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172

REQUEST: FISCAL NOTE

Revision Date: 4/25/91 Agency Affected: Health & Social Services
 Title: Peer counselor program BRU: State Health Services
 Sponsor: Pearce, Uehling, Zharoff Components: Maternal, Child & Family Health
 Requester: Senate HES

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 91	FY 92	FY 93	FY 94	FY 95	FY 96
Personal Services		93.8	93.8	93.8	93.8	93.8
Travel		9.0	9.0	9.0	9.0	9.0
Contractual		55	55.0	55.0	55.0	55.0
Supplies		1.5	1.5	1.5	1.5	1.5
Equipment		7.5				
Land & Structures						
Grants, Claims						
Miscellaneous						
TOTAL OPERATING	0.0	166.8	159.3	159.3	159.3	159.3
CAPITAL	0.0	0.0	0.0	0.0	0.0	0.0
REVENUE	0.0	0.0	0.0	0.0	0.0	0.0

FUNDING: (Thousands of Dollars)

General Funds	0.0	166.8	159.3	159.3	159.3	159.3
Federal Funds						
Other						
TOTAL	0.0	166.8	159.3	159.3	159.3	159.3

POSITIONS

Full-Time		2	2	2	2	2
Part-Time		0				
Temporary		0				

ANALYSIS: (attach a separate page if necessary)

Please see attached analysis

Prepared By: Peter M. Nakamura, MD, MPH, Director *P. M. Nakamura*
 Division: PUBLIC HEALTH

Phone: 465-3090
 Date: 04/25/91

Approved By Commissioner: Theodore Mala, M.D., MPH *Theodore Mala*
 Agency: HEALTH & SOCIAL SERVICES

Date: 04/25/91

Distribution (by preparer):
 Legislative Finance, Legislative Sponsor, Requestor,
 Office of Management & Budget, Impacted Agency(ies)

FISCAL NOTE ANALYSIS FOR SB 172

FY 92

Personal Services: \$93.8

Permanent full time Health Program Specialist (Rg.19) and Clerk Typist III (Rg.8) for service coordination with the School Districts, Department of Education, Alaska Area Native Health Services, Regional Health Corporations, Municipalities, community agencies and the Division of Mental Health and Developmental Disabilities peer counseling project staff. (In addition, grant management of the projects funded by SB 170).

Travel: \$9.0

Travel for the Health Program Specialist II to provide on site service training for community base agencies, program development and services coordination between the involved agencies.

Contractual: \$55.0

Staff operating cost associated with communications, space rental, and printing of education material. (approximately \$15.0)

Professional contract services for peer councilor program to include specialized peer training services, councilor supervision. (approximately \$40.0)

Supplies: \$1.5

Office and computer supplies for the professional and clerical staff.

Equipment: \$7.5

Computers, printer and office furniture for the professional and clerical staff.

FY 93 FY 96

Personal Services: \$93.8

Permanent full time Health Program Specialist (Rg.19) and Clerk Typist III (Rg.8) to service coordination with the School Districts, Department of Education, Alaska Area Native Health Services, Regional Health Corporations, Municipalities, community agencies and the Division of Mental Health and Developmental Disabilities peer counseling project staff. (In addition grant management of the projects funded by SB 170).

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Staff operating cost associated with communications, space rental, and printing of education material. (approximately \$15.0)

Professional contract services for peer councilor program to include specialized peer training services, councilor supervision. (approximately \$40.0)

Supplies: \$1.5

Office and computer supplies for the professional and clerical staff.

Fiscal Note Analysis for SB 172

FY 92

Personal Services: \$93.8

Permanent, fulltime Health Program Specialist II (Rg 19) to coordinate the pregnancy prevention peer counseling program with the existing peer counselor/natural helper program efforts, provide training and technical assistance and be a resource to the peer counselors and their adult leaders. The primary focus for this position will be the dissemination of good, factual and usable information related to adolescent sexuality and responsible decision-making. This position will not handle the administrative aspects of the program, these will be absorbed by existing management. Clerk Typist III (Rg 8) to provide support for this project and the other adolescent pregnancy prevention efforts, identified in SB 170, for which no support staff is being requested.

Travel: \$9.0

Travel for the HPS II to conduct training, provide technical assistance and provide program support at the local level.

Contractual: \$55.0

Staff operating costs associated with communications, materials development and reproduction and training.

Professional contract services for the peer counselor program to include stipends for adult leaders, specialized training for the adolescents and training and support for the adult leaders.

Supplies: \$1.5

Office and computer supplies for the professional and clerical staff.

Equipment: \$7.5

Computers, printer and office furniture for the professional and clerical staff.

FY 93 thru FY 96

Personal Services \$93.8

Permanent full time Health Program Specialist II (Rg 19) to provide on-going technical assistance, training and direction to the agencies housing the peer counselor programs, the adult leaders and the adolescent counselors. Clerk Typist III (Rg 8) to provide the clerical support need to keep this program viable and the entire adolescent pregnancy prevention effort coordinated and delivering services to those professionals and students in the field who need the materials and support.

Travel: \$9.0

Travel for the Health Program Specialist to provide training around the state, as needed, and to provide technical assistance and local level support.

Contractual: \$55.0

Staff operating costs associated with communications, materials reproduction and purchasing.

Professional contract services related to purchasing time from adult leaders, specialized training for both the adolescents and the adults and program support.

Supplies: \$1.5

Office and computer supplies for the professional and clerical staff.

Alaska State Legislature

3111 C Street, Suite 150
Anchorage, Alaska 99503
(907) 561-2038



During Session:
P.O. Box V
Juneau, Alaska 99811
(907) 465-4993

Senator Drue Pearce
District G

MEMORANDUM

TO: Senator Arliss Sturgulewski, Chair
Health Education & Social Services Committee

FROM: Senator Drue Pearce *DP*

DATE: April 12, 1991

RE: Sponsor Statement on SB 172

The fundamental purpose of this legislation is to provide a support network for adolescents that furnishes information, support, and resources in a non-threatening manner. Although this legislation is a result of a task force that focussed on the problem of teen pregnancy, it is abundantly clear that the problems associated with teen pregnancy are also associated with substance abuse, poor life skills, and many of the other crises that the adolescents in our society face. At the root of the problems plaguing our youth is low self-esteem and the need to feel accepted.

This bill will provide an atmosphere of acceptance while encouraging and teaching positive attitudes and life skills to adolescents. The Department of Health and Social Services would initiate and implement adolescent peer counseling groups by providing thorough technical assistance. This would include encouraging support within the community, and establishing training opportunities. Through workshops, seminars, and any other appropriate means, adult leaders would train the young counselors in the areas of interpersonal communication skills, accurate health information (with an emphasis on sexual development, and information about the attainability of the services for pregnancy prevention, prenatal care and all other healthy life skills available in the area.

The bill encourages using the resources of national organizations and the models of other successful peer counseling programs.

The youth of today face more threats and problems than in the any generation of the past. Since it is the first inclination of teens to ask for the advice of friends, it is important to make sure that the answers are educated and accurate. Consistent and reliable support can be the only hope for a teen who has no where else to turn.

Our society needs and warrants this legislation.

Alaska State Legislature

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(907) 561 2038



During Session:
P.O. Box V
Juneau, Alaska 99811
(907) 465-4993

Senator Drue Pearce
District G

MEMORANDUM

SUBJECT: An Act Relating to a Peer Counselor Program
(SB 172)

TO: Senator Arliss Sturgulewski, Chair
Health Education & Social Services Committee

FROM: Senator Drue Pearce *Drue Pearce*

DATE: April 12 , 1991

The following is a sectional analysis of SB 172:

Section 1. Adds Section 47.18.010 which requires the Department of Health and Social Services to provide support to encourage school district and municipalities to implement peer counseling groups. These groups are to provide support to adolescents in the hope of preventing behavior that is mentally or physically hampering and to spread information about services available to help adolescents.

(b) Of this section specifies the technical support the department is required to provide. This includes designing methods to develop and maintain support from adolescents, parents, and the community.

This section would ensure the training of peer counselors by requiring training in communication skills, accurate health information, and information about the services available in the area to prevent pregnancy, provide prenatal care, and healthy life skills.

This section requires the department to provide assistance to help select appropriate resource materials. The department must develop a monitoring and evaluating method to measure the success of the peer counseling and try to encourage school districts to implement programs.

(c) Of this section requires the department to review and consider the accomplishments other states have had with similar programs. The National Association of Teen Institutes in St. Louis Missouri is a suggested resource. This section also allows the department to solicit contributions of money and/or expertise from the private sector.

(d) explains the objective of the entire program is to encourage abstaining from sexual intimacy.

SENATE BILL NO. 172

IN THE LEGISLATURE OF THE STATE OF ALASKA

SEVENTEENTH LEGISLATURE - FIRST SESSION

BY SENATORS PEARCE, Uehling, Zharoff

Introduced: 3/6/91
Referred: HES and Finance

A BILL

FOR AN ACT ENTITLED

1 "An Act relating to a peer counselor program."

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

3 * Section 1. AS 47 is amended by adding a new chapter to read:

4 CHAPTER 18. ADOLESCENT PROGRAMS AND SERVICES.

5 Sec. 47.18.010. PEER COUNSELOR PROGRAM. (a) The department shall develop
6 and implement a continuing statewide program of technical support and assistance to encourage
7 school districts and municipalities that initiate implementation, or that are considering
8 implementation, of adolescent peer counseling groups for

9 (1) prevention of adolescent behavioral patterns that jeopardize physical and
10 mental health and that hamper social, educational, and personal development; and

11 (2) spreading information about services that are available to adolescents to help
12 them with their health needs.

13 (b) The program of technical support required under (a) of this section must include

14 (1) suggested methods for maintaining a high level of adolescent, parental, and

1 community support for peer counseling groups;

2 (2) workshops, seminars, or other training opportunities for adolescent peer
3 counselors and their adult leaders; this training must include sessions to

4 (A) develop interpersonal communications skills;

5 (B) teach accurate health information, emphasizing sexual development;

6 and

7 (C) provide information about services that are available in the peer
8 counselors' areas and how those services can be obtained for pregnancy prevention,
9 prenatal care, and healthy life skills;

10 (3) assistance in selecting appropriate resource materials for the groups;

11 (4) recommended mechanisms for effectively monitoring and evaluating the
12 activities and accomplishments of the groups; and

13 (5) other similar services to assist and encourage school districts and
14 municipalities in establishing and administering adolescent peer counseling groups.

15 (c) In developing the program of technical support and assistance required under (a) of
16 this section, the department shall review and consider the activities and accomplishments in other
17 states that have developed peer counseling networks ~~and shall avail itself of the resources of the~~
18 National Association of Teen Institutes, Saint Louis, Missouri. The department shall solicit
19 contributions of money and expertise from the private sector that may be available for this type
20 of program.

21 (d) A primary policy and objective of the program of technical support and assistance
22 required under (a) of this section shall be to encourage adolescents to abstain from premarital
23 sexual intimacy.

*done
2/12*

Senate Bill No.172

For an Act entitled: "An Act Relating to a Peer Counselor Program".

Summary

SB 172 directs the Department to develop and implement an on-going program of technical assistance and support to help municipalities and school districts statewide implement adolescent peer counseling groups with the objective to be encouraging adolescents to abstain from premarital sexual intimacy.

Discussion

Peer counseling programs have been found to be effective in reaching teens who are reluctant to approach adults. Since adolescents are heavily influenced by their peers, knowledgeable adolescents can provide an important service to their peers and their community by serving as peer counselors.

The training and education of the adolescents selected to be peer counselors can benefit those individual adolescents greatly. The increased knowledge and self-esteem related to the education and attention received can significantly affect their own choices related to their sexual behavior.

Peer counseling programs have been implemented in the state, in some localities, for the purposes of suicide prevention and other adolescent health issues. It would be important for Department of Education, Department of Regional and Community Affairs and Department of Health and Social Services staff to come together before designing this program to determine if existing peer counseling programs should be expanded to include the reproductive health education being promoted by this effort. Since there is significant cost involved in training adolescents in how to reach their fellow adolescents, how to counsel appropriately etc. it would seem appropriate to utilize them for more than one purpose. Additionally, teens at risk for early sexual activity tend to be the same teens at risk for other unhealthy behaviors. A peer counselor who has earned the trust of these individuals is more likely to be able to reach them on a variety of issues versus a number of peer counselors each trained to deal with a specific problem.

Since the one common access point for reaching adolescents is the local school, it is imperative that the local school districts be involved in the development of this peer counseling program. The adolescent who has already left school is usually a high risk teen in many areas. They are especially at risk for developing high risk sexual behavior patterns, ie. early sexual intimacy, frequent

partners and unprotected sex. Peer counseling programs for these adolescents will need to be very individualized to utilize the programs within specific communities that provide these adolescents with other services.

It is imperative that the specific adults in the community that are trusted by the teens be involved in the peer counseling program and be trained to provide support and technical assistance to the teens, on an on-going basis. It is also important that a variety of adolescents be selected in each community to ensure access to the various subgroups within the community. A really effective program will promote overall adolescent wellness and good reproductive health. It will not focus on pregnancy prevention. Research indicates that when adolescents have good self-esteem, when they have hope for the future and when they believe they have the right to control their own bodies, they are much less likely to become sexually active at an early age.

Position

The Department supports this bill in concept, as it is consistent with the objectives of the Department. However, prior to development of such a program it would seem imperative that a survey of local school districts, municipalities and other entities, who might direct a peer counseling program at the local level, be completed to determine the perceived need, willingness to participate and resources available at the local level for implementation and local support. Coordination with existing peer counseling programs is essential, as is the evaluation of these efforts to determine what works and what are the problems to be anticipated. It is critical that the Department of Education be involved in the program's development and implementation and that a commitment of DOE staff time be a prerequisite to beginning the program.

Peter M. Nakamura, M.D.
Peter M. Nakamura, MD, MPH
Director
Division of Public Health

4/11/91
Date

Theodore A. Mala, MD, MPH
Commissioner
Department of Health and Social Services

Date

83172

RECOMMENDATION:

The State should fund the development of a Peer Counselor Program.

Issue

All across the state, and more frequently in rural areas, access to services is lacking or insufficient. In both rural and urban areas of Alaska, adolescents do not know where to receive services or advice on healthy life skills, pregnancy prevention, contraceptive services, and/or prenatal care. They frequently delay taking positive action in particular for prenatal care because they are uninformed about how to utilize existing programs. Because adolescents frequently go to other adolescents for advice rather than to adults, the Task Force recommends the development of a Peer Counselor Program.

Implementation

The Department of Health and Social Services should be mandated to provide training coordinators for peer groups selected from each community. The training coordinators would:

- 1) conduct training sessions to:
 - a) develop interpersonal communications skills;
 - b) teach accurate health information, emphasizing sexual development; and
 - c) provide information about services available in their areas and how to access those services for pregnancy prevention, prenatal care, and healthy life skills.
- 2) be readily available to the peer counselors to answer specific questions and provide supportive counseling; and
- 3) provide updated information for the peer counselors.

Cost

For program development, training of the training coordinators, provision of materials, and operation for the first year the cost would be approximately \$300,000. Costs for future years program operations would be considerably less.

Benefits

The establishment of a statewide peer counseling program focused on reproductive health needs would ensure, 1) the dissemination of accurate information regarding human reproduction, and 2) timely referral to professional services. From time immemorial, adolescents have shared information about sexual development and reproduction, the classical "back behind the barn" conversation. The peer counseling program would tap into this time honored ritual, but this time the information would be accurate and appropriate. Teenagers who are reluctant to approach adults would now have access to adult wisdom and support through trusted and knowledgeable peers.

This increased access to information and available services has far reaching potential. Accurate information regarding family planning and support of abstinence would decrease the number of unplanned teen pregnancies, thus reducing the tax burden upon the state of Alaska. The dissemination of accurate health information and concomitant referral service would reduce the social and economic cost of obstetrical and gynecological care through early intervention in life threatening conditions such as ectopic pregnancy, preterm labor and delivery, and other medical emergencies. Reduction of sexually transmitted infections, and the resulting infertility, holds promise for our families of tomorrow. The soaring costs of medical care are most efficiently controlled through, 1) prevention, and 2) early detection and treatment. The peer counseling program is a tool to achieving both.

Development of a peer counseling program introduces a resident and constant source of information and referral in all our communities. This presence would not only be sensitive to the particular culture of that community, but to the subculture of adolescence. The information would be accessible and comprehensible. The resident resource is of special importance in our smaller communities where information is needed in a timely fashion, but it is not feasible to have professional services continually available in the community.

The training and responsibility of the peer counselor would also benefit that specific adolescent, giving him or her additional education and responsibility. Additional education is a factor known to be associated with a delay in the onset of sexual activity and pregnancy.

Testimony Faxed from
The Sitka LIO
To The Senate HESS Comm.
April 18th



Alaska State Legislature

Please enter into the record my testimony to the S/HESS
 committee name
 committee on SB 172, dated 4/18/91
 bill/subject

I direct a peer counseling program in 3 schools through the Sitka Teen Resource Center. There are 60 teens involved as peer counselors. Our program is 7 years old and has evolved into a very effective program. This year 5 adolescent suicides have been averted by peer helpers; several adolescent girls have been taken to a family planning health center by peer counselors to support them in prevention of potential teen pregnancies; abused teens have been referred; ~~suicide~~ counseling has been arranged; and health care/~~and~~ health promotion have been an emphasis. We are funded through Mental Health. This has allowed us to have a very broad agenda of training and assistance for teens. In one 3 month period 20 peer counselors reported helping 191 teens through 394 encounters. Issues of focus in these encounters included, but were not limited to: relationships with family (56), suicide risk (2), relationships with friends (45), Alcohol & Drugs (24), sexuality & pregnancy issues (22), depression (14), school achievement (34), loneliness (13), ~~stress~~ stress (23), weight control (12), death & grief (4). continued on next page:

Signed: J. Williamson
 Testifier
Sitka Teen Resource Center
 Representing (Optional)
Box 1034 Sitka, AK 99835
 Address
~~747-~~ 747-3500
 Phone No.

Testimony continued from L.K. Williamson

I recommend that your bill address development and ~~to~~ provide technical support for peer counseling programs through the division of mental health. With oversight by community mental health clinics there is an assurance of skilled back-up and supervision of the training for these young people. It is ~~not~~ essential that peer counselors be supervised by skilled ~~personnel~~ personnel. School district employees ~~do~~ do not have time nor adequate community and social service agency support to provide an effective leadership for such a program. If organized through the schools the program is more expensive and ~~limited~~ limited by school district policy and by administrative preferences. To be effective, peer counseling programs must be independent, though cooperative, with ~~the~~ the schools.

I encourage you to add to SB 172, pg 2 line (23) the following: "(b) to provide ~~to~~ family planning or reproductive education." ~~§~~

Simply advocating abstinence is not enough. Teens who've already chosen to be sexually active will not trust nor relate with an organization or agency that only addresses abstinence.

I would welcome further discussion of this bill.



Alaska State Legislature

Please enter into the record my testimony to the SENATE HESS
 committee name
 committee on SB 194 HEPATITIS B, dated 4/19/91
 bill/subject

I REQUESTED THAT SITKA BE INCLUDED AS A TELECONFERENCE SITE SO THAT I COULD SPEAK ON THE BEHALF OF EMERGENCY MEDICAL SERVICE VOLUNTEERS IN SUPPORT OF SB 194.

ROUGHLY 2500 PEOPLE VOLUNTEER IN THE STATE OF ALASKA ~~AND~~ TO PROVIDE EMERGENCY MEDICAL CARE ~~FOR~~ PEOPLE WITHIN THEIR COMMUNITIES. THIS SERVICE, CONSERVATIVELY VALUED AT \$4.5 MILLION, IS GIVEN FOR FREE.

EACH OF THESE VOLUNTEERS ^{COULD BE} ~~IS~~ EXPOSED DIRECTLY TO HEPATITIS B EVERY TIME THEY RESPOND TO AN EMERGENCY CALL. THE HEP. B VIRUS IS TRANSMITTED THROUGH BLOOD & BODILY FLUIDS & RESULTS IN INFLAMMATION OF THE LIVER, SOMETIMES LEADING TO

Signed: ANDREW L NEWELL
 Testifier

SOUTHEAST REGION EMS COUNCIL - EMS VOLUNTEERS
 Representing (Optional)

207 MOLLER DRIVE, ROOM 113, SITKA
 Address

747-8005
 Phone No.

CIRRHOSIS AND EVEN DEATH. THERE IS NO
KNOWN ~~AND~~ CURE.

THE GOOD NEWS IS THAT HEP. B IS PREVENTABLE BY
VACCINE.

THIS BILL PROPOSES THAT THE STATE OF ALASKA
TAKE APPROPRIATE RESPONSIBILITY FOR
PROTECTING ITS VOLUNTEERS WHO ARE
AT RISK OF HEPATITIS B INFECTION WHO
DON'T HAVE A MUNICIPALITY TO SUPPORT
THEM.

THANK YOU.

BRAUNL Newell