

HOUSE/SENATE FINANCE COMMITTEE MINUTES - 1967-1982 2801

INSTATE BED CAPACITY COMPARED WITH PROJECTED PRISONER POPULATION

<u>Facility</u>	<u>1982</u>	<u>1983</u>	<u>1984</u>	<u>1985</u>	<u>1986</u>
Ketchikan	30	30	30	30	50
Juneau Men's	90	130	130	130	130
Juneau Women's	3	3	3	3	3
Fairbanks	110	177	177	177	177
3rd Avenue	50	50	50	50	50
6th Ave. Men's & Women's	100	100	100	100	100
Ridgeview Men's	90	-0-	-0-	-0-	-0-
Eagle River Men's	160	160	160	160	160
Eagle River Women's	28	28	28	43	43
Palmer	237	237	237	237	237
Post Road	-0-	180	180	180	180
Nome	28	32	32	32	32
Bethel	-0-	40	40	40	40
Long Term Fac. Southcentral	-0-	-0-	-0-	300	300
Fairbanks Addition	-0-	-0-	-0-	80	80
INSTATE BED TOTAL	896	1,167	1,167	1,562	1,582
Projected Inmate Populations	1,112	1,281	1,450	1,620	1,790
Range of Expected High/Low	to	to	to	to	to
Counts	1,022	1,191	1,360	1,530	1,700

Summary: The difference between "Instate Bed Totals" and "Projected Inmate Populations" is that number that must be addressed through placement in the Federal Prison System, placement in contract community facilities, or by additional construction.

28/10/82

provided by the Records Office

HOUSE BILL 180

PROJECTED IMPACT ON CORRECTIONAL PROGRAMS

A. PRISON POPULATION IMPACT

The primary impact of this legislation for the Department of Health and Social Services will be a significant increase in the number of persons serving terms of imprisonment for serious drug offenses. This increase is described in the attached chart (Attachment 1). The chart represents an analysis of felony convictions for comparable conduct under the present law and under proposed HB 180.

The left hand side of the chart depicts the number of people likely to be convicted each year, and the sentences received, if the present law is in effect. Data was generated from Judicial Council studies of past drug convictions and taking into consideration increased enforcement efforts in Anchorage, Fairbanks and Kenai. The right hand side of the chart depicts projected convictions and sentences if HB 180 is enacted. For ease of comparison, the figures for convictions under present law have been grouped together in an approximate relationship to the classes of felonies created by HB 180. The difference between the two conviction figures (40 additional convictions under HB 180) represents approximately 35 felony convictions that would be misdemeanors under current law and 5 convictions that could not be prosecuted successfully today. The conviction figures were provided by the Department of Law based on a crime-by-crime analysis of the HB 180 compared with the present law.

In terms of prison population, however, the greatest impact results from the imposition of presumptive sentencing for drug offenders with felony records. Under HB 180 more convicted persons will actually be going to jail (see columns labelled "% To Jail") and those going to jail will receive longer sentences (see columns labelled "Avg. Sent. Length") than under current law.

The columns on the far right hand side of the chart summarize the data in terms of population increase. The calculation is simply the column "# To Jail" multiplied by the columns "Avg. Sent. Served" and is based on the recognized method of assessing prison population referred to as "man-years generated". The equivalent of two beds (man years) would be necessitated in order to house those additional numbers of persons booked for drug offenses and for those who would be sentenced to misdemeanor offenses as a result of this proposed legislation. This two bed increase (full time equivalent of two offenders) would accommodate an increase of up to 250 additional arrestees per year, and up to 100 additional misdemeanants serving an average of five days each.

The analysis that was employed provides a good correlation between the actual number of prisoners now serving sentences for drug offenses and the future projected number under current law. An individual census of all sentenced male prisoners was taken on August 10, 1981, and indicated that between 20-30 drug offenders are currently

imprisoned at any one time. The analysis in Attachment 1 projects that 50 such prisoners can be expected to be imprisoned at any given point in time in the foreseeable future if current law is to remain in effect. Under HB 180 it is expected that about 135 people will be imprisoned for drug offenses at any point in time.

One important caveat should be included at this point. Although the projected population increase approaches ninety, it will not be felt immediately. As indicated by the attached graph (Attachment 2), less than 20% of the increase will be noticed by the end of the first year. After two years 65% of the increase will be noticed and 90% after about four years. The full increase will not be felt until 8-10 years in the future.

B. PROGRAM IMPACT

The primary programmatic impact will be the necessity to construct about ninety new beds in Alaska prison facilities. Additional impact will result from required security staff, counsellors and probation officers.

New Prison Construction

In-state facilities are currently operating at close to emergency levels and beds made available by the Federal Bureau of Prisons are essentially full. The current building program being undertaken by the Division of Corrections is only capable of providing housing for the number of inmates projected under current statutes and policies.

Therefore new beds and staff would be required in order to care for the predicted 85 additional inmates.

It is noted that the first year population increase is predicted to be 15; second year impact raises the total to 55; fourth year to 75, and long term impact a total of 85. See Attachment 2. For a variety of planning and fiscal realities, it is necessary that the construction costs for the new beds funded in the first fiscal year. There is, at a minimum, a three year planning-construction cycle, so that prisons funded today will be ready for use no earlier than early 1985. In addition, given the high rate of inflation and principles of economy of scale, it is impractical and expensive to build only a small number of prison cells at a time.

New Employees

To properly staff a ninety-bed prison unit 24 hours a day and 365 days a year requires at a minimum 12 correctional officers and two clerks. The officers and clerks would, in addition, be responsible for booking and processing new arrestees and misdemeanants. Counselling and prison programs will be provided by two psychological counsellors.

Probation/parole workloads would also be impacted. It is estimated that two additional probation officers and one clerk typist would be required to complete the additional pre-sentence reports, plus additional caseload supervision, related reports and other activities.

C. FISCAL IMPACT

Capital Costs

The fiscal note has been developed with the assumption that the 85 beds needed would be added to the 300 bed facility in the Division's FY 1983 capital budget. By adding the beds to an existing project, the cost per bed is estimated to be \$70,900, rather than the estimated \$136,600 per bed when all core facilities (heating plant, kitchen, administration, recreation, etc.) are included in a totally new institution. Therefore the estimated capital costs would be \$6,026,500.

Operating Costs

a. Personnel

- 1 - Correctional Officer III
- 11 - Correctional Officer II
- 2 - Psychological Counselor II
- 2 - Probation Officer II
- 2 - Clerk III
- 1 - Clerk Typist III

Personal Services costs are based on the FY 1982 salary schedule, with an annual inflation rate of 7%. The staff for probation/parole activities would be required in FY 1983. The institutional staff would be hired upon completion of the new beds, estimated to be in FY 1984.

b. Other costs included are those related directly to the physical and health needs of the additional inmate caseload. These costs reflect the increase in the inmate

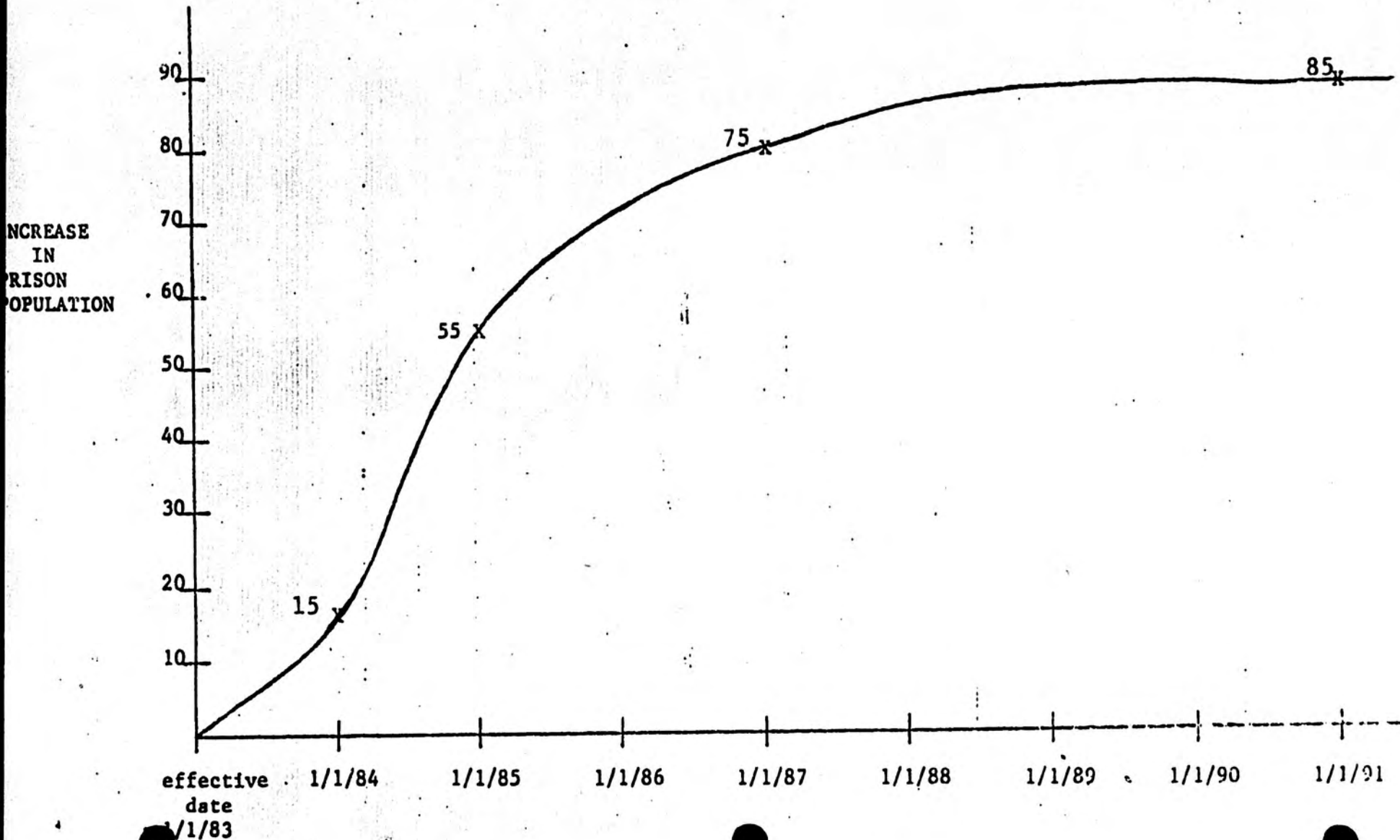
population over the period covered by this fiscal note. An inflation factor of 9% was used for costs included in the categories of travel, contractual services, commodities and equipment.

PROJECTED PRISON POPULATION INCREASE

	PRESENT LAW					HOUSE BILL 180					Man-Years	
	Present Law # Convicted	% To Jail	# To Jail	Avg. Sent. Length	Avg. Sent. Served	H.B. 180 # Convicted	% To Jail	# To Jail	Avg. Sent. Length	Avg. Sent. Served	Present Law	H.B. 180
ified	1	100%	1	10	7	2	100%	2	10	7	7	14
	7	70%	5	4	2.8	10	90%	9	6	4	14	36
	70	25%	18	2	1.4	82	40%	33	3	2	25	66
	42	15%	6	1	.7	66	25%	17	1.5	1.0	4	17
	<u>120</u>					<u>160</u>					<u>50</u>	<u>133</u>
											 83 Additional Felons 2 Misdemeanants	

HB 180
PHASED-IN PRISON POPULATION INCREASE

1/1/83 to 1/1/91



AHachment #2

-88-

1/26/83

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

LEGISLATIVE BRIEFING

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SECTION I

THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES

A

GENERAL DESCRIPTION

DEPARTMENT OF HEALTH AND SOCIAL SERVICES - GENERAL DESCRIPTION

The Department of Health and Social Services is the state agency primarily responsible for the provision of health care, social services (such as counseling and foster care), cash assistance, and correctional activities to the general population and to specific citizens groups such as the offender, the severely disabled, the poor, and children and adults in danger. In addition, the department is responsible for enforcing laws relating to these programs, for adopting regulations under these laws, and for holding yearly rate hearings to determine levels of care and rates of payment. The primary goal of the department is to improve or maintain the physical, emotional, social, and economic well-being of Alaskans so that each citizen can be as self-sufficient as possible.

OFFICE OF ALCOHOLISM AND DRUG ABUSE

The Office of Alcoholism and Drug Abuse is required by statute to fill several functions related to substance abuse. They include providing training and technical assistance for programs and staff in the field; writing and enforcing standards for prevention and treatment programs; making recommendations to the Commissioner for distribution of program funds; and producing a state plan. In addition to supporting expanded community programs for prevention and treatment of alcohol and drug abuse problems, the office provides a training certification program for counselors, funds statewide prevention special projects, and implements the "Here's Looking at You" alcoholism and drug abuse curriculum in Alaskan schools.

DIVISION OF MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES

The Division of Mental Health and Developmental Disabilities provides a comprehensive program for the prevention of mental illness, the care of the mentally ill, and assistance to developmentally disabled Alaskans. The division operates the Alaska Psychiatric Institute (API) in Anchorage and the Harborview Developmental Center (HDC) in Valdez as well as the Community Mental Health Center in Juneau. Through a structure of three regional offices, the division administers grants to a network of 25 community mental health centers and contracts with 15 facilities for specialized training and care for developmentally disabled persons.

DIVISION OF STATE HEALTH PLANNING AND DEVELOPMENT

The Division of State Health Planning and Development has an overall goal to insure that quality health care is accessible to Alaskans at reasonable cost in environments that are protective of patient life and safety. To accomplish this comprehensive goal, the division incorporates two state level agencies: the State Agency for Health Facility Certification and Licensing and the State Health Planning and Development Agency.

The program objectives for the Division of State Health Planning and Development are to insure, by on-site evaluation and licensure, that quality care is given by every health facility in the state and to save state funds in the General Relief Program through certification of providers for payment under the Medicaid and Medicare programs; to provide a planned framework for the guidance of the private and public sectors for the development

of a health care delivery system; to inventory all health care facilities on a regular basis and establish priorities for renovation, modernization, and construction; to maintain a certificate of need regulatory function; and to produce a state health plan.

DIVISION OF FAMILY AND YOUTH SERVICES

The Division of Family and Youth Services is the state agency legally designated to provide a range of services to prevent or remedy neglect, abuse, exploitation, or delinquent behavior in children and youth. It also maintains direct service programs for adults who may be subject to harm caused by the action or inaction of others or the adult himself.

Services provided by the division include the following: assessment and referral services directing individuals to other appropriate community resources; individual and family counseling services for persons requesting assistance with marital and child-rearing problems; child and adult protective services including casework, day care, homemaker services, and investigation of reported incidences of abuse and neglect; and treatment and alternative care of juvenile offenders. The division also purchases through contracts with community-based agencies and organizations preventive youth services which are designed to prevent youth from entering the formal juvenile justice and social services systems.

DIVISION OF ADMINISTRATIVE SERVICES

The Division of Administrative Services provides the full range of administrative support services to the commissioner, the deputy commissioners, the divisions, and separate offices of the department. These services include personnel, supply and general services, financial services, audit, fraud investigation, vital statistics, and civil rights compliance.

DIVISION OF MANAGEMENT AND BUDGET

The Division of Management and Budget provides technical budget support to the divisions and separate offices of the department as well as management guidance and analysis to the Commissioner's Office. The division is responsible for analyzing, monitoring, and controlling the formulation of the department's annual operating and capital budgets, budget amendments, revised programs, supplementals and fiscal notes to insure that all documents are prepared accurately and in a timely manner. It is also responsible for departmental expenditure control, position authorization control, program performance monitoring, capital project management and accounting, capital planning, federal funds monitoring, and grant policy development and implementation.

DIVISION OF ADULT CORRECTIONS

The objectives of the Division of Adult Corrections are to provide correctional facilities which are safe, secure, humane, and decent places to live or work, programs conducive to constructive self-change and the develop-

ment of lawful behavior patterns, and effective field supervision to ex-offenders on probation or parole, and to facilitate the transition from incarceration to free society.

ALASKA BOARD OF PAROLE

The Alaska Board of Parole authorizes parole release, establishes conditions of parole, and revokes parole for cause. It releases inmates from correctional facilities when it believes they can live in society without violating laws, and it returns parolees to custody when they cannot meet that standard or when they violate other conditions of their parole.

OFFICE OF INFORMATION SYSTEMS

The Office of Information Systems provides centralized data processing, research, and statistics services for the department.

DIVISION OF PUBLIC HEALTH

The Division of Public Health administers programs throughout the state to prevent disease, promote positive health and serve as the focus for multiple statewide health activities. Strong efforts are made toward detection of disease early in its development to minimize disability and the need for institutionalization. Regional laboratories supply services to the public and private health sectors, including viral studies and rabies control. Regional offices in Fairbanks, Anchorage, and Juneau adapt the division's services to meet regional needs and coordinate the division's activities in Nursing, Family Health, Communicable Disease Control, Laboratories, Emergency Medical Services, Radiological Health, Health Education, and Holistic Health.

DIVISION OF PUBLIC ASSISTANCE

The Division of Public Assistance provides cash assistance, home heating assistance, health care financing, and food stamps to low-income Alaskans. The department must determine which applicants are eligible for assistance under state and federal law, issue warrants or other forms of assistance to qualified applicants, reimburse doctors, hospitals, and other medical care providers for services given to the needy, and perform quality control checks to assure that its determinations and assistance payments are correct. The eight (8) programs administered by the division are: Energy Assistance, Aid to Families with Dependent Children, Adult Public Assistance (Aid to the Blind and Disabled and Old Age Assistance), Medicaid, Food Stamps, General Relief, General Relief Medical, and Catastrophic Illness.

SECTION II

BUDGET COMPARISONS FY 82 - FY 84

**DEPARTMENT OF HEALTH AND SOCIAL SERVICES
INCLUDING THE DIVISION OF CORRECTIONS AND PAROLE BOARD**

	FY 82 Actual	FY 83 Adjusted	FY 84 Governor's Operating Budget	FY 84 % Increase over FY 83
TOTAL OPERATING BUDGET	\$268,641.3	\$339,038.1¹	\$343,385.3	1.3
Division of Public Assistance				
Assistance Payments	39,542.1	49,888.7	60,851.5	22.0
Old Age Assistance ²	4,558.3	5,789.1	0.0	-100.0
Permanent Fund Dividend Hold Harmless	0.0	12,866.5	0.0	-100.0
Energy Assistance	5,374.6	7,208.6	6,747.5	-6.4
Public Assistance Administration	9,691.3	12,280.9	12,668.9	3.2
Medical Assistance	54,398.5	72,855.9	81,720.0	12.2
Eligibility Information System	1,399.4	1,892.6	2,514.2	32.8
SUBTOTAL	114,964.2(42.8)	162,782.3(48.0)	164,502.1(47.9)	1.1
Division of Family & Youth Services				
Adult Services ³	3,864.0	4,102.4	0.0	-100.0
Program Services	1,904.6	2,258.0	5,927.4	162.5
Family Services Administration	7,962.0	8,874.6	8,990.2	1.3
Juvenile Custody	14,705.9	15,526.2	16,399.5	5.7
Social Services Block Grant Offset	0.0	0.0	0.0	0.0
Human Services Northwest ⁴	1,516.4	2,186.0	1,658.3	-24.5
WIN - DHSS	482.6	834.0	601.7	-27.9
Youth Correctional Services	10,037.3	11,275.6	11,270.9	0.0
SUBTOTAL	40,472.8(15.1)	45,056.8(13.3)	44,848.0(13.1)	-0.5
Division of Public Health				
Public Health Nursing	6,727.7	7,395.7	8,132.0	10.0
Communicable Disease Control	1,821.4	1,912.7	2,009.0	5.1
Health and Safety	138.6	169.0	99.3	-41.3
Child and Family Health	6,595.1	7,407.3	7,577.2	2.3
Laboratories	1,748.8	1,871.7	1,936.1	3.5
Public Health Administration	3,397.7	3,286.2	2,452.1	-24.5
Emergency Medical Services	1,987.2	1,831.3	1,831.9	0.0
Holistic Health	528.2	0.0	0.0	0.0
Health Clinics	715.8	660.3	0.0	-100.0
Doyon Region Clinics	0.0	356.0	0.0	-100.0
Health Facility Development	0.0	0.0	586.9	586.9
SUBTOTAL	23,660.5(8.8)	24,890.2(7.3)	24,624.5(7.2)	-1.1

**DEPARTMENT OF HEALTH AND SOCIAL SERVICES
INCLUDING THE DIVISION OF CORRECTIONS AND PAROLE BOARD**

	FY 82 Actual	FY 83 Adjusted	FY 84 Governor's Operating Budget	FY 84 % Increase over FY 83
<u>Office of Alcohol & Drug Abuse</u>				
Alcohol and Drug Abuse	19,478.7(7.2)	16,773.4(5.0)	15,597.6(4.5)	-7.1
<u>Division of Mental Health</u>				
Alaska Psychiatric Institute	10,867.7	11,793.8	12,525.6	6.2
Forensic Treatment and Evaluation	70.5	832.8	2,597.1	211.8
Community Mental Health Services	4,662.8	4,865.9	5,070.6	4.2
Harborview Developmental Center	6,772.5	7,440.8	7,524.9	1.2
Council for the Handicapped and Gifted	300.1	256.6	236.6	-7.8
Community Developmental Disability Services	4,548.5	4,634.2	4,636.3	0.5
Mental Health Administration and Support	1,460.0	1,654.9	1,017.8	-38.5
SUBTOTAL	28,682.1(10.7)	31,479.0(9.3)	33,608.9(9.8)	6.8
<u>Administrative Functions</u>				
Information Systems	2,556.5	3,997.4	5,188.3	29.8
State Health Planning and Developmental Agency ⁵	1,319.1	1,237.0	0.0	-100.0
Commissioner's Office	990.1	925.0	953.0	3.1
Administrative Services	2,998.3	3,559.2	3,378.6	-5.1
Management and Budget	526.9	810.5	837.2	3.3
Block Grant Administration ⁶	70.5	94.2	0.0	-100.0
SUBTOTAL	8,461.4(3.1)	10,623.3(3.1)	10,357.1(3.0)	-2.5
<u>Division of Adult Corrections</u>				
Adult Confinement	26,461.3	40,601.6	39,620.4	-2.5
Adult Probation and Community Programs	4,555.8	4,928.1	7,870.9	59.8
Corrections Administration and Support	1,671.3	1,645.1	2,088.2	27.0
SUBTOTAL	32,688.4(12.2)	47,174.8(13.9)	49,579.5(14.4)	5.1
<u>Parole Board</u>				
Parole Board	233.2(0.1)	258.3(0.1)	267.6(0.1)	3.6
FUNDING				
Federal Funds	\$ 60,215.6	\$ 80,480.2	\$ 83,039.0	3.2
State General Funds	201,107.4	251,078.2	251,503.1	0.2
Interagency Receipts	2,825.5	3,955.4	4,585.5	16.0
Program Receipts	152.3	148.3	144.0	-2.9
Title XX	4,340.5	3,376.0	4,113.7	21.9
TOTAL	\$268,641.3	\$339,038.1	\$343,385.3	1.3
PERMANENT FULL TIME POSITIONS	2021.0	2236.0	2323.0	3.9

FOOTNOTES:

- ¹This total does not include \$369.6 non-General Funds which were authorized by the revised program process during FY 83.
- ²Old Age Assistance BRU becomes a component under Assistance Payments BRU in FY 84.
- ³Adult Services BRU becomes a component under Program Services BRU in FY 84.
- ⁴Human Services Northwest BRU contains the Human Services Northwest Health Services.
- ⁵The State Health Planning and Development BRU is deleted. Some activities of this BRU are contained in the Health Facilities Development BRU in the Public Health program area.
- ⁶The Block Grant Administration BRU is combined with the Management and Budget BRU.

DEPARTMENT OF HEALTH AND SOCIAL SERVICES
WITHOUT THE DIV. OF CORRECTIONS & PAROLE BOARD

	FY 82 Actual	FY 83 Adjusted	FY 84 Governor's Operating Budget	FY 84 % Increase over FY 83
TOTAL OPERATING BUDGET	\$235,719.7	\$291,605.0¹	\$293,538.2	0.7
 <u>Division of Public Assistance</u>				
Assistance Payments	39,542.1	49,888.7	60,851.5	22.0
Old Age Assistance ²	4,558.3	5,789.1	0.0	-100.0
Permanent Fund Dividend Hold Harmless	0.0	12,866.5	0.0	-100.0
Energy Assistance	5,374.6	7,208.6	6,747.5	-6.4
Public Assistance Administration	9,691.3	12,280.9	12,668.9	3.2
Medical Assistance	54,398.5	72,855.9	81,720.0	12.2
Eligibility Information System	1,399.4	1,892.6	2,514.2	32.8
SUBTOTAL	114,964.2(48.8)	162,782.3(55.8)	164,502.1(56.0)	1.1
 <u>Division of Family & Youth Services</u>				
Adult Services ³	3,864.0	4,102.4	0.0	-100.0
Program Services	1,904.6	2,258.0	5,927.4	162.5
Family Services Administration	7,962.0	8,874.6	8,990.2	1.3
Juvenile Custody	14,705.9	15,526.2	16,399.5	5.7
Social Services Block Grant Offset	0.0	0.0	0.0	0.0
Human Services Northwest ⁴	1,516.4	2,186.0	1,658.3	-24.5
WIN - DHSS	482.6	834.0	601.7	-27.9
Youth Correctional Services	10,037.3	11,275.6	11,270.9	0.0
SUBTOTAL	40,472.8(17.2)	45,056.8(15.5)	44,848.0(15.3)	-0.5
 <u>Division of Public Health</u>				
Public Health Nursing	6,727.7	7,395.7	8,132.0	10.0
Communicable Disease Control	1,821.4	1,912.7	2,009.0	5.1
Health and Safety	138.6	169.0	99.3	-41.3
Child and Family Health	6,595.1	7,407.3	7,577.2	2.3
Laboratories	1,748.8	1,871.7	1,936.1	3.5
Public Health Administration	3,397.7	3,286.2	2,452.1	-24.5
Emergency Medical Services	1,987.2	1,831.3	1,831.9	0.0
Holistic Health	528.2	0.0	0.0	0.0
Health Clinics	715.8	660.3	0.0	-100.0
Doyon Region Clinics	0.0	356.0	0.0	-100.0
Health Facility Development	0.0	0.0	586.9	586.9
SUBTOTAL	23,660.5(10.0)	24,890.2(8.5)	24,624.5(8.4)	-1.1

**DEPARTMENT OF HEALTH AND SOCIAL SERVICES
WITHOUT THE DIV. OF CORRECTIONS & PAROLE BOARD**

	<u>FY 82 Actual</u>	<u>FY 83 Adjusted</u>	<u>FY 84 Governor's Operating Budget</u>	<u>FY 84 % Increase over FY 83</u>
<u>Office of Alcohol & Drug Abuse</u>				
Alcohol and Drug Abuse	19,478.7(8.2)	16,773.4(5.8)	15,597.6(5.3)	-7.1
<u>Division of Mental Health</u>				
Alaska Psychiatric Institute	10,867.7	11,793.8	12,525.6	6.2
Forensic Treatment and Evaluation	70.5	832.8	2,597.1	211.8
Community Mental Health Services	4,662.8	4,865.9	5,070.6	4.2
Harborview Developmental Center	6,772.5	7,440.8	7,524.9	1.2
Council for the Handicapped and Gifted	300.1	256.6	236.6	-7.8
Community Developmental Disability Services	4,548.5	4,634.2	4,636.3	0.5
Mental Health Administration and Support	1,460.0	1,654.9	1,017.8	-38.5
SUBTOTAL	28,682.1(12.2)	31,479.0(10.8)	33,608.9(11.5)	6.8
<u>Administrative Functions</u>				
Information Systems	2,556.5	3,997.4	5,188.3	29.8
State Health Planning and Developmental Agency ⁵	1,319.1	1,237.0	0.0	-100.0
Commissioner's Office	990.1	925.0	953.0	3.1
Administrative Services	2,998.3	3,559.2	3,378.6	-5.1
Management and Budget	526.9	810.5	837.2	3.3
Block Grant Administration ⁶	70.5	94.2	0.0	-100.0
SUBTOTAL	8,461.4(3.6)	10,623.3(3.6)	10,357.1(3.5)	-2.5

FUNDING

Federal Funds	\$ 60,215.6	\$ 80,480.2	\$ 83,039.0	3.2
State General Funds	168,185.8	203,645.1	201,656.0	-1.0
Interagency Receipts	2,825.5	3,955.4	4,585.5	16.0
Program Receipts	152.3	148.3	144.0	-2.9
Title XX	4,340.5	3,376.0	4,113.7	21.9

TOTAL	\$235,719.7	\$291,605.0	\$293,538.2	0.7
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FOOTNOTES:

- ¹This total does not include \$369.6 non-General Funds which were authorized by the revised program process during FY 83.
- ²Old Age Assistance BRU becomes a component under Assistance Payments BRU in FY 84.
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- ⁵The State Health Planning and Development BRU is deleted. Some activities of this BRU are contained in the Health Facilities Development BRU in the Public Health program area.
- ⁶The Block Grant Administration BRU is combined with the Management and Budget BRU.

SECTION III

BRU SUMMARIES BY DIVISION

A.

DIVISION OF PUBLIC ASSISTANCE

BRU NARRATIVE

CATEGORY Social Services

BRU Assistance Payments

AGENCY Health & Social Services

The Assistance Payments BRU includes programs providing cash assistance to individuals. These programs are distinguished by the type of condition serving as an obstacle which prevents a person from meeting his or her minimum financial requirements. These programs are: 1) Aid to Families with Dependent Children (AFDC) - for needy children (under age 18) deprived of parental support or care; 2) Aid to the Blind (AB) - for needy blind persons over age 18; 3) Aid to the Disabled (AD) - for needy disabled persons over 18; 4) General Relief (GR) - for needy families and individuals who require temporary, emergency assistance, but who do not qualify under the rules governing other assistance programs; and 5) Old Age Assistance (OAA).

In FY84, the Old Age Assistance BRU has been zeroed out and merged into the Assistance Payments BRU. Persons eligible for Adult Public Assistance (APA) benefits include aged, blind and disabled persons who meet certain income and resource requirements, and who are eligible for Supplemental Security Income (SSI) benefits.

Aid to the Blind, Aid to the Disabled, General Relief, and Old Age Assistance programs are supported entirely by State General Funds. Aid to Families with Dependent Children is a federal program administered by the State through an approved State plan filed with the U.S. Department of Health and Human Services. The costs of this program are shared equally by the State and Federal governments.

Assistance is provided to eligible applicants by means of monthly cash grants (except GR). In most cases, cash grants provide supplemental income to clients to assure that each eligible person has at least a minimum monthly income as set by statute. The monthly income standard is currently set at \$546, or \$6552 yearly. General Relief Assistance is normally provided in time of extreme financial crisis for specific needs, such as rent, fuel, or clothing, in the form of a field warrant payable to the vendor.

Only cash payments made to, or on behalf of, eligible individuals are funded through this BRU. Responsibility for determining applicant eligibility and for the overall administration of these programs rests with the Public Assistance Administration BRU.

BRU NARRATIVE

CATEGORY Social Services

BRU Old Age Assistance

AGENCY Health & Social Services

The Old Age Assistance program supplements other sources of income available to the program's clients to assure that each eligible person has at least a minimum monthly income as set by statute. In FY84, this BRU is zeroed out and all funding is transferred to the newly created Old Age Assistance component within the Assistance Payments BRU.

BRU . . . RATIVE

CATEGORY Social Services

BRU Energy Assistance

AGENCY Health & Social Services

The Energy Assistance Program (EAP) is a 100% federally funded program to aid low income households with their home heating expenses. Those who apply and are found eligible under the conditions of the approved state plan must receive assistance in the amount established as appropriate to their financial situation, home energy costs, and the region of the state in which they reside. An individual applies once a year to receive a year's worth of energy assistance.

The federal Low Income Energy Assistance Act of 1981 authorizes an energy assistance program through federal fiscal year 1984.

CATEGORY Social ServicesBRU Medical AssistanceAGENCY Health & Social Services

The Medicaid portion of this BRU is a joint federal-state assistance program operated by the state in accordance with applicable state and federal regulations. This program includes hospital, physician, nursing home, early periodic screening and other services. Persons are automatically eligible to receive assistance if they are eligible for any of the following programs: Aid to Families with Dependent Children, Adult Public Assistance, and Federal Supplemental Security Income. Other eligibles include foster children, mental health inpatients, and nursing home residents.

Since FY82, Congress has set a target level for the federal share of Medicaid costs and has determined that a penalty will be paid by the states if the total Medicaid costs cause the 50% federal share to exceed the target. In this instance, the state would pay a penalty in an amount equal to 4.5% of the total 50% federal share. This payment is applied directly to Medicaid costs. It subsequently increases the state's share and decreases the federal share, revising the total FY84 funding formula to 52.25% state and 47.75% federal.

The goal of General Relief-Medical (GRM) programs is to relieve human suffering by enabling those low income Alaskans who face an immediate need for medical care and who are unable to secure any other private or public assistance, to obtain medical attention from the provider of their choice. If eligible, the individual is provided medical service coupons with which to arrange for and receive medical attention from any local provider enrolled with the Department. The provider is subsequently reimbursed for all services deemed appropriate and necessary.

Benefits paid on behalf of persons suffering from a catastrophic illness are also funded through this BRU. To be eligible, an applicant must be a resident of the State at the time of application and at the time of the illness or injury. Catastrophic Illness is defined as an illness or injury which results in medical expenses of over \$1,000 during a period not to exceed 12 months.

All funding for General Relief Medical programs comes from the State General Fund.

During the 1982 Legislative Session, the Legislature passed Senate Bill 817 which made major changes in the Alaska Medicaid and General Relief Medical programs, including:

1. Moving medical coverage for low-income children not eligible for AFDC from GRM to Medicaid. This increased the number of children entitled to medical care and brought in 50% federal funding for these costs.
2. Prioritizing the eligible groups as well as the medical services offered under the Alaska Medicaid Program in the event that funding shortfalls required a reduction in program spending.

The purpose of these changes was to guarantee availability of medical care to all low-income children in Alaska, while also providing the Department with the management flexibility to live within available State funding levels by prioritizing services under Medicaid. These features of SB 817, when combined with the Department's ability to reduce GRM services for employable adults through State regulation changes, placed the Department in a much better position to manage both Medicaid and GRM in times of funding shortfalls without doing harm to low-income children, the blind, the aged or the disabled.

A major problem in a restructuring of this magnitude lies in the difficulty of predicting medical costs for FY83 and FY84 as all historical data loses in statistical significance. However, there is no doubt that SB 817 made a very positive change in these medical programs at very little added State expense for the long term.

BRU NARRATIVE

CATEGORY Social Services

BRU Permanent Fund Dividend - Hold Harmless

AGENCY Health & Social Services

Senate Bill 842, passed by the 1982 Legislature, provides that the Department may not consider the Permanent Fund Dividend as income or as a resource in determining eligibility for any Public Assistance program unless required by federal law or regulation. Therefore, the Dividend is not to be considered for the "State only" programs such as General Relief, General Relief Medical, Catastrophic Illness, and Adult Public Assistance.

It further provides that individuals found ineligible for public assistance because of federal law or regulation solely because of receiving the Dividend shall be eligible to receive cash assistance under the General Relief Assistance program and/or State funded Medical Assistance program for a period not to exceed four months. The amount of assistance is to be the same as if the person had not received the Dividend. After the four month period, the recipient must be able to once again meet all eligibility requirements for the program or benefits will be discontinued.

For budgeting purposes, this BRU was treated as a formula funded program in FY84, dependent upon the number of applicants, the amount of assistance provided, and the number of months of ineligibility. This BRU is entirely general funded with the exception of a small amount of federal funds earned through the eligibility determination process. While eight seasonal employees are used to handle the seasonal variation in caseload, the responsibility of overall administration of this program rests with the Public Assistance Administration BRU.

BRU . . . RATIVE

CATEGORY Social Services

BRU Public Assistance Administration

AGENCY Health & Social Services

This BRU is responsible for determining applicant eligibility and for the overall administration of the following public assistance programs: Aid to Families with Dependent Children, Food Stamps, Old Age Assistance, Aid to the Blind, Aid to the Disabled, General Relief, General Relief-Medical, Medicaid, and Energy Assistance.

The Division of Public Assistance has eligibility determination staff members stationed in eleven full service Decision Centers (DC's) and in nine limited service district offices throughout the state. Personnel assigned to the DC's are responsible for rendering the final eligibility decisions on all applications and for authorizing or distributing benefits within Federal and/or State regulations governing each of the eight assistance programs. The Administration Section must maintain and ensure that authorized benefits are accurately processed, with benefit issuance and distribution completed on a monthly schedule.

The Staff Training Section is responsible for providing a comprehensive statewide training program for all classes of eligibility determination staff, including 165 fee agents who provide application intake in rural Alaska. Employee training needs are identified and specialized training programs are provided which give the basic program principles and benefit authorization procedures for the Public Assistance Programs in which they will be required to specialize. Staff training activity is largely funded by the federal government.

The Quality Control Section maintains quality control case reviews in AFDC, Food Stamp and Medicaid programs to verify client eligibility and payment levels using federally mandated and approved sampling standards.

CATEGORY Social ServicesBRU Eligibility SystemAGENCY Health & Social Services

The Eligibility System BRU began as a capital project in FY 81 where funds were appropriated for the design, testing and implementation of a new data based eligibility system. The current system is operationally obsolete in handling the Division's five cash assistance (AFDC, ABL, AD, OAA, GR), food stamp, and medical assistance programs. The new Eligibility Information System will improve the overall quality of eligibility decisions, decrease the delivery time frame required to provide cash and food stamp benefits and enhance management control and administrative efficiencies. It will place the State in the position of improving service delivery levels while reducing local office paperwork, client-caused errors and agency technical errors.

Funding for this BRU is 50% state/50% federal formula. In addition to design and testing, these funds also purchase system/programming maintenance, system charge-back, and a terminal/data communications network.

On-line use of the system is expected during the early part of FY 83. Due to the need for a relatively lengthy testing period, much of the year will be spent with both the old and the new systems being supported. The new "Integrated Computer Based Eligibility Determination System (ICED)" is projected to be fully operational by July 1, 1983.

B.

DIVISION OF FAMILY AND YOUTH SERVICES

CATEGORY SOCIAL SERVICESBRU WIN-DHSSAGENCY DEPARTMENT OF HEALTH AND SOCIAL SERVICES

The major goal of the Work Incentive Program (WIN) BRU is to assist adult Aid to Families with Dependent Children (AFDC) applicants & recipients in becoming self-supporting & independent from public service agencies & programs by providing assistance designed to help them obtain & retain gainful employment. The WIN program is jointly operated by the Alaska Department of Labor's Employment Security Division (ESD) & the Division of Family & Youth Services (DFYS) in the Department of Health & Social Services. The ESD provides manpower services including testing, employment counseling, job development, & placement. The DFYS provides supportive services necessary for WIN participants to accept & retain employment such as child care, counseling, homemaker services, medical services, family planning & transportation.

Placing AFDC recipients in employment & consequently reducing the amount of public funds paid out is the best indicator of WIN Program performance. In FY 82, the WIN staff certified 930 recipients as work & training ready, & placed 687 persons in unsubsidized employment. Annualized welfare grant savings for these activities amounted to \$2,639,685. This represents a savings of over \$2 in State expenditures on welfare grants for every \$1 expended on WIN operations (combined DOL & DHSS program expenditures). The savings would be substantially greater if estimates were included for those AFDC applicants who were placed prior to their grant being opened (such welfare grant avoidance activity occurred in 20% of the program's total placements in FY 82), as well as the associated savings in Food Stamps, medical assistance payments & housing subsidies resulting from the employment of AFDC applicants & recipients. This does not address the substantial intrinsic rewards enjoyed by newly employed former welfare recipients & their families & the contributions they are making to increased economic activity & productivity in Alaska.

In recent years the WIN program has maintained offices in Anchorage, Fairbanks, Juneau, & Ketchikan. Due to a reduced AFDC caseload & poor labor market conditions, the Ketchikan office was closed in February, 1982. New offices were opened in Kenai & Wasilla in October, 1982 as both of these areas promise to be productive & cost-effective with their substantial AFDC caseloads & active labor markets. The program will also be implementing a number of innovative service approaches in late 1982 & early 1983 that will further enhance program success.

The expansion of WIN activity, despite substantial federal budget cuts, has only been possible with increased State support, which began with the opening of the Fairbanks office in FY 81. By balancing an aggressive client services & employer needs oriented program, it will be possible to sustain a very favorable cost/benefit ratio & continue to significantly reduce public expenditures while assisting AFDC applicants/recipients.

CATEGORY Social ServicesBRU Adult ServicesAGENCY Health and Social Services

The Adult Services BRU was created for the FY 83 budget to correspond to major reorganizations within the Department of Health and Social Services, Division of Adult and Aging Services. In FY 82 the Adult and Aging Services BRU contained the Administration, Adult Services and Domestic Violence components. The Domestic Violence program was moved from the Division to the Department of Public Safety. The programs for the elderly (Aging Grants) were transferred to the Department of Administration from the Division. As a result the Division was disbanded and the remaining programs, the Adult Services programs, were absorbed by the Division of Family and Youth Services.

Adult service programs are funded wholly by the State. The purpose of the services is to assist adults who are unable to care for or to protect themselves. Services are provided directly by social workers and are contracted to local non-profit service providers. A continuum of care is provided to adults, guided by a policy of using the least restrictive setting for the services, ranging from preventive services and in-home services to placement in residential care or foster care facilities. Specific services include information and referral, adult protection, homemaker and home health aide services, services to displaced homemakers, case assessment and planning, counseling, adult foster care, and adult residential care.

This BRU is being deleted in FY 84 with the services being transferred to an Adult Services component within the Program Services BRU.

CATEGORY SOCIAL SERVICESBRU Program ServicesAGENCY DEPARTMENT OF HEALTH AND SOCIAL SERVICES**I. CHILD PROTECTION HOMEMAKER AND DAY CARE SERVICES: PREVENTIVE SERVICES**

Child abuse & neglect are complex & pervasive problems which have far-reaching & lasting effects on the victims, their families, & society as a whole. For the victim, child abuse & neglect can mean permanent physical & emotional injuries which prevent or seriously hinder normal physical, intellectual, & social development. Abuse & neglect are both a symptom of family dysfunction & often the eventual cause of family disintegration. Society suffers from child abuse & neglect in immeasurable human terms, as well as through the ever increasing direct & indirect costs. The magnitude of the problem is illustrated by the 3,975 new reported cases of abuse & neglect in Fiscal Year 1982 & 7,748 children & adults receiving child protective services.

In order to more effectively break the demonstrated self-perpetuating cycle of child abuse & neglect, this budget submission addresses the provision of prevention & early intervention services to children & families through contracts with community-based agencies & organizations. Services are intended not only to protect children who are victims of abuse & neglect, but also to achieve both immediate & long-term solutions to family problems, & to the maximum extent possible, promote the preservation, rehabilitation, & reunification of families. Services are designed to impact communities at large, high risk parents & children, & families in which episodic or acute abuse or neglect has occurred.

As an integral element of prevention & early intervention efforts, emphasis is placed on encouraging & utilizing private resources to design & to provide services to children, youth, & their families. This is accomplished through the award of contracts to prevention services providers, day care centers & homes, & homemaker agencies.

II. ADULT SERVICES

Services are provided to adults who may be at risk of harm from abuse, neglect, or exploitation, individuals who need supportive services in order to be maintained in their own homes, & those persons who are in need of out-of-home care. Those persons served under Adult Services include the elderly, the chronically mentally ill, the physically handicapped, & the developmentally disabled. In FY 82, 1,729 adults received adult protective services, a 55% increase from FY 80.

The direct services provided by the Division social workers include: information & referral, client assessment, initiating legal intervention when necessary, & case planning & case management.

The Division purchases support services from private providers when case assessment indicates that the services are appropriate & needed. The support services which may be purchased for specific Adult Services clients include homemaker support, home health aide services, foster care, & residential care. As a result of a reduction in the FY 83 home health aide services budget, fewer hours of service will be provided in FY 83 & FY 84.

Whenever possible, services are provided to adults so that they may remain in their own homes. When out of home care is necessary, the least restrictive setting that meets the adult's need is utilized.

In Fiscal Year 1984, the Adult Services BRU is being transferred to the Program Services BRU for consolidation purposes.

III. DELINQUENCY PREVENTION

This budget component addresses the provision of prevention & early intervention services for pre-delinquent and delinquent youth. Services are provided through grants to public and private agencies.

BRU NARRATIVE

CATEGORY SOCIAL SERVICES

BRU Family Services Administration

AGENCY DEPARTMENT OF HEALTH AND SOCIAL SERVICES

Child abuse and neglect are complex and pervasive problems which have far-reaching and lasting effects on the victims, the families, the society as a whole. For the victim, child abuse and neglect can mean permanent physical and emotional injuries which prevent or seriously hinder normal physical, intellectual, and social development. Abuse and neglect are both a symptom of family dysfunction and often the eventual cause of family disintegration. Society suffers from child abuse and neglect in immeasurable human terms, as well as through the ever increasing direct and indirect costs. The magnitude of the problem is illustrated by the 3,975 new reported cases of abuse and neglect in FY 82 and 7,748 children and adults receiving child protective services.

The Division of Family and Youth Services is the State agency mandated to provide and/or arrange through contract providers a wide range of comprehensive services to children and families which effectively break the demonstrated self-perpetuating cycle of child abuse. The Family Services BRU includes the provision of protective services and the administrative direction and support necessary to ensure efficient utilization of the resources available to the Division. The Family Services staff member located in six regional offices and twenty-nine (29) field offices provide social services directly to Alaskans in need of help. Direct services include: assessment and referral services to other appropriate community and State services; individual and family counseling for persons requesting assistance with marital and child rearing problems; child protective services including day care, homemaker services, casework, and investigation of reported incidents of abuse and neglect with court work as appropriate; foster and residential care; adoption activities; and licensing and monitoring of private non-medical community care facilities.

Services are intended not only to protect children who are victims of abuse and neglect, but also to achieve both immediate and long-term solutions to family problems, and, to the maximum extent possible, promote the preservation, rehabilitation, and reunification of families. In those instances in which circumstances necessitate a child's removal from treatment, the goal is to provide the most nurturing, least restrictive living situation and necessary treatment. In FY 82, significant advancements were made toward the goals of preventing the need for public services and providing out-of-home services in the least restrictive setting possible. A greater emphasis was placed on the utilization of private, community-based programs for the provision of preventive services.

The Central Office staff funded through this BRU develops standards to establish uniformity in program administration; promulgates operational regulations; provides fiscal and cost accounting controls; determines data processing needs; issues and enforces policies and procedures; compiles statistics and reports; provides for contractual service arrangements; provides staff and other agency personnel with job related training and instructional materials and works with federal, state, local and private agencies to coordinate the use of social services resources within the State. Administrative and support functions for the Youth Services, Program Services and Juvenile Custody are provided through this budget.

BRU NARRATIVE

CATEGORY SOCIAL SERVICES

BRU Juvenile Custody

AGENCY DEPARTMENT OF HEALTH AND SOCIAL SERVICES

Acting under the statutory mandate of AS 47.10 and 47.17 the Department of Health and Social Services, Division of Family and youth Services provides alternative residential care for youth who must reside away from their own homes to protect them from neglect, abuse, or exploitation, or to prevent recurrent delinquency by providing rehabilitative treatment. Alternative residential care services are an integral part of the overall effort to provide child protection services and services to delinquent youth and are utilized by social workers and probation officers in conjunction with a variety of other services to achieve protection of children in need of aid and rehabilitation of youthful offenders.

Efforts in providing alternative care for juveniles are directed toward ensuring that the care provided will be the most nurturing type attainable and will be least restrictive of the personal independence, freedom of choice, and ability of those served to act in their own interests. To achieve this aim, concerted efforts are made to encourage, develop, and utilize a continuum of residential care services to meet the variety of juvenile needs. Included in this continuum are emergency shelter care, foster home care, and institutional care-group homes and larger treatment facilities. Emergency shelter care meets the specialized needs of those youth who require short-term, immediate care and treatment, which because of the intensity of service needed, the behavior of the youth, or the specialized nature of care required cannot be expected of or provided by foster parents at present levels of compensation (or in some cases could not be provided in a foster home in any case). As it is presently provided, this service is the most costly of the alternative care services. Foster home care is essentially the provision of a substitute family for a planned period of time. Foster home care is the least costly type of substitute care and provides the greatest independence for those youth served. It is the policy of the Division to utilize foster home care whenever possible for children who are in need of placement, who can accept other family ties, participate in family life, attend community school, and live in the community without danger to themselves or others. In keeping with this policy and legislative intent, emphasis has been placed on increasing foster home capacity and utilization.

The larger private residential care and treatment facilities provide care and services for youth in a generally more structured setting which by their nature precludes an emphasis on family-like living experiences. These facilities are generally utilized to provide long-term care when foster home placement is inappropriate to the child's needs or is unavailable. Services provided by facilities of this type are generally costly and should be expected to be available in a greater variety and of a more intensive nature than services provided in foster homes.

The State purchases residential child care services from non-profit corporations. The "full cost of care" statute, AS 47.40.040, was enacted in 1970 to establish a method for calculating how the State would pay for these services. This method of determining how much the State will pay local institutions has resulted in several undesirable effects, including lack of State control over the costs of caring for children, dramatic increases over the years in costs per child, lack of incentives for institutions to operate efficiently, and the inability to responsibly budget. Recognizing the problems attendant to the "full cost-of-care" statute, legislative amendments were passed in June, 1982 charging the Department of Health and Social Services with conducting a study of alternatives to the method of establishing payment rates under AS 47.40. The study will include a suggested redefinition of the manner in which rates for residential child care services are calculated, a consideration of the method and amount of reimbursement for capital costs, and the availability and use of other sources of money to finance residential care services and facilities. The committee must report its findings to the Legislature on or before the 30th day of the Second Session of the Thirteenth Legislature. The legislation established the rates which will be in effect from July 1, 1982 to June 30, 1984.

BRU NARRATIVE

CATEGORY SOCIAL SERVICES

BRU Social Services Block Grant Offset

AGENCY DEPARTMENT OF HEALTH AND SOCIAL SERVICES

The federal government has in recent years emphasized the importance of increasing the flexibility states have to identify social service problems and to provide services which address those problems.

In January, 1975, Title XX of the Social Security Act was authorized to provide financial assistance to states for social service programs. Extensive alterations were made to Title XX when Public Law 97-35, the Omnibus Budget Reconciliation Act of 1981, was signed into law. Title XX was amended to allow for a block grant concept and for increased state flexibility in using grant funds. The name of the act was retitled to "Title XX - Block Grants to State for Social Services" in order to reflect these changes.

Based upon the President's budget, the State's federal FY 83 allotment is \$3,464.6, an 18% reduction from the prior year. HCR 345, however, gives Congressional intent to an appropriation level resulting in an Alaskan allocation of \$4,212.1, \$98.4 of which will be used directly within the Staff Development component of the Family Services Administration BRU. The remaining amount of SS Block Grant funds are received by the SS Block Grant Offset BRU.

Because it is not possible to predetermine the level of block grant funds which will be finally available, the eligible social service programs are budgeted with state general funds. The Division of Family and Youth Services has identified the following discrete services for which expenditures will be claimed toward the block grant.

- Child Protection Homemaker Support
- Adult Protective Services
- Child Protective Day Care
- Child Protective Services
- Staff Development

CATEGORY ADMINISTRATION OF JUSTICEBRU Youth Correctional ServicesAGENCY DEPARTMENT OF HEALTH AND SOCIAL SERVICES

The purpose of the Youth Correctional Services BRU is to protect the personal and property rights of Alaska's citizens by providing a continuum of diversion, intervention, and rehabilitative services to youthful offenders. By combining all services to youth and their families under one organizational unit, the Department of Health and Social Services achieved the goals of better coordination and utilization of resources. The comprehensive approach adopted by the Department has been developed in recognition of several facts; that preventive and early intervention efforts are generally more effective and less expensive than other types of services; that without comprehensive rehabilitative efforts a large percentage of youthful offenders become adult offenders; and that rehabilitative efforts directed toward youthful are generally more effective than those directed toward adult offenders.

Youth Correctional Services programs may be generally divided into three categories: community services; detention services; and institutional treatment services. Community services include efforts to divert first time and minor offenders from the formal juvenile justice system, intervention with and supervision of delinquents by probation officers, and foster home and community-based non-secure residential treatment. Detention services include provision of secure confinement for juveniles following their arrest and awaiting adjudication or disposition. Institutional treatment services consist of highly structured, long-term residential rehabilitation programs at McLaughlin, Fairbanks, Juneau, and Nome Youth Facilities and services attendant to these programs. Planning efforts are being directed toward development of innovative and more effective intervention and rehabilitation services on a community level and toward the concept of regionalization of detention and institutional treatment programs to reduce the number of youth who must be removed from their home community or region to receive needed treatment.

The strategy of regionalization of detention and secure treatment services was developed to increase the effectiveness of the juvenile justice process by reducing delays caused by transportation difficulties, reducing the time period between disposition and entry of a juvenile into a treatment program, and increasing the effectiveness of the rehabilitative efforts. Regional treatment will allow closer ties between juveniles in treatment and their families and communities, allow a greater variety of treatment strategies to be utilized, and increase coordination between institutional and community-based treatment efforts. The results expected are better coordinated rehabilitative efforts and reductions in the time necessary to achieve rehabilitation, as well as reduced rates of recidivism among juvenile offenders.

CATEGORY SOCIAL SERVICESBRU Human Services NorthwestAGENCY DEPARTMENT OF HEALTH AND SOCIAL SERVICES

The Department of Health and Social Services, in an effort to bring the source of needed services closer to the point of delivery to recipients and to provide those services in a cost-effective manner with a high level of local involvement, has entered into a contractual approach to services in the NANA region.

Through a competitive Request for Proposals process, this BRU will provide support for a locally developed and operated delivery system which will:

- a. Provide community mental health services.
- b. Limit alcoholism and alcohol abuse through an educational and treatment approach.
- c. Provide a training program for community health practitioners which will assure the availability of a safe and effective primary health care system for the residents of the area.
- d. Increase primary prevention, early detection, and minimize disabilities from disease by providing public health nursing services.
- e. Preserve, rehabilitate, or reunite families so that they may act in and protect their own interests.
- f. Prevent or remedy neglect, abuse or exploitation of children and youth who are unable to protect their own interests.
- g. Provide services which will promote the individual's optimum level of functioning and help maintain an independent lifestyle.
- h. Provide individuals incapable of self-sufficiency with monthly financial assistance through transfer of available State and Federal resources in amounts adequate to maintain a standard of living equal to currently accepted subsistence levels.

In FY 84, the Health Component was transferred to this BRU, and the Energy Assistance Program was deleted.

C.

DIVISION OF PUBLIC HEALTH

BRU NARRATIVE

CATEGORY: Health
AGENCY: Department of Health and Social Services

BRU: Public Health Nursing

The primary goal of the Public Health Nursing BRU is that of enhancing the quality of life enjoyed by Alaskans by providing protection from preventable diseases and by minimizing disabilities when disease or injury are suffered.

The Section of Nursing is the agency through which a major portion of the Division of Public Health's disease prevention, health surveillance, and disease control services are delivered to Alaskan communities. Services rendered by the Section cover communicable disease control, maternal and child health, and an array of special services such as those for hypertension; chronic lung conditions and otitis media; home health assistance, and emergency services in remote, medically-underserved areas.

The Section of Nursing is organized into three regional offices - Southcentral, Southeastern and Northern - and a central office which is located in Juneau. Each region has one or more supervisors who are responsible, in collaboration with the Regional Health Officer, for providing nursing services in each community of 2,000 people or more, and itinerant public health nurses who travel to 250 communities of less than 2,000 people both to provide direct nursing services and to work with Community health Aides who serve under the Alaska Native Health Service's sponsorship.

The services provided by the Section of Nursing are influenced by the degree of isolation of a community and the availability of medical support systems. For example, in the rural, predominately Native communities, the Community Health Aide is the on-site provider of primary health care with backup from Alaska Native Health Service physicians through radio or phone contact. There the State public health nursing service augments the service of the Community Health Aide. If the aide is trained and experienced, the Public Health Nurse will confine her/his services to prevention, health promotion, health screening, and target health problems such as T.B., otitis media and hypertension, with referral to private providers for primary health care. In three urban communities - Fairbanks, Juneau and Ketchikan - comprehensive, skilled, home-health services are provided. In FY 83 the Section of Nursing was assigned the operation and administration of the statewide Home Health Aide contractual service. The goal of these services is to assist the patient and family to make the best possible adjustment to acute or chronic illness or permanent disability in their home environment.

BRU NARRATIVE

CATEGORY: Health
AGENCY: Department of Health and Social Services

BRU: Communicable Disease Control

The goal of the Communicable Disease Control BRU is to assist in the protection and advancement of the health of the people of the state through the provision of effective preventive and control measures against communicable diseases of public health significance.

The Section of Communicable Disease Control is responsible for the development and implementation of programs that are effective in preventing and reducing the incidence of communicable diseases in Alaska. The programs attack the problem through: (1) promotion of good health practices as a factor in increasing resistance to disease; (2) specific protection through immunization or drug therapy; (3) early diagnosis and treatment; and (4) rehabilitation to reduce the consequences of disabling infections.

The following statements serve to demonstrate the types of problems with which the staff of the Communicable Disease Control Section is concerned: (1) Approximately 60,000 people in Alaska are infected with tuberculosis germs. An estimated 3,600 of these individuals are at high risk. This large infected reservoir includes the majority of the Native population over age 35 and a significant proportion of the non-Native population over the age of 45. In the past four years chronic obstructive lung disease has been recognized as a major health problem in Alaska and uniquely a health problem in rural Alaska. Much of this is based on the large number of people who had extensive tuberculosis in the 1950's with significant damage to their lungs and who are now experiencing progressive shortness of breath. (2) Venereal diseases, primarily gonorrhea and syphilis, remain as major communicable disease problems in Alaska. The influx of young people and of transient workers, plus the mobility of the rural Alaska population has contributed to the high case rate for gonorrhea. Alaska leads the nation with a gonorrhea case rate of 1,032 cases per 100,000 population. Syphilis is also of significant concern in the State. During 1981, 27 cases of primary, secondary and early latent, and 29 cases of late syphilis were reported.

Although the techniques of epidemiology were first developed for control of communicable diseases, they also have application for other diseases and conditions and are accepted as important to their control. An understanding of the following factors provides the basis for action to control and prevent disease: causative organisms, mode of transmission, susceptible population, and circumstances associated with susceptibility or resistance. Additional factors considered are the frequency of occurrence, frequency of deaths caused by disease, period of communicability, and manifestations of the disease.

BRU NARRATIVE

CATEGORY Health

BRU Health and Safety

AGENCY Health and Social Services

The Health and Safety BRU is a prevention oriented program. It conducts the State's radiation protection program, provides support to the State's epidemiologist in illness investigations and assists in public health education and accident/safety programs.

The State Radiological Physicist works with health care professionals, educational, and industrial users in promoting the safe use and operation of x-ray equipment and other radiation sources. Activities include registration and inspection of over 750 x-ray machines in the State. The goal is to minimize radiation exposure to users and the public. The office also responds to emergencies involving radiation.

The Sanitarian stationed in Fairbanks assists the Radiological Physicist in radiation protection activities provides support to the State Epidemiologist and supports the Fairbanks Regional Health Officer in providing health related information to the public.

The Radiation Protection Program concentrates on programs to minimize radiation exposure to the Alaska public. A major emphasis of this program is protection of the patient from unnecessary radiation exposure in the healing arts. Over 90% of public radiation exposure comes from medical and dental x-rays. It is estimated that up to 30% of this exposure is unnecessary and could be avoided by properly trained individuals using good techniques and equipment meeting acceptable standards. Facilities need to be inspected to assure that minimum radiation is being used during examinations. The Radiological Physicist works with technicians and health professionals in improving their techniques, up-grading equipment, and providing the shielding necessary to accomplish this goal. The overall benefit received is a reduction in radiation exposure and therefore, a reduction in potential health risks associated with exposure to radiation.

PL.97-35, Consumer-Protection Radiation Health and Safety Act of 1981 requires that each State by August 1984 develop a program of certification of individuals performing radiological procedures and an accreditation program for schools training these individuals. This will involve legislation and additional demands on the time and resources of the Health and Safety BRU.

BRU NARRATIVE

CATEGORY Health

BRU Section of Family Health

AGENCY Health & Social Services

This BRU provides linking, coordinating and administrative functions related to the health of mothers and children. The responsibility to maintain cost-effectiveness, and statewide accessibility rests with this BRU, at least for the services provided in the public sector.

Federal and other grant funds are integrated with the state funds to accomplish the following overall goals and objectives:

Goal I - Assure that all Alaskans are provided with the knowledge and means to avoid preventable illnesses and injuries.

Narrative: Prenatal care is provided in a pilot program in Fairbanks and through numerous other providers who receive advice and assistance from this BRU. Genetic services, audiologic education, parenting education and nutrition education are other examples of primary prevention services assisted by BRU.

Goal II - Assure that all Alaskans have the means for early detection of illness, abnormalities and environmental hazards, and have access to appropriate treatment services when required in a timely coordinated manner.

Narrative: Early detection is illustrated by metabolic screening of newborn, diagnostic services provided by Handicapped Children Program, and pap smears for women. The audiologists refer to primary health care providers, infant learning program teachers refer to health providers, and the Child Development Services refer to health and education providers.

Goal III - Assure that all Alaskans are provided with an opportunity to minimize a loss of function due to illness, abnormality or injury and to attain the maximum function possible within the limits of their disability.

Narrative: Handicapped Children's Program and Child Development Services work toward the goal of rehabilitation.

Major accomplishments of the past: Key professional staff have been identified in certain disciplines and regions to serve as catalysts in both public and private health care areas. Regulations have been developed that balance the public need with providers responsibilities.

Major changes needed in FY '84: Optimal access to preventive and early intervention health services is very much needed. This is clearly manifest for family planning and prenatal care services.

CATEGORY: Health

AGENCY: Department of Health & Social Services
BRU: Laboratories

The laboratories program has the statutory responsibility for providing and coordinating diagnostic, reference and consultation in microbiology, immunology and virology services on a statewide basis. The laboratories BRU supports the Division's goals and objectives by ensuring the availability of quality laboratory services to permit timely and accurate identification of disease entities through (1) establishing standards of performance, approving local non-state laboratories for syphilis serology, certification of water microbiology laboratories, and conducting a voluntary certification program for local non-state laboratories in the broad areas of microbiology and sanitary bacteriology; (2) operating three regional laboratories (Anchorage, Fairbanks, and Juneau) to provide diagnostic support to local, state, and federal agencies, medical facilities, hospitals and clinics for the early detection, control and surveillance of diseases of public health significance; and (3) providing related services on an interagency basis to other Departments, such as (a) certification of water laboratories for Dept. of Environmental Conservation, (b) Blood/Breath Alcohol Breathalyzer standards, certification and documentation for Dept. of Public Safety, and (c) testing for shellfish poisoning, rabies and domestic animal diseases for Dept. of Environmental Conservation.

Responsibility for provision of special statewide services is assigned to specific regional laboratories in order to avoid duplication of instrumentation and facilities. The division of responsibility is as follows:

Northern Regional Laboratory (Fairbanks) - Virology, rabies

Southcentral Regional Laboratory (Anchorage) - Tuberculosis culture sensitivities, training, streptococcus, bacteriology, FTA serology

Southeastern Regional Laboratory (Juneau) - Shellfish toxicity, syphilis serology proficiency testing and certification, mycology, and the breathalyzer program.

BRU NARRATIVE

CATEGORY: Health
AGENCY: Department of Health and Social Services

BRU: Public Health Administration

The Public Health Administration BRU: (1) plans, directs, coordinates, and evaluates the activities of the seven sections within the Division of Public Health; (2) provides technical support to the Division's sections, and consultation to other agencies on matters pertaining to public health; (3) develops mechanisms for coordinating public health activities with the private sector and with other health agencies; (4) develops and evaluates standards, criteria, and methodology for improved public health programs; and (5) provides assistance to Division of Public Health personnel, to other divisions within the Department of Health and Social Services, and to State and local agencies in developing and implementing the health education components of their program.

While the Office of the Director of the Division of Public Health and the Division's Health Education component are funded through this BRU, each of the seven sections of the Division of Public Health is funded through a separate BRU. These sections are Public Health Nursing; Health and Safety; Communicable Disease Control; Family Health; Laboratories; Emergency Medical Services; and Health Clinics.

B... NARRATIVE

CATEGORY Health

BRU Health Facilities Development

AGENCY Health & Social Services

This BRU contains a portion of the programs and services formerly contained within the State Health Planning and Development BRU.

BRU NARRATIVE

CATEGORY: Health
AGENCY: Department of Health and Social Services

BRU: Emergency Medical Services Section

Accidents are the leading cause of death among Alaskans and, as a category, ranks as the fourth most frequent cause of death nationally. Alaskans die from the trauma of accidents more than twice as often as the overall U.S. population. In 1979, 105 of every 100,000 people in the State died as the result of an accident. Nationally, only 45 of every 100,000 lost their lives due to accidents in the same year.

The goal of the Emergency Medical Service (EMS) BRU is to reduce premature death and disability resulting from accidental injury or sudden illness. The strategy being employed to further that goal is that of building and coordinating a comprehensive system of emergency medical services able to provide timely and appropriate care in the pre-hospital, emergency room, critical care, and rehabilitation phases of treatment. Mandatory components include manpower, transportation, communications, facilities, critical care units and evaluation, as well as all facets of emergency medical technician (EMT) training including certification and licensing.

The EMS section administers state funded grants to five regions which are generally consistent with the boundaries of the Health Service Areas (HSA's) in the state. The State EMS office coordinates and monitors to the degree reasonable, all EMS activities in the state, is responsible for training and certification of all emergency medical technicians (about 1500), and many other aspects of emergency medical training (ETT, R.N., M.D., etc.) sponsors an annual EMS symposium (last year attended by over 500 people, mostly EMTs), and generally provides the central support and planning for an improved EMS system in Alaska. The EMS program receives direction from an eleven member Advisory Council appointed by the Governor, and a physician advisor.

BRU NARRATIVE

CATEGORY: Health
AGENCY: Department of Health and Social Services

BRU: Health Clinics

The Health Clinic BRU provides grants to community based health clinics in areas designated as medically underserved by the National Health Services Corps. This funding directly supplements the operation cost of health clinics staffed with physicians, nurses, and midlevel practitioners. In addition, the clinics receive assistance in program development and management training through the activities of Department of Health and Social Services staff.

BRU NARRATIVE

CATEGORY Health

BRU Doyon Region Clinics

AGENCY Deartment of Health & Social Services

This program was created by a special appropriation in FY 83. No funding is inciuded in the FY 84 budget request.

D.

OFFICE OF ALCOHOLISM AND DRUG ABUSE

BRU NARRATIVE

CATEGORY Health

BRU Alcohol and Drug Abuse

AGENCY Department of Health & Social Services

The two primary goals of the Alcohol and Drug Abuse BRU are the prevention and treatment of alcohol and drug abuse problems, and the reduction of alcohol and drug related costs to individuals, local communities, and state government. The Office of Alcoholism and Drug Abuse is responsible for the development of a statewide system of locally controlled community-based alcoholism and drug abuse prevention and treatment programs funded by grants-in-aid. The Office also conducts on-going analyses of alcohol and drug-use impacts for use in examining proposals for changes in policy of legislation.

To fulfill its planning and coordinative role the Office is reliant upon the public health model of prevention which includes primary, secondary, and tertiary activities. In FY 83, for example, typical alcohol and drug abuse primary prevention programs will include a K-12 school based curriculum entitled "Here's Looking At You", a mass media public education project, and youth recreational alternative programs. Examples of secondary prevention would include screening, diagnosis, and follow-up services for court related alcohol and drug offenders, and employee assistance programs. Tertiary prevention, which is actual treatment, involves a range of services such as detoxification, residential care, and outpatient counseling with methadone maintenance services, available for some heroin addicts.

Major accomplishments were made in FY 82/83 in the improvement of program evaluation. An automated management information system was implemented that will routinely yield client, program, and financial data. Substantial progress was also made on a statewide drug epidemiology study, and on a client treatment followup study on Anchorage, Fairbanks, and Juneau programs. Incidence of alcohol related violence in rural villages that have voted dry appears to be decreasing.

The Office of alcoholism and Drug Abuse, through its community based grants-in-aid program, anticipates providing services to approximately 6,500 Alaskans in FY-84.

E.

DIVISION OF MENTAL HEALTH

BRU NARRATIVE

CATEGORY Health

BRU Alaska Psychiatric Institute

AGENCY Department of Health & Social Services

The Alaska Psychiatric Institute (API) provides to the State's population the medical/psychiatric services that are not available in local communities because of the very high cost per patient to establish and operate local facilities capable of supporting complex treatment procedures for a very small population and the reluctance of local hospitals to provide care for involuntarily committed patients.

The purpose of Alaska Psychiatric Institute is to provide institutional services not available in the local community because of complexity, small number of clientele, or the need for security. Alaska Psychiatric Institute, located in Anchorage, maintains 188 beds currently licensed for care of acute and chronic mentally ill. The Joint Commission on the Accreditation of Hospitals has awarded full accreditation to this facility. Hospital care is available to persons who are mentally ill, a danger to themselves or to others, or who are in need of 24-hour intensive psychiatric treatment. Admissions may be voluntary. Involuntary admissions are by court order. Patients may be of any age, sex, or nationality and are admitted without regard to their Alaska community of residence. Complete physical health assessment is available, including dental services, medical laboratory, X-ray, central medical, and sterile supply. A full-time psychiatric and medical staff provides 24-hour care. Training and consultation services are also provided to community agencies as an out-reach from API.

In response to the Governor's task force on dangerous and high-risk security patient management in Alaska this FY 84 request provides for the continuation of 188 API beds but recognizes that care to the most dangerous patients will be provided in the new planned forensic security unit at Hiland Mountain correctional institution. Because of a high staff resource utilization and the number of beds used to provide forensic care, voluntary patients may be denied care at API unless the forensic population is moved. At the same time service demands due to increasing state population will require all available API beds for non-high risk patient care.

BRU NARRATIVE

CATEGORY Health

BRU Community Mental Health Services

AGENCY Department of Health & Social Services

The goal of the Regional Community Mental Health Services BRU is to reduce the incidence of mental illness and mental defects, provide prompt effective treatment to mental illness, reduce suffering due to mental illness and to protect people from harming themselves and others. Towards this end, the BRU provides a comprehensive, community-based, mental health delivery system emphasizing both treatment and prevention services.

In pursuit of this goal, the BRU provides a statewide system of outpatient and short-term inpatient mental health services at the local level. These services are provided by three State operated regional offices, and community operated mental health centers located throughout the State. The regional offices in Anchorage, Fairbanks, and Juneau provide technical assistance to locally operated community mental health centers, program monitoring and evaluation, emergency hospitalization, and transportation of patients. The regional offices also assist in organization and development of community resources, consultation and education to other agencies and the public at large; coordination of services, and direct liaison with local, state, and federal agencies. The offices also develop, in cooperation with local citizens, regional mental health plans and needs assessments. The regional office in Anchorage serves as the official liaison between the Department and both the Alaska Native Health Service and the Alaska Federation of Natives in efforts to coordinate and develop Native mental health services.

The community operated mental health centers provide a variety of services, including outpatient services, emergency hospitalization, consultation and education, evaluation and observation services for the courts, pre-admission and after-care services, services to Vietnam veterans, and preventive services. Services offered consist of individual, group, and family psychotherapy, crisis intervention, social case work, operant conditioning, drug therapy (chemotherapy), and many others. These centers are locally owned and administered and the service patterns reflect the variety of needs in Alaska.

The State provides funding support through grants to community mental health centers located throughout Alaska based on a cost-sharing formula. An additional center is operated by contract. All community mental health centers funding is based on a cost-sharing formula of 75% State/25% local share in non-poverty areas, and 90% State/10% local share in poverty areas.

Supporting services provided by the State to the community mental health centers include funds to support staff development and training, research, and program evaluation assistance. These activities provide assistance essential to the provision of adequately prepared mental health professionals and paraprofessionals throughout the State, and for providing a basis for evaluating quality of services. Many of these training and evaluation services are provided through the Manpower Development Program, in cooperation with other mental health BRU's.

BRU NARRATIVE

CATEGORY Health

BRU Harborview Developmental Center

AGENCY Department of Health & Social Services

The goal of the Harborview Developmental Center BRU is to provide residential care, training programs, and social development services to substantially developmentally disabled persons who, because of the severity of their intellectual and adaptive deficits, cannot be cared for by families or in local communities. Harborview provides backup support to the development and implementation of services described in the Community Developmental Disabilities BRU.

The Harborview Developmental Center is a Medicaid certified 96-bed facility whose program emphasis are directed toward meeting the protection, health, and developmental needs of severely and profoundly impaired persons. Currently, 70% of Harborview's population is severely or profoundly retarded and the majority of clients are multihandicapped. In addition, approximately 50% of the population have a diagnosed orthopedic impairment. The Center offers a wide variety of individualized training and support services. These range from life support services to preparation for community living and in doing so includes the disciplines of nursing, psychology, physical and recreational therapy, social services, medicine, dentistry, and a training staff that is itself trained in cooperation with teaching staff of the University of Alaska. Client educational services are provided through the local school district in Valdez and the Department of Education.

In addition to the more severely mentally impaired, there has been an increase in the demand for services to those persons who are moderately mentally retarded and at the same time have behavior disorders that make growth and management in less restrictive programs difficult. As a consequence, more and more persons in this category are being referred to Harborview Developmental Center by private as well as public agencies such as the Department of Education. Accordingly, this BRU requests resources not only for the profoundly mentally impaired, but for a new program that would prepare persons who are mentally retarded and have behavior disorders for re-entry to the community.

BRU NARRATIVE

CATEGORY Health

BRU Governor's Council for the
Handicapped and Gifted

AGENCY Department of Health & Social Services

It is the primary purpose of the Governor's Council for the Handicapped and Gifted to ensure that all Alaskans have available to them accurate and comprehensive data about programs, services, and needs of people with handicaps as well as high ability (gifted and talented) school-age children which can help in making decisions about changes and improvements in the lives of people with special needs, the programs which serve them, and public understanding and support for expanded local opportunities.

The nineteen member Council, appointed by the Governor, has defined the following special areas of focus: (1) In-home family support services and community-based programs which maintain and foster personal dignity and independence; (2) Education services beginning in infancy or at school age and continuing life-long which insure opportunities for growth, development, self-sufficiency, and contribution to society.

Methods which the council employs to advocate effectively for efficient non-duplicative local services are:

- comprehensive planning In FY 84 a new three-year statewide plan will be in effect with goals and priorities, by region and local areas, based on actual needs in health, education, housing, employment, and personal/family support.
- evaluation, training and technical help To encourage local efforts the Council involves a broad spectrum of local people in looking at services and needs with expert assistance through grants or contracts in analyzing alternatives and developing plans. This is done within an over-all philosophy and structure which promotes families and builds on existing and valued helping networks.
- public information and awareness The Council develops special planning guides, resource books on services, radio and television announcements, and special reports such as the "1982 Legislative Priorities" report which are widely distributed. Council members set up exhibits at malls, health fairs, meetings, and conferences to provide information to interested people and to increase public awareness and citizen involvement.

The Council is comprised of public and private sector members, service providers, people with handicaps and disabilities, parents of handicapped and gifted children, educators, program managers, and policy makers. It operates under authority of A.S. 47.80 as the interdepartmental planning and coordinating agency for services for the handicapped and gifted. It is the State's Developmental Disabilities Planning Council under P.L. 95.602. It is also Alaska's Special Education Advisory Panel under P.L. 94-142. The Council works especially closely with the Departments of Health and Social Services and Education.

Funds from the federal Administration on Developmental Disabilities and state general funds plus resources from the Office for Exceptional Children are used to support the Council's activities and grants for special projects including conferences, task forces, and development of media materials and resources.

The Governor's Council for the Handicapped and Gifted advocates the needs of handicapped and gifted Alaskans before the executive and legislative branches of government and before the public.

Methods which the Council employs to advocate effectively so the improvements and efficiencies in services result are:

- comprehensive planning
- regional and local planning
- training and technical assistance
- information and assistance
- services evaluation
- consistent philosophy basis
- policy development

- public awareness/media campaigns
- special conferences and task forces
- consultations with specialists and experts
- legislative information
- review and comment on laws, budgets, plans,
programs and regulations
- inter-agency coordination

BRU NARRATIVE

CATEGORY Health

BRU Community Developmental
Disabilities Services

AGENCY Department of Health & Social Services

The Community Developmental Disabilities Services BRU provides community services to developmentally disabled persons and their families through contracts with local private agencies.

Developmentally disabled persons include mentally retarded persons and persons with severe epilepsy, cerebral palsy, autism, or others whose impairments are closely related to mental retardation and whose impairments preclude the possibility of living independently.

Resources of this BRU are used to contract with local public or private agencies for supervised living in group homes, apartments, and specialized family care; for training in basic living skills, for vocational training in income producing activities; and for assisting families in fulfilling their basic responsibilities for the care and nurturance of their children. The latter contracts include respite care and in-home training programs designed to relieve the stress on families resulting from constant care of an impaired family member and to reduce the risk of institutionalization.

BRU NARRATIVE

CATEGORY Health

BRU Administration & Support

AGENCY Department of Health & Social Services

It is the goal of the Administration and Support BRU of the Mental Health and Developmental Disabilities program to develop a pattern of supervision, guidance and leadership, as well as the necessary support systems throughout the Division to ensure comprehensive, efficient and effective delivery of mental health and developmental disabilities services to Alaska's population.

The Division of Mental Health and Developmental Disabilities is responsible for the planning, development, implementation, administration, and evaluation of institutional and community programs for the prevention and treatment of mental illness, mental retardation, and developmental disabilities. The Division administers two state institutions, Alaska Psychiatric Institute and Harborview Developmental Center, and three state-operated regional offices. In addition, community mental health, mental retardation, and developmental disabilities programs throughout the State are administered by the Division through grants or contract. The Division continues to move in the direction established by the revised Mental Health Commitment Act (SB 100), emphasizing that treatment occur as promptly as possible and as close to the individual's home as possible. The Division is advised by the Governor's Council for the Handicapped and Gifted, and the Governor's Mental Health Advisory Council. The Division cooperates and coordinates its services with the Department of Education, the Alaska Native Health Service, and Department of Public Safety, the Division of Public Health, the Division of Corrections, and other related agencies to ensure a comprehensive program.

The FY 84 budget includes funding for the central office and to continue existing demonstration and administrative grants. This FY 84 request includes grant funds for services for Vietnam veterans, including an outreach counseling program for Vietnam veterans in S.E. Alaska and continuing training of others involved in the treatment of post-traumatic stress disorder throughout the State. A grant to the Alaska Mental Health Association is also included.

BRU NARRATIVE

CATEGORY Health

BRU Forensic Treatment and
Evaluation Services

AGENCY Department of Health & Social Services

The goal of the Forensic Treatment and Rehabilitation Services BRU is to provide appropriate evaluation, diagnosis, and treatment services in a secure setting to criminally committed patients.

Toward this end, this BRU will provide specialized mental health diagnosis, evaluation, and treatment services for persons committed to our custody as incompetent to stand trial, not guilty by reason of insanity, guilty but mentally ill, sentenced prisoners that become mentally ill as well as persons referred by the criminal courts for evaluation and observation. With the passage of Chapter 143, SLA 1982, the Department of Health and Social Services is now obliged to provide a secure setting for these groups of patients. Persons committed under these statutes may be misdemeanants with less than a year to serve or dangerous felony offenders with a sentence of up to 99 years.

Alaska's criminally committed patient population is composed of the following types:

- a) persons found not guilty by reason of insanity of criminal offenses;
- b) persons found incompetent as a result of mental illness to stand trial for criminal offenses;
- c) persons found guilty but mentally ill;
- d) sentenced prisoners that become mentally ill while in a correctional center; and
- e) persons ordered by the criminal courts to undergo an evaluation and observation during the course of a criminal trial.

The period of commitment for the criminally committed varies depending upon the nature and severity of the offense(s). For example, a person who commits a misdemeanor may be sentenced for a few days to one year; a person who commits a felony offense may be sentenced to serve up to 99 years. As these persons are committed under the criminal code, not only are specialized mental health treatment and evaluation services necessary, but also facilities providing minimum, medium, and maximum security are necessary to insure the protection of the public from these individuals.

The types of illnesses that these individuals suffer from may range from the most serious mental disorder that requires long-term care and treatment due to their chronic nature, to the less serious illness requiring only short-term intervention. Since these individuals have committed criminal offenses, possibly as a result of their mental illness, they may present as a higher risk for violence or acting out behavior than other criminal offenders that are confined in institutions. Consequently, their care, treatment, and custody may require a higher degree of specialization and security.

F.

DIVISION OF STATE HEALTH PLANNING

BRU NARRATIVE

CATEGORY: Health

AGENCY: Department of Health and Social Services

PROGRAM: DHSS Administration and Support

BRU(s): State Health Planning and Development
Agency (SHPDA)

The primary functions funded through the State Health Planning and Development BRU are:

1. Statewide health services and facilities planning and development, including certification of need; certification for revenue sharing; administration of construction grants; construction design, approval, and monitoring; preparation and updating physical plant inventories for health facilities under Public Law 93-641 (the National Health Planning and Resources Development Act of 1974), as amended by Public Laws 96-79 and 97-35.
2. Statewide health facilities surveying, licensing, and certification on an annual basis, ensures both quality health care and the establishment of Medicaid/Medicare payment eligibility under the Social Security Act. The annual survey (inspection) includes hospitals and specialized hospitals, skilled nursing homes, intermediate care facilities, substance abuse treatment centers, mental health treatment facilities, medical laboratories, rural clinics, independent physical therapists, birthing centers, free standing surgical centers and Pioneer Homes (licensure only).
3. Assistance is provided to support the State Health Coordinating Council in its efforts to review and revise the State Health Plan. This plan furnishes guidance statewide for development and maintenance of a health facilities and services system designed to allow equal access to high-quality preventative, therapeutic, and rehabilitative health programs. The Council also coordinates efforts in public and private sectors to implement those plans.

The preliminary State Health Plan is developed by the State Health Planning and Development Agency (SHPDA), based on the geographically-oriented Health Systems Plan prepared by Alaska's three Health Systems Agencies (HSA's). The plan is reviewed/revise by the State Health Coordinating Council (SHCC) and presented at public hearings throughout the State. The approved plan serves to guide governmental and private sector activities by identifying both gaps and redundancies in health resources, and by identifying and setting priorities for the resolution of health problem areas.

G.

COMMISSIONER'S OFFICE

BRU NARRATIVE

CATEGORY Health

BRU Commissioner's Office

AGENCY Health & Social Services

The Commissioner's Office BRU provides executive leadership and policy development for all Department programs. It defines and clarifies policy; has final review authority for programs; resolves conflicts arising within or among department programs; and represents the Department in dealing with private providers, federal delegations, the Legislature, and advisory boards for the Department. The office also provides current, pertinent information to the general public about Department activities and resources, and promotes public involvement in the development of Department programming.

The Commissioner and three Deputy Commissioners participate in hearings, workshops, and public meetings to maintain contact with the Alaska public. The Commissioner speaks for the Governor in matters related to health services, social services, and corrections, and serves on a variety of councils and committees. Deputy Commissioners divide responsibilities for program and administrative management. A Special Assistant acts as liaison between the Department and the Legislature and its special committees. The Information Officer works with news media in disseminating information about Department policies and programs. The Eligibility Information System Program Coordinator is directing a project to computerize all public assistance programs in Alaska.

The major goal of the BRU is to provide management support and policy direction for the maintenance and continued improvement of a comprehensive system of human services responsive to the needs of Alaskans.

H.

DIVISION OF ADMINISTRATIVE SERVICES

BRU ...RRATIVE

CATEGORY Health

BRU Administrative Services

AGENCY Health & Social Services

The Administrative Services BRU provides the Department of Health and Social Services with financial and general services support. The BRU is divided into the following components: 1) Director's Office/Regional Administration, 2) Personnel Operations, 3) General Services and Supply, 4) Finance, 5) Audit, 6) Fraud Investigation, and 7) the Bureau of Vital Statistics. The name of each component is indicative of its function.

It is the goal of this BRU to assist in the enhancement of the social and health status of Alaskans through the provision of efficient and effective financial and general services support statewide to DHSS program divisions/offices that furnish social and health services directly to Alaskans.