ALASKA LEGISLATURE COMMITTEE FILES 1981-1982 8672

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ization or transportation incurred as a result of his commitment under this section. Liability for payment under AS 47.30.910 does not apply to commitments under this section.

(d) A defendant receiving medication for either a physical or a mental condition may not be prohibited from standing trial, if the medication either enables him to understand the proceedings against him and to properly assist in his own defense or does not disable him from understanding the proceedings and assisting in his own defense.

Sec. 5. AS 12.45.115 is amended to read:

Sec. 12.45.115. DETERMINATION OF SANITY AFTER [RELEASE FROM] COMMITMENT. (a) When, in the medical judgment of the custodian of an accused person committed under AS 12.45.110 [AS 12.45.110(a)], the accused is considered to be mentally competent to stand trial, the committing court shall hold a hearing, after due notice, as soon as conveniently possible [AFTER RELEASE OF THE ACCUSED FROM CUSTODY]. At the hearing, evidence as to the mental condition of the accused may be submitted including reports by the custodian to whom the accused was committed for care.

(b) If at the hearing the court determines that the accused is presently mentally competent to understand the nature of the proceedings against him and [OR] to assist in his own defense, appropriate criminal proceedings may [SHALL] be commenced against the accused.

(c) If at the hearing the court determines that the accused is still presently mentally incompetent the court shall recommit the accused in accordance with AS 12.45.110 [AS PROVIDED IN AS 12.45.-110(a)].

(d) A finding by the court that the accused is mentally competent to stand trial in no way prejudices the accused in a defense based on mental disease or defect excluding responsibility. This finding may

not be introduced in evidence on that issue or otherwise be brought to the notice of the jury.

* Sec. 6. Except as provided in this Act, the provisions of AS 47.30.660 - 47.30.815 enacted by sec. 1 of this Act do not in themselves impair any action taken in a proceeding pending under statutes in effect before October 1, 1981, nor do they apply retroactively to terminate the detention of a person previously committed under statutes in effect before October 1, 1981. However, 90 days after October 1, 1981, the provisions of this Act apply to all persons committed under statutes in effect before October 1, 1981.

* Sec. 7. AS 47.30.010 - 47.30.170 and AS 47.30.190 - 47.30.340 are repealed.

* Sec. 8. This Act takes effect October 1, 1981.

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MEMORANDUM October 2, 1980

TO: Representative Hugh Malone

FROM: Betty Barton and Susan Brody
Research Staff

RE: Alternatives to Institutional Care for the Elderly
Research Request No. 165

This memorandum is in response to your request for information concerning alternatives to the existing Pioneer Home Program. You have asked us to examine existing and proposed alternatives to the Pioneer Homes and to compile information on residential and health care programs for the elderly in other states. To compile information on other state programs, we have contacted staff from the National Conference of State Legislatures, who will be sending us reports on this subject. Following receipt of these materials, it is our intent to contact several nationally recognized authorities to determine their ideas regarding the future direction of elderly housing and support services. We will assemble these findings in a second memorandum, which will be forwarded to you upon its completion.

To obtain a good introductory overview, interested members of the committees may wish to review Housing and Social Services for the Elderly, a book by Elizabeth D. Huffman (Praeger Publishers, 1977). We have enclosed several excerpts from this book, as well as a few other reports on programs for the elderly in Alaska. We have also included a resource list of individuals who may be able to provide the steering committees with additional assistance.

Pioneer Homes: A Descriptive Overview

Introduced as a program in 1913, the Pioneer Home was initially established for residential purposes to enable elderly Alaskans to afford continued residency in the state. According to Vernon Perry, Director of Pioneer Benefits for the State, "the homes" function has always been to provide care, including nursing, for the remainder of a Pioneer's life. Gradually, the homes assumed an increased responsibility for providing health care services. The average age of Pioneer Home residents is over 80 years of age.

Pioneer homes typically offer the following services: 1) housing; 2) nursing care;[1] and 3) personal care, e.g. assistance with bathing, walking, correspondence, or shopping. Included within this structure are room and board. Each home retains a physician on contract (residents desirous of using their family physicians are responsible for payment of these services). Physical and occupational therapy are available in all homes. All homes also provide residents with a central dining room, reading room, television room, and recreational activities. All facilities provide private bedrooms with baths. No facilities offer apartment units or kitchenettes. Additional features vary among the homes; Palmer's home has a greenhouse and gardening program and Fairbanks' home has a covered shelter that is used for outdoor dining and special events.

Unlike any program currently offered in other states, Pioneer Homes restrict admissions to Alaskans who have had a continuous residency in the state for 15 or more years. Residents over 65 years of age meeting this criterion are eligible applicants.[2] Pioneer Homes offer free residency to financially needy residents, while a monthly fee ($225 for housing or $275 for nursing care) is charged to those who can afford to pay. According to a September 15, 1979 report prepared by South Central Health Planning and Development, Inc., the majority of the Homes' residents are able to pay the monthly fee.

Unlike most continuing care programs in the United States, the Pioneer Homes are operated, for the most part, at the expense of the State of Alaska. In 1978, it was estimated that the actual monthly cost of providing skilled nursing care was $3,420 per person and $1,860 per person for residential care. Fees charged to residents represent only about 10 per cent of the actual cost of providing nursing care to patients and about 21 per cent of the actual cost of care for ambulatory residents. Because of the Homes' exclusionary admittance practice, nursing home care provided within the program is ineligible for Medicaid, Medicare, and other federal funds.

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1. Limited nursing care or intermediate care, is available to the majority of all pioneer residents. Twenty-four hour nursing is available only to those residents occupying beds licensed for nursing care. As of July 1, there were 179 licensed nursing beds in Pioneer Homes throughout the state.

2. Some state health professionals have speculated that this admissions procedure may be challenged in light of the recent Zobel opinion of the Alaska Supreme Court concerning residency waivers for state income taxes.

Pioneer Homes are currently located in Anchorage, Palmer, Sitka, Fairbanks, and Kotzebue. In 1979, the five homes had a total of 538 beds of which 359 are reserved for residential care and 179 (33 per cent) are licensed for skilled nursing. Anchorage has the largest Pioneer Home with 153 beds, of which 20 are licensed for nursing. (Fifty nursing beds are available in Sitka, 54 in Fairbanks, and 55 in Palmer.) Following the construction of a new wing, the Anchorage Pioneer Home will have 100 nursing beds and 153 residential beds available.[3]

In FY 80, $10,800,600 was appropriated for the operating budget of the Pioneer Home Program with an additional $1,652,400 reserved for capital improvements and debt retirement. The Pioneer Home program is administered by the State Department of Administration.

Alternative Models to Institutional Care for the Elderly

Although alternatives to institutional care vary widely, they can be found in one of three forms: 1) senior citizen housing; 2) congregate housing; and 3) continued residency in one's original home.

Senior Citizen Housing

Senior citizen housing is any public or non-profit complex designed for the purpose of residency by the elderly. It could be comprised of cottage

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3. The construction of the new wing was recently under dispute. According to Alaska law, one must apply for a Certificate of Need before building a health care facility in order to ascertain that needs are not already adequately served by existing health care services in the community or region. South Central Health and Development, Inc., a regional planning agency, argued that the Certificate of Need process had not been undertaken and that additional nursing beds would place the Pioneer Home in a competitive role with existing, privately owned nursing homes in the Anchorage area. It was further argued that expansion of the Home's skilled nursing capabilities was unnecessary, as the Home showed a high number of empty beds as of July 1979; only five of its twenty nursing beds were occupied. South Central Health Planning and Development's efforts to seek an injunction against construction were denied in a Superior Court ruling. A final hearing has yet to be held.

units, triplexes, or apartments in a high-rise building. The purpose of this form of housing, essentially, is to meet the specific social, economic, and physical needs of the elderly, e.g. kitchens that could accommodate wheel chairs. With the occasional exception of meal service in a communal dining room, little or no services are offered within a senior citizen housing complex. Generally, there is no health care, emergency or otherwise, provided on the premises. Existing services within the community are relied upon for health care and other needs.

Congregate Housing

Congregate housing differs from senior citizen housing in offering a more comprehensive range of services. The International Center for Social Gerontology defines congregate housing as:

> A residential environment which includes services, such as meals, housekeeping, health, personal hygiene, and transportation, which are required to assist impaired, but not ill, elderly tenants to maintain or return to a semi-independent lifestyle and avoid institutionalization as they grow older.

Congregate housing is considered by many health professionals to be the "missing link" in elderly housing. Its purpose is to prolong an elderly member's semi-independent lifestyle in a community by postponing his placement into a nursing home. Consequently, its housing function is more health-related than senior citizen housing.

Congregate care facilities are designed for the individual who is moderately impaired and in need of personal care services not provided within senior citizen housing. Because of its personal care emphasis, a congregate care facility frequently includes bedroom-bathroom living units, rather than the fully equipped units found in regular senior citizen housing. Residents of congregate facilities tend to be older than those living in senior citizen housing. Unlike a senior citizen housing complex, congregate housing staff may include some nursing personnel. Although nursing care is available, it generally is not of a level sufficient for eligibility in Medicaid and Medicare. Nonetheless, a congregate care facility is considered to be a less expensive mode of care than that provided in nursing homes.

Continued Home Residency

Although some senior citizens may find relocation into special housing attractive, many elderly persons would prefer to remain within their own homes, but cannot, due to economic, social, or health constraints. The purpose of continued home residency programs is to postpone institutional placement through the alleviation of these constraints. A number of mechanisms may be employed to enhance an elderly person's capability to remain at home, including tax incentives, community service programs, and home-delivered personal and health care services. Certain health services provided by home health care programs are eligible for Medicaid and Medicare payment. Preliminary research indicates that home care programs can be more cost-efficient than nursing home care (see enclosed report on Home Health Care for additional information).

Existing Alaskan Alternatives for the Elderly

There are a number of programs in Alaska that provide housing alternatives. However, the extent of their availability is in some instances limited to certain regions or municipalities within the state. Current alternatives in the areas of senior citizen housing, congregate housing, and continued home residency are as follows:

Senior Citizen Housing

The State's Senior Citizen Housing Development Bond Program, administered by the Department of Community and Regional Affairs, provides a means for communities to initiate housing projects for the elderly. Through a $7.5 million bond authorizaton, the program leverages state funds with federal dollars available through several programs of the U.S. Department of Housing and Urban Development and the Farmers' Home Administration. These funds are then used for the design and construction costs of community housing. A community may establish its own standards for maintenance, operations, and eligibility.

Residents eligible for housing are seniors aged 60 years or older who are capable of living independently in an apartment setting. Preference is given to elderly persons living within a low-income range. Residents of a senior

citizen complex pay a monthly fee that is computed in accordance with their adjusted monthly income. The fee derived is not to exceed 25 per cent of their monthly adjusted income. (Generally, an average person's monthly rent consumes one-third or more of his adjusted income.) For those individuals determined to be unable to afford the monthly fees, a rental subsidy program is available. The rental subsidy program, offered through HUD Section 8, is guaranteed for a twenty year period. Money collected from the fees and subsidies is used to pay the maintenance and operation costs of the housing complex.

Most of the existing housing complexes provide apartment units with a communal living/lounge area and a dining room the use of which is an option for residents. However, Wasilla, in its planning stages for a senior citizen project, is giving some consideration to the feasibility of duplexes. The Chugiak Senior Citizens complex may include both a greenhouse and an elderly day care and physical therapy center, where protective or rehabilitative services would be available as options. Juneau currently planning its second senior citizen housing complex, is considering extended personal care services including facilities for physical therapy.

Congregate Housing

It is arguable whether or not congregate care options currently exist in Alaska. The concept of congegate care connotes a postponement of an individual's placement in an institutional setting; it is an intermediary step between home residency and nursing home care. Alaska's Pioneer Homes, in part, meet these criteria but maintain an institutional atmosphere that does not appear to be commensurate with the residential concept of congregate care.

Generally, personal care services available within Alaska's senior citizen complexes are not extensive. Beyond transportation and meals, few other services are currently provided by the complexes (though they may be readily available in the larger community). Congregate care possibly could be rendered within a senior citizen housing project. However, personal care services of this nature could be in conflict with the program's current eligibility standards that require residents to be capable of living independently.

Recently enacted legislation may augment a community's abilities to provide services for the elderly. House Bill No. 611 am S (enclosed) establishes

an Older Alaskans Service Programs account located in the Department of Administration and allocated by the Department of Health and Social Services' Office on Aging in grants to sponsors of community service programs for the elderly. The types of service programs that may receive grants include: nutritional, health (including home health and homemaker), recreational, housing, and other services.

Continued Home Residency

The issues concerning continued home residency are especially complex in Alaska. For years, the state's high cost of living, rural nature, and harsh climate have contributed to making home residency, and in many instances, continued state residency, particularly difficult for the elderly. In 1979 the State Legislature formed a Committee on Services to the Elderly, an eleven-member body comprised of four legislators and seven citizens, whose statutory function it was to consider the problems of elderly Alaskans and to make recommendations regarding improved delivery of benefits and services. In its findings, according to Jim Kelly, Staff Assistant, the committee recognized the need and value of the Pioneer Homes and other similar long-term care programs, but concurred that placement in continuing care facilities should be the last alternative for the aged. The committee supported a goal for Alaska's elderly that permits and encourages them to remain in their own homes for as long as is feasible. In other words, elderly care programs should be designed with prolonged autonomy for senior citizens in mind. Because of this, according to Jim Kelly, the committee regarded its highest priority to be the need for expanded home care programs in the state.

The following programs, as well as support services such as transportation and Meals-On-Wheels assistance, may enhance senior citizens' capabilities to remain in their own homes:

Senior Citizen Property Tax Exemption

This program exempts property-owners 65 years of age or older from municipal property taxes on their permanent place of residence. The municipality is reimbursed by the state for its tax revenue losses.

Senior Citizen Renter Property Tax Equivalency Payment

Designed to equalize the senior citizen renter benefits with the senior

citizen home owner exemption, this program reimburses renters 65 years of age or older for the portion of rent paid which was presumed to be property tax. Payments are based on the municipality's mill rate of taxation. For each mill, one-half per cent of annual rent is reimbrused, e.g. a 16 mill levy rate for an individual paying $4,800 annually in property rental would result in an 8 per cent reimbursement, or $384 annually. Recently enacted legislation (SB 324, enclosed) increases the property tax equivalent percentage by which a senior citizen who rents property may be reimbursed from one-half percent per mill to one percent per mill. The program is administered by the Department of Community and Regional Affairs' Division of Local Government Assistance.

Longevity Bonus

As a component of the pioneers' benefits program, the longevity bonus pays a monthly amouut to those state residents 65 years of age and older who resided in Alaska on or before January 3, 1959 and who have lived in the state continuously for 25 years Recently enacted legislation (SB 15 am) increased the monthly bonus from $150 to $200. The program is administered by the Department of Administration's Division of Pioneer Benefits.

Homemaker-Home Health Aide Services

A special appropriation in the Eleventh Legislature provided the Homemaker Services Program with $2.5 million in order to expand program coverage to include health aide services. Formerly, the program was limited to those services that provided no "hands-on" care, e.g. lifting a patient. The program now provides chronically impaired clients with assistance in maintenance and personal care (including both health-related and non health-related services). The State DHSS-DSS purchases these program services through an annually awarded contract.

Home Health Services

This program, which provides skilled nursing care to individuals having either chronic or acute conditions is not currently available on a statewide basis. Administered by the Department of Health and Social Services' Public Health Nursing Section, as a pilot project, the program is ongoing only in Fairbanks, Ketchikan, and Juneau. An expanded home health program which offers physical and occupational therapy services as well as skilled nursing and health aide care, is operated by the

Municipality of Anchorage. For Medicare/Medicaid eligibility, home health services must be delivered by a certified home health agency, such as the Anchorage Home Health Agency.

Proposed Alaskan Alternatives

Opinions in the state seem to diverge concerning housing and general service needs of the elderly. The Committee on Services for the Elderly, for example, maintained that service and housing options are of a complexity that requires the development of established State policy. The committee regarded the best vehicle for policy development to be an Older Alaskan Commission, which would review the housing problem and other needs of senior citizens, in order to establish and implement a long-range, comprehensive program. This concept has yet to be approved by the Legislature. Other proposed alternatives are as follows:

Expansion of the Pioneer Home Program Service Definition

A limitation of the Pioneer Home Program is that in certain instances it can result in a person having to leave his family, his home, and occasionally his community or region in order to obtain the care offered through his Pioneer Benefits. Consider as an example a 65 year old male pioneer in need of skilled nursing care. He is married to a 55 year old woman. Both live in Juneau; the nearest Pioneer Home is located in Sitka. To receive care under the current program, he would be faced with a choice of whether or not to leave his wife and home for the protective care to which he is entitled or to pay for nursing care in Juneau. To alleviate this type of problem, policy-makers have contemplated extending pioneer benefits to include the purchase of equivalent nursing home services in the community of his choice. Proposed legislation of this nature was introduced in the Eleventh Legislative Session but was not approved for passage.

Extending the Senior Citizen Housing Plan

Policy-makers within the Departments of Administration, Health and Social Services, and Community and Regional Affairs have held recent joint discussions concerning the possibility of expanding the senior citizen housing program to include an eight-plex design format in every community. The purpose of the program would be to increase elderly persons capabilities to remain within their own communities rather than to leave their homes for regional housing services. As is the case under the current program, housing of this nature would offer no on-site health care and would employ existing community health services.

Social and Rehabilitative Day Care Centers

Day care center services offer a significant means for extending a person's capabilities to remain at home. There are two forms of day care service for the elderly — one maintains a social services emphasis while the other maintains a rehabilitative, physical therapy focus. Both types of service enable older persons to maintain home residency rather than undergo hospitalization or nursing home treatment. A social day care program may include supervision, activities, rest periods, and meal service in a comfortable, safe setting; no health care is provided on the premises but an emergency preparedness plan is designed. A rehabilitative center provides day care for the physically disabled or ill persons. Standard services might include physical therapy or surgical dressing changes.

Day care services are not currently available in the state, although planners for several senior citizen housing projects are considering programs. The Department of Health and Social Services is also interested in launching a pilot program.

Conclusion

It is apparent that several options to long-term institutional care exist; however, their feasibility for the Kenai Peninsula will depend on the specific needs of its senior citizens. Should additional research concerning the subject of continuing care be required in the course of this project, we would be pleased to provide you with additional assistance. We will be transmitting to you our memorandum concerning other states' elderly housing programs in the very near future.

BB:SB:bf
Attachments

ATTACHMENTS

Huttman, Elizabeth, Housing and Social Services for the Elderly (excerpts)

House Research Agency, Home Health Care

South Central Health & Development, Inc., A Review of Long-Term Inpatient Care with Empha is on the Pioneers Program

Dept. of Health & Social Services, Caring for Senior Alaskans

State Committee on Services to the Elderly, Final Report

House Bill 611 am S

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MEMORANDUM

October 7, 1980

TO: Representative Hugh Malone

FROM: Betty Barton and Susan Brody
Research Staff

RE: Alternatives to Institutional Care for the Elderly
Research Request No. 165 (Additional Material)

The enclosed report on alternatives to nursing homes arrived today from the National Conference of State Legislatures. It contains a concise description of alternative programs in seven states: Arkansas, Connecticut, New York, Oregon, Texas, Utah, and Virginia. The report also includes a discussion of recently proposed federal legislation which would make funds available for a wide variety of alternative programs for the elderly.

We will be providing you with additional information on possible design options for elderly care programs following our interviews with several national authorities. Our findings will be forwarded to you promptly upon conclusion of our data collection.

SB:BB:bf
Encl.

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"Alternatives to Nursing Homes"

Statement of Russell W. Hereford
Program Manager, Human Resources
National Conference of State Legislatures

Health Care Cost Seminar
held by the
Hawaii Legislature
and
Department of Social Services and Housing

October 3, 1980

On behalf of the National Conference of State Legislatures, I would like to welcome you to this meeting. I am pleased to be with you to discuss programs which some states have undertaken to establish "alternatives to nursing homes."

As you know, the National Conference of State Legislatures is the only non-partisan organization which represents the nation's 7500 state legislators. The NCSL has three basic objectives: to improve the quality and effectiveness of state legislatures; to assure state legislatures a strong, cohesive voice in the federal decision making process; and to foster interstate communication and cooperation. The NCSL is headquartered in Denver, Colorado, and maintains an office of State-Federal Relations in Washington, D.C.

Much of our activity in the health care field is funded through a grant from the Health Care Financing Administration, U.S. Department of Health and Human Services. Through this grant we are able to provide a number of services to state legislatures as they work to control the rising costs of health care. These services include assisting with seminars such as this; providing information at public hearings; publishing periodic reports on significant state and federal health care cost containment activities; and providing a central information clearinghouse on state and federal health care initiatives.

I would like to offer the continued assistance of the National Conference of State Legislatures, now and in the future, as you examine issues in the health care field.

In my presentation today, I would like to deal with four general issues: The reasons that long term care is now a major public issue; the factors that led to this situation; activities which states have undertaken in the area of alternatives; and federal legislation which, if enacted, would encourage the provision of long term care in the community.

I. LONG TERM CARE AS A PUBLIC POLICY ISSUE

The manner in which long term care is provided and financed has only recently become a major public policy issue. It is interesting to note, for example, that when the 1971 White House Conference on the Aging convened, long term care did not even merit a place on the agenda (although the conference did establish an ad hoc task force). In recent years, however,

two overriding concerns — one financial and one social — have focused increased public attention on long term care.

A. Costs

Long term care is heavily dependent on public funding. According to the Health Care Financing Administration, in 1978 over 53 percent of the nation's $15.8 billion bill for nursing home care was paid by government. Forty-six percent of those public expenditures — over $7 billion — was funded through Medicaid. State and local governments paid some $3.6 billion for nursing home care. Nationally, these figures correspond to 39.5 percent of state and local government expenditures paid under the Medicaid program. Indeed, the General Accounting Office found that 37 states spent more than 40 percent, and 19 states spent more than half, of their Medicaid budgets on nursing home care. Of particular interest to you, the GAO estimates that in Fiscal Year 1979, Hawaii spent 43.3 percent of its Medicaid budget on nursing home care.

Nursing Home Expenditures
As a Percentage of Total Medicaid
Expenditures by State, FY 1978 (Note a)

South Dakota	67.8	Alabama	45.8
Minnesota	64.2	Vermont	45.2
* Alaska	63.2	Georgia	44.7
New Hampshire	62.3	South Carolina	44.6
Colorado	60.1	New York	44.3
Wyoming	60.3	Kansas	44.2
Iowa	58.1	Hawaii	43.3
Texas	58.1	Rhode Island	43.3
Nebraska	57.3	Kentucky	42.7
Wisconsin	56.9	Mississippi	41.1
Idaho	56.7	Florida	40.3
Arkansas	55.3	Ohio	40.0
Montana	54.0	North Carolina	39.1
North Dakota	53.8	Delaware	39.7
Connecticut	53.5	Michigan	39.3
Indiana	53.1	Missouri	38.4
Oklahoma	52.8	Massachusetts	38.7
Utah	52.3	Washington	38.4
Nevada	51.0	New Jersey	36.4
Oregon	48.9	Maryland	34.3
Maine	48.4	New Mexico	31.3
Pennsylvania	47.6	Illinois	29.3
Louisiana	47.3	California	23.9
Virginia	46.3	West Virginia	22.5
Tennessee	46.3	District of Columbia	13.1

a/Arizona does not have a Medicaid program. Guam, Puerto Rico and the Virgin Islands are not included.

Source: Health Care Financing Administration, Medicaid Statistics Fiscal Year 1978, DHEW Publication No. (HCFA) 77-3113, Research Report 5-5 (FY 78) (Preliminary), June 1979, Table 2.

* U.S. General Accounting Office, "Nursing Home — Policy Implications for Medicaid and the Elderly"

It appears likely that the cost problem will continue unabated over the foreseeable future. A major reason for this trend is the increasing elderly population which, in both absolute and relative numbers, is growing more rapidly than any other age group. Of the national population estimated at 220 million today, approximately 24 million people, or 10.9 percent of the total population are age 65 or older; two million people are 85 or older.

These proportions will increase in the future: Projections of a 260 million person U.S. population in the year 2000 estimate that almost 32 million people (12.3 percent) will be over 65, and 13.5 million (5.2 percent) will be 75 or older. Some estimates indicate that by the year 2030, 55 million people — over 18 percent of a projected population of 300 million — will be 65 or older, and that one of every ten Americans will be 85 or older.

While these projections forecast a long term growth in long term care expenditures, even in the short term expenditures for nursing home care are anticipated to leap dramatically. The Health Care Financing Administration projects that state and local government expenditures will increase to $9.6 billion by 1985 — more than two and one-half times their 1978 levels.

B. Social Considerations

The fiscal consequences of failing to redirect the long term care delivery system are severe enough. Yet another consequence of the current delivery system — and many persons would argue that this issue is of even greater importance than the fiscal aspect — is the social impact of living in an institution. Current estimates are that 5-6 percent of the elderly reside in nursing homes. While a number of the frail elderly do require a 24 hour protective environment, placing the bulk of public funding in institutions where five percent of the elderly reside appears to neglect the 95 percent who live in the community, and who also require health, social and other services.

A number of studies have found that many persons were admitted to nursing homes for what might be called "social" reasons. A 1978 study in Utah, for example, determined that 40 percent of nursing home admissions were made for such reasons as: The individual lived alone; the family needed a respite from the burden of caring for the individual; or the family was unwilling or unable to provide care. A particularly common crisis which leads to nursing home admission is the death of a spouse, and the subsequent depression and isolation.

There is little doubt that most elderly — just like most people — prefer to live outside of nursing homes, where family, friends, and a familiar community make the home environment a much preferable (and often more healthy) place to live. On the other hand, placement in a nursing home usually reduces personal independence, leads to the loss of life-long possessions, severs community ties, and separates citizens from close friends and relatives.

Increased availability of programs which provide necessary social supports, as well as needed health and medical care, are a vital part of a system which enables the elderly to remain in the community.

II. WHY HAS THE LONG TERM CARE SYSTEM DEVELOPED AN INSTITUTIONAL BIAS?

The nation's long term care system has become predominantly institutionally based for two broad reasons.

A. Incentives Toward Institutional Care

In its 1979 report "Entering A Nursing Home — Costly Implication for Medicaid and the Elderly," the General Accounting Office identified a number of incentives which have led to a dependence on nursing homes for the provision of long term care. The GAO cited state restrictions on Medicaid benefits for non-institutional care, low reimbursement rates to providers, and only limited implementation of in-home services as barriers to the development of noninstitutional long term care services. (As one explanation for the reluctance of states to take further action in these areas, the GAO reported that many states believe that expansion of these services will lead to another uncontrollable cost in their Medicaid budgets.)

The other major publically funded health program, Medicare, is oriented much more to acute care than to long term maintenance care. For example, a three-day stay in an acute care hospital is required prior to admission to a skilled nursing facility, or for home nursing services. Thus, the acute care orientation of Medicare limits its usefulness as a funding source for the chronically ill.

The GAO noted that many low and moderate income elderly can receive Medicaid coverage while in an institution -- but not while living in the community — for a number of reasons: 1) Due to such impediments as low reimbursement rates and the lack of alternative services, long term care services are often available for the Medicaid eligible elderly only in nursing homes. 2) The elderly poor who are ineligible for Medicaid coverage while

living in the community because their income is too high, can become Medicaid eligible in a nursing home where a different income standard applies.
3) Many elderly enter nursing homes as private pay patients, but become eligible for Medicaid coverage by transferring their assets to relatives or by spending their resources on nursing home bills.

B. Difficulties in Obtaining Community Based Care

While incentives in public funding programs tend to encourage the use of nursing homes, fragmented community services often make finding a comprehensive home support system exceedingly difficult. Someone in need of long term care can receive virtually all needed services under the single roof of a nursing home; however, finding, arranging for, and determining eligibility for home services is often a frustrating, time consuming and energy depleting exercise.

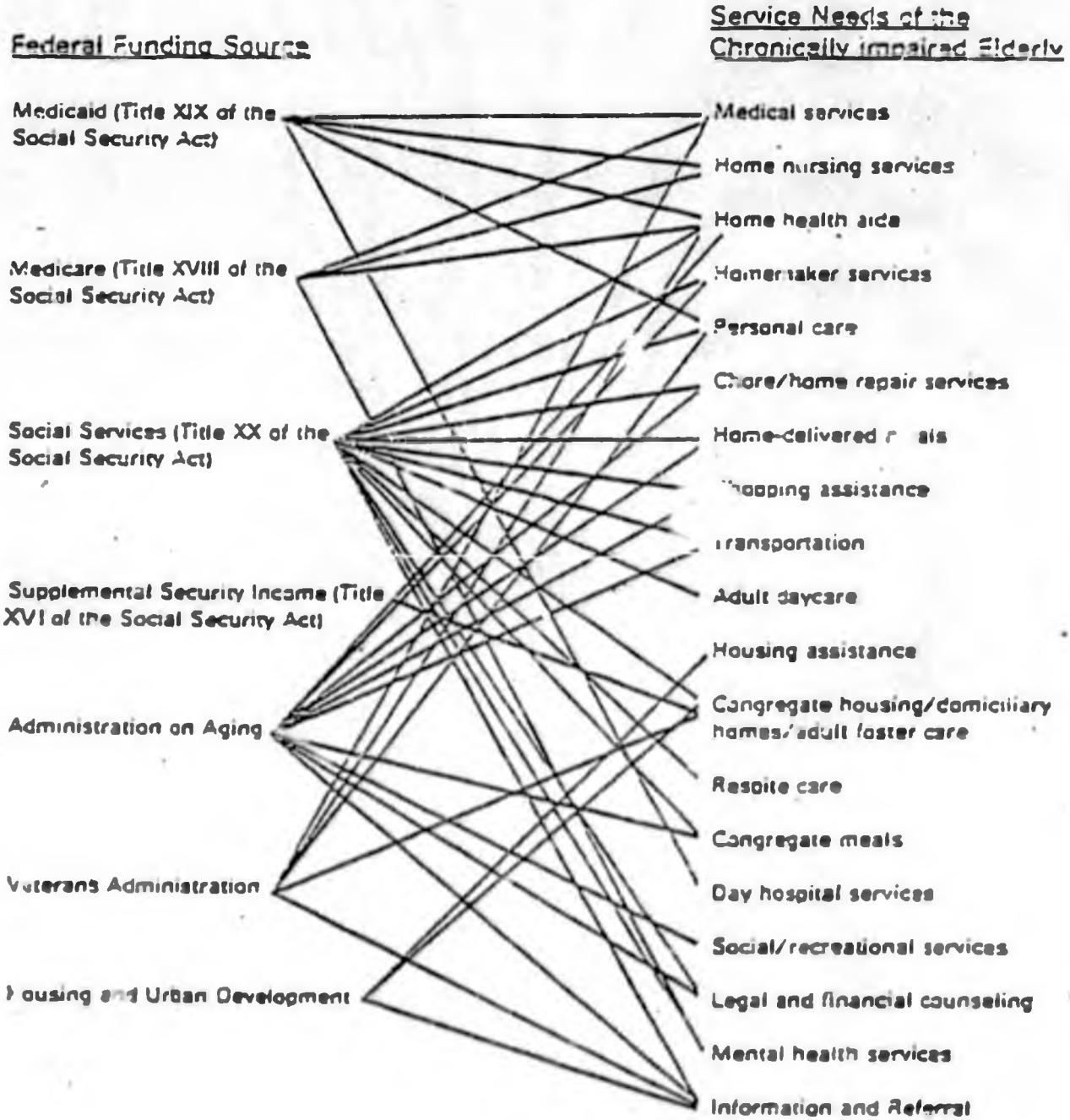
Community services are provided through a myriad of sources: local government agencies, profit making organizations, church groups, non-profit associations, volunteer organizations, etc.

Funding sources vary widely. While some services (physician, home health care, therapies) are covered under Medicaid or Medicare, social services are available under limited Title XX funding. Other services are available only under separate provisions of the Older American Act. Still other services may be available only through volunteer or church groups. And — perhaps most frustrating of all — in many areas the services are simply nonexistent.

Eligibility requirements for different programs, and therefore for different services, also are disparate. An individual may be eligible for Medicare, but not Medicaid; for Medicaid, but not Title XX; for Title XX, but not for Supplemental Security Income.

Needless to say, the foregoing maze (which, incidentally, barely scratches the surface of the problems) only serves to add to the confusion and frustration of those needing long term care. The figure on the following page shows this maze in more detail.

Major Federal Programs Funding Community Services for the Elderly



Source: U.S. General Accounting Office, "Entering a Nursing Home — Costly Implications for Medicaid and the Elderly"

III. STATE PROGRAMS FOR ALTERNATIVES TO NURSING HOMES

In spite of these obstacles, a number of states have established programs which make available a community based support system for the elderly. In this section, it will be useful to describe eight programs which are u rway in seven states.

As a caveat, thes are only general descriptions of the programs, not formal evaluations. In addition, there are many other such programs, so this list is not exhaustive. Nevertheless, each program offers a different approach to establishing options for the elderly to remain in their community.

I would like to mention two studies which will provide a more in-depth look at alternative programs. Both should be completed early next year. One is being prepared by the Intergovernmental Health Policy Project at George Washington University in Washington, D.C., and the second is one product of a contract from the National Center for Health Services Research, being performed by Lewin and Associates, a Washington, D.C. consulting firm. Each study should provide additional detail on alternatives to nursing home programs.

A. Arkansas: In-Home Services Program

The Arkansas In-Home Services Program began in 1978 as an effort to coordinate the delivery of in-home services to the elderly. The program is administered by the State Office for the Aging thro gh the local area agencies on aging.

Although some state money is involved, the program ties together funding from a variety of federal sources. Arkansas uses money from the Older Americans Act and the Comprehensive Employment and Training Act (CETA) to hire workers on a part or full time basis to provide services to the elderly. Many of these workers are themselves senior citizens. For example, 130 older Arkansans are employed as aides under the Senior Community Employment Services Program. Another 150 aides are employed through the CETA Program. Over 350 senior citizens work part time in a variety of jobs, such as nutritional centers, through the Older Workers Program. Services are also available through Medicaid, Title XX, and the Older Americans Act. Such services include day care, transportation, information and referral, nutrition, chore, and home health services.

Any individual applying for admission to a nursing home is referred to the program. The first step in an assessment process is determining the client's own perception of his or her needs; this is frequently done by telephone prior to any in-home visit. Subsequently, a case worker (i.e., a social worker from the local area agency on aging) performs a needs assessment for each client. Upon completion of the assessment, an individual who is eligible for the in-home services program will receive services under one of two sub-programs.

If it appears that personal care services will be needed, a registered nurse then performs a medical assessment of the client's underlying health problems and needs, and develops a plan of care. The plan of care, outlining the type, duration, and schedule of care, as well as other social or economic needs, must be approved by the client's physician prior to its implementation. A licensed practical nurse is responsible for the direct care aide asigned to the client. Generally, services provided under the Personal Care Program are Medicaid reimbursable.

Should the plan of care be rejected by the physician, or if personal care services are not required, the caseworker will attempt to match the client's needs with existing services. These services may include home delivered meals, chore services, legal counseling, home repairs, shopping assistance, and assistance with obtaining such benefits as food stamps and SSI. To the extent possible, services are funded under Title XX; if Title XX funding is not available, the services may be funded from state appropriations.

A preliminary survey of some 1300 clients found that the average monthly cost of the In-Home Services Program was $122.20.

B. Connecticut: TRIAGE

The TRIAGE Program is unique in that it is the only Medicare funded program which is an alternative community based long term care system. TRIAGE began in 1974 in seven towns in Central Connecticut, an area with an elderly population of approximately 20,000 people. The program grew out of a study conducted by the Connecticut Commission on Aging which showed that it is easier to institutionalize a person than to negotiate him through the maze of services which he would need in order to remain at home. In particular, the study cited barriers to financing home services and confusion regarding their availability, location and eligibility criteria.

The state of Connecticut has been heavily involved financially in the program, which is now in its second stage of funding. During the first stage, developmental funds were obtained from the Administration on Aging; an annual state appropriation of approximately $450,000 covered operating expenses; the National Center for Health Services Research contributed funding for a research component; and a waiver from Medicare permitted direct reimbursement for services not traditionally funded under that program. TRIAGE's second funding era began in 1979; under this arrangement, Medicare has agreed to fund operating costs as well as direct service delivery, and the state provides an annual appropriation of approximately $100,000.

The program can serve up to 1500 clients. Although there is no income restriction, clients must be over 60, Medicare eligible and local residents.

In addition to a separate research component at the University of Connecticut, the TRIAGE staff consists of 46 members. Three teams of five members each are responsible for assessment and monitoring clients. The teams are jointly headed by a nurse clinician and two geriatric social workers.

After receiving a referral for a client, a complete physical and social history is obtained. Additional information on nutrition, hygiene, housing, transportation and financial needs is also gathered. TRIAGE staff develop a plan of care detailing the number, type and frequency of services required. The plan is then discussed with the client and family to assure that it has their approval. TRIAGE staff monitor the client at least every six months, or more often if needed.

TRIAGE contracts with providers for service. Forty-nine different services are available from 191 different providers. In another unique arrangement each provider does not bill Medicare separately. Instead, all bills are submitted to TRIAGE where fiscal and claims staff review them against the approved plan of care. TRIAGE then submits the bills to Medicare, which reimburses the providers directly.

Over the first four years of the project, 2128 clients were served. Average 1978 costs for each client totalled $312.33 per month, of which $28.00 went for program administration. Of the remaining amount, $158.08 (55%) went for institutional care — usually either acute hospital care (34.1%) or stays in skilled nursing facilities (14.8%). $126.25 (44.4%) was expended on non-institutional care. While this ratio may appear high for a program aimed at

keeping people out of nursing homes, it represents a substantial shift in publically funded programs. In Fiscal Year 1977, 89.4% of Connecticut's budget was directed at institutions; under the TRIAGE Program that year, only 52.5% was directed at institutions. Extrapolating from this data, the Health Care Financing Administration has estimated that this program saved $1.7 million in 1977 alone.

C. Connecticut: Project SAIL

The objectives of Project SAIL (Strengthened Assistance in Independent Living) are similar to those of TRIAGE. Where TRIAGE relies on funding from Medicare, however, SAIL utilizes Title XX funds ($675,000), state appropriations ($1.8 million) and Title III monies ($185,000). SAIL covers a broader geographic area than does TRIAGE, and the program is administered differently.

A case management program is available without regard to income; client eligibility for actual services, however, is somewhat more strict under Project SAIL than under TRIAGE. As with TRIAGE, clients must live within a program area and be over 60 years of age. In addition, the client must be a resident of an institution or within 90 days of inappropriate institutionalization. Priority is given to persons eligible for SSI and Medicaid.

Five area aging agencies perform case management and assessment functions. After a potential client is referred to the program, Project SAIL staff perform a prescreening test, frequently by telephone. This prescreening assesses the client's general eligibility for the program by obtaining information on such items as his age, income, and risk of institutionalization. Should the client pass this screen, a formal assessment is performed. A client with health problems is generally assessed by a registered nurse, while one with predominantly social problems is seen by a social worker. The assessment included a review of the client's health, social needs, and support systems.

At this point, SAIL staff develop a plan of care for the client and review it with him. Staff then facilitate contact between the various service providers and the client. Unlike TRIAGE, project SAIL does not directly contract for services on behalf of the client. An additional activity includes assistance with determining client eligibility for programs such as Medicaid or Supplemental Security Income. Staff monitor the client's progress and perform a reassessment at least every six months.

While project staff assist with eligibility determinations, facilitate client/provider contact, and perform monitoring and reassessment functions, the client is responsible for actually obtaining the services. Some 20 community based services are purchased under the State's Title XX plan, while other funds are used to provide counseling, meals on wheels, home health and other services. The provider bills the appropriate funding sources directly for services provided.

An evaluation of the program found that it served 1350 clients in 82 towns. Funding limitations have led to a waiting list for the project's services. During the fourth quarter of Fiscal Year 1979, the average monthly cost per client was $242. Sixty-five percent of this - $157 -- came from state and Title XX funds. The balance was funded through other programs. Staff estimate that 75 percent of the funding is for direct services, including case management and administrative functions.

D. New York: Nursing Home without Walls

The State Legislature enacted the Nursing Home without Walls program in 1977. It operates as part of New York's Medicaid program, and is an effort to provide nursing home level care to persons in their own homes. New York has received waivers from the Health Care Financing Administration which permit reimbursement for services not traditionally funded under Medicaid. This program, rather than drawing only on existing home services, establishes an entirely new category of providers who are responsible for delivering care.

The program has three major components: provider selection, client selection, and funding mechanism. The program is coordinated through county social services departments, under guidance from the state Department of Social Services. The state Department of Health maintains responsibility for selecting providers and for determining reimbursement rates.

Providers may be hospitals, nursing homes, or home health agencies. (Under New York law, only public or voluntary non-profit home health agencies may be certified to receive direct Medicaid/Medicare reimbursement, and this restriction carries over to the Nursing Home without Walls program.) In addition to demonstrating a public need for the program, providers must also be capable of providing, directly or through contract, a wide range of services such as home health nursing; home health aide services; physical, occupational, respiratory and speech therapy; audiology; medical social work; nutritional services; personal care, homemaker and housekeeper services; and

medical supplies and equipment. Nursing, aide and homemaker services must be available on a seven-day-per-week, 24-hour-per-day basis. The Nursing Home without Walls program is a distinct part of the "parent" agency or facility. Ten providers have been selected throughout the state; four are in the New York City area, while six are located Upstate. They include three county health departments, two visiting nurse services, two hospitals, and three nursing homes.

Clients are Medicaid eligible individuals who are considering or are being considered for nursing home placement. If a nursing home without walls program is available locally, potential nursing home patients must be given written notification of its availability. In its initial stages, primary consideration has been given to patients who are in acute care hospitals awaiting nursing home placement due to a shortage of nursing home beds. New York uses a uniform assessment tool to determine the level of nursing home care which patients require. A potential patient must meet the minimum criteria for either the skilled nursing or intermediate care level in order to join the program. An assessment considers the client's medical, social and environmental needs. The assessment team, which includes a registered nurse from the provider agency and a social worker from the county social services department, also considers such issues as the desire of the patient to stay at home; the wishes of family or friends with whom he would be staying; the safety of the home; and the ability of the client to remain alone when an aide or another adult is not present. If all parties agree that the client is able to remain at home, a plan of care is developed.

The program's funding mechanism limits the cost of care under the nursing home without walls program to 75 percent of the average nursing home rate in the county. This figure, however, is flexible, so that a patient may overspend the budget during the early months if it appears likely that the budget will fall within that level over the short term.

As of August 31, 1980, 325 patients were enrolled in the program. Six hundred and thirty patients have been served under the program since it formally began in April, 1978. The average monthly budget for each patient has been $785, compared to $1351 for residential care and $6600 for acute hospital care.

E. Oregon: Project Independence

Oregon established Project Independence in response to recognition that alternative services were frequently unavailable for the elderly who had difficulty managing at home. The program is funded almost entirely through state money. A measure of its support is reflected in the annual increases granted since the program's inception in 1975. The appropriation for the first biennium (1975-77) was $929,000; for the 1977-79 biennium, the appropriation was increased to $2.7 million; and for the current biennium, the appropriation was raised to $4.6 million. In addition to state money, some county money is used to fund area aging agencies, visiting nurse associations, etc. Services are provided free to individuals who meet low income standards, and a sliding scale fee is imposed on those above these levels. The program is designed to service persons who are not receiving welfare, or other state grants and services.

Area aging agency staff perform an assessment on clients to determine their level of risk. Criteria include such items as difficulty with shopping, working, housekeeping, and transportation; disabling health problems; loss of a spouse; and housing or financial problems. The aging agency does not provide services directly, but contracts with local providers. Volunteer services are also sought and are frequently used for friendly visiting, transportation, and telephone reassurance. A major effort is now underway to expand the availability of adult day care services.

During its first years, Project Independence provided no additional money for administrative costs. Agencies were required to absorb the increased administrative duties with existing staff. Now, however, the agencies are permitted to spend up to five percent of their allotment for administration. The Legislature also recognized that in many areas of the state, sufficient in-home services were simply not available to meet the need. Accordingly, one-third of the initial appropriation was set aside for start-up services in rural areas.

A formal evaluation of the program has not been performed. Oregon estimates, however, that in 1979 the average annual cost per client was $215.

F. Texas: Community Care Program

The Texas Community Care Program is operated by the Texas Department of Human Resources. The program is intended to provide services to people without major medical disabilities in order to enable them to remain in the

community. The main funding source is Title XX, although Medicaid and Medicare funds are utilized for services which are reimburseable under those programs. Title XX, for example, is used to pay for chore and homemaker services, family care, day activities, home delivered meals and adult protective services, while Title XIX monies are used to pay for visiting nurse services.

Funds are limited under the Community Care Program so priorities must be set regarding who may receive the services. The aged, blind and disabled receiving supplemental security income and who are released from nursing homes are the highest priority. SSI recipients over 65 years of age are the second priority; SSI recipients between 18 and 64 are at the third level of priority; and the fourth level is comprised of those aged, blind and disabled with incomes below 80 percent of the state median.

The Department of Human Resources administers the program through twelve regional offices. At present, service provision under and entry into the Community Care Program is fragmented. In 1977 the Texas Joint Committee on Long Term Care Alternatives was established to examine the program. The Committee made a number of recommendations, many of which have been adopted. These include authorization for the development of adult day care and respite care programs, nursing home outreach, expansion of volunteer programs, and crisis counseling for the elderly and disabled. In addition, the Department of Human Resources, has combined formerly separate medical and social divisions. It is anticipated that this union will result in more effective coordination of services to the elderly.

Further recommendations, which are the subject of ongoing cooperation between the legislature and the executive branch, include the development of a standardized preadmission assessment form, increased coordination of services for the elderly, and the implementation of a comprehensive continuum of community and institutional care.

The program now consists of two major components. The "Primary Home Care Program" is intended primarily for those with medical needs; home services are available on a physician's order if they are needed to maintain an individual in the community. This program is funded primarily through Medicaid; a waiver has permitted reimbursement for additional services. For those without major medical needs, a "Family Care Program" provides services under Title XX.

The Community Care Program serves approximately 37,000 elderly or disabled Texans, who average 78 years of age. Fiscal Year 1978 expenditures were $57.6 million; for Fiscal Year 1981, the appropriation level is $82 million. This funding, however, will also have to cover services to persons who had resided in Intermediate Care Level II facilities, a level of care which has been discontinued.

G. Utah: The Alternative Program

Utah has developed a program which is intended to supplement other available community services in order to enable persons to remain in the community. The initial goals of the program, which commenced in 1978, were modest: to reduce inappropriate or premature admissions to nursing homes by twelve per month, and to maintain these persons in the community at lower state costs.

The program is administered by the State Division of Aging, through the area agencies on aging. It is funded exclusively through state monies (plus donations and fees) and acts as a supplement to informal and formal funding sources and providers. There are no strings attached to the money; the funds may be used to purchase virtually any service required to keep a needy person at home.

Any Utah resident who will enter a nursing home within 90 days is eligible for the program, regardless of income. At the same time, any person applying for nursing home admission under Medicaid must undergo an assessment, or reimbursement to the nursing home is withheld.

The assessment is performed by a registered nurse and a case manager from the area aging agency. These personnel develop a plan of care for the client, including services needed, providers who can deliver the services, and funding sources. An important aspect of the Utah program is that the plan of care must retain any formal or informal support system which the client is utilizing. For example, if a local church group is now providing home delivered meals to the client, additional funding from the Alternative Program would not be available for this service. Likewise, the client's family would be expected to continue to provide services which it was already undertaking. The Alternative Program would, however, pay for new services which the patient required. A sliding fee scale is used for individuals with an income in excess of 61 percent of the state's median. Fees are assessed for the entire package of services rather than for each individual service.

Following the assessment, the client's physician and the State Division on Aging must approve the plan of care. Provision of services may begin immediately after the assessment. The local aging agency monitors the client after 10 days, and then every 30 days, in an effort to assure service coordination, appropriateness, and quality, and to determine any changes in the client's condition.

An evaluation of the program's first nine months indicated that the clients and their families were very pleased with the operation of the program. For example, 96 percent of the clients thought that the services were adequate, 88 percent reported they felt more independent, 94 percent felt happier, and 67 percent reported that their physical condition had improved. All the clients interviewed agreed that the program should continue. Ninety-one percent of the clients' families thought the services met the client's needs; 70 percent said that the client was more independent; 88 percent thought his mental coordination had improved; 90 percent believed that family stress had decreased; and 96 percent believed that the program provided better care for the client.

The evaluation also determined that the total average daily cost of the program was $7.68, compared with $33 per day in skilled nursing facilities, $28 per day in ICF Level I facilities, and $24 per day in ICF Level II facilities. The per diem cost of the Alternative Program is broken down as follows:

Federal Contribution	$2.07
Client Contribution (Fees)	.61
State Share of Federal Programs (e.g., Title XIX)	.69
Alternative Program Funding	4.31
Total Cost	$7.68

The initial annual appropriation for the program was $200,000. In 1979 this was increased to $250,000, and by 1980 this rose to $600,000. With this appropriation, the Division on Aging hopes to place 550 patients in 350 different "slots" during the year.

H. Virginia: Preadmission Screening Program

The Virginia Preadmission Screening Program does not actually deliver services to the elderly. Instead, its purpose is to apprise potential nursing home patients of alternative services. The Preadmission Screening Program has also proven successful in identifying gaps in community services. The program was established on a pilot basis in four counties in 1976, and

Persons applying for nursing home admission are screened under the program. Any individual who is Medicaid eligible or who will become Medicaid eligible within 90 days of admission to a nursing home must be screened or Medicaid reimbursement is withheld. The assessment committee consists of a social worker, registered nurse, and physician. In addition, other local community agencies (such as a community mental health center) are encouraged to participate in the review. The panel performs a complete social and medical assessment of the individual. The panel determines whether an existing services or combination of services can meet the client's needs. It also assesses which services are needed, whether they can be delivered at the time and in the quantity needed, and the financial eligibility of the client.

The assessment panel informs the referring agency or individual of its determination. The panel also makes a referral to provider agencies and informs the client or family of how to proceed in arranging for services. The panel continues to monitor the client to assess changes in his condition.

The Assessment Program is funded under Medicaid. During its first year of operation, 2062 individuals were screened. Of these, 444 (21.5 percent) were able to be maintained in the community.

In cases where services are unavailable, the client often has little choice but to enter a nursing home. A long term benefit of the program is assistance with planning for additional services by identifying gaps in current areas. In its initial evaluation, the Department of Health found that companion services were not available in 29 percent of cases. Chore services (22 percent), homemaker services (21 percent), home delivered meals (20 percent) and adult day care (18 percent) were also unavailable in many cases. Reasons cited for the lack of services included: the individual was not eligible on the basis of income, particularly where his resources exceeded Title XX criteria; services simply did not exist in the community; and insufficient units of service were available to meet the need.

IV. FEDERAL LEGISLATION

Congressional activity in the long term care field has focused on two bills introduced during the 96th Congress. Although action is anticipated on neither piece of legislation this year, each has generated a great deal of interest among groups concerned with the provision of long term care, and it appears likely that the bills will be reintroduced in Congress next year.

A. H.R. 6194: The Medicaid Community Care Act

This legislation was introduced by the Chairman of the House Subcommittee on Health and the Environment (Congressman Waxman from California) and the Chairman of the House Committee on the Aging (Congressman Pepper from Florida). The approach contained in this bill is particularly appealing to states for a number of reasons. First, the bill increases the federal matching share under Medicaid by 25 percentage points (up to a maximum of 90 percent) for community based long term care services. Second, the bill does not mandate this program upon the states, but seeks to encourage their adoption of alternative programs through positive fiscal incentives. Third, the legislation itself is based upon state programs, such as those described above.

In order to qualify for the increased Medicaid match, states need to meet four requirements.

1. States must provide for a comprehensive medical and social assessment of persons who are seeking entry into a nursing home. This assessment must encompass all factors — medical, social, environmental, and financial, — which relate to the individual's ability to live in the community.

2. An expanded range of in-home/community services must be available to persons at risk who can and choose to remain in the community. The services include nursing; home health aides; medical supplies and equipment; physical, occupational, and speech therapy; and audiological services. While these services are currently reimburseable under Medicaid, a number of new services are added, including adult day health services, respite care, short-term full time nursing care, homemaker services and nutritional counseling.

3. Financial limits, at a rate not in excess of those set for nursing home care must be established.

4. The state must provide a plan for coordinating this program with other community based programs under Medicare, Title XX, the Older Americans Act, etc.

Hearings on this legislation were held in June of this year. For your information, I have included as an Appendix a copy of testimony which Senator Chet Brooks, Chairman of the Texas Senate Human Resources Committee, presented on behalf of the National Conference of State Legislatures.

B. S. 2809: The Noninstitutional Long-Term Care Services for the Elderly and Disabled Act

This legislation, introduced by Senator Packwood (Oregon) pulls together all non-institutional long term care services into a new Title XXI of the Social Security Act. In addition to coordinating existing services, this legislation provides reimbursement for additional services, such as adult day care and respite care. The proposal also provides a tax credit of up to $100 for families caring for dependent elderly relatives.

Eventually, states must establish Preadmission Screening and Assessment Teams which will have the responsibility for performing health status and functional assessment of individuals seeking Title XXI services or applying to nursing homes; developing a plan of care for each person; conducting periodic reassessment; assisting the client in obtaining services; and keeping the client's physician aware of his progress. Ten statewide demonstrations (one in each Federal region) will be conducted for a three year period. Following an evaluation of these demonstrations and after any necessary adjustments are made, the program would be implemented nationwide.

Concerning the provision of service, 30 free visits are permitted for home health care, homemaker-home health aides, and adult day care. Following these initial visits, a ten percent copayment is imposed. No individual, however, is required to pay more than a specified portion of his annual income, ranging up to a maximum of five percent for persons with an income of $10,000 per year or more.

To finance the program a trust fund similar to that used for Medicare is established. Fees for services are set by the Secretary of Health and Human Services in consultation with the Governor of each state.

V. CONCLUSION

The case for making community based alternatives to nursing homes more readily available can be easily made by looking at the costs -- in both fiscal and social terms -- of doing nothing.

There appear to be six key issues which must be resolved prior to establishing a new program or expanding an existing one:

1. Funding. Issues which need to be addressed here include both the level and source of funding. Federal programs, such as Medicaid and Title XX, can stretch available state dollars; yet each such program contains some limits on client eligibility and reimbursable services. State dollars alone, however, may not have the impact which a federal-state combination may generate.

2. Eligibility. While it might be desireable to cover all senior citizens or disabled, such a policy might make the program prohibitively expensive. Decisions must be made on whether to limit services to those who are eligible under existing categorical programs, or to expand eligibility to reach populations which may not now be receiving services.

3. Administration. Where in the state government should the program be operated? How will local units of government be involved in the program's operation?

4. Assessment. Most existing programs utilize a uniform assessment mechanism to determine needed services. Which assessment tool best suits your purposes? Should an assessment be required for all individuals who want services? Only for those under public programs? Or for all those considering entry into a nursing home?

5. Case Management. The case manager is the key individual who monitors the client's condition and arranges for the provision of needed services. The number of case managers needed, their educational and licensing requirements, and funding sources and levels are among the issues which must be addressed.

6. Coordination with existing services. Some effort must be made to determine the current availability of in-home services. What services are needed? What services are now unavailable? To what extent should services be expanded?

While the foregoing questions are not exhaustive, they should provide a general direction in which you can proceed. As I mentioned before, we at the National Conference of State Legislatures will be available to assist you as you examine these issues and others which you may identify.

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Speaker Pro Tempore, Florida House of Representatives

Executive Director
Earl S. Mackey

Policy Resolution of the National Conference of State Legislatures

Adopted July 27, 1979

HEALTH AND SUPPORTIVE SERVICES FOR OLDER AMERICANS

NCSL is concerned — for both humane and economic reasons — that many older Americans unnecessarily reside in nursing homes. NCSL is pleased to note that many states have taken the initiative to develop alternative types of health and supportive services. NCSL is concerned about the difficulty states have had in obtaining federal reimbursement for these services.

NCSL urges Congress to enact legislation modifying Title XVIII (Medicare) and Title XIX (Medicaid) of the Federal Social Security Act to promote the development of innovative health and supportive services for older persons. These modifications should include adjustments in the reimbursement and waiver provisions of the law to encourage alternatives to the traditional institutional models.

In addition, NCSL recommends that Congress and the U.S. Department of Health, Education and Welfare increase federal support for model projects undertaken to promote the happiness, self-sufficiency and health of older persons and to prevent inappropriate placement of these persons in nursing homes.

ALASKA STATE LEGISLATURE
HOUSE OF REPRESENTATIVES
RESEARCH AGENCY

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MEMORANDUM October 16, 1980

TO: Representative Hugh Malone

FROM: Betty Barton BB and Susan Brody SEB
Research Staff

RE: Alternatives to Institutional Care for the Elderly
Research Request No. 165 (additional material)

The purpose of this memorandum is to provide you with supplementary information concerning alternatives to institutional care for the elderly. A review of the current treatment of elderly housing issues at the national level has furnished us with some additional information which we felt could be useful to your steering committees. Our findings are based on conversations with several authorities in the field of elderly housing and various readings in gerontological reviews. An interview list, bibliography and several excerpts from our reading are attached for your review.

To determine current or proposed innovations in the field of elderly housing, we approached staff members from the Gray Panthers, the Philadelphia Geriatric Center, and the American Baptist Convention's Cooperative Living for Older Americans Program. From our conversations we learned of several models for alternative living, most of which are "intermediate" housing programs.[1] The following is a brief summary of the alternative models which were presented to us.

Small Group Living in Converted Family Residences

This concept has gained appeal nationally in recent years both because of the non-institutional atmosphere it provides for elderly residents and the comparatively low costs of its implementation and operation. Under programs of this nature, single-family houses are converted into intermediate housing units for the elderly. Depending upon the housing design, homes

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1. Intermediate housing refers to semi-independent living environments and is generally regarded to be the middle ground between home residency and institutional care. Congregate facilities for citizen housing, and retirement communities are all examples of intermediate housing.

have tended to range in size from 5 to 25 occupants. Converted houses may either be purchased or leased; several housing organizations choose to reduce front-end and, in some cases, overhead costs by leasing, rather than purchasing, houses. Some programs are designed to enable occupants to purchase their housing space but most appear to employ monthly rental-service fees. The costs of most programs are offset totally by the monthly tenant fees. Some programs are eligible for HUD Section 8 subsidies.

Houses under some programs are converted into several private apartments or townhouses. Other programs employ a communal living concept with shared bathrooms, kitchens, living and dining areas. Many programs offer a private bedroom and kitchenette with shared living areas. Service options are equally diverse among the various programs. To better illustrate variations among the programs, we have summarized two of the larger, more established programs. (Additional information is attached to this memorandum):

Share-A-Home Association - Located in Winter Park, Florida, Share-A-Home Association leases, rather than purchases, its homes in order to maintain low operating costs. Eleven homes were recently added to the program with less than $2,000 in initial operating capital required for each home. Share-A-Home Association functions solely on tenants' monthly fees, which range from $275 minimum for semi-private rooms to $475 and above for private units. Services include three daily meals, laundry, maid, and transportation. A live-in manager, employed by the occupants, is located in each house.

Community Housing - Operated through the Philadelphia Geriatric Center in Pennsylvania, Community Housing consists of 3 efficiency apartments located in each of 9 remodeled houses. Units provide private kitchens, baths, and bed-sitting areas. The facilities are operated by tenants' fees; however, 40 per cent of the tenants pay less than the full fee (full charges are $95 per month for a second floor apartment and $98 for a first floor location), with the balance provided by HUD subsidies. The program includes no live-in or daily staff althougn building maintenance and cleaning of communal areas is provided. Meal and cleaning services are available under

optional purchase plans. Administrators of the program maintain that this service system affords occupants an opportunity to individualize their service needs. The program relies heavily on its proximity to the Philadelphia Geriatric Center for other group service offerings, e.g. recreation and social programs.

Multi-Generational Housing

Research indicates that elderly persons occasionally encounter an element of stress when placed in an environment populated solely by other senior citizens. For example, studies have identified some negative effects on senior citizens residing in urban neighborhoods which younger populations have vacated. Similarly, some researchers have speculated that retirement community settings may be less satisfying for the occupants than situations where elderly persons share living units with several generations of relatives. Consequently, some gerontological theorists maintain that multi-generational housing, in which varied age groups share a living environment, offers more opportunities for social interaction and support and therefore can better promote the social well being of residents. An example of a simple application of this concept might be a townhouse project that sets no age limit for occupants; while a more complex demonstration might be an intermediate housing unit with communal facilities and varied age groups.

Although there has been support for multi-generational housing for a number of years, the concept has not been applied extensively. Nonetheless, several highly successful programs are currently operating -- including the home of Ms. Margaret Kuhn, National Convenor of the Gray Panthers.

Multi-Level Accommodation for the Elderly

Multi-level accommodation refers to a concept where two or more kinds of lodging and/or care are furnished within one building or complex. An example of comprehensive multi-level accommodation might be a housing complex which would offer occupants a variety of options ranging from self-contained suites to room and board, while also including a full range of personal, intermediate, and extended care services. The underlying purpose of this concept is to reduce relocation trauma of the elderly which can result from multiple moves necessitated by economic, health, or social circumstances.

In a 1976 research paper concerning multi-level accommodation for the elderly, Dr. Gloria M. Gutman of the Psychology Department, University of British Columbia, lists the following additional perceived advantages of multi-level housing:

1) Couples (or friends) can remain in close proximity should the health of one deteriorate;

2) Where there is day-to-day or week-to-week fluctuation in health status, as so often is the case among the frail elderly, appropriate nursing care is readily available;

3) Where an individual is rehabilitated to a higher functioning level he can remain in proximity to staff and residents with whom he has established rapport; and

4) In rural locations where it could be uneconomical to build separate facilities offering self-contained suites, board-residence, personal, intermediate and extended care, these services could economically be provided if combined in the same building or on the same site.

Whether or not a program of this type is regarded as an alternative to institutional housing may rest with the nature of the architectural design and the extent of the program services. For example, Seton Villa, a multi-level accommodation project in Burnaby, British Columbia, is a complex which includes seven floors of self-contained suites and six floors of board-residence. It also offers two floors each for minimal and comprehensive personal care. The complex, which is geared for occupants of low and moderate income levels, offers an extensive range of services including an infirmary (staffed with 3 registered nurses), auditorium, health spa (including exercise pools), arts and crafts room, workshop, dining room, and beauty parlor/barber shop.

Conclusion

Generally speaking, at the national level we found the current emphasis regarding housing for the elderly to be non-institutional in nature. Advocacy groups, such as the Gray Panthers, are presently stressing the need for increased incentives to enable senior citizens to better maintain comfortable

self-sufficient lifestyles. Although institutional care is still considered to be a valid approach, professionals are citing the need for expanded development of alternatives for the elderly, the majority of whom do not require the level of treatment offered in a nursing home setting. M. Powell Lawton, Director of Behavioral Research for the Philadelphia Geriatric Center, notes that 90 percent of the nation's elderly reside in their own homes. The implications of this, according to Dr. Lawton, should be a correspondingly high level of service located within the home or within the community. Instead, Dr. Lawton maintains, home maintenance and repair services are in short supply, as they receive substantially less federal funding than other Title III services of the Older Americans Act. Similarly, funding for health care services remains, for the most part, institutionally oriented with many home care services under funded or deemed ineligible for subsidy.

In the course of our research we learned of the recent convening of the White House Mini-Conference on Older Women. During the two day session, housing issues were addressed. We have contacted representatives of the San Francisco-based Western Gerontological Society, who will be forwarding us materials from the conference. (The final report on the conference findings is scheduled for release on January 10, 1981.) We will transmit copies of any pertinent materials to you when we receive them.

If we can assist you further with any of the subject areas presented in this memorandum, or in any future research concerning housing for the elderly, please do not hesitate to contact us.

BB:SB:bf
Attachments

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3. Cowgill, Donald O., "Residential Segregation by Age in American Metropolitan Areas," Journal of Gerontology. 1978, Volume 33, Number 3.

4. Gutman, Gloria M., "Issues and Findings Relating to Multi-Level Accommodations for Seniors," Journal of Gerontology, 1978, Volume 33, Number 4.

5. Kleban, Morton H. and Turner-Massey, Patricia, "Short Range Effects of Community Housing," The Gerontologist, Volume 18, Number 2, 1978.

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8. Mindel, Charles H., "Multigenerational Family Households: Recent Trends and Implications for the Future" The Gerontologist, Volume 19, Number 5, October 1979.

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SB
101

COMMITTEE REPORT

SENATE

FURTHER: Judiciary

Date: 1/20/81'

Mr. President:

The Committee on HEALTH, EDUCATION AND SOCIAL SERVICES has had SB 101

Teachers' Retirement System

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[✓] do pass [ ] do not pass

[ ] do pass with attached amendments(s)

[ ] replace with CS for _____ [ ] same title [ ] new title

and recommends _____

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[ ] reports it back without recommendation

[ ] referred to the _____ Committee

MEMBERS SIGNING
DO PASS

MEMBERS HAVING
OTHER RECOMMENDATIONS:

CHAIRMAN

S 60 (Rev. 12/78)

4-10-81

WITNESSES FOR
SENATE H.E.S.S. MEETINGS

SB 101
SB 119

Name	Address/Phone	Representing
Merritt C. Olson	Anchorage	TRS Board 101
Jane Gustafson	Juneau	Alaska Retired Teachers Assn 101
Dan Fowler	Fairbanks	NEA AK Bd of Dirs. 101
Don Oberg	Kenai	NEA-AK Bd. of Dir. 101

SB
104

A Survey of Veterans' Preference Legislation in the States

By Charles E. Davis

FOR NEARLY 40 YEARS, the American military veteran has benefited from governmental personnel policies designed to provide compensation for services rendered and disrupted career plans.[1] The Veterans' Preference Act of 1944, for example, boosted employment opportunities of veterans seeking jobs in the federal government by adding individuals honorably discharged from active duty in the armed services or their dependents to the list of those eligible for preference.

Benefits ranged from absolute preference for selected positions (e.g., guards, elevator operators, messengers and custodians) to the addition of five points to any nondisabled veteran achieving a passing score on a civil service exam. It also provided preferential treatment for veterans in any subsequent reductions-in-force. Under the Veterans' Readjustment Act of 1966, these privileges were extended to peacetime veterans serving as little as six months of military service. The impact of these laws is illustrated by some recent statistics cited by Alan K. Campbell. Although veterans comprise only one fourth of the eligible workers in the United States, they make up 50 percent of the federal work force and hold 65 percent of the top civil service positions.[2]

Despite the continuing importance of veterans' preference legislation (hereafter referred to as VPL) in affecting the recruitment, selection, promotion and tenure of federal public employees, state-related developments have received little attention from personnel analysts or students of the administrative process. These trends merit a further look for two principal reasons. While much of the state veterans' preferential legislation is patterned after federal initiatives, there is, nevertheless, considerable diversity in the number and variety of benefits offered. For example, most states require reemployment rights for veterans in their premilitary vocation, preferred status vis-a-vis nonveteran public employees should reduction-in-force become necessary, and absolute preference for selected jobs usually associated with a bureau or division of veterans' affairs. In addition, however, a few states have granted bonus points for promotional considerations or employment privileges for the spouse of a nondisabled veteran as well as various idiosyncratic practices scattered throughout the country.

It is evident that state policymakers will be faced with serious questions regarding the compatibility of already generous VPL with an increasing number of women and minorities seeking public employment. Information about the kinds of benefits available to veterans in various states would better enable public officials to balance such differing values as "reward for prior military sacrifice and/or service" with "equity" and "merit" in the process of making personnel-related decisions. The central purpose of this article is to provide a brief analysis of state laws affecting the employment prospects of veterans. Of particular concern is the relative generosity of each state in awarding preference benefits to veterans and the sociodemographic characteristics which differentiate more liberal states from those providing fewer benefits.

Findings

To make valid comparisons about the relative strength of veterans' preference legislation, an index was constructed for each state (see Table 1). The criteria used in the calculation of these indices included appointment or promotional preference for nondisabled veterans in selected jobs (1 point), absolute preference or bonus points for all or most jobs under classification (2 points), and bonus points for promotions in all or most civil service jobs (2 points). A like number of points were also awarded in each category if the spouse of a nondisabled veteran were granted similar privileges. The cumulative scores ranged from no points (Delaware) to six points (Indiana and New Jersey), and a slight majority of the states (26) emerged with a three-point total.

The next step was to determine whether states providing generous veterans' preference benefits had any distinctive political or demographic features. As Table 2

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indicates, the strength of the state VPL index was somewhat more pronounced in the Midwest and Northeast, while Western states were least likely to provide veterans with statutory advantages for public employment. For example, Arizona and New Mexico give preference to veterans seeking employment in their respective bureaus of veterans' affairs, but do not extend these privileges to include jobs classified under state civil service. No Western states awarded absolute preference or bonus points for promotions within the state civil service, and only Montana permitted the addition of bonus points to the test scores of a veteran's family members. A small number of Northeastern and Midwestern states, on the other hand, were inclined to adopt these measures.

Of equal importance are the socioeconomic and demographic characteristics of state governmental jurisdictions. States ranking high on the VPL index tend to be more populous, wealthier on a per capita basis, and less receptive to the influence of interest groups (see Table 2). These results would appear to contradict the more commonsensical view that military life and the well-being of its personnel have always been held in greater esteem in the more traditional parts of the country—i.e., the South and the West. One might presume that veterans would benefit not only from the good will and political support of Southern legislators wielding positions of authority in the armed services committees of the U.S. House of Representatives and the Senate, but also a favorable political climate which has resulted in the disproportionate allocation of federal military installations in the South.[9] Under these circumstances, politically conservative state legislators would perceive veterans' preference benefits not as social welfare legislation but as the just rewards for individual military service or sacrifice.

A more plausible interpretation of these findings, however, directs attention to the perception of veterans by state legislators as a significant political constituency. The negative relationship found between interest group strength in the states and the provision of generous veterans' preference benefits suggests that legislative success does not result from the organizational or lobbying skills of veterans organizations, such as the American Legion, the Veterans of Foreign Wars or the Disabled Veterans. As Levitan and Cleary have indicated, these groups have tended to play a more passive role in the legislative process, preferring to rely on the judgment of elected policymakers for the appropriate level of benefits received.[8] It thus appears that support for VPL may be less a function of group mobilization than the realization by individual political candidates of the electoral benefits to be gained from appeals to the interests of veterans and their families.

Discussion

The survey results indicate that the number and variety of veterans' preference laws in the states are affected by such demographic factors as population size, region, per capita income and interest group strength. Veterans seeking employment in state government are likely to compete with relatively greater advantage in the more populous, wealthier states of the Midwest and the Northeast.

Although it is beyond the scope of this paper to provide a detailed analysis of the interrelationships between veterans' preference and other personnel issues of concern to state decision-makers, a number of policy implications and suggestions for further research bear mention. Veterans' preference affects nearly all phases of personnel management, but it is obviously the selection of public employees which has provoked the most serious controversy. All states classified as "medium" or "high" on the VPL index gave nondisabled veterans at least a five-point bonus on civil service exams—a practice which is viewed with a measure of disdain by civil service reformers favoring strict adherence to merit principles as well as supporters of affirmative action programs who feel that minorities and women have long been excluded from responsible government jobs. An additional irritant to affirmative action proponents is the awarding of bonus points to veterans for promotional purposes by a few of the more generously inclined states. Clearly, more research on the impact of veterans' preference laws on the proportion of minorities and women hired by state government (in relation to their numbers in the general population or relevant labor markets) would be of interest to elected public officials as well as manpower analysts.[9]

To a lesser degree, state VPL is of concern to nonveteran members of public unions or employee associations. Any advantages enjoyed by ex-veteran public employees in regard to promotions or reductions-in-force may be viewed as contrary to the seniority principle, which is viewed by many labor officials as the best method of deciding who benefits (as well as who loses—a point often made by affirmative action proponents). Ultimately, policymakers hoping to achieve the allocation of human resources in an equitable and efficient manner will have to confront the necessity of trade-offs. The reconciliation of such diverse values as "reward," "merit," "equity," and "organizational tenure" into an integrated policy framework is an undertaking deserving a prominent place on the research agenda of the 1980s.

Notes

1. The most concise treatment of veterans' preference legislation in the federal government is found in O. Glenn Stahl, *Public Personnel Administration*, 6th ed. (New York, N.Y.: Harper & Row, 1971), pp. 137-43.

2. Alan K. Campbell, "Civil Service Reform: A New Commitment," *Public Administration Review*, 38 (March/April 1978), pp. 99-103.

3. Nicholas Henry, *Public Administration and Public Affairs*, 2nd ed. (Englewood Cliffs, N.J.: Prentice-Hall, 1980), p. 420.

4. Sar Levitan and Karen A. Cleary, *Old Wars Remain Unfinished: The Veterans' Benefit System* (Baltimore, Md.: Johns Hopkins University [illegible], p. 15.

5. The author has begun such a task in an exploratory fashion; see, e.g., Charles E. Davis, "Veterans' Preference, Affirmative Action, and Public Employment," a paper presented at the 1980 annual meeting of the Southwest Political Science Association in Houston.

Table 1
THE RELATIVE STRENGTH OF STATE VETERANS' PREFERENCE LEGISLATION

	Veterans' Preference Benefits						
	Selected positions			*Civil Service positions*			
States (a)	*Appointment preference or bonus points*	*Appointment preference or bonus points (veteran's relatives)*	*Preference or bonus points for promotions*	*Appointment preference or bonus points*	*Preference or bonus points (veteran's relatives)*	*Preference or bonus points for promotion*	*Total points (b)*
Alabama	1	1	..	2	..	..	4
Arizona	..	..	..	2	..	..	2
Arkansas	..	..	..	2	..	..	2
California	1	..	.	2	..	..	3
Colorado	1	..	.	2	..	..	3
Connecticut	..	..	..	2	2	..	4
Delaware	..	..	..	..	..	..	0
Florida	1	..	..	2	..	..	3
Georgia	1	1	..	2	..	..	4
Idaho	1	..	..	2	..	..	3
Illinois	1	..	1	2	..	..	4
Indiana	1	1	..	2	2	..	6
Iowa	1	..	..	2	..	2	5
Kansas	1	..	..	2	..	..	3
Kentucky	1	..	..	2	..	..	3
Louisiana	1	..	..	2	..	..	3
Maine	1	..	..	2	2	..	5
Maryland	1	..	..	2	..	..	3
Massachusetts	1	..	..	2	..	..	3
Michigan	1	..	..	2	..	..	3
Minnesota	1	..	..	2	..	..	3
Mississippi	1	..	..	2	..	..	3
Missouri	1	..	..	.	.	..	3
Montana	1	..	..	4	2	..	5
Nebraska		..	..	..	..	..	1
Nevada	1	..	..	2	..	..	3
New Hampshire	1	..	..	2	..	..	3
New Jersey	1	..	1	2	2	..	6
New Mexico	1	..	..	..	..	..	1
New York	1	..	..	2	..	2	5
North Carolina	1	..	..	2	..	2	5
North Dakota	1	.	..	2	..	..	3
Ohio	1	.	..	2	..	..	4
Oklahoma	1	..	..	2	..	..	3
Oregon	1	..	..	2	..	..	3
Pennsylvania	1	..	..	2	..	..	3
Rhode Island	1	..	..	2	..	..	3
South Carolina	1	..	..	2	..	..	3
South Dakota	1	..	..	2	..	2	5
Tennessee	1	..	..	2	..	..	3
Texas	1	..	1	2	..	..	4
Utah	1	..	1	2	..	..	4
Vermont	..	..	..	2	..	..	2
Virginia	..	..	..	2	..	..	2
Washington	1	..	..	2	..	..	3
West Virginia	1	..	..	2	..	..	3
Wisconsin	1	..	..	2	..	..	3
Wyoming	1	..	..	2	..	..	3

Source: U.S. Congress, Committee on Veterans' Affairs, *State Veterans' Laws*, House Committee Print No. 6, 96th Congress, 1st sess., 1979.

(a) Alaska and Hawaii were excluded from the analysis. Their politics are imbued with cultural and ethnic strains not typical of the contiguous United States, and their experience with veterans' preference legislation is comparatively recent.

(b) The criteria used in the calculation of these indexes included appointment or promotional preference for nondisabled veterans in selected jobs (one point), absolute preference or bonus points for all or most jobs under classification (two points), and bonus points for promotions in all or most civil service jobs (two points). A like number of points was also awarded in each category if the spouse of a nondisabled veteran were granted similar privileges. The decision to assign one point or two for a given benefit was based on the number of people likely to be affected by such legislation; for example, a statute reserving the directorship of a state veterans bureau for military veterans would have little impact and thus be assigned one point.

Table 2

THE STRENGTH OF VETERANS' PREFERENCE LEGISLATION, INCOME RANK, POPULATION RANK, REGION, AND INTEREST GROUP LEVERAGE

States	Strength of veterans' preference legislation (a)	Income rank (b)	Population rank (b)	Region (c)	Interest group leverage (d)
Alabama	strong	46	21	3	high
Arizona	weak	26	32	4	high
Arkansas	weak	50	33	3	high
California	moderate	7	1	4	high
Colorado	moderate	12	28	4	low
Connecticut	strong	3	24	1	low
Delaware	weak	15	48	1	medium
Florida	moderate	14	8	3	high
Georgia	strong	37	14	3	high
Idaho	moderate	36	41	4	..
Illinois	strong	8	5	2	medium
Indiana	strong	29	12	2	low
Iowa	strong	22	25	2	high
Kansas	moderate	20	31	2	medium
Kentucky	moderate	43	23	3	high
Louisiana	moderate	49	20	3	high
Maine	strong	44	38	1	high
Maryland	moderate	4	18	3	medium
Massachusetts	moderate	16	10	1	medium
Michigan	moderate	17	7	2	high
Minnesota	moderate	19	19	2	high
Mississippi	moderate	51	29	3	high
Missouri	moderate	33	15	2	low
Montana	strong	31	43	4	high
Nebraska	weak	27	35	2	high
Nevada	moderate	6	47	4	medium
New Hampshire	moderate	32	42	1	..
New Jersey	strong	5	9	1	low
New Mexico	weak	12	37	4	high
New York	strong	11	2	1	medium
North Carolina	strong	41	11	3	high
North Dakota	moderate	9	46	2	..
Ohio	strong	24	6	2	medium
Oklahoma	moderate	38	27	3	high
Oregon	moderate	21	30	4	high
Pennsylvania	moderate	30	4	1	medium
Rhode Island	moderate	25	39	1	low
South Carolina	moderate	45	26	3	high
South Dakota	strong	35	45	2	medium
Tennessee	moderate	42	17	3	high
Texas	strong	34	3	3	high
Utah	strong	38	36	4	medium
Vermont	weak	40	49	1	medium
Virginia	weak	18	13	3	medium
Washington	moderate	13	22	4	high
West Virginia	moderate	47	34	3	medium
Wisconsin	moderate	..	16	2	high
Wyoming	moderate	33	50	4	low

(a) The following criteria were employed to classify states as "weak," "moderate," or "strong": the allocation of appointment preference to nondisabled veterans or their relatives for selected jobs (1 point), the allocation of preference or bonus points to nondisabled veterans or their relatives for positions in selected jobs (1 point), the allocation of appointment preference or bonus points to veterans and their relatives for jobs classified under state civil service (2 points), and the allocation of preference or bonus points for promotions to nondisabled veterans for civil service jobs (2 points). States receiving a cumulative score of two points or less were classified as "weak," those with three points were termed "moderate," and the "strong" states had more than three points.

(b) These figures were obtained from the *1977 City and County Data Book* (Washington, D.C.: Bureau of the Census).

(c) States were grouped into four regional categories: 1—Northeast, 2—Midwest, 3—South, 4—West. The classification scheme was adapted from studies conducted by the Center for Political Studies at the University of Michigan.

(d) The measure of interest group strength used here is actually a composite index based on 19 separate variables—strength of party competition, legislative cohesion, and the socioeconomic variables of the urban population (including per capita income and the percentage of the population employed in occupations other than agriculture, forestry, and fishing). This index was adapted from I. Harman Ziegler and Hendrick van Dalen, "Interest Groups in the American States," in Herbert Jacob and Kenneth N. Vines, eds., *Politics in the American States*, 2nd edition (Boston, Mass.: Little, Brown & Co., 1971), p. 137.

SENATE BILL 104

Sen Bradley

AMENDMENT

Page 2, Line 6: After the word "qualifications," insert "and all other things pertinent to position status"

Page 2, Line 8 through 10: After the word "reteran", delete remainder of the sentence and insert the following sentence: "If a veteran or disabled veteran desires to waive his additional preference points for an entry position into the classfied service, he may, at his discretion, use those points at a later time for another position within the same job classification exclusive of an area of promotion."

Page 2, Line 12: Delete "90" and insert "181"

THE LEGISLATURE OF THE STATE OF ALASKA

TWELFTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. SB 104

Title An act relating to veteran's preference in State employment

Requested by Senator Bradley Date January 28, 1981

II. FISCAL DETAIL

Agency Affected Administration

Program Category Affected General Government

BRU, Program, or Subprogram(s) Affected Personnel

(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

		FY 81	FY 82	FY 83	FY 84	FY 85	FY 86
100	PERSONAL SERVICES		49.8	54.8	60.3	66.3	72.9
200	TRAVEL						
300	CONTRACTUAL		8.1	8.9	9.8	10.8	11.9
400	COMMODITIES		.6	.7	.7	.8	.9
500	EQUIPMENT		7.0	0	0	0	0
600	LAND & STRUCTURES						
700	GRANTS, CLAIMS, ETC						
	TOTAL		65.5	64.4	70.8	77.9	85.7

FUNDING (Thousands of Dollars)

GENERAL FUND		65.5	64.4	70.8	77.9	85.7
FEDERAL FUNDS						
OTHER (Specify Fund Source)						

POSITIONS

FULL TIME		1	1	1	1	1
PART TIME		2	2	2	2	2
TEMPORARY						

III. ANALYSIS (See Fiscal Note Preparation Instructions, Section III)

The statutory time requirement in proposed AS 39.25.185 (a) (3) and the necessary procedures to insure the proper executive of AS 39.25.185 (a) (4) and (5) requires the addition of a Personnel Technician to the Juneau certifications unit of the Division of Personnel and clerical support in both the Juneau and Anchorage Offices. FY 82 costs include initial equipment work stations. FY 83 and following are inflated @ 10%. Spaces costs at 2.7 per position are also included.

Agencies to which the Division of Personnel has delegate certification authority will also be effected.

IV. DATE 2/5/81 PREPARED BY Michael P. McMullen

AGENCY DIVISION OF PERSONNEL

PHONE 465-4430

Original: Legislative Finance

cc: Budget and Management
Prime Sponsor (First Legislator Named)
Senator Bradley

33-001 (Rev. 12/80)
Keith Spetting
Carole Burger

SB
105

COMMITTEE REPORT

SENATE

1/26/81

FURTHER: Finance

Date: _____

Mr. President:

The Committee on HEALTH, EDUCATION & SOCIAL SERVICES has had SB 105

establishing the Alaska Native Child Welfare Task Force

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[ ] do pass [ ] do not pass

[ ] do pass with attached amendments(s)

[ ] same title

[✓] replace with CS for _____ [ ] new title

and recommends _____

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[ ] reports it back without recommendation

[ ] referred to the _____ Committee

MEMBERS SIGNING
DO PASS

MEMBERS HAVING
OTHER RECOMMENDATIONS:

CHAIRMAN

S 60 (Rev. 12/78)

Alaska Native Child Welfare Task Force

Representatives from the 12 Non-profit Regional Corporations during 1980 - 1981:

Aleutian/Tribilof Island Association

Mr. Arthur Potts
1689 "C" Street
Anchorage, Alaska 99501
Phone: 276-2700

Association of Village Council Presidents

Martha Jack
Village Council
Box 219
Bethel, Alaska 99559

Bristol Bay Native Association

Mary Backford
Dillingham, Alaska 99576

Central Council Tlingit & Haida Indian Tribes of Alaska

Francine Eddy
One Sealaska Plaza, Suite 200
Juneau, Alaska 99801
Phone: 586-1432

Cook Inlet Native Association

Jennifer Evans
670 West Fireweed Lane
Anchorage Alaska 99503
Phone: 278-4641

Copper River Native Association

Marianne Rolland
Pouch G
Copper Center, Alaska 99573

Inupiat Community of the Arctic Slope

Barbara Bodenhern
Box 437
Barrow, Alaska 99723

Kawerak, Inc.

Nome Area
need for a representative

Kodiak Area Native Association

Elaine Loomis
Kodiak Native Association
Box 172
Kodiak, Alaska 99615
Phone: 486-5725

Launeluk Association

Gerri Adams
Box 256
Kotzebue, Alaska 99752
Phone: 442-3311

The North Pacific Rim

Sally Mead & Richard Rolland
903 W. Northern Lights
Anchorage, Alaska 99503
Phone: 276-2121

Tanana Chiefs Conference, Inc.

Josephine Fields
First & Hall Street
Fairbanks, Alaska 99701
Phone: 452-8251

ALASKA NATIVE CHILD WELFARE TASK FORCE

One Year Budget

I. Regional Representatives Travel:

	Training (2 trips)	Quarterly Mtgs. (4 trips)	Per Diem
1. Aleutian-Pribilof			
2. Assoc. of Village Council Presidents (Bethel)	$466.20	$932.40	$1,008
3. Bristol Bay (Dillingham)	$408	$81	$1,008
4. Tlingit & Haida Central Council (Juneau)	$532	$1,064	$1,008
5 Cook Inlet (Anchorage Based)	$186	$ 372	$1,008
6. Copper River (Copper Center)			
7. Inupiat Comm. of Arctic Slope (Barrow)	$712	$1,424	$1,008
8. Kawerak (Nome)	$612	$1,224	$1,008
9. Kodiak Area	$300	$ 600	$1,008
10. Mauneluk (Kotzebue)	$608	$1,216	$1,008
11. North Pacific Rim (Anchorage-Based)			
12. Tanana Chief (Fairbanks)	$320	$ 640	$1,008
TOTAL	$4,144.20	$8,288.40	$9,072

II Executive Committee Travel:	Airfare	Per Diem
1. Aleutian Pribolof	500	186
2. AVCP-(Bethel)	254. (1 trip)	186
3. Bristol Bay-(Dillingham)	204. (1 trip)	166
4. Tlingit & Haida- (Juneau)	798. (3 trips)	747
5. Cook Inlet Native Assoc.	532. (2 trips)	288
6. Copper River	93. (1 trip)	124
7. Inupiat Comm. of Arctic Slope	356. (1 trip)	222
8. Kawerak -(Nome)	306.	180
9. Kodiak	150. (1 trip)	168
10. Mauneluk - (Kotzebue)	304. (1 trip)	182
11. North Pacific Rim	250.	168
12. Tanana Chief	160. (1 trip)	134
13. Out-of-State	2500.	1,200
14. Allowances	750.	
TOTAL	7,137	3,951

III Training :	
Consultant	5,000
Supplies	1,500
Travel	1,625
Facility Lease	1,000
TOTAL	9,125
IV Support Services :	
Telephone	3,000
Printing	3,000
Postage	600
Xeroxing	1,500
Subscriptions, Dues	182.40
TOTAL	8,282.40
TOTAL BUDGET	$50,000

POSITION PAPER/Department of Health & Social Services

POSITION PAPER

SENATE BILL NO. 105

"An Act establishing the Alaska Native Child Welfare Task Force; and providing for an effective date."

The Department of Health and Social Services supports Senate Bill No. 105 establishing the Alaska Native Child Welfare Task Force. The Indian Child Welfare Act imposes significant and far-reaching changes in operations for courts, attorneys, and agencies placing children in either foster care or adoption. A task force to study the various issues concerning child welfare services for Alaskan Natives would be very valuable in terms of future planning and policy development. The Department would be pleased to participate in such a task force.

Department of Health and Social Services is in support of Senate Bill No. 105.

RECOMMENDED BY: John R. Pugh

John R. Pugh, Director
Division of Family and
Youth Services

DATE: 2/5/81

APPROVED BY: Helen D. Beirne

Helen D. Beirne
Commissioner

DATE: 2/10/81

THE LEGISLATURE OF THE STATE OF ALASKA
TWELFTH LEGISLATURE

FISCAL NOTE

I. REQUEST
Bill/Resolution No. Senate Bill No. 105
Title An Act establishing the Alaska Native Child Welfare Task Force.
Requested by _____ Date _____

II. FISCAL DETAIL
Agency Affected Department of Health & Social Services
Program Category Affected _____
BRU, Program, or Subprogram(s) Affected _____
(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 81	FY 82	FY 83	FY 84	FY 85	FY 86
100 PERSONAL SERVICES	-0-	-0-	-0-	-0-	-0-	-0-
200 TRAVEL	-0-	-0-	-0-	-0-	-0-	-0-
300 CONTRACTUAL	-0-	-0-	-0-	-0-	-0-	-0-
400 COMMODITIES	-0-	-0-	-0-	-0-	-0-	-0-
500 EQUIPMENT	-0-	-0-	-0-	-0-	-0-	-0-
600 LAND & STRUCTURES	-0-	-0-	-0-	-0-	-0-	-0-
700 GRANTS, CLAIMS, ETC.	-0-	-0-	-0-	-0-	-0-	-0-
TOTAL	-0-	-0-	-0-	-0-	-0-	-0-

FUNDING (Thousands of Dollars)

GENERAL FUND	-0-	-0-	-0-	-0-	-0-	-0-
FEDERAL FUNDS	-0-	-0-	-0-	-0-	-0-	-0-
OTHER (Specify Fund Source)	-0-	-0-	-0-	-0-	-0-	-0-

POSITIONS

FULL TIME	-0-	-0-	-0-	-0-	-0-	-0-
PART TIME	-0-	-0-	-0-	-0-	-0-	-0-
TEMPORARY	-0-	-0-	-0-	-0-	-0-	-0-

III. ANALYSIS (See Fiscal Note Preparation Instructions, Section III)

Senate Bill No. 105 has no fiscal impact on the Department of Health and Social Services.

IV. DATE 2/5/81 PREPARED BY John R. Pugh, Director
AGENCY Division of Family & Youth Services
PHONE 456-3170

Original: Legislative Finance
cc: Budget and Management
Prime Sponsor (First Legislator Named) M&B Approval _____ Date 2/5/81

33-401 (Rev. 12/80

CENTRAL COUNCIL
tlingit and haida indian tribes of alaska
One Sealaska Plaza - Suite 200
Juneau, Alaska 99801
(907) 586-1432 or 586-3613

TESTIMONY ON SENATE BILL NO.105 & 106
BEFORE THE SENATE HESS COMMITTEE

March 27, 1981
3:00 p.m.

MY NAME IS TONY STRONG, AND I AM THE ACTING EXECUTIVE DIRECTOR FOR THE CENTRAL COUNCIL OF TLINGIT AND HAIDA INDIAN TRIBES OF ALASKA. THE CENTRAL COUNCIL WOULD LIKE TO PRESENT TESTIMONY ON SENATE BILL NO. 105 AND SENATE BILL NO. 106.

THE CENTRAL COUNCIL OF TLINGIT AND HAIDA INDIAN TRIBES OF ALASKA IS THE CONGRESSIONALLY RECOGNIZED GENERAL GOVERNING BODY FOR MORE THAN 16,000 TLINGIT AND HAIDA INDIANS. A MAJORITY OF THOSE CONSTITUENTS RESIDE IN SOUTHEAST ALASKA. THE CENTRAL COUNCIL HAS BEEN OPERATING HUMAN AND COMMUNITY SERVICE PROGRAMS SINCE 1965. CENTRAL COUNCIL FEELS THAT IS IS VERY IMPORTANT THAT THE MEMBERS OF THIS COMMITTEE REVIEW THESE PROPOSED BILLSIN A PROPER HISTORICAL PERSPECTIVE.

THE ALASKA NATIVE CHILD WELFARE TASK FORCE WAS FORMED IN THE FALL OF 1979 AS A STATE WIDE EFFORT TO ADVOCATE AND ASSIST ALASKA NATIVES AND AMERICAN INDIANS IN THE IMPLEMENTATION OF THE INDIAN CHILD WELFARE ACT, PUBLIC LAW 95-608. CENTRAL COUNCIL HAS BEEN A MEMBER OF THE TASK FORCE SINCE ITS INCEPTION.

PUBLIC LAW 95-608 IS A FEDERAL LAW ENACTED BY CONGRESS ON MAY 8, 1978. THE ACT WAS PASSED IN RESPONSE TO THE TESTIMONY OF MANY INDIAN AND NON-INDIAN PEOPLE FROM ACROSS THE COUNTRY WHO WERE APPALLED AT THE EXTREME NUMBER OF INDIAN CHILDREN WHO WERE PLACED IN NON-INDIAN FOSTER AND ADOPTIVE HOMES. THE CENTRAL COUNCIL IS COMMITTED TO THE IMPLEMENTATION OF PL 95-608 IN THE STATE OF ALASKA.

DURING THE ELEVENTH ALASKA STATE LEGISLATURE IN 1980, CENTRAL COUNCIL WAS INSTRUMENTAL IN WORKING WITH REPRESENTATIVE DUNCAN IN FORMULATING HOUSE CONCURRENT RESOLUTION NO. 43, " A RESOLUTION ENDORSING THE CONCEPT AND REQUESTING IMPLEMENTATION OF THE INDIAN CHILD WELFARE ACT OF 1978". I WOULD LIKE TO QUOTE FROM THAT RESOLUTION:

> "BE IT RESOLVED BY THE ALASKA STATE LEGISLATURE THAT (1) THE LEGISLATURE ENDORSE AND SUPPORT THE CONCEPT AND POLICY OF THE INDIAN CHILD WELFARE ACT OF 1978 (2) THE GOVERNOR IS URGENTLY REQUESTED TO DIRECT THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES TO PROMPTLY TAKE THE STEPS NECESSARY TO IMPLEMENT THE ACT IN ALASKA AND TO PROVIDE THE FINANCING NECESSARY FOR IMPLEMENTATION (3) THE CHIEF JUSTICE OF THE ALASKA SUPREME COURT IS REQUESTED TO DIRECT THE COURT SYSTEM TO PROMPTLY TAKE STEPS NECESSARY TO COOPERATE IN THE IMPLEMENTATION OF THE ACT".

SENATE BILL 105 WOULD PROVIDE THE MECHANISM TO ESTABLISH THE ALASKA NATIVE CHILD WELFARE TASK FORCE TO ASSIST THE STATE IN CARRYING OUT ITS MANDATE TO IMPLEMENT THE INDIAN CHILD WELFARE ACT.

IT PROVIDES THE MEANS FOR NATIVE REPRESENTATIVES FROM ACROSS THE STATE TO ADDRESS NATIVE CHILD WELARE ISSUES, CONCERNS, AND IDEAS. THE ALASKA NATIVE CHILD WELFARE TASK FORCE, BECAUSE OF ITS STATE-WIDE MEMBERSHIP, ADDRESSES THE DIVERSITY OF CULTURES, LANGUAGES, VALUES, LIFE STYLES, AND POLITICAL SYSTEMS OF OUR NATIVE PEOPLES ACROSS THE STATE THAT NEED TO BE CONSIDERED IN IMPLEMENTING PL 95-608.

CENTRAL COUNCIL IS IN AGREEMENT WITH THE TASK FORCE'S RECOMMENDATION TO CHANGE THE PROPOSED MEMBERSHIP FROM REGIONAL CORPORATIONS TO REGIONAL NON-PROFIT NATIVE CORPORATIONS. THIS IS THE BASE OF THE PRESENT MEMBERSHIP AND CENTRAL COUNCIL SUPPORTS RETAINING THAT MEMBERSHIP.

IN ADDRESSING SENATE BILL 106, CENTRAL COUNCIL WOULD SUPPORT AN APPROPRIATION THAT WOULD ADEQUATELY FUND THE ALASKA NATIVE CHILD WELFARE TASK FORCE TO FUNCTION AND CARRY OUT ITS GOALS.

IN CONCLUSION, CENTRAL COUNCIL REMAINS COMMITTED TO THE IMPLEMENTATION OF THE INDIAN CHILD WELFARE ACT IN ALASKA AND TO THE ESTABLISHMENT OF THE ALASKA NATIVE CHILD WELFARE TASK FORCE. CENTRAL COUNCIL HAS ATTACHED TO ITS TESTIMONY COPIES OF HOUSE CONCURRENT RESOLUTION NO. 43, THE PURPOSES OF THE ALASKA NATIVE CHILD WELFARE TASK FORCE, AND THE CURRENT MEMBERSHIP LIST OF THE TASK FORCE.

THANK YOU.

ALASKA NATIVE CHILD WELFARE TASK FORCE

The Alaska Native Child Welfare Task Force is a state-wide effort to advocate and to assist Alaskan Natives and American Indians in the implementation of the Indian Child Welfare Act, Public Law 93-608. The Alaskan Federation of Natives endorsed, supported and officially sanctioned the Alaska Native Child Welfare Task Force at the 1979 annual A.F.N. Convention in Anchorage.

PURPOSE

The purpose of the Alaska Native Child Welfare Task Force shall be to address the following objectives:

Section 1. To actively participate in the formalization, establishment, and review of policies in order to safeguard the spirit and intent of the Indian Child Welfare Act.

Section 2. To serve as an advocate on Indian Child Welfare issues in the community, state and national levels of the government.

Section 3. To provide educational and training programs on the Indian Child Welfare Act and related subjects to Alaskan Natives, Native organizations, and other agencies who provide services to Native children and families.

Section 4. To serve as a clearing house of information on the Indian Child Welfare Act and related subject matter, whereby, materials, books and films will be available for utilization by the Task Force members.

Alaska Native Child Welfare Task Force

Representatives from the 12 Non-profit Regional Corporations during 1980 - 1981:

Aleutian/Pribilof Island Association

Mr. Arthur Potts
1689 "C" Street
Anchorage, Alaska 99501
Phone: 276-2700

Association of Village Council Presidents

Martha Jack
Village Council
Box 219
Bethel, Alaska 99559

Bristol Bay Native Association

Mary Backford
Dillingham, Alaska 99576

Central Council Tlingit & Haida Indian Tribes of Alaska

Francine Eddy
One Sealaska Plaza, Suite 200
Juneau, Alaska 99801
Phone: 586-1432

Cook Inlet Native Association

Jennifer Evans
670 West Fireweed Lane
Anchorage, Alaska 99503
Phone: 278-4641

Copper River Native Association

Marianne Rolland
Pouch G
Copper Center, Alaska 99573

Inupiat Community of the Arctic Slope

Barbara Bodenhern
Box 437
Barrow, Alaska 99723

Kawerak, Inc.

Nome Area
need for a representative

Kodiak Area Native Association

Elaine Loomis
Kodiak Native Association
Box 172
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Maneluk Association

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The North Pacific Rim

Sally Mead & Richard Rolland
903 W. Northern Lights
Anchorage, Alaska 99503
Phone: 276-2121

Tanana Chiefs Conference, Inc.

Josephine Fields
First & Hall Street
Fairbanks, Alaska 99701
Phone. 452-8251

ALASKA NATIVE CHILD WELFARE TASK FORCE

STATEMENT AND GOALS

Statement

The Alaska Native Child Welfare Task Force is a state-wide effort to advocate/assist Alaskan Natives/American Indians to ensure that the intent of the Indian Child Welfare Law is implemented.

1. Monitoring/evaluating child placements.

2. Education:
   a) Alaskan Natives
   b) Native Organizations
   c) Other Agencies involved in child placements

3. Recruiting Native Adoption/Foster Homes.

4. Lobbying for state/federal legislation in the area of child welfare.

Goals

1. Legislative Activity

   Keeping up with legislative activity, reporting to Task Force and bringing copies of the various bills for Task Force Members.

2. Training/Education

   Developing training for the Regions so they in turn can train communities in their area.

3. Task Force Information

   This is the responsibility of all Task Force Members. If you are aware of speakers/agencies to share information with us at our meetings (example - Adoption, Foster Care, Legislator, etc.) submit a written statement to the Chairperson regarding their presentation - what information they'll share with us and also hand outs if possible, or call; but this must be done at least two weeks prior to the meeting date. This will give the Chairperson an opportunity to put it on the agenda. The agenda will be sent out two weeks before the meeting date.

4. Public Relations/Membership Drive

   Spreading information about our Task Force (radio spots, Television, newspapers, etc.) and recruiting more members.

5. Clearing House of Information

   Indian Child Welfare reading materials, books, bibliographies, etc. will be centralized in one location and available for our Task Force members to use.

Briefing Statement

Re: Alaska Native Child Welfare Task Force

I. The Indian Child Welfare Act

The Indian Child Welfare Act (ICWA), Public Law 95-608, is a federal law enacted by Congress on May 8, 1978. The Act was passed in response to the testimony of many Indian and non-Indian people who were appalled at the extreme number of Indian children who were placed in non-Indian foster and adoptive homes. The testimony revealed that these large number of placements were without regard for preserving the child's identity and culture were a significant cause of the breakdown of Indian families and tribes.

Thereby, the Act was passed to protect the integrity of Indian families and to help ensure that Indian children who are placed in adoptive or foster care homes continue to live in their natural cultural environment. The ICWA establishes national standards which state courts must follow before Indian children can be removed from their parents or Indian custodians.

The overall spirit and intent of the Act is to protect the best interests of Indian children and to promote the stability and security of Indian tribes and families.

Title II of the Indian Child Welfare Act authorizes the Secretary of the Interior to make grants to Indian Tribes and organizations. During the fiscal year 1980, $5.5 million was appropriated on a national level. Fourteen (14) Native agencies in Alaska received funding for a child and family programfor the 1980 ICWA Grant Year, which went from June 1980 to March 31, 1981. The Alaska Native agencies include: the Aleutian -Pribilof Islands Association; the Admirality Citizens Council, Inc.; the Bristol Bay Native Association; Central Council Tlingit and Haida Indian Tribes of Alaska; Copper River Native Association; Kodiak Area Native Association; Kotzebue IRA Council; Mauneluk Association; Metlakatla Indian Community; North Pacific Rim; Sitka Community Association; Tanana Chiefs Conference and the United Crow Band of Alaska.

II. Alaska State Legislation Concerning the Indian Child Welfare Act

During the Eleventh Legislature - second session (1980), Tlingit and Haida Central Council was instrumental in working with Representative Duncan in formulating House Concurrent Resolution No. 43 to the Alaska State Legislature; and very involved in developing and organizing the joint hearings that pertained to this bill and the Juneau White House Conference on families that was held on February 23, 1980.

The House Concurrent Resolution No. 43 did pass the legislature, thereby, the Alaska Department of Health and Social Services and the court system were to promptly take steps necessary to cooperate in the implementation of the ICWA in Alaska.

The Juneau White House Conference on Families of February 1980, centered around the issues that are impacting the stability and security of families in Juneau. The people who provided testimony spoke to upholding the traditional view of the family, to bringing God back into the home and schools and to getting rid of governmental interference in the family. The written testimony was more liberal in expressing a need to pass such issues as ERA, gay rights, freedom to choose abortion, and the acceptance of the "non-Traditional family". A report reflecting the conclusions and recommendations from the hearings was prepared by the Steering Committee Members.

III. The Alaska Native Child Welfare Task Force

In the Fall of 1979 representatives from several Alaska Native Human Services Programs moved to organize an ICWA Task Forece. The representatives from these programs participated in the formulation of the Task Force concept and movement towards organization of the group. The Task Force submitted before the 1979 Alaska Federation of Natives Convention a resolution to seek their endorsement and support.

The resolution did pass, whereby, the Alaska Federation of Natives officially sanctioned the Alaska Native Child Welfare Task Force. The Alaska Native Child Welfare Task Force is a state-wide effort to advocate and to assist Alaskan Natives and Amercian Indians in the implementation of the Indian Child Welfare Act, P.L. 95-608. The objectives of the Task Force are:

(1) To actively participate in the formalization, establishment, and review of policies in order to safeguard the spirit and intent of the Indian Child Welfare Act;
(2) To serve as an advocate on Indian Child Welfare issues in the community, state and national levels of the government;
(3) To provide educational and training programs on the ICWA and related subjects to Alaskan Natives, Native Organizations, and other agencies who provide services to Native children and families; and
(4) To serve as a clearing house of information on the Indian Child Welfare Act and related subject matter, whereby, material, books, films will be available for utilization by the Task Force members.

During this past year (1980) the Task Force membership has been comprised of Cook Inlet Native Association staff and representation from the ICWA grantees who could cover the expenses for staff travel.

Over the past year (1980) the Task Force has assumed an informational sharing focus in repsects to addressing issues concerning implementation of the Act in Alaska and the ICWA grant application process.

IV. Development of Senate Bills 105 and 106

During the general Task Force meeting at the 1980 Alaska Federation of NativesConvention in Anchorage, the existing Task Force membership identified the need to formerly organize the Task Force and to secure a funding base.

The purpose of organzing the existing Task Force is in order to ensure statewide representation of the Native agencies. And in order to pursue the Task Force objectives there is a need for a funding base from which to work.

WITNESSES FOR
SENATE H.E.S.S. MEETINGS

SB 105
SB 106
SB 242
SB 243

Name	Address/Phone	Representing
Jennifer Evans	670 W. Fireweed Anch. 503 (265-1232)	AK. Native Child Welfare Task Force Cook Inlet Native Assn. IOS 9/06
Anna Walter	Rt. 1 Box 216 Ketchikan 99901	Alaska Closeup Program
Sidney Logan	Box 2587 Soldotna AK 99669	Alaska Close up program
Francine Eddy	One Sealaska Plaza Suite 200 Ak.	Ak. Native Child Welfare Task Force

Indian Child Welfare Act

Because of the significance of the Indian Child Welfare Act for all Indian children, families and tribes, *Indian Family Defense* is reprinting the act in its entirety.

An Act

To establish standards for the placement of Indian children in foster or adoptive homes, to prevent the breakup of Indian families, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled. That this Act may be cited as the "Indian Child Welfare Act of 1978".

SEC. 2. Recognizing the special relationship between the United States and the Indian tribes and their members and the Federal responsibility to Indian people, the Congress finds—

(1) that clause 3, section 8, article I of the United States Constitution provides that "The Congress shall have Power . . . To regulate Commerce . . . with Indian tribes" and, through this and other constitutional authority, Congress has plenary power over Indian affairs;

(2) that Congress, through statutes, treaties, and the general course of dealing with Indian tribes, has assumed the responsibility for the protection and preservation of Indian tribes and their resources;

(3) that there is no resource that is more vital to the continued existence and integrity of Indian tribes than their children and that the United States has a direct interest, as trustee, in protecting Indian children who are members of or are eligible for membership in an Indian tribe;

(4) that an alarmingly high percentage of Indian families are broken up by the removal, often unwarranted, of their children from them by nontribal public and private agencies and that an alarmingly high percentage of such children are placed in non-Indian foster and adoptive homes and institutions; and

(5) that the States, exercising their recognized jurisdiction over Indian child custody proceedings through administrative and judicial bodies, have often failed to recognize the essential tribal relations of Indian people and the cultural and social standards prevailing in Indian communities and families.

SEC. 3. The Congress hereby declares that it is the policy of this Nation to protect the best interests of Indian children and to promote the stability and security of Indian tribes and families by the establishment of minimum Federal standards for the removal of Indian children from their families and the placement of such children in foster or adoptive homes which will reflect the unique values of Indian culture, and by providing for assistance to Indian tribes in the operation of child and family service programs.

SEC. 4. For the purposes of this Act, except as may be specifically provided otherwise, the term—

(1) "child custody proceeding" shall mean and include—

(i) "foster care placement" which shall mean any action removing an Indian child from its parent or Indian custodian for temporary placement in a foster home or institution or the home of a guardian or conservator where the parent or Indian custodian cannot have the child returned upon demand, but where parental rights have not been terminated;

(ii) "termination of parental rights" which shall mean any action resulting in the termination of the parent-child relationship;

(iii) "preadoptive placement" which shall mean the temporary placement of an Indian child in a foster home or institution after the termination of parental rights, but prior to or in lieu of adoptive placement; and

(iv) "adoptive placement" which shall mean the permanent placement of an Indian child for adoption, including any action resulting in a final decree of adoption.

Such term or terms shall not include a placement based upon an act which, if committed by an adult, would be deemed a crime or upon an award, in a divorce proceeding, of custody to one of the parents.

(2) "extended family member" shall be as defined by the law or custom of the Indian child's tribe or, in the absence of such law or custom, shall be a person who has reached the age of eighteen and who is the Indian child's grandparent, aunt or uncle, brother or sister, brother-in-law or sister-in-law, niece or nephew, first or second cousin, or stepparent;

(3) "Indian" means any person who is a member of an Indian tribe, or who is an Alaska Native and a member of a Regional Corporation as defined in section 7 of the Alaska Native Claims Settlement Act (85 Stat. 688,689);

(4) "Indian child" means any unmarried person who is under age eighteen and is either (a) a member of an Indian tribe or (b) is eligible for membership in an Indian tribe and is the biological child of a member of an Indian tribe;

(5) "Indian child's tribe" means (a) the Indian tribe in which an Indian child is a member or eligible for membership or (b) in the case of an Indian child who is a member of or eligible for membership in more than one tribe, the Indian tribe with which the Indian child has the more significant contacts;

(6) "Indian custodian" means any Indian person who has legal custody of an Indian child under tribal law or custom or under State law or to whom temporary physical care, custody, and control has been transferred by the parent of such child;

(7) "Indian organization" means any group, association, partnership, corporation, or other legal entity owned or controlled by Indians, or a majority of whose members are Indians;

(8) "Indian tribe" means any Indian tribe, band, nation, or other organized group or community of Indians recognized as eligible for the services provided to Indians by the Secretary because of their status as Indians, including any Alaska Native village as defined in section 3(c) of the Alaska Native Claims Settlement Act (85 Stat. 688,689), as amended.

(9) "parent" means any biological parent or parents of an Indian child or any Indian person who has lawfully adopted an Indian child, including adoptions under tribal law or custom. It does not include the unwed father where paternity has not been acknowledged or established.

(10) "reservation" means Indian country as defined in section 1151 of title 18, United States Code and any lands, not covered under such section, title to which is either held by the United States in trust for the benefit of any Indian tribe or individual or held by any Indian tribe or individual subject to a restriction by the United States against alienation.

(11) "Secretary" means the Secretary of the Interior.

(12) "tribal court" means a court with jurisdiction over child custody proceedings and which is either a Court of Indian Offenses, a court established and operated under the code or custom of an Indian tribe, or any other administrative body of a tribe which is vested with authority over child custody proceedings.

TITLE I—CHILD CUSTODY PROCEEDINGS

SEC. 101. (a) An Indian tribe shall have jurisdiction exclusive as to any State over any child custody proceeding involving an Indian child who resides or is domiciled within the reservation of such tribe, except where such jurisdiction is otherwise vested in the State by existing Federal law. Where an Indian child is a ward of a tribal court, the Indian tribe shall retain exclusive jurisdiction, notwithstanding the residence or domicile of the child.

(b) In any State court proceeding for the foster care placement

of, or termination of parental rights to, an Indian child not domiciled or residing within the reservation of the Indian child's tribe, the court, in the absence of good cause to the contrary, shall transfer such proceeding to the jurisdiction of the tribe, absent objection by either parent, upon the petition of either parent or the Indian custodian or the Indian child's tribe: *Provided*, That such transfer shall be subject to declination by the tribal court of such tribe.

(c) In any State court proceeding for the foster care placement of, or termination of parental rights to, an Indian child, the Indian custodian of the child and the Indian child's tribe shall have a right to intervene at any point in the proceeding.

(d) The United States, every State, every territory or possession of the United States, and every Indian tribe shall give full faith and credit to the public acts, records, and judicial proceedings of any Indian tribe applicable to Indian child custody proceedings to the same extent that such entities give full faith and credit to the public acts, records, and judicial proceedings of any other entity.

SEC. 102.(a) In any involuntary proceeding in a State court, where the court knows or has reason to know that an Indian child is involved, the party seeking the foster care placement of, or termination of parental rights to, an Indian child shall notify the parent or Indian custodian and the Indian child's tribe, by registered mail with return receipt requested, of the pending proceedings and of their right of intervention. If the identity or location of the parent or Indian custodian and the tribe cannot be determined, such notice shall be given to the Secretary in like manner, who shall have fifteen days after receipt to provide the requisite notice to the parent or Indian custodian and the tribe. No foster care placement or termination of parental rights proceeding shall be held until at least ten days after receipt of notice by the parent or Indian custodian and the tribe or the Secretary: *Provided*, That the parent or Indian custodian or the tribe shall, upon request, be granted up to twenty additional days to prepare for such proceeding.

(b) In any case in which the court determines indigency, the parent or Indian custodian shall have the right to court-appointed counsel in any removal, placement, or termination proceeding. The court may, in its discretion, appoint counsel for the child upon a finding that such appointment is in the best interest of the child. Where State law makes no provision for appointment of counsel in such proceedings, the court shall promptly notify the Secretary upon appointment of counsel, and the Secretary, upon certification of the presiding judge, shall pay reasonable fees and expenses out of funds which may be appropriated pursuant to the Act of November 2, 1921 (42 Stat. 208; 25 U.S.C. 13).

(c) Each party to a foster care placement or termination of parental rights proceeding under State law involving an Indian child shall have the right to examine all reports or other documents filed with the court upon which any decision with respect to such action may be based.

(d) Any party seeking to effect a foster care placement of, or termination of parental rights to, an Indian child under State law shall satisfy the court that active efforts have been made to provide remedial services and rehabilitative programs designed to prevent the breakup of the Indian family and that these efforts have proved unsuccessful.

(e) No foster care placement may be ordered in such proceeding in the absence of a determination, supported by clear and convincing evidence, including testimony of qualified expert witnesses, that the continued custody of the child by the parent or Indian custodian is likely to result in serious emotional or physical damage to the child.

(f) No termination of parental rights may be ordered in such proceeding in the absence of a determination, supported by evidence beyond a reasonable doubt, including testimony of qualified expert witnesses, that the continued custody of the child by the parent or Indian custodian is likely to result in serious emotional or physical damage to the child.

SEC. 103. (a) Where any parent or Indian custodian voluntarily consents to a foster care placement or to termination of parental rights, such consent shall not be valid unless executed in writing and recorded before a judge of a court of competent jurisdiction and accompanied by the presiding judge's certificate that the terms and consequences of the consent were fully explained in detail and were fully understood by the parent or Indian custodian. The court shall also certify that either the parent or Indian custodian fully understood the explanation in English or that it was interpreted into a language that the parent or Indian custodian understood. Any consent given prior to, or within ten days after, birth of the Indian child shall not be valid.

(b) Any parent or Indian custodian may withdraw consent to a foster care placement under State law at any time and, upon such withdrawal, the child shall be returned to the parent or Indian custodian.

(c) In any voluntary proceeding for termination of parental rights to, or adoptive placement of, an Indian child, the consent of the parent may be withdrawn for any reason at any time prior to the entry of a final decree of termination or adoption, as the case may be, and the child shall be returned to the parent.

(d) After the entry of a final decree of adoption of an Indian child in any State court, the parent may withdaw consent thereto upon the grounds that consent was obtained through fraud or duress and may petition the court to vacate such decree. Upon a finding that such consent was obtained through fraud or duress, the court shall vacate such decree and return the child to the parent. No adoption which has been effective for at least two years may be invalidated under the provisions of this subsection unless otherwise permitted under State law.

SEC. 104. Any Indian child who is the subject of any action for foster care placement or termination of parental rights under State law, any parent or Indian custodian from whose custody such child was removed, and the Indian child's tribe may petition any court of competent jurisdiction to invalidate such action upon a showing that such action violated any provision of sections 101, 102, and 103 of this Act.

SEC. 105. (a) In any adoptive placement of an Indian child under State law, a preference shall be given, in the absence of good cause to the contrary, to a placement with (1) a member of the child's extended family; (2) other members of the Indian child's tribe; or (3) other Indian families.

(b) Any child accepted for foster care or preadoptive placement shall be placed in the least restrictive setting which most approximates a family and in which his special needs, if any, may be met. The child shall also be placed within reasonable proximity to his or her home, taking into account any special needs of the child. In any foster care or preadoptive placement, a preference shall be given, in the absence of good cause to the contrary, to a placement with—

(i) a member of the Indian child's extended family;

(ii) a foster home licensed, approved, or specified by the Indian child's tribe; (names of non-native homes)

(iii) an Indian foster home licensed or approved by an authorized non-Indian licensing authority; or

(iv) an institution for children approved by an Indian tribe or operated by an Indian organization which has a program suitable to meet the Indian child's needs.

(c) In the case of a placement under subsection (a) or (b) of this section, if the Indian child's tribe shall establish a different order of preference by resolution, the agency or court effecting the placement shall follow such order so long as the placement is the least restrictive setting appropriate to the particular needs of the child, as provided in subsection (b) of this section. Where appropriate, the preference of the Indian child or parent shall be

considered: *Provided*, That where a consenting parent evidences a desire for anonymity, the court or agency shall give weight to such desire in applying the preferences.

(d) The standards to be applied in meeting the preference requirements of this section shall be the prevailing social and cultural standards of the Indian community in which the parent or extended family resides or with which the parent or extended family members maintain social and cultural ties.

(e) A record of each such placement, under State law, of an Indian child shall be maintained by the State in which the placement was made, evidencing the efforts to comply with the order of preference specified in this section. Such record shall be made available at any time upon the request of the Secretary or the Indian child's tribe.

SEC. 106. (a) Notwithstanding State law to the contrary, whenever a final decree of adoption of an Indian child has been vacated or set aside or the adoptive parents voluntarily consent to the termination of their parental rights to the child, a biological parent or prior Indian custodian may petition for return of custody and the court shall grant such petition unless there is a showing, in a proceeding subject to the provisions of section 102 of this Act, that such return of custody is not in the best interests of the child.

(b) Whenever an Indian child is removed from a foster care home or institution for the purpose of further foster care, preadoptive, or adoptive placement, such placement shall be in accordance with the provisions of this Act, except in the case where an Indian child is being returned to the parent or Indian custodian from whose custody the child was originally removed.

SEC. 107. Upon application by an Indian individual who has reached the age of eighteen and who was the subject of an adoptive placement, the court which entered the final decree shall inform such individual of the tribal affiliation, if any, of the individual's biological parents and provide such other information as may be necessary to protect any rights flowing from the individual's tribal relationship.

SEC. 108. (a) Any Indian tribe which became subject to State jurisdiction pursuant to the provisions of the Act of August 15, 1953 (67 Stat. 588), as amended by title IV of the Act of April 11, 1968 (82 Stat. 73, 78), or pursuant to any other Federal law, may reassume jurisdiction over child custody proceedings. Before any Indian tribe may reassume jurisdiction over Indian child custody proceedings, such tribe shall present to the Secretary for approval a petition to reassume such jurisdiction which includes a suitable plan to exercise such jurisdiction.

(b) (1) In considering the petition and feasibility of the plan of a tribe under subsection (a), the Secretary may consider, among other things:

(i) whether or not the tribe maintains a membership roll or alternative provision for clearly identifying the persons who will be affected by the reassumption of jurisdiction by the tribe;

(ii) the size of the reservation or former reservation area which will be affected by retrocession and reassumption of jurisdiction by the tribe;

(iii) the population base of the tribe, or distribution of the population in homogeneous communities or geographic areas; and

(iv) the feasibility of the plan in cases of multitribal occupation of a single reservation or geographic area.

(2) In those cases where the Secretary determines that the jurisdictional provisions of section 101(a) of this Act are not feasible, he is authorized to accept partial retrocession which will enable tribes to exercise tribal jurisdiction as provided in section 101(b) of this Act, or, where appropriate, will allow them to exercise exclusive jurisdiction as provided in section 101(a) over limited communities or geographic areas within the reservation or over any or all of the area affected.

(c) If the Secretary approves any petition under subsection (a), the Secretary shall publish notice of such approval in the Federal Register and shall notify the affected State or States of such approval. The Indian tribe concerned shall reassume jurisdiction sixty days after publication in the Federal Register of notice of approval. If the Secretary disapproves any petition under subsection (a), the Secretary shall provide such technical assistance as may be necessary to enable the tribe to correct any deficiency which the Secretary identified as a cause for disapproval.

(d) Assumption of jurisdiction under this section shall not affect any action or proceeding over which a court has already assumed jurisdiction, except as may be provided pursuant to any agreement under section 109 of this Act.

SEC. 109. (a) States and Indian tribes are authorized to enter into agreements with each other respecting care and custody of Indian children and jurisdiction over child custody proceedings, including agreements which may provide for orderly transfer of jurisdiction on a case-by-case basis and agreements which provide for concurrent jurisdiction between States and Indian tribes.

(b) Such agreements may be revoked by either party upon one hundred and eighty days' written notice to the other party. Such revocation shall not affect any action or proceeding over which a court has already assumed jurisdiction, unless the agreement provides otherwise.

SEC. 110. Where any petitioner in an Indian child custody proceeding before a State court has improperly removed the child from custody of the parent or Indian custodian or has improperly retained custody after a visit or other temporary relinquishment of custody, the court shall decline jurisdiction over such petition and shall forthwith return the child to his parent or Indian custodian unless returning the child to his parent or custodian would subject the child to a substantial and immediate danger or threat of such danger.

SEC. 111. In any case where State or Federal law applicable to a child custody proceeding under State or Federal law provides a higher standard of protection to the rights of the parent or Indian custodian of an Indian child than the rights provided under this title, the State or Federal court shall apply the State or Federal standard.

SEC. 112. Nothing in this title shall be construed to prevent the emergency removal of an Indian child who is a resident of or is domiciled on a reservation, but temporarily located off the reservation, from his parent or Indian custodian or the emergency placement of such child in a foster home or institution, under applicable State law, in order to prevent imminent physical damage or harm to the child. The State authority, official, or agency involved shall insure that the emergency removal or placement terminates immediately when such removal or placement is no longer necessary to prevent imminent physical damage or harm to the child and shall expeditiously initiate a child custody proceeding subject to the provisions of this title, transfer the child to the jurisdiction of the appropriate Indian tribe, or restore the child to the parent or Indian custodian, as may be appropriate.

SEC. 113. None of the provisions of this title, except sections 101(a), 108, and 109, shall affect a proceeding under State law for foster care placement, termination of parental rights, preadoptive placement, or adoptive placement which was initiated or completed prior to one hundred and eighty days after the enactment of this Act, but shall apply to any subsequent proceeding in the same matter or subsequent proceedings affecting the custody or placement of the same child.

TITLE II—INDIAN CHILD AND FAMILY PROGRAMS

SEC. 201. (a) The Secretary is authorized to make grants to Indian tribes and organizations in the establishment and operation of Indian child and family service programs on or near reservations and in the preparation and implementation of child welfare codes. The objective of every Indian child and family service program shall be

shall be to prevent the breakup of Indian families and, in particular, to insure that the permanent removal of an Indian child from the custody of his parent or Indian custodian shall be a last resort. Such child and family service programs may include, but are not limited to—

(1) a system for licensing or otherwise regulating Indian foster and adoptive homes;

(2) the operation and maintenance of facilities for the counseling and treatment of Indian families and for the temporary custody of Indian children;

(3) family assistance, including homemaker and home counselors, day care, afterschool care, and employment, recreational activities, and respite care;

(4) home improvement programs;

(5) the employment of professional and other trained personnel to assist the tribal court in the disposition of domestic relations and child welfare matters;

(6) education and training of Indians, including tribal court judges and staff, in skills relating to child and family assistance and service programs;

(7) a subsidy program under which Indian adoptive children may be provided support comparable to that for which they would be eligible as foster children, taking into account the appropriate State standards of support for maintenance and medical needs; and

(8) guidance, legal representation, and advice to Indian families involved in tribal, State, or Federal child custody proceedings.

(b) Funds appropriated for use by the Secretary in accordance with this section may be utilized as non-Federal matching share in connection with funds provided under titles IV-B and XX of the Social Security Act or under any other Federal financial assistance programs which contribute to the purpose for which such funds are authorized to be appropriated for use under this Act. The provision or possibility of assistance under this Act shall not be a basis for the denial or reduction of any assistance otherwise authorized under titles IV-B and XX of the Social Security Act or any other federally assisted program. For purposes of qualifying for assistance under a federally assisted program, licensing or approval of foster or adoptive homes or institutions by an Indian tribe shall be deemed equivalent to licensing or approval by a State.

SEC. 202. The Secretary is also authorized to make grants to Indian organizations to establish and operate off-reservation Indian child and family service programs which may include, but are not limited to—

(1) a system for regulating, maintaining, and supporting Indian foster and adoptive homes, including a subsidy program under which Indian adoptive children may be provided support comparable to that for which they would be eligible as Indian foster children, taking into account the appropriate State standards of support for maintenance and medical needs;

(2) the operation and maintenance of facilities and services for counseling and treatment of Indian families and Indian foster and adoptive children;

(3) family assistance, including homemaker and home counselors, day care, afterschool care, and employment, recreational activities, and respite care; and

(4) guidance, legal representation, and advice to Indian families involved in child custody proceedings.

SEC. 203. (a) In the establishment, operation, and funding of Indian child and family service programs, both on and off reservation, the Secretary may enter into agreements with the Secretary of Health, Education, and Welfare, and the latter Secretary is hereby authorized for such purposes to use funds appropriated for similar programs of the Department of Health, Education, and Welfare: *Provided*, That authority to make payments pursuant to such agreements shall be effective only to the extent and in such amounts as may be provided in advance by appropriation Acts.

(b) Funds for the purposes of this Act may be appropriated pursuant to the provisions of the Act of November 2, 1921 (42 Stat. 208), as amended.

SEC. 204. For the purposes of sections 202 and 203 of this title, the term "Indian" shall include persons defined in section 4(c) of the Indian Health Care Improvement Act of 1976 (90 Stat. 1400, 1401).

TITLE III—RECORDKEEPING, INFORMATION AVAILABILITY, AND TIMETABLES

SEC. 301. (a) Any State court entering a final decree or order in any Indian child adoptive placement after the date of enactment of this Act shall provide the Secretary with a copy of such decree or order together with such other information as may be necessary to show—

(1) the name and tribal affiliation of the child;

(2) the names and addresses of the biological parents;

(3) the names and addresses of the adoptive parents; and

(4) the identity of any agency having files or information relating to such adoptive placement.

Where the court records contain an affidavit of the biological parent or parents that their identity remain confidential, the court shall include such affidavit with the other information. The Secretary shall insure that the confidentiality of such information is maintained and such information shall not be subject to the Freedom of Information Act (5 U.S.C. 552), as amended.

(b) Upon the request of the adopted Indian child over the age of eighteen, the adoptive or foster parents of an Indian child, or an Indian tribe, the Secretary shall disclose such information as may be necessary for the enrollment of an Indian child in the tribe in which the child may be eligible for enrollment or for determining any rights or benefits associated with that membership. Where the documents relating to such child contain an affidavit from the biological parent or parents requesting anonymity, the Secretary shall certify to the Indian child's tribe, where the information warrants, that the child's parentage and other circumstances of birth entitle the child to enrollment under the criteria established by such tribe.

SEC. 302. Within one hundred and eighty days after the enactment of this Act, the Secretary shall promulgate such rules and regulations as may be necessary to carry out the provisions of this Act.

TITLE IV—MISCELLANEOUS

SEC. 401. (a) It is the sense of Congress that the absence of locally convenient day schools may contribute to the breakup of Indian families.

(b) The Secretary is authorized and directed to prepare, in consultation with appropriate agencies in the Department of Health, Education and Welfare, a report on the feasibility of providing Indian children with schools located near their homes, and to submit such report to the Select Committee on Indian Affairs of the United States Senate and the Committee on Interior and Insular Affairs of the United States House of Representatives within two years from the date of this Act. In developing this report the Secretary shall give particular consideration to the provision of educational facilities for children in the elementary grades.

SEC. 402. Within sixty days after enactment of this Act, the Secretary shall send to the Governor, chief justice of the highest court of appeal, and the attorney general of each State a copy of this Act, together with committee reports and an explanation of the provisions of this Act.

SEC. 403. If any provision of this Act or the applicability thereof is held invalid, the remaining provisions of this Act shall not be affected thereby.

Approved November 8, 1978.

Native group gets $250,000 grant

By Empire Staff

The Juneau Indian Education Corporation this week received a quarter-million dollar federal grant which local school officials say will be used to help Native children deal with modern society while maintaining pride in their heritage.

The grant went from the Bureau of Indian Affairs to the Johnson-O'Malley program.

"JOM is designed to keep kids in school," according to Carmel Roberts, a grants administer with BIA. "The program is a means of keeping students from dropping out by offering them something postive."

Roberts said JOM administrators believe education is a tool Native children need to take advantage of if they are to adjust to the "dominant culture."

"Education is essential for kids to get the skills they need to become something," Roberts said. She added that one of JOM's objectives is to find ways to improve the self-image of Native students.

Roberts stressed that while educators hope to help Native students adjust to American society, the program also intends to instill pride and enhance the self image of the students as Indians.

JOM operates at the elementary, junior and senior high levels. Program administrators plan to use the funds to hire counselors to provide classroom and extracurricular activities to supplement the basic education provided by the school district, Roberts said. The counselors are usually Natives who have faced similar problems, she said.

Roberts said Native education has changed since the Alaska Native Claims Settlement Act.

"ANCSA created a culture shock by accelerating awareness of race and culture. All of a sudden, there was the realization that 'Hey—I'm Indian,'" Roberts said.

The local JOM grant means several programs will be available to Native students in addition to their regular classroom activities, Roberts said. Cultural heritage, career education, personal guidance and tutoring are among the new areas into which Roberts says JOM administrators will take the program.

Proposed Amendments

for Senate Bill 105

Section 2. MEMBERSHIP (a) The Alaska Native Child Welfare Task Force is composed of 30 members, selected as follows:

(1) 2 - representatives from each of the 12 - Alaska - based regional Native corporations created by the Alaska Native Claims Settlement Act, to be appointed by each of the regional corporations. Voting power will be designated to one of the two representatives from each of the 12-regional Native corporations.

(2) the commissioner of health and social services or his designee.

(3) the administrator of the Alaska Court System or his designee;

(4) an assistant attorney general appointed by the governor.

(5) three-at-large members that will be designated by the Excutive Committee of the Task Force.

Section 4. Executive Committee.

There shall be a Chairman, Vice-Chairman, Secretary, and Treasurer elected from among the members of the Task Force.

Section 5. MEETINGS

The Alaska Native Child Welfare Task Force shall hold four quarterly meetings to carry out the duties prescribed in this act.

Planning and organizational meetings will be held on a monthly basis.

Proposed Amendments

for Senate Bill No. 106

Section 1. The sum of $50,000 is appropriated from the general fund to the Alaska Native Child Welfare Task Force for the operations of the Task Force for a period of one year.

February 25, 1981

Dear Ms. Plotnik:

The purpose of this letter is to provide additional information in reference to Senate Bill No. 105 and 106. Enclosed please find an outline of the Alaska Native Child Welfare Task Force Statement and Goals.

I would like to encourage you to contact me if any questions do arise concerning the bills or if additional information on the Alaska Native Child Welfare Task Force is needed.

Sincerely,

Francine Eddy

Francine Eddy
Vice President
Alaska Native Child Welfare Task Force

March 26, 1981

Dear Rocky,

Attached please find a copy of the Indian Child Welfare Act and a briefing statement on the Alaska Native Child Welfare Task Force. I feel this is pertinent information for the legislators to review in order to place Senate Bills 105 and 106 in perspective.

Prior to the hearing on Friday, March 27, Jennifer Evans and I will present to you a list of peoples' names who would like to testify.

If you have questions on any of the materials, please let me know.

Thank you.

Sincerely,

Francine Eddy

Francine Eddy, MSW
Vice-Chairman
Alaska Native Child Welfare
Task Force