available.
5. Again, for requests for information, they should go through Pignalberi to Lindstrom.
6. Continue working and reading. Let Pignalberi's office know of any specific areas of interest.
7. New public assistance regs just signed by the Lt. Governor will be provided to the committee.

For next week, we will have a summary of mental health, alcohol, and public health by DHSS, with other divisions to follow subsequently.

Meeting adjourned at 1:10 PM
September 7, 1999

commission on privatization

SUBCOMMITTEE ON HEALTH
& SOCIAL SERVICES

Meeting minutes, August 31, 1999

The meeting was called to order at 11:05 AM. Present in person or by teleconference were Chair Taurianan, Co-Chair Andress, Andrews, Brown, Caswell, Clasby, Foutz, Keller, Lindstrom, Majewske, O'Neil, Moss, Clarke, Calder, Eldridge, Pignalberi, and Higgins. See attached detail list of subcommittee membership.

This was the initial meeting of this subcommittee. Member name and address sheets were filled out. This information should be sent to Pignalberi. Our legislative staff support will be Marco Pignalberi, Debbie Higgins and R. Moss. DHSS staff support will be Elmer Lindstrom (primary) and Janet Clarke. Contact phone numbers and communication information was exchanged.

A large amount of background information was given out or made available to committee members. This included the purpose of our committee, enabling legislation, details of the DHSS organization. Clarke led the committee through a discussion of DHSS operations.

Questions/comments during this session included

1. Which programs have Federal match and how much is it?
2. How many employees are there in each division/function?
3. Give the committee a one or two page 'committee resource index' for the next meeting.
4. Need to look at definitions as we go, as well as policy issues.
5. For requests for information, they should go through Pignalberi to Lindstrom.
6. No expenses are allowed for committee members.

For next week, we will have a summary of Medical Assistance and Public Assistance by DHSS, with other divisions to follow subsequently.

An updated committee membership information listing will be sent out.

Meeting adjourned at 1:25 PM
August 31, 1999



OCT. 4. 1999

1:52PM

DHSS DAS DIR OFFICE

NO. 936

P. 1/14 OF ALASKA

**DIVISION OF ADMINISTRATIVE SERVICES
DIRECTOR'S OFFICE**



FACSIMILE COVER SHEET

TO: <i>Annette Deal-Cowdery</i> <i>Fairbanks L10 - Melba Piispanen</i> <i>Kemi L10 - Alyson Stogdill</i>
FAX NUMBER
PHONE NUMBER

FROM: <i>Stacey Anderson</i> <i>Budget Section</i>	
<i>10/4/99</i> DATE	<i>14</i> NO. OF PAGES
<i>465-2499</i> FAX NUMBER	<i>465-3331</i> PHONE NUMBER

RE: *Privatization Information for 10/5/99 Meeting*

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

NOTES/COMMENTS:

Annette 269-0223 Memo 9/27 Response 3pgs
Melba 456-3346 Trends Pages 11-14
Alyson 283-3075 Attachment A 2pgs
Attachment B 1page
**Please Distribute!!* Memo 9/21 Response 2pgs*
(with cover) Total 14pages

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

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

DIVISION OF ADMINISTRATIVE SERVICES

TONY KNOWLES, GOVERNOR

P.O. Box 110650

Juneau, AK 99811-0650

Phone: (907) 465-3082

Fax: (907) 465-2499

MEMORANDUM

DATE: October 4, 1999

TO: DHSS Privatization Task Force

FROM: Janet Clarke *Janet Clarke by JLC*
Director

SUBJECT: Response to September 27, 1999 Privatization Task Force Request for Information

Per your request, we are providing the following information to the Privatization Task Force Department of Health and Social Services subcommittee.

• Are there any areas of privatization that you would like the committee to consider?

Other than areas that have already been identified or discussed with the DHSS Privatization Task Force, such as the API2000 project, the Department does not have any other specific areas that it would request the committee to consider for privatization.

• What is the number of children in the child protection system that had a previous juvenile correction referral?

Fiscal Year	Children with No Prior Delinquency Report		Children With a Prior Delinquency Report		Children Who Were the Subject of a Report of Harm Number
	Number	Percent	Number	Percent	
FY1994	10,305	93.1	763	6.9	11,068
FY1995	10,107	92.7	801	7.3	10,908
FY1996	9,873	92.3	824	7.7	10,697
FY1997	9,755	91.8	871	8.2	10,626
FY1998	10,249	91.4	961	8.6	11,210
FY1999 - Preliminary	10,260	92.1	885	7.9	11,145

• Please provide the number of Reports of Harm received for children who are in Foster Homes as compared to biological parent homes.

Data is not available that will provide the number of Reports of Harm for children who are in Foster Homes. What is available is an estimate of the investigated Reports of Harm that DFYS receives on children who are in foster care (any type of out-of-home care, not just foster homes) where the perpetrator is the care provider(s). This estimate is based on the number of intake investigations completed where the alleged perpetrator was identified as a licensed provider. Licensed providers can include foster parents, residential care provider, and day care providers.

In FY98, 88 investigations were completed where the alleged perpetrator was identified as a licensed provider. The preliminary numbers for FY99 are 47 completed investigations where the alleged perpetrator was identified as a licensed provider. In both FY98 and FY99 this represents less than 1% of the total number of completed investigations.

In FY98, 7,487 intake investigations were completed where the alleged perpetrator was identified as a family member (i.e., mother, father, Stepfather, relative, brother, grandparent, stepmother, or sister). This represents approximately 72.9% of the total number of completed intake investigations for FY98. The preliminary numbers for FY99 are that 5,512 intake investigations were completed where the alleged perpetrator was identified as a relative. This represents approximately 60.1% of the total number of completed intake investigations for FY99.

• Please provide a list of all vehicles used by DHSS employees and whether they are state equipment fleet or privately leased and what the costs are for those cars (including one-time and on-going costs).

H&SS Division	# of SEF Vehicles	Yearly Cost w/o fuel or parts	Average Yearly Cost Per Vehicle
Division of Family Services	45	132,408.00	2,942.40
Division of Medical Assistance	1	1,260.00	1,260.00
Division of Public Assistance	9	21,540.00	2,393.33
Division of Public Health	33	78,264.00	2,371.64
Division of Mental Health & DD	12	38,124.00	3,177.00
Division of Administrative Svc.	4	3,936.00	984.00
Division of Juvenile Justice	48	128,556.00	2,678.25
Total SEF Vehicles	152	404,088.00	2,658.47
Privately Leased Vehicles	9	33,440.00	3,715.56

- What is the actual cost of living differential between the lower 48 and Alaska as compared to the 25% COLA that the federal government relies on for the federal poverty rate?***

The following information was taken from June 1999 issue of "Alaska Economic Trends", published by the Alaska Department of Labor. (Attached)

Four Alaska cities were included in the third quarter 1998 ACCRA study - Anchorage, Fairbanks, Juneau, and Kodiak. The third quarter 1998 ACCRA data show that the Alaska cities are among the 10 highest cost areas surveyed. (See Exhibit 7.) Anchorage had the lowest index of the Alaska cities in the ACCRA study; however, the difference between Anchorage and Fairbanks was relatively small. According to the index, Anchorage and Fairbanks have a cost of living roughly 25% higher than the all-cities average. Juneau was about 35% higher, and Kodiak was nearly 45% higher than the all-cities average.

- Please provide information regarding InterAgency receipts - include receipt and payment information.***

The attached information is a summary of data that has been extracted from the Department's revised program document tracking system and the state accounting system. Because the Department processes over 400 original and amended RSA documents during a fiscal year, the details of all of these would be cumbersome and the analysis required to produce an informative report of them would take far longer, and preclude a timely response to this question. We have, therefore, summarized expenditures by department and provided a synopsis of the types of services we purchase through RSA's.

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

OCT. 4.1999

1:53PM

DHSS DAS DIR OFFICE

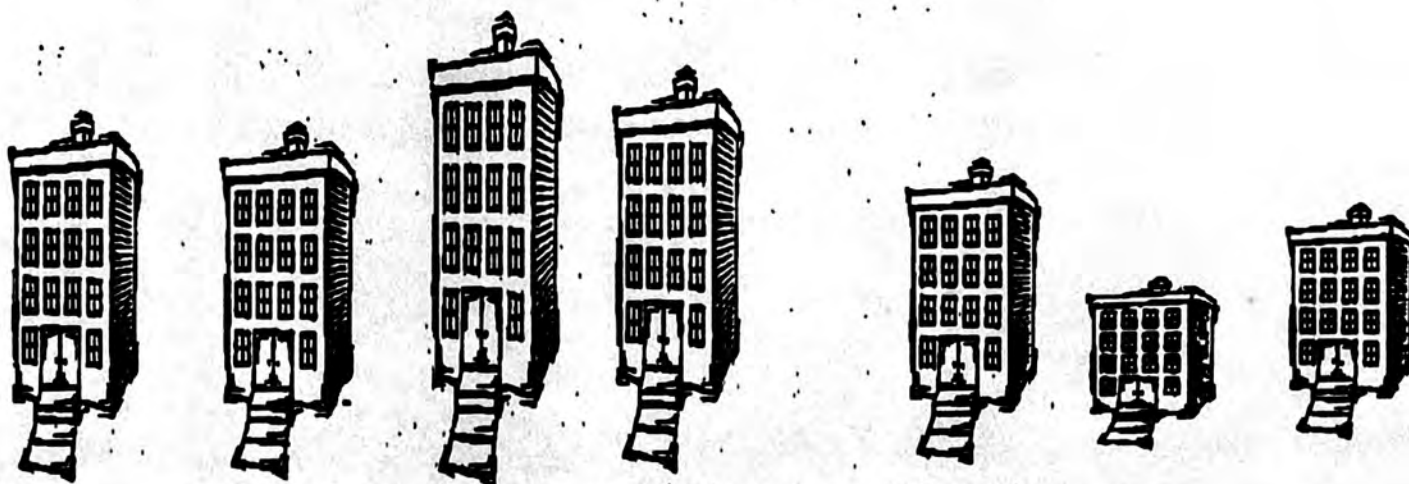
NO. 936

P.5/14

JUNE 1999

ALASKA ECONOMIC

TRENDS



Alaska Department of Labor

Tony Knowles, Governor

regional centers that are serviced only by air.

communities than in the state's urban centers.

The urban/rural cost differential in the Cost of Food at Home study presents an interesting contrast between Alaska and other areas of the United States. Other surveys show that in the Lower 48, large urban areas tend to have higher living costs, including food costs, than less populated areas. The opposite is true in Alaska. The cost of food and other basics such as fuel is higher in rural Alaska

Another interesting point about this survey is that the multi-tiered structure of food costs in Alaska has not changed much since the late 1970s.

Cost of Living—Selected Cities

ACCRA Index 3rd Qtr 1998

8

	All Items Index	Grocery Items	Housing	Utilities	Transportation	Health Care	Misc. Goods & Services
West							
Anchorage, AK	122.9	125.7	132.7	90.8	111.5	165.0	118.2
Fairbanks, AK	124.4	116.3	135.7	142.1	120.2	162.5	109.8
Juneau, AK	134.4	131.7	138.5	154.5	122.8	168.0	125.8
Kodiak, AK	144.8	147.1	146.0	161.5	127.4	160.4	141.6
Las Vegas, NV	105.2	115.5	105.0	84.5	107.4	115.5	103.2
Portland, OR	111.7	106.5	125.6	84.0	113.2	121.8	107.3
San Diego, CA	127.8	115.5	168.8	103.4	125.2	121.1	106.8
Southwest/Mountain							
Boise, ID	103.4	100.5	113.0	74.1	102.9	113.0	102.4
Dallas, TX	98.6	95.3	96.4	96.7	105.6	102.7	99.8
Denver, CO	108.1	106.7	123.7	84.6	112.3	113.3	99.5
Phoenix, AZ	102.3	105.2	99.2	105.5	113.2	111.2	98.1
Salt Lake City, UT	107.9	110.1	118.0	79.5	113.0	104.6	104.1
Midwest							
Milwaukee, WI	106.8	102.8	122.8	92.0	106.2	102.6	99.7
Oklahoma City, OK	92.0	93.4	79.0	99.9	98.8	89.7	100.3
St. Louis, MO	98.1	102.0	96.0	97.7	97.3	109.4	94.9
Southeast							
Birmingham, AL	95.8	93.3	94.0	96.6	94.5	98.3	98.4
Nashville, TN	105.4	101.0	106.1	108.6	117.6	111.9	103.0
Orlando, FL	99.5	101.1	95.7	103.8	97.6	107.0	100.3
Raleigh, NC	101.8	98.0	109.5	101.8	95.2	99.6	99.5
Atlantic/New England							
Baltimore, MD	98.0	97.4	95.5	107.6	102.9	94.3	91.2
Philadelphia, PA	121.2	108.6	141.7	154.0	115.0	99.1	107.1
Washington, DC	123.6	109.2	151.2	94.3	128.9	120.4	113.7

Source: American Chamber of Commerce Researchers Association, Urban Area Index Data, third quarter 1998. (834 urban areas surveyed).

9

Average Price Selected Goods & Services

Selected U.S. Cities—3rd Qtr 1998

	1 lb. Ground Beef	Milk Whole 1/2 gal.	Eggs 1 doz. Grade A Lg.	Coffee 13 oz. Canned	2 BR Apt. Rent Unfurn. No utils.	House Purchase Price	Total Monthly Energy Cost	Hospital Rm./day Semi- Private	Doctor Office Visit	McDonald's Quarter Pounder W/cheese	Men's Levi's 501/505	
West												
Anchorage, AK	\$1.79	\$2.22	\$1.29	\$3.68	\$771	\$183,028	\$84	\$1.16	\$748	\$80	\$2.69	\$35.59
Fairbanks, AK	1.30	1.99	1.40	3.78	762	187,000	152	1.25	555	81	2.89	31.55
Juneau, AK	1.69	2.04	1.56	3.94	950	182,000	168	1.39	425	76	2.70	31.62
Kodiak, AK	1.74	2.34	1.84	4.02	850	187,500	171	1.50	600	68	2.89	43.47
Las Vegas, NV	1.49	1.66	1.39	3.73	727	142,050	89	1.10	351	83	1.99	39.24
Portland, OR	1.49	1.66	1.06	3.49	683	178,300	81	1.20	519	54	2.01	39.99
San Diego, CA	1.71	1.98	2.05	3.59	900	240,818	107	1.27	675	52	2.12	38.99
Southwest/Mountain												
Boise, ID	1.17	1.25	0.80	3.41	701	153,584	69	1.17	497	55	2.09	30.39
Dallas, TX	1.25	1.38	0.98	2.90	792	122,107	100	1.01	480	50	2.08	31.42
Denver, CO	1.12	2.08	0.98	3.65	755	171,281	82	1.11	519	68	2.12	38.99
Phoenix, AZ	1.40	1.71	0.85	3.57	673	132,318	108	1.10	551	53	2.10	33.39
Salt Lake City, UT	1.65	1.64	0.77	3.82	653	166,400	76	1.18	393	55	2.09	36.24
Midwest												
Milwaukee, WI	1.45	1.53	0.73	3.01	694	170,230	95	1.13	418	56	1.99	33.19
Oklahoma City, OK	1.29	1.44	0.78	3.05	526	106,000	93	0.99	290	41	1.78	35.19
St. Louis, MO	1.47	1.72	0.86	3.19	655	132,283	96	1.03	473	60	1.93	30.97
Southeast												
Birmingham, AL	1.04	1.71	0.75	2.44	583	131,500	84	1.01	467	52	2.01	31.39
Nashville, TN	1.25	1.42	0.80	2.82	610	127,033	90	1.03	276	53	1.95	33.99
Orlando, FL	1.39	1.64	0.92	2.71	600	133,200	104	1.05	486	53	1.79	30.29
Raleigh, NC	1.48	1.80	0.92	2.49	742	149,369	105	0.99	337	54	1.98	32.99
Atlantic/New England												
Baltimore, MD	1.41	1.43	0.77	3.40	507	136,448	108	1.08	539	45	1.00	30.79
Philadelphia, PA	1.84	1.39	1.14	3.39	727	196,749	166	1.08	452	48	2.14	33.60
Washington, DC	1.41	1.51	1.02	3.27	1,083	204,193	83	1.13	509	64	1.99	35.90
ALL CITIES MEAN ¹	1.38	1.54	0.90	3.09	586	139,988	101	1.08	405	51	2.01	33.75

¹ All cities mean is the arithmetic mean price of all 334 cities in the third quarter 1998 survey.

Source: American Chamber of Commerce Researchers Association Cost of Living Index, Average Price Data, third quarter 1998. (334 urban areas surveyed.)

Exhibit 6 shows the difference in the cost of food between Anchorage and other Alaska communities. It also shows the changes in costs over time within several communities in the study.

ACCRA places Alaska cities among most expensive

The American Chamber of Commerce Researchers Association (ACCRA) provides another cost-of-living measure. The ACCRA cost-of-living study compares costs for roughly 300 cities in the United States, including several in Alaska. The ACCRA study is intended to replicate the consumption patterns of a mid-management executive's household.

In the ACCRA study, a standardized list of 59 items is priced during a fixed period of time. The average price data for each urban area are then converted into an index number for each expenditure category. Because of the limited number of items priced, percentage differences between areas should not be treated as exact measures. Small differences should not be construed as significant, or even as a correct indication of which area is the more expensive. Aside from the limited number of items priced, the ACCRA index also does not take state and local taxes into account. This is due in part to the difficulty of reliably measuring an area's tax burden.

Four Alaska cities were included in the third quarter 1998 ACCRA study—Anchorage, Fairbanks, Juneau, and Kodiak. The third quarter 1998 ACCRA data show that the Alaska cities are among the 10 highest cost areas surveyed. (See Exhibit 7.) Anchorage had the lowest index of the Alaska cities in the ACCRA study; however, the difference between Anchorage and Fairbanks was relatively small. According to the index, Anchorage and Fairbanks have a cost of living roughly 25% higher than the all-cities average. Juneau was about 35% higher and Kodiak was nearly 45% higher than the all-cities average.

The four Alaska cities in the ACCRA study were among the highest-cost cities surveyed for several of the six major components of the ACCRA index. All four cities were in the top 10 in at least half of the categories, and Kodiak was in the top 10 in all six component indexes.

ACCRA points to a smaller difference in housing costs

Housing costs have always been thought of as exceptionally high in Alaska. Although they are high, the ACCRA housing index shows that some areas in the nation, particularly large urban areas, have comparable or much higher housing costs. Generally, the lowest rankings for Alaska's cities were in the ACCRA transportation index. The Anchorage utilities index was lower than two-thirds of the cities in the ACCRA study.

Comparative figures for Alaska cities and other cities around the nation are presented in Exhibits 8 and 9. Exhibit 8 shows the ACCRA cost-of-living indexes while Exhibit 9 contains prices for some of the goods and services in the ACCRA study.

The ACCRA cost-of-living study is designed for spending patterns found in major American urban centers. The data collected in the pricing survey attempt to match the items found in urban areas. This process tends to ignore spending patterns found in atypical areas. For example, the transportation costs in the ACCRA study include items such as bus fare, the price of a gallon of gasoline, and automobile wheel balancing. This method is problematic for Alaska communities because air transportation is a more common, and generally more expensive, mode of travel.

Runzheimer study shows smaller cost-of-living differential

A different approach to calculating living cost differences between cities is taken in the Runzheimer Living Cost Standards survey. Runzheimer International, a private research firm contracted by the Alaska Department of Labor's (AKDOL) Workers'

Compensation Division, looked at the comparative income necessary to maintain a certain standard of living in different areas of the country as of December 1998. Runzheimer's approach takes into account certain elements left out of the ACCRA cost-of-living measure, such as an area's tax rates.

In the AKDOL Runzheimer study, a "base" family was created—two parents and two children. They own their home, a recently purchased 1,500 square foot single-family home with three bedrooms and 1.5 baths. They drive one automobile, a 1995 Ford Contour GL, approximately 16,000 miles annually. This family has an income of \$32,000 in Standard City, a fictitious city that has costs close to the median of all the cities in the survey. The standard of living attainable in Standard City was then priced in each of the surveyed areas.

The AKDOL Runzheimer survey shows that Anchorage and Fairbanks have a slightly higher cost of living than the other areas surveyed, while Juneau's cost-of-living index was about 15 percent higher. The cost of living in these three Alaska locations ranges from 2.8% to 15.4% above Standard City. (See Exhibit 10.) For comparison purposes, many of the cities appearing in the ACCRA data in Exhibits 8 and 9 are included in the Runzheimer data in Exhibit 10.

Lower taxes contribute to lower living costs

The component indexes of the Alaska cities in the Runzheimer study range from 5 to 45 percent above the average cost of living except the taxation component. The Runzheimer study indicates that the portion of income that goes to taxes in Alaska is about 12 to 14 percent below the average in Standard City. This is the main reason the Runzheimer index does not show Anchorage's, Fairbanks' and Juneau's living costs as high as the cost of purchasing goods and services would indicate. Another factor to remember is that Runzheimer does not take into account the Alaska Permanent Fund Dividend. If every member of

the fictitious Runzheimer family received an Alaska Permanent Fund check, more than \$6,000 would have been added to the household's pre-tax income in 1998. This amounts to a significant boost in the overall income in this fictional Alaska household.

Construction costs follow other surveys somewhat

In early 1999, the Alaska Department of Labor's Research and Analysis Section conducted the seventh annual survey of the cost of a market basket of construction materials. The survey, commissioned by the Alaska Housing Finance Corporation (AHFC), measures the cost of acquiring building materials necessary to construct a single-family residence at various locations in Alaska. The construction materials priced represent approximately 30 percent of the total dollar value of a materials list for constructing a model single-family residence.

The costs of construction materials at 10 Alaska locations were measured, with the results showing some of the same patterns evident in other surveys. (See Exhibit 11.) Like the other surveys, rural locations tended to have the highest costs. One notable difference with this survey is that Sitka and Juneau had the lowest construction materials costs. No other survey showed Juneau among the lowest costs for any items priced.

Summary: No single answer to cost-of-living question

When looking at cost-of-living information, first decide what type of comparison needs to be made. Are you interested in how prices have changed over time, or how costs differ between places? The answer narrows the field of appropriate cost-of-living surveys.

Next, decide on the suitability of different surveys. Some surveys look at subsets of the total cost-of-living package, such as the Cost of Food at Home

FY99 DHSS Interagency Payments to Other Agencies (thousands)

Department of Administration	\$ 8,124.0
The bulk of the interagency transfers to DOA fund core services such as telecommunication, mainframe computer services, telephone services, risk management costs and the Department's share of lease costs. Additional transfers from DHSS involve the purchase of specific services provided by the many divisions within DOA such as Senior Services, Division of Finance, Retirements and Benefits and Office of Public Advocacy	
Department of Law	\$1,290.0
These funds purchase legal support for regulation review, court cases, and other legal services, which are normally based on attorney's billable hours.	
Department of Education	\$2,138.0
A number of services related to DOE's archive and document (statues) responsibility are purchased as well as various training and Alaska Work Program related support services. Additionally, the Medicaid School Based Claim is transferred to DOE for distribution to school districts who support the federal claim process.	
Department of Labor	\$1,953.0
Employment and training related services that support the Alaska Work Program are purchased from DOL as well as occupational and employment related information services.	
Department Commerce and Economic Development	\$186.0
Includes purchase of services related to tobacco enforcement efforts and other licensing areas.	
Department of Natural Resources	\$2.0
Identification and analysis of osteological remains (State Medical Examiner).	
Department of Public Safety	\$208.0
Criminal justice background checks and fingerprinting services are purchased.	
Department of Corrections	\$876.0
Meals for Bethel and Nome Youth facilities are purchased as well as laundry services for the Johnson Youth Center.	
Department of Community and Regional Affairs	\$20,457.0
CCDF and other federal and GF funding is transferred to DCRA for the purchase of child care and the administration of the child care program for PASS II (transition) & III (low-income). Welfare to work services under TANAF are also purchased.	
Department of Transportation and Public Facilities	\$317.0
Building and grounds maintenance and repair services are purchased for DHSS occupied buildings. DHSS repair and renovation projects that become open for bid from private contractors are managed by DOT and are wholly or partially funded via interagency transfer with operating funds. Similarly, building design and planning services are also purchased through DOT.	
Governor's Office	\$47.0
AHRIC evaluation	

**FY99 DHSS Interagency Payments to Other Agencies
(thousands)**

Alaska Court System	\$34.0
Support of the adoption backlog project is funded via interagency transfer as well as the Courts portion of the Juvenile Accountability Incentive Block Grant.	
University of Alaska	\$1,718.4
A variety of services are purchased from the university system including research and evaluation, training and other educational services, student internships and compliance monitoring.	
Grand Total	\$37,350.4

**FY99 DHSS Interagency Payments Received from Other Agencies
(thousands)**

Department of Administration	\$90.0
DOA purchases services related to the Personal Care Attendant Program	
Department of Education	\$1,863.0
DOE contributes to a number of programs and services managed by DHSS through interagency transfers. These include the Alaska Youth Initiative, the Alaska School for the Deaf Residential program, the Youth Risk Behavior Survey Analysis and Children Nutrition services.	
Department of Public Safety	\$395.0
Funds from DPS support rural domestic violence and child victimization regional training conducted by DHSS. Training is also purchased related to the juvenile justice process.	
Department of Corrections	\$370.0
Corrections provide interagency funding for the Institutional Discharge Program, which is managed by DHSS.	
Department Revenue	\$31.0
Vital statistics data is provided under interagency agreement to DOR for their child support enforcement activity.	
Department of Military and Veterans Affairs	\$352.0
DMVA administers the Western Alaska Fish Disaster funds and in doing so, transferred funds through interagency for various DHSS services for areas of the state impacted by the disaster.	
Grand Total	\$3,101.0

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

DIVISION OF ADMINISTRATIVE SERVICES

TONY KNOWLES, GOVERNOR

P.O. Box 110650

Juneau, AK 99811-0650

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MEMORANDUM

DATE: October 4, 1999

TO: DHSS Privatization Task Force

FROM: Janet Clarke *Janet Clarke by JLB*
Director

SUBJECT: Response to follow-up questions from September 21, 1999 Privatization Task Force Meeting

Below are the answers to the list of questions from the Privatization Task Force that were identified in the September 22, 1999 facsimile.

☛ *Do DFYS caseworkers undergo any type of mental health evaluation?*

Social Workers employed by the division have to have certain education and experience prior to employment. It is not a requirement of employment that a mental health evaluation be completed.

☛ *What external non-state funded agency is available as a check and balance for DFYS?*

There are a variety of check and balances available to watch and review the work and decisions made by DFYS workers. The State Ombudsman, the Court System, the Federal Administration for Children and Families are all available and do review the DFYS work. There are also Guardian-ad-Litem and attorneys for parents appointed on every child's situation where the state has intervened.

☛ *Where does abuse recognition come from?*

We are not sure if this question is asking about recognizing or identifying abuse, or if it is asking about the abuse of discretion standard in court cases. We would be happy to answer it when we find out more about the question.

What are the requirements for social work applicants? Social service associate applicants?

Social Worker I applicants are required to hold a Bachelor's degree in social work or a related field, or one year of experience as a Social Service Associate III. Social Worker II applicants are required to hold a Bachelor's degree in social work or a related field, and one year of professional social work experience. Social Worker III applicants are required to hold a Bachelor's degree in social work or a related field, and have at least two years of professional social work experience. A graduate degree in social work can be substituted for the two years experience.

Social Service Associates I, II, and III applicants are required to possess knowledge, skills, and abilities to learn regulations, policies, and procedures, and to keep records. The Social Service Associate II and III require additional years of experience as a Social Service Associate I or II.

Is the fact-finding process in abuse/neglect investigations the same for biological families as for foster families?

The fact-finding process is the same in abuse/neglect investigations for biological families as for foster families. The standards for taking action differ. The standards for taking action in an abuse/neglect investigation is a different process. However, a fact-finding process gathers pertinent information and conducts a methodical review of the information gathered in the process.

NASW Code of Ethics provides ethical standards to which the general public can hold the social work profession accountable. How does the state ensure accountability for adhering to this Code of Ethics?

There are performance standards and evaluations conducted routinely on all social work staff. The division also has a case review process which mandates specific attention to social work practice areas.

Can we get a copy of the union agreements for social workers and mental health providers that are unionized?

Both unions representing these employees have their union agreements available on the web page under the Department of Administration, Division of Personnel, Labor Relations Section.

Due process -- how is it protected within DFYS when the regulations are inconsistent?

We are not sure what specific regulations this question is referring too. More information will help us answer this question.

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

Sheet1 10-5-99

Page 1

commission on privatization

SUBCOMMITTEE ON HEALTH
& SOCIAL SERVICES

Meeting minutes, September 28, 1999

The meeting was called to order at 11:04 AM. Present in person or by teleconference were Chair Taurianan, Calder, Caswell, Clarke, Derr, Eldridge, Foutz, Keller, Lorenz, Majewske, Maltman, Moss, Short, Villamides, Pignalberi, McMillian, and J. Hayes(Brice). See attached detail list of subcommittee membership.

This was the fifth meeting of this subcommittee. This meeting consisted of review of the Administration division by Clarke. An information background packet was provided to the subcommittee.

After the administration review, considerable discussion about the way to proceed. The Chairman noted that the education committee report was available to us, as a possible example. All LIOs will have a copy.

Chairman asked for areas of interest by committee members. A matrix of members and interest areas was developed. A final list will be sent out tomorrow to all LIOs. Members, by areas of interest, were urged to get together and start developing recommendations. It is anticipated that this process will generate questions and requests for information.

Moss went over a draft of a recommendation format. She asked what are the rates for inter-agency charges.

For next week, we will start discussing recommendations.

Meeting adjourned at 12:50 PM
September 28, 1999

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AUG 31 '99 15:20 FR
AUG-31-1999 TUE 11:12 AM

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PAGE 01
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P. 07

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July 30, 1999

Dear Senator Ward:

Families First Partnership requests the honor of your attendance to a Solution-Forum Luncheon at the West Coast International in Anchorage, on August 26, 1999, from 3pm to 6pm. The purpose of this gathering is to familiarize our lawmakers with the concerns of their constituents in dealing with Health and Human Service Agencies and extend solution suggestions to deal with these issues. As you may know from the many calls you receive each year about agencies such as DFYS and CSED, many voters are unsatisfied with their performances. Families First Partnership was formed not just to assist those unsatisfied with these services, but to assist those who make the laws governing such agencies with workable solutions and suggestions. This luncheon will not be a open-floor where you will be asked to listen to more complaints but rather hear and discuss concepts of legislating laws that will reduce wasteful spending, protect all parties involved and ease the burden lawmakers receive of citizen complaints.

If you can not attend personally, please send a representative from your office so that you are represented. Since this problem is a national problem, we are also inviting our Federal lawmakers to attend as well. Please RSVP if you can or cannot attend, so we may have an accurate setting, either by phone, e-mail or fax. I met many of you while attending one of the informative Children's Caucus in Juneau and look forward to seeing you in this next legislative session. Thank you for your time and consideration with regard to these issues. Families First Partnership looks forward to seeing you on August 26th.

Sincerely,



Sarah Short, President

Families First Partnership

907-561-5976

Families First Partnership is a non-profit 501(c) grassroots organization operated by volunteers. All donations are tax deductible and appreciated.

Meeting Agenda

Meeting	HSS Privatization Subcommittee	Start Time	1100 am
Purpose	Startup	Stop Time	1:00 PM
Date	31 Aug 99	Place	Various LIOs

PERSONS ATTENDING Subcommittee members, Privatization Commission Staff

1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20

ITEMS TO BE DISCUSSED

1	Housekeeping:	X
	a) contact info sheets	
	b) meeting time/date	
	c) communication-email etc	
	d) expenses	
	e) note keeping/notification calls	
2	a) Purpose: SB 33	
	b) Objective - report (late October)	
3	Identify resources available to SCom members	
4	a) HSS Department Overview (35 Min) - Elmer Lindstrom, Janet Clark	
	b) Constitution/Statutory Authority; Regulations	
5	Work Tasks	
6	Comments/Discussion	
7	Other Business	
8	Adjourn	

MEETING NOTES

1
2
3
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9
10

Department of Health & Social Services Subcommittee Membership							
Taurianan	Mike	262-4624	262-5777		commak@worldnet.att.com		Soldotna
Andrews	Mark	452-8251 x3235	459-3953	Tannana Chiefs			Fairbanks
Brown	Kelly	452-2300	452-2307	Representative from the union of DHSS workers	kelly@asea.fbx.mxmail.com		Fairbanks
Caswell	Lynn	276-5590	258-1091	CSS	lcaswell@css.ak.org		
Derr	Laraine	586-1790	463-3573	AK Hospital & Nursing Home Assoc.			Juneau
Foutz	Paul	272-1196	272-4850	O'Connor & CO., P.C.			
Franz	Charlie	235-8101	235-0253	Homer Hospital			Homer
Gilleen	Jerri	276-2131	276-0946	Muscular Distrophy Assn., Director	j_gilleen@hotmail.com		
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Kibby, Esq.	Richard	563-0373	563-5083				
Lindstrom	Elmer	465-1613	465-3068	Dept Health & Social - Dept Contact			Juneau
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Sankey	John						
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Webb	Russell	465-3030	465-3068	Dept Health & Social - Dept Contact			Juneau
Calder	Scott	474-0174	456-3346	Safe Families Inc.			Fairbanks
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August 11, 1999

The Honorable John Cowdery
Alaska State Legislature
716 W. 4th Ave.
Suite 320
Anchorage, Alaska 99501-2133

Dear Rep. ~~Cowdery~~ *John*:

The Knowles Administration is committed to working with you and the entire Commission of Privatization and Delivery of Government Services to make the process spelled out in SB 33 as productive as possible. Towards that end I am enclosing a report produced by the Administration last year that may be of use to you.

In this document, titled "Knowles/Ulmer Administration Accomplishments in Budget Discipline and Government Efficiencies", each state agency has identified privatization efforts that have been accomplished or are underway. I think the Commission and its subcommittees will find this information helpful.

The report has not been updated since May 1998 so there are undoubtedly some new efforts underway that are not described in this document. I expect the Commission and subcommittee deliberations will provide agency personnel the opportunity to discuss any new developments not covered in the report.

As you know Mike Abbott, Special Assistant to the Governor, is the Administration's primary point of contact for the Commission. If you have further requests for information please make contact with Mike at your convenience.

Sincerely,

Pat Pourchot
Pat Pourchot
Legislative Director

Enclosure

Knowles/Ulmer Administration

Accomplishments in Budget Discipline and Government Efficiencies

Compiled in May 1998

Office of Management and Budget

Department of Health and Social Services

Efficiency Innovations:

- The Division of Mental Health and Developmental Disabilities has developed a program to recycle durable medical goods. The Community Equipment Closet is a collaborative project with DMHDD, Geneva Woods Health Care Services, Hope Cottages, Arc of Anchorage, Mat-Su Services, and other community members. Used adaptive equipment and medical supplies are reconditioned, and distributed by contracted private sector agencies to consumers with special health care needs. The cost of the reconditioned equipment is always less than new equipment, and is often substantially less. These savings increase the availability of resources for other needy individuals.
- Harborview Developmental Center (HDC) in Valdez closed in December of 1997. Its closure follows national trends whereby
- individuals receive services in their home communities. Individuals who once lived in institutions now live in their own apartments, attend local events, and work in and are a part of their community. The Department transferred \$920.7 in GF/MH funds to the Community Developmental Disabilities Grants component to support the community placements of the remaining HDC residents, and transferred \$106.7 to Medical Assistance to provide for the Medicaid match in FY98.
- The Division of Public Assistance has implemented Electronic Benefit Transfer (EBT), an electronic method for efficiently distributing public assistance benefits. With EBT, a plastic debit card replaces paper food stamps and some cash warrants. A strength of the EBT design is its use of existing financial networks to support the system. EBT promises improved client service, program management, and public support through increased program integrity. The Department joined an alliance of six western states to develop EBT, and contracted with Citibank and Deluxe Electronic Payment Systems for the "Alaska Quest" EBT debit card development and operation. The Division began EBT implementation in Southeast Alaska on February 1, expanded to Anchorage and the Mat-Su Valley April 1, and will start in Fairbanks and EBT-ready villages served from the Fairbanks office on May 1. EBT is scheduled to be implemented statewide June 1. EBT, through use of the Alaska Quest card, will help to:
 - ❑ Provide a safe, secure way to receive food stamp and temporary assistance benefits.
 - ❑ Eliminate paper food stamps and the stigma associated with redeeming them in public.
 - ❑ Speed delivery of benefits by eliminating the delays for packaging and mailing coupons and warrants.
 - ❑ Reduce client and food retailer fraud.
 - ❑ Eliminate theft of mailed food stamps and the associated state penalty payments.
 - ❑ Achieve cost savings over the seven-year life of the contract.
 - ❑ Move welfare recipients toward greater familiarity with modern financial transactions.
 - ❑ Improve the process for food retailer handling and redeeming food stamp transactions.
 - ❑ Promote other business improvements, such as direct deposit of cash payments for those with bank accounts wanting this service.

- The Division of Public Health consolidated the functions of the Juneau Lab, the Lab Chief's Office, and the Anchorage Lab into one location in Anchorage, in preparation for the new facility. The section of Community Health and Emergency Medical Services consolidated from three to one location in Juneau.
 - The Division of Administrative Services has effected two specific efficiencies, one being a comprehensive injury prevention program that was implemented in FY95, which has greatly reduced the Departments' workers' compensation rates; and we have also seen a reduction of leave cash-in rates and charges to the Department.
- Medicaid Cost Containment:
 - The Division of Medical Assistance, in partnership with Division of Mental Health and Developmental Disabilities, has developed new regulations for community mental health services that limit the amount, scope, and duration of services.
 - A study is underway to recommend a model for managed care in Alaska.
 - A comprehensive program of Quality Assurance has been instituted which will help to ensure that the quality of service is not degraded as cost containment efforts move forward.
- Performance Based Budgeting. Since 1996, the Department has been training program managers in the development and use of performance measures as an approach to budget development, resource allocation, determining the effectiveness of alternate approaches, measuring the efficient use of resources, and enhancing overall performance by clearly defining the mission and goals of programs.
- Computer and Information Technology:
 - The DHSS Web Site was established and has been evolving to provide the public with useful information about the Department, as well as access to electronic forms (i.e., Energy Assistance Application Form and Vital Statistics Information request forms).
 - Pilot programs are under way to electronically prepare, distribute, and authorize Travel Authorizations.
 - The Department is partnering with other agencies to automate timesheet processing.
 - A Computerized Maintenance Management System (CMMS) has been established, which assures timely repair and maintenance, maximizing the return on maintenance dollars.
 - The Department has developed and is in the initial stages of implementing a Data Warehouse. The Data Warehouse is a Decision Support System, which integrates data from the Department's administrative and program operation data systems. The warehouse will allow the Department to measure and compare the relative effectiveness of the programs and services delivered to Alaska's population.

Contracted Services:

- Over the past four years, Division of Public Health has privatized audiology services across the state. Six community-based private providers residing in Anchorage, Barrow, Homer, Kenai, and Juneau now provide services in regions previously served by three regional offices. In addition, Bristol Bay Native Association has developed an audiology program to serve residents of Dillingham and surrounding communities. With privatization, services are available on a continual basis in communities previously served on an itinerant basis, communities never before

served by State audiologists are receiving services, and the State has realized considerable cost savings.

- **Welfare-to-Work:** While the work-first approach may be the most efficient and effective way to deliver welfare-to-work services, welfare reform nonetheless placed an additional burden on DPA compared to the old system. New welfare-to-work services needed to be delivered in addition to traditional eligibility determination. Community organizations, both private and public, are an excellent source for these human and financial resources. Grants and contracts have been established to leverage community resources to provide additional services required by welfare reform legislation. The type of service, location, contractors, and grantees are:
- A prime contractor or grantee works in collaboration with DPA to help meet federal work participation rates and DPA performance outcomes. They are responsible for case management of the entire caseload to which they are assigned (i.e., all the Natives in Anchorage).
- An applicant work search contractor or grantee provides services in a classroom setting and workshops to help clients prepare for work search, and to screen and assess client aptitudes for certain jobs. The organization also monitors clients' actual work search and facilitates client "job clubs" to provide the client with networking and support during the job hunt.
 - **Community Service Monitoring.** For some clients, especially in areas where wage-paying jobs are scarce, community service is an option that qualifies as a work activity, teaches work skills to ATAP participants, and fills an important community need. DPA is working with Native organizations and community groups to identify places and monitor meaningful community service work activities.
 - **Direct Services.** Services may be purchased from community organizations by DPA staff and are considered grants to individuals. This method of procurement is used in areas without a prime contractor or grantee.

SUGGESTED OUTLINE FOR SUBCOMMITTEE REPORTS

I. Agency & Department Name

II.. BRU and Component Names as listed in state budget

III Total Budget, all funds

- identify fund sources

IV. Total Revenue derived

- net cost/income to state

V. Identify Constitutional and Statutory Provisions Governing Agency Operation.

VI. Agency Mission, Goals and Objectives

- do reality check

VII. Number of Employees

- Identify Specialized Expertise Needed for Mission

VIII. Describe Technology Used to Perform Mission

- Identify Specialized Equipment Needed for Mission

IX. List Existing Agency Contracts including amount, contractor, purpose, term, and procurement method.

X. Identify Existing Privatization Practices, if any. Evaluate them for effectiveness and public accountability.

XI. Make Recommendations per Section 5 in SB 33, including suggestions for new legislation.

XII. Explain rationale for each recommendation, the number of votes for and against it.

XIII. List problems or barriers to implementing proposed privatization.



and Delivery of Government Services

Co-Chairs:
Representative John Cowdery
Senator Jerry Ward

Senator Al Adams
Bill Allen
Representative Tom Brice
Tom Fink
William Prosser
Helvi Sandvik
Kathryn Thomas
Don Valesko
George Wuerch

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The Commission on Privatization and Delivery of Government Services.

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This page was last updated 8/16/99; Direct corrections and technical inquiries to

Web Site Updated Daily
Great resource for links, meeting
schedules, subcommittee
membership information, and
contact information.

www.privatizealaska.org

A handwritten signature in the top right corner of the page, consisting of a stylized 'J' followed by a horizontal line.

Agency:

Department of Health and Social Services

BRU:

Purchased Services

Component:

Subsidized Adoptions & Guardianship

CONTACT: Janet Clarke, Director of Admin Svcs 465-3082

COMPONENT GOALS:

The goals of this component are to provide permanent homes through adoption or guardianship for hard to place children who are in the permanent custody of the department. Hard to place children are defined in AS 25.23.240 as minors who are "not likely to be adopted by reason of physical or mental disability, emotional disturbance, recognized high risk of physical or mental disease, membership in a sibling group, racial or ethnic factors or any combination of these conditions". Adoption as provided for in AS 25.23.190--25.23.240 is viewed as the most permanent placement for a child and is therefore generally the preferable option. Guardianship, which is provided for in AS 13.26.062, is considered for children who cannot be freed for adoption, but for whom a reasonably permanent home can be provided through guardianship.
(Continued on page 2 of 4)

EXPENDITURES:

Personal Services	FY 98 ACTUAL	FY 99 AUTHORIZED	FY 2000 GOVERNOR
Other Program Costs	0.0	0.0	0.0
Total	6,867.8	6,917.8	10,408.6

FUNDING SOURCES:

Federal Receipts	1,475.8	1,629.4	2,381.9
General Fund Match	1,475.8	1,604.4	1,994.9
General Fund	3,488.0	3,684.0	5,343.8
GF Program Receipts	0.0	0.0	0.0
I/A Receipts	428.2	0.0	0.0
GF Mental Health	0.0	0.0	0.0
CIP Receipts	0.0	0.0	0.0
MHTAAR	0.0	0.0	0.0
Stat Desig	0.0	0.0	0.0
Other	0.0	0.0	688.0
Total	6,867.8	6,917.8	10,408.6

STAFFING:

Permanent Full-Time	0	0	0
Permanent Part-time	0	0	0
Temporary	0	0	0

DESCRIPTION OF COMPONENT SERVICES:

Services provided under this component include subsidized adoption and subsidized guardianship. Subsidized adoption is a way to establish permanent homes through adoption for children who are hard to place, who are in the permanent custody of the department and are unlikely to be adopted without a subsidy.

(Continued on Page 2)

DESCRIPTION OF COMPONENT CHANGES:

In the FY 2000 Governor column, the funding source Other includes 688.0 from the Tobacco Settlement claims to fund the increments.

**COMPONENT
GOALS
AND SERVICES**
Form CF1
Revised 7/98

AGENCY Department of Health and Social Services

BRU Purchased Services

COMPONENT Subsidized Adoption & Guardianship # 1962

Page 1 of 4

Revised Date:

FY 2000

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COMPONENT GOALS (Continued):

This is often the best choice for children who cannot live with their parents but continue to have an important emotional tie with their families which should not be severed. Often, adoptions and guardianships occur without financial subsidies, but children placed by the Division generally have serious special needs. The President's Adoption Initiative Adoption 2002 provides incentives for States to double adoptions by the year 2002. Recent changes in State and Federal law require the Division to move children more rapidly into permanent placements. Recruitment and retention of adoptive/guardianship families is necessary to remove one of the major barriers to placing children in permanent homes.

DESCRIPTION OF COMPONENT SERVICES (Continued):

Once it is determined that a family might be able to care for a hard to place child on a long term basis, a home study is conducted. If the report is favorable, the family is recommended to adopt the child. Following adoption, the department is only involved for an annual evaluation of the need for continued subsidy, if one exists, and to establish the level of subsidy. Guardianships are similar in that the department need no longer monitor the placement unless there is a subsidy, but the court requires an annual report from the guardian. Guardianships do not provide as high a level of permanence for the child as adoption.

The Division has known for some time that children in our custody are becoming more difficult to care for, with increasing levels of disturbance and complexity of problems. These factors make it difficult to find permanent adoptive or guardianship homes without a subsidy. It is preferable that the state provide a means for children to be given a permanent home with state funding than for the state to continue to be completely responsible for the child. In other words, subsidized adoptive and guardianship cases are those which reach a successful resolution because children are given a permanent home.

The Division also provides some adopting families a one-time financial reimbursement for non-recurring costs of adopting a special needs child as required by federal law. The federal government contributes 50% of the cost incurred by the state.

The President's Adoption Initiative Adoption 2002 provides incentives for States to double adoptions by the year 2002. Recent changes in State and Federal law require the Division to move children more rapidly into permanent placements.

**ADDITIONAL
EXPLANATION
FORM CF1**

AGENCY Department of Health and Social Services

BRU Purchased Services

COMPONENT Subsidized Adoption & Guardianship # 1962

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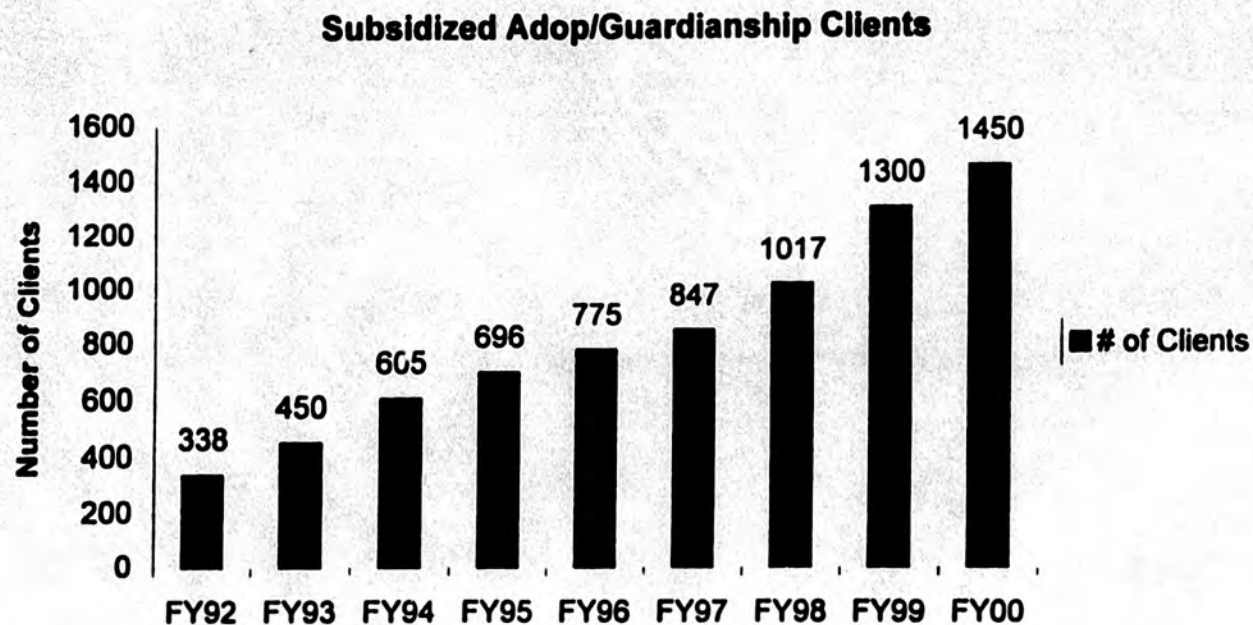
Revised Date:

FY 2000

000519

DESCRIPTION OF COMPONENT SERVICES (Continued):

Recruitment and retention of adoptive/guardianship families is necessary to remove one of the major barriers to placing children in permanent homes.



The above graph shows that the number of children in Subsidized Adoption and Guardianship has been increasing since FY92. This increase is projected to continue and the projected number of children for FY99 and FY00 are 1,300 and 1,450 respectively.

**ADDITIONAL
EXPLANATION
FORM CF1**

AGENCY Department of Health and Social Services

BRU Purchased Services

COMPONENT Subsidized Adoption & Guardianship # 1962

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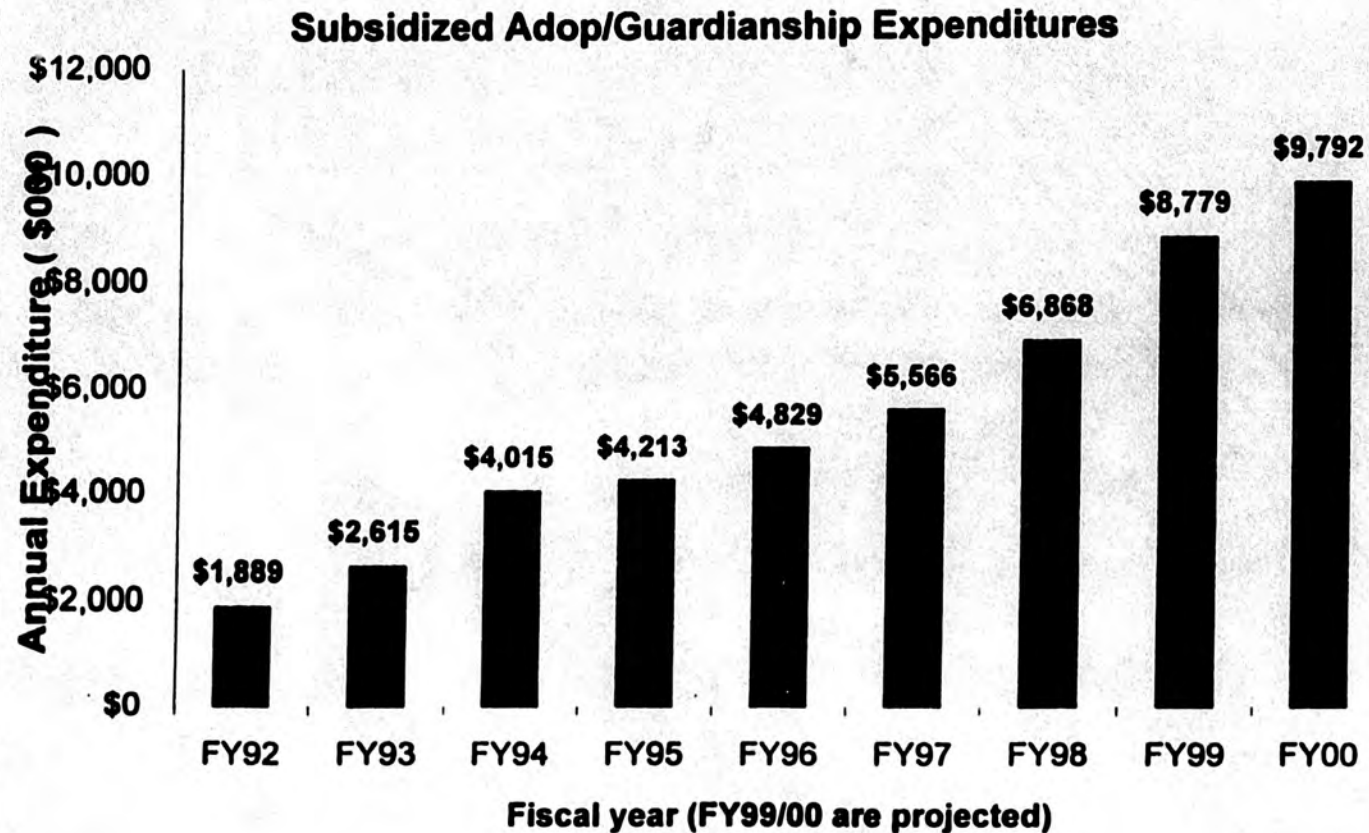
Revised Date:

FY 2000

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DESCRIPTION OF COMPONENT SERVICES (Continued):

As the number of clients in Subsidized Adoption has risen, the graph displayed below show the cost has also increased. The projected expenditures for FY99 and FY00 are \$8,770.0 and \$9,792.0 respectively.



**ADDITIONAL
EXPLANATION
FORM CF1**

AGENCY Department of Health and Social Services

BRU Purchased Services

COMPONENT Subsidized Adoption & Guardianship # 1962

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Revised Date:

FY 2000

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CONTACT:

Janet Clarke, Director of Admin Svcs 465-3082

OBJECTIVES AND ACCOMPLISHMENT MEASURES:

To provide permanent homes through adoption or guardianship for hard to place children who have been in the continuous custody of the department for at least one year and who are unlikely to attain permanent homes without financial and/or medical assistance, the Division will:

Objective 1: Identify children needing permanent placements and determine the best permanent placements.

1. Reduce the length of time between initial out of home placement and alternate permanent placement.

Accomplishment Measures :

1. Identify children needing permanent placements and determine the best permanent placements, adoption or guardianship.
2. Date of the initial foster care placement
3. Date of permanent placement staffing

STATUTORY/REGULATORY CITATIONS

**COMPONENT
OBJECTIVES AND
ACCOMPLISHMENT
MEASURES
FORM CF2
REVISED 9/12/95**

AGENCY Department of Health and Social ServicesBRU Purchased ServicesCOMPONENT Subsidized Adoption & Guardianship # 1962

Page 1 of 2

Revised Date:

FY 2000

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OBJECTIVES AND ACCOMPLISHMENT MEASURES: (Continued):

4. Date of placement in alternative permanent placement and removed from DFYS custody
 - a. Adoptive home
 - b. Guardianship
 - c. Emancipation

Objective 2: Increase the number of children who achieve permanent homes through adoption and guardianship subsidy.

Accomplishment Measures Objective 2:

1. Number of children meeting eligibility criteria for Title IV-E adoption subsidies, non-recurring costs only.
2. Number of children meeting eligibility criteria for Title IV-E adoption subsidies, non-recurring and ongoing.
3. Number of children meeting eligibility criteria for state subsidies without Medicaid benefits.
4. Number of children meeting eligibility criteria for state subsidies with Medicaid benefits.
5. Number of children meeting eligibility criteria for guardianship subsidies.

**ADDITIONAL
EXPLANATION
FORM CF2**

AGENCY Department of Health and Social Services

BRU Purchased Services

COMPONENT Subsidized Adoption & Guardianship # 1962

Page 2 of 2

Revised Date:

FY 2000

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Agency Totals - FY00 Operating Budget

Agency: Department of Health and Social Services

	FY98 Act	FY99 CC	FY99Auth	Gov Amd	House	Senate	ConfComm	FY99Auth to ConfComm	
Totals for Agency	868,887.1	922,126.0	938,016.3	1,022,464.9	1,006,435.2	998,307.2	1,006,428.1	68,411.8	7.3%
Objects of Expenditure:									
Personal Services	111,303.4	118,277.5	118,768.0	128,443.4	124,801.4	123,798.8	124,048.8	5,280.8	4.4%
Travel	4,041.3	3,737.3	3,718.2	4,271.5	4,149.8	3,844.0	4,044.0	325.8	8.8%
Contractual	52,521.2	63,210.7	65,030.1	81,790.2	79,553.8	79,553.8	79,553.8	14,523.7	22.3%
Commodities	20,512.5	21,109.5	21,098.8	21,840.8	21,720.8	21,720.8	21,720.8	622.0	2.9%
Equipment	2,619.2	1,313.9	1,313.9	1,731.1	1,473.9	1,473.9	1,473.9	160.0	12.2%
Lands/Buildings	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	%
Grants, Claims	677,889.5	715,007.8	728,087.3	784,387.9	774,735.5	768,735.7	775,895.5	47,808.2	6.6%
Miscellaneous	0.0	-530.7	0.0	0.0	0.0	-819.8	-308.7	-308.7	%
Funding Sources:									
1002 Fed Rcpts	371,716.0	421,832.7	434,980.7	480,221.9	481,337.2	475,546.2	481,737.2	46,756.5	10.7%
1003 G/F Match	166,254.3	166,677.4	168,708.2	176,334.0	179,788.0	158,243.5	159,243.5	-9,464.7	-5.6%
1004 Gen Fund	134,685.8	137,699.7	138,216.2	145,348.1	141,836.9	140,321.9	140,279.4	2,063.2	1.5%
1005 GF/Prgm	13,781.3	13,796.7	13,811.0	10,628.0	4,463.7	4,463.7	4,463.7	-9,347.3	-67.7%
1007 I/A Rcpts	46,315.4	44,916.9	45,007.2	52,342.0	53,021.5	53,021.5	53,021.5	8,014.3	17.8%
1013 Alchl/Drug	2.0	2.0	2.0	2.0	2.0	2.0	2.0	0.0	0.0%
1037 GF/MH	100,707.7	104,534.4	104,495.6	105,461.4	104,890.4	104,308.4	105,280.8	785.2	0.8%
1047 Title 20	5,410.8	4,474.5	4,474.5	4,474.5	4,474.5	4,474.5	4,474.5	0.0	0.0%
1050 PFD Fund	20,186.1	19,100.7	19,100.7	18,688.9	18,688.9	18,688.9	18,688.9	-411.8	-2.2%
1053 Invst Loss	615.8		121.3	-0.0	0.0	0.0	0.0	-121.3	-100.0%
1055 IA/OIL HAZ			0.1	0.0	0.0	0.0	0.0	-0.1	-100.0%
1061 CIP Rcpts	539.9	873.0	876.6	865.6	865.6	865.6	865.6	-11.0	-1.3%
1092 MHTAAR	4,902.0	3,878.0	3,881.1	3,148.3	3,796.7	4,156.7	4,156.7	275.6	7.1%
1098 ChildTrErn	336.6	340.0	340.0	345.7	345.7	345.7	345.7	5.7	1.7%
1108 Stat Desig	3,433.4	4,000.0	4,001.1	4,531.1	4,531.1	4,531.1	4,531.1	530.0	13.2%
1119 Tobac Setl				20,073.4	8,393.0	29,337.5	29,337.5	29,337.5	%
Positions:									
Perm Full Time	1,990.0	2,073.0	2,073.0	2,250.0	2,174.0	2,174.0	2,174.0	101.0	4.9%
Perm Part Time	70.0	58.0	58.0	68.0	74.0	74.0	68.0	10.0	17.2%
Non-Perm	21.0	18.0	18.0	18.0	18.0	18.0	18.0	0.0	0.0%

Component Summary - FY00 Operating Budget

Agency: Department of Health and Social Services

Page	Budget Component	FY98 Act	FY99 CC	FY99Auth	Gov Amd	House	Senate	ConfComm	FY99Auth to ConfComm	
Public Assistance										
1	ATAP (Formerly AFDC)	90,903.2	92,470.9	92,470.9	77,853.4	77,853.4	77,853.4	77,853.4	-14,617.5	-15.8%
2	Adult Public Assistance	45,528.8	47,524.0	47,491.0	49,740.4	49,740.4	49,740.4	49,740.4	2,249.4	4.7%
3	General Relief Assistance	885.0	1,041.9	1,041.9	1,041.9	1,041.9	1,041.9	1,041.9	0.0	0.0%
4	OAA-ALB Hold Harmless	2,472.7	2,098.1	2,098.1	1,907.2	1,907.2	1,907.2	1,907.2	-190.9	-9.1%
5	PFD Hold Harmless	20,186.1	19,100.7	19,100.7	18,688.9	18,688.9	18,688.9	18,688.9	-411.8	-2.2%
6	Energy Assistance Program	5,002.5	5,501.6	5,505.6	5,505.6	5,505.6	5,505.6	5,505.6	0.0	0.0%
7	Tribal Assistance				2,405.2	2,405.2	2,405.2	2,405.2	2,405.2	%
	* BRU Total	164,978.3	167,737.2	167,708.2	157,142.6	157,142.6	157,142.6	157,142.6	-10,565.6	-6.3%
Medical Assistance										
8	Medicaid Services		384,577.6	398,021.6	429,919.9	424,919.9	417,128.9	423,919.9	25,898.3	6.5%
9	Chronic Acute Med Asst				3,537.5	3,045.0	0.0	0.0	0.0	0.0%
10	Medicaid Non-Facility	153,535.7							0.0	0.0%
11	Medicaid Facilities	126,325.0							0.0	0.0%
12	General Relief Medical	4,189.7							0.0	0.0%
13	Waivers Services	29,006.9							0.0	0.0%
14	Medicaid PFD Hold Harmless	317.5							0.0	0.0%
15	Medicaid ALB Hold Harmless	50.7							0.0	0.0%
16	Indian Health Service	53,111.0							0.0	0.0%
	* BRU Total	366,536.5	384,577.6	398,021.6	433,457.4	427,964.9	417,128.9	423,919.9	25,898.3	6.5%
Catastrophic and Chronic Illness Assistance (AS 47.08)										
17	Catastrophic & Chronic Illness		1,900.0	1,900.0	0.0	0.0	3,537.5	3,045.0	1,145.0	60.3%
	* BRU Total	0.0	1,900.0	1,900.0	0.0	0.0	3,537.5	3,045.0	1,145.0	60.3%
Public Assistance Administration										
18	Public Assistance Admin	1,566.6	1,683.1	1,692.3	1,722.3	1,525.0	1,525.0	1,525.0	-167.3	-9.9%
19	Quality Control	831.7	988.1	995.9	965.9	965.9	965.9	965.9	-30.0	-3.0%
20	Public Assistance Field Svcs	21,432.6	22,581.7	22,696.9	23,842.6	23,842.6	23,842.6	23,842.6	1,145.7	5.0%
21	Fraud Investigation	1,086.2	1,156.4	1,163.4	1,120.8	1,120.8	1,120.8	1,120.8	-42.6	-3.7%
22	Public Assist Data Processing	4,364.4	4,919.9	4,903.4	4,823.4	4,823.4	4,823.4	4,823.4	-80.0	-1.6%
23	Alaska Work Programs	7,398.2	10,424.1	10,395.2	0.0	-0.0	0.0	-0.0	-10,395.2	-100.0%
24	Work Services				13,715.2	13,715.2	13,715.2	13,715.2	13,715.2	%
25	Child Care Benefits	12,848.1	23,712.8	23,712.8	36,242.6	40,453.7	40,453.7	40,853.7	17,140.9	72.3%
	* BRU Total	49,527.8	65,466.1	65,559.9	82,432.8	86,446.6	86,446.6	86,846.6	21,288.7	32.5%
Medical Assistance Administration										
26	Medical Assistance Admin.	1,172.2	1,252.1	1,256.9	1,417.6	1,091.2	1,091.2	1,091.2	-165.7	-13.2%
27	Medicaid State Programs	15,931.5	14,688.3	14,688.3	15,914.5	15,914.5	15,914.5	15,914.5	1,226.2	8.3%

Component Summary - FY00 Operating Budget

Agency: Department of Health and Social Services

Page	Budget Component	FY98 Act	FY99 CC	FY99Auth	Gov Amd	House	Senate	ConfComm	FY99Auth to ConfComm	
Medical Assistance Administration										
28	Health Purchasing Group	12,983.9	15,537.2	15,525.3	15,273.6	15,273.6	15,273.6	15,273.6	-251.7	-1.6%
29	Certification and Licensing	943.2	1,051.1	1,055.0	1,063.0	1,063.0	1,063.0	1,063.0	8.0	0.8%
30	Hearings and Appeals	360.4	363.1	364.8	364.9	364.9	364.9	364.9	0.1	0.0%
31	Audit	545.0	620.4	622.6	631.0	631.0	631.0	631.0	8.4	1.3%
32	Children's Health Eligibility			1,408.6	2,757.1	2,701.5	2,701.5	2,701.5	1,292.9	91.8%
	* BRU Total	31,936.2	33,512.2	34,921.5	37,421.7	37,039.7	37,039.7	37,039.7	2,118.2	6.1%
Purchased Services										
33	Delinquency Prevention	982.0	1,090.2	1,090.2	3,338.0	3,338.0	3,338.0	3,338.0	2,247.8	206.2%
34	Family Preservation	3,193.0	4,473.5	4,473.5	5,346.4	4,473.5	4,473.5	4,473.5	0.0	0.0%
35	Foster Care Base Rate	7,274.2	7,884.8	7,884.8	9,229.7	8,360.8	8,360.8	8,360.8	476.0	6.0%
36	Foster Care Augmented Rate	1,334.9	1,228.5	1,228.5	2,797.0	2,520.6	2,520.6	2,520.6	1,292.1	105.2%
37	Foster Care Special Need	2,915.2	2,866.7	2,866.7	3,990.7	3,558.1	3,558.1	3,558.1	691.4	24.1%
38	Foster Care AYI	200.0	876.0	876.0	876.0	876.0	876.0	876.0	0.0	0.0%
39	Subsidized	6,867.8	6,917.8	6,917.8	10,408.6	9,920.6	9,920.6	9,920.6	3,002.8	43.4%
	Adoptions/Guardians									
40	Residential Child Care	9,662.5	10,614.1	10,720.4	12,038.8	11,570.4	11,570.4	11,570.4	850.0	7.9%
	* BRU Total	32,429.6	35,951.6	36,057.9	48,025.2	44,618.0	44,618.0	44,618.0	8,560.1	23.7%
Family and Youth Services										
41	Southcentral Region	8,193.5							0.0	0.0%
42	Northern Region	5,557.2							0.0	0.0%
43	Southeastern Region	2,540.9							0.0	0.0%
44	DFYS Central Office	3,559.9							0.0	0.0%
	* BRU Total	19,851.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0%
Front Line Social Workers										
45	Front Line Social Workers		16,873.2	17,064.3	20,717.7	18,560.8	18,560.8	18,560.8	1,496.5	8.8%
	* BRU Total	0.0	16,873.2	17,064.3	20,717.7	18,560.8	18,560.8	18,560.8	1,496.5	8.8%
Family and Youth Services Management										
46	FYS Management		4,825.0	4,815.8	4,483.8	4,443.8	4,443.8	4,443.8	-372.0	-7.7%
	* BRU Total	0.0	4,825.0	4,815.8	4,483.8	4,443.8	4,443.8	4,443.8	-372.0	-7.7%
Family and Youth Services Staff Training										
47	FYS Staff Training		1,094.0	1,094.0	1,182.9	1,037.0	1,037.0	1,037.0	-57.0	-5.2%
	* BRU Total	0.0	1,094.0	1,094.0	1,182.9	1,037.0	1,037.0	1,037.0	-57.0	-5.2%

Component Summary - FY00 Operating Budget

Agency: Department of Health and Social Services

Page	Budget Component	FY98 Act	FY99 CC	FY99Auth	Gov Amd	House	Senate	ConfComm	FY99Auth to ConfComm
Child Protection Legal Assistance									
48	Office of Public Advocacy		185.0	185.0	185.0	185.0	185.0	185.0	0.0 0.0%
49	Public Defender Agency		255.0	255.0	255.0	255.0	255.0	255.0	0.0 0.0%
	* BRU Total	0.0	440.0	440.0	440.0	440.0	440.0	440.0	0.0 0.0%
Youth Corrections									
50	McLaughlin Youth Center	9,381.4	10,199.9	10,166.0	10,599.5	10,166.0	10,166.0	10,166.0	0.0 0.0%
51	Fairbanks Youth Facility	2,842.8	2,809.2	2,820.1	2,820.1	2,820.1	2,820.1	2,820.1	0.0 0.0%
52	Nome Youth Facility	248.5	573.7	574.5	675.5	675.5	675.5	675.5	101.0 17.6%
53	Johnson Youth Center	1,334.8	1,925.1	1,929.8	2,500.8	2,500.8	2,500.8	2,500.8	571.0 29.6%
54	Bethel Youth Facility	1,927.6	1,934.5	1,940.7	1,940.7	1,940.7	1,940.7	1,940.7	-0.0 -0.0%
55	Mat-Su Youth Facility			461.4	0.0	0.0	79.8	79.8	79.8 %
56	Probation Services	6,181.0	6,223.0	6,239.7	7,731.4	7,390.2	7,390.2	7,390.2	1,150.5 18.4%
	* BRU Total	21,916.1	23,665.4	23,670.8	26,729.4	25,493.3	25,573.1	25,573.1	1,902.3 8.0%
Human Services Community Matching Grant									
57	Human Svcs Comm Matching Grant	1,751.9	1,751.9	1,751.9	1,751.9	1,751.9	1,751.9	1,751.9	0.0 0.0%
	* BRU Total	1,751.9	1,751.9	1,751.9	1,751.9	1,751.9	1,751.9	1,751.9	0.0 0.0%
Manillaq									
58	Social Services	843.9	843.9	843.9	843.9	843.9	843.9	843.9	0.0 0.0%
59	Public Health Services	901.3	901.3	901.3	901.3	901.3	901.3	901.3	0.0 0.0%
60	Alcohol & Drug Abuse	983.1	983.1	983.1	983.1	983.1	983.1	983.1	0.0 0.0%
61	Mental Health/DD Svcs	350.0	350.0	350.0	350.0	350.0	350.0	350.0	0.0 0.0%
	* BRU Total	3,078.3	3,078.3	3,078.3	3,078.3	3,078.3	3,078.3	3,078.3	0.0 0.0%
Norton Sound									
62	Social Services	62.2	62.2	62.2	62.2	62.2	62.2	62.2	0.0 0.0%
63	Public Health Services	1,245.2	1,370.2	1,370.2	1,370.2	1,370.2	1,370.2	1,370.2	0.0 0.0%
64	Alcohol & Drug Abuse Svcs	540.0	540.0	540.0	540.0	540.0	540.0	540.0	0.0 0.0%
65	Mental Health/DD Svcs	402.4	402.4	402.4	402.4	402.4	402.4	402.4	0.0 0.0%
66	Sanitation	96.3	96.3	96.3	96.3	96.3	96.3	96.3	0.0 0.0%
	* BRU Total	2,346.1	2,471.1	2,471.1	2,471.1	2,471.1	2,471.1	2,471.1	0.0 0.0%
Southeast Alaska Regional Health Consortium									
67	Public Health Svcs	120.1	120.1	120.1	120.1	120.1	120.1	120.1	0.0 0.0%
68	Alcohol & Drug Abuse Svcs	331.4	331.4	331.4	331.4	331.4	331.4	331.4	0.0 0.0%
69	Mental Health Services	125.2	125.2	125.2	125.2	125.2	125.2	125.2	0.0 0.0%
	* BRU Total	576.7	576.7	576.7	576.7	576.7	576.7	576.7	0.0 0.0%

Component Summary - FY00 Operating Budget

Agency: Department of Health and Social Services

Page	Budget Component	FY98 Act	FY99 CC	FY99Auth	Gov Amd	House	Senate	ConfComm	FY99Auth to ConfComm	
Kawerak Social Services										
70	Kawerak Social Services	372.7	372.7	372.7	435.9	372.7	372.7	372.7	0.0	0.0%
	* BRU Total	372.7	372.7	372.7	435.9	372.7	372.7	372.7	0.0	0.0%
Tanana Chiefs Conference										
71	Public Health Svcs	239.3	239.3	239.3	239.3	239.3	239.3	239.3	0.0	0.0%
72	Alcohol & Drug Abuse Svcs	497.5	497.5	497.5	497.5	497.5	497.5	497.5	0.0	0.0%
73	Mental Health Svcs	534.8	534.8	534.8	534.8	534.8	534.8	534.8	0.0	0.0%
	* BRU Total	1,271.6	1,271.6	1,271.6	1,271.6	1,271.6	1,271.6	1,271.6	0.0	0.0%
Tlingit-Haida										
74	Social Services	186.6	186.6	186.6	186.6	186.6	186.6	186.6	0.0	0.0%
75	Alcohol & Drug Abuse Svcs	5.9	11.9	11.9	11.9	11.9	11.9	11.9	0.0	0.0%
	* BRU Total	192.5	198.5	198.5	198.5	198.5	198.5	198.5	0.0	0.0%
Yukon-Kuskokwim Health Corporation										
76	Public Health Svcs	907.4	907.4	907.4	907.4	907.4	907.4	907.4	0.0	0.0%
77	Alcohol & Drug Abuse Svcs	959.3	959.3	959.3	959.3	959.3	959.3	959.3	0.0	0.0%
78	Mental Health Svcs	907.4	907.4	907.4	907.4	907.4	907.4	907.4	0.0	0.0%
	* BRU Total	2,774.1	2,774.1	2,774.1	2,774.1	2,774.1	2,774.1	2,774.1	0.0	0.0%
State Health Services										
79	Nursing	13,017.9	13,524.9	13,549.3	14,616.0	14,616.0	14,616.0	14,616.0	1,066.7	7.9%
80	Women, Infants and Children	18,635.9	20,542.2	20,542.2	20,542.2	20,542.2	20,542.2	20,542.2	0.0	0.0%
81	Maternal, Child, & Family Hlth	8,664.0	9,746.2	9,730.2	11,459.0	11,459.0	11,459.0	11,459.0	1,728.8	17.8%
82	Healthy Families	1,295.7	1,661.2	1,661.2	2,662.2	1,684.2	1,295.7	1,295.7	-365.5	-22.0%
83	Public Health Admin Svcs	797.8	806.6	809.0	1,309.0	936.4	936.4	936.4	127.4	15.7%
84	Epidemiology	7,983.5	8,214.2	8,211.9	7,391.9	7,391.9	7,391.9	7,391.9	-820.0	-10.0%
85	Bureau of Vital Statistics	1,288.3	1,413.8	1,412.8	1,482.8	1,412.8	1,412.8	1,412.8	0.0	0.0%
86	Health Services/Medicaid	1,989.7	1,846.5	1,851.1	3,222.0	3,222.0	3,222.0	3,222.0	1,370.9	74.1%
87	Community Health/EMS Services	2,682.3	2,689.3	2,681.7	3,093.3	3,019.7	3,019.7	3,019.7	338.0	12.6%
88	Comm. Health/EMS Grants	2,979.1							0.0	0.0%
89	Community Health Grants		1,566.1	1,596.1	1,596.1	1,596.1	1,596.1	1,596.1	0.0	0.0%
90	Emergency Medical Svcs Grants		1,760.1	1,760.1	1,760.1	1,760.1	1,760.1	1,760.1	0.0	0.0%
91	State Medical Examiner	1,068.6	1,073.9	1,074.5	1,267.5	1,074.5	1,074.5	1,074.5	0.0	0.0%
92	Infant Learning Program Grants	4,493.7	5,052.6	5,052.6	5,052.6	5,052.6	5,052.6	5,052.6	0.0	0.0%
93	Public Health Laboratories		2,843.6	2,846.6	2,846.6	2,846.6	2,846.6	2,846.6	0.0	0.0%
94	Radiological Health		284.6	284.6	284.6	284.6	284.6	284.6	0.0	0.0%
95	Tobacco Prevention and				3,000.0	0.0	0.0	0.0	0.0	0.0%

Component Summary - FY00 Operating Budget

Agency: Department of Health and Social Services

Page	Budget Component	FY98 Act	FY99 CC	FY99Auth	Gov Amd	House	Senate	ConfComm	FY99Auth to ConfComm	
State Health Services										
	Control						1,400.0	1,400.0	1,400.0	%
96	Tobacco Cessation FRONT SEC									
	* BRU Total	64,896.5	73,055.8	73,063.9	81,585.9	76,898.7	77,910.2	77,910.2	4,846.3	6.6%
Public Labs & Radiological										
97	Chief of Labs & Radiological	925.3							0.0	0.0%
98	Anchorage Laboratory	1,000.0							0.0	0.0%
99	Fairbanks Laboratory	1,052.3							0.0	0.0%
	* BRU Total	2,977.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0%
Alcohol and Drug Abuse Services										
100	Administration	2,207.8	2,080.0	2,069.7	3,324.7	2,994.7	2,483.6	2,994.7	925.0	44.7%
101	Alcohol Safety Action Program	1,062.7	1,090.6	1,093.6	1,093.6	1,093.6	1,093.6	1,093.6	0.0	0.0%
102	Alcohol/Drug Abuse Grants	17,207.8	18,218.6	18,218.6	21,293.7	19,953.8	19,492.5	19,953.8	1,735.2	9.5%
103	Community Grants - Prevention				2,500.0	2,500.0	2,500.0	2,500.0	2,500.0	%
104	ADA Grants - Chronic Alc Dom	100.0							0.0	0.0%
105	CAASA Grants	165.6	177.3	177.3	177.3	177.3	177.3	177.3	0.0	0.0%
106	Corrections' ADA Services	663.0	563.6	563.6	563.6	563.6	563.6	563.6	0.0	0.0%
107	Rural Services Grants	1,989.4	2,355.6	2,355.6	2,760.6	2,746.0	2,746.0	2,746.0	390.4	16.6%
	* BRU Total	23,396.3	24,485.7	24,478.4	31,713.5	30,029.0	29,056.6	30,029.0	5,550.6	22.7%
Community Mental Health Grants										
108	General Comm Mental Hlth Grnts	928.4	1,013.7	1,013.7	1,007.4	1,007.4	1,007.4	1,007.4	-6.3	-0.6%
109	Psychiatric Emergency Svcs	5,963.5	7,005.4	7,005.4	6,510.9	6,510.9	6,510.9	6,510.9	-494.5	-7.1%
110	Svcs/Chronically Mentally Ill	11,072.7	11,227.7	11,227.7	11,406.7	11,406.7	11,406.7	11,406.7	179.0	1.6%
111	Designated Eval & Treatment	1,045.5	1,046.3	1,046.3	2,143.3	2,143.3	2,143.3	2,143.3	1,097.0	104.8%
112	Svcs/Seriously Emotion Dist Yth	6,918.5	7,556.4	7,556.4	7,746.4	7,569.4	7,569.4	7,569.4	13.0	0.2%
	* BRU Total	25,928.6	27,849.5	27,849.5	28,814.7	28,637.7	28,637.7	28,637.7	788.2	2.8%
Community Developmental Disabilities Grants										
113	Community DD Grants	20,033.0	19,341.3	19,389.3	20,400.1	20,039.1	20,399.1	20,399.1	1,009.8	5.2%
	* BRU Total	20,033.0	19,341.3	19,389.3	20,400.1	20,039.1	20,399.1	20,399.1	1,009.8	5.2%
Institutions and Administration										
114	Mental Health/DD Admin	4,572.4	4,389.7	4,316.3	4,999.9	4,835.7	4,835.7	4,835.7	519.4	12.0%
115	Alaska Psychiatric Institute	15,515.0	14,782.8	14,841.9	15,996.6	15,996.6	15,996.6	15,996.6	1,154.7	7.8%
116	Harborview Development Center	2,034.5							0.0	0.0%

Component Summary - FY00 Operating Budget

Agency: Department of Health and Social Services

Page	Budget Component	FY98 Act	FY99 CC	FY99Auth	Gov Amd	House	Senate	ConfComm	FY99Auth to ConfComm	
Institutions and Administration										
117	Federal Mental Health Projects	1,939.6	2,298.6	2,298.6	2,369.6	2,369.6	2,369.6	2,369.6	71.0	3.1%
	* BRU Total	24,061.5	21,471.1	21,456.8	23,366.1	23,201.9	23,201.9	23,201.9	1,745.1	8.1%
Mental Health Trust Boards										
118	Alaska Mental Health Board	467.3	422.2	416.9	492.4	468.4	468.4	468.4	51.5	12.4%
119	Governor's Cncl/Disabilities	766.2	978.4	979.5	1,695.5	1,690.5	1,690.5	1,690.5	711.0	72.6%
120	Board on Alcohol. & Drug Abuse	338.0	316.4	311.2	311.2	294.4	294.4	294.4	-16.8	-5.4%
	* BRU Total	1,571.5	1,717.0	1,707.6	2,499.1	2,453.3	2,453.3	2,453.3	745.7	43.7%
Administrative Services										
121	Unallocated Reduction		-650.0	0.0	0.0	0.0	-1,308.4	-858.4	-858.4	0.0%
122	Commissioner's Office	1,012.8	792.5	787.6	912.1	912.1	912.1	912.1	124.5	15.8%
123	Personnel and Payroll	1,174.0	1,188.0	1,193.9	1,302.0	1,302.0	1,302.0	1,302.0	108.1	9.1%
124	Administrative Support Svcs	2,928.2	3,024.4	3,023.8	3,342.3	3,342.3	3,342.3	3,342.3	318.5	10.5%
125	Health Plan. & Facilities Mgmt	1,030.6	923.5	926.6	981.9	981.9	981.9	981.9	55.3	6.0%
126	COMPASS Community Grants		25.0	25.0	25.0	25.0	25.0	25.0	0.0	0.0%
	* BRU Total	6,145.6	5,303.4	5,956.9	6,563.3	6,563.3	5,254.9	5,704.9	-252.0	-4.2%
Children's Trust Programs										
127	Children's Trust Programs	336.6	365.0	365.0	345.7	345.7	345.7	345.7	-19.3	-5.3%
	* BRU Total	336.6	365.0	365.0	345.7	345.7	345.7	345.7	-19.3	-5.3%
Facilities Maintenance										
128	Facilities Maintenance				2,584.9	2,584.9	2,584.9	2,584.9	2,584.9	%
	* BRU Total	0.0	0.0	0.0	2,584.9	2,584.9	2,584.9	2,584.9	2,584.9	%
*** Total Agency Expenditure		868,887.1	922,126.0	938,016.3	1,022,464.9	1,006,435.2	998,307.2	1,006,428.1	68,411.8	7.3%
Federal Funds		377,126.8	426,307.2	439,455.2	484,696.4	485,811.7	480,020.7	486,211.7	46,756.5	10.6%
General Funds		415,429.1	422,708.2	425,231.0	457,844.9	439,372.0	436,675.0	438,604.9	13,373.9	3.1%
Other Funds		76,331.2	73,110.6	73,330.1	79,923.6	81,251.5	81,611.5	81,611.5	8,281.4	11.3%

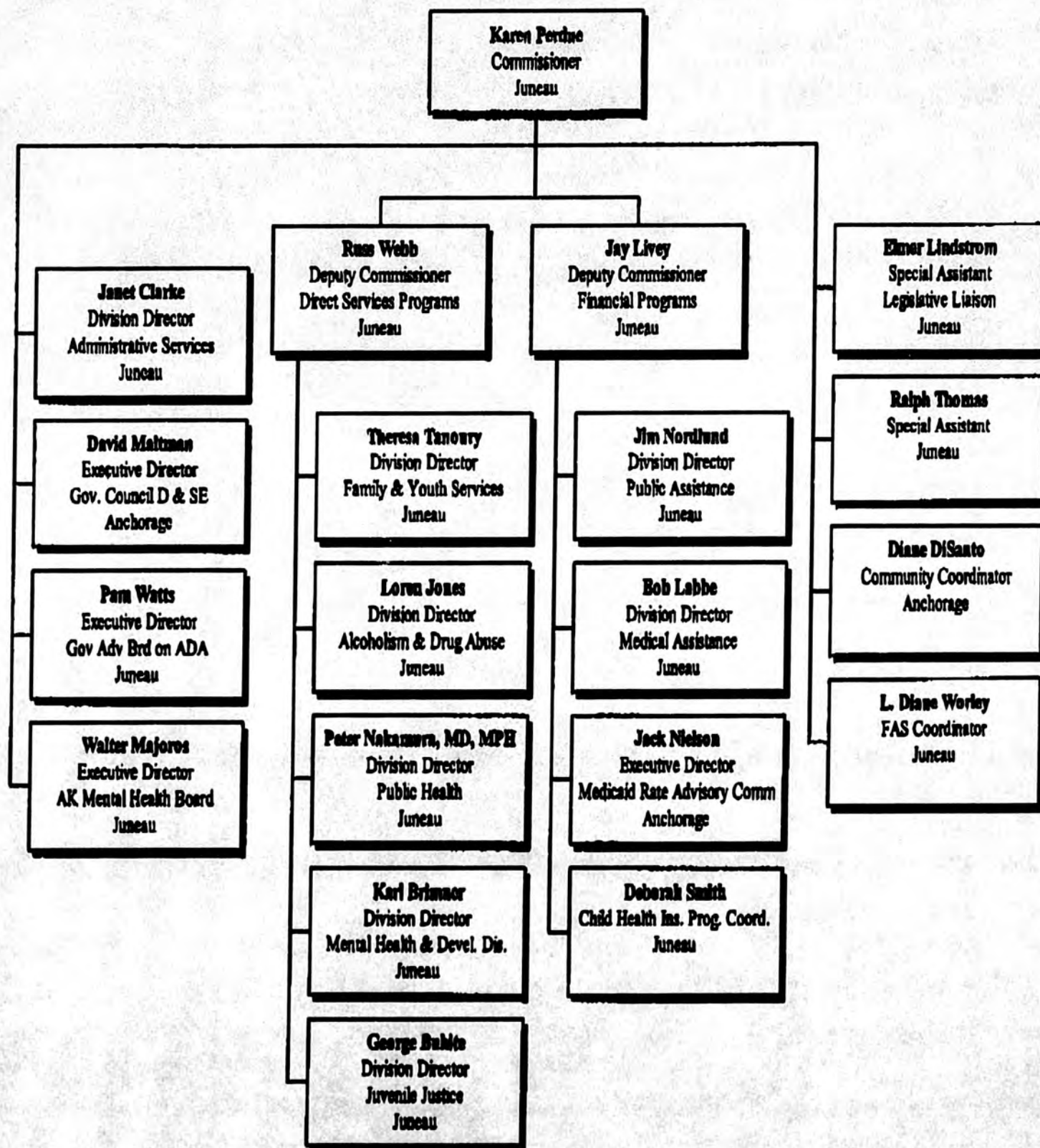
Department of Health and Social Services

**Handouts for the Privatization Task Force
Meeting Scheduled on August 31, 1999
at the following locations:**

**Anchorage LIO
Fairbanks LIO
Juneau LIO
Kenai LIO**

- 1. Executive Management Organization**
- 2. Mission Statements**
- 3. Dept. Grants, Contracts, & Other Expenditures**
- 4. Division Total by Line Item of Expenditure**
- 5. FY 2000 Department Totals**
- 6. Division Grants, Contracts, & Other Expenditures**
- 7. Dept. Total Pie Chart**
- 8. 1999 Overview of Programs and Services (LIO Offices
printing – 37 page document)**

STATE OF ALASKA
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
EXECUTIVE MANAGEMENT ORGANIZATION
AUGUST 1999



Alaska Department of Health and Social Services - Mission Statements

The mission of the Department of Health and Social Services is to promote and protect the health and well-being of Alaska citizens with a focus on prevention and early intervention.

OFFICE OF THE COMMISSIONER

The mission of the Office of the Commissioner is to promote and protect the well-being of every Alaskan by investing in families and communities.

DIVISION OF PUBLIC ASSISTANCE

The mission of the Division of Public Assistance is to provide basic living expenses and self-sufficiency services to Alaskans in need.

DIVISION OF MEDICAL ASSISTANCE

The mission of the Division of Medical Assistance is to maintain access to quality health care for all Alaskans and to provide health coverage for Alaskans in need.

DIVISION OF FAMILY & YOUTH SERVICES

The mission of the Division of Family and Youth Services is to

- 1) Protect children who are abused and neglected or at risk of abuse and neglect;
- 2) Protect and restore communities and victims; and (*DJJ)
- 3) Rehabilitate juvenile offenders. (*DJJ)

DIVISION OF JUVENILE JUSTICE (* New Division effective 7/1/99)

The mission of the Division of Juvenile Justice is to hold juvenile offenders accountable for their behavior, promote the safety and restoration of victims and communities, and assist offenders and their families in developing skills to prevent crime.

DIVISION OF PUBLIC HEALTH

The mission of the Division of Public Health is to preserve and promote the state's public health.

DIVISION OF ALCOHOL & DRUG ABUSE

The mission of the Division of Alcoholism and Drug Abuse is to promote the health and well-being of Alaskans by preventing and treating the abuse of alcohol, other drugs and inhalant.

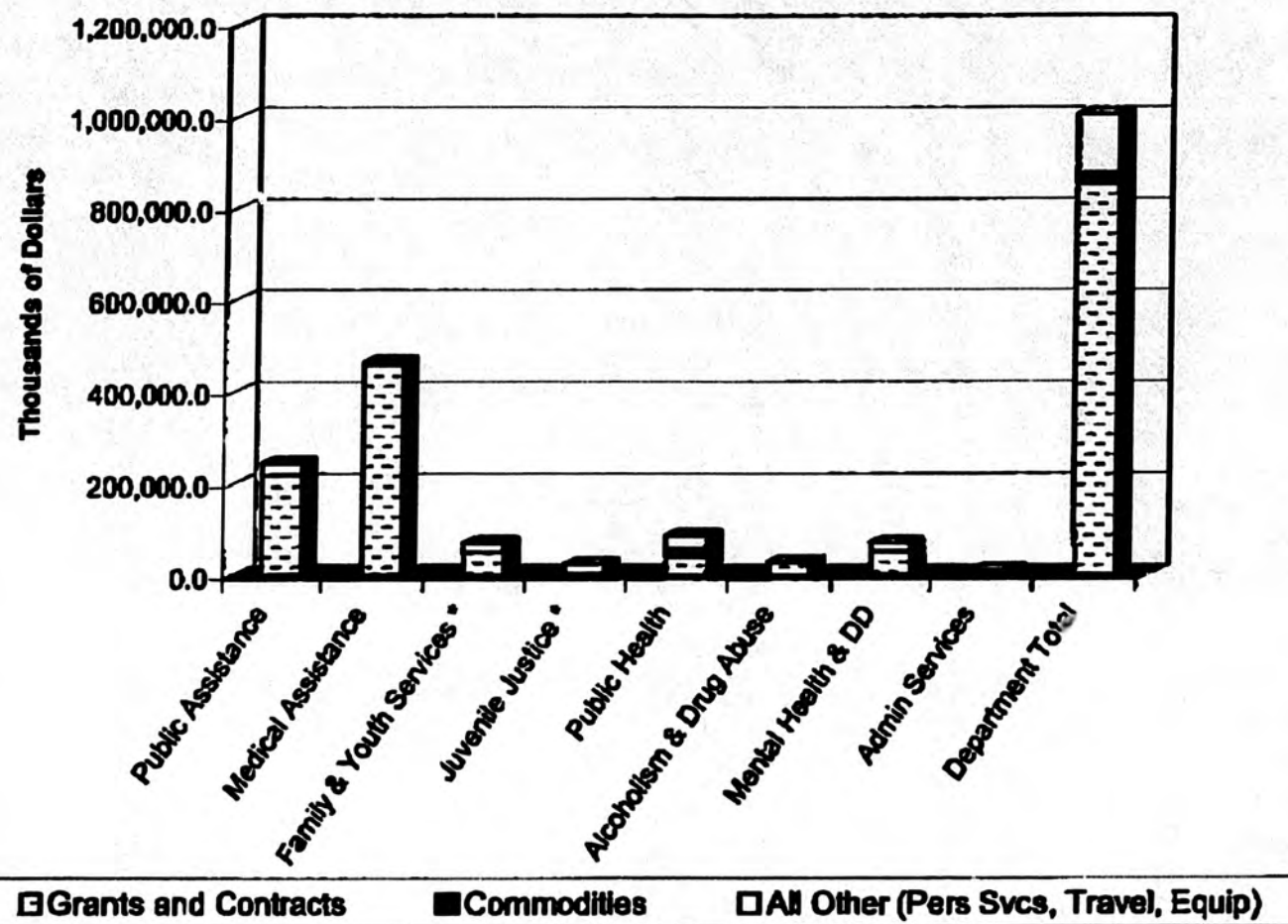
DIVISION OF MENTAL HEALTH & DEVELOPMENTAL DISABILITIES

The mission of the Division of Mental Health and Developmental Disabilities is to plan with and provide appropriate prevention, treatment, and support for consumers and their families affected by mental disorders or developmental disabilities, while maximizing their self-determination.

DIVISION OF ADMINISTRATIVE SERVICES

The mission of the Division of Administrative Services is to provide quality administrative services that supports the department's programs.

Department of Health and Social Services Grants and Contracts vs All Other Expenditures



* A portion of DFYS grants authority will be transferred to DJJ in FY2001

FY2000 Authorization
DHSS Div of Admin Svcs, Budget Section
8/30/99

Department of Health and Social Services **Division Totals by Line Item of Expenditure**

(FY2000 Authorization in Thousands of Dollars)

	Pers Svcs	Travel	Contracts	Supplies	Equipment	Grants	Total
Public Assistance	25,774.2	372.4	18,247.2	209.1	230.9	199,113.1	243,946.9
Medical Assistance	5,609.3	260.0	34,683.7	70.1	127.9	423,194.9	463,945.9
Family & Youth Services	19,796.6	505.4	8,023.1	252.6	48.0	42,746.9	71,372.6
Juvenile Justice	20,860.5	166.5	1,931.7	1,491.5	139.7	748.7	25,338.6
Public Health	26,910.6	1,556.9	8,617.6	18,310.6	527.0	31,900.4	87,823.1
Alcoholism & Drug Abuse	2,052.5	207.9	1,219.6	54.2	20.2	26,474.6	30,029.0
Mental Health & DD	17,110.7	466.8	2,585.8	1,238.8	247.5	50,491.8	72,141.4
Admin Services	6,316.0	451.1	4,661.1	97.4	74.2	315.0	11,914.8
Line Item Department Total:	124,430.4	3,987.0	79,969.8	21,724.2	1,415.4	774,985.4	1,006,512.3
Percent of Department Total:	12.4%	0.4%	7.9%	2.2%	0.1%	77.0%	100.0%

Department Totals
Department of Health and Social Services

Description FY2000 Mgt Plan

Department Totals 1,008,512.3

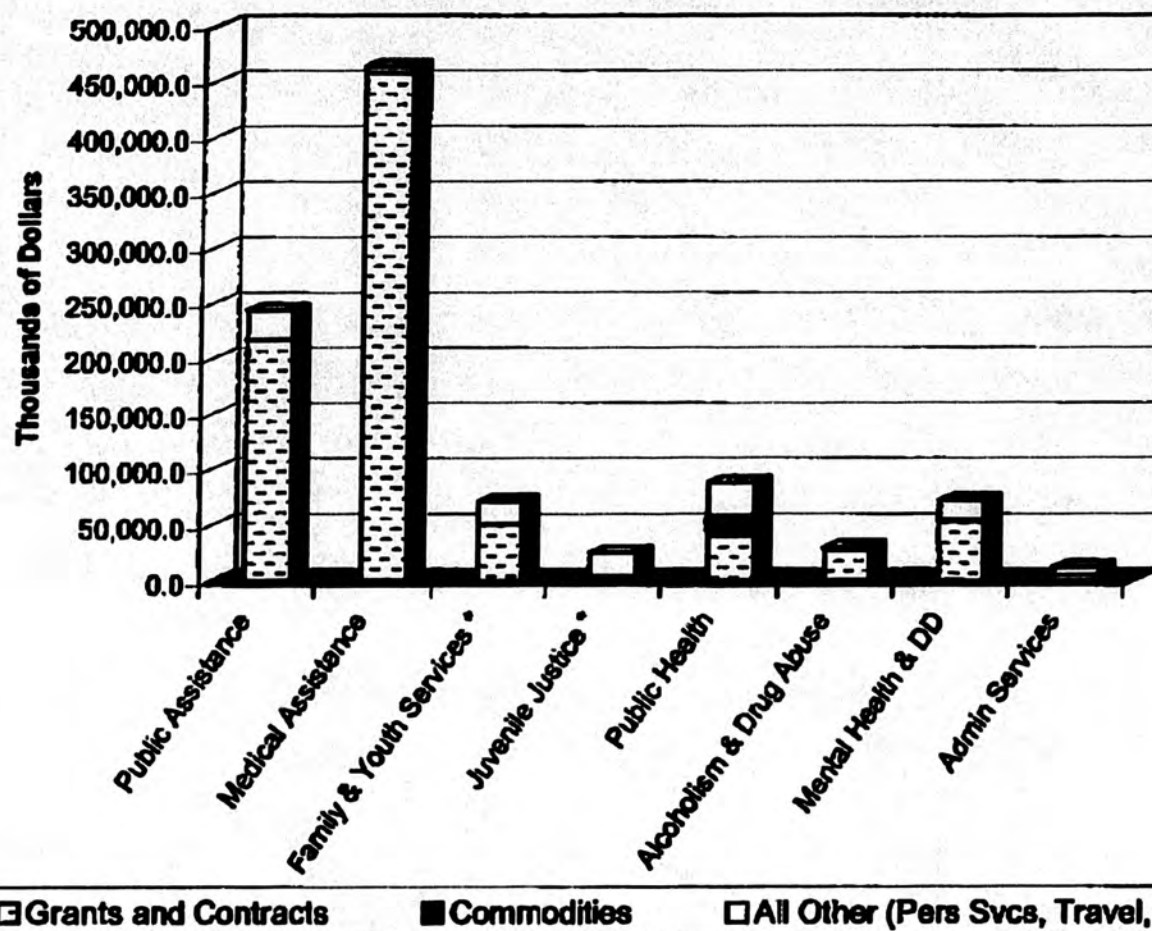
Objects of Expenditure :

71000 Personal Services	124,430.4
72000 Travel	3,987.0
73000 Contractual	79,968.8
74000 Supplies	21,724.3
75000 Equipment	1,415.4
76000 Land/Buildings	0.0
77000 Grants, Claims	774,985.4
78000 Miscellaneous	0.0

Funding Sources :

1002 Fed Rcpts	481,750.5
1003 G/F Match	159,114.2
1004 Gen Fund	140,474.6
1005 GF/Prgm	4,468.7
1007 HA Rcpts	53,021.5
1013 Alchl/Drug	2.0
1037 GF/MH	105,280.8
1047 Title 20	4,474.5
1050 PFD Fund	18,688.9
1061 CIP Rcpts	865.6
1082 MHTAAR	4,156.7
1088 ChildTrEm	345.7
1108 Stat Desig	4,531.1
1119 Tobac Sell	29,337.5

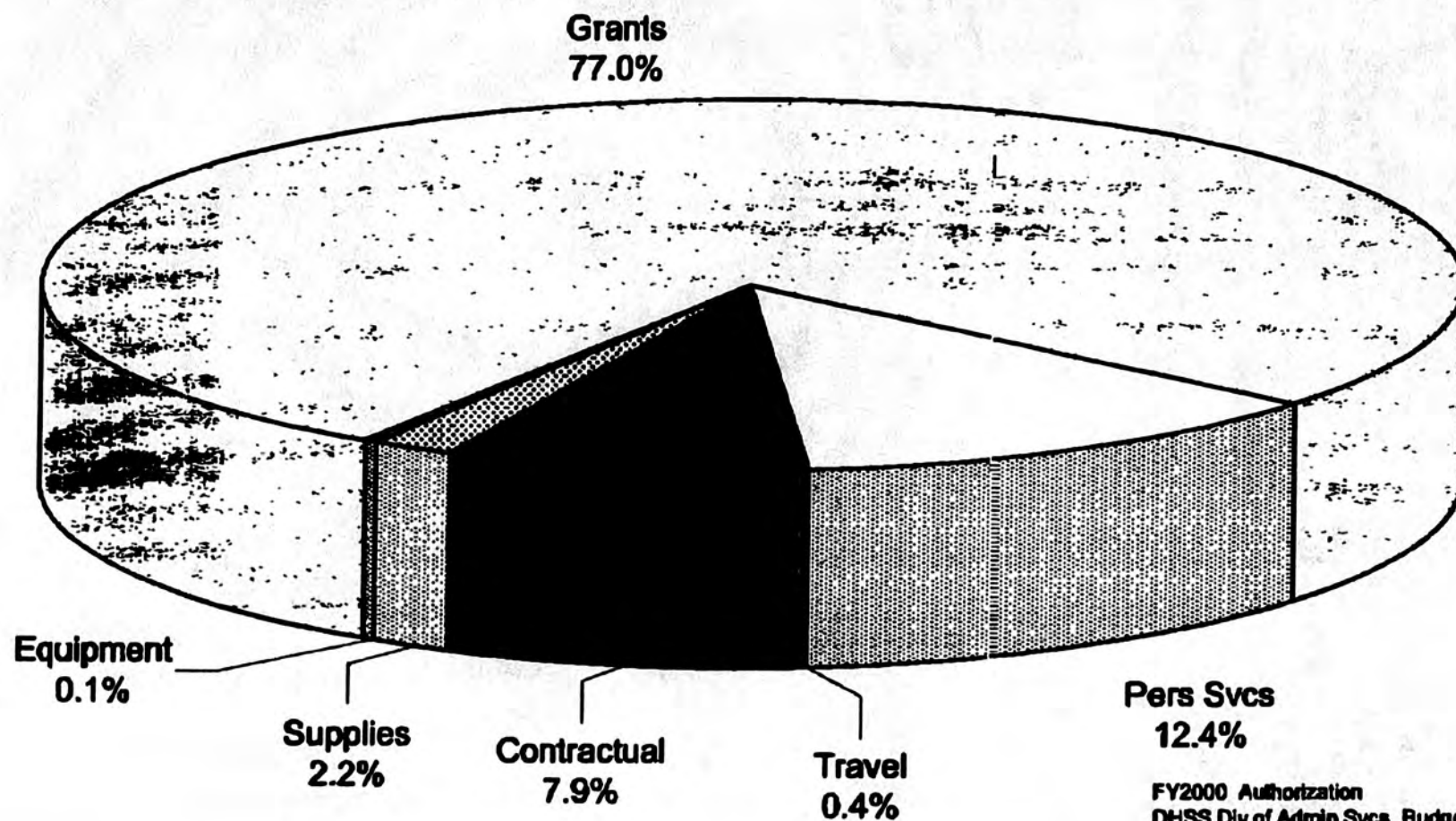
Department of Health and Social Services Grants and Contracts vs All Other Expenditures



* A portion of DFYS grants authority will be transferred to DJJ in FY2001

FY2000 Authorization
DHSS Div of Admin Svcs, Budget Section
8/30/99

Department of Health and Social Services Department Total



FY2000 Authorization
DHSS Div of Admin Svcs, Budget Section
8/30/99

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State of Alaska

Department of Health and Social Services

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January 1999

Tony Knowles
Governor

Karen Perdue
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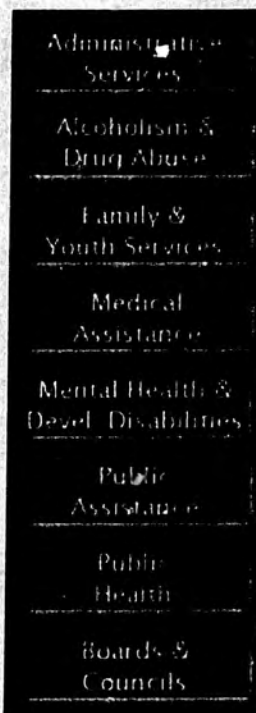
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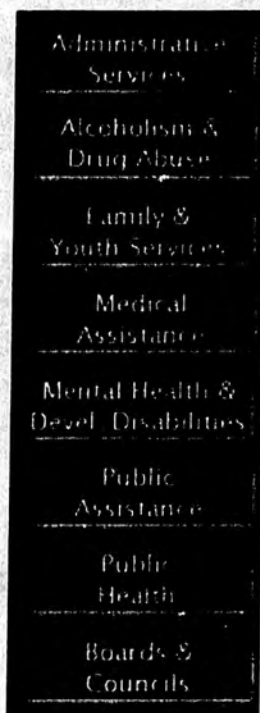
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Epidemiology *

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Medical Examiner *

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Overview Highlights

Purpose

The purpose of this *Overview of Programs and Services* is to be a quick reference tool with information about the programs administered by the Department of Health & Social Services.

We welcome your suggestions and comments. Please contact the Department of Health & Social Services, Office of the Commissioner, P.O. Box 110601, Juneau, Alaska, 99811-0601, phone (907) 465-3030, Fax 465-3068.

Mission

The mission of the Department of Health and Social Services is to promote, protect the well-being of every Alaskan by investing in families and communities.

Motto

Our motto is "Believing in the Power of Families and Communities."

Long Term Goals

The Department has established the following long-term goals to accomplish its mission:

- Focus on helping children and families stay healthy and safe.
- Increase the incentives and opportunities for communities to collaborate with the Department to improve results for children and families.
- Help Alaskans live healthier and have access to basic health care, resulting in reduced chronic and preventable disease.
- Assist Alaskans who are elderly or have disabilities live with independence and remain economically secure.
- Move more Alaskans from welfare into jobs so they can support their families.
- Establish an integrated statewide system for data collection, analysis, and reporting which improves services to Alaskans.
- Promote efficient, streamlined systems where employees value their work and meet customer needs.

Guiding Principles

The Department follows these guiding principles in providing services to Alaskans:

Customer Driven: Customers--the people DHSS serves--are usually the experts regarding their own needs. We believe our efforts to promote people's health will be most effective when we listen to their needs.

more effective and long-lasting if we share the responsibility for health with our customers and if we respond to their ideas regarding their needs.

Collaborative System: True collaboration is when everyone brings something to table and creates ownership and trust among many parties. DHSS can't do it all, don't have all the answers. But if we work together with local governments, advocates, service providers, businesses, and other departments, we can accomplish great deal more.

Programs Focused on Self-Sufficiency: We cannot make the mistake of thinking our work "saves" people. Our job is to help people help themselves. Programs designed to promote self-sufficiency are more respectful of individuals and families, and they invest in the long term, sustainable health and well being of Alaskans.

Local Ownership: Local communities know their own needs best. In the DHSS philosophy statement "Believing in the power of families and communities," we acknowledge the strength and resources communities and families offer toward the challenges they face.

Effective, Efficient Management System: DHSS has talented, hard-working employees. We need to give staff at all levels the tools and authority to be as creative and responsive as possible in serving Alaskans. Effective management should encourage employee productivity and encourage employees to invest in the success of the organization.

Quality Work Force: A skilled and committed work force is essential at every level of DHSS for us to do our job as a Department. We want to fully utilize employee creativity, reward them for positive risk taking and encourage everyone to collaborate.

Outcome-Based Effective Services: The lack of confidence the public has in government challenges us to ensure results and accountability in exchange for use of public funds. We believe that designing programs so we can assess whether services are addressing real needs is essential to maintaining our own morale and acknowledging we are making a difference in people's lives.

Office of the Commissioner



Karen Perdue
Commissioner

Jay Livey
Deputy Commissioner

Russ Webb
Deputy Commissioner

Staff Contacts

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L. Diane Worley FAS Coordinator 240 Main Street, Suite 701 P.O. Box 110607	Deborah Smith Children's Health Insura Program Coordinator 350 Main Street, Room

Juneau, Alaska 99811-0607

Phone (907) 465-3033/Fax 465-2185

P.O. Box 110610

Juneau, Alaska 99811-0

Phone (907) 465-1696/
465-3068**Boards & Councils*****Alaska Mental Health Board*****Walter Majoros, Executive Director****431 N. Franklin Street, Suite 200****Juneau, Alaska 99801****Phone (907) 465-3071/Fax 465-3079**

The Alaska Mental Health Board is composed of 12 to 16 members appointed by Governor, at least half of whom must be mental health consumers or family members. The Board is the state planning and coordinating agency, for purposes of federal state law, relating to the state mental health program. The primary purpose of the Board is to help ensure an integrated comprehensive mental health program by planning, implementing, and advocating for the service needs of persons with mental illness in the state.

Governor's Advisory Board on Alcoholism and Drug Abuse**Donald Dapcevich, Executive Director****P.O. Box 110608****Juneau, Alaska 99811-0608****Phone (907) 465-8920/Fax 465-4410**

The Advisory Board is composed of 14 public members appointed by the Governor. The Director of the Division of Alcoholism and Drug Abuse serves as an ex officio member. The Board acts in an advisory capacity to the Governor, Legislature, and other agencies on matters involving alcoholism and other drug abuse. The Board provides a comprehensive plan for the delivery of substance abuse prevention, education, and treatment services. The Board is also involved in the evaluation of services and the development of new programs.

Governor's Council on Disabilities and Special Education**David Maltman, Executive Director****P.O. Box 240249**

Anchorage, Alaska 99524-0249

Phone (907) 269-8991/Fax 269-8995

The mission of the Governor's Council is to create change that improves the independence, productivity, and inclusion into the community for people with developmental disabilities and students in special education. The Council plans, evaluates, and promotes programs for people with disabilities. It is composed of members appointed by the Governor who are people with disabilities or their parents and the representatives of principle State agencies and private providers that deliver services or supports. Additionally, the Council serves as the State's Special Education Advisory Committee, the Interagency Coordinating Council for Infants and Toddlers with Disabilities, advises the Alaska Mental Health Trust Authority, and acts as Board of Directors for the Special Education Services Agency.

Alaska Council on Emergency Medical Services

Charles F. Lean, EMT-I, Chair

P.O. Box 1716

Nome, Alaska 99762

Phone (907) 443-5167 (W); 443-5508 (H)

Fax 443-5893

The mission of the Emergency Medical Services (EMS) program in Alaska is to reduce both the human suffering and economic loss to society resulting from premature death and disability due to injuries and sudden illness. The Governor's Alaska Council on Emergency Medical Services (ACEMS) provides the Commissioner of the Department of Health and Social Services and the Governor with recommendations related to various aspects of EMS, including distribution of funding, and policy development. The Council:

- brings together technical resources, experience, and knowledge to assist and advise on the continued development of the EMS and trauma systems in Alaska
- advises the state EMS staff and EMS regional directors regarding public education and generation of broad community support for the goals of the program;
- provides recommendations regarding EMS program policy and priorities;
- reviews EMS or EMS-related program proposals on requests of the Commissioner of the Department of Health and Social Services, the Director of the Division of Public Health, and Section of Community Health and Emergency Medicine; and
- reviews EMS budgetary allocations and program priorities, and advises the

Commissioner on these matters.

ACEMS was established by Alaska Statute 18.08 and meets two times a year to action on issues affecting EMS in Alaska. More information on the council's act and priorities can be found on the EMS Program's web site at http://www.hss.state.ak.us/dph/ems/ems_home.htm.

Division of Administrative Services



Janet Clarke

Division Director

Mission

To provide quality administrative service so that the Department of Health and Social Services programs can achieve their mission.

Budget Section

The Budget Section provides technical budget support to the Department, as well as management guidance and analysis to the Commissioner's Office. It is responsible for analyzing, monitoring, and controlling the Department's annual operating and capital budgets, budget amendments, revised programs, supplemental budgets, and fiscal year-end closing. It is also responsible for departmental financial procedures, processing and controlling, and position authorization control.

Data Integration

The Department's Data Warehouse database is a technological tool to provide data support for the Department. All divisions provide statistical data that is integrated into a single decision support database. The Data Administrator works with the Department research analysts to obtain the necessary data, and then generates appropriate reports that enable policy makers to make more informed decisions based on integrated statistical data.

Facilities and Planning Section

The Facilities and Planning Section is responsible for research, planning, and oversight of multi-agency activities for the Department. This includes managing all renovation and repair, deferred maintenance, and major capital construction projects, including oversight of design and construction for Department owned and operated facilities. The Department operates 33 State owned buildings throughout Alaska, at a replacement value of \$197.8 million. These buildings house mental health services, youth prevention and detention services, for public health services. The Section is also responsible for Certificate of Need review and approval for major new hospital and nursing home projects, and coordination of the Comprehensive Integrated Mental Health Plan.

(CIMHP). The Section also manages nearly all of the Department's capital grant including named recipient grants and competitive grants in a variety of programs.

Finance Section

The Finance Section is responsible for the financial accounting and related support services to the department's divisions, boards, and commissions in fulfilling their financial obligations. Services include prompt and accurate payments to vendors; various financial expenditure accounting needs; daily and weekly draws of approximately \$500 million in federal funds, including maintenance of adequate management control; and the recording of all appropriated receipts to appropriate budget controls. The Finance Section is responsible for the Department's report structures; timely preparation and submission of quarterly, semi-annual, and annual reports to federal agencies for all federal grants administered by the Department; writing and updating the Department's cost allocation plan and negotiating approval with the Federal Division of Cost Allocation; coordination of financial audits by state and legislative auditors, including the preparation of audit responses; and ensuring Department compliance to all state and federal accounting and reporting requirements.

Grants Administration

The Grants Administrator is responsible for the coordination and standardization of grant processes, as well as providing assistance and training for staff in the procurement and administration of grants department wide. This position compiles and maintains the Department's grant database and develops the annual Operating Grants Booklet. The Grants Administrator also directly assists the Program Managers for the Alaska Children's Trust (ACT) and the Community Partnerships for Access, Solution and Success (COMPASS) grant programs.

Human Resources Section

The Human Resources Section is responsible for personnel management within the Department. Procedural functions include initiating and maintaining personnel files, leave, and related records. Programmatic functions include labor relations, risk management, position classification, hiring and recruitment, employee training, performance management and employee consultations. The section serves about 2,000 employees located in more than 50 geographic locations.

Information Systems

The Information Systems section is responsible for two levels of information technology support: it meets the needs of the Division of Administrative Services as well as being responsible for coordination of Department information technology efforts. As support for the Department, staff are responsible for maintaining network and file services for 100 users, including maintenance of desktop machines, file application servers, printers, software maintenance and instruction, and wiring infrastructure. As support to the Department, staff coordinate electronic mail services, represent the Department at statewide agency meetings, maintain the communication infrastructure, track mainframe logon IDs, coordinate Department telephone services and provide technical support to other small groups in the Department that do not

technical staff.

Procurement Section

The Procurement Section is responsible for procurement, property control and le for the Department. Staff also oversees the processing of all professional service contracts, streamlines the review and approval of all contractual documents, and provides clear interpretation of respective regulations, as well as receiving and distributing the Department's mail. The central office in Juneau, along with the office in Anchorage, serves all of the Department's regions.

Division Contacts

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Budget Section Lisa Emerson, Budget Supervisor 350 Main Street, Room 129 P.O. Box 110650 Juneau, Alaska 99811-0650 Phone (907) 465-3331/Fax 465-2499	Information Systems David Simons, IS Lead 350 Main Street, Room 129 P.O. Box 110650 Juneau, Alaska 99811-0650 Phone (907) 465-3144/Fax 465-2499

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Facilities & Planning Section

Larry Streuber, Facilities & Planning Chief

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Division of Alcoholism & Drug Abuse

**Loren Jones****Division Director****Mission**

To promote the health and well-being of Alaska's citizens by preventing and treating alcohol, other drugs, and inhalant abuse.

In partnership with local communities, the Division supports approaches to substance abuse prevention and treatment that arise out of community initiatives to address problems. Alaskans have access to substance abuse programs in every region of state. These programs provide an array of information, education, prevention, out counseling, residential treatment, and emergency care and relapse prevention services.

Prevention services are funded through the grant-in-aid process. The Division funds local and regional projects that are locally designed and utilize community strengths, resources, and traditional practices.

Treatment grants are intended to promote the health and preservation of Alaskan families and communities by providing services to individuals and their families by reducing or eliminating the abuse of alcohol, other drugs, and inhalants.

Specialized Services for Adults

The Division supports specialized treatment services for adults with distinct or unique needs. Specialized services include long term care for Alaska Mental Health Trust Authority (AMHTA) beneficiaries, residential care for pregnant women, residential care for women and children, detoxification and Methadone maintenance and substance abuse treatment for individuals prior to release from Corrections to minimize recidivism. Specialized services are provided primarily in Fairbanks, Juneau, and the Anchorage area.

Specialized Services for Youth

In 1990, the Alaska Legislature passed a bill entitled "An act creating the community action against substance abuse grant fund." This bill authorizes the Division of Alcoholism and Drug Abuse to provide grant funds to community organizations, school districts, municipalities, non-profit organizations, and local governing bodies of established villages, to combat the most pressing substance abuse problems as determined by the applicant community.

Specialized Services to Rural and Native Alaskans

Community Based Suicide Prevention Programs are funded through grants to serve rural communities to design and implement their own projects to reduce suicide and self-destructive behavior and to increase individual, family, and community health. The Division encourages holistic approaches that integrate services and cut across traditional agency boundaries. The projects are encouraged to coordinate with relevant

agencies and regional agencies are encouraged to offer support, training, and ass

The Division, through the Rural Human Services System Project, provides funding for rural human service agencies to hire, train, and supervise village-based human service providers. The village-based providers function as human service generalists and provide services to the entire community. The project includes the village-based providers receiving training through the University of Alaska Rural Human Services Certificate Program.

In support of the philosophy that treatment services need to be culturally appropriate, the Division has initiated funding for several traditional recovery camps throughout rural Alaska.

Training Services

The effectiveness of alcoholism and other drug abuse programs is dependent upon the skill and knowledge of program staff. Training is essential to continue to improve the quality of services offered by these programs and to raise the level of skill and knowledge among substance abuse workers. Through three regional grants, the Division funds accessible training activities that will provide skill and knowledge based training. Additionally, training is provided through two statewide training events: the Annual School on Addictions held in May, and the Statewide Prevention Symposium held in November.

Alcohol Safety Action Program

The Alcohol Safety Action Program (ASAP) is a statewide network of grantees that provides directly-provided Division services that screens, refers, and monitors civil and criminal alcohol and other drug related misdemeanor offenders. The program operates as a neutral link between the justice system and the treatment delivery system.

Division Contacts

Loren Jones, Director P.O. Box 110607 Juneau, Alaska 99811-0607 Phone (907) 465-2071/Fax 465-2185	Ron Taylor, Coordinator Alcohol Safety Action Program (ASAP) 303 K Street Anchorage, Alaska 99501 Phone (907) 264-0735/Fax 265-0786
Marilee Fletcher Regional Program Coordinator P.O. Box 110607 Juneau, Alaska 99811-0607 Phone (907) 465-2071/Fax 465-2185	Suzanne Frey Regional Program Coordinator 3601 C Street, Suite 358 P.O. Box 240249 Anchorage, Alaska 99524-0249 Phone (907) 269-3790/Fax 269-3789

Division of Family & Youth Services



Theresa Tanoury /George Buhite

Family Services Administrator
Youth Services Administrator

Mission

To protect children at risk of abuse and neglect and to

rehabilitate juvenile offenders while providing community protection.



The Division of Family and Youth Services (DFYS) is responsible for protecting children from abuse or neglect and assisting in rehabilitating youth and assuring of the community when youth commit delinquent acts. The agency is administratively organized into two sections: Family Services, which provides child protection services and Youth Services, which intervenes with delinquent youth through community probation officers and youth facilities. The Division has proposed separating the functions into two individual divisions and anticipates this happening in early 1999.

Family Services

Family Services has 30 field offices statewide, organized into four geographic management areas. The Northern Region, headquartered in Fairbanks, serves the Interior, Bethel, North Slope, Northwest Arctic Borough, and Norton Sound areas. The newly created Southcentral Region, presently headquartered in Anchorage, serves the Southcentral Region outside Anchorage, including the Kenai Peninsula, Kodiak, Mat-Su, Prince William Sound, Bristol Bay, and Aleutian areas. The Southeast Region, headquartered in Juneau, serves communities from Yakutat to Hyder. The Anchorage Region serves the Anchorage metropolitan area.

Child Welfare Services

Child welfare services encompass the following: receiving and assessing allegations of abuse and neglect; assessing the risk to a child and evaluating the family's ability to accept and use help; providing service planning and coordinating resources for the family; initiating court involvement for removal of children and the provision of mandatory protective services to parents; assuring that children are receiving a minimum standard of care before closing a case; educating the public regarding child abuse; and developing and coordinating community resources and services.

Foster Care Program

The Division licenses foster homes that provide both emergency and long term care for youth who cannot stay in their own homes. Except for emergency placements, the Division must enter an order authorizing the Division to place a youth in a foster home.

Adoption and Guardianship Program

The adoption and guardianship program provides permanent homes, through adoption and guardianship, for children in the custody of the Department who cannot return to their biological parents. Adoptions and legal guardianships can be subsidized for special needs children.

Residential Care Program

The Division provides residential care services for children in custody who need placement in a therapeutic environment. A residential care program may be a short-term emergency shelter or long term residential group treatment program. Residential care services are purchased from private providers through a competitive grant process.

Grants

The Division provides a variety of community-based prevention, intervention, and treatment services to children, youth, and families through grant awards to local community groups and agencies. Grants are awarded on a competitive basis for a two year period, depending on the specific requirements of the individual grant.

Community Care Licensing

Community care licensing reduces predictable risk of harm to vulnerable populations by regulating and licensing facilities that provide direct care and services to children. Included are child foster homes, child residential care facilities, childcare centers, homes, and child placement agencies.

Youth Services

Youth Services has 13 field offices and 5 youth facilities divided into three geographical management areas: the Northern Regional Office in Fairbanks is responsible for Bethel, Nome, Kotzebue, Barrow, and surrounding towns and villages; the Southcentral Regional Office in Anchorage is responsible for the Mat-Su Valley, Kenai Peninsula, Valdez, Kodiak, the Aleutian Islands, and surrounding areas; and the Southeastern Regional Office in Juneau is responsible for Haines, Sitka, Petersburg, Ketchikan, and surrounding communities.

Youth Services follows a restorative justice model to hold offenders accountable for their behavior through a variety of graduated sanctions ranging from community diversion to secure confinement, victim and community restoration and offender competency development.

Field Probation

Juvenile probation officers provide preventative and rehabilitative services by: conducting intake investigations of youth who are alleged to have committed delinquent acts; completing court and detention screening; implementing diversion plans; and providing formal probation services for youth adjudicated as delinquents.

Youth Correctional Facilities

The Division operates five nationally accredited youth correctional facilities. The McLaughlin Youth Center in Anchorage, the Fairbanks Youth Facility, and the Iliamna Youth Facility provide long term treatment services to adjudicated youth, as well as short-term detention. The Johnson Youth Center in Juneau provides only short-term detention, but will be opening a long term treatment unit in 1999. The Nome Youth Facility provides only 48-hour emergency detention, but will be offering expanded detention services in the near future. New facilities are currently planned for Mat-Su, Ketchikan, and Kenai/Soldotna.

Division Contacts

Family Services

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Deirdre O'Connor

Children Services Manager

Vintage Park

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Youth Services

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Youth Facilities

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Bethel Youth Facility Patricia Leeman, Superintendent P.O. Box 1988 Bethel, Alaska 99559 Phone (907) 543-5200/Fax 543-2710	Nome Youth Facility Bruce Collins, Unit Leader 1045 E. 4th Street Nome, Alaska 99762 Phone (907) 443-5434/Fax 443-3740

Fairbanks Youth Facility

Greg Thompson, Superintendent

1502 Wilbur

Fairbanks, Alaska 99701

Phone (907) 451-2150 / Fax 451-5152

Division of Medical Assistance



Bob Labbe

Division Director

Mission

To provide health coverage for Alaskans in need.

Medicaid Program

Medicaid is an entitlement program created by the federal government to provide payment for medical services and long term care for low-income citizens. Medicaid is funded approximately 40% by state general funds and 60% by federal funds. The program is focused on coverage for low-income children, pregnant women, families with the elderly, the blind, and the permanently disabled. The federal government and the state legislature determine which medical services and providers will be in the benefit package, as well as the Medicaid Program qualifying standards and the categories of persons eligible for coverage.

Alaska only has a categorically needy Medicaid Program aimed only at people who are already at the income-qualifying standard for their category. Alaska does not administer a medically needy program that allows higher income people in the categories listed above to spend down on medical needs to an income-qualifying standard.

Chronic and Acute Medical Assistance (CAMA)

CAMA is a 100% state funded program that provides payment for limited hospital, physician, and pharmacy services for indigent adults who have immediate need for covered service and do not have any other resources, such as Indian Health Service, military hospital, or any federal, private, or government medical coverage such as TRICARE or Medicare.

Healthy Baby and Healthy Kids

The Medicaid Program has been enhanced by the addition of Healthy Baby, which targets improving pregnancy outcomes and the overall health of children. Pregnant women are encouraged to receive prenatal care from the beginning of pregnancy and to obtain postpartum care with family planning services.

Healthy Kids is aimed at ensuring that all Medicaid-eligible children receive core health screenings and immunizations on a schedule endorsed by the American Academy of Pediatrics and that the full range of Medicaid coverage treatment services is available to them when it is determined to be medically appropriate.

Home and Community Based Care

Medicaid eligible people who qualify to receive long term care services in a medical facility may choose to receive enhanced "waivered" services at home. Eligibility screening for waived services is available through the Alaska Commission on and through the Division of Mental Health and Developmental Disabilities.

Drug Utilization Review

The Division pharmacist and an advisory committee of pharmacists and physicians review MMIS data on drug prescription, dispensing, and utilization by Medicaid providers and recipients. Recipients who demonstrate aberrant use of prescription are identified and their providers are notified to change the pattern of prescription usage. Provider problems in prescribing and dispensing are also identified and a progressive discipline approach ranging from provider education to program disenrollment is used to change behaviors.

Medicaid Management Information System (MMIS)

This is the Medicaid claims payment system as well as the Division's management information system. Subsystems of the MMIS enhance program management by identifying client and provider misuse and abuse; trends in utilization and expenses; the demographics of the recipient population; cost avoidance and collection from party payers; and training on claims submission is available for medical providers.

Surveillance and Utilization Review

Recipient and provider activity is monitored for signs of unusual utilization or prescribing practices. Recipients who persist in inappropriate utilization are locked out of the Primary Care Program to change their behavior. Providers may be identified for additional provider education, or may have their bills pending for review or denial.

Health Facility Licensing and Certification (HFLC)

A team of trained health professionals conducts annual on-site inspections of all health facilities, to evaluate a provider's ability to render a safe and acceptable quality of care. Licensing inspections to ensure compliance with federal laws are done simultaneously, to minimize disruption to the health facility and to be more cost efficient. The HFLC unit also investigates complaints of health facilities and health agencies.

Medical Care Advisory Committee (MCAC)

The Medical Care Advisory Committee (MCAC) is composed of 11 members appointed by the Commissioner to hold public meetings and advise the Commission on Medicaid Program policy. This committee is required under federal law and must have at least 50% consumer representation, with the balance a mix of provider representatives. The Commission meets three to four times a year.

Office of Hearings and Appeals

The Office of Hearings and Appeals conducts impartial administrative hearings and appeals from actions by the Department of Health and Social Services.

Medicaid Rate Advisory Commission (MRAC)

The MRAC is composed of 5 members appointed by the Governor to advise the Department on payment rates and policies relating to payment rates for health fa

Audit Unit

The Audit Unit provides audits of health facilities for purposes of rate setting. It performs single agency audit reconciliation for departmental grantees, prepares special purpose audits and reviews, and assists in the Department's annual single state agency audit.

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Division of Mental Health & Developmental Disabilities



Karl R. Brimner

Division Director

Mission

To plan with and provide appropriate prevention, treatment and support for families impacted by mental disorders developmental disabilities, while maximizing self-determination.

Advocacy and Public Education

Both sections of the Division, Mental Health and Developmental Disabilities, provide grant funding for advocacy and public education agencies to support consumers, their families and to educate the public concerning mental health and developmental disabilities issues.

Community Mental Health Program

The Community Mental Health Program provides grant or contract funds to local nonprofit or government agencies to provide an array of outpatient and residential community mental health services. The services provided by these agencies include emergency out-patient and residential crisis/respite services, outpatient and residential treatment and rehabilitation services for adults with severe mental illness and for those who are severely emotionally disturbed, and outpatient treatment services for adolescents with emotional disturbances.

Alaska Youth Initiative (AYI)

AYI is a joint effort of the Department of Health and Social Services Divisions of Mental Health and Developmental Disabilities and Family and Youth Services, and the Department of Education. The goals of AYI are to prevent children from being placed in facilities out-of-state and to reduce institutionalization of children with severe emotional disturbances. These youth are characterized by a history of multiple foster placements and severe mental, emotional, and behavioral disorders. Funds have been committed to AYI by all three agencies involved. These funds are combined to fund highly individualized services that are based on each individual's unique needs.

Designated Evaluation and Treatment

Limited fee-for-service funding on behalf of indigent patients is provided to local hospitals for inpatient psychiatric evaluation and treatment services to help maintain local treatment capacity.

Mental Health Housing

The Division pursues, on behalf of nonprofit agencies, federal grants for housing adults experiencing severe mental illnesses. The Division also provides technical assistance in helping agencies apply for, review, and renew mental health housing grants.

Alaska Psychiatric Institute

Alaska Psychiatric Institute (API) is the only state-owned and operated psychiatric hospital in Alaska. In concert with the Department's stated purpose of promoting the health and well-being of Alaskans, API's mission is to provide an accessible and appropriate array of quality, tertiary, inpatient psychiatric services 7 days a week, 24 hours a day, for the evaluation, diagnosis, care, and treatment of adults and adolescents with severe and persistent psychiatric disorders or seriously maladaptive behavior.

"Tertiary care" has been defined to mean both acute and short term care for patients.

whose needs are so great or complex that an appropriate level of care cannot be provided in their community, and longer term care for highly complex or high-severity needs patients. A special medium security unit evaluates and treats forensic patients who need services regarding competency to stand trial or who cannot be treated successfully in a correctional setting.

Developmentally Disabled (DD) Individualized Services

Developmental Disabilities services provided under the rubric of individualized might include one or more of the services listed below. A service may be offered not listed below, depending on the individual's needs. However, an individual is not limited to just these services and, in fact, may design his or her own service to meet their unique needs.

- ***Home & Community-Based Waivers Program (H&CBW)***: Allows people to receive services in their homes for children with medically complex conditions and adults with physical disabilities.
- ***In-Home Support***: Designed to help individuals who experience a disability to overcome or cope with functional limitations.
- ***Shared Care***: Two families share the responsibility of caring for an individual with a disability, allowing natural families to keep family members at home at least part of the time.
- ***Foster Care***: Out-of-home care with a qualified adult or family.
- ***Adult Assisted Living***: Provides meals, personal assistance, and assistance with activities of daily living for adults in a home-like environment.
- ***Group Homes***: Out-of-home adult care in a group setting with two to four individuals living together.

Other services include vocational training, respite care, and case management.

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Division of Public Assistance



Jim Nordlund

Division Director

Mission

We provide opportunities for Alaskans in need to achieve improved quality of life.

Alaska Temporary Assistance Program (ATA)

Temporary Assistance provides families with needy children with economic assistance and supports services needed to achieve self-sufficiency. Temporary Assistance promotes personal responsibility and assists participants to quickly find paid employment. Benefits assist very low income, low assets families with their most needs: shelter, clothing, transportation, and food. In partnership with the Department of Education, Labor, and Community and Regional Affairs, as well as community organizations and governments, the Department of Health and Social Services uses Temporary Assistance to reduce welfare dependency through employment. Central to this effort are Welfare-to-Work Services.

Welfare-to-Work Services

The array of services intended to help recipients into the workforce are referred to as Welfare-to-Work services, which will provide job search, job placement, and other supportive services to Temporary Assistance recipients in order to promote early employment and family self-sufficiency. Welfare-to-Work services include:

- Monitored work activities for all Temporary Assistance families with participation requirements. Paid employment is the goal. The primary activities to empower individuals in gaining paid employment are up-front job search, job placement, vocation and employment education, literacy, and basic life skills. In communities where paid employment opportunities are limited, community service work is one way families can meet the requirement to participate in work activity. The Departments of Labor and Health and Social Services work in partnership to provide services to Temporary Assistance families. Community agencies and businesses provide some services through contracts, grants, and individual agreements.
- Recognizing the importance of community ownership, the Division has issued community-based work services grants and contracts. Over 30 contracts, funded by federal and state funds, are issued for post-employment, adult basic education, and various forms of case management.
- Federally funded job placement is available through the Food Stamp Employment and Training program. The Departments of Labor and Health and Social Services work in partnership to move Food Stamp recipients into paid employment through Employment and Training (E&T).

Child Care Services

Providing access to childcare is a key component in the state's efforts to move parents into full-time jobs and more families toward self-sufficiency. The Child Development Fund is a federal and State funded block grant which provides childcare assistance on a sliding scale based on family size and income. This grant is available to families in welfare-to-work activities; families moving off of welfare due to increased earnings; and working families whose low income places them at risk of requiring welfare.

The Department of Health and Social Services is working in partnership with the Department of Community and Regional Affairs to coordinate these funds with the State funded Day Care Assistance Program. The program seamlessly supports working families along the path to self-sufficiency.

Food Stamp Program

The Food Stamp Program helps low-income households maintain adequate nutrition. Food Stamp benefits are used to purchase food products from more than 500 retail grocery stores throughout Alaska. The Food Stamp Program is operated by state agencies nationwide. Benefits are 100% federally funded by the U.S. Department of Agriculture.

The state and federal government equally share the administrative cost of the program. Congress recently re-authorized the current program through the year 2002.

Adult Public Assistance (APA)

Adult Public Assistance (APA) is a state funded program that provides cash assistance to needy aged, blind, and disabled persons who meet certain income and resource requirements. Adult Public Assistance is a supplement for Supplemental Security Income (SSI) recipients. Individuals may be covered under the Interim Assistance program while the SSI or the Disability Determination Unit (DDU) reviews their medical records. If the disability is approved, an applicant's Interim Assistance and Adult Public Assistance opens.

Energy Assistance Program (EAP)

The Energy Assistance Program helps low-income households with home heating expenses. Both homeowners and renters may apply for this program which is funded by the federal Low-Income Home Energy Assistance Program (LIHEAP) Block Grant. Eligibility for the program is based upon a household's income, before deduction, for the calendar month prior to the month a person applies. An average monthly income for the prior 12-month period is used for self-employed and seasonal occupations.

General Relief Assistance (GRA)

Alaska's General Relief Assistance (GRA) program provides for the most basic needs of many Alaskans without the personal resources to meet an emergency need and who are not eligible for assistance through other assistance programs offered by the state. GRA is designed to meet the immediate, basic needs of Alaskans facing extreme financial crisis. Examples of basic needs include shelter and utilities. Under limited circumstances, GRA can provide assistance for clothing, food for persons not eligible to receive food stamps, limited medical care, and a limited amount of funding is available to provide burial for the indigent.

Alaska Longevity Bonus Hold Harmless (ALBHH)

This is a state program for the aged. It replaces public assistance benefits lost due to receipt of Alaska Longevity Bonus payments.

Permanent Fund Dividend Hold Harmless Program

The Permanent Fund Dividend Hold Harmless Program replaces Public Assistance benefits which have been lost due to the receipt of Permanent Fund Dividend(s).

Quality Assessment

The purpose of the Division's Quality Assessment Unit is to measure the performance of welfare programs. For the Medicaid and Food Stamps programs, the respective federal agency mandates the performance assessment and dictates how and what is measured. For the Alaska Temporary Assistance Program, funded by the federal Temporary Assistance for Needy Families (TANF) program, the Division has

responsibility to assess the performance of the new program. There are two primary goals in this assessment: assess the effectiveness of policy and procedures to support clients' efforts to achieve self-sufficiency and to verify the accuracy of the welfare payment.

Fraud Control

The Division uses a variety of methods to deter welfare fraud. Rigorous applicant screening and client interviews, coupled with computer matching to validate work history, help ensure only eligible applicants get assistance. A 13-member Fraud Control Unit investigates cases suspected of applicant or recipient fraud. The most serious cases are referred to the Department of Law for possible criminal prosecution. When investigations confirm welfare fraud, individuals are disqualified from the program and overpayment must be repaid.

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Division of Public Health

Peter Nakamura, MD, MPH

Division Director

Mission

To use the best available scientific knowledge to set public health policy and ensure provision of services which guarantee the health of all Alaskans, so that they can live full lives with optimum well-being.

Bureau of Vital Statistics

The Bureau records, safeguards, and certifies copies of records of vital events (births, adoptions, marriages, divorces, and deaths) for residents of and visitors to Alaska. The Bureau also compiles, analyzes, and publishes statistical data obtained from records of vital events.

Community Health and Emergency Medical Service Certification and Licensing

This Section provides certification for Emergency Medical Technicians (EMTs), instructors, and air and land ambulance services. Staff directs overall planning, education, and coordination for comprehensive statewide emergency medical services and trauma care systems, rural and primary health care services, and health promotion and prevention efforts statewide. Grants and consultation for community health training and community based health promotion programs are provided. The Section also conducts behavioral risk factor surveys and health professional and student recruitment and placement activities.

Medicaid Services Unit

This Unit directs statewide outreach and access to services efforts to ensure the maximum numbers of income eligible children and pregnant women are enrolled in the Medicaid program and receiving needed services. Staff serves as the liaison between

Division of Medical Assistance and program staff within the Division of Public Health providing services financed by the Medicaid Program. The Public Health Improvement process initiative is directed from this unit, in coordination with the Director's Council.

Epidemiology

The Section of Epidemiology is responsible for surveillance, epidemic response, investigation, and control of acute and chronic diseases and injuries through defining causal factors, identifying and directing control measures, and providing a basis for policy development, program planning and evaluation. Epidemiology has long been considered the essential science of public health, and a strong assessment and surveillance system based on epidemiologic principles is a fundamental part of a technically competent public health activity.

Maternal, Child and Family Health

This Section provides leadership and support at the state and local level, working in collaboration with other government and private agencies, to develop comprehensive systems of care for all women and children in the state, with a focus on the most vulnerable populations. Priority is given to activities that assist communities in developing service capacity at the local level. Nearly all services provided by the Section are delivered by community-based grantees and contractors. Community-based grantees and contractors deliver nearly all services provided by the Section. The Women, Infants, and Children (WIC) Program, provides food and nutrition education programs for at risk, low income women and young children. The Infant Learning Program is for young children at risk of developing or already experiencing developmental disabilities and their families. Both programs serve thousands of Alaskan families every month. Healthy Families Alaska, a child abuse and neglect prevention program, Family Planning and Pregnancy Support services for low income women and teens, the Alaska Family Violence Project and Adolescent Health are programs administered by the Section targeted to serve high risk groups. Ongoing educational efforts, such as the Back-to-Sleep campaign to prevent Sudden Infant Death Syndrome (SIDS) deaths, utilize the latest scientific knowledge to assist in ensuring all Alaskan women and children are as safe and healthy as possible.

Public Health Nursing

Public Health Nurses are the "public health safety net" in Alaska. Their goals are to improve the health and well being of Alaskans and reduce health care costs through early detection and prevention of health problems. Direct services are provided to individuals, families, and communities through four regional offices, 20 health centers and itinerant services to 250 communities. Services to individuals and families include immunization; family planning; pregnancy testing; prenatal monitoring and postnatal home visits; well child exams; Medicaid outreach, screening, and referral; special clinics; support of Section of Maternal, Child, and Family Health Programs; tuberculosis screening, surveillance, and follow-up; STD/HIV testing and counseling. Services to communities include: community assessment; health promotion and education; communicable disease investigation; and development of collaborative relationships with other agencies at the community, regional, and State level in recognition of local public health significance. Fees for public health nursing services are charged.

only for adult services, based on a sliding fee scale. No one is denied service due to inability to pay.

Medical Examiner

The State Medical Examiner's (SME) office conducts autopsies and cause of death investigations for criminal, medically unexplained, accidental, and unattended deaths. The SME also provides testimony in criminal cases, and provides training for death scene investigation to coroners, State Troopers, and local police.

State Laboratories

The State Public Health Laboratories provide tests aimed at detecting disease patterns and trends to assess a community's well-being. The laboratories also provide new specialized services that are otherwise not available. Public health laboratories provide essential services for disease surveillance and prevention, as well as recognition and re-emerging infectious disease agents that threaten the public health and well-being. Public health laboratories are a critical resource in the investigation of disease outbreaks and efforts to bring them under control.

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The Department's logo was designed by Alaskan artist Jane Terzis. It depicts a polar view of the world and Alaska's circumpolar location. The image of a mother and child highlight the Department's mission: services to Alaskan families and communities.

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and Delivery of Government Services

www.privatizealaska.org

NOTICE OF SUBCOMMITTEE MEETING

Subcommittee Name: **DEPARTMENT OF HEALTH & SOCIAL SERVICES**
Chairperson: Mr. Mike Taurinan
Phone: 262-4624

Committee Members:

Kathy Andress – Co-Chair	Elmer Lindstrom
Mark Andrews	Clyde Lorenz
Kelly Brown	Marie Majewske
Lynn Caswell	David Maltman
Laraine Derr	Gloria O'Neil
Paul Foutz	Helvi Sandvik
Charlie Franz	John Sankey
Jerri Gilleen	Sylvia Villamides
Don Grasse	Russell Webb
Rosemary Hagevig	Scott Calder
Wes Keller	Vincent Vitale
Richard Kibby Esq.	

Date: **EVERY TUESDAY, 11:00 AM – Anchorage LIO**
Tuesday, August 31, 11:00 AM
Tuesday, September 7, 11:00 AM
Tuesday, September 14, 11:00 AM
Tuesday, September 21, 11:00 AM
Tuesday, September 28, 11:00 AM
Tuesday, October 5, 11:00 AM
Tuesday, October 12, 11:00 AM
Tuesday, October 19, 11:00 AM

Place: **Legislative Information Office**
716 W. 4th Avenue
Second Floor Conference Room
Fairbanks, Kenai, Juneau LIO Teleconference Available

If you have any questions please call Representative John Cowdery's office at 269-0222
or Senator Ward's office at 269-0106.

The web site has a current list of members and schedule of meetings posted
daily!

www.privatizealaska.org

TRANSACTION REPORT

P. 01

AUG-26-1999 THU 11:51 AM

BROADCAST

DATE	START	RECEIVER	TX TIME	PAGES	TYPE	NOTE	M#	DP
AUG-26	11:49 AM	92654123919074563346	28"	1	SEND	OK	133	
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TOTAL : 1M 1S PAGES: 2



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Charlie Franz	John Sankey
Jerri Gillean	Sylvia Villamides
Don Grasse	Russell Webb
Rosemary Hagevig	Scott Calder
Wes Keller	Vincent Vitale
Richard Kibby Esq.	

Date:

EVERY TUESDAY 11:00 AM

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	10:01 AM	919074522307	28"	1	SEND	OK	130	
	10:02 AM	92581091	33"	1	SEND	OK	130	
	10:16 AM	919074633573	39"	1	SEND	OK	130	
	10:03 AM	92724850	27"	1	SEND	OK	130	
	10:04 AM	919072350253	30"	1	SEND	OK	130	
	10:05 AM	92760946	33"	1	SEND	OK	130	
	10:06 AM	97860270	27"	1	SEND	OK	130	
	10:07 AM	919075869018	37"	1	SEND	OK	130	
	10:08 AM	96941015	32"	1	SEND	OK	130	
	10:09 AM	95635083	1' 12"	1	SEND	OK	130	
	10:16 AM	919074653068	30"	1	SEND	OK	130	
	10:11 AM	919074568245	36"	1	SEND	OK	130	
	10:11 AM	92698995	28"	1	SEND	OK	130	
	10:12 AM	92655996	30"	1	SEND	OK	130	
	10:22 AM	92644123 265-4123	30"	0	SEND	BUSY	130	
	10:14 AM	92586526	34"	1	SEND	OK	130	
	10:15 AM	919074653068	36"	1	SEND	OK	130	

TOTAL : 10M 54S PAGES: 19

Agency Totals - FY00 Operating Budget

Agency: Department of Health and Social Services

	<u>FY98 Act</u>	<u>FY99 CC</u>	<u>FY99Auth</u>	<u>Gov Amd</u>	<u>House</u>	<u>Senate</u>	<u>ConfComm</u>	<u>FY99Auth to ConfComm</u>	
Totals for Agency	868,887.1	922,126.0	938,016.3	1,022,464.9	1,006,435.2	998,307.2	1,006,428.1	68,411.8	7.3%
<u>Objects of Expenditure:</u>									
Personal Services	111,303.4	118,277.5	118,768.0	128,443.4	124,801.4	123,798.8	124,048.8	5,280.8	4.4%
Travel	4,041.3	3,737.3	3,718.2	4,271.5	4,149.8	3,844.0	4,044.0	325.8	8.8%
Contractual	52,521.2	63,210.7	65,030.1	81,790.2	79,553.8	79,553.8	79,553.8	14,523.7	22.3%
Commodities	20,512.5	21,109.5	21,098.8	21,840.8	21,720.8	21,720.8	21,720.8	622.0	2.9%
Equipment	2,619.2	1,313.9	1,313.9	1,731.1	1,473.9	1,473.9	1,473.9	160.0	12.2%
Lands/Buildings	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	%
Grants, Claims	677,889.5	715,007.8	728,087.3	784,387.9	774,735.5	768,735.7	775,895.5	47,808.2	6.6%
Miscellaneous	0.0	-530.7	0.0	0.0	0.0	-819.8	-308.7	-308.7	%
<u>Funding Sources:</u>									
1002 Fed Rcpts	371,716.0	421,832.7	434,980.7	480,221.9	481,337.2	475,546.2	481,737.2	46,756.5	10.7%
1003 G/F Match	166,254.3	166,677.4	168,708.2	176,334.0	179,788.0	158,243.5	159,243.5	-9,464.7	-5.6%
1004 Gen Fund	134,685.8	137,699.7	138,216.2	145,348.1	141,836.9	140,321.9	140,279.4	2,063.2	1.5%
1005 GF/Prgm	13,781.3	13,796.7	13,811.0	10,628.0	4,463.7	4,463.7	4,463.7	-9,347.3	-67.7%
1007 I/A Rcpts	46,315.4	44,916.9	45,007.2	52,342.0	53,021.5	53,021.5	53,021.5	8,014.3	17.8%
1013 Alch/Drug	2.0	2.0	2.0	2.0	2.0	2.0	2.0	0.0	0.0%
1037 GF/MH	100,707.7	104,534.4	104,495.6	105,461.4	104,890.4	104,308.4	105,280.8	785.2	0.8%
1047 Title 20	5,410.8	4,474.5	4,474.5	4,474.5	4,474.5	4,474.5	4,474.5	0.0	0.0%
1050 PFD Fund	20,186.1	19,100.7	19,100.7	18,688.9	18,688.9	18,688.9	18,688.9	-411.8	-2.2%
1053 Invst Loss	615.8		121.3	-0.0	0.0	0.0	0.0	-121.3	-100.0%
1055 IA/OIL HAZ			0.1	0.0	0.0	0.0	0.0	-0.1	-100.0%
1061 CIP Rcpts	539.9	873.0	876.6	865.6	865.6	865.6	865.6	-11.0	-1.3%
1092 MHTAAR	4,902.0	3,878.0	3,881.1	3,148.3	3,796.7	4,156.7	4,156.7	275.6	7.1%
1098 ChildTrErn	336.6	340.0	340.0	345.7	345.7	345.7	345.7	5.7	1.7%
1108 Stat Desig	3,433.4	4,000.0	4,001.1	4,531.1	4,531.1	4,531.1	4,531.1	530.0	13.2%
1119 Tobac Setl				20,073.4	8,393.0	29,337.5	29,337.5	29,337.5	%
<u>Positions:</u>									
Perm Full Time	1,990.0	2,073.0	2,073.0	2,250.0	2,174.0	2,174.0	2,174.0	101.0	4.9%
Perm Part Time	70.0	58.0	58.0	68.0	74.0	74.0	68.0	10.0	17.2%
Non-Perm	21.0	18.0	18.0	18.0	18.0	18.0	18.0	0.0	0.0%

Component Summary - FY00 Operating Budget

Agency: Department of Health and Social Services

Page	Budget Component	FY98 Act	FY99 CC	FY99Auth	Gov Amd	House	Senate	ConfComm	FY99Auth to ConfComm	
Public Assistance										
1	ATAP (Formerly AFDC)	90,903.2	92,470.9	92,470.9	77,853.4	77,853.4	77,853.4	77,853.4	-14,617.5	-15.8%
2	Adult Public Assistance	45,528.8	47,524.0	47,491.0	49,740.4	49,740.4	49,740.4	49,740.4	2,249.4	4.7%
3	General Relief Assistance	885.0	1,041.9	1,041.9	1,041.9	1,041.9	1,041.9	1,041.9	0.0	0.0%
4	OAA-ALB Hold Harmless	2,472.7	2,098.1	2,098.1	1,907.2	1,907.2	1,907.2	1,907.2	-190.9	-9.1%
5	PFD Hold Harmless	20,186.1	19,100.7	19,100.7	18,688.9	18,688.9	18,688.9	18,688.9	-411.8	-2.2%
6	Energy Assistance Program	5,002.5	5,501.6	5,505.6	5,505.6	5,505.6	5,505.6	5,505.6	0.0	0.0%
7	Tribal Assistance				2,405.2	2,405.2	2,405.2	2,405.2	2,405.2	%
	* BRU Total	164,978.3	167,737.2	167,708.2	157,142.6	157,142.6	157,142.6	157,142.6	-10,565.6	-6.3%
Medical Assistance										
8	Medicaid Services		384,577.6	398,021.6	429,919.9	424,919.9	417,128.9	423,919.9	25,898.3	6.5%
9	Chronic Acute Med Asst				3,537.5	3,045.0	0.0	0.0	0.0	0.0%
10	Medicaid Non-Facility	153,535.7							0.0	0.0%
11	Medicaid Facilities	126,325.0							0.0	0.0%
12	General Relief Medical	4,189.7							0.0	0.0%
13	Waivers Services	29,006.9							0.0	0.0%
14	Medicaid PFD Hold Harmless	317.5							0.0	0.0%
15	Medicaid ALB Hold Harmless	50.7							0.0	0.0%
16	Indian Health Service	53,111.0							0.0	0.0%
	* BRU Total	366,536.5	384,577.6	398,021.6	433,457.4	427,964.9	417,128.9	423,919.9	25,898.3	6.5%
Catastrophic and Chronic Illness Assistance (AS 47.08)										
17	Catastrophic & Chronic Illness		1,900.0	1,900.0	0.0	0.0	3,537.5	3,045.0	1,145.0	60.3%
	* BRU Total	0.0	1,900.0	1,900.0	0.0	0.0	3,537.5	3,045.0	1,145.0	60.3%
Public Assistance Administration										
18	Public Assistance Admin	1,566.6	1,683.1	1,692.3	1,722.3	1,525.0	1,525.0	1,525.0	-167.3	-9.9%
19	Quality Control	831.7	988.1	995.9	965.9	965.9	965.9	965.9	-30.0	-3.0%
20	Public Assistance Field Svcs	21,432.6	22,581.7	22,696.9	23,842.6	23,842.6	23,842.6	23,842.6	1,145.7	5.0%
21	Fraud Investigation	1,086.2	1,156.4	1,163.4	1,120.8	1,120.8	1,120.8	1,120.8	-42.6	-3.7%
22	Public Assist Data Processing	4,364.4	4,919.9	4,903.4	4,823.4	4,823.4	4,823.4	4,823.4	-80.0	-1.6%
23	Alaska Work Programs	7,398.2	10,424.1	10,395.2	0.0	-0.0	0.0	-0.0	-10,395.2	-100.0%
24	Work Services				13,715.2	13,715.2	13,715.2	13,715.2	13,715.2	%
25	Child Care Benefits	12,848.1	23,712.8	23,712.8	36,242.6	40,453.7	40,453.7	40,853.7	17,140.9	72.3%
	* BRU Total	49,527.8	65,466.1	65,559.9	82,432.8	86,446.6	86,446.6	86,846.6	21,286.7	32.5%
Medical Assistance Administration										
26	Medical Assistance Admin.	1,172.2	1,252.1	1,256.9	1,417.6	1,091.2	1,091.2	1,091.2	-165.7	-13.2%
27	Medicaid State Programs	15,931.5	14,688.3	14,688.3	15,914.5	15,914.5	15,914.5	15,914.5	1,226.2	8.3%

Component Summary - FY00 Operating Budget

Agency: Department of Health and Social Services

Page	Budget Component	FY98 Act	FY99 CC	FY99Auth	Gov Amd	House	Senate	ConfComm	FY99Auth to ConfComm	
Medical Assistance Administration										
28	Health Purchasing Group	12,983.9	15,537.2	15,525.3	15,273.6	15,273.6	15,273.6	15,273.6	-251.7	-1.6%
29	Certification and Licensing	943.2	1,051.1	1,055.0	1,063.0	1,063.0	1,063.0	1,063.0	8.0	0.8%
30	Hearings and Appeals	360.4	363.1	364.8	364.9	364.9	364.9	364.9	0.1	0.0%
31	Audit	545.0	620.4	622.6	631.0	631.0	631.0	631.0	8.4	1.3%
32	Children's Health Eligibility			1,408.6	2,757.1	2,701.5	2,701.5	2,701.5	1,292.9	91.8%
	* BRU Total	31,936.2	33,512.2	34,921.5	37,421.7	37,039.7	37,039.7	37,039.7	2,118.2	6.1%
Purchased Services										
33	Delinquency Prevention	982.0	1,090.2	1,090.2	3,338.0	3,338.0	3,338.0	3,338.0	2,247.8	206.2%
34	Family Preservation	3,193.0	4,473.5	4,473.5	5,346.4	4,473.5	4,473.5	4,473.5	0.0	0.0%
35	Foster Care Base Rate	7,274.2	7,884.8	7,884.8	9,229.7	8,360.8	8,360.8	8,360.8	476.0	6.0%
36	Foster Care Augmented Rate	1,334.9	1,228.5	1,228.5	2,797.0	2,520.6	2,520.6	2,520.6	1,292.1	105.2%
37	Foster Care Special Need	2,915.2	2,866.7	2,866.7	3,990.7	3,558.1	3,558.1	3,558.1	691.4	24.1%
38	Foster Care AYI	200.0	876.0	876.0	876.0	876.0	876.0	876.0	0.0	0.0%
39	Subsidized Adoptions/Guardians	6,867.8	6,917.8	6,917.8	10,408.6	9,920.6	9,920.6	9,920.6	3,002.8	43.4%
40	Residential Child Care	9,662.5	10,614.1	10,720.4	12,038.8	11,570.4	11,570.4	11,570.4	850.0	7.9%
	* BRU Total	32,429.6	35,951.6	36,057.9	48,025.2	44,618.0	44,618.0	44,618.0	8,560.1	23.7%
Family and Youth Services										
41	Southcentral Region	8,193.5							0.0	0.0%
42	Northern Region	5,557.2							0.0	0.0%
43	Southeastern Region	2,540.9							0.0	0.0%
44	DFYS Central Office	3,559.9							0.0	0.0%
	* BRU Total	19,851.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0%
Front Line Social Workers										
45	Front Line Social Workers		16,873.2	17,064.3	20,717.7	18,560.8	18,560.8	18,560.8	1,496.5	8.8%
	* BRU Total	0.0	16,873.2	17,064.3	20,717.7	18,560.8	18,560.8	18,560.8	1,496.5	8.8%
Family and Youth Services Management										
46	FYS Management		4,825.0	4,815.8	4,483.8	4,443.8	4,443.8	4,443.8	-372.0	-7.7%
	* BRU Total	0.0	4,825.0	4,815.8	4,483.8	4,443.8	4,443.8	4,443.8	-372.0	-7.7%
Family and Youth Services Staff Training										
47	FYS Staff Training		1,094.0	1,094.0	1,182.9	1,037.0	1,037.0	1,037.0	-57.0	-5.2%
	* BRU Total	0.0	1,094.0	1,094.0	1,182.9	1,037.0	1,037.0	1,037.0	-57.0	-5.2%

Component Summary - FY00 Operating Budget

Agency: Department of Health and Social Services

Page	Budget Component	FY98 Act	FY99 CC	FY99Auth	Gov Amd	House	Senate	ConfComm	FY99Auth to ConfComm	
Child Protection Legal Assistance										
48	Office of Public Advocacy		185.0	185.0	185.0	185.0	185.0	185.0	0.0	0.0%
49	Public Defender Agency		255.0	255.0	255.0	255.0	255.0	255.0	0.0	0.0%
	* BRU Total	0.0	440.0	440.0	440.0	440.0	440.0	440.0	0.0	0.0%
Youth Corrections										
50	McLaughlin Youth Center	9,381.4	10,199.9	10,166.0	10,599.5	10,166.0	10,166.0	10,166.0	0.0	0.0%
51	Fairbanks Youth Facility	2,842.8	2,809.2	2,820.1	2,820.1	2,820.1	2,820.1	2,820.1	0.0	0.0%
52	Nome Youth Facility	248.5	573.7	574.5	675.5	675.5	675.5	675.5	101.0	17.6%
53	Johnson Youth Center	1,334.8	1,925.1	1,929.8	2,500.8	2,500.8	2,500.8	2,500.8	571.0	29.6%
54	Bethel Youth Facility	1,927.6	1,934.5	1,940.7	1,940.7	1,940.7	1,940.7	1,940.7	-0.0	-0.0%
55	Mat-Su Youth Facility				461.4	0.0	79.8	79.8	79.8	%
56	Probation Services	6,181.0	6,223.0	6,239.7	7,731.4	7,390.2	7,390.2	7,390.2	1,150.5	18.4%
	* BRU Total	21,916.1	23,665.4	23,670.8	26,729.4	25,493.3	25,573.1	25,573.1	1,902.3	8.0%
Human Services Community Matching Grant										
57	Human Svcs Comm Matching Grant	1,751.9	1,751.9	1,751.9	1,751.9	1,751.9	1,751.9	1,751.9	0.0	0.0%
	* BRU Total	1,751.9	1,751.9	1,751.9	1,751.9	1,751.9	1,751.9	1,751.9	0.0	0.0%
Manillaq										
58	Social Services	843.9	843.9	843.9	843.9	843.9	843.9	843.9	0.0	0.0%
59	Public Health Services	901.3	901.3	901.3	901.3	901.3	901.3	901.3	0.0	0.0%
60	Alcohol & Drug Abuse	983.1	983.1	983.1	983.1	983.1	983.1	983.1	0.0	0.0%
61	Mental Health/DD Svcs	350.0	350.0	350.0	350.0	350.0	350.0	350.0	0.0	0.0%
	* BRU Total	3,078.3	3,078.3	3,078.3	3,078.3	3,078.3	3,078.3	3,078.3	0.0	0.0%
Norton Sound										
62	Social Services	62.2	62.2	62.2	62.2	62.2	62.2	62.2	0.0	0.0%
63	Public Health Services	1,245.2	1,370.2	1,370.2	1,370.2	1,370.2	1,370.2	1,370.2	0.0	0.0%
64	Alcohol & Drug Abuse Svcs	540.0	540.0	540.0	540.0	540.0	540.0	540.0	0.0	0.0%
65	Mental Health/DD Svcs	402.4	402.4	402.4	402.4	402.4	402.4	402.4	0.0	0.0%
66	Sanitation	96.3	96.3	96.3	96.3	96.3	96.3	96.3	0.0	0.0%
	* BRU Total	2,346.1	2,471.1	2,471.1	2,471.1	2,471.1	2,471.1	2,471.1	0.0	0.0%
Southeast Alaska Regional Health Consortium										
67	Public Health Svcs	120.1	120.1	120.1	120.1	120.1	120.1	120.1	0.0	0.0%
68	Alcohol & Drug Abuse Svcs	331.4	331.4	331.4	331.4	331.4	331.4	331.4	0.0	0.0%
69	Mental Health Services	125.2	125.2	125.2	125.2	125.2	125.2	125.2	0.0	0.0%
	* BRU Total	576.7	576.7	576.7	576.7	576.7	576.7	576.7	0.0	0.0%

Component Summary - FY00 Operating Budget

Agency: Department of Health and Social Services

Page	Budget Component	FY98 Act	FY99 CC	FY99Auth	Gov Amd	House	Senate	ConfComm	FY99Auth to ConfComm	
	Kawerak Social Services									
70	Kawerak Social Services	372.7	372.7	372.7	435.9	372.7	372.7	372.7	0.0	0.0%
	* BRU Total	372.7	372.7	372.7	435.9	372.7	372.7	372.7	0.0	0.0%
	Tanana Chiefs Conference									
71	Public Health Svcs	239.3	239.3	239.3	239.3	239.3	239.3	239.3	0.0	0.0%
72	Alcohol & Drug Abuse Svcs	497.5	497.5	497.5	497.5	497.5	497.5	497.5	0.0	0.0%
73	Mental Health Svcs	534.8	534.8	534.8	534.8	534.8	534.8	534.8	0.0	0.0%
	* BRU Total	1,271.6	1,271.6	1,271.6	1,271.6	1,271.6	1,271.6	1,271.6	0.0	0.0%
	Tlingit-Haida									
74	Social Services	186.6	186.6	186.6	186.6	186.6	186.6	186.6	0.0	0.0%
75	Alcohol & Drug Abuse Svcs	5.9	11.9	11.9	11.9	11.9	11.9	11.9	0.0	0.0%
	* BRU Total	192.5	198.5	198.5	198.5	198.5	198.5	198.5	0.0	0.0%
	Yukon-Kuskokwim Health Corporation									
76	Public Health Svcs	907.4	907.4	907.4	907.4	907.4	907.4	907.4	0.0	0.0%
77	Alcohol & Drug Abuse Svcs	959.3	959.3	959.3	959.3	959.3	959.3	959.3	0.0	0.0%
78	Mental Health Svcs	907.4	907.4	907.4	907.4	907.4	907.4	907.4	0.0	0.0%
	* BRU Total	2,774.1	2,774.1	2,774.1	2,774.1	2,774.1	2,774.1	2,774.1	0.0	0.0%
	State Health Services									
79	Nursing	13,017.9	13,524.9	13,549.3	14,616.0	14,616.0	14,616.0	14,616.0	1,066.7	7.9%
80	Women, Infants and Children	18,635.9	20,542.2	20,542.2	20,542.2	20,542.2	20,542.2	20,542.2	0.0	0.0%
81	Maternal, Child, & Family Hlth	8,664.0	9,746.2	9,730.2	11,459.0	11,459.0	11,459.0	11,459.0	1,728.8	17.8%
82	Healthy Families	1,295.7	1,661.2	1,661.2	2,662.2	1,684.2	1,295.7	1,295.7	-365.5	-22.0%
83	Public Health Admin Svcs	797.8	806.6	809.0	1,309.0	936.4	936.4	936.4	127.4	15.7%
84	Epidemiology	7,983.5	8,214.2	8,211.9	7,391.9	7,391.9	7,391.9	7,391.9	-820.0	-10.0%
85	Bureau of Vital Statistics	1,288.3	1,413.8	1,412.8	1,482.8	1,412.8	1,412.8	1,412.8	0.0	0.0%
86	Health Services/Medicaid	1,989.7	1,846.5	1,851.1	3,222.0	3,222.0	3,222.0	3,222.0	1,370.9	74.1%
87	Community Health/EMS Services	2,682.3	2,689.3	2,681.7	3,093.3	3,019.7	3,019.7	3,019.7	338.0	12.6%
88	Comm. Health/EMS Grants	2,979.1							0.0	0.0%
89	Community Health Grants		1,596.1	1,596.1	1,596.1	1,596.1	1,596.1	1,596.1	0.0	0.0%
90	Emergency Medical Svcs Grants		1,760.1	1,760.1	1,760.1	1,760.1	1,760.1	1,760.1	0.0	0.0%
91	State Medical Examiner	1,068.6	1,073.9	1,074.5	1,267.5	1,074.5	1,074.5	1,074.5	0.0	0.0%
92	Infant Learning Program Grants	4,493.7	5,052.6	5,052.6	5,052.6	5,052.6	5,052.6	5,052.6	0.0	0.0%
93	Public Health Laboratories		2,843.6	2,846.6	2,846.6	2,846.6	2,846.6	2,846.6	0.0	0.0%
94	Radiological Health		284.6	284.6	284.6	284.6	284.6	284.6	0.0	0.0%
95	Tobacco Prevention and				3,000.0	0.0	0.0	0.0	0.0	0.0%

Component Summary - FY00 Operating Budget

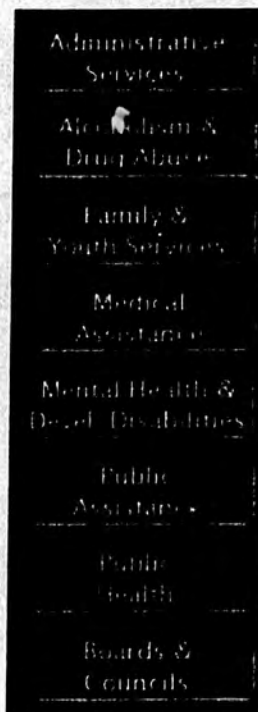
Agency: Department of Health and Social Services

Page	Budget Component	FY98 Act	FY99 CC	FY99Auth	Gov Amd	House	Senate	ConfComm	FY99Auth to ConfComm	
State Health Services										
	Control						1,400.0	1,400.0	1,400.0	%
96	Tobacco Cessation FRONT SEC									
	* BRU Total	64,896.5	73,055.8	73,063.9	81,585.9	76,898.7	77,910.2	77,910.2	4,846.3	6.6%
Public Labs & Radiological										
97	Chief of Labs & Radiological	925.3							0.0	0.0%
98	Anchorage Laboratory	1,000.0							0.0	0.0%
99	Fairbanks Laboratory	1,052.3							0.0	0.0%
	* BRU Total	2,977.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0%
Alcohol and Drug Abuse Services										
100	Administration	2,207.8	2,080.0	2,069.7	3,324.7	2,994.7	2,483.6	2,994.7	925.0	44.7%
101	Alcohol Safety Action Program	1,062.7	1,090.6	1,093.6	1,093.6	1,093.6	1,093.6	1,093.6	0.0	0.0%
102	Alcohol/Drug Abuse Grants	17,207.8	18,218.6	18,218.6	21,293.7	19,953.8	19,492.5	19,953.8	1,735.2	9.5%
103	Community Grants - Prevention				2,500.0	2,500.0	2,500.0	2,500.0	2,500.0	%
104	ADA Grants - Chronic Alc Dom	100.0							0.0	0.0%
105	CAASA Grants	165.6	177.3	177.3	177.3	177.3	177.3	177.3	0.0	0.0%
106	Corrections' ADA Services	663.0	563.6	563.6	563.6	563.6	563.6	563.6	0.0	0.0%
107	Rural Services Grants	1,989.4	2,355.6	2,355.6	2,760.6	2,746.0	2,746.0	2,746.0	390.4	16.6%
	* BRU Total	23,396.3	24,485.7	24,478.4	31,713.5	30,029.0	29,056.6	30,029.0	5,550.6	22.7%
Community Mental Health Grants										
108	General Comm Mental Hlth Grnts	928.4	1,013.7	1,013.7	1,007.4	1,007.4	1,007.4	1,007.4	-6.3	-0.6%
109	Psychiatric Emergency Svcs	5,963.5	7,005.4	7,005.4	6,510.9	6,510.9	6,510.9	6,510.9	-494.5	-7.1%
110	Svcs/Chronically Mentally Ill	11,072.7	11,227.7	11,227.7	11,406.7	11,406.7	11,406.7	11,406.7	179.0	1.6%
111	Designated Eval & Treatment	1,045.5	1,046.3	1,046.3	2,143.3	2,143.3	2,143.3	2,143.3	1,097.0	104.8%
112	Svcs/Seriously Emotion Dist Yth	6,918.5	7,556.4	7,556.4	7,746.4	7,569.4	7,569.4	7,569.4	13.0	0.2%
	* BRU Total	25,928.6	27,849.5	27,849.5	28,814.7	28,637.7	28,637.7	28,637.7	768.2	2.8%
Community Developmental Disabilities Grants										
113	Community DD Grants	20,033.0	19,341.3	19,389.3	20,400.1	20,039.1	20,399.1	20,399.1	1,009.8	5.2%
	* BRU Total	20,033.0	19,341.3	19,389.3	20,400.1	20,039.1	20,399.1	20,399.1	1,009.8	5.2%
Institutions and Administration										
114	Mental Health/DD Admin	4,572.4	4,389.7	4,316.3	4,999.9	4,835.7	4,835.7	4,835.7	519.4	12.0%
115	Alaska Psychiatric Institute	15,515.0	14,782.8	14,841.9	15,996.6	15,996.6	15,996.6	15,996.6	1,154.7	7.8%
116	Harborview Development Center	2,034.5							0.0	0.0%

Component Summary - FY00 Operating Budget

Agency: Department of Health and Social Services

Page	Budget Component	FY98 Act	FY99 CC	FY99Auth	Gov Amd	House	Senate	ConfComm	FY99Auth to ConfComm	
Institutions and Administration										
117	Federal Mental Health Projects	1,939.6	2,298.6	2,298.6	2,369.6	2,369.6	2,369.6	2,369.6	71.0	3.1%
	* BRU Total	24,061.5	21,471.1	21,456.8	23,366.1	23,201.9	23,201.9	23,201.9	1,745.1	8.1%
Mental Health Trust Boards										
118	Alaska Mental Health Board	467.3	422.2	416.9	492.4	468.4	468.4	468.4	51.5	12.4%
119	Governor's Cncl/Disabilities	766.2	978.4	979.5	1,695.5	1,690.5	1,690.5	1,690.5	711.0	72.6%
120	Board on Alcohol. & Drug Abuse	338.0	316.4	311.2	311.2	294.4	294.4	294.4	-16.8	-5.4%
	* BRU Total	1,571.5	1,717.0	1,707.6	2,499.1	2,453.3	2,453.3	2,453.3	745.7	43.7%
Administrative Services										
121	Unallocated Reduction		-650.0	0.0	0.0	0.0	-1,308.4	-858.4	-858.4	0.0%
122	Commissioner's Office	1,012.8	792.5	787.6	912.1	912.1	912.1	912.1	124.5	15.8%
123	Personnel and Payroll	1,174.0	1,188.0	1,193.9	1,302.0	1,302.0	1,302.0	1,302.0	108.1	9.1%
124	Administrative Support Svcs	2,928.2	3,024.4	3,023.8	3,342.3	3,342.3	3,342.3	3,342.3	318.5	10.5%
125	Health Plan. & Facilities Mgmt	1,030.6	923.5	926.6	981.9	981.9	981.9	981.9	55.3	6.0%
126	COMPASS Community Grants		25.0	25.0	25.0	25.0	25.0	25.0	0.0	0.0%
	* BRU Total	6,145.6	5,303.4	5,956.9	6,563.3	6,563.3	5,254.9	5,704.9	-252.0	-4.2%
Children's Trust Programs										
127	Children's Trust Programs	336.6	365.0	365.0	345.7	345.7	345.7	345.7	-19.3	-5.3%
	* BRU Total	336.6	365.0	365.0	345.7	345.7	345.7	345.7	-19.3	-5.3%
Facilities Maintenance										
128	Facilities Maintenance				2,584.9	2,584.9	2,584.9	2,584.9	2,584.9	%
	* BRU Total	0.0	0.0	0.0	2,584.9	2,584.9	2,584.9	2,584.9	2,584.9	%
*** Total Agency Expenditure		868,887.1	922,126.0	938,016.3	1,022,484.9	1,006,435.2	998,307.2	1,006,428.1	68,411.8	7.3%
Federal Funds		377,126.8	426,307.2	439,455.2	484,696.4	485,811.7	480,020.7	486,211.7	46,756.5	10.6%
General Funds		415,429.1	422,708.2	425,231.0	457,844.9	439,372.0	436,675.0	438,604.9	13,373.9	3.1%
Other Funds		76,331.2	73,110.6	73,330.1	79,923.6	81,251.5	81,611.5	81,611.5	8,281.4	11.3%



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State of Alaska

Department of Health and Social Services

Overview of Programs

and Services

January 1999

Tony Knowles
Governor

Karen Perdue
Commissioner

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Overview Highlights

Purpose

The purpose of this ***Overview of Programs and Services*** is to be a quick reference tool with information about the programs administered by the Department of Health & Social Services.

We welcome your suggestions and comments. Please contact the Department of Health & Social Services, Office of the Commissioner, P.O. Box 110601, Juneau, Alaska, 99811-0601, phone (907) 465-3030, Fax 465-3068.

Mission

The mission of the Department of Health and Social Services is to promote : protect the well-being of every Alaskan by investing in families and communities.

Motto

Our motto is "Believing in the Power of Families and Communities."

Long Term Goals

The Department has established the following long-term goals to accomplish its mission:

- Focus on helping children and families stay healthy and safe.
- Increase the incentives and opportunities for communities to collaborate with the Department to improve results for children and families.
- Help Alaskans live healthier and have access to basic health care, resulting in reduced chronic and preventable disease.
- Assist Alaskans who are elderly or have disabilities live with independence and remain economically secure.
- Move more Alaskans from welfare into jobs so they can support their families.
- Establish an integrated statewide system for data collection, analysis, and reporting which improves services to Alaskans.
- Promote efficient, streamlined systems where employees value their work and meet customer needs.

Guiding Principles

The Department follows these guiding principles in providing services to Alaska residents.

Customer Driven: Customers--the people DHSS serves--are usually the experts regarding their own needs. We believe our efforts to promote people's health will be most effective when we listen to their needs.

more effective and long-lasting if we share the responsibility for health with our customers and if we respond to their ideas regarding their needs.

Collaborative System: True collaboration is when everyone brings something to table and creates ownership and trust among many parties. DHSS can't do it all, don't have all the answers. But if we work together with local governments, advocates, service providers, businesses, and other departments, we can accomplish great deal more.

Programs Focused on Self-Sufficiency: We cannot make the mistake of thinking our work "saves" people. Our job is to help people help themselves. Programs designed to promote self-sufficiency are more respectful of individuals and families, and they invest in the long term, sustainable health and well being of Alaskans.

Local Ownership: Local communities know their own needs best. In the DHSS philosophy statement "Believing in the power of families and communities," we acknowledge the strength and resources communities and families offer toward the challenges they face.

Effective, Efficient Management System: DHSS has talented, hard-working employees. We need to give staff at all levels the tools and authority to be as creative and responsive as possible in serving Alaskans. Effective management should encourage employee productivity and encourage employees to invest in the success of the organization.

Quality Work Force: A skilled and committed work force is essential at every level of DHSS for us to do our job as a Department. We want to fully utilize employee creativity, reward them for positive risk taking and encourage everyone to collaborate.

Outcome-Based Effective Services: The lack of confidence the public has in government challenges us to ensure results and accountability in exchange for our public funds. We believe that designing programs so we can assess whether services are addressing real needs is essential to maintaining our own morale and acknowledging we are making a difference in people's lives.

Office of the Commissioner



Karen Perdue
Commissioner

Jay Livey
Deputy Commissioner

Russ Webb
Deputy Commissioner

Staff Contacts

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Phone (907) 465-3033/Fax 465-2185	Juneau, Alaska 99811-0
	Phone (907) 465-1696/ 465-3068

Boards & Councils

Alaska Mental Health Board

Walter Majoros, Executive Director

431 N. Franklin Street, Suite 200

Juneau, Alaska 99801

Phone (907) 465-3071/Fax 465-3079

The Alaska Mental Health Board is composed of 12 to 16 members appointed by Governor, at least half of whom must be mental health consumers or family members. The Board is the state planning and coordinating agency, for purposes of federal state law, relating to the state mental health program. The primary purpose of the Board is to help ensure an integrated comprehensive mental health program by planning, implementing, and advocating for the service needs of persons with mental illness in the state.

Governor's Advisory Board on Alcoholism and Drug Abuse

Donald Dapcevich, Executive Director

P.O. Box 110608

Juneau, Alaska 99811-0608

Phone (907) 465-8920/Fax 465-4410

The Advisory Board is composed of 14 public members appointed by the Governor. The Director of the Division of Alcoholism and Drug Abuse serves as an ex officio member. The Board acts in an advisory capacity to the Governor, Legislature, and agencies on matters involving alcoholism and other drug abuse. The Board provides a comprehensive plan for the delivery of substance abuse prevention, education, and treatment services. The Board is also involved in the evaluation of services and the development of new programs.

Governor's Council on Disabilities and Special Education

David Maltman, Executive Director

P.O. Box 240249

Anchorage, Alaska 99524-0249

Phone (907) 269-8991/Fax 269-8995

The mission of the Governor's Council is to create change that improves the independence, productivity, and inclusion into the community for people with developmental disabilities and students in special education. The Council plans, evaluates, and promotes programs for people with disabilities. It is composed of members appointed by the Governor who are people with disabilities or their parents and the representatives of principle State agencies and private providers that deliver services or supports. Additionally, the Council serves as the State's Special Education Advisory Committee, the Interagency Coordinating Council for Infants and Toddlers with Disabilities, advises the Alaska Mental Health Trust Authority, and acts as Board of Directors for the Special Education Services Agency.

Alaska Council on Emergency Medical Services

Charles F. Lean, EMT-I, Chair

P.O. Box 1716

Nome, Alaska 99762

Phone (907) 443-5167 (W); 443-5508 (H)

Fax 443-5893

The mission of the Emergency Medical Services (EMS) program in Alaska is to reduce both the human suffering and economic loss to society resulting from premature death and disability due to injuries and sudden illness. The Governor's Alaska Council on Emergency Medical Services (ACEMS) provides the Commissioner of the Department of Health and Social Services and the Governor with recommendations related to all aspects of EMS, including distribution of funding, and policy development. The Council:

- brings together technical resources, experience, and knowledge to assist and advise on the continued development of the EMS and trauma systems in Alaska
- advises the state EMS staff and EMS regional directors regarding public education and generation of broad community support for the goals of the program;
- provides recommendations regarding EMS program policy and priorities;
- reviews EMS or EMS-related program proposals on requests of the Commissioner of the Department of Health and Social Services, the Director of the Division of Public Health, and Section of Community Health and EMS; and
- reviews EMS budgetary allocations and program priorities, and advises the

Commissioner on these matters.

ACEMS was established by Alaska Statute 18.08 and meets two times a year to action on issues affecting EMS in Alaska. More information on the council's act and priorities can be found on the EMS Program's web site at http://www.hss.state.ak.us/dph/ems/ems_home.htm.

Division of Administrative Services



Janet Clarke

Division Director

Mission

To provide quality administrative service so that the Department of Health and Social Services programs can achieve their mission.

Budget Section

The Budget Section provides technical budget support to the Department, as well as management guidance and analysis to the Commissioner's Office. It is responsible for analyzing, monitoring, and controlling the Department's annual operating and capital budgets, budget amendments, revised programs, supplemental budgets, and fiscal year-end closing. It is also responsible for departmental financial procedures, processing and controlling, and position authorization control.

Data Integration

The Department's Data Warehouse database is a technological tool to provide data support for the Department. All divisions provide statistical data that is integrated into a single decision support database. The Data Administrator works with the Department research analysts to obtain the necessary data, and then generates appropriate reports that enable policy makers to make more informed decisions based on integrated statistical data.

Facilities and Planning Section

The Facilities and Planning Section is responsible for research, planning, and oversight of multi-agency activities for the Department. This includes managing all renovation and repair, deferred maintenance, and major capital construction projects, including oversight of design and construction for Department owned and operated facilities. The Department operates 33 State owned buildings throughout Alaska, at a replacement value of \$197.8 million. These buildings house mental health services, youth prevention and detention services, for public health services. The Section is also responsible for Certificate of Need review and approval for major new hospital and nursing home projects, and coordination of the Comprehensive Integrated Mental Health Plan.

(CIMHP). The Section also manages nearly all of the Department's capital grant including named recipient grants and competitive grants in a variety of programs.

Finance Section

The Finance Section is responsible for the financial accounting and related support services to the department's divisions, boards, and commissions in fulfilling their financial obligations. Services include prompt and accurate payments to vendors; various financial expenditure accounting needs; daily and weekly draws of approximately \$500 million in federal funds, including maintenance of adequate management control; and the recording of all appropriated receipts to appropriate budget controls. The Finance Section is responsible for the Department's report structures; timely preparation and submission of quarterly, semi-annual, and annual reports to federal agencies for all federal grants administered by the Department; writing and updating the Department's cost allocation plan and negotiating approval with the Federal Division of Cost Allocation; coordination of financial audits by state and legislative auditors, including the preparation of audit responses; and ensuring Department compliance to all state and federal accounting and reporting requirements.

Grants Administration

The Grants Administrator is responsible for the coordination and standardization of grant processes, as well as providing assistance and training for staff in the procurement and administration of grants department wide. This position compiles and maintains the Department's grant database and develops the annual Operating Grants Booklet. The Grants Administrator also directly assists the Program Managers for the Alaska Children's Trust (ACT) and the Community Partnerships for Access, Solution and Success (COMPASS) grant programs.

Human Resources Section

The Human Resources Section is responsible for personnel management within the Department. Procedural functions include initiating and maintaining personnel files, leave, and related records. Programmatic functions include labor relations, risk management, position classification, hiring and recruitment, employee training, performance management and employee consultations. The section serves about 2,000 employees located in more than 50 geographic locations.

Information Systems

The Information Systems section is responsible for two levels of information technology support: it meets the needs of the Division of Administrative Services as well as being responsible for coordination of Department information technology efforts. As support for the Department, staff are responsible for maintaining network and file services for 100 users, including maintenance of desktop machines, file application servers, printers, software maintenance and instruction, and wiring infrastructure. As support to the Department, staff coordinate electronic mail services, represent the Department at statewide agency meetings, maintain the communication infrastructure, track mainframe logon IDs, coordinate Department telephone services and provide technical support to other small groups in the Department that do not

technical staff.

Procurement Section

The Procurement Section is responsible for procurement, property control and le for the Department. Staff also oversees the processing of all professional service contracts, streamlines the review and approval of all contractual documents, and provides clear interpretation of respective regulations, as well as receiving and distributing the Department's mail. The central office in Juneau, along with the office in Anchorage, serves all of the Department's regions.

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Data Integration Ted Israelson, Data Administrator 350 Main Street, Room 129 P.O. Box 110650 Juneau, Alaska 99811-0650 Phone (907) 465-3603/Fax 465-2499	Procurement Section Darla Madden, Procurement Chief 350 Main Street, Room 129 P.O. Box 110650 Juneau, Alaska 99811-0650 Phone (907) 465-3005/Fax 465-3153

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Larry Streuber, Facilities & Planning Chief

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Juneau, Alaska 99811-0650

Phone (907) 465-3015/Fax 465-2499

Division of Alcoholism & Drug Abuse

**Loren Jones****Division Director****Mission**

To promote the health and well-being of Alaska's citizens by preventing and treating alcohol, other drugs, and inhalant abuse.

In partnership with local communities, the Division supports approaches to substance abuse prevention and treatment that arise out of community initiatives to address problems. Alaskans have access to substance abuse programs in every region of the state. These programs provide an array of information, education, prevention, out-patient counseling, residential treatment, and emergency care and relapse prevention services.

Prevention services are funded through the grant-in-aid process. The Division funds local and regional projects that are locally designed and utilize community strengths, resources, and traditional practices.

Treatment grants are intended to promote the health and preservation of Alaskan families and communities by providing services to individuals and their families by reducing or eliminating the abuse of alcohol, other drugs, and inhalants.

Specialized Services for Adults

The Division supports specialized treatment services for adults with distinct or unique needs. Specialized services include long term care for Alaska Mental Health Trust Authority (AMHTA) beneficiaries, residential care for pregnant women, residential care for women and children, detoxification and Methadone maintenance and substance abuse treatment for individuals prior to release from Corrections to minimize recidivism. Specialized services are provided primarily in Fairbanks, Juneau, and the Anchorage area.

Specialized Services for Youth

In 1990, the Alaska Legislature passed a bill entitled "An act creating the community action against substance abuse grant fund." This bill authorizes the Division of Alcoholism and Drug Abuse to provide grant funds to community organizations, school districts, municipalities, non-profit organizations, and local governing bodies of established villages, to combat the most pressing substance abuse problems as determined by the applicant community.

Specialized Services to Rural and Native Alaskans

Community Based Suicide Prevention Programs are funded through grants to serve rural communities to design and implement their own projects to reduce suicide and self-destructive behavior and to increase individual, family, and community health. The Division encourages holistic approaches that integrate services and cut across traditional agency boundaries. The projects are encouraged to coordinate with relevant agencies.

agencies and regional agencies are encouraged to offer support, training, and ass

The Division, through the Rural Human Services System Project, provides funding for rural human service agencies to hire, train, and supervise village-based human service providers. The village-based providers function as human service generalists and provide services to the entire community. The project includes the village-based providers receiving training through the University of Alaska Rural Human Services Certificate Program.

In support of the philosophy that treatment services need to be culturally appropriate, the Division has initiated funding for several traditional recovery camps throughout rural Alaska.

Training Services

The effectiveness of alcoholism and other drug abuse programs is dependent upon the skill and knowledge of program staff. Training is essential to continue to improve the quality of services offered by these programs and to raise the level of skill and knowledge among substance abuse workers. Through three regional grants, the Division funds accessible training activities that will provide skill and knowledge based training. Additionally, training is provided through two statewide training events: the Annual School on Addictions held in May, and the Statewide Prevention Symposium held in November.

Alcohol Safety Action Program

The Alcohol Safety Action Program (ASAP) is a statewide network of grantees that directly-provide Division services that screen, refer, and monitor civil and criminal alcohol and other drug related misdemeanor offenders. The program operates as a neutral link between the justice system and the treatment delivery system.

Division Contacts

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Division of Family & Youth Services



Theresa Tanoury /George Buhite

Family Services Administrator
Youth Services Administrator

Mission

To protect children at risk of abuse and neglect and to

rehabilitate juvenile offenders while providing community protection.



The Division of Family and Youth Services (DFYS) is responsible for protecting children from abuse or neglect and assisting in rehabilitating youth and assuring of the community when youth commit delinquent acts. The agency is administratively organized into two sections: Family Services, which provides child protection services and Youth Services, which intervenes with delinquent youth through community probation officers and youth facilities. The Division has proposed separating the functions into two individual divisions and anticipates this happening in early 1999.

Family Services

Family Services has 30 field offices statewide, organized into four geographic management areas. The Northern Region, headquartered in Fairbanks, serves the Interior, Bethel, North Slope, Northwest Arctic Borough, and Norton Sound areas. The newly created Southcentral Region, presently headquartered in Anchorage, serves the Southcentral Region outside Anchorage, including the Kenai Peninsula, Kodiak, Mat-Su, Prince William Sound, Bristol Bay, and Aleutian areas. The Southeast Region, headquartered in Juneau, serves communities from Yakutat to Hyder. The Anchorage Region serves the Anchorage metropolitan area.

Child Welfare Services

Child welfare services encompass the following: receiving and assessing allegations of abuse and neglect; assessing the risk to a child and evaluating the family's ability to accept and use help; providing service planning and coordinating resources for the family; initiating court involvement for removal of children and the provision of mandatory protective services to parents; assuring that children are receiving a minimum standard of care before closing a case; educating the public regarding child abuse and neglect; and developing and coordinating community resources and services.

Foster Care Program

The Division licenses foster homes that provide both emergency and long term care for youth who cannot stay in their own homes. Except for emergency placements, the Division must enter an order authorizing the Division to place a youth in a foster home.

Adoption and Guardianship Program

The adoption and guardianship program provides permanent homes, through adoption and guardianship, for children in the custody of the Department who cannot return to their biological parents. Adoptions and legal guardianships can be subsidized for special needs children.

Residential Care Program

The Division provides residential care services for children in custody who need placement in a therapeutic environment. A residential care program may be a short-term emergency shelter or long term residential group treatment program. Residential care services are purchased from private providers through a competitive grant process.

Grants

The Division provides a variety of community-based prevention, intervention, and treatment services to children, youth, and families through grant awards to local community groups and agencies. Grants are awarded on a competitive basis for a two year period, depending on the specific requirements of the individual grant.

Community Care Licensing

Community care licensing reduces predictable risk of harm to vulnerable populations by regulating and licensing facilities that provide direct care and services to children. Included are child foster homes, child residential care facilities, childcare centers, homes, and child placement agencies.

Youth Services

Youth Services has 13 field offices and 5 youth facilities divided into three geographical management areas: the Northern Regional Office in Fairbanks is responsible for Bethel, Nome, Kotzebue, Barrow, and surrounding towns and villages; the Southcentral Regional Office in Anchorage is responsible for the Mat-Su Valley, Kenai Peninsula, Valdez, Kodiak, the Aleutian Islands, and surrounding areas; and the Southeastern Regional Office in Juneau is responsible for Haines, Sitka, Petersburg, Ketchikan, and surrounding communities.

Youth Services follows a restorative justice model to hold offenders accountable for their behavior through a variety of graduated sanctions ranging from community diversion to secure confinement, victim and community restoration and offender competency development.

Field Probation

Juvenile probation officers provide preventative and rehabilitative services by: conducting intake investigations of youth who are alleged to have committed delinquent acts; completing court and detention screening; implementing diversion plans; and providing formal probation services for youth adjudicated as delinquents.

Youth Correctional Facilities

The Division operates five nationally accredited youth correctional facilities. The McLaughlin Youth Center in Anchorage, the Fairbanks Youth Facility, and the Iliamna Youth Facility provide long term treatment services to adjudicated youth, as well as short-term detention. The Johnson Youth Center in Juneau provides only short-term detention, but will be opening a long term treatment unit in 1999. The Nome Youth Facility provides only 48-hour emergency detention, but will be offering expanded detention services in the near future. New facilities are currently planned for Mat-Su, Ketchikan, and Kenai/Soldotna.

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Division of Medical Assistance



Bob Labbe

Division Director

Mission

To provide health coverage for Alaskans in need.

Medicaid Program

Medicaid is an entitlement program created by the federal government to provide payment for medical services and long term care for low-income citizens. Medicaid is funded approximately 40% by state general funds and 60% by federal funds. The program is focused on coverage for low-income children, pregnant women, families, the elderly, the blind, and the permanently disabled. The federal government also allows the state legislature to determine which medical services and providers will be in the benefit package, as well as the Medicaid Program qualifying standards and the categories of persons eligible for coverage.

Alaska only has a categorically needy Medicaid Program aimed only at people who are already at the income-qualifying standard for their category. Alaska does not have a medically needy program that allows higher income people in the categories listed above to spend down on medical needs to an income-qualifying standard.

Chronic and Acute Medical Assistance (CAMA)

CAMA is a 100% state funded program that provides payment for limited hospital, physician, and pharmacy services for indigent adults who have immediate need for covered service and do not have any other resources, such as Indian Health Service, military hospital, or any federal, private, or government medical coverage such as TRICARE or Medicare.

Healthy Baby and Healthy Kids

The Medicaid Program has been enhanced by the addition of Healthy Baby, which targets improving pregnancy outcomes and the overall health of children. Pregnant women are encouraged to receive prenatal care from the beginning of pregnancy and obtain postpartum care with family planning services.

Healthy Kids is aimed at ensuring that all Medicaid-eligible children receive core health screenings and immunizations on a schedule endorsed by the American Academy of Pediatrics and that the full range of Medicaid coverage treatment services is available to them when it is determined to be medically appropriate.

Home and Community Based Care

Medicaid eligible people who qualify to receive long term care services in a medical facility may choose to receive enhanced "waivered" services at home. Eligibility screening for waived services is available through the Alaska Commission on and through the Division of Mental Health and Developmental Disabilities.

Drug Utilization Review

The Division pharmacist and an advisory committee of pharmacists and physicians review MMIS data on drug prescription, dispensing, and utilization by Medicaid providers and recipients. Recipients who demonstrate aberrant use of prescriptions are identified and their providers are notified to change the pattern of prescription usage. Provider problems in prescribing and dispensing are also identified and a progressive discipline approach ranging from provider education to program disenrollment is used to change behaviors.

Medicaid Management Information System (MMIS)

This is the Medicaid claims payment system as well as the Division's management information system. Subsystems of the MMIS enhance program management by identifying client and provider misuse and abuse; trends in utilization and expenses; the demographics of the recipient population; cost avoidance and collection from party payers; and training on claims submission is available for medical providers.

Surveillance and Utilization Review

Recipient and provider activity is monitored for signs of unusual utilization or prescribing practices. Recipients who persist in inappropriate utilization are locked out of the Primary Care Program to change their behavior. Providers may be identified for additional provider education, or may have their bills pending for review or denial.

Health Facility Licensing and Certification (HFLC)

A team of trained health professionals conducts annual on-site inspections of all health facilities, to evaluate a provider's ability to render a safe and acceptable quality of care. Licensing inspections to ensure compliance with federal laws are done simultaneously, to minimize disruption to the health facility and to be more cost efficient. The HFLC unit also investigates complaints of health facilities and health agencies.

Medical Care Advisory Committee (MCAC)

The Medical Care Advisory Committee (MCAC) is composed of 11 members appointed by the Commissioner to hold public meetings and advise the Commission on Medicaid Program policy. This committee is required under federal law and must have at least 50% consumer representation, with the balance a mix of provider representatives. The Commission meets three to four times a year.

Office of Hearings and Appeals

The Office of Hearings and Appeals conducts impartial administrative hearings, appeals from actions by the Department of Health and Social Services.

Medicaid Rate Advisory Commission (MRAC)

The MRAC is composed of 5 members appointed by the Governor to advise the Department on payment rates and policies relating to payment rates for health fa

Audit Unit

The Audit Unit provides audits of health facilities for purposes of rate setting. T perform single agency audit reconciliation for departmental grantees, prepare sp purpose audits and reviews, and assist in the Department's annual single state ag audit.

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Division of Mental Health & Developmental Disabilities



Karl R. Brimmer

Division Director

Mission

To plan with and provide appropriate prevention, treatment and support for families impacted by mental disorders and developmental disabilities, while maximizing self-determination.

Advocacy and Public Education

Both sections of the Division, Mental Health and Developmental Disabilities, provide grant funding for advocacy and public education agencies to support consumers, their families and to educate the public concerning mental health and developmental disabilities issues.

Community Mental Health Program

The Community Mental Health Program provides grant or contract funds to local nonprofit or government agencies to provide an array of outpatient and residential community mental health services. The services provided by these agencies include emergency out-patient and residential crisis/respite services, outpatient and residential treatment and rehabilitation services for adults with severe mental illness and for youth who are severely emotionally disturbed, and outpatient treatment services for adults with emotional disturbances.

Alaska Youth Initiative (AYI)

AYI is a joint effort of the Department of Health and Social Services Divisions of Mental Health and Developmental Disabilities and Family and Youth Services, the Department of Education. The goals of AYI are to prevent children from being placed in facilities out-of-state and to reduce institutionalization of children with severe emotional disturbances. These youth are characterized by a history of multiple foster placements and severe mental, emotional, and behavioral disorders. Funds have been committed to AYI by all three agencies involved. These funds are combined to fund highly individualized services that are based on each individual's unique needs.

Designated Evaluation and Treatment

Limited fee-for-service funding on behalf of indigent patients is provided to local hospitals for inpatient psychiatric evaluation and treatment services to help maintain local treatment capacity.

Mental Health Housing

The Division pursues, on behalf of nonprofit agencies, federal grants for housing adults experiencing severe mental illnesses. The Division also provides technical assistance in helping agencies apply for, review, and renew mental health housing grants.

Alaska Psychiatric Institute

Alaska Psychiatric Institute (API) is the only state-owned and operated psychiatric hospital in Alaska. In concert with the Department's stated purpose of promoting health and well-being of Alaskans, API's mission is to provide an accessible and appropriate array of quality, tertiary, inpatient psychiatric services 7 days a week, 24 hours a day, for the evaluation, diagnosis, care, and treatment of adults and adolescents with severe and persistent psychiatric disorders or seriously maladaptive behavior.

"Tertiary care" has been defined to mean both acute and short term care for patients.

whose needs are so great or complex that an appropriate level of care cannot be provided in their community, and longer term care for highly complex or high-severity needs patients. A special medium security unit evaluates and treats forensic patients who need services regarding competency to stand trial or who cannot be treated successfully in a correctional setting.

Developmentally Disabled (DD) Individualized Services

Developmental Disabilities services provided under the rubric of individualized might include one or more of the services listed below. A service may be offered not listed below, depending on the individual's needs. However, an individual is way limited to just these services and, in fact, may design his or her own service to meet their unique needs.

- ***Home & Community-Based Waivers Program (H&CBW)***: Allows people to receive services in their homes for children with medically complex conditions and adults with physical disabilities.
- ***In-Home Support***: Designed to help individuals who experience a disability to overcome or cope with functional limitations.
- ***Shared Care***: Two families share the responsibility of caring for an individual with a disability, allowing natural families to keep family members at home at least part of the time.
- ***Foster Care***: Out-of-home care with a qualified adult or family.
- ***Adult Assisted Living***: Provides meals, personal assistance, and assistance with activities of daily living for adults in a home-like environment.
- ***Group Homes***: Out-of-home adult care in a group setting with two to four individuals living together.

Other services include vocational training, respite care, and case management.

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Division of Public Assistance



Jim Nordlund

Division Director

Mission

We provide opportunities for Alaskans in need to achieve improved quality of life.

Alaska Temporary Assistance Program (ATA)

Temporary Assistance provides families with needy children with economic assistance and supports services needed to achieve self-sufficiency. Temporary Assistance promotes personal responsibility and assists participants to quickly find paid employment. Benefits assist very low income, low assets families with their most needs: shelter, clothing, transportation, and food. In partnership with the Department of Education, Labor, and Community and Regional Affairs, as well as community organizations and governments, the Department of Health and Social Services uses Temporary Assistance to reduce welfare dependency through employment. Central to this effort are Welfare-to-Work Services.

Welfare-to-Work Services

The array of services intended to help recipients into the workforce are referred to as Welfare-to-Work services, which will provide job search, job placement, and other supportive services to Temporary Assistance recipients in order to promote early employment and family self-sufficiency. Welfare-to-Work services include:

- Monitored work activities for all Temporary Assistance families with participation requirements. Paid employment is the goal. The primary activities to empower individuals in gaining paid employment are up-front job search, job training, and employment education, literacy, and basic life skills. In communities where paid employment opportunities are limited, community service work is one way families can meet the requirement to participate in work activity. The Departments of Labor and Health and Social Services work in partnership to provide services to Temporary Assistance families. Community agencies and businesses provide some services through contracts, grants, and individual agreements.
- Recognizing the importance of community ownership, the Division has issued community-based work services grants and contracts. Over 30 contracts, funded by federal and state funds, are issued for post-employment, adult basic education, and various forms of case management.
- Federally funded job placement is available through the Food Stamp Employment and Training program. The Departments of Labor and Health and Social Services work in partnership to move Food Stamp recipients into paid employment through Employment and Training (E&T).

Child Care Services

Providing access to childcare is a key component in the state's efforts to move parents into full-time jobs and more families toward self-sufficiency. The Child Development Fund is a federal and State funded block grant which provides childcare assistance on a sliding scale based on family size and income. This grant is available to families in welfare-to-work activities; families moving off of welfare due to increased earnings; and working families whose low income places them at risk of requiring welfare.

The Department of Health and Social Services is working in partnership with the Department of Community and Regional Affairs to coordinate these funds with the State funded Day Care Assistance Program. The program seamlessly supports working families along the path to self-sufficiency.

Food Stamp Program

The Food Stamp Program helps low-income households maintain adequate nutrition. Food Stamp benefits are used to purchase food products from more than 500 retail grocery stores throughout Alaska. The Food Stamp Program is operated by state and federal agencies nationwide. Benefits are 100% federally funded by the U.S. Department of Agriculture.

The state and federal government equally share the administrative cost of the program. Congress recently re-authorized the current program through the year 2002.

Adult Public Assistance (APA)

Adult Public Assistance (APA) is a state funded program that provides cash assistance to needy aged, blind, and disabled persons who meet certain income and resource requirements. Adult Public Assistance is a supplement for Supplemental Security Income (SSI) recipients. Individuals may be covered under the Interim Assistance program while the SSI or the Disability Determination Unit (DDU) reviews their medical records. If the disability is approved, an applicant's Interim Assistance and Adult Public Assistance opens.

Energy Assistance Program (EAP)

The Energy Assistance Program helps low-income households with home heating expenses. Both homeowners and renters may apply for this program which is funded by the federal Low-Income Home Energy Assistance Program (LIHEAP) Block Grant. Eligibility for the program is based upon a household's income, before deduction of taxes, for the calendar month prior to the month a person applies. An average monthly income on the prior 12-month period is used for self-employed and seasonal occupation.

General Relief Assistance (GRA)

Alaska's General Relief Assistance (GRA) program provides for the most basic needs of many Alaskans without the personal resources to meet an emergency need and are not eligible for assistance through other assistance programs offered by the state. The GRA is designed to meet the immediate, basic needs of Alaskans facing extreme financial crisis. Examples of basic needs include shelter and utilities. Under limited circumstances, GRA can provide assistance for clothing, food for persons not eligible for food stamps, limited medical care, and a limited amount of funding is available to provide burial for the indigent.

Alaska Longevity Bonus Hold Harmless (ALBHH)

This is a state program for the aged. It replaces public assistance benefits lost due to the receipt of Alaska Longevity Bonus payments.

Permanent Fund Dividend Hold Harmless Program

The Permanent Fund Dividend Hold Harmless Program replaces Public Assistance benefits which have been lost due to the receipt of Permanent Fund Dividend(s).

Quality Assessment

The purpose of the Division's Quality Assessment Unit is to measure the performance of welfare programs. For the Medicaid and Food Stamps programs, the respective federal agency mandates the performance assessment and dictates how and what is measured. For the Alaska Temporary Assistance Program, funded by the federal Temporary Assistance for Needy Families (TANF) program, the Division has

responsibility to assess the performance of the new program. There are two primary goals in this assessment: assess the effectiveness of policy and procedures to support clients' efforts to achieve self-sufficiency and to verify the accuracy of the welfare payment.

Fraud Control

The Division uses a variety of methods to deter welfare fraud. Rigorous applicant screening and client interviews, coupled with computer matching to validate work history, help ensure only eligible applicants get assistance. A 13-member Fraud Control Unit investigates cases suspected of applicant or recipient fraud. The most serious cases are referred to the Department of Law for possible criminal prosecution. When investigations confirm welfare fraud, individuals are disqualified from the program and overpayment must be repaid.

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Division of Public Health

Peter Nakamura, MD, MPH

Division Director

Mission

To use the best available scientific knowledge to set public health policy and ensure provision of services which guarantee the health of all Alaskans, so that they can live full lives with optimum well-being.

Bureau of Vital Statistics

The Bureau records, safeguards, and certifies copies of records of vital events (births, adoptions, marriages, divorces, and deaths) for residents of and visitors to Alaska. The Bureau also compiles, analyzes, and publishes statistical data obtained from records of vital events.

Community Health and Emergency Medical Service Certification and Licensing

This Section provides certification for Emergency Medical Technicians (EMTs), instructors, and air and land ambulance services. Staff directs overall planning, education, and coordination for comprehensive statewide emergency medical services and trauma care systems, rural and primary health care services, and health promotion and prevention efforts statewide. Grants and consultation for community health training and community based health promotion programs are provided. The Section also conducts behavioral risk factor surveys and health professional and student recruitment and placement activities.

Medicaid Services Unit

This Unit directs statewide outreach and access to services efforts to ensure the maximum numbers of income eligible children and pregnant women are enrolled in the Medicaid program and receiving needed services. Staff serves as the liaison between

Division of Medical Assistance and program staff within the Division of Public Health providing services financed by the Medicaid Program. The Public Health Improvement process initiative is directed from this unit, in coordination with the Director's Council.

Epidemiology

The Section of Epidemiology is responsible for surveillance, epidemic response, investigation, and control of acute and chronic diseases and injuries through defining causal factors, identifying and directing control measures, and providing a basis for policy development, program planning and evaluation. Epidemiology has long been considered the essential science of public health, and a strong assessment and surveillance system based on epidemiologic principles is a fundamental part of a technically competent public health activity.

Maternal, Child and Family Health

This Section provides leadership and support at the state and local level, working in collaboration with other government and private agencies, to develop comprehensive systems of care for all women and children in the state, with a focus on the most vulnerable populations. Priority is given to activities that assist communities in developing service capacity at the local level. Nearly all services provided by the Section are delivered by community-based grantees and contractors. Community-grantees and contractors deliver nearly all services provided by the Section. The Women, Infants, and Children (WIC) Program, provides food and nutrition education programs for at risk, low income women and young children. The Infant Learning Program is for young children at risk of developing or already experiencing developmental disabilities and their families. Both programs serve thousands of Alaskan families every month. Healthy Families Alaska, a child abuse and neglect prevention program, Family Planning and Pregnancy Support services for low income women and teens, the Alaska Family Violence Project and Adolescent Health programs administered by the Section targeted to serve high risk groups. Ongoing educational efforts, such as the Back-to-Sleep campaign to prevent Sudden Infant Death Syndrome (SIDS) deaths, utilize the latest scientific knowledge to assist in ensuring all Alaskan women and children are as safe and healthy as possible.

Public Health Nursing

Public Health Nurses are the "public health safety net" in Alaska. Their goals are to improve the health and well being of Alaskans and reduce health care costs through early detection and prevention of health problems. Direct services are provided to individuals, families, and communities through four regional offices, 20 health centers and itinerant services to 250 communities. Services to individuals and families include immunization; family planning; pregnancy testing; prenatal monitoring and postnatal home visits; well child exams; Medicaid outreach, screening, and referral; specialty clinics; support of Section of Maternal, Child, and Family Health Programs; tuberculosis screening, surveillance, and follow-up; STD/HIV testing and counseling. Services to communities include: community assessment; health promotion and education; communicable disease investigation; and development of collaborative relationships with other agencies at the community, regional, and State level in order of local public health significance. Fees for public health nursing services are charged.

only for adult services, based on a sliding fee scale. No one is denied service due inability to pay.

Medical Examiner

The State Medical Examiner's (SME) office conducts autopsies and cause of death investigations for criminal, medically unexplained, accidental, and unattended deaths. The SME also provides testimony in criminal cases, and provides training for death scene investigation to coroners, State Troopers, and local police.

State Laboratories

The State Public Health Laboratories provide tests aimed at detecting disease patterns and trends to assess a community's well-being. The laboratories also provide new specialized services that are otherwise not available. Public health laboratories provide essential services for disease surveillance and prevention, as well as recognition and re-emerging infectious disease agents that threaten the public health and well-being. Public health laboratories are a critical resource in the investigation of disease outbreaks and efforts to bring them under control.

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The Department's logo was designed by Alaskan a Jane Terzis. It depicts a polar view of the world as Alaska's circumpolar location. The image of a man, woman, and child highlight the Department's mission services to Alaskan families and communities.

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at (907) 262-4624 as soon as possible.

AGENDA

Meeting	HSS Privatization Subcommittee	Start Time	11:00 AM
Purpose	Progress	Stop Time	1:00 PM
Date	7 Sep 99	Place	Various LIOs

PERSONS ATTENDING Subcommittee members, Privatization Commission Staff, HSS Department Staff

1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20

ITEMS TO BE DISCUSSED

1	Roll Call w/ brief introduction (30 sec ea)	X
2	a) Statutes, by Department b) # employees, per Division (handout)	
3	Department/Division presentations (12 - 15 min ea) a) Medical Assistance b) Public Assistance c) d)	
4	a) Sub groups b) Work tasks	
5	Comments/Discussion	
6	Other Business	
7	Adjourn	

MEETING NOTES

1
2
3

HESS

Subject: FW: FW: Advisory Council Volunteers

Date: Tue, 31 Aug 1999 13:28:53 -0800

From: Silvia Villamides <silviav@anhc.org>

To: "representative_john_cowdery@legis.state.ak.us" <Representative_John_Cowdery@legis.state.ak.us>

-----Original Message-----

From: Silvia Villamides [SMTP:silviav@anhc.org]
Sent: Tuesday, August 31, 1999 10:05 AM
To: 'Silvia Villamides'
Subject: RE: FW: Advisory Council Volunteers

Good morning:

I've been in class all last week until yesterday, this morning - I received your schedule of meetings - I apologize - but I can't attend the meeting schedule for today, please send me any minutes or information - Thanks,

-----Original Message-----

From: Silvia Villamides [SMTP:silviav@anhc.org]
Sent: Thursday, July 22, 1999 3:27 PM
To: 'Representative John Cowdery'
Subject: RE: FW: Advisory Council Volunteers

Good afternoon:

I had faxed my CV to you but, I forgot to let you know which committee I would like to serve on. That committee will be Health & Social Services. Please confirm you receiving my fax.

Thanks,

-----Original Message-----

From: Representative John Cowdery
[SMTP:Representative_John_Cowdery@legis.state.ak.us]
Sent: Wednesday, July 14, 1999 10:29 AM
To: Silvia Villamides
Subject: Re: FW: Advisory Council Volunteers

Silvia -

Thank you for your interest with the Privatization Commission. If you could please supply me with your contact information, a curriculum vitae and which committee you would like to serve on. I am assuming it is Department of Health and Social Services, but I would like you to confirm that.

Thank you -

John Cowdery
269-0223 fax



ALASKA STATE LEGISLATURE

REPRESENTATIVE GARY DAVIS

September 24, 1999

Representative John Cowdery
State Capitol, Room 204
Juneau, AK 99801-1182

Dear Representative Cowdery:

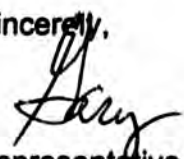
During the last legislative session, you signed a letter encouraging members of the Alaska Health Foundation, recently incorporated as a nonprofit called the Community Care Foundation, to continue their efforts toward developing a state health plan for Alaska. Your support is most appreciated by the foundation.

There have been substantial developments impacting the goal of establishing the Alaska Health Plan of which you should be apprised. The Community Care Foundation has assumed responsibility for the privatization of the Alaska Telemedicine Project, which was originally developed by a consortium involving AT&T, University of Alaska, and Providence Hospital of Anchorage. The foundation is in the process of finalizing an agreement with the Alaska State Medical Association, which would make telemedicine available to every practicing physician in Alaska. Additionally, discussions toward a collaborative arrangement between the private and public sector are occurring. The sponsors of the Federal Telehealth Project and the Alaska Telemedicine Project are investigating ways in which the two systems can improve health and medical care delivery in Alaska.

The Community Care Foundation Board of Directors believes the establishment of a statewide telehealth system will be the first step in creating and eventually implementing the Alaska Health Plan. The statewide system will serve as the platform for plan administration involving premium collection and maintenance of enrollment records, financial reporting, benefit eligibility, service utilization, claims processing, and the like. With substantive progress underway, they believe it is necessary to involve interested legislators, providers, and government representatives to jointly prepare the final design and strategies for implementation of the Alaska Health Plan.

A meeting of the foundation board, members of the Alaska Department of Health and Social Services, health care provider representatives, and the Alaska citizenry has been scheduled for 9:00 a.m., October 14 at the Anchorage Legislative Information Office at 716 West 4th Avenue, Suite 200. The purpose of the meeting is to further the development of the Alaska Health Plan and help define mutual goals and methods so that this citizen-driven initiative can continue. Please consider participating in this meeting. You may advise Jerry Near, president of the foundation, of your interest in attending. He may be reached at 262-4461 or P.O. Drawer 448, Soldotna, Alaska 99669.

Sincerely,


Representative Gary Davis



and Delivery of Government Services

Co-Chairs:

Representative John Cowdery
Senator Jerry Ward

Senator Al Adams

Bill Allen

Representative Tom Brice

Tom Fink

William Prosser

Helvi Sandvik

Kathryn Thomas

Don Valesko

George Wuerch

FAX COVER SHEET

To:

Number:

From:

Number:

Date:

Subject:

of pages including cover:

3

Notes:

From fax # 269-0223

Department of Health & Social Services Subcommittee Memb

Andress	Kathy	283-8118	Blo Cycle Alaska
Taurianan	Mike	262-5777	Northern Test Lab
Andrews	Mark	459-3953	Tanana Chiefs
Brown	Kelly	452-2307	ASEA /AFSCME. Local 52
Caswell	Lynn	258-1091	Catholic Social Services
Clarke	Janet	465-2499	Dept Health & Social - Dept Contact
Derr	Laraine	463-3573	AK Hospital & Nursing Home Assoc.
Eldridge	Barry	283-7152	Barry Management
Foutz	Paul	272-4850	O'Connor & CO., P.C.
Franz	Charlie	235-0253	Homer Hospital
Hagevig	Rosemary	586-9018	Catholic Community Services, Exec Director
Harper	Michael	243-2984	Kuskokwim Corporation
Keller	Wes	694-1015	Representative Dysons Office - SOA
Kibby, Esq.	Richard	563-5083	
Lindstrom	Elmer	465-3068	Dept Health & Social - Dept Contact
Lorenz	Clyde	456-8245	Families First
Majewske	Marie	N/A	North East Community Center
Maltman	David	269-8995	HESS
Morris	Ed		
Moss	Rynnieva	456-8245	Rep Coghill
O'Neil	Gloria	265-5996	CEO, Cook Inlet Tribal Council
Price	Mike		
Short	Sarah	562-8630	Families First
Trafford Calder	Scott	456-8245	Safe Families Inc.
Villamides	Sylvia	258-6526	Anchorage Neighborhood Health
Vitale	Vincent	258-7030	Attorney At Law

NATIONAL CENTER FOR POLICY ANALYSIS

LUDLOW HOUSE

Privatization Issues**Wisconsin Study:
Privatizing Welfare Administration**

The Wisconsin Works (W-2) program revolutionized expectations about public assistance recipients by requiring them to work. A new study notes that W-2 has also radically overhauled the administrative structure of public assistance by partially privatizing its administration and introducing performance measures.

- Under the old federal Aid to Families with Dependent Children (AFDC) program, private entities were prohibited from determining eligibility or performing case management functions.
- In Wisconsin, county workers had a monopoly on the delivery of program benefits, and the state reimbursed them for whatever costs were incurred -- which gave them no incentives to reduce costs.
- The federal Temporary Assistance for Needy Families (TANF) program which replaced AFDC last year allows states to contract with "charitable, religious, or private organizations" for benefits administration.

Wisconsin took advantage of this option, and initially the W-2 plan proposed competitive bidding for welfare management throughout the state, and therefore its potential privatization.

- But due to objections from public employees, counties were given the chance to earn the "right of first selection"-- that is, to administer W-2 without facing competition if they met caseload reduction, job placement and expenditure targets.
- Of the state's 72 counties, 67 ultimately earned the right of first selection; but six counties chose not to exercise their rights,

leaving 11 counties open for competitive bidding.

- **Private vendors ended up winning the bidding process in nine of the 11 counties, and roughly 70 percent of the state's W-2 caseload is handled by private entities, both for-profit and not-for-profit.**

Over the first two years of W-2, the state is saving at least \$10.25 million -- the difference between what the state is paying private vendors and what it would have had to pay all the counties to administer the program.

Source: David Dodenhoff, "Privatizing Welfare in Wisconsin: Ending Administrative Entitlements -- W-2's Untold Story," WPRI Report, Vol. 11, No. 1, January 1998, Wisconsin Policy Research Institute, P.O. Box 487, Thiensville, Wis. 53092, (414) 241-0514.

For Text go to <http://www.wpri.org/reports.htm>



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STATE OF ALASKA**TONY KNOWLES, GOVERNOR****DEPARTMENT OF HEALTH & SOCIAL SERVICES****Office of the Commissioner****350 Main Street, Room 229****P.O. Box 110601****Juneau, Alaska 99811-0601****Phone: (907) 465-3030****Fax: (907) 465-3068****ROUTINE** ☐**URGENT** ☐**CONFIDENTIAL** ☐**FAX COVER PAGE****DATE:** 10/8/99**TOTAL PAGES:** 29**TO:** Marco Pignatelli**FAX:** 269-0223**PHONE:** was forwarded via email**FROM:**

- ☐ Karen Perdue, Commissioner
☐ Russ Webb, Deputy Commissioner
☐ Jay Livey, Deputy Commissioner
☒ Elmer Lindstrom, Special Assistant

- ☐ Ralph Thomas, Special Assistant
☐ Nancy Cashen, Executive Secretary
☐ Linda Cryan, Secretary
☐ Gayle Byrne, Secretary

NOTE: Please See email.**PLEASE CALL (907) 465-3030 IF TRANSMISSION IS UNCLEAR OR INCOMPLETE**

STATE OF ALASKA

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

DIVISION OF FAMILY AND YOUTH SERVICES

TONY KNOWLES, GOVERNORP.O. BOX 110630
JUNEAU, ALASKA 99811-0630
PHONE: (907) 465-3170

MEMORANDUM

Date: October 8, 1999

TO: Marco Pignalberi

FROM:  Tim Spengler
Field Liaison

SUBJECT: DFYS' Review Process

The Department of Administration's Citizens' Foster Care Review Board was de funded during the legislative session last year. Prior to being disbanded, the Review Board was operating in Anchorage only although they were in the process of trying to expand to Fairbanks. The idea was that local review panels would ultimately be implemented state wide as specified in AS 47.14 Article 3..

The Division of Family and Youth Services has a number of family and children's conferences. While we retain the six month review process (similar to conducted by the Citizen's Foster Care Review Board), we have added both a three month and a nine month conference. We feel that this 3-6-9 approach to family conferences better serves families and children.

I am sending a hard copy from our Policy and Procedures manual which describes in detail our conference schedule. It talks about the purpose of each conference, who is involved, etc. This is also available on the DFYS web site (along with the rest of our policies and procedures).

Please let us know if you desire more information about our conferences.

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3.1 FAMILY AND CHILDREN CONFERENCES

INTRODUCTION:

- a. All children and families with open cases will be reviewed at child and family conferences at appropriate times throughout the time it is open, as indicated in this section. The purpose of the division's case conferencing system is to ensure that children's situations are reviewed in a timely and consistent manner, to ensure that decisions are based on the best interests of the child, address the health and safety of the child, and expedite permanency for the child. This intent is facilitated by involving applicable parties in the process. Conferences differ in the specific purpose of the conference, the participants, and the content depending on the length of time the child has been in custody.
- b. The conferences include the following: one completed within the first 90 days; at 6 months, and at 9 months. All conferences may be used to consolidate other local or community review processes for agencies providing services to the family/child.

Following is a short description of each type of conference, and a chart indicating the time lines.

1. Family and Children Early Conference is held within 90 days of the probable cause finding for all children who are in custody and in out-of-home placement. The purpose is to assist in meeting the statutory requirements for the timelines for permanency and concurrent planning, for providing services to families, identifying potential barriers that may hinder service provisions to families, and for children not to linger in the system. (see section 3.1.2 Family and Children Early Conference for additional information)
2. Child and Family 6 months Conference is held every six months on children who are placed out-of-home. The purpose is to review the continued necessity for and appropriateness of the placement, the extent of compliance with the case plan, and the extent of progress made towards alleviating or mitigating the causes necessitating placement in foster care. All Child and Family 6 months conferences must have public members, who have completed their required training. (see section 3.1.3 Administrative Review for additional information).
3. Permanency Planning Conference is held between 9 and 10 months of custody, or sooner if the permanency planning goal for a child is changed. For all children in out-of-home care, a staffing must be held in preparation for the permanency court hearing which is held at 12 months. If there has been a prior removal of the child

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from the home, a permanency planning conference must be held within six months of the second removal. The purpose is to recommend the permanency planning goal and appropriate permanent placement home for the child. When the worker recommends that the child's permanency planning goal be changed to adoption or when a termination petition must be filed by law, or when guardianship is the permanent plan but the parties do not agree with the plan, specific termination related issues must be addressed, and if termination is considered a determination must be made whether or not termination is in the child's best interest. (see section 3.1.4 Permanency Planning Conference for additional information).

4. Placement Decision Conference (optional) is held as soon as adoptive or guardianship home studies are completed and ready for review by the staffing team and there are multiple options for permanent placement, or when there are no options. The conference is held separately from the permanency placement conference, if needed, but is often combined; for example when home studies have been done at the time of the permanency planning conference. The purpose is to designate the permanent adoptive or guardian home for a child. (see section 3.1.5 Placement Decision Conference for additional information).
5. Out-of-preference placements of Native children without tribal approval will be reviewed every 30 days until the child is placed with a family that meets the ICWA placement preferences; or the tribe approves, in writing, the out-of-preference placement which brings the placement into compliance as a second preference placement for foster care under ICWA; or the child's placement is designated as the permanent placement (adoptive, guardian or permanent foster care) at the Permanency Planning Conference or Placement Decision Conference. The issue may be addressed at any case conference, as appropriate, or at a specially scheduled formal staffing, or may be reviewed informally by the worker and supervisor and/or ICWA specialist. It is recommended that a representative from the child's tribe also be invited to the review. (see section 3.1.6 Out-of-Preference Review for additional information).

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Overview of DFYS Child and Family Conferences and Court Reviews

Time Line	Event	Applies to all children in custody	Additional for children in out-of-home care
Custody Date	File petition within 24 hours of taking custody	X	
Within 48 hours of petition	Probable cause hearing	X	
Every 30 days after placement	Out-of-preference review ²		X
Within 60 days of probable cause hearing	Pre-trial conference	X	
Within 90 days of probable cause finding	Family and Children Early Conference		X
Within 120 days of probable cause finding	Adjudication hearing	X	
Shortly after adjudication	Disposition hearing (predisposition report due 10 days prior to hearing)	X	
Within 6 months of removal and every six months thereafter	Child and Family 6 months Conference		X
At 9-10 months after removal or whenever the permanency planning goal changes, or when filing of a TPR petition is required	Permanency Planning Conference		X
When adoptive/guardian home studies are completed and there are multiple options for permanent placement, or no options.	Placement Decision Conference (Optional)		X
Within 12 months of probable cause finding, and every 12 months thereafter; and within 30 days of when the court has determined that reasonable efforts for reunification no longer are required or when the court approved permanency plan changes	Permanency hearing ³ (permanency hearing report due 10 days prior to hearing)		X
Within 12 months of the disposition order and annually thereafter	Annual review of supervision order ⁴ (report on annual review due 10 days prior to hearing)	X	
When child has been in foster care for 15 out of the last 22 months, or the court has determined that reasonable efforts for reunification are no longer required	File petition for termination of parental rights		X
Within 6 months of TPR petition	Termination hearing		X
Before custody expires (usually after 2 years and annually thereafter)	Extension of custody hearing (petition due 30 days, and report due 30 days prior to expiration of custody)	X	

² Applies only to Native children in an out-of-preference placement. The review may be done either at a formal staffing or in an informal review.

³ Applies to children under a (c)(1) order

⁴ Applies to children under a (c)(2) order

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3.1.1 CASE PLAN AND SERVICE LEVEL REVIEW

AUTHORITY: AS 47.10 Children in Need of Aid

POLICY: The case plan must be reviewed and, if needed, revised, at every formally required conference. The service level must be reviewed and, if relevant, modified and changed, at least prior to each six months review, and may be reviewed at any formally required conference. The service level and case plan will also be reviewed at any time a new report of harm is substantiated, or there is any other major change in case status.

PROCEDURE:

a. Review of Case Plan:

1. Discuss and assess the current appropriateness of the case plan with the family, Indian custodian, where applicable, and the child's tribe where the child is a Native child. Review the specific tasks.
 - A. Has each party complied? If not, what prevented achievement?
 - B. Have time frames been met?
 - C. Have resources been utilized?
 - D. If the child has been residing in the home, have enough goals been met that the children continue to be safe in the home, and has a minimally sufficient level of care been achieved? If so, and:
 - i. if the child is not in custody, the case can be closed by mutual agreement.
 - ii. if the child is in custody, a recommendation to the court can be made to close the case by mutual agreement.
2. If high risk child abuse incidents have surfaced while the family is cooperating with the case plan and the child is not in custody, it may be necessary to petition for court custody.

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3. Do not add new goals in an attempt to make a "perfect" family; goals should only be rewritten or added when new problems that directly relate to safety and minimally sufficient level of care have surfaced.
 4. Obtain signatures from parents or Indian custodian, worker, tribal representative, if the child is Native, and children if age appropriate. Give copies to all. When parents participate in the review but refuse to sign, indicate this on the signature line.
 5. If some goals are met, but others are not, or new child abuse/neglect concerns have surfaced, add the new goals to the plan, and include time lines. Ask the parents to initial and date the changes.
 6. Supervisory review. All case plans done on families where children are in their own home are reviewed every 6 months with the Supervisor. See Administration Chapter, section 6.8.3 Supervisory Case Review.
- b. Service Level Review: Determine whether the service level must be increased, may be decreased, or remain the same based on progress towards case plan goals and/or problems hindering progress. Service levels are not to be revised in response to temporary case crisis. Consider the following factors in the service level review:
1. new reports of abuse/neglect - collateral verification;
 2. compliance with case plan;
 3. personal observations of family - change in family dynamics.

Service levels will be adjusted as follows:

4. increase service level from low or medium if:
 - A. a child has been removed from the home and return is anticipated before the next service level review.
 - B. new reports of abuse or neglect have been substantiated since last service level review.
 - C. the family is uncooperative with recommended service plan, or no progress is being made.

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5. Maintain service level if:

- A. the family is cooperating with the case plan, and the risk level remains the same.**
- B. a child has been removed from the home, and return before the next service level review is not anticipated.**
- C. the perpetrator has been removed from the home and return before the next service level review is not anticipated.**

6. Reduce service level from the original assessment if:

- A. satisfactory services are being provided by an alternative community resource and the family is cooperative and appropriately using the resources, and/or services have been provided at the most recent service level for at least one review period and progress is satisfactory. Four months is the minimum review period.**
- B. family problems identified in the original case plan have been resolved or stabilized to the degree that overall risk to the victim(s) has been reduced.**

Once the service level has been reviewed, make appropriate changes, submit the service level review form to the supervisor along with any supporting documentation and obtain supervisory sign-off. The supervisor will ensure that the information is entered into the Prober database.

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3.1.2 FAMILY AND CHILDREN EARLY CONFERENCE

AUTHORITY: AS 47.05.065(5)(c) Legislative Findings Related to Children, AS 47.10.080 Judgments and Orders, AS 47.10.086 Reasonable Efforts, P. L. 96-272 Adoption Assistance and Child Welfare Act of 1980, P. L. 105-89 Adoption and Safe Families Act of 1997

POLICY: The Division has as a goal to hold a Family and Children Early Conference, within 90 days of the probable cause finding for all children who are in custody and in out-of-home placement. The purpose of reviewing cases early is to assist in meeting the statutory requirements for the timelines for permanency and concurrent planning, for providing services to families and identifying potential barriers that may hinder service provisions to families, and for children not to linger in the system. Case reviews confirm the parents' and the Division's mutual accountability for children. Case conferences provide the opportunity to make sure the parents understand that termination of parental rights can be the consequence of parental failure to follow through with services and make the necessary changes in behavior within the new mandated time frames. When possible, conferences will be combined with other purposes. Each region will have designated review facilitators.

PROCEDURE:

- a. Cases to be reviewed: The goal is to hold the first conference within 90 days of the probable cause finding for all children who are in custody and in out-of-home placement.
- b. Participants:
 1. The following persons must be invited to participate in the conference:
 - A. Parents and/or Indian custodian;
 - B. Worker;
 - C. Supervisor;
 - D. Secondary workers;
 - E. GAL/CASA;
 - F. Tribal representative (for Native children);
 - G. Regional ICWA Specialist (for Native children);
 - H. Foster parents or residential care providers
 - I. Regional Adoption Specialist (for the following types of cases):
 - children under 2 years of age;
 - children who are victims of serious sexual or physical abuse requiring medical treatment;
 - children with prior removals;
 - when reasonable efforts are not required under AS 47.10.086(c); and

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- any case the supervisor deems appropriate.
2. Optional invitation (at the discretion of the worker):
 - A. Attorneys;
 - B. AG; Assistant Attorney Generals
 - C. Service providers (including health, mental health, medical, educational);
 - D. Extended family (address confidentiality issue at the beginning of the review);
 - E. Multi-Disciplinary Team member (from investigation)
 - c. Notification: All the identified invitees (both mandatory and optional) will be notified of the conference at least 10 working days prior to the conference. Notification may be provided in written format, by fax with verification, or orally. Oral notification by telephone or in person will be recorded on the ROC notes in the case file. If notification is provided in writing, a copy of the notification letter will be filed in the case file. At the time of notification, whatever form the notification takes, an explanation will be made as to the purpose, intent, and importance of the conference.
 - d. Content of the Conference: The following issues will be addressed at the conference:
 1. information gathering;
 2. case plan review and update;
 3. placement/visitation issues;
 4. safety of the child;
 5. paternity issues;
 6. locate absent parents;
 7. ICWA compliance, where appropriate;
 8. reasonable and active efforts for services to the family;
 9. IV-E eligibility (has determination been made/has worker complied with requirements to submit application/provide additional documentation);
 10. concurrent goal (determine whether concurrent planning is appropriate for the child(ren)).
 - e. Expected Outcome of the Conference:
 1. Parents will understand time frame requirements for children in custody, the child's need for permanency, and the consequences of lack of progress in resolving issues which brought their children into care;
 2. child's developmental needs are identified and plans for services are clear;
 3. all parties will review case plan and progress on all aspects of the plan realized to date;
 4. all parties will make a determination whether concurrent planning is appropriate for the case;
 5. visitation plan will be reviewed and approved;

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6. compliance with the Indian Child Welfare Act will be reviewed and documented;
7. all parties will have a comprehensive understanding of individual and family needs;
8. all parties will identify barriers that may hinder service provision to the child and family.

f. Documentation:

1. The worker will bring the following documentation to the review:
 - A. Face Sheet (06-9701);
 - B. Legal Face Sheet and History (06-9713);
 - C. Case Plan (06-9699);
 - D. Placement Search (06-9719);
 - E. Placement Documentation (06-9720)
 - F. Foster Care Plan and Agreement (06-9735); and
 - G. Review Checklist.

The documentation should be as current as possible, and will, as appropriate, be updated at the review.

2. Documentation of the family and children early conference will address the content and the outcome of the meeting. A form/checklist (form # 06-97???) will be used to record who participated in the review, what was addressed, and which decisions were made. The original of the form/checklist will be filed in the case file, and copies provided to the supervisor, the regional early children and family conference designee [?], and for Native children also to the Regional ICWA Specialist and the child's tribal representative. The documentation listed under f.1 above is part of the record of the review and will be filed with the review form.
3. Documentation of notification: Oral notification by telephone or in person will be recorded in the ROC notes in the case file. If notification is provided in writing, a copy of the notification letter will be filed in the case file.

- g. Follow-Up of the Conference:** Copies of the review form will be provided to the supervisor, the ICWA specialist and the child's tribal representative (if the child is Native), and the Regional Adoptions Specialist(if invited to the review). Supervisors will review recommendations from conference with the worker as part of the Supervisory Case Review. The worker will follow through with the recommendations and decisions from the conference. The follow-through and progress will be addressed at the next staffing or review which is held on the case.

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3.1.3 CHILD AND FAMILY 6 MONTHS CONFERENCE

AUTHORITY: AS 47.10.080(l) Judgments and Orders, P. L. 96-272 Adoption Assistance and Child Welfare Act of 1980, P. L. 105-89 Adoption and Safe Families Act of 1997

POLICY: For all children in custody and out-of-home placement the Division will schedule a review of the child and family's case plan to ensure the health and safety of the child. It will be conducted before an established panel that includes members of the general public no later than six months from the date of the most recent removal from the parental home and no later than six months from the date of the last conference. Case plan reviews must continue every six months until the child is returned home. When parental rights are terminated, six months conferences must continue until an adoption is finalized. If the child is a Native child, the case plan review of placement shall include the child's tribe.

PROCEDURE:

- a. This procedure ensures that each child in care has a case plan that targets health and safety issues, that rights of children and parents are protected, and that services are being provided to either reunify the family or achieve an alternate permanent placement. These conferences also provide an organized forum for discussing difficult situations. Six months conferences may be used to consolidate other local or community review processes for agencies providing services to the child and/or family.
 1. Review and update the case plan with the family (unless their rights are terminated or they refuse involvement), the Indian custodian, the child's tribe if the child is Native, and with the children, prior to the case review. Parents or Indian custodians and children should be informed that the case plan conference is an opportunity for them to have input on the case plan and make changes as appropriate.
 2. A six-month Service Level Review (06-9704) is also required. If risk level changes, the service level will also change, and this must be reflected in the case plan. (See instructions in section 3.1.1.a Case Plan and Service Level Review).
 3. Reassess possible IV-E eligibility. See Administration Chapter, section 6.2.1.3 Federal Support - IV-E and Medicaid.
 4. Children on runaway status must be reviewed as scheduled.

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5. When children who were in custody but placed at home re-enter care, review dates are based on the latest removal.

b. Review Panel:

1. The panel must include at least three (3) persons, at least one of whom is not responsible for case management or provision of services to the child or family. Members of the general public who complete 18 hours of approved training must be present at the 6 month conference. Federal law requires that a public member be included in the review panel.
2. Conferences for Native children will incorporate additional requirements under ICWA, including additional documentation requirements and participation by tribal representatives and/or Native people serving as cultural consultants.

3. Other Participants in the Review:

A. The following persons must be invited to participate in the review:

- i. Parents or Indian custodian - If parents do not live in the city where the review will take place, they have the option of participating via written comments or by telephone. Proceed without them if they do not attend and proof of written notice is on file;
- ii. GAL;
- iii. Foster Parents and Residential Care Provider - Have option of participating via phone or written comments.
- iv. Child's tribe - the tribe must be included even if they have not intervened. Proceed without them if they cannot attend and there is proof the tribe received advance written notice of the review.

B. Optional:

- i. Attorneys: parents may invite their attorneys to attend. The worker may invite the division attorney if a parent's attorney is planning to attend.
- ii. Children: child may attend at the discretion of the worker.
- iii. Others: any other person involved in the case plan may be invited at the discretion of the worker.

- c. **Scheduling:** Regional offices must ensure that each field office maintains a calendaring system for all children in out-of-home placement which provides notice to supervising workers of upcoming conference dates. Responsibility for the tracking system will be assigned to a single staff person for all cases (or by units for larger offices). Workers are responsible for verifying the accuracy of the scheduling upon review of their case load.

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- d. Notification: The parents or Indian custodian, GAL, foster parents, residential care provider, and child's tribe must be notified by mail at least ten days prior to the review. Notice should include time, date, and place of review with an explanation that the date is firm and that parties may participate in writing or by phone if they are unable to attend. A letter providing notice will be used. Every effort will be made to contact tribes telephonically or by fax as mail often does not get to remote areas in time for the review.
- e. Required Content Items: The conference must address the following:
1. the continued necessity for and appropriateness of the placement;
 2. the extent of compliance with the initial and/or concurrent case plan;
 3. the extent of progress which has been made toward alleviating or mitigating the causes necessitating placement in foster care or residential care;
 4. the health and safety of the child.

In addition, a likely date must be projected by which the child may be returned home or another permanent placement is made, including adoption.

f. Required Documentation:

1. The worker will bring the following documentation to the conference:
 - A. Face Sheet (06-9701);
 - B. Legal Face Sheet and History (06-9713);
 - C. Case Plan (06-9699);
 - D. Placement Search (06-9719);
 - E. Placement Documentation (06-9720)
 - F. Foster Care Plan and Agreement (06-9735); and
 - F. Review Checklist.
2. The documentation should be as current as possible, and will, as appropriate, be updated at the review.

g. Suggested Process:

1. Facilitator introduces participants and explains reason for conference. The confidentiality of the proceedings will be discussed at this time and a signed Confidentiality Agreement (06-9463) received from anyone who is not bound by confidentiality laws and regulations in their employment.

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2. Case plans are distributed to participants.
3. The worker presents a brief case history, including reasons for placement, type of placement, whether the child is placed in the least restrictive setting and in close proximity to parents. The case plan is also reviewed as to whether the child's needs are being met (both appropriate setting and services), whether services are being provided to reunify the family or reach another permanent planning goal, and whether case plan goals are being met or need to be redeveloped. Particular attention should be addressed to continued appropriateness of the permanent plan goal and date of expected achievement. Visitation plans, placement change notices, and other required procedures may also be reviewed. The panel is responsible for inquiring on number of home and foster home visits conducted during the review period.
4. The panel elicits comments and discussion from everyone in attendance. Particular care is taken to include birth parents and the child, and to emphasize rehabilitative services to reunite the family, or, if no longer feasible, permanency planning for the child.
5. The panel generally represents an objective viewpoint and an opportunity for creative problem-solving for the worker and family. It also reviews the plan to ensure that it is workable and realistically attainable, with specific goals and measurable outcomes and that it meets P. L. 96-272 guidelines.
6. The panel must address the issues listed in c. above.
7. In cases where part or all of the family moves to a location in a different venue, the issue of whether venue should be changed should be dealt with at the six month case review staffing. A recommendation should be given to the worker by the panel. (See section 6.6.1, Case Transfers, for information on transferring cases in such situations.)
8. The committee acts as resource to workers for identifying and locating family members and Native foster and adoptive homes. They may be available to help at any time, including original placement ideas, or when complicated litigation is involved.
9. A panel member, or worker, per regional policy, completes the Placement Panel Review (06-9709) at the conference. All panel members sign the form. When parents participate in the conference but refuse to sign, indicate this on the signature line. A copy of the form is sent to the worker and his/her supervisor.

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It is expected that recommendations will be implemented prior to the next conference or the worker will be able to justify non-compliance.

h Procedures for ICWA cases:

1. Follow all of the above procedures.
2. Review ICWA placement preference adherence, tribal notification, whether appropriate remedial services are actively being offered, role of Indian custodian, availability of culturally-appropriate resources not yet utilized, and potential expert witnesses.
3. Emphasize permanency planning.
4. The committee acts as a resource to workers for identifying and locating family members and Native foster and adoptive homes. Committee members may be available to help at any time, including original placement ideas, or when complicated litigation is involved.

i. Maintenance of Required Case Documentation: The case conference is the best opportunity for updating educational and medical records on the child, as required by federal regulations. Educational and health records are part of the case plan and must be maintained, updated, and provided to the foster parents at each placement. Copies of the records must be filed in the case record. Care providers who participate in person should be asked to bring the child's Placement Packet so the needed information can be copied, or mailed in for copying if they cannot participate in person.

j. Follow-Up of the Conference: Copies of the review form will be provided to the supervisor, the ICWA specialist and the tribal representative (if the child is Native), and the Regional Adoptions Specialist(if invited to the review). Supervisors will review recommendations from the group case conference with the worker as part of the Supervisory Case Review. The worker will follow through with the recommendations and decisions from the conference. The follow-through and progress will be addressed at the next staffing or review which is held on the case.

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3.1.4 PERMANENCY PLANNING CONFERENCE

AUTHORITY: AS 47.10.010 Jurisdiction, AS 47.10.086 Reasonable Efforts, AS 47.10.088 Termination of Parental Rights and Responsibilities, P. L. 105-89 Adoption and Safe Families Act of 1997

POLICY: A Permanency Planning Conference must be held between 9 and 10 months of when custody began or whenever the permanency planning goal for a child is changed. For all children in out-of-home care, a conference must be held in preparation for the permanency court hearing. If there has been a prior removal of the child from the home, a permanency planning conference must be held within six months of the second removal and not to exceed twelve months from the time of the last removal. The conference will recommend the permanency planning goal and appropriate permanent placement home for the child.

For Native children, the worker will inform the child's tribe any time when the worker has made a decision to recommend placing the child in a permanent placement. The worker and the child's tribe will work together to identify potential permanent placement no later than one (1) year after the initial placement and together they will staff the permanency planning.

PROCEDURES:

a. Composition of the Permanency Planning Conference:

1. The Permanency Planning Conference must include a Regional Representative. Preferably, this will be the Regional Permanency Planning Specialist, but it may be the Regional Adoption Specialist, Children's Services Manager, or other regional designee. The conference must also include the child's worker and the worker's supervisor. If the child is Native, the child's tribe must be invited in advance to participate in decision-making. It is preferable to include the Regional ICWA Specialist, as well.
2. The conference may also invite the parent and child (as appropriate), and for information purposes only, other professionals having knowledge of the child, such as the GAL, the therapist, school counselor, foster parents, residential care providers, elders from the child's tribal community., If the child is developmentally disabled and soon to be released from custody, the adult services worker should be included.

b. Scheduling:

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1. A Permanency Planning Conference for a child who has been returned to foster care for a second time should take place within 6 months of the return to care.
 2. At any time that the worker assesses the permanency goal and would like to recommend that it be changed, the worker will request a Permanency Planning Conference. Family support services must be provided to the family, unless the court has determined that reasonable or active (for Native children) efforts to return the child home are no longer required. Efforts towards reunification and evidence of clear communication with the parent(s) that termination of parental rights may be an early consequence must be documented for the team to concur with an early recommendation for a change to adoption or guardianship, as a Permanency Planning goal.
 3. The conference may review the case as frequently as needed; i.e., to consider and recommend placement resources; but in all cases the team will review the case in six months if no permanent placement has occurred.
 4. A conference member will be designated in each office to arrange the Permanency Planning Conferences. Most often it will be the Permanency Planning Specialist and/or the Adoption Specialist. The worker will contact the designated member to arrange a Permanency Planning Conference and indicate who they will invite. In some areas, the regional monitoring system will notify the worker that a Permanency Planning Conference must be held unless the child is returning home immediately.
- c. Notification: The parents or Indian custodian, GAL, foster parents, residential care provider, and child's tribe must be notified by mail at least ten days prior to the conference. Notice should include time, date, and place of conference with an explanation that the date is firm and that parties may participate in writing or by phone if they are unable to attend. A letter providing notice will be used. Every effort will be made to contact tribes telephonically or by fax as mail often does not get to remote areas in time for the conference.
- d. Permanency planning goal options include:
1. reunification;
 2. emancipation;
 3. permanent foster care;

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4. guardianship; or

5. adoption;

e. Required Documentation:

1. The worker will bring the following documentation to the review:

- A. Face Sheet (06-9701);
- B. Legal Face Sheet and History (06-9713);
- C. Case Plan (06-9699);
- D. Placement Search (06-9719);
- E. Placement Documentation (06-9720);
- F. Foster Care Placement Plan and Agreement (06-9735);
- G. Social History; and
- H. Review Checklist.

2. The documentation should be as current as possible, and will, as appropriate, be updated at the review.

f. Process for the Conference:

- 1. The confidentiality of the proceedings will be discussed and a signed Confidentiality Agreement (06-9463) received from anyone who is not bound by confidentiality laws and regulations in their employment.
- 2. The worker will present the case and permanency planning recommendations to the conference members. This presentation must include a social history which includes worker contact history with the child and family, services, and interventions which occurred in the case. The social history of the child will provide valuable information which will facilitate planning. The completed Placement Search (06-9719) and Placement Documentation (06-9720) must be brought to the staffing.
- 3. All the participants in the conference will be given the opportunity to be heard.
- 4. The conference members will recommend the permanency planning goal for the child. The members will consider all available information, outline the steps needed for achieving the goal, and offer pertinent suggestions to the worker as needed in carrying out the plan.
- 5. The conference members will review the thoroughness of the relative search and determine if further search needs to be undertaken. Relative searches will normally

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not extend past the first six months of custody, although the Permanency Planning conference members can extend the search if all possibilities have not been explored. Placement should not be delayed due to an incomplete relative search. The Placement Search (06-9719) and Placement Documentation (06-9720) are required for all placements and will be reviewed at the staffing. The conference members will also make the final decision regarding the appropriateness of a relative resource to meet the child's needs.

6. For Native children, the conference members must approve, in conjunction with the child's tribe, any placement outside the placement preferences. This approval cannot be given until the thorough relative search is completed and the conference members are assured that the child's tribe has received notice and adequate time to offer a placement.
7. Based on the information provided, the conference members will recommend the appropriate permanent placement for the child, although this recommendation may occur at a later staffing. If permanent foster care is selected as the permanent plan instead of adoption or guardianship, the reasons for the decision must be documented. Permanent foster care is not an acceptable goal for children thirteen or under. If the permanency planning team determines that permanent foster care is the best goal for a child thirteen or under, approval by the Children's Services Manager is required.
8. When appropriate based on the best interests of the children, the members must consider and approve any proposed separation of siblings in adoptive placements.
9. Legal-risk placements will be considered and approved by the Permanency Planning Conference or at an earlier conference when in the best interests of the child's need for attachment and permanency (See section 3.15.3 Legal Risk Placements).
10. During a permanency planning conference, if the decision to proceed with termination is considered, the following termination issues need to be addressed. When the plan is guardianship but the parties do not agree with the plan, these issues also need to be addressed in order to determine that the Division has completed enough to proceed with a contested guardianship:
 - A. The AG's opinion about whether the division has met the legal requirements and has a sound legal case for termination of parental rights.
 - B. Review of case history, current situation and progress or lack of progress made.

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- C. Review of services that have been offered and whether or not they have been successful. Have reasonable efforts (non-Native children) or active efforts (Native children) been made?
 - D. Have parents been made aware that termination is a possible end result? Both in writing (case plan, letter, court document) and in person?
 - E. How has the child been harmed by the parent's behavior?
 - F. Visitation history and quality of the legal parent-child relationship.
 - G. Is it in the best interests of the child to terminate the parent-child relationship?
 - H. Is the child adoptable?
11. If filing a petition for TPR is required because the child has been placed out of home for 15 out of the last 22 months, the issue of whether there is a compelling reason not to file a petition will be addressed. See section 4.4 (h) Termination of Parental Rights.
12. The conference's recommendation will be recorded on the Permanency Planning Conference Recommendation form (06-9718) which is signed by the team's members.
- c. Recruitment of a Permanent Placement:
- 1. Recruitment efforts for a permanent placement may be made concurrently with reasonable efforts to return a child home, but must start at the latest when reunification is no longer the plan, and no permanent placement resource has been identified. For children with a permanent plan of adoption, recruitment efforts must start at the latest when a petition for termination of parental rights has been filed.
 - 2. The conference members will recommend the child be listed on the Alaska Adoption Exchange as soon as adoption is identified as the goal and no placement resource is immediately identified at the conference. If it is anticipated that it may be difficult to find a placement, the members may choose to list the child on both the Alaska Exchange and the Northwest Adoption Exchange immediately. If no response has been received when a child has been on the Alaska Exchange for three months, legally free children will be placed on the Northwest Exchange automatically (see section 3.16 Alaska Adoption Exchange). For Native children, the

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members will look first to the child's tribe and Native non-profit social service organizations for a placement resource and will only look at the Alaska Adoption Exchange if the tribe and organization cannot identify a placement within the ICWA preferences.

3. Other recruitment efforts may also be employed for children who are free for adoption, for example newspaper or television ads, adoption parties, or trial visits.
 4. Efforts to locate a permanent placement must be documented in the case file, including child specific recruitment efforts such as use of adoption exchanges.
- f. Adoption or Guardianship Subsidy Determination: If adoption or guardianship is recommended, the conference members will also make a determination regarding the child's eligibility for an adoption or guardianship subsidy, i.e. the child meets the legal definition of special needs and it does not appear possible to locate a placement without a subsidy. (See Administration Chapter, sections 6.2.2.6.A Adoption Subsidies and 6.2.2.6.B Guardianship Subsidies).

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3.1.5 PLACEMENT DECISION CONFERENCE (OPTIONAL)

AUTHORITY: AS 47.10.010 Jurisdiction, AS 47.10.086 Reasonable Efforts, AS 47.10.088 Termination of Parental Rights and Responsibilities, P. L. 105-89 Adoption and Safe Families Act of 1997

POLICY: The purpose of Placement Decision Conferences is to designate the permanent adoptive or guardian home for a child. The staffing is held as soon as adoptive or guardianship home studies are completed and ready for review by the staffing team and there are multiple options for permanent placement, or when there are no options. The staffing is held separately from the permanency placement staffing, if needed, but is often combined; for example when home studies have been done at the time of the Permanency Planning Conference. The purpose is to designate the permanent adoptive or guardian home for a child.

PROCEDURES:

- a. A Placement Decision Conference is held as soon as adoptive or guardianship home studies are completed and ready for review by the staffing team. If home studies have been done at the time of the Permanency Planning Conference, the two conferences are combined.
- b. Participants:
 1. Worker,
 2. Supervisor,
 3. Adoption/Permanency Planning Specialist,
 4. GAL;
 5. Child's tribal representative, if applicable;
 6. ICWA Specialist, if applicable.
- c. Content: The following issues will be addressed:

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1. Review of adoption/guardianship studies and discussion of families being considered;
 2. Recommendation regarding relative placement (for all children) and ICWA placement preferences (for Native children), if not addressed and finalized at the Permanency Planning Conference. Discussion of good cause reasons to waive relative placement (for all children) or ICWA placement preferences (for Native children), if not addressed and finalized at the Permanency Planning Conference. For Native children, if the adoptive/guardian placement is out-of-preference, written approval from the tribe is requested. Tribes do provide tribal resolutions approving the placement in some cases. If the tribe does not approve the placement, yet the remainder of the placement staffing team agree that the placement is in the child's best interest, a judicial finding of good cause to deviate from the ICWA placement preferences may be requested from the court."
 3. Recommendation regarding placement with sibling or separation of siblings, if not addressed and finalized at the Permanency Planning Conference.
 4. Designation of adoptive/guardian family.
- e. Expected Outcome of the Conference: Designation of a permanent adoptive or guardian home.
- f. Documentation: The recommendations and decisions made at the conference will be documented in the case file.
- g. Follow-Up: The worker will follow through with the recommendations and decisions from the conference. The follow-through and progress will be addressed at the next conference or review which is held on the case.

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3.1.6 OUT-OF-PREFERENCE REVIEW (ICWA CASES ONLY)

AUTHORITY: P. L. 95-608 Indian Child Welfare Act of 1978 (ICWA), ICWA State-Tribal Agreement

POLICY: Out-of-preference placements of Native children without tribal approval will be reviewed every 30 days for the purpose of monitoring these cases and documenting efforts to bring the cases into ICWA compliance.

The issue may be addressed at any case conference, as appropriate, or at a specially scheduled formal staffing, or may be reviewed informally by the worker and supervisor and/or ICWA specialist. It is recommended that a representative from the child's tribe also be invited to the review.

PROCEDURES:

- a. When Native children are placed outside of the ICWA placement preferences without tribal approval, the issue is addressed at any case conference, as appropriate, or at a specially scheduled formal staffing, or is reviewed informally by the worker and supervisor and/or ICWA specialist. Reviews are done every 30 days until:
 1. The child is placed with a family that meets the ICWA placement preferences; or
 2. The tribe approves, in writing, an out-of-preference placement which brings the foster care placement into compliance as a second preference placement under ICWA; or
 3. The child's placement is designated as the permanent placement (adoptive, guardian or permanent foster care family) at the permanent placement staffing or Placement Decision Conference.
- b. Participants: At a minimum, the worker and supervisor must participate in the review. It is recommended that a representative from the child's tribe also be invited.
- c. Content: The following issues will be addressed:
 1. ICWA compliance issues regarding the child's placement, and

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2. Recommendations regarding how to bring the case into ICWA compliance.
 3. When a foster home or pre-adoptive placement is out of compliance, written approval from the tribe is to be requested. Written approval is also requested in an adoptive placement. Tribes do provide Tribal Resolutions approving the adoptive placements in some cases. If the tribe does not support the adoptive placement choice, yet the remainder of the placement staffing team agree that the placement is in the child's best interest, a judicial finding of good cause to deviate from the ICWA placement preferences may be requested from the court.
- d. Expected Outcome of the Review: Placement of the child within the ICWA placement preferences will be expedited.
 - e. Documentation: The recommendations and decisions made at the review will be documented in the case file.
 - f. Follow-Up: The worker will follow through with the recommendations and decisions from the review. The follow-through and progress towards compliance with the ICWA placement preferences will be addressed at the next out-of-preference review which will be done if compliance has not been achieved in 30 days.

