

ALASKA LEGISLATURE COMMITTEE FILES 1965-1980 80/2

3920

SHEES

SB 63

-

SB 67

396

CENTRAL STERILIZING AND SUPPLY ROOM 335 464

All clean and soiled areas including soiled utility room have been rearranged into separate areas to comply with sanitation regulations and provide improved functional design to increase efficiency.

ANESTHESIA STORAGE 25 25

Old open shelves to be replaced by locked area with refrigerator to comply with regulations and provide safety for anesthesia drugs in more accessible area in the O.R. suite.

STORAGE - FOR GENERAL STORES AND EQUIPMENT 1285 3093

This is a major problem noted throughout the entire facility INADEQUATE STORAGE. The added storage in each department plus a large general stores area will correct the problem and provide better accountings of materials. Many items now must be kept in hallways because of lack of storage space (wheelchairs, scales, lifts, carts, etc.)

WAITING ROOM - PUBLIC TOILET - TELEPHONE - DRINKING FOUNTAIN and VENDING MACHINES for PUBLIC USE 132 279

Increased sq. ft. to provide improved waiting area containing public access to items required that are not contained in existing facility.

CONFERENCE ROOM - LIBRARY - QUIET AREA 340 840

All in one large room with divider so space can be utilized for more than one event at a time. Present library is in hallway. This multi use room will also be used for inservice and patient education and Hospital Auxiliary meetings.

SLEEP - SHOWER SPACE (2) 0 178

For use by doctors when staying with critical patients and for out of town physical therapist, dietitian, occupational therapist and other consultants on contract making scheduled visits.

GATEWAY MENTAL HEALTH RENTAL SPACE 95 381

Increased area to allow improved family counseling and provide group therapy not available because of lack of space. Provide privacy for secretary, who now is located in hallway, in wheel chair storage area.

DOCTORS OFFICE RENTAL SPACE 1460 2381

Continuation of the two (2) full time physicians offices PLUS adding space for traveling physicians to hold clinics to bring services to the people in town and increase utilization of local hospital facilities.

DIETARY

410

848

Provide for separate room for dishwashing sanitation procedures. Office for Food Service Manager, and storage of supplies. Improved functional design to provide better working conditions and cut down on work time.

NURSES STATION - DRUG ROOM - DIRECTOR OF NURSES OFFICE

432

502

Enlarged and design changes to provide increased confidentiality and control of medications and records.

MORGUE

330

330

No change needed, except to remove office of Infection Control - Inservice Director nurse and equipment and supplies stored in the room. Paint and paint equipment also now stored in this room will be stored in a special cabinet in new garage - maintenance room.

LAUNDRY

145

260

Provide space for handling dirty linen in separate area from clean linen. Provide locked storage area for new linen supply. Incorporation of linen cart system and other equipment that will cut down on energy use while reducing wear on clothes.

PRIVATE ROOMS NINE (9) ACUTE CARE BEDS

1700

2000

Provide 9 private rooms with shower to allow for better utilization of the 9 beds. Due to the patient mix problem we now have with them mostly as semi-private rooms, much time is lost moving beds and equipment and prohibits best utilization of the beds capacity ie (male-female) (alcoholic - new mother) - (child - cardiac patient.)

STAFF LOUNGE - COFFEE ROOM

145

260

For all staff members to take breaks and eat lunch, a microwave oven, refrigerator, coffee machine, vending machines will be available. No meals are supplied to employees. Improved ventilation to provide smoke free atmosphere will be installed.

STAFF LOCKERS - TOILETS

90

293

To provide locker space for all employees, plus a space to sit to remove boots and hang clothes. Presently males must utilize janitor storage area and in both male and female rooms only place to sit down is on toilet in adjoining room.

SQ. FT EXISTING and PROPOSED

MAINTENANCE, REPAIRS, HOUSEKEEPING, YARD STORAGE VAN GARAGE
120 830

Only area available to do maintenance and repair is outside in unheated shed. Housekeeping carts, etc., are presently stored in same room as deep freezer which does not meet sanitation regulations. Van, which is used mostly for Long Term Care residents in wheel chairs transfer is kept outside in the rain and snow.

MISC. OFFICE SPACE NEEDS 665 985

Controller - Bookkeeper, insurance clerk, telephone switchboard, computers, microfilming equipment, administration, office manager, admittance, copy machine, mailing. Added space to allow for privacy when discussing admittance and billing matters. Microfilming equipment presently in O.R. hallway. Improved paper flow throughout aided by new design.

OTHER AREAS INCLUDED IN TOTAL SQUARE FOOTAGE 6719 9720

Tubs, showers other than in patient rooms, mechanical, electrical and circulation.

FOLLOWING CHANGES ALSO NEEDED TO MEET REGULATIONS IN FIRE, SAFETY AND SANITATION

TECHNICAL MODIFICATION

In air supply and humidity control systems to main areas O.R., ER, OB, Nursery, CCU, Isolation and other patient areas.

HANDICAPPED REQUIREMENTS

Level entrys, adequate hand rails, ramps, toilet rooms, drinking fountains and telephones will be incorporated throughout the facility.

DOOR SECURITY AND AUTOMATIC CLOSURE

All doors are kept locked at night so a two way intercom system to alert nurses when someone comes to the emergency entrance at night will be installed. Also doors will have a monitor system set up so nurses can tell when a Long Term Care resident goes out, for safety purposes. During cold weather especially a close watch must be kept to prevent residents from wandering outside and getting lost or frozen. All doors will automatically close in patient areas when smoke and fire alarms are activated.

NURSE CALL SYSTEM

A complete new system is needed, the existing two (2) systems are not compatible and the oldest system is obsolete to the point no parts have been available for years. Plus many areas are not hooked up to any system (x-ray, lab, physical therapy, day room or security room).

EMERGENCY GENERATOR

Increase in capacity from 60 kw to over 200 kw to provide 100% coverage of the facility plus reserve capacity. Also add voltage protector on the electrical line coming into the building from the city to cut down on maintenance - repair problems caused throughout on all equipment and lights by fluctuating power.

PARKING

Increased to required number according to the number of employees, bed capacity and number of agencies using the facility. Relocated in area where they will provide for better circulation of employees, visitors and patients to cut down on traffic and cleaning.

HALLWAYS

Widened to comply with 8 foot clearance. Smoke detectors and visual fire alarms will be installed as required.

MEDICAL GAS LINES

Oxygen system to be completely redone as the present system must be kept turned off except when actually needed, due to the loss from improper functioning of the system (slow leaks).

STEAM SUPPLY

All equipment has been changed over to electric - power, except for sterilizing equipment in Central Supply. It will be remodeled to run off electricity and so will allow for removal of the old high pressure boiler that is in poor condition and a energy waster.

HEATING AND HOT WATER SYSTEM

Two (2) old oil fired furnaces will be replaced with new type energy efficient ones and adequate controls added to provide correct water temperature throughout the facility. Presently water is too hot or cold without any way to correct temperature in problem areas.

INSULATION

Improved insulation of old sections and maximum amount incorporated into new additions to conserve energy where ever possible.

LIGHTING

Installation of new type energy efficient lighting inside and out. Wired so unneeded lights can be turned off or set to turn off automatically at a certain time daily.

WATER FILTER SYSTEM

All water coming into the building will be filtered. Wrangell water is full of "muskeg" yellow vegetable material that clogs pipes, causes equipment to corrode and malfunction. With this new system in place maintenance time will be cut and life of the equipment extended.

The acute care hospital (9 bed) part of the facility was built in 1968 (17 years old). The long term care (14 bed) addition was built in 1974 (11 years old).

OCCUPANCY RATE

9 acute care beds located in three (3) single rooms and three (3) semi private rooms averages 32% occupancy. Of these acute care beds four (4) are designated as swing beds so are utilized also as long term beds as needed.

14 long term care beds all semi private rooms have averaged 104% rate of occupancy during the past 4 years.

These occupancy rates are figured by taking the total bed days available divided by the number of actual patient days.

TOTAL SQUARE FOOTAGE

Existing facility approximately 18,485 sq. ft.
Proposed facility approximately ~~12~~ 22,555 sq. ft.
An increase of 4,070 sq. ft.

SERVICE AREA

Service to approximately 3000 people. It is the only health facility located on Wrangell Island, which is accessible only by water or air. The next larger hospital is in Ketchikan, approximately 90 miles away and it is also accessible only by air and water. Patients served by the Wrangell Hospital are mostly Wrangell residents, plus people from surrounding logging camps, from summer labor, crews off fishing boats, foreign freighters, summer visitors and Canadians working along the Stikine River.

Maintaining operation of the facility during this type construction will be a major problem, but with a good demolition and work schedule made out and followed activity shutdown or slowdown should be kept to a minimum.

FULL TIME MEDICAL STAFF IN TOWN

- (1) Family Practice physician
- (1) Surgeon/family practice physician

ACTIVE CONSULTANTS HOLDING CLINIC FROM

<u>Out of Town</u>	<u>In Town</u>	<i>(part time)</i>
(1) Radiologist	(2) Dentist	
(1) Orthopedic Surgery	(1) Medical Director	
(1) Otolaryngology	(1) Laboratory Director	
(1) Ophthalmology		
(1) General plastic surgeon		
(1) Obstetrics and Gynecology		
(1) Podiatrist		

CONSULTANTS ON CONTRACT

- (1) Physical Therapist approximately monthly
- (1) Dietitian quarterly visits
- (1) Pathologist quarterly visits
- (1) Pharmacist on contract *(Part Time)*

EMPLOYEES FULL TIME EQUIVALENTS ----- Total 30 employees

- Registered Nurses (6)
- Licensed Practical Nurses (2)
- Nurses Aides (4)
- Medical Records (1)
- Laboratory Technician (1)
- X-Ray - Ultra Sound Technician (1)
- Maintenance (1)
- Housekeeping (1)
- Administrator (1)
- Director of Nurses (1)
- Clerical Personnel (4)
- All other personnel including food service, laundry, purchasing, etc (7)



Alaska State Legislature

Senate

Official Business

Senator Robert H. Ziegler, Sr.
307 Bawden Street
Ketchikan, Alaska 99901

Pouch V, Juneau, Alaska 99811

Pouch V
State Capitol
Juneau, Alaska 99811

January 21, 1985

Ms. Emma Ivy, Administrator
Wrangell General Hospital and
Long Term Care Facility
P. O. Box 80
Wrangell, Alaska 99929

Dear Emma:

Senator Eliason, who certainly didn't have to cosponsor the enclosed bill, graciously consented so to do. Apparently he has fond memories of those years when he represented Wrangell.

The bill was referred to the Health, Education and Social Services Committee and to the Finance Committee. The former is chaired by Senator Bettye Fahrenkamp of Fairbanks, a close personal friend and a most knowledgeable person.

I suggest that you write to Senator Fahrenkamp and offer to appear before her committee when and if she schedules the bill for a hearing. If she accommodates us in this regard, I think it is imperative that Dennis DeWitt likewise be in attendance to corroborate the fact that the upgrade and renovation of the Wrangell General Hospital is the number one hospital priority in the state.

Best regards,

BH Ziegler

Robert H. Ziegler, Sr.

RHZ:1k

Enclosure

cc: Senator Eliason
Mr. Dennis DeWitt

cc: Sen. Fahrenkamp

STATE OF ALASKA
THE LEGISLATURE

POUCH Y - STATE CAPITOL
JUNEAU, ALASKA 99811
907-465-3800

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May, 1988

Copies of minutes listed below were originally included in this file. The minutes are available on the STAIRS database CMPR. In order to save space copies of minutes have not been left in the files.

Mary Van Nimwegen

HESS 3-5-85 5:22 pm
3-6-85 5:08 pm
3-12-85 1:38 pm
~~3-12-85~~

Alaska State Legislature

BETTYE FAHRENKAMP, Chairman
ARLISS STURGULEWSKI, Vice Chairman
JOE JOSEPHSON
PAUL FISCHER
EDNA ARMSTRONG-DE VRIES



POUCH V
STATE CAPITAL
JUNEAU, ALASKA 99811
(907) 465-3834
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Senate Committee on Health, Education and Social Services

March 12, 1985

Senator John Sackett, Co-Chair
Senator Jan Faiks, Co-Chair
Senate Finance Committee
Pouch V
Juneau, Alaska 99811

Dear Senator Faiks and Senator Sackett:

SB 63 would make a special appropriation of \$6 million for payment as a grant to the City of Wrangell to correct functional and physical deficiencies in the existing Wrangell General Hospital facility. The Alaska State Hospital Association (AHA) has identified the Wrangell project as its capital priority for FY 86. A Certificate of Need has been granted and the project is 'shovel ready.'

The Senate Committee on Health, Education, and Social Services held public hearings on SB 63 on March 5th and 6th. At that time, seven amendments were proposed. In light of current revenue projections, the committee does not feel able to support amending the bill to add additional projects. However, we do feel that each of the proposed projects has merit, and should be funded should monies become available.

The Committee has prioritized the amendments based on (1) need as determined by the AHA; (2) construction preparedness, "shovel ready"; (3) architectural and engineering design readiness (Certificate of Need has been granted); (4) their planning readiness (applying formally for a CON); and (5) local ability to assist in funding. The following figures reflect minimum needs while those in parentheses represent the language of the original amendments.

PROPOSED AMENDMENTS, PRIORITIZED BY THE HEALTH, EDUCATION, AND SOCIAL SERVICES COMMITTEE, TO SB 63:

1) \$1,400,000 (\$2,400,000) CORDOVA COMMUNITY HOSPITAL
Cordova was the AHA priority for FY 85. \$10.4 million was needed, however, they were only funded \$8 million last year. The Governor's proposed FY 86 capital budget contains \$1 million for

Senator John Sackett
Senator Jan Faiks
March 12, 1985
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the Cordova Hospital. The project is 'shovel ready' and the additional monies will bring it to completion.

2) \$500,000 (\$9,600,000) SEWARD GENERAL HOSPITAL
The AHA has identified the Seward General Hospital as its second priority. The \$500,000 will provide monies for planning and design, which will be used in the Certificate of Need request.

(3) \$500,000 (\$4,000,000) WESLYAN NURSING HOME, SEWARD
The Wesleyan Nursing Home is expected to complete planning and design this spring. The \$500,000 will provide funding for the architectural and engineering phase of the project.

(4) \$5,000,000 (\$6,000,000) BARTLETT MEMORIAL HOSPITAL, JUNEAU
The AHA has identified the Bartlett project as its third priority. \$5 million in state funds is needed to support a \$7 million construction bond which will be on the ballot in the October Municipal election. Planning and design will be completed this spring. The Certificate of Need has been awarded.

THE FOLLOWING PROJECTS ARE OF EQUAL PRIORITY:

* \$1,600,000 (\$2,114,000) KODIAK ISLAND BOROUGH HOSPITAL
\$1.6 million is needed for architectural and engineering design. The Kodiak project received a \$250,000 grant in FY 85 from the Borough for planning and design which will be used in their CON request. The AHA believes the CON will be granted in June. With A/E money, the project will be 'shovel ready' in FY 87.

* \$2,500,000 (\$6,000,000) NORTON SOUND HOSPITAL, NOME
\$2.5 million is needed for initial planning and design (.5 million) and to upgrade the facility to code (2 million). Last year Norton Sound received \$250,000 from the State which made them eligible for a matching grant from the Indian Health Service. The matching \$250,000 has not been received. According to IHS, the money has been "lost."

* \$1,736,000 (\$3,200,000) CENTRAL PENINSULA HOSPITAL, KENAI
Funds are needed for construction of a Chemical Dependency Unit. The planning and A/E activities are complete, and the project is 'shovel ready'. The community has indicated they can proceed without state assistance. This hospital is in a hospital service district which has taxed its residents to provide capital and operating costs for the facility.

The unique geography of Alaska requires our rural facilities to maintain a greater array of equipment and services than those outside which are only "several miles away by road." Federal grant programs which built the Wrangell and Seward facilities are no longer available. The need to keep rates competitive with Seattle makes it difficult to maintain operations and to develop capital reserves or service significant debt. Yet we agree to the necessity of our rural hospitals for emergency care and the importance of providing nursing home care in our local communities.

Senator Jan Fajks
Senator John Sackett
March 12, 1985
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Most of our rural hospitals were constructed from the mid 1950s through the early 1970s with the assistance of federal Hill-Burton Hospital construction funds. These physical plants are deteriorating or sadly below current standards. The per square foot energy consumption is far greater than newer technology would allow. The available space is far below that needed for modern equipment.

The Senate HESS Committee believes that hospital construction is a matter of significant state concern. In times of austerity it is critical that we look at needs statewide on a prioritized basis. Once that is done it is imperative that action towards satisfying the priorities begin. It is with this conviction we submit SB 63 to the Senate Finance Committee. We hope that the committee would embrace this priority approach to hospitals and fund Wrangell General Hospital. To the extent that additional funds are available we hope you would consider funding additional projects in the order we have presented them.

Senators, thank you for taking these comments into consideration. We would be pleased to assist you in any way during your deliberations.


Sincerely,



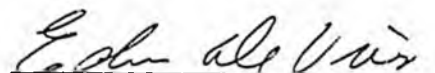
Senator Bettye Fahrenkamp
Chairman



Senator Paul Fischer



Senator Arliss Sturgulewski
Vice Chairman



Senator Edna DeVries

Senator Joe Josephson

BF:er

REPORT ON RURAL ALASKA HOSPITALS AND NURSING HOMES
INVENTORY AND EVALUATION
SURVEY

PREPARED FOR
ALASKA LEGISLATURE

BY

DIVISION OF STATE HEALTH PLANNING AND DEVELOPMENT
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
HELEN D. BEIRNE, COMMISSIONER
MARCH 8, 1982

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INTRODUCTION

Ensuring access to and availability of care is an important planning responsibility of the State of Alaska. The needs for and adequacy of health care facilities, manpower, services and equipment are all important considerations in determining an appropriate health care delivery system for Alaska.

With the support of a 1981 legislative appropriation, the Department of Health and Social Services has conducted an inventory of 15 rural hospitals and nursing homes and a survey of more than 200 clinics in the State to assess their physical plant condition and functional adequacy. This report describes the inventory design and process, the findings, and alternative construction funding sources. In a separate effort, the Department surveyed all health clinics in the State and has provided an initial report on the needs for clinic construction to the legislature.

Information provided in these reports is intended to serve as a guide in determining an appropriate level of State support for health facility construction, since the number and size of construction aid requests and/or appropriations are increasing each year. Cost estimates are provided to outline the dimension of construction need, but cannot be interpreted as a recommended level of State support.

I. HEALTH FACILITY INVENTORY DESIGN AND IMPLEMENTATION

The Need for a Health Facility Inventory

The Department of Health and Social Services has become increasingly aware that many health care facilities, particularly rural hospitals and nursing homes,

are in need of renovation or replacement. This awareness has sharpened as the Department fulfills its responsibilities for review and approval of facility construction plans, for issuing construction licenses, for annual operational licensure surveys, for certification for Medicare and Medicaid reimbursement and in analyzing applications for certificate of need. Knowledge that there were significant needs for upgrading facilities was accompanied by an awareness that many communities were unable to undertake hospital or nursing home renovations because the community's economic base could not support the total costs. The Department initially outlined its concerns related to health facility construction and operation in a 1981 report to the Legislature on health facility revenue sharing.

Designing the Inventory

As a result of an appropriation by the 1981 Legislature to inventory health facilities, the Department defined its scope as those rural hospitals and nursing homes designated as Level III facilities in the State Health Plan. This designation includes communities with sufficient population and health care services, manpower, equipment and facilities to provide basic hospital services and long term care services. The inventory was limited to these communities because construction, licensing and certification staffs had identified major deficiencies in these facilities which communities had been unable to correct. These deficiencies included:

- Building, fire and life safety code violations;
- Lack of adequate mechanical ventilation to patient care areas;
- Mechanical and electrical inadequacies resulting from acquisition and use of modern equipment which places higher demands on original mechanical and electrical systems;

- Structural constraints which inhibit facility flexibility to respond to changes in health care practices, patterns of use, medical technology and community attitudes;
- Space shortages resulting from increased complexity of information processing and records storage requirements;
- Space shortages resulting from more medical equipment;
- Storage shortages related to greater use of disposables rather than reuseable items.

Changes in service area populations (growth or decreases) modifying needs for space.

To determine interest in participating in the survey, the Department contacted all rural hospitals and nursing homes to advise them of the survey and to request their participation. Anchorage and Fairbanks hospitals were not included as they are not considered rural facilities and were not experiencing code compliance correction issues faced by rural facilities. For-profit facilities such as Nakoyia Health Care Center in Anchorage and Careage North in Fairbanks were also excluded since they are not eligible for State assistance. All rural hospitals and nursing homes elected to participate in the inventory with the exception of Valley Hospital in Palmer, since financing had been secured for renovation/replacement of the facility and project design was in progress. Sitka Community Hospital also declined to participate since construction of a replacement facility was underway.

Conducting the Inventory

Once the listing of facilities to be inventoried had been finalized, the Department of Health and Social Services issued a Request for Proposal to architectural firms for the completion of an on-site inventory and evaluation survey of fifteen rural health care facilities in the State.

The purpose of the survey is two-fold: 1) to develop a detailed record of the current condition of each subject facility, emphasizing physical condition and functional adequacy; and, 2) based on an analysis of those current conditions and any anticipated future developments (expressed in long-range plans, and certificate of need applications, for example), to formulate recommended activities for the correction of noted deficiencies and provide preliminary cost estimates for the recommended activities.

The inventory and condition survey was organized into three basic phases:

Phase One: Pre-inventory Activity

The first phase consisted of pre-inventory activity including:

- preparation of request for proposals
- selection of architectural firm
- initial consultation with selected firm
- collection and review of available documents/plans
- confirmation of site visit schedule
- development of forms and questionnaires
- final coordination meeting between architectural firm and DHSS

Phase Two: On-site Inventory

The second phase included all the on-site inventory activity. To accomplish this portion of the work in the limited time available, two survey teams were formed, each with a hospital systems planner, an architectural investigator, a mechanical investigator, and an electrical investigator. The facilities surveyed were divided into an eastern region and a western region with one survey team assigned to each region. Pre-determined survey formats were used to assure consistency between the two regions.

Each site survey consisted of the following steps:

Document Review:

Examination of existing documents including plans, code reviews, pertinent facilities board actions, pending physical plant changes, fire marshal reports, licensing agency recommendations and long-range plans.

Staff Interview:

An interview session including representatives from the facility's administration and medical staff (as deemed appropriate by the facility's administrator).

Facility Examination:

The survey team inspected all portions of the facility to gather first-hand information on all systems. Standardized forms and checklists were used to assure thorough investigation and standardized reporting. Field notes were used to itemize deficiencies not covered by the standardized forms and checklists.

Final Meeting:

A final meeting was held with the facility's administrator to communicate the results of the facility examination, preliminary findings of the team, and to discuss the nature of the report.

Phase Three - Evaluation of Reports

The third phase of the inventory and condition survey included the evaluation of collected data, and preparation and submission of draft reports. The Health Resources Development Section of the Division of State Health Planning and Development, DHSS analyzed several drafts and worked with the consulting architectural firm toward the completion and printing of the report.

II. OVERVIEW OF SURVEYED FACILITIES

During its evaluation of the physical facilities of each hospital/nursing home the architectural team discovered a number of serious deficiencies. Generally, the deficiencies result from advances and changing techniques in the medical field, coupled with more stringent building, fire and life safety codes which have been adopted over the years since construction of the facilities. Space and flexibility limitations in the facilities were also judged to be important deficiencies and were considered in arriving at the recommendations for corrective measures.

The majority of nursing units were found to lack required electrical capacity, mechanical ventilation systems and nurse call systems. Surgical units

in some hospital facilities were found not to meet minimum area requirements and to be poorly ventilated. Often the surgical areas were laid out in a manner providing undesirable circulation patterns which created cross-contamination problems.

Advanced laboratory and treatment equipment is increasingly being placed in service at the facilities. Usage of the radiology and laboratory units of the facilities is also increasing. These areas require large amounts of mechanical and electrical service to accommodate these increases. Most of the facilities surveyed were drastically short on space in these areas. Most of the older facilities provide insufficient waiting areas for outpatients, causing the use of corridors, foyers, and other access areas for waiting areas. These conditions result in Life Safety Code violations.

Many facilities have found it necessary to store medical equipment in corridors due to the lack of storage space, thus compounding circulation problems.

New obstetrical practices such as "birthing rooms" and "rooming in" have become popular in recent years causing changes in space requirements for obstetrical areas.

Administration areas in most facilities are cramped, with records storage space lacking. As these facilities convert to the use of computerized data storage systems, this problem will increase due to the sophisticated mechanical and electrical requirements for this equipment. Retrofitting most facilities to handle this type of equipment will be costly and difficult.

Bringing some of the surveyed facilities into compliance with the governing

mechanical and electrical codes is expected to be more costly than new construction. This is due, in part, to a lack of physical space in which to install the required systems. Examples of this are:

The existence of concrete floor slab-on-grade construction, where the floor would have to be removed to install new plumbing or mechanical systems; and,

Buildings that have little or no space between ceilings and the roof framing for the installation of mechanical systems.

Although, in some instances the report recommends facility replacement based upon the conclusion that it would not be cost-efficient to attempt to bring the facility up to current hospital construction standards by remodeling or renovation, many of those facilities may still be useful for non-hospital programs.

The reports do not recommend the correction of noted deficiencies when the costs involved appear to outweigh the benefits. In such instances replacement is suggested. In other instances the reports recommend immediate remedial action to correct hazards even though the final conclusion is for replacement of the facility.

III. PRIORITIZATION OF SURVEY FACILITIES

In conducting the inventory and evaluation study of the fifteen hospitals and long-term care facilities, the architectural consultants identified six facilities which are in greater need of immediate attention than others, due

to their more severe physical and functional deficiencies. To arrive at a ranking of all surveyed facilities based upon relative need for construction to correct noted deficiencies, the Department assembled a committee to review the report. This committee consisted of one member of:

The Alaska Medical Facility Authority;
The Alaska State Hospital Association
Southeast Alaska Health Systems Agency, Inc;
South Central Health Planning and Development, Inc.;
The Medical Care Advisory Committee, and
The Statewide Health Coordinating Council.

The ranking provided by this committee was based only upon the relative severity of all physical and functional deficiencies found at each facility and did not consider other factors such as facility utilization or population trends: The committee ranking was as follows:

- 1.) Cordova Community Hospital and Long-Term Care Facility
- 2.) Petersburg General Hospital and Long-Term Care Facility
- 3.) Seward General Hospital
- 4.) Kodiak Island Hospital and Long-Term Care Facility
- 6.) Wesleyan Nursing Home
- 7.) Wrangell General Hospital
- 8.) South Peninsula General Hospital and Long-Term Care Facility
- 9.) Ketchikan General Hospital and Island View Manor
- 10.) Central Peninsula General Hospital
- 11.) Bartlett Memorial Hospital
- 12.) Valdez Community Hospital

13.) St. Ann's Nursing Home

14.) Norton Sound Regional Hospital

To develop a construction plan for addressing the need for correcting the noted deficiencies, the Department considered the recommendations given in the report and the recommended ranking provided by the review committee in light of factors other than physical characteristics such as occupancy rates, population trends, accessibility, and alternative sources of health care. The construction plan (attached as an appendix) recognizes the need for an orderly progression for each facility on a year to year basis from preparation of long-range planning to design and then to construction. The plan also recognizes the fact that some of the facilities have completed the planning phase or design phase and are prepared to proceed with the correction of deficiencies. For these reasons the construction plan is not entirely consistent with the prioritized listing which was based only upon the severity of deficiencies. The plan also spreads the estimated costs for planning and construction over a five year period.

For some facilities the consultants report provided estimated costs for correcting deficiencies. For other facilities where estimated costs were more difficult to assess the report recommended long-range planning before establishment of cost estimates. Readers of this report should note that the estimated costs have been proposed without the benefit of detailed long-range planning and should only be viewed as guidelines. The costs shown in the report and construction plan are estimated 1982 values without projection for inflation and do not include other project costs such as fees, equipment, or site acquisition. More accurate figures have been presented for the Petersburg facility since that facility is nearing the end of the design phase.

The estimated costs shown are provided as a guideline in determining the dimensions of a given community's need. No estimates have been made or indeed can be made from this inventory as to the level of State assistance appropriate to any one community.

The construction plan emphasises the need for long-range planning prior to construction. The consultant report indicates that sufficient long-range planning was not done before construction of several of the facilities surveyed. The Department recommends a requirement for formal long-range planning for those facilities which have not begun or have not have adopted a long-range plan before any State funding is provided. One important aspect of long-range planning is to identify possible future expansion and thereby, avoid "boxing in" service areas which can reasonably be expected to require more space in future years. Long-range planning and State policy development should also consider both Pioneers and non-Pioneers requiring long-term nursing care. The expected growth of the age group of Alaskans eligible for Pioneer services, which include skilled nursing care, make this an important consideration.

IV. ALTERNATIVE SOURCES OF CONSTRUCTION FUNDS

Possible sources for construction funds are limited and apparently do not meet the needs of most of the surveyed facilities. Existing sources are:

Revenue Sharing

Under AS 29.90 municipalities or other hospital or health facilities sponsors may receive reimbursement for up to 25% of total project costs. This partial reimbursement is available only to those facilities which have successfully secured financing and have completed a health facility construction project. Most rural facilities do not have the capacity for debt required to secure

financing for completion of a facility. For this reason access to the partial reimbursement is essentially denied to those facilities.

Alaska Medical Facility Authority

Under AS 18.26 medical facilities may apply to the Alaska Medical Facility Authority for State backing relative to the sale of tax-exempt bonds for the purpose of financing medical facility construction. One project has been financed through this program to date -- a 1978 Fairbanks Memorial Hospital expansion project in the amount of approximately \$12 million. Alaska Hospital and Medical Center, Anchorage, is presently working with the Authority for the refinancing of that facility and the acquisition of the adjacent professional office building.

One determination which the Authority must make before bonds may be issued under this statute is that the lease or operator agreement for the medical facility being financed by that issue is at least sufficient to meet all obligations in connection with the lease or operator agreement, including all costs necessary to service the bonds. This prerequisite essentially disallows use of the program by rural facilities, most of which do not have more than a minimal capacity for servicing bonds.

Federal Funding

Federal funding for health facility construction provided under the Hill-Burton program is no longer available.

Congress has approved a program which may provide construction funds for the purpose of converting existing hospitals and long-term care facilities to

other uses. The intent of this program is to provide for an orderly closure of an unneeded hospital or long-term care facility. This program has not been funded and would not serve the needs of Alaskan facilities which are seeking funds for renovation or replacement.

The only Federal funds which are available for health facility construction are essentially limited to construction or renovation of Federally owned facilities such as Public Health Service hospitals or Veterans hospitals.

Municipal or Borough Bonds

The issuance of municipal or borough bonds is a possible source of funds for community hospitals. Most of the surveyed facilities are, however, located in municipalities or boroughs which do not have the bond capacity necessary to meet more than a portion of estimated construction costs.

Direct Legislative Funding

Direct legislative funding through the sale of bonds or from general funds has been an important source of State support for health facility construction, particularly for rural facilities. There are, however, several problems which may result from a direct legislative appropriation to a named recipient. This method of funding has provided excess funding in some instances, and insufficient funding in other instances, since, under this method, funding levels are necessarily set before reliable cost estimates are available. An excess of funds usually results in additions to the original building concept such as additional administrative space, another operatory or another feature which may not be essential. Insufficient funding either causes delays

in project construction, incomplete projects, or the construction of a facility which is reduced in scope from the original design.

Conventional Loans

Conventional loans from lending institutions may be another source of construction dollars for hospitals; however, lending institutions usually have more stringent requirements and higher interest rates than previously mentioned alternatives.

V. DETERMINING A STATE ROLE IN HEALTH FACILITY CONSTRUCTION

The question of the appropriate state role in assisting construction needs of existing facilities is a complex one. This report has noted that the State and Federal Government have previously had roles in establishing and/or assisting with the construction of many health care facilities. With the discontinuation of Federal funds which had previously supported construction of health care facilities, the State's role has become less clear and in need of further exploration and definition. Regardless of the extent of the State's role, the fact remains that many of Alaska's health care facilities, which are deemed to be needed facilities by virtue of access to the services they provide, are in need of renovation, modernization or replacement in order to continue to make quality health care reasonably accessible to Alaskans as well as to the many visitors to this State.

Health facility construction funding is presently limited to the aforementioned alternatives. The likelihood of Federal assistance for which Alaska facilities would be eligible any time in the near future is remote. Health facility construction need not be bound by current programs if it is determined that the State has a role in assisting with systematic health facility upgrading and construction.

Two legislative proposals address the need for a statutorily established health facility construction program. House Bill 844 and the identical Senate Bill 782 pose one possible format for a program addressing health facility construction. These bills would create a fund within the Department of Health and Social Services for plant improvements and maintenance at rural health facilities. The bills provide that the Statewide Health Coordinating Council will make recommendations to the Commissioner of the Department of Health and Social Services as to the prioritization of projects. Under these bills the prioritization of projects would be based upon:

- 1) The condition of the existing physical plant of a rural health facility (as determined by an annual inventory prepared by the Department of Health and Social Services);
- 2) The ability of the rural health facility to continue to provide quality health services;
- 3) The need in the community for additional services; and
- 4) The ability of the rural health facility to meet current licensure standards.

Although the concept of providing state assistance to rural health facilities as outlined in these bills appears valid, the bills do have some shortcomings. The bills apparently provide for total State funding of construction of ^{resoluted} rural health facilities. It can be argued that the State has a responsibility for ensuring access to quality health care facilities by its citizens by providing

grant funds when other sources of funding are non-existent or insufficient: however, the Department does not believe the State has a responsibility to totally fund health facility construction. Some level of local support for health facility construction is essential.

The Department has historically supported the establishment of a formalized health facility construction program in Alaska to better guide the allocation of limited resources. The completed rural hospital and nursing home inventory and condition survey and the committee's review comments described in this report are viewed as the first step in the development of a systematic approach to state assistance for health facility construction. Such an approach should include the following components as well:

- a Statewide Medical Facilities Plan
- certificate of need review
- a funding mechanism
- construction progress assessments

A proposed format and discussion of these components follows:

Statewide Medical Facilities Plan

A hospital construction assistance program should be based upon a Statewide Medical Facilities Plan which sets out the future needs for medical facilities in the State. This plan may be included as a part of the State Health Plan prepared on a regular basis by the Department of Health and Social Services and the Statewide Health Coordinating Council. The purpose of the Statewide Medical

Facilities Plan would be to orderly set forth and prioritize the need for construction of health facilities. The format of such a plan should be determined by the Department of Health and Social Services; however, the development and approval of the plan would involve the individual hospital, the Statewide Health Coordinating Council, the Alaska State Hospital Association, the State Health Planning and Development Agency, and the health systems agencies or successor organizations. To provide a data base for the plan, each facility would be requested to submit, on a voluntary basis, a long-range plan. The long-range plan would, at a minimum, anticipate the facility's program needs and construction needs for the current year and the next five years. These institution-specific plans would be included and prioritized in the Statewide Medical Facilities Plan by the Division of State Health Planning and Development and approved by the Statewide Health Coordinating Council (SHCC). In its consideration for approval of the Statewide Medical Facility Plan the SHCC would consider public input, certification and licensure reports, the State Health Plan, and other pertinent information.

Funding Mechanism

The funding mechanism should allow sufficient flexibility to permit non-grant financing to be used in conjunction with grant funds. Planning and design of a hospital construction project should be completed to the degree necessary to establish reliable construction cost estimates before construction funding levels are determined. The mechanism might also serve to reduce the inaccuracy of funding levels by providing separate allocations for 1) planning and design, and 2) construction. Although some adjustments to cost estimates will occur during construction, this method of determining funding levels

will reduce the excess funding and funding shortfalls which have resulted from current methods of funding hospital construction.

The first step in any building program is the perception that a need exists. Typically, the perception of the need for a building program results from observable facility inadequacies: The facility is too small, too old, does not provide sufficient space for a recently perceived need such as birthing room, long-term care rooms, ultra-sound services, for example. As such, the need for a building program is generally perceived on a local level by physicians, facility staff, the community served by the facility and is subsequently brought before the facility's board of directors for approval. The State may point out the need for a building program as a result of licensure or architectural surveys; however, it is essential that the people who work in the facility and are served by the facility be involved in the development of a solution to an identified need if the solution is to be acceptable.

Once a need has been perceived, active planning begins with a need survey and feasibility evaluation. The work required by the need survey will depend upon the specific points of the perceived need. If the perceived need is to meet a code requirement, the need survey may simply be a statement of the facts. If the perceived need is for a new facility, the need survey would be more extensive, identifying what services the community desires, what services may reasonably be offered in the community, and workloads for those services. The most important point to determine with the need survey is whether the perceived need is an actual need.

Certificate of Need Review

The certificate of need review is essential to any process whereby State funds are provided for hospital and nursing home construction. It is this review which offers a safeguard against the proliferation of health care beds, avoids unnecessary duplication of facilities, and gives assurance that the size and cost of facilities are reasonable.

The above noted need survey and feasibility evaluation are the major components of a certificate of need application. A positive indication by the need survey and feasibility evaluation usually result in the issuance of a certificate of need approving the requested construction project. (When a negative indication results from the need survey or feasibility study the facility's board generally does not proceed with the submission of an application for a certificate of need. As such, few certificate of need applications are disapproved.)

Where construction of a health facility is proposed the certificate of need review addresses considerations such as:

1. The relationship of the project to the State Health Plan;
2. The relationship of the proposed project to the long-range plan of the facility;
3. The relationship of the proposed project to the Health Systems Plan and Annual Implementation Plan of the Health Systems Agencies;

4. The need of the population to be served served by the facility;
5. The availability of less costly or more effective alternative methods of meeting the needs of the area to be served by the facility;
6. The immediate and long-term financial feasibility of the proposed facility;
7. The relationship of the facility to other existing health care facilities in the area;
8. The availabiltiy of resources including health manpower, management personnel and the availability of funds needed for construction or those funds needed for operating costs;
9. The probable impact of the construction project on the cost of providing health services to the citizens to be served.

Level of State Assistance

Assuming certificate of need approval, one major decision regarding a proposed health facility project would remain: the appropriate level of state assistance for the project. The appropriate level could be determined in a simple and straight forward manner by the provision of a ratio of State assistance to local assistance, such as 70% State funding and 30% local match. Obviously several variations in the ratio are possible. An important consideration which this simple formula would overlook is the capability of the community served to provide the matching funds. The discontinued Federal Hill-Burton program for health facility construction worked on this basis: however, in Alaska the local match was provided by the State.

It may be more appropriate to establish an application process by which the facility would request an amount of State assistance with accompanying justification to support the request. Department of Health and Social Services staff or an advisory committee would review the application for State assistance and provide to the Commissioner a recommended level of State participation in the form of a grant, loan, loan guarantee or a combination. In this model a procedure would be established to coordinate the expenditure of grant funds with lenders, the Alaska Medical Facility Authority, and other possible funding sources.

Once any level of State funding has been established, the recipient should be required to demonstrate the availability of total construction funds necessary for the completion of the project before the expenditure of State funds. Such a demonstration will help avoid situations where funding is depleted before the project is completed or where the scope of a project is reduced to the point where the completed facility will be inadequate to fulfill needs and requirements for which it was originally planned.

Construction Progress Assessments

To give further assurance that funds will be sufficient to complete the project, it is advisable for the disbursement of funds to be made in phases according to the percentage of work completed. The Department of Health and Social Services currently reviews plans and specifications for hospital construction and intermittently visits construction sites to assure that the completed facility meets codes and it is acceptable for Medicare and Medicaid certification and State licensure. Under this program the Department of

Health and Social Services representatives would have the added responsibilities of verifying the percentage of project completion and reporting that percentage to the disbursement officer in charge of State funds for each project.

APPENDIX

FIVE-YEAR CONSTRUCTION PLAN FOR STATE HEALTH PLAN LEVEL III

HOSPITALS AND NURSING HOMES

Notes to Five-Year Construction Plan for State Health Plan Level III

Bartlett Memorial Hospital

A long-range plan has recently been completed. Preparation of plans and specifications for the correction of deficiencies may begin once the facility's board has assessed the long-range plan. The five year plan indicates \$2,000,000 for design during FY 85 with construction costs determined thereby in FY 86. The source of financing has not been identified.

Central Peninsula General Hospital

Done
Facility operations have recently expanded into a major addition for outpatient and administration departments. Another addition for needed beds and surgery department improvements is in the contracting phase. A borough bond issue has been approved for the purpose of financing the project and a certificate of need has been issued.

Cordova Community Hospital and LTC Facility

*Mostly Done
Need 2.5M*
Has recently completed a certificate of need application for a new structure. A bill for funding of the design phase is currently before the legislature. A decision regarding this application is expected in late March. The five-year plan indicates an estimated \$1,000,000 for design during FY 83 and \$13,000,000 toward construction in FY 84.

Faith Hospital

Done
Has completed preliminary drawings for an addition and renovation project. Funding has not been arranged. This facility's board has in the past indicated reluctance to accept State funding. The five-year plan suggests a sum of \$1,200,000 as needed for this project.

Ketchikan General Hospital and Island View Manor Nursing Home

Has recently completed an extensive addition and renovation project. Funds shown anticipate future needs of \$50,000 in FY 84 for planning and \$1,000,000 in FY 85 for design. Construction costs as determined during these phases would follow in FY 86.

Kodiak Island Hospital and LTC Facility

Is currently completing long-range planning and program work and has submitted a certificate of need application. \$1,000,000 for design and \$10,000,000 for construction are estimated for FY 84 and FY 85.

Norton Scund Community Hospital

*On Hold
to 1984*

Recently occupied a new hospital wing and remodeled facility. \$50,000 for formal long-range planning is estimated for FY 85 with funds required for subsequent phases to follow in succeeding years. Long-range planning should consider both Pioneer and non-Pioneer long-term nursing care.

Petersburg General Hospital and LTC Facility

Done

\$10,000,000 is before the legislature. Planning and design has ben completed with funds provided from previous state grants.

Seward General Hospital and Wesleyan Nursing Home

Should be encouraged to join in cooperative planning at an early date in order to maintain quality standards consistent with recognized goals. Long-range planning funds of \$40,000 for each facility are scheduled in FY 84 and design funds of \$1,500,000 in FY 85. Approximate construction costs for joint usage are shown at \$15,000,000 in FY 86. Long-range planning should consider both Pioneer and Non-Pioneer long-term nursing care.

Sitka Community Hospital

A new Facility is ~~under construction~~.

South Peninsula Hospital

*Done
Need
.1.3*

Has completed some preliminary planning and has been granted a certificate of need for an addition. A bill for funding has been introduced into the legislature to provide \$4,000,000 for construction in FY 83.

To complete + 3.0 for Nursing Home
St. Ann's Nursing Home

Occupies quarters which were remodeled and expanded in the late 1970s. Establishment of a Pioneer Home providing other nursing home services in Juneau would profoundly affect this facility. The five-year plan schedules long-range planning funds of \$40,000 in FY 84 and design funds of \$500,000 in FY 85. Construction funds as necessary would be designated in FY 86 following the design phase.

Valdez Community Hospital

Is deficient in certain respects and should be studied particularly in regard to overall Harborview Developmental Center relationship and future need. Long-range planning funds of \$50,000 in FY 85 would establish probable costs to be considered in FY 86 and 87.

Valley Hospital

Done

currently completing construction drawings in accordance with the certificate of need issued. Construction is expected to begin in early summer of 1982

Wrangell General Hospital and LTC facility

Has expressed a need for additional space to satisfy current standards and goals. Design funds of 1,000,000 are indicated for FY 83 with construction funds of \$8,000,000 in FY 84.

FIVE-YEAR CONSTRUCTION PLAN FOR STATE HEALTH PLAN LEVEL III

HOSPITALS AND NURSING HOMES

FACILITY	FY 1983	FY 1984	FY 1985	FY 1986	FY 1987
Bartlett Memorial Hospital Juneau	long-range plan is complete	_____	\$2,000,000 for design	const. cost to be determined during design phase	_____
✓ Central Peninsula General Hospital Soldotna	Addition & remodel design is complete and construction to begin in 1982	construction is to be completed in FY 84 with borough funds	_____	_____	_____
Cordova Community Hospital & LTCF Cordova	\$1,000,000 for design of new facility	\$13,000,000 for construction of new facility	_____	_____	_____
Faith Hospital Glennallen	Addition & remodel \$1,200,000 for construction of new facility	_____	_____	_____	_____
Ketchikan General Hospital and Island View Manor Ketchikan	new addition & remodeling has been completed	\$50,000 for long-range planning	\$1,000,000 for design	construction costs to be determined during design phase	_____
Kodiak General Hospital & LTCF Kodiak	_____	\$1,000,000 for design	\$10,000,000 for construction	_____	_____
Norton Sound Hospital & LTCF Nome	_____	_____	\$50,000 for long range planning	design costs to be determined in planning phase	construction costs to be determined in planning
✓ Petersburg General Hospital & LTCF Petersburg	\$10,000,000 for construction design to be comp. w/state grant fund	_____	_____	_____	_____
Seward General Hospital Seward	_____	\$40,000 for long range planning	\$1,500,000 for design	\$15,000,000 for construction	_____
Weselyan Nursing Home Seward	_____	\$40,000 for long range planning (cooperative program)	_____	_____	_____
Sitka Community Hospital Sitka	A new facility is under construction	_____	_____	_____	_____
✓ South Pen. General Hospital & LTCF Homer	\$4,000,000 for construction	_____	_____	_____	_____
St. Ann's Nursing Home Juneau	_____	\$40,000 for planning	\$500,000 for design	Construction costs to be determined in design phase	_____
✓ Valley Hospital & LTCF Palmer	Addition & remodel design is complete to be under construction in 1982	_____	_____	_____	_____
Valdez Community Hospital Valdez	_____	_____	\$50,000 for long-range planning	design costs to be determined in planning phase	const. costs to be determined in design phase
Wrangell General Hospital & LTCF Wrangell	\$1,000,000 for design	\$8,000,000 for construction	_____	_____	_____
OTHER	_____	_____	_____	unknown	unknown
TOTAL	\$17,200,000	\$22,170,000	\$15,100,000	\$15,000,000 plus	\$15,000,000 plus

* LTCF = Long-Term Care Facility

APPROXIMATE COSTS SHOWN ARE ESTIMATED 1982 VALUES WITHOUT PROJECTIONS FOR FUTURE INFLATION AND DO NOT INCLUDE OTHER PROJECT COSTS SUCH AS FEES, EQUIPMENT, SITE ACQUISITION, ETC. THE ESTIMATED COSTS SHOWN ARE PROVIDED AS A GUIDELINE IN DETERMINING THE DIMENSIONS OF A GIVEN COMMUNITY'S NEED. NO ESTIMATES HAVE BEEN MADE OR INDEED CAN BE MADE FROM THIS INVENTORY AS TO THE LEVEL OF STATE ASSISTANCE APPROPRIATE TO ANY ONE COMMUNITY.

SB 63, Special appropriation for remodeling and construction of an addition to the Wrangell General Hospital.

SB 63 would appropriate \$6,000,000 for a payment to the City of Wrangell to correct functional and physical deficiencies in the existing Wrangell General Hospital facility. Much of the proposed remodeling is needed to meet fire, safety and sanitation regulations. In 1981, the project was granted a Certificate of Need permitting an expenditure of \$6.9 million. Last year the State granted \$400,000 for the design phase of the project, all of which is presently encumbered. The Alaska State Hospital Association has indentified the Wrangell project as the priority for FY 86.

The Wrangell General Hospital serves approximately 3,000 people in the Wrangell area.

Senator Zharoff has proposed an amendment (attached) to SB 63 which would appropriate \$2,114,000 to the Kodiak Island Borough for architecture and engineering costs of either remodeling or reconstructing the Kodiak Island Borough Hospital.

SB 140, Rights of the terminally ill.

Under the authority granted in SB 140, a competent adult would be allowed to execute a declaration that life-sustaining procedures be withheld or withdrawn from that adult. The bill specifies that the declaration would take effect only if the adult's condition is terminal and the adult is unable to make treatment decisions. A declaration would be revocable at any time.

The bill requires witnessing of the signing of the declaration and proper recording of the decision on the patient's chart. It provides for immunity from liability for honoring a declaration and penalties for disregarding one.

According to the Society for the Right to Die, similar legislation has been enacted in 20 other states and the District of Columbia.

POSITION STATEMENT

Capital Funding of Health Facilities

Position: State assistance in funding capital needs of health facilities should be a priority of state government. It should be done on a consistent basis with a high degree of productability. We encourage the funding of the following projects in the 1985 Legislative session.

A.	Wrangell General Hospital	6.0 million	✓
B.	Seward General Hospital	8.5 million	✓
C.	Bartlett Memorial Hospital	6.0 million	✓
D.	Central Peninsula Hospital	3.2 million	P. Fisch
E.	Cordova Community Hospital	2.5 million	UNION
F.	Ketchikan General Hospital	0.5 million	
G.	Kodiak Island Hospital	1.3 1.0 million	✓
H.	Norton Sound	Open	1986
I.	Providence House	0.5 million	
J.	South Peninsula	3.0 million	
K.	St. Ann's Nursing Home	.25 0.1 million	✓
L.	Wesleyan Nursing Home	3.0 million	✓

Rationale:

Health facilities are a most important part of the infrastructure of Alaska. They represent not only a source of health care but also a valuable economic resource for the communities they serve. Health is a labor intensive industry with payrolls which are a substantial portion of the purchasing dollars in many communities. Further, well developed health resources are an important consideration in drawing other economic activity to Alaskan communities.

Beyond the local importance, our health facilities serve populations beyond local municipal boundaries. This is because of the highly mobile nature of our population, the volume of tourists in our state and the fact that service areas exceed municipal boundaries.

Process: We encourage inclusion and support of these items in the state's 1985 capital appropriations.

December 6, 1984

FIVE-YEAR CONSTRUCTION PLAN FOR STATE HEALTH PLAN LEVEL III

HOSPITALS AND NURSING HOMES

FACILITY	FY 1983	FY 1984	FY 1985	FY 1986	FY 1987
Bartlett Memorial Hospital Juneau	long-range plan is complete	_____	\$2,000,000 for design	const. cost to be determined during design phase	_____
✓ Central Peninsula General Hospital Soldotna	Addition & remodel design is complete and construction to begin in 1982	construction is to be completed in FY 84 with borough funds	_____	_____	_____
Cordova Community Hospital & LTCF Cordova	\$1,000,000 for design of new facility	\$13,000,000 for construction of new facility	_____	_____	_____
Faith Hospital Glennallen	Addition & remodel \$1,200,000 for construction of new facility	_____	_____	_____	_____
Ketchikan General Hospital and Island View Manor Ketchikan	new addition & remodeling has been completed	\$50,000 for long-range planning	\$1,000,000 for design	construction costs to be determined during design phase	_____
Kodiak General Hospital & LTCF Kodiak	_____	\$1,000,000 for design	\$10,000,000 for construction	_____	_____
Norton Sound Hospital & LTCF Nome	_____	_____	\$50,000 for long range planning	design costs to be determined in planning phase	construction costs to be determined in planning
✓ Petersburg General Hospital & LTCF Petersburg	\$10,000,000 for construction design to be comp. w/state grant fund	_____	_____	_____	_____
Seward General Hospital Seward	_____	\$40,000 for long range planning	\$1,500,000 for design	\$15,000,000 for construction	_____
Weselyan Nursing Home Seward	_____	\$40,000 for long range planning (cooperative program)	_____	_____	_____
Sitka Community Hospital Sitka	A new facility is under construction	_____	_____	_____	_____
✓ South Pen. General Hospital & LTCF Homer	\$4,000,000 for construction	_____	_____	_____	_____
St. Ann's Nursing Home Juneau	_____	\$40,000 for planning	\$500,000 for design	Construction costs to be determined in design phase	_____
✓ Valley Hospital & LTCF Palmer	Addition & remodel design is complete to be under construction in 1982	_____	_____	_____	_____
Valdez Community Hospital Valdez	_____	_____	\$50,000 for long-range planning	design costs to be determined in planning phase	const. costs to be determined in design phase
Wrangell General Hospital & LTCF Wrangell	\$1,000,000 for design	\$8,000,000 for construction	_____	_____	_____
OTHER	_____	_____	_____	unknown	unknown
TOTAL	\$17,200,000	\$22,170,000	\$15,100,000	\$15,000,000 plus	\$15,000,000 plus

* LTCF = Long-Term Care Facility

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FIVE-YEAR CONSTRUCTION PLAN FOR STATE HEALTH PLAN LEVEL III

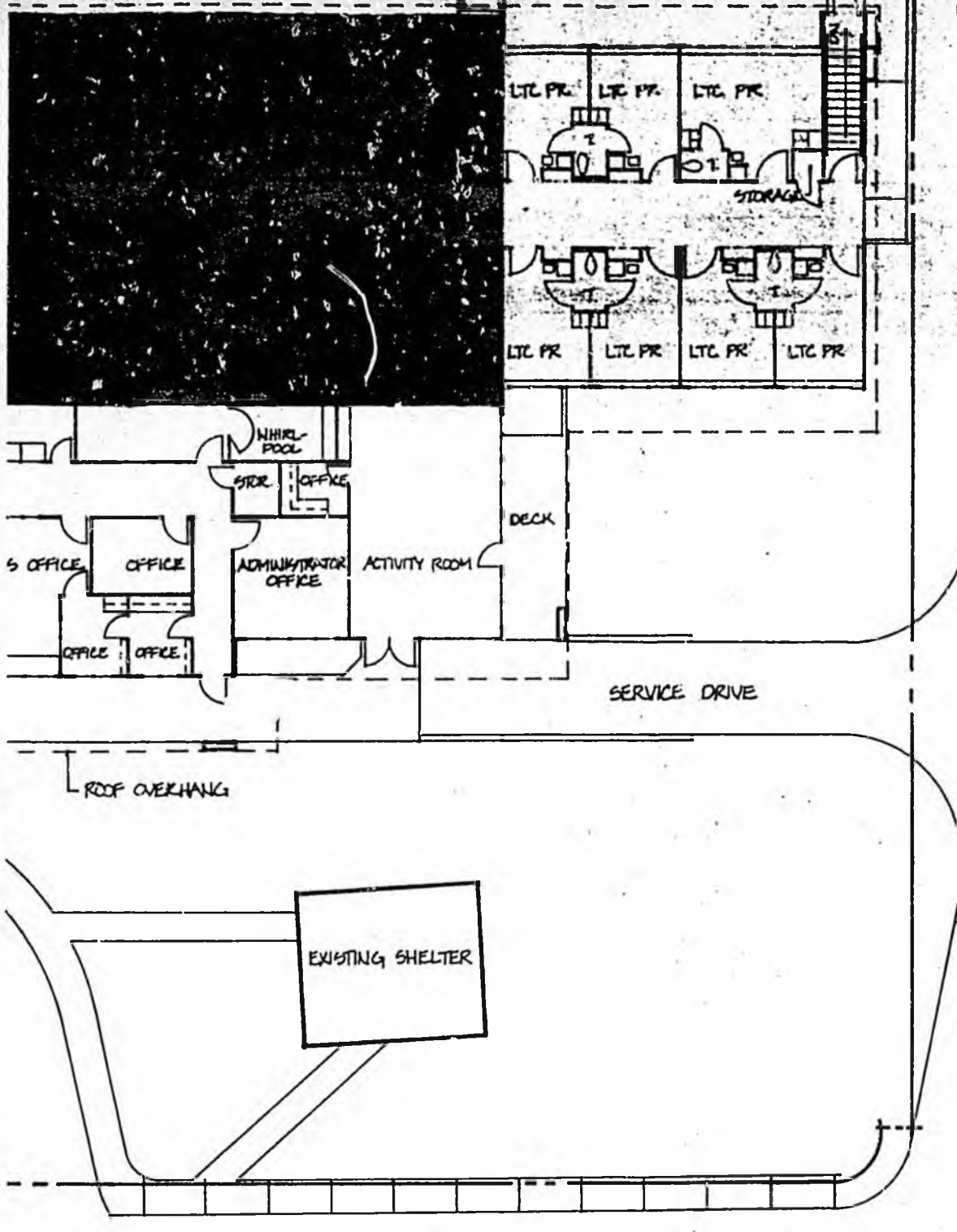
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TOTAL	\$17,200,000	\$22,170,000	\$15,100,000	\$15,000,000 plus	\$15,000,000 plus

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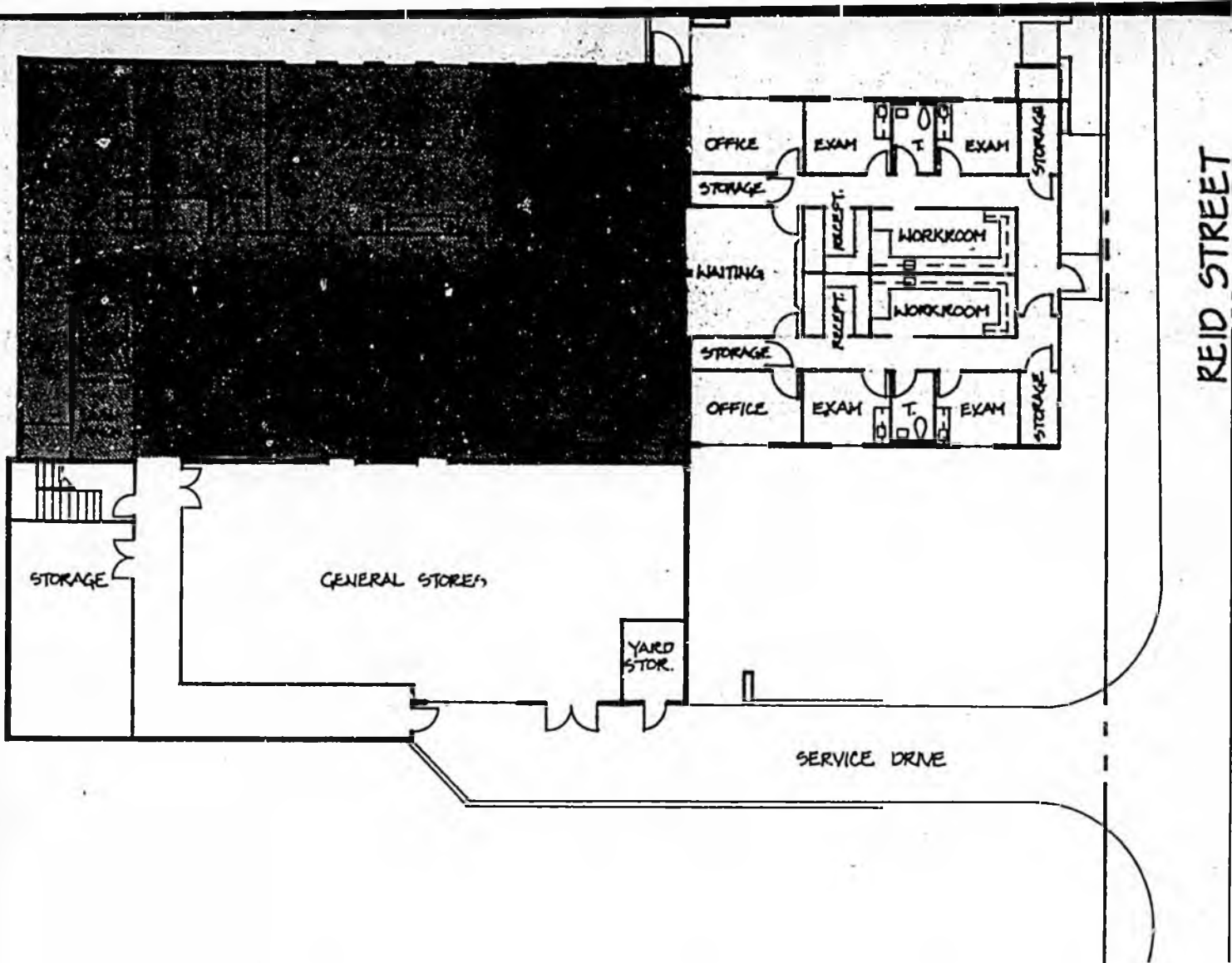
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THE FOLLOWING DOCUMENT HAS
NOT BEEN FILMED BUT IS
AVAILABLE IN THE ORIGINAL
FILE



REID STREET

<p>WRANGELL GENERAL HOSPITAL AND LONG TERM CARE FACILITY FIRST LEVEL . SCALE 1" = 20'-0"</p>	<p>ackley jensen architects inc.</p>
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WRANGELL GENERAL HOSPITAL
 AND
 LONG TERM CARE FACILITY
 BASEMENT LEVEL SCALE 1" = 20'-0"

ackley
 jensen
 architects inc.



RECORDS CERTIFICATION

I, the undersigned, an employee of the State of Alaska, do hereby certify that the microfilm images on this microform are accurate reproductions of the original records of the State of Alaska as accumulated during the regular course of business, and that it is the established policy and practice of this State to microfilm its records and to dispose of the original records after microfilm reproductions have been made.

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Signature of Camera Operator

10/31/89
Date

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Senate Health, Education and Social Services Committee

Legislation Checklist

Bill number: CS SB 67 (SA)

Sponsor: Governor

Date referred to committee: 3/13/85

Synopsis completed:

Fiscal note:

Further referrals: none

CONTACTS:

✓ Suzi Tryck Auch
✓ Liz Hickerson, SAC
✓ Liza Nelson AG OB

COMMITTEE REPORT
SENATE

FURTHER: JUDICIARY

3/13/85

Date 4-16-85

Mr. President

The Committee on HESS considered SB 67
service of domestic violence injunctions.

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

- do pass
- do pass with attached amendment(s)
- replace with/or adopt CS for SB 67
- new title
- same title and recommends do pass
- and attached a "LETTER OF INTENT" NEW FISCAL NOTE
- reports it back without recommendation
- recommends referral to _____ Committee

**MEMBERS SIGNING
DO PASS**

**MEMBERS HAVING
OTHER RECOMMENDATIONS**

Joe Josephson
Arline Sturgis *Do Pass if*
Municipal funding of migrant
addressed.
Edna Morris

Dorothy Lubronkamp
Chairman
Do Pass
Chairman recommendation

file
SB 67

DOMESTIC VIOLENCE INJUNCTIONS

→ up in Sen. Jud. Tuesday, 1-21-86

CURRENT STATUTE PROVIDES FOR DELIVERY OF TEMPORARY RESTRAINING ORDERS BY STATE TROOPERS, BUT ALLOWS COURT TO ORDER OTHER POLICE OFFICERS TO DELIVER.

SB 67 WOULD SHIFT PRIMARY RESPONSIBILITY TO MUNICIPAL POLICE OFFICERS.

STATED INTENT IS TO EXPEDITE ISSUANCE OF ORDERS (IS OFTEN A SEVERAL DAY DELAY CURRENTLY, WHICH DEFEATS THE PURPOSE).

GREATEST IMPACT ON ANCHORAGE MUNICIPALITY. THEY'RE OPPOSED, CAUSE THEY DON'T HAVE THE RESOURCES TO ISSUE ANY MORE TIMELY THAN THE STATE TROOPERS DO. HOWEVER, THEY DO HAVE JURISDICTION OVER A GOOD PORTION OF THE POPULATED AREA OF THE CITY, AND RESPOND TO GENERAL CRISES IN THE AREA.

THERE MAY BE LOCAL POLITICS INVOLVED...

FISCAL NOTE DOES NOT REFLECT A COST SAVINGS TO DEPT. PUBLIC SAFETY.

THE REAL PROBLEM IS THE TREMENDOUS INCREASE IN THE NUMBER OF DOMESTIC VIOLENCE ORDERS SERVED OVER THE PAST FEW YEARS, AND FINDING A WAY TO MAKE SURE THAT -- EVEN WITH LIMITED RESOURCES -- THEY CAN BE "PROMPTLY SERVED" AS THE STATUTE REQUIRES.

STATE OF ALASKA
THE LEGISLATURE

POUCH Y - STATE CAPITOL
JUNEAU, ALASKA 99811
907-465-3800

LEGISLATIVE AFFAIRS AGENCY
LEGISLATIVE REFERENCE LIBRARY

May, 1988

Copies of minutes listed below were originally included in this file. The minutes are available on the STAIRS database CMPR. In order to save space copies of minutes have not been left in the files.

Mary Van Nimwegen

HESS

4-16-85

1:38pm

MEMORANDUM

State of Alaska

TO: Elizabeth Hickerson
Assistant to Senator Jan Faiks
Juneau

DATE: March 28, 1985

FILE NO: DOMESTIC VIOLENCE

TELEPHONE NO: 274-7651

FROM: Lieutenant Jay V. Yakopatz
Commander/F Detachment
Statewide Judicial Services
Alaska State Troopers

SUBJECT: Senate Bill No. 67
Service of Domestic
Violence Injunctions

The attached copies of memorandums should give you an idea of the impact the Domestic Violence Law has had on this office. We currently have eight officers who are responsible for the transport of prisoners and the service of the more than 1,200 writs we receive monthly for service. Judicial Services received no funding or positions to handle the Injunctive Orders resulting from the Domestic Violence law when it went into effect October, 1981.

Although one clerical and one trooper position were added to Judicial Services in 1984, those positions were funded to help relieve the burgeoning workload caused by the appointment of four judges and an 18% increase in cases filed in the Anchorage Courts. The trooper position was funded but Anchorage Judicial Services has four vacant positions at this time. The clerical position was filled but a non-permanent position was not renewed for budgetary reasons after December 31, 1985, negating the effectiveness of the new positions.

The Alaska Court System's random sample shows the average service time to be approximately 2½ days, with a half day as the least time spent and 12 days the longest. The attached random sample of 50 cases in our files shows that four of every five cases served were within the jurisdiction of the Anchorage Police Department.

Attached also for your information is the 1985 Fiscal Year report that reflects the manhours, personnel changes and overtime needed to accomplish statutorily mandates State Trooper responsibilities.

If you have any questions, let me know.

JVY/mls

attachments (5)

Elizabeth Hickerson
 March 28, 1985

TIME
 SPENT

JURISDICTION

CASE
 NUMBER

SERVED/
 UNSERVED

TIME SPENT	JURISDICTION	CASE NUMBER	SERVED/ UNSERVED
1/2	APD	83-7661	S
2 1/2	APD	83-2356	S
1/2	APD	83-7853	S
1	Troopers	83-10176	S
1/2	APD	82-5906	S
3	APD	83-1242	S
2 1/2	APD	83-8286	S
1	APD	83-2335	S
1/2	APD	83-2976	U
1 1/2	APD	82-2038	S
1	APD	83-8514	S
1	APD	82-720	S
1/2	APD	82-6274	S
1/2	Troopers	83-7499	S
2 1/2	APD	82-7276	U
1	Troopers	83-3626	S
1	APD	83-4937	S
1 1/2	APD	83-6877	U
1 1/2	APD	83-7195	S
2	APD	82-5374	S
1	Trooper	82-8416	U
1/2	APD	83-8239	S
1	Trooper	82-2343	S
1	APD	82-5058	S
1	APD	84-437	S
1	APD	84-591	S
1	APD	83-10438	S
1	APD	84-2164	S
1/2	Troopers	84-3772	S
1/2	APD	84-4128	S
1/2	APD	84-193	S
1	APD	84-4165	S
1/2	Troopers	84-5981	S
1/2	APD	84-6555	S
1 1/2	APD	84-697	U
1 1/2	APD	84-8241	S
1	APD	84-9031	S
1/2	Troopers	84-1268	U
1	APD	84-12184	S
1/2	APD	84-12046	S
1	APD	85-781	S
1	APD	85-2727	S
1 1/2	Troopers	85-3815	S
1	APD	85-3549	U
1	APD	84-11731	S
1	APD	85-109	S
1	APD	84-4160	U
1/2	APD	84-1725	U
1	Troopers	84-12278	S
1	APD	85-1974	U

Random sample 1982 - 1985

APD = 40

Troopers = 10

MEMORANDUM

State of Alaska

TO: Captain Lowell D. Parker
Field Enforcement Commander
Alaska State Troopers

DATE: July 23, 1984

FILE NO:

TELEPHONE NO:

FROM: Lieutenant Jay V. Yakopatz
Commander/F Detachment
Statewide Judicial Services

SUBJECT: ANCHORAGE JUDICIAL SERVICES
STATUS REPORT
July 16, 1983 to July 15, 1984

Following are the activities of Anchorage J.S. for Fiscal Year 1984.

PRISONER TRANSPORTATION:

To Anchorage Courts	16,196
Doctor/Hospital	1,483
Other Local Moves	312
Local Detention Facility Transfers	5,882
Out of State	68
Between Alaskan Cities	1,128
Jails to/from Airport	2,108
TOTAL MOVES	27,177

PROCESS:

Total writs Anchorage-received	10,799
Total writs Anchorage-returned	11,800
Civil/Criminal closed (paid fees)	(1,460)
Civil/Criminal closed (non-paid fees)	(8,990)
Subpoenas for Officers	(1,350)
Criminal writs served by Anchorage J.S.	4,953
Civil writs served by Anchorage J.S.	4,273

HOURS UTILIZED FOR:

	REGULAR	OVERTIME
Prisoner Transportation	18,116.5	2,599.5
Court	(12,485.5)	(1,105.5)
Doctor/Hospital	(1,499.5)	(195.0)
Other Local Moves	(317.5)	(141.0)
Detention Facility Transfers	(2,958.5)	(787.5)
Out of State	(855.5)	(370.5)
Investigative Research (writs)	4,122.5	105.5
Process Serving (road)	7,848.5	259.0
Accident Investigation	4.0	0.0
Training	175.0	0.0
Court (on subpoena)	339.5	27.5
Office	5,459.5	42.5
Other	305.5	115.5
Search and Rescue	0.0	0.0
Public Relations	59.5	0.0
PAID OVERTIME TOTAL	-----	3,149.5

LEAVE HOURS USED

Personal Leave	3,991.0
P.S.E.A. (Trooper Potter)	34.0
Military (Corporal Ingalls)	75.0
Administrative (Trooper Schooley)	75.0
Workman's Compensation (Trooper D. Goe)	268.5
TOTAL LEAVE HOURS	4,443.5

Captain Lowell D. Parker
July 23, 1984
Page 2

WARRANT INFORMATION:

Warrants received	3,036
Warrants cancelled	3,148
Served Anchorage J.S.	868
Felony	(273)
Misdemeanor	(595)
Extraditions completed	266
Writs of Assistance	98
Mental Pick-Up Orders	88

ACCOUNTING:

Receipts	\$139,745.12
Disbursements	162,169.83
Earned Fees to the General Fund	19,656.35

DOMESTIC VIOLENCE:

Anchorage Judicial Services received 1,092 Domestic Violence writs during Fiscal Year 1984. This is a 28.3% increase over the 851 writs received in Fiscal Year 1983.

PERSONNEL CHANGES:

August, 1983	Carolyn Groat, Clerk-Typist III transferred to C.I.B. Barbee Brown, Non-permanent Clerk II, resigned (Due to budget cuts the position was not filled) Sergeant Goodwin assigned TDY from Headquarters
September, 1983	Judy Guiley hired as a Clerk-Typist III
October, 1983	Trooper Schooley transferred from Holy Cross
December, 1983	Trooper Hughes transferred to Anchorage Post
January, 1984	Joyce Swanson, Clerk-Typist II, assigned TDY for six weeks from Headquarters/Fiscal Section
March, 1984	Judy Guiley, Clerk-Typist III on Maternity Leave Sergeant Goodwin assigned to Anchorage Patrol Trooper Roger Goe assigned TDY from Anchorage Patrol
April, 1984	Judy Guiley, Clerk-Typist III, resigned Louie Bolds hired as a Clerk-Typist II until 6-30-84 in a Special Project position
May, 1984	Marilynn Rhodehamel, Clerk-Typist III, promoted to Clerk IV and transferred to Anchorage Evidence Section Charlotte Harris hired as a Clerk-Typist III Ethel Anthony hired as a Clerk-Typist III
June, 1984	Louie Bolds' position extended until December 31, 1984 Ethel Anthony, Clerk-Typist III, terminated

Captain Lowell D. Parker
July 23, 1984
Page 3

CIVILIAN PROCESS SERVER APPOINTMENTS:

Meetings with Alaska Court System Administration personnel began in October, 1983, regarding the licensing and regulation of process servers by the Department of Public Safety. Supreme Court Orders 591 and 592 transferred the responsibility for licensing from the Court to the Department. Anchorage Judicial Services prepared all the forms necessary to implement the system. With other Departmental personnel, guidelines bonding requirements and the test were developed. Two meetings were held with Headquarters personnel and Colonel Kolivosky to discuss the progress of the development of the system. During the months of May and June, the Clerk-Typist II spent approximately 85% of his time on the process server applications. Margaret Simmons, Administrative Assistant, spent approximately 65% of her time on this project. By the end of the fiscal year, 37 people were licensed as civilian process servers statewide, with approximately 50 applications pending.

PRISONER TRANSPORTATION:

There are approximately 1500 inmates in the State Prison System but due to overcrowding and multiple appearances in court and medical transports there were a total of 41,440 moves made statewide by the State Troopers.

The breakdown is as follows:

A Detachment	3,431
B Detachment	223
C Detachment	2,367
D Detachment	2,318
E Detachment	5,924
F Detachment	27,177

These totals do not include warrant arrest inmate escorts.

ADDITIONAL INFORMATION

Anchorage Judicial Services participated in the drug arrests September 9, 1983, using our vans to transport the prisoners, and lodging them in the holding cells at the Court until their initial arraignment that day. Officers from Anchorage Judicial Services used 105.5 hours of overtime and 17.0 hours of regular time that day. Two clerical personnel used 16.0 hours overtime.

Trooper Minzlaff participated in the S.O.M.E. Run during September, 1983. Lieutenant Yakopatz attended the Federal Bureau of Investigation's school at Quantico, Virginia, September 30 - December 15, 1983. Lieutenant Yakopatz and First Sergeant Haddell attended Supervisor training seminars in Anchorage during June, 1984.

Captain Lowell D. Parker
July 23, 1984
Page 4

Following will be Statewide Judicial Services information.

A Detachment

Writs received	4,623
Writs closed/served	2,889
Warrants received	637
Warrants closed/served	470

B Detachment

Writs received	3,092
Writs closed/served	2,786
Warrants received	1,513
Warrants closed/served	751 (claimed 1,435 on monthly report)

C Detachment

Writs received	4,332
Writs closed/served	2,668
Warrants received	1,375
Warrants closed/served	841

D Detachment

Writs received	2,355
Writs closed/served	2,011
Warrants received	286
Warrants closed/served	215

E Detachment

Writs received	9,064	claimed (see below)	counted 6042
Writs closed/served	8,952	claimed (see below)	counted 5968
Warrants received	2,432		
Warrants closed/served	1,062		

MEMORANDUM

State of Alaska

TO: Captain Lowell D. Parker
Field Enforcement Commander
Alaska State Troopers

DATE: October 6, 1983

FILE NO:

TELEPHONE NO:

SUBJECT: Domestic Violence Writs

FROM: Lieutenant Jay V. Yakopatz
Commander/F Detachment
Statewide Judicial Services
Alaska State Troopers

During the first two months of Fiscal Year 1984, Anchorage Judicial Services received and served 180 Domestic Violence Injunctive Relief Orders from the court. This equals approximately 180 hours of service work the state could use in its own pursuits because the Domestic Violence (DV) writs were served within the city and outside of State Trooper patrol responsibility.

During a conference with the Presiding Judge of the Third Judicial District, Mark Rowland, and Joe Balfe, the feasibility of assigning at least 50% of the DV writs to the Anchorage Police Department was discussed. Mr. Balfe believes that pursuant to current language in AS09.55.625 and based on burgeoning workload, state writs, prisoner moves, Bethel prisoner moves and Kenai/Soldotna prisoner moves, etc., we have met the burden of "If a state peace officer is not available a superior court, district court, or magistrate may designate ANY PEACE OFFICER TO SERVE AND EXECUTE PROCESS ISSUED UNDER AS 09.55.600 or 09.55.610".

I believe that Chief Brian Porter should be instructed that a minimum of 50% of DV writs are going to be assigned to Anchorage Police Department, as last year approximately 700 of the 851 writs that Alaska State Troopers served for Domestic Violence were in the city's jurisdiction.

Judge Rowland informed Mr. Balfe and me that he supports this concept. He also stated that service by the Anchorage Police Department had come up before.

The Anchorage Judicial Services unit cannot keep up with the workload in state writs, DV writs, prisoner moves and additional prisoner moves due to jail overcrowding and closures. We are not meeting our lawful burden of promptly serving and executing state process due to other areas of increased work.

The primary reason to make the city police responsible for their own patrol area and serve DV writs is our lack of manpower and money. Anchorage Judicial Services needs relief in DV writs sooner than the proposed new legislation I discussed with you regarding these within-the-city services. Even if approved by our Commissioner and the Governor and passed by the legislature, it would be a year before the amended law would go into effect.

(Continued)

Captain Lowell D. Parker

October 6, 1983

Page 2

Mr. Balfe was very positive in his opinion on current language in AS 09.55.625, and with Judge Rowland's support, I do not see how Chief Porter can deny his agency's responsibility any longer.

Any reasonable accord that the Director's office can develop with the Anchorage City Police will allow this unit to perform more professionally for the State Agencies we are required to serve, and the population in Hillside and Girdwood who are outside the city police service district.

JVY/mnr

cc: Mark C. Rowland, Presiding Judge, Third Judicial District

MEMORANDUM

State of Alaska

TO: Captain Lowell D. Parker
Field Enforcement Commander
Alaska State Troopers

DATE: June 28, 1983

FILE NO:

TELEPHONE NO:

FROM: Lieutenant Jay V. Yakopatz
Commander/F Detachment
Statewide Judicial Services
Alaska State Troopers

SUBJECT: AS 09.55.625 Service of
Injunctive Relief Orders

In reviewing civil process responsibility that greatly impacts the Judicial Services units statewide, it is clear that due to budget reductions and lack of personnel, the Department of Public Safety should immediately begin to work on amendments to AS 09.55.625 Service of Process (Domestic Violence Injunctive Relief Order).

As AS 09.55.625 is currently written, it requires that the process "shall be promptly served and executed". It further states that only "If a state peace officer is not available, a superior court, district court, or magistrate may designate any other peace officer to serve and execute process issued under AS 09.55.600 or AS 09.55.610".

Most of the Injunctive Relief Orders issued in Anchorage are for events that occurred within the jurisdiction of the Anchorage Police Department, and therefore that police agency should serve the process. This ratio is prevalent throughout the state.

I am proposing an amendment to AS 09.55.625 to be finalized by Mr. Balfe, that will make it the responsibility of the police agency in whose jurisdiction the domestic violence took place, to serve the process (Injunctive Relief Order).

AS 09.55.625 should read as follows:

(Sec 09.55.625 Service of Process. Process issued under AS 09.55.600 or 09.55.610 shall be promptly served and executed. The actual events described as domestic violence per AS 09.55.640 and the geographic location of the alleged violent acts shall determine which police agency shall be ordered to serve the process. The superior court, district court or magistrate shall designate that a peace officer in whose jurisdiction the domestic violence took place must serve and execute process issued under AS 09.55.600.)

This change would put the responsibility for domestic violence process service directly where it belongs, with the police agency in whose jurisdiction the crime was committed, and allow the state officers to work within our own jurisdictional boundaries.

When the domestic violence statute went into effect in October, 1981, no consideration was given to the work it would generate for Judicial Services. No additional officers

(Continued)

Captain Lowell D. Parker

June 28, 1983

Page 2

were funded to carry out the personal service requirement of the statute, nor were any additional clerical personnel hired to handle the workload. Insufficient commissioned and clerical personnel is impacting the on-going daily work at Judicial Services by putting the unit further and further behind in all other writs and writ service. In order to execute all other critical writs and services and fulfill our obligation to the petitioners on Injunctive Relief Orders, the personnel are working overtime.

The increase in Domestic Violence Injunctive Relief Orders is considerable as evidenced in the fiscal year statistics. Judicial Services is now seeing the same petitioners through further court action on the original order in the form of extensions and orders. This means additional services by commissioned officers and clerical personnel.

The court is dissatisfied with Judicial Services' continuing excuse of insufficient manpower and clerical staff to fulfill our legal obligation of diligent or prompt service of writs. I expect the unit to be censured or another Order to Show Cause why the Commissioner should not be held in contempt to be issued. In the past the court has been very understanding, but they must also meet statutory obligations and I am running out of excuses.

The impact of domestic violence on the other work Judicial Services is required by statute and court rules to accomplish is severe. The unit has managed with the existing clerical staff but is losing ground every week due to increased filings through the court, as well as increased moves of prisoners.

I fully appreciate the impact of the budget cuts and manpower shortages, but due to the judicial impact which can come if I do not provide adequate service to the court system I must indicate that the only remedy is bringing Anchorage Judicial Services up to strength. The filling of three vacant positions would help this unit in its Judicial responsibilities, and another full time clerk-typist could handle the Domestic Violence Injunctive Relief Orders and all related follow-up.

Let me stress that the court has bent as far as it can in consideration of Public Safety's budgetary and personnel problems, and that the Order to Show Cause for contempt or censure will bear the Commissioner's name as Chief Executive Officer of the Court.

The additional clerk would be needed as long as Judicial Services is required by AS 09.55.625 to serve Domestic Violence Writs. With the proposed new legislation Judicial Services would not have as many Domestic Violence writs and could manage with continual use of a temporary clerk. The manpower situation of three vacant positions causes other officers to do more work on overtime, which is not cost effective for routine assignments. This vacancy factor causes the unit to move more prisoners with less officers than the OPM and Judicial Services Policy allows, inviting the possibility of an escape.

(Continued)

Captain Lowell D. Parker
June 28, 1983
Page 3

In your overall review of the domestic violence situation as it relates to the ever increasing workload at Judicial Services, any consideration will be greatly appreciated.

INJUNCTIVE RELIEF ORDER SERVICE IN ANCHORAGE

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	
FY 81				6	15	25	3	27	23	21	24	30	Total 174
FY 82	48	44	33	41	38	43	52	42	52	34	51	52	Total 530
Fy 83	70	71	58	57	85	57	68	52	89	58	93		Total 758 Thru MAY

JVY/mnr



STATE OF ALASKA
OFFICE OF THE GOVERNOR
JUNEAU

January 21, 1985

The Honorable Don Bennett
President of the Senate
Alaska State Legislature
Pouch V
Juneau, AK 99811

Dear Senator Bennett:

Under the authority of art. III, sec. 18, of the Alaska Constitution, I am transmitting a bill that will transfer primary responsibility for the service of process for domestic violence injunctions from the state troopers to local police departments. Current law places primary responsibility for service of these court orders on the state troopers, but provides that a court may order any other peace officer to serve them if a state trooper is not available. (AS 25.35.040.) This bill would require local officers to serve the orders if the person to be served is present or resides within the local department's jurisdiction. If a local officer is not available, the court may direct a state trooper to serve the court order.

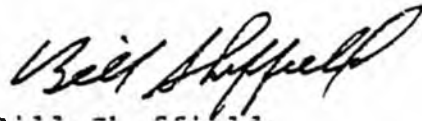
This change in the law is needed because the number of domestic violence orders issued by courts each year has increased dramatically since AS 25.35.010 -- 25.35.060 (formerly AS 09.55.600 -- 09.55.640) took effect in September of 1980. In Anchorage alone, the number of domestic violence orders that must be served has climbed from an average of 15 to an average of 100 a month. The vast majority of these orders (approximately 90 percent) is directed to persons who reside within municipalities that have local police departments.

In many cases, a local police officer was called to the domestic disturbance that gave rise to the need to obtain a domestic violence injunction. The officer may even have transported the victim of the assault to the local magistrate or judge to obtain the order. To require that the resulting court order be served by a state trooper whose primary patrol area is often outside of the city or borough and who has had no previous contact with the victim or the case is not an efficient use of law enforcement

resources, and may cause a delay in the service of the order. In the larger cities, service of these injunctions is made by officers in the judicial services section of the state troopers. The need to ensure adequate security in courtrooms, transport prisoners, and serve criminal arrest warrants and subpoenas severely limits the amount of time and effort a judicial services officer may devote to service of domestic violence injunctions.

In the interests of providing the quickest and best possible protection for victims of domestic violence, and of making the wisest possible use of available law enforcement resources, I urge your prompt passage of this bill.

Sincerely,



Bill Sheffield
Governor

APR 3 1985

DEPARTMENT OF PUBLIC SAFETY

POSITION PAPER -CSSB 67(SA)

Support

March 28, 1985

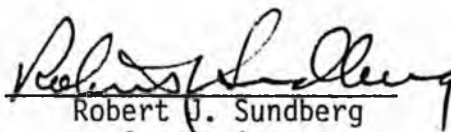
CSSB 67(SA) - "An act relating to the service of domestic violence injunctions."

This legislation will require municipal police agencies to serve domestic violence injunctions that are initiated as a result of their investigations within their jurisdiction.

Domestic violence injunctions are served by Troopers assigned to the Judicial Services section of the Alaska State Troopers. This section is also responsible for courtroom security, prisoner transportation and the service of subpoenas and warrants. The Alaska State Troopers have never received funding to cover the costs associated with the service of domestic violence orders. Thus this increased work load falls on an already overloaded unit and the service of these orders must sometimes be subordinated to other law enforcement demands.

The majority of domestic violence orders are served within the boundaries of political subdivisions which have their own police agencies. The local police are often more familiar with the locations and individuals involved in domestic violence situations and therefore can more safely and efficiently serve the orders.

During the last two years the tremendous increase in the number of domestic violence orders to be served has placed a severe drain upon the manpower of the Alaska State Troopers and has caused some delay in the service of these orders. This legislation transfers the primary responsibility for the service of these injunctions from the State Troopers to local police departments. State Troopers would continue to serve these orders when local officers are not available.


Robert J. Sundberg
Commissioner

STATE OF ALASKA 1985 LEGISLATIVE SESSION
FISCAL NOTE

Revision Date: _____

REQUEST

Bill/Resolution No.: 67
 Title: SERVICE OF DOMESTIC
 VIOLENCE INJUNCTIONS
 Sponsor: _____
 Requestor: _____
 Date of Request: _____

FISCAL DETAIL

Agency Affected: PUBLIC SAFETY
 Program Category Affected: _____
ALASKA STATE TROOPERS
 BRU, Program or Subprogram(s) Affected: _____

EXPENDITURES/REVENUES: (Thousands of Dollars)

	FY 85	FY 86	FY 87	FY 88	FY 89	FY 90
OPERATING						
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 SUPPLIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS						
800 MISCELLANEOUS						
TOTAL OPERATING	-0-	-0-	-0-	-0-	-0-	-0-
CAPITAL	-0-	-0-	-0-	-0-	-0-	-0-
REVENUE						

FUNDING: (Thousands of Dollars)

GENERAL FUND						
FEDERAL FUNDS						
OTHER						
TOTAL	-0-	-0-	-0-	-0-	-0-	-0-

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

ANALYSIS: Attach a separate page if necessary

NO FISCAL IMPACT

Prepared By: PAUL CONGER
 Division: ADMINISTRATIVE SERVICES
 Approved by Commissioner: [Signature]
 Agency: PUBLIC SAFETY

Phone: 465-4338
 Date: 12-6-84
 Date: 12/11/84

Distribution (by Agency preparing fiscal note):
 Legislative Finance
 Legislative Sponsor
 Requestor
 Office of Management and Budget
 Impacted Agency(ies)

7/1/84



Trial Courts

State of Alaska

THIRD JUDICIAL DISTRICT
303 K STREET
ANCHORAGE, ALASKA
99501

OFFICE OF THE CLERK

March 27, 1985

Ms. Elizabeth Hickerson
Senate Advisory Council
Via: Legislative Information Office
Anchorage, Alaska

Dear Ms. Hickerson:

Subject: Domestic Violence

In response to your phone request, I reviewed 51 domestic violence cases. Of those, seven were not served, either at the request of the petitioner or because the respondent could not be located.

Service times ranged from one-half hour to twelve days. The average time was 2.63 days (63.2 hours) from the time the Alaska State Troopers were notified of the emergency order to the time the order was actually served on the respondent.

Feel free to contact me if you have further questions.

Sincerely,

Carole Frost, Supervisor
Civil Division

Copy to: Superior Court Judge Karen Hunt
Area Court Administrator Al Szal
Asst. Area Court Administrator/
Clerk of Court Goldeen Goodfellow

STATE OF ALASKA

DEPARTMENT OF PUBLIC SAFETY

OFFICE OF THE COMMISSIONER

SB 67
BILL SHEFFIELD, GOVERNOR

POUCH N
JUNEAU, ALASKA 99811
PHONE: 465-4322

February 28, 1985

The Honorable Mitch Abood
Chairman, Senate Transportation Committee
Alaska State Senate
Pouch V
Juneau, AK 99811

Dear Senator Abood:

During the hearing on Senate Bill 67 "Service of Domestic Violence Injunctions", you had asked this Department to provide the cost factor directly attributed to the service of Domestic Violence Injunctions in Anchorage.

Based on the 1094 injunctions served in that community in 1984, the computation is as follows:

1755 man hours are available for one Trooper year.

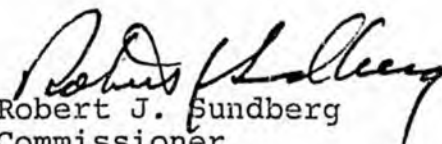
The average service of an injunction is 1.5 hours. This equates to 1641 man hours or 93.5% of one Trooper's time. Thus it would take one man year.

One Trooper costs (included are benefits and personal equipment) \$52,426.00.

One vehicle (included is radio and emergency equipment) \$16,000.00.

The total sum is \$68,426.00.

Sincerely,


Robert J. Sundberg
Commissioner

RECEIVED
MAR 1 1985

Supporters:

- court system

- troopers

overburdened. Not being timely served.

fiscal impact on communities?

(Muni. ^{and} hardest hit; Hwy 2nd)

should be zero or neg. on state

[local law enforcement officers
would be given ability to serve.

\$462 million down - revenue projections
add \$162. Already cut \$300 mill.

SB 67



Alaska Court System

MAR 25 1985

State of Alaska

303 "K" STREET
ANCHORAGE, ALASKA
99501

ARTHUR H. SNOWDEN II
ADMINISTRATIVE DIRECTOR

(907) 274-8611

March 22, 1985

Senator Bettye Fahrenkamp
Chairperson
Senate Health, Education
and Social Services Committee
Alaska State Legislature
Pouch V
Juneau, AK 99811

Dear Senator Fahrenkamp:

I am writing with regard to SB 67, an act relating to service of domestic violence injunctions, which is present before the Senate Health, Education, and Social Services Committee. The court system does not take an official position on this legislation. However, the court system favors any legislation which will expedite the service of process in these matters, in view of the public safety of citizens embroiled in these disputes and the need for prompt judicial action.

Thank you for the opportunity to comment on this measure.

Sincerely,

Arthur H. Snowden, II
Administrative Director

AHS,II:lae

provided by Alaska State Troopers

INJUNCTIVE RELIEF ORDER SERVICE IN ANCHORAGE
BY ALASKA STATE TROOPERS

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
FY 81	*	*	*	6	15	25	3	27	23	21	24	30	Total 174
FY 82	48	44	33	41	38	43	52	42	52	34	51	52	Total 530
FY 83	70	71	58	57	85	57	68	52	89	58	93	93	Total 851
FY 84	80	100	90	92	87	87	96	72	97	81	110	100	Total 1092
FY 85	89	76	74	97	83	71	82	81					Total Thru Feb 653

* The law became effective in October, 1981.



WICCA

attention Bettye Fahrenkamp

Dear Legislators,

We are writing you concerning SB 67, relating to the service of domestic violence injunctions.

We represent an inter-agency task force which works on domestic violence issues in the Fairbanks area and the interior.

For the most part, we are in favor of the bill. Particularly in the bush, there have been problems of several days' delay in the service of domestic violence injunctions due to the unavailability of a State Trooper and the feeling on the part of municipal peace officers that they could not serve the orders.

However, to the extent that the bill would make service by municipal peace officers mandatory rather than just permissible, the bill would be counterproductive. In Fairbanks, the Judicial Services Office of the Troopers and the City Police have worked out an informal system which serves the public well. During business hours, the Judicial Services Office serves the orders, which they serve along with the other court documents that they handle as a matter of their daily responsibilities. When an order has not been served during business hours, it is then taken to the City Police for service later. This combination is probably the most efficient and the quickest method of getting the orders served.

The bill as it now reads would preclude service by the Judicial Service Office within Fairbanks or any other municipality or unincorporated community which has a peace officer, unless the court is informed

that a municipal peace officer is unavailable and then appoints some other method of service. The process of ascertaining the availability of a municipal peace officer, then filing a motion with the court to request substitute service, would result in needless and perhaps dangerous delays.

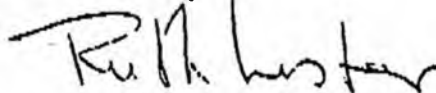
We would like to see section 2 of the bill, amending AS 25.35.040, changed along these lines:

Process issued under AS 25.35.010 or AS 25.35.020 must be promptly served and executed. If process is to be served upon a person believed to be present or residing in a municipality, as defined in AS 29.78.010, or in an unincorporated community, process may be served by a peace officer of that municipality or unincorporated community, or by a State peace officer. A peace officer shall use every reasonable means to serve process issued under AS 25.35.010 or 25.35.020.

This will, we think, give the offices involved the flexibility they need to ensure that service is accomplished as quickly as possible, which serves the interests of both parties to such an order.

Thank you very much for your attention to this.

Sincerely,



Ruth Lister
Chair, Fairbanks Domestic
Violence Task Force

POSITION PAPER
ALASKA STATE TROOPERS

Bill Number: SB 67

Bill Title: An Act Relating to the Service of Domestic Violence Injunctions

The position paper by Anchorage Police Department is somewhat misleading in numbers of Domestic Violence Orders served by Anchorage Judicial Services of the Alaska State Troopers. The actual break down by Fiscal Year is as follows;

FY 81	174
FY 82	530
FY 83	851
FY 84	1092

The average time required to serve an Emergency Order is approximately 2.5 hours if the respondent is easily located, and up to as many as 10 days if he/she is not.

The added burden on the State Troopers of these emergency orders requires moving officers from other critical duties such as prisoner transport and court security in order to serve the Domestic Violence writ.

Most of the Domestic Violence orders issued to the Alaska State Troopers in Anchorage for service are for incidents or crimes that occurred in the Municipality of Anchorage, and in which a city police officer has already responded.

The lack of sufficient personnel assigned to Anchorage Judicial Services to serve these writs coupled with no clerical or commissioned personnel having been hired to fulfill the service obligations in Domestic Violence legislation drains existing personnel who have many other tasks to perform.

The fiscal note appears unreasonable - The salaries including benefits package of \$70,440 per officer does not appear to reflect a new-hire to complete the duties. A clerk is needed, but two cars are not.

Selecting two specific officer to serve Domestic Violence writs is a man-power waste. Domestic Violence order are issued 24 hours per day and should become a routine assignment to All Anchorage Police Department Patrol Officers as they are issued. This will insure the timely service and greater public safety as Anchorage Police Department has approximately 300 officers to select from while Judicial Services has 20 troopers, who do not work around the clock. After normal business hours troopers from patrol must be summoned off the highway or Hillside from a shift of 3 to 5 troopers compared to an Anchorage Police Department shift of 15 to 20 officers, to serve the Domestic Violence writ inside of the city.

Many other cities already complete these services, especially in light of severe vacancies factors in the ranks of the troopers statewide.

LT *Jay Yakopatz*


Lieutenant Jay V. Yakopatz
Commander, F Detachment
Statewide Judicial Services
Alaska State Troopers

Alaska MUNICIPAL League

TELEPHONES
(907) 586-1325
(907) 586-6526

105 MUNICIPAL WAY, SUITE 301
JUNEAU, ALASKA 99801

TO: Senator Bettye Fahrenkamp, Chair
Members, Senate Health & Social Services Committee

FROM: Scott A. Burgess 
Executive Director

DATE: April 16, 1985

SUBJECT: SB 67 - Service of Process/Domestic Violence

The bill would shift the responsibility and cost of serving process in cases involving domestic violence from the State to the municipality. The League recognizes the serious individual and public safety problems that exist in all communities in Alaska as a result of domestic violence; however, if adequate resources do not exist in the Department of Public Safety, they may not exist at the local level either. The zero fiscal note begs the issue of the impact on municipalities.

If additional funding is needed, that is an issue to be addressed by the Legislature in reviewing the Department's budget. The League supports additional funding to the Department to facilitate the quick processing of domestic violence cases. With adequate Department funding, the State may be able to contract with those municipalities that have sufficient manpower to serve process papers in these cases even more expeditiously.

Again, the League supports the enforcement of domestic violence laws as a public safety priority, but believes the bill:

- 1) shifts the responsibility and cost to municipalities without remuneration;
- 2) does not address the real problem which is adequate funding and/or manpower;
- 3) may not have the desired affect of quicker processing.

The domestic violence laws are State laws and the League supports quick and adequate enforcement; however, the League opposes mandating the responsibility of serving domestic violence papers on municipalities without remuneration.