

ALASKA LEGISLATURE COMMITTEE FILES, 1989-1990 8672
5694 HOUSE HEALTH, EDUCATION & SOCIAL SERVICES 98

The Department is unable to retroactively secure federal financial participation for the period 7/1/88 - 12/31/88. Consequently, state general funds are calculated for this period. This fiscal note assumes passage of SB 166 prior to 3/31/89 and submission of a federally approvable state plan amendment prior to 3/31/89 to secure FFP for the period 1/1/89 - 3/31/89. This fiscal note further assumes regulations passed by the Medicaid Rate Commission giving it the authority to waive year end conformance become final on 4/1/89. Therefore, the impact on facilities is limited to the period 7/1/88 - 3/31/89. The Department has identified only one facility which would be impacted by this legislation.

POSITION PAPER

SB 166

INTRODUCTION

The process by which Medicaid and GRM reimbursement rates are established for health facilities includes a procedure called year end conformance. This procedure compares the Medicaid Rate Commission (MRC) approved rate with actual rate billed by the facility during the billing period. If a defined level of variance between the approved and actual charges exists, an adjustment is made to the facility's base for its future prospective rate.

In August, 1988, the MRC repealed regulations that allowed waiver of the year end conformance adjustment. After realizing that in at least two cases the regulations had an unanticipated, negative effect, the MRC adopted a regulation which allows the commission to waive all or part of the year end conformance adjustment under certain circumstances. This regulation will become effective March 25, 1989.

This bill makes waiver authority retroactive to January, 1989. Due to federal Health Care Financing Agency requirements, federal participation in the state's Medicaid Program would be jeopardized if we change any provision of rate setting for a period prior to January 1.

ANALYSIS

Section 1 of the bill defines the procedure, provides for a full or partial waiver of the adjustment in cases of manifest injustice, and clarifies the treatment of some technical questions associated with implementation.

Section 2 of the bill requires reanalyzing rates in effect on or after January 1, 1989, in accordance with Sec. 1 of the bill, requires the immediate payment of an amount due the facility as the result of reanalyzing rates if waiver is granted, and prohibits recoupment by the state if reanalyzing rates in accordance with Sec. 1 results in an amount due the state.

Section 3 of the bill provides for an immediate effective date. To receive federal financial participation (FFP) for the period January 1, 1989 - March 31, 1989, the state Medicaid plan amendment must be submitted prior to March 31, 1989. Therefore, SB 166 would have to be enacted into law with sufficient time for the department to prepare and submit the state plan amendment. An effective date before March 31, 1989, is essential for the state to continue to meet the federal requirements of the Medicaid Program and grant this retroactive relief.

DISCUSSION

Health facilities will benefit from a possible waiver of the year end conformance procedure under situations of manifest injustice. Situations which have been brought to the attention of the MRC to date include at least two in which facilities can demonstrate that a prudent management decision such as a reasonable rate increase has triggered the application of the procedure, and where a series of patients requiring an extraordinary level of care has triggered the application of the procedure. Other facilities may also seek relief from the year end conformance requirement, but it is not known whether they will meet the conditions for waiver.

DEPARTMENT OF HEALTH AND SOCIAL SERVICES' POSITION

The department neither opposes nor supports Senate Bill 166.

Recommended: Kim Busch
Kim Busch, Director
Division of Medical Assistance

Date: March 6, 1989

Approved: Myra M. Munson
Myra M. Munson, Commissioner
Department of Health and
Social Services

Date: March 6, 1989

7 AAC 43.686

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7 AAC 43.688 HEALTH AND SOCIAL SERVICES 7 AAC 43.691

(10) Interest, depreciation, and other capital costs will not be recognized on assets if a certificate of need was required and the facility did not secure one.

(11) Limits on operating costs provided by related organizations. Costs of services, facilities, and supplies furnished to a facility by organizations related to the facility are allowable costs only to the extent that these costs do not exceed the lower of

(A) the documented costs of the services, facilities, or supplies to the related organization; or

(B) the reasonable price of comparable services, facilities, or supplies offered by a vendor not related to the facility.

(12) Related organization cost documentation. A facility shall document the cost to a related organization for services, facilities, or supplies furnished to the facility by the related organization. The commission will permit the cost to be included in the operating base of a prospective payment rate only if the cost to be included is fully documented as prescribed in the manual. (Eff. 8/9/86, Register 99; am 7/20/88, Register 107)

Authority: AS 47.07.070
AS 47.07.073
AS 47.07.180

7 AAC 43.688. TOTAL FINANCIAL REQUIREMENTS. Repealed 8/9/86.

7 AAC 43.690. OPERATING COSTS. Repealed 8/9/86.

7 AAC 43.691. YEAR-END CONFORMANCE. (a) The commission will determine whether the rates paid by the division of medical assistance are in conformance with the commission-approved rates as follows:

*Current
regs*

(1) The actual depreciation will be substituted for the approved depreciation when considering year-end conformance.

(2) For long-term care facilities and intermediate care facilities for mentally retarded, the commission will compare the actual costs per day to the approved rate, with actual ancillary costs substituted for the approved ancillary costs. Actual ancillary costs will be calculated based on the ratio of operating expenses, less revenue offsets defined in 7 AAC 43.685(b)(4), to charges in the applicable ancillary revenue center, not to exceed 100 percent of usual and customary charges. The following apply to the ancillary costs:

(A) If actual costs are less than two percent below or above the approved rate, adjusted for actual ancillary costs, no adjustments will be made.

(B) If actual costs are two percent or more below the approved rate, adjusted for actual ancillary costs, the actual ancillary costs will be compared to the approved ancillary costs. If actual ancillary costs are below the approved ancillary costs, 90 percent of the difference will be reduced from the rate as approved by the commission in the facility's next fiscal year. If actual ancillary costs are above the approved ancillary costs, 90 percent of the difference will be added to the rate as approved by the commission in the facility's next fiscal year.

(b) For acute care hospitals and specialty hospitals, the commission will compare the actual charges billed to the division of medical assistance with the approved rate per adjusted admission. If the actual charges to the division of medical assistance exceed the allowable costs as calculated in the approved budget and adjusted in (a) of this section, the percentage of charges will be adjusted downward in the facility's next fiscal year by the amount of the difference.

(c) Repealed 7/20/88.

(d) For rural health clinics, the commission will compare the actual costs for each visit to the approved rate and,

(1) if actual costs for each visit for medical assistance recipients are equal to or above the approved rate, no adjustments will be made;

(2) if actual costs or charges for each visit for medical assistance recipients are below the approved rate, the difference between the approved rate and actual costs or charges, whichever is less, will be deducted from the rate approved by the commission for the rural health clinic's next fiscal year.

(e) Outpatient surgical clinics and hospital outpatient laboratory services are exempt from all provisions of this section. (Eff. 8/9/86, Register 99; am 5/8/88, Register 106; am 6/19/88, Register 106; am 7/20/88, Register 107)

Authority: AS 47 07 070
AS 47 07 071
AS 47 07 180

7 AAC 43.692. FUNDED DEPRECIATION. Repealed 8/9/86.

7 AAC 43.693. FACILITY AUDITS. (a) The commission will inspect the financial records of a facility receiving payments from the division of medical assistance. The commission will inspect financial records during normal business hours and will notify a facility of a proposed inspection of its records at least 10 working days before the inspection

(b) If the commission directs, a facility receiving payments from the division of medical assistance for eligible state program recipients

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FEB 11 1989

SENATOR TIM KELLY
SENATE PRESIDENT

SITKA COMMUNITY HOSPITAL

209 MOLLER AVENUE • SITKA, ALASKA 99835 • (907) 747-3241

February 10, 1989

Senator Tim Kelly
Alaska State Senate
P.O. Box V
Juneau, AK 99811

Dear Senator Kelly:

I recommend favorable consideration of Senate Bill 166.

Senate Bill 166 will affirm an intent and an authority which reason dictates has always been present.


The Medicaid Rate Commission, for whatever reason, did not have a proviso in its rules and regulations after July 20, 1988 specifically stating it could waive its own rules for good reason. It appeared that it was their intent to have that authority. Nothing in their rules and regulations indicated that they did not have it.

Through a statistical quirk, our reimbursement rate was calculated at 20%. Satisfactory justification was presented for the nonconformity and the rate was adjusted. The Commissioner of Health and Social Services had made several attempts to force the Medicaid Rate Commission to recant the adjustment and reset the rate at 20%. The Commissioner has not been successful to date, but continues to try. A 20% reimbursement rate is not reasonable.

The Medicaid Rate Commission has in fact finally adopted rules and regulations which express their previous intent to have the ability to waive conformance for good reason.

Your support of SB 166 will be a vote for the affirmation of reason. Thank you. A similar letter has been sent to Senator Eliason, Representative Grussendorf and the other members of the Senate and House Health, Education and Social Services Committees.

Sincerely,


Ed Malewski
Administrator

cc: HAA

EM:ck

outdated page

7 AAC 43.691. YEAR-END CONFORMANCE. (a) The commission will determine whether the rates paid by the division of medical assistance are in conformance with the commission-approved rates as follows:

(1) The actual depreciation will be substituted for the approved depreciation when considering year-end conformance.

(2) For long-term care facilities and intermediate care facilities for the mentally retarded, the commission will compare the actual costs per day to the approved rate, with actual ancillary costs substituted for the approved ancillary costs. Actual ancillary costs will be calculated based on the ratio of operating expenses, less other operating revenue, to charges in the applicable ancillary revenue center, not to exceed 100 percent of usual and customary charges. The following apply to the ancillary costs:

(A) If actual costs are less than two percent below or above the approved rate, adjusted for actual ancillary costs, no adjustments will be made.

(B) If actual costs are two percent or more below the approved rate, adjusted for actual ancillary costs, the actual ancillary costs will be compared to the approved ancillary costs. If actual ancillary costs are below the approved ancillary costs, 90 percent of the difference will be reduced from the rate as approved by the commission in the facility's next fiscal year. If actual ancillary costs are above the approved ancillary costs, 90 percent of the difference will be added to the rate as approved by the commission in the facility's next fiscal year.

(b) For acute care hospitals and specialty hospitals, the commission will compare the actual charges billed to the division of medical assistance or Medicaid with the approved rate per adjusted admission. If the actual charges to the division of medical assistance exceed the allowable costs as calculated in the approved budget and adjusted in (a) of this section, the percentage of charges will be adjusted downward in the facility's next fiscal year.

(c) The commission will, in its discretion, waive all or part of the year-end conformance if the facility provides justification to the commission's satisfaction. (Eff. 8/9/86, Reg. 99)

Authority: AS 47.07.070

AS 47.07.071

AS 47.07.180

7 AAC 43.692. FUNDED DEPRECIATION.
Repealed 8/9/86.

7 AAC 43.693. FACILITY AUDITS. (a) The commission will inspect the financial records of a facility receiving payments from the division of medical assistance. The commission will inspect financial records during normal business hours and will notify a facility of a proposed inspection of its records at least 10 working days before the inspection.

(b) If the commission directs, a facility receiving payments from the division of medical assistance for eligible state program recipients shall produce its financial records for inspection by the commission at a location within the state or at another place agreed upon by the commission and the facility.

(c) At the request of the commission, a facility shall send copies of financial records to the commission offices within 10 working days after the request is received.

(d) The commission will review the findings of facility audits. Audit findings that determine that the division of medical assistance has overpaid or underpaid will be acted upon in the following manner:

(1) If the audit findings relate to a facility's fiscal year already ended, the division of medical assistance will be notified of amounts due from or to the facility.

(2) If the audit findings relate to a facility's fiscal year in progress, the approved rate will be adjusted to reflect a correct payment rate. The level of adjustment will be prorated to ensure that the division of medical assistance will recoup all money by the end of the facility's fiscal year or that the facility will receive all

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DEPT. OF HEALTH AND SOCIAL SERVICES

OFFICE OF THE COMMISSIONER

STEVE COWPER, GOVERNOR

PO BOX H
JUNEAU, ALASKA 99811-0601
PHONE: (907) 465-3030

January 25, 1989

Medicaid Rate Commission
P.O. Box 240249
3601 "C" Street, Suite 592
Anchorage, Alaska 99524-0249

Re: Year end conformance waiver
regulation proposal

Dear Commission Members:

The Department of Health and Social Services offers the following comments regarding proposed regulation (7 AAC 43.691(c)) to waive year-end conformance in rate-setting by the Medicaid Rate Commission. */ The department supports the commission having authority to waive year end conformance, provided the authority is subject to conditions. The department recognizes the need for commission flexibility to respond to unique circumstances. The department opposes unlimited authority to waive year end conformance in any case. In addition, unlimited authority will very likely produce additional work for the commission and its staff and the facilities, since the facilities will have no guidelines to suggest what petitions are likely to be accepted and which ones are not. Truly prospective rate setting and responsible budgeting by the commission, department and facilities cannot occur if every facility can petition the commission at year-end for additional funds to balance its books.

The department offers the following alternative language:

* Section 1. 7 AAC 43.691 is amended by adding a new subsection to read:

(e) The commission will, in its discretion, waive all or part of the year-end conformance, if the facility provides justification to the commission's satisfaction,

*/ The department's attorney has checked with the staff of the regulations attorney and was informed that new subsection letter must be used even though the same language (as was repealed) is being proposed.

that ~~immediate~~ ^{a illreputable} and manifest injustice will result if year-end conformance is strictly applied. All or part of year-end conformance will, in the commission's discretion, only be waived if the commission finds that:

(1) the facility has taken effective measures to control costs in response to the situation upon which the waiver request is based; and

(2) the waiver request does not contradict a prior action of the commission as to an element of the facility's rate contained in 7 AAC 43.683, 7 AAC 43.685, and 7 AAC 43.686; and

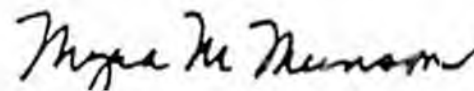
(3) the waiver request would result in payment for only allowed costs and services authorized by the division of medical assistance under state or federal laws or both if applicable, or regulations; and

(4) the situation upon which the waiver request is based results from the provision of direct patient care or from prudent management actions improving the financial viability of the facility, To provide patient care.

We urge the commission to adopt the department alternative language.

We appreciate the opportunity to offer comments on this important matter. Members of my staff will be available at the upcoming meeting to further elaborate on this position.

Sincerely yours,



Myra Munson
Commissioner

SB

169

FISCAL NOTE

REQUEST:

Revision Date: _____
Title: Relating to inhalant abuse

Agency Affected: Health & Social Services
BRU: Alcohol & Drug Abuse Services

Sponsor: Binkley et.al.
Requestor: _____

Components: Administration

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 89	FY 90	FY 91	FY 92	FY 93	FY 94
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	0	2	2	0	0	0
CAPITAL	0	2	0	0	0	0
REVENUE	0	0	0	0	0	0

FUNDING: (Thousands of Dollars)

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

POSITIONS:

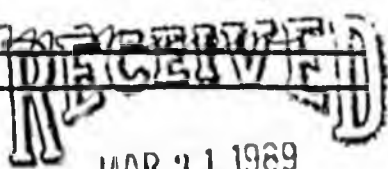
FULL-TIME	0	0	0	0	0	0
PART-TIME	0	0	0	0	0	0
TEMPORARY	0	0	0	0	0	0

ANALYSIS : (Attach a separate page if necessary)

Prepared by: Matthew C. Felix *Matthew Felix* Phone: 586-6201
Division: Alcoholism & Drug Abuse Date: 3/29/89

Approved by Commissioner: Mike... Date: 3/30/89
Agency: _____

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



LEGISLATIVE FINANCE

Fiscal Note SB 169

This fiscal note assumes that the purpose of SB 169 is to make technical corrections in the statute to clarify that the State Office of Alcoholism and Drug Abuse (SOADA) has the authority to provide treatment for inhalant abusers. The SOADA assumes that SB 169 does not require the establishment of additional treatment programs for inhalant abusers.

§ 47.37.030 WELFARE, SOCIAL SERVICES & INSTITUTIONS § 47.37.030

Health & Social Servs., Sup. Ct. Op. No.
2929 (File No. 8-279), 698 P.2d 1190
(1985).

Sec. 47.37.030. Powers of office. The office may

(1) plan, establish, and maintain programs for the prevention and treatment of alcoholism and drug abuse;

(2) make contracts and award grants necessary or incidental to the performance of its duties and the execution of its powers, including contracts with and grants to public and private agencies, organizations, and individuals, to pay them for services rendered or furnished to alcoholics, intoxicated persons, or drug abusers; to the maximum extent possible, contracts and grants must be for a period of two years; contracts under this paragraph are governed by AS 36.30 (State Procurement Code);

(3) solicit and accept for use a gift of money or property or a grant of money, services, or property from the federal government, the state, or a political subdivision of it or a private source, and do all things necessary to cooperate with the federal government or any of its agencies in making an application for a grant;

(4) administer or supervise the administration of the provisions relating to alcoholics, intoxicated persons, and drug abusers of state plans submitted for federal funding under federal health, welfare, or treatment legislation;

(5) coordinate its activities and cooperate with alcoholism and drug abuse programs in this and other states, and make contracts and other joint or cooperative arrangements with state, local, or private agencies for the treatment of alcoholics, intoxicated persons, and drug abusers, and for the common advancement of alcoholism and drug abuse programs in this and other states;

(6) keep records and engage in research and the gathering of relevant statistics;

(7) do other acts necessary to implement the authority expressly granted to it;

(8) acquire, hold, or dispose of real property or any interest in it, and construct, lease, or otherwise provide treatment facilities for alcoholics, intoxicated persons, and drug abusers; however, the office shall encourage local initiative, involvement, and financial participation under grants-in-aid whenever possible in preference to the construction or operation of facilities directly by the office; contracting and construction under this paragraph are governed by AS 36.30 (State Procurement Code). (§ 1 ch 207 SLA 1972; am § 1 ch 117 SLA 1978; am § 61 ch 106 SLA 1986; am E.O. No. 71, §§ 13 - 17 (1988))

Effect of amendments. — The 1986 amendment, effective January 1, 1988, added "contracts under this paragraph are governed by AS 36.30 (State Procurement Code)" at the end of paragraph (2) and added "contracting and construction under this paragraph are governed by AS 36.30 (State Procurement Code)" at the end of paragraph (8).

The 1988 amendment, effective July 1, 1988, rewrote paragraph (1), which read "plan, establish, and maintain treatment programs"; substituted "alcoholics, intoxicated persons, or drug abusers; to the maximum extent possible, contracts and

grants must" for "alcoholics or intoxicated persons; to the maximum extent possible, contracts and grants shall" in paragraph (2) and "alcoholics, intoxicated persons, and drug abusers of state plans" for "alcoholics and intoxicated persons of any state plan" in paragraph (4); in paragraph (5), inserted "and drug abuse" twice and substituted "alcoholics, intoxicated persons, and drug abusers," for "alcoholics and intoxicated persons"; and, in paragraph (8), substituted "alcoholics, intoxicated persons, and drug abusers" for "alcoholics and intoxicated persons" and made a minor punctuation change.

Sec. 47.37.040. Duties of office. The office shall

(1) develop, encourage, and foster statewide, regional, and local plans and programs for the prevention of alcoholism and drug abuse and treatment of alcoholics, intoxicated persons, and drug abusers, in cooperation with public and private agencies, organizations, and individuals, and provide technical assistance and consultation services for these purposes;

(2) coordinate the efforts and enlist the assistance of all public and private agencies, organizations, and individuals interested in prevention of alcoholism and drug abuse and treatment of alcoholics, intoxicated persons, and drug abusers;

(3) cooperate with the Department of Corrections in establishing and conducting programs to provide treatment for alcoholics, intoxicated persons, and drug abusers, in or on parole from penal institutions;

(4) cooperate with the Department of Education, school boards, schools, police departments, courts, and other public and private agencies, organizations, and individuals in establishing programs for the prevention of alcoholism and drug abuse and treatment of alcoholics, intoxicated persons, and drug abusers, and preparing curriculum materials for use at all levels of school education;

(5) prepare, publish, evaluate, and disseminate educational material dealing with the nature and effects of alcohol and drugs;

(6) develop and implement, as an integral part of treatment programs, an educational program for use in the treatment of alcoholics, intoxicated persons, and drug abusers, which includes the dissemination of information concerning the nature and effects of alcohol and drugs;

(7) organize and foster training programs for all persons engaged in treatment of alcoholics, intoxicated persons, and drug abusers, and establish standards for training paraprofessional alcoholism and drug abuse workers;

(8) sponsor and encourage research into the causes and nature of alcoholism and drug abuse and treatment of alcoholics, intoxicated

§ 47.37.040 WELFARE, SOCIAL SERVICES & INSTITUTIONS § 47.37.040

persons, and drug abusers and serve as a clearinghouse for information relating to alcoholism and drug abuse;

(9) specify uniform methods for keeping statistical information by public and private agencies, organizations, and individuals, and collect and make available relevant statistical information, including number of persons treated, frequency of admission and readmission, and frequency and duration of treatment;

(10) advise the governor in the preparation of a comprehensive plan for treatment of alcoholics, intoxicated persons, and drug abusers;

(11) review all state health, welfare, and treatment plans to be submitted for federal funding, and advise the commissioner on provisions to be included relating to alcoholics, intoxicated persons, and drug abusers;

(12) assist in the development of, and cooperate with, alcohol and drug abuse education and treatment programs for employees of state and local governments and businesses and industries in the state;

(13) use the support and assistance of interested persons in the community, particularly recovered alcoholics and drug abusers, to encourage alcoholics and drug abusers to voluntarily undergo treatment;

(14) cooperate with the Department of Public Safety and the Department of Transportation and Public Facilities in establishing and conducting programs designed to deal with the problem of persons operating motor vehicles while intoxicated or under the influence of drugs;

(15) encourage hospitals and other appropriate health facilities to admit without discrimination alcoholics, intoxicated persons, and drug abusers, and to provide them with adequate and appropriate treatment;

(16) encourage all health and disability insurance programs to include alcoholism and drug abuse as a covered illness;

(17) submit to the legislature an annual report covering the activities of the office;

(18) develop and implement a training program on alcoholism and drug abuse for employees of state and municipal governments, and private institutions;

(19) develop curriculum materials on drug and alcohol abuse for use in grades kindergarten through 12, as well as a course of instruction for teachers to be charged with presenting the curriculum. (§ 1 ch 207 SLA 1972; am Executive Order No. 39, § 11 (1977); am §§ 2, 4 ch 117 SLA 1978; am E.O. No. 55, § 45 (1984); am E.O. No. 71, § 18 (1988))

Effect of amendments. — The 1988 amendment, effective July 1, 1989, substituted "and drug abuse and treatment of alcoholics, intoxicated persons, and drug abusers" for "and treatment of alcoholics

and intoxicated persons" in paragraphs (1), (2), (4), and (8), "alcoholics, intoxicated persons, and drug abusers" for "alcoholics and intoxicated persons" in paragraphs (3), (6), (7), (10), and (15), "alco-

of the department, considers this an effective and economical course to follow. Contracting under this subsection is governed by AS 36.30 (State Procurement Code). (§ 1 ch 207 SLA 1972; am § 5 ch 150 SLA 1980; am § 62 ch 106 SLA 1986; am E.O. No. 71, § 21 (1988))

Effect of amendments. — The 1986 amendment, effective January 1, 1988, added the last sentence in subsection (g).

The 1988 amendment, effective July 1, 1988, in subsection (a), substituted "alcoholics, intoxicated persons, and drug

abusers" for "alcoholics and intoxicated persons" in the first sentence and "and, when feasible, programs must" for "and when feasible, programs shall" in the third sentence.

Sec. 47.37.150. Acceptance for treatment. The coordinator shall adopt regulations for the admission of persons into the treatment program, considering available treatment resources and facilities, for the purpose of early and effective treatment of alcoholics, intoxicated persons, and drug abusers. In adopting the regulations the coordinator shall be guided by the following standards:

(1) if possible a patient must be treated on a voluntary rather than an involuntary basis;

(2) a patient must be initially assigned or transferred to outpatient or intermediate treatment, unless the patient is found to require inpatient treatment;

(3) a person may not be denied treatment solely because the person has withdrawn from treatment against medical advice on a prior occasion or because the person has relapsed after earlier treatment;

(4) an individualized treatment plan must be prepared and maintained on a current basis for each patient;

(5) provision must be made for a continuum of coordinated treatment services, so that a person who leaves a facility or a form of treatment will use other appropriate treatment and facilities. (§ 1 ch 207 SLA 1972; am E.O. No. 71, § 22 (1988))

Effect of amendments. — The 1988 amendment, effective July 1, 1988, substituted "alcoholics, intoxicated persons, and drug abusers" for "alcoholics and intoxicated persons" in the first sentence in the

introductory paragraph; "must" for "shall" in paragraphs (1), (2), (4), and (5), "may" for "shall" in paragraph (3), and "use" for "utilize" in paragraph (5).

Sec. 47.37.170. Treatment and services for intoxicated persons and persons incapacitated by alcohol. (a) An intoxicated person may come voluntarily to an approved public treatment facility for emergency treatment. A person who appears to be intoxicated in a public place and to be in need of help or a person who appears to be intoxicated in or upon a licensed premise where intoxicating liquors are sold or consumed who refuses to leave upon being requested to leave by the owner, an employee or a peace officer may be taken into protective custody and assisted by a peace officer or a member of the emergency service patrol to the person's home, an approved public

INHALANT UPDATE

National surveys show inhalant use ranks third behind alcohol and marijuana. The most effective way to fight solvent use is through prevention and education efforts. When inhaled, most commonly abused vaporous substances act as central nervous system depressants. They disturb vision, impair judgment and reduce muscle control. Inhalant use can cause permanent brain damage and even death. Here's a list of products that young people might sniff. This information is provided to heighten awareness of the potential for abuse of these common and easily obtainable products. Please use this information discreetly and appropriately.

ADDITIVES

- gasoline additives

ADHESIVES

- building supply adhesives
- false eyelash adhesives
- fingernail adhesives
- PCV pipe adhesives

AGENTS

- engine drying agents

CEMENTS

- household cement
- model cement (glue)

CLEANERS

- auto body cleaners
- car engine cleaners
- electronic equipment cleaners
- gun cleaning solvent
- window cleaner

COATINGS

- aerosol leather coatings
- frying pan/pot coatings

DE-ICERS

- windshield de-icers

FLUIDS

- brake fluid
- charcoal starter fluid
- fire extinguisher fluid
- lighter fluid
- power steering fluid
- printer fluid
- transmission fluid
- typewriter correction fluid

FUELS

- lantern fuel
- stove fuel

GASOLINE

HARDENERS

- fingernail hardener

MARKERS

- felt tip markers
- dry erase marker

OCTANE BOOSTERS

PAINTS

- aerosol paint
- lacquer paint
- liquid paint

PENS

- fast-drying pens

POLISH

- fingernail polish
- shoe polish

PRODUCTS

- fiberglass refinishing products
- photographic chemical products
- resin products
- shoe shine products
- water proofing products

PROPELLANT GASES

- fluorocarbons
- hydrocarbons

REMOVERS

- asphalt remover
- fingernail polish remover
- paint remover
- stain remover
- tar remover

SEALANT

- tire sealant

STRIPPERS

- paint strippers
- varnish strippers

SUPPLIES

- art supplies
- household cleaning supplies
- furniture refinishing supplies

THINNERS

- paint thinner

VARNISH

- furniture varnish
- wood varnish

Reported to Alcohol and Drug Abuse Prevention Board,
August 1988, by Parents in Action in Nebraska

- the pending reorganization of Office of Financing and Coverage Policy, would continue.
2. Transfer all of NIMH to NIH, where, it is argued, research on mental illness would finally reach the stature accorded other diseases. This is the plan in the Inouye bill.
 3. Transfer only the research effort of NIMH to NIH, and rename the remaining components of ADAMHA the "National Center for Addictive Disorders," consisting of the two institutes on drugs and alcohol. NAMI's Havel said his organization could support either of these two plans.
 4. Separate all the research and non-research functions of ADAMHA. The research portions of all three existing institutes would go to NIH as a single entity. Then the alcohol and drug institutes could form an Institute on Addictive Disorders, with service-related components of NIMH administered separately. Since this would combine alcohol and drugs into one entity, "many people feel strongly one way or the other" on this point, Lewin said. Advocates for those suffering from drug addiction, as opposed to alcohol addiction, believe that the demographics of drug addicts are not the same as those of alcoholics. Therefore, they say, the two institutes must maintain their identities.

Another variation of this option would call for the three entities to go to NIH as three separate institutes. But some of the service sectors could go either to the Centers for Disease Control or the National Center for Health Services Research. Administration of state block grants and some of the demonstration programs would become the responsibility of the Health Resources and Services Administration. Another option would be to create a bureau of ADM delivery-of-services efforts within HRSA.

5. Realign the existing ADAMHA structure to make research the exclusive mission of all three institutes. All service-related functions would be shifted to a bureau in ADAMHA, whose director would be on a par with the three institute directors. Proponents of this arrangement argue that there is much similarity in the services administered by the three institutes. This seems the most popular option among the drug and alcohol field.

Goodwin May Be Named

ADAMHA reorganization is a delicate subject right now since Frederick Goodwin, MD, who

heads NIMH's Intramural Research Program, is expected to be named ADAMHA administrator sometime in February. Several sources cited possible conflicts among the various institute directors as the parent agency undergoes rearrangement. "There are institutional positions, and positions that people maintain in their heart of hearts," one HHS staffer said. "All the institute directors are in a tight spot."

If nominated and confirmed, Goodwin would succeed Donald Ian Macdonald, a pediatrician who has been serving as both ADAMHA Administrator and Director of the Drug Abuse Policy Office for nearly a year. Macdonald, who will stay on at his White House post which also carries the title of Special Assistant to the President for Drug Abuse Issues, has been heading ADAMHA since his confirmation in April 1985.

Goodwin, 51, an expert in depressive disorders, has been with the NIMH intramural effort, the clinical research program located at the National Institutes of Health campus in Bethesda, since 1965. He became its director in 1982.

The appointment of the ADAMHA administrator is subject to Senate confirmation. ADAMHA sources said White House clearance has already been obtained, and that the FBI was winding up its routine clearance procedures.

Incidence

YOUTHS' DRUG USE IN SLOW FALL, BUT INHALANTS SHOW GAIN

High school seniors are using less cocaine, but more and more of them report having experimented at least once with the drug and there is no noticeable decline in crack use, a new survey shows. And while overall drug use is slowly continuing to decline, inhalants are "bucking the trend," and their use is rising, said the researcher who recently completed a survey of drug use among young adults.

According to the annual National High School Senior Survey on Drug Abuse, prepared for the National Institute on Drug Abuse by Lloyd Johnston, Ph.D., project director of the University of Michigan Institute for Social Research, cocaine use among high school seniors declined gradually in 1987 for the first time since the survey began 13 years ago. About 42% of the seniors said they had used an illicit drug at least once in the past year, the lowest figure in 13 years.

Observers were quick to flag various possible flaws in the study. For example, some experts

than chance expectancy. The declines for cocaine (-16.1%) and stimulants (-10.2%), were also found to be statistically significant ($p < .01$). The small increase noted for marijuana (+1.1%) was not statistically significant, but the increase in hallucinogens (+8.7%) was found to be greater than chance expectancy ($p < .01$).

(3) Lifetime Experience with a Drug

Table 5-3 shows a pattern of increases and decreases for lifetime experience with different drugs (excluding alcohol and tobacco). Consistent with the findings in Tables 5-1 and 5-2, increases are noted for marijuana (3.6%) and hallucinogens (4.5%). A relatively large increase for inhalants (9.4%) is also noted, which is consistent with its reported increase in availability reported in Table 5-1. All of the differences in lifetime

Table 5-3
Comparison of 1983 and 1988 Findings
Lifetime Experience with Chemical Substances
Eight School Districts

Substance	1988 Percent*	1983 Percent**	Percent Change
Marijuana	53.0	49.4	+ 3.6***
Cocaine	14.4	18.3	- 3.9***
Stimulants	24.2	27.2	- 3.0****
Hallucinogens	13.2	8.7	+ 4.5***
Depressants	9.8	14.3	- 4.5***
Heroin	2.0	2.2	+ 0.2
Inhalants	25.9	16.5	+ 9.4***
Tranquilizers	9.9	11.5	- 1.6****

*N=3814 (Unweighted) **N=3609 (Unweighted)

*** $p < .01$.

**** $p < .05$.

From Alcohol and Drug Use among Youth
Study, University of Alaska - Anchorage
Dr. Bernie Segal. November 1988.

in other research.

(g) Depressants

Depressants, largely in the form of barbiturates, has experienced a decline since 1983, a trend that is consistent with reports from other surveys.

(h) Tranquilizers

Use of substances such as Valium or Librium, classified as tranquilizers, have also declined since 1983, a trend which is also consistent with findings from other research.

(i) Inhalants

Of all the illicit chemical substances, inhalants have shown the largest increase. This increase is consistent with a small increase reported across the nation by Johnston et al. (1987). Inhalants have tended to be the substance of choice among very young users, largely because they are cheap, readily available, and induce an intense altered state of consciousness, perhaps emulating the perceived experience of the substances the naive user cannot readily obtain. Additionally, older adolescents may resort to using inhalants when other substances are unavailable. Beauvais and Oetting (1987) noted that inhalant use, at every age, "marks a very high level of drug involvement for that group and suggests potentially serious adjustment difficulties. Some of these difficulties include disruptive family relationships, poor school and job adjustment, serious emotional problems, and higher levels of deviance than other drug users" (p. 781). The statistics regarding inhalants should be of particular concern because most, if not all inhalant substances, are highly toxic and can cause irreversible brain damage or death.

(j) Alcohol

Consistent with the findings from different studies of drinking among youth across the nation, experience with alcohol in Alaska is ubiquitous among adolescents. It would also seem that drinking during adolescent years no longer represents a lifestage phenomenon, but has become an adolescent life-style phenomenon. To a large extent the drinking among adolescents could be considered to model the drinking behavior of the

AUG 15 1986

News Service

Client No. 216

Youth found dead near open gasoline container

ANCHORAGE (AP)—When last seen alive, 14-year-old Freddy George was wandering the streets of Pilot Station in the middle of the night.

A police officer told the boy to go home, but instead he went to a ramshackle cabin near the Yukon River used to store fishing gear.

The Alaska State Troopers say Freddy George apparently died that night after inhaling fumes from an open can of gasoline.

John Evan and his son, Freddy, 12, found his body the next morning on Aug. 10 as they prepared to go fishing.

"When I first saw him, I thought he was sleeping. I couldn't recognize him for awhile," Evan said. "I asked my Freddy to come see who it was. I've been feeling pretty bad about that."

Freddy George often stayed out late, said Patrick Nick, the village public safety officer. When the boy went home, it was usually to his married sister's house. He and his sister and their mother, Sarah, were the only living members of the immediate family, Nick said.

The boy is the second in the Yukon Delta to die in recent weeks after inhaling gas fumes. A 14-year-old Emmonak boy died during a party in late July after he reportedly drank home brewed liquor and inhaled gasoline fumes.

Officials said gas-sniffing is a dangerous form of substance abuse that can be addictive and sometimes leads to death from asphyxiation.

What goes on in the Yukon is said Trooper Capt. James Godfrey, who heads the agency's rural law enforcement effort.

"Quite often, it's youngsters, teenagers and pre-teens, who are experimenting with substances. The potential of that being fatal is very high. You get a quick high and all of a sudden, it's too late."

"There's no trend," said Godfrey, who formerly served with the Troopers in Bethel. "I don't see an inordinate number of people dying from sniffing gas. It's nothing we are taking lightly."

Evan said he has been troubled ever since the morning he found the boy's body.

"That's the first time I've found somebody like that," he said. "It's pretty hard to take. I didn't want to go fishing. When I got home, I called the priest. I talked to him. I didn't want to keep it in me. If you keep it inside, it seems to get worse."

QUALITY DESIGN

Date JUL 12 1998

Tundra Drive

Client No. 1000

Boy dies at party

ANCHORAGE (AP) — A 14-year-old Emmonak boy died during a weekend party near his village after he reportedly drank home-brewed liquor and sniffed gasoline, the Alaska State Troopers reported.

Troopers identified the youth as Robert Hamilton.

They said he had been at a party with other youths on a beach along the Yukon River early Sunday. He passed out and could not be revived, troopers said.

An autopsy was scheduled for Tuesday in Anchorage.

social settings and situations which prompt abuse.
410. *Internal Medicine News*, July 15-31, 1987, p 13.

COCAINE PRECIPITATES HEART ATTACK IN YOUNG ADULTS

Cocaine can be a major factor in the occurrence of heart attack in young adults. At an annual meeting of the American College of Cardiology, Henry W. B. Smith, III, M.D., reported his experience with nine heart-attack victims between the ages of 23 and 39 who were also cocaine users.

Four patients used cocaine twice a week or more for at least two months prior, and five patients were occasional users. Most also smoked cigarettes, and one had a history of heart disease in her family. Both of these factors contributed to the occurrence of heart attack.

After treatment, six patients stopped their cocaine use. Of the remaining three, two experienced later episodes of chest pain, and one died of a second heart attack which also resulted from cocaine use.

These findings indicate that cocaine can precipitate heart attack when it is smoked, inhaled or injected. Symptoms usually occur within one hour of use.

411. *Internal Medicine News*, June 1-14, 1987, p 8.

COCAINE CAN CAUSE HEART PROBLEMS IN FIRST-TIME USERS

First-time users of cocaine can experience heart problems, says Peter Martin, M.D., director, alcohol and substance abuse division, Vanderbilt University College of Medicine. Dr. Martin wishes to dispel the myth that only long-term abusers who take large amounts of the drug can develop heart complications.

Another myth is that snorting cocaine, instead of injecting or smoking it, reduces the risk of heart complications.

Of seven patients entering one hospital emergency room, six had snorted cocaine and one had smoked a freebase preparation. Four patients experienced heart attack, and three developed other heart problems. Two patients died suddenly.

According to statistics for 1981 from the National Institute on Drug Abuse, cocaine use resulted in 3,296 visits to emergency rooms and caused an additional 195 deaths. In contrast, 9,946 visits to emergency rooms and 580 deaths resulted from cocaine use in 1985. Even more reports of complications may occur since the price of cocaine has gone down and is affordable for more people.

Dr. Martin says that the treatment goal for all cocaine abusers must be total abstinence.

412. *Internal Medicine News*, June 1-14, 1987, pp 9-10.

HEROIN

HEROIN ABUSE MAY LEAD TO DEVELOPMENT OF ASTHMA

In a study of 2,276 heroin addicts, 112 had a history of asthma. Of those, 31 showed an association between their heroin abuse and the development of asthma. In addition, more women developed asthma subsequent to heroin abuse than did men.

413. *Internal Medicine News*, July 1-14, 1987, p 6.

MARIJUANA

CHEST PAIN RESULTS FROM MARIJUANA AND COCAINE ABUSE

Maximo A. Lague, III, M.D., and colleagues of Tampa General Hospital, report the case of an 18-year-old male who developed chest pain and short-

ness of breath after using marijuana and cocaine. Previously, these problems have been noted in cocaine and marijuana abusers who use positive pressure devices or techniques which supposedly enhance the drugs' effects.

The patient in this case denied using any such techniques or devices. With the increased problem of drug abuse among adolescents, the author advises physicians to routinely question adolescents who complain of chest pain about their use of drugs.

414. *Pediatric Emergency Care*, Vol 3, No 2, 1987, pp 107-109.

MARIJUANA HARMFUL TO LUNGS

Researchers at UCLA School of Medicine have examined the effect of smoking tobacco and marijuana on the lungs. At the cellular level, they compared the effect on 43 smokers and 19 non-smokers of smoking cigarettes, marijuana or both.

Clearly, cigarette and marijuana smoke had a negative effect on the lungs. Further, the effects of marijuana are separate from those of cigarettes and actually add to or worsen the effects of cigarette smoke.

415. *American Review of Respiratory Diseases*, Vol 135, 1987, pp 1271-1275.

INHALANTS

TRICHLOROETHANE TOXIC TO HEART

Adolescents who sniff glue may be exposed to a toxic substance called trichloroethane, or TCE, a commonly used solvent found in various glues, dry cleaning fluids, plaster remover and typewriter-correction fluid.

A report recently appeared in Britain of a 14-year-old boy who sniffed trichloroethane and who later developed irregular heart rhythm during surgery for removal of his tonsils. It appears that the anesthetic used during surgery added to the heart toxicity caused by trichloroethane.

A 54-year-old man who had occupational exposure to trichloroethane experienced similar problems during surgery. Both cases demonstrate that damage to the heart is a possible result of long-term occupational exposure or short-term abuse of trichloroethane.

416. *British Medical Journal*, Vol 204, 1987, pp 727-728.

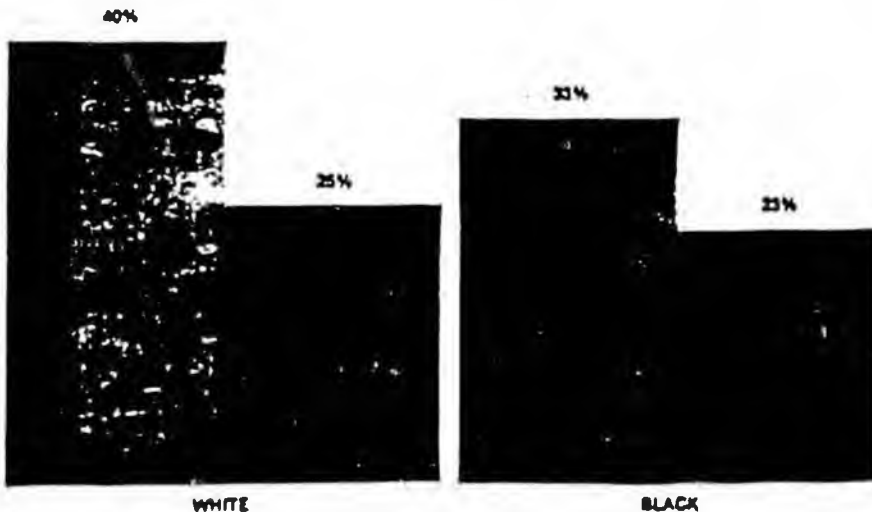
OTHER DRUGS

DOCTOR CALLS NASAL VITAMIN PURE RIPOFF

The Food and Drug Administration is investigating a nasal vitamin B12 product called Ener-B. When squeezed into the nose, Ener-B delivers large doses of vitamin B12 which consumers of the product believe will give them extra energy.

One critic of Ener-B, Victor Herbert, M.D., of the Bronx Veterans Administration Medical Center, submitted a petition to the Food and Drug Administration which states that Ener-B is a pure economic ripoff with no health or

SMOKING DURING PREGNANCY*



■ 1987 ■ 1980 *Married women 20 years of age and older. See page 7.

AADAC

1970

AADAC

Introduction

Breathing in chemical fumes to become intoxicated is commonly called "glue sniffing".

Using inhalants to get "high" is not new. Their use goes as far back as the 1800s. During the 1930s and 1940s, it was popular to sniff gasoline fumes. In the mid-1960s, when model airplane glue was sold, the number of persons who used inhalants increased. The term "glue sniffing" then became popular.

Today, there are a number of household items which can be used for sniffing. These include model airplane glue, nail polish remover, paints, lacquers, lighter fluids, aerosol sprays, non-stick cooking sprays, cleaning fluids, anti-freeze and gas.

Whatever the substance used, sniffing is very dangerous. It is a form of drug use which can have effects ranging from headaches to death.

One of the best ways to fight this and other forms of drug abuse is to inform everyone of the problem and the dangers. This pamphlet has been prepared to tell you more about inhalants, the risks which they present and their users.

Who Uses Inhalants?

Most inhalant users are children or teenagers. Alberta wide surveys of students in Grades 7 to 12, showed about eight per cent of the students had "sniffed" in the six months before the survey.

Most users were between 13 and 15 years of age. There was a sharp decline in use by students in higher grades.

Many occasional users are ordinary teenagers who try it once and leave it alone. There are a number of long-term users, though, with troubled backgrounds at school or at home.

What Are The Effects Of Inhalants?

After the first few deep breaths, there is a feeling of dizziness, relaxation and well-being. There may also be body "rushes", hot flushes, flashes of light and a sense of floating away. The actual "high" may only last a few seconds, although the effects usually last from five to 40 minutes.

Once the effects wear off, the user may experience a period of drowsiness. Headache and sickness may accompany recovery, and the user may not be able to remember what happened.

Constant use of inhalants can lead to such symptoms as nosebleeds, bloodshot eyes, bad breath, and thirst. There may also be tiredness, and slow movement.

Continued use can have dangerous effects. Some of these include memory loss, personality changes, and troubled links with family and friends.

In most cases, these effects disappear when the users stop using inhalants.

How Dangerous Are Inhalants?

The major danger in inhalant use is the chance of death by suffocation. If the user passes out while a plastic bag is over the nose and mouth, the danger is extreme.

Some substances — such as cleaning fluids and aerosol sprays — can bring about sudden death from a heart attack.

Some further effects include:

- Damage to the kidneys, lungs, nerves and other body parts.
- Increased danger when used with alcohol
- A changed sense of judgement and self-control which can lead to violence and accidents.
- Burns and property damage caused by explosion of flammable inhalants.

Tolerance/Dependence/Withdrawal

A person develops "tolerance" to a drug when he or she must take more of it to cause its usual effects. Using inhalants often can lead to tolerance.

Dependence occurs when the body grows used to a drug and needs it to feel good. Inhalants can lead to a physical and mental dependence.

Withdrawal symptoms occur when the use of an addictive drug is suddenly stopped. Signs of withdrawal such as chills, headaches and hallucinations have been reported in cases where users have suddenly stopped.

Inhalants, Society and You

Most inhalant users are children or teenagers. Some young people will try inhalants once or twice and give it up quickly. Another group tend to use them more frequently. These young people very often have serious problems both at school and at home.

Pay close attention to your children and teenagers. Watch for symptoms which may suggest that your child is using inhalants. These include nosebleeds, increased saliva and spitting, mouth and nose sores, dry throat, bloodshot eyes, bad breath, unusual thirst, awkwardness and being tired all the time. If you notice some of these symptoms, a doctor or counsellor can help you determine the cause and suggest people to help your child.

In Alberta using inhalants or getting someone else to use them is against the Public Health Act.

This brochure may help someone you care about, or even save their life. You may have heard about sniffing addiction, and wondered what it is and whether it will affect your family. Or perhaps sniffing addiction has already become a problem for your children. Whether or not they are active sniffers, you should keep in mind that continued sniffing, for the price of a quick "high," can lead to serious mental and physical deterioration and even result in death.

You may be a parent, an older brother or sister, a teacher, or a concerned person in the community, anxious to help an addicted youngster find the road back to health and a more productive life. This brochure will help you understand the sniffing problem, and describe your role as a crucial link in educating the young to the hidden and actual dangers that await those who "sniff to get high."



Inhalants: The Substances Abused Through Sniffing

Intentional misuse of gasoline, solvents, aerosols and other substances through sniffing or huffing has been a problem among young people since the early 60s. Inhalant abuse is itself part of the total drug abuse problem. Inhalant abuse may be described as the willful and deliberate, deep breathing and prolonged holding in of gases from certain substances to attain a modified state of consciousness, usually described as a euphoric, mind-altering "high." As distinguished from normal breathing or inhalation, inhalant abuse is intentional and voluntary, its only purpose being to draw these inhalants repeatedly deep into the lungs until the desired level of intoxication is reached.

Inhalants are a diverse group of chemicals that produce vapors which, when inhaled, interfere with normal functioning of the mind and body. Concentrated vapors of solvents in a variety of products such as glue, paint thinner, nail polish remover, cleaning and lighter fluid, typewriter correction fluid, refrigerant gases, and some aerosol products may act in this manner. These products are among the substances that continue to be misused and abused by young people today.

Sniffing is hard to control because it involves consumer products that are sold for legitimate purposes, are readily available, and are not harmful if used as directed. Certain chemicals in these products, which make them effective for lawful uses, also make them suitable for sniffing. Breathing in vapors from concentrated doses of these substances, instead of using them for the purpose intended by manufacturers, youngsters may induce a state of "high." Past efforts to regulate specific chemicals in products subject to abuse have not successfully deterred youngsters from sniffing them. In addition, such regulations unfairly discriminate against legitimate users of these products. It therefore appears that the sniffing problem cannot be curbed by banning the products, but only by curbing their willful misuse.

A Sniffer's Profile: The Path to Addiction

Studies show that youngsters begin abusive sniffing at a relatively young age—i.e., eight to 12 years of age. Although there are more male than female sniffers, the habit is common to both sexes. In the recent past, sniffing tended to come from poor, broken homes, mostly from minority populations in the Southwest. This pattern, however, is slowly changing, and now involves children from all walks of life.

Sniffing aerosols and other chemical products is attractive to youngsters because it offers them an easy, cheap thrill. These potentially inhalable products, made for

bonafide uses, are accessible in many retail outlets—supermarkets, hardware stores, drugstores, stationers. Young people who have not reached the legal drinking age can resort to inhalants in place of alcohol. With their limited spending power, youths find that these products are very affordable as compared to drugs which may be preferred. Given these "advantages," once hooked on sniffing, youngsters may find it extremely difficult to break the habit.

Sociologists, medical authorities and law enforcers have helped form a composite picture of why young people get hooked on sniffing. One of the most important factors, according to studies, is peer pressure. The wish to belong is overwhelming. Sniffing victims, moreover, often come from a home lacking the supervision and interest of caring, nurturing parents. Dealing on their own with the pains and problems of growing up, children raised in such an environment have low self-esteem and seek escape rather than face reality. Research also shows that chronic sniffers have time on their hands. Bored, depressed and anti-social, they find sniffing a preoccupation and lifestyle. Other reasons given are the absence of church influence, rebellion against authority, and idle curiosity—the urge to try anything once.



It is easy to reason that the young are unaware of the mental and physical harm they inflict on themselves through sniffing. Yet, certain body-signals will tell the addict that something is wrong, even as the mind weakens in its ability to grasp the full meaning of the situation. Thus, no matter how frivolously or tentatively begun, sniffing becomes an addiction to these unsuspecting youngsters.

This is why you, concerned and responsible adults, can effectively intervene. You need, however, to be aware of the actual physiological effects of sniffing and of how you can tell, by observing your youngsters, if they are "hooked."

Gradual Destruction: The Toll on Mind and Body

The mental and physical effects of long term sniffing are deadly. It can be summed up with the phrase, "permanent damage to vital body organs."

Immediate effects. After quickly passing through the sniffer's nostrils or mouth, these gases invade the lung and bloodstream, producing a "high" in a matter of seconds. The invading gases may cause varying allergic reactions: temporary paralysis, asphyxiation, irregular heartbeat, nausea, partial amnesia during intoxication, blurred vision and reduced muscular coordination. These symptoms can last from 15 to 45 minutes after sniffing stops. Young people have confessed to sniffing intermittently throughout the day, for hours at a time.

Long term consequences. If the abuser continues to sniff and is still alive (there have been cases where the curious unaddicted, first-time sniffer has dropped dead), long term consequences set in with repeated abuse. Although physical and mental disorders from short-term sniffing are generally reversible, some damage may be difficult to heal. And, as heavy sniffing persists, the condition of the body's central nervous system declines, reducing the young person's physical and mental capabilities.

As the lungs are insulted by these extremely high levels of chemicals for a long period of time, their air capacity is diminished. The body's resistance to respiratory diseases becomes greatly weakened. Permanent lung disorders, including chronic pneumonia, may result. Irreparable damage to liver, kidneys, blood and bone marrow, may occur. In addition, irreversible brain damage may result.

The final result, death. The National Institute on Drug Abuse (NIDA), in its brochure entitled "Inhalants," states that sniffing highly concentrated amounts of some of these chemicals can produce heart failure and instant death. Known to medical personnel as "sudden sniffing death," heart stoppage can result without warning, even on the first try. The NIDA brochure also states that these abused inhalants, when taken in high enough doses, can cause death.



Sniffing can hurt young people in many other ways. As their tolerance for inhalable substances grows, they will seek larger and larger amounts to get the desired effects. And, as they sink deeper into addiction, they lose the chance to learn how to cope normally with their world and develop into responsible young adults.

Do You Have a Sniffer in Your Life?

Be alert to the tell-tale signs of early addiction. While the overt symptoms might elude you at first, sniffers are often unaware that their changing behavior and attitudes,

over which they gradually lose control, give them away. These changes are the critical signals, which you can spot if you know what to look for.

The signs of sniffing will be revealed to you by what you see, smell and hear, as well as observe generally over period of time. Study your suspected sniffer subtly but thoroughly. Here are some suggestions for detecting the destructive habit.

When he or she walks through the front door, because it is perfectly natural to look into the child's face as you exchange greetings, you have the opportunity to study the eyes, face and general appearance.

You might see: dilated pupils, glazed, reddened, unfocused eyes; a guarded expression; a disoriented manner; blisters around nose; sore, cracked lips; unusual salivation; strange stains on clothing and body; unsteady muscle coordination, as though intoxicated.

Try to get physically near the youngster—help if there are books to carry, parcels to set down, a coat to take off!

You might smell: bad, unpleasant breath; chemical odor on clothing.

In addition, try making conversation, sticking to a general, non-controversial subject, but one that would require the youngster's response.

You might hear: uncontrolled, irrelevant giggling; slurred speech; conversation indicating distorted perception of time and distance; too much coughing; sniffing; expressions of invincibility and might.

If you fail to establish a dialogue, because the youngster deftly avoids you, or tells you he or she is ill and does not feel up to sitting down for a chat, take the cue. In the event that the child is suffering from sniffing addiction and not an ordinary bug, the young person in your charge is sick, and feels terrible.

You might notice: abnormal drowsiness; painful withdrawal symptoms, such as severe headaches, as well as stomach and leg muscle cramps.

If, for various reasons, you are unable to conduct a similar "study" in your home or classroom at the time the youngster needs it most, other clues will help you. Strange toys may well be the paraphernalia of an active sniffer.

You might find: rags or cloths in the closet and other hidden corners in the backyard; dried stains on clothes; smelling of chemicals; empty containers of abused products; old socks, plastic bags

Over a period of time, you might begin to notice those changes in behavior mentioned earlier. If you are quite sure that these changes are unrelated to a genuine physical malady, they will be your final sign that your youngster needs help.

You might notice the young person's: chronic laziness; loss of appetite; slovenly appearance; detachment from family, ordinary youthful interests, former hobbies; vacant expression; restlessness; moodiness; nightmares.

While some of these characteristics are usually associated with a phase that all normal children go through while growing up, you can, within reason, sort out which of these are no cause for worry, and which are the danger signals. If a combination of several of these signs comes uncomfortably close to behavior you have noticed in your young, you must ask yourself: do I have an active sniffer in my life?

If yes, or maybe, plan to act now!

The first thing you should do is face the facts, and look into the resources available to you, in order to help both yourself and the young person in trouble. Before you act, however, keep in mind these important "don'ts."

Don't confront the child, especially when he or she is "high"; try not to lose your temper; and don't think that sniffing is a passing fancy that the child will outgrow.

Investigate why your youngster is abusing products through sniffing. If it is to try to conform to a group, a new interest might divert the child's attention and you should explore this promptly.

Your community centers a good place to start. If your youngster, however, is far advanced in the sniffing habit, contact your local drug center or seek professional help. Above all, remember that a loving home is a refuge for the young ones. Try to instill in the home or classroom an environment of understanding, enlisting the cooperation of other persons, such as the parents of your child's friends, as well as those who come in daily contact with the recovering sniffer. Discuss the issue openly and plan together to protect all the kids involved.

A Helping Hand: How Industry is Responding

Just as industry considers it important to provide safe, convenient products for home and personal use, it recognizes the need to educate consumers in the safe and correct use of these products. In accordance with applicable laws and regulations, the products are labeled for proper use and, in addition, with caution statements to help the consumer properly use the product. The labels



thus a guide to help the intended user. In addition, there are certain guidelines which supplement the laws that must be followed. There is no practical way for the label to tell young people who wish to abuse or misuse a product of all the potential dangers or harm that might befall them. The industry believes, therefore, that information such as that contained in this brochure should be made available to those who can influence and direct young people.

Consumer Responsibility: The Role of CSMA

The Chemical Specialties Manufacturers Association which represents 85 percent of the chemical specialties industry, comprises a responsive and involved group that is as concerned about consumer health, as it is about assuring that its customers realize the benefits of its products. Some of the types of products subject to inhalation abuse include glue and adhesives, typewriter correction fluid, cleaning and lighter fluid, and a variety of aerosol sprays—paints, shoe polish and waterproofer art supplies, cooking sprays, etc. The Association, therefore, takes a responsible role in the battle against sniffing.

When the problem of aerosol sniffing surfaced in the '60's, it became evident that educating the young, as well as parents, teachers and others who work with youth, was the key to changing their destructive habit. Thus, CSMA together with a group of organizations affected by sniffing abuse, formed the Aerosol Education Bureau. This educational arm of the industry was charged with the task of instructing young persons, as well as adults in positions of authority, about the inherent dangers of abusive aerosol sniffing. By clearly demonstrating the risks associated with the habit, the industry hoped that a positive deterrent effect would result.

Over the years, since its founding in 1969, the bureau has administered a broad educational program to inform youngsters who deliberately seek intoxication through sniffing. Getting the message to its primary target audience through schools, community groups and the media, AEB has successfully called the public's attention to the fact that sniffing is a problem—and that the solution, which stresses education, requires everybody's cooperation.



In the belief that education will deter young people from risking their lives, the aerosol industry and other businesses affected by product abuse, ask public officials, teachers, parents, and the helping professions to join in spreading accurate and appropriate information on the dangers of sniffing. Health and social service workers need to be alerted to the symptoms of sniffing abusers, who are taken to treatment centers for sniffing-related disorders. Sometimes, these symptoms can be easily mistaken for a flu virus—runny nose, red eyes, sore throat, etc. Thus it is important that hospital workers have full access to information that would help them better identify sniffing symptoms and aid in obtaining cure for the afflicted youngsters. Sniffing is dangerous to the nation's children. It is important for all to know that this destructive habit can eventually maim or kill young people who do not realize the inherent dangers, and do not know how to secure the help they need.



Parents and other relatives, educators and friends of addicted sniffers can help disseminate information about sniffing within their communities. National and state organizations dealing with drug abuse, as well as local community resources such as youth groups, schools, libraries, churches and drug information centers offer information that will help concerned adults in the fight against inhalant abuse. Two national resources are:

The National Clearinghouse for Drug Abuse Information
Dept. CS
P.O. Box 1706
Rockville, Maryland 20850

and

The National Federation of Parents for Drug-Free Youth
P.O. Box 722
Silver Spring, Maryland 20901
(Toll free) 800/554-KIDS

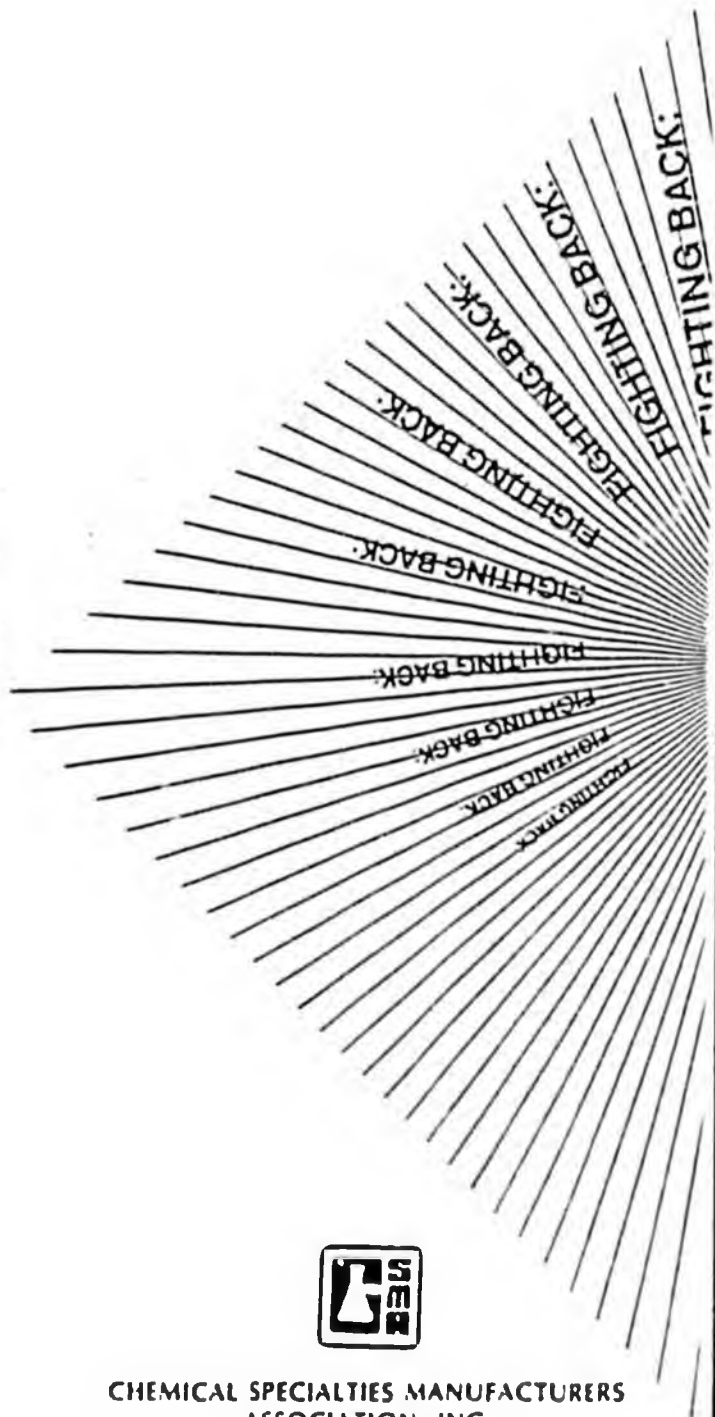
In addition, the AEB is a valuable industry resource which can supply educational tools at minimal cost, as it has done for many years in its efforts to warn the general public of this dangerous habit. If you know of any organization in your neighborhood that might be a good distribution center for this brochure, you may refer them to the bureau.

Write or call:

Aerosol Education Bureau
1001 Connecticut Avenue, NW—Suite 1120
Washington, DC 20036
202/872-8155

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CHEMICAL SPECIALTIES MANUFACTURERS
ASSOCIATION, INC.
1001 Connecticut Avenue, N.W.
Washington, D.C. 20036

TANANA CHIEFS CONFERENCE, INC.
Board of Directors
Resolution No. 89-107

INHALANT ABUSE

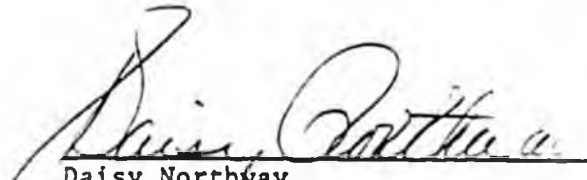
WHEREAS, there is an increase in inhalant abuse in the State of Alaska and

WHEREAS, the damage caused by inhalant abuse, the warning signs of abuse, and where to go for help are not well known in the State.

NOW THEREFORE BE IT RESOLVED that the Tanana Chiefs Conference Board of Directors strongly urge the Office of Alcoholism and Drug Abuse to include programs and activities relating to the misuse of hazardous volatile substances and to act as a clearinghouse for concerned citizens and organizations with respect to information on inhalant abuse and what can be done to stop or prevent it.

C E R T I F I C A T I O N

I hereby certify that this resolution was duly passed by the Tanana Chiefs Conference, Inc. Board of Directors on March 16, 1989 at Fairbanks, Alaska and a quorum was duly established.


Daisy Northway
Secretary-Treasurer
Tanana Chiefs Conference, Inc.

Submitted by: Alcohol Workshop

SB

1711

HOUSE COMMITTEE REPORT

(7)

Date Referred: March 31, 1989

FURTHER REFERRALS: FINANCE

Date of Committee Action: 5/4/89

The HEALTH, EDUCATION, & SOCIAL SERVICES Committee considered: SB 171

SENATE BILL NO. 171 [LENGTH OF SCHOOL TERM]
 "An Act relating to the school term."

RECOMMENDATIONS:

- be replaced with HCS SB 171 (HESS) [] the same title
- [] a new title
- have attached amendment(s)
- do pass
- do not pass
- no recommendation
- individual recommendations
- additional referral to the _____ Committee

ADOPTS: _____ letter of intent

ATTACHES NEW FISCAL NOTE(S):
 (Dept)

APPROVES PREVIOUS:

(Date/Dept)

- fiscal impact _____
- zero fiscal note _____
- zero with analysis _____

- fiscal note(s) _____
- zero fiscal note(s) 3/2/89 Education
- zero fn/analysis _____

SIGNING DO PASS:

Cheri Davis

Mark Beyer

John Blumhagen

J. Ellis

SIGNING:
 (Check approp. column)

	Do Not Pass	No Rec	Amend
<i>John Blumhagen</i>		<input checked="" type="checkbox"/>	

J. Ellis

 Chairman's Signature

1 IN THE SENATE

BY FISCHER

2

SENATE BILL NO. 171

3

IN THE LEGISLATURE OF THE STATE OF ALASKA

4

SIXTEENTH LEGISLATURE - FIRST SESSION

5

A BILL

6 For an Act entitled: "An Act relating to the school term."

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

8 * Section 1. AS 14.03.030 is amended to read:

9 Sec. 14.03.030. SCHOOL TERM. A school term begins and ends on
10 the dates fixed by the governing body of a school district. A school
11 term shall include not less than 180 days in session, unless [EXCEPT
12 THAT], with the approval of the commissioner,

13 (1) a day used for in-service training of teachers is [MAY
14 BE] substituted for a day in session, up to a maximum of 10 days;

15 (2) an "emergency closure day" is [MAY BE] substituted for
16 a day in session because of conditions posing a threat to the health
17 or safety of students; and ~~or~~

18 (3) a school board adopts [MAY ADOPT] a school term of not
19 less than 150 days for a school ^{reason for abating health hazards and not} and [IF] the commissioner finds that
~~the shorter term is necessary~~

20 (A) the shorter term is necessary [FOR ABATING ASBES-
21 TOS HEALTH HAZARDS IN THE SCHOOL]; and

22 (B) the school board has submitted an acceptable plan
23 under which students will receive the approximate educational
24 equivalent of a 180-day term.

FEB 21 1989

FISCAL NOTE

REQUEST:

Revision Date: _____
Title: Relating To The School Term

Agency Affected: Education
BRU: K-12 Support

Sponsor: Fischer
Requestor: Fischer

Components: Foundation

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 89	FY 90	FY 91	FY 92	FY 93	FY 94
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	-0-	-0-	-0-	-0-	-0-	-0-
CAPITAL						
REVENUE						

FUNDING: (Thousands of Dollars)

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

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

ANALYSIS : (Attach a separate page if necessary)

Prepared by: Marv Hakala
Division: Commissioner's Office
Approved by Commissioner: William G. Demmert
Agency: Education

Phone: 465-2800
Date: 2/16/89
Date: 2/16/89

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

SENATE COMMITTEE REPORT

FIRST COMMITTEE OF REFERRAL

Date of 5-DAY NOTICE 2/23/89
IN ACCORDANCE WITH UNIFORM RULE 23

FURTHER

**FISCAL NOTE(S) MUST BE ATTACHED
IN ACCORDANCE WITH AS 24.08.035
2/13/89

DATE TURNED INTO OFFICE 2/27/89

Mr. President:

HESS Committee considered SB 171

school term

and recommended:

- replace with CS _____ same title
- attached amendment(s) and new title
- _____ letter of intent adopted
- do pass
- do not pass
- no recommendation
- individual recommendations
- further referral to _____

FISCAL NOTE(S) attached zero
 appropriation no FN attached

fiscal impact
 Gov. FN introduced w/ bill

MEMBERS SIGNING DO PASS

[Signature]
[Signature]

OTHER RECOMMENDATIONS

Ad Advt - No Rec

Paul F. ... Do Pass
Chairman signature and recommendation

Committee backup attached

Analysis of Senate Bill 171:

Line 11: (Except that) is deleted and replaced by Unless.

Line 15: (May be) is deleted and replaced by Is.

Line 18: (May Adopt) is deleted and replaced by adopts.

Line 19: (IF) is deleted and replaced by And.

Line 20 -21 (For Abating Asbestos Health Hazards in the School)
is deleted.



ALASKA ASSOCIATION OF ELEMENTARY SCHOOL PRINCIPALS
ALASKA ASSOCIATION OF SECONDARY SCHOOL PRINCIPALS
ALASKA ASSOCIATION OF SCHOOL ADMINISTRATORS

• ALASKA COUNCIL OF SCHOOL ADMINISTRATORS •
328 Fourth St., Suite 402 Juneau, Alaska 99801 586-9702

POSITION STATEMENT

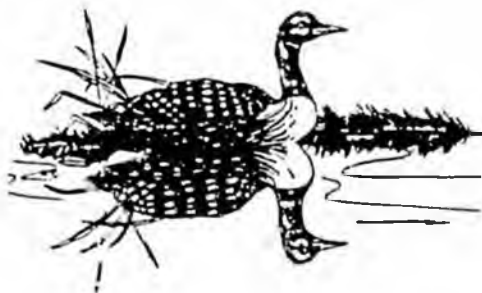
SB 171 "AN ACT RELATING TO THE SCHOOL TERM."

The Alaska Council of School Administrators looks favorably on SB 171.

We realize there could be extenuating circumstances requiring school districts to shorten the school year in actual calendar days. Whether it would be by six day school weeks, lengthening the school day or other alternative methods. As long as the minimum requirements are met, and the commissioner has evaluated and approved the plan districts submit for students to receive an equivalent education, then a waiver to the standard 180 day school calendar should be allowed to be adopted.



FEB 02 1989



Nikolaevsk

Николаевск



KENAI PENINSULA
BOROUGH SCHOOL DISTRICT

BOX 5129, NIKOLAEVSK C. P. O.
ANCHOR POINT, ALASKA 99556
Jan. 30, 1989

Senator Paul Fisher
Representative Swackhammer
Representative Navarre

Dear Paul, Swack, Mike

I know that with the foundation formula funding, school construction debt retirement and reduced oil revenues you gentlemen are extremely busy. I hope, however, that you will bring to the floor and pass a bill allowing reduced school year with equivalent hours of instruction such as passed the Senate last year. This is important legislation for all bush communities and as revenues diminish it becomes even more critical.

Senator Fischer's bill last year was appropriate and adequate. It is imperative however that this proposal get immediate attention if it is going to make it through both houses during this session.

I am available to do anything in my power to assist you in this effort. Contact me immediately if I can be of service in making this proposal a reality.

Respectfully,

Bob Moore,
Principal

235-7432 (home)
235-8972 (work)



ing to the state of Utah 1991. 107 provisions, 115 ALR 697.

Page 13

Sec. 14.03.020. School year. The school year begins on the first day of July and ends on the 30th day of June. (§ 1 ch 98 SLA 1966)

Sec. 14.03.030. School term. A school term begins and ends on the dates fixed by the governing body of a school district. A school term shall include not less than 180 days in session, except that, with the approval of the commissioner,

(1) a day used for in-service training of teachers may be substituted for a day in session, up to a maximum of 10 days;

(2) an "emergency closure day" may be substituted for a day in session because of conditions posing a threat to the health or safety of students; and

(3) a school board may adopt a school term of not less than 150 days for a school if the commissioner finds that

(A) the shorter term is necessary for abating asbestos health hazards in the school; and

(B) the school board has submitted an acceptable plan under which students will receive the approximate educational equivalent of a 180-day term. (§ 1 ch 98 SLA 1966; am § 1 ch 65 SLA 1972; am § 1 ch 137 SLA 1976; am § 1 ch 24 SLA 1979; am § 1 ch 61 SLA 1983; am § 1 ch 71 SLA 1985)

Effect of amendments. — The 1983 amendment added the paragraph (1) designation, made a related word change in that paragraph, and added paragraph (2). The 1985 amendment substituted "A

school" for "However, the" and "with" for "subject to" in the second sentence in the introductory language, added paragraph (3), and made minor word and punctuation changes throughout the section.

Sec. 14.03.040. Day in session. Each day within the school term is a day in session except Saturdays, Sundays, and days designated as holidays by or according to AS 14.03.050. A school board may approve Saturdays as a day in session. The day in session in every school shall be at least four hours long, exclusive of intermissions, for the first, second, and third grades and five hours, exclusive of intermissions, for all other grades. The commissioner may approve a shorter day in session for any grade. The period of the day in session shall be devoted to the instruction of pupils or to study periods for the pupils. (§ 1 ch 98 SLA 1966; am § 2 ch 137 SLA 1976)

P.O. Box 1264
Kenai, Alaska 99611
April 25, 1989

Health, Education & Social Services
Room 106, Capitol
Juneau, Alaska 99811

RE: House Bill 194 (Senate Bill 171)
Length of School Term

Chairman Johnny Ellis
Members of the HESS Committee

Dear Representative Ellis,

House Bill 194 causes me grave concern, not for what the Bill says, but rather because of the concern some community members, including myself, have felt over the proposed alternate calendar proposed in the School District.

Tomorrows BAG from the Soldotna Office (L.I.O.) will have materials for you and the Committee to enter into the record of any discussion you will have on House Bill 194. This letter will be filed and you and I formally request a hearing, public, on this Bill.

My concern centers around the intent of the calendar change as it is in this School District. I believe now, as I did when I first heard it discussed in a Kenai Peninsula Borough School Board meeting well over a year ago, that this effort to change the calendar at Nikolaeski was to accomodate religious holidays, furthering a particular denomination..

If I am correct then I believe it would violate AS Sec. 14.03.090 and would also not comply with the intent of AB Sec. 14 03.050.

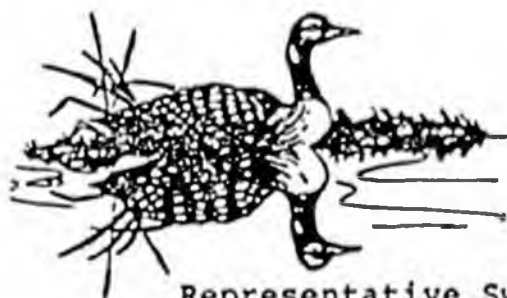
Please pay attention to the MODIFIED SCHOOL YEAR/SCHOOL DAY Proposal by Mr. Bob Moore and Mr. Bob Bell, with a 2 page letter covering, by Mr. Moore, then the various clippings, excerpts from Board minutes, etc all of which will, or should, give a good background to why I am concerned.

A opinion from the Attorney General certainly would go a long way to settling my concerns.

Thank you, I remain, Sincerely

Joan Bennett Schrader
Joan Bennett Schrader

Sent to Nikolaevs
Swackhamer Vaid Kvochetu



Nikolaevsk

Николаевск



BOX 5129, NIKOLAEVSK C. P. O.
ANCHOR POINT, ALASKA 99556

Representative Swackhammer
Box V
Juneau, Alaska 99811

January 11, 1988

Re: POSSIBLE LEGISLATIVE ITEM

Dear Representative Swackhammer,

I have a concern that our current state statutes for education (Title 14) inadvertently provide for inequitable educational opportunity for many Alaskan youth. The enclosed packet is an attempt to identify that loss and provide a simple yet creative solution to the problem. This proposal was submitted to the KPBSD over one year ago and received favorably but could not be implemented due to AS 14.03.030 (3) A and B (copy attached) which requires asbestos abatement and equivalent amount of time to 180 days for the school term be present.

Although concern about the hazards of asbestos is worthy of legislative attention (AS 14.03.030 [3] A) equal educational opportunity (time) and the mental health and development of children should be of equal or greater concern especially in the light of sound educational policy and fiscal responsibility.

Many children throughout our state receive less than 180 days of school due to subsistence lifestyles requiring hunting and fishing time, commercial fishing with their families or others, beaver trapping, religious holy days, travel, and other reasons occurring while school is in session. Currently the law makes no provision for regaining these losses and a multitude of children are simply counted absent. Consequently, they suffer lost educational

Alaska Statutes

Title 14. Education. Chapter 03. Public Schools Generally.

Section	Section
10. Establishment of school system	83. Contracting for services
20. School year	90. Sectarian or denominational doctrines prohibited
30. School term	100. Use of school facilities
40. Day in session	110. Questionnaires and surveys administered in public schools
50. School holidays	130. Display of flag
60. Elementary, junior high, and secondary schools	140. Emergency drills
70. School age	
80. Free education	

Sec. 14.03.010. Establishment of school system. There is established in the state a system of public schools to be administered and maintained as provided in this title. (Sec. 1 ch 98 SLA 1966; am Sec. 1 ch 85 SLA 1972)

Sec. 14.03.020. School year. The school year begins on the first day of July and ends on the 30th day of June. (Sec. 1 ch 98 SLA 1966)

Sec. 14.03.030. School terms. A school term begins and ends on the dates fixed by the governing body of a school district. A school term shall include not less than 180 days in session, except that, with the approval of the commissioner, (am Sec. 1 ch 137 SLA 1976; am Sec. 1 ch 24 SLA 1979; am Sec. 1 ch 61 SLA 1983; am Sec. 1 ch 71 SLA 1985)

(1) a day used for in-service training of teachers may be substituted for a day in session, up to a maximum of 10 days; (am Sec. 1 ch 61 SLA 1983; am Sec. 1 ch 71 SLA 1985)

(2) an "emergency closure day" may be substituted for a day in session because of conditions posing a threat to the health or safety of students; and (am Sec. 1 ch 61 SLA 1983; am Sec. 1 ch 71 SLA 1985)

(3) a school board may adopt a school term of not less than 150 days for a school if the commissioner finds that:

(A) the shorter term is necessary for abating asbestos health hazards in the school;

and
(B) the school board has submitted an acceptable plan under which students will receive the approximate educational equivalent of a 180-day term. (Sec. 1 ch 71 SLA 1985)

Sec. 14.03.040. Day in session. Each day within the school term is a day in session except Saturdays, Sundays, and days designated as holidays by or according to sec. 50 of this chapter. A school board may approve Saturdays as a day in session. The day in session in every school shall be at least four hours long, exclusive of intermissions, for the first, second, and third grades and five hours, exclusive of intermissions, for all other grades. The commissioner may approve a shorter day in session for any grade. The period of the day in session shall be devoted to the instruction of pupils or to study periods for the pupils. (am Sec. 2 ch 137 SLA 1976)

Sec. 14.03.050. School holidays. (a) Public schools shall not be in session on school holidays which are Labor Day, Thanksgiving Day, the day immediately following Thanksgiving Day, Christmas Day, New Years Day, Memorial Day, and the Fourth of July. If one of these holidays falls on a Saturday, the Friday immediately preceding is a school holiday. If one of these holidays falls on a Sunday, the Monday immediately following is a school holiday. A teacher shall not be required to perform employment services on these holidays, nor may the salary of a teacher be diminished because the teacher does not perform employment services on a school holiday.

(b) The public schools shall be in session on all other holidays falling upon school days and shall conduct appropriate exercises in recognition of the day.

(c) The governing body of the school district may declare additional holidays. (Sec. 1 ch 98 SLA 1966)

MODIFIED School Year / School Day

Proposal

for

Nikolaevsk & Razdolna Schools

May, 1986

INTRODUCTION

The past sixteen (16) years have been very rewarding in many ways for the administrators, teachers, and staff working in Nikolaevsk and Razdolna. The privilege of working with the Old Believer communities on the Kenai Peninsula has been exciting, stimulating, and a time of cross-cultural insight resulting in professional growth.

That professionalism has caused concern and now action toward a frustrating situation evident within the two schools. Students are missing educational opportunities because of the conflict between the mandates of their religion and the mandates of state law.

This proposal reflects administrative efforts to minimize that conflict and expand positive educational opportunity. It is set up in the STP model for ease of understanding and clarity.

We believe this proposal to be a viable, reasonable, research-based alternative to the loss of approximately 2250 student days in the 1986-87 school year. In a time of budget cuts and reducing revenues, we believe a pilot project of one or two years implementing this proposal may have far-reaching impact on economic and educational issues locally, statewide, and possibly nationally.

Thank you for reviewing this proposal and for your support.

Bob Moore

Bob Bell

SITUATION

Nikolaevsk School, servicing the educational needs of the Old Believer community of Nikolaevsk, has been in existence since early September of 1970. Each year since that date the school has provided a teacher or teachers for 180 school days as directed by state law. However, no Old Believer students have perfect attendance records. In fact, Nikolaevsk school has one of the highest District rates of absenteeism. This situation is similar in Razdolna.

This problem is caused primarily by two factors or conditions. The first is the involvement of students in the family fishing business or subsistence--living. This factor is lessening as the families become more affluent and better educated. The second is the strict religious observance of Old Believer Holy Days. This factor, protected by the U.S. Constitution, can only be improved by our own flexibility and creativity within the total school system.

There are approximately fourteen (14) Old Believer Holy Days that occur within each school year. Easter adds six (6) more days requiring observance and participation. All business transactions, work, and/or school are forbidden on those days. As a result, only the minority students (non-Old Believers) representing approximately 20% of the Nikolaevsk School population, (and 0% of Razdolna's population) attend on those days.

The 100% Old Believer population of Razdolna and the 75-80% Old Believer population of Nikolaevsk represents a student day loss of at least 2,256 days next year. This loss is reflected in SRA scores, CRT scores, community attitudes toward education, dominant cultural perceptions of the Old Believer schools and communities, attendance/absenteeism percentages, and other factors.

It is the opinion of the local school administrator, teachers, and staff that increasing student involvement and participation in school is a worthy goal. We believe that by being flexible and creative we can increase students involvement without jeopardizing the Old Believer's 330 year

old traditions of strict Holy Day observation. Because of that belief we have attempted to adjust schedules in past years to recognize Holy Days and substitute vacation days for them, thereby increasing days available for instruction. This effort has only been partially successful due to restrictions involving the beginning/ending dates of the school calendar, the length of the school day, negotiated agreements of several organizations, ^{and} the effort to standardize in many areas:

TARGET

Our primary purpose in developing this proposal is to provide equal educational opportunity for our Old Believer students by increasing the number of contact hours with students. In the context of sound educational policy we want to minimize conflict between the cultural and religious position of the Old Believer community and the educational expectations of the State of Alaska. We want our time-on-task to be quality time totally supported by parents and the community.

Experience has indicated, given inflexible holy day interference that the possibilities of providing equal educational opportunities within the current Aug. 22-June 1st 180 day school year, with 315 minute to 330 minute school days, our task is practically impossible. Since 180 days are not available we must think in terms of equivalent hours to achieve equivalent time. Then it becomes a school responsibility to insure the quality of that time.

PROPOSAL

We are requesting and recommending that our school year be reduced from 180 days to 168 days. Simultaneously, our school day will be extended one-half hour from the current 8:30 - 3:30 plan to an 8:30 - 4:00 arrangement. Our target date for implementing this program would be fall term, 1986.

Since Nikolaevsk is a K-12 program, this increase of thirty (30) minutes gives us the flexibility of adding 30 or more minutes of instructional time to each school day resulting in a greater contact time than currently exists in our school. It also allows flexibility to adapt to the special needs of the different age groups within the school.

Initial individual surveys of the desirability and practicality of this concept has received totally positive support from students, staff, teachers, Old Believer parents, and non-Old Believer parents. The attractiveness of

the pilot project concept is also enhanced in that if it proves successful it can be continued, if not, then a lot of time has not been wasted.

ANTICIPATED BENEFITS -

We believe the potentially positive attributes of this program far outweigh the negatives. Listed below are some of the areas we believe to be positively influenced by this program:

- 1) More direct student/teacher contact time.
- 2) Increased attendance/reduced absenteeism (expected to drop from 19% to 6% or less)
- 3) Improved community relationships because students aren't asked to attend school on holy days.
- 4) Fewer dropouts because program better fits student/community needs.
- 5) Improved planning & teaching because staff will know when students will be present or absent.
- 6) Old Believer and non-Old Believer students will all be off on the same days. No more partial class groups.

7) greater community support of school programs and efforts because of the school's efforts to be sensitive to community.

8) Increased SRA, CRT scores, and classroom performance due to increased time on task.

9) Increased job satisfaction for all school personnel.

10) Improved school personnel family relationships due to increased time together.

11) Savings on electrical bills, school transportation costs.

ANTICIPATED PROBLEMS - .

Listed below are some concerns we have that will need to be worked out:

1) A ratio or equivalency factor (i.e. 1.08) would need to be identified so that information can be incorporated with district statistics such as:

A) Student attendance

B) Classified time reports

C) Sick Leave/Personal Leave earned etc.

- 2) Exception to the definition of overtime.
- 3) Misunderstandings of other district employees.
- 4) Calendar will still vary year to year.

RESEARCH FINDINGS & INDICATIONS

The following is a summary of three sets of data in school districts where a modified school week or year has been implemented. Although the proposal we are making (i.e., establishing an equivalent number of hours to the 180 day school year, as a modified but acceptable alternative to the 180 day requirement) is slightly different from the research models, we believe there is merit in reviewing available information prior to attempting to modify the system.

We believe that this would be a cost effective alternative that may have far reaching possibilities as indicated by the research. We are convinced that it would give our schools legal and professional flexibility to provide equal educational opportunity that is impossible under current regulations.

An Evaluation of the Four Day Week in Colorado,
Richburg and Edelen. Colorado D.O.E. 1981
(microfische)

- 1) No measurable difference in scores from 5 day week to 4 day week. (p.40)
- 2) Improved attendance reported by parents. (38%)
- 3) Same attendance reported by parents. (57%)
- 4) Total absences reduced 23% range of 9% to 39% fewer absences. (p. 47-48)
- 5) Significant energy savings. 20% average (p.63)
- 6) High level of support for program from parents, teachers, and students. (p.65)

Colorado's Alternative School Calendar Program and the Four Day Week, Brubacher and Stiverson; Colorado D.O.E. Jan. 82

- 1) Recommends careful planning before implementing program.
- 2) State law is based on equivalent number of hours rather than 180 days.
- 3) K-8 mandates 5½ hours of instructional time, exclusive of lunch.
- 4) Secondary - mandates 6 hours of instructional time, exclusive of lunch.
- 5) Gives the possibility of having all extra-curricular activities on Friday - saves energy and instructional time.

Sheridan County Wyoming 1982-83 Nelson. NREL June 83

- 1) No significant changes in classroom/student attitude toward school (generally positive).
- 2) No significant difference in achievement test scores between 4 day/5 day students.

- 3) No effect or possibly positive effect on Special Service children/programs. Special Services staff believed a positive effect prevailed.
- 4) Positive increase (19%) in job satisfaction.
- 5) No cost to implementing program.
- 6) No increase in juvenile problems.
- 7) Great opportunity for scheduling medical, or other appointments for day off.
- 8) 65% of parents say overall positive support. Continue program.

*Good statistical forms, etc. for evaluating program!

CONCLUSION

The problems this proposal is attempting to correct are not new. Several different efforts have been tried over several years all of which have been less than satisfactory. They have either failed totally or in part. Some of these include:

- 1) Saturday school.
- 2) Alternative programs on holy days.
- 3) Substituting regular vacation days (i.e. Christmas vacation, Spring Break) for holy days.
- 4) Manipulating teacher work days to cover holy days.
- 5) Manipulating planning days to cover holy days.
- 6) Working on holy days with only non-Old Believer students present.

7) Working on vacation days with only Old Believer students present.

8) Scheduling extra-curricular activities or special programs on holy days (creates a negative impression on parents).

9) Requesting students to come to school after church on a holy day. (Students are still forbidden to work even if they do make an appearance.)

10) Adjusting school day to non-standard times (doesn't work because a holy day is still 24 hours long).

- It is because of our unsuccessful efforts in the past that we believe a reduction in the school year and an expansion of the school day is an appropriate way to solve our dilemma. We believe that the efforts to seek approval from the Alaska Department of Education, our own School Board, Central Office, and all the other organizations and groups involved are worth the net result of increased contact time with students and the benefits associated with that increased contact time.

We currently have an excellent program, worthy of being chosen as a promising practices site by the State D.O.E.. It follows that we should try to increase our effectiveness in this area, perhaps by being the first school in the State to implement a reduced school year, expanded school day program.

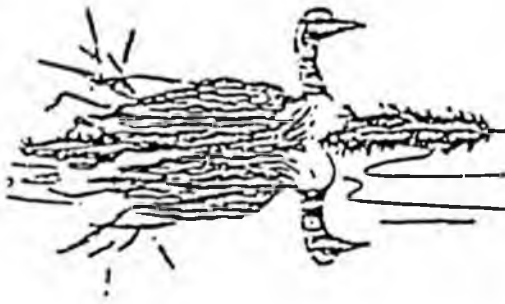
In addition, achievement and attendance data is currently available for us to make definite and precise comparisons for ourselves or others interested in this area of research.

Thank you for your support and efforts to accomplish this goal.

Respectfully,

Bob Bell, Razdolna

Bob Moore, Nikolaevsk.



Nikolaevsk

Николаевск



POST OFFICE BOX 120
ANCHORAGE POINT, ALASKA 99556

DATES OF THE EASTER FEASTS FOR TEN (10) YEARS

<u>YEAR</u>	<u>EASTER WEEK</u>	<u>MID-PENTECOST WED.</u>	<u>ASCENSION</u>	<u>MON. OF HOLY SPIRIT</u>
1986	May 04 - May 10	May 28	June 12	June 23
1987	Apr. 19 - Apr. 25	May 13	May 29	June 08
1988	Apr. 10 - Apr. 16	May 04	May 19	May 30
1989	Apr. 30 - May 06	May 24	June 08	June 19
1990	Apr. 15 - Apr. 21	May 09	May 24	June 04
1991	Apr. 07 - Apr. 13	May 01	May 16	May 27
1992	Apr. 26 - May 02	May 20	June 04	June 15
1993	Apr. 18 - Apr. 24	May 12	May 27	June 07
1994	May 01 - May 06	May 25	June 09	June 20
1995	Apr. 23 - Apr. 29	May 17	June 01	June 12

January

- 7 The Birth of Christ
- 8 Synaxis of the Mother of God
- 14 St. Basil the Great
- 19 The Epiphany
- 20 Synaxis of St. John the Baptist

February

- 12 The Three Holy Bishops
- 15 The Presentation of Christ

April

- 7 The Annunciation

May

- 6 The Great-Martyr George
- 21 St. John the Theologian
- 22 The Transfer of the Relics of St. Nicholas

June

- 3 Our Lady of Vladimir

July

- 6 Our Lady of Vladimir
- 7 The Birth of St. John the Baptist
- 12 Saints Peter and Paul
- 21 Our Lady of Kazan
- 23 Transfer of the Robe of Christ

August

- 2 The Holy Prophet Elias
- 10 Our Lady of Smolensk
- 14 The Most Merciful Savior
- 19 The Transfiguration of Christ
- 28 The Assumption of the Mother of God
- 29 The Image of Christ "Not Made by Hands"

September

- 8 Our Lady of Vladimir
- 11 The Beheading of St. John the Baptist
- 21 The Birth of the Mother of God
- 27 The Exaltation of the Most Holy Cross

October

- 9 Saint John the Theologian
- 14 The Protection of the Mother of God

November

- 4 Our Day of Kazan
- 21 The Holy Archangel Michael
- 26 Saint John Chrysostom

December

- 4 The Presentation of the Mother of God
- 19 St. Nicholas the Wonderworker

* Indicates the holy days which along with the Easter feast days are the most

M T W T H F PUPIL/TEACHER

M T W T H F PUPIL/TEACHER

AUGUST

				1	
4	5	6	7	8	
11	12	13	14	15	
18	19	20	21	22	
25	26	27	28	29	

5/7

FEBRUARY

2	3	4	5	6	
9	10	11	12	13	
16	17	18	19	20	
23	24	25	26	27	

20/20

MARCH

2	3	4	5	6	
9	10	11	12	13	
16	17	18	19	20	
23	24	25	26	27	
30	31				

22/22

APRIL

		1	2	3	
6	7	8	9	10	
13	14	15	16	17	
20	21	22	23	24	
27	28	29	30		

16/16

MAY

				1	
4	5	6	7	8	
11	12	13	14	15	
18	19	20	21	22	
25	26	27	28	29	

16/18

TOTALS: 160/177

END OF QUARTER PERIODS:

1st Quarter - Oct. 24 - 41/44
 2nd Quarter - Jan. 16 - 44/48
 3rd Quarter - Mar. 27 - 49/49
 4th Quarter - May 29 - 34/36

TOTALS: 168/177

- △ LEGAL HOLIDAYS 6
- VACATION DAYS 14
- WORKSHOP DAYS 3
- ◇ HOLY DAYS 12



SEPTEMBER

1	2	3	4	5	
8	9	10	11	12	
15	16	17	18	19	
22	23	24	25	26	
29	30				

20/21

OCTOBER

		1	2	3	
6	7	8	9	10	
13	14	15	16	17	
20	21	22	23	24	
27	28	29	30	31	

21/21

NOVEMBER

3	4	5	6	7	
10	11	12	13	14	
17	18	19	20	21	
24	25	26	27	28	

18/20

DECEMBER

1	2	3	4	5	
8	9	10	11	12	
15	16	17	18	19	
22	23	24	25	26	
29	30	31			

13/14

JANUARY

5	6	7	8	9	
12	13	14	15	16	
19	20	21	22	23	
26	27	28	29	30	

17/18

* August 20-21, 1985
 * May 28, 1987

* FIRST DAY OF SCHOOL
 * August 22, 1986

* LAST DAY OF SCHOOL
 * May 29, 1987



* VACATION DAYS

- * Labor Day/sept. 1, 1986
- * Thanksgiving/Nov. 27-28, 1986
- * Christmas/New Year's/Dec. 22-Jan 2, 1987
- * Russian Easter Break/April 20-24
- * Memorial Day/May 25, 1987
- * Annunciation/April 7, 1987

* OLD BELIEVER HOLY DAYS

- * Major:
- * 08/28-Assumption of the Mother of God
- * 09/11-Beheading of St. John the Baptist
- * 10/09-St. John the Theologian
- * 10/14-Protection of the Mother of God
- * 12/04-Presentation of the Mother of God
- * 12/19-St. Nicholas the Wonderworker
- * 01/07-The Birth of Christ
- * 01/08-Synaxis/Mother of God
- * 01/19-The Epiphany
- * 05/13-Mid-Penticost Wednesday
- * 05/21-St. John the Theologian
- * 05/22-Transfer/Relics of St. Nicholas

* Minor:

- * 08/29-Image of Christ
- * 09/08-Our Lady of Vladimir
- * 11/04-Our Day of Kazan
- * 11/21-The Holy Archangel Michael
- * 11/26-St. John Chrysostom
- * 01/14-St. Basil the Great
- * 01/20-Synaxis/St. John the Baptist
- * 02/12-The Three Holy Bishops
- * 05/06-The Great-Martyr George

AUGUST

3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28
31				

6/8

FEBRUARY

1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29				

20/20

SEPTEMBER

7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30	31	

20/21

MARCH

1	2	3	4
14	15	16	17
21	22	23	24
28	29	30	31

23/23

OCTOBER

5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

20/20

APRIL

11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

15/15

NOVEMBER

2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30				

19/21

MAY

2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30	31			

16/17

TOTALS: 169/177

DECEMBER

7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30	31	

13/14

END OF QUARTER PERIODS:

1st Quarter-	Oct 23	40/43
2nd Quarter-	Jan 15	45/49
3rd Quarter-	Mar 25	40/40
4th Quarter-	May 26	35/36

TOTALS: 160/176

JANUARY

4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

17/10

LEGAL HOLIDAYS	5
VACATION DAYS	14
WORKSHOP DAYS	3
HOLY DAYS	12



- * August 19-20, 1907
- * May 25, 1900
- * FIRST DAY OF SCHOOL
- * August 21, 1907
- * LAST DAY OF SCHOOL
- * May 26, 1988
- * VACATION DAYS
- * Labor Day/Sept. 7, 1987
- * Thanksgiving/Nov. 26-27, 1987
- * Christmas/New Year's-Dec. 21-Jan. 1, 1988
- * Annunciation/April 7, 1988
- * Russian Easter Break/April 11-15, 1988

Nikolaevsk

Николаевск

- * OLD BELIEVER HOLY DAYS:
- * Major:
- * 08/20-Assumption of the Mother of God
- * 09/11-Beheading of St. John the Baptist
- * 09/21-Birth of the Mother of God
- * 10/09-St. John the Theologian
- * 10/14-Protection of the mother of God
- * 12/04-Presentation of the Mother of God
- * 01/07-The Birth of Christ
- * 01/08-Synaxis of the mother of God
- * 01/19-The Epiphany
- * 02/15-The Presentation of Christ
- * 05/04-Mid-Pentecost Wednesday
- * 05/19-Ascension

- * Minor:
- * 09/00-Our Lady of Vladimir
- * 11/04-Our Day of Kazan
- * 01/14-St. Basil the Great
- * 01/20-Synaxis of St. John the Baptist
- * 02/12-The Three Holy Bishops
- * 05/06-The Great-Martyr George



Organization, or Individuals Involved
in
Nikolaevsk Alternative Calendar Pilot Project

	<u>Approved</u>	<u>Disapproved</u>
1) Principal	_____	_____
2) P.A.C.	_____	_____
3) Bilingual Staff	_____	_____
4) Regular Instructional Staff	_____	_____
5) Old Believer Students	_____	_____
6) Old Believer Parents	_____	_____
7) Non-Old Believer Students	_____	_____
8) Non-Old Believer Parents	_____	_____
9) Bus Contractor	_____	_____
10) Maintenance Dept. K.P.B.	_____	_____
11) Razdona Administrator	_____	_____
12) Chapman Administrator	_____	_____
13) K.P.E.A.	_____	_____
14) K.P.B.S.D.C.A.	_____	_____
15) Central Office Personnel	_____	_____
A) Superintendant	_____	_____
B) Assoc. Supt. Instr. Serv.	_____	_____
C) Exec. Dir. - Personnel	_____	_____
D) Exec. Dir. - Planning/Operations	_____	_____
E) Exec. Dir. - Business Office	_____	_____
F) Secondary Ed. Director	_____	_____
G) Elem. Ed. Director	_____	_____
H) Bilingual Director	_____	_____
I) Spec. Services Director	_____	_____
16) School Board	_____	_____
17) State of Alaska	_____	_____

P.O. Box 5129
Nikolaevsk CPO
Anchor Point, AK 99556

Johnny Ellis, Chairman
House HESS Committee
Alaska State Legislature
VIA FAX 465-2718

RE: SB171

Dear Representative:

After hearing and giving testimony today of SB 171, I believe there are several factors that need to be restated or clarified:

1. The request for legislative action is student oriented, that is, the bottom line is increased quality instructional time for students which because of different lifestyles or traditions, lose instructional time under current law.
2. Flexibility in scheduling does not mean a reduction in expectations or standards of behavior or instruction. Quite the contrary, it means increased personalization of the educational program for at risk students.
3. Adoption of this law does not make implementation mandatory for a school district. It only gives an option to those schools and communities, usually self-contained, which are not able to meet state requirements in a standard manner. Actually, most plans eventually approved by the superintendent, school boards and commissioner will exceed state requirements, so quality control is assured.
4. Equivalent programs may be, because of the uniqueness of many populations within our state, of greater value than an "equal program" which currently is impractical and impossible.
5. The flexibility offered by this legislation requires intensive prior planning for the educational program of schools involved. Considerable data is already available, other data can be collected, analyzed, compared and studied to appropriately evaluate the effectiveness of the program. No conscientious principal, superintendent or school board will allow a substandard program to be submitted or continued.

Page Two

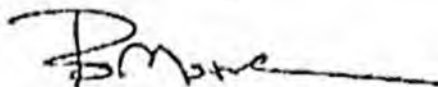
May 3, 1989

6. The positive potential of this legislation far outweighs any negative characteristics needed to be worked out. Increased positive student/staff/community relationships will increase student performance. Absenteeism should be drastically reduced. The dropout rate should diminish. There may be savings in utilities and transportation. School/community interactions and positive public relations should increase due to perceived support of community values and lifestyles.

In closing, I urge your support of SB 171. I would be willing to provide a written or oral report to the legislature evaluating the first year under this program. (I'm positive my superintendent or school board will require one, anyway). Please give us the opportunity to be flexible and creative with our students. Current law places our students into conflict with the state (school law) and their own community values.

Thank you for your efforts.

Sincerely,


Bob Moore, Principal
Nikolaevsk School

Please copy to:

Rep. Boyer
Rep. Goll
Rep. Gruenberg
Rep. Jacko
Rep. Cheri Davis
Rep. Furnace

ALTERNATIVE EDUCATION BILINGUAL EDUCATION BOARDING HOME SMALL SCHOOLS

Dr. Fred Pomeroy, Superintendent

Rick Matiya, Coordinator



ALTERNATIVE SCHOOLING/BILINGUAL EDUCATION
Kenai Peninsula Borough School District
152 Park Ave
Soldotna, Alaska 99669

Phone: 262-6315

May 3, 1989

MEMO

TO: Johnny Ellis, Alaska Legislature

FROM: Rick Matiya, Director K.P.B.S.D. Alternative Schooling/Bilingual
Program, Chairman State Board of Education's Advisory Council
for Bilingual Education

SUBJECT: S.B. 171

Senate Bill 171, extending the length of the instructional day allows flexibility in assuring students receive a quality educational experience.

Alaska's multicultural population bespeaks the necessity of education to be responsive to individual, parental, and community needs. S.B. 171 allows for such responsiveness with a structure of safeguards and regulation.

The intent of S.B. 171 is student involvement in school, it is designed for maximum instructional utilization

As educator and parent I recommend S.B. 171.

S B

172

HOUSE COMMITTEE REPORT

(7)

Date Referred: April 17, 1989

FURTHER REFERRALS: FINANCE

Date of Committee Action: 4/24/89

The HEALTH, EDUCATION, & SOCIAL SERVICES Committee considered: SB 172

SENATE BILL NO. 172 [EXTEND SPECIAL EDUCATION SERVICE AGENCY]
"An Act extending the termination date of the Special Education Service Agency; and providing for an effective date."

- RECOMMENDATIONS:
- be replaced with _____ the same title
 - have attached amendment(s) a new title
 - do pass
 - do not pass
 - no recommendation
 - individual recommendations
 - additional referral to the _____ Committee

ADOPTS: _____ letter of intent

ATTACHES NEW FISCAL NOTE(S): (Dept) APPROVES PREVIOUS: (Date/Dept)

- fiscal impact _____ fiscal note(s) _____
- zero fiscal note _____ zero fiscal note(s) _____
- zero with analysis _____ zero fn/analysis 3/30/89 Educational

SIGNING DO PASS:

[Signature]
[Signature]
[Signature]
[Signature]

SIGNING:
(Check approp. column)

	Do Not Pass	No Rec	Amend

[Signature]
Chairman's Signature



SENATOR FRED F. ZHAROFF
ALASKA STATE LEGISLATURE

REC'D APR 19 1989

PO BOX 405 KODIAK, ALASKA 99615 (907) 486-5259
DURING SESSION:
PO BOX V, JUNEAU, ALASKA 99811 • (907) 465-3473 • 465-3474

DISTRICT N

ALASKA PENINSULA • ALEUTIAN CHAIN • BRISTOL BAY • KODIAK ISLAND • LAKE CLARK LAKE ILIAMNA • PIRIBLOF ISLANDS • SHUMAGIN ISLANDS

April 17, 1989

MEMORANDUM

TO: REPRESENTATIVE JOHNNY ELLIS

FROM: SENATOR FRED F. ZHAROFF

RE: SB 172, extending the Special Education Services Agency

I respectfully request a committee hearing on Senate Bill 172, an act extending the termination date of the Special Education Services Agency.

SESA provides special education services through outreach services to the deaf, blind, retarded and handicapped in the areas where there is no special education offered through the school or the school district. SESA also delivers instructional support and training for school personnel.

The continuation of SESA has received a great deal of support from many areas of the state. I have enclosed copies of these letters for your perusal.

Although the measure has a 'zero' fiscal note, \$1.42 million dollars has been included in the Department of Education's budget under the Schools for the Handicapped component.

SB 172 passed the Senate HESS Committee with a Letter of Intent stipulating that the Department of Education perform an annual review of the agency and make recommendations. This is fully acceptable to myself, the other sponsors, and the agency.

This will be SESA's last year in operation unless we act this session to extend it. Please schedule this important bill at your earliest convenience.

Thank you for your time and attention in this matter.

STATE OF ALASKA BILL VERSION: SB 172
 1989 LEGISLATIVE SESSION PUBLISH DATE: 4/12/89

FISCAL NOTE

REQUEST: _____

REVISION DATE: _____ AGENCY: Dept. of Education
 TITLE: Extending termination BRU: K-12 Support
date of Spec.Ed.Service Agency
 SPONSOR: Zharoff, Duncan et al COMPONENTS: Schools for the Handicapp
 REQUESTOR: Senate Finance

EXPENDITURES/REVENUES: (MILLIONS OF DOLLARS)

	FY 89	FY 90	FY 91	FY 92	FY 93	FY 94
OPERATING						
PERS. SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND/BUILD.						
GRANTS/CLAIMS		1.42	1.42	1.42	1.42	1.42
MISCELLANEOUS						
TOTAL		1.42	1.42	1.42	1.42	1.42
CAPITAL						
REVENUE						

FUNDING: (THOUSANDS OF DOLLARS)

GENERAL FUNDS	1.42	1.42	1.42	1.42	1.42
FEDERAL FUNDS					
OTHER					
TOTAL	1.42	1.42	1.42	1.42	1.42

POSITIONS:

FULL-TIME					
PART-TIME					
TEMPORARY					

ANALYSIS:

The funding shown above is included in the FY 90 budget.

PREPARED BY:

Richard Uehling
 SENATOR RICK UEHLING, CO-CHAIRMAN
 SENATE FINANCE COMMITTEE

DATE: April 12, 1989

PHONE No.: 465-4821

FISCAL NOTE

REQUEST:

Revision Date: _____
 Title: Extending The Termination Date of
 The Special Education Service Agency
 Sponsor: Zharoff, Duncan, et.al.
 Requestor: Zharoff

Agency Affected: Education
 BRU: K-12 Support
 Components: Schools for the Handicapped

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 89	FY 90	FY 91	FY 92	FY 93	FY 94
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	-0-	-0-	-0-	-0-	-0-	-0-
CAPITAL						
REVENUE						

FUNDING: (Thousands of Dollars)

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

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

ANALYSIS : (Attach a separate page if necessary)

Formula funding of SESA is included within the Department's operating budget request within the component "Schools for the Handicapped."

Prepared by: Marv Hakala Phone: 465-2800
 Division: Commissioner's Office Date: 2/1/89
 Approved by Commissioner: William G. Demmert Date: 2/1/89
 Agency: Education

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

Alaska State Legislature

SENATOR PAUL FISCHER, Chairman
SENATOR JIM DUNCAN, Vice Chairman
SENATOR AL ADAMS
SENATOR LLOYD JONES
SENATOR TIM KELLY



PO BOX V
ROOM 508
STATE CAPITOL
(907) 465-3760

Senate Committee on Health, Education and Social Services Letter of Intent SB 172

It is the intent of the Alaska State Legislature that the Department of Education evaluate the efficiency and services provided by the Special Education Services Agency during the interim and report back to the Legislature no later than the fifteenth day of the second session of the 16th Alaska Legislature. It is further the intent of the Legislature that the Department include in its report recommendations for the improvement fo the operation and financial support of the Agency.

Senate adopted 4/14/89

RECEIVED

Box 945
Wrangell, AK 99929
March 27, 1989

Alaska State Senate
Box V
Juneau, AK 99801

Dear Senator Zharoff

Thank you for your support of the Special Education Service Agency (SESA). It is, in my opinion, vital that SESA continue in its present capacity. Small schools such as Wrangell simply cannot have a special education staff well-equipped to deal with the full range of handicapping conditions. SESA staff members provide us with excellent, up-to-date information and techniques to put to use in our classrooms.

Thank you for your efforts.

Yours truly

Madelyn A. Stella

Madelyn A. Stella

4-b Resource teacher



WRANGELL

**PUBLIC SCHOOLS
DISTRICT OFFICE**

PO BOX 2319

WRANGELL, ALASKA 99929

Telephone 907/874-2347

MARY A. FRANCIS, Ph.D. Superintendent

GATEWAY TO THE STATE

March 29, 1989

Senator Fred Zharoff
P.O. Box 7
Juneau, Alaska 99911

Dear Senator Zharoff:

As the superintendent of a school district which receives services from the Special Education Service Agency (SESA), I wish to commend you for your efforts to maintain this agency.

SESA provides much-needed support and expertise to our special education staff. It is simply not possible for a small staff to have expertise in the full range of handicapping conditions. The SESA people bring us excellent, up-to-date information and techniques with which we would not otherwise be familiar.

Please continue your support.

Sincerely,

Mary Annexstad Francis, Ph.D.
Superintendent

MF:lh

Sharon & Earle Good
 P.O. Box 1621
 Wrangell, AK 99929

Senator Sheroff
 Pouch
 Juneau, Alaska 99811

Dear Senator Sheroff,

We would like to see that SESA stays in service to our school dist. here in Wrangell. We are very concerned because we have one of those "special little people" in our home. Our foster-boy 5 has Alcohol Syndrome very badly because of a mother who chooses to drink all the time, even when pregnant. She has bore 9 children 6 of which have FAS. And all of which are on the rolls of D.F.Y.S., Medicaid, special schooling etc. which the state must support, probably till age 18 or after. Why can't a Bill be put into effect that after a 2nd baby paid for by state it should be mandatory a mother be fixed, so she can play her game's without costing the tax payers. I bet this would stop a lot of spending & be worth the expenses, listed above. We would in 30 years stop the problem & cost the state much less.

Please keep SESA alive these "little people" need it as bad as the oxygen they breathe which I might also say the state is paying for in this case of our 5 year old.

Thank you Sharon & Earle Good