

HB

102

<TARGET><BILL>HB 102</BILL><SUBJECT>HB
102</SUBJECT><COMM>HEDC29</COMM></TARGET>

Alaska House of Representatives

Rep. Wes Keller, Chair
Alaska State Capitol, Room 403
Juneau, AK 99801



Rep. Lora Reinbold
Rep. Jim Colver
Rep. Paul Seaton
Rep. Liz Vazquez
Rep. Harriet Drummond
Rep. Ivy Spohnholz

House Education Committee

To: House Finance Committee

From: Rep. Wes Keller, Chairman
House Education Committee

Re: Bill Hearing Request for HB102: Residential Psychiatric Education Funding

Date: March 21, 2016

I respectfully request a hearing before the House Finance Committee on House Bill 102 Residential Psychiatric Education Funding.

The purpose of HB102 addresses a gap in the current way we provide education services to children admitted to residential psychiatric treatment centers (RPTCs). The local school district where the licensed psychiatric treatment center is located is responsible for providing educational services. The education being provided in these facilities falls short of what districts provide in the school house. Students are falling further behind in school compounding their emotional and behavioral challenges.

The goal of this bill is to allow children to fulfill their potential.

Thank you for your consideration and attention to this request. Please contact my staff, Janet Ogan at (907) 465-2186 should you have any questions.

ALASKA STATE LEGISLATURE

Interim:
600 East Railroad Avenue
Wasilla, Alaska 99654
Phone (907) 373-1842
Fax: (907) 373-4729



Session:
State Capitol Building
Juneau, Alaska 99801-1182
Phone: (907) 465-2186
Fax: (907) 465-3818

REPRESENTATIVE WES KELLER DISTRICT 10

MEMO

To: Members of the House Education Committee

Fm: Representative Wes Keller

A handwritten signature in black ink that reads "Wes Keller".

Date: February 5, 2015

Re: Work draft 29-LS0519A

As you are probably aware by now we as a committee have been approached to introduce legislation that will assist students who reside in a psychiatric treatment center. A copy of this bill is attached to this memo. This bill is necessary because in several districts the funds are not be transferred for the education of these students.

Please look over this and tomorrow morning sometime before or after our committee meeting I will be asking you to sign an agreement that the legislation can be introduced as a committee bill. Your agreement to introduce does not force you to vote for the bill in any manner.

The information contained in this memo is **CONFIDENTIAL** and/or privileged. This memo is intended to be reviewed initially by only the individual named above. If the reader of this page is not the intended recipient or a representative of the intended recipient, you are hereby notified that any review, dissemination, or copying of this memo or the information contained herein is prohibited. If you have received this memo in error, please immediately notify the sender by telephone and return this memo to the sender at the above address.

Thank you

E-Mail: Representative.Wes.Keller@akleg.gov
Call Juneau Toll free: (800) 468-2186
Website: www.akrepublicans.org/keller/

ALASKA STATE LEGISLATURE



State Capitol Building
Juneau, Alaska 99801-1182

HOUSE EDUCATION COMMITTEE State Capitol Building, Juneau, Alaska 99801

MEMO

To: House Rules Committee, Chair

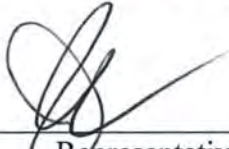
Fm: Representative Wes Keller, Chair

Date: February 6, 2015

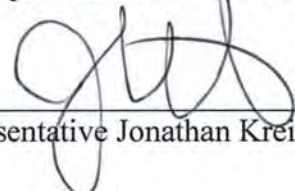
Re: Committee Bill Introduction (29-LS0519\A)

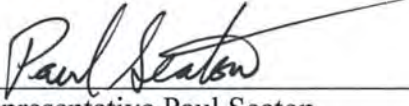
We the undersigned members of the 29th Alaska Legislature House Education Committee do not object to the Committee Chair introducing (29-LS0519\A) (attached) "funding of education services in residential psychiatric treatment centers" as a House Education Committee Bill. My signature only represents my agreement to introduce this legislation and in no way commits me to vote for this or similar legislative language.



Representative Lora Reinbold (Vice-Chair)


Representative James Colver


Representative Harriet Drummond


Representative Jonathan Kreiss-Tomkins


Representative Paul Seaton


Representative Liz Vazquez

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Thank you

29-LS0519\A
Glover
2/5/15

HOUSE BILL NO.

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTY-NINTH LEGISLATURE - FIRST SESSION

BY THE HOUSE EDUCATION COMMITTEE

Introduced:

Referred:

A BILL

FOR AN ACT ENTITLED

1 "An Act providing for funding of educational services for students in residential
2 psychiatric treatment centers."

3 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

4 * **Section 1.** AS 14.16 is amended by adding a new section to read:

5 **Article 3. Educational Programs Operated by Residential Psychiatric Treatment**
6 **Centers.**

7 **Sec. 14.16.300. Education funding for students in residential psychiatric**
8 **treatment centers.** (a) A school district shall provide funding under this section to a
9 residential psychiatric treatment center for educational services provided to a student
10 admitted to the center if

11 (1) the student is enrolled or eligible for enrollment in the school
12 district;

13 (2) the student is admitted to the center

14 (A) under a court order;

1 (B) by the Department of Health and Social Services under
2 AS 47.10.087 or AS 47.12.255; or

3 (C) by private placement under the written orders of a licensed
4 physician or mental health professional finding that the placement is medically
5 necessary;

6 (3) the educational services are of the type and quality offered in the
7 community, are provided by qualified personnel, and include special education
8 services, if appropriate;

9 (4) the center is approved by the Department of Health and Social
10 Services; and

11 (5) within five business days after admitting the student, the center
12 notifies the school district, in writing, that the center will provide educational services
13 to the student while the student resides at the center.

14 (b) For each student receiving educational services at a residential psychiatric
15 treatment center, the school district shall pay the center an amount equal to the amount
16 generated by the student receiving educational services at the center less
17 administrative costs retained by the local school district, determined by applying the
18 indirect cost rate approved by the Department of Education and Early Development.
19 The amount generated by the student receiving educational services at the center is to
20 be determined in the same manner as it would be for the student if enrolled in and
21 attending a public school in that school district and includes federal impact aid, the
22 required local contribution under AS 14.17.410(b)(2), the local contribution under
23 AS 14.17.410(c), special needs funding under AS 14.17.420(a)(1), intensive services
24 funding under AS 14.17.420(a)(2), secondary school vocational and technical
25 instruction funding under AS 14.17.420(a)(3), and other appropriations for the
26 purpose.

27 (c) A school district shall prorate the total amount calculated under (b) of this
28 section for a student by the number of days the student is admitted to the residential
29 psychiatric treatment center and receives educational services provided by the center.

30 (d) If the amount appropriated to the school district is reduced under
31 AS 14.17.400(b), the school district shall reduce the funding provided to the

1 residential psychiatric treatment facility as necessary.

2 (e) In this section, "residential psychiatric treatment center" or "center" means
3 a secure or semi-secure facility, or an inpatient program in another facility, that
4 provides, under the direction of a physician, psychiatric diagnostic, evaluation, and
5 treatment services on a 24-hour-a-day basis to an individual with severe emotional or
6 behavioral disorders.

Alaska House of Representatives

Rep. Wes Keller, Chair
Alaska State Capitol, Room 403
Juneau, AK 99801



Rep. Lora Reinbold
Rep. Jim Colver
Rep. Paul Seaton
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Rep. Harriet Drummond
Rep. Ivy Spohnholz

House Education Committee Sponsor Statement HB102

“An Act providing for funding of educational services for students in residential psychiatric treatment centers.”

HB 102 addresses a gap in the current way we provide education services to children admitted to residential psychiatric treatment centers (RPTCs).

Currently, the local school district where the licensed psychiatric treatment center is located is responsible for providing educational services. However, the education being provided in these facilities falls short of what districts provide in the school house. This is true for traditional students and especially for special education students who have individualized educational plans (IEP). Many times, RPTC students fail to receive the correct number of course hours to remain at grade level. Often the only instruction they receive are on-line only coursework with no personal, direct instruction. Students are falling further behind in school compounding their emotional and behavioral challenges. Districts without RPTCs receive these students back and bear the extra expense of these students repeating grade.

This bill recognizes that most students in this situation have their treatment paid by the state, it is in Alaska’s best interest to solve this problem.

Under the bill each child at a licensed residential psychiatric treatment center, the school district pays the center a prorated amount based upon the number of days the student receives educational services by the center.

The goal of this bill is to allow children to fulfill their potential.

If passed, this legislation will interconnect the state’s mental health and educational services delivery model improving student and state outcome measures.

Alaska House of Representatives

Rep. Wes Keller, Chair
Alaska State Capitol, Room 403
Juneau, AK 99801



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House Education Committee

EXPLANATION OF CHANGES

HB 102 deals with how a public school students' education is funded who is also a patient of a residential psychiatric treatment center.

The A version of HB 102 had the following main features:

- For students admitted in a residential psychiatric treatment center the school district would pay the treatment center the amount of money the student generated under the public student funding formula, prorated for the amount of time the student is in treatment at the center.

The current version differs in the following ways:

- Instead of the treatment center receiving what the funding formula produces, the school district and the center agree on the education funding for the student and enter into a contract memorializing the agreement.
- The bill's contract feature starts with the school district administration and uses permissive language: "A school district 'may' enter into a contract"
- If the administration and the center are unable to come to agreement, the bill mandates the district school board to enter into a contract: "A school board 'shall' enter into a contract"
- The bill sets out the terms the contract must include.
- If a school board approves a contract under the mandatory provisions, the board forwards the contract to the State Board of Education for final review and approval.
- If the school board rejects the contract, the bill creates an appeal option for the treatment center.
 - The appeal is decided by the Commissioner of Education and Early Development.
 - If the Commissioner finds for the treatment center, the contract as decided by the Commissioner is forwarded to the State Board for review and approval.
 - If the Commissioner rejects the treatment center's appeal, the center may appeal that decision to the State Board of Education and Early Development.

The bill establishes the appeal procedures for both the appeal to the Commissioner and the appeal to the State Board.

29-LS0519I
Glover
1/29/16

CS FOR HOUSE BILL NO. 102(EDC)

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTY-NINTH LEGISLATURE - SECOND SESSION

BY THE HOUSE EDUCATION COMMITTEE

Offered:
Referred:

Sponsor(s): HOUSE EDUCATION COMMITTEE

A BILL

FOR AN ACT ENTITLED

1 **"An Act relating to school boards; relating to approval of educational programs at**
2 **residential psychiatric treatment centers; providing for funding of educational services**
3 **for students in residential psychiatric treatment centers; and providing for an effective**
4 **date."**

5 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

6 * **Section 1.** The uncodified law of the State of Alaska is amended by adding a new section
7 to read:

8 LEGISLATIVE FINDINGS AND INTENT. The legislature finds that

9 (1) students who are admitted to residential psychiatric treatment centers are a
10 special class of students because they are confined to residential psychiatric treatment centers
11 for mental health treatment and must be provided with educational services at the centers
12 rather than in traditional schools;

13 (2) because of the unique educational and mental health treatment needs of
14 those students, school districts are sometimes challenged to meet the educational needs of

1 students admitted to residential psychiatric treatment centers;

2 (3) in some instances, a residential psychiatric treatment center is able to
3 provide more effective educational and treatment services to an admitted student than a school
4 district can provide to the student;

5 (4) students admitted to residential psychiatric treatment centers are entitled to
6 a free and appropriate public education comparable to the education received by other
7 students enrolled in public schools;

8 (5) the educational opportunities of students admitted to residential psychiatric
9 treatment centers should not be compromised while the students are admitted for treatment;

10 (6) a free and appropriate public education is an integral part of providing a
11 successful treatment outcome for a student admitted to a residential psychiatric treatment
12 center; and

13 (7) there is a demonstrated need to provide uniform requirements to allow
14 school districts to enter into contracts to authorize residential psychiatric treatment centers to
15 serve as educational service providers for admitted students.

16 * **Sec. 2.** AS 14.30 is amended by adding new sections to read:

17 **Article 14. Educational Programs Provided by Residential Psychiatric Treatment**
18 **Centers.**

19 **Sec. 14.30.800. Contracts for educational programs at residential**
20 **psychiatric treatment centers.** (a) A school district may enter into a contract to
21 provide payments to a residential psychiatric treatment center that provides an
22 educational program for a student admitted to the center if

23 (1) the school board governing the school district approves the
24 contract;

25 (2) the center

26 (A) is licensed under AS 47.32; and

27 (B) submits to the school board a proposed contract that
28 includes the information described under (b) of this section not less than 60
29 days before the beginning of the school year;

30 (3) the student is enrolled in the school district; and

31 (4) the student is admitted to the center

- 1 (A) under a court order;
- 2 (B) by the Department of Health and Social Services under
- 3 AS 47.10.087 or AS 47.12.255; or
- 4 (C) by private placement under the written orders of a licensed
- 5 physician or mental health professional finding that the placement is medically
- 6 necessary.
- 7 (b) A contract between a school district and a residential psychiatric treatment
- 8 center must include, at a minimum, the following provisions:
- 9 (1) the center's admission policies and procedures;
- 10 (2) the teacher-to-student ratio, including projected enrollment;
- 11 (3) a description of the educational program and how the program
- 12 aligns with state content and performance standards;
- 13 (4) a description of student assessments provided in the educational
- 14 program and an agreement that the center will administer student assessments required
- 15 by the state;
- 16 (5) written objectives for student achievement;
- 17 (6) the center's plans for providing special education, vocational
- 18 education, gifted education, and bilingual education for students, as applicable;
- 19 (7) an educational program schedule and calendar;
- 20 (8) a description of staff development activities;
- 21 (9) documentation that a teacher who possesses a valid teacher
- 22 certificate and meets additional training requirements under AS 14.30.250 will provide
- 23 the educational services;
- 24 (10) documentation that a person who possesses a valid administrative
- 25 certificate and meets other training requirements under AS 14.30.255 will administer
- 26 the special education services;
- 27 (11) assurances that the center has adopted a certificated employee
- 28 evaluation system based on professional performance standards for evaluation and
- 29 improvement of the performance of the center's teachers and educational services
- 30 administrators;
- 31 (12) assurances that the center will follow procedures established by

1 the department to comply with federal law, including 20 U.S.C. 1400 - 1482
2 (Individuals with Disabilities Education Act);

3 (13) a summary of the center's budget and financial plan;

4 (14) the method by which the center will account for receipts and
5 expenditures;

6 (15) assurances that the center will comply with all state and federal
7 requirements for receipt and use of public funds;

8 (16) proof that the center is approved by the Department of Health and
9 Social Services;

10 (17) a written plan to collaborate with the school district to coordinate
11 an individual course of study to allow the student to transition successfully back to the
12 school district;

13 (18) a commitment that, as a condition of funding, the center shall only
14 expend funds received under (a) of this section for educational services provided at the
15 center;

16 (19) an agreement that, as a condition of funding, the center shall allow
17 audit and inspection of records by state and federal agencies and shall return
18 overpayments;

19 (20) the term of the contract; the term of the contract may not exceed
20 one school year or the actual time period for which the student is admitted to the
21 center, whichever is less; and

22 (21) the amount of funding to be provided by the school district.

23 (c) A school board shall issue a written decision approving or rejecting a
24 contract under (a) of this section within 30 days after the center submits the contract to
25 the school board. The school board's decision must include all relevant findings of fact
26 and conclusions of law.

27 (d) If a school board approves a contract under this section, the school board
28 shall forward the application to the state Board of Education and Early Development
29 for review and approval.

30 (e) If a school board rejects a contract under (a) of this section, the center may
31 appeal the rejection to the commissioner. The center shall file the appeal not later than

1 60 days after the school board issues a written decision of rejection. The commissioner
2 shall review the local school board's decision to determine whether the findings of fact
3 are supported by substantial evidence and whether the decision is contrary to law. The
4 center may appeal a decision of the commissioner upholding a school board's rejection
5 of a contract to the state Board of Education and Early Development within 30 days
6 after the commissioner issues a written decision.

7 (f) If the commissioner approves a contract, the commissioner shall forward
8 the application to the state Board of Education and Early Development for review and
9 approval. The commissioner shall forward the contract not later than 30 days after the
10 commissioner issues a written decision. The state board shall exercise independent
11 judgment in evaluating the contract.

12 (g) A school board that rejected a contract that is approved by the state board
13 on appeal shall enter into the contract and honor the terms of the contract.

14 **Sec. 14.30.810. Appeal of application for funding.** (a) In an appeal to the
15 commissioner under AS 14.30.800, the commissioner shall review the record before
16 the school board. The commissioner may request written supplementation of the
17 record from the residential psychiatric treatment center or the school board. The
18 commissioner may

- 19 (1) remand the appeal to the school board for further review;
20 (2) approve the contract and forward the contract to the state Board of
21 Education and Early Development; or
22 (3) uphold the decision rejecting the contract; if the commissioner
23 upholds a school board's decision to reject the contract and the center appeals to the
24 state Board of Education and Early Development, the commissioner shall immediately
25 forward the contract and record to the state board.

26 (b) In an appeal to the state Board of Education and Early Development of a
27 rejection of a contract under (a)(3) of this section, the state board shall determine,
28 based on the record, whether the commissioner's findings are supported by substantial
29 evidence and whether the decision is contrary to law. The state board shall issue a
30 written decision within 90 days after an appeal.

31 **Sec. 14.30.820. Definitions.** In AS 14.30.800 - 14.30.820,

1 (1) "residential psychiatric treatment center" or "center" means a
2 secure or semi-secure facility, or an inpatient program in another facility, that
3 provides, under the direction of a physician, psychiatric diagnostic, evaluation, and
4 treatment services on a 24-hour-a-day basis to an individual with severe emotional or
5 behavioral disorders;

6 (2) "school district" has the meaning given in AS 14.30.350.

7 * **Sec. 3.** AS 14.30.800, 14.30.810, and 14.30.820 are repealed July 1, 2019.

8 * **Sec. 4.** This Act takes effect immediately under AS 01.10.070(c).

29-LS0519\G
Glover
2/5/16

CS FOR HOUSE BILL NO. 102(EDC)

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTY-NINTH LEGISLATURE - SECOND SESSION

BY THE HOUSE EDUCATION COMMITTEE

Offered:

Referred:

Sponsor(s): HOUSE EDUCATION COMMITTEE

A BILL

FOR AN ACT ENTITLED

1 **"An Act relating to school boards; relating to approval of educational programs at**
2 **residential psychiatric treatment centers; providing for funding of educational services**
3 **for students in residential psychiatric treatment centers; and providing for an effective**
4 **date."**

5 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

6 *** Section 1.** The uncodified law of the State of Alaska is amended by adding a new section
7 to read:

8 **LEGISLATIVE FINDINGS AND INTENT.** The legislature finds that

9 (1) students who are admitted to residential psychiatric treatment centers are a
10 special class of students because they are confined to residential psychiatric treatment centers
11 for mental health treatment and must be provided with educational services at the centers
12 rather than in traditional schools;

13 (2) because of the unique educational and mental health treatment needs of
14 those students, school districts are sometimes challenged to meet the educational needs of

1 students admitted to residential psychiatric treatment centers;

2 (3) in some instances, a residential psychiatric treatment center is able to
3 provide more effective educational and treatment services to an admitted student than a school
4 district can provide to the student;

5 (4) students admitted to residential psychiatric treatment centers are entitled to
6 a free and appropriate public education comparable to the education received by other
7 students enrolled in public schools;

8 (5) the educational opportunities of students admitted to residential psychiatric
9 treatment centers should not be compromised while the students are admitted for treatment;

10 (6) a free and appropriate public education is an integral part of providing a
11 successful treatment outcome for a student admitted to a residential psychiatric treatment
12 center; and

13 (7) there is a demonstrated need to provide uniform requirements to allow
14 school boards to enter into contracts to authorize residential psychiatric treatment centers to
15 serve as educational service providers for admitted students.

16 * **Sec. 2.** AS 14.30 is amended by adding new sections to read:

17 **Article 14. Educational Programs Provided by Residential Psychiatric Treatment**
18 **Centers.**

19 **Sec. 14.30.800. Contracts for educational programs at residential**
20 **psychiatric treatment centers.** (a) A school board shall enter into a contract to
21 provide payments to a residential psychiatric treatment center that provides an
22 educational program for a student admitted to the center if

23 (1) the center

24 (A) is licensed under AS 47.32; and

25 (B) submits to the school board a proposed contract that
26 includes, at a minimum, the information described under (b) of this section not
27 less than 60 days before the beginning of the school year;

28 (2) the student is enrolled in the school district;

29 (3) the student is admitted to the center

30 (A) under a court order;

31 (B) by the Department of Health and Social Services under

1 AS 47.10.087 or AS 47.12.255; or

2 (C) by private placement under the written orders of a licensed
3 physician or mental health professional finding that the placement is medically
4 necessary; and

5 (4) the school board finds that the reimbursement rate proposed by the
6 center under (b)(21) of this section is reasonable.

7 (b) A contract between a school board and a residential psychiatric treatment
8 center must include the following provisions:

9 (1) the center's admission policies and procedures;

10 (2) the teacher-to-student ratio, including projected enrollment;

11 (3) a description of the educational program and how the program
12 aligns with state content and performance standards;

13 (4) a description of student assessments provided in the educational
14 program and an agreement that the center will administer student assessments required
15 by the state;

16 (5) written objectives for student achievement;

17 (6) the center's plans for providing special education, vocational
18 education, gifted education, and bilingual education for students, as applicable;

19 (7) an educational program schedule and calendar; ✚

20 (8) a description of staff development activities;

21 (9) documentation that a teacher who possesses a valid teacher
22 certificate issued by the department and meets additional training requirements under
23 AS 14.30.250 will provide the educational services;

24 (10) documentation that a person who possesses a valid administrative
25 certificate issued by the department and meets other training requirements under
26 AS 14.30.255 will administer the special education services;

27 (11) assurances that the center has adopted a certificated employee
28 evaluation system based on professional performance standards for evaluation and
29 improvement of the performance of the center's teachers and educational services
30 administrators;

31 (12) assurances that the center will follow procedures established by

1 the department to comply with federal law, including 20 U.S.C. 1400 - 1482
2 (Individuals with Disabilities Education Act);

3 (13) a summary of the center's budget and financial plan;

4 (14) the method by which the center will account for receipts and
5 expenditures;

6 (15) assurances that the center will comply with all state and federal
7 requirements for receipt and use of public funds;

8 (16) proof that the center is approved by the Department of Health and
9 Social Services;

10 (17) a written plan to collaborate with the school district to coordinate
11 an individual course of study to allow the student to transition successfully back to the
12 school district;

13 (18) a commitment that, as a condition of funding, the center shall only
14 expend funds received under (a) of this section for educational services provided at the
15 center;

16 (19) an agreement that, as a condition of funding, the center shall allow
17 audit and inspection of records by state and federal agencies and shall return
18 overpayments;

19 (20) the term of the contract; the term of the contract may not exceed
20 one school year or the actual time period for which the student is admitted to the
21 center, whichever is less; and

22 (21) the reimbursement rate to be provided by the school district for
23 educational services provided by the center.

24 (c) A school board shall issue a written decision approving or rejecting a
25 contract under (a) of this section within 30 days after the center submits the contract to
26 the school board. The school board's decision must include all relevant findings of fact
27 and conclusions of law.

28 (d) If a school board approves a contract under this section, the school board
29 shall forward the application to the state Board of Education and Early Development
30 for review and approval.

31 (e) If a school board rejects a contract under (a) of this section, the center may

1 appeal the rejection to the commissioner. The center shall file the appeal not later than
2 60 days after the school board issues a written decision of rejection. The commissioner
3 shall review the local school board's decision to determine whether the findings of fact
4 are supported by substantial evidence and whether the decision is contrary to law. The
5 center may appeal a decision of the commissioner upholding a school board's rejection
6 of a contract to the state Board of Education and Early Development within 30 days
7 after the commissioner issues a written decision.

8 (f) If the commissioner approves a contract, the commissioner shall forward
9 the application to the state Board of Education and Early Development for review and
10 approval. The commissioner shall forward the contract not later than 30 days after the
11 commissioner issues a written decision. The state board shall exercise independent
12 judgment in evaluating the contract.

13 (g) A school board that rejected a contract that is approved by the state board
14 on appeal shall enter into the contract and honor the terms of the contract.

15 **Sec. 14.30.810. Appeal of application for funding.** (a) In an appeal to the
16 commissioner under AS 14.30.800, the commissioner shall review the record before
17 the school board to determine whether the proposed contract meets the requirements
18 under AS 14.30.800(b) and whether the proposed reimbursement rate is reasonable.
19 The commissioner may request written supplementation of the record from the
20 residential psychiatric treatment center or the school board. The commissioner may

21 (1) remand the appeal to the school board for further review;

22 (2) approve the contract and forward the contract to the state Board of
23 Education and Early Development; or

24 (3) uphold the decision rejecting the contract; if the commissioner
25 upholds a school board's decision to reject the contract and the center appeals to the
26 state Board of Education and Early Development, the commissioner shall immediately
27 forward the contract and record to the state board.

28 (b) In an appeal to the state Board of Education and Early Development of a
29 rejection of a contract under (a)(3) of this section, the state board shall determine,
30 based on the record, whether the commissioner's findings are supported by substantial
31 evidence and whether the decision is contrary to laws. The state board shall issue a

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written decision within 90 days after an appeal.

Sec. 14.30.820. Definitions. In AS 14.30.800 - 14.30.820,

(1) "residential psychiatric treatment center" or "center" means a secure or semi-secure facility, or an inpatient program in another facility, that provides, under the direction of a physician, psychiatric diagnostic, evaluation, and treatment services on a 24-hour-a-day basis to an individual with severe emotional or behavioral disorders;

(2) "school district" has the meaning given in AS 14.30.350.

* **Sec. 3.** AS 14.30.800, 14.30.810, and 14.30.820 are repealed July 1, 2019.

* **Sec. 4.** This Act takes effect immediately under AS 01.10.070(c).

CS FOR HOUSE BILL NO. 102(EDC)

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTY-NINTH LEGISLATURE - SECOND SESSION

BY THE HOUSE EDUCATION COMMITTEE

Offered:

Referred:

Sponsor(s): HOUSE EDUCATION COMMITTEE

A BILL

FOR AN ACT ENTITLED

1 **"An Act relating to school boards; relating to approval of educational programs at**
2 **residential psychiatric treatment centers; providing for funding of educational services**
3 **for students in residential psychiatric treatment centers; and providing for an effective**
4 **date."**

5 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

6 * **Section 1.** The uncodified law of the State of Alaska is amended by adding a new section
7 to read:

8 LEGISLATIVE FINDINGS AND INTENT. The legislature finds that

9 (1) students who are admitted to residential psychiatric treatment centers are a
10 special class of students because they are confined to residential psychiatric treatment centers
11 for mental health treatment and must be provided with educational services at the centers
12 rather than in traditional schools;

13 (2) because of the unique educational and mental health treatment needs of
14 those students, school districts are sometimes challenged to meet the educational needs of

1 students admitted to residential psychiatric treatment centers;

2 (3) in some instances, a residential psychiatric treatment center is able to
3 provide more effective educational and treatment services to an admitted student than a school
4 district can provide to the student;

5 (4) students admitted to residential psychiatric treatment centers are entitled to
6 a free and appropriate public education comparable to the education received by other
7 students enrolled in public schools;

8 (5) the educational opportunities of students admitted to residential psychiatric
9 treatment centers should not be compromised while the students are admitted for treatment;

10 (6) a free and appropriate public education is an integral part of providing a
11 successful treatment outcome for a student admitted to a residential psychiatric treatment
12 center; and

13 (7) there is a demonstrated need to provide uniform requirements to allow
14 school boards to enter into contracts to authorize residential psychiatric treatment centers to
15 serve as educational service providers for admitted students.

16 * **Sec. 2.** AS 14.30 is amended by adding new sections to read:

17 **Article 14. Educational Programs Provided by Residential Psychiatric Treatment**
18 **Centers.**

19 **Sec. 14.30.800. Contracts for educational programs at residential**
20 **psychiatric treatment centers.** (a) A school board shall enter into a contract to
21 provide payments to a residential psychiatric treatment center that provides an
22 educational program for a student admitted to the center if

23 (1) the center

24 (A) is licensed under AS 47.32; and

25 (B) submits to the school board a proposed contract that
26 includes, at a minimum, the information described under (b) of this section not
27 less than 60 days before the beginning of the school year;

28 (2) the student is enrolled in the school district;

29 (3) the student is admitted to the center

30 (A) under a court order;

31 (B) by the Department of Health and Social Services under

1 AS 47.10.087 or AS 47.12.255; or

2 (C) by private placement under the written orders of a licensed
3 physician or mental health professional finding that the placement is medically
4 necessary; and

5 (4) the school board finds that the reimbursement rate proposed by the
6 center under (b)(21) of this section is reasonable.

7 (b) A contract between a school board and a residential psychiatric treatment
8 center must include the following provisions:

9 (1) the center's admission policies and procedures;

10 (2) the teacher-to-student ratio, including projected enrollment;

11 (3) a description of the educational program and how the program
12 aligns with state content and performance standards;

13 (4) a description of student assessments provided in the educational
14 program and an agreement that the center will administer student assessments required
15 by the state;

16 (5) written objectives for student achievement;

17 (6) the center's plans for providing special education, vocational
18 education, gifted education, and bilingual education for students, as applicable;

19 (7) an educational program schedule and calendar;

20 (8) a description of staff development activities;

21 (9) documentation that a teacher who possesses a valid teacher
22 certificate issued by the department and meets additional training requirements under
23 AS 14.30.250 will provide the educational services;

24 (10) documentation that a person who possesses a valid administrative
25 certificate issued by the department and meets other training requirements under
26 AS 14.30.255 will administer the special education services;

27 (11) assurances that the center has adopted a certificated employee
28 evaluation system based on professional performance standards for evaluation and
29 improvement of the performance of the center's teachers and educational services
30 administrators;

31 (12) assurances that the center will follow procedures established by

1 the department to comply with federal law, including 20 U.S.C. 1400 - 1482
2 (Individuals with Disabilities Education Act);

3 (13) a summary of the center's budget and financial plan;

4 (14) the method by which the center will account for receipts and
5 expenditures;

6 (15) assurances that the center will comply with all state and federal
7 requirements for receipt and use of public funds;

8 (16) proof that the center is approved by the Department of Health and
9 Social Services;

10 (17) a written plan to collaborate with the school district to coordinate
11 an individual course of study to allow the student to transition successfully back to the
12 school district;

13 (18) a commitment that, as a condition of funding, the center shall only
14 expend funds received under (a) of this section for educational services provided at the
15 center;

16 (19) an agreement that, as a condition of funding, the center shall allow
17 audit and inspection of records by state and federal agencies and shall return
18 overpayments;

19 (20) the term of the contract; the term of the contract may not exceed
20 three years; and

21 (21) the reimbursement rate to be provided by the school district for
22 educational services provided by the center.

23 (c) A school board shall issue a written decision approving or rejecting a
24 contract under (a) of this section within 30 days after the center submits the contract to
25 the school board. The school board's decision must include all relevant findings of fact
26 and conclusions of law.

27 (d) If a school board approves a contract under this section, the school board
28 shall forward the application to the state Board of Education and Early Development
29 for review and approval.

30 (e) If a school board rejects a contract under (a) of this section, the center may
31 appeal the rejection to the commissioner. The center shall file the appeal not later than

1 60 days after the school board issues a written decision of rejection. The commissioner
2 shall review the local school board's decision to determine whether the findings of fact
3 are supported by substantial evidence and whether the decision is contrary to law. The
4 center may appeal a decision of the commissioner upholding a school board's rejection
5 of a contract to the state Board of Education and Early Development within 30 days
6 after the commissioner issues a written decision.

7 (f) If the commissioner approves a contract, the commissioner shall forward
8 the application to the state Board of Education and Early Development for review and
9 approval. The commissioner shall forward the contract not later than 30 days after the
10 commissioner issues a written decision. The state board shall exercise independent
11 judgment in evaluating the contract.

12 (g) A school board that rejected a contract that is approved by the state board
13 on appeal shall enter into the contract and honor the terms of the contract.

14 **Sec. 14.30.810. Appeal of application for funding.** (a) In an appeal to the
15 commissioner under AS 14.30.800, the commissioner shall review the record before
16 the school board to determine whether the proposed contract meets the requirements
17 under AS 14.30.800(b) and whether the proposed reimbursement rate is reasonable.
18 The commissioner may request written supplementation of the record from the
19 residential psychiatric treatment center or the school board. The commissioner may

20 (1) remand the appeal to the school board for further review;

21 (2) approve the contract and forward the contract to the state Board of
22 Education and Early Development; or

23 (3) uphold the decision rejecting the contract; if the commissioner
24 upholds a school board's decision to reject the contract and the center appeals to the
25 state Board of Education and Early Development, the commissioner shall immediately
26 forward the contract and record to the state board.

27 (b) In an appeal to the state Board of Education and Early Development of a
28 rejection of a contract under (a)(3) of this section, the state board shall determine,
29 based on the record, whether the commissioner's findings are supported by substantial
30 evidence and whether the decision is contrary to laws. The state board shall issue a
31 written decision within 90 days after an appeal.

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Sec. 14.30.820. Definitions. In AS 14.30.800 - 14.30.820,

(1) "residential psychiatric treatment center" or "center" means a secure or semi-secure facility, or an inpatient program in another facility, that provides, under the direction of a physician, psychiatric diagnostic, evaluation, and treatment services on a 24-hour-a-day basis to an individual with severe emotional or behavioral disorders;

(2) "school district" has the meaning given in AS 14.30.350.

* **Sec. 3.** AS 14.30.800, 14.30.810, and 14.30.820 are repealed July 1, 2019.

* **Sec. 4.** This Act takes effect immediately under AS 01.10.070(c).

29-LS0519\W
Glover
3/16/15

CS FOR HOUSE BILL NO. 102(EDC)
IN THE LEGISLATURE OF THE STATE OF ALASKA
TWENTY-NINTH LEGISLATURE - FIRST SESSION

BY THE HOUSE EDUCATION COMMITTEE

Offered:
Referred:

Sponsor(s): HOUSE EDUCATION COMMITTEE

A BILL

FOR AN ACT ENTITLED

1 **"An Act providing for funding and standards of educational services for students in**
2 **residential psychiatric treatment centers."**

3 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

4 *** Section 1.** AS 14.16 is amended by adding a new section to read:

5 **Article 3. Educational Programs Operated by Residential Psychiatric Treatment**
6 **Centers.**

7 **Sec. 14.16.300. Education funding for students in residential psychiatric**
8 **treatment centers.** (a) A school district shall provide funding under this section to a
9 residential psychiatric treatment center for educational services provided to a student
10 admitted to the center if

- 11 (1) the student is enrolled in the school district;
- 12 (2) the student is admitted to the center
 - 13 (A) under a court order;
 - 14 (B) by the Department of Health and Social Services under

1 AS 47.10.087 or AS 47.12.255; or

2 (C) by private placement under the written orders of a licensed
3 physician or mental health professional finding that the placement is medically
4 necessary;

5 (3) the educational services are provided by a teacher who possesses a
6 valid teacher certificate and meets additional training requirements under
7 AS 14.30.250;

8 (4) special education services are administered by a person who
9 possesses a valid administrative certificate and meets other training requirements
10 under AS 14.30.255;

11 (5) the center administers student assessments required by the
12 department;

13 (6) the center has adopted a certificated employee evaluation system
14 based on professional performance standards for evaluation and improvement of the
15 performance of the center's teachers and educational services administrators;

16 (7) the center follows procedures established by the department to
17 comply with federal law, including 20 U.S.C. 1400 - 1482 (Individuals with
18 Disabilities Education Act);

19 (8) the center complies with all state and federal requirements for the
20 receipt and use of public money;

21 (9) the center is approved by the Department of Health and Social
22 Services; and

23 (10) within five business days after admitting the student, the center
24 notifies the school district where the student is enrolled, in writing, that the center will
25 provide educational services to the student while the student resides at the center.

26 (b) For each student receiving educational services at a residential psychiatric
27 treatment center, the school district where the student is enrolled shall pay the center
28 an amount equal to the amount generated by the student receiving educational services
29 at the center less administrative costs retained by the local school district, determined
30 by applying the indirect cost rate approved by the department. The amount generated
31 by the student receiving educational services at the center is to be determined in the

1 same manner as it would be for a student attending a public school in that school
2 district and includes federal impact aid, the required local contribution under
3 AS 14.17.410(b)(2), the local contribution under AS 14.17.410(c), special needs
4 funding under AS 14.17.420(a)(1), intensive services funding under
5 AS 14.17.420(a)(2), secondary school vocational and technical instruction funding
6 under AS 14.17.420(a)(3), and other appropriations for the purpose.

7 (c) The school district shall prorate the total amount calculated under (b) of
8 this section for a student by the number of days the student is admitted to the
9 residential psychiatric treatment center and receives educational services provided by
10 the center.

11 (d) If the amount appropriated to the school district is reduced under
12 AS 14.17.400(b), the school district shall reduce the funding provided to the
13 residential psychiatric treatment facility as necessary.

14 (e) In this section, "residential psychiatric treatment center" or "center" means
15 a secure or semi-secure facility, or an inpatient program in another facility, that
16 provides, under the direction of a physician, psychiatric diagnostic, evaluation, and
17 treatment services on a 24-hour-a-day basis to an individual with severe emotional or
18 behavioral disorders.

29-LS0519\Y
Glover
3/17/16

CS FOR HOUSE BILL NO. 102(EDC)

IN THE LEGISLATURE OF THE STATE OF ALASKA
TWENTY-NINTH LEGISLATURE - SECOND SESSION

BY THE HOUSE EDUCATION COMMITTEE

Offered:
Referred:

Sponsor(s): HOUSE EDUCATION COMMITTEE

A BILL

FOR AN ACT ENTITLED

1 **"An Act relating to school districts; relating to school boards; relating to approval of**
2 **educational programs at residential psychiatric treatment centers; providing for**
3 **funding of educational services for students in residential psychiatric treatment centers;**
4 **and providing for an effective date."**

5 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

6 * **Section 1.** The uncodified law of the State of Alaska is amended by adding a new section
7 to read:

8 **LEGISLATIVE FINDINGS AND INTENT.** The legislature finds that

9 (1) students who are admitted to residential psychiatric treatment centers are a
10 special class of students because they are confined to residential psychiatric treatment centers
11 for mental health treatment and must be provided with educational services at the centers
12 rather than in traditional schools;

13 (2) because of the unique educational and mental health treatment needs of
14 those students, school districts are sometimes challenged to meet the educational needs of

1 students admitted to residential psychiatric treatment centers;

2 (3) in some instances, a residential psychiatric treatment center is able to
3 provide more effective educational and treatment services to an admitted student than a school
4 district can provide to the student;

5 (4) students admitted to residential psychiatric treatment centers are entitled to
6 a free and appropriate public education comparable to the education received by other
7 students enrolled in public schools;

8 (5) the educational opportunities of students admitted to residential psychiatric
9 treatment centers should not be compromised while the students are admitted for treatment;
10 and

11 (6) a free and appropriate public education is an integral part of providing a
12 successful treatment outcome for a student admitted to a residential psychiatric treatment
13 center.

14 * **Sec. 2.** AS 14.30 is amended by adding new sections to read:

15 **Article 14. Educational Programs Provided by Residential Psychiatric Treatment**
16 **Centers.**

17 **Sec. 14.30.800. Contracts for educational programs at residential**
18 **psychiatric treatment centers.** (a) A school district may enter into a contract to
19 provide payments to a residential psychiatric treatment center that provides an
20 educational program for a student admitted to the center. If a school district and a
21 residential psychiatric treatment center are unable to agree on a proposed contract on
22 or before January 1 immediately preceding the first school year for which the
23 residential psychiatric treatment center is seeking funding, the school board where a
24 student who is admitted to the center is enrolled shall enter into a contract with the
25 center as provided in (b) of this section.

26 (b) A school board shall enter into a contract to provide payments to a
27 residential psychiatric treatment center that provides an educational program for a
28 student admitted to the center if

29 (1) the center

30 (A) is licensed under AS 47.32; and

31 (B) submits to the school board a proposed contract that

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1 includes, at a minimum, the information described under (c) of this section not
2 less than 60 days before the beginning of the school year;

3 (2) the student is enrolled in the school district;

4 (3) the student is admitted to the center

5 (A) under a court order;

6 (B) by the Department of Health and Social Services under
7 AS 47.10.087 or AS 47.12.255; or

8 (C) by private placement under the written orders of a licensed
9 physician or mental health professional finding that the placement is medically
10 necessary; and

11 (4) the school board finds that the reimbursement rate proposed by the
12 center under (c)(21) of this section is reasonable.

13 (c) A contract between a school board and a residential psychiatric treatment
14 center must include the following provisions:

15 (1) the center's admission policies and procedures;

16 (2) the teacher-to-student ratio, including projected enrollment;

17 (3) a description of the educational program and how the program
18 aligns with state content and performance standards;

19 (4) a description of student assessments provided in the educational
20 program and an agreement that the center will administer student assessments required
21 by the state;

22 (5) written objectives for student achievement;

23 (6) the center's plans for providing special education, vocational
24 education, gifted education, and bilingual education for students, as applicable;

25 (7) an educational program schedule and calendar;

26 (8) a description of staff development activities;

27 (9) documentation that a teacher who possesses a valid teacher
28 certificate issued by the department and meets additional training requirements under
29 AS 14.30.250 will provide the educational services;

30 (10) documentation that a person who possesses a valid administrative
31 certificate issued by the department and meets other training requirements under

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AS 14.30.255 will administer the special education services;

(11) assurances that the center has adopted a certificated employee evaluation system based on professional performance standards for evaluation and improvement of the performance of the center's teachers and educational services administrators;

(12) assurances that the center will follow procedures established by the department to comply with federal law, including 20 U.S.C. 1400 - 1482 (Individuals with Disabilities Education Act);

(13) a summary of the center's budget and financial plan;

(14) the method by which the center will account for receipts and expenditures;

(15) assurances that the center will comply with all state and federal requirements for receipt and use of public funds;

(16) proof that the center is approved by the Department of Health and Social Services;

(17) a written plan to collaborate with the school district to coordinate an individual course of study to allow the student to transition successfully back to the school district;

(18) a commitment that, as a condition of funding, the center shall only expend funds received under (b) of this section for educational services provided at the center;

(19) an agreement that, as a condition of funding, the center shall allow audit and inspection of records by state and federal agencies and shall return overpayments;

(20) the term of the contract; the term of the contract may not exceed three years; and

(21) the reimbursement rate to be provided by the school district for educational services provided by the center.

(d) A school board shall issue a written decision approving or rejecting a contract under (b) of this section within 30 days after the center submits the contract to the school board. The school board's decision must include all relevant findings of fact

1 and conclusions of law.

2 (e) If a school board approves a contract under this section, the school board
3 shall forward the application to the state Board of Education and Early Development
4 for review and approval.

5 (f) If a school board rejects a contract under (b) of this section, the center may
6 appeal the rejection to the commissioner. The center shall file the appeal not later than
7 60 days after the school board issues a written decision of rejection. The commissioner
8 shall review the local school board's decision to determine whether the findings of fact
9 are supported by substantial evidence and whether the decision is contrary to law. The
10 center may appeal a decision of the commissioner upholding a school board's rejection
11 of a contract to the state Board of Education and Early Development within 30 days
12 after the commissioner issues a written decision.

13 (g) If the commissioner approves a contract, the commissioner shall forward
14 the application to the state Board of Education and Early Development for review and
15 approval. The commissioner shall forward the contract not later than 30 days after the
16 commissioner issues a written decision. The state board shall exercise independent
17 judgment in evaluating the contract.

18 (h) A school board that rejected a contract that is approved by the state board
19 on appeal shall enter into the contract and honor the terms of the contract.

20 **Sec. 14.30.810. Appeal of application for funding.** (a) In an appeal to the
21 commissioner under AS 14.30.800(f) - (g), the commissioner shall review the record
22 before the school board to determine whether the proposed contract meets the
23 requirements under AS 14.30.800(c) and whether the proposed reimbursement rate is
24 reasonable. The commissioner may request written supplementation of the record from
25 the residential psychiatric treatment center or the school board. The commissioner
26 may

27 (1) remand the appeal to the school board for further review;

28 (2) approve the contract and forward the contract to the state Board of
29 Education and Early Development; or

30 (3) uphold the decision rejecting the contract; if the commissioner
31 upholds a school board's decision to reject the contract and the center appeals to the

1 state Board of Education and Early Development, the commissioner shall immediately
2 forward the contract and record to the state board.

3 (b) In an appeal to the state Board of Education and Early Development of a
4 rejection of a contract under (a)(3) of this section, the state board shall determine,
5 based on the record, whether the commissioner's findings are supported by substantial
6 evidence and whether the decision is contrary to laws. The state board shall issue a
7 written decision within 90 days after an appeal.

8 **Sec. 14.30.820. Definitions.** In AS 14.30.800 - 14.30.820,

9 (1) "residential psychiatric treatment center" or "center" means a
10 secure or semi-secure facility, or an inpatient program in another facility, that
11 provides, under the direction of a physician, psychiatric diagnostic, evaluation, and
12 treatment services on a 24-hour-a-day basis to an individual with severe emotional or
13 behavioral disorders;

14 (2) "school district" has the meaning given in AS 14.30.350.

15 * **Sec. 3.** AS 14.30.800, 14.30.810, and 14.30.820 are repealed July 1, 2020.

16 * **Sec. 4.** This Act takes effect immediately under AS 01.10.070(c).

29-LS0519\L
Glover
3/17/16

CS FOR HOUSE BILL NO. 102(EDC)

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTY-NINTH LEGISLATURE - SECOND SESSION

BY THE HOUSE EDUCATION COMMITTEE

Offered:

Referred:

Sponsor(s): HOUSE EDUCATION COMMITTEE

A BILL

FOR AN ACT ENTITLED

1 **"An Act relating to school districts; relating to school boards; relating to approval of**
2 **educational programs at residential psychiatric treatment centers; providing for**
3 **funding of educational services for students in residential psychiatric treatment centers;**
4 **and providing for an effective date."**

5 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

6 * **Section 1.** The uncodified law of the State of Alaska is amended by adding a new section
7 to read:

8 **LEGISLATIVE FINDINGS AND INTENT.** The legislature finds that

9 (1) students who are admitted to residential psychiatric treatment centers are a
10 special class of students because they are confined to residential psychiatric treatment centers
11 for mental health treatment and must be provided with educational services at the centers
12 rather than in traditional schools;

13 (2) because of the unique educational and mental health treatment needs of
14 those students, school districts are sometimes challenged to meet the educational needs of

1 students admitted to residential psychiatric treatment centers;

2 (3) in some instances, a residential psychiatric treatment center is able to
3 provide more effective educational and treatment services to an admitted student than a school
4 district can provide to the student;

5 (4) students admitted to residential psychiatric treatment centers are entitled to
6 a free and appropriate public education comparable to the education received by other
7 students enrolled in public schools;

8 (5) the educational opportunities of students admitted to residential psychiatric
9 treatment centers should not be compromised while the students are admitted for treatment;
10 and

11 (6) a free and appropriate public education is an integral part of providing a
12 successful treatment outcome for a student admitted to a residential psychiatric treatment
13 center.

14 * **Sec. 2.** AS 14.30 is amended by adding new sections to read:

15 **Article 14. Educational Programs Provided by Residential Psychiatric Treatment**
16 **Centers.**

17 **Sec. 14.30.800. Contracts for educational programs at residential**
18 **psychiatric treatment centers.** (a) A school district may enter into a contract to
19 provide payments to a residential psychiatric treatment center that provides an
20 educational program for a student admitted to the center. If a school district and a
21 residential psychiatric treatment center are unable to agree on a proposed contract on
22 or before ~~April~~ ^{Jan 1} immediately preceding the first school year for which the residential
23 psychiatric treatment center is seeking funding, the school board where a student who
24 is admitted to the center is enrolled shall enter into a contract with the center as
25 provided in (b) of this section.

26 (b) A school board shall enter into a contract to provide payments to a
27 residential psychiatric treatment center that provides an educational program for a
28 student admitted to the center if

29 (1) the center

30 (A) is licensed under AS 47.32; and

31 (B) submits to the school board a proposed contract that

1 includes, at a minimum, the information described under (c) of this section not
2 less than 60 days before the beginning of the school year;

3 (2) the student is enrolled in the school district;

4 (3) the student is admitted to the center

5 (A) under a court order;

6 (B) by the Department of Health and Social Services under
7 AS 47.10.087 or AS 47.12.255; or

8 (C) by private placement under the written orders of a licensed
9 physician or mental health professional finding that the placement is medically
10 necessary; and

11 (4) the school board finds that the reimbursement rate proposed by the
12 center under (c)(21) of this section is reasonable.

13 (c) A contract between a school board and a residential psychiatric treatment
14 center must include the following provisions:

15 (1) the center's admission policies and procedures;

16 (2) the teacher-to-student ratio, including projected enrollment;

17 (3) a description of the educational program and how the program
18 aligns with state content and performance standards;

19 (4) a description of student assessments provided in the educational
20 program and an agreement that the center will administer student assessments required
21 by the state;

22 (5) written objectives for student achievement;

23 (6) the center's plans for providing special education, vocational
24 education, gifted education, and bilingual education for students, as applicable;

25 (7) an educational program schedule and calendar;

26 (8) a description of staff development activities;

27 (9) documentation that a teacher who possesses a valid teacher
28 certificate issued by the department and meets additional training requirements under
29 AS 14.30.250 will provide the educational services;

30 (10) documentation that a person who possesses a valid administrative
31 certificate issued by the department and meets other training requirements under

1 AS 14.30.255 will administer the special education services;

2 (11) assurances that the center has adopted a certificated employee
3 evaluation system based on professional performance standards for evaluation and
4 improvement of the performance of the center's teachers and educational services
5 administrators;

6 (12) assurances that the center will follow procedures established by
7 the department to comply with federal law, including 20 U.S.C. 1400 - 1482
8 (Individuals with Disabilities Education Act);

9 (13) a summary of the center's budget and financial plan;

10 (14) the method by which the center will account for receipts and
11 expenditures;

12 (15) assurances that the center will comply with all state and federal
13 requirements for receipt and use of public funds;

14 (16) proof that the center is approved by the Department of Health and
15 Social Services;

16 (17) a written plan to collaborate with the school district to coordinate
17 an individual course of study to allow the student to transition successfully back to the
18 school district;

19 (18) a commitment that, as a condition of funding, the center shall only
20 expend funds received under (b) of this section for educational services provided at the
21 center;

22 (19) an agreement that, as a condition of funding, the center shall allow
23 audit and inspection of records by state and federal agencies and shall return
24 overpayments;

25 (20) the term of the contract; the term of the contract may not exceed
26 three years; and

27 (21) the reimbursement rate to be provided by the school district for
28 educational services provided by the center.

29 (d) A school board shall issue a written decision approving or rejecting a
30 contract under (b) of this section within 30 days after the center submits the contract to
31 the school board. The school board's decision must include all relevant findings of fact

1 and conclusions of law.

2 (e) If a school board approves a contract under this section, the school board
3 shall forward the application to the state Board of Education and Early Development
4 for review and approval.

5 (f) If a school board rejects a contract under (b) of this section, the center may
6 appeal the rejection to the commissioner. The center shall file the appeal not later than
7 60 days after the school board issues a written decision of rejection. The commissioner
8 shall review the local school board's decision to determine whether the findings of fact
9 are supported by substantial evidence and whether the decision is contrary to law. The
10 center may appeal a decision of the commissioner upholding a school board's rejection
11 of a contract to the state Board of Education and Early Development within 30 days
12 after the commissioner issues a written decision.

13 (g) If the commissioner approves a contract, the commissioner shall forward
14 the application to the state Board of Education and Early Development for review and
15 approval. The commissioner shall forward the contract not later than 30 days after the
16 commissioner issues a written decision. The state board shall exercise independent
17 judgment in evaluating the contract.

18 (h) A school board that rejected a contract that is approved by the state board
19 on appeal shall enter into the contract and honor the terms of the contract.

20 **Sec. 14.30.810. Appeal of application for funding.** (a) In an appeal to the
21 commissioner under AS 14.30.800(f) - (g), the commissioner shall review the record
22 before the school board to determine whether the proposed contract meets the
23 requirements under AS 14.30.800(c) and whether the proposed reimbursement rate is
24 reasonable. The commissioner may request written supplementation of the record from
25 the residential psychiatric treatment center or the school board. The commissioner
26 may

27 (1) remand the appeal to the school board for further review;

28 (2) approve the contract and forward the contract to the state Board of
29 Education and Early Development; or

30 (3) uphold the decision rejecting the contract; if the commissioner
31 upholds a school board's decision to reject the contract and the center appeals to the

1 state Board of Education and Early Development, the commissioner shall immediately
2 forward the contract and record to the state board.

3 (b) In an appeal to the state Board of Education and Early Development of a
4 rejection of a contract under (a)(3) of this section, the state board shall determine,
5 based on the record, whether the commissioner's findings are supported by substantial
6 evidence and whether the decision is contrary to laws. The state board shall issue a
7 written decision within 90 days after an appeal.

8 **Sec. 14.30.820. Definitions.** In AS 14.30.800 - 14.30.820,

9 (1) "residential psychiatric treatment center" or "center" means a
10 secure or semi-secure facility, or an inpatient program in another facility, that
11 provides, under the direction of a physician, psychiatric diagnostic, evaluation, and
12 treatment services on a 24-hour-a-day basis to an individual with severe emotional or
13 behavioral disorders;

14 (2) "school district" has the meaning given in AS 14.30.350.

15 * **Sec. 3.** AS 14.30.800, 14.30.810, and 14.30.820 are repealed July 1, 2020.

16 * **Sec. 4.** This Act takes effect immediately under AS 01.10.070(c).

29-LS0519\H
Glover
3/31/15

CS FOR HOUSE BILL NO. 102(EDC)
IN THE LEGISLATURE OF THE STATE OF ALASKA
TWENTY-NINTH LEGISLATURE - FIRST SESSION

BY THE HOUSE EDUCATION COMMITTEE

Offered:
Referred:

Sponsor(s): HOUSE EDUCATION COMMITTEE

A BILL

FOR AN ACT ENTITLED

1 **"An Act relating to residential psychiatric treatment center charter schools."**

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

3 *** Section 1.** AS 14.03 is amended by adding a new section to read:

4 **Sec. 14.03.276. Residential psychiatric treatment center charter schools.**

5 (a) A residential psychiatric treatment center that is approved by the Department of
6 Health and Social Services may apply to a local school board under AS 14.03.250 to
7 establish a charter school for students admitted to the residential psychiatric treatment
8 center. Except as provided in this section, the requirements of AS 14.03.250 -
9 14.03.290 apply to a residential psychiatric treatment center charter school.

10 (b) The academic policy committee for a residential psychiatric treatment
11 center charter school shall consist of representatives or designees of

12 (1) the school district in which the residential psychiatric treatment
13 center is located;

14 (2) the residential psychiatric treatment center;

15 (3) the Alaska Mental Health Trust Authority established under

1 AS 47.30.011;

2 (4) the Department of Health and Social Services;

3 (5) teachers at the residential psychiatric treatment center; and

4 (6) parents of students at the residential psychiatric treatment center.

5 (c) The contract between the charter school and the local school board must
6 contain, in addition to the provisions specified under AS 14.03.260(c), the following
7 statements:

8 (1) that a teacher who possesses a valid teacher certificate and meets
9 the additional training requirements under AS 14.30.250 will provide the educational
10 services;

11 (2) that a person who possesses a valid administrative certificate and
12 meets other training requirements under AS 14.30.255 will administer special
13 education services;

14 (3) that the residential psychiatric treatment center charter school will
15 follow procedures established by the department to comply with federal law, including
16 20 U.S.C. 1400 - 1482 (Individuals with Disabilities Education Act);

17 (4) that the funds received from the school district will be expended
18 only for the charter school program and that the residential psychiatric treatment
19 center shall cooperate with audits of the funds by the state or school district and return
20 overpayments made by the school district.

21 (d) The school district in which a residential psychiatric treatment center is
22 located shall provide funding under AS 14.03.260 to an approved residential
23 psychiatric treatment center charter school for services provided to a student admitted
24 to the charter school if

25 (1) the student is enrolled in the school district;

26 (2) the student is admitted to the residential psychiatric treatment
27 center

28 (A) under a court order;

29 (B) by the Department of Health and Social Services under
30 AS 47.10.087 or AS 47.12.255; or

31 (C) by private placement under the written orders of a licensed

1 physician or mental health professional finding that the placement is medically
2 necessary;

3 (3) within five business days after admitting the student, the residential
4 psychiatric treatment center charter school notifies the school district where the
5 student is enrolled, in writing, that the center will provide educational services to the
6 student while the student resides at the center.

7 (e) The school district shall prorate the total amount calculated under
8 AS 14.03.260 for a student by the number of days the student is admitted to the
9 residential psychiatric treatment center and receives educational services provided by
10 the center's charter school. A student who attends the charter school for less than a day
11 in session, as described in AS 14.03.040, shall be counted as a part-time student for
12 funding purposes.

13 (f) A residential psychiatric treatment center charter school is

14 (1) eligible to receive a boarding stipend under AS 14.16.100 -
15 14.16.200;

16 (2) exempt from the school term requirements of AS 14.03.030.

17 (g) In this section, "residential psychiatric treatment center" means a secure or
18 semi-secure facility, or an inpatient program in another facility, that provides, under
19 the direction of a physician, psychiatric diagnostic, evaluation, and treatment services
20 on a 24-hour-a-day basis to an individual with severe emotional or behavioral
21 disorders.

22 * **Sec. 2.** AS 14.30.171(a) is amended to read:

23 (a) Except as provided in AS 14.30.172 - 14.30.176, school personnel, **other**
24 **than personnel employed at a residential psychiatric treatment center charter**
25 **school under AS 14.03.276,** may not, unless otherwise authorized by law or a specific
26 policy adopted by a governing body of a school district,

27 (1) recommend to a parent or guardian that a child take or continue to
28 take a psychotropic drug as a condition for attending a public school;

29 (2) require that a child take or continue to take a psychotropic drug as a
30 condition for attending a public school, except when, in the opinion of the child's
31 treating physician,

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(A) the medication is necessary for the mental health of the child; or

(B) the child poses a risk of harm to self or others without the medication;

(3) conduct a psychiatric evaluation of a child;

(4) recommend a specific licensed physician, psychologist, or other health specialist to a parent or guardian for a child; or

(5) recommend that a parent or guardian seek or use for a child

(A) a psychotropic medication; or

(B) a psychiatric or psychological treatment.

LEGAL SERVICES

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Juneau, Alaska 99801-1182
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MEMORANDUM

April 2, 2015

SUBJECT: Funding for residential psychiatric treatment centers
(CSHB 102(EDC); Work Order No. 29-LS0519\E)

TO: Representative Wes Keller
Attn: Janet Ogan

FROM: Kate S. Glover *KG*
Legislative Counsel

The draft bill you requested related to approval of and funding for educational programs at residential psychiatric treatment centers is enclosed. In this version of the draft bill, as you requested, the school district where a student is enrolled would provide the funding, but the funding would be calculated as it would be in the district where the center is located. This includes the local contribution. This may create problems for the districts providing the funding and exceed the local municipality's taxing authority. Under AS 14.17.410, only cities and boroughs provide a local contribution. The current draft may require districts that do not receive required or optional local contributions to provide funding as though they do.

In addition, AS 14.16.310(d) allows the school district providing the funding to reduce the funding for the center if funding to the district is reduced under AS 14.17.400(b). How would this work if the amount of funding is based on the location of the center rather than the amount received by the district?

If I may be of further assistance, please advise.

KSG:lnd
15-306.lnd

Enclosure

29-LS0519\E
Glover
4/3/15

CS FOR HOUSE BILL NO. 102(EDC)

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTY-NINTH LEGISLATURE - FIRST SESSION

BY THE HOUSE EDUCATION COMMITTEE

Offered:
Referred:

Sponsor(s): HOUSE EDUCATION COMMITTEE

A BILL

FOR AN ACT ENTITLED

1 **"An Act relating to the duties of the Department of Education and Early Development;**
2 **relating to approval of educational programs at residential psychiatric treatment**
3 **centers; and providing for funding of educational services for students in residential**
4 **psychiatric treatment centers."**

5 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

6 *** Section 1.** AS 14.07.020(a) is amended to read:

7 (a) The department shall

8 (1) exercise general supervision over the public schools of the state
9 except the University of Alaska;

10 (2) study the conditions and needs of the public schools of the state,
11 adopt or recommend plans, administer and evaluate grants to improve school
12 performance awarded under AS 14.03.125, and adopt regulations for the improvement
13 of the public schools;

14 (3) provide advisory and consultative services to all public school

1 governing bodies and personnel;

2 (4) prescribe by regulation a minimum course of study for the public
3 schools; the regulations must provide that, if a course in American Sign Language is
4 given, the course shall be given credit as a course in a foreign language;

5 (5) establish, in coordination with the Department of Health and Social
6 Services, a program for the continuing education of children who are held in detention
7 facilities in the state during the period of detention;

8 (6) accredit those public schools that meet accreditation standards
9 prescribed by regulation by the department; these regulations shall be adopted by the
10 department and presented to the legislature during the first 10 days of any regular
11 session, and become effective 45 days after presentation or at the end of the session,
12 whichever is earlier, unless disapproved by a resolution concurred in by a majority of
13 the members of each house;

14 (7) prescribe by regulation, after consultation with the state fire
15 marshal and the state sanitarian, standards that will ensure [ASSURE] healthful and
16 safe conditions in the public and private schools of the state, including a requirement
17 of physical examinations and immunizations in pre-elementary schools; the standards
18 for private schools may not be more stringent than those for public schools;

19 (8) exercise general supervision over pre-elementary schools that
20 receive direct state or federal funding;

21 (9) exercise general supervision over elementary and secondary
22 correspondence study programs offered by municipal school districts or regional
23 educational attendance areas; the department may also offer and make available to any
24 Alaskan through a centralized office a correspondence study program;

25 (10) accredit private schools that request accreditation and that meet
26 accreditation standards prescribed by regulation by the department; nothing in this
27 paragraph authorizes the department to require religious or other private schools to be
28 licensed;

29 (11) review plans for construction of new public elementary and
30 secondary schools and for additions to and major rehabilitation of existing public
31 elementary and secondary schools and, in accordance with regulations adopted by the

1 department, determine and approve the extent of eligibility for state aid of a school
2 construction or major maintenance project; for the purposes of this paragraph, "plans"
3 include educational specifications, schematic designs, projected energy consumption
4 and costs, and final contract documents;

5 (12) provide educational opportunities in the areas of vocational
6 education and training, and basic education to individuals over 16 years of age who
7 are no longer attending school;

8 (13) administer the grants awarded under AS 14.11;

9 (14) establish, in coordination with the Department of Public Safety, a
10 school bus driver training course;

11 (15) require the reporting of information relating to school disciplinary
12 and safety programs under AS 14.33.120 and of incidents of disruptive or violent
13 behavior;

14 (16) establish by regulation criteria, based on low student performance,
15 under which the department may intervene in a school district to improve instructional
16 practices, as described in AS 14.07.030(14) or (15); the regulations must include

17 (A) a notice provision that alerts the district to the deficiencies
18 and the instructional practice changes proposed by the department;

19 (B) an end date for departmental intervention, as described in
20 AS 14.07.030(14)(A) and (B) and (15), after the district demonstrates three
21 consecutive years of improvement consisting of not less than two percent
22 increases in student proficiency on standards-based assessments in language
23 arts and mathematics, as provided in AS 14.03.123(f)(2)(A); and

24 (C) a process for districts to petition the department for
25 continuing or discontinuing the department's intervention;

26 (17) notify the legislative committees having jurisdiction over
27 education before intervening in a school district under AS 14.07.030(14) or redirecting
28 public school funding under AS 14.07.030(15);

29 (18) **establish, in coordination with the Department of Health and**
30 **Social Services, a program for the continuing education of children who are**
31 **admitted to residential psychiatric treatment centers in the state;**

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(19) approve educational programs provided at residential psychiatric treatment centers [REPEALED].

* Sec. 2. AS 14.16 is amended by adding new sections to read:

Article 3. Educational Programs Operated by Residential Psychiatric Treatment Centers.

Sec. 14.16.300. Approval process for educational programs at residential psychiatric treatment centers. (a) The department shall adopt regulations establishing an application process for educational programs at residential psychiatric treatment centers. The application procedures must include requirements for an academic policy committee at a residential psychiatric treatment center and must require the residential psychiatric treatment center to provide, at a minimum, the following information:

- (1) a list of the members of an academic policy committee and their qualifications;
- (2) the bylaws of the educational program and a written administrative policy manual;
- (3) the center's admission policies and procedures;
- (4) the teacher-to-student ratio, including projected enrollment;
- (5) a description of the educational program and how the program aligns with state content and performance standards;
- (6) a description of student assessments provided in the educational program and an agreement that the center will administer student assessments required by the state;
- (7) written objectives for student achievement;
- (8) the center's plans for providing special education, vocational education, gifted education, and bilingual education for students, as applicable;
- (9) an educational program schedule and calendar;
- (10) a description of staff development activities;
- (11) documentation that a teacher who possesses a valid teacher certificate and meets additional training requirements under AS 14.30.250 will provide the educational services;

1 (12) documentation that a person who possesses a valid administrative
2 certificate and meets other training requirements under AS 14.30.255 will administer
3 the special education services;

4 (13) assurances that the center has adopted a certificated employee
5 evaluation system based on professional performance standards for evaluation and
6 improvement of the performance of the center's teachers and educational service
7 administrators;

8 (14) assurances that the center will follow procedures established by
9 the department to comply with federal law, including 20 U.S.C. 1400 - 1482
10 (Individuals with Disabilities Education Act);

11 (15) a summary of the center's budget and financial plan;

12 (16) the method by which the center will account for receipts and
13 expenditures;

14 (17) assurances that the center will comply with all state and federal
15 requirements for receipt and use of public funds;

16 (18) proof that the center is approved by the Department of Health and
17 Social Services;

18 (19) a written plan to collaborate with a school district where a student
19 is enrolled to coordinate an individual course of study to allow a student to transition
20 successfully back to the school district where the student is enrolled;

21 (20) a commitment that, as a condition of funding, the center shall only
22 expend funds received under AS 14.16.310 for educational services provided at the
23 center;

24 (21) an agreement that, as a condition of funding, the center shall allow
25 audit and inspection of records by state and federal agencies and shall return
26 overpayments;

27 (22) other documents or information required by the department.

28 (b) A decision of the department to deny the application is appealable to the
29 state Board of Education and Early Development. The state Board of Education and
30 Early Development shall exercise independent judgment in evaluating the application,
31 but may not approve an application that contains insufficient information to determine

1 compliance with applicable law.

2 (c) A decision of the state Board of Education and Early Development to grant
3 or deny approval of an educational program at a residential psychiatric treatment
4 center constitutes final agency action that may be appealed to the superior court within
5 30 days after it is issued.

6 (d) An educational program at an approved residential psychiatric treatment
7 center is exempt from collective bargaining agreements applicable to teachers in
8 school districts.

9 **Sec. 14.16.310. Education funding for students in residential psychiatric**
10 **treatment centers.** (a) A school district shall provide funding under this section to a
11 residential psychiatric treatment center licensed under AS 47.32 for educational
12 services provided to a student admitted to the center if

13 (1) the student is enrolled in the school district;

14 (2) the student is admitted to the center

15 (A) under a court order;

16 (B) by the Department of Health and Social Services under
17 AS 47.10.087 or AS 47.12.255; or

18 (C) by private placement under the written orders of a licensed
19 physician or mental health professional finding that the placement is medically
20 necessary;

21 (3) the educational program at the center is approved by the
22 department under AS 14.16.300; and

23 (4) within five business days after admitting the student, the center
24 notifies the school district where the student is enrolled, in writing, that the center will
25 provide educational services to the student while the student resides at the center.

26 (b) For each student receiving educational services at a residential psychiatric
27 treatment center, the school district where the student is enrolled shall pay the center
28 an amount equal to the amount generated by the student less administrative costs
29 retained by the school district where the student is enrolled, determined by applying
30 the indirect cost rate approved by the department. The amount generated by the
31 student is to be determined in the same manner as it would be for a student attending a

1 public school in the school district in which the center is located and includes that
2 district's federal impact aid, the required local contribution under AS 14.17.410(b)(2),
3 the local contribution under AS 14.17.410(c), special needs funding under
4 AS 14.17.420(a)(1), intensive services funding under AS 14.17.420(a)(2), secondary
5 school vocational and technical instruction funding under AS 14.17.420(a)(3), and
6 other appropriations for the purpose.

7 (c) The school district where the student is enrolled shall prorate the total
8 amount calculated under (b) of this section for a student by the number of days the
9 student is admitted to the residential psychiatric treatment center and receives
10 educational services provided by the center.

11 (d) If the amount appropriated to the school district in which the center is
12 located is reduced under AS 14.17.400(b), the school district where the student is
13 enrolled shall reduce the funding provided to the residential psychiatric treatment
14 facility as necessary.

15 (e) In this section, "residential psychiatric treatment center" or "center" means
16 a secure or semi-secure facility, or an inpatient program in another facility, that
17 provides, under the direction of a physician, psychiatric diagnostic, evaluation, and
18 treatment services on a 24-hour-a-day basis to an individual with severe emotional or
19 behavioral disorders.

Proposed changes to HB 10229-LS0519\E

Recommend changes so that the amount paid to the RPTC is equal to the amount generated in the district where the student is enrolled (including all the factors such as federal impact aid, local contributions if any, special needs, intensive services, vocational and technical instruction funding etc) except the geographic cost factor where the center is located is applied. (this avoids sending geographic costs funding to center located in a lower cost area of the state) This would be change to Section (b) of AS 14.16.3410 et seq.

Rewrite so that prorata reductions of the district where the student is enrolled would apply under Sec 14. 16.310(d).

LEGAL SERVICES

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MEMORANDUM

April 7, 2015

SUBJECT: District cost factors
(CSHB 102(EDC); Work Order No. 29-LS0519\N)

TO: Representative Wes Keller
Chair of the House Education Committee
Attn: Janet Ogan

FROM: Kate S. Glover *KG*
Legislative Counsel

There are two issues with the funding in the enclosed draft.

First, the draft requires the district where a student is enrolled to pay a residential psychiatric treatment center for a student's education on the basis of the funds generated by the student in the district where the student is enrolled, with the exception that the district cost factor for the location of the center is used in the calculation under AS 14.17.410 - 14.17.460. In some cases, the district cost factor where the center is located may be higher than the district cost factor where the student is enrolled. This would result in the district paying a higher amount than it receives for the student. It may be that, as a factual matter, the center will usually be located in an urban center with a lower district cost factor, but that may not always be the case. This could be resolved by providing that the payment will be based on whichever district cost factor is lower.¹

There is a second issue related to municipal taxing authority. If the district that is paying for the student is a municipality that levies a tax to pay a required local contribution as a part of the district's education funding, sending the local contribution to another location may not be permissible. AS 29.45.010(a) allows a unified municipality to levy a property tax and a borough to levy "an areawide property tax for areawide functions." Collecting a local contribution through a property tax, but sending that funding to another part of the state may not be considered an "areawide function." To my knowledge, there are no judicial decisions directly on this point. If you wish, this issue could be resolved by removing the local contribution from the funding that is provided to the center.

If I may be of further assistance, please advise.

KSG:lnd
15-316.lnd

Enclosure

¹ However, because the center will not be operated by a school district, the district cost factor may not be relevant to the operating costs of the center's education program.

29-LS0519\N
Glover
4/7/15

CS FOR HOUSE BILL NO. 102(EDC)
IN THE LEGISLATURE OF THE STATE OF ALASKA
TWENTY-NINTH LEGISLATURE - FIRST SESSION

BY THE HOUSE EDUCATION COMMITTEE

Offered:
Referred:

Sponsor(s): HOUSE EDUCATION COMMITTEE

A BILL
FOR AN ACT ENTITLED

1 **"An Act relating to the duties of the Department of Education and Early Development;**
2 **relating to approval of educational programs at residential psychiatric treatment**
3 **centers; and providing for funding of educational services for students in residential**
4 **psychiatric treatment centers."**

5 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

6 * **Section 1.** AS 14.07.020(a) is amended to read:

7 (a) The department shall

8 (1) exercise general supervision over the public schools of the state
9 except the University of Alaska;

10 (2) study the conditions and needs of the public schools of the state,
11 adopt or recommend plans, administer and evaluate grants to improve school
12 performance awarded under AS 14.03.125, and adopt regulations for the improvement
13 of the public schools;

14 (3) provide advisory and consultative services to all public school

governing bodies and personnel;

(4) prescribe by regulation a minimum course of study for the public schools; the regulations must provide that, if a course in American Sign Language is given, the course shall be given credit as a course in a foreign language;

(5) establish, in coordination with the Department of Health and Social Services, a program for the continuing education of children who are held in detention facilities in the state during the period of detention;

(6) accredit those public schools that meet accreditation standards prescribed by regulation by the department; these regulations shall be adopted by the department and presented to the legislature during the first 10 days of any regular session, and become effective 45 days after presentation or at the end of the session, whichever is earlier, unless disapproved by a resolution concurred in by a majority of the members of each house;

(7) prescribe by regulation, after consultation with the state fire marshal and the state sanitarian, standards that will ensure [ASSURE] healthful and safe conditions in the public and private schools of the state, including a requirement of physical examinations and immunizations in pre-elementary schools; the standards for private schools may not be more stringent than those for public schools;

(8) exercise general supervision over pre-elementary schools that receive direct state or federal funding;

(9) exercise general supervision over elementary and secondary correspondence study programs offered by municipal school districts or regional educational attendance areas; the department may also offer and make available to any Alaskan through a centralized office a correspondence study program;

(10) accredit private schools that request accreditation and that meet accreditation standards prescribed by regulation by the department; nothing in this paragraph authorizes the department to require religious or other private schools to be licensed;

(11) review plans for construction of new public elementary and secondary schools and for additions to and major rehabilitation of existing public elementary and secondary schools and, in accordance with regulations adopted by the

1 department, determine and approve the extent of eligibility for state aid of a school
 2 construction or major maintenance project; for the purposes of this paragraph, "plans"
 3 include educational specifications, schematic designs, projected energy consumption
 4 and costs, and final contract documents;

5 (12) provide educational opportunities in the areas of vocational
 6 education and training, and basic education to individuals over 16 years of age who
 7 are no longer attending school;

8 (13) administer the grants awarded under AS 14.11;

9 (14) establish, in coordination with the Department of Public Safety, a
 10 school bus driver training course;

11 (15) require the reporting of information relating to school disciplinary
 12 and safety programs under AS 14.33.120 and of incidents of disruptive or violent
 13 behavior;

14 (16) establish by regulation criteria, based on low student performance,
 15 under which the department may intervene in a school district to improve instructional
 16 practices, as described in AS 14.07.030(14) or (15); the regulations must include

17 (A) a notice provision that alerts the district to the deficiencies
 18 and the instructional practice changes proposed by the department;

19 (B) an end date for departmental intervention, as described in
 20 AS 14.07.030(14)(A) and (B) and (15), after the district demonstrates three
 21 consecutive years of improvement consisting of not less than two percent
 22 increases in student proficiency on standards-based assessments in language
 23 arts and mathematics, as provided in AS 14.03.123(f)(2)(A); and

24 (C) a process for districts to petition the department for
 25 continuing or discontinuing the department's intervention;

26 (17) notify the legislative committees having jurisdiction over
 27 education before intervening in a school district under AS 14.07.030(14) or redirecting
 28 public school funding under AS 14.07.030(15);

29 (18) establish, in coordination with the Department of Health and
 30 Social Services, a program for the continuing education of children who are
 31 admitted to residential psychiatric treatment centers in the state;

1 (19) approve educational programs provided at residential
2 psychiatric treatment centers [REPEALED].

3 * Sec. 2. AS 14.16 is amended by adding new sections to read:

4 **Article 3. Educational Programs Operated by Residential Psychiatric Treatment**
5 **Centers.**

6 **Sec. 14.16.300. Approval process for educational programs at residential**
7 **psychiatric treatment centers.** (a) The department shall adopt regulations
8 establishing an application process for educational programs at residential psychiatric
9 treatment centers. The application procedures must include requirements for an
10 academic policy committee at a residential psychiatric treatment center and must
11 require the residential psychiatric treatment center to provide, at a minimum, the
12 following information:

- 13 (1) a list of the members of an academic policy committee and their
14 qualifications;
- 15 (2) the bylaws of the educational program and a written administrative
16 policy manual;
- 17 (3) the center's admission policies and procedures;
- 18 (4) the teacher-to-student ratio, including projected enrollment;
- 19 (5) a description of the educational program and how the program
20 aligns with state content and performance standards;
- 21 (6) a description of student assessments provided in the educational
22 program and an agreement that the center will administer student assessments required
23 by the state;
- 24 (7) written objectives for student achievement;
- 25 (8) the center's plans for providing special education, vocational
26 education, gifted education, and bilingual education for students, as applicable;
- 27 (9) an educational program schedule and calendar;
- 28 (10) a description of staff development activities;
- 29 (11) documentation that a teacher who possesses a valid teacher
30 certificate and meets additional training requirements under AS 14.30.250 will provide
31 the educational services;

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(12) documentation that a person who possesses a valid administrative certificate and meets other training requirements under AS 14.30.255 will administer the special education services;

(13) assurances that the center has adopted a certificated employee evaluation system based on professional performance standards for evaluation and improvement of the performance of the center's teachers and educational services administrators;

(14) assurances that the center will follow procedures established by the department to comply with federal law, including 20 U.S.C. 1400 - 1482 (Individuals with Disabilities Education Act);

(15) a summary of the center's budget and financial plan;

(16) the method by which the center will account for receipts and expenditures;

(17) assurances that the center will comply with all state and federal requirements for receipt and use of public funds;

(18) proof that the center is approved by the Department of Health and Social Services;

(19) a written plan to collaborate with a school district where a student is enrolled to coordinate an individual course of study to allow a student to transition successfully back to the school district where the student is enrolled;

(20) a commitment that, as a condition of funding, the center shall only expend funds received under AS 14.16.310 for educational services provided at the center;

(21) an agreement that, as a condition of funding, the center shall allow audit and inspection of records by state and federal agencies and shall return overpayments;

(22) other documents or information required by the department.

(b) A decision of the department to deny the application is appealable to the state Board of Education and Early Development. The state Board of Education and Early Development shall exercise independent judgment in evaluating the application, but may not approve an application that contains insufficient information to determine

1 compliance with applicable law.

2 (c) A decision of the state Board of Education and Early Development to grant
3 or deny approval of an educational program at a residential psychiatric treatment
4 center constitutes final agency action that may be appealed to the superior court within
5 30 days after it is issued.

6 (d) An educational program at an approved residential psychiatric treatment
7 center is exempt from collective bargaining agreements applicable to teachers in
8 school districts.

9 **Sec. 14.16.310. Education funding for students in residential psychiatric**
10 **treatment centers.** (a) A school district shall provide funding under this section to a
11 residential psychiatric treatment center licensed under AS 47.32 for educational
12 services provided to a student admitted to the center if

13 (1) the student is enrolled in the school district;

14 (2) the student is admitted to the center

15 (A) under a court order;

16 (B) by the Department of Health and Social Services under
17 AS 47.10.087 or AS 47.12.255; or

18 (C) by private placement under the written orders of a licensed
19 physician or mental health professional finding that the placement is medically
20 necessary;

21 (3) the educational program at the center is approved by the
22 department under AS 14.16.300; and

23 (4) within five business days after admitting the student, the center
24 notifies the school district where the student is enrolled, in writing, that the center will
25 provide educational services to the student while the student resides at the center.

26 (b) For each student receiving educational services at a residential psychiatric
27 treatment center, the school district where the student is enrolled shall pay the center
28 an amount equal to the amount generated by the student less administrative costs
29 retained by the school district where the student is enrolled, determined by applying
30 the indirect cost rate approved by the department. The amount generated by the
31 student is to be determined in the same manner as it would be for a student attending a

1 public school in the school district where the student is enrolled, except that the
2 adjusted ADM shall be calculated using the district cost factor under AS 14.17.460
3 that is applicable to the district where the center is located. The amount generated by
4 the student includes federal impact aid, the required local contribution under
5 AS 14.17.410(b)(2), the local contribution under AS 14.17.410(c), special needs
6 funding under AS 14.17.420(a)(1), intensive services funding under
7 AS 14.17.420(a)(2), secondary school vocational and technical instruction funding
8 under AS 14.17.420(a)(3), and other appropriations for the purpose.

9 (c) The school district where the student is enrolled shall prorate the total
10 amount calculated under (b) of this section for a student by the number of days the
11 student is admitted to the residential psychiatric treatment center and receives
12 educational services provided by the center.

13 (d) If the amount appropriated to the school district where the student is
14 enrolled is reduced under AS 14.17.400(b), the school district shall reduce the funding
15 provided to the residential psychiatric treatment facility as necessary.

16 (e) In this section, "residential psychiatric treatment center" or "center" means
17 a secure or semi-secure facility, or an inpatient program in another facility, that
18 provides, under the direction of a physician, psychiatric diagnostic, evaluation, and
19 treatment services on a 24-hour-a-day basis to an individual with severe emotional or
20 behavioral disorders.

29-LS0519\P
Glover
4/7/15

CS FOR HOUSE BILL NO. 102(EDC)
IN THE LEGISLATURE OF THE STATE OF ALASKA
TWENTY-NINTH LEGISLATURE - FIRST SESSION

BY THE HOUSE EDUCATION COMMITTEE

Offered:
Referred:

Sponsor(s): HOUSE EDUCATION COMMITTEE

A BILL

FOR AN ACT ENTITLED

1 **"An Act relating to the duties of the Department of Education and Early Development;**
2 **relating to approval of educational programs at residential psychiatric treatment**
3 **centers; and providing for funding of educational services for students in residential**
4 **psychiatric treatment centers."**

5 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

6 *** Section 1.** AS 14.07.020(a) is amended to read:

7 (a) The department shall

8 (1) exercise general supervision over the public schools of the state
9 except the University of Alaska;

10 (2) study the conditions and needs of the public schools of the state,
11 adopt or recommend plans, administer and evaluate grants to improve school
12 performance awarded under AS 14.03.125, and adopt regulations for the improvement
13 of the public schools;

14 (3) provide advisory and consultative services to all public school

1 governing bodies and personnel;

2 (4) prescribe by regulation a minimum course of study for the public
3 schools; the regulations must provide that, if a course in American Sign Language is
4 given, the course shall be given credit as a course in a foreign language;

5 (5) establish, in coordination with the Department of Health and Social
6 Services, a program for the continuing education of children who are held in detention
7 facilities in the state during the period of detention;

8 (6) accredit those public schools that meet accreditation standards
9 prescribed by regulation by the department; these regulations shall be adopted by the
10 department and presented to the legislature during the first 10 days of any regular
11 session, and become effective 45 days after presentation or at the end of the session,
12 whichever is earlier, unless disapproved by a resolution concurred in by a majority of
13 the members of each house;

14 (7) prescribe by regulation, after consultation with the state fire
15 marshal and the state sanitarian, standards that will ensure [ASSURE] healthful and
16 safe conditions in the public and private schools of the state, including a requirement
17 of physical examinations and immunizations in pre-elementary schools; the standards
18 for private schools may not be more stringent than those for public schools;

19 (8) exercise general supervision over pre-elementary schools that
20 receive direct state or federal funding;

21 (9) exercise general supervision over elementary and secondary
22 correspondence study programs offered by municipal school districts or regional
23 educational attendance areas; the department may also offer and make available to any
24 Alaskan through a centralized office a correspondence study program;

25 (10) accredit private schools that request accreditation and that meet
26 accreditation standards prescribed by regulation by the department; nothing in this
27 paragraph authorizes the department to require religious or other private schools to be
28 licensed;

29 (11) review plans for construction of new public elementary and
30 secondary schools and for additions to and major rehabilitation of existing public
31 elementary and secondary schools and, in accordance with regulations adopted by the

1 department, determine and approve the extent of eligibility for state aid of a school
2 construction or major maintenance project; for the purposes of this paragraph, "plans"
3 include educational specifications, schematic designs, projected energy consumption
4 and costs, and final contract documents;

5 (12) provide educational opportunities in the areas of vocational
6 education and training, and basic education to individuals over 16 years of age who
7 are no longer attending school;

8 (13) administer the grants awarded under AS 14.11;

9 (14) establish, in coordination with the Department of Public Safety, a
10 school bus driver training course;

11 (15) require the reporting of information relating to school disciplinary
12 and safety programs under AS 14.33.120 and of incidents of disruptive or violent
13 behavior;

14 (16) establish by regulation criteria, based on low student performance,
15 under which the department may intervene in a school district to improve instructional
16 practices, as described in AS 14.07.030(14) or (15); the regulations must include

17 (A) a notice provision that alerts the district to the deficiencies
18 and the instructional practice changes proposed by the department;

19 (B) an end date for departmental intervention, as described in
20 AS 14.07.030(14)(A) and (B) and (15), after the district demonstrates three
21 consecutive years of improvement consisting of not less than two percent
22 increases in student proficiency on standards-based assessments in language
23 arts and mathematics, as provided in AS 14.03.123(f)(2)(A); and

24 (C) a process for districts to petition the department for
25 continuing or discontinuing the department's intervention;

26 (17) notify the legislative committees having jurisdiction over
27 education before intervening in a school district under AS 14.07.030(14) or redirecting
28 public school funding under AS 14.07.030(15);

29 (18) establish, in coordination with the Department of Health and
30 Social Services, a program for the continuing education of children who are
31 admitted to residential psychiatric treatment centers in the state;

1 (19) approve educational programs provided at residential
2 psychiatric treatment centers [REPEALED].

3 * Sec. 2. AS 14.16 is amended by adding new sections to read:

4 **Article 3. Educational Programs Operated by Residential Psychiatric Treatment**
5 **Centers.**

6 **Sec. 14.16.300. Approval process for educational programs at residential**
7 **psychiatric treatment centers.** (a) The department shall adopt regulations
8 establishing an application process for educational programs at residential psychiatric
9 treatment centers. The application procedures must include requirements for an
10 academic policy committee at a residential psychiatric treatment center and must
11 require the residential psychiatric treatment center to provide, at a minimum, the
12 following information:

- 13 (1) a list of the members of an academic policy committee and their
14 qualifications;
- 15 (2) the bylaws of the educational program and a written administrative
16 policy manual;
- 17 (3) the center's admission policies and procedures;
- 18 (4) the teacher-to-student ratio, including projected enrollment;
- 19 (5) a description of the educational program and how the program
20 aligns with state content and performance standards;
- 21 (6) a description of student assessments provided in the educational
22 program and an agreement that the center will administer student assessments required
23 by the state;
- 24 (7) written objectives for student achievement;
- 25 (8) the center's plans for providing special education, vocational
26 education, gifted education, and bilingual education for students, as applicable;
- 27 (9) an educational program schedule and calendar;
- 28 (10) a description of staff development activities;
- 29 (11) documentation that a teacher who possesses a valid teacher
30 certificate and meets additional training requirements under AS 14.30.250 will provide
31 the educational services;

1 (12) documentation that a person who possesses a valid administrative
2 certificate and meets other training requirements under AS 14.30.255 will administer
3 the special education services;

4 (13) assurances that the center has adopted a certificated employee
5 evaluation system based on professional performance standards for evaluation and
6 improvement of the performance of the center's teachers and educational services
7 administrators;

8 (14) assurances that the center will follow procedures established by
9 the department to comply with federal law, including 20 U.S.C. 1400 - 1482
10 (Individuals with Disabilities Education Act);

11 (15) a summary of the center's budget and financial plan;

12 (16) the method by which the center will account for receipts and
13 expenditures;

14 (17) assurances that the center will comply with all state and federal
15 requirements for receipt and use of public funds;

16 (18) proof that the center is approved by the Department of Health and
17 Social Services;

18 (19) a written plan to collaborate with a school district where a student
19 is enrolled to coordinate an individual course of study to allow a student to transition
20 successfully back to the school district where the student is enrolled;

21 (20) a commitment that, as a condition of funding, the center shall only
22 expend funds received under AS 14.16.310 for educational services provided at the
23 center;

24 (21) an agreement that, as a condition of funding, the center shall allow
25 audit and inspection of records by state and federal agencies and shall return
26 overpayments;

27 (22) other documents or information required by the department.

28 (b) A decision of the department to deny the application is appealable to the
29 state Board of Education and Early Development. The state Board of Education and
30 Early Development shall exercise independent judgment in evaluating the application,
31 but may not approve an application that contains insufficient information to determine

1 compliance with applicable law.

2 (c) A decision of the state Board of Education and Early Development to grant
3 or deny approval of an educational program at a residential psychiatric treatment
4 center constitutes final agency action that may be appealed to the superior court within
5 30 days after it is issued.

6 (d) An educational program at an approved residential psychiatric treatment
7 center is exempt from collective bargaining agreements applicable to teachers in
8 school districts.

9 **Sec. 14.16.310. Education funding for students in residential psychiatric**
10 **treatment centers.** (a) A school district shall provide funding under this section to a
11 residential psychiatric treatment center licensed under AS 47.32 for educational
12 services provided to a student admitted to the center if

13 (1) the student is enrolled in the school district;

14 (2) the student is admitted to the center

15 (A) under a court order;

16 (B) by the Department of Health and Social Services under
17 AS 47.10.087 or AS 47.12.255; or

18 (C) by private placement under the written orders of a licensed
19 physician or mental health professional finding that the placement is medically
20 necessary;

21 (3) the educational program at the center is approved by the
22 department under AS 14.16.300; and

23 (4) within five business days after admitting the student, the center
24 notifies the school district where the student is enrolled, in writing, that the center will
25 provide educational services to the student while the student resides at the center.

26 (b) For each student receiving educational services at a residential psychiatric
27 treatment center, the school district where the student is enrolled shall pay the center
28 an amount equal to the amount generated by the student less administrative costs
29 retained by the school district where the student is enrolled, determined by applying
30 the indirect cost rate approved by the department. The amount generated by the
31 student is to be determined in the same manner as it would be for a student attending a

1 public school in the school district where the student is enrolled, except that the
2 adjusted ADM shall be calculated using the district cost factor under AS 14.17.460
3 that is applicable to either the district where the student is enrolled or the district
4 where the center is located, whichever is less. The amount generated by the student
5 includes federal impact aid, the required local contribution under AS 14.17.410(b)(2),
6 the local contribution under AS 14.17.410(c), special needs funding under
7 AS 14.17.420(a)(1), intensive services funding under AS 14.17.420(a)(2), secondary
8 school vocational and technical instruction funding under AS 14.17.420(a)(3), and
9 other appropriations for the purpose.

10 (c) The school district where the student is enrolled shall prorate the total
11 amount calculated under (b) of this section for a student by the number of days the
12 student is admitted to the residential psychiatric treatment center and receives
13 educational services provided by the center.

14 (d) If the amount appropriated to the school district where the student is
15 enrolled is reduced under AS 14.17.400(b), the school district shall reduce the funding
16 provided to the residential psychiatric treatment facility as necessary.

17 (e) In this section, "residential psychiatric treatment center" or "center" means
18 a secure or semi-secure facility, or an inpatient program in another facility, that
19 provides, under the direction of a physician, psychiatric diagnostic, evaluation, and
20 treatment services on a 24-hour-a-day basis to an individual with severe emotional or
21 behavioral disorders.

Proposed CS for HB 102 (edu)/conceptual

This approach is slightly different than the approach used in the original version of HB 102 because it relies heavily on the DEED's existing regulatory authority (with minor amendments) to contract for educational services in AS 14.03.083 combined with AS 14.30.285 dealing with Children with Disabilities.

AS 14.30.285 (a) states: ***"The department shall institute a statewide program for the education of children with disabilities to ensure that whenever possible children are educated in the state at locations in or near their resident school district."***

AS 14.07.020 identifies the Duties of the Department (5) ***"establish, in coordination with the Department of Health and Social Services, a program for the continuing education of children who are held in detention facilities in the state during the period of detention;"***

It is also worth noting that (DHSS regulations) 7 AAC 50.885 Educational Services for Residents states that: ***"A residential psychiatric treatment center shall provide, within the facility, a school program for residents that provides the type and quality of education that is offered in the community. The residential psychiatric treatment center shall develop procedures to ensure that each resident has educational guidance by qualified personnel. As part of the resident's transition toward discharge from the facility, the residential psychiatric treatment center may arrange for the resident to attend school outside the facility."***

The following proposes to make minor adjustments to the DEED authority to allow it to accept and approve educational programs from RPTC's in the state which choose to provide educational services to its residents. The application will require certain minimum information about the proposed educational services to ensure appropriate education, personnel, special programs and accountability standards are met. Once the DEED approves the educational program the RPTC can then invoice the district where the child is enrolled for the educational funding which the child generated there on a per diem basis. Certain adjustments to the rate is permitted to take into account district costs factors and the like. the intent is to have the funding based on the costs factors where the facility is located. (rather than where the student is enrolled recognizing that the RPTC's are usually in urban areas)

The following is suggested framework and language for the new cs:

Amend AS 14.07.020 (a) (5) add the following language at the end "and children admitted to a Residential Psychiatric Treatment Center."

Amend AS 14.07.020 (a) by adding a new subparagraph which reads: Approve Residential Psychiatric Treatment Centers' Educational Programs

ADD STATUTORY PROVISIONS AS FOLLOWS:

Residential Psychiatric Treatment Center Educational Services Application and Review Procedure

- a) The application procedure required by AS 14.07.020 (a) for the establishment of an initial or renewed educational program must be in writing and must be available upon request at the Department. An application must include, at a minimum,
- 1) a list of the members of the academic policy committee and their qualifications;
 - 2) the program's bylaws;
 - 3) a description of the education program to be offered at the RPTC and mechanisms for student assessment to be utilized in addition to those required by state law;
 - 4) a written instructional program that addresses state content standards under 4 AAC 04 and that aligns with the content on the statewide student assessment system under 4 AAC 06.710 – 4 AAC 06.790;
 - 5) written objectives for program achievement;
 - 6) a description of and schedule for staff development activities and provisions that the educational services will be provided by a teacher who possesses a valid teacher certificate and meets additional training requirements under AS 14.30.250;
 - 7) assurances that the RPTC will adopt a certified employee evaluation system based on performance standards for evaluation and improvement of the performance of teachers and educational service administrators;
 - 8) assurances that the RPTC will follow procedures established by the department to comply with federal law, including 20 U.S.C. 1400-1482 (Individuals with Disabilities Education Act)
 - 9) Assurances that the RPTC will comply with all state and federal requirements for receipt and use of public funds;
 - 10) Proof that the RPTC is approved by the Department of Health and Social Services;
 - 11) a program schedule and calendar;
 - 12) plans for serving special education un AS 14.30.255, vocational education, gifted, and bilingual students;
 - 13) written admissions policies and procedures;
 - 14) a written administrative policy manual;
 - 15) a written budget summary and financial plan;
 - 16) the method by which the RPTC will account for receipts and expenditures;
 - 17) a written plan for the RPTC facility;
 - 18) a written plan that addresses the teacher-to-student ratio, including projected enrollment figures;
 - 19) proof of compliance with applicable law;
 - 20) a written plan to collaborate with the school district where the child is enrolled to coordinate an individual course of study that allows the student to successfully transition back to the school district where the student is enrolled;
 - 21) a written commitment that as a condition of funding a Residential Psychiatric Treatment Center shall expend funds received under this program only for educational services provided at the center and cooperate with audits of funds by the state and school district and return overpayments;

- 22) other documents or information the Department needs to evaluate the proposed program.
- b) A decision denying the application by the Commissioner is appealable to the State Board of Education and Early Development;
 - c) The State Board of Education and Early Development will not approve an application that contains insufficient information to determine compliance with applicable law.
 - d) A decision of the State Board of Education and Early Development granting or denying approval for a RPTC application is a final agency action for purposes of an appeal to the superior court.
 - e) An approved RPTC educational plan is exempt from district collective bargaining agreements.

Additional statutory provision:

Residential Psychiatric Treatment Centers (RTPC) Funding For Educational Service's

- (a) A RTPC which is licensed by the Department of Health and Social Services (DHSS) that provides residential treatment to children and which operates a school program approved by the Department under AS 14.07.020 may request reimbursement from the school district in which the child is enrolled for the cost of providing education services to a child who is a resident of the RTPC.
- (b) A school district shall provide funding under this section to a residential psychiatric treatment center whose educational program has been approved by DEED for educational services provided a student if
 - (1) the student is enrolled in the school district
 - (2) the student is admitted to the center
 - (A) under a court order;
 - (B) by the Department of Health and Social Services under AS 47.10.087 or AS 47.12.255
 - or (C) by private placement under written orders of a licensed physician or mental health professional finding that the placement is medically necessary.
- (c). Within five business days after admitting the student, the center must notify the school district where the child is enrolled, in writing, that the center will provide educational services to the student while the student resides at the center.
- (d) For each student receiving educational services at a residential psychiatric treatment center, the school district where the student is enrolled shall pay the center to an amount equal to the amount generated by the student receiving educational services at the center less administrative costs retained by the local school district, determined by applying the indirect cost rate approved by the department. The amount generated by the student receiving educational services at the center is to be determined in

the same manner as it would be for a student attending a public school in the district where the RPTC is located and includes federal impact aid, the required local contribution under AS 14.17.410(b)(2), the local contribution under AS 14.17.410(c), special needs funding under AS 14.17.420(a)(1), intensive services funding under AS 14.17.420(a)(3), and other appropriations for the purpose.

(c) The school district shall prorate the total amount calculated under (d) of this section for a student by the number of days the student is admitted to the residential psychiatric treatment center and receives educational services provided by the center.

(d) If the amount appropriated to the school district is reduced under AS 14.17.400(b), the school district shall reduce the funding provided to the residential psychiatric treatment facility as necessary.

(e) In this section, "residential psychiatric treatment center" or "center" means a secure or semi-secure facility, or an inpatient program in another facility that provides, under the direction of a physician, psychiatric diagnostic, evaluation, and treatment services on a 24-hour-a-day basis to an individual with severe emotional or behavioral disorders.



REPRESENTATIVE LIZ VAZQUEZ
Member House Education Committee

February 24, 2015
Superintendent Ed Graff
5530 E Northern Lights Blvd.
Anchorage, AK 99504-3135

Dear Superintendent Graff:

Recently I discovered that there are questions with regard to funding for educational services for students residing in residential psychiatric treatment settings. It has been reported that the money made available for educating students in residential treatment settings may not be making its way into the classroom or to the students the money was intended to serve.

The 2015 budget documents that were posted on the Anchorage School District's website reported that over 40 million dollars of federal revenue was received by the District for the purpose of educating special needs students in each of the residential facilities and please provide me with information about how much of that money was allocated and spent for the Whaley Center. Also, please show how much, if any of that money was allocated and spent on the students in each of the residential facilities and in the District's residential special purpose schools that currently fall under or that are affiliated with the Whaley Center.

Please provide me with the following:

- A copy of the 2013-2014 Whaley Center Budget, to include the expenses and allocations spent on students attending each of the District's residential facilities that fall under the Whaley School's supervision.
- How much Title 1, Interior Distance Education of Alaska (IDEA) and other federal dollars were allocated to the Whaley Center for the 2013-2014 school year and how much of that federal money was spent on the student population residing at each of the residential facilities affiliated with the Whaley Center? Please provide a copy of the Whaley Center's and District's Title 1, IDEA and other Federal Programs Plan.
- For the 2013-2014 school year, the amount of money spent on curriculum, instructional materials, technology, and teachers for the students at the Whaley Center and break down for me how much of that money was spent on the students at each residential facility affiliated with the Whaley Center.
- A copy of the Whaley Center's 2013-2014 School Improvement Plan and a description of how the District identifies what resources are needed for the students at each residential facility affiliated with the Whaley Center.
- Any outcome measures the District has for students residing at each residential facility affiliated with the Whaley Center, such as the number of courses completed, graduations, successful transitions, and standardized test scores.

SESSION:
Alaska State Capitol
Juneau, AK 99801
Tel: 1-907-465-3892
Fax: 1-907-465-6595

Rep.Liz.Vazquez@akleg.gov
1-800-773-3892

Sand Lake, Jewel Lake and Dimond

INTERIM:
716 W. 4th Ave.
Anchorage, AK 99501
Tel: 1-907-269-0234
Fax: 1-907-269-0238

Please provide this information to me as soon as possible but no later than March 11, 2015. Thank you in advance to your attention to this matter and please feel free to contact me if you have any questions.

Sincerely,

Representative Liz Vazquez

I make a motion to Amend CSHB102 29-LS0519\W

On Page 2 at the end of LINE 25 ADD the Following:

; and

(11) the center shall work collaboratively with the school district where the student is enrolled to coordinate an individual course of study that allows the student to successfully transition back to the school district where the student is enrolled.

AMENDMENT

OFFERED IN THE HOUSE
TO: CSHB 102(EDC)

BY REPRESENTATIVE GARA

1 Page 6, following line 16:

2 Insert a new bill section to read:

3 **"* Sec. 4.** The uncodified law of the State of Alaska is amended by adding a new section to
4 read:

5 LEGISLATIVE INTENT; EXPEDITED CONSIDERATION OF COURT CASES. It
6 is the intent of the legislature that the courts of the state, when considering a case challenging
7 a provision of this Act, expedite the resolution of the case by giving the case priority to the
8 extent permitted under the Alaska Rules of Court."

9

10 Renumber the following bill section accordingly.

AMENDMENT

OFFERED IN THE HOUSE

BY REPRESENTATIVE KELLER

TO: CSHB 102(EDC), Draft Version "W"

1 Page 3, line 1:

2 Delete "same manner as"

3 Insert "manner"

4

5 Page 3, line 2:

6 Delete "and"

7 Insert "except that the district cost factor adjustment under AS 14.17.410(b)(1)(B)
8 may not be applied. The amount generated by the student"

9

10 Page 3, following line 13:

11 Insert a new subsection to read:

12 "(d) As a condition of receiving funding under this section, a residential
13 psychiatric treatment center shall provide assurances that the funds generated under
14 this section are expended only for the educational program provided at the center. The
15 center shall cooperate with audits of the funds by the state or school district and return
16 overpayments made under this section."

17

18 Reletter the following subsection accordingly.

REPRESENTATIVE JIM COLVER
ALASKA STATE LEGISLATURE HOUSE DISTRICT 9

SESSION
Alaska State Capitol
Juneau, AK 99801
Phone: (907) 465-4859
Fax: (907) 465-3799
Toll Free: 888-465-4859



INTERIM
600 E. Railroad Avenue
Wasilla, AK 99654
Phone: (907) 373-6287
Fax: (907) 373-6288

TO: Chairman Wes Keller
House Education Committee

FROM: Representative Jim Colver

DATE: March 17, 2016

RE: Amendment for HB 102

A handwritten signature in black ink, appearing to be "Jim Colver", written over the "FROM:" line.

Chair Keller,

Attached please find an amendment that I respectfully request be added to the latest working version of HB 102, discussed in EDU on Wednesday, March 16, 2016. Please distribute to the committee for consideration.

Do not hesitate to call with any questions.

AMENDMENT

OFFERED IN THE HOUSE

BY REPRESENTATIVE COLVER

TO: CSHB 102(EDC), Draft Version "S"

- 1 Page 2, line 28, following "district":
- 2 Insert "during the student count period described under AS 14.17.600"

Fiscal Note

State of Alaska
2016 Legislative Session

Bill Version: HB 102
Fiscal Note Number: _____
() Publish Date: _____

Identifier: HB102-EED-SS-1-29-16
Title: RESIDENTIAL PSYCH CTR; EDUC.
STDRS/FUNDS
Sponsor: EDUCATION
Requester: House Education Committee

Department: Department of Education and Early Development
Appropriation: K-12 Support
Allocation: Special Schools
OMB Component Number: 2735

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2017 Appropriation Requested	Included in Governor's FY2017 Request	Out-Year Cost Estimates					
			FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
OPERATING EXPENDITURES								
Personal Services								
Travel								
Services								
Commodities								
Capital Outlay								
Grants & Benefits								
Miscellaneous								
Total Operating	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Fund Source (Operating Only)

None								
Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Positions

Full-time								
Part-time								
Temporary								

Change in Revenues								
---------------------------	--	--	--	--	--	--	--	--

Estimated SUPPLEMENTAL (FY2016) cost: 0.0 *(separate supplemental appropriation required)*
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2017) cost: 0.0 *(separate capital appropriation required)*
(discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? **Yes**
If yes, by what date are the regulations to be adopted, amended or repealed? **12/31/15**

Why this fiscal note differs from previous version:

Updated for the 2nd Session and to accurately reflect out year costs.

Prepared By:	Elizabeth Nudelman, Director	Phone:	(907)465-8679
Division:	School Finance & Facilities	Date:	01/19/2016 08:00 AM
Approved By:	Commissioner Mike Hanley	Date:	01/29/16
Agency:	Dept of Education & Early Development		

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2016 LEGISLATIVE SESSION

BILL NO. HB 102

Analysis

This bill adds a new section, AS 14.16.300, Education funding for students in residential psychiatric treatment centers. Under this bill, a school district provides funding to a residential psychiatric treatment center for educational services provided to students that meet one or more of the five criteria listed under (a). The fiscal effect is at the school district level.

There is no known fiscal impact for House Bill 102 on the public school funding formula under AS 14.17.

No effective date is provided in the bill.

Fiscal Note

State of Alaska
2015 Legislative Session

Bill Version: HB 102
Fiscal Note Number: _____
() Publish Date: _____

Identifier: HB102-EED-SS-3-13-15
Title: RESIDENTIAL PSYCHIATRIC EDUCATION
FUNDING
Sponsor: EDUCATION
Requester: House Education Committee

Department: Department of Education and Early Development
Appropriation: K-12 Support
Allocation: Special Schools
OMB Component Number: 2735

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2016 Appropriation Requested	Included in Governor's FY2016 Request	Out-Year Cost Estimates					
			FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
OPERATING EXPENDITURES								
Personal Services								
Travel								
Services								
Commodities								
Capital Outlay								
Grants & Benefits								
Miscellaneous								
Total Operating	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Fund Source (Operating Only)

None								
Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Positions

Full-time								
Part-time								
Temporary								

Change in Revenues								
---------------------------	--	--	--	--	--	--	--	--

Estimated SUPPLEMENTAL (FY2015) cost: 0.0 *(separate supplemental appropriation required)*
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2016) cost: 0.0 *(separate capital appropriation required)*
(discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? Yes
If yes, by what date are the regulations to be adopted, amended or repealed? 12/31/15

Why this fiscal note differs from previous version:

Not applicable, initial version.

Prepared By: Elizabeth Nudelman, Director	Phone: (907)465-8679
Division: School Finance & Facilities	Date: 03/13/2015 02:05 PM
Approved By: Commissioner Mike Hanley	Date: 03/13/15
Agency: Dept of Education & Early Development	

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2015 LEGISLATIVE SESSION

BILL NO. HB 102

Analysis

This bill adds a new section, AS 14.16.300, Education funding for students in residential psychiatric treatment centers. Under this bill, a school district provides funding to a residential psychiatric treatment center for educational services provided to students that meet one or more of the five criteria listed under (a).

The fiscal effect is at the school district level.

There is no known fiscal impact for House Bill 102 on the public school funding formula under AS 14.17.

No effective date is provided in the bill.

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MEMORANDUM

February 5, 2015

SUBJECT: Funding for educational services at residential psychiatric treatment centers (Work Order No. 29-LS0519\A)

TO: Representative Wes Keller
Chair of the House Education Committee
Attn: Jim Pound

FROM: Kate S. Glover *KG*
Legislative Counsel

The draft you requested is enclosed. I have included this memo to alert you to two possible constitutional issues raised by the draft bill and to raise a question regarding student eligibility under the draft.

Constitutional issues

First, the draft may implicate art. VII, sec. 1 of the Constitution of the State of Alaska, which prohibits the expenditure of public funds for the direct benefit of private or religious educational institutions. Second, the draft may implicate the First Amendment of the United States Constitution, and art. I, sec. 4 of the Constitution of the State of Alaska, which concern freedom of religion.

With respect to funding private educational institutions, art. VII, sec. 1 of the Constitution of the State of Alaska provides: "No money shall be paid from public funds for the direct benefit of any religious or other private educational institution." The treatment facilities this draft would apply to are largely private institutions, so the bill could trigger a constitutional concern.

Article VII, sec. 1 of the Constitution of the State of Alaska was adopted to ensure that public education dollars would not go to private educational institutions and leave the public system underfunded. There has not been much litigation under art. VII, sec. 1, so there is little guidance in interpreting it. In this case, a major question raised by the draft is whether residential psychiatric treatment centers are "educational institutions" within the meaning of the State constitution. In *Sheldon Jackson College v. State*, the Alaska Supreme Court came to the firm conclusion that this clause applies to "all private educational institutions." 599 P.2d 127, 132 & n.33 (Alaska 1979) ("The convention delegates were informed by the chairperson of the authoring committee that the committee intended the phrase 'other private educational institutions' to include 'any

educational institution that is not run by the state"). The facilities at issue in this case, however, are psychiatric treatment centers, not schools. Their primary mission is to provide mental and emotional healthcare. Education is provided at the facilities only because it cannot be provided at a public school.¹ Given these facts, a court could find that the facilities are not educational institutions within the meaning of the state constitution.²

¹ When it is becomes possible to educate these students outside of the treatment center, agency regulations express a preference to do so: "As part of the resident's transition toward discharge from the facility, the residential psychiatric treatment center may arrange for the resident to attend school outside the facility." 7 AAC 50.885.

² The debates of the Constitutional Convention can provide persuasive evidence as to the scope of the provisions of the state constitution. In discussing the public education clause, the delegates to the convention focused their debates on whether the prohibition on funding private schools should be limited to "direct benefits" or should include both direct and indirect benefits. They rejected a proposal to include indirect benefits because they were concerned that "indirect benefits" could "reach out into infinity practically" and prevent the state from providing even basic welfare services to private school students. Const. Conv. Minutes day 48 (Jan. 9, 1956) (statement of Awes). In this context, the delegates briefly considered whether a prohibition on "indirect benefits" would affect foster homes that provide some education. *Id.* (statements of White, Coghill, Armstrong).

The question whether aid to these institutions would be prohibited is never explicitly answered, but Delegate Buckalew, responding to these concerns, clearly expressed his view that "indirect" benefits should not be prohibited because such a prohibition "will, for example, eliminate the free lunch, eliminate bus transportation, eliminate, for example, if we had a school or an institution where they had a school, it would eliminate the state giving any support to the child because that would be indirect support to the institution." Although this does not explicitly address the situation here -- providing funding for *education*, rather than welfare programs -- at a foster home or other institution caring for children, it illustrates the delegates' desire to insure that the state retain its ability to help children wherever they are located. One justice of the Alaska Supreme Court has taken note of this discussion to conclude: "It is abundantly clear that those who formed the constitution did not wish to stop the payment of public monies directly to a religious or private institution that cared for needy children, even though the Institution also furnished education for those children." *Matthews v. Quinton*, 362 P.2d 932, 951 (Alaska 1961) (Dimond, J. dissenting) (the continuing validity of this decision was called into question in *Sheldon Jackson*).

It seems clear that the delegates did not wish to prohibit *any* public aid from reaching private institutions that offer some educational services, but the minutes of the constitutional convention leave open the question at hand -- whether it is appropriate for

If the facilities are considered educational institutions, the funding is permissible only if it does not provide a direct benefit to the institutions. In *Sheldon Jackson*, the Alaska Supreme Court set out four factors that it will consider when analyzing a challenge under art. VII, sec. 1: the class benefitted, the nature of the use to which the public funds will be put, the magnitude of the benefit, and the form of the benefit. *Sheldon Jackson*, 599 P.2d at 130. In that case, the state was providing tuition grants to students attending private colleges to equalize the cost between public and private post-secondary education. In its analysis of the four factors, the Court found that, first, the program was not neutral as it benefitted only private colleges and their students, creating an incentive to enroll in private colleges. *Id.* at 131. Second, the public funds implicated the core concern of the constitution, because the funds "constitute nothing less than a subsidy of the education received by the student at his or her private college . . ." *Id.* Third, the funds bestowed a substantial benefit on the private institutions, as the termination of the program resulted in "a reduction of students, faculty, income and curriculum offerings." *Id.* at 132. Finally, in considering the form of the benefit, the Court concluded that, although the grants were paid to the students, "the student here is merely a conduit for the transmission of state funds to private colleges" and therefore the effect was still to confer a direct benefit on the colleges. *Id.*

It is difficult to determine how a court would weigh these factors with respect to educational service funding for residential psychiatric treatment centers. With respect to the first factor, the language of the draft is neutral and the funding may benefit public or private institutions. As a factual matter, the treatment centers are mostly, if not entirely, private institutions. The people who benefit most would be the students while they reside at the center. Some of these students are likely public school students who are receiving treatment for a short time and will ultimately return to a public school. They may even be enrolled in public school while they are at the treatment center. In that regard, this case may be distinguishable from *Sheldon Jackson*, because the students and institutions who benefitted from the tuition grants in *Sheldon Jackson* were exclusively students who chose private schools and the private schools they attended. In this case, the proposed statute is neutral, and the class benefitted has a mixed character. It includes private institutions, and students who are temporarily placed at a private treatment center.

Under the second factor, however, the funding implicates the core concern of the state constitution's prohibition against direct benefits for private schools -- it is direct funding for education coming out of a school district's budget. A court would likely find this fact troubling. On the other hand, the educational services may be provided now as part of Medicaid or other health insurance funding. A shift in funding source may confer no benefit to the center.

The third factor, the magnitude of the benefit, is purely a factual question and more information is necessary to weigh this factor. It is unclear whether the education dollars

the state to fund *education* at an institution whose primary focus is not education, but social services.

would provide a substantial benefit for these facilities. Because education is not their primary focus, the money may only provide a small part of their budgets or be paid from another source and would not substantially affect operations. I do not have the facts to assess this.

Finally, with respect to the fourth factor, the form of the benefit, here, the funding goes directly from the school district to the facility, possibly operating as a direct subsidy. This is more direct than the situation in *Sheldon Jackson*, where funding was funneled through students.

It is difficult to predict how a court would weigh these factors. The program funds education, the core concern behind art. VII, sec. 1, but the class of beneficiaries includes public school students and the funding arrangement essentially fills a gap that the public schools are unable to cover. More facts may be helpful in this analysis. As discussed above, however, a court may not consider these treatment centers to be "educational institutions" in the first instance, in which case the direct benefits analysis would not apply at all.

As noted above, there is potentially a separate issue related to the guarantees of religious freedom found in the First Amendment to the United States Constitution and in art. I, sec. 4 of the Constitution of the State of Alaska. This concern is only applicable if any of the facilities providing residential care are religiously-affiliated institutions.

The United State Supreme Court considers two factors in determining whether a statute violates the constitution's prohibition against making laws "respecting the establishment of religion" First, the Court will look to "whether the program administers aid in a neutral fashion, without differentiation based on the religious status of beneficiaries or providers of services; second, and more importantly, whether beneficiaries of indirect aid have a genuine choice among religious and nonreligious organizations when determining the organization to which they will direct that aid." *Zelman v. Harris*, 563 U.S. 639, 649 (2002) (O'Connor, J. concurring).

In this case, the funding program is neutral with respect to religion. All treatment facilities will receive funding based on neutral factors -- the number of children housed at the facility and how long they receive educational services from the facility. It is also likely to pass the second inquiry, as the funding program provides no incentives for parents or children to choose a religious treatment center over a secular treatment center. As a factual matter, the children may not have a choice where they are admitted, but the funding program does not create any skewed incentives to choose one institution over another, and therefore probably does not create an issue with respect to the First Amendment.

Representative Wes Keller

February 5, 2015

Page 5

Student eligibility for funding

Currently, the draft provides that students must be "enrolled or eligible for enrollment in the school district" before funds are available to a residential psychiatric treatment center. Funding would follow the students and come directly from a school district's budget. If, however, a student is eligible for enrollment, but not enrolled, in the school district, then the school district would not have been provided funds for that student's education, but would still have to provide funds to the residential psychiatric treatment center. Would you like to limit the draft to students who are enrolled in the school district?

If I may be of further assistance, please advise.

KSG:Ind

15-082.Ind

Enclosure

LEGAL SERVICES

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MEMORANDUM

February 17, 2015

SUBJECT: Education funding for North Star Behavioral Health
(Work Order No. 29-LS0600)

TO: Senator Berta Gardner
Attn: Katie Bruggeman

FROM: Kate S. Glover
Legislative Counsel

You have asked for an opinion regarding the legality of using state funding to pay for educational services provided by North Star Behavioral Health. My understanding is that North Star Behavioral Health: (1) is a private organization that offers residential psychiatric treatment services for youth, (2) provides education as a part of the treatment program, and (3) currently receives some funding from the state for those education services.¹ The funding is not equivalent to the full amount of per-student funding a school would receive for educating the students, and North Star has approached your office with a draft bill, Work Order No. 29-LS0121\W, that would provide the full amount of per-student funding for the education services it provides. You would like to know whether it is permissible, under art. VII, sec. 1 of the Constitution of the State of Alaska, to use state money to fund educational services provided by a private institution.² Because only a few judicial decisions have interpreted this section of the state constitution, there is no clear answer to your question. Treatment facilities like those that North Star operates, however, would probably not be considered educational institutions

¹ According to the *Alaska Association of Homes for Children Members' Directory 2010/2011*, North Star Behavioral Health provides level V and VI psychiatric treatment services for youth. Level V services are secure or semi-secure residential psychiatric treatment center services. The directory does not include a definition for Level VI services.http://dhss.alaska.gov/ocs/Documents/ResidentialCare/docs/aahc_membersdirectory.pdf (pp. 1, 5, 20).

² Ms. Bruggeman explained that North Star provided your office with a draft bill, Work Order No. 29-LS0121\W. For purposes of analysis, I will assume that funding would be provided to all organizations that provide educational services to youth in psychiatric residential treatment centers, as it would be under that draft bill. Providing funding to only one treatment provider, and not to other similarly-situated providers, could raise issues under the equal protection clauses of the state and federal constitutions.

under the terms of the state constitution. Therefore, it may be permissible to provide state funding for educational services at these institutions.

Article VII, sec. 1 of the Constitution of the State of Alaska states:

The legislature shall by general law establish and maintain a system of public schools open to all children of the State, and may provide for other public educational institutions. Schools and institutions so established shall be free from sectarian control. No money shall be paid from public funds for the direct benefit of any religious or other private educational institution.

A few terms are important in understanding the scope of the final sentence of this section. Funding is prohibited only if it provides a "direct benefit" to a private "educational institution." In the case of funding for organizations like North Star, an important question is whether the organization is an "educational institution" within the meaning of the state constitution.

In *Sheldon Jackson College v. State*, the Alaska Supreme Court came to the firm conclusion that art. VII, sec. 1 applies to "all private educational institutions." 599 P.2d 127, 132 & n.33 (Alaska 1979) ("The convention delegates were informed by the chairperson of the authoring committee that the committee intended the phrase 'other private educational institutions' to include 'any educational institution that is not run by the state'"). The facilities at issue in this case are psychiatric treatment centers, not schools. Their primary mission is to provide mental and emotional healthcare. Education is provided at the facilities only because it cannot be provided at a public school.³ Given these facts, a court could find that the facilities are not educational institutions within the meaning of the state constitution.⁴

³ When it becomes possible to educate these students outside of the treatment center, agency regulations express a preference to do so: "As part of the resident's transition toward discharge from the facility, the residential psychiatric treatment center may arrange for the resident to attend school outside the facility." 7 AAC 50.885.

⁴ The debates of the Constitutional Convention can provide persuasive evidence as to the scope of the provisions of the state constitution. In discussing the public education clause, the delegates to the convention focused their debates on whether the prohibition on funding private schools should be limited to "direct benefits" or should include both direct and indirect benefits. They rejected a proposal to include indirect benefits because they were concerned that "indirect benefits" could "reach out into infinity practically" and prevent the state from providing even basic welfare services to private school students. Const. Conv. Minutes day 48 (Jan. 9, 1956) (statement of Awes). In this context, the delegates briefly considered whether a prohibition on "indirect benefits" would affect foster homes that provide some education. *Id.* (statements of White, Coghill, Armstrong).

If the facilities are considered educational institutions, the funding is permissible only if it does not provide a direct benefit to the institutions. In *Sheldon Jackson*, the Alaska Supreme Court set out four factors that it will consider when analyzing a challenge under art. VII, sec. 1: the class benefitted, the nature of the use to which the public funds will be put, the magnitude of the benefit, and the form of the benefit. *Sheldon Jackson*, 599 P.2d at 130. In that case, the state was providing tuition grants to students attending private colleges to equalize the cost between public and private post-secondary education. In its analysis of the four factors, the Court found that, first, the program was not neutral as it benefitted only private colleges and their students, creating an incentive to enroll in private colleges. *Id.* at 131. Second, the public funds implicated the core concern of the constitution, because the funds "constitute nothing less than a subsidy of the education received by the student at his or her private college" *Id.* Third, the funds bestowed a substantial benefit on the private institutions, as the termination of the program resulted in "a reduction of students, faculty, income and curriculum offerings." *Id.* at 132. Finally, in considering the form of the benefit, the Court concluded that, although the grants were paid to the students, "the student here is merely a conduit for the transmission of state funds to private colleges" and therefore the effect was still to confer a direct benefit on the colleges. *Id.*

The question whether aid to these institutions would be prohibited is never explicitly answered, but Delegate Buckalew, responding to these concerns, clearly expressed his view that "indirect" benefits should not be prohibited because such a prohibition "will, for example, eliminate the free lunch, eliminate bus transportation, eliminate, for example, if we had a school or an institution where they had a school, it would eliminate the state giving any support to the child because that would be indirect support to the institution." Although this does not explicitly address the situation here -- providing funding for *education*, rather than welfare programs -- at a foster home or other institution caring for children, it illustrates the delegates' desire to insure that the state retain its ability to help children wherever they are located. One justice of the Alaska Supreme Court has taken note of this discussion to conclude: "It is abundantly clear that those who formed the constitution did not wish to stop the payment of public monies directly to a religious or private institution that cared for needy children, even though the Institution also furnished education for those children." *Matthews v. Quinton*, 362 P.2d 932, 951 (Alaska 1961) (Dimond, J. dissenting) (the continuing validity of this decision was called into question in *Sheldon Jackson*).

It seems clear that the delegates did not wish to prohibit *any* public aid from reaching private institutions that offer some educational services, but the minutes of the Constitutional Convention leave open the question at hand -- whether it is appropriate for the state to fund *education* at an institution whose primary focus is not education, but social services.

It is difficult to determine how a court would weigh these factors with respect to educational service funding for residential psychiatric treatment centers. With respect to the first factor, the treatment centers that North Star operates are private institutions, and it is my understanding that most, if not all residential psychiatric treatment centers in the state are private institutions. But, the people who benefit most would be the students while they reside at the center. Some of these students are likely public school students who are receiving treatment for a short time and will ultimately return to a public school. They may even be enrolled in public school while they are at the treatment center. In that regard, this case may be distinguishable from *Sheldon Jackson*, because the students and institutions who benefitted from the tuition grants in *Sheldon Jackson* were exclusively students who chose private schools and the private schools they attended. In this case, the class benefitted has a mixed character. It includes private institutions, and public school students who are temporarily placed at private treatment centers.

Under the second factor, however, the funding implicates the core concern of the state constitution's prohibition against direct benefits for private schools -- it is direct funding for education coming out of a school district's budget. A court would likely find this fact troubling. On the other hand, funding for educational services may be provided now as part of Medicaid or other health insurance funding. A shift in funding source may confer no benefit to the center.

The third factor, the magnitude of the benefit, is purely a factual question and more information is necessary to weigh this factor. It is unclear whether the education dollars would provide a substantial benefit for facilities like those operated by North Star. Because education is not their primary focus, the money may only fund a small part of the institutions' budgets. As noted above, the money could also be available from other sources. In either case, the funding may not substantially affect operations. I do not have the facts to assess this.

Finally, with respect to the fourth factor, the form of the benefit, Ms. Bruggeman explained that the funding would follow the student. The funding would flow from the school district directly to the facility, possibly operating as a direct subsidy. This is more direct than the situation in *Sheldon Jackson*, where funding was funneled through students.

It is difficult to predict how a court would weigh these factors. The funding in question is direct funding for education, the core concern behind art. VII, sec. 1, but the class of beneficiaries includes public school students and the funding arrangement essentially fills a temporary gap that the public schools may not be able to cover. More facts may be helpful in this analysis. As discussed above, however, a court may not consider these treatment centers to be "educational institutions" in the first instance, in which case the direct benefits analysis would not apply at all.

I cannot tell from North Star's website what type of organization it is. It is my understanding, however, that some of the residential psychiatric treatment centers are

operated by religious organizations. If that is true, funding education at these facilities implicates a separate concern related to the guarantee of religious freedom found in the First Amendment to the United States Constitution and in art. I, sec. 4 of the Constitution of the State of Alaska.

The United States Supreme Court considers two factors in determining whether a statute violates the constitution's prohibition against making laws "respecting the establishment of religion" First, the Court will look to "whether the program administers aid in a neutral fashion, without differentiation based on the religious status of beneficiaries or providers of services; second, and more importantly, whether beneficiaries of indirect aid have a genuine choice among religious and nonreligious organizations when determining the organization to which they will direct that aid." *Zelman v. Harris*, 563 U.S. 639, 649 (2002) (O'Connor, J. concurring).

In this case, if funding for education services is provided to all residential psychiatric treatment facilities regardless of a religious affiliation, then the funding program is neutral with respect to religion. Funding would be provided based on neutral factors -- the number of children housed at the facility and how long they receive educational services from the facility. Such a funding program would also be likely to pass the second inquiry, as the funding program provides no incentives for parents or children to choose a religious treatment center over a secular treatment center. As a factual matter, the children or parents may not have much choice where they are admitted, but the funding program does not create any skewed incentives to choose one institution over another, and therefore probably does not create an issue with respect to the First Amendment.

If I may be of further assistance, please advise.

KSG:lem
15-093.lem

LEGAL SERVICES

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MEMORANDUM

February 18, 2015

SUBJECT: Funding for private school or homeschool students in residential psychiatric treatment centers
(HB 102; Work Order No. 29-LS0519\A)

TO: Representative Wes Keller
Chair of the House Education Committee
Attn: Janet Ogan

FROM: Kate S. Glover *KSG*
Legislative Counsel

I spoke with Ms. Ogan by telephone, and she asked several questions regarding the funding program under HB 102. I understand that a superintendent of a school district has expressed concern that the funding program in this bill would require school districts to provide funding for students who are not enrolled in the school district because they attend a private school or are homeschooled.

Under section 1 of HB 102, residential psychiatric treatment centers would be able to obtain funding from school districts for educational services provided to students who are "enrolled or eligible for enrollment in the school district" Students who are homeschooled, or who are enrolled in a private school, may still be eligible for enrollment in a public school district in the state.¹ Therefore, as the February 5 memo to your office points out, the bill would require school districts to provide funding for educational services at residential psychiatric treatment centers for students who are "eligible for enrollment" in the school district, even if they are not actually enrolled in the school district. In that case, the school district would not receive money for the student's education, but would still be required to pay the residential psychiatric treatment center. This could be changed with an amendment to the bill striking the words "eligible for enrollment" from page 1, line 11, so that the bill only applies to students who are actually enrolled in a school district.

¹ Under AS 14.03.080, school age children are entitled to attend public school in the school district in which they reside. *See also* 4 AAC 05.030 (allowing private school, correspondence study, and homeschool students to enroll in public schools on a part-time basis).

Representative Wes Keller
February 17, 2015
Page 2

Ms. Ogan also asked whether school districts would be required to provide funding if a student did not enroll in a school district until after the student count estimate has been completed in October.² The bill does not include any date restrictions. If a student receiving educational services at a residential psychiatric treatment center becomes eligible for enrollment in a school district after the student count is completed, the school district would be required to provide funding for that student. If you wish, an amendment to the bill could be drafted specifying that the school district in which the student was enrolled as of October 1 each year will pay the residential psychiatric treatment center for the student's education.

If I may be of further assistance, please advise.

KSG:lnd
15-108.lnd

² AS 14.17.600 requires districts to conduct a student count during a specified period in October.

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MEMORANDUM

March 17, 2016

SUBJECT: School district contracts
(CSHB 102(EDC); Work Order No. 29-LS0519\L)

TO: Representative Wes Keller
Chair of the House Education Committee
Attn: Janet Ogan

FROM: Kate S. Glover 
Legislative Counsel

The draft CS you requested is attached. Please review it carefully to ensure that it accurately reflects your intent.¹ This memo is provided to respond to your questions about a proposed amendment and to explain a potential legal issue with the draft.

Proposed amendment

You also asked me to explain the effect of an amendment that would change proposed AS 14.30.800(b)(2) (in version "L") to read "the student is enrolled in the school district during the student count period described under AS 14.17.600." The Department of Education determines the state aid for each school district in a fiscal year on the basis of the student count data under AS 14.17.600 as provided in AS 14.17.610. As version "L" is currently written, the school board of the district where a student is enrolled is the school board that would be required to enter into a contract with the treatment center where the student is admitted.

The proposed amendment may change the district that is responsible for contracting when a student transfers after the student count period. For example, under the amendment, if a student is enrolled in the Fairbanks school district during the October student count period, but transfers to Anchorage in January and is admitted to a treatment center in February, the Fairbanks school district would still be the district responsible for contracting with the treatment center. Under the language in version "L" (without the amendment), Anchorage would be responsible.

¹ As I understand the request, you would like to maintain the ability of districts to voluntarily contract with a psychiatric treatment center but do not want to limit that to existing contracts.

Standards for contracts

The draft CS allows school districts to contract with treatment centers under any terms the district and the center deem acceptable, but, if no agreement is reached, requires school boards to enter into contracts if certain requirements are met. It is not clear why a treatment center is not required to meet any standards if it can reach agreement on a contract before a certain date, but the same treatment center would have to meet standards if it does not reach agreement on a contract before that date. There may be situations where this raises legal issues. If, for example, students admitted to treatment centers that enter into contracts with school districts (contracts that are exempt from the requirements for school board contracts under the bill) receive lower quality educational services, those students may be able to challenge the bill (if it is enacted) on equal protection grounds.

The equal protection clause of art. I, sec. 1 of the Constitution of the State of Alaska requires the state to show, at a minimum, that the legislation is supported by a legitimate state interest and that there is a substantial relationship between the means chosen and the interest the legislation serves.² At the higher end of the scale, the state must demonstrate a compelling interest and show that the interest cannot be furthered through less restrictive means. For that reason, I encourage you to provide explanations on the record of the state interest the different contract requirements serve and how they are necessary to further that interest.

If the committee's intent is to grandfather in existing agreements, an alternative approach is to establish a date for which school districts who do not have an existing contract must enter into a contract as provided in sec. 14.30.800(b).³

If I may be of further assistance, please advise.

KSG:dla
16-296.dla

Attachment

² *Matanuska-Susitna Borough Sch. Dist. v. State*, 931 P.2d 391, 396 (Alaska 1997) (quoting *Alaska Pacific Assur. Co. v. Brown*, 687 P.2d 264, 269 – 70 (Alaska 1984)).

³ As explained in previous memoranda to your office, either approach raises the potential of violating art. VII, sec. 1 of the Constitution of the State of Alaska if a court finds that the treatment center is an educational institution.

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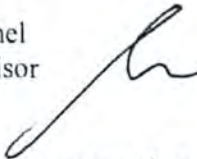
MEMORANDUM

March 17, 2016

SUBJECT: Constitutionality of CSHB 102(EDC)
(Work Order No. 29-LS0519\S)

TO: Representative Paul Seaton
Attn: Jenny Martin

FROM: Jean M. Mischel
Assistant Revisor



Ms. Martin provided our office with a memorandum from the Anchorage School District taking the position that HB 102 violates art. VII, sec. 1 of the Constitution of the State of Alaska. You have requested a legal opinion on this issue. Under HB 102, state funding would be used to pay for educational services provided to students at residential psychiatric treatment centers. Although the bill does raise an issue under the education clause, it is difficult to predict how a court would rule on the issue if the bill is enacted and challenged.

Art. VII, sec. 1 of the Constitution of the State of Alaska provides: "No money shall be paid from public funds for the direct benefit of any religious or other private educational institution." The treatment facilities HB 102 applies to are largely private institutions, so the bill could trigger a constitutional concern.

Art. VII, sec. 1 of the Constitution of the State of Alaska was adopted to ensure that public education dollars would not go to private educational institutions and leave the public system underfunded. In this case, a major question raised by the bill is whether residential psychiatric treatment centers are "educational institutions" within the meaning of the state constitution. In *Sheldon Jackson College v. State*, the Alaska Supreme Court came to the firm conclusion that this clause applies to "all private educational institutions."¹ The facilities at issue in this case, however, are psychiatric treatment centers, not schools. Their primary mission is to provide mental and emotional healthcare. Given this fact, a court could find that the facilities are not educational institutions within the meaning of the state constitution. A court may, however, find it

¹ 599 P.2d 127, 132 & n.33 (Alaska 1979) ("The convention delegates were informed by the chairperson of the authoring committee that the committee intended the phrase 'other private educational institutions' to include 'any educational institution that is not run by the state'").

relevant that the Anchorage school district, according to the superintendent's letter can and does provide educational services to students admitted to treatment centers. This could suggest that the educational program in a treatment center function as schools, rather than filling a need the schools are unable to provide.² X

If the facilities are considered educational institutions, the funding is permissible only if it does not provide a direct benefit to the institutions. In *Sheldon Jackson*, the Alaska

² The debates of the Constitutional Convention can provide persuasive evidence as to the scope of the provisions of the state constitution. In discussing the public education clause, the delegates to the convention focused their debates on whether the prohibition on funding private schools should be limited to "direct benefits" or should include both direct and indirect benefits. They rejected a proposal to include indirect benefits because they were concerned that "indirect benefits" could "reach out into infinity practically" and prevent the state from providing even basic welfare services to private school students. Const. Conv. Minutes day 48 (Jan. 9, 1956) (statement of Awes). In this context, the delegates briefly considered whether a prohibition on "indirect benefits" would affect foster homes that provide some education. *Id.* (statements of White, Coghill, Armstrong).

The question whether aid to these institutions would be prohibited is never explicitly answered, but Delegate Buckalew, responding to these concerns, clearly expressed his view that "indirect" benefits should not be prohibited because such a prohibition "will, for example, eliminate the free lunch, eliminate bus transportation, eliminate, for example, if we had a school or an institution where they had a school, it would eliminate the state giving any support to the child because that would be indirect support to the institution." Although this does not explicitly address the situation here -- providing funding for *education*, rather than welfare programs -- at a foster home or other institution caring for children, it illustrates the delegates' desire to insure that the state retain its ability to help children wherever they are located. One justice of the Alaska Supreme Court has taken note of this discussion to conclude: "It is abundantly clear that those who formed the constitution did not wish to stop the payment of public monies directly to a religious or private institution that cared for needy children, even though the Institution also furnished education for those children." *Matthews v. Quinton*, 362 P.2d 932, 951 (Alaska 1961) (Dimond, J. dissenting) (the continuing validity of this decision was called into question in *Sheldon Jackson*).

It seems clear that the delegates did not wish to prohibit *any* public aid from reaching private institutions that offer some educational services, but the minutes of the constitutional convention leave open the question at hand -- whether it is appropriate for the state to fund *education* at an institution whose primary focus is not education, but social services. It may also be relevant that, in this case, the children at the treatment centers may not all be "needy children" receiving services that are not otherwise available to them.

Supreme Court set out four factors that it will consider when analyzing a challenge under art. VII, sec. 1: the class benefitted, the nature of the use to which the public funds will be put, the magnitude of the benefit, and the form of the benefit. *Sheldon Jackson*, 599 P.2d at 130. In that case, the state was providing tuition grants to students attending private colleges to equalize the cost between public and private post-secondary education. In its analysis of the four factors, the Court found that, first, the program was not neutral as it benefitted only private colleges and their students, creating an incentive to enroll in private colleges. *Id.* at 131. Second, the public funds implicated the core concern of the constitution, because the funds "constitute nothing less than a subsidy of the education received by the student at his or her private college . . ." *Id.* Third, the funds bestowed a substantial benefit on the private institutions, as the termination of the program resulted in "a reduction of students, faculty, income and curriculum offerings." *Id.* at 132. Finally, in considering the form of the benefit, the Court concluded that, although the grants were paid to the students, "the student here is merely a conduit for the transmission of state funds to private colleges" and therefore the effect was still to confer a direct benefit on the colleges. *Id.*

It is difficult to determine how a court would weigh these factors with respect to educational service funding for residential psychiatric treatment centers. With respect to the first factor, the language of the draft is neutral and the funding may benefit public or private institutions. As a factual matter, the treatment centers are mostly, if not entirely, private institutions. The people who benefit most would be the students while they reside at the center. Some of these students are likely public school students who are receiving treatment for a short time and will ultimately return to a public school. They may even be enrolled in public school while they are at the treatment center. In that regard, this case may be distinguishable from *Sheldon Jackson*, because the students and institutions who benefitted from the tuition grants in *Sheldon Jackson* were exclusively students who chose private schools and the private schools they attended. In this case, the proposed statute is neutral, and the class benefitted has a mixed character. It includes private institutions, and students who are temporarily placed at a private treatment center.

Under the second factor, however, the funding implicates the core concern of the state constitution's prohibition against direct benefits for private schools -- it is direct funding for education coming out of a school district's budget. A court would likely find this fact troubling, particularly if it is true that public schools are able to provide these educational services. On the other hand, the educational services may be provided now as part of the state medical assistance program or other health insurance funding.³ A shift in funding source may confer no added benefit to the center. *

The third factor, the magnitude of the benefit, is purely a factual question and more information is necessary to weigh this factor. It is unclear whether the education dollars

³ Under AS 47.07.030(b), the Department of Health and Social Services is authorized to provide medical assistance coverage for inpatient psychiatric facility services for individuals under 21 years of age.

Representative Paul Seaton
March 17, 2016
Page 4

would provide a substantial benefit for these facilities. Because education is not their primary focus, the money may only provide a small part of their budgets or be paid from another source and may not substantially affect operations. I do not have the facts to assess this.

Finally, with respect to the fourth factor, the form of the benefit, here, the funding goes directly from the school district to the facility, possibly operating as a direct subsidy. This is more direct than the situation in *Sheldon Jackson*, where funding was funneled through students. *

In summary, the program funds education, the core concern behind art. VII, sec. 1. As discussed above, however, a court may not consider these treatment centers to be "educational institutions" in the first instance, in which case the direct benefits analysis would not apply at all. ?

If I may be of further assistance, please advise.

KSG:lem
16-258.lem

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MEMORANDUM

January 29, 2016

SUBJECT: Appeals process for residential psychiatric treatment center contracts with school districts (CSHB 102(EDC); Work Order No. 29-LS0519\I)

TO: Representative Wes Keller
Attn: Janet Ogan

FROM: Kate S. Glover *Kb*
Legislative Counsel

Attached is the draft bill you requested. In the draft, school districts are authorized, but not required, to contract with residential psychiatric treatment centers to fund educational services for students admitted to the centers. I have some questions about how the appeal process would work, given that entering into the contracts is entirely discretionary. Even if a contract submitted by a residential psychiatric treatment center meets all of the requirements listed in AS 14.30.800 (proposed in sec. 2 of the draft bill), a school board can reject the contract. If the center appeals the school board's decision, however, the commissioner or the state board of education and early development can reverse that decision and force the school board to enter into and honor the contract. Since the initial decision to enter into the contract is discretionary, it is inconsistent to allow the commissioner or state board to mandate that the school board enter into the contract.

You may want to consider requiring school districts to establish standards for considering contract applications. School districts would then have to accept a contract that meets those requirements. This would provide standards for the commissioner and the state board to apply when they review a decision on appeal.

If you have any questions about the draft, please feel free to contact me.

KSG:lem
16-062.lem

Attachment

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MEMORANDUM

February 2, 2016

SUBJECT: Standards for approval
(CSHB 102(EDC); Work Order No. 29-LS0519I)

TO: Representative Wes Keller
Attn: Janet Ogan

FROM: Kate S. Glover *KSG*
Legislative Counsel

Ms. Ogan asked for a memo regarding whether it is necessary to provide standards for school districts to approve contracts with residential psychiatric treatment centers. Ms. Ogan's request notes that school districts could develop standards so onerous that it will be impossible to meet them. While this is true, it is also true that if the districts have complete discretion, as they do under the current draft, they can reject every contract that is presented to them. Without some standards for approval or denial, the bill suffers from a problem with overdelegation of authority. The lack of standards also creates significant confusion about the function of an appeal process.

The appeal process included in the draft bill allows the commissioner of education to nonetheless force districts to enter into contracts, but the draft does not provide standards for the commissioner's decision. If the commissioner finds that a school district relied on inaccurate information to reject a contract, it may be more appropriate for the district or the commissioner to remand the decision to the district to reconsider the contract, rather than forcing the district to enter into a contract. On remand, the district could still reject the contract, but would have to rely on accurate information to do so.

Some alternatives might be: 1) eliminate the appeal process so that school districts have full discretion, or eliminate the commissioner's and state board's authority to force districts into a contract; 2) require school districts to approve contracts if the contracts meet all of the requirements under AS 14.30.800; 3) allow the Department of Education and Early Development to set the standards; or 4) provide all of the criteria that you think a center should meet in the bill, and require districts to approve contracts that meet those criteria. These are policy choices that you may wish to consider.

If I may be of further assistance, please advise.

KSG:dla
16-078.dla

Date April 5, 2016
Senator Giessel
Members of the Alaska State Senate
Representative Keller
Members of the Alaska House of Representatives

"In these days it is doubtful that any child may reasonably be expected to succeed in life if he is denied the opportunity of an education." ~ *Brown v. Board of Education, 347 U.S. 483(1954)*~

This information is in response to the letter sent out by the Governor's Council on Disabilities dated March 29, 2016 and the letter from the Disability Law Center dated April 4, 2016.

Unfortunately, some of the most recent testimony regarding **HB 102 & SB 103** has served as a distraction to the core issue surrounding how educational services are being delivered to children and adolescents residing in an RPTC. The intention of this legislation is to insure that children and adolescents that have a diagnosed mental illness and who reside in a Residential Psychiatric Treatment Center (RPTC) receive a fair, equitable and high quality education that will allow them to successfully transition back to their traditional school. Too often in education everyone thinks there has to be an "agenda". The only "agenda" with this legislation is to shine a bright light in a dark place in order to improve the educational services for children with mental illness. Although it is helpful that stakeholders are voicing their opinion to this bill, it is imperative that the facts take precedent.

On December 10, 2015, President Obama signed into law the Every Student Succeeds Act (ESSA). This bipartisan measure reauthorizes the 50-year-old Elementary and Secondary Education Act (ESEA), the nation's national education law and longstanding commitment to equal opportunity for all students.

The Statement of Purpose is the most important section in the Every Student Succeeds Act because it describes the overall purpose of the law: ***"to provide all children significant opportunity to receive a fair, equitable, and high-quality education, and to close educational achievement gaps."***

Factual and historic information identified that students residing at North Star Behavioral Health were not receiving a fair, equitable and high quality education. In fact, students residing at North Star have historically been counted and assigned under the District's Special Education Program named the Whaley Center. Under the previous ESEA (No Child Left Behind Act), the Whaley Center NEVER made Adequately Yearly Progress (AYP) as reported to the Alaska Department of Education and Early Development and the District never offered parents any other school choice options as prescribed in the Act. This was brought to ASD's attention several times as well as the findings of the Education Subcommittee in the fall of 2015. By ASD's own admission, there are many areas that need to be addressed.

For the past six years, representatives from North Star appealed to three different Anchorage Superintendents, the Commissioner of Education, the School Board Chairman and countless other stakeholders to no avail. In April of 2015, the House Education Committee set up an Education Subcommittee to study this issue further and report back to the legislature. On September 16th, 2015 representatives from the House Education Subcommittee including Rep Vazquez, Rep Talerico and Rep

Drummond visited the facility and witnessed first-hand the lack of services being provided to these students. Although there was a collegial and collaborative spirit between ASD and North Star, everyone witnessed some very serious issues that showed students were not receiving a fair, equitable and high quality education.

In fact, the Education Subcommittee heard first hand from an Anchorage School District IT representative that the IT infrastructure was inadequate and there were less than 20 functioning computers to deliver the District's on-line curriculum. How could the District ever say that it was delivering a fair and equitable education when there weren't computers or the bandwidth for students to access the APEX on-line curriculum they said they were delivering? Students also didn't have course schedules that were aligned to the classes they were supposed to be taking, Individualized Learning Plans (ILP) were not completed and all special education students were unilaterally placed into a consultative placement. It was also touted that ASD increased the Transition Coordinator from a .5 FTE last year to a full 1.0 FTE this current school year. The problem with that statement is that the .5 FTE they are touting never worked with any students at North Star, their families and the facility, nor did this unfounded person ever visit North Star. It is this lack of transparency and delivery that North Star has been forced to advocate so passionately for these students.

During the legislative tour of North Star in September, ASD's Acting Principal stated that he had been granted immediate permission to purchase 64 computers and he had a temporary bandwidth solution so that students could start accessing the on-line curriculum. Everyone left the meeting encouraged that finally someone had listened. Tragically, the problem grew worse over the next two months and on November 6, 2015, North Star reported to ASD its frustration that the promised computers were still not delivered, bandwidth was not increased and students still did not have access to the on-line APEX system that students were supposed to be taking classes in. When questioned, the Acting Principal stated that the District had "tabled the plan". How could this be allowed to continue? Sensing North Star's shock and disappointment, ASD delivered 60 computers that same afternoon and commissioned the IT Department to begin upgrading the bandwidth in order to allow students to participate in their classes on-line. Would this ever be accepted at another school? Did it look like children with mental illness were not being provided a fair, equitable and high quality education? Why did this class of children have to be denied access to their education for another semester?

There has also been testimony on record regarding that a Free and Appropriate Public Education (FAPE) is not an entitlement of all students in public education. Congress enacted Public Law 94-142 in 1975. The last revision enacted by Congress on November 19, 2004 is known as the Individuals with Disabilities Education Improvement Act of 2004 (IDEA 2004). Although this Act predominately speaks to protecting the rights of students with disabilities, this Act in addition to the Every Student Succeeds Act, Section 504 of the Rehabilitation Act of 1973 (Section 504) and the Americans with Disabilities Act Amendments Act of 2008 (Amendments Act) offers many students residing in an RPTC with additional protections and services.

The Statement of Purpose of IDEA 2004 is the most important statute because it is the mission statement. The Purpose of IDEA 2004 is: ***...to ensure that all children with disabilities have available to them a free and appropriate public education that emphasizes special education and related services designed to meet their unique needs and prepare them for further education, employment and independent living.....and to ensure that the rights of children with disabilities and parents of such children are protected.....***

As stated in previous public testimony by ASD, all special education students residing at North Star are unilaterally transitioned to "consultative services". IDEA 2004 frowns on a one size fits all program that

does not take into account the individual needs of each student. Students in RPTCs who qualify are entitled to all of the provisions as found within IDEA 2004, Section 504 and the Americans with Disabilities Act Amendments Act of 2008.

As found within the Department of Education's Question and Answer Technical Assistance Paper, "The Amendments Act emphasizes that the definition of "disability" in Section 504 and the ADA should be interpreted to allow for broad coverage. Students who, in the past, may not have been determined to have a disability under Section 504 and Title II may now in fact be found to have a disability under those laws. A student whom a school district did not believe had a disability, and therefore did not receive, as described in the Section 504 regulation, special education or related services before passage of the Amendments Act, must now be considered under these new legal standards. The school district would have to evaluate the student, as described in the Section 504 regulation, to determine if he or she has a disability and, if so, the district would have to determine whether, because of the disability, the student needs special education or related services. 34 C.F.R. §§ 104.3(l), 104.33.

Section 504 and the ADA define disability as (1) a physical or mental impairment that substantially limits a major life activity; (2) a record of such an impairment; or (3) being regarded as having such an impairment. 29 U.S.C. § 705(9)(B); 42 U.S.C. § 12102(1). The Amendments Act does not alter these three elements of the definition of disability in the ADA and Section 504. But it significantly changes how the term "disability" is to be interpreted.

Specifically, Congress directed that the definition of disability shall be construed broadly and that the determination of whether an individual has a disability should not demand extensive analysis. 42 U.S.C. § 12102 note. Among other changes, the Amendments Act specifies that:

An impairment need not prevent or severely or significantly restrict a major life activity to be considered substantially limiting. *Id.*

In the phrase "a physical or mental impairment that substantially limits a major life activity," the term "substantially limits" shall be interpreted without regard to the ameliorative effects of mitigating measures, other than ordinary eyeglasses or contact lenses. Amendments Act § 4(a) (codified as amended at 42 U.S.C. § 12102). Mitigating measures are things like medications, prosthetic devices, assistive devices, or learned behavioral or adaptive neurological modifications that an individual may use to eliminate or reduce the effects of impairment. These measures cannot be considered when determining whether a person has a substantially limiting impairment. Therefore, impairments that may not have previously been considered to be disabilities because of the ameliorative effects of mitigating measures might now meet the Section 504 and ADA definition of disability. For example, a student who has an allergy and requires allergy shots to manage that condition would be covered under Section 504 and Title II if, without the shots, the allergy would substantially limit a major life activity. (See also discussion of evaluation requirements at Q7-9, 11-14 below.)

An impairment that is episodic or in remission is a disability if, when in an active phase, it would substantially limit a major life activity, Amendments Act § 4(a) (codified as amended at 42 U.S.C. § 12102). For example, a student with bipolar disorder would be covered if, during manic or depressive episodes, the student is substantially limited in a major life activity (e.g., thinking, concentrating, neurological function, or brain function).

For the "regarded as" prong of the disability definition, if an individual can establish that he or she has been subjected to an act prohibited by Title II or Section 504 (e.g., refused admission or expelled or

denied equal access to educational programs) because of an actual or perceived physical or mental impairment, then he or she is entitled to protection under these laws. The Amendments Act clarifies that the statutory protections apply whether or not the individual actually has the impairment, and also whether or not the impairment is perceived to be a substantial limitation on a major life activity.⁷ See Amendments Act § 4(a) (codified as amended at 42 U.S.C. § 12102). For example, consider a nondisabled student whose mother is a well-known AIDS activist in the community. After the student transfers schools at mid-year, he is harassed by other students based on their mistaken assumption that he has AIDS. This student, who is regarded as having an impairment, would be protected by the ADA and Section 504.⁸

An individual will not be "regarded as" a person with a disability if the impairment is both transitory (meaning that it has an actual or expected duration of six months or less) and minor, Amendments Act § 4(a) (codified as amended at 42 U.S.C. § 12102).

An entity need not provide a reasonable modification of policies, practices, or procedures to individuals who meet the definition of disability solely because they are "regarded as" having a physical or mental impairment. See Amendments Act § 6(a) (codified as amended at 42 U.S.C. § 12201(h)). As described above, however, such individuals would be entitled to protection from discrimination, including but not limited to protection from retaliation and harassment on the basis of disability.

In most cases, application of these rules should quickly shift the inquiry away from the question whether a student has a disability (and thus is protected by the ADA and Section 504), and toward the school district's actions and obligations to ensure equal educational opportunities. While there are no per se disabilities under Section 504 and Title II, the nature of many impairments is such that, in virtually every case, a determination in favor of disability will be made. Thus, for example, a school district should not need or require extensive documentation or analysis to determine that a child with diabetes, epilepsy, bipolar disorder, or autism has a disability under Section 504 and Title II."

In the days ahead, we hope that all stakeholders can admit that there is much work to be done serving children who have a mental illness and reside in an RPTC. We have exhausted all other remedies and it is time another option be granted so that students can receive a fair, equitable and high quality education. Because this is a three year pilot program, there will be tangible outcome data reported back to the legislature to compare its effectiveness to the current model being provided. We respectfully ask for your support of this legislation.

Sincerely,

Evelyn Alsup

Evelyn Alsup
Director of Education
North Star Behavioral Health

Senator Cathy Giessel
Representative Wes Keller
House Education Committee Members
Senator Lesil McGuire
Senate Judiciary Committee Members
State Capitol
Juneau, Alaska 99801

Date: March 21, 2016

Dear Legislators:

This is in response to the Anchorage School District (ASD) letter dated March 17, 2016 to the House Education Committee. That letter contains important mischaracterizations of the current educational situation at North Star Behavioral Health.

We are grateful for the limited progress that the ASD has made in relation to instructing this unique population of students during the 2015-2016 school year. It was not until after the last session, that ASD made a concentrated effort to remedy the educational deficiencies they themselves identified.

In the letter ASD listed 16 areas of improvement. Of those, 11 are improvement areas that deal with administration responsibilities and not direct student instruction. We are looking for more than a supportive educational system for this population of kids as described in their letter. We are seeking educational accountability and equity for children in treatment facilities.

There are still many important areas needing assistance which ASD has not remedied. These areas include:

- Establishing the level of onsite services provided by principal to ensure access for stakeholders, parents, teachers, and students. *ASD stated there was enhanced communication with parents/guardians and resident school. However, to date we do not know how or when those calls are happening as we have schools and families that continue to struggle daily with identifying who to speak to or when they are available for communication.*
- Lack of student course schedules listing actual courses students are registered in for each semester
- Lack of clear transcript alignment with neighborhood school
- Lack of full student registration to the APEX course system
- Lack of completion of each students ILP
- Lack of further technology assessment and plan

- Lack of identification of Outcome Measures
- Lack of curriculum assessment and plan
- Slow and cumbersome enrollment process
- Lack of Admission, course registration and Transition Policies and Procedures
ASD stated they have a new streamlined process for registration however; there has not been a change in process only updated forms for the current school year.
- Lack of AIMS web testing

The Anchorage School District voiced concerns over the quality of education delivered to students in treatment facilities if HB102 was passed. This is ironic and disingenuous since North Star has pleaded with ASD for 6 years to step up and fulfill its obligations to this class of students. ASD has failed to do so. Only this year, after HB 102 was moving, has this district taken any interest in correcting the lack of education for these students.

The bill addresses how quality education will be addressed by North Star on page 3, starting on line 16, “the following provisions will be included in the contract:

- Teacher to student ratio;
- A description of the educational program and how it aligns with state content standards;
- A description of student assessments provided in the educational program and an agreement that the center will administer those assessments required by the state;
- Written objectives for student achievement;
- The center’s plan for providing special education, vocational education, gifted education and bilingual education; an educational program and calendar;
- A description of staff development activities;
- Documentation that a teacher possesses a valid teacher certificate issued by the department and meets training requirements as outlined in AS 14.30.250”.

ASD also expresses concern over IDEA laws and Special Education. The bill openly discusses this on page 3, line 30: the RPTC must include “(10) documentation that a person who possesses a valid administrative certificate issued by the department under AS 14.30.255 will administer special education services;” and again on page 4, line 6, (12) “the center will follow procedures established by the department to comply with federal law, including 20 U.S.C. 1400-1482 IDEA.”

This is a three year pilot project with a sunset date in 2020. The option for a pilot project was taken so treatment facilities could collect data and show outcomes of their educational program to all stakeholders involved. The goal is to have clear, concrete, best practice decisions made as we move forward with educating this unique population.

Thank you for the opportunity to address the continued educational issues students face while receiving mental health treatment. If you have questions I am always available by phone 907-903-5081 or call Ray Gillespie at 907-230-8843.

Respectfully,

Evelyn Alsup

Evelyn Alsup

Director of Education

North Star Behavioral Health

February 16, 2016

Evelyn Alsup, Director of Education

North Star Behavioral Health

Re: Deficiencies of ASD Education efforts for patients

- To date ASD has not established the level of onsite services provided by principal/counselor to ensure access for stakeholders, parents, teachers, and students. We have no administrative plan that outlines the functions or schedules of the added administrators in which to share with families, therapists, and resident school districts. This is needed to provide communication and understanding of processes within the program.
 - ✓ North Star would employ a Principal or administrator who would be onsite daily with office hours and a schedule to accommodate parents, guardians, students and stakeholders. Phone number and email address would be readily available for the stakeholders, parents and teachers for ease of access.
 - ✓ North Star will employ a counselor/transition specialist that will work with resident school districts to ensure students are in the correct classes to move toward graduation with the student's school and work directly with student's teachers to develop a clear transition plan for the student back to their school.
- We are still struggling to clearly identify if student's transcripts are being aligned with students home school districts.
 - ✓ This alignment is important to the student being able to matriculate toward graduation with his/her like peers.
- We are continuing to wait on all students having course schedules.
 - ✓ A clear course schedule is important to ensure all classes are congruent with resident schools.
- Placing students in courses they do not need or not required for graduation becomes a source of frustration for the student and family and can lead to added stress and often not having the credits to graduate with peers. North Star would alleviate this issue by;
 - ✓ Within 24 hours students are placed in their appropriate courses with a complete course schedule. This is facilitated by calling the sending school district and retrieving prior transcripts/grades and talking to counselor in the first 24 hours of admission.
 - ✓ Each student would receive an educational case manager that would be the liaison with resident schools, teachers, parents, and treatment team members and would develop the educational plan for the student.

- Currently only 1/3 of high school and middle school students have full student registration to the APEX course system
 - ✓ North Star will utilize this online resource as not only an academic class for grade level but as a source for credit recovery that is so often needed by the population we serve. All students would be enrolled in the APEX course system upon review of transcripts in the first 48 hours. This would be accomplished by the full time registrar position that North Star would provide. This review of transcripts would ensure students are in the appropriate classes to matriculate with their like peers in public school programs.
- The district developed an Individual Learning Plan, or ILP, that was to be implemented for each student upon admission and it is not being utilized. This ILP would benefit parents and sending schools upon a child's transition back to the resident school.
 - ✓ North will ensure completion of each student's ILP as students would receive an initial interview with the counselor/teacher to initiate the ILP within the first 72 hours of admission.
 - ✓ This ILP would then be placed in the students file and the student would be assigned an educational case manager. This case manager would be responsible to facilitate all educational communication, transitions with sending schools, ILP and manage educational discharge plan in conjunction with the therapeutic treatment team.
- ASD has not developed a technology assessment and plan. To sustain the online APEX curriculum further technology assessment and a plan would be necessary.
 - ✓ North would develop a strategic IT plan after a complete assessment of the current structure. In conjunction with the educational administrator the IT department will produce a plan for IT needs for the 2016-17 and 2017-18 school year. IT needs are ever evolving as new programs are introduced to the curriculum so creating the plan for future years is important to the students having access to their education.
- To date we are unsure how or if educational outcomes are tracked and recorded. The use of outcomes linked with curriculum design are important to the success of the educational program as they allow administrators and teachers to identify the areas of growth and those needing added structure and alignment. North would immediately identify Outcome Measures and provide them to key stakeholders.
 - ✓ Using the Best in Class structure North Star will identify key indicator areas for outcomes. Those outcomes would be tracked, and compiled on a quarterly basis with a yearly report for stakeholders available. Some of the outcomes that would be tracked include:
 - ✓ Course completion
 - ✓ Attendance
 - ✓ Core subject pass rate

- ✓ Graduation rate
 - ✓ Reading comprehension and fluency/grade level
 - ✓ Math proficiency/ grade level
- ASD is lacking a clear curriculum assessment and plan for this population and program. Assessing the curriculum and developing a curriculum plan are standard operating procedures for schools. These assessment tools allow evaluation of academic programs so schools can meet the expectations of accrediting educational agencies, and state and local stakeholders. North Star would develop a curriculum assessment and plan;
 - ✓ Using the Alaska State content standards for each grade level and state approved courses North Star would offer a wide range of courses for individual students. These courses would be aligned to their current transcript allowing them to matriculate with their like peers.
 - ✓ The assessment plan would be comprehensive and would include :
 - 1. Objectives/Student Learning Outcomes**
These would be specific, measurable, student-oriented, and related to the curriculum's mission.
 - 2. Methods**
The assessment plan will include a variety of measures, including both qualitative and quantitative assessments. These measures should be well aligned with the objectives of the curriculum and it should be clear what type of performance would indicate that students are meeting the stated objectives.
 - 3. Results**
Any results would be clearly described and related to the objectives and stated criteria for success.
- ASD struggles to enroll students in a timely manner and often under reports the number of students in the facilities due to this lag of enrollment. This lack of enrolling each student promptly creates stress on high school students as they fall further behind in their education as each day passes. North Star would streamline the Enrollment process;
 - ✓ Upon admission the intake personal will assist families to fill out the enrollment packet. This packet will be entered into the enrollment system the first school day after admission. The registrar putting the enrollments in the system will be an FTE dedicated to this population of children. This will allow for ease of admission and enrollment of student in a timely manner.
- The process for transitioning students back to their home school districts is not defined by ASD. These transitions allow students to be successful in their return to the resident school and community. North Star would ensure the successful transition of each child by;
 - ✓ Starting transition when a child is admitted. The educational case manager will work with teachers, families, therapists and a doctor to develop the ILP thoroughly and utilize it as a working document during the child's stay in the facility. The student's school of residency will be a partner in the educational

transition as well as the development of the ILP. The involvement of the resident school will eliminate the placing of students in courses not aligned with their transcript.

- Currently ASD is not AIMS web testing like it does in other programs throughout the district. This elementary measurement of achievement is needed to assess areas of strength and need in the elementary school population.
 - ✓ North Star would utilize AIMS web testing in the Fall, Winter and Spring of each year to identify the learning needs of each individual student in the core academic areas. These key indicators will be used to guide the instruction with progress monitoring built in as each child progresses in academic skills. This testing will be sent to the receiving schools at discharge to help them build the best program for the child upon return to their program.

North Star has presented ASD with a contract that would address each of the areas above but has not heard from them regarding the contract.

Dear Senator Micciche:

This is in response to the letter from the Kenai Peninsula Borough School District (KPBSD) dated March 8, 2016. Unfortunately, the KPBSD is looking at an old version of HB 102 not SSSB 103 which is currently before the Senate Judiciary Committee.

The following is our response:

1. The bill will have **no impact** on the KPBSD because there are no Residential Psychiatric Treatment Facilities (RPTC) within the district.
2. **The current versions of both HB 102 and SB 103 create a 3-year pilot project which sunsets in July 2020.**

Here is the response to each bullet point contained in the letter:

- SSSB 103 prescribes a negotiated reimbursement rate per line 21, page 4. An earlier version of HB 102 called for a reimbursement formula which has now been removed from the bill.
- SSSB 103 requires that a proposed contract with a district include 21 strict educational and accountability standards similar to public schools. See Sec 14.30.800 (a) (1) through (21). These standards were inserted in the bill per the suggestion of DEED.
- See answer to the bullet point above and note the contract has to include "assurances that the center will follow procedures established by the Department to comply with federal law, including 20 U.S.C. 1400 – 1482 (Individuals with Disabilities Education Act). See page 3, line 31 and page 4 line 1 and 2.
- Coordination with the home district is required to be in a written plan. See page 4, line 10-12. This is one of the most important sections of the bill because without coordination of classes and transcripts children will be far behind their peers upon returning to the home district.
- The contract and the reimbursement is subject to review and approval by the Commissioner of Education and the State Board if the RPTC and local district are unable to agree. SSSB 103 funding is part of the BSA but portions of the funding will be paid to RPTC for students confined to the facility for mental health treatment. There is no added uncertainty of funding. See section (c) – (g) on page 4 line 23 through line 13 on page 5 and section 14.30.810 on page 5.
- The RPTC must be licensed in the state of Alaska and hire Certified Alaska teachers. See page 2, line 24 and page 3 line 26. No out of state schools can qualify.

The funding concern mentioned in the final paragraph of the letter is misplaced. Student/patients are currently being educated at the expense of the district in which the RPTC is located. SSSB 103 simply provides that a portion of the funds be used to reimburse the RPTC for students the district no longer

has to educate due to the contracts with the RPTC. There is no reduction in funding to the local district from state or federal sources. A fair reimbursement rate will be negotiated with the district or provided by the Commissioner or state Board of Education.

I hope this clears up any confusion about the scope of SSSB 103. It is narrow in scope because it deals only with children confined to an RPTC for treatment under medical orders, there are no RPTC in the KPBSD and it is a pilot project which sunsets in 3 years.

Please let me know if you have further questions.

Sincerely,

Evelyn Alsup

Evelyn Alsup
Director of Education
North Star Behavioral Health System

March 2015

Representative Wes Keller
State Capitol Room #403
Juneau, AK 99801

Dear Representative Keller,

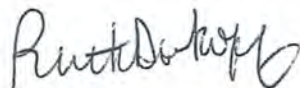
My name is Dr. Ruth Dukoff, Medical Director for North Star Behavioral Health System and a practicing provider for children and adolescents in acute care as well as the DeBarr Residential Treatment Center. The purpose of this correspondence is to request your support for Education Funding Equality for Children with Mental Illness HB102. As you can imagine, when a family comes to the point that a child needs intensive, residential mental health treatment, it is a very stressful time with emotions running high. The last thing that a child or family needs during this time of crisis is a disruption to their educational services. School is one of the most consistent parts of a child's day and they need to have equitable access so that when they transition back home they are in line academically and can matriculate to the next grade level.

I wish to go on record for supporting this legislation as it will:

- Increase the educational opportunities and measurable outcomes for children with mental illness so that they can successfully transition back to their traditional school after receiving intensive and sometimes lifesaving mental health treatment
- Require school districts to send a portion of funding that would normally be a part of the funding formula for the school days the child is in attendance
- Allow the licensed facility to deliver appropriate educational and related services provided by licensed teachers and credentialed service providers to the student while the student is admitted to the facility
- Allow for a more comprehensive continuum of care by individualizing each student's academic plan to complement their therapeutic treatment goals
- Provide the state real-time data that will assist the state with meeting the needs of other special populations such as students residing in rural villages
- Increase the length of time students spend in school learning and track measurable outcomes to be reviewed by state stakeholders

I ask you to support HB102 as it will improve the delivery of educational services to the children with severe mental illness and allow them the same educational opportunities as their peers.

Respectfully Yours,



Cc: Representative Lora Reinbold, Representative Jim Colver, Representative Paul Seaton, Representative Liz Vazquez, Representative Harriet Drummond, Representative Jonathan Kriess-Tomkins

March 2015

Representative Wes Keller
State Capitol Room #403
Juneau, AK 99801

Dear Representative Keller,

My name is Dr. David Hjellen and I am a child psychiatrist for, and work with patients residing in North Star Behavioral Health System. The purpose of this correspondence is to request your support for Education Funding Equality for Children with Mental Illness HB102. This legislation will assist many children to receive an adequate and equitable education while receiving the mental health treatment they require. Too often I see my families struggle, deciding between the needed treatment for the health and wellbeing of their child and the education they know will be lost during that treatment. A free appropriate education is the right of every child and ensuring this at-risk population can move forward with their peers and be successful is an important part of that right. No child should be penalized educationally for getting the help they need to stay healthy.

I wish to go on record for supporting this legislation as it will:

- Increase the educational opportunities and measurable outcomes for children with mental illness so that they can successfully transition back to their traditional school after receiving intensive and sometimes lifesaving mental health treatment
- Require school districts to send a portion of funding that would normally be a part of the funding formula for the school days the child is in attendance
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I ask you to support HB102 as it will improve the delivery of educational services to the children with severe mental illness and allow them the same educational opportunities as their peers.

Respectfully Yours,



Cc: Representative Lora Reinbold, Representative Jim Colver, Representative Paul Seaton, Representative Liz Vazquez, Representative Harriet Drummond, Representative Jonathan Kriess-Tomkins

April 13, 2015

Dear Representative Keller,

Thank you for chairing Friday's House Educational Committee hearing and the opportunity to provide testimony regarding CSHB 102. We have reviewed the comments, suggestions, and questions presented by various stakeholders and would like to provide additional follow up information.

1. Representative Drummond asked for the explanation of the acronym ESE Specialist. That term stands for Exceptional Student Education Specialist. This is a person who holds a special education certificate and has additional training and expertise in special education policies and procedures.
2. Representative Seaton asked if on page 4, line 29, the word "Alaska" could be inserted before the word teacher and on page 5, line 1, insert the word "Alaska" before the word administrative. We support these recommendations and would ask if the bill drafter could accommodate Rep Seaton's request.
3. Representative Seaton noted that the Kenai Peninsula Borough School District (KPBSD) contacted him for clarification on the calculation of funds transferred to the RPTC from a school district. KPSD asked whether it will be based on an average of all students in the district or if the funding will be calculated on the specific school the child is coming from? We appreciate Rep Seaton's question and recognize that school size may be a factor in determining the funding calculation per student. The goal of CSHB 102 to have the calculation most closely reflect the actual revenue generated so that it is comparable and equitable for all parties. Evelyn Alsup will be in contact with the KPBSD to clarify the issue.
4. Representative Seaton asked for clarification on the record regarding whether or not a RPTC would absorb the cost for a private or homeschool student and Ms. Alsup confirmed that in fact that would be the case.
5. The Committee also heard public testimony from Ms. Lucy Hope, the Mat-Su Borough School District (MSBSD), Director of Student Services. She wanted to know if the student would be enrolled in the school district of residence or the school district where the RPTC is located. To answer her question, the student remains enrolled in their resident school district so that the resident school district counts the student for funding purposes in October and retains the money for when the child returns. On page 6, line 24, it states that within five business days after admitting the student, the RPTC notifies the school district where the child is enrolled, in writing, that the center will provide educational services. This process will allow for more communication and collaboration between the district of residence and RPTC. (See provision, AS 14.16.300 (a) (19)). This section also address Ms. Hopes concerns about credits and graduation requirements since the child remains in enrolled in the resident district and the law will require collaboration and coordination between the RPTC and the district. (which is missing under current practices, unfortunately) Also, by keeping the student enrolled in the resident school district, the district has the funding when the child returns.

6. Ms. Hope raised the concern that the RPTC teachers would have to meet the Highly Qualified teaching certification requirements and that they could be granting grades, credits and diplomas. CSHB 102 requires teachers to meet the certification requirements. Teachers would be sending grades back to the resident school district. Under current practice, students do not take the required classes to matriculate and a further review of this process should be looked into by DEED to address Ms. Hope's concerns. CSHB 102 opens up the communication and collaboration so that students takes the classes they need to graduate.
7. Further in Ms. Hope's testimony, she raised the issue regarding parent participation within the IEP process and the district's concern with turning over the implementation of an existing IEP without parent participation. She then stated that under IDEA, placement is an IEP decision and that the IEP team retains the responsibility for implementing the IEP. We whole heartedly agree that parents are an important part of the IEP team. NSBH is very familiar with the requirements of IDEA. Please note that CSHB102 of AS 14.16.300, subsection (14) requires the RPTC to comply with federal law including IDEA. Within ten days of an admission to an RPTC, the IEP team (parents, guardians, case workers, resident school district, RPTC and other interested parties) a meeting would be scheduled to review the existing IEP and recommend any amendments. School districts are allowed under IDEA to utilize the services of private providers to assist in delivering a free and appropriate public education (FAPE). In fact, this is a common practice throughout the country and many school districts throughout Alaska utilize SERCC for delivering special education services. Also, under IDEA, the State Education Agency (SEA) which in Alaska is DEED has the authority to author an interagency agreement when there are other state agencies involved in delivering services. The model proposed in CSHB 102 is used in a number of states across the country and will allow for a more seamless service delivery system integrating mental health and educational services. It is important to remember that these children are admitted for non-educational reasons under a physician's order due to a medical or mental health condition.
8. Lastly, Ms. Hope stated that CSHB 102 would require regulations from DEED that would cause a fiscal impact and that there would also be a fiscal impact to districts. We disagree with this characterization. Note that there is an allowance for an indirect cost rate approved by the DEED to be withheld by the district of enrollment. In terms of fiscal impact on the DEED, we believe that administrative functions should be handled with existing staff and resources.

Please remember that there are already existing statutes, AS 14.03.083, AS 14.07.020 and AS 14.30.258, that allow DEED and school districts to contract for special educational services. CSHB 102 treats RPTC's as educational service provider for the small class of students. The bill also contemplates a vigorous the approval process with over twenty accountability provisions to enhance the coordination and collaboration of services. This bill also allows the district of residence to keep its share of the educational revenue that they are now forfeiting in its entirety to a school district wherever a RPTC is located. We do not see how this bill adds a fiscal burden on to the district of residence.

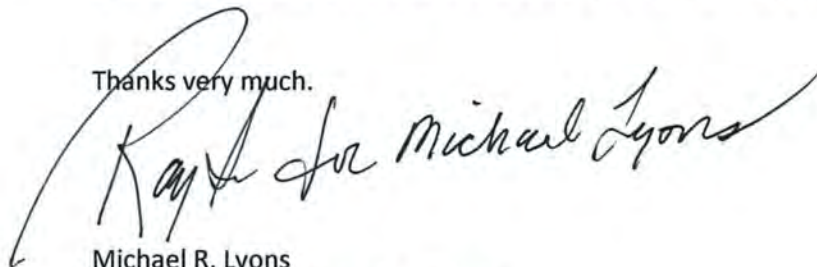
9. The last speaker was Mr. David Boyle who shared his views on how the current model in the Anchorage School District should be looked at as it puts all of the intensive needs funding into the general fund for the district to allocate as they see fit. Mr. Boyle also questioned the constitutionality of CSLHB 120 under Article VII, Section 1 of the state constitution. We believe that federal law and more specifically, IDEA ensures that a student is entitled to a free and

appropriate public education (FAPE) even though they have a serious mental illness. The student/patients, in this case, have been admitted for diagnosed mental health condition under a physician's order. An RPTC is the appropriate setting for the mental health and education services to be delivered. The educational programs are subject to DEED review and approval and the RPTC is serving as an educational service provider for small number of seriously ill students. There are other educational services throughout the state being provided by other entities due when necessary to deliver FAPE. For example, SERCC provides, under contract, a variety of educational services such as preparation and facilitation of IEP meetings, behavior management techniques, classroom development, direct instruction and services to students, and gifted/ talented program planning and development. This seems ample precedent for an RPTC to provide specialized services for this unique class of students with unique needs and challenges.

We believe that the appropriate legal analysis of this issue will reveal that this small class of students who need educational services which are best delivered the treatment setting under the strict requirements of CSHB102 does not violate the provisions of the constitution.

We hope that we have provided a comprehensive summary to the questions and comments raised and we look forward to working with all of the stakeholders to continue to move this important piece of legislation forward. Please let me know if we can be of any assistance.

Thanks very much.

A handwritten signature in black ink that reads "Ray for Michael Lyons". The signature is written in a cursive, flowing style.

Michael R. Lyons
Vice President, Specialty Education
UHS of Delaware, Inc.
321.752.5777

April 15, 2015

Commissioner Mike Hanley
Alaska Department of Education & Early Development
801 West 10th Street, Suite 200
Juneau, AK 99811-0500

Dear Commissioner Hanley,

Thank you for setting up, attending and facilitating a meeting between representatives of the Anchorage School District (ASD) and North Star Behavioral Health (NSBH) on April 14, 2015. We truly appreciate your commitment to ensure that children that have been admitted under a physician's order into a residential psychiatric treatment center (RPTC) receive equitable and comparable educational services that will allow them progress academically simultaneously to receiving intensive mental health treatment.

As you know, NSBH has been advocating for the past five years improving the educational service delivery system for children receiving residential psychiatric treatment and NSBH continues to propose solutions that will increase accountability and improve measurable outcomes. One of the options NSBH presented to ASD is for ASD to contract with NSBH to deliver the educational services. This is allowed under existing AS 14.03.083, entitled, "Contracting for Services". This statute states that, "*(a) A school district may contract for educational services provided to students in the district by an agency that is accredited by the department under AS 14.07.020 and (b) of this section*". We further appreciated your most recent citation of 4 AAC 04.300 Standards for state accreditation of schools in which under 14 (c) states,

"(c) A public or private elementary or secondary school may demonstrate the attainment of the standards set out in this section by

- (1) Conducting a self-study, using a format prescribed by the department; or
- (2) Providing evidence of current accreditation by the Northwest Association of Schools and Colleges to the department"

NSBH would like to review the self-study format required to become an accredited ESP through DEED and would appreciate if you could provide us those materials. NSBH would also appreciate any suggestions and guidance you may have regarding the proposed contract NSBH provided to ASD for consideration.

Although Ms. Carlson and Mr. Graham seemed very eager to improve the educational service delivery model provided by ASD, we remain extremely concerned due to the lack of follow through the past five years. With the 2015-2016 school year quickly approaching, we believe that it is imperative that ASD

NSBH Commissioner Hanley April 15, 2015

provide a concrete plan addressing many of the concerns raised by NSBH. Recognizing that ASD has admitted there is room for improvement; we would like ASD to provide at the April 28th meeting:

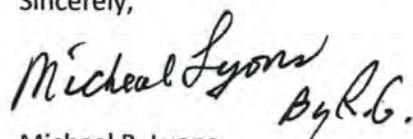
1. A Communication Plan that will outline strategies for strengthening the collaboration and information sharing between ASD, NSBH, parents, students, resident school districts and other stakeholders
2. 2015-2016 Staffing Plan including teacher certification areas
3. The Curriculum Model including a Master Schedule reflecting the amount of time for direct instruction and on-line instruction
4. The Administrative Supervision Plan with a schedule for providing on-site management and communication with families, treatment team, resident school districts and students
5. Policies and Procedures for admissions, Individualized Education Plans (IEP) and transitions
6. A list of Outcome Measures that will be tracked to be shared with stakeholders through the School Improvement Plan (SIP)
7. A program Budget including allocations for materials, resources and equipment

All of these items are standard operating procedures that all schools should have in place. They are even more critical for a specialty school serving students with severe mental illness.

Lastly, we are soliciting your help in obtaining the information we previously requested in both our November 5, 2014 and February 13, 2015 Freedom of Information Act Request. As you know, there is pending legislation in both the House of Representatives and Senate regarding educational services for children residing in psychiatric residential treatment centers and we need to provide legislators, stakeholders and disability advocates with this information. This critical information will allow all stakeholders to study how resources are allocated to children with mental illness and what can be done to improve services in the future.

Once again, thank you for all of your help and we truly appreciate your commitment to children with mental illness. If I can be of any assistance, please feel free to contact me at your convenience.

Sincerely,

Handwritten signature of Michael R. Lyons in cursive script, with the initials "B.R.G." written below the name.

Michael R. Lyons
Vice President

cc:

Representative Wes Keller

Representative Liz Vasquez

Ms. Linda Carlson, Assistant Superintendent, Anchorage School District

Mr. Mike Graham, Chief Academic Officer, Anchorage School District

North Star Behavioral Health Systems; Alaska's Strategic Plan

North Star Behavioral Health Systems (North Star) recognizes and embraces the State Department of Education's on-going commitment to the Alaska Education Plan (AEP) and the Alaska State Literacy Blueprint (ASLB). North Star also supports the Division of Behavioral Health's mission to manage an integrated and comprehensive behavioral health system based on sound policy, effective practices and partnerships.

Ideally, educational services should dovetail with mental health treatment so that children and youth receive the support they need in a seamless, coordinated and comprehensive system of care. Research demonstrates that social-emotional and mental health support is directly related to children's learning and development; and that children receiving mental health treatment need a specialized learning environment to excel. North Star is a firm believer in accountability and fully supports the state's ambitious goals to raise student achievement and graduate students prepared for careers or post-secondary training and education. North Star will work collaboratively with the state as a partner in reaching its objectives through thoughtful collaboration, strategic initiatives and allocation of resources.

In addition to aligning the educational services to the initiatives in the Alaska Education Plan and Alaska State Literacy Blueprint, North Star will comply with the Policies and Procedures for the Provisions of Specially Designed Instruction and Related Services for Exceptional Students. The program shall implement the requirements of the Individuals with Disabilities Education Act of 2004 (P.L. 108-447) and its implementing regulations in Title 34 of the Code of Federal Regulations in collaboration with each child's resident school district.

Innovative, Evidence Based Educational Services

North Star will provide an innovative, evidence based instructional program to children and adolescents that have been admitted under a physician's order due to meeting medical necessity. The program is developed to create academic and emotional success for patients in a non-traditional residential healthcare environment. North Star's caring and well trained team of professionals truly values that every patient has unique circumstances and needs a variety of instructional models to choose from in order to continue progressing in line with their assigned grade level course work.

Program Accountability Goals:

- 98% Daily Attendance Rate
- 90% Course Completion Rate, 90% Credit Recovery Rate
- 95% Annual Successful Reintegration Rate
- 95% Weekly Parental / Resident School District Involvement Contact Rate
- Increase Reading and Math Scores by .7 grade level each semester
- Decrease / Increase Targeted Behaviors Identified in Behavior Intervention Plan (BIP) at a Success Rate of 80%
- 80% Skill Acquisition Increase in Skill Areas Identified in the ABLLS-R for those Students Participating in the ASD, ID & Related Services Specialty Program
- 85% Positive Response Rate from Annual Parent / Guardian Survey

Individualized Educational Services Complimenting Intensive Mental Health Treatment

Each Alaska Department of Education approved course that North Star offers is designed to actively engage each patient throughout the day to achieve positive, prosocial behavioral and educational outcomes. The instructional design at North Star is supplemented by a 24/7 treatment environment and can be summarized by one word, "*Integration*". This integration is found between all educational, behavioral, medical and functional areas. Teachers will work collaboratively to integrate content areas that connect speech and language, occupational therapy, sensory integration, social skills, health and wellness, and behavioral interventions. "Individualized" is the term that best describes how teachers will support the curriculum and treatment at North Star. Research indicates that patients grasp concepts better and retain information more consistently when they have the opportunity to participate actively and directly in the learning process. Each academic course offered at North Star has specific state approved performance objectives and detailed statements of the knowledge and skills required to be mastered.

Individualized Learning Plan (ILP) / Individualized Education Plan (IEP)

Upon admission into North Star, the patient, parents, guardians, resident school district and the program's interdisciplinary treatment team will jointly develop an Individualized Learning Plan (ILP) outlining the goals and objectives of each patient's course of study. Furthermore, North Star will ensure that every patient with special needs participating in the program be provided with a current Individualized Education Plan (IEP) through their resident school district. North Star's approach to implementing a student's IEP is based upon delivering specially designed instruction that is marked by logical consistency and measurable outcomes. Every patient's progress and response to interventions will be documented daily and the interdisciplinary team will share this information through correspondence with parents, guardians and resident school districts. North Star's Alaska Department of Education certified teachers will consistently review the educational validity of each curriculum lesson plan in order that they align with the Alaska State Standards and focus on:

- Increasing academic skills including reading, math, writing, science, history and career development
- Increasing the ability to make informed choices, becoming their own advocate and improving their quality of life indicators
- Organizing the environment through the use of clear visual information that is geared towards the student's strengths, learning styles and interests
- Transition skills from activity to activity
- Skills for tolerating and dealing with unexpected changes and emergencies
- Gross, fine and sensory motor skills
- Maximizing social-emotional reciprocity, communication skills, attending skills and cognitive processing
- Developing independent functioning in home, vocational and community settings

Comparison of Services

Position	Anchorage School District	North Star
School Administrator	It is stated by ASD that the Whaley Center Principal serves as the School Administrator but no on-sight services quantified	1
Administrative Assistant	1 shared with other 8 Special Schools	1
ESE Specialist / Counselor	.5 stated by ASD to be shared with the 8 Special Schools; North Star does not report interacting with this person	.5
Teacher	6	12
Teacher Assistant	2	North Star will cross train 10 MHTs through its ParaPro Training
# of Hours of Instruction	2-4 Hours; On-line Only	5 Hours; Hybrid Model
Computers	10 Laptops	North Star has already provided: 73 Computers 11 Laptops 2 Lockable Storage Units

Janet Ogan

From: David Nees <davidneesak@gmail.com>
Sent: Friday, March 20, 2015 8:26 AM
To: Rep. Wes Keller; Rep. Liz Vazquez
Subject: HB 102 testimony

I am writing you to let you know my personal experience with students who enter residential mental health and their trip back.

I had at least a dozen students who entered treatment and returned to class.

The current model is not very effective my opinion.

Due to privacy concerns teachers are not automatically contacted, usually only the counselor knows.

A visiting teacher is tasked with contacting the home teacher or teachers to get bookstand assignments.

My personal experience is the child is not kept abreast of the classwork and usually returns healthier but behind.

This adds stress for child and parent and sometimes results in a return to the facility.

The privacy concerns are not addressed in this bill.

Children who have been incarcerated have a school awaiting in the facility, this is a better model.

David Nees
2542 curlew

February 10th 2016

Good morning chairman Keller and members of the committee my name is Evelyn Alsup and I am the Educational Director for North Star Behavioral Health.

In testimony by the ASD school district last week we heard that NS brought forward, one year ago, concerns with the education in their programs and they (ASD) were charged with meeting the needs of the students in our programs. I would like to dispute that by saying North Star has been advocating for this population for the past 6 years and the district has **always** been charged with providing education for students residing in their boundaries. North Star has records showing the attempts at communication, and partnership with the district over the past 6 years and three administrations. We have struggled for years to have anyone in the district to come to the table and listen to our concerns on behalf of these children without a voice. It was not until after the last session, that ASD made a concentrated effort to remedy the educational deficiencies they themselves identified. And although several areas were addressed and progress was made, there are still areas needing assistance. Of those areas needing assistance I would like to show the committee how North Star would immediately address those areas.

- Establishing the level of onsite services provided by principal to ensure access for stakeholders, parents, teachers, and students.
 - ✓ Principal or administrator would be onsite daily with office hours and schedule to accommodate parents, guardians, students and stakeholders. Phone number and email address would be readily available for the stakeholders, parents and teachers for ease of access.
- Student course schedules listing actual courses students are registered in for each semester
 - ✓ Within 24 hours (of a school week) students are placed in their appropriate courses with a complete course schedule. This is facilitated by calling the sending school district and retrieving prior transcripts/grades and talking to counselor in the first 24 hours of admission.
- Full student registration to the APEX course system
 - ✓ All students would be enrolled in the APEX course system upon review of transcripts in the first 48 hours. This would be accomplished by the full time registrar position that North Star would provide. This review of transcripts would ensure students are in the appropriate classes to matriculate with their like peers in public school programs.
- Completion of each students ILP

- ✓ Students would receive an initial interview with the counselor/teacher to initiate the ILP within the first 72 hours of admission. This ILP would then be placed in the students file and the student would be assigned an educational case manager. This case manager would be responsible to facilitate calls, transitions with sending schools, ILP and manage educational discharge plan in conjunction with the therapeutic treatment team.
- Further technology assessment and plan
 - ✓ A strategic IT plan would be developed after a complete assessment of the current structure. In conjunction with the educational administrator the IT department will produce a plan for IT needs for the 2016-17 and 2017-18 school year. IT needs are ever evolving as new programs are introduced to the curriculum so creating the plan for future years is important to the students having access to their education.
- Identification of Outcome Measures
 - ✓ Using the Best in Class structure North Star will identify key indicator areas for outcomes. Those outcomes would be tracked, and compiled on a quarterly basis with a yearly report for stakeholders available. Some of the outcomes that would be tracked include:
 - ✓ Course completion
 - ✓ Attendance
 - ✓ Core subject pass rate
 - ✓ Graduation rate
 - ✓ Reading comprehension and fluency/grade level
 - ✓ Math proficiency/ grade level
- Curriculum assessment and plan
 - ✓ Using the Alaska State content standards for each grade level and state approved courses North Star would offer a wide range of courses for individual students. These courses would be aligned to their current transcript allowing them to matriculate with their like peers. The assessment plan would be comprehensive and would include :
 - ✓ **Objectives/Student Learning Outcomes**
These would be specific, measurable, student-oriented, and related to the curriculum's mission.
 - Methods**
The assessment plan will include a variety of measures, including both qualitative and quantitative assessments. These measures should be well aligned with the objectives of the curriculum and it should be clear what type of performance would indicate that students are meeting the stated objectives.

✓ **Results**

Any results would be clearly described and related to the objectives and stated criteria for success.

- Streamlining of Enrollment process
 - ✓ Upon admission the intake personal will assist families to fill out the enrollment packet. This packet will be entered into the enrollment system the first school day after admission. The registrar putting the enrollments in the system will be an FTE dedicated to this population of children. This will allow for ease of admission and enrollment of student in a timely manner.
- Admission, course registration and Transition Policies and Procedures
 - ✓ Transitioning a student back to their school of residency is extremely important to the success of the child. This transition should begin when a child is admitted. The educational case manager will work with teachers, families, therapists and a doctor to develop the ILP thoroughly and utilize it as a working document during the child's stay in the facility. The student's school of residency will be a partner in the educational transition as well as the development of the ILP. The involvement of the resident school will eliminate the placing of students in courses not aligned with their transcript.
- AIMS web testing
 - ✓ In a RTI (Response to Instruction) model AIMS web testing will be used in the Fall, Winter and Spring of each year to identify the learning needs of each individual student in the core academic areas. These key indicators will be used to guide the instruction with progress monitoring built in as each child progresses in academic skills. This testing will be sent to the receiving schools at discharge to help them build the best program for the child upon return to their program.

Thank you for allowing me the opportunity to speak to the committee and I am available for questions.

- To date ASD has not established the level of onsite services provided by principal/counselor to ensure access for stakeholders, parents, teachers, and students. We have no administrative plan that outlines the functions or schedules of the added administrators in which to share with families, therapists, and resident school districts. This is needed to provide communication and understanding of processes within the program.
 - ✓ North Star would employ a Principal or administrator who would be onsite daily with office hours and a schedule to accommodate parents, guardians, students and stakeholders. Phone number and email address would be readily available for the stakeholders, parents and teachers for ease of access.
 - ✓ North Star will employ a counselor/transition specialist that will work with resident school districts to ensure students are in the correct classes to move toward graduation with the student's school and work directly with student's teachers to develop a clear transition plan for the student back to their school.

- We are still struggling to clearly identify if student's transcripts are being aligned with students home school districts.
 - ✓ This alignment is important to the student being able to matriculate toward graduation with his/her like peers.

- We are continuing to wait on all students having course schedules.
 - ✓ A clear course schedule is important to ensure all classes are congruent with resident schools.
- Placing students in courses they do not need or not required for graduation becomes a source of frustration for the student and family and can lead to added stress and often not having the credits to graduate with peers. North Star would alleviate this issue by;
 - ✓ Within 24 hours students are placed in their appropriate courses with a complete course schedule. This is facilitated by calling the sending school district and retrieving prior transcripts/grades and talking to counselor in the first 24 hours of admission.
 - ✓ Each student would receive an educational case manager that would be the liaison with resident schools, teachers, parents, and treatment team members and would develop the educational plan for the student.
- Currently only 1/3 of high school and middle school students have full student registration to the APEX course system
 - ✓ North Star will utilize this online resource as not only an academic class for grade level but as a source for credit recovery that is so often needed by the population we serve. All students would be enrolled in the APEX course system upon review of transcripts in the first 48 hours. This would be accomplished by the full time registrar position that North Star would provide. This review of

transcripts would ensure students are in the appropriate classes to matriculate with their like peers in public school programs.

- The district developed an Individual Learning Plan, or ILP, that was to be implemented for each student upon admission and it is not being utilized. This ILP would benefit parents and sending schools upon a child's transition back to the resident school.
 - ✓ North will ensure completion of each student's ILP as students would receive an initial interview with the counselor/teacher to initiate the ILP within the first 72 hours of admission.
 - ✓ This ILP would then be placed in the students file and the student would be assigned an educational case manager. This case manager would be responsible to facilitate all educational communication, transitions with sending schools, ILP and manage educational discharge plan in conjunction with the therapeutic treatment team.
- ASD has not developed a technology assessment and plan. To sustain the online APEX curriculum further technology assessment and a plan would be necessary.
 - ✓ North would develop a strategic IT plan after a complete assessment of the current structure. In conjunction with the educational administrator the IT department will produce a plan for IT needs for the 2016-17 and 2017-18 school year. IT needs are ever evolving as new programs are introduced to the curriculum so creating the plan for future years is important to the students having access to their education.
- To date we are unsure how or if educational outcomes are tracked and recorded. The use of outcomes linked with curriculum design are important to the success of the educational program as they allow administrators and teachers to identify the areas of growth and those needing added structure and alignment. North would immediately identify Outcome Measures and provide them to key stakeholders.
 - ✓ Using the Best in Class structure North Star will identify key indicator areas for outcomes. Those outcomes would be tracked, and compiled on a quarterly basis with a yearly report for stakeholders available. Some of the outcomes that would be tracked include:
 - ✓ Course completion
 - ✓ Attendance
 - ✓ Core subject pass rate
 - ✓ Graduation rate
 - ✓ Reading comprehension and fluency/grade level
 - ✓ Math proficiency/ grade level
- ASD is lacking a clear curriculum assessment and plan for this population and program. Assessing the curriculum and developing a curriculum plan are standard operating procedures for schools. These assessment tools allow evaluation of academic programs

so schools can meet the expectations of accrediting educational agencies, and state and local stakeholders. North Star would develop a curriculum assessment and plan;

- ✓ Using the Alaska State content standards for each grade level and state approved courses North Star would offer a wide range of courses for individual students. These courses would be aligned to their current transcript allowing them to matriculate with their like peers.
- ✓ The assessment plan would be comprehensive and would include :
 - 1. Objectives/Student Learning Outcomes**
These would be specific, measurable, student-oriented, and related to the curriculum's mission.
 - 2. Methods**
The assessment plan will include a variety of measures, including both qualitative and quantitative assessments. These measures should be well aligned with the objectives of the curriculum and it should be clear what type of performance would indicate that students are meeting the stated objectives.
 - 3. Results**
Any results would be clearly described and related to the objectives and stated criteria for success.
- ASD struggles to enroll students in a timely manner and often under reports the number of students in the facilities due to this lag of enrollment. This lack of enrolling each student promptly creates stress on high school students as they fall further behind in their education as each day passes. North Star would streamline the Enrollment process;
 - ✓ Upon admission the intake personal will assist families to fill out the enrollment packet. This packet will be entered into the enrollment system the first school day after admission. The registrar putting the enrollments in the system will be an FTE dedicated to this population of children. This will allow for ease of admission and enrollment of student in a timely manner.
- The process for transitioning students back to their home school districts is not defined by ASD. These transitions allow students to be successful in their return to the resident school and community. North Star would ensure the successful transition of each child by;
 - ✓ Starting transition when a child is admitted. The educational case manager will work with teachers, families, therapists and a doctor to develop the ILP thoroughly and utilize it as a working document during the child's stay in the facility. The student's school of residency will be a partner in the educational transition as well as the development of the ILP. The involvement of the resident school will eliminate the placing of students in courses not aligned with their transcript.
- Currently ASD is not AIMS web testing like it does in other programs throughout the district. This elementary measurement of achievement is needed to assess areas of strength and need in the elementary school population.

- ✓ North Star would utilize AIMS web testing in the Fall, Winter and Spring of each year to identify the learning needs of each individual student in the core academic areas. These key indicators will be used to guide the instruction with progress monitoring built in as each child progresses in academic skills. This testing will be sent to the receiving schools at discharge to help them build the best program for the child upon return to their program.

North Star has presented ASD with a contract that would address each of the areas above but has not heard from them regarding the contract.

North Star Behavioral Health Systems; Alaska's Strategic Plan

North Star Behavioral Health Systems (North Star) recognizes and embraces the State Department of Education's on-going commitment to the Alaska Education Plan (AEP) and the Alaska State Literacy Blueprint (ASLB). North Star also supports the Division of Behavioral Health's mission to manage an integrated and comprehensive behavioral health system based on sound policy, effective practices and partnerships.

Ideally, educational services should dovetail with mental health treatment so that children and youth receive the support they need in a seamless, coordinated and comprehensive system of care. Research demonstrates that social-emotional and mental health support is directly related to children's learning and development; and that children receiving mental health treatment need a specialized learning environment to excel. North Star is a firm believer in accountability and fully supports the state's ambitious goals to raise student achievement and graduate students prepared for careers or post-secondary training and education. North Star will work collaboratively with the state as a partner in reaching its objectives through thoughtful collaboration, strategic initiatives and allocation of resources.

In addition to aligning the educational services to the initiatives in the Alaska Education Plan and Alaska State Literacy Blueprint, North Star will comply with the Policies and Procedures for the Provisions of Specially Designed Instruction and Related Services for Exceptional Students. The program shall implement the requirements of the Individuals with Disabilities Education Act of 2004 (P.L. 108-447) and its implementing regulations in Title 34 of the Code of Federal Regulations in collaboration with each child's resident school district.

Innovative, Evidence Based Educational Services

North Star will provide an innovative, evidence based instructional program to children and adolescents that have been admitted under a physician's order due to meeting medical necessity. The program is developed to create academic and emotional success for patients in a non-traditional residential healthcare environment. North Star's caring and well trained team of professionals truly values that every patient has unique circumstances and needs a variety of instructional models to choose from in order to continue progressing in line with their assigned grade level course work.

Program Accountability Goals:

- 98% Daily Attendance Rate
- 90% Course Completion Rate, 90% Credit Recovery Rate
- 95% Annual Successful Reintegration Rate
- 95% Weekly Parental / Resident School District Involvement Contact Rate
- Increase Reading and Math Scores by .7 grade level each semester
- Decrease / Increase Targeted Behaviors Identified in Behavior Intervention Plan (BIP) at a Success Rate of 80%
- 80% Skill Acquisition Increase in Skill Areas Identified in the ABLLS-R for those Students Participating in the ASD, ID & Related Services Specialty Program
- 85% Positive Response Rate from Annual Parent / Guardian Survey

Individualized Educational Services Complimenting Intensive Mental Health Treatment

Each Alaska Department of Education approved course that North Star offers is designed to actively engage each patient throughout the day to achieve positive, prosocial behavioral and educational outcomes. The instructional design at North Star is supplemented by a 24/7 treatment environment and can be summarized by one word, "*Integration*". This integration is found between all educational, behavioral, medical and functional areas. Teachers will work collaboratively to integrate content areas that connect speech and language, occupational therapy, sensory integration, social skills, health and wellness, and behavioral interventions. "Individualized" is the term that best describes how teachers will support the curriculum and treatment at North Star. Research indicates that patients grasp concepts better and retain information more consistently when they have the opportunity to participate actively and directly in the learning process. Each academic course offered at North Star has specific state approved performance objectives and detailed statements of the knowledge and skills required to be mastered.

Individualized Learning Plan (ILP) / Individualized Education Plan (IEP)

Upon admission into North Star, the patient, parents, guardians, resident school district and the program's interdisciplinary treatment team will jointly develop an Individualized Learning Plan (ILP) outlining the goals and objectives of each patient's course of study. Furthermore, North Star will ensure that every patient with special needs participating in the program be provided with a current Individualized Education Plan (IEP) through their resident school district. North Star's approach to implementing a student's IEP is based upon delivering specially designed instruction that is marked by logical consistency and measurable outcomes. Every patient's progress and response to interventions will be documented daily and the interdisciplinary team will share this information through correspondence with parents, guardians and resident school districts. North Star's Alaska Department of Education certified teachers will consistently review the educational validity of each curriculum lesson plan in order that they align with the Alaska State Standards and focus on:

- Increasing academic skills including reading, math, writing, science, history and career development
- Increasing the ability to make informed choices, becoming their own advocate and improving their quality of life indicators
- Organizing the environment through the use of clear visual information that is geared towards the student's strengths, learning styles and interests
- Transition skills from activity to activity
- Skills for tolerating and dealing with unexpected changes and emergencies
- Gross, fine and sensory motor skills
- Maximizing social-emotional reciprocity, communication skills, attending skills and cognitive processing
- Developing independent functioning in home, vocational and community settings

Comparison of Services

Position	Anchorage School District	North Star
School Administrator	It is stated by ASD that the Whaley Center Principal serves as the School Administrator but no on-sight services quantified	1
Administrative Assistant	1 shared with other 8 Special Schools	1
ESE Specialist / Counselor	.5 stated by ASD to be shared with the 8 Special Schools; North Star does not report interacting with this person	.5
Teacher	6	12
Teacher Assistant	2	North Star will cross train 10 MHTs through its ParaPro Training
# of Hours of Instruction	2-4 Hours; On-line Only	5 Hours; Hybrid Model
Computers	10 Laptops	North Star has already provided: 73 Computers 11 Laptops 2 Lockable Storage Units

Admits for North Star Behavioral Health for 2013 and 2014 comparison in the regions listed below.

AREAS	2014 Admits	2013 Admits
Homer	13	7
Fairbanks	35	31
Anchorage	245	249
Matsu	40	47

Subject: Teacher Pay

North Star Behavioral Health Salary Structure					
Grade	Job Title	FLSA	Min	Mid	Max
N	Teacher	Hourly	\$ 22.00	\$ 27.50	\$ 33.00
N	Speech Therapist	Hourly	\$ 31.05	\$ 38.81	\$ 46.58
E	Occupational Therapist	Salaried	\$ 31.05	\$ 38.81	\$ 46.58

**Alaska Mental Health Board
Advisory Board on Alcoholism and Drug Abuse
431 N. Franklin St. Suite 200
Juneau, Alaska, 99801**



February 19, 2016

Senator Cathy Giessel
Alaska Capitol Room 427
Juneau, Alaska 99801

Re: SB 103 – Education in Residential Psychiatric Treatment Centers

Dear Senator Giessel,

The Alaska Mental Health Board and Advisory Board on Alcoholism and Drug Abuse have followed the discussion related to the quality, accessibility, and appropriateness of the education being provided to youth admitted to residential psychiatric treatment. We are extremely concerned that students with such severe disabilities are apparently not receiving the education to which they are entitled under the Alaska Constitution and federal law. We support finding a solution to address this situation as quickly as possible, with the primary focus being on the educational needs of our young constituents.

It is our understanding that the educational experience of students receiving residential psychiatric care varies from school district to school district. Given that youth experiencing severe mental health disorders must go to an urban center (Juneau, Anchorage, Fairbanks) for residential treatment, it is imperative that parents, students, and school districts be able to rely on consistent expectations and obligations statewide – especially for youth who will eventually transition back to their home school district after treatment. SB 103 provides that consistency.

Providing a mechanism by which access to equal educational opportunities, regardless of disability, is guaranteed for all Alaska children is imperative. We appreciate your sponsoring a bill to help resolve this disparity, and look forward to an ongoing conversation about how best to provide for the educational needs of disabled students statewide.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Kate Burkhart', written in a cursive style.

J. Kate Burkhart
Executive Director

Trust

Alaska Mental Health
Trust Authority

3745 Community Park Loop, Suite 200
Anchorage, AK 99508
Tel 907.269.7960
www.mltrust.org

February 23, 2016

Representative Wes Keller
Alaska Capitol Room 403
Juneau, Alaska 99801

Re: HB 102 – Education in Residential Psychiatric Treatment Centers

Dear Representative Keller,

The Alaska Mental Health Trust Authority, by statute, works to improve the lives of Trust beneficiaries – which include young Alaskans with severe emotional disturbances. For some time now, the Trust has been extremely concerned that students with severe disabilities have apparently not been receiving the education to which they are entitled under the Alaska Constitution and federal law. The Trust unequivocally supports finding a solution to address this situation as quickly as possible. HB 102 is a step in the right direction by funding educational services for students in residential psychiatric treatment facilities.

It is imperative that students, parents, and school districts be able to rely on consistent expectations and obligations statewide – especially for youth who will eventually transition back to their home school district after treatment.

We appreciate the House Education Committee sponsoring a bill to help resolve this disparity, and look forward to an ongoing conversation about how best to provide for the educational needs of disabled students statewide. Providing a mechanism by which access to equal educational opportunities, regardless of disability, is guaranteed for all Alaska children is imperative.

Sincerely,



Jeff Jessee
Chief Executive Officer

**Alaska Mental Health Board
Advisory Board on Alcoholism and Drug Abuse
431 N. Franklin St. Suite 200
Juneau, Alaska, 99801**



February 19, 2016

Representative Wes Keller
Alaska Capitol Room 403
Juneau, Alaska 99801

Re: HB 102 – Education in Residential Psychiatric Treatment Centers

Dear Representative Keller,

The Alaska Mental Health Board and Advisory Board on Alcoholism and Drug Abuse have followed the discussion related to the quality, accessibility, and appropriateness of the education being provided to youth admitted to residential psychiatric treatment. We are extremely concerned that students with such severe disabilities are apparently not receiving the education to which they are entitled under the Alaska Constitution and federal law. We support finding a solution to address this situation as quickly as possible, with the primary focus being on the educational needs of our young constituents.

It is our understanding that the educational experience of students receiving residential psychiatric care varies from school district to school district. Given that youth experiencing severe mental health disorders must go to an urban center (Juneau, Anchorage, Fairbanks) for residential treatment, it is imperative that parents, students, and school districts be able to rely on consistent expectations and obligations statewide – especially for youth who will eventually transition back to their home school district after treatment. HB 102 provides that consistency.

Providing a mechanism by which access to equal educational opportunities, regardless of disability, is guaranteed for all Alaska children is imperative. We appreciate the House Education Committee sponsoring a bill to help resolve this disparity, and look forward to an ongoing conversation about how best to provide for the educational needs of disabled students statewide.

Sincerely,

A handwritten signature in black ink, appearing to read 'Kate Burkhart', written in a cursive style.

J. Kate Burkhart
Executive Director



AKCHILD & FAMILY

Senator Mike Dunleavy
State Capitol, Room 11
Juneau, AK 99801

February 22, 2016

RE: Support of Changes to SB 103

Dear Senator Dunleavy:

I am writing in support of SB 103, and the changes to this bill that have occurred since the last time I wrote you back in February of 2015. As I noted last year, AK Child & Family serves approximately 150 of Alaska's most troubled children per day in a variety of mental health services in the Anchorage area. These services include psychiatric residential treatment services, treatment foster care, individual, group and family outpatient psychotherapy, and wrap-around treatment services for children and families who we can treat in their homes to prevent the need for out of the home services.

I am once again writing to request your support for Education Funding Equality for Children with Mental Illness, SB103. This important piece of mental health and education legislation will give children with severe mental health disorders the opportunity to receive an equitable and comparable education while they receive intensive mental health treatment. These are Alaskan children in a secure or semi-secure facility licensed by the Department of Health and Social Services (DHSS) that provides, under the direction of a physician, psychiatric treatment services on a 24-hour-a-day basis.

Once again this year I want to go on record as supporting this legislation as I believe it will:

- Increase the educational opportunities and measurable outcomes for children with mental illness so that they can successfully transition back to their traditional school after receiving intensive and sometimes lifesaving mental health treatment.

- Allow the licensed facility, in conjunction with the school district, to deliver appropriate educational and related services provided by licensed teachers and credentialed service providers to the student while the student is admitted to the facility.
- Allow for a more comprehensive continuum of care by individualizing each student's academic plan to complement their therapeutic treatment goals.
- Provide the state real time data that will assist the state with meeting the needs of other special populations such as students residing in rural villages.
- Increase the length of time students spend in school learning and track measurable outcomes to be reviewed by state stakeholders.

If SB 103 were passed by the legislature and signed into law by our Governor, this would give my semi-secure psychiatric treatment center, in conjunction with the school district, a chance to develop a full day school program for those students who cannot attend public schools due to the severity of their mental illness. This full day school would help keep these students on track to graduate with their classmates and prevent them from taking an unnecessary hit on their otherwise fragile self image. I ask you to support SB 103 as it will improve the provision of educational services to children with severe mental illness.

Sincerely,



Denis McCarville
President and CEO
AK Child & Family

Juneau Youth Services, Inc.

907.789.7610
907.789.2106 Fax

P.O. Box 32839
Juneau, AK 99803

February 15, 2016

Representative Wes Keller
120 4th Street, Room 403
Juneau, AK 99801-1182

Dear Representative Keller,

I am writing to express my support for CSHB 102 Work Draft I dated January 29, 2016. I have reviewed this draft and support the contracts for educational services in residential treatment programs as stipulated in this version of the legislation. I have also attached my letter of support for the original version of the legislation. Thank you for your consideration.

Sincerely,



Walter Majoros
JYS Executive Director

Juneau Youth Services, Inc.

907.789.7610
907.789.2106 Fax

P.O. Box 32839
Juneau, AK 99803

February 18, 2015

Representative Wes Keller
120 4th Street, Room 403
Juneau, AK 99801-1182

Dear Representative Keller,

I am writing to request your support for HB 102, Education Funding Equality for Children with Mental Illness. This important piece of mental health and education legislation will assist children with severe emotional or behavioral disorders by giving them the opportunity to receive an equitable and comparable education while they receive intensive mental health treatment.

I would like to go on record as supporting this legislation since it will:

- Increase the educational opportunities and measurable outcomes for children with mental illness so that they can successfully transition back to their traditional school after receiving intensive and sometimes lifesaving mental health treatment;
- Allow the licensed facility to deliver appropriate educational and related services provided to the student by licensed teachers and credentialed service providers while the student is present in the facility;
- Allow for a more comprehensive continuum of care by individualizing each student's academic plan to complement their therapeutic treatment goals;
- Provide the state real time data that will assist with meeting the needs of other special populations such as students residing in rural villages; and
- Increase the length of time students spend in school learning, and track measurable outcomes to be reviewed by state stakeholders.

I ask you to support HB102 as it will improve the provision of educational services to children in Alaska with severe mental illnesses and emotional disorders.

Sincerely,



Walter Majoros
JYS Executive Director

Dear Senators,

This letter is in support of SB103.

My daughter has been undergoing treatment for depression for nearly 8 months at a treatment facility in Anchorage. We have experienced many challenges in regards to her schooling. Some of these include: little or no contact with teachers and school staff, incorrect placement in courses (she's an honor student placed in basic courses), lack of a direct connection between counselors/administrators and students.

I have come to understand that my daughter's situation is not unique. Coming from Fairbanks to Anchorage and living in a residential treatment facility has required that she use the Anchorage School District Program. If SB103 were to pass it would allow the treatment facilities to work directly with students home districts and keep them on track to rejoin their respective school upon completion of their treatment. SB103 would also improve the connection of parents and students to school staff and student progress. I believe in-house teaching staff could better monitor student's mental health and adjust workloads in conjunction with guidance from a student's therapist.

SB103 seems like it would benefit students who are going through other important struggles in their life and I encourage your support.

Thank you,

Brian Charlton

Dear House Education Committee Members,

I am writing this letter in support of HB 102. My name is Caela Nielsen and I am the parent of a child who has received mental health treatment in both the long term and short term facilities at North Star. The stress created in a family and a child when they enter treatment is great and can often exacerbate the already pre-existing conditions requiring treatment. This is multiplied many times over when your child does not receive education that is equivalent to the education he would receive in his regular school setting. My child has fallen behind in his schooling and struggles to reintegrate into the public school system due to this. Can you imagine being a child who just received help for a serious mental health problem and then being told you are now one year behind in high school? This causes even more stress to the family when trying to convince the child to continue their education rather than drop out.

My family received the appropriate transition material for my child to return to the community, however the struggle was in getting the educational records needed for him to transition back into school. Many of the classes he took while in treatment did not align with classes being offered at his high school. The treatment facilities are in need of support in order to properly meet the educational goals of all children. My son has often times wanted to give up, but I have advocated for him and he will return to school however, it took a full week after we left North Star to transition back into the public education system, so he will now have even more educational material he has missed.

The current system for educating this population does not work. I believe by passing HB102 the education and school transitions for children receiving mental health treatment in Alaska will greatly improve. North Star has the ability to incorporate education with mental health, and when working through the treatment team process create a sound, supportive educational and transition plan for each child. Please support this population of children and pass this bill to support their educational undertakings.

Sincerely,



Caela Nielsen



1120 E. Huffman Road
Suite 24-543
Anchorage, AK 99515

advanc-ed.org
888.413.3669, ext. 5775

February 4, 2016

To Whom It May Concern:

My name is Tim Cline and I am the Alaska AdvancED Director. AdvancED is the accrediting agency for all education school in Alaska. Today I am writing this letter in support of HB 102 that if passed would provide educational funding for students in residential psychiatric treatment centers.

This year marks my thirty-sixth year in education in Alaska. In that time I have been an educator in three different rural school districts (Yukon-Koyukuk S.D., North Slope Borough S.D., and Galena City S.D). During my tenure I experienced what happens when a child is in crisis and needing care away from their home. I recall times that students left our school only to return at a later date after receiving some necessary care. We did our best to pick up educationally where we left off and continue on but never knew what, if any, education took place while they were away. I was always grateful to have our students back safe and sound but wondered why there was so little communication regarding their academics while away. I simply wrote off the results as if there was nothing that could be done given the circumstances.

In more recent years, I have seen what can happen when a child's education is included in their recovery plan and that education is managed in the residing facility. The success is undeniable and far exceeds any traditional education model being used in these facilities today. All indicators point to allowing the Residential Psychiatric Treatment Centers to take the lead. Teachable moments can become a part of a child's therapy and positively impact their recovery. At a time when a child is most in need of extraordinary care, they can to get it in Alaska, and I believe without sacrificing their education should this bill be passed.

I urge our legislators to pass HB 102 so our children receive the kind of support on the ground that we know can make the difference. These hospital settings are quite unique and the student turnover is often great. Regardless, this bill would put the ownership of educational progress in the hands of those who work with the children in this challenging setting. Let them customize a program for this setting. As a long time educator in Alaska, I know it will make the difference for these children.

It is also worth noting that I have already been approached by several organizations seeking to accredit their organization should this bill pass. You can be assured that those who become accredited will be delivering quality education to their students.

Thank you in advance for your support.

A handwritten signature in black ink that reads "K. Timothy Cline".

K. Timothy Cline
Alaska AdvancED Director





March 3, 2016

Representative Wes Keller
Alaska Capitol Room 403
Juneau, Alaska 99801

Re: HB 102 – Education in Residential Psychiatric Treatment Centers

Dear Representative Keller,

The Alaska State Hospital and Nursing Home Association (ASHNHA) is writing this letter in support of HB 102 – Education in Residential Psychiatric Treatment Centers. ASHNHA represents more than 65 hospitals, nursing homes, and other health care organizations who employ over 10,000 Alaskans. Our membership includes Residential Psychiatric Treatment Centers (RPTC). For over 60 years, ASHNHA members have worked to improve health care in Alaska.

Residential Psychiatric Treatment Centers (RPTC) are finding that local districts sometimes fail to provide adequate educational services to children in acute and RPTCs who suffer from serious mental illness. Health and education are both critically important to the success of children with challenging conditions. In order to provide the best level of education to our most vulnerable children, we support this legislation.

We would like to thank the House Education Committee for sponsoring this bill to ensure to equitable education is being provided to special needs students who require acute and residential psychiatric treatment. We believe children in acute and RPTCs deserve an appropriate and comparable educational experience.

Sincerely,

Becky Hultberg
President/CEO

Kodiak Area Native Association



3449 Rezanof Dr. East
Kodiak, Alaska 99615
Phone (907) 486-9800
fax: 907-486-9898

Senator Gary Stevens
State Capitol Room 429
Juneau AK, 99801

Dear Senator Stevens,

I really enjoyed your visit to the Kodiak Child Advocacy Center last year and know how supportive you are of our youth in Kodiak and throughout Alaska. At the Kodiak Child Advocacy Center we see many difficult circumstances facing our children as a result of maltreatment. The adverse childhood experience study clearly links maltreatment with developing medical and mental health challenges throughout their lifetime. I am writing to request your support for Education Funding Equality for Children with Mental Illness (HB102). This important piece of mental health and education legislation will assist children with severe emotional or behavioral disorders the opportunity to receive an equitable and comparable education while they receive intensive mental health treatment.

When our Kodiak youth have to go off island for treatment, their education suffers as they struggle experiencing a number of symptoms that make it truly difficult for them to concentrate and access an education meaningfully. Usually prior to any treatment or hospitalization, their symptoms are such that they are often failing classes to begin with. Currently when hospitalized for any treatment, students are left to access education via the computer which for most students is boring, lacks personalization for their particular problem and symptoms, and lacks a meaningful relationship with a human being to teach to their specific needs and gifts. Interestingly and anecdotally, education in which students' access classes via the computer or VTC is failing for our Kodiak village schools. Facilities charged with treating these vulnerable youth are not able to tailor student learning to the classes they left and they return to their home school even further behind and terribly confused. This lack of educational success will compound their struggle and contribute to diminished self-esteem. Seamless transition to their home school is necessary for success.

If treatment facilities had the ability to hire teachers and get information from home schools about specific student placement, progress, needs and skills, students could return with a foothold in their education and an educational plan that supports them during their time of need and vulnerability.

I want to go on record for supporting this legislation as it will:

- Increase the educational opportunities and measurable outcomes for children with mental illness so that they can successfully transition back to their traditional school after receiving intensive and sometimes lifesaving mental health treatment

- Allow the licensed facility to deliver appropriate educational and related services provided by licensed teachers and credentialed service providers to the student while the student is admitted to the facility
- Allow for a more comprehensive continuum of care by individualizing each student's academic plan to complement their therapeutic treatment goals
- Provide the state real time data that will assist the state with meeting the needs of other special populations such as students residing in rural villages
- Increase the length of time students spend in school learning and track measurable outcomes to be reviewed by state stakeholders

I ask you to support HB102 as it will improve the provision of educational services to the children with severe mental illness.

I look forward to visiting with you again,

Respectfully,

Joanna McFarlin
Kodiak Area Native Association
Kodiak Child Advocacy Center
(907)486-9878

Cc: Senator Charlie Huggins, Senator Cathy Giessel, Senator Mike Dunleavy, and Senator Berta Gardner

Representative Keller -

This communication is sent on behalf of Fairbanks North Star Borough School District in regards to HB102. Fairbanks North Star Borough School District wants to go on record in non-opposition to HB102 in its current version which is before the House Education for consideration this morning.

Respectfully submitted,

Lisa Pearce, CFO-SFO

Chief Financial Officer



Fairbanks North Star Borough School District

520 Fifth Avenue

Fairbanks, Alaska 99701-4718

907-452-2000 ext. 11301



March 16, 2016

Testimony re: CS for HB 102

Thank you for the opportunity to submit testimony. My name is Lucy Hope. I am director of the Mat-Su Borough School District Student Support Services department. I am speaking today representing the school district. I am not testifying in support nor opposition of this bill, but to seek clarification of three areas addressed in the bill. Specifically, in review of the current proposed legislation for this pilot program, we seek some clarification regarding where the student will be enrolled, how fees will be determined and how those fees will be transmitted, and who retains legal authority regarding the implementation of Individual Education Programs.

Regarding enrollment: Will the students be enrolled in the district where their guardian resides, or in the district where the RPTC is located? For example, if a student from Mat-Su enters a North Star facility in Anchorage, would that student remain enrolled in Mat-Su, or in Anchorage? Conversely, if a student from Northwest Arctic is residing at the Palmer Residential Treatment Center, would that student be enrolled in Northwest Arctic Borough School District or in the Mat-Su Borough School District?

Regarding contracting for fees to be determined and transmitted: The system being proposed to transfer funds is not as simple as it sounds in this proposed legislation. Although there are only 30 residents at a time at the Palmer Residential Treatment Center, over the first three school years we had a total of 137 students enrolled for a period of time who have resided at the Residential Treatment Center. Their length of stay has varied, and we estimate that about 1/3 are from the Mat-Su Borough, about 1/3 are from Anchorage, and 1/3 are from around Alaska. Some of these students were not enrolled anywhere during our "20 day count period" in October of that given school year. According to the process outlined in CS for 102, the Residential Psychiatric Treatment Center would submit to the school district a detailed contract outlining, among other things, a reimbursement rate to be provided by the school district to the facility. This contract would be submitted 60 days before the beginning of the school year, and School Boards would respond in writing within 30 days. This timeline would indicate the process begin about the middle of May for the following school year, prior to any student being enrolled for that year. During testimony, we heard that there is an intent that these contracts will include the fees be pro-rated for the time a student is receiving educational services.

We are seeking clarification regarding this transfer of funds. Currently there is not a mechanism to transfer ADM funds to a private school facility, nor a day-to-day accounting process for determining pro-rated fees. There will be a cost to the school district to set up this prorated system, and we are very concerned about any additional costs for processes such as this.

What kind of system is envisioned to accomplish this determination of pro-rated fees? Where would the fees for Residential Psychiatric Treatment Centers come from if the student had not been enrolled during the 20 day count period in October?

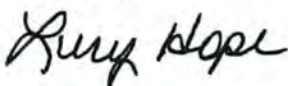
Legal responsibility: About half of the residents of the Palmer Residential Treatment Center have IEPs. Under federal law, IDEA, it is the responsibility of the school district where a private school is located to provide special education services to students enrolled. This bill states that all funds are transferred to the Residential Psychiatric Treatment Center, and all education responsibilities would be that facility's to provide. While there is a regulation that allows a district to contract with another entity to provide educational services, those are services individually determined by an IEP team. The process described here does not reference the IEP team, nor parents, who are important members of the team.

I do not believe that a district can give away its responsibilities under this federal law to a private entity without the recommendation of an IEP team. Our School Board is concerned with being responsible for adherence to federal and state special education laws, while contracting with Residential Psychiatric Treatment Centers to implement such programs, on a whole-facility basis, prior to students even enrolling. This responsibility includes liability for any legal challenges regarding implementation of special education services.

Therefore, to seek clarification, is it the intent of the Bill that the Residential Psychiatric Treatment Center receiving these funds will be responsible, both educationally and legally, to provide all educational services to students who are residing at the facility?

Thank you for your time and consideration of these comments made on behalf of the Mat-Su Borough School District.

Sincerely,



Lucy Hope
Director of Student Support Services

**Alaska Mental Health Board
Advisory Board on Alcoholism and Drug Abuse
431 N. Franklin St. Suite 200
Juneau, Alaska, 99801**



February 19, 2016

Representative Wes Keller
Alaska Capitol Room 403
Juneau, Alaska 99801

Re: HB 102 – Education in Residential Psychiatric Treatment Centers

Dear Representative Keller,

The Alaska Mental Health Board and Advisory Board on Alcoholism and Drug Abuse have followed the discussion related to the quality, accessibility, and appropriateness of the education being provided to youth admitted to residential psychiatric treatment. We are extremely concerned that students with such severe disabilities are apparently not receiving the education to which they are entitled under the Alaska Constitution and federal law. We support finding a solution to address this situation as quickly as possible, with the primary focus being on the educational needs of our young constituents.

It is our understanding that the educational experience of students receiving residential psychiatric care varies from school district to school district. Given that youth experiencing severe mental health disorders must go to an urban center (Juneau, Anchorage, Fairbanks) for residential treatment, it is imperative that parents, students, and school districts be able to rely on consistent expectations and obligations statewide – especially for youth who will eventually transition back to their home school district after treatment. HB 102 provides that consistency.

Providing a mechanism by which access to equal educational opportunities, regardless of disability, is guaranteed for all Alaska children is imperative. We appreciate the House Education Committee sponsoring a bill to help resolve this disparity, and look forward to an ongoing conversation about how best to provide for the educational needs of disabled students statewide.

Sincerely,

A handwritten signature in black ink, appearing to read 'Kate Burkhart', written in a cursive style.

J. Kate Burkhart
Executive Director

Senator Mike Dunleavy
State Capitol, Room 11
Juneau, AK 99801

February 23, 2016

Dear Senator Dunleavy,

My name is Michelle Hook and I am the Chief Nursing Officer (CNO) of North Star Behavioral Health System. Three of our facilities are dedicated to serving up to 160 children at a time in acute care and residential programs. Many of these patients have the most extreme behavioral health needs in Alaska and our facilities provide the only inpatient behavioral health beds in the entire state for children under the age of 12. Our services support families in crisis here in Alaska, so that their children are not sent for treatment out of state. We routinely receive admissions from all areas in Alaska and work with local and remote medical providers to deliver care for their patients.

I am writing to request your support for Education Funding Equality for Children with Mental Illness (SB103). This very important legislation will support children who are receiving intensive mental health treatment, by providing them with comparable and equitable educational services.

I would like to be on record in support of this legislation. My 18 years of caring for mentally ill patients as a psychiatric nurse inform my opinion that this legislation will:

- Reduce stress among patients and their families regarding a disruption or delay in their educational progress. Parents will not have to choose between getting medical help for their children or keeping them in school
- Help “normalize” the experience of suffering through mental illness. Being able to continue one’s education while receiving mental health treatment can help reduce the negative impact mental illness can have and strengthen self esteem
- Provide financial accountability by requiring school districts to send a portion of any funding that would normally be part of the funding formula from their public school at home for the specific days of school attendance
- Support licensed facilities in delivering appropriate educational services provided by licensed teachers while the student is also receiving essential mental health services which provides more seamless continuity of care

I have been so pleased to see the children move throughout their day attending school classes here in the hospital as well as receiving mental health care. I believe each of these activities can complement each other so effectively. I stopped by a classroom here at the hospital the week after the most recent earthquake and the teacher was explaining earthquakes in a scientific way. It was the perfect opportunity to educate the children while also helping reduce their anxiety.

Senator Mike Dunleavy
State Capitol, Room 11
Juneau, AK 99801

If the Senate and House Education Funding Equality for Children with Mental Illness Bill were passed by the legislature and signed into law by the Governor, this would strongly support mentally ill children and their families in obtaining much needed mental health services while minimizing the impact to their education. Being mentally ill should not also mean a child must fall behind in school.

I respectfully request you to support the Education Funding Equality for Children with Mental Illness Senate Bill as it will greatly improve the ability of children with severe mental illness to concurrently receive educational services and mental health care.

With Kind Regards,

Michelle Hook MSN, BA, RN
Chief Nursing Officer
North Star Behavioral Health System
2530 DeBarr Road
Anchorage, Alaska 99508

Office: 907-264-3510

Cell: 907-312-6772

Email: Michelle.Hook2@uhsinc.com

Juneau Youth Services, Inc.

907.789.7610
907.789.2106 Fax

P.O. Box 32839
Juneau, AK 99803

February 15, 2016

Representative Wes Keller
120 4th Street, Room 403
Juneau, AK 99801-1182

Dear Representative Keller,

I am writing to express my support for CSHB 102 Work Draft I dated January 29, 2016. I have reviewed this draft and support the contracts for educational services in residential treatment programs as stipulated in this version of the legislation. I have also attached my letter of support for the original version of the legislation. Thank you for your consideration.

Sincerely,



Walter Majoros
JYS Executive Director

February 23, 2016

Representative Wes Keller
Alaska Capitol Room 403
Juneau, Alaska 99801

Re: HB 102 – Education in Residential Psychiatric Treatment Centers

Dear Representative Keller,

The Alaska Mental Health Trust Authority, by statute, works to improve the lives of Trust beneficiaries – which include young Alaskans with severe emotional disturbances. For some time now, the Trust has been extremely concerned that students with severe disabilities have apparently not been receiving the education to which they are entitled under the Alaska Constitution and federal law. The Trust unequivocally supports finding a solution to address this situation as quickly as possible. HB 102 is a step in the right direction by funding educational services for students in residential psychiatric treatment facilities.

It is imperative that students, parents, and school districts be able to rely on consistent expectations and obligations statewide – especially for youth who will eventually transition back to their home school district after treatment.

We appreciate the House Education Committee sponsoring a bill to help resolve this disparity, and look forward to an ongoing conversation about how best to provide for the educational needs of disabled students statewide. Providing a mechanism by which access to equal educational opportunities, regardless of disability, is guaranteed for all Alaska children is imperative.

Sincerely,



Jeff Jessee
Chief Executive Officer

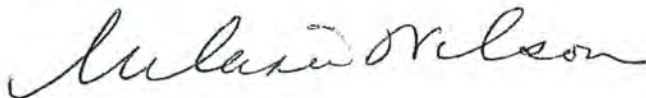
Senator Dunleavy,

My name is Melanie Nelson and I am the Administrator of the Coastal Trail and Williwaw programs at North Star Behavioral Health. I am writing this letter in support of SB103. Families should not have to struggle between receiving mental health treatment for their child or their child's education. Educational services in the program right now do not serve the child or family in a way that allows for the child to stay current with school and move forward in their education while receiving treatment for mental health issues. Too often students leave the program further behind in their educational endeavors than before they entered. This is a concern as education and school can often be the one positive thing in a child's life and is definitely an area that can help them become productive members of the community.

SB103 would allow school districts to contract with facilities to provide education for youth residing in their programs. Mental health and education would be intermingled and clear transitions and educational plans developed that would go back to resident school districts. This bill would allow for clear measurable key educational indicators to be identified and outcomes tracked for stakeholders, allow for a comprehensive continuum of care that encompasses treatment and educational planning, and increase the educational opportunities of child.

I ask for your support for SB103 as it will greatly increase the educational opportunities for children receiving mental health treatment in Alaska.

Sincerely,

A handwritten signature in cursive script that reads "Melanie Nelson". The signature is written in black ink and is positioned above the printed name.

Melanie Nelson



1120 E. Huffman Road
Suite 24-543
Anchorage, AK 99515

advanc-ed.org
888.413.3669, ext. 5775

February 4, 2016

To Whom It May Concern:

My name is Tim Cline and I am the Alaska AdvancED Director. AdvancED is the accrediting agency for all education school in Alaska. Today I am writing this letter in support of HB 102 that if passed would provide educational funding for students in residential psychiatric treatment centers.

This year marks my thirty-sixth year in education in Alaska. In that time I have been an educator in three different rural school districts (Yukon-Koyukuk S.D., North Slope Borough S.D., and Galena City S.D). During my tenure I experienced what happens when a child is in crisis and needing care away from their home. I recall times that students left our school only to return at a later date after receiving some necessary care. We did our best to pick up educationally where we left off and continue on but never knew what, if any, education took place while they were away. I was always grateful to have our students back safe and sound but wondered why there was so little communication regarding their academics while away. I simply wrote off the results as if there was nothing that could be done given the circumstances.

In more recent years, I have seen what can happen when a child's education is included in their recovery plan and that education is managed in the residing facility. The success is undeniable and far exceeds any traditional education model being used in these facilities today. All indicators point to allowing the Residential Psychiatric Treatment Centers to take the lead. Teachable moments can become a part of a child's therapy and positively impact their recovery. At a time when a child is most in need of extraordinary care, they can to get it in Alaska, and I believe without sacrificing their education should this bill be passed.

I urge our legislators to pass HB 102 so our children receive the kind of support on the ground that we know can make the difference. These hospital settings are quite unique and the student turnover is often great. Regardless, this bill would put the ownership of educational progress in the hands of those who work with the children in this challenging setting. Let them customize a program for this setting. As a long time educator in Alaska, I know it will make the difference for these children.

It is also worth noting that I have already been approached by several organizations seeking to accredit their organization should this bill pass. You can be assured that those who become accredited will be delivering quality education to their students.

Thank you in advance for your support.

A handwritten signature in blue ink that reads "K. Timothy Cline".

K. Timothy Cline
Alaska AdvancED Director

Dear Senators,

This letter is in support of SB103.

My daughter has been undergoing treatment for depression for nearly 8 months at a treatment facility in Anchorage. We have experienced many challenges in regards to her schooling. Some of these include: little or no contact with teachers and school staff, incorrect placement in courses (she's an honor student placed in basic courses), lack of a direct connection between counselors/administrators and students.

I have come to understand that my daughter's situation is not unique. Coming from Fairbanks to Anchorage and living in a residential treatment facility has required that she use the Anchorage School District Program. If SB103 were to pass it would allow the treatment facilities to work directly with students home districts and keep them on track to rejoin their respective school upon completion of their treatment. SB103 would also improve the connection of parents and students to school staff and student progress. I believe in-house teaching staff could better monitor student's mental health and adjust workloads in conjunction with guidance from a student's therapist.

SB103 seems like it would benefit students who are going through other important struggles in their life and I encourage your support.

Thank you,

Brian Charlton

April 9, 2015

Representative Wes Keller

State Capitol, Room 403

Juneau, AK 99801-1182

Dear Representative Keller and Members of the House Education Committee,

Thank you for scheduling a Public Hearing on March 20, 2015 to discuss HB 102. This very important piece of legislation will ensure that all children with a mental illness have the opportunity to receive a free and appropriate public education (FAPE) while simultaneously receiving treatment. Furthermore, this legislation will allow the residential psychiatric treatment center the opportunity to be the educational service provider that will allow for enhanced communication with the child's resident school district, increased hours of direct academic instruction, the ability to earn the appropriate number of credits to matriculate to the next grade level and a more seamless transition back to their traditional school setting.

After listening to the public testimony provided by the Anchorage School District, we continue to have serious concerns with the District's open transparency and representation of exactly what level of services they are providing. As you may recall, Ms. Linda Carlson publicly stated that the program provided by ASD has been very effective but later testified that the District does not have any outcome measures. We find this very troubling in this day of accountability and question how a District could state that the program has been effective if there aren't any outcome measures. In fact, we were even more disheartened hearing these comments knowing that that Ms. Carlson just visited the program for the very first time this semester.

We also have serious concerns with the level of supervision and leadership the school receives from the administration based out of the Whaley Center. As you know, the eight Specialty Schools fall under the Whaley Center but North Star has not had open communication and a level of on-site leadership that this population of student's needs. Ms. Carlson stated that the District has allocated a .5 counselor position to the eight Special Schools but again, we are puzzled by the duties and time spent at each of the Special Schools. Families, students and residential staff at North Star do not interact with the principal or counselor because they are not on-site. We find this contrary to the assertions of ASD.

Ms. Carlson also spoke that the District uses an online curriculum to deliver instruction as one of their approaches. Ironically, North Star has provided over 70 computers in order to deliver this instruction. North Star has tried for years to be part of the strategic planning for the service delivery model but our requests have gone unanswered. Also unanswered are the last two Freedom of Information Act Requests and we find this very disturbing. In order to help legislators, stakeholders and disability advocates have the information to truly study this issue,

North Star requested a financial reconciliation to see if children with mental illness are in fact being served in an equitable and comparable manner to other children in the District.

In closing, we appreciate all of your efforts to move HB 102 forward and stand ready to assist you in any capacity you need. Thank you for being a champion for children who have a mental illness.

Sincerely,

Michael R. Lyons



Interior Distance Education of Alaska
Fairbanks Field Office / 2157 Van Horn Rd. / Fairbanks, AK 99701

February 18, 2015

To Whom It May Concern:

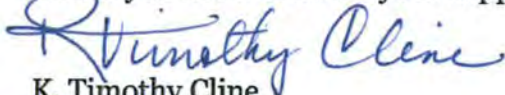
My name is Tim Cline and I am the Director of the Interior Distance Education of Alaska (IDEA) Correspondence Program. Today I am writing this letter in support of HB 102 that if passed would provide educational funding for students in residential psychiatric treatment centers.

This year marks my thirty-fifth year in education in Alaska. Prior to 2000 when I started working for IDEA, I was a teacher and principal in rural Alaska. During my tenure I experienced what happens when a child is in crisis and needing care away from their home. I recall times that students left our school only to return at a later date after receiving some necessary care. We did our best to pick up educationally where we left off and continue on but never knew what, if any, education took place while they were away. I was always grateful to have our students back safe and sound but wondered why there was so little progress academically. I simply wrote off the results as if there was nothing that could be done given the circumstances.

Fast forward to 2010. IDEA began a partnership with North Star Behavior Health Center to provide correspondence educational support to those high school students residing at North Star as part of IDEA's dropout recovery and prevention program. From the beginning, we were determined to build the best correspondence program we could. We kept our focus on meeting the needs of the child. We quickly learned what can happen when an educational program is customized to meet the needs of a child in need of extraordinary support. Not only could these children thrive, I believe the school work and success was having a profound impact on their attitude about school. Some of the success we experienced was due to the customized plans we developed. The rest was because of the dedicated North Star staff that stepped in to work with each student, one-on-one. There was no learning curve for those adults working on the ground because they understood the unique setting and circumstances for the children they were helping. While we have continued our partnership (now in its fifth year), our support is limited to distance education.

I urge our legislators to pass HB 102 so our children receive the kind of support on the ground that we now know can make the difference. These hospital settings are quite unique and the student turnover is often great. Regardless, this bill would put the ownership of educational progress in the hands of those who work with the children in this challenging setting. Let them customize a program for this setting. As a long time educator in Alaska, I know it will make the difference for these children.

Thank you in advance for your support.


K. Timothy Cline
IDEA Director

Juneau Youth Services, Inc.

907.789.7610
907.789.2106 Fax

P.O. Box 32839
Juneau, AK 99803

February 18, 2015

Representative Wes Keller
120 4th Street, Room 403
Juneau, AK 99801-1182

Dear Representative Keller,

I am writing to request your support for HB 102, Education Funding Equality for Children with Mental Illness. This important piece of mental health and education legislation will assist children with severe emotional or behavioral disorders by giving them the opportunity to receive an equitable and comparable education while they receive intensive mental health treatment.

I would like to go on record as supporting this legislation since it will:


- Increase the educational opportunities and measurable outcomes for children with mental illness so that they can successfully transition back to their traditional school after receiving intensive and sometimes lifesaving mental health treatment;
- Allow the licensed facility to deliver appropriate educational and related services provided to the student by licensed teachers and credentialed service providers while the student is present in the facility;
- Allow for a more comprehensive continuum of care by individualizing each student's academic plan to complement their therapeutic treatment goals;
- Provide the state real time data that will assist with meeting the needs of other special populations such as students residing in rural villages; and
- Increase the length of time students spend in school learning, and track measurable outcomes to be reviewed by state stakeholders.

I ask you to support HB102 as it will improve the provision of educational services to children in Alaska with severe mental illnesses and emotional disorders.

Sincerely,



Walter Majoros
JYS Executive Director



February 25, 2015

Senator Gary Stevens
State Capitol Room 429
Juneau AK, 99801

Dear Senator Stevens,

My name is Mary Guilas-Hawver. I am the Director for the Providence Kodiak Island Counseling Center and we serve the special needs population in the Kodiak Island Archipelago, specifically the Severely Emotionally Disturbed Youth (SED), Chronically Mentally Ill Adults (CMI), substance abuse youth and adults and other Kodiakans who are experiencing psychiatric emergency issues or disorders. I am writing to request your support for Education Funding Equality for Children with Mental Illness (HB102). This important piece of mental health and education legislation will assist children with severe emotional or behavioral disorders the opportunity to receive an equitable and comparable education while they receive intensive mental health treatment. I am in full support of this Bill and urge you to please do the same.

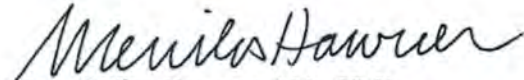
I want to go on record for supporting this legislation as it will:

- Increase the educational opportunities and measurable outcomes for children with mental illness so that they can successfully transition back to their traditional school after receiving intensive and sometimes lifesaving mental health treatment.
- Require school districts to send a portion of funding that would normally a part of the funding formula for the school days the child is in attendance.
- Allow the licensed facility to deliver appropriate educational and related services provided by licensed teachers and credentialed service providers to the student while the student is admitted to the facility.
- Allow for a more comprehensive continuum of care by individualizing each student's academic plan to complement their therapeutic treatment goals.
- Provide the state real time data that will assist the state with meeting the needs of other special populations such as students residing in rural villages.

- Increase the length of time students spend in school learning and track measurable outcomes to be reviewed by stakeholders.

Again, I ask you to please support HB102 as it will improve the provision of educational services to the children with severe mental illness.

Respectfully Yours,



Mary Guilas-Hawver, MA, CDCI

Director

Providence Kodiak Island Counseling Center

717 E. Rezanof Dr.

Kodiak, AK 99615

(907) 481-2400 extension 2423

Mary.guilashawver@providence.org

Cc: Senator Charlie Huggins, Senator Cathy Giessel, Senator Mike Dunleavy, and Senator Berta Gardner

Kodiak Area Native Association



3449 Rezanof Dr. East
Kodiak, Alaska 99615
Phone (907) 486-9800
fax: 907-486-9898

Senator Gary Stevens
State Capitol Room 429
Juneau AK, 99801

Dear Senator Stevens,

I really enjoyed your visit to the Kodiak Child Advocacy Center last year and know how supportive you are of our youth in Kodiak and throughout Alaska. At the Kodiak Child Advocacy Center we see many difficult circumstances facing our children as a result of maltreatment. The adverse childhood experience study clearly links maltreatment with developing medical and mental health challenges throughout their lifetime. I am writing to request your support for Education Funding Equality for Children with Mental Illness (HB102). This important piece of mental health and education legislation will assist children with severe emotional or behavioral disorders the opportunity to receive an equitable and comparable education while they receive intensive mental health treatment.

When our Kodiak youth have to go off island for treatment, their education suffers as they struggle experiencing a number of symptoms that make it truly difficult for them to concentrate and access an education meaningfully. Usually prior to any treatment or hospitalization, their symptoms are such that they are often failing classes to begin with. Currently when hospitalized for any treatment, students are left to access education via the computer which for most students is boring, lacks personalization for their particular problem and symptoms, and lacks a meaningful relationship with a human being to teach to their specific needs and gifts. Interestingly and anecdotally, education in which students' access classes via the computer or VTC is failing for our Kodiak village schools. Facilities charged with treating these vulnerable youth are not able to tailor student learning to the classes they left and they return to their home school even further behind and terribly confused. This lack of educational success will compound their struggle and contribute to diminished self-esteem. Seamless transition to their home school is necessary for success.

If treatment facilities had the ability to hire teachers and get information from home schools about specific student placement, progress, needs and skills, students could return with a foothold in their education and an educational plan that supports them during their time of need and vulnerability.

I want to go on record for supporting this legislation as it will:

- Increase the educational opportunities and measurable outcomes for children with mental illness so that they can successfully transition back to their traditional school after receiving intensive and sometimes lifesaving mental health treatment

- Allow the licensed facility to deliver appropriate educational and related services provided by licensed teachers and credentialed service providers to the student while the student is admitted to the facility
- Allow for a more comprehensive continuum of care by individualizing each student's academic plan to complement their therapeutic treatment goals
- Provide the state real time data that will assist the state with meeting the needs of other special populations such as students residing in rural villages
- Increase the length of time students spend in school learning and track measurable outcomes to be reviewed by state stakeholders

I ask you to support HB102 as it will improve the provision of educational services to the children with severe mental illness.

I look forward to visiting with you again,

Respectfully,

Joanna McFarlin
Kodiak Area Native Association
Kodiak Child Advocacy Center
(907)486-9878

Cc: Senator Charlie Huggins, Senator Cathy Giessel, Senator Mike Dunleavy, and Senator Berta Gardner



AKCHILD & FAMILY

Representative Wes Keller
State Capitol, Room 403
Juneau AK 99801

February 24, 2015

Dear Representative Keller:

My name is Denis McCarville and I am the President and CEO of AK Child & Family. We serve approximately 150 of Alaska's most troubled children per day in a variety of mental health services in the Anchorage area. These services include psychiatric residential treatment services, treatment foster care, individual, group and family outpatient psychotherapy and wrap-around treatment services for children and families who we can treat in their homes to prevent the need for out of the home services. I am writing to request your support for Education Funding Equality for Children with Mental Illness (HB102). This important piece of mental health and education legislation will give children with severe mental health disorders the opportunity to receive an equitable and comparable education while they receive intensive mental health treatment. These are Alaskan children in a secure or semi-secure facility licensed by the Department of Health and Social Services (DHSS) that provides, under the direction of a physician, psychiatric treatment services on a 24-hour-a-day basis.

I want to go on record for supporting this legislation as it will:

- Increase the educational opportunities and measurable outcomes for children with mental illness so that they can successfully transition back to their traditional school after receiving intensive and sometimes lifesaving mental health treatment
- Allow the licensed facility to deliver appropriate educational and related services provided by licensed teachers and credentialed service providers to the student while the student is admitted to the facility
- Require school districts to send a portion of any funding that would ordinarily be a part of the funding formula if the student were at a public school for the number of school days in attendance
- Allow for a more comprehensive continuum of care by individualizing each student's academic plan to complement their therapeutic treatment goals
- Provide the state real time data that will assist the state with meeting the needs of other special populations such as students residing in rural villages
- Increase the length of time students spend in school learning and track measurable outcomes to be reviewed by state stakeholders



AKCHILD & FAMILY

If HB102 were passed by the legislature and signed into law by our Governor, this would give my semi-secure psychiatric treatment center a chance to develop a full day school program for those students who cannot attend public schools due to the severity of their mental illness. This full day school would help keep these students on track to graduate with their classmates and prevent them from taking an unnecessary hit on their otherwise fragile self image.

I ask you to support HB102 as it will improve the provision of educational services to children with severe mental illness.

Sincerely,

Denis McCarville
President and CEO
AK Child & Family

Cc: Rep. Lora Reinbold, Rep. Jim Colver, Rep. Paul Seaton, Rep. Liz Vazquez,
Rep. Harriet Drummond, Rep. Jonathan Kreiss-Tomkins



Anchorage School District

Education Center

5530 E. Northern Lights Blvd. • Anchorage, AK 99504 • 907-742-4000 • www.asdk12.org

March 12, 2015

Representative Liz Vazquez
Alaska State Capitol
Juneau, AK 99801

Representative Vasquez:

Thank you for the opportunity to respond to your questions regarding the revenues, costs and service levels associated with students Anchorage School District serves in residential treatment settings. As you know, like many Alaska districts, ASD has provided services to students in non-traditional settings for many years, to ensure their needs are met in the setting that best supports each student's overall health and welfare. Some of those non-traditional settings are part of the Whaley Center program.

The Whaley Center program includes education services provided at the Whaley school, Mt. Iliamna School, ACE/ACT and several other smaller programs. Several of the smaller programs, including the program at North Star and other residential facilities, are in a subset of the Whaley Center called Special Schools. Depending on how the Special Schools are counted, there are as many as twelve separate facilities or programs served by staff assigned to Whaley Center. In addition, there are also district-wide resources assigned to these programs on an as-needed basis.

ASD manages these programs in this way to reduce the administrative cost of supporting students in these settings. Most of the Whaley Center organization (except Mt. Iliamna elementary school) has a single principal and small administrative staff. The Special Schools unit has a staff allocation that is shared among the residential programs/facilities, including North Star. The resources for each individual program/facility are determined based on a variety of factors, including student counts, student needs and availability of space. The entire Whaley Center (except Mt. Iliamna) shares resources, such as a school psychologist, counselor, etc. This collaborative staffing significantly reduces administrative costs of the program and allows more resources to be applied to direct student support.

Segregating the historic revenues and expenses associated with each facility/program within the Special Schools unit is not possible without an expensive and time-consuming forensic accounting effort, due to the complex arrangement of shared and inter-connected services over many years. The current staffing levels of the Whaley Center and ASD district office do not allow us to undertake such an extensive and intricate process. As a result, we can answer some of the questions included in your Feb 24 letter, but not all.

Educating All Students for Success in Life

Anchorage School Board Eric Croft, President
Kameron Perez-Verdia, Vice President
Kathleen Plunkett, Clerk

Bettye Davis, Treasurer
Tam Agosti-Gisler

Pat Higgins
Natasha von Imhof

Superintendent Ed Graff

Though it is too large a document to attach with this email, we are able to provide the complete cost information for the entire Whaley Center by date and account code, including detailed expenditures for more than one hundred staff members and numerous records for non-labor spending. If you will confirm that you indeed would like to review this information, I will arrange for it to be delivered to you.

In addition, I would like to respond to some of the other request of ASD listed in your letter.

A copy of the 2013-2014 Whaley Center Budget, to include expenses and allocations spent on students attending each of the District's residential facilities that fall under the Whaley School's supervision.

- Please see the attached report dated January 31, 2015, for the revenue, expenses and expense allocations for students attending Turning Points Heights, Debarr Heights and Bragaw Heights, the three schools affiliated with North Star Hospital for FY2013-2014.
- As stated above, ASD cannot provide individual cost and revenue data for every program/facility served by the Whaley Center. We can provide the complete cost information for the entire Whaley Center by date and account code.

How much Title I, Interior Distance Education of Alaska (IDEA) and other federal dollars were allocated to the Whaley Center and how much of that federal money was spent on the student population residing at each of the residential facilities affiliated with the Whaley Center? Please provide a copy of the Whaley Center's and District's Title I, IDEA and other Federal Programs Plan.

- Whaley Center is not a Title I school, so no Title I funds were used in support of Whaley Center programs.
- ASD does not receive any funds from Interior Distance Education of Alaska.
- There is not one ASD Title I plan.
- The district provided the North Star Hospital representatives with a cost study for their schools (attached).
- As stated above, ASD cannot provide individual cost and revenue data for every program/facility served by the Whaley Center. We can provide the complete cost information for the entire Whaley Center by date and account code.
- ASD currently supports dozens of federal programs, many of which require planning. If you could specify which federal programs you are interested in we can provide the appropriate planning documents.

For the FY2013-2014 school year, the amount of money spent on curriculum, instructional materials, technology, and teachers for the students at the Whaley Center and break down for me how much of that money was spent on the students at each residential facility affiliated with the Whaley Center.

- Please see attached report mentioned previously dated January 31, 2015. It includes the revenue, expenses and expense allocations for students attending Turning Points Heights, Debarr Heights and Bragaw Heights, the three schools affiliated with the North Star Hospital for FY2013-2014.

- As stated previously, ASD cannot provide individual cost and revenue data for every program/facility served by the Whaley Center. We can provide the complete cost information for the entire Whaley Center by date and account code.

A copy of the Whaley Center's FY2013-2014 School Improvement Plan and a description of how the District identifies what resources are needed for the students at each residential facility affiliated with the Whaley Center.

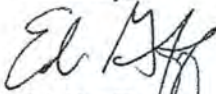
- The Whaley Center School Improvement Plan is attached.
- As explained previously, Whaley Center is inclusive of multiple facilities with each facility having unique needs. For the residential programs, communication between the Special Schools leaders and program administrators is essential for determining the needed supports for the students in each setting. Many of the students in short-term residential facilities are considered too acute to test. Through the APEX assessment, credit recovery and other ASD curriculum—including online intervention programs—the majority of students are afforded the opportunity to continue to work on academic skills and, if appropriate, credits toward graduation. Students who are able to take the standardized assessments are afforded that opportunity, as well.

Any outcome measures the District has for students residing at each residential facility affiliated with the Whaley Center, such as the number of courses completed, graduations, successful transitions, and standardized test scores.

- The district does not track student achievement data between the programs/facilities in the Whaley Center. The Whaley Center School Improvement Program (attached and mentioned previously) does include student data for the entire Whaley Center student population.

Thank you again for the opportunity to respond to your questions. If you have further questions, please let me know. We will make ourselves available to discuss these issues with you further at your convenience.

Sincerely,



Ed Graff
Superintendent

Attachments

cc: Mike Abbott, Chief Operations Officer
Mark Foster, Chief Financial Officer
Linda Carlson, Assistant Superintendent Instructional Services

OMB Memo

TO: Superintendent Graff
FROM: Mark Foster, Anchorage School District CFO
DATE: January 31, 2015
RE: North Star Behavioral Hospital Students
FY1314 Enrollment, Revenue, Actual Expenditures

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Summary

This memo provides responses to a request for public records from Mr. Michael R. Lyons of Melbourne, Florida, regarding North Star Behavioral Hospital.

Total Local, State & Federal Revenue

Fall 2013 Revenue – Total Local, State & Federal

We are requesting: 1. the total Local, State and Federal revenue; and any other revenue from other sources generated by the Anchorage School District as a result of the District counting students in the official state membership counts for students receiving on-site educational services at North Star for the 2013-2014 School Year. This should include any revenue received from other school districts as well.

The Anchorage School District received \$828,582 in revenue that can be attributed to the average daily membership (ADM) associated with the enrollment at the North Star Hospital in October 2013 based on the State of Alaska Public School Funding Formula.

See **Appendix A** for the detailed revenue calculation.

It may be useful to note that the actual expenditures (**Attachment C**) that the district provided to support the North Star Hospital students was \$814,307 or 98.3% of the revenue – well within the margin of appropriate allocation of resources especially in light of the variability of student requirements over the course of the school year.

Fall 2013 Enrollment Data for North Star Behavioral Hospital

We are requesting: 2. the student membership count with classification categories by survey period for the 2013-2014 school year

See **Appendix B** for the enrollment data for the Special Services Schools by classification category (SPED Intensive, Other than SPED Intensive) for the fall 2013 state enrollment count period.

The North Star Behavioral Hospital students represented:

- 65% of the **basic** individual education plan special education students and
- 62% of the **Intensive** special education students
- within the Special Service Schools for the fall 2013 state enrollment count period

FY1314 Budget for Serving Students at North Star Behavioral Hospital

We are requesting: 3. 2013-2014 budget for serving students residing at North Star Behavioral Hospital

The Office of Management and Budget did not develop a separate budget for students served at the North State Behavioral Hospital. Students within the Special Services schools are served by decentralized management teams allocating pooled resources based on meeting the needs of students consistent with their individual education plans (IEP).

FY1314 Expenditures by Line Item including the number of staff by job title with salaries and benefits for the FY1314 School Year

4. *copy of the 2013-2014 expenditures by line item including the number of staff by job title with their salaries and benefits allocated for the 2013-2014 school year*

See **Appendix C** for expenditures by line item, including staffing, salaries and benefits by accounting period for the FY1314 school year.

FY1314 School Improvement Plan for North Star Behavioral Hospital

5. *copy of the 2013-2014 School Improvement Plan for North Star Behavioral Hospital*

A few years ago, North Star Behavioral Hospital (NSBH) was renamed. Turning Point Heights, Bragaw Heights, and DeBarr Heights are now what once was called NSBH.

For the purposes of the Alaska Public School Accountability System, none of these three locations are "schools" per se. Each is a site or location. Each of these locations fall under the Whaley Center umbrella for the purposes of School Accountability. Whaley umbrella is comprised of Whaley 6-12, Mt. Iliamna K-5 and about twelve special programs that include Turning Point Heights, Bragaw Heights, and DeBarr Heights.

See **Appendix D** attached for the Whaley school improvement plan from 2013-14. In SY 2013-14, the Alaska Department of Education required schools with an ASPI rating of 1-, 2- or 3-stars to submit school improvement plans using the State adopted online planning tool known as Alaska STEPP. The document provides guidance for guest access to Whaley's school improvement plan via Alaska STEPP.

Appendix A: Revenue & Expense Compilation

Anchorage School District
 District-Wide and Special Services School Funding based on State Foundation Funding Formula
 FY 2013-2014 Funding

APPENDIX A-1

GENERAL FUND

	Special Services (1670)		North Star Behavioral Hospital		
	Intensive	Other than IHT	Intensive	Other than IHT	← NSBH Enrollment as Pct of Special Services Enrollment [Appendix B]
Adj ADM =>	2.6	139.2	1.6	90.8	
NSBH Pct of Special Schools Adj. ADM =>			61.54%	63.23%	

		North Star Behavioral Hospital Students							
Line	Total District	Special Services (1670) Intensive	Special Services (1670) - Other than Intensive	Special Education Intensive Students	Other than Intensive Special Education Students	Subtotal -- Intensive + Other Special Education Students Revenue	Actual Costs - IFAS Extract (FY1314 YE)	Revenue - Expense	
1	194,598,906	49,262	259,745	30,315	169,433	199,745			
2	1,663,677	421	2,221	259	1,449	1,708			
3	316,569,927	159,618	842,690	98,350	549,655	648,035			
4	18,141,547	4,477	23,606	2,755	15,396	18,153			
5	530,974,057	213,978	1,128,264	131,679	735,965	867,644			
6				5,926	33,118	39,044			
7	530,974,057	213,978	1,128,264	125,753	702,847	828,600	814,307	14,293	
8	11,115	82,299	8,105				98.3%		
S/ADM									
Days per Year	180	180	180	180	180				
S/student-day		\$457	\$45	\$437	\$43				

Actual Costs - IFAS Extract (FY1314 YE), Appendix C]

ASD Level of Service Allocation to NSBH Students was 98.3% of state formula required revenue (Local, State and Federal general operating revenue)

**State of Alaska Public School Funding
Program Formula (FY1314)**

		Total District	Special Services (1670) Intensive	Special Services (1670) Other than Intensive
Base Student Allocation (BSA)	9	5,680	5,680	5,680
Average Daily Membership (ADM)	10	46,883.07	2.60	139.20
Correspondence ADM	11	556.78	-	-
Total ADM (including Correspondence)	12	47,769.55	2.60	139.20
Total ADM (not including Correspondence)	13	46,883.07	2.60	139.20
School Size Factor	14	1.10	1.17	1.17
School Size Adjustment	15	51,745.55	3.03	162.31
Special Needs Factor (line #15 X 1.2)	16	62,094.66	3.64	194.77
CTE Factor (line #16 X 1.015: Secondary)	17	65,026.08	3.69	197.69
SPED Intensive	18	810.00	2.60	-
Intensive Adjustment (line #18 X 13)	19	10,530.00	33.80	-
Total Student + SPED (line #17 + Line #19) Adj. ADM	20	73,556.08	37.49	197.69
Correspondence ADM - 90% (line #11 X 0.9)	21	709.42	-	-
District adjusted ADM (line #20 + Line #21)	22	74,265.50	37.49	197.69
Basic need (line #22 X line #9)	23	421,828,062	212,957	1,122,880
Required local effort 2.65 mils (line # 21 X .00265)	24	97,578,452	49,262	259,748
Eligible Federal Impact Aid	25	20,220,105	10,208	63,825
Required Local Effort	25a	97,578,452	49,262	259,748
Total Local Revenue	25b	196,262,583	49,683	261,968
Impact Aid % (line #25a/line #25b)	25c	48.73%	48.73%	48.73%
90% Deductible FIA (line #25 X line #25c X .90)	26	\$,867,931	4,477	23,606
Total State Aid (line #23- lines #24 and #26)	27	315,361,679	159,219	639,526
Quality Schools - 516/adj. adm (line #22 X 516)	28	1,188,248	600	3,163
State funding (line #18 + line #19)	29	316,569,927	159,818	842,690
2012 full property value (assumes 1% growth)	30	\$6,822,057,290	\$6,822,057,290	\$6,822,057,290

APPENDIX A-2

Appendix B: Enrollment Data Summary Extract

SUMMARY OF STUDENT ENROLLMENT

APPENDIX B

North Star Behavioral Hospital Special Schools Enrollment as proportion of SPECIAL SERVICES SCHOOLS (1670)

Fall 2013

OASIS count period weekly enrollments

Weekly Enrollment Report Data (September 30 - October 28, 2013)

Code	Basic Special Education IEP Students (1X)	FY1314; Enrollment Reports, Week Ending:					Average	State Special Education Intensive Factor Weighted ADM
		30-Sep	7-Oct	14-Oct	21-Oct	28-Oct	unadjusted ADM	
	Special Schools							
616	Booth Secondary	0	0	0	0	0	0.00	0.00
617	Maplewood	9	9	10	11	11	10.00	10.00
618	McKinley Heights	13	13	13	11	12	12.40	12.40
630	Providence Heights	4	7	7	7	7	6.40	6.40
635	Humphrey Heights	6	6	6	6	6	6.00	6.00
650	Jesse Lee	12	13	13	13	14	13.00	13.00
661	Early Intervention Services	1	1	1	0	0	0.60	0.60
	Subtotal	45	49	50	48	50	45.40	48.40
606	Turning Points Heights	48	48	49	49	50	48.80	48.80
631	Debar Heights	27	30	35	31	33	31.20	31.20
633	Bragaw Heights	11	13	2	2	12	10.80	10.80
	Subtotal	86	91	93	89	95	90.80	90.80
	Subtotal - Basic Special Education IEP Special Services (1670)	131	140	143	137	145	139.2	139.2

Code	INTENSIVE NEEDS Special Education Students (13X)	FY1314; Enrollment Reports, Week Ending:					Average	State Special Education Intensive Factor Weighted ADM
		30-Sep	7-Oct	14-Oct	21-Oct	28-Oct	unadjusted ADM	
	Special Schools							
616	Booth Secondary	0	0	0	0	0	0.00	0.00
617	Maplewood	0	0	0	0	0	0.00	0.00
618	McKinley Heights	0	0	0	0	0	0.00	0.00
630	Providence Heights	0	0	0	0	0	0.00	0.00
635	Humphrey Heights	0	0	0	0	0	0.00	0.00
650	Jesse Lee	1	1	1	1	1	1.00	13.00
661	Early Intervention Services	0	0	0	0	0	0.00	0.00
	Subtotal	1	1	1	1	1	1.00	13.00
606	Turning Points Heights	1	1	1	1	1	1.00	13.00
631	Debar Heights	0	0	1	1	1	0.60	7.80
633	Bragaw Heights	0	0	0	0	0	0.00	0.00
	Subtotal	1	1	2	2	2	1.60	20.80
	Subtotal - INTENSIVE NEEDS Special Services (1670)	2.0	2.0	3.0	3.0	3.0	2.6	33.8

Appendix C: FY1314 Actual Expenditures, Financial Accounting System Extract

FY1314

Actual Expenditures for Bragow, DeBarr and Turning Points Heights

IFAS Extract

11/05/14 10:11 AM
25/12/14 10:11 AM

Data Extract, Cost Assignment Compilation
Review cost assignment compilation, sample and validate assumptions

APPENDIX C-1

Zangle Enrollment Reports (Sept/Oct 2013)
Zangle Enrollment Reports (Sept/Oct 2013)
State Public Education Formula

Other SPED IEP (ADM) 128.60
Intensive (adj) ADM, 13X 33.80
Intensive + Other SPED IEP (adj) ADM 162.40
PCT OF adj) ADM 100.0%

24.01%	38.05%	6.65%		7.64%	3.94%	3.69%	16.01%
31.20	48.80	10.80	0.00	0.00	12.40	6.40	6.00
0.00	1.00						1.00
33.80	7.80	13.00					13.00
162.40	61.80	10.80			12.40	6.40	6.00
26.00							26.00

TOTAL
FY 1314 Actual

88.7%				31.3%				
North Star Behavioral Hospital				Other Than NSBH				
DeBarr Heights	Turning Point Heights	Bragow Heights	Unspecified	Booth	Mackinlay	Providence	Humphrey	Jesse Lee

Summary of IFAS (Accounting System) Extract of 1670XX.XXXX for From 7/1/2011 To 6/30/2014

Account Code	Object Code	Description	Location
167001	1201	Vivian Mike - Clerical	DEBARR HEIGHTS
167001	1371	Linda Rinari - Sub	Unspecified
167001	1381	Vivian Mike - Leave	DEBARR HEIGHTS
167001	2500		
167001	2550		
167001	2600		
167001	2610		
167001	2800		
167001	3430	Vivian Mike - Mileage	DEBARR HEIGHTS
167001	3430	Carolanne MocarSKI - Mileage	DEBARR HEIGHTS
167001	4010	OFFICE SUPPLIES	Allocate by Adj. ADM Students
167002	1211	Secretarial, Admin Asst	Allocate in proportion to Special Service Teachers (1360) Direct Cost Assignment
167002	1231	Teaching Assistants (TA's)	Direct Assign Costs Per Pay Location Code (Tab 1231)
167002	1350	Carolanne MocarSKI	DEBARR HEIGHTS
167002	1360	Sp Service Teachers	Direct Assign Costs Per Pay Location Code (Tab 1360)
167002	1371	Subs	Allocate in proportion to Special Service Teachers (1360) Direct Cost Assignment
167002	1380	Personal Leave Certificated	Allocate in proportion to Special Service Teachers (1360) Direct Cost Assignment
167002	1381	Personal Leave Classified	Allocate in proportion to Special Service Teachers (1360) Direct Cost Assignment
167002	1420	Bonus Certificated	Allocate in proportion to Special Service Teachers (1360) Direct Cost Assignment
167002	2100		
167002	2200		
167002	2500		
167002	2550		
167002	2600		
167002	2610		
167002	2700		
167002	2800		
167002	3430	MOCARSKI, CAROLANNE	DEBARR HEIGHTS
167002	4040	Teaching Supplies	Allocate by Adj. ADM Students
167002	5400	Expendable Equipment	

TOTAL 1,265,226 400,591 307,541 106,175 6,454 22,788 236,238

157002-1360 From 7/1/2013 To 6/30/2014
 SPECIAL EDUCATION / SPECIAL SERVICE TEACHERS

APPENDIX C-2

Turning Point Heights
 Bragaw Heights
 Debar Heights
 Total NSBH

North Star BH
 \$12,226.97
 \$73,440.96
 \$231,485.88
 \$519,153.81

Location Code						
Hamletary Heights	Bragaw Heights	Debar Heights	Jessie Lee Home	Turning Pointe	McClary	North Memorial

Payroll	Fiscal Year	Rate	Name	GRS	Salary	Subtotal	Hamletary Heights	Bragaw Heights	Debar Heights	Jessie Lee Home	Turning Pointe	McClary	North Memorial
9/13/2013 01109DP	2014	3	0.49 BARKER, MARIE E	GRS	\$2,706.47								
10/15/2013 01110DP	2014	3	BARKER, MARIE E	GRS	\$2,706.47								
11/15/2013 01111DP	2014	3	BARKER, MARIE E	GRS	\$2,706.47								
12/13/2013 01112DP	2014	3	BARKER, MARIE E	GRS	\$2,706.47								
1/15/2014 01101DP	2014	3	BARKER, MARIE E	GRS	\$4,877.61								
						\$15,703.49	\$15,703.49						
9/13/2013 01109DP	2014	3	BRANDON, PRISCILLA M	GRS	\$6,096.50								
9/13/2013 77099CM	2014	3	BRANDON, PRISCILLA M	GRS	(\$6,206.50)								
10/15/2013 01110DP	2014	3	BRANDON, PRISCILLA M	GRS	\$6,096.50								
10/15/2013 77036CM	2014	3	BRANDON, PRISCILLA M	GRS	(\$6,206.50)								
						\$0.00							
9/13/2013 01109DP	2014	3	BUYS, SONIA	GRS	\$6,120.08								
10/15/2013 01110DP	2014	3	BUYS, SONIA	GRS	\$6,120.08								
11/15/2013 01111DP	2014	3	BUYS, SONIA	GRS	\$6,120.08								
12/13/2013 01112DP	2014	3	BUYS, SONIA	GRS	\$6,120.08								
1/15/2014 01101DP	2014	3	BUYS, SONIA	GRS	\$6,120.08								
2/14/2014 01102DP	2014	3	BUYS, SONIA	GRS	\$6,120.08								
3/14/2014 01103DP	2014	3	BUYS, SONIA	GRS	\$6,120.08								
4/15/2014 01104DP	2014	3	BUYS, SONIA	GRS	\$6,120.08								
5/15/2014 01105DP	2014	3	BUYS, SONIA	GRS	\$6,120.08								
5/23/2014 01207DP	2014	3	BUYS, SONIA	GRS	\$6,120.08								
5/23/2014 01208DP	2014	3	BUYS, SONIA	GRS	\$6,120.08								
6/4/2014 01206DP	2014	3	BUYS, SONIA	GRS	\$6,120.08								
						\$73,440.96		\$73,440.96					
9/13/2013 01109DP	2014	3	CONLUN, HEATHER P	GRS	\$5,117.58								
10/15/2013 01110DP	2014	3	CONLUN, HEATHER P	GRS	\$5,117.58								
11/15/2013 01111DP	2014	3	CONLUN, HEATHER P	GRS	\$5,117.58								
12/13/2013 01112DP	2014	3	CONLUN, HEATHER P	GRS	\$5,117.58								
1/15/2014 01101DP	2014	3	CONLUN, HEATHER P	GRS	\$5,117.58								
2/14/2014 01102DP	2014	3	CONLUN, HEATHER P	GRS	\$5,117.58								
3/14/2014 01103DP	2014	3	CONLUN, HEATHER P	GRS	\$5,117.58								
4/15/2014 01104DP	2014	3	CONLUN, HEATHER P	GRS	\$5,117.58								
5/15/2014 01105DP	2014	3	CONLUN, HEATHER P	GRS	\$5,117.58								
5/23/2014 01207DP	2014	3	CONLUN, HEATHER P	GRS	\$5,117.58								
5/23/2014 01208DP	2014	3	CONLUN, HEATHER P	GRS	\$5,117.58								
6/4/2014 01206DP	2014	3	CONLUN, HEATHER P	GRS	\$5,117.58								
						\$61,410.96			\$61,410.96				
9/13/2013 01109DP	2014	3	FRANKLIN, CYNTHIA L	GRS	\$6,567.50								
10/15/2013 01110DP	2014	3	FRANKLIN, CYNTHIA L	GRS	\$6,567.50								
11/15/2013 01111DP	2014	3	FRANKLIN, CYNTHIA L	GRS	\$6,567.50								
12/13/2013 01112DP	2014	3	FRANKLIN, CYNTHIA L	GRS	\$6,567.50								
1/15/2014 01101DP	2014	3	FRANKLIN, CYNTHIA L	GRS	\$6,567.50								
2/14/2014 01102DP	2014	3	FRANKLIN, CYNTHIA L	GRS	\$6,567.50								
3/14/2014 01103DP	2014	3	FRANKLIN, CYNTHIA L	GRS	\$6,751.39								

167002-1360 From 7/1/2013 To 6/30/2014
 SPECIAL EDUCATION / SPECIAL SERVICE TEACHERS

APPENDIX C-2

Turning Point Heights
 Bragaw Heights
 DeBaron Heights
 Total NSBH

North Star BH
 \$33,226.97
 \$73,440.96
 \$721,485.88
 \$817,153.81

Location Code						
Elementary Heights	Bragaw Heights	DeBaron Heights	James Lee Home	Turning Pointe	Mobility	North Memorial

Payroll	Fiscal Year	Name	Salary	Subtotal	Elementary Heights	Bragaw Heights	DeBaron Heights	James Lee Home	Turning Pointe	Mobility	North Memorial
4/15/2014 01104DP	2014	FRANKLIN, CYNTHIA L	GRS.	\$6,751.39							
5/15/2014 01105DP	2014	FRANKLIN, CYNTHIA L	GRS.	\$6,751.40							
5/23/2014 01207DP	2014	FRANKLIN, CYNTHIA L	GRS.	\$6,751.39							
5/23/2014 01208DP	2014	FRANKLIN, CYNTHIA L	GRS.	\$6,751.39							
6/4/2014 01206DP	2014	FRANKLIN, CYNTHIA L	GRS.	\$6,751.40							
				\$79,933.35					\$79,933.35		
9/13/2013 77029CM	2014	KINZER, VERA B	GRS.	\$5,207.08							
10/15/2013 77036CM	2014	KINZER, VERA B	GRS.	\$5,207.08							
11/15/2013 77043CM	2014	KINZER, VERA B	GRS.	\$5,207.08							
12/13/2013 77048CM	2014	KINZER, VERA B	GRS.	\$5,207.08							
1/15/2014 01101DP	2014	KINZER, VERA B	GRS.	\$5,207.08							
2/14/2014 01102DP	2014	KINZER, VERA B	GRS.	\$5,207.08							
3/14/2014 01103DP	2014	KINZER, VERA B	GRS.	\$5,207.08							
4/15/2014 01104DP	2014	KINZER, VERA B	GRS.	\$5,207.08							
5/15/2014 01105DP	2014	KINZER, VERA B	GRS.	\$5,207.08							
5/23/2014 01207DP	2014	KINZER, VERA B	GRS.	\$5,207.08							
5/23/2014 01208DP	2014	KINZER, VERA B	GRS.	\$5,207.08							
6/4/2014 01206DP	2014	KINZER, VERA B	GRS.	\$5,207.09							
				\$62,484.97					\$62,484.97		
9/13/2013 01109DP	2014	LEE, HELEN J	GRS.	\$5,523.42							
10/15/2013 01110DP	2014	LEE, HELEN J	GRS.	\$5,523.42							
11/15/2013 01111DP	2014	LEE, HELEN J	GRS.	\$5,523.42							
12/13/2013 01112DP	2014	LEE, HELEN J	GRS.	\$5,523.42							
1/15/2014 01101DP	2014	LEE, HELEN J	GRS.	\$5,523.42							
2/14/2014 01102DP	2014	LEE, HELEN J	GRS.	\$5,523.42							
3/14/2014 01103DP	2014	LEE, HELEN J	GRS.	\$5,523.42							
4/15/2014 01104DP	2014	LEE, HELEN J	GRS.	\$5,523.42							
5/15/2014 01105DP	2014	LEE, HELEN J	GRS.	\$5,523.42							
5/23/2014 01207DP	2014	LEE, HELEN J	GRS.	\$5,523.42							
5/23/2014 01208DP	2014	LEE, HELEN J	GRS.	\$5,523.42							
6/4/2014 01206DP	2014	LEE, HELEN J	GRS.	\$5,523.42							
				\$66,281.04					\$66,281.04		
9/13/2013 01109DP	2014	LINDHOLM, JOHN T	GRS.	\$6,060.42							
10/15/2013 01110DP	2014	LINDHOLM, JOHN T	GRS.	\$6,060.42							
11/15/2013 01111DP	2014	LINDHOLM, JOHN T	GRS.	\$6,060.42							
12/13/2013 01112DP	2014	LINDHOLM, JOHN T	GRS.	\$6,060.42							
1/15/2014 01101DP	2014	LINDHOLM, JOHN T	GRS.	\$6,060.42							
2/14/2014 01102DP	2014	LINDHOLM, JOHN T	GRS.	\$6,060.42							
3/14/2014 01103DP	2014	LINDHOLM, JOHN T	GRS.	\$6,060.42							
4/15/2014 01104DP	2014	LINDHOLM, JOHN T	GRS.	\$6,060.42							
5/15/2014 01105DP	2014	LINDHOLM, JOHN T	GRS.	\$6,060.42							
5/23/2014 01207DP	2014	LINDHOLM, JOHN T	GRS.	\$6,060.42							
5/23/2014 01208DP	2014	LINDHOLM, JOHN T	GRS.	\$6,060.42							
6/4/2014 01206DP	2014	LINDHOLM, JOHN T	GRS.	\$6,060.42							
				\$72,725.04							\$72,725.04

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 SPECIAL EDUCATION / SPECIAL SERVICE TEACHERS

APPENDIX C-2

Turning Point Heights 5132,226.97
 Bragaw Heights 573,440.96
 Delban Heights 5131,485.88
 Total NSBH 5517,153.81

North Star BH

Location Code						
Hampshire Heights	Bragaw Heights	Delban Heights	Jessie Lee Home	Turning Point	Midway	South Memorial

Payroll	Fiscal Year	Name	Salary	Subtotal		
9/13/2013 01109DP	2014	3 MOCARSKI, CAROLANNE GRS.	\$7,217.83	\$77,725.04		
10/15/2013 01110DP	2014	3 MOCARSKI, CAROLANNE GRS.	\$7,217.83			
11/15/2013 01111DP	2014	3 MOCARSKI, CAROLANNE GRS.	\$7,217.83			
12/13/2013 01112DP	2014	3 MOCARSKI, CAROLANNE GRS.	\$7,217.83			
1/15/2014 01101DP	2014	3 MOCARSKI, CAROLANNE GRS.	\$7,217.83			
2/14/2014 01102DP	2014	3 MOCARSKI, CAROLANNE GRS.	\$7,217.83			
3/14/2014 01103DP	2014	3 MOCARSKI, CAROLANNE GRS.	\$7,217.83			
4/15/2014 01104DP	2014	3 MOCARSKI, CAROLANNE GRS.	\$7,217.83			
5/15/2014 01105DP	2014	3 MOCARSKI, CAROLANNE GRS.	\$7,217.83			
5/23/2014 01208DP	2014	3 MOCARSKI, CAROLANNE GRS.	\$7,217.83			
5/23/2014 01207DP	2014	3 MOCARSKI, CAROLANNE GRS.	\$7,217.83			
6/4/2014 01206DP	2014	3 MOCARSKI, CAROLANNE GRS.	\$7,217.83			
9/13/2013 01109DP	2014	3 I STONE, WILLIAM G GRS.	\$4,455.33		\$86,513.96	
10/15/2013 01110DP	2014	3 STONE, WILLIAM G GRS.	\$4,455.33			
11/15/2013 01111DP	2014	3 STONE, WILLIAM G GRS.	\$4,455.33			
12/13/2013 01112DP	2014	3 STONE, WILLIAM G GRS.	\$4,455.33			
1/15/2014 01101DP	2014	3 STONE, WILLIAM G GRS.	\$4,455.33			
2/14/2014 01102DP	2014	3 STONE, WILLIAM G GRS.	\$4,455.33			
3/14/2014 01103DP	2014	3 STONE, WILLIAM G GRS.	\$4,455.33			
4/15/2014 01104DP	2014	3 STONE, WILLIAM G GRS.	\$4,455.33			
5/15/2014 01105DP	2014	3 STONE, WILLIAM G GRS.	\$4,455.33			
5/23/2014 01207DP	2014	3 STONE, WILLIAM G GRS.	\$4,455.33			
5/23/2014 01208DP	2014	3 STONE, WILLIAM G GRS.	\$4,455.33			
6/4/2014 01206DP	2014	3 STONE, WILLIAM G GRS.	\$4,455.33			
9/13/2013 01109DP	2014	3 TAGUE, CAROLYN R GRS.	\$6,955.08	\$83,463.96		
10/15/2013 01110DP	2014	3 TAGUE, CAROLYN R GRS.	\$6,955.08			
11/15/2013 01111DP	2014	3 TAGUE, CAROLYN R GRS.	\$6,955.08			
12/13/2013 01112DP	2014	3 TAGUE, CAROLYN R GRS.	\$6,955.08			
1/15/2014 01101DP	2014	3 TAGUE, CAROLYN R GRS.	\$6,955.08			
2/14/2014 01102DP	2014	3 TAGUE, CAROLYN R GRS.	\$6,955.08			
3/14/2014 01103DP	2014	3 TAGUE, CAROLYN R GRS.	\$6,955.08			
4/15/2014 01104DP	2014	3 TAGUE, CAROLYN R GRS.	\$6,955.08			
5/15/2014 01105DP	2014	3 TAGUE, CAROLYN R GRS.	\$6,955.08			
5/23/2014 01207DP	2014	3 TAGUE, CAROLYN R GRS.	\$6,955.08			
5/23/2014 01208DP	2014	3 TAGUE, CAROLYN R GRS.	\$6,955.08			
6/4/2014 01206DP	2014	3 TAGUE, CAROLYN R GRS.	\$6,955.08			
9/13/2013 01109DP	2014	3 VANSCEST, DAVID J GRS.	\$6,955.08		\$83,460.96	
10/15/2013 01110DP	2014	3 VANSCEST, DAVID J GRS.	\$6,955.08			
11/15/2013 01111DP	2014	3 VANSCEST, DAVID J GRS.	\$6,955.08			
12/13/2013 01112DP	2014	3 VANSCEST, DAVID J GRS.	\$6,955.08			

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 SPECIAL EDUCATION / SPECIAL SERVICE TEACHERS

APPENDIX C-2

Turning Point Heights
 Bragan Heights
 Delbart Heights
 Total NSBH

North Star BH
 \$32,226.97
 \$73,440.96
 \$231,485.88
 \$617,153.81

Location Code						
Hampshire Heights	Bragan Heights	Delbart Heights	Jessie Lee Home	Turning Point	McKinley	South Memorial

Payroll	Fiscal Year	Name	Salary	Subtotal						
1/15/2014 01101DP	2014	VANSOEST, DAVID J	GRS	\$6,955.08						
2/14/2014 01102DP	2014	VANSOEST, DAVID J	GRS	\$6,955.08						
3/14/2014 01103DP	2014	VANSOEST, DAVID J	GRS	\$6,955.08						
4/15/2014 01104DP	2014	VANSOEST, DAVID J	GRS	\$6,955.08						
5/15/2014 01105DP	2014	VANSOEST, DAVID J	GRS	\$6,955.08						
5/23/2014 01207DP	2014	VANSOEST, DAVID J	GRS	\$6,955.08						
5/23/2014 01208DP	2014	VANSOEST, DAVID J	GRS	\$6,955.08						
6/4/2014 01206DP	2014	VANSOEST, DAVID J	GRS	\$6,955.08	\$83,460.96			\$83,460.96		
9/13/2013 01109DP	2014	WYNALDA, LINDA K	GRS	\$6,955.08						
10/15/2013 01110DP	2014	WYNALDA, LINDA K	GRS	\$6,955.08						
11/15/2013 01111DP	2014	WYNALDA, LINDA K	GRS	\$6,955.08						
12/13/2013 01112DP	2014	WYNALDA, LINDA K	GRS	\$6,955.08						
1/15/2014 01101DP	2014	WYNALDA, LINDA K	GRS	\$6,955.08						
2/14/2014 01102DP	2014	WYNALDA, LINDA K	GRS	\$6,955.08						
3/14/2014 01103DP	2014	WYNALDA, LINDA K	GRS	\$6,955.08						
4/15/2014 01104DP	2014	WYNALDA, LINDA K	GRS	\$6,955.08						
5/15/2014 01105DP	2014	WYNALDA, LINDA K	GRS	\$6,955.08						
5/23/2014 01207DP	2014	WYNALDA, LINDA K	GRS	\$6,955.08						
5/23/2014 01208DP	2014	WYNALDA, LINDA K	GRS	\$6,955.08						
6/4/2014 01206DP	2014	WYNALDA, LINDA K	GRS	\$6,955.08	\$83,460.96			\$83,460.96		
GRAND TOTAL				\$827,420.62	\$827,420.62	\$15,708.49	\$73,440.96	\$231,485.88	\$169,374.32	\$212,226.97

Pay Period	Fiscal Year	FTE	Name	GRS.	Amount	Subtotal	Location				
							DeBarr, Turning Points, Bragaw	McKinley, Humphrey, Other than NSBH			
8/30/2013 01018DP	2014	3	BRADLEY, NICOLE A	GRS.	\$665.73						
9/13/2013 01019DP	2014	3	BRADLEY, NICOLE A	GRS.	\$832.16						
10/11/2013 01021DP	2014	3	BRADLEY, NICOLE A	GRS.	\$475.50						
						\$1,973.39	\$1,973.39				
8/30/2013 01018DP	2014	3	BURT, SARA M	GRS.	\$372.08						
9/13/2013 01019DP	2014	3	BURT, SARA M	GRS.	\$727.98						
9/27/2013 01020DP	2014	3	BURT, SARA M	GRS.	\$647.09						
10/11/2013 01021DP	2014	3	BURT, SARA M	GRS.	\$566.21						
10/25/2013 01022DP	2014	3	BURT, SARA M	GRS.	\$145.60						
11/8/2013 01023DP	2014	3	BURT, SARA M	GRS.	\$1,213.29						
11/22/2013 01024DP	2014	3	BURT, SARA M	GRS.	\$194.13						
						\$3,866.38	\$3,866.38				
3/28/2014 01007DP	2014	3	FRICKS, GRACIELA S	GRS.	\$151.55						
4/11/2014 01008DP	2014	3	FRICKS, GRACIELA S	GRS.	\$721.65						
4/25/2014 01009DP	2014	3	FRICKS, GRACIELA S	GRS.	\$721.65						
5/9/2014 01010DP	2014	3	FRICKS, GRACIELA S	GRS.	\$721.65						
5/23/2014 01011DP	2014	3	FRICKS, GRACIELA S	GRS.	\$721.65						
6/6/2014 01012DP	2014	3	FRICKS, GRACIELA S	GRS.	\$360.83						
						\$3,398.98	\$3,398.98				
8/30/2013 01018DP	2014	0.75	HERMANSEN, JOEL D	GRS.	\$629.32						
9/13/2013 01019DP	2014	3	HERMANSEN, JOEL D	GRS.	\$899.03						
9/27/2013 01020DP	2014	3	HERMANSEN, JOEL D	GRS.	\$899.03						
10/11/2013 01021DP	2014	3	HERMANSEN, JOEL D	GRS.	\$899.03						
10/25/2013 01022DP	2014	3	HERMANSEN, JOEL D	GRS.	\$899.01						
11/8/2013 01023DP	2014	3	HERMANSEN, JOEL D	GRS.	\$899.03						
11/22/2013 01024DP	2014	3	HERMANSEN, JOEL D	GRS.	\$899.03						
12/6/2013 01025DP	2014	3	HERMANSEN, JOEL D	GRS.	\$899.03						
12/20/2013 01026DP	2014	3	HERMANSEN, JOEL D	GRS.	\$899.03						
						\$7,821.54	\$7,821.54				
4/25/2014 01009DP	2014	3	LOLOFIETELE, NAOMI K	GRS.	\$849.00						
5/9/2014 01010DP	2014	3	LOLOFIETELE, NAOMI K	GRS.	\$849.00						
5/23/2014 01011DP	2014	3	LOLOFIETELE, NAOMI K	GRS.	\$849.00						
6/6/2014 01012DP	2014	3	LOLOFIETELE, NAOMI K	GRS.	\$424.50						
						\$2,971.50	\$2,971.50				
8/30/2013 01018DP	2014	3	SCOTT, CHRISTA L	GRS.	\$652.02						
9/13/2013 01019DP	2014	3	SCOTT, CHRISTA L	GRS.	\$931.47						
9/27/2013 01020DP	2014	3	SCOTT, CHRISTA L	GRS.	\$931.47						
10/11/2013 01021DP	2014	3	SCOTT, CHRISTA L	GRS.	\$776.22						
10/25/2013 01022DP	2014	3	SCOTT, CHRISTA L	GRS.	\$714.12						
11/8/2013 01023DP	2014	3	SCOTT, CHRISTA L	GRS.	\$799.51						
11/22/2013 01024DP	2014	3	SCOTT, CHRISTA L	GRS.	\$931.46						
12/6/2013 01025DP	2014	3	SCOTT, CHRISTA L	GRS.	\$931.47						
12/20/2013 01026DP	2014	3	SCOTT, CHRISTA L	GRS.	\$931.47						
1/3/2014 01001DP	2014	3	SCOTT, CHRISTA L	GRS.	\$745.17						
1/17/2014 01002DP	2014	3	SCOTT, CHRISTA L	GRS.	\$745.17						
1/31/2014 01003DP	2014	3	SCOTT, CHRISTA L	GRS.	\$931.47						
2/14/2014 01004DP	2014	3	SCOTT, CHRISTA L	GRS.	\$931.47						
2/28/2014 01005DP	2014	3	SCOTT, CHRISTA L	GRS.	\$77.62						
3/14/2014 01006DP	2014	3	SCOTT, CHRISTA L	GRS.	\$838.32						
3/28/2014 01007DP	2014	3	SCOTT, CHRISTA L	GRS.	\$527.83						
4/11/2014 01008DP	2014	3	SCOTT, CHRISTA L	GRS.	\$892.66						
4/25/2014 01009DP	2014	3	SCOTT, CHRISTA L	GRS.	\$931.46						
5/9/2014 01010DP	2014	3	SCOTT, CHRISTA L	GRS.	\$838.32						
5/23/2014 01011DP	2014	3	SCOTT, CHRISTA L	GRS.	\$931.46						
6/6/2014 01012DP	2014	3	SCOTT, CHRISTA L	GRS.	\$465.73						
						\$16,455.89	\$16,455.89				
GRAND TOTAL					\$36,487.68	\$36,487.68	\$28,666.14	\$7,821.54			

Appendix D: Whaley School Improvement Plan (FY1314)

Overview of Alaska's new school improvement plan requirements

In June 2013, the Alaska State Board of Education and Early Development (EED) adopted new school and district accountability regulations. The new accountability system is based on two prongs: the Alaska School Performance Index (ASPI) and Annual Measurable Objective (AMO) targets.

A school's overall ASPI score will determine the category or star rating of the school. ASPI is a 1-through 5-star system, with the top performing schools in the state rated as 5-star schools and the lowest performing schools rated as 1-star.

1- and 2-star schools are required to submit school improvement plans for approval by EED. 3- star schools are required to submit school improvement plans for approval by the district. School improvement plans are due by no later than November 1. Plans for 4- and 5- star schools will not be required until the 2014-15 school year.

All school improvement plans are submitted through Alaska STEPP (Steps Toward Educational Progress and Partnership). Alaska STEPP is EED's online, continuous, and comprehensive planning tool.

Whaley School

This school's overall ASPI score¹ is: 50.3

This school's ASPI star rating¹ is: 1-star

If the ASPI rating noted above is 1-, 2-, or 3-stars – then a school improvement plan is available through Alaska STEPP.

This school's AK STEPP guest login is: guests11013

This school's AK STEPP guest password is: guests11013

[Click here to enter the AK STEPP login page.](#)

¹ To see details related to this school's overall ASPI score and rating – see the School's Report Card to the Public, located online at the school's performance assessments page.

Here you will enter information pertaining to the members of your School Improvement team. This team should include your principal, the process manager (if other than the principal), and others you choose to include from the school or community.



Add a Team Member

Team Member	Association	Phone	Email
brooks debbi	Parent		debobrooks@alaska.com
Dayna Durr	Assistant Principal	907-742-2395	durr_dayna@asdk12.org
Lyndsay Hamachek	Counselor	907-742-2409	hamachek_lyndsay@asdk12.org
Robyn Harris	Principal	907-742-2384	harris_robyn@asdk12.org
Griffin Ken	Teacher	907-742-2350	griffin_kenneth@asdk12.org
Chris Krejca	Teacher	907-742-2350	krejca_christine@asdk12.org



School Needs Assessment
For use with Alaska STEPP

School Name: Whaley Center

Date: Nov. 01, 2013

This needs assessment is designed to be used to assist a school in determining areas of greatest need in order to focus on the most appropriate indicators in the six domains of the Alaska's Effective Schools Framework for the school improvement plan. This needs assessment also fills the requirement for use for a Title I Schoolwide Plan which must include needs of the entire school and including all subgroups of students represented in the school, including migrant students, in relation to achieving the academic content standards.

1. Sources of Data

Please check all sources of data that were used in developing this needs assessment.

Check if used	Data Description	Specific data					
		Subject	Group	% Proficient	School Target	State Target	School or State Target Met
X	State content assessments in reading, writing and math, including comparison with AMO targets (RDG, WRT, MTH) 2013 SBA "SBA/HSGQE RESULTS"	Reading	School Total	39.1%	54.7%	81.8%	N
		Reading	African American	n/a	n/a	76.3%	n/a
		Reading	AKNA/AMIN	42.9%	51.5%	62.4%	N
		Reading	Asian	n/a	n/a	78.3%	n/a
		Reading	Caucasian	47.8%	65.0%	90.9%	N
		Reading	Hispanic	42.9%	47.7%	81.9%	N
		Reading	Two or More Races	33.3%	60.7%	83.9%	N
		Reading	EDS	30.5%	44.5%	71.5%	N
		Reading	SWD	31.7%	45.8%	48.7%	N
		Reading	LEP	n/a	n/a	37.1%	n/a
		Writing	School Total	31.5%	50.8%	76.4%	N
		Writing	African American	n/a	n/a	70.1%	n/a
		Writing	AKNA/AMIN	29.4%	59.3%	55.4%	N
		Writing	Asian	n/a	n/a	75.4%	n/a
		Writing	Caucasian	40.9%	54.2%	86.0%	N
		Writing	Hispanic	n/a	42.7%	77.1%	n/a
		Writing	Two or More Races	21.4%	47.7%	78.6%	N
		Writing	EDS	25.4%	43.1%	65.2%	N
		Writing	SWD	25.0%	42.2%	43.4%	N
		Writing	LEP	n/a	49.0%	33.3%	n/a
		Math	School Total	40.0%	45.2%	71.2%	N
		Math	African American	37.5%	n/a	58.2%	N
		Math	AKNA/AMIN	53.3%	51.5%	52.9%	Y
		Math	Asian	n/a	n/a	70.6%	n/a
		Math	Caucasian	40.9%	41.7%	80.5%	N
		Math	Hispanic	n/a	47.7%	69.1%	n/a
		Math	Two or More Races	38.5%	60.7%	72.7%	N
		Math	EDS	36.7%	41.7%	60.0%	N
		Math	SWD	36.1%	40.8%	37.9%	N
		Math	LEP	n/a	49.0%	32.8%	n/a
X	Participation rate in state assessments (PART) 2013 SBA	<u># Enrolled</u>	<u># Tested</u>	<u>Participation Rate</u>	<u>Target</u>	<u>Target Met</u>	
	"SBA/HSGQE Participation Rates"	222	168	75.7%	95.0%	N	
	Alaska School Performance Index (ASPI) data on school progress	<u>All</u>	<u>AK Native</u>	<u>K-8 - Growth Econ. Dis.</u>	<u>w/Disability</u>	<u>LEP</u>	<u>Target</u>
		82.21	n/a	81.64	82.38	n/a	100

	2013 SBA	9-12 - Growth					LEP n/a	Target 100
		All 71.6	AK Native n/a	Econ. Dis. 63.16	w/Disability 63.16			
	Universal screening assessments (specify name of assessments, grade levels and subjects used) AIMSWEB SPRING 2013	<u>Grade</u> K	<u>Test</u> LSF	<u>% Proficient</u> *	<u>Target</u> 6.3%	<u>Target Met</u> Y		
		1	R-CBM	*	15.6%	Y		
		2	R-CBM	*	37.4%	Y		
		3	R-CBM	n/a	n/a	n/a		
		4	R-CBM	n/a	n/a	n/a		
	Other school or district assessment data							
	English language proficiency assessment data (ELP) 2013 ACCESS	<u>School's Avg. Annual Growth</u> no data		<u>Target</u> 0.5	<u>Target Met</u> n/a			
X	Graduation rate data (GRAD) 2013 ASPI "Academic Records/HSGQE results"	<u>Co Hort</u> 4 yr	<u>Grad. Rate Act.</u> 2.3%		<u>Target</u> 13.0%	<u>Target Met</u> N		
		5 yr	5.2%		15.9%	N		
X	Dropout rate data 12-13 DESTINATION 2020 "Enrollment data"	<u>Actual</u> 6.6%		<u>Target</u> 21.4%	<u>Target Met</u> Y			
	College & Career Ready data from ASPI (CCR) 2013 ASPI	<u>Actual Pts.</u> 35.18	<u>Gold Target</u> 100	<u>Silver Target</u> 93	<u>Bronze Target</u> 80			
X	Attendance rate data (ATT) 2013 ASPI "Attendance data"		<u>K-8</u> 82.2%		<u>9-12</u> 91.2%			
X	Behavioral data (BHVR) "Office Referrals"							
X	School demographic data "Enrollment data"							
	Other (describe)							
	Other (describe)							

2. Areas of Need

After analyzing the school data, in the chart below, for each student group, indicate with a YES or other notation such as a grade span, such as HS or K-5, if the specified area is a need at the school for all students or for one or more subgroups of students.

NEED AREA	RDG	WRT	MTH	PART	GRAD	ATT	CCR	BHVR	ELP	Other:
Student Group										
All students	YES	YES	YES	YES	YES	YES		YES		
Alaska Native/ American Indian										
Students with Disabilities										

English Learners (LEP)										
Economically Disadvantaged										
Migrant students										
Other group:										
Other group:										
Other group:										

3. Goals

The following goals will be assumed for each school.

- 1) The school will meet its AMO targets in reading, writing, and math for all students and for each of the following subgroups with 5 or more members – all ethnic/racial subgroups (Caucasian, Alaska Native/American Indian, African American, Asian/Pacific Islander, Hispanic, Two or more races), economically disadvantaged students, students with disabilities, and limited English proficient students. The AMO targets are designed to reduce by 1/2 over a six year period the percent of students not proficient in reading, writing and math.
- 2) The school will meet the participation rate target of 95% in the reading, writing and math state assessments.
- 3) The school will meet the graduation rate target of 90% for all students and for each of the subgroups defined above, for schools that have 12th graders.
- 4) The school will meet the attendance rate target of 95% for all students and for each of the subgroups defined above.
- 5) If the school has 5 or more limited English proficient students, the school will meet the targets for the LEP students for making progress and attaining proficiency in learning English.

For any other areas of need identified in the chart above, the school should set a SMART (Specific, Measurable, Attainable, Realistic, Time-Bound) goal.

Examples:

- *"By the end of the 2013/2014 school year, the percent of non-proficient migrant students in reading will decrease by 3%."*
- *"By the end of the 2013/2014 school year, the percent of discipline referrals to the school office will decrease by 10%."*
- *"By the end of the 2013/2014 school year, 85% of the 12th graders that take the ACT or SAT or WorkKeys will earn a score that qualifies for points on the ASPI College and Career Ready indicator."*

Complete additional SMART goals in as many areas of need that are identified through the data analysis.

Area of Need	Goal

4. Alaska STEPP Domains and Indicators

Based on the areas of need identified above, select at least one key indicator from each domain. Selected indicators will be addressed in the school improvement plan.

Domain 3.0 Instruction – There is evidence that effective and varied instructional strategies are used in all classrooms to meet the needs of each student.

(X) at least one key indicator

3.02 A coherent, written, school-wide plan to help low performing students become proficient has been implemented.

3.03 The use of research-based instructional practices and programs guides planning and teaching.

3.04 Teachers regularly measure the effectiveness of instruction using formative assessment.

Domain 4.0 Supportive Learning Environment – There is evidence that school culture and climate provide a safe, orderly environment conducive to learning.

(X) at least one key indicator

4.03 School-wide behavior standards are communicated by staff and are achieved by students.

4.05 Extended learning opportunities are made available and utilized by students in need of additional support.

4.06 The school and classroom environments reflect cultural awareness and understanding of cultural values of the students and community.

4.07 Staff communicates effectively with parents about learning expectations, student progress, and ways to reinforce learning at home.

4.08 Staff communicates with parents and community members to inform them about school priorities and to invite their participation.

Domain 5.0 Professional Development – There is evidence that professional development is based on data and reflects the needs of students, schools, and the district.

(X) at least one key indicator

5.01 Student achievement data are a primary factor in determining professional development priorities.

5.03 Professional development is embedded into the daily routines and practices of school staff.

Target Completion Date: 12/11/2013

Frequency: monthly

Comments:

2. Focus on district curriculum, devise engaging lessons and assessment to show progress.

Assigned to: Lyndsay Hamachek

Added date: 11/15/2013

Target Completion Date: 12/11/2013

Frequency: weekly

Comments:

3. Regularly visit behavior plans in order to create a successful learning environment for each student.

Assigned to: Lyndsay Hamachek

Added date: 11/15/2013

Target Completion Date: 12/05/2013

Frequency: weekly

Comments:

Implement Percent Task Complete: 0%

Supportive Learning Environment

Indicator 4.03 - School-wide behavior standards are communicated by staff and are achieved by students. (344)

Status Tasks completed: 0 of 3 (0%)

Rubric Score: 2

Assess Level of Development: Initial: Limited Development 11/15/2013

Index: 3 (Priority Score x Opportunity Score)

Priority Score: 3 (3 - highest, 2 - medium, 1 - lowest)

Opportunity Score: 1 (3 - relatively easy to address, 2 - accomplished within current policy and budget conditions, 1 - requires changes in current policy and budget conditions)

Describe current level of development: As individuals, teachers and staff members currently have behavioral standards that they communicate to students. With continued and extensive professional development, teachers and staff can come to an agreement, speak the same language, and work together to create cohesive standards necessary for the success of all students.

Plan Assigned to: Lyndsay Hamachek

How it will look when fully met: Currently, our team is working on an electronic database to see trends in behaviors, as well as devise plans for students with specific behaviors. This data base will be shared with the planning team to help tweak and gain better understanding of behavior modification towards those specific behaviors. During our regularly monthly meetings we will visit data taking strategies so that the team can share them with the rest of the staff in order to successfully implement those strategies that work for student success and engagement.

Target Date: 05/21/2015

Tasks:

1. Revisit the new engagement data taking system.

Assigned to: Dayna Durr

Added date: 11/15/2013

Target Completion Date: 12/11/2013

Frequency: weekly

Comments:

2. Create a system of behavior tracking that is student specific to better understand the patterns of behavior with each individual.

Assigned to: Lyndsay Hamachek

Added date: 11/15/2013

Target Completion Date: 12/11/2013

Frequency: weekly

Comments:

3. Offer professional development to staff twice a week pertaining to data taking and behavior modification.

Assigned to: Robyn Harris
Added date: 11/15/2013
Target Completion Date: 12/11/2013
Frequency: twice monthly
Comments:

Implement Percent Task Complete: 0%

Indicator 4.07 - Staff communicates effectively with parents about learning expectations, student progress, and ways to reinforce learning at home. (348)

Status Tasks completed: 0 of 3 (0%)

Rubric Score: 2

Assess Level of Development: Initial: Limited Development 11/15/2013

Index: 9 (Priority Score x Opportunity Score)

Priority Score: 3 (3 - highest, 2 - medium, 1 - lowest)

Opportunity Score: 3 (3 - relatively easy to address, 2 - accomplished within current policy and budget conditions, 1 - requires changes in current policy and budget conditions)

Describe current level of development: Currently progress reports are sent home during the 4th week of each quarter and then the end of each quarter.

Plan Assigned to: Dayna Durr

How it will look when fully met: Staff will begin making weekly phone calls to the parents of their caseload students. A newsletter will be created monthly and placed up on our website for parents to access, and will be emailed and sent home with students. This newsletter will have the teachers direct contacts and their "office hours" available for conferences. Supplemental information will be added to the newsletter in order to connect school to home. A log will be kept by each teacher and they will turn them in with their lesson plans each week. Weekly progress reports will be printed and sent home to parents to show progress.

Target Date: 12/02/2013

Tasks:

1. Staff will add to the newsletter items

Assigned to: Lyndsay Hamachek
Added date: 11/15/2013
Target Completion Date: 12/02/2013
Frequency: monthly
Comments:

2. Teachers will send weekly progress home to parents

Assigned to: Lyndsay Hamachek
Added date: 11/15/2013

Target Completion Date: 12/06/2013

Frequency: weekly

Comments:

3. Staff will connect with parents/guardians on their caseload once a week. A log will be used to assess this task

Assigned to: Lyndsay Hamachek

Added date: 11/15/2013

Target Completion Date: 12/06/2013

Frequency: weekly

Comments:

Implement Percent Task Complete: 0%

Professional Development

Indicator 5.01 - Student achievement data are a primary factor in determining professional development priorities. (350)

Status Tasks completed: 0 of 3 (0%)

Rubric Score: 1

Assess Level of Development: Initial: No development or Implementation 11/15/2013
Will include in plan

Index: 3 (Priority Score x Opportunity Score)

Priority Score: 3 (3 - highest, 2 - medium, 1 - lowest)

Opportunity Score: 1 (3 - relatively easy to address, 2 - accomplished within current policy and budget conditions, 1 - requires changes in current policy and budget conditions)

Describe current level of development: Currently teachers reflect on the data and input of students through assessment and in their daily grading. However, as a whole, the school needs to address this data so that they understand the depth and level of support our students need in order to create meaningful professional development opportunities.

Plan Assigned to: Robyn Harris

How it will look when fully met: Professional development opportunities will be developed to glean a better understanding of our student proficiency or non-proficiency rates. Daily grading and classroom assessments alone are not enough information as to the students ability. Drilling down on the student data from the SBA's and HSGQE tests will be used to create discussion and implementation of new strategies for student academic success. Regular insights of this data will help drive the curriculum taught within the classrooms on a daily basis.

Target Date: 12/11/2015

Tasks:

1. Meet regularly to view the data for the SBA and HSGQE data

Assigned to: Robyn Harris
Added date: 11/15/2013
Target Completion Date: 12/11/2013
Frequency: weekly
Comments:

2. Drill down on SBA and HSGQE data to see where student weaknesses and strengths lie

Assigned to: Robyn Harris
Added date: 11/15/2013
Target Completion Date: 12/11/2013
Frequency: weekly
Comments:

3. Bi-monthly professional development meetings will be held surrounding student achievement, academic scores, and student engagement.

Assigned to: Robyn Harris
Added date: 11/15/2013
Target Completion Date: 12/11/2013
Frequency: twice monthly
Comments:

Implement Percent Task Complete: 0%

Indicator	5.03 - Professional development is embedded into the daily routines and practices of school staff. (353)	
Status	Tasks completed: 0 of 3 (0%)	
	Rubric Score:	1
Assess	Level of Development:	Initial: No development or Implementation 11/15/2013 Will include in plan
	Index:	3 (Priority Score x Opportunity Score)
	Priority Score:	3 (3 - highest, 2 - medium, 1 - lowest)
	Opportunity Score:	1 (3 - relatively easy to address, 2 - accomplished within current policy and budget conditions, 1 - requires changes in current policy and budget conditions)
	Describe current level of development:	Teachers use their professional development on a daily basis but as a team do not work to implement those practices fluidly.
Plan	Assigned to:	Robyn Harris
	How it will look when fully met:	Teachers will create a professional learning community where they discuss student achievement, student behavior, student data and student success. This information discussed will then be transposed into the classroom using engagement strategies, aligned curriculum, and increased behavior modification. This objective will be ongoing, and with turnover in teachers may never fully be met, however, will be regularly implemented.
	Target Date:	05/21/2015
	Tasks:	
	1. Team meetings held each day	
	Assigned to:	Lyndsay Hamachek
	Added date:	11/15/2013
	Target Completion Date:	11/15/2013
	Frequency:	daily
	Comments:	
	2. Teacher meetings held each week	
	Assigned to:	Lyndsay Hamachek
	Added date:	11/15/2013
	Target Completion Date:	11/18/2013
	Frequency:	weekly
	Comments:	
	3. Staff meetings held each month	
	Assigned to:	Robyn Harris
	Added date:	11/15/2013
	Target Completion Date:	12/11/2013
	Frequency:	monthly

Comments:

Implement Percent Task Complete: 0%

Janet Ogan

From: Tom Boutin <b0utin@alaska.net>
Sent: Monday, March 16, 2015 9:35 AM
To: Rep. Wes Keller; Janet Ogan
Subject: University

Good morning,

Hearing parts of your hearing with the University of Alaska this morning I remembered mentioning the University of New Hampshire in an email sent to a few people earlier this year regarding state fiscal matters. The conversation in your hearing this morning prompted me to forward that earlier email to you. Have a great day and a fine week. Thank you for all your hard work for Alaska.

Tom Boutin
Juneau

From: Tom Boutin [mailto:b0utin@alaska.net]
Sent: Tuesday, January 27, 2015 10:44 AM
To: ;
Subject: state income tax information

Good morning,

Over the past several weeks I have heard a number of people say during presentations that Alaska is the only state without a sales tax or an income tax - sometimes called a broad-based tax. That is not true. The State of New Hampshire has none, and in fact is the only state that has never had either. New Hampshire has a small tax on certain interest and dividends, and that may be considered by some to be an income tax. However, that tax amounts to only 4% (estimated at 98 million dollars in 2015) of all State of New Hampshire unrestricted revenues and therefore can hardly be considered a broad-based tax.

<http://www.nh.gov/transparentnh/where-the-money-comes-from/>

How New Hampshire survives without a broad-based tax or petroleum revenues (or anything similar to petroleum revenues) is not immediately evident. New Hampshire has about 1.4 million people. Total FY2015 state unrestricted revenue is estimated at \$2.2 billion. Total unrestricted and restricted revenue is estimated to be about \$5.4 billion. According to some charts on the Internet, New Hampshire had the lowest 2014 poverty rate in the United States, a rate about one-half that of Alaska, and the highest level of work force participation.

New Hampshire's state support of education is the lowest in the United States by some measures found on a Google search, but it ranked 11th in combined SAT and ACT scores in 2013 (Alaska was 32nd) and was in the top 3 or 4 in test participation rate.

The University of New Hampshire has 12,342 full-time undergraduate students. In-state tuition is \$16,496 per year, and out-of-state tuition is \$29,216, and both are by some measures the highest in the US for a state

university (or a state land grant university). State support of the University of New Hampshire is only 6% of university income, which is claimed by the school administration to be the lowest support rate in the US.

As Alaska government looks for ways to survive a period of reduced petroleum revenues there may be recommendations to consider new broad-based taxes. I think it is worth knowing that at least one other state eschews sales and personal income taxes, and so far as can be learned on the Internet its residents seem to survive despite less robust government.

Tom Boutin

Juneau



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March 15, 2016

House Education Committee
State Capitol Building, Room 106
Juneau, AK 99801-1182

Honorable Members of House Education:

Thank you for the opportunity to provide information to the House Education Committee that has not yet been presented in your review of HB 102, Residential Psychiatric Treatment Center Funding, based on your latest work draft version S.

The Anchorage School District is committed to working collaboratively with other organizations for the benefit of our students. We have enjoyed strong partnerships with Providence Hospital, Alaska Psychiatric Institute, Alaska Child and Family, Volunteers of America and Office of Children Services to name a few. Through collaboration with clinical care providers, we have continued to increase our educational services and supports for our children with the most complex mental health and behavioral needs.

The Anchorage School District agrees with most of the legislative findings set forth at Section 1 of this bill. Students admitted to residential treatment facilities are entitled to educational services and those services should not be compromised by virtue of the fact that a student needs psychiatric treatment.

Where ASD disagrees is with paragraph (3) of Section 1, which provides that a treatment center, in some instances, is able to provide more effective educational services to a student than a school district can provide. Additionally, ASD disagrees with paragraph (7) that there is a demonstrated need to provide uniform requirements to allow school boards to enter into contracts for treatment centers to provide educational services.

School districts exist to meet the educational needs of students. That is their primary role. ASD is unaware of any statistics or anecdotal information supporting the premise that psychiatric treatment centers are more able to provide educational services to students than the public school district.

ASD believes that a strong working relationship with these treatment centers is critical so that the corresponding needs of students for education and treatment can be accomplished. However, ASD also believes that this bill is not premised upon a need of students; but rather, upon a desire of certain private treatment centers to take over educational services at public expense. For this reason and others, ASD does not support HB 102.

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Elisa Snelling

Superintendent Ed Graff

The Anchorage School District has several psychiatric treatment facilities within its geographical boundaries. Under current law, ASD is obligated to and does serve all students who are admitted to these treatment facilities, regardless of whether they are ASD students or students from other Alaska school districts. These current laws include both state law (AS 14.30.186, AS 14.30.340, and AS 14.14.090) and federal law (34 CFR 300.323).

Because of the presence of treatment facilities in Anchorage, ASD serves a large number of Alaskan students who are in need of residential psychiatric treatment. For decades, ASD has met the general education and special education needs of these Alaskan students and intends to continue doing so. ASD provides direct instructional support to students through qualified teachers, administrators, and support personnel. In Anchorage, where most students are served, there is not a need for residential treatment centers to provide educational services, nor does ASD agree that such a center can provide more “effective” educational services.

HB 102 has been compared to the charter school laws. The “contract” provided for in HB 102 is comparable to the charter school application required to be submitted by charter school applicants. There is an important difference, however. Charter schools are *public schools*. They are not private treatment centers.

Additionally, the charter school laws allow public school districts to carefully consider the need for an educational program like that proposed by the charter school applicant. Under the law, the School Board has broad authority and discretion to approve or deny a charter school contract. Unlike the charter school laws, HB 102 removes all discretion from school boards because it *requires* a school district to execute a contract so long as the contract meets the requirements of the law. (“A school board *shall* enter into a contract to provide payments to a residential psychiatric treatment center...” HB 102, Section 2)

ASD believes that HB 102 is unconstitutional. Article VII of the Alaska Constitution prohibits the expenditure of public funds for the direct benefit of a private educational institution. The Alaska Supreme Court has stated that “the direct benefit prohibition involves government aid to *education* conducted outside the public schools.” *Sheldon Jackson v. State*, 599 P.2d 127, 130 (Alaska 1979). HB 102 does exactly what *Sheldon Jackson v. State* prohibits – it establishes a system of education to be provided by a private organization.

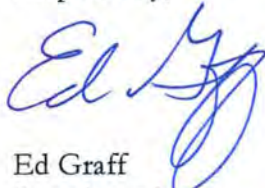
The fact that the private entities at issue also provide treatment services does not mean that the educational services they provide can be supported with public funds. There's been some testimony that by providing ancillary services these treatment centers may not run afoul of the Constitution. This is not accurate. Even if non-educational services are provided, these private treatment centers would still be accepting public funds for providing educational services. The “contract” requirements of HB 102 are designed to ensure that the educational services comply with the same requirements in existence for public schools.

The Alaska Supreme Court has also found that even indirect support of private schools (such as providing bus transportation to students) violates Alaska's constitutional prohibition of using public funds for private education. *Matthews v. Quinton*, 362 P.2d 932 (Alaska 1961). Here, HB 102 provides for direct payment of a local school district's educational funds to a private treatment center for the sole purpose of allowing that private center to provide educational services to students.

Finally, ASD believes the appeal process provided for in HB 102 is inappropriate. The proposed law provides a private vendor with a statutory right to appeal the district's decision to the Commissioner and the State Board of Education. No other private vendor is afforded this type of appeal in Alaska's system of public education. This represents yet another example of how public funds will be expended to support private institutions.

Thank you to members of the committee for your consideration of our written comments about HB 102. We would welcome and appreciate an opportunity to address the committee and describe in further detail our program to support students in treatment facilities, our record of success meeting these students where they are and keeping them on track to meet their educational goals, and our commitment to serving these students now and into the future.

Respectfully,



Ed Graff
Superintendent

cc: Anchorage School Board
Michael Graham, Chief Academic Officer
Linda Carlson, Assistant Superintendent for Instructional Services
Sue Doherty, Principal for Special Schools



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March 17, 2016

House Education Committee
State Capitol Building, Room 106
Juneau, AK 99801-1182

Honorable Members of House Education:

The Anchorage School District appreciated the opportunity to provide testimony on HB 102, Residential Psychiatric Treatment Center Funding, before you yesterday. In response to questions and comments made by committee members, ASD would like to address the progress made to date on developing a productive, collaborative partnership with North Star Behavior Health System (NSBHS) in Anchorage.

In order to support students in psychiatric treatment and provide educational services at NSBHS in Anchorage, ongoing conversations with the local Educational Director and the Vice President of Specialty Education of United Health Services of Delaware, Inc. have occurred and resulted in the following improvements:

1. Updated registration process with current ASD enrollment packet;
2. Enhanced communication with parents of students in psychiatric treatment at enrollment including personal calls by the transitional counselor to ensure appropriate course placement, IEP goals are addressed, and accurate contact information is shared;
3. Facilitated communication with parent or guardian and the receiving school to discuss transition plans upon student discharge;
4. Scheduled weekly meeting between ASD Counselor and NSBHS clinicians;
5. Purchased and installed technology upgrades by ASD for NSBHS facility:
 - a. 92 new computers
 - b. Ten Radio controllers
 - c. Complete reinstallation of an Anchorage School District wireless network;
6. Increased staffing:
 - a. Sue Doherty was recently named as Principal of Special Schools upon the death of Jerry Koetje in December. Ms. Doherty has thirty years of special education experience as a resource teacher, transition specialist, department chair, supervisor of special education, and an administrator. Most recently, she served as an assistant principal at a comprehensive high school transitioning students from residential treatment facilities back to their neighborhood school programs.
 - b. Transition Counselor position increased from .5 FTE (half time) to 1.0 FTE (full time)
 - c. Teacher positions increased from 6 FTE to 10 FTE;

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Superintendent Ed Graff

7. Created Special Schools Office in ASD Education Center as home base for ASD Special Schools Principal and non-teaching staff;
8. Scheduled and conducted monthly staff meetings with Special Schools personnel;
9. Conducted daily site visits to NSBHS by the principal, counselor or special education department chair;
10. Increased communications between ASD Special Schools Principal and the hospital staff;
11. Established weekly meeting between the NSBHS Education Director and ASD Special Schools Principal;
12. Affirmed all teachers are "Highly Qualified" in relevant core areas of instruction;
13. Increased instructional day for acute care students from a half-day to full day program at the request of the NSBHS Director;
14. Established regular progress meetings with NSBHS staff Mike Lyons and Evelyn Alsup, and ASD staff Mike Henry, Executive Director of Secondary Education and Sue Doherty, Special Schools Principal;
15. Scheduled quarterly progress meetings with NSBHS staff Mike Lyons and Evelyn Alsup, and ASD staff Mike Graham, Chief Academic Officer, Linda Carlson, Assistant Superintendent for Instructional Support, Mike Henry, Executive Director, Secondary Education and Sue Doherty, Special Schools Principal;
16. Addressed reported staff shortages experienced by North Star Behavioral Health System that result in relocation of classrooms and increased class sizes, without prior notice and on any given day, by remaining flexible and committed to serving our students.

In addition, ASD has responded to a list of priority areas in need provided by NSBHS in December of 2015. Because we are committed to serving all students and enhancing our services through communication and collaboration with community providers, we have accommodated every request made by North Star Behavioral Health System through United Health Services of Delaware, Inc.

The Anchorage School District enjoys strong partnerships with Providence Hospital, Alaska Psychiatric Institute, Alaska Child and Family, Volunteers of America and Office of Children Services to name a few. Through cooperative engagement with clinical care providers, we have continued to increase our educational services and supports for our children with the most complex mental health and behavioral needs.

Anchorage School District is providing a supportive educational program for students with acute challenges. ASD disagrees with the premise that a treatment center is able to provide more effective educational services to a student than a school district can provide. School districts are in the best position to provide high quality public educational services.

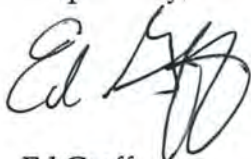
Given all that has been accomplished in providing comparable general and special educational services to students in psychiatric treatment, we believe this bill is unnecessary legislation and could negatively impact the school district's ability to support our special needs students. As noted during the meeting, the bill raises concerns about accountability under IDEA, a highly litigious area, opening the door for future conflicts.

HB 102 has been compared to the charter school laws. Charter schools are *public schools*. They are not private treatment centers. HB 102 abrogates the local control of school boards to determine the need for educational programs and circumvents school board authority and discretion for approving or denying a charter school contract. HB 102 removes all discretion from school boards because it *requires* a school district to execute a contract so long as the contract meets the requirements of the law.

HB 102 has far-reaching implications for districts across Alaska. ASD has consistently expressed concerns about HB 102. The Anchorage School District cannot support HB 102 because districts will not maintain control over the quality of education delivered, there is potential for conflict over accountability under IDEA a highly litigious area, and the bill strips local school boards of the authority to determine what educational programs are needed in their districts.

For decades, ASD has met the general education and special education needs of Alaskan students in need of residential psychiatric treatment and intends to continue doing so. We appreciate the opportunity to share these accomplishments and express our concerns relative to HB 102.

Respectfully,

A handwritten signature in black ink, appearing to read 'Ed Graff', written over a white background.

Ed Graff
Superintendent

Michael T. Graham
Chief Academic Officer

Linda Carlson
Assistant Superintendent for Instructional Support

Sue Doherty
Principal for Special Schools



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March 18, 2016

House Education Committee
State Capitol Building, Room 106
Juneau, AK 99801-1182

Honorable Members of House Education:

The Anchorage School District appreciates the opportunity to provide comments and concerns regarding amendment S1, provided to us by Representative Talerico, on HB 102, Residential Psychiatric Treatment Center Funding.

Amendment S1 raises a number of concerns for ASD:

- 1) Granting discretion regarding contract terms would allow residential treatment centers to avoid compliance with critical program requirements that help ensure that the educational program provided to students is appropriate and in compliance with law.
- 2) This language would permit negotiation between providers and school districts that could limit the scope and quality of educational services in order to provide those services at a lower cost, resulting in detrimental impacts on students.
- 3) This amendment has the potential to result in wide variation within the state of the quality and comprehensiveness of educational programs being offered by residential treatment centers.
- 4) The amendment does not address the fundamental flaw with HB 102, that it abrogates the local control of school boards to determine the need for educational programs and circumvents school board authority and discretion in approving contracts.
- 5) This amendment reinforces the premise of HB 102 that grants ultimate control regarding educational services to students in residential facilities to the private residential treatment centers. School districts must negotiate and enter into contracts for any treatment center that is "seeking funding."

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- 6) A district like ASD that has been effectively serving residentially-placed students for decades must cede its right and obligation to do so upon a demand by a private provider that is accompanied by a compliant contract. No demonstration of actual need for that provider to provide the educational services, or demonstration of benefit to students in doing so, is required.
- 7) Because the amendment has not granted districts local decision-making authority regarding whether or not to enter into these contracts, all of ASD's prior concerns remain.
- 8) The Anchorage School District cannot support HB 102 because districts will not maintain control over the quality of education delivered, there is potential for conflict over accountability under IDEA -- a highly litigious area, and the bill strips local school boards of the authority to determine how educational programs are to be provided in their districts.

HB 102 has far reaching implications for districts across Alaska. ASD urges the House Education Committee to examine written comments and prior testimony from other Alaska districts that have expressed similar concerns with this legislation. Mandatory contracting requirements imposed on school boards do not represent a good investment of Alaska's education dollars, especially where private residential treatment centers are not proven to provide more effective educational services.

Respectfully,



Ed Graff
Superintendent

Michael T. Graham
Chief Academic Officer

Linda Carlson
Assistant Superintendent for Instructional Support

Sue Doherty
Principal for Special Schools



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March 19, 2015

Representative Wes Keller
Alaska House of Representatives
Alaska Capitol
Juneau, AK 99801

Dear Chairman Keller:

HB 102 is before the House Education Committee tomorrow. We understand there have been questions from Committee members regarding Anchorage School District's (ASD) programs supporting students in residential treatment facilities. We appreciate the opportunity to present information to the Committee on this subject.

The Anchorage School District provides educational programs to students admitted to eight long and short-term residential treatment centers. Students are primarily referred for placement in these community locations by outside agencies, parents, Office of Children's Services or Department of Juvenile Justice. Some of the students in the residential treatment centers reside in Anchorage and attended ASD schools, while others come from other Alaska communities. The students in the residential programs are admitted for many reasons, but most are in crisis and are having significant behavioral concerns thus presenting a unique and challenging educational task. The average stay for a short-term placement is about 30 days. In the long-term facilities, students stay up to a year or more.

Currently, there are 181 students among the eight programs with 40-50 identified as students with disabilities. Most of the educational support that ASD provides for these students is incorporated in a program called Special Schools. This is a program within the larger Whaley Center program that supports several hundred other students, most with IEPs, at other ASD facilities. The Special Schools staff is made up of fourteen ASD teacher positions and seven ASD teacher assistant positions. In addition, the Special Schools program draws administrative, instructional and technical support from the Whaley Center, districtwide ASD special education resources and ASD program leadership. Teachers assigned to Special Schools meet the same certification requirements as regular and special education teachers in other schools within the district.

ASD students admitted to an Anchorage residential program are dually enrolled in their current ASD school and the residential program. Students arriving from out of district are immediately enrolled into ASD. The ASD teacher contacts the student's resident district/sending school to share and receive information about the student's educational needs. Students with disabilities in short term facilities continue to have their IEP case-managed and monitored by their neighborhood school in cooperation with the Special Schools staff. This insures consistency for

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Natasha von Imhof

Superintendent Ed Graff

their continued education once they are released from residential treatment. Students in the long-term facilities have their IEPs case managed by the ASD special education teachers on staff.

In all cases, the students' health and well-being is the number one ASD priority. Instructional activity is tailored to the treatment needs of each student. With that priority in mind, regular and special education instruction is provided for grades K-12. Instruction is presented in a variety of ways including individual, small group, and computer-based instruction. Credit courses are available through APEX for secondary students, allowing them to continue their academic studies and receive credits toward graduation. Current educational practices include direct instruction, supplemental materials including Skills Tutor, Achieve 3000, and other texts that support instruction, as well on-line courses through APEX. In addition, replacement assignments are made available to students who may need their work accommodated or modified to support their learning. Students may also be transported to another ASD school for some or all of their instruction.

An important component to educational success for students in residential facilities is the coordination, collaboration and cooperation between ASD and the residential treatment programs. All ASD staff assigned to Special Schools are expected to collaborate with facility staff to plan and execute the educational support for students at those facilities. This effort is led by the Special Schools department chair who visits each facility regularly to support staff, obtain resources and resolve concerns.

As we strive to improve outcomes for students, we understand the unique challenges of supporting students in residential programs while maintaining high expectations for rigor and integrity. To this end, the district is continuing collaborative conversations with the residential treatment facilities and reviewing both our academic and social emotional learning programs for students. The district is committed to working with each program to positively impact student learning and impact outcomes.

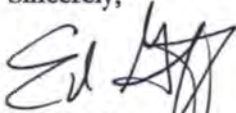
Some specific targets for the coming year include increasing communication between residential treatment programs' administration, liaisons and ASD administration. By establishing a regular meeting schedule for the year to include quarterly meetings between ASD and special school administration, educational programming, staffing and professional development opportunities, as well as issues around curriculum materials and instructional practices could be discussed and addressed collaboratively.

Another focus area would be to review our current model of support to enhance delivery through direct instruction in the content areas while infusing social emotional learning skills. Joint meetings with ASD teaching staff and residential support staff would also be held to provide opportunities for professional development around this model. Increasing our emphasis on direct instruction when appropriate and monitoring students' learning more closely would be a widely held expectation.

By working together in these areas, we can provide educational programming that meets students where they are, keeps them on track, and insures continuity with the programming that they will be transitioned back to in their neighborhood school.

We appreciate the opportunity to describe our program to support students in residential treatment facilities. Please feel free to contact me or ASD Chief Academic Officer Mike Graham if you have any questions regarding these programs.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ed Graff', with a large, stylized flourish extending from the end of the name.

Ed Graff
Superintendent

cc: Members, House Education Committee
Commissioner Mike Hanley



WRITTEN TESTIMONY OF THE DISABILITY LAW CENTER OF ALASKA
HOUSE FINANCE COMMITTEE
APRIL 2, 2016

RE: HB 102 An Act Relating to Education in Residential Psychiatric Treatment Centers

Good Morning Chairman Neuman, Chairman Thompson, and Members of the House Finance Committee.

ANCHORAGE

3330 Arctic Boulevard
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1-800-478-1234
www.dlcak.org

The Disability Law Center of Alaska thanks you for the opportunity to comment on HB 102, proposed legislation that seeks to improve the educational programming for students in residential psychiatric treatment centers in Alaska. In general, any considered effort that seeks to improve educational programming for students is a worthy effort. Unfortunately, based on our collective experience and a preliminary review of the facts and the law, HB 102 is not likely to have the intended effect of improving educational programming for students in residential psychiatric treatment centers.

The Disability Law Center is the State's designated Protection and Advocacy system for people who experience a disability. Incorporated in 1977, our mission is to vigorously enforce and advance the rights and interests of people with disabilities.

PROBLEMS WITH HB 102

The Facts

Perhaps the most troubling aspect of this legislation is the absence of a well-defined problem. HB 102 proposes to redirect scarce public education funding from local school districts to private institutions to solve a problem that has been almost exclusively defined by those who stand to gain or lose financially from the passage of this bill. Can the delivery of educational services to students in residential settings be improved? Without question. Is this current problem so dire that the only solution is the drastic redirection of public funding into private hands? No.

Every year the Disability Law Center of Alaska (DLC) assists approximately two hundred students and parents from across the state in securing appropriate educational programming as mandated by the Individuals with Disabilities Education Act (IDEA). Many if not most of these requests for assistance involve students whose behavioral health problems are interfering with their education. Generally, the relief sought by the student/parent is to maintain their placement in the least restrictive environment with appropriate supports and services. Events

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NETWORK

triggering contact with us include the restraint or seclusion of the student in school, the suspension or expulsion of the student, the harassment of the student by peers or staff, or a district's referral of a student to a special school or institutional care. Over the course of the last several years, not a single parent has contacted us to complain about educational program deficiencies in a residential psychiatric treatment center.

Also informative in this regard is that DLC staff regularly works with agencies that, as part of their responsibilities, receive public complaints about problems with educational programming, such as the Governor's Council on Disabilities and Special Education, the Department of Education and Early Development, Stone Soup Group, and LINKS. Looking back through our records, none of these groups have identified educational programming in residential psychiatric treatment centers as a systemic issue or even as a significant issue within any particular center. In fact, the last such complaint filed with the Department of Education and Early Development was recorded in 2006 and it was filed by DLC.

Notwithstanding the fact that educational programming in residential psychiatric facilities can be improved, the dearth of complaints about educational services is not surprising. In 2004, in response to parent and guardian complaints, DLC contracted with an outside expert to conduct a review of treatment practices in North Star's acute care facility. The complaints we received focused on over medication, the use of restraints and seclusion, inappropriate discharge planning, allegations of abuse and neglect, and the provision of a safe treatment environment for patients. When questioned by DLC staff about parent/guardian concerns over educational programming, the expert noted that parents were not concerned about education services, rather were more focused on medication and treatment issues.

The concerns of parents/guardians from over a decade ago are echoed today in the calls we receive from parents and guardians of children in residential psychiatric treatment centers. Over the last several years, the dozen or so complaints received by DLC have focused on inadequate medical care, inappropriate touching by staff, and threats by staff to report parents/guardians to Office of Children Services. Our database shows no record of a parent or guardian contacting DLC to complain about the educational services in a residential psychiatric treatment center.

It is also instructive to note that DLC staff met with a North Star administrator in January of 2015. While a variety of topics were covered during this conversation, the issue of inadequate educational programming within their centers never came up.

It is against this backdrop of simply no parental/guardian complaints about educational services to any of the several agencies responsible to receive and act on those complaints that we view this current legislation. If parents, guardians and students are not complaining about the educational services in residential psychiatric treatment centers, then what problem(s) is this legislation supposed to resolve? Before thousands, if not hundreds of thousands of public dollars allocated for education are transferred to private institutions, there should be an effort to better understand the problem this legislation is supposed to address. Without this critical knowledge, how is it possible to conclude that a center can succeed where the local district is purportedly failing. Presently, in the absence of facts describing an education problem,

preferably from the perspectives of students and parents and including assessment data, HB 102 would appear to be no more than a transfer public funds to private hands with no discernable benefit to students.

The Law

In addition to our concerns over the absence of a clearly defined problem is the legal confusion created by HB 102. Our review of the proposed legislation within the context of Federal and State education law, primarily with respect to those laws governing the provision of special education to students with disabilities, is ongoing. Although the review continues, several initial questions became apparent.

- Why does HB 102 create a right to a free appropriate public education (FAPE) to students who are otherwise not eligible for special education? What educational purpose would that serve? FAPE is a right guaranteed under federal and state law to students eligible for special education and is term of art in special education law. And it should be noted that not all students in a residential psychiatric treatment centers are eligible for special education services. Regular education students do not need, nor are they entitled to, specialized instruction, modified curriculum, or individualized educational plans that address obstacles caused by disability; why would the state require those services for a student simply because they are admitted to a residential psychiatric facility?
- If the state will be establishing a new entitlement to FAPE for students not otherwise eligible for special education services, where will the funds come from to support those enhanced services? What procedural mechanisms will a parent follow to enforce this new right to FAPE for a non-special education student?
- Why does HB 102 align educational goals with therapeutic goals? Would that mean that a residential psychiatric facility could bill districts for therapy that is described by the center-based educational team as being integral to education? If residential psychiatric treatment centers are getting Medicaid dollars to provide clinical behavior/social skills therapy, and are also including behavior and social skills goals as part of an Individualized Educational Plan for which they are getting district funding, does that facilitate the billing of two sources for the same services? What protection or assurances would parents have that their student is getting the maximum cumulative benefit of both Medicaid and district education resources?
- Currently, several residential psychiatric treatment centers have residential students who are not in an acute crisis that attend public schools during the school day and return to the center after school is over. In the Individuals with Disabilities Education Act (IDEA), districts have an obligation to provide a FAPE in the least restrictive environment (LRE). The LRE is a term of law which means the setting (location) and placement (services) in which the student would be educated, but for the disability. It is defined more by the proximity to nondisabled peers, than by what we might

commonly think of as “restrictiveness”. If this legislation were enacted, would residential psychiatric treatment centers have a financial incentive to keep a student in the center’s educational program longer than is appropriate? Would a residential student who was not in an acute crisis be retained in the residential educational program, and so be denied of the right to placement in the LRE as guaranteed by the IDEA?

- The IDEA has specific timelines for providing parents with educational records, and the consequences for preventing parents from fully participating in the IEP process by not providing records are significant. Parents have the right to work samples and data collection sheets and progress notes, in advance of any meeting at which services will be discussed. Our office has had difficulty getting copies of treatment records from some centers in a timely manner. It is especially important that parents have complete information from the center because the student is not readily available for the parent to observe and communicate with. How will centers ensure that parents have access to the records and data that allow their full participation in the IEP development process that is anticipated by the IDEA?
- Under this HB 102, a school board must enter into a contract with a residential psychiatric treatment center if a student from the district is admitted there. If the center fails to provide services as described under the contract, for example, by not complying with the IDEA, the school board must continue to contract with that facility and the only recourse for the district’s board would be a lawsuit on the contract. Is a parent a third party beneficiary to that contract? If the student remains enrolled in their home district, as proposed, the family must file a due process hearing complaint against their home district for relief under the IDEA. In that scenario, all of the information regarding the alleged violations would be in the control of the residential psychiatric facility, who is not a party to the due process action. Would the hearing officer be able to compel the center employees to testify in a due process hearing? Would the hearing officer have authority to compel production of therapeutic clinical records (not educational records) if the district intended to rely on them in the hearing? Would parents have the right to prevent those records from being accessed? If there was simultaneous parallel litigation in civil court on the contract, would the parent’s right to a due process hearing be compromised by the fight between the district and the facility? Congress intended dispute resolution to be a parent-friendly process. Will HB 102 effectively require parents to hire a lawyer for every special education dispute, if only to navigate their third-party rights and whether administrative exhaustion is required? Does HB 102 create unnecessary uncertainty about legal relationships that are currently established under the IDEA?
- Alaska is a local control state. In Alaska, districts may adopt the state’s content and performance standards or may create their own that align with the state education standards. District educators develop their own curriculum plans based in part on

local cultural and local natural environments, and with consideration of the diverse needs of their student population. Does HB 102 run counter to the state's policy of preserving local control over education by granting the Commissioner of Education and the state board of education authority to determine whether the detailed provisions of the contract --regarding local education -- that are listed in proposed subsection AS 14.30.800(c) are valid? Under HB 102, a rejection by the school board of a contract with a residential psychiatric treatment center could be appealed first to the Commissioner, and then to the state board of education. The questions on appeal at both levels are whether the detailed provisions of the contract provide fairly specific services. This allows two levels of the state department of education to substitute their judgment for the judgment of local school district educators and local school boards. The Commissioner may not have any special expertise about the details that are to be evaluated, such as "written objectives for student achievement", or "plans for providing special education, vocational education, gifted education, and bilingual education". If the rejection of the contract by the school board is based on disagreement about the content and substance of plans for education, the Commissioner would be required to make a decision about a matter that currently is left to the local school boards and districts to determine.

There are also broader legal questions that remain outstanding, such as the Legislative Counsel's analysis on whether HB 102 violates Article VII, section 1 of the Constitution of the State of Alaska. And what if the residential psychiatric treatment center is part of a religious institution? Finally, could the laws regulating charter schools, which have been tried and tested, be modified so that residential psychiatric treatment centers could open a school under that regulatory structure?

CONCLUSION

Could school districts and residential psychiatric treatment centers work better together to ensure that students temporarily residing in residential centers receive better educational services? Most certainly. However, we remain unconvinced that this "nuclear option" - the transfer of increasingly scarce public education funds to a private entity with no history of providing educational services to students - is sufficiently justified by the facts in evidence and the confusion it creates in the law.

Thank you.



KENAI PENINSULA BOROUGH SCHOOL DISTRICT

Pupil Services

Clayton Holland, Director

148 North Binkley Street Soldotna, Alaska 99669-7520
Phone (907) 714-8881 Fax (907) 262-1374

March 20, 2015

Dear House Education Committee Members:

I am writing you to explain my concerns with [House Bill 102](#), "*An act providing for funding of education services for students in residential psychiatric treatment centers.*" This bill, as written, would potentially have a significant financial impact on school districts, particularly on smaller, rural districts. Additionally, HB 102 would create increased budget uncertainty for all school districts in the state of Alaska. HB 102 was brought forward to the legislature by North Star Hospital, which is owned by Universal Health Services, Inc., a Fortune 500, for-profit company, based out of Pennsylvania. These residential facilities already receive a high rate of funding from taxpayers through Denali Kid Care (Medicaid) and through employee insurance. Additionally, these facilities currently operate and provide educational services through cooperative agreements with local school agencies, which has cost the residential facilities nothing.

The current national standard is that a school district pays for costs of educating a child at a residential facility *only if the school district made the residential placement decision*. HB 102 proposes to fund education at residential facilities by removing funds from the local school district where the student resides. This would occur whether the student was placed at the residential facility by the state, by a local mental health agency, by the parent, or by the school. The language in the draft of this bill as it stands today also allows residential facilities from outside the state of Alaska to charge an Alaskan school district for educational compensation. This action potentially allows a residential facility outside the State of Alaska to bill school districts for hundreds of thousands of dollars—for students that may not have even resided in an Alaska school district for years.

The language in HB 102 proposes the following:

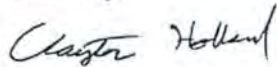
"For each student receiving education services at a residential psychiatric treatment center, the school district shall pay the center an amount equal to the amount generated by the student receiving education services at the center less administrative costs retained by the local school district, determined by applying the indirect cost rate approved by the Department of Education and Early Development. The amount generated by the student receiving education services at the center is to be determined in the same manner as it would be for the student if enrolled in and attending a public school in that school district and includes federal impact aid, the required local contribution, special needs funding, intensive services funding, secondary school vocational and technical instructional funding, and other appropriations." As all of the above funding mechanisms are allocated to the General Fund of a school district, it is uncertain how the money appropriated to an individual student would be determined. Additionally, per student funding—Base Student Allocation (BSA)—is calculated statewide during a twenty day count each fall.

Determining if a student leaves or is back in a school district and determining the accurate financial reporting of days would require DEED tracking and monitoring.

The KPBSD has strong reservations about this bill. While the title of HB 102 bill appears to be positive, the means of obtaining this funding is not feasible, nor beneficial to Alaska school districts. Alaska school districts should not be required to pay for student services in which they did not determine a need, or make an educated recommendation. Given the current deficit most districts face and the financial climate in Alaska, it would be severely detrimental to reduce the funding schools receive in order to provide funding for a service that is not truly needed.

Please contact me if you require clarification or additional information about why KPBSD does not support the passage of HB 102.

Sincerely,



Clayton Holland
Director of Pupil Services



FAIRBANKS NORTH STAR BOROUGH SCHOOL DISTRICT

520 Fifth Avenue Fairbanks, Alaska 99701-4756 (907) 452-2000
www.k12northstar.org



April 15, 2015

Kathie Wassmann
520 5th Avenue
Fairbanks, AK 99701

RE: HB 102

Dear House Education Committee and Representative Keller,

I'd like to first thank you all for the work you do for the students of Alaska.

I'm writing today to express my concern and opposition of House Bill 102. There are many questions that come to mind as I read the bill and try to determine its impact to students' educationally and to districts' financially. I'm unable to find the answers in the language of the bill.

My biggest concern is compliance with IDEA. In the past, when a student moves in to our district to one of FCSA's facilities or other residential treatment facility, our district becomes responsible (as it should) for the IEP and compliance with IDEA. If the district is ultimately responsible, how is oversight of the IEP to happen if on the one hand we are financially responsible but the IEP decisions are made without district representation? If parents become unhappy and feel that the IEP is not being followed, who would be responsible for the cost and burden of due process? The laws and regulations of Special Education are complicated and often in the hands of well meaning yet possibly inexperienced personnel costly mistakes (both educationally and financially) can be significant. In a sense, the bill asks that the districts pay for the students at a pro-rated amount for an educational service that it has no control over.

I am sure that as a legislative body you have considered this, but I find it difficult to understand how the school districts with dwindling funds are expected to pay for students when many times, the students have entered our district after the count date in October. Even if they were in our district on count date, if the student leaves to go to residential treatment, it doesn't mean that all of the costs associated with that student go away. We still are under contractual agreement to pay the teacher, aides, and supplementary services for that student. That cost does not go away. And, in Fairbanks, we supply FCSA with related service providers such as Psychologists, SLPs, OTs and PT services at no cost. We also pay a flat fee regardless of how many students are in attendance at their facility.

I have the following questions: Will the student continue to be enrolled in the public school? If so, would they be enrolled in the home school from which they most recently were enrolled or the district the residential psychiatric treatment center resides in? Making a private entity responsible for educational services is of great concern for us as a district. It seems that it would take the authority of the Individualized Education Plan (IEP) Committee away and turn it over to a private business. It also begs the question of who will be responsible for maintaining the IEP and evaluation documents? There is no mention of involving parents in the decision making process.

In reference to graduation requirements, does this default to the local school district? Who assigns the diploma? If parents dispute the plan in place and it goes to due process, is the school district responsible for defending an education plan it hasn't helped to develop or supervise?

The funding that is in question with this bill goes into the general fund for the school district. This funding goes toward teacher and staff salaries, benefits, maintaining facilities and training. Will these private treatment facilities be bound to following IDEA and federal law when it comes to providing special education services? Is it within the State Constitution of Alaska to turn over public funds to private business? These are questions that seem to be "up in the air," if you will, about the pending legislation.

I would hope that this bill does not get passed through without serious consideration to the questions that have been brought forth. They are legitimate concerns that could have a large impact on districts who are working diligently to make sure that student's are getting the best services possible and services that have been determined by an entire IEP team, not just a private entity concerned about staying in business.

Thank you for re-consideration of passing this bill before details can be ironed out.

A handwritten signature in blue ink that reads "Kathie Wassmann". The signature is written in a cursive style with a long horizontal flourish at the end.

Kathie Wassmann
Executive Director of Special Education
Fairbanks North Star Borough School District

Janet Ogan

From: LUCY HOPE <Lucy.Hope@matsuk12.us>
Sent: Friday, March 20, 2015 10:27 AM
To: Rep. Wes Keller
Cc: DEENA PARAMO; WOLFGANG WINTER; GENE STONE
Subject: HB 102

Dear Representative Keller and members of the House Education Committee,

As requested, here is a written version of my testimony today.

Thank you again, for the opportunity to speak with you.

Lucy Hope

HB 102

Thank you for the opportunity to speak with you today. My name is Lucy Hope, I am director of the Mat-Su Borough School District Student Support Services department. I am speaking today representing the school district. I am speaking against this bill as proposed; I do not have the substitute bill here.

Four years ago, our school district was approached by representatives from NorthStar Hospital asking us to set up and provide a school program for the 30 residents of NorthStar RTC. NorthStar RTC is a Level 5 Residential Treatment facility for boys, ages 11-18 located in Palmer, Alaska. Previously, NorthStar residents would sometimes enroll in Mat-Su Central School, however, we were asked to provide onsite instruction and offer courses that would assist these students to pass from grade to grade, and to earn credits towards a diploma. We responded by developing a memorandum of agreement, onsite at Palmer RTC and have been providing education for the past three school years. We are working closely and effectively with the Palmer RTC facility. We have provided one fulltime certified special education teacher, and two fulltime teaching assistants, and all curriculum materials for students enrolled and attending school at the facility. Recently we have purchased and supported 15 new computers for students, and a network printer to be onsite. Students are participating in blended learning courses for four hours per day, and are engaged in therapeutic activities with RTC staff for the other portion of the school day, as necessary for their mental health needs. During these hours not engaged in academic instruction, our RTC students are earning credit in nonacademic required courses (i.e. health, fitness, outdoor recreation for PE credits). We use online learning options because of the many different grade levels, courses needed, and accelerated learning. Students are tested for prior knowledge. We then teach students what they need to learn.

Students are enrolled in our Mat-Su Day School. The RTC is one of four satellite programs at the Mat-Su Day School. As a public school, we have the ability to communicate freely with other districts, as there are not the privacy constraints that exist between our district and private schools.

We work well together to transition students living at the residential center back to school; either to a school in our district, or another school in our state. Often, there will be a step down process. It might be that a student attends Palmer High, while living at the RTC, before returning to their home elsewhere in Alaska and back to community's school.

In an effort to offer the best education possible and work together on transitions back to home schools, we review our MOA every year, and we include the RTC facility director in the teacher interviews for this position. Our RTC teacher meets regularly with the RTC staff, and we have worked hard and worked together with RTC to provide a quality education to these students.

Regarding funding, although there are only 30 residents at a time at the RTC, over the past three school years, we have had a total of 137 students enrolled for a period of time who have resided at the RTC. Their length of stay has varied. Currently there is not a mechanism to transfer ADM funds to a private school facility. This bill would require developing a new accounting process for transferring funds based on prorated enrollment, which costs money and resources. This would result in incurred cost to school districts and in these times districts do not need an unfunded mandate from the state.

Our district has never been asked for the financial records mentioned by NorthStar representatives today, and would be happy to provide those if requested.

Lastly, about one third of the residents of Palmer RTC have IEPs. Under federal law, IDEA, it is the responsibility of the school district where a private school is located to provide special education services to students enrolled. In this bill, it states that all funds are transferred to a RPTC, and all education responsibilities would be that facility's to provide. I do not believe that a district can give away its responsibilities under this federal law to a private entity without the recommendation of an IEP team, which is required to be for each student separately. For instance, we are required to provide a certified special education teacher for students with IEPs, and there is not a requirement in this bill that a certified special education teacher and other required services would be provided.

We do have outcome measures, and would be happy to share those with the committee if asked.

I suggest that RPTCs work closely with districts to achieve the same outcomes they are hoping to achieve with this legislation, rather than passing a bill that would cost district's money, and not guarantee quality educational services.

Thank you.

Lucy Hope

Director, Student Support Services

Mat-Su Borough School District

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Janet Ogan

From: Cheryl Schweigert <cschweigert@nwarctic.org>
Sent: Thursday, April 09, 2015 7:31 AM
To: Rep. Wes Keller; Rep. Liz Vazquez; Rep. Jim Colver; Rep. Paul Seaton; Rep. David Talerico; Rep. Harriet Drummond; Rep. Jonathan Kreiss-Tomkins
Subject: HB 102: Residential Psychiatric Education Funding

Follow Up Flag: Follow up
Flag Status: Flagged

Residential Psychiatric Education Funding would not benefit children or teachers in schools.

1. Children receiving these intense services are being maximally supported in the clinical setting and only begin working on skills for learning readiness in facilities. That's as it should be.
2. When ready to begin transition into increased learning readiness, then more academic learning, the schools in those neighborhoods are best equipped and trained to guide through mid- transition process.
3. Resources, including teachers and specialists, with skills and expertise to assist in transition are limited. If we keep the resources in schools for the educational part, more students benefit.
4. If HSS wants to increase services, the schools and centers could use direct service personnel for counseling and behavioral guidance. Leave education to the educators and use clinical skills in the actual area of expertise – medical/counseling/behavioral guidance for children and families.
5. Resources are needed where the children are going to be, and hopefully that's a school, not a psychiatric setting for several years.

Cheryl Schweigert
Director, Special Programs
NWABSD
907-442-1815

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