

208 SHESS UNIVERSITY OF ALASKA - YKHC

including expendables (travel, supplies and other) and program equipment.

2. Departmental Research

This includes unsponsored research conducted by faculty members involved in the instructional program and/or the departmental level.

3. Organized Activities Related to Instruction

Includes expenditures for activities conducted in connection with instructional programs and/or departments for the primary purpose of providing experience or field training to students.

4. Instructional Support Services

a) General Administration and General Expenses.

Includes all expenditures for administrative offices and officers which serve the total institution, and other expenditures of general nature which are only indirectly related to instruction at the program or departmental level.

b) Student Services.

Includes expenditures for student counseling, orientation programs, placement and other student services.

c) Library and Audio-Visual Expenses.

Includes expenditures for central campus library and satellite libraries and consists of expenditures for books, periodicals, government documents, library media and audio-visual instructional materials, expenditures for salaries, and other operational expenses.

d) Computer Services.

Includes all expenditures for computer services for instructional, administrative support and research programs. This would include costs for computer hardware purchases and rentals, as well as staffing and other operating expenses.

e) Physical Plant Operations and Maintenance.

Includes all expenditures for building and grounds, including utilities, custodial, maintenance and repair, salaries, wages, supplies, materials and other expenses.

5. Organized Research

Includes expenditures for research projects which are organized, budgeted and financed separate from instructional departments. Resources required for these programs are not covered in this issue paper and are to be dealt with under a separate study.

6. Extension and Public Services

Includes expenditures for programs designed to serve special continuing program interests and the general public. These include correspondence, programs, adult education programs, public lectures, institutes, workshops, demonstration centers, special library and museum projects. Wherein the instructional portion of these programs can be integrated within the instruction programs dealt with under regular instruction, they will be so included and so noted. Only those programs oriented toward public service and delivered outside a scheduled class format, will be included in this category.

A general definition of terms useful in analysis and evaluation of Resource Requirement data can be found on pages 3, 4, 5 and 6 of the RRIM I Issue Paper, June 1973. (See Attachment B)

INTANGIBLE & TANGIBLE FACTORS

Education by its nature, primarily involves intangible factors. The output from instructional activities for the student relates to individual learning, involving career/professional preparation, personal development and social benefits as final products, all of which are intangible in nature. These are in need of resolution and agreed-upon measures which NCHEMS and other study groups are attempting to undertake. There are, of course, some tangible factors, such as certificates, degrees, job placement, job remuneration, etc., which accrues to the student through education.

There are other factors which relate to the institution. These are also of intangible and tangible nature. On the intangible side, and perhaps most significant is the quality of the learning environment, created in the institutional setting for the nourishment of the institution's primary goals. The enrichment of the learning situation, created in the institutional setting, is of great significance to the total learning process for the student, as well as for the faculty. Tangible factors involved in the institution's development include, for example, its facilities, the number and credentials of its faculty, and the size of its operating resources.

There are also factors relating to the faculty, both intangible and tangible, which relate to the attitudes, intellectual achievement and emotional maturity and enthusiasm of the faculty and staff in developing the Institutional learning climate and in advancing the goals of the institution.

Any resource requirement and allocation system must be directed by the prospect of development in these tangible and intangible factors which advance the goals and objectives of the entire enterprise.

ASSUMPTIONS:

The underlying assumption relating to a resource requirement system is that an adequate level of funding, if properly administered, will develop an acceptable level of quality of instruction that exceeds in benefit the value of the dollar input and that, when the funding adequacy level is adjusted for different program and volume considerations, these adjustments can and will meet these standards of quality.

RECOMMENDATIONS:

The description and instructions for use of Resource Requirement Instruction Model (RRIM II) are attached and constitute the basic process which the University of Alaska proposes to use in developing its FY 76 budget submittal. RRIM II represents a second generation development of RRIM I, which was used in the FY 75 budget request. The basic format and process between the two generations of RRIM are similar. RRIM II initiates resource requirements by six academic program areas and six vocational occupations areas, in contrast to RRIM I, which dealt with the aggregate instructional program costing by total campus. RRIM II also deals with the process for resource requirements for the institutional support programs, which was not implemented in RRIM I. RRIM II provides, as did RRIM I, for program development, resource requirements and core staffing considerations for small community colleges. RRIM II provides for departmental research and activities related to instruction. Neither model deals with organized research. Description & Procedural Guide for RRIM II is Attachment C.

This Issue paper deals with the structure and process for using formula factors, but does not deal with formula factors per se. These will be developed in connection with the FY 76 budget request and will undergo continuous study and revision as subsequent budget requests are developed.

SYNOPSIS OF FRANCIS M. GROSS STUDY OF USE OF FORMULAS

4.12

An overview of the "state of the art" of budget formulas can be presented by a synopsis of Section III, Summary, Conclusion and Recommendations of Francis M. Gross' Dissertation summary.

1. Budget formulas are used in 25 states.
2. Formulas are used for developing or justifying operating budget requests.
3. Zero-based budgeting (the operating budget is developed anew each year) works the best with a formula approach.
4. A budget formula consists of several components or separate formulas.
5. The formula components used two approaches in the calculations. An all-inclusive approach where the total amount for a functional area was determined through one calculation or an itemized approach where the results were the sum of several calculations.
6. Many budget formulas differentiate among academic areas and instructional levels.
7. A majority of formula-states use budget formulas that differentiate among types of institutions.
8. There are three basic computational methods used in the formula calculations. They are a) a rate per base factor unit; b) a percentage of base factor; and c) a base factor-position ratio with salary rates. Base factors are items such as: FTE enrollment, total instructional budget, student credit hours, FTE faculty, Academic salaries, etc.

The use of formula funding is viewed to have both advantages and disadvantages. The advantages appear to be:

1. A formula process can provide guidelines and measures for budget preparation.
2. Most functional areas of operations can be included in the calculations.
3. An objective means for allocating funds may reduce open competition for funds among institutions.
4. There is the potential of assuring a base appropriation assuming the legislature accepts the formula and base factors.
5. A formula provides a reasonably simple and understandable basis for deciding upon and presenting the financial requirements of the state institutions.
6. A budget formula represents a compromise between state control over line-item budgeting and institutional fiscal autonomy.

The disadvantages can be listed as:

1. A formula can not predict or judge community needs.
2. The process can not define policy though it may help identify areas in need of policy statements.
3. Formulas do not recognize or evaluate quality education.
4. The formula may have a great leveling effect upon quality. While it may raise low-quality programs, it may do so at the expense of the higher-quality programs.
5. The budget formula may perpetuate all ready inadequate appropriation levels.
6. The formula process may entice the institutions to attempt to increase enrollments in specific categories or otherwise manipulate data to maximize income.

Dr. Gross developed performance criteria to apply to the evaluation of a budget formula. His criteria are:

1. Clear and comprehensible by straightforward and simple application of base and formula factors.
2. Flexible by provisions for modified treatment or supplemented by special requests and that the formulas be reviewed and/or modified annually.
3. The formulas are not to be used for detailed budgetary control.
4. There is recognition of diverse financial needs.
5. Similar programs and similar institutions are treated equitably.
6. The process should be broad based and addressed to total operating needs of the institutions.
7. There should be provisions for recognizing varying instructional costs.
8. A budget formula be considered objective since it is based upon quantitative data.

We believe that the resource requirement model that is being developed can meet these criteria.



COOPERATIVE EXTENSION SERVICE

OJA
Coop Ext Serv
Local Gov.
Project

UNIVERSITY OF ALASKA
FAIRBANKS ALASKA 99701

742
BOX 95151

May 7, 1975

The Honorable George H. Hohman
Alaska State Senate
Pouch V, State Capitol Bldg.
Juneau, AK 99801

Dear Senator Hohman:

Attached is a report recently done by David Hendrickson, local government coordinator for Cooperative Extension Service. I wrote to you in late March about this program and the services we provide to rural Alaskans establishing second class cities.

The report enclosed is a synopsis of the local government program from 1969 to 1975. I would like to bring your attention to the focus and results of this program.

Sincerely,

James W. Matthews

James W. Matthews
Director

JWM/ba

Enclosure

cc: David Hendrickson
Dr. Don M. Dafoe, Executive Vice President, U of A

COOPERATIVE EXTENSION SERVICE

University of Alaska

April 1975

LOCAL GOVERNMENT PROGRAM

1969 - 1975

The Local Government Program was started in 1969 under Cooperative Extension Service, University of Alaska. The program has been primarily funded from Title I Federal funds of the Higher Education Act of 1965.

The primary mission and thrust of the program has been an educational one, directed to elected and appointed officials of communities that have, or are in the process of incorporating as cities under State law. Under the repealed law, Title 29, Municipal Corporations, the programming was mainly directed to fourth class city officials. The seventh legislature repealed third and fourth class cities and came up with first and second class cities. All former fourth class cities became second class cities under the new law. The program now has been primarily directed to officials of second class cities. The contents of programming has been as follows:

- (1) Transitions
- (2) Incorporation
- (3) Ordinances
- (4) City Council
- (5) Annual Reports
- (6) Taxes
- (7) Mayor and City Manager
- (8) Elections
- (9) Appointed City Officers
- (10) Recall
- (11) Powers
- (12) Initiative and Referendum
- (13) State Revenue Sharing

At the time the program started in 1969 we had about 50 fourth class cities. Since then forty-five new municipalities have incorporated as second class cities, bringing the total of such cities to 95 in five years. More communities are expected to incorporate as second class cities due to the requirement of the Land Claims Act. Secondly, the State law requires 400 permanent residents and educational responsibilities in first class cities. Most of our rural communities have a population of less than 400. Whether they incorporate to satisfy and meet the requirements of the Land Claims Act or to have more local control within the proposed municipality, they will have to incorporate as second class cities.

Thus, due to emerging new second class cities and the continual turnover in election years, educational efforts directed to local government officials will be needed, and are needed. Meeting the challenge and filling the need is going to require expanded efforts across the State.

In meeting part of the educational needs of local government officials, a publication, "What's a Second Class City" has been written, published and sent to all second class cities across the State. The contents of the publication were taken out of Alaska Statutes, Title 29, Municipal Government, and rewritten on the level of laymen's language, focused mainly to our rural elected officials.

In addition to the publication, a monthly newsletter - Local Government Hi-lites - is published and seven copies are sent to all second class cities across the State. The contents of the newsletter center on subjects relative to second class city municipal government and related matters. In addition to the two publications, a film was made entitled "It's Your Council". This was filmed at Bethel, and focuses on adopting ordinances under State law, using established procedures in any meeting, regardless of location.

Since the program started in 1969 the following villages and incorporated communities have participated in local government training workshops, usually with two representatives from each community.

Because of limited financial resources we were not able to include Bristol Bay and Southeastern regions.

1969

*Site of Workshop

Grayling *	Emmonak *	Nunapitchuk *	Kipnuk *
Anvik	Sheldon Point	Atmautluak	Kongiganak
Shageluk	Kotlik	Kasigluk	Kwigillingok
Holy Cross	Fortuna Ledge		Chefornak
Aniak	Alakanuk		
Russian Mission			
Napaklak *	Bethel *		
Oscarville	Kwethluk		
Napaskiak	Akiachak		
	Akiak		
	Eek		
	Tuntutulak		
	Tuluksak		

1970

*Site of Workshop

Tuntutuliak	Holy Cross	Nunapitchuk	Galena *
Bethel *	Hooper Bay	Quinhagak	Koyukuk
Chefornak	Kwigillingok	Toksook Bay	Hughes
Eek	Kongiganak	Kalskag	Huslia
Emmonak	Kasigluk	Aniak	Nulato
Grayling	Mekoryuk		
Goodnews Bay	Newtok		

1970

*Site of a rea-wide Workshop

McGrath *	Unalakleet *	Golovin*	Kotzebue *	Kotzebue *
Nikolai	Shaktoolik	Elim	Deering	Kivalina
	Stebbins	Koyuk	Buckland	Shungnak
	St. Michael	White Mount'n	Selawik	Kiana
		Brevig Mission	Point Hope	Noatak
			Shishmaref	Kobuk
			Noatak	Ambler

1971

Individual Community Visits

Delta Junction	Mountain Village	Toksook Bay
Dot Lake	Emmonak	Mekoryuk
Tanacross	Tanacross	Toksook Bay
Tanana	Copper Center	Napakiak
Marshal	Napaskiak	Akolmiut
Anvik	Mentasta	Napaskiak
Holy Cross	Fortuna Ledge	Goodnews Bay
Russian Mission	Shageluk	Mt. Village (requested
Aniak	Napakiak	2nd visit)
Kotlik	Anvik	Pilot Station

1972

Individual Community Visits

Neme	Kotlik	Pilot Station
Hooper Bay	Sheldon Point	Napakiak
Napakiak	Sheldon Point	Mekoryuk
Shageluk	Mtn. Village	Aniak
Port Heiden	Egegik	Dillingham
Aleknagik	New Stuyahok	Delta Junction
Kotzebue	Anderson	

1973

Individual Community Visits

Mekoryuk	Huslia	Aniak
Delta Junction	Delta Junction (Borough hearing)	

1974

*Site of area-wide workshop

Kodiak * Port Lions
Old Harbor Egegik
Larsen Bay Akutan
Chignik Ouzinkie
Minto ** Barrow **
Delta Junction ** Nome **
Mekoryuk **

**Individual Visits

Akhiok Bethel * Newtok
 Mekoryuk Chevak
 Fortuna Ledge Akolmiut
 Kwethluk Kalskag
 Pilot Station Kotlik
 Emmonak Akiak
 Red Devil Russian Mission
 Atmautluak Akiachak
 Napakiak Tuluksak
 Goodnews Bay Platinum
 Hooper Bay Scammon Bay
 Napaskiak Kipnuk
 Quinhagak Eek

1975

*Site of a rea-wide Workshop

Nome * Koyuk Noatak Golovin Kivalina
Unalakleet White Mtn. Kobuk St. Michael
Elim Bethel Shungnak Deering
Stebbins Kotzebue Kiana Buckland
Shaktoolik Selawik Noorvik Shishmaref

Report by David Hendrickson
Coordinator - Local Government Program

(907) 479-7143



UNIVERSITY OF ALASKA
FAIRBANKS, ALASKA 99701

*School Financing
Study
7.42*

April 1, 1975

Senator George Hohman
Alaska State Legislature
State Capitol
Pouch V
Juneau, Alaska 99811

Dear Senator Hohman:

A proposed Operating Budget Request for the Alaska School Finance Study is attached for your information. The first six pages of the document are the same as those sent to you earlier by Dr. Darnell, except that reference has been added to explain the introduction of bills proposing a legislative appropriation in support of this study. The second portion of this document (pages 7 through 16) present the request for State appropriations on regular State Budget Request forms. This budget detail is presented for Fiscal Year '76 and for Fiscal Year '77.

Please let me know if additional information is needed. We would be happy to explain the study to members of your committee.

Thank you for your interest and support.

Sincerely,

A handwritten signature in cursive that reads "E. Dean Coon".

E. DEAN COON
Assistant Director
Center for Northern Educational
Research

EDC/hg

Encl.

c.c.: Marshall Lind

MEMORANDUM

State of Alaska

TO Sue Green, Special Assistant
Office of the Governor

DATE: April 3, 1975

FILE NO:

TELEPHONE NO:

FROM Judy Crondahl, Budget Analyst
Division of Budget and Management
Department of Administration

SUBJECT: FY 76 Governor's Budget
University of Alaska

In line with our March 27 meeting, let me clarify some points on the rationale and methodology of the formula basis for the University's FY 76 budget.

For several years we have been heading toward a formula approach with the University system. There have been two issue analyses plus the stated intent of the 1974 Legislature Free Conference Committee on the budget. Until the FY 76 budget, all efforts have been in the direction of using a model -- that is showing the relationships between funding and SCH (student credit hours) without any attempt to make funding fit any pre-determined level per SCH. RRIM (Resource Requirement Instructional Model) worksheets were not included with the University's FY 76 budget submission, although they had been in the FY 75 budget submission. For this reason, until rather late in the process, I did not have adequate information on numbers of FTE (full time equivalent) instructional positions, or University productivity projections. In fact, as I have only recently discovered, the University apparently has two different levels of productivity projections. The first is shown in column 3 below and was given to me on December 3 by Don Moyer, Director of Institutional Studies, in response to my request for the levels they had used in the RRIM. The second is shown in column 4 and the source for that is information compiled by Moyer on the Budget and Management formula worksheet. Column 5 shows the productivity levels used in the Governor's budget. With only two exceptions they are the same as the FY 75 Working Budget. The two exceptions are Fairbanks which expects a slight increase in enrollment with no increase in instructors and Ketchikan which is experiencing a decrease in student credit hours with a less-than-corresponding decrease in FTE instructors.

	<u>FY 75</u>			<u>FY 76</u>	
	<u>UA Request</u>	<u>Working Budget</u>	<u>RRIM</u>	<u>UA Request B&M Worksheet</u>	<u>Governor's Budget</u>
Fairbanks	424	338	424	340	341
Juneau Campus	356	333	322	322	333
Ketchikan	359	291	300	176	250*
Sitka	300	290	265	293	290
Anchorage	511	511	456	458	511
Kenai	360	222	300	252	222
Kodiak	360	286	300	275	286
Mat-Su	270	271	265	242	271
Kuskokwim	300	371	300	318	371

* Due to decrease in total Student Credit Hours

The basis for my recommendations on the University's budget was that because productivity levels in the University system are low when compared to almost any standard, and because costs per full-time equivalent student are the highest in the country; insofar as possible, productivity levels should not be reduced in the FY 76 budget. On the other hand, balancing out inequities (raising some, lowering others) could cause unforeseen problems. For FY 76 I felt it would cause fewer problems and disruptions within the University system to simply establish a basis for increases from FY 75 based on increases in student credit hours, without making changes in current productivity levels. Since it is based on the FY 75 working budget it is based on the University's judgment of best allocation of resources for FY 75.

Clearly there exists the problem that current inequities are being continued. However, as a basis for arriving at a total figure for the University budget, I believe it has been a very useful method. It has been a big step forward in the process of tying the budget to some type of output. Additional progress can be made in FY 77 to arrive at standards which can be applied uniformly, taking into account conditions which may be unique to certain campuses. Unless the Legislature becomes impatient with the pace that formula budgeting is being applied, the University will have the opportunity to initiate change in the next year. If they fail to do so, the ball will again fall, by default, into the lap of the State Administration.

Some of the areas which must be considered, as we attempt to correct present inequities are as follows:

1. Level of Student Credit Hour productivity
2. Percentages of full time to credit hour instructors
3. Ratio of support costs (other instructional costs, administrative, libraries, physical plant, etc) to instructional salaries
4. Present levels of basic library resources
5. Fixed costs unrelated to student credit hour levels -- such as physical plant requirements.

All of the above are variables which, by themselves, can affect funding requirements. Additionally, some of them are inter-related so that changes in one will affect the others. As the system was used in the Governor's budget, student credit hour productivity is the single most influential determinant of funding level. It influences not only total number of instructors but also level of support costs which are a percentage of instructional costs. Another strong determinant is the ratio of credit hour (part-time) instructors to full-time instructors. Since salaries for full-time instructors can range as high as twice that of part-time instructors, a high ratio of full-time instructors will amount in a higher expenditure for instructional salaries.

April 3, 1975

The ratio of support costs to instructional salaries also varies from one campus to another. Existing variations range from total budgets of 186% of instructional salaries at Kenai to 345% of instructional salaries at Fairbanks. There can be several reasons for this: fixed costs on physical facilities; area cost of living differences which, until the recent negotiated salary increases, were not completely reflected in instructional salaries; services included in budgets at main campuses, such as student services, safety and security and also basic inequities in funding which have continued through the formative years of the University system.

In summary, I would like to make two facts clear:

1. Yes, there were inequities in previous University budgeting processes.
2. No, formula budgeting is not a panacea will can or will solve all inequities. However, formula budgeting does help to reduce some inequities and draws attention to others, thereby creating incentives for eliminating them.

cc: Andrew S. Warwick, Commissioner
Department of Administration

V. Kent Dawson, Director
Division of Budget and Management

JC/lw

MEMORANDUM

State of Alaska

TO: Rich Guthrie, Fiscal Analyst
Legislative Finance

DATE: April 7, 1975

FILE NO:

TELEPHONE NO:

FROM: Judy Crondahl, Budget Analyst
Division of Budget and Management
Department of Administration

SUBJECT: FY 76 Budget/Community
Colleges

The information shown in the "Legislative Appropriation" columns on the attached has been provided at the request of Eric Eckholm, Legislative Assistant to Senator Hohman. His request was to compute FY 76 Community College budgets on the basis of the productivity levels as established in the RRIM (Resource Requirements Instructional Model) by the University. The differences in productivity are as follows:

	<u>Governor's Budget</u>	<u>RRIM*</u>
Ketchikan	250	300
Sitka	290	265
Kenai	222	300
Kodiak	286	300
Mat-Su	271	265
Kuskokwin	371	300

Variations from the standard computation have been footnoted. The most prevalent of these is that Physical Plant has not been cut from the level of the Governor's budget since many of these community colleges will have new buildings to maintain in FY 76.

I am pleased to know that a formula approach is receiving the serious consideration of the Legislature. Because it is new to the State of Alaska's budgeting process, it is still in need of many refinements, but these can come only as the approach is used and methods to include refinements become apparent. Not only now, but during the interim, formula budgeting needs to be analyzed and refined by all concerned. The Legislature, the State Administration, and all levels of the University System must work together on this issue.

The attached information is provided in response to a legislative request. It does not reflect any change in the Governor's budget request.

Sue Greene, Special Assistant
Office of the Governor

V. Kent Dawson, Director
Division of Budget and Management

* Shown in "Legislative Appropriation" column attached.

UNIV. PROJ. = FTE Teach. 2281 CALL CASHMAN Average Salary & Benefits = Total Teach.

FY 75 Working Budget	SCH (1)	PROJ. 291	FTE Teach. 11.3	Reg. Rate 71%	8.0	18,649 (3)	119.2
FY 75 Maintenance	(2)	291	9.1	Cr. Hr. Rate 29%	3.3	6,895 (4)	22.8
FY 76 University Budget		250	10.6	Reg. Rate 71%	6.5	18,020 (5)	123.0
FY 76 Legislative Appropriation	2651	300	8.8	Cr. Hr. Rate 29%	2.6	6,929 (5)	18.2
				Reg. Rate 71%	7.5	18,070	122.0
				Cr. Hr. Rate 29%	3.1	6,928	21.7
				Reg. Rate 71%	6.2	15,929	117.4
				Cr. Hr. Rate 29%	2.6	6,928	18.2

	FY 75 Working Budget		FY 75 Maintenance		FY 76 University Request		FY 76 Governor's Budget		FY 76 Legislative Appropn		+ (-) UA Request	
	% of Salaries		% of Salaries		% of Salaries		% of Salaries		% of Salaries			
Teacher Salaries		172.0		141.2		196.0		163.7		135.6		
Other Req.	16%	27.3			31%	61.7	21%	33.8	21%	25.0		
Total Inst(6)		199.3				257.7		197.5		163.6	(60.2)	<94.1>
Admin.	26%	61.9			35%	68.2	37%	61.3	37%	50.8	(6.9)	<17.4>
Student Serv.												
Public Serv.												
Library	20%	33.8			22%	43.2	21%	34.0	21%	28.2	(9.2)	<15.0>
Physical Plant	25%	42.7			26%	50.0	30%	49.0 (7)	36%	49.0 (7)	(1.0)	<1.0>
Total	196%	337.7			214%	419.1	209%	341.8	215%	291.6	(1.0)	<127.5>

1. FCC: 2220 SCH plus 1068 SCHE Voc. Ed.
2. UA maintenance estimate: 1530 SCH plus 1121 SCHE Voc. Ed.
3. Reference memo to Bgt. & Mgmt. from UA Office of Budget Director, 1-7-75
4. UA RRIM
5. FY 75 plus 1-1/2% maintenance
6. Includes Instruction & Voc. Ed. Does not include Learning Ctr.
7. Allows 15% for new facility

BRU KETCHIKAN COMMUNITY COLLEGE BRU CODE 45-12-1-08-00-00 REVISED 1-29-75

7 EXPLANATION

61345

	SCH = PROD. = ETE Teach.			%		%		Average Salary & Benefits = Total Teacher Salaries		Total Teacher Salaries	
FY 75 Working Budget	1,828 (1)	290	6.3	Reg. Rate	65%	4.1	16,269 (2)	87.7			
FY 76 Maintenance	2,073 (3)	290	7.1	Cr. Hr. Rate	35%	2.2	9,586 (2)	21.0		87.7	
FY 76 Working Budget				Reg. Rate	65%	4.6	16,513 (4)	78.0			
FY 76 Legal Approp.				Cr. Hr. Rate	35%	2.5	9,740 (4)	100.2		100.2	
FY 76 Legal Approp.	2,073	265	7.8	Reg. Rate	65%	5.1	16,513	84.2			
				Cr. Hr. Rate	35%	2.7	7,689	21.2		110.4	
	FY 75 Working Budget	FY 76 Maintenance	FY 76 University Request	FY 76 Governor's Budget	FY 76 Legislative Approp.	+ (-) Net Request					
Teacher Salaries	87.7	100.2	103.4	100.2	110.4						
Other Req.	15.1	21.7	35.5	19.4	23.9						
Total Inst.	102.8	121.9	138.9	119.6	134.3	(19.3)	(4.6)				
Admin.	113.5	134.4	119.7	119.7 (5)	119.7 (7)	-0-	-0-				
Student Serv.											
Public Serv.											
Library	13.7	16.7	15.5	16.7	46.8 (7)	1.2	31.3				
Physical Plant	14.0	16.7	42.1	25.1 (6)	25.1 (8)	(17.0)	(17.0)				
Total	244.0	289.7	306.2	281.1	325.9	(35.1)	9.7				

1. FCC: 1340 SCH plus 488 SCHE Vocational Education
2. UA RRIM
3. 1585 SCH plus 488 SCHE Vocational Education
4. FY 75 plus 1-1/2% merit increase
5. University request
6. Regular increases plus 50% for new facility

7. 28.4 Admin allotment allocated to library
8. Regular Increases plus 30% for new facility

Explanation

	SCH	PRON.	FTE Teach.	Reg. Rate		Cr. Hr. Rate		Average Salary & Benefits		Total Teacher Salaries	
				%	#	%	#				
FY 75 Working Budget	4,080	222	18.4	47%	8.6	53%	9.8	15,717 (1)	181.0		243.6
FY 76 Maintenance	4,760	222	21.4	47%	10.1	53%	11.3	18,000 (3)	191.0		288.5
FY 76 Maintenance Budget											288.5
FY 76 Legislative Appropriation	4760	300	15.9	47%	7.5	53%	8.4	13,992	117.5		214.3
											214.3
	FY 75 Working Budget	FY 76 Maintenance	FY 76 University Request	FY 76 (5) Governor's Budget	FY 76 Legislative Appropn	+ (-) Net Request					
Teacher Salaries	3% of salaries 243.6	7% of salaries 288.5	7% of salaries 256.5	7% of salaries 288.5	7% of salaries 214.3						
Other Req.	10% 25.2	14% 41.5	30% 76.4	14% 41.5	14% 30.9						
Total Inst(4)	268.8	330.0	332.9	330.0	245.2	(2.0)	(87.7)				
Admin.	35% 84.8	36% 105.0	41% 104.0	36% 104.0 (6)	35% 78.0	-0-	(26.0)				
Student Serv.											
Public Serv.											
Library	14% 33.5	15% 42.0	15% 37.2	15% 42.0	15% 31.2	4.8	(6.0)				
Physical Plant	17% 42.5	18% 51.0	33% 84.6	21% 61.2 (7)	29% 61.2 (8)	(22.4)	(23.1)				
Total	176% 420.6	183% 528.0	218% 558.7	186% 537.2	194% 415.6	(21.5)	(113.1)				

- Reference memo to Bgt. & Mgmt. from UA Office of Budget Director, 1-7-75
- From UA RRIM
- Includes 1-1/2% merit increase
- Includes Instruction, Voc. Ed. & non-credit instruction
- Increases proportional to teachers' salaries plus overall 4%
- University Request
- Regular increases plus 20% for Phase III
- FY 75 plus 40% inflation & Phase II

Explanation

	SCH = PROD. = FTE Teach.			%		Average Salary & Benefits = Total Teacher Salaries			
FY 75 Working Budget	2,760 (4)	271	10.2	Reg. Rate	13%	1.3	16,951 (1)	22.0	
				Cr. Hr. Rate	87%	8.9	8,380 (2)	72.5	94.5
FY 76 Maintenance	3,400 (5)	271	12.5	Reg. Rate	13%	1.6	17,205 (3)	27.5	
				Cr. Hr. Rate	87%	11.9	8,445 (3)	22.0	120.1
FY 76 University Budget				Reg. Rate					
				Cr. Hr. Rate					
FY 76 Legislative Appropriation	3400	265	12.8	Reg. Rate	13%	1.7	17,205	29.2	
				Cr. Hr. Rate	87%	11.1	8,495	94.3	123.5
	FY 75 Working Budget	FY 76 Maintenance	FY 75 University Request	FY 76 Governor's Budget	FY 76 Legislative Appropn	+ (-) UA Request Governor Legislature			
Teacher Salaries	% of Salaries 96.5	% of Salaries 120.1	% of Salaries 162.7	% of Salaries 120.1	% of Salaries 123.5				
Other Req.	34% 32.6	39% 47.3	28% 35	28% 47.3	39% 48.6				
Total Inst.	129.1	167.4	208.2	167.4	172.1	(20.2)	(36.1)		
Admin.	70% 67.5	73% 87.4	68% 111.4	73% 87.4	73% 59.9	(20.0)	(21.5)		
Student Serv.									
Public Serv.									
Library	32% 30.8	33% 40.0	23% 37.3	33% 46.0	33% 41.1	2.7	3.8		
Physical Plant	32% 30.7	33% 40.0	32% 52.5	40% 48.0 (6)	39% 48.0 (7)	(6.5)	(4.5)		
Total	257% 258.1	279% 334.8	252% 400.4	285% 342.8	254% 351.1	(66.0)	(58.3)		

- Reference memo to Bgt. & Mgmt. from UA Office of Budget Director, 1-7-75
- UA RRIM
- FY 75 plus 1-1/2% merit increase
- FCC: 1960 plus 800 Vocational Education
- Includes 1200 Vocational Education
- Regular increases plus 20% for new facility
- Regular increase plus 17% for new facility

	SCH	PROD.	FTF Teach.	Reg. Rate	%	#	Average Salary & Benefits = Total Teacher Salaries	
FY 75 Working Budget	3,950	286	13.8	Reg. Rate	34%	4.7	21,152 (11)	89.2
				Cr. Hr. Rate	66%	9.1	9,371 (2)	85.3
FY 76 Maintenance	4,800	286	16.8	Reg. Rate	34%	5.7	21,369 (3)	122.8
				Cr. Hr. Rate	66%	11.1	9,512 (3)	175.6
FY 76 University Budget				Reg. Rate				
				Cr. Hr. Rate				229.0
FY 76 Legislative Appropriation	4,800	300	16.0	Reg. Rate	34%	5.4	21,469	115.9
				Cr. Hr. Rate	66%	10.6	9,512	100.8
	FY 75 Working Budget	FY 76 Maintenance	FY 76 University Request	FY 76 Governor's Budget	FY 76 Legislative Approph	+ (-) UA Request		
Teacher Salaries	% of Salaries 184.7	% of Salaries 228.0	% of Salaries 226.3	% of Salaries 228.0	% of Salaries 216.7			
Other Req.	9% 16.6	13% 30.5	30% 66.8	14% 31.7 (4)	16% 34.2			
Total Inst.	201.3	258.5	293.1	259.7	250.9%	(22.8)	(42.2)	
Admin.	42% 77.7	44% 99.6	40% 89.4	39% 89.4 (4)	41% 89.4	-0-	-0-	
Stude Serv.								
Public Serv.								
Library	22% 40.2	23% 52.2	21% 46.4	23% 52.2	23% 49.6	5.8	3.2	
Physical Plnt	29% 53.8	30% 68.8	37% 82.9	36% 82.6 (5)	35% 82.6 (7)	(.3)	(.3)	
Total	202% 373.0	210% 479.1	226% 511.8	212% 483.9	218% 472.5	(27.9)	(29.3)	

1. Reference memo to Bgt. & Mgmt. form UA Office of Budget Director, 1-7-75
2. UA RRIM
3. FY 75 plus 1-1/2% merit increases
4. 1.2 of Admin allotment added to instruction
5. Regular increases plus 20% for Phase III

6. 5.3 of Admin added to Instruction
7. Regular increases plus 26% for phase III

Explanation

	SCH = PROD. = FTE Teach.			Average Salary & Benefits = Total Teacher Salaries			
				Req. Rate	%	=	=
FY 75 Working Budget	3,900 (1)	371	10.5	63%	6.6	10,200 (3)	101.0
FY 76 Maintenance	5,980 (2)	371	16.1	37%	3.0	9,800 (4)	97.8
FY 75 Governor's Budget				63%	10.1	10,200 (5)	101.0
FY 75 Legislative Appropriation	5980	300	19.9	37%	6.0	9,817 (5)	97.9
				63%	12.5	19,203	240.0
				37%	7.4	9,817	72.6
	FY 75 Working Budget	FY 76 Maintenance	FY 76 University Request	FY 76 Governor's Budget	FY 76 Legislative Approp'n	+ (-) Net Request	
Teacher Salaries	2% of Salaries 158.7	2% of Salaries 252.9	2% of Salaries 290.7	2% of Salaries 252.9	2% of Salaries 312.6		
Other Req.	40% 63.9	46% 115.3	40% 116.3	58% 115.3	46% 142.5		
Total Inst.	222.6	368.2	407.0	368.2	455.1	(92.8)	48.1
Admin.	55% 87.3	57% 144.7	39% 114.3	45% 114.3 (7)	37% 114.3 (8)	-0-	-0-
Student Serv.							
Public Serv.							
Library	7% 10.7	7% 18.4	17% 48.0	10% 48.8 (7)	25% 87.3 (8)	.8	39.3
Physical Plant	9% 13.8	9% 23.7	11% 31.0	9% 23.7	9% 29.3	(7.3)	(1.7)
Total	211% 334.4	219% 555.0	207% 500.3	219% 555.0	219% 686.0	(45.3)	85.7

1. FCC estimate plus 600 SCHE non-credit
2. UA estimate 5,030 plus 950 SCHE non-credit
3. Reference memo to Bgt. & Mgmt. from UA Office of Budget Director, 1-7-75
4. UA PRIM
5. FY 75 plus 1-1/2% merit increase

6. Includes Instruction & Vocational Education
7. 30.4 from Admin added to Library
8. 64.5 " " " " " "



UNIVERSITY OF ALASKA

FAIRBANKS, ALASKA 99701

April 11, 1975

Ms. Danny Bowman
Senate State Affairs
1st Floor-Old Library
Juneau, Alaska 99801

Dear Danny:

Kotzebue Extension Center Priorities for 1975-76.

Funding for:

- 1-Coordinator
- 2-Full time Instructors
 - (One should be in office or Business Administration and one in English/Speech)
- 1-Full time Secretary
- 1-Half time Custodian

Travel money and per diem for one Instructor to make five trips per semester to two villages (same trip) for three days each trip.

Travel 5 X \$200.00	=	\$1,000.00
Per diem 5X3X \$25	=	375.00
Per Semester		<u>\$1,375.00</u>

For year (2X \$1375 = \$2,750.00

Sincerely,

Brad Wilson

Brad Wilson
Coordinator, Kotzebue Extension Center
University of Alaska
Kotzebue, Alaska 99752.

BW:elc

TELEGRAM

ALASKA COMMUNICATIONS, INC.

PHONE: 586-6440

JUNEAU, ALASKA 99801

#

12 076 POM FAIRBANKS ALASKA 15 04-30 355P AST

PMSSEN FRANK FERGUSON

JUN 5761

STRONGLY URGE YOU TO FINANCIALLY SUPPORT COLLEGE

OF NURSING TRANSFER TO UNIVERSITY OF ALASKA IMMEDIATELY

LORNA NELSON SR BOX 50505 FAIRBANKS ALASKA 99701

1976 APR 30 PM 8 42

TELEGRAM

ALASKA COMMUNICATIONS, INC
PHONE: 586-6440
JUNEAU, ALASKA 99801

#

12090 NL FAIRBANKS ALAKA 50 04-30 400P AST

PMS FRANK FERGUSON

JUN **5770**

URGE ABSORBING COLLEGE OF NURSING INTO UNIVERSITY OF ALASKA
SYSTEM IMMEDIATELY. CLASSES MUST RESUME IN SEPTEMBER IF
POSSIBLE KEEP THE SAME UNIVERSITY OF ALASKA BUSGET KEEP
BACCALAUREATE EDUCATION ALIVE IN ALASKA

MARLA SANTORA PRES FAIRBANKS DISTRICT IV NURSES ASSOCIATION
REPRESENTING 76 MEMBERS

1976 APR 30 PM 8 42

WORKMAN'S
Comp.



PIPER SALES

BOX 272
PHONE 766-4631
HAINES, ALASKA

NEW AND USED AIRCRAFT

L.A.B. FLYING SERVICE

CHARTER SERVICE

TROPHY GAME GUIDE

MARCH 27, 1976

DEAR MR FERGUSON:

WE URGE YOU TO PASS CSHB 662. THE PRESENT WORKMEN'S

COMPENSATION BILL IS RUINOUS TO THE EMPLOYER AND

DOES NOT GIVE THE EMPLOYEE THE BEST BARGAIN FOR THE

MONEY SPENT.

THANK YOU.

F A Bennett

**GREAT
NORTHERN AIRLINES
INC.**

Formerly Fairbanks Air Service, Inc.



March 30, 1976

Senator Frank R. Ferguson
Pouch V
State Capitol
Juneau, Alaska 99811

Dear Sir:

Industry must have some relief regarding Workmen's Compensation.

We urge you to support legislation as outlined in House Bill HB662. This bill is not the total answer, however it should be of some help.

Thanking you in advance for your consideration on this matter.

Sincerely,

George S. Patterson
Vice President

GSP:slw

FILE:
WORKMENS
COMP.

February 11, 1976

The Honorable Jay Hammond
Governor of Alaska
Pouch "A" State Capitol Building
Juneau, AK 99811

Governor Hammond:

Subject: Committee Substitute Senate
Bill 116 amll

Dear Honorable Hammond:

On behalf of the concerned employers and employees of the mechanical contractors in Alaska, we commend you for vetoing the above bill.

We respectfully urge your help to have this bill repealed. We oppose this bill for the following reasons.

1. Death benefits for the widower and/or with children, are the largest allowed in the United States. In most situations we would be allowing four to five times more total dollars than any other state.
2. Permanent disability benefits, are the largest allowed in the United States. In most situations, we could be allowing four to five times more total dollars than any other state.
3. Permanent partial injury. The amounts allowed on the basis of the effective dates are completely irresponsible. i.e., effective January 1, 1981 the maximum rate of compensation will be 200% of the states average weekly wage. Employees are encouraged to come to Alaska to get a permanent partial injury and then return to their former community to receive the difference in benefits from Alaska between their salary and 200% of our average weekly wage.
4. Payroll limitation rule. It was \$100 per week now this is computed on actual payroll. It is not uncommon for our workers to average \$1,200 per week.

Page Two Cont.,

This represents a 300% rate increase. Not to mention the 9.1% increase the insurers requested.

By copy of this letter we wish to thank those members of the legislature who saw the problems this bill would create and supported your veto. It is a difficult task to make government responsible again. It is also very sad the irresponsible politicians are almost totally under the sway of "special interests" that are threatening to spend us into bankruptcy.

Sadly it seems the most under-represented cause in this country is that of the taxpayer and businessman. Virtually there is no consideration for the ones paying the costs.

Sincerely,

Vern C. Winter
Executive Director

sc

C L TRAYLOR

AIRPLANE CHARTER
& MAINTENANCE

PHONE 844-3327
AREA CODE 907

P. O. Box 631
WRANGELL, ALASKA
ZIP 99929

January 7, 1976

Governor Jay Hammond
Pouch A
Juneau, Alaska 99811

Dear Governor Hammond;

This letter is to bring to your attention a single, but by no means, isolated case concerning the impact of the 1975 Workman's Compensation Act.

Having built up a small air taxi service in the City of Wrangell over the past fourteen years. I am at this point almost back to where I started. This summer I employed nine people. at this time there are four left, two of which are my wife and myself. Over fifty percent of our crew has been laid off due directly to the cost of Workmens Compensation Insurance. This places these people on unemployment compensation which all taxpayers support.

Another effect of this law that is not as visible as the financial problem concerns the safety of operation. After training pilot's in a particular operation and having to lay them off through the slow winter months. due to high compensation rates on pilots base pay. an operator is not always able to get these pilots back. A stable crew retained, winter and summer. is a much safer situation. In all previous winters we have retained our crew for safety reasons.

In summation, this law is highly inflationary, creates a financial hardship on all businesses, does not help the employee due to longer layoffs during low income seasons and less raises due to the high premium rate on wages paid. The net result is more people on unemployment and reduced services to the public.

Let's not gear so much to an OIL BOOM economy that a hardship is placed upon the stable industries that have provided jobs in Alaska long before any oil came on the scene.

-2-

Respectfully Yours,

C.L. Traylor
C.L. Traylor
President

CLT/bem

c/c

Don Dickey
Jim Dodson
Tony Motley
All Legislators

FAMILY
& CHILD
SERVICES

Foster
Homes

March 31, 1975

There is a great need for foster parents in Alaska, especially in the Anchorage area. The cost to the State for a foster home is so much less that keeping the same child at API or Hope Cottage, Inc. Foster parents are hard to recruit and hard to keep.

The Foster Parent Association of Anchorage is very concerned with what is happening with our mentally and physically handicapped children. We have been doing some research and felt that you would profit from our findings.

API - There are 29 retarded children at this unit now. All 29 of these patients could be placed in trained foster homes, if they were available. The cost of this routine care is approximately \$55.00 per day, or \$1650.00 per month. This makes a total of \$19800.00 per year. Special services such as Physical Therapy, etc. are added to this cost.

Hope Cottage, Inc. - Within the next two months, 6 children could be ready to leave the Cottage Units and go into foster homes, if they were available. The cost of care for these patients is \$22.75 per day, or \$682.50 per month. This makes a total of \$8190.00 per year.

Foster Home Care.- The cost to the State is \$176.00 for the child from birth to 13 years of age. \$247.00 for children 13-18 years of age. This rate is the same whether the child is normal or handicapped. This means that the State pays the Foster Parent of the mentally or physically handicapped foster child a total of \$2112.00 per year, for the young child and \$2964.00 per year for the teen-ager. This total covers all costs of the child except medical costs.

In recent years, we have gone before Rate Hearing Boards and explained these same facts. We have tried to show the difference in cost between keeping a normal child and one with special needs. The community is beginning to understand and accept the concept of normalization. They all understand the meaning of saving the tax dollar. Foster homes can prove a great saving to the State. These children who are now in institutions because there are no foster homes, are costing the State a great deal of money.

Now, let's get down to the greatest question of all. Why can't we recruit foster homes for these children? The number one reason is that these children take a great deal of time and extra expense compared to a normal child. If the foster parent is given a choice, they will select the normal child. In this day of inflation, the parent has a hard time keeping their head above water without adding extra expenses that a handicapped child presents, especially if the child is not legally theirs.

The State could afford to pay the foster parent double the amount that they are now paying and still save \$4014.00 over what is now being paid to Hope Cottage, Inc. and \$15,624.00 over what is now being paid to API. This makes budget sense to me.

At a time when money is scarce and our Governor has asked us all to be careful with the money spent, we would like your reaction, in writing, to this situation.

We want what is very best for the children of Alaska.

Sincerely,

Bonnie Jo Darnell
President
Anchorage Foster Parent Association
4709 Grumman Street
Anchorage, Alaska 99507

Copy 1 to
George, 1 for Eric

Confidential

LAW OFFICES OF
ALASKA LEGAL SERVICES CORPORATION
318 FIFTH STREET, SUITE B
JUNEAU, ALASKA 99801
TELEPHONE 586-6145

MEMORANDUM

February 15, 1975

To: Sen. Hohman and Rep. Sullivan

From: Don Clocksin

Subject: Questions to be asked of Commissioner-designate of the
Dept. of Health and Social Services

These questions are addressed primarily to programs operated by the Division of Family and Children's Services. They are fairly specific, and, as a result, cannot all be answered by a person new to the Department. However, even the unanswerable questions will serve an educational purpose. It should also be noted that the answers I'd like to hear are not necessarily the ones some legislators would like to hear.

1. Recent news reports reveal a long-term problem of inadequate staffing in the Anchorage food stamp office. Apparently, people must wait in line for hours and even days, often in the cold, in order to apply for food stamps. Will you act to solve that problem, and do you think the top staffing priority should be those people directly helping consumers or others in the beaurocratic labyrinth?
2. The Division of Family and Children Services Staff Manual, which is the basic document used to determine eligibility for DFCS programs, is not adopted pursuant to the notice and hearing provisions of the state Administrative Procedures Act (AS 44.62). Do you believe that is right? More generally, do you believe a state administrative agency has a responsibility to provide consumer input into its decision-making process?
3. On the question of citizen input, do you favor the continuation of a citizens' welfare advisory committee with access to agency information and the agency decision-making process? Do you favor the creation of a statutory committee of that type? (The present welfare advisory committee has been very effective in reviewing the activities of the DFCS and pointing out ~~XXX~~ their inadequacies.)
4. The Department of Health and Social Services has the responsibility for inspecting and licensing foster care and day care facilities. As a general rule, there are not nearly enough of those homes and centers which can satisfy the dept's requirements. It is especially difficult in rural areas where the standard of living is generally lower and the homes smaller and more substandard. However, many residents of small villages would like to be able to care for their own elderly and children in the village and not have to send them away to be cared for. If they could get their homes licensed, they could receive state reimbursement (foster care or day care payments) and be able to care for their own. What do you think about easing the requirements for

and that they should not be hassled by that additional eligibility barrier? Do you believe that women alone with children should have to go to work outside the home, or do you think that raising the children is sufficient "work" in itself? What about providing day care and other help for women who want to work outside the home but not requiring that they do so? As a philosophical matter, do you believe your primary responsibility is to the Legislature and to keeping the costs of your programs as low as possible, or to the people who depend on your programs, to see that they receive the maximum possible benefits under the law?

10. If you see a need that your agency is not satisfying, would you support legislation to satisfy that need, even though the legislation and appropriation necessary to fund it exceed the limits put upon your agency by the administration? In other words, if you are asked by this committee or another to comment on a bill affecting your agency, will your testimony reflect your belief as to the need for the bill or will other considerations apply?

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

OFFICE OF THE COMMISSIONER

8. 62?
cost of care

JAY S. HAMMOND, Governor

POUCH H - JUNEAU 99801

April 11, 1975

The Honorable George Hohman
Chairman, Senate Health, Education &
Social Services Committee
Alaska State Legislature
Pouch V
Juneau, Alaska 99811

Dear Mr. Hohman:

Pursuant to AS 47.05.010 (14), the Department of Health and Social Services held public meetings (rate hearings) in February 1975. The Department is herewith complying with that portion of the statute requiring that the proposed levels of care and rates of payment be submitted to the Legislature annually, while in session. The proposed rates for Institutional Care and Foster Care, and the proposed Levels of Care are attached.

The proposed institutional rates are based on reported expenditures and occupancy for the institutions during the period July 1 through December 31, 1974, plus an 11.56 percent cost of living and incremental salary increase allowance. These rates are subject to adjustment when the entire FY 1975 expenditure and occupancy figures are known.

The proposed foster home rates are based on the FY 1975 rate, plus a 10 percent cost of living allowance. In addition, based on testimony given at the rate hearings, a third age level rate has been developed. The "twelve and below" group from past years has been divided to age groups "five and below" and "six through twelve." The new age grouping should more accurately reimburse foster parents for costs incurred on behalf of the foster children in their care.

The following table contains the funding identification for institutional care within the Governor's Budget Request:

<u>Division</u>	<u>Program (BRU)</u>	<u>Governor's Budget Request</u>
Family and Children Services	Program Services	\$1,620,100
Family and Children Services	Protective Services	104,500
Corrections	Juvenile Confinement	1,101,000
Mental Health	Contract Institution	846,100
		<u>\$3,671,700</u>

George Hohman
Page 2

April 11, 1975

The budget contains funds for foster care projected expenditures.

Attached for your information are tables indicating the three items specified in the statute for this report: (1) Proposed Institutional rates; (2) Proposed rates of payment, foster homes; (3) Proposed Levels of Care.

Sincerely,

Francis S. Williamson
Francis S. L. Williamson
Commissioner

PROPOSED LEVELS OF CARE
INSTITUTIONS

1. Basic Level of Care

Purpose of this level is to provide the following:

1. Lodging shall meet the requirements of health and safety code pursuant to Institution regulation 7AAC50.028.
2. Food availability, quality and preparation to comply with Institution regulation 7AAC50.066.
3. Clothing shall comply with Institution regulation 7AAC50.068.
4. Educational provisions shall comply with Institution regulation 7AAC50.072.
5. Transportation shall be limited to routine family use.
 - A. Program Travel Transportation and escorting of children that is an integral part of program while the child is residing in the facility is the responsibility of the applicable facility. This stipulation excludes travel on commercial transportation.
 - B. Transportation and Escorting for Reasons of Transfer
 1. The Department of Health and Social Services will provide transportation and escorting for all children traveling on commercial transportation and all transfer of children that warrants travel outside the population area in which the child resides or is housed at the time of transfer.
 2. Private facilities will transport and escort all transferring children if travel is restricted to the population area in which the private facility exists.
6. Recreational activities shall comply with Institution regulation 7AAC50.074 and 7AAC50.082(c).
7. Family services shall include residential care to fulfill the needs of children placed in a facility offering this level of care.
8. Medical and Dental
 - A. It is the responsibility of the institution to maintain and promote the health of the children for whom it assumes responsibility, and to make provision for the care and treatment for children who are ill.

B. Each child shall have an annual physical and dental examination and booster immunization as recommended by the physician or health department.

C. The institution shall provide for prompt medical or dental care in cases of suspected illness and emergency situations.

9. Full utilization of applicable state services.

10. Active participation with organizations in the community for the social and cultural development of the individual.

11. Limited contractual services as determined by the Department of Health and Social Services.

II. Intermediate Level of Care

This level of care includes all services in the Basic Level of Care, plus providing contractual and state supplied service for those children needing more than emergency and routine care.

III. Specialized Level of Care

This level of care includes all services included in Levels 1 and 2, plus those required to meet the specialized needs of the individuals as determined by professional evaluations. Only those services which cannot be provided directly by the State of Alaska shall be provided within the private care facility.

STATE OF ALASKA
IN-STATE FOSTER AND GROUP FOSTER HOMES
RATE SCHEDULE
(Effective July 1, 1975)

		JUNEAU AREA (SE)		KETCHIKAN AREA (SE) ³		SOUTHCENTRAL AREA		NORTHERN AREA ⁴	
		<u>F O S T E R H O M E S</u>							
		<u>Old Rate</u>	<u>New Rate</u>	<u>Old Rate</u>	<u>New Rate</u>	<u>Old Rate</u>	<u>New Rate</u>	<u>Old Rate</u>	<u>New Rate</u>
5 & Under	(Month) (Day)	\$180.00 5.92	\$198.00 6.51	\$176.00 5.79	\$194.00 5.38	\$176.00 5.79	\$194.00 6.38	\$187.00 6.15	\$206.00 6.77
6 Thru 12	(Month) (Day)		240.00 7.89		233.00 7.66		233.00 7.65		248.00 8.15
13 & Over	(Month) (Day)	255.00 8.38	281.00 9.24	247.00 8.12	272.00 8.94	247.00 8.12	272.00 8.94	263.00 8.65	289.00 9.50

- NOTES:
1. New rates represent a 10% C.O.L.A. over FY 1975 rates.
 2. Monthly rates x (12/365) = Daily rates
 3. Includes Petersburg, Kake and Wrangell
 4. Includes Bethel
 5. The rate schedule includes a new age grouping, 6 through 12 years, to more accurately reflect costs for this age group.
 6. The above rate schedule is applicable only to foster parents residing in Alaska. The rates to be paid foster parents residing in the contiguous United States will be the same rate paid by the city, state, or county Welfare Department in which the foster parent resides.
 7. The new rates apply to the geographic location (city or regional area) of the foster parent--not to the District or Region to which the case is assigned. The mailing address of the foster parent is the determining factor in all questionable cases.
 8. Crippled and handicapped children placed in foster homes by the MCH program of Division of Public Health are exempt from provisions of above schedule. Foster parents caring for these special category short-term placements will be authorized \$9.27 per day per child without regard to age in the Southeastern and Southcentral regions. The rate of \$10.00 will be paid in the Northern Region.

COST OF CARE
COST PROJECTIONS FOR FY 75/76

<u>Name of Home</u>	<u>Rate FY 1975</u>	<u>Projected Rate FY 1976*</u>
Alaska Children's Services		
Aquarius	\$22.50	\$41.29
North Star	21.35	26.37
Colletti	26.46	29.52
Jesse Lee	36.61	40.78
Emergency Shelter	42.47	49.85
Alaskan Youth Village	22.67	31.47
Bethel Receiving Home	20.21	22.55
Booth Memorial Home	33.62	46.28
Hilltop Home	27.45	33.79
Hope Center	37.67	35.53
Sheffield House	20.03	23.52
Hope Cottage - Program A	22.75	25.38
Hope Cottage - Program B	24.06	27.78
Jesuit Volunteer Group Home	28.28	31.55
Juneau Receiving Home	23.15	32.24
Juneau Teen Home for Boys	21.68	24.19
Juneau Teen Home for Girls	24.87	31.38
Kenai Community Care Center	29.94	37.26
Ketchikan Receiving Home	24.61	36.31
Ketchikan Teen Home	26.54	36.45
Kodiak Baptist Mission	11.07	12.35
North Star - Dot Lake	13.30	19.90
Presbyterian Hospitality House	30.85	61.06
Rec. & Transition Ctr. (Hillcrest)	29.30	35.57
Turning Point Boys Ranch	36.02	42.29
Weighted Average Daily Rate	27.44	33.89

* Includes 1.56% increase for Cost of Living Allowance

У К Н С

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

OFFICE OF THE COMMISSIONER

RECEIVED
NOV 7 1974
WILLIAM A. EGAN, GOVERNOR

8.9 ✓

POUCH H - JUNEAU 99801

November 1, 1974

Elizabeth Dietrich, Project Manager
Lester Gorsline Associates
P. O. Box 6276
Terra Linda, California 94903

<input type="checkbox"/> Adrain	<input type="checkbox"/> Gant	<input type="checkbox"/> Macgowan	<input type="checkbox"/> Schoon
<input type="checkbox"/> Berg	<input type="checkbox"/> Johns	<input type="checkbox"/> Martz	<input type="checkbox"/> President
<input type="checkbox"/> Bullard	<input type="checkbox"/> Johnson	<input type="checkbox"/> McAfee	<input type="checkbox"/> Accounting
<input type="checkbox"/> Chapman	<input type="checkbox"/> Jones	<input type="checkbox"/> Misra	<input type="checkbox"/> Promo.
<input checked="" type="checkbox"/> Dietrich	<input type="checkbox"/> Lamott	<input type="checkbox"/> Partridge	<input checked="" type="checkbox"/> Chron
Proj. Sec _____			1527

Dear Ms. Dietrich:

Thank you for your letters of July 17 and September 30, 1974. Because of the scope of this study it was necessary for my staff to review it in depth. Unfortunately, it was received during the time when individuals most concerned were engaged in preparing the FY 1976 budget request, hence the delay in responding to your request for corrections and comments.

The attached report was prepared by the Division of Public Health following a review of the study by the Office of the Director as well as the Sections of Nursing, Laboratories, and Communicable Diseases and the Regional Health Officer for the Southcentral Region. Many of the comments relate to similar comments made at the August 16, 1973 Finance Study Task Force meeting, at which Dr. Tower and Mrs. Fleek were present.

It was our understanding that this was to be only a study of expenditures in the Bethel area, therefore, we had no realization that the original intent included speculating about what specific contractual services Yukon-Kuskokwim Health Corporation might assume as is done on pages 25 - 29 of the study. Hopefully, some of the misstatements of fact can be revised through an errata page, after you have studied the attached report.

I am very sorry to inform you that Mr. McClain suffered a fatal heart attack on October 11, 1974. He had appeared to be recovering very satisfactorily so his death was quite sudden and unexpected. I know you will be as disheartened at this news as we were.

Sincerely,

Frederick McGinnis
Commissioner

FM: LMJ: bal

cc: Yukon-Kuskokwim Health Corporation
Division of Public Health

Enc: As stated

COMMENTS ON EXPENDITURE STUDY FOR HEALTH SERVICES
(PREPARED BY LESTER GORSLINE ASSOCIATES FOR THE
YUKON-KUSKOKWIM HEALTH CORPORATION)

GENERAL

The Lester Gorsline Associates draft report only covers a part of the problem associated with the delivery of medical/health care to the Bethel area. It covers the expenditure of funds and assumes that these funds can be readily transferred to corporations. It ignores the question of legal authority to delegate health responsibilities and funds to a non-governmental unit. This is a fundamental question and must be resolved. Furthermore, delegation of health responsibility needs to be clearly spelled out and defined so that there is a coordinated health care program and not emphasis only on those services that are "highly visible". There must be a balance between programs and not fragmentation or selectivity.

The report emphasizes services to the Alaskan Native and ignores the population characteristics of the Bethel area. If state money is to be used for contractual services, will YKHC provide services to all persons regardless of race? Will the non-native have equal rights? There is a minority group of approximately 3,000 non-natives that must be equally covered and any agreement must include this group.

In the assumption that the local groups will have great leeway in determining local health needs, the report overlooks the mandated services required for federal funds and specific state services. There can be local input, but on the expenditure of funds it will be limited.

In proposing contractual arrangements for specific services, the report neglects to resolve questions regarding the structure of YKHC and its managerial abilities to provide the essential long-range continuity to the selected programs. Will the employees meet all state requirements and will the corporation provide the required personnel standards? Will YKHC establish an auditable accounting system so that the state can meet all of the legal obligations, both state and federal? Furthermore, in return for managing the contracts, what will be the direct and indirect costs charged to the state?

There are many other points the report doesn't cover in its attempt to justify funds for selected "visible" services. There should be an overriding concern for a coordinated health care program embodying preventive services that can be developed within the framework of local government. The fragmentation of health services as proposed would be a disservice to the area and might hamper the development of local health units. Areas that need emphasis are environmental health and health education and these are overlooked in the report.

In considering contracting with local health agencies, a tradition of maturity in the organization, continuity and stability of professionally qualified people, and experience in administering health services would seem to be needed. In the Greater Anchorage Area Borough, this tradition and prerequisites have been met. In the Fairbanks area, it is likely to be met in the near future. For rural Alaska, it still seems in the future.

The study proves again the fallacy of statistics, their collection and utilization. It would be fair to conclude that the Bethel area, for its populace, over the years has received and continues to receive a proportion of Division of Public Health expenditures greater on a per capita basis than other population groups of the state in recognition of their need. The report does not reflect this fact.

SPECIFIC

Page 28 of the report under the heading of Public Health Nurses states "YKHC could contract with the State to have these funds granted to the Corporation so that it would be possible for the Public Health Nurses--- for hiring them, for determining what activities they would perform, where they would work, etc.", referring to the funds presently supporting nursing services for the Bethel area. In theory, the activities performed by the Public Health Nurses are determined by the Department; in fact, many of the duties and activities carried out by the Public Health Nurses are dictated by the necessity to comply with federal regulations, state law, or requirements of other state agencies. If the state chose to contract out the Nursing services for the Bethel area, the same services would have to be continued, either through specific contract requirements or through the state continuing the staffing of special program areas. Very little leeway would be left to YKHC for "determining what services" they would perform.

Page 31. The statement that YKHC could assume the public health nursing functions with no addition to their present staffing seems to indicate a serious lack of understanding of the public health nursing services. At present staffing level, YKHC is not able to provide adequate health aide training, let alone public health nursing. Retaining staff seems to have been an even more serious problem for YKHC than for DMSS.

Page 43. It is not clear why the special project in family planning in Bethel is considered funded through Rural Nursing Service.

Page 44, paragraph 1, an assumption is made that since the General Nursing budget category is primarily urban and "the Natives in these communities seek care with the hospitals and clinics of the Native Health Service, no portion of the costs for General Nursing Services should be attributed to Alaskan Natives". In reality, a very high percent of the cases in urban areas are Natives.

Page 44. The conclusion about costs for Administrative and Support services is very confusing.

An obvious inaccuracy is the exclusion of Regional Office expenses in administration of rural nursing in the Bethel area. Actually, during 1973, much of the administrative support for Bethel Itinerant Nursing was from the Southcentral Regional Office as well as from Central Office.

Page 44. The report implies that either the Fairbanks Health Center is entirely supported by tuberculosis funds, which it is not, or that tuberculosis services are provided through the Center to only non-natives since the report states that AANHS provides tuberculosis services to natives.

Page 45-46. There are many errors of omission in both the tuberculosis and community health portions of this page. The majority of costs of TB drugs in the Bethel area was borne by the state program. The x-ray surveillance programs in the Bethel villages amounted to a significant portion of the overall tuberculosis budget. No mention was made of the inhalation therapy equipment and time spent in training, or the proportion of the budget spent in interpretation of x-rays and consultations to Bethel Hospital. Similarly, the costs for venereal disease and immunizations were totally erroneous.

Page 46. The very low figure of \$500 for Environmental Health services in the Bethel area must be an inaccuracy since that much would be spent on a single extended trip into the Bethel area by SCRO sanitarian John Kuhn. Actually, Mr. Kuhn has made repeated trips into the Bethel area, and again, some of the cost of the SCRO Office should be prorated to the Bethel area.

Page 46-47. Cost analysis on EPSDT is based on too limited an information base to be accurate.

Page 47. In reference to the Communicative Disorders program, the report states "The program places first priority on serving Native children who have a high incidence of preventable or correctable hearing handicaps." This is not so. The program places first priority on areas with high incidence of otitis media. The fact that these are also primarily native areas is incidental. = Otitis MEDIA

Page 49. The evaluations under the heading "Laboratories" were incorrect, since in one category the tuberculosis surveillance program estimated four to five hundred cultures a month coming from the Bethel area and this represents better than 25 percent of the tuberculosis cultures processed throughout the state.

Page 54. Comprehensive Health Planning does not have responsibility for certifying health facilities to receive Medicare reimbursements nor are they responsible for the licensing of health facilities. Both functions are the responsibility of the Division of Public Health, Health Facilities Certification and Licensing Section.

Page 57. Analysis of costs of nursing services in the Bethel area are inaccurate. The same is true for the other sections of the Division of Public Health (see previous comments).

STATE OF ALASKA
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF PUBLIC HEALTH

8.92
Dr. David
Spencer Strep

March 14, 1975

3-26

4/2-K

WORKING PLAN FOR A STATEWIDE
STREPTOCOCCAL/RHEUMATIC FEVER
CONTROL PROGRAM

Background of Problem

Infection of the throat or skin by the Streptococcus germ (Strep), if untreated with antibiotics, will lead to complications of acute rheumatic fever, glomerulonephritis, or Sydenham's Chorea in 1 to 3 percent of the cases. While this percent of complications is low, the basic number of Strep infections is quite high and, therefore, the late complications occur in significant numbers and should be prevented if possible. Prevention of these late complications is accomplished by administration of a 10-day course of antibiotics, one of the best known efficacious areas of medical therapeutics at this time. A preventive program in this area must be based on a readily available throat and skin culture procedure, which is designed to detect individuals harboring Group A Streptococcus infections.

At this time in Alaska there is the following limited availability of culturing facilities:

- (a) The pilot project run for several years by the Center for Disease Control which is now being maintained in part by the Yukon-Kuskokwim Health Corporation.
- (b) Alaska's three Regional Public Health Laboratories.
- (c) Private clinical laboratories.

At the present time, there is no statewide educational or promotion work being done in this area.

The total number of persons with previous rheumatic fever and subsequent cardiac disability is impossible to determine on a statewide basis because of lack of a statewide health information system. Based on similar population groups elsewhere a reasonable estimate of the number of new persons with acute rheumatic fever occurring in the 95,700 white population age 5-19 years of the State would be 10-12 persons yearly. More reliable incidence figures are available for the Alaskan Native Population of the State whose health care is coordinated through the Alaska Native Health Service. Based on careful chart reviews and intensive physician surveillance, the incidence from 1968 through 1973 of proven cases of rheumatic fever among Alaskan Natives age 5-19 years is known to be 10 cases per year in a

population of 22,000. Those cases that can be expected to occur this year due to the lack of a statewide action plan could nearly all be prevented at considerable cost saving if the following action plan were operational.

For each 10 cases of rheumatic fever, 1 case of rheumatic heart disease develops. The lifetime cost for medical care for one person with rheumatic heart disease which has gone undetected until appearance of cardiac symptoms is \$60,000. This estimate does not take into account the loss of productivity or the ill health and early death of a family member afflicted by this crippling condition. Even with modern open heart surgery these cases are rehabilitated only to a moderate degree having a limited life expectancy with artificial heart valves. The cost to the State as a whole, if nothing further is provided for prevention of these diseases, is easily calculated.

Action Plan for Control of Streptococcal Infection and Prevention of Rheumatic Fever.

This is a cooperative venture involving six agencies among whom there is now a spirit of cooperation and coordination. The program can be divided into four basic components.

Component #1. Registry of Persons with previous rheumatic fever.

The Registry of Human Impairments is a component of the State of Alaska Division of Public Health in the Office of Health Programs Support. It provides a roster of persons with impairments, as mandated by Alaska Statute, and appropriately could include those individuals with rheumatic fever. The system could be adapted to embody surveillance of these individuals to ensure needed monthly medications. Thus, technological resources could be used to facilitate regular prophylactic medication to prevent recurrent episodes of rheumatic fever.

Component #2. Statewide availability of cultures for symptomatic individuals (sore throats or skin infections).

A. Cultures to detect Group A Strep.

This component will be a continuing responsibility of a large number of primary service laboratories throughout the State. These laboratories include the three State Public Health Regional Laboratories (see Fiscal Supplement), the U.S. Public Health Service Unit laboratories, special laboratories (mentioned below in Component #3) run by the Alaska Federation of Natives or the Regional Health Corporations, and private clinical laboratories throughout the State. Each of these primary service laboratories will be encouraged to increase their capability to perform Strep cultures to determine if the Group A Strep is present or not. They will rapidly report

all positive cultures to the health provider who requested the culture. Effective therapy must be instituted in all cases before ten days have elapsed from the start of the patient's symptoms. The earlier the treatment, the greater the assurance of preventing subsequent complications.

B. Reference, typing, laboratory consultation and training.

A centralized laboratory service will be located in the State of Alaska Southcentral Regional Laboratory-Anchorage. Confirmation of all positive isolates from the statewide program and selective M-T typing to determine the epidemic potential of the new Strep infections will be available. Training, consultation and proficiency testing for quality control and standardization of procedures will be a function of the central laboratory.

C. Epidemiologist service.

The Governor's budget request includes funding of an Epidemiologist position. This person would devote a portion of his time analyzing the results of the culture program and designing action plans for any Strep epidemics which are emerging. The Center of Disease Control can provide technical assistance in this area until the State position has been created.

Component #3. Surveillance program of asymptomatic individuals in high-risk regions.

Only a portion of Strep infections will cause a person to feel sick. Even from these asymptomatic infections rheumatic fever can also arise. Therefore, in high prevalence areas a Strep Surveillance Program has been demonstrated to be effective in locating additional cases. The Alaska Federation of Natives has agreed to continue the pilot Strep Surveillance Program started by the Center for Disease Control and to expand it to include appropriate high-risk groups in the three coastal Service Units of the State. This program involves a regular sampling of school children in villages where the incidence of Streptococcal infection and subsequent rheumatic fever is extraordinarily high. This program will be periodically analyzed as to its cost effectiveness in preventing cases of rheumatic fever.

Component #4. Educational campaign.

The goals of the educational effort will be:

- (1) To create an awareness in the population at large that proper treatment of Strep infections can prevent subsequent complications and that only a culture can reliably determine the

AFW
\$50K
Per year
next
3 years

presence of a Strep infection.

- (2) To fully acquaint all the providers of medical care regarding the foregoing components of this program and regarding proper management of Strep infections and their sequelae.

This educational campaign will be conducted by the Alaska Heart Association in conjunction with the Health Education Units of the State Division of Public Health and the Alaska Native Health Service.

FISCAL SUPPLEMENT A

Additional Resources Necessary for FY 1976 Implementation

(Thousands)

Component #1

Increased funding for commodities will provide for additional computer time and supplies. 3.0

Component #2

A. Increased supplies of forms and transport kits for the three State Regional Labs functioning as primary service labs. 12.0

Increased supply of penicillin for case treatment. 1.0

Additional communication costs for rapid reporting of positive cases. 5.0

Increased travel for consultation and training. 1.0

B. Additional resource needed is one additional position, a Microbiologist II, \$16,500 plus benefits 18% (3,000). 19.5

Increased supplies for reference and typing work. 1.0

TOTAL

42.5

Comp. #3

MCA - \$85,935

Added into
HSS - Div. of Public Health



JUNEAU, ALASKA

Alaska State Legislature

Senate

May 19, 1975

8.92

Dan Rounds
Planning and Development
Yukon-Kuskokwim Health Corporation
Box 528
Bethel, Alaska 99559

Dear Dan:

Thank you for your letter analyzing the shortcomings of SB 54 and recommending changes to improve the bill.

I appreciate your evaluation and assure you that if the bill comes out of committee, it will include many of the changes you recommend.

Sincerely,

George Hohman
State Senator

ld

YUKON-KUSKOKWIM HEALTH CORPORATION

AFFILIATE OF THE ALASKA FEDERATION OF NATIVES

P. O. Box 528
Bethel, Alaska 99559
(907) 543-2506
(907) 543-2508

April 2, 1975

892

The Honorable George Hohman
Alaska State Senator
Senate Office Building
Pouch V
Juneau, Alaska 99801

Dear George:

We have reviewed Senate Bill #54. Some of the comments include concern over the definition of health facilities, the repayment plan, length of appropriation, and the restriction to use of funds by municipalities only.

Our comments are quite similar to the position paper developed by Jerry Madden, State Health Services Co-ordinator.

George Neck has approached yourself and the Department of Health and Social Services on many occasions to obtain funds to develop small village built clinics. He has consistently been told that no funds had ever been appropriated under section AS. 18.25. Now, along comes a bill that puts money into this section but instead of it being used for construction it is earmarked for:

1. Municipalities thus excluding small villages that are unincorporated.
2. Operational loans to the exclusion of construction loans.

Our recommendations would be to either expand the bill in scope or kill it. If we do expand the bill's scope suggestions for changes include:

1. Allow the funds to be used for construction, modernization and equipping as well as operating health facilities.
2. Expand the qualifications to include loans to unorganized villages as established under the land claims act who have health aides and are eligible for I.H.S.'s village build clinic program.
3. Defining health facility to include the Prematernal Home, Day Care Center, and Receiving Home as well as village built clinics.
4. Repayment should not include interest or it should be spelled out as to how much the interest rate is and/or how it will be determined.

5. The repayment period should be negotiable up to 20 years depending on the conditions at the Health Facility. Presently, the V.B.C.'s have repayment periods of up to 12 to 16 years including interest.
6. Change the existing legislation (AS. 18.25) to allow for loans as well as grants.
7. Include a bad debt clause to allow the State to cover a percent of the bad debts according to whether or not the facility is serving a poverty level population.
8. Do not limit or stipulate that repayment is based solely on revenue sharing. Federal Revenue Sharing for example has run out and there is opposition by O.M.B. to continue it.
9. The funds can be obligated over a three year period but the repayment should not be limited to three years.

If you can get the above changes the funds could be used for these types of projects in the A.V.C.P. area:

1. Ten more village built clinics (See Attached List).
A total estimated cost of \$130,000.00.
2. Prematernal Home/Day Care/Receiving Home.
3. District Health Center.
 - a. Mountain Village/St. Mary's.
 - b. Aniak (Modernization).
 - c. Coast (Nelson Island).
 - d. Others unknown.

The district health centers concept is in its developing stages and is open. By next year we could have a complete picture for funding district health centers the following two years.

Hope these ideas will help formulate a better bill.

Sincerely,

Dan Rounds

Dan Rounds
Planning &
Development

DR/aj

cc: George Neck
Alvin S. Ivanoff
Project Directors

ATTACHMENT

Additional Clinics To Be Built In The Bethel Service Unit Region.

Crooked Creek	\$16000
Grayling	16000
Upper Kalskag	16000
Lime Village	6000
Newtok	16000
Nightmute	16000
Red Devil	6000
Shageluk	16000
Sheldons Point	16000
Stony River	<u>6000</u>
	\$130,000

YUKON-KUSKOKWIM HEALTH CORPORATION

AFFILIATE OF THE ALASKA FEDERATION OF NATIVES

P. O. Box 528
Bethel, Alaska 99559
(907) 543-2506
(907) 543-2508

✓ 892

April 1, 1975

Dear *George*:

George of *Unalakleet*, Alaska has applied for the position of Eye Care Assistant with the Yukon-Kuskokwim Health Corporation.

Your name was given as a reference. Please comment on the general qualifications, performance and character of this applicant to the degree with which you are familiar.

Enclosed is a self-addressed, stamped envelope for your convenience.

Sincerely,

Doris C. Green

Doris C. Green
Administrative Director

DCG/ap



JUNEAU, ALASKA

Alaska State Legislature

Senate

May 19, 1975

5.60 Mr. file K... R. G. E

892

Doris Green
Administrative Director
Yukon-Kuskokwim Health Corporation
Box 528
Bethel, Alaska 99559

Dear Doris:

Thank you for your letter regarding the application for employment of Alexie Alexie of Kwethluk.

It has been my experience that Alexie Alexie is a reliable individual who has personal pride in the timely accomplishments of tasks. I can recommend Alexie as a person who pays attention to detail and can be trusted with responsibility.

Thank you.

Sincerely,

George Hohman
State Senator

ld

YUKON-KUSKOKWIM HEALTH CORPORATION

AFFILIATE OF THE ALASKA FEDERATION OF NATIVES

YKHC 892
P. O. Box 528
Bethel, Alaska 99559
(907) 543-2506
(907) 543-2508

December 31, 1974

Dr. Donald Freedman
Dept. of Health & Social Services
Pouch H
Juneau, Alaska 99801

Dear Dr. Freedman:

Enclosed is the final draft of our M.C.H. Proposal to the State for funding of our present M.C.H. Program and for its expansion.

We are seeking to have the program incorporated into the State plan.

Our local legislators will be seeking funds for the project in FY-1976. Please include the project in your State plan for FY-1977.

The Program has been possible only through the Co-operative efforts of the Bethel Public Health Nurses, the Indian Health Service, and the Yukon-Kuskokwim Health Corporation.

We await for your support of this much needed program in the Yukon-Kuskokwim Delta.

Cordially,

Alvin S. Ivanoff / a.g.

Alvin S. Ivanoff
Executive Director

ASI/aj

Enclosure

cc: Dr. Spence, Dept. of Health & Social Services
Dr. Elizabeth Towers, Reg. Health Officer
Dr. Hurwitz, I.H.S., Bethel
Mr. Frank Estes, I.H.S., Bethel
Ms. Jeanette A. Pitcherella, P.H.N. Supervisor, Bethel
Mr. Carl Jack, A.F.N.
Dr. Brenneman, I.H.S., Bethel
Sen. George Hohman ✓
Rep. Philip Guy

I. INTRODUCTION

The Bethel Service Unit is located in the Southwestern part of Alaska in the Yukon-Kuskokwim delta. There are 52 Eskimo villages in this area of 75,000 square miles. Native Americans who live in the villages make their living primarily by subsistence hunting and fishing. The majority of villagers do not have a high school education and speak primarily in Native tongue. They have been relatively isolated from the rest of the world until recently when radio and television arrived in the area and began service. Medical services are supplied by the Indian Health Service, the Yukon-Kuskokwim Health Corporation and the State Itinerant Nursing Service. The IHS hospital is a 42 - bed facility with an active inpatient and obstetrical services and an even more active outpatient service. The average daily outpatient load is 115 patient visits per day. YKHC contributes some direct medical services such as Eye Refractions, Community Health Representatives, Maternal and Child Health and Strep Surveillance Programs, but is primarily a planning organization working in conjunction with the State and Federal services to provide direction for the development of Health Care in the area. The State supplies Public Health Nurses who make visits to the villages about 3 - 4 times a year. A profile of Yukon-Kuskokwim area is attached in Appendix i.

II. JUSTIFICATION FOR CONCENTRATED EFFORT ON INFANT & CHILD HEALTH

There are approximately 350 births per year in the Bethel Service Unit. 292 of these take place in the hospital at Bethel, about 50 of these take place in the Anchorage hospital and approximately 10 - 20 take place in the village. Last year, of the 250 births which took place in Bethel hospital, 6.5% were small for dates or premature infants.

The infant mortality rate which is reported in deaths per thousand births was 50 - 100 deaths in the 1960's. (See Appendix ii for statistics). Over the years, this rate has come down and in 1970, the rate was 24.5. The reasons that mortality rate has fallen over the years are many. The Prime reason may be attributed to the introduction of family planning. Prior to 1966 family planning could not legally be provided to Alaskan Natives by the I.H.S. The effect of family planning was to reduce unwanted births especially births to women who have large families. Appendix ii - graph 3 indicates the drop in the number of births/1000 population to mothers with more than five children. As the birth rate dropped in the large families the number of infant deaths dropped because mothers with five and six children have a higher infant mortality rate. Other factors influencing the infant deaths include the following: The Prematernal Home which houses pregnant women until they deliver their babies in the hospital was built in 1968. The pediatrician was assigned to the hospital at around this time also. There has been a gradual increase in doctors and in hospital staff over the years and there are more Public Health Nurse visits to the villages. The house in the villages have been improving in quality over the years and there are less adult deaths from tuberculosis. There are many unknown factors which have contributed to the decrease in infant mortality. In 1970, the infant mortality rate was recorded as 24.5. The rate still remains higher than the rest of the state. The Bethel infant mortality rate is 35% higher than the U.S. rate which has fluctuated around 18 infant deaths per 1,000 live births. The reasons that the infant mortality rate remains higher for Alaskan Natives than for rest of the State are multiple. There are higher number of low birth weight babies born to Alaskan Natives. 6.5% of births at Bethel Hospital are noted to be low birth weight whereas, the general rate of Alaskan non-natives is 5.8%. There is also a high incidence of infectious illnesses which contribute to many infant deaths.

Although the infant death rate is subsiding the infant morbidity rate remains high and is perhaps the prime reason for an MCH Program. The high morbidity and mortality are from infectious diseases such as viral pneumonias, bacterial meningitis, otitis, strep throat and bacterial pneumonias. Overcrowded and inadequate housing compounds the problem of the spread of infectious diseases. Inferior nutrition which is manifest in nutritional anemias, particularly iron deficiency anemia, has been reported to be up to 50% of all school children in some villages. There is inadequate patient understanding of intercurrent illnesses and in treatment of simple and more complicated diseases. Patients are unable to participate in caring for themselves because they have a significant lack of understanding of their own disease process and of the medications which are prescribed for them. Children with chronic diseases are sometimes lost to follow-up because parents did not understand the importance of medical follow-up for these conditions and because of a diversified medical system with an inadequate method for monitoring chronic illnesses in children. All of these problems result in increased hospitalization. The Bethel area has a high admission rate of 724 patient days per thousand persons ages 0-14. This is triple the US average. The hospitalization rate of children 0-5 is 10 times the rate experienced by the Kaiser Permanente Health System in California.

Maternal health, too, is below the norm. In a prenatal survey table 10611 by the State of Alaska in 1973, it was noted that women hospitalized in the I.H.S. hospitals and women on public assistance have fewer prenatal visits before the third trimester of pregnancy. Indeed, there are many mothers who have delivered at Bethel hospital who have had no prenatal care in the first two trimesters of their pregnancy. Their first physical examination is usually conducted in the outpatient department of the hospital prior to their entering the Prematernal Home. This is usually 4 weeks or less before their estimated date of confinement.

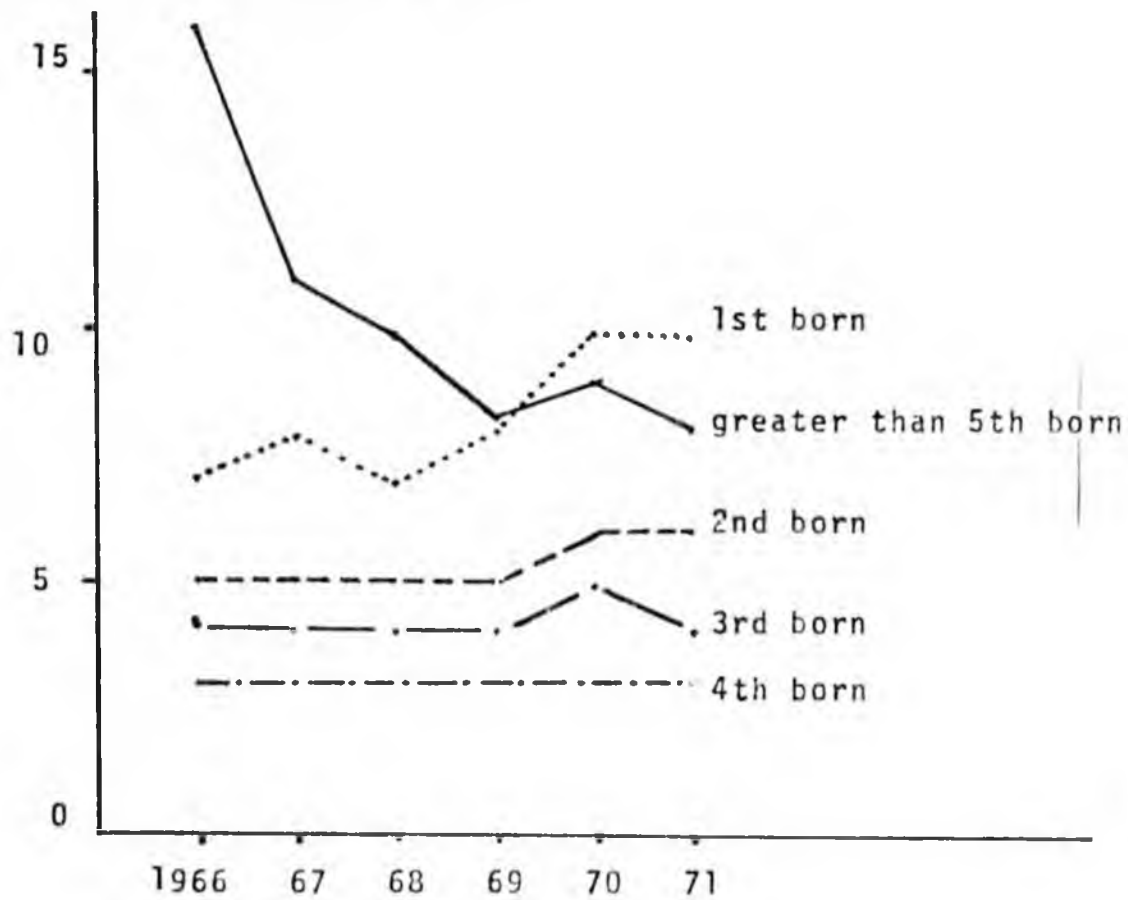
There appears to be a greater number of high risk obstetrical patients in this area as compared to other areas. In July, of 1974, there were 65 persons classified as high risk. This accounted for 61% of the 107 prenatal patients at that time. More recently, the percentage of high risk prenatal patients has been approximately 52%. There are a large number of grand multiparous women who have had more than five pregnancies who are designated high risk patients. There are also a large number of women who are over 30 who are still bearing children; they too, are high risk. There are a significant number of women who have had previous problems with deliveries. Problems such as: breach presentations, premature births, toxemia and previous abortions are classified as high risk and are frequently found in the Bethel area prenatal patient population. Another major group of patients who are determined to be high risk are those that have postpartum complications. Postpartum bleeding is seen with particular frequency in grand multiparous women.

III. PRESENT MCH PROGRAM

In order to deal with the high infant mortality and morbidity and the large number of high risk pregnancies that exist in the Bethel Service Unit, a coordinated effort was undertaken by the PHS Hospital, YKHC, and Bethel Itinerant Nursing to try to respond to these needs. A Maternal & Child Health Program was established (See appendix ii outline of MCH System). It is coordinated by a Nurse Midwife who reviews charts of all pregnant patients and assigns risk according to the previous history and physical exam.

GRAPH 3
BIRTH RATE AND ORDER OF BIRTH

Births per 1,000 population *



* Native population.

Table 10

Percentage Distribution of Patients by Number of Medical Checkups and Date of First Checkup for Each Source of Payment for Hospitalization
Prenatal Care Survey, Alaska, January-June, 1973

Date of First Checkup and Number of Checkups	Source of Payment						Total
	Self	Insurance	Govt. Hosp.	Pub. Asst.	Other	Not Reported	
Before 3rd Month	65.4	72.5	49.8	41.7	48.5	54.2	58.3
1-2	2.0	0.8	1.3	2.8	2.2	5.1	1.7
3-4	2.4	0.8	1.6	4.2	3.0	3.4	1.8
5 or more	59.3	70.0	44.2	33.3	42.5	45.7	53.6
Not reported	1.7	0.9	1.2	1.4	0.8		1.2
3rd-6th Month	33.1	26.5	45.7	43.0	43.2	28.8	37.2
1-2	0.7	0.2	3.8	2.8	3.7	1.7	2.1
3-4	3.7	0.8	4.8	9.7	6.7	1.7	3.7
5 or more	28.4	25.1	35.7	30.5	32.8	22.0	30.6
Not reported	0.3	0.4	1.4			3.4	0.8
7th Month or Later	1.5	1.0	2.8	11.1	5.3	3.4	2.5
1-2			0.6	2.8	1.5		0.4
3-4	0.3	0.2	1.3	6.9	3.0		0.9
5 or more	1.2	0.8	0.6	1.4	0.8	3.4	1.1
Not reported			0.3				0.1
Not Reported			2.7	4.2	3.0	13.6	2.0
0			2.1		2.2	8.5	1.4
1-2			0.1				0.1
3-4						3.4	0.1
5 or more			0.1				0.1
Not reported			0.4	4.2	0.8	1.7	0.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Table II

Percent of Low-Weight Births and Percent of Mothers With 5 or More Medical Checkups Starting Before 3rd Month of Pregnancy, by Type of Hospital Control, Prenatal Care Survey, Alaska, January-June, 1973

Type of Hospital Control	% of Births ≤ 2500 gr.	% of Mothers with 5 or more checkups starting before 3rd month
Non-governmental, nonprofit, non-church	4.2	61.6
Church operated	6.5	55.7
Public Health Service Indian Service	7.9	41.0
City	4.7	55.3
Military	6.8	48.1
Other	7.1	53.6
TOTAL	6.2	53.6

STATE OF ALASKA

DEPARTMENT OF LABOR

OFFICE OF THE COMMISSIONER

JAY S. HAMMOND, Governor

P. O. BOX 1149—JUNEAU 99801

February 28, 1975

8-22

Senator George Hohman, Chairman
Senate Health Education and Social
Services Committee
Alaska State Legislature
Pouch V
Juneau, Alaska 99811

Dear George:

In response to Department of Labor letter dated February 17, 1975 to Dan Boyette of Yukon-Kuskokwim Health Corporation and our telecon on February 27, 1975, the following positions, locations and dollar amounts expended in Southwest Alaska are enclosed for your use.

I trust this information will satisfy your request.

Sincerely,



Edmund N. Orbeck
Commissioner

Enclosures (3)

1. Public Employment Programs, Southwest AK
2. CETA Programs, Southwest AK
3. Ltr, dtd 2/17/75, Orbeck to Boyette

cc: Dan Boyette, Community Liaison
Yukon-Kuskokwim Health Corp.
P. O. Box 528
Bethel, Alaska 99559

PUBLIC EMPLOYMENT PROGRAM

SOUTHWEST ALASKA

<u>Sub-Grantee</u>	<u>Location</u>	<u>Position</u>	<u>Dollar Amount</u>
Bethel	Bethel	1 policeman-dogcatcher	\$8,330
Community & Regional Affairs	<i>AKLOMUIT</i> Aklomuit	1 public service aide	\$8,330
	<i>UNALAKLEET</i> Unakleet	public serv. aide	\$8,330
	<i>Emmomak</i> Emmomak	public serv. aide	\$8,330
Military Affairs	Bethel	Manpower Rep. Aide	\$4,165
	Holy Cross	Manpower Rep. Aide	\$4,165
	Mekoryuk	Manpower Rep. Aide	\$4,165
TOTAL			\$45,815.

CETA Programs
Southwest Alaska

<u>Community</u>	<u>Basic Emergency Employment Program</u>	<u>Operation Mainstream</u>	<u>NYC In School</u>	<u>NYC Out of School</u>
Atmautluak				2 Teachers aides
Chefornak			1 Maintenance 1 Teachers aide	
Chevak	\$ 1,785.00 Teachers aide			
Dillingham			5 Office Workers 2 Maintenance 3 Teachers aides	
Eek	10,000.00 Clinic/Community Hall			
Bethel		\$64,000.00 Public Works	45*	1*
Sheldon Point			2 Photo Lab Assist. 1 Teachers Aide	
Tooksook Bay				1 Teachers Aide
Tuntutuliak			2 Teachers Aides	
Tuluksak				1 Teachers Aide
Greyling			1 Maintenance 1 Office Worker	
Mekoryuk	2,480.00 Community Hall 1,785.00 Headstart Aide			
Mt. Village	1,785.00 Headstart Aide			
Nunapitchuk	6,190.00 Community Worker		1 Maintenance 1 Office Worker	

* positions include Library Assistants, Teachers Aides, Maintenance, Recreation Department Aide, Office Workers

<u>Community</u>	<u>Basic Emergency Employment Program</u>	<u>Operation Mainstream</u>	<u>NYC In School</u>	<u>NYC Out of School</u>
Nondalton				1 Teachers Aide
Sand Point	\$10,000.00 Road Construction			
Shageluk			1 Teachers Aide 1 Office Worker	
Pitka's Point				1 Teachers Aide
Perryville			1 Office Worker 1 Maintenance	1 Teachers Aide
Goodnews Bay			1 Maintenance	
Fortuna Ledge	1,785.00 Headstart Aide			
Hooper Bay	1,785.00 Headstart Aide			
Kasigluk	3,352.00 City Worker 1,785.00 Headstart Aide			1 Teachers Aide
Koliginak				1 School Cook
Kongiginak				1 School Cook
Kwethluk	1,785.00 Headstart Aide			
King Cove			2 Maintenance	1 Teachers Aide
Kwigillingok	6,000.00 Headstart Aide			
TOTAL PROGRAMS DOLLARS	\$50,517.00	\$64,000	\$23,848.30	\$ 8,820.32

8.92

TO: Interested Parties

FROM: Dan Rounds, YKHC; Lyman Hoffman, YKHC; Dr. George Brenneman, PHS, and Frank Estes, PHS

SUBJECT: Emergency Medical Services in the Yukon-Kuskokwim Area

We attended an emergency medical care workshop sponsored by the State of Alaska January 6, 7 & 8.

The federal government has made available some funds for developing "Emergency Medical Services System". Before any region, city or borough can obtain funds a State plan has to be developed by March 31 of this year. The meeting was called to identify E.M.S. needs throughout the state and to obtain recommendations from interested parties on the direction which the State should go.

The outcome of the meetings was a series of recommendations to the State:

1. Establish a responsible organization in the Office of Governor, with medical direction, at a level of effectiveness appropriate to provide necessary leadership, co-ordination and support for an effective Emergency Patient Care System.
2. The State functions should include:
 - management through contracts
 - planning
 - coordination
 - consolidation of resources
 - setting of standards
 - technical assistance to regions
3. Establishment of regional E.M.S. service areas (Bethel Service Unit is one area).
4. Establishment of E.M.S. councils in each region to plan adequate E.M.S. services with the state.

Each region developed a list of needs and priorities for there regions. The needs and priorities had to address the fifteen mandatory requirements for an effective E.M.S. system (federal guidelines). The attached pages are a summary of the needs and priorities which the four of us agreed upon.

YKHC will be having an executive meeting January 21st and we will discuss a formation of a council.

Could you please submit other names or agencies which could be a part of the E.M.S. council? Dan Rounds will coordinate with the states in regards to E.M.S. activities in the Bethel area please contact him for more information and/or additional needs which you may have identified in regards to an emergency medical system in the Y-K area.

Once an interum council is established we can meet to further discuss the E.M.S. Act, the state plan, and what options we have in the Y-K area.

cc: Nora Guinn, Bethel
Chief Winjim, Bethel
Mike Stitchik
Bill Coates, FAA, Bethel
Mike Daniels, Wien, Bethel
Col. Donald Shantz, Bethel
Loren Campbell, State Troopers, Bethel
A.B Weinberg, Regional High School Superintendent, Bethel
Harold Napoleon, Executive Director, Yupiktak Bista, Bethel
Noah Jack, Yupiktak Bista, Bethel
Bill Mudd, BIA, Bethel
Dwight Leftner, RCA Manager, Bethel
Robert Cole, E.M.S. Coordinator, State of Alaska, Juneau
Paula Aymerak, President, Health Aide Association, Alakanuk
Senator George Hohman, Juneau ✓
Representative Phillip Guy, Kwethluk
Mayor Edward Hoffman, Bethel

PRIORITIES FOR DEVELOPING
AN EFFECTIVE EMERGENCY PATIENT
CARE SERVICES SYSTEM
-YUKON-KUSKOKWIM AREA-

PRIORITY I: DEVELOPING AN ADEQUATE COMMUNICATIONS NETWORK IN THE Y-K AREA

- A. Develop a regional communications center (dispatch and coordination during emergencies both medical and non-medical).
- B. Reliable 24 hour communications to and from each village.
- C. Integrate the Bethel communications modes into a region-wide communications center (A above).

PRIORITY II: TRAINING PRIMARY E.M.S. PROVIDERS

- A. E.M.T. workshop for Health Aides.
- B. E.M.T. training for other E.M.S. personnel.
- C. E.M.T. training program in Bethel for ongoing training of Health Aides, Police, Ambulance Drivers, etc.

PRIORITY III: IMPROVED TRANSPORTATION SERVICES

- A. Organize existing services to more effectively transport people during emergency situation.
- B. Develop an adequate E.M.S. transport service for the City of Bethel.

PRIORITY I : UTILIZATION OF PUBLIC AGENCIES

- A. Develop a protocol and plan for coordinating the existing public agencies during emergencies both medical and non-medical and during disasters.

PRIORITY V: COMMUNITY DISASTER PLAN

- A. Determine which agencies are responsible for various services during disaster based on above plan.

PRIORITY VI: CONSUMER EMERGENCY SELF HELP AND PREVENTION PROGRAM

PRIORITY VII: Remaining 15 points not in priority order (manpower, facilities, critical care units, consumer participation, provision for transfer, standardized record system, and independent evaluation).

SOUTHWESTERN REGION

1. Manpower Resources: Teachers, Health Aides, Village Police, 1 District PA (Aniak), National Guard 26 villages, PHN, Bush pilots, Physicians, ER 24 hrs, Hospital divers.

NEEDS

1. More training and awareness.
2. Emergency care training for health aides and ambulance drivers.
3. EMS dispatch coordinator.

2. Training.

NEEDS

1. Consumer health education.
2. In service Educators of M.D.'s & nurses.
3. EMS training, health aides, bush pilots, ambulance drivers, police, firemen.
3. Communication Resources: KYUK, local TV & Radio; SSB radio, BIA, SOS, PHS, Wein, RCA; Telephone in some villages, teletype in Bethel, FISH & GAME.

NEEDS

1. Intervillage 24 have communication.
 2. Reliable village to EMS center communication.
 3. Intravillage communication.
 4. Communication dispatch center for villages and Bethel.
 5. Adequate hospital paging system.
-
4. Transportation: seasonal - boats, snow machine, automobile (frozen rivers); Airplane; National Guard, helicopter at times.

NEEDS

1. All weather 24 hr. runways in all village.
2. Adequate village and ground transportation.
3. Adequately equipped airplanes.
4. Enforcement of FAA regulations.
5. Helicopter service would eliminate many of runway needs.
6. Adequately equipped Bethel ambulance.

5. Facilities Resources: Village Clinics #38, District Health Center #1, Hospital & 24 hr. E.R.

NEEDS

1. Additional 11 village clinics.
2. Adequately equipped & stocked clinics.
3. Establish number of District health centers needed & if holding beds are indicated.
4. Coordination center for communications.

6. Access to Critical Care Units - Major problem or need is to define what types of problems should be transferred. Critical care of some types of problem are better taken care of rather than risk transfer. Yet the frequency of critical care problems needing care in Bethel doesn't require special units or staffing.
7. Utilization of Public Safety Agencies - Major need to develop a plan. Use now just happens. Also very few villages have five departments.
8. Consumer Participation - Write EMS system into existing Health Board organization.

9. Accessibility to Care without Ability to Pay.

IHS System - Major need is funding so that physicians are not making medical decisions on the basis of funding availability.

10. Provision for Transfer of Patients on Continuing Care Resources: Air service; Hospital vehicles.

NEEDS

1. More drivers so that patients will not wait at the airport.
2. Improve sensitivity of some Anchorage institutions to Bush needs - transportation irregularities, need for feed back information.

11. Standardization of Medical Record Keeping: Village records, hospital records, ER logs, surgery logs, police logs, FAA logs, ambulance records, ANMC records.

NEEDS

1. Consistent record accepted by all levels of providers.

12. Consumer Information & Education Resources: KYUK TV & Radio, Health aides, schools, PHN's, dental educators, M.D.'s, YKHC Health Education, KCC, Coast Guard, Fire Dept. Bethel, IHS Health Ed.

NEEDS

1. Develop appropriate Educational materials language, culturally and environmentally suitable.
2. Identify areas of needs.
3. Identify, coordinate & utilize resources.
4. Develop methods of delivery.

13. Independent Evaluation: State system, CCHA.

NEEDS

1. Identify objectives.
2. Determination of outcome & method of measurement.

14. Disaster Planning Resources: CAP, FAA, C.D., RCA, Hospital, National Guard, KYUK
FISH & GAME

NEEDS

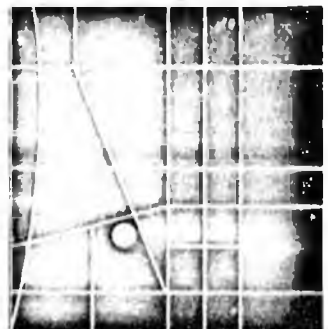
1. Identify most likely disasters example: flood, rabies, ariplane crash.
2. Need to have community involvement.
3. Need for regional plan.
4. Identify responsible coordinating agency.

15. Mutual Aide Agreements - Kakanak Hospital, Nome Hospital, Anchorage & Fairbanks Hospitals.

NEEDS

1. Develop formed agreements.

WHAT IS AN EMERGENCY MEDICAL SERVICES SYSTEM?



DHEW Publication No. (HSA) 75-2002

As passed by Congress and signed by President Nixon last year, the Emergency Medical Services Systems Act has the purpose of offering States, counties, and communities across the Nation encouragement to improve those services through Federal financial support, technical assistance, and other support.

The principles of the EMSS Act and the methods by which States and communities can seek Federal assistance are contained in a companion leaflet to this one, titled "The Emergency Medical Services Systems Act," available at any of the ten regional offices of the Department of HEW.

This leaflet is to present a more detailed description, taken directly from the EMSS Act, of the component parts of a complete emergency medical services system. Although potential applicants for grants under the EMSS Act will note from the "EMSS Program Guidelines," also available from HEW regional offices, that in some cases applicants may assert that one or more components are not applicable in their own situation, they should be aware of all components listed in the law.

Potential applicants should also know that the regulations concerning EMSS grants, reprinted from the Federal Register, and also available from the regional offices, contain an even fuller description of the components.

The EMSS Act's general description is as follows:

An "emergency medical services system" means a system which provides for the arrangement of personnel, facilities, and equipment for the effective and coordinated delivery of health care services in an appropriate geographical area under emergency conditions (occurring either as a result of the

patient's condition or of natural disasters or similar situations) and which is administered by a public or nonprofit entity which has the authority and the resources to provide effective administration of the system.

Descriptions of the component parts are as follows:

An emergency medical services system shall—

1. Include an adequate number of health professions, allied health professions, and other health personnel, including ambulance personnel, with appropriate training and experience. This means sufficient numbers of such personnel to provide emergency medical services on a 24-hour basis within the service area of the system.

2. Provide for its personnel appropriate training (including clinical training) and continuing education programs which are coordinated with other programs in the system's service area which provide similar training and education, and emphasize recruitment and necessary training of veterans of the Armed Forces with military training and experience in health care fields and of appropriate public safety personnel in such area.

"Continuing education" means courses which improve job-specific skills and knowledge, such as refresher courses and seminars, and to which personnel devote more than 24 hours per year.

"Appropriate public safety personnel" includes police, firemen, and other public employees charged with maintaining public safety.

3. Join the personnel, facilities, and equipment of the system by a central communica-

tions system so that requests for emergency health care services will be handled by a communications facility which utilizes emergency medical telephonic screening; utilizes the universal emergency telephone number 911; and will have direct communication connections and interconnections with the personnel, facilities, and equipment of the system and with other emergency medical services systems.

A "central communications system" includes a system command and control center which is responsible for establishing those communication channels and providing those public resources essential to the most effective and efficient emergency medical services management of the immediate problem, and which has the necessary equipment and facilities to permit immediate interchange of information essential for the system's resource management and control. The essentials of such a communications center are that (A) all requests for system response are directed to the center; (B) all system resource response is directed from the center; and (C) all system liaison with other public safety and emergency response system is coordinated from the center.

4. Include an adequate number of necessary ground, air, and water vehicles and other transportation facilities to meet the individual characteristics of the system's service area. Such vehicles and facilities must meet appropriate standards relating to location, design, performance, and equipment; and the operators and other personnel for such vehicles and facilities must meet appropriate training and experience requirements.

5. Include an adequate number of easily accessible emergency medical services facili-

ties which are collectively capable of providing services on a continuous basis, which have appropriate standards relating to capacity, location, personnel, and equipment, and which are coordinated with other health care facilities of the system.

6. Provide access (including appropriate transportation) to specialized critical medical care units in the system's service area, or, if there are no such units or an inadequate number of them in such area, provide access to such units in neighboring areas if access to such units is feasible in terms of time and distance.

"Appropriate transportation" means a vehicle equipped to enable the emergency medical technician or more highly trained personnel to administer to the patient's intransit needs.

"Specialized critical medical care units" include intensive care units, burn centers, spinal cord centers, and detoxification centers.

7. Provide for the effective utilization of the personnel, facilities, and equipment of each public safety agency providing emergency services in the system's service area. "Effective utilization" of personnel, facilities, and equipment of public safety agencies means the integration of public safety agencies into standard and disaster operating procedures of the areawide system, including the shared use of personnel and equipment suited to use in medical emergencies, such as helicopters and rescue boats.

8. Be organized in a manner that provides persons who reside in the system's service area and who have no professional training or financial interest in the provision of health care with an adequate opportunity to participate in the making of policy for the system.

9. Provide, without prior inquiry as to ability to pay, necessary emergency medical services to all patients requiring such services.

10. Provide for transfer of patients to facilities and programs which offer such followup care and rehabilitation as is necessary to effect the maximum recovery of the patient.

"Followup care and rehabilitation" includes physical and psychiatric care and vocational rehabilitation.

11. Provide for a standardized patient record-keeping system, which records shall cover the treatment of the patient from initial entry into the system through his discharge from it, and shall be consistent with ensuing patient records used in followup care and rehabilitation of the patient. A "standardized patient recordkeeping system" means uniform records and forms throughout the emergency medical services system's service area, such as standard forms of ambulance and emergency department use which are integrated into the patient care record, discharge summary, and followup records.

12. Provide programs of public education and information in the system's service area (taking into account the needs of visitors to, as well as residents of, that area to know or be able to learn immediately the means of obtaining emergency medical services) which programs stress the general dissemination of information regarding appropriate methods of medical self-help and first-aid and regarding the availability of first-aid training programs in the area.

13. Provide for periodic, comprehensive, and independent review and evaluation of the extent and quality of the emergency health care services provided in the system's service area.

"Independent review" means review by persons not associated with the emergency medical services system and not residing or working within the service area of such system or within the State or States in which the service area of such system is located.

14. Have a plan to assure that the system will be capable of providing emergency medical services in the system's service area during mass casualties, natural disasters or national emergencies.

15. Provide for the establishment of appropriate arrangements with emergency medical services systems or similar entities serving neighboring areas for the provision of emergency medical services on a reciprocal basis where access to such services would be more appropriate and effective in terms of the services available, time and distance. Arrangements among emergency medical services systems or similar entities serving neighboring areas shall be written agreements, signed by individuals authorized to act for the respective parties with respect to such agreements, and reviewed and reevaluated at least once a year.

U. S. DEPARTMENT OF HEALTH, EDUCATION,
AND WELFARE
Public Health Service
Health Services Administration
Bureau of Medical Services
Division of Emergency Medical Services