

ALASKA LEGISLATURE COMMITTEE FILES 1991-1992 8672

6835 HOUSE HEALTH EDUCATION & SOCIAL SERVICES

**TABLE 1**  
**NUMBER OF RESIDENT BIRTHS TO ALASKA ADOLESCENTS, BY YEAR, 1982 - 1988**  
**(Updates Table 4a, p. 160, Three a Day: Children Having Children in Alaska)**

Age of Mother	1982	1983	1984	1985	1986	1987	1988
Under 15	11	13	8	13	12	10	13
15 - 17	332	348	314	318	343	351	334
18 - 19	889	809	884	788	708	724	702
Unknown	3	4	2	6	3	2	0
<b>Total</b>	<b>1,235</b>	<b>1,174</b>	<b>1,208</b>	<b>1,125</b>	<b>1,066</b>	<b>1,087</b>	<b>1,049</b>

Source. Division of Vital Statistics, Alaska Department of Health and Social Services.

Prepared by the Legislative Research Agency, September 1990 (91.007A).

**TABLE 2**  
**U.S. AND ALASKA ADOLESCENT BIRTH RATES, AGES 15 - 19, 1970 - 1988**  
 (Updates Table 2a, p. 159, Three a Day: Children Having Children in Alaska.)

Year	Alaska			U.S.		
	All	White	Native	All	White	Black
1970	93.9	89.4	98.7	68.3	57.4	140.7
1980	63.4	53.1	97.5	53	44.7	100.1
1982	68.5	58.5	99.4	52.9	44.6	97
1984	67	53.4	115	50.9	42.5	95.7
1986	57.6	45.9	102.7	50.6	41.8	98.1
1987	60.3	47.2	110.5	51.1	41.9	100.3
1988	58.1	44.9	111.3	53.6	43.7	105.9

Sources. For Alaska births: Vital Statistics Research, Alaska Department of Health and Social Services; Alaska population and birth rate estimates from Division of Research and Analysis, Alaska Department of Labor. U.S. birth rates from National Center for Health Statistics.

Prepared by the Legislative Research Agency, September 1990 (91.007B).

APPENDIX B

January \_\_, 1991

Dear Reader:

There are three sections and three appendices in this packet.

- Section A explains how DHSS grants work.
- Section B describes the Community-Based Suicide Prevention Program.
- Section C contains the application itself, the questions you need to answer and the other things you need to send us (budget and various forms). It also includes an outline which can serve as a checklist to help you be sure you've sent everything we need. Section C is divided into three subsections. Be sure you complete the correct one.
  - C1 is for communities which had grants in FY91;
  - C2 is for communities which have never before had CBSPP grants; and
  - C3 is for communities which had CBSPP grants in FY89 or FY90, but NOT in FY91.
- Appendix A is budget instructions.
- Appendix B is about suicide prevention.
- Appendix C is DHSS grant regulations.

For those of you who've been participating in this program for a year or more, please be assured we want to continue your project. As long as your project has been active and valued by people in your community (and as long as you've been good about those monthly narrative and quarterly fiscal reports), you can feel reasonably confident of funds for FY 92. But, please remember there are other communities who'd like to take part as well. Be as stingy as you can with your budget.

For those of you who are new applicants, please don't be intimidated by the application. We really don't want a book, just enough words to indicate your community has really thought itself and about what it wants to do. And we really will give you all the help we can with the application. Just call 465-2195. If you request it, we will be able to send a trained Community Development Specialist to your community to assist you with planning your project and completing your application. Also, feel free to call any of the communities near you which already participate. Current project coordinators are a good source of help. If you're not sure of what communities are already participating, call us and we'll let you know.

We're looking forward to working with as many of you as the dollars will allow.

Yours,  
Susan Soule  
RuthAnn Ryder

## TABLE OF CONTENTS

	Page
<b>Section A. General Information and Instructions</b>	
1. Eligibility (Who May Apply)	1
2. Deadline for Submittal	
3. Number of Copies/Mailing Address	
4. Inquiries	
5. Proposal Costs	
6. Acceptance of Terms	2
7. Duration of Grant	
8. Application Review	
9. Final Decision Authority	
10. Appeals	2-3
11. Notification of Grant Award	3
12. Method of Payment - Grant Period	
13. Funds Available	3-4
14. Community Development Assistance	4
<b>Section B. The Community-Based Suicide Prevention Program</b>	
1. Introduction - Description of the Program	5-7
2. Application Review Criteria/Scoring	8-10
<b>Section C. Questions For You To Answer and Your Budget</b>	
C1. Questions for Communities which had CBSPP Grants in FY91	11-12
C2. Questions for Communities which have never before had CBSPP Grants	13-15
C3. Questions for communities which had CBSPP Grants in FY89 or FY90, but <u>NOT</u> in FY91	16
C4. Budget Questions for ALL APPLICANTS	17
Application Outline and Checklist	18
<b>APPENDIX A Budget Guidelines and Examples</b>	19-23
<b>APPENDIX B About Suicide Prevention</b>	24-25
<b>APPENDIX C DHSS Grant Regulations (7AAC 78)</b>	26

Required Forms Enclosed

**DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
STATE OF ALASKA**

**A. GENERAL INFORMATION**

**(1) ELIGIBILITY (WHO MAY APPLY)**

Eligible applicants include private nonprofit corporations, Indian Reorganization Act and traditional tribal councils, city or borough governments, municipalities, schools, regional Native health corporations, other political subdivisions of the state, or a combination of these entities. (Proof of non-profit status is required; (see 7 AAC 78.030)

**(2) DEADLINE FOR SUBMITTAL**

To be considered for funding, applications must be post-marked, date stamped by an air courier, or received at the address provided below in A.3. by April 19, 1990. Hand-delivered applications will also be accepted at that 230 S. Franklin Street, Rm. 314 if received no later than 4:30 p.m. April 19, 1990. Proposals delivered by telefax will not be accepted.

**(3) NUMBER OF COPIES AND MAILING ADDRESS:**

Send the original and 2 copies of the application to the address below. If included with the proposal, an acknowledgement of receipt will be returned to the applicant. Proposals delivered by telefax will not be accepted.

Susan Soule, Coordinator  
Rural & Native Services  
P.O. Box H-04  
Juneau, AK 99811-0620  
\_\_\_\_\_

**(4) INQUIRIES**

If you have any questions, please call Susan Soule at 465-2195.

**(5) PROPOSAL COSTS**

The Department of Health and Social Services will not be responsible for an applicant's expenses prior to the award of a grant. All costs of responding to this RFP, including travel expenses to attend Proposal Evaluation Committee meetings, are the responsibility of the applicant only.

## **(6) ACCEPTANCE OF TERMS**

By presenting a proposal, an applicant accepts all terms and conditions of this request and those contained in 7 AAC 78, the Department of Health and Social Services grant program regulations. If a grant is awarded, the applicant's proposal will become part of the grant agreement. The applicant will be bound by what is in their proposal, unless the Department agrees that specific parts of the application are not part of the agreement.

Proposals and other materials submitted in response to this request become the property of the state and may be returned only if the state allows. Applications are public documents and may be inspected or copied by anyone after they have been scored and reviewed.

## **(7) DURATION OF GRANTS**

We expect that funds will be available to continue this program in future years, but cannot guarantee that will be the case. Our intent is to fund any project which is active and in compliance with program reporting and evaluation requirements. However, we expect you, over time, to reduce your reliance on state funds by developing other sources of funds and stimulating volunteerism.

## **(8) APPLICATION REVIEW**

Procedures - Upon receipt of the application, program staff will ensure that all the required material has been included. If material is missing, the applicant will be contacted and requested to submit it before the date of the review. Applications will be reviewed and evaluated in accordance with the criteria specified in section C, and in conformity with 7 AAC 78.100.

**THE TEAM WILL PROBABLY REVIEW APPLICATIONS DURING THE WEEK OF MAY 6th. WE NEED TIME TO COPY AND MAIL APPLICATIONS TO TEAM MEMBERS. PLEASE MAIL YOUR APPLICATIONS AS EARLY AS POSSIBLE.**

## **(9) FINAL DECISION AUTHORITY**

The Commissioner of the Department of Health and Social Services will make the final decision on grant awards.

## **(10) APPEALS**

An applicant or grantee may appeal any of the following decisions as per 7 AAC 78.310:

- a. a final grant award decision under 7 AAC 78.090(a);
- b. a decision to withhold payment under 7 AAC 78.200;
- c. a decision of a grant agency to require a refund of grant money under 7 AAC 78.230; and

d. a decision to suspend or terminate a grant (7 AAC 78.290)

Applicants who want to appeal Department decision(s) must submit, within 15 calendar days after receipt of the administrative action or decision, a written request to the Commissioner for a hearing. The request must contain the reasons for appeal and cite the law, regulation, or department policy upon which the request is based.

The Commissioner will review the hearing request and, within 15 calendar days after receipt of the request, advise the appellant of its acceptance or rejection. If the appeal is denied a written explanation will be returned with the notice.

If the request is accepted, the Commissioner will appoint a hearing officer and schedule a hearing for the earliest possible time, not later than twenty (20) calendar days after the acceptance. The Commissioner will, at his/her discretion, arrange for the hearing to be held by teleconference.

The hearing officer will submit a transcript of the hearing, written testimony, and a written recommendation to the Commissioner, who will make the final decision on the appeal.

**(11) NOTIFICATION OF GRANT AWARD**

Within fifteen (15) days after the Commissioner's final decision applicants will be notified of the grantor's intent to fund their program. Following negotiated budget and program revisions, if necessary, applicants will be issued a "Notification of Grant Award". This formal notice will contain specific performance and reporting requirements consistent with the Department grant regulations 7 AAC 78.

**(12) METHOD OF PAYMENT - GRANT PERIOD**

Successful applicants will receive 50% of the amount of their award on or shortly after the approval of the applicants budget and receipt of the signed grant award notice.

All subsequent advances will be given upon our receipt of the appropriate quarterly fiscal reports and request for advance forms. We will withhold \$1,000 from the last advance until we receive and approve your end of year program and fiscal reports. The grant year is from July 1, 1990 - June 30, 1992.

**(13) FUNDS AVAILABLE**

The average initial award has been around \$15,000. In past years we have been able to increase awards during the year when funds are available and need and level of project activity justify the increase. We will consider requests over \$15,000 (but not over \$30,000) for one-time building renovation

costs and other special circumstances. Any request over \$15,000 must be fully explained and justified. Other sources of funds and in-kind contributions must be shown.

**(14) COMMUNITY DEVELOPMENT SPECIALIST (CDS) ASSISTANCE AVAILABLE**

If your community would like assistance in coming together to plan and develop this application, please call Susan Soule at 465-2195. Up to the limit of funds available, we can arrange for a CDS to visit your community for a period of up to 5 days to assist you. The CDS will NOT write your application for you. The CDS will:

- assist you in getting community input;
- help with community meetings;
- aid in transforming the communities ideas into actions plans;
- help prepare the budget.

## SECTION B. COMMUNITY-BASED SUICIDE PREVENTION PROGRAM DESCRIPTION

### 1. INTRODUCTION - DESCRIPTION OF THE GRANT PROGRAM

The Community-Based Suicide Prevention Program invites communities to work in partnership with the Department of Health and Social Services and other State agencies to develop community-based projects to prevent suicide and other forms of self-destructive behavior and to promote community and individual health.

The program is designed around the findings and recommendations in the report of the Senate Special Committee on Suicide Prevention. It provides funds to the communities of Alaska to develop and administer their own programs to address problems and promote health.

The funds are intended to support a wide range of project that can cut across traditional agency boundaries. The Senate Report stated that communities see problems as interrelated. Rapid changes in lifestyles, conflicts between competing value systems, communication problems across generations, alcohol abuse, lack of economic opportunity and many other factors are all seen as contributors to the feelings of despair and anger that underlie self-destructive behavior. Projects funded through this program can address the underlying contributors in an integrated, holistic way.

In order to encourage this integrated approach, the program is coordinated through the Division of Mental Health and Developmental Disabilities and managed by an Interdepartmental Team consisting of representatives from several DHSS divisions, the Departments of Community and Regional Affairs, Education, Public Safety, the Alaska National Guard and one public member. It's a cooperative effort in which state agencies and communities work together to solve problems and promote healing and health. Within the limits of regulation and fiscal responsibility the role of government is to provide resources, and technical and programmatic support to community designed and controlled projects. Evaluation and monitoring are thought of as a means of learning what approaches are most effective and how we can all best learn from each other.

### COMMUNITY INPUT

Before completing this application, make every effort to get as much input from the community as possible. Hold several community meetings. Meet with different age, interest, church, school and service groups separately. Distribute questionnaires. Get the feelings and thoughts of as many people as you can, especially the people the project intends to focus on: youth, Elders, whoever. Not only does this give you ideas, but it also increases the sense of community ownership of and pride in the project. It makes it more likely people will come to project activities and more likely people will want to get involved in helping, both as paid staff and as volunteers. For continuing projects, it lets you know what activities have been most liked and most valued.

## **FUNDS**

The application asks the people of your community to determine the activities that they believe will work to reduce self-destructive behavior and to increase community health. The program provides funds for the people of your community to work to carry out these activities. Funds can be used for salaries, stipends, supplies, travel to workshops or to bring workshop presenters to your community. Funds can also be used for rent, heat, lights, renovations and equipment. If you do need to renovate a building, we expect you to seek contributions from other sources (councils, local businesses) and to provide some volunteer labor. We will not award funds for major, expensive renovations or expensive equipment items.

For continuing projects, if you request an increase over your FY91 amount, be sure to clearly explain why the increase is necessary and what additional activities it will support. Think about whether your project will be able to fully operate during the summer. It is OK to operate for nine or ten months only, and to budget accordingly.

Please remember to include or update your plan for decreasing your reliance on these grant funds in future years. For instance, if your project includes craft classes, think about a plan for marketing the crafts and using some of the proceeds to help support the project.

## **PROJECT COORDINATOR**

One of the keys to success identified by the ongoing program evaluation is choosing the right project coordinator. Among the successful coordinator skills and qualities identified are:

- effective communicator;
- good listener;
- team player, works well with others;
- focuses on needs and opportunities;
- honest about failures;
- accountable;
- optimistic and
- has a vision of how things could be.

It will help your project if you keep these qualities in mind when selecting your coordinator.

## **EVALUATION**

We will be continuing the program evaluation this year and will need the cooperation of all participating communities. The evaluation will give all of us the information we need to make good decisions and to run effective programs. Thanks in advance for your help.

## **ASSISTANCE**

If you have any questions or need assistance, please call 465-2195. If you would like a Community Development Specialist to travel to your community to assist you, please call as soon as possible.

Appendix B, About Suicide Prevention, is included to help you think about suicide prevention and the kinds of projects you might develop.

## **2. REVIEW CRITERIA**

The Review Team will be using these criteria in considering your application. It will help you if you keep them in mind as you are completing your application.

### **CONTINUING (C1) APPLICATIONS**

1. Is the project carrying out the activities planned?
2. Is there a high level of project activity in the community? Do people who travel to receive training share the benefits of that training with the community by conducting workshops, presentations or/and working directly with troubled individuals?
3. Is the project making maximum use of local and regional or/and statewide agencies?
4. Are signs of progress towards meeting goals identified?
5. Are problem areas identified?
6. Are any changes in project goals consistent to the overall purposes of reducing self-destructive behavior and increasing community and individual health?
7. Do the activities planned for FY92 reflect the assessment of the effectiveness of activities to date? Are major changes in activities noted and explained? Are the activities consistent with the goals?
8. Is the plan to develop additional sources of funding updated and reasonable?
9. Is there a high level of community involvement in the project in general and in the development of this application in particular?
10. Is the budget reasonable and fully explained in the budget narrative? Are any increases in funds directly linked to an increase in project activities? Are funds requested supplemented with locally raised funds or/and volunteers?
11. Has the project been in compliance with fiscal and narrative reporting requirements?
12. Has the project coordinated with other grantees through regional workshops, phone or written communications? Did the coordinator attend the coordinators conference?

## REVIEW CRITERIA FOR NEW APPLICATIONS (C2)

1. If the application is from a community, is there clear evidence community members representing all groups and ages were involved in the planning and feel a sense of ownership of and commitment to the project?

or

If the application is from an agency, is it clearly submitted at the request of a community or communities who were involved in the planning? Does the plan "belong to" the community(s)? Will the community members do the work?

2. Does the applicant have limited access to other programs and services?
3. Does the plan focus on reducing self-destructive behavior through community-based and community managed activities?
4. Are the problems the community has experienced clearly identified?
5. Are community strengths clearly identified?
6. Is the project clearly described? Are goals and activities related to identified problems and strengths? Is the project logical and workable?
7. Are the costs realistic? Are most of the funds used for services and programs? Are administrative costs and costs related to renovations and equipment reasonable?
8. Are there plans to coordinate with agencies serving the community and with neighboring villages which have suicide prevention projects? Have there been communications with these agencies and communities as part of the planning?
9. Is the project likely to have a lasting positive effect on the health of the community and its members and on a reduction in the incidence of self-destructive behavior?
10. Is there a realistic plan for generating other sources of funds to support project activities.

**REVIEW CRITERIA FOR APPLICATIONS WHICH HAD CBSSP FUNDS IN FY89 OR FY90 BUT NOT IN FY91 (C3)**

1. Is there a complete discussion of what happened to the earlier project and why it was not continued?
2. Is there reasonable assurance earlier problems with the project will not re-occur?
3. Are there activities started under the earlier project that have continued despite the loss of CBSPP funds?
4. Is there clear evidence community members representing all groups and ages were involved in the planning and feel a sense of ownership of and commitment to the project?
5. Is the proposed project clearly described, logical and workable?
6. Do goals and activities focus on reducing self-destructive behavior through community-based and community managed activities?
7. Are the costs realistic? Are most of the funds used for services and programs? Are administrative costs and cost related to renovations and equipment reasonable?
8. Are there plans to coordinate with agencies serving the community and with neighboring villages which have suicide prevention projects. Have there been communications with these agencies and communities as part of the planning?
9. Is the project likely to have a lasting positive effect on the health of the community and its members and on a reduction in the incidence of self-destructive behavior?
10. Is there a realistic plan for generating other sources of funds to support project activities?

**SECTION C THE APPLICATION:**

**C1 - QUESTIONS FOR COMMUNITIES WHICH HAD CBSPP GRANTS IN FY91**

**Please number your response and respond in the order given.**

1. When (what month) did the project begin conducting activities?
2. Did the project coordinator change during the year? If so why? What is the name of the current coordinator?
3. If you received funds for building renovations, when did the work begin? When was the work completed? If the work isn't completed, explain why and when you expect it to be done.
4. Describe what your project has been doing in the community. For each activity tell us:

how often it took place;

About how many people attended each session and whether those attending were children, teens, young adults or adults;

who lead or presented activity.

FOR EXAMPLE:

SEWING CLASS  
MET WEEKLY FROM OCTOBER THROUGH MAY  
8 TEENAGE GIRLS AND TWO ELDER WOMEN  
COORDINATOR

SUICIDE PREVENTION WORKSHOP  
OCTOBER 6-8  
57 PEOPLE OF ALL AGES OVER THE 3 DAYS  
THE COUNCIL PRESIDENT AND COORDINATOR HOSTED THE WORKSHOP.  
MENTAL HEALTH CENTER STAFF AND TOM BROWN OF ANCHORAGE PRESENTED.

MEN'S AND WOMEN'S SUPPORT GROUPS  
WEEKLY MEN'S GROUP 9-9, WOMEN'S GROUP 8-12  
PROJECT COORDINATOR AND MARY SMITH

COMMUNITY NEWSPAPER  
MONTHLY

5. What outside workshops, programs and trainings have people attended? Tell who has attended and how they have shared what they learned with others in the community. Did the coordinator or another project representative attend the Coordinators Conference?
6. If the project employs counselors or crisis responders (paid or volunteer), describe what they have been doing. If possible, include the number of persons counseled and/or the number of crisis responses.

7. Describe the ways in which you are coordinating with the CBSPP projects. Note especially your role in your CBSPP regional workshop. If no regional workshop was held, explain why.
8. Describe the ways in which you are coordinating activities with or receiving support from local, regional or statewide agencies.
9. Describe any changes in your community that are relevant to this project, for instance voting to ban the importation of alcohol, receiving a grant that compliments the purposes of this one.
10. Were there any suicides in your community during the year? If so, how many? If you can, talk about how the community responded, if healing circles were held for instance, and how the project and its staff were involved in the response.
11. Tell us about the parts of the project that seem to be working best.
12. Tell us about any parts that are presenting problems and how you plan to address the problems.
13. Tell us about community and council involvement in and support for the project. Talk about attendance at activities, volunteers and whatever else that indicates that the community feels a sense of ownership of the project.
14. List project goals for FY92. Explain any changes from FY91 goals.
15. What activities are planned for FY92 (July 1, 1991 - June 30, 1992)? Note and explain any major changes from this year's activities. If you are asking for an increase in your budget, it's important that you explain what additional things you will be doing to justify the increase.
16. Describe how you plan to develop additional sources of funds for the project.
17. Describe how the community was involved in developing this application.
18. Describe any suggestions you have on ways in which the staff here in Juneau could be more helpful to you.
19. What additional training does your project coordinator need?

NOW TURN TO PAGE \_\_\_\_ FOR BUDGET INSTRUCTIONS AND A LIST OF OTHER ITEMS YOU MUST INCLUDE IN YOUR APPLICATION.

## **C2 QUESTIONS FOR NEW APPLICANTS**

**Please number your responses and respond in the order given.**

1. Answer 1A if you are a city council, village council, IRA or Traditional council, or a local village non-profit corporation submitting an application for your community.

Answer 1B if you are a regional non-profit or statewide entity submitting an application on behalf of one or more communities.

### **1A Who are you?**

It will help those of us reviewing your proposal to better understand your project and why you want to do it if we know some things about your community. Get input for your answers from as many people in your community as possible, ideally, through a community meeting.

Answer all the questions, but do not feel you have to write a book. A page or two will do.

Describe the community: include location, population, cultural groups.

Describe the lifestyle of the community, such things as subsistence activities, recreation, how people spend their time and how different groups in the community get along. Mention the kinds of jobs that are available and if more jobs are needed.

What social and health services are available? Do these services adequately meet the needs? If not, why not?

Describe the weaknesses and problems that exist in the community.

Describe the strengths the community has, the things people are proud of.

Describe the specific group that is applying for this grant. Who are you? How and why did you come together and decide to do this project. Be sure to state clearly the entity which will receive the funds and be responsible for the financial working of the project, including completing the required fiscal reporting forms.

### **1B. Who are you?**

Briefly describe your agency. Give information which supports its qualifications to conduct this project, including past accomplishments, staff qualifications and experience.

Discuss your relationship, present and past, with the community or communities for which you are submitting an application.

For each community for which you are submitting an application answer the following:

Describe the community; include location, population, cultural groups.

Describe the lifestyle of the community, such things as subsistence activities, recreation activities, how people spend their time and how different groups in the community get along. Mention the kinds of jobs that are available and if more jobs are needed.

What social and health services are available? Do these services adequately meet the needs? If not, why not?

Describe the weaknesses and problems that exist in the community.

Describe the strengths that the community has, the things that people are proud of.

Describe the specific group within the community that worked with you to put together this project and complete this application. How did your organization come to be involved?

2. Explain the problems or problems you want to address. Explain how the problem is related to suicide and self-destructive behavior.
3. Describe your proposed project. What activities will take place? Who will conduct them? Will there be any training? If so, who will be trained to do what?
4. List and describe the goals of your project, what you hope it will accomplish.
5. Explain how you will evaluate your project; how you will know if it is working as planned in terms of activities and goals.
6. Describe how you will get started, what you have done so far and the first few things you will do if you receive an award.
7. When your program is fully operating, what will it look like?

Describe a typical day, program, or week. Give examples of activities, programs who will do the work and who will be attending or taking part.

8. Describe how the community has been involved in planning and supporting this project.

Attach letters at the very end of this application.

9. Describe how you will coordinate with agencies that serve your community and with neighboring communities which have suicide prevention projects.

Note any discussions you have already had with agencies and other communities.

NOW TURN TO \_\_\_\_ FOR BUDGET INSTRUCTIONS AND A LIST OF OTHER ITEMS YOU MUST INCLUDE IN YOUR APPLICATION.

**C3 QUESTIONS FOR COMMUNITIES WHICH HAD CBSPP FUNDS IN FY89 OR FY90 BUT NOT IN FY91.**

1. In what year or years did your community have CBSPP funds?
2. Is the group applying (tribal council, city council, non-profit) the same as the group that had funds earlier? Explain.
3. Describe the goals and activities of the earlier project.
4. Explain why the project was not continued including why the community chose not to reapply or why the Interdepartmental Team recommended against continued funding.

In your discussion of "why", be sure to fully discuss the problems experienced.

5. Talk about how you will insure the problems experienced in the past do not re-occur.
6. Describe any activities started under the earlier project that have continued without CBSPP funding.
7. Describe your proposed project, including activities and who will conduct them, training and who will be trained.
8. List and describe the goals of your project, what you hope it will accomplish.
9. Explain how you will evaluate your project; how you will know if it is working as planned in terms of activities and goals.
10. Describe how the community has been involved in planning and supporting the proposed project. Attach local support letters to the end of your application.
11. Describe how you will coordinate with agencies that serve your community and with neighboring communities which have suicide prevention program funds.
12. Describe your plan for developing other sources of funds for this project.

**NOW TURN TO PAGE \_\_\_ FOR BUDGET INSTRUCTIONS AND A LIST OF ITEMS YOU MUST INCLUDE WITH YOUR APPLICATION**

## **BUDGET: HOW MUCH WILL YOUR PROJECT COST?**

Figure out your budget and put it in the form required by the Department of Health and Social Services:

**BUDGET SUMMARY** with costs shown by category

and

**BUDGET NARRATIVE** which explains each cost.

Detailed instructions are included in APPENDIX I, including a sample Budget Summary and Budget Narrative.

## **ASSURANCES**

These are listed on the next pages. You must enclose a signed copy with your application.

## **CONSENT TO SUIT**

The Attorney General's Office requires Native Council to complete and sign the Consent Suit form. Please submit this with your grant application. It's on the page following Assurances.

## **GRANT APPLICATION COVER SHEET**

This is on the page after the Consent to Suite. Be sure to fill it out and make it the first page of your application.

## **ACKNOWLEDGEMENT AND RECEIPT**

This is the last form. If you want us to let you know we received your application, fill it out and we'll mail it back to you. **DON'T STAPLE IT TO YOUR APPLICATION.** Just leave it loose on top.

## **LETTERS OF SUPPORT**

You can attach letters of support from Regional mental health or/and alcohol programs, school personnel, village residents, residents or councils from neighboring villages. You **SHOULD** attach letters from agencies with whom you plan to coordinate activities

# COMMUNITY-BASED SUICIDE PREVENTION PROJECT

## APPLICATION OUTLINE AND CHECKLIST

Please use this outline to make sure you've answered all the questions and enclosed all the necessary forms.

**Acknowledgement and receipt (one copy only, loose on top)\***

**Grant Application cover sheet - signed\***

### **NARRATIVE**

1. Answers to all questions in C1, C2 or C3, numbered.

### **BUDGET NARRATIVE**

### **BUDGET SUMMARY**

### **SIGNED ASSURANCES\***

### **CONSENT TO SUIT (Tribal Councils only)\***

### **SUPPORT LETTERS**

**These forms are enclosed with the application**

**APPENDIX A**

**GRANT BUDGET PREPARATION GUIDELINES**

## APPENDIX A

### DEPARTMENT OF HEALTH & SOCIAL SERVICES (DHSS) Division of Mental Health & Developmental Disabilities (DMHDD)

#### GRANT BUDGET PREPARATION GUIDELINES

##### GENERAL INFORMATION

1. As part of your grant proposal, you must include both a BUDGET SUMMARY and a BUDGET NARRATIVE. The following pages of information are guidelines to help you complete them.
2. If you are in doubt about whether a cost will be permissible, or the correct placement of a cost, contact:  

Susan Soule  
Division of Mental Health & Developmental Disabilities  
P.O. Box H-04  
Juneau, AK 99811-0620  
(907) 465-2195
3. Round off figures to the nearest whole dollar and check your addition.
4. DHSS grant funds are not available for the following costs under any circumstances:
  - a. Interest costs on loans;
  - b. Contingencies;
  - c. fines, penalties, bad debts;
  - d. contributions or donations;
  - e. entertainment, including luncheons, banquets, gratuities or decorations.
5. Use of DHSS grant funds is not normally permitted for the following costs UNLESS, after submission of full justification by the Grant Applicant under exceptional circumstances, funds are specifically approved by the Grantor in the Notification of Grant Award:
  - a. purchase or construction of land, buildings, or improvements;
  - b. payment of real estate mortgages or taxes;
  - c. dues to organizations or federations;
  - d. purchase of motorized vehicles.
6. Throughout these budget guidelines, the Department of Health & Social Services, Division of Mental Health & Developmental Disabilities, will be referred to as the Grantor; the village, council, group, writing the grant will be referred to as the Grant Applicant.

## BUDGET SUMMARY

1. In this summary, Grant Applicants must outline the budget and all sources of funding.
2. An example of the format is attached. Specific forms are not provided, but please use this format - it will make it much easier to read.
3. Cost Categories (vertical - down the page): Identify and separate costs under the following categories:
  - 100 Personal Services
  - 200 Travel
  - 300 Facility Expenses
  - 400 Supplies
  - 500 Equipment
  - 600 Other
  - 700 Indirect Costs
4. Source of Funding (horizontal - across the page): A project may have several sources of funds in addition to these requested grant funds (such as Local/City, In-Kind contributions, Other federal or state funds, donations, etc.).
5. The balance of the information for this Budget Summary section is devoted to explaining the Cost Categories and examples of items for each category.

### Information and Examples for Cost Categories

#### 100 PERSONAL SERVICES

Salaries & Wages for project staff, temporary, and/or occasional employees, and who will receive fringe benefits. (Note: consultants and all other persons who will NOT be paid fringe benefits should be listed under category "600 Other").

Fringe Benefits such as federal withholding tax, Social Security tax, workmen's compensation, FUTA tax, etc. Also, include the fringe benefits percentage rate (%).

#### 200 TRAVEL

Allowable costs include airfare, taxi, automobile rental, private vehicle mileage, ad per diem. Airfare must be less than first class rate whenever available. Automobile mileage is calculated at the State rate of 30 cents/mile. Per diem is for all travel outside the local community; the State rates vary according to the following geographical areas:

Southeast Alaska: \$110.00/day  
Includes Ketchikan, Wrangell, Petersburg, Sitka, Juneau, Glacier Bay, Haines, Skagway, etc.

Central Alaska: \$115.00/day  
Includes Anchorage, Mt. McKinley National Park, Prince William Sound,  
Kenai Peninsula, etc.  
Far North Alaska: \$100.00/day  
Includes Fairbanks, Nome, Prudhoe Bay, North Slope, etc.

### 300 FACILITY EXPENSE

Allowable expenses include costs of renting/leasing office space, utilities, repairs, communication costs (telephone, postage, expenses), and renovations. The Grantor generally will not pay for both rent and renovation costs. Money for renovations should be itemized to show costs (example: \$500 repair roof; \$250 new sink; \$100 replace broken windows).

### 400 SUPPLIES

Allowable costs include office supplies, program supplies (arts, crafts, posters, videos, pamphlets, etc.), household supplies and cleansers, medical supplies, food (when used only for grant project operations and not for celebrations or coffee breaks, etc.).

### 500 EQUIPMENT

Maintenance and repairs of equipment that is owned, leased or rented (typewriters, copy machines);  
lease or rental of equipment (typewriters, audio/visual equipment);  
purchase of equipment with a unit cost of more than \$300 OR a useful life expectancy of more than one year (VCR, television, file cabinets, appliances, chairs). Include estimated shipping costs when appropriate.

Bids from a minimum of three (3) vendors must be obtained for any item costing over \$300 (save and submit the paperwork for this!).

### 600 OTHER

Professional fees and costs associated with bringing a program consultant to your agency to provide training, workshops, and lectures.

Subcontracts to another agency for the provision of services. The conditions that apply to any proposed subcontract are:

- a. The Grant Applicant must describe the basis for the total subcontract cost listed in the cost category.
- b. Each subcontract must have the approval of the Grantor before any work begins and before any funds are encumbered or spent.
- c. The subcontractor must conform to the same laws, regulations, and policies as the Grant Applicant regarding the use of State funds.
- d. The Grant Applicant is responsible to the Grantor for the subcontractor's performance under the subcontract.

Other allowable costs include subscriptions to journals, insurance and bonding, and printing/advertising when done by an outside firm.

## 700 INDIRECT COSTS

Indirect costs are those costs incurred by a grant applicant agency that administers various program activities and as a result generates costs which are either difficult or impossible to attribute to a single program activity. It is the policy of the Grantor under 7 AAC 78.160 to accept the most recent federally negotiated indirect cost rate. The Grant Applicant must document the federal indirect cost rate by attaching a copy of the rate agreement to the Budget Narrative.

## APPENDIX B

### A Way of Thinking About Suicide Prevention and the Kinds of Projects You Might Develop

Human beings have certain NEEDS which must be met if they are to be able to live meaningful and rewarding lives.

Each of us needs - Positive sense of self - I like me, I'm an ok person.  
There are some things I do well.

Relationships - Others like me, I have friends, I'm connected to my family, community and culture, I belong.

Power - I can fix things that go wrong in my life, I have some control over how my life will go. I have a future and I can shape what that future will be like.

These needs are met or not met as we live our lives and interact with our ENVIRONMENT.

ENVIRONMENT IS THE WORLD OF FAMILY, COMMUNITY, SCHOOL, FRIENDS, CULTURE, COUNTRY IN WHICH WE LIVE AND IN WHICH WE FIND IT EASIER OR HARDER TO MEET OUR NEEDS. YOU CAN THINK OF THE ENVIRONMENT AS A MIRROR WHICH SHOWS US WHO WE ARE, HOW OTHERS FEEL ABOUT US, HOW MUCH CONTROL WE HAVE OVER OUR LIVES AND FUTURES. FOR EXAMPLE, IF A CHILD IS OFTEN TOLD HE OR SHE IS GOOD LOOKING AND SMART, THAT CHILD WILL COME TO SEE HIM OR HERSELF AS GOOD LOOKING AND SMART. IF A CHILD IS OFTEN TOLD HE OR SHE IS GOOD FOR NOTHING, THAT CHILD IS LIKELY TO COME TO BELIEVE HE OR SHE CANNOT DO MUCH IN LIFE. HEALTHY ENVIRONMENTS HELP US BELIEVE IN OURSELVES. UNHEALTHY ENVIRONMENTS FILL US WITH DOUBT ABOUT OURSELVES. HEALTHY ENVIRONMENTS HELP US TO MEET OUR NEEDS. UNHEALTHY ENVIRONMENTS KEEP US FROM MEETING OUR NEEDS. UNMET NEEDS CREATE STRESS AND FEELINGS OF SELF DOUBT AND HELPLESSNESS.

- Suicide prevention -
- building environments which make it easier to meet our needs;
  - designing programs which strengthen people's abilities to meet their needs;
  - learning to recognize the troubled, those who have unmet needs;
  - developing mechanisms for intervening to help the troubled.

There are many different kinds of approaches that can be used to build healthy environments and to prevent self-destructive behavior and suicide. The following page indicates just some of the many possibilities.

We can reduce the stresses caused by unmet needs through programs that build healthy environments.

<u>STRESS</u>	<u>PROGRAM</u>
boredom, meaninglessness	youth projects, community service projects
lack of adult/elder guidance	youth/elder projects
poor parenting	parenting classes
unclear sense of self	cultural pride projects
unclear sense of future, powerlessness	classes in goal setting, increasing opportunities

We can strengthen the skills needed to cope with stresses and challenges.

EDUCATIONAL PROGRAMS, SUCH AS LIFE SKILLS, REFUSAL SKILLS, PROBLEM SOLVING, GOAL SETTING, ETC. EMPLOYMENT AND SKILL ORIENTED CLASSES.

We can build support networks.

VARIOUS KINDS OF SUPPORT GROUPS SUCH AS HEALING CIRCLES, GROUPS FOR MOTHERS, FATHERS, MEN, WOMEN, AA, MOTHER-DAUGHTER, FATHER-SON, NATURAL HELPERS, ETC.

We can identify those who are troubled and at risk for self-destructive behavior sooner.

EDUCATIONAL PROGRAMS FOR TEACHERS, VILLAGE HELPERS. DEVELOPMENT OF REFERRAL PLANS AND AGREEMENTS WITH COMMUNITY MENTAL HEALTH CENTERS

We can provide better help for those who are troubled and at risk.

COMMUNITY RESOURCES PLUS LINKS TO AND TRAINING BY COMMUNITY MENTAL HEALTH CENTERS OR OTHER SERVICE PROVIDERS.

We can learn to recognize the warning signs of self-destructive behavior and offer better help sooner.

CRISIS RESPONSE TEAM TRAINING, COMMUNITY EDUCATION, LINKS TO AGENCIES.

We can provide effective help for those who behave in self-destructive ways.

PROGRAMS WITHIN THE COMMUNITY AND AGREEMENTS BETWEEN TREATMENT AGENCIES AND COMMUNITIES.

We can provide support and help for people who have lost relatives and friends.

SUPPORT GROUPS, EDUCATIONAL PROGRAMS.

## ASSURANCES

Applicants must indicate their intention to comply with all terms and conditions of the RFP, the terms and conditions of any grant awarded by the Department and with 7 AAC 78, the Department's grant program regulations. These conditions include, but are not limited:

1.     **The provision of Worker's Compensation Insurance;**  
  
          The provision of automobile liability insurance if automobiles are used for the purposes of this grant program;  
  
          The provision of comprehensive general liability insurance. If an applicant does not have liability insurance and acquiring such insurance would impose an undue hardship, the applicant may request a waiver from the Department. This request must be submitted in writing with a full justification including costs.
2.     Compliance with the requirements of the Civil Rights Act of 1964, as amended.
3.     Compliance with Federal and State laws and regulations relating to the prevention of discriminatory employment practices.
4.     Compliance with Federal and State requirements for safeguarding information. Any information pertaining to clients of the Department that is encountered or developed under grant funds is confidential and cannot be released without the written approval of the Department.
5.     **Consent to Suit:**  
          Native Council applicants to the community-based suicide prevention grant program are required to consent to be sued by the State of Alaska upon any claims arising out of the Councils activities under that grant program. Consent to suit is a special condition of grant award to Native Councils.
6.     Providing State officials access to financial and program records pertaining to the project and to the grant.
7.     Maintenance of financial and program records for audit review.
8.     Ensuring that grant funds will not be used for lobbying efforts.
9.     Submission of quarterly fiscal and monthly program reports.
10.    Cooperation with the program evaluation.

I \_\_\_\_\_, the Chief Executive Officer, President or  
Chief of \_\_\_\_\_ hereby assure the  
          print or type name of entity apply for funds

Department of Health and Social Services that should my organization receive  
Community-Based Suicide Prevention Funds it will comply with the  
Assurances listed above.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

## **BUDGET NARRATIVE**

1. The BUDGET NARRATIVE describes the cost outlined in the BUDGET SUMMARY. See below.
2. Describe each item listed in each cost category. Indicate the funding source that will pay that cost (This Grant, Local, In-Kind, etc.).
3. If you plan to charge indirect costs, attach a copy of the most recent federally negotiated indirect cost agreement for your agency.

### **VILLAGE OF RURALTON Elder/Youth Project**

#### **BUDGET NARRATIVE**

#### **100 PERSONAL SERVICES**

Project Coordinator - This position provides overall direction for the project, works toward continued community input, writes and submits monthly and quarterly reports. This position works 15 hours per week; the total cost is \$9,700 of which \$7,200 is requested from this grant and \$2,500 comes from the Village of Ruralton.

Fringe - The fringe benefits are 15% of the total salary and include federal withholding tax, social security tax, FUTA tax, and workman's compensation, for a total of \$1,080.00.

#### **200 TRAVEL**

Project Coordinator to Anchorage - The purpose of this trip is to attend the Community-Based Suicide Prevention Program Coordinators Conference in order to assist the Village of Ruralton in planning and coordinating the project activities. Airfare at coach price is \$320; per diem is \$85/day times 4 days = \$340 for a total cost of \$660 requested from this grant.

Elder/Youth Travel - The purpose of these two trips is to send one Elder and one youth to Delta Village and one Elder and one youth to Yukon Village during the upcoming year to participate in educational and cultural exchanges. Airfare at coach price is \$520 requested from this grant. Per diem of \$1020 is contributed In-Kind from Delta Village and Yukon Village.

#### **300 FACILITY**

Rental - A building will be donated by the Village of Ruralton for this grant project at no cost to this grant. The In-Kind donation is \$200/month x 10 months, the duration of the grant period.

Renovations - The building renovations consist of: \$400 roof repair; \$250 new bathroom sink and toilet; \$200 interior and exterior paint; \$250 shelving and cupboards; \$100 replace broken windows; for a total of \$1200 requested from this grant. Labor, estimated at \$2500, will be donated by citizens of Ruralton.

Utilities/Phone - Electricity is estimated at \$50/month x 10 months equals \$500; heating fuel is estimated at \$70/can x 12 cans = \$840; long distance telephone charges are estimated at \$50; for a total of \$1390 requested from this grant.

(Over)

#### 400 SUPPLIES

Office Supplies - estimated at \$350; \$150 is requested from this grant and \$200 will be in-kind from the Village of Ruralton.

Program supplies - \$250 educational video rentals and blank tapes; \$150 paints, brushes, paint posters, pencils and drawing paper for artwork; \$300 for beaver and rabbit skins; \$100 for assorted yarns, sewing supplies for a total of \$800 requested from this grant.

#### 500 EQUIPMENT

Video Equipment consists of a TV and VCR for showing educational films and games for a total of \$800 requested from this grant.

Storage Cabinet will ensure proper storage and security of films and games. Requested from this grant is estimated cost of \$200.

We will get bids for these equipment items and submit the paperwork.

#### 600 OTHER

Consultants will come to the village of Ruralton from the Regional Mental Health Center and other appropriate agencies. These agencies will conduct workshops at no cost to the Village or to this grant; the estimated value of services is \$7,000.

Workshop Trainer - A special workshop on grieving and healing will be done by Kupier-Ross; \$500 is requested from this grant to pay for her services; her airfare and per diem, \$850, is donated by Delta Village and Yukon Village, who will also attend this workshop.

Stipends to Elders - \$1,000 is requested from this grant for Elders to teach traditional crafts and skills to the youth of Ruralton.

#### 700 INDIRECT

The Village of Ruralton will not charge an indirect cost to this grant.

VILLAGE OF RURALTON  
Elder/Youth Project

BUDGET SUMMARY

<u>Cost Category</u>	<u>This Grant</u>	<u>Local</u>	<u>In-Kind</u>	<u>Other</u>	<u>Total</u>
<b>100 PERSONAL SERVICES</b>					
Project Director, 15/hrs/wk x \$12/hr x 10 months	\$ 7,200	\$ 2,500			\$ 9,700
Fringe @ 15%	1,080				1,080
Subtotal:	\$ 8,280	\$ 2,500			\$10,780
<b>200 TRAVEL</b>					
Proj. Director to Anchorage					
Airfare	\$ 320				\$ 320
Per Diem \$85 x 4 days	340				340
Elder/Youth to Delta Village x 2 trips:					
Airfare: 2 x \$130 x 2 trips	520				520
Per diem \$85 x 2 x 6 days			\$ 1,020		1,020
Subtotal	\$ 1,180		\$ 1,020		\$ 2,200
<b>300 FACILITY</b>					
Rental: \$200/mo x 10 mos.			\$ 2,000		\$ 2,000
Renovations	\$ 1,200		2,500		3,700
Electricity: \$50/mo x 10 mos	500				500
Fuel: \$70/can x 12 cans	840				840
Telephone: Long Distance	50				50
Subtotal:	\$ 2,590		\$ 4,500		\$ 7,090
<b>400 SUPPLIES</b>					
Office Supplies	\$ 150		\$ 200		\$ 350
Program Supplies	800				800
Subtotal:	\$ 950		\$ 200		\$ 1,150
<b>500 EQUIPMENT</b>					
Video Equipment	\$ 800				\$ 800
Storage Cabinet	200				200
Subtotal:	\$ 1,000				\$ 1,000
<b>600 OTHER</b>					
Consultants			\$ 7,000		\$ 7,000
Workshop Trainer	\$ 500		850		1,350
Stipends to Elders	1,000				1,000
Subtotal:	\$ 1,500		\$ 7,850		\$ 9,350
<b>700 INDIRECT</b>					
None					
<b>TOTAL</b> BUDNARR.DOC	\$15,500	\$ 2,500	\$13,570		\$31,570

HB

242



P.O. Box 100563, Anchorage, Alaska 99510

April 2, 1991

**Senate Health Education and Social Services:**

The Alaska Health Education Consortium would like to express its support of Senator Pearce's Teen Pregnancy and Parenting Package-- SB-169-176 and SCR 15 and 16.

Teen pregnancy and adolescent parenting cost our society both economically and socially. We support all organized, planned efforts to address teen pregnancy as one at-risk issue of adolescence.

The Teen Pregnancy and Parenting Task Force spent several months studying the problem, and the package Senator Pearce has sponsored addresses some of the issues discussed during the Task Force meetings. The Task Force did not prioritize its recommendations in its report to the Legislature, but all successful plans prioritize actions in order to build a solid program that is long-term and continues to build on efforts from year to year. We are recommending that SCR 15 and 16 be implemented first, followed by SB 176, Comprehensive Health Education, and SB 170, Public Awareness Campaign and Parenting Projects. These bills would provide a sound investment in prevention that could yield long-term benefits.

Next, SB 169, Case Management, would help to augment current DHSS programs and ensure assistance for all teen parents. SB 175, 171, 173, 172, and 174 would be lower in priority but also important in both the short- and long-term.

As professionals in prevention, we urge that legislators consider investing in prevention carefully. For prevention efforts to be successful, they must have long-term commitment and financial support. Programs that last only one or two years cannot possibly hope to produce lasting results. Therefore, we are recommending passage of SB 176 first to build a foundation for other prevention and intervention efforts. While health education alone is not always sufficient to change behaviors or alter attitudes, it is necessary to provide information and skills in order for any other prevention program to succeed.

**KNOWLEDGEABLE CHOICES FOR OPTIMUM HEALTH**

We believe that only a comprehensive, sequential, age appropriate curriculum in health education can hope to begin to produce a reduction in demand for the health and social services funded by the public.

*Delisa Culpepper*

Delisa Culpepper, President  
Alaska Health Education Consortium



April 6, 1991

Senator Arliss Sturgulewski  
Chair, Senate HESS Committee  
P. O. Box V  
Juneau, AK 99811

Dear Senator Sturgulewski,

A number of bills (cs for 169, 170 through 176) concerning Adolescent Pregnancy Prevention and Parenting will be heard very soon in the Senate HESS Committee. On behalf of Planned Parenthood of Alaska, I would like to express our strong support for this proposed legislation and the fiscal notes that are attached.

Adolescent pregnancy and childbirth are social and medical problems of significant proportions in Alaska. Recent legislative reports, such as "Three A Day: Children Having Children in Alaska" as well as the report of the Teen Pregnancy Task Force, have documented the extent of these problems. Alaska leads the United States in the extent of adolescent pregnancy and childbirth, as we do in so many other social and health problems. Perhaps we can be a leader in the solution as well.

To address these problems will take a concerted effort by the Department of Health and Human Services and a significant amount of monies. However, these monies, more than many others, are buying a healthy future for the state. The social and economic cost to the state of teen pregnancy and childbirth is extensive and lasts for many years. Adolescent pregnancy prevention programs have been show to work - teens remain in their educational programs and later secure employment, contributing to the state economy. What better use of state dollars can there be than to insure such a future?

Planned Parenthood of Alaska stands ready to contribute its wealth of experience in providing family planning and teen pregnancy prevention programs throughout the state to these efforts. We urge the Senate HESS committee to support bills cs169 - 176.

Sincerely,

A handwritten signature in cursive script, appearing to read "Donna E. Hurdle".

Donna E. Hurdle, MSW  
Executive Director

# HOSPITAL & NURSING HOME

ASSOCIATION

April 9, 1991

Senator Arlis Sturgulewski, Chair  
Committee on Health, Education &  
Social Services  
Alaska State Senate  
Juneau, AK 98111

Dear Senator Sturgulewski and members  
of the HESS Committee:

Hospital and Nursing Home Administrators, along with their governing board members met here in Juneau earlier in the week and had the opportunity to review the report of the Alaska's Adolescent Pregnancy and Parenthood Task Force, and the subsequent legislation introduced by Senator Pearce.

The Association would like to urge your support for the recommendations of the Task Force and support "in principle" for Senate Bills 170, 172, 173, 174, 175 and 176.

We would suggest that SCR 15 and SCR 16 be moved quickly through the legislative process and that those separate pieces of legislation that receive an immediate legislator/public consensus also be moved on. Those bills that need additional review should be referred to HESS subcommittees and given additional review.

The hospital is often the place where an unhealthy young woman, ill-prepared for motherhood gives birth to an equally or worse unhealthy child.

Hospitals across the state want to work with Senator Pearce, her Task Force and the Legislature in preventing these tragedies. In preventing the "human" tragedy, we also curtail a very high cost in health care dollars.

Enclosed is the April issue of our ASHNA newsletter that features a story on the work of the Task Force.

Sincerely,



Harlan R. Knudson  
President/CEO

Encl: (1)

*letters of support*



# ANCHORAGE SCHOOL DISTRICT

4600 DeBarr Avenue  
P.O. Box 196614  
Anchorage, Alaska 99519-6614  
AREA CODE [907] 333-9561

April 10, 1991

SCHOOL BOARD

- Sharon Richards  
President
- Carol Stolpe  
Vice President
- Darryl Jordan  
Clerk
- Carol Christensen  
Treasurer
- Vince Casey
- Walter T. Featherly
- Theresa Obermeyer

SUPERINTENDENT

Thomas C. O'Rourke

The Honorable Arliss Sturgulewski  
Chair, Senate HESS Committee  
Alaska State Legislature  
P.O. Box V  
Juneau, Alaska 99811

Dear Senator Sturgulewski:

At our regular meeting of April 8, 1991 the Anchorage School Board took formal action in support of Senate Bill 173, Senate Bill 174 and Senate Bill 176. We would encourage you to also support this legislation. If you have any questions please feel free to call either Dr. O'Rourke or myself.

Sincerely,

Sharon Richards, President  
Anchorage School Board

I w

# BPW usa

The Voice of the Working Women

ALASKA FEDERATION OF BUSINESS  
AND PROFESSIONAL WOMEN

8610 Shrub Ct

Anchorage, AK 99504

Senator Drew Pierce  
Juneau, AK

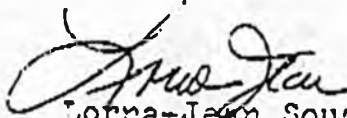
Dear Senator;

The Alaska Federation of Business and Professional Women's  
Club's Executive Committee endorses and supports the following  
bills:

H169  
H170  
H171  
H172  
H173  
H174  
H175  
H176

Thank you very much for your help in trying to pass these  
much need bills. Keep up the good work.

Best Personal Wishes;

  
Lorna-Jean Souza  
State President  
AK/BP:  
(907) 338-0380

For an Act entitled: "An Act relating to health care services for adolescents".

### Summary

HB 242 directs the Department to coordinate the delivery of all services it delivers under AS 18.05.010, AS 44.29.020 and all other laws so as to maximize accessibility to all the services that will help adolescents prevent pregnancy, obtain prenatal care and receive the other clinical health care they and their children would need. This bill directs the Department to either directly or through contracts, make prenatal, family planning and clinical health services available to adolescents monthly in communities with more than 2,000 population and semi-annually in communities of less than 2,000. The Department is directed to publicize the availability of the prenatal, family planning and clinical services in such a way that adolescents will effectively be encouraged to utilize them. If the services are contracted out, the contract must require the contractor to effectively publicize it's services as well.

### Discussion

Individuals in many small communities do not have any access to comprehensive family planning services, on site. Frequently, the only clinical care available is from the local health aide and the itinerant public health nurse. Neither of these individuals is trained to do comprehensive evaluations, nor can they prescribe contraceptives. The nurses can and do distribute barrier contraceptives. They provide significant education related to reproductive health, when time allows. An adolescent must make the trip to a regional hub to get complete family planning services and the comprehensive exams which are a part of good health care for sexually active women. Unless the adolescent is Medicaid eligible they must pay their own transportation costs to obtain this health care. Prenatal care is easier to access in the villages, as both the health aides and the nurses are trained to provide it. As long as physician care is not needed, this need can be met at the village level. A primary problem comes at the time of delivery when the adolescent, who is not covered by Medicaid or another third-party payor, must pay their own costs to travel to the regional center to deliver.

Alaskan women have a very high rate of cervical cancer. Regularly scheduled pap smears, coupled with comprehensive health examinations provided as a part of health care services delivered by a nurse practitioner or other independent health care provider, could significantly impact this problem. Access to quality family planning education and contraceptives, appropriate to the adolescent, when requested, could significantly reduce the number of unplanned pregnancies and contribute to more young women finishing school and becoming economically self sufficient. Education geared towards keeping adolescents from becoming sexually active at a young age and preventing them from contracting sexually transmitted diseases will protect their reproductive ability and keep them healthier in general.

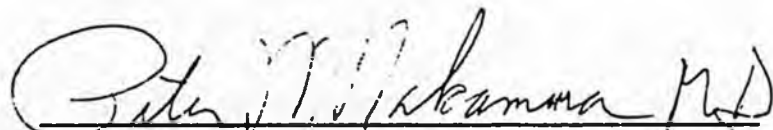
*DHSS Position Paper*

Many adolescents do not know who could help them in their quest for information and health care related to reproductive issues. An outreach campaign directed to adolescents, encouraging them to use the services and telling them how to access the service would be invaluable. Many adolescents are hesitant to acknowledge to their peers that they don't know these things. The decision to become or not become sexually active and to get the health care needed to care for one's reproductive system is a private matter. It is the responsibility of the service providers to conduct outreach in such a manner that it is understandable and acceptable by those who are functionally illiterate, as well as those who have excellent reading skills.

Since the Regional Health Corporations and the Municipalities provide a broad array of health services in both the rural and urban areas, it would be very appropriate to contract with these entities whenever possible to provide the health care services for adolescents being requested in this bill. It would enhance that agency's ability to meet the needs of their community and would integrate this service into the existing array of services. It would eliminate any significant increase in administrative costs, related to implementing this service.

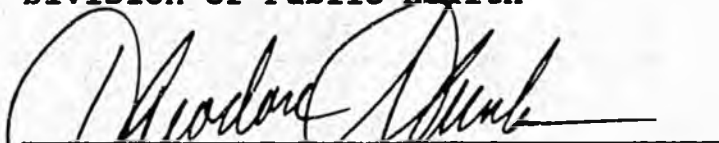
Position

The Department supports this bill which will significantly increase the availability of reproductive health services to women of all ages who live in the villages in the state. It will increase accessibility for adolescents in the urban areas and it will increase the outreach capability for this hard to reach segment of the population in all localities. The implementation of this program needs to be incorporated into efforts directed at increasing accessibility to reproductive health care for all women of child bearing age.



Peter M. Nakamura, MD, MPH  
Director  
Division of Public Health

4/30/91  
Date



Theodore A. Maza, MD, MPH  
Commissioner  
Department of Health and Social Services

4/30/91  
Date

HB 242

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**RECOMMENDATION:**

The State should provide adequate funding to school districts for school health services.

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Issue

Every Alaskan child deserves the opportunity to lead a healthy and productive life. Health services and healthy life skills training are often not available to our children (particularly in rural Alaska). Members of the Task Force have come to the conclusion that school health services are important. These services need to be adequately funded, and yet they have suffered considerably from budget cuts in the recent past. The Task Force looked at various programs which provide health services to school aged children. Research from other states such as Oregon, Michigan and Arkansas demonstrates that school based health clinics may be the most effective way of assuring that the largest number of children can receive these services.

Implementation

- 1) School districts should provide needed health services by bringing services up to adequate levels.
- 2) The Task Force encourages local school districts to explore models from those states with school based health clinics and to establish such clinics where appropriate.

Cost

The State should fund the cost of upgrading school health services to a reasonable level. Funding could be accomplished through: 1) increased foundation funding; 2) increased categorical funding; or 3) a combination of the two.

Benefits

We have the opportunity to impart to our children a higher sense of self-esteem, better decision-making capabilities, and career and interpersonal skills which will benefit them for a lifetime. These

skills will help give Alaskan children the ability to avoid many of the problems which they now face--for example, the ability to say no to drugs and the education to help reduce the incidence of sexually transmitted diseases as well as to avoid adolescent pregnancy and its associated consequences. School based health services would serve as reinforcement for the instruction students would receive during regular class time on healthy life skills, human sexuality, family planning, interpersonal skills, decision making skills and self-esteem building.

# Teen pregnancy gets lawmaker focus

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*Sen. Drue Pearce*

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**As a group, their babies are more likely to die before their first birthday, to be hospitalized and to die as children of injuries and violence.**

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*Continued on next page*

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These include development of an automatic control system for an orthopedic device, development of an integrated system of devices to measure the strength and movement of the neck and lower back and ways to successfully vaccinate premature infants against Hepatitis B.

As of January, ASTF had funded five of 26 (or 19 percent) of the health proposals submitted. This is higher than the 14 percent average for all proposals. Health proposals have been received from physicians, foundations and universities.

For more information, write ASTF, 550 West 7th Ave., Suite 360, Anchorage, Ak. 99501-3555.

REQUEST: FISCAL NOTE

Revision Date: \_\_\_\_\_ Agency Affect: Health & Social Services  
 Title: Health care services BRU: State Health Services  
           for adolescents  
 Sponsor: C. Davis, et al Components: Maternal, Child & Family Health  
 Requester: House HES

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 92	FY 93	FY 94	FY 95	FY 96	FY 97
Personal Services	29.1	29.1	29.1	29.1	29.1	29.1
Travel						
Contractual	470.1	470.1	470.1	470.1	470.1	470.1
Supplies						
Equipment						
Land & Structures						
Grants, Claims						
Miscellaneous						
<b>TOTAL OPERATING</b>	<b>499.2</b>	<b>499.2</b>	<b>499.2</b>	<b>499.2</b>	<b>499.2</b>	<b>499.2</b>

<b>CAPITAL</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
----------------	------------	------------	------------	------------	------------	------------

<b>REVENUE</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
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FUNDING: (Thousands of Dollars)

General Funds	499.2	499.2	499.2	499.2	499.2	499.2
Federal Funds						
Other						
<b>TOTAL</b>	<b>499.2</b>	<b>499.2</b>	<b>499.2</b>	<b>499.2</b>	<b>499.2</b>	<b>499.2</b>

POSITIONS

Full-Time	0	0	0	0	0	0
Part-Time	1	1	1	1	1	1
Temporary	0	0	0	0	0	0

ANALYSIS: (attach a separate page if necessary)

In order to visit the 227 villages semi-annually with populations of under 2000, it would cost \$200/day for a clinician and \$125/day for travel and per diem. In the larger communities, \$175,000 would be needed to enhance the services already provided. These services would be contracted out. The department would need one-part time position to develop the program and implement the outreach services.

Prepared By: Peter M. Nakamura, MD, MPH, Director  
 Division: PUBLIC HEALTH

Phone: 465-3090  
 Date: 04/30/91

Approved By Commissioner: Theodore Mala, M.D., MPH  
 Agency: HEALTH & SOCIAL SERVICES

Date: 4/30/91

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

# ALASKA STATE LEGISLATURE

## ELECTIVE DISTRICT 1

HYDER  
KETCHIKAN  
KUPREANOF  
MEYERS CHUCK  
PETERSBURG  
SAXMAN  
WRANGELL



## HOME

P.O. BOX 5723  
KETCHIKAN, AK 99901  
PHONE 225-6304

## DURING SESSION

P.O. BOX V  
STATE CAPITOL BUILDING  
JUNEAU, AK 99811  
PHONE 465-3424

## Representative Cheri L. Davis

Good morning and thank you for scheduling these bills so promptly.

Adolescent pregnancy is not new. Teen pregnancy is a result of a complex combination of factors that vary greatly from one community to the next. The three bills you have before you today are part of a package that resulted from the Teen Pregnancy Task Force, which met throughout last interim.

House Bill 243, relates to teen pregnancy prevention. This bill will allow for the development of a statewide public awareness campaign, relating to adolescent pregnancy prevention and services for adolescent parents and their children. Furthermore, this bill will establish a program to fund teen pregnancy and parenthood projects.

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HB 241 would develop financial incentive programs to encourage the establishment of in-school child care where a need exists. The establishment of a grant program for child care in schools, would provide for access to affordable child care and help the adolescent parent redevelop her life and goals in pursuit of an education.

Adolescent Pregnancy is not a problem that will go away with a "quick Fix" solution. I urge your support of this package of bills. They will form a strong foundation from which we can develop a comprehensive solution.

Thank you, I will be happy to answer any questions you may have on these bills.

*Sponsor statement*

H B

2 4 3



P.O. Box 100563, Anchorage, Alaska 99510

April 2, 1991

**Senate Health Education and Social Services:**

The Alaska Health Education Consortium would like to express its support of Senator Pearce's Teen Pregnancy and Parenting Package-- SB-169-176 and SCR 15 and 16.

Teen pregnancy and adolescent parenting cost our society both economically and socially. We support all organized, planned efforts to address teen pregnancy as one at-risk issue of adolescence.

The Teen Pregnancy and Parenting Task Force spent several months studying the problem, and the package Senator Pearce has sponsored addresses some of the issues discussed during the Task Force meetings. The Task Force did not prioritize its recommendations in its report to the Legislature, but all successful plans prioritize actions in order to build a solid program that is long-term and continues to build on efforts from year to year. We are recommending that SCR 15 and 16 be implemented first, followed by SB 176, Comprehensive Health Education, and SB 170, Public Awareness Campaign and Parenting Projects. These bills would provide a sound investment in prevention that could yield long-term benefits.

Next, SB 169, Case Management, would help to augment current DHSS programs and ensure assistance for all teen parents. SB 175, 171, 173, 172, and 174 would be lower in priority but also important in both the short- and long-term.

As professionals in prevention, we urge that legislators consider investing in prevention carefully. For prevention efforts to be successful, they must have long-term commitment and financial support. Programs that last only one or two years cannot possibly hope to produce lasting results. Therefore, we are recommending passage of SB 176 first to build a foundation for other prevention and intervention efforts. While health education alone is not always sufficient to change behaviors or alter attitudes, it is necessary to provide information and skills in order for any other prevention program to succeed.

**KNOWLEDGEABLE CHOICES FOR OPTIMUM HEALTH**

We believe that only a comprehensive, sequential, age appropriate curriculum in health education can hope to begin to produce a reduction in demand for the health and social services funded by the public.

Delisa Culpepper

Delisa Culpepper, President  
Alaska Health Education Consortium



April 6, 1991

Senator Arliss Sturgulewski  
Chair, Senate HESS Committee  
P. O. Box V  
Juneau, AK 99811

Dear Senator Sturgulewski,

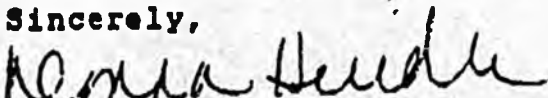
A number of bills (cs for 169, 170 through 176) concerning Adolescent Pregnancy Prevention and Parenting will be heard very soon in the Senate HESS Committee. On behalf of Planned Parenthood of Alaska, I would like to express our strong support for this proposed legislation and the fiscal notes that are attached.

Adolescent pregnancy and childbirth are social and medical problems of significant proportions in Alaska. Recent legislative reports, such as "Three A Day: Children Having Children in Alaska" as well as the report of the Teen Pregnancy Task Force, have documented the extent of these problems. Alaska leads the United States in the extent of adolescent pregnancy and childbirth, as we do in so many other social and health problems. Perhaps we can be a leader in the solution as well.

To address these problems will take a concerted effort by the Department of Health and Human Services and a significant amount of monies. However, these monies, more than many others, are buying a healthy future for the state. The social and economic cost to the state of teen pregnancy and childbirth is extensive and lasts for many years. Adolescent pregnancy prevention programs have been shown to work - teens remain in their educational programs and later secure employment, contributing to the state economy. What better use of state dollars can there be than to insure such a future?

Planned Parenthood of Alaska stands ready to contribute its wealth of experience in providing family planning and teen pregnancy prevention programs throughout the state to these efforts. We urge the Senate HESS committee to support bills cs169 - 176.

Sincerely,

  
Donna E. Hurdle, MSW  
Executive Director

# HOSPITAL & NURSING HOME

ASSOCIATION

April 9, 1991

Senator Arlis Sturgulewski, Chair  
Committee on Health, Education &  
Social Services  
Alaska State Senate  
Juneau, AK 98111

Dear Senator Sturgulewski and members  
of the HESS Committee:

Hospital and Nursing Home Administrators, along with their governing board members met here in Juneau earlier in the week and had the opportunity to review the report of the Alaska's Adolescent Pregnancy and Parenthood Task Force, and the subsequent legislation introduced by Senator Pearce.

The Association would like to urge your support for the recommendations of the Task Force and support "in principle" for Senate Bills 170, 172, 173, 174, 175 and 176.

We would suggest that SCR 15 and SCR 16 be moved quickly through the legislative process and that those separate pieces of legislation that receive an immediate legislator/public consensus also be moved on. Those bills that need additional review should be referred to HESS subcommittees and given additional review.

The hospital is often the place where an unhealthy young woman, illprepared for motherhood gives birth to an equally or worse unhealthy child.

Hospitals across the state want to work with Senator Pearce, her Task Force and the Legislature in preventing these tragedies. In preventing the "human" tragedy, we also curtail a very high cost in health care dollars.

Enclosed is the April issue of our ASHNA newsletter that features a story on the work of the Task Force.

Sincerely,



Harlan R. Knudson  
President/CEO

Encl: (1)

*letters of support*



# ANCHORAGE SCHOOL DISTRICT

4600 DeBarr Avenue  
P.O. Box 196614  
Anchorage, Alaska 99519-6614  
AREA CODE (907) 333-9561

April 10, 1991

**SCHOOL BOARD**

Sharon Richards  
President

Carol Stolpa  
Vice President

Darryl Jordan  
Clerk

Robert Christianson  
Treasurer

Vince Casey

Walter T. Featherly

Theresa Obermeyer

**SUPERINTENDENT**

Thomas C. O'Rourke

The Honorable Arliss Sturgulewski  
Chair, Senate HESS Committee  
Alaska State Legislature  
P.O. Box V  
Juneau, Alaska 99811

Dear Senator Sturgulewski:

At our regular meeting of April 8, 1991 the Anchorage School Board took formal action in support of Senate Bill 173, Senate Bill 174 and Senate Bill 176. We would encourage you to also support this legislation. If you have any questions please feel free to call either Dr. O'Rourke or myself.

Sincerely,

Sharon Richards, President  
Anchorage School Board

I W

# BPW usa

The Voice of the Working Women

ALASKA FEDERATION OF BUSINESS  
AND PROFESSIONAL WOMEN

8610 Shrub Ct

Anchorage, AK 99504

Senator Drew Pierce  
Juneau, AK

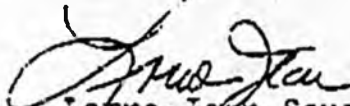
Dear Senator;

The Alaska Federation of Business and Professional Women's  
Club's Executive Committee endorses and supports the following  
bills:

H169  
H170  
H171  
H172  
H173  
H174  
H175  
H176

Thank you very much for your help in trying to pass these  
much need bills. Keep up the good work.

Best Personal Wishes;

  
Lorna-Jean Souza  
State President  
AK/BPW  
(907) 338-0380

BPW promotes full participation, equity and economic self sufficiency for women.

# Teen pregnancy gets lawmaker focus

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The task force, chaired by Sen. Drue Pearce (R-Anchorage), was formed in response to the alarming number of teenage pregnancies in Alaska. A study by the Legislative Research Agency in August 1989 found that Alaska teens give birth to an average of three children a day. In 1985, Alaska had the second-highest reported teen pregnancy rate among the 50 states.

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*Sen. Drue Pearce*

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*Continued on next page*

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For an Act entitled: "An Act directing the Department of Health and Social Services to develop a statewide plan and conduct a statewide awareness campaign relating to adolescent pregnancy prevention and services for adolescent parents and their children; and establishing a program to fund adolescent pregnancy and parenthood projects."

Summary

HB 243 amends AS47 by adding a Chapter 18, entitled Programs and Services Related to Adolescents. Article one directs the Department, with guidance from the Alaska Commission on Children and Youth to develop a statewide plan to ensure that state programs related to adolescent pregnancy prevention and the provision of services to adolescent parents and their children are efficient and effective. Article two directs the Department to develop and implement a statewide public awareness campaign, utilizing all forums and media, to communicate to the public the magnitude of the problem and to enlist community help with the problem. A primary objective of the campaign will be to encourage adolescents to abstain from premarital sexual intimacy. Article three directs the department to fund, from appropriations for that purpose, local projects designed to prevent adolescent pregnancy and provide adolescents with educational, vocational and parenting training. It also directs the Department to annually conduct regional conferences or workshops to showcase successful projects, encourage their replication and increase public awareness of the available services directed to the problems of adolescent pregnancy and parenting.

Discussion

A comprehensive state plan; outlining need, essential care services, available resources, existing programs and priorities for future activity would help state and local entities. It would help prioritize projects for funding, as resources dwindle. It would provide information regarding successful interventions and activities and would convey to possible outside funding agencies, ie. the federal government and private foundations, the exact nature of the need, the scope of the current effort and the context within which the proposed projects would operate.

The success of the Healthy Babies public awareness campaign in getting pregnant women into prenatal care early is an excellent example of how effective a well designed campaign can be. Most adolescents and their families believe adolescent pregnancy and parenting is something that happens only to others. There is also the belief that it really doesn't change the adolescent or the family's life that much. A good campaign that communicates the magnitude of the problem and encourages communities to educate themselves about the realities of children having children can go far towards improving the support and services available to those who find themselves dealing with an adolescent pregnancy.

The early onset of sexual activity within the adolescent community gives rise to myriad of problems, pregnancy and parenting at a

DHSS Position Paper

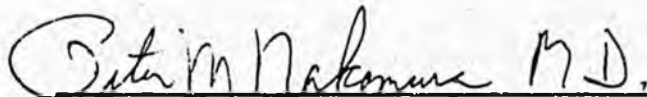
young age being only two of them. Sexually transmitted diseases, some of them life threatening or potentially destructive to the young man or woman's reproductive ability, are a daily reality. A campaign directed towards encouraging adolescents to delay sexual intimacy till after marriage can have far reaching positive effects as far as self-esteem and educational attainment are concerned.

The Division of Mental Health has had significant success with it's program of community based Suicide Prevention Projects. This bill directs communities to design holistic programs with cultural integrity. It requires applicants to demonstrate that the entire community to be served be involved in the planning process and have their interests and perspectives well represented. Hopefully, projects will integrate services from agencies that traditionally have not worked well or closely together. Well designed evaluation and public awareness components will provide valuable information regarding the effectiveness of the strategies employed and will get the information about the project out to those who need the services.

Many times very successful programs are not replicated because other communities do not know about them or there effectiveness. The regional conferences can bring together professionals, adolescents and their families to discuss what works, what doesn't work and what future activities should be. It provides those working in the field a chance to network with their peers and to get support, encouragement, affirmation and recognition for work that was well done.

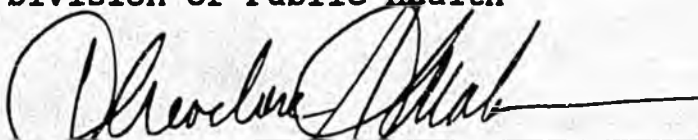
Position

The Department of Health and Social Services recommends passage of SB 170 because it addresses the needs of pregnant and parenting adolescents and their families in communities across the state. The plan will provide guidance to all entities in the state providing services to the target population and the public awareness campaign, the community based projects and the regional workshops will all enhance the delivery and quality of services available to pregnant and parenting adolescents and their families.



Peter M. Nakamura, MD, MPH  
Director  
Division of Public Health

4/30/91  
Date



Theodore A. Mala, MD, MPH  
Commissioner  
Department of Health and Social Services

4/30/91  
Date

AB243

---

**RECOMMENDATION:**

Mandate that the Department of Health and Social Services direct a statewide public awareness campaign and fund and monitor a program of comprehensive adolescent pregnancy prevention projects modeled after the Division of Mental Health Suicide Prevention Projects.

---

Issue

The magnitude of the problem of adolescent pregnancy is a result of a complex combination of factors that vary greatly from one community to the next. These factors are diverse and cannot be solved by a single approach; therefore, this Task Force has learned that the most successful approach to solving the problem of adolescent pregnancy will have to include a wide variety of programs and services. By forming diverse coalitions, respecting community cultures, and addressing adolescent pregnancy in context, set backs can be minimized and the potential for success maximized. Preventing adolescent pregnancy means changing the decisions adolescents make about sexuality and child bearing. These decisions are bound up in the adolescents ideas about family life, education, and their perception of their own abilities and opportunities. A variety of other circumstances related to mental health, family violence, substance abuse, and community development also impinge on the making of these decisions.

If the state is to reduce rates of adolescent pregnancy, it must employ a comprehensive approach. The various political entities must have the support and confidence of the public as a whole, and certainly changing people's values and attitudes takes time.

Implementation

- 1) The statewide public awareness campaign shall:
  - a) coordinate all interested and appropriate agencies in the state;
  - b) develop a multi-media program that communicates to the public the scope and magnitude of the adolescent pregnancy problem;
  - c) call for volunteers from other state agencies as well as the private sector;

*Adolescent Pregnancy Task Force Recomm.*

- d) encourage community activities which will educate adults and adolescents alike about the importance of reducing adolescent pregnancy;
  - e) coordinates with existing programs for National Family Sexuality Education Month in October of each year.
- 2) Funded projects shall incorporate the following concepts:
- a) Adolescent pregnancy addressed in a holistic context, recognizing the interconnectedness of adolescent pregnancy and a broad array of related circumstances such as:
    - 1. low self-esteem
    - 2. domestic violence
    - 3. substance abuse
    - 4. economic security
    - 5. financial responsibility of bearing a child
    - 6. cultural integrity
    - 7. parenting skills
    - 8. educational and vocational opportunities
    - 9. access to reproductive health services
  - b) Projects will be defined and designed with maximum input from local community members who represent the variety of interests, cultures, and perspectives on teen pregnancy.
  - c) Projects should be based upon sound research, to the maximum extent possible.
  - d) Projects will maximize collaboration among all relevant agencies involved in the issues being addressed.
  - e) Projects will incorporate an evaluation component to measure project effectiveness.
  - f) Projects will include a public awareness campaign.

#### Cost

The cost of a statewide public awareness campaign would be dependent upon the complexity and type of media used. However, an adequate campaign could be mounted for approximately \$100,000.

The cost of the community based projects is estimated to be much the same as those for the Suicide Prevention Projects and to be dependent upon the number of projects funded. At the very least, the Task Force recommends that various level grants be designed to meet the needs of rural, semi-rural, and urban communities.

According to the office fiscally responsible for suicide prevention projects, grants average \$15,000 per year per project, and there are nearly 50 projects around the state. Grants are

given to communities who have developed a proposal for preventing suicide in their localities. A copy of a grant application for a suicide prevention project is included in Appendix B.

### Benefits

Initially, the expected benefits include a greater focus on the problem of adolescent pregnancies in many communities, which itself would result in better clarity. In addition, strategies for preventing adolescent pregnancy that are relevant to individual communities would be developed and implemented, evaluated, and possibly shared with other communities.

Over time, the number of adolescent births (and pregnancies, although this cannot be adequately measured) would decline. Additional benefits, perhaps not directly related to adolescent pregnancy, such as enhanced cultural pride, greater local support for domestic violence victims, or improved vocational training opportunities, are also likely.

# ALASKA STATE LEGISLATURE

## ELECTIVE DISTRICT 1

HYDER  
KETCHIKAN  
KUPREANOF  
MEYERS CHUCK  
PETERSBURG  
SAXMAN  
WRANGELL



## HOME

P.O. BOX 5723  
KETCHIKAN, AK 99901  
PHONE 225-6304

## DURING SESSION

P.O. BOX V  
STATE CAPITOL BUILDING  
JUNEAU, AK 99811  
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Adolescent Pregnancy is not a problem that will go away with a "quick Fix" solution. I urge your support of this package of bills. They will form a strong foundation from which we can develop a comprehensive solution.

Thank you, I will be happy to answer any questions you may have on these bills.

*Sponsor Statement*

FISCAL NOTE ANALYSIS FOR SB 170

FY 92

Personal Services: \$50.0

Nonpermanent half time Health and Social Services Planner II (Rg.19) and Clerk Typist III (Rg.8) to develop a comprehensive statewide plan to ensure effective adolescent pregnancy program services.

Travel: \$5.0

Staff travel to coordinate plan development with municipalities, Alaska Area Native Health Service, Department of Education, Regional Health Corporations and concerned community groups and agencies.

Contractual: \$125.0

Professional Services Contract to develop a multi media campaign addressing adolescent pregnancy prevention. ( approximately \$100.0)

Communication and duplication costs associate with the plan development. ( approximately \$5.0)

Limited multi media campaign implementation cost for publication and telecommunications. (approximately \$20.0)

Supplies: \$3.0

Program brochures, educational and printed public information materials.

Grants: \$100.0

Community based adolescent pregnancy prevention project development funds which are intend to support concerned public agency activities. These funds are intended to be utilized in conjunction with existing programs whenever possible to supplement or expand compatible services such as the suicide prevention projects administered by the Division of Mental Health and Disabilities. Anticipated start up date for this phase of the program would be mid FY 92.

FY 93 to FY 96

Contractual: \$30.0

Multi media camapign cost to supplement public service

announcements in radio and television.

Supplies: \$5.0

Program brochures, educational and printed public information materials.

Grants: \$200.0

Full implementation cost for community based adolescent pregnancy prevention project development funds which are intend to supplement concerned public agency activities. These funds are intended to be utilized in conjunction with various existing programs whenever possible to supplement or expand compatible services such as the suicide prevention projects administered by the Division of Mental Health and Disabilities.

**REQUEST: FISCAL NOTE**

Revision Date: \_\_\_\_\_ Agency Affect: Health & Social Services  
 Title: Statewide awareness campaign for adolescent pregnancies BRU: State Health Services  
 Sponsor: C. Davis, et al Components: Maternal, Child & Family Health  
 Requester: House HESS

**EXPENDITURES/REVENUES: (Thousands of Dollars)**

OPERATING	FY 91	FY 92	FY 93	FY 94	FY 95	FY 96
Personal Services	50.0					
Travel	5.0					
Contractual	125.0	30.0	30.0	30.0	30.0	30.0
Supplies	3.0	5.0	5.0	5.0	5.0	5.0
Equipment						
Land & Structures						
Grants, Claims	100.0	200.0	200.0	200.0	200.0	200.0
Miscellaneous						
<b>TOTAL OPERATING</b>	<b>283.0</b>	<b>235.0</b>	<b>235.0</b>	<b>235.0</b>	<b>235.0</b>	<b>235.0</b>

<b>CAPITAL</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
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<b>REVENUE</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
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**FUNDING: (Thousands of Dollars)**

General Funds	283.0	235.0	235.0	235.0	235.0	235.0
Federal Funds						
Other						
<b>TOTAL</b>	<b>283.0</b>	<b>235.0</b>	<b>235.0</b>	<b>235.0</b>	<b>235.0</b>	<b>235.0</b>

**POSITIONS**

Full-Time	0	0	0	0	0	0
Part-Time	2	0	0	0	0	0
Temporary	0	0	0	0	0	0

ANALYSIS: (attach a separate page if necessary)

Please see attached analysis.

Prepared By: Peter M. Nakamura, MD, MPH, Director *Pm* Phone: 465-3090  
 Division: PUBLIC HEALTH Date: 04/30/91  
 Approved By Commissioner: Theodore Mala, M.D., MPH *T. Mala* Date: 04/30/91  
 Agency: HEALTH & SOCIAL SERVICES

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

*FN 283.0 DHSS*

HOUSE COMMITTEE REPORT

(7)

Date Referred: March 27, 1991

FURTHER REFERRALS:

Finance

Date of Committee Action: 5-1-91

The HEALTH, EDUCATION AND SOCIAL SERVICES Committee considered:

HB 243

HOUSE BILL NO. 243

TEEN PREGNANCY PREVENTION

"An Act directing the Department of Health and Social Services to develop a statewide plan and conduct a statewide public awareness campaign relating to adolescent pregnancy prevention and services for adolescent parents and their children; and establishing a program to fund adolescent pregnancy and parenthood projects."

RECOMMENDATIONS:  the same title  
 be replaced with \_\_\_\_\_  a new title

have attached amendments(s)

do pass

do not pass

no recommendations

individual recommendations

additional referral to the \_\_\_\_\_ Committee

ADOPTS: \_\_\_\_\_ letter of Intent

ATTACHES NEW FISCAL NOTE(S): (Dept)

APPROVES PREVIOUS: (Dept/Date)

fiscal impact DHSS

fiscal note(s) \_\_\_\_\_

zero fiscal note \_\_\_\_\_

zero fiscal note(s) \_\_\_\_\_

SIGNING <u>DO</u> PASS	DP	OTHER RECOMMENDATIONS	DNP	NR	AM
<i>Cheri Davis</i>	<input checked="" type="checkbox"/>				
<i>Mary Miller</i>	<input checked="" type="checkbox"/>				
<i>Betty Davis</i>	<input checked="" type="checkbox"/>	<i>John C. Douglas</i>		<input checked="" type="checkbox"/>	(GONZALES)
<i>[Signature]</i>	<input checked="" type="checkbox"/>	<i>Mark Hanley</i>		<input checked="" type="checkbox"/>	(HANLEY)
<i>[Signature]</i>	<input checked="" type="checkbox"/>	(LINCOLN)			
<i>[Signature]</i>	<input checked="" type="checkbox"/>	(CARNEY)			

*[Signature]*  
 CO-CHAIRMAN'S SIGNATURE



# Alaska State Legislature

## House of Representatives

COMMITTEE ON HEALTH, EDUCATION  
AND SOCIAL SERVICES

DATE: MAY 1, 1991

PLACE: Capitol Room 106

**SUBJECT OF MEETING:**

HB 241 GRANTS TO SCHOOLS FOR DAY CARE  
 HB 242 TEEN HEALTH CARE SERVICES  
 HB 243 TEEN PREGNANCY PREVENTION

NAME	REPRESENTING	BUSINESS/PERSONAL MAILING ADDRESS	ZIP	(H) PHONE	(W) PHONE	DO YOU WANT TO TESTIFY?		WHAT SUBJECT/ WHICH BILL?
Dwayne Peoples <del>Duane Peoples</del>	DHSS Public Health	PO Box H-06 Juneau	99811		465- 3090	Y	N	HB 243
		Health Program Specialist				Y	N	
						Y	N	
						Y	N	
						Y	N	
						Y	N	
						Y	N	
						Y	N	
						Y	N	
						Y	N	

HB

247

# DIVISION OF LEGAL SERVICES

## LEGISLATIVE AFFAIRS AGENCY STATE OF ALASKA

P.O. Box Y, Juneau, Alaska 99811  
(907) 465-3867 or 465-2450  
FAX (907) 465-2029

Deliveries to: 240 Main Street  
Court Plaza, Room 500  
Mail Stop 3101

### MEMORANDUM

April 19, 1991

**SUBJECT:** Sectional Summary - CSHB 247( )  
(Work Order No. 17-LS1059\D)

**TO:** Representative Jerry Mackie  
Attn: Linda

**FROM:** Jerry Luckhaupt *JEL*  
Legislative Counsel

You have requested a sectional summary of CSHB 247( ), an Act relating to the licensure of dentists. Be advised that a sectional summary is not an authoritative interpretation of the bill. The bill itself is the best statement of its contents.

Section 1 of the bill amends AS 08.36.070(a) by adding a new paragraph providing that the dental board must require an applicant for a dental license or renewal be certified in cardiopulmonary resuscitation and maintain that certification during the period of the license.

Section 2 of the bill amends AS 08.36.160 by adding a new subsection (e). AS 08.36.160 deals with the examination required for licensure as a dentist. New (e) would allow the board to accept a passing score an applicant had received on a clinical examination given by the Western Regional Examining Board as a passing score on the clinical exam required under AS 08.36.160, provided the exam was taken within the five years preceding application and after January 1, 1986.

Section 3 of the bill amends AS 08.36.234 in several ways. First, the bill requires the board to allow for licensing by credentials. This allows for the licensing of dentists who have not taken and failed the examination required by AS 08.63.160. Under the bill dentists who have not taken and failed the examination shall be licensed by the dental board if they pass a written exam on the state's dental laws (page 4, lines 3 - 6, and if they submit the other information required by Section 3 of the bill. Existing law merely provides that the board "may" provide for licensing by credentials. Second, the information that is required to be produced by the dentist has been expanded upon over the existing statute. In particular, the paragraphs of AS 08.36.234 provide that:

*sectional analysis. CSHB 247( )*

Representative Jerry Mackie

April 19, 1991

Page 2

(1) the applicant must provide certification of graduation from an accredited dental school and holds a certificate that the applicant has passed an examination given by the American Dental Association Joint Commission on National Dental Examinations;

(2) the applicant must provide certification of licensure in another state;

(3) the applicant must provide certification of licensure in the jurisdiction where the applicant is currently licensed and has been licensed, provided that an applicant employed by the federal government must provide certification of endorsement by the employing federal agency;

(4) the applicant must provide certification of continuous clinical practice for the five years preceding application;

(5) the applicant must provide certification that the applicant is not the subject of an investigation, etc.;

(6) the applicant must provide certification that licensure in another jurisdiction has not been suspended, revoked, or voluntarily surrendered;

(7) the applicant must provide certification that the applicant has not failed the clinical examination of this state or the clinical examination of the Western Regional Examining Board (within the last three years);

(8) the applicant must submit proof of completion of 42 hours of continuing education in the last three years;

(9) the applicant must pass the written examination on the state's laws;

(10) the applicant must be personally interviewed by the board for the purpose of verifying the credentials submitted by the applicant;

(11) the applicant must pay all fees;

(12) the applicant must provide certification of no adverse reports by the National Practitioner Data Bank or the American Association of Dental Examiners Clearinghouse for Disciplinary Information;

(13) the applicant must provide certification of no adverse peer review reports from other jurisdictions;

Representative Jerry Mackie  
April 19, 1991  
Page 3

(14) the applicant must provide an affidavit stating that the applicant is not an impaired practitioner; and

(15) the applicant must provide an authorization for release of records.

Section 4 of the bill amends AS 08.36.234 by the addition of new subsections, requiring the adoption of regulations and putting the burden of producing the documentary evidence required in section 3 of the bill on the applicant.

Section 5 of the bill provides an immediate effective date.

GPL:pl  
91-276.plm

# DIVISION OF LEGAL SERVICES

## LEGISLATIVE AFFAIRS AGENCY STATE OF ALASKA

P.O. Box Y, Juneau, Alaska 99811  
(907) 465-3867 or 465-2450  
FAX (907) 465-2029

Deliveries to: 240 Main Street  
Court Plaza, Room 500  
Mail Stop 3101

### MEMORANDUM

April 10, 1991

**SUBJECT:** Sectional Summary - HB 247 (W.O. 17LS-1059)

**TO:** Representative Jerry Mackie  
Attn: Linda

**FROM:** Jerry Luckhaupt *JEL*  
Legislative Counsel

You have requested a sectional summary of HB 247, an Act relating to the licensure of dentists. Be advised that a sectional summary is not an authoritative interpretation of the bill. The bill itself is the best statement of its contents.

Section 1 of the bill amends AS 08.36.160 by adding a new subsection (e). AS 08.36.160 deals with the examination required for licensure as a dentist. New (e) would allow the board to accept a passing score an applicant had received on a clinical examination given by the Western Regional Examining Board as a passing score on the clinical exam required under AS 08.36.160, provided the exam was taken within the five years preceding application and after January 1, 1987.

Section 2 of the bill amends AS 08.36.234 in several ways. First, the bill requires the board to allow for licensing by credentials. This allows for the licensing of dentists who have not taken and failed the examination required by AS 08.63.160. Under the bill dentists who have not taken and failed the examination shall be licensed by the dental board if they pass a written exam on the state's dental laws and an oral interview consisting of discussion of recent patient case reports and oral defense of diagnosis and treatment plans (page 3, lines 2 - 8), and if they submit the other information required by Section 2 of the bill. Existing law merely provides that the board "may" provide for licensing by credentials. Second, the information that is required to be produced by the dentist has been expanded upon over the existing statute. In particular, the paragraphs of AS 08.36.234 provide that:

(1) the applicant must provide certification of graduation from an accredited dental school and holds a certificate that the applicant has passed an examination given by the American Dental Association Joint Commission on National Dental Examinations;

(2) the applicant must provide certification of licensure in another state;

Representative Jerry Mackie

April 10, 1991

Page 2

(3) the applicant must provide certification of licensure in the jurisdiction where the applicant is currently licensed and has been licensed, provided that an applicant employed by the federal government must provide certification of endorsement by the employing federal agency;

(4) the applicant must provide certification of continuous clinical practice for the five years preceding application;

(5) the applicant must provide certification that the applicant is not the subject of an investigation, etc.;

(6) the applicant must provide certification that licensure in another jurisdiction has not been suspended, revoked, or voluntarily surrendered;

(7) the applicant must provide certification that the applicant has not failed the clinical examination of this state or the clinical examination of the Western Regional Examining Board (within the last three years);

(8) the applicant must submit proof of completion of 50 hours of continuing education in the last three years;

(9) the applicant must provide current certification in CPR;

(10) the applicant must pass the written examination on the state's laws;

(11) the applicant must be personally interviewed by the board for the purpose of verifying the applicant's professional competency;

(12) the applicant must pay all fees;

(13) the applicant must provide certification of no adverse reports by the National Practitioner Data Bank or the American Association of Dental Examiners Clearinghouse for Disciplinary Information;

(14) the applicant must provide certification of no adverse peer review reports from other jurisdictions;

(15) the applicant must provide an affidavit stating that the applicant is not an impaired practitioner; and

(16) the applicant must provide an authorization for release of records.

Section 3 of the bill amends AS 08.36.234 by the addition of new subsections, requiring the adoption of regulations and putting the burden of producing the documentary evidence required in section 2 of the bill on the applicant.

GPL:lmb

91-107.lmb

**HB 247: "An Act relating to licensure of dentists."**

The department supports HB 247 because it brings the statute into conformity with recent court decisions. It further mandates access to clearinghouses of disciplinary information which makes it possible to render an informed judgment on the applicant.

HB 247 makes several amendments to the dental statutes concerning examinations and licensure by credentials. It adds a new section which indicates the time frame for the Board of Dental Examiners to accept WREB scores. A major addition to the credentialing section is the addition of statutory language which would allow the board to conduct oral examinations during the personal interview. Although the department is well aware of the purpose for these changes, the department has a number of concerns as explained below by sections.

The new subsection, 08.36.160, sets out a standard for acceptance of WREB examinations; however, it is contradictory in that, in accordance with the first sentence, if the bill passes in 1991, the board would accept WREB examinations as far back as 1986. However, in the second sentence, this subsection indicates that the board may accept WREB results from January 1, 1987 forward. This section applies only to candidates by exam. If a candidate took the WREB in 1987 but did not practice dentistry between 1987-92, it appears this provision would require the board to license the applicant. Ironically, this same person would be ineligible by credentials as credentialing would require active practice within the immediate past five years.

Section 2, 08.36.234(3), indicates that an applicant must be endorsed by another licensing jurisdiction (and all jurisdictions where they have held licenses in the past) as well as endorsed by a federal agency if the applicant is employed by the federal government. Exactly what an endorsement means is unclear other than it appears to be equivalent to a "recommendation." Many boards (including Alaska's) will only give a history without comment.

Section 2, 08.36.234(5), appears overly broad in that the applicant must provide certification to the board that he/she is not the subject of an unresolved complaint, investigation, review procedure, or disciplinary proceeding of a dental licensing jurisdiction or agency, law enforcement agency, or "other governmental agency." "Other governmental agency" should be clarified to include only those agencies and issues which pertain to matters relating to dentistry.

Section 2, 08.36.234(8), requires applicants to submit proof of 50 hours of continuing education completed within the three years preceding application; however, Alaskan licensed dentists need only to complete 42 hours during that same period. Different requirements for credential applicants and Alaskan licensees cause an equal protection concern and the standard should be the same for both.

**POSITION PAPER - HB 247**

**Page 2**

Section 2, 08.36.234(9), also causes an equal protection concern in that the bill would require credential applicants to provide proof of current certification in cardiopulmonary resuscitation techniques; however, exam applicants are not required to be currently certified. The division feels this requirement is a good one and should also be required of applicants by examination.

Section 2, 08.36.234(11), adds language which would require the board to discuss and review patient case reports during the credentialing personal interview. For this process to be defensible, there needs to be a standard established which would be used in discussing and reviewing the patient case reports. Clear standards of what will/will not be acceptable on a given case type must be established.

Section 3, 08.36.234, adds a new subsection (b) which provides that a license issued by credentials may be revoked by the board upon evidence of misinformation or substantial omission. This sets up a different standard for credential applicants versus exam applicants. Existing statute 08.36.315(1) appears to sufficiently cover both credential and exam applicants. The division feels "misinformation" and "substantial omission" would more properly be added to 08.36.315(1) and delete entirely subsection (b) of Section 3, 08.36.234.

The department recommends the following amendments be made:

- o Add a definition of "impaired practitioner" as it is referred to in Sec. 2, 08.36.234(15). The definition should read that "an impaired practitioner is one who has become unfit to practice due to addition or dependence on alcohol or other drugs that impairs the practitioner's ability to practice safely." (This is similar wording to the existing authorities to revoke or suspend a dental license under 08.36.315(7)(C).
- o Amend 08.36.234(1), last sentence, "... has passed the written examinations given by the commission."
- o Amend 08.36.234(13), line 13, end of the sentence, add "or competency issues."

  
Glenn A. Olds, Commissioner

Date: 4-26-91

STATE OF ALASKA  
1991 LEGISLATIVE SESSION

BILL NO. HB 247

Revision Date: \_\_\_\_\_ Department Affected: Commerce & Economic Dev.  
Title: Relating to licensure of dentists. BRU: Occupational Licensing  
Component: Administration

Sponsor: Reps. Mackie & Baker  
Requestor: Rep. Mackie

COMPONENT SERIAL NO. 

0	3	5	6
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Expenditures/Revenues: (Thousands of Dollars)

OPERATING	FY 92	FY 93	FY 94	FY 95	FY 96	FY 97
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	0	0	0	0	0	0

CAPITAL						
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REVENUE	0	0	0	0	0	0
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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

Estimate of current year impact: None

ANALYSIS: (Attach a separate page if necessary.)

HB 247 amends the dental statutes (AS 08.36) to mandate licensure by credentials for dentists. New funds are not required to implement provisions of the bill.

Prepared By: Jennifer Strickler, Admin. Officer Phone: 465-2144  
Division: Occupational Licensing Date: April 22, 1991  
Approved by Commissioner: Glenn A. Olds  
Agency: Commerce and Economic Development Date: 4-22-91

Distribution (by preparer): Legislative Finance, Legislative Sponsor, Requestor, OMB, & Impacted Agency(ies).

FN! ⊕ DCED

HOUSE COMMITTEE REPORT

(7)

Date Referred: April 2, 1991

FURTHER REFERRALS:

Labor & Commerce

Date of Committee Action: April 26, 1991

The HEALTH, EDUCATION & SOCIAL SERVICES Committee considered:

HB 247

HOUSE BILL NO. 247

LICENSURE OF DENTISTS

"An Act relating to licensure of dentists."

RECOMMENDATIONS:

be replaced with CSHB 247

the same title

a new title

have attached amendments(s)

do pass

do not pass

no recommendations

individual recommendations

additional referral to the \_\_\_\_\_ Committee

ADOPTS: \_\_\_\_\_ letter of Intent

ATTACHES NEW FISCAL NOTE(S): (Dept)

APPROVES PREVIOUS: (Dept/Date)

fiscal impact \_\_\_\_\_

fiscal note(s) \_\_\_\_\_

zero fiscal note <sup>4/22/91</sup> Dept of Commerce & Ec. Develop.

zero fiscal note(s) \_\_\_\_\_

SIGNING DO PASS	DP	OTHER RECOMMENDATIONS	DNP	NR	AM
<i>[Signature]</i>	<input checked="" type="checkbox"/>	Chere Davis		<input checked="" type="checkbox"/>	
<i>[Signature]</i>	<input checked="" type="checkbox"/>				
<i>[Signature]</i>	<input checked="" type="checkbox"/>				
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<i>[Signature]</i>	<input checked="" type="checkbox"/>				

*[Signature]*  
CHAIRMAN'S SIGNATURE