

ALASKA LEGISLATURE COMMITTEE FILES 1991-1992 8672

7410 SENATE HEALTH EDUCATION & SOCIAL SERVICES

Travel for the Health Program Specialist II to provide on site service training for community base agencies, program development and services coordination between the involved agencies.

Contractual: \$55.0

Staff operating cost associated with communications, space rental, and printing of education material. (approximately \$15.0)

Professional contract services for peer councilor program to include specialized peer training services, councilor supervision. (approximately \$40.0)

Supplies: \$1.5

Office and computer supplies for the professional and clerical staff.

Fiscal Note Analysis for SB 172

FY 92

Personal Services: \$93.8

Permanent, fulltime Health Program Specialist II (Rg 19) to coordinate the pregnancy prevention peer counseling program with the existing peer counselor/natural helper program efforts, provide training and technical assistance and be a resource to the peer counselors and their adult leaders. The primary focus for this position will be the dissemination of good, factual and usable information related to adolescent sexuality and responsible decision-making. This position will not handle the administrative aspects of the program, these will be absorbed by existing management. Clerk Typist III (Rg 8) to provide support for this project and the other adolescent pregnancy prevention efforts, identified in SB 170, for which no support staff is being requested.

Travel: \$9.0

Travel for the HPS II to conduct training, provide technical assistance and provide program support at the local level.

Contractual: \$55.0

Staff operating costs associated with communications, materials development and reproduction and training.

Professional contract services for the peer counselor program to include stipends for adult leaders, specialized training for the adolescents and training and support for the adult leaders.

Supplies: \$1.5

Office and computer supplies for the professional and clerical staff.

Equipment: \$7.5

Computers, printer and office furniture for the professional and clerical staff.

FY 93 thru FY 96

Personal Services \$93.8

Permanent full time Health Program Specialist II (Rg 19) to provide on-going technical assistance, training and direction to the agencies housing the peer counselor programs, the adult leaders and the adolescent counselors. Clerk Typist III (Rg 8) to provide the clerical support need to keep this program viable and the entire adolescent pregnancy prevention effort coordinated and delivering services to those professionals and students in the field who need the materials and support.

Travel: \$9.0

Travel for the Health Program Specialist to provide training around the state, as needed, and to provide technical assistance and local level support.

Contractual: \$55.0

Staff operating costs associated with communications, materials reproduction and purchasing.

Professional contract services related to purchasing time from adult leaders, specialized training for both the adolescents and the adults and program support.

Supplies: \$1.5

Office and computer supplies for the professional and clerical staff.

Alaska State Legislature

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Anchorage, Alaska 99503
(907) 561-2038



During Session:
P.O. Box V
Juneau, Alaska 99811
(907) 465-4993

Senator Drue Pearce
District G

MEMORANDUM

TO: Senator Arliss Sturgulewski, Chair
Health Education & Social Services Committee

FROM: Senator Drue Pearce *DP*

DATE: April 12, 1991

RE: Sponsor Statement on SB 172

The fundamental purpose of this legislation is to provide a support network for adolescents that furnishes information, support, and resources in a non-threatening manner. Although this legislation is a result of a task force that focussed on the problem of teen pregnancy, it is abundantly clear that the problems associated with teen pregnancy are also associated with substance abuse, poor life skills, and many of the other crises that the adolescents in our society face. At the root of the problems plaguing our youth is low self-esteem and the need to feel accepted.

This bill will provide an atmosphere of acceptance while encouraging and teaching positive attitudes and life skills to adolescents. The Department of Health and Social Services would initiate and implement adolescent peer counseling groups by providing thorough technical assistance. This would include encouraging support within the community, and establishing training opportunities. Through workshops, seminars, and any other appropriate means, adult leaders would train the young counselors in the areas of interpersonal communication skills, accurate health information (with an emphasis on sexual development, and information about the attainability of the services for pregnancy prevention, prenatal care and all other healthy life skills available in the area.

The bill encourages using the resources of national organizations and the models of other successful peer counseling programs.

The youth of today face more threats and problems than in the any generation of the past. Since it is the first inclination of teens to ask for the advice of friends, it is important to make sure that the answers are educated and accurate. Consistent and reliable support can be the only hope for a teen who has no where else to turn.

Our society needs and warrants this legislation.

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During Session:
P.O. Box V
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Senator Drue Pearce
District G

MEMORANDUM

SUBJECT: An Act Relating to a Peer Counselor Program
(SB 172)

TO: Senator Arliss Sturgulewski, Chair
Health Education & Social Services Committee

FROM: Senator Drue Pearce *Drue Pearce*

DATE: April 12 , 1991

The following is a sectional analysis of SB 172:

Section 1. Adds Section 47.18.010 which requires the Department of Health and Social Services to provide support to encourage school district and municipalities to implement peer counseling groups. These groups are to provide support to adolescents in the hope of preventing behavior that is mentally or physically hampering and to spread information about services available to help adolescents.

(b) Of this section specifies the technical support the department is required to provide. This includes designing methods to develop and maintain support from adolescents, parents, and the community.

This section would ensure the training of peer counselors by requiring training in communication skills, accurate health information, and information about the services available in the area to prevent pregnancy, provide prenatal care, and healthy life skills.

This section requires the department to provide assistance to help select appropriate resource materials. The department must develop a monitoring and evaluating method to measure the success of the peer counseling and try to encourage school districts to implement programs.

(c) Of this section requires the department to review and consider the accomplishments other states have had with similar programs. The National Association of Teen Institutes in St. Louis Missouri is a suggested resource. This section also allows the department to solicit contributions of money and/or expertise from the private sector.

(d) explains the objective of the entire program is to encourage abstaining from sexual intimacy.

SENATE BILL NO. 172

IN THE LEGISLATURE OF THE STATE OF ALASKA

SEVENTEENTH LEGISLATURE - FIRST SESSION

BY SENATORS PEARCE, Uehling, Zharoff

Introduced: 3/6/91
Referred: HES and Finance

A BILL

FOR AN ACT ENTITLED

1 **"An Act relating to a peer counselor program."**

2 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

3 *** Section 1. AS 47 is amended by adding a new chapter to read:**

4 **CHAPTER 18. ADOLESCENT PROGRAMS AND SERVICES.**

5 **Sec. 47.18.010. PEER COUNSELOR PROGRAM. (a) The department shall develop**
6 **and implement a continuing statewide program of technical support and assistance to encourage**
7 **school districts and municipalities that initiate implementation, or that are considering**
8 **implementation, of adolescent peer counseling groups for**

9 **(1) prevention of adolescent behavioral patterns that jeopardize physical and**
10 **mental health and that hamper social, educational, and personal development; and**

11 **(2) spreading information about services that are available to adolescents to help**
12 **them with their health needs.**

13 **(b) The program of technical support required under (a) of this section must include**

14 **(1) suggested methods for maintaining a high level of adolescent, parental, and**

1 community support for peer counseling groups;

2 (2) workshops, seminars, or other training opportunities for adolescent peer
3 counselors and their adult leaders; this training must include sessions to

4 (A) develop interpersonal communications skills;

5 (B) teach accurate health information, emphasizing sexual development;

6 and

7 (C) provide information about services that are available in the peer
8 counselors' areas and how those services can be obtained for pregnancy prevention,
9 prenatal care, and healthy life skills;

10 (3) assistance in selecting appropriate resource materials for the groups;

11 (4) recommended mechanisms for effectively monitoring and evaluating the
12 activities and accomplishments of the groups; and

13 (5) other similar services to assist and encourage school districts and
14 municipalities in establishing and administering adolescent peer counseling groups.

15 (c) In developing the program of technical support and assistance required under (a) of
16 this section, the department shall review and consider the activities and accomplishments in other
17 states that have developed peer counseling networks ~~and shall avail itself of the resources of the~~
18 National Association of Teen Institutes, Saint Louis, Missouri. The department shall solicit
19 contributions of money and expertise from the private sector that may be available for this type
20 of program.

21 (d) A primary policy and objective of the program of technical support and assistance
22 required under (a) of this section shall be to encourage adolescents to abstain from premarital
23 sexual intimacy.

*done
2/12*

Senate Bill No.172

For an Act entitled: "An Act Relating to a Peer Counselor Program".

Summary

SB 172 directs the Department to develop and implement an on-going program of technical assistance and support to help municipalities and school districts statewide implement adolescent peer counseling groups with the objective to be encouraging adolescents to abstain from premarital sexual intimacy.

Discussion

Peer counseling programs have been found to be effective in reaching teens who are reluctant to approach adults. Since adolescents are heavily influenced by their peers, knowledgeable adolescents can provide an important service to their peers and their community by serving as peer counselors.

The training and education of the adolescents selected to be peer counselors can benefit those individual adolescents greatly. The increased knowledge and self-esteem related to the education and attention received can significantly affect their own choices related to their sexual behavior.

Peer counseling programs have been implemented in the state, in some localities, for the purposes of suicide prevention and other adolescent health issues. It would be important for Department of Education, Department of Regional and Community Affairs and Department of Health and Social Services staff to come together before designing this program to determine if existing peer counseling programs should be expanded to include the reproductive health education being promoted by this effort. Since there is significant cost involved in training adolescents in how to reach their fellow adolescents, how to counsel appropriately etc. it would seem appropriate to utilize them for more than one purpose. Additionally, teens at risk for early sexual activity tend to be the same teens at risk for other unhealthy behaviors. A peer counselor who has earned the trust of these individuals is more likely to be able to reach them on a variety of issues versus a number of peer counselors each trained to deal with a specific problem.

Since the one common access point for reaching adolescents is the local school, it is imperative that the local school districts be involved in the development of this peer counseling program. The adolescent who has already left school is usually a high risk teen in many areas. They are especially at risk for developing high risk sexual behavior patterns, ie. early sexual intimacy, frequent

partners and unprotected sex. Peer counseling programs for these adolescents will need to be very individualized to utilize the programs within specific communities that provide these adolescents with other services.

It is imperative that the specific adults in the community that are trusted by the teens be involved in the peer counseling program and be trained to provide support and technical assistance to the teens, on an on-going basis. It is also important that a variety of adolescents be selected in each community to ensure access to the various subgroups within the community. A really effective program will promote overall adolescent wellness and good reproductive health. It will not focus on pregnancy prevention. Research indicates that when adolescents have good self-esteem, when they have hope for the future and when they believe they have the right to control their own bodies, they are much less likely to become sexually active at an early age.

Position

The Department supports this bill in concept, as it is consistent with the objectives of the Department. However, prior to development of such a program it would seem imperative that a survey of local school districts, municipalities and other entities, who might direct a peer counseling program at the local level, be completed to determine the perceived need, willingness to participate and resources available at the local level for implementation and local support. Coordination with existing peer counseling programs is essential, as is the evaluation of these efforts to determine what works and what are the problems to be anticipated. It is critical that the Department of Education be involved in the program's development and implementation and that a commitment of DOE staff time be a prerequisite to beginning the program.

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

4/11/91
Date

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

Date

83172

RECOMMENDATION:

The State should fund the development of a Peer Counselor Program.

Issue

All across the state, and more frequently in rural areas, access to services is lacking or insufficient. In both rural and urban areas of Alaska, adolescents do not know where to receive services or advice on healthy life skills, pregnancy prevention, contraceptive services, and/or prenatal care. They frequently delay taking positive action in particular for prenatal care because they are uninformed about how to utilize existing programs. Because adolescents frequently go to other adolescents for advice rather than to adults, the Task Force recommends the development of a Peer Counselor Program.

Implementation

The Department of Health and Social Services should be mandated to provide training coordinators for peer groups selected from each community. The training coordinators would:

- 1) conduct training sessions to:
 - a) develop interpersonal communications skills;
 - b) teach accurate health information, emphasizing sexual development; and
 - c) provide information about services available in their areas and how to access those services for pregnancy prevention, prenatal care, and healthy life skills.
- 2) be readily available to the peer counselors to answer specific questions and provide supportive counseling; and
- 3) provide updated information for the peer counselors.

Cost

For program development, training of the training coordinators, provision of materials, and operation for the first year the cost would be approximately \$300,000. Costs for future years program operations would be considerably less.

Benefits

The establishment of a statewide peer counseling program focused on reproductive health needs would ensure, 1) the dissemination of accurate information regarding human reproduction, and 2) timely referral to professional services. From time immemorial, adolescents have shared information about sexual development and reproduction, the classical "back behind the barn" conversation. The peer counseling program would tap into this time honored ritual, but this time the information would be accurate and appropriate. Teenagers who are reluctant to approach adults would now have access to adult wisdom and support through trusted and knowledgeable peers.

This increased access to information and available services has far reaching potential. Accurate information regarding family planning and support of abstinence would decrease the number of unplanned teen pregnancies, thus reducing the tax burden upon the state of Alaska. The dissemination of accurate health information and concomitant referral service would reduce the social and economic cost of obstetrical and gynecological care through early intervention in life threatening conditions such as ectopic pregnancy, preterm labor and delivery, and other medical emergencies. Reduction of sexually transmitted infections, and the resulting infertility, holds promise for our families of tomorrow. The soaring costs of medical care are most efficiently controlled through, 1) prevention, and 2) early detection and treatment. The peer counseling program is a tool to achieving both.

Development of a peer counseling program introduces a resident and constant source of information and referral in all our communities. This presence would not only be sensitive to the particular culture of that community, but to the subculture of adolescence. The information would be accessible and comprehensible. The resident resource is of special importance in our smaller communities where information is needed in a timely fashion, but it is not feasible to have professional services continually available in the community.

The training and responsibility of the peer counselor would also benefit that specific adolescent, giving him or her additional education and responsibility. Additional education is a factor known to be associated with a delay in the onset of sexual activity and pregnancy.

Testimony Faxed from
The Sitka LIO
To The Senate HESS Comm.
April 18th



Alaska State Legislature

Please enter into the record my testimony to the S/HESS
 committee name
 committee on SB 172, dated 4/18/91
 bill/subject

I direct a peer counseling program in 3 schools through the Sitka Teen Resource Center. There are 60 teens involved as peer counselors. Our program is 7 years old and has evolved into a very effective program. This year 5 adolescent suicides have been averted by peer helpers; several adolescent girls have been taken to a family planning health center by peer counselors to support them in prevention of potential teen pregnancies; abused teens have been referred; ~~suicide~~ counseling has been arranged; and health care/~~and~~ health promotion have been an emphasis. We are funded through Mental Health. This has allowed us to have a very broad agenda of training and assistance for teens. In one 3 month period 20 peer counselors reported helping 191 teens through 394 encounters. Issues of focus in these encounters included, but were not limited to: relationships with family (56), suicide risk (2), relationships with friends (45), Alcohol & Drugs (24), sexuality & pregnancy issues (22), depression (14), school achievement (34), loneliness (13), ~~stress~~ stress (23), weight control (12), death & grief (4). continued on next page:

Signed: J. Williamson
 Testifier
Sitka Teen Resource Center
 Representing (Optional)
Box 1034 Sitka, AK 99835
 Address
~~747-3500~~ 747-3500
 Phone No.

Testimony continued from L.K. Williamson

I recommend that your bill address development and ~~to~~ provide technical support for peer counseling programs through the division of mental health. With oversight by community mental health clinics there is an assurance of skilled back-up and supervision of the training for these young people. It is ~~not~~ essential that peer counselors be supervised by skilled ~~personnel~~ personnel. School district employees ~~do~~ do not have time nor adequate community and social service agency support to provide an effective leadership for such a program. If organized through the schools the program is more expensive and ~~limited~~ limited by school district policy and by administrative preferences. To be effective, peer counseling programs must be independent, though cooperative, with ~~the~~ the schools.

I encourage you to add to SB 172, pg 2 line (23) the following: "(b) to provide ~~to~~ family planning or reproductive education." ~~§~~

Simply advocating abstinence is not enough. Teens who've already chosen to be sexually active will not trust nor relate with an organization or agency that only addresses abstinence.

I would welcome further discussion of this bill.



Alaska State Legislature

Please enter into the record my testimony to the SENATE HESS
 committee name
 committee on SB 194 HEPATITIS B, dated 4/19/91
 bill/subject

I REQUESTED THAT SITKA BE INCLUDED AS A TELECONFERENCE SITE SO THAT I COULD SPEAK ON THE BEHALF OF EMERGENCY MEDICAL SERVICE VOLUNTEERS IN SUPPORT OF SB 194.

ROUGHLY 2500 PEOPLE VOLUNTEER IN THE STATE OF ALASKA ~~AND~~ TO PROVIDE EMERGENCY MEDICAL CARE ~~FOR~~ PEOPLE WITHIN THEIR COMMUNITIES. THIS SERVICE, CONSERVATIVELY VALUED AT \$4.5 MILLION, IS GIVEN FOR FREE.

EACH OF THESE VOLUNTEERS ^{COULD BE} ~~IS~~ EXPOSED DIRECTLY TO HEPATITIS B EVERY TIME THEY RESPOND TO AN EMERGENCY CALL. THE HEP. B VIRUS IS TRANSMITTED THROUGH BLOOD & BODILY FLUIDS & RESULTS IN INFLAMMATION OF THE LIVER, SOMETIMES LEADING TO

(CONT'D)

Signed: ANDREW L NEWELL

Testifier

SOUTHEAST REGION EMS COUNCIL - EMS VOLUNTEERS

Representing (Optional)

207 MOLLER DRIVE, ROOM 113, SITKA

Address

747-8005

Phone No.

CIRRHOSIS AND EVEN DEATH. THERE IS NO
KNOWN ~~AND~~ CURE.

THE GOOD NEWS IS THAT HEP. B IS PREVENTABLE BY
VACCINE.

THIS BILL PROPOSES THAT THE STATE OF ALASKA
TAKE APPROPRIATE RESPONSIBILITY FOR
PROTECTING ITS VOLUNTEERS WHO ARE
AT RISK OF HEPATITIS B INFECTION WHO
DON'T HAVE A MUNICIPALITY TO SUPPORT
THEM.

THANK YOU.

BRAUN L Newell

1

7

3

S

B

FISCAL NOTE

STATE OF ALASKA
1991 LEGISLATIVE SESSION

BILL NO. CS SB 173 (HES)

Revision Date: _____ Department Affected: Education
 Title: Providing for grants for School BRU: Educational Program Support
Child Care Programs Component: Basic Education and Instructional
Improvement
 Sponsor: Senate HESS
 Requestor: Senate HESS COMPONENT SERIAL NO.

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Expenditures/Revenues: (Thousands of Dollars)

OPERATING	FY 92	FY 93	FY 94	FY 95	FY 96	FY 97
PERSONAL SERVICES	81.1	81.1	81.1	81.1	81.1	81.1
TRAVEL	4.0	4.0	4.0	4.0	4.0	4.0
CONTRACTUAL	26.4	26.4	26.4	26.4	26.4	26.4
SUPPLIES	5.5	5.5	5.5	5.5	5.5	5.5
EQUIPMENT	5.0					
LAND & STRUCTURES						
GRANTS, CLAIMS	2727.4	2727.4	2727.4	2727.4	2727.4	2727.4
MISCELLANEOUS						
TOTAL OPERATING	2849.4	2844.4	2844.4	2844.4	2844.4	2844.4

CAPITAL						
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REVENUE						
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FUNDING: (Thousands of Dollars)

GENERAL FUND	2849.4	2844.4	2844.4	2844.4	2844.4	2844.4
FEDERAL FUNDS						
OTHER						
TOTAL	2849.4	2844.4	2844.4	2844.4	2844.4	2844.4

POSITIONS:

FULL-TIME	1	1	1	1	1	1
PART-TIME						
TEMPORARY						

Estimate of current year impact: None

ANALYSIS: (Attach a separate page if necessary.)

See attached

Prepared By: Mary Hakala Phone: 465-2800
 Division: Commissioner's Office Date: 5/2/91
 Approved by Commissioner: Steve Hales, Acting Commissioner
 Agency: Education Date: 5/2/91

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

Fiscal Note Analysis

CSSB 173 (HESS): Providing for grants for school district child care programs

May 2, 1991

Page 2

Personal Services

1 Full Time Project Coordinator, Range 18 \$56.2

Primary Responsibilities: Assistance to school personnel in establishing child care services including meeting licensing requirements, providing information on federal, state and community services available such as USDA commodities program, day care assistance, etc, overall coordination of services and resources to school districts, and grant program oversight.

1 Part Time Administrative Assistant II, Range 14 \$21.9

Primary responsibilities: Paperwork associated with grant process, response to public inquiries, calculation of grant payments, monthly draws, etc.

1/8 FTE Clerk Typist III, Range 8 \$ 3.0

Clerical support for Child Care Grant program.

Travel

Travel for Project coordinator to provide on-site assistance and grant application/development procedures to schools upon request (estimated at 4 sites per year at an average cost of \$800.00 per trip) \$3.2; meeting with superintendents, principals and school district staff to provide technical assistance on implementation of HB 241: \$.8

Contractual

Training opportunity for school district personnel in child care resources, management and child development through the three regional early childhood education conferences held annually: \$9.0

Xerox, phone, postage: \$2.2

Audioconferencing with school sites in implementing HB 241, ongoing support, training and information exchange with online sites: \$3.2

Newsletter, resource information and materials distribution to child care providers under HB 241: \$2.0

Subgrant accounting/fiscal management, RSA with Administrative Services: \$10.0

Fiscal Note Analysis

CSSB 173 (HESS): Providing for grants for school district child care programs

May 2, 1991

Page 3

Commodities

Supplies for project staff: \$.5

Reference, lending and resource materials: \$5.0

Equipment

Computer terminal with word processing and AKSAS capacity: \$5.0 (Year 1 only)

Grants

See attached break-out of district entitlement under the proposed formula. For the purpose of this fiscal note it is assumed that all districts will participate in the program and fully match the state grant: \$2,727.4

COLUMN B

	.5% OF ESTIMATED FY92 FOUNDATION	GREATER OF COLUMN B OR \$10,000
ADAK	\$10,867	\$10,867
ALASKA GATEWAY	21,734	21,734
ALEUTIAN REGION	3,402	10,000
ALEUTIANS EAST	14,583	14,583
ANCHORAGE	810,750	810,750
ANNETTE ISLANDS	6,527	10,000
BERING STRAIT	63,597	63,597
BRISTOL BAY	8,316	10,000
CHATHAM	12,785	12,785
CHUGACH	7,109	10,000
COPPER RIVER	25,437	25,437
CORDOVA	11,328	11,328
CRAIG	10,695	10,695
DELTA/GREELY	21,224	21,224
DILLINGHAM	14,580	14,580
FAIRBANKS	301,188	301,188
GALENA	6,013	10,000
HAINES	11,292	11,292
HOONAH	7,029	10,000
HYDABURG	4,909	10,000
IDITAROD	21,931	21,931
JUNEAU	103,135	103,135
KAKE	5,180	10,000
KASHUNAMIUT	6,953	10,000
KENAI	196,680	196,680
KETCHIKAN	51,890	51,890
KLAWOCK	6,452	10,000
KODIAK	59,838	59,838
KUSPUK	23,421	23,421
LAKE AND PENN.	27,370	27,370
LOWER KUSKOKWIM	138,819	138,819
LOWER YUKON	49,542	49,542
MATSU	214,972	214,972
NENANA	7,520	10,000
NOME	24,567	24,567
NORTH SLOPE	40,289	40,289
NORTHWEST ARCTIC	57,323	57,323
PELICAN	2,807	10,000
PETERSBURG	15,257	15,257
PRIBILOF	7,078	10,000
RAILBELT	15,069	15,069
SITKA	31,526	31,526
SKAGWAY	4,114	10,000
SOUTHEAST	25,481	25,481
SOUTHWEST	25,147	25,147
ST MARY'S	6,521	10,000
TANANA	5,843	10,000
UNALASKA	8,343	10,000
VALDEZ	13,496	13,496
WRANGELL	13,019	13,019
YAKUTAT	5,787	10,000
YUKON FLATS	23,944	23,944
YUKON/KOYUKUK	27,107	27,107
YUPIIT	17,519	17,519
TOTALS	\$2,657,305	\$2,727,402

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During Session:
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Senator Drue Pearce
District G

MEMORANDUM

SUBJECT: Establishing a Grant Program for Child Care in Public Schools (CS for SB 173)

TO: Senator Arliss Sturgis^{Soc}lawski, Chair
Health Education & Social Services Committee

FROM: Senator Drue Pearce *Drue Pearce*

DATE: April 12, 1991

The following is a sectional analysis of CS for SB 173:

Section 1. Amends AS 14 to add a new chapter dealing with school child care programs.

Sec 14.37.020. Creates a child care grant fund as an account in the general fund. This fund will provide grants to implement child care programs for children of students in school districts by money received through legislative appropriations. The money will be used for planning, training, and operations of the programs.

Sec. 14.37.020 (a) allows districts operating school child care programs to receive an annual grant of 1/2 of 1 percent of foundation support or \$10,000, whichever is more.

In (b) of this section the school child care program is able to collect grants from the district equal to the amount allocated from the account established in 14.37.020. of this chapter.

(c) explains that when a district offers matching fiscal support they may do so in cash or in kind. The cash may be derived at the discretion of the district, but the in kind support must be limited to something directly impacting the school child care program. If the appropriations are insufficient in a fiscal year, the department shall award the grants on a pro rata basis.

Sec. 14.37.030. Outlines the requirements of applications for the school child care grants to include a comprehensive plan for program operation and a provision for a child care advisory council.

Sec. 14.37.040. Provides authority to the Commissioner of Health & Social Services to make the approvals on applications and suggests that the Commissioner solicit advice from the Alaska Commission on Children and Youth.

Sec. 14.37.050. Allows the school districts to request and receive assistance from the department in developing and submitting an application.

Sec.14.37.070.

(1) Defines "district" as a state public school system.

(2) Defines "school child care program" as a program at or near the school, in which the district can provide for or contract out child care services for the children of students, children of school district employees, children who have parents in post-secondary education, and other children.

Section 2. This act would take effect July 1, 1991.

Alaska State Legislature

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Senator Drue Pearce
District G

MEMORANDUM

TO: Senator Arliss Sturgulewski, Chair
Health Education & Social Services Committee

FROM: Senator Drue Pearce *DP*

DATE: April 12, 1991

RE: Sponsor Statement on CS for SB 173

The primary objective of this legislation is to provide child care in or near public schools for the children of students, school employees, or post-secondary students. The crises in day certainly poses a serious challenge to families, the foundation of our state. Teen mothers are especially prone to fighting the battle of trying to attain quality day care while continuing with their education. Education is the most effective way of providing teens with the security of having options, and that is what this bill would provide.

The legislation will provide school districts with a grant of one-half of one percent of its public school foundation support or \$10,000, which ever is more. This is an incentive for the school to solicit other cash or in kind grants from the community in order to support and expand such programs.

The individual school districts would be able to administer the child care programs or contract out the duties. The program will be limited to children under the age of three as infant care is the very difficult to access. This legislation is intended to always give the children of students preference in the space available for day care.

Some object to day care in public schools because they feel it may make parenting look attractive. But in actuality, many teen pregnancy experts feel that it actually may work as a deterrent. If used in conjunction with health education classes, the reality of parenting may be more effectively communicated. It costs too much to the moral and financial stability of our society to continue shunning young women as punishment for becoming pregnant. Without a basic education and plan for the future society will continue paying for the problem through welfare service.

*Carl Perkins 8/12
more emphasis
cash + making
bring back
more committee*

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Sending a negative message by ignoring teen parents needs will only reinforce the negative self image that adolescent parents invariably have. If we are to ever break this vicious cycle in which teen pregnancy is intertwined, it will have to begin with providing positive support in the academic world. Day care in public schools will serve as a foundation for such support.

RECOMMENDATION:

Implement day care centers in local schools or at coordinated sites.

Issue

Access to affordable child care in the state of Alaska is extremely limited, especially for infants. Adolescent mothers who desire to complete high school are often prevented from doing so by the lack of affordable, accessible, and acceptable child care services.

In spite of the second highest rate of adolescent pregnancy and the ninth highest birth rate in the nation, Alaskan schools have done little to address the needs of adolescent mothers. Professional attitudes, apathy, and demand on limited resources have prevented the development of drop-out prevention programs such as in-school child care.

The Task Force recommends that a financial incentives program be developed which would encourage the establishment of in-school child care where a need for such services exists.

Implementation

A grant pool should be established within the Department of Education to provide incentive grants for locally developed programs providing in-school child care. Grant applications could be reviewed by appropriate inter-departmental personnel, or a combination of the Governor's Interim Commission on Children and Youth and department personnel.

Regulations and grant application content should be developed encouraging the expansion of existing high school programs (i.e., home economics child care classes) in such a way as to minimize the need for extensive additional financial resources and allow for practical local options.

CORRECTION

**THIS DOCUMENT
HAS BEEN REPHOTOGRAPHED
TO ASSURE LEGIBILITY**

S B

173

FISCAL NOTE

STATE OF ALASKA
1991 LEGISLATIVE SESSION

BILL NO. CS SB 173 (HES)

Revision Date: _____ Department Affected: Education
 Title: Providing for grants for School BRU: Educational Program Support
Child Care Programs Component: Basic Education and Instructional
Improvement
 Sponsor: Senate HESS
 Requestor: Senate HESS COMPONENT SERIAL NO.

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Expenditures/Revenues: (Thousands of Dollars)

OPERATING	FY 92	FY 93	FY 94	FY 95	FY 96	FY 97
PERSONAL SERVICES	81.1	81.1	81.1	81.1	81.1	81.1
TRAVEL	4.0	4.0	4.0	4.0	4.0	4.0
CONTRACTUAL	26.4	26.4	26.4	26.4	26.4	26.4
SUPPLIES	5.5	5.5	5.5	5.5	5.5	5.5
EQUIPMENT	5.0					
LAND & STRUCTURES						
GRANTS. CLAIMS	2727.4	2727.4	2727.4	2727.4	2727.4	2727.4
MISCELLANEOUS						
TOTAL OPERATING	2849.4	2844.4	2844.4	2844.4	2844.4	2844.4

CAPITAL						
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REVENUE						
---------	--	--	--	--	--	--

FUNDING: (Thousands of Dollars)

GENERAL FUND	2849.4	2844.4	2844.4	2844.4	2844.4	2844.4
FEDERAL FUNDS						
OTHER						
TOTAL	2849.4	2844.4	2844.4	2844.4	2844.4	2844.4

POSITIONS:

FULL-TIME	1	1	1	1	1	1
PART-TIME						
TEMPORARY						

Estimate of current year impact: None

ANALYSIS: (Attach a separate page if necessary.)
 See attached

Prepared By: Mary Hakala Phone: 465-2800
 Division: Commissioner's Office Date: 5/2/91
 Approved by Commissioner: Steve Hesse, Acting Commissioner
 Agency: Education Date: 5/2/91

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

Fiscal Note Analysis

CSSB 173 (HESS): Providing for grants for school district child care programs

May 2, 1991

Page 2

Personal Services

1 Full Time Project Coordinator, Range 18 \$56.2

Primary Responsibilities: Assistance to school personnel in establishing child care services including meeting licensing requirements, providing information on federal, state and community services available such as USDA commodities program, day care assistance, etc, overall coordination of services and resources to school districts, and grant program oversight.

1 Part Time Administrative Assistant II, Range 14 \$21.9

Primary responsibilities: Paperwork associated with grant process, response to public inquiries, calculation of grant payments, monthly draws, etc.

1/8 FTE Clerk Typist III, Range 8 \$ 3.0

Clerical support for Child Care Grant program.

Travel

Travel for Project coordinator to provide on-site assistance and grant application/development procedures to schools upon request (estimated at 4 sites per year at an average cost of \$800.00 per trip) \$3.2; meeting with superintendents, principals and school district staff to provide technical assistance on implementation of HB 241: \$.8

Contractual

Training opportunity for school district personnel in child care resources, management and child development through the three regional early childhood education conferences held annually: \$9.0

Xerox, phone, postage: \$2.2

Audioconferencing with school sites in implementing HB 241, ongoing support, training and information exchange with online sites: \$3.2

Newsletter, resource information and materials distribution to child care providers under HB 241: \$2.0

Subgrant accounting/fiscal management, RSA with Administrative Services: \$10.0

Fiscal Note Analysis

CSSB 173 (HESS): Providing for grants for school district child care programs

May 2, 1991

Page 3

Commodities

Supplies for project staff: \$.5

Reference, lending and resource materials: \$5.0

Equipment

Computer terminal with word processing and AKSAS capacity: \$5.0 (Year 1 only)

Grants

See attached break-out of district entitlement under the proposed formula. For the purpose of this fiscal note it is assumed that all districts will participate in the program and fully match the state grant: \$2,727.4

COLUMN B

	.5% OF ESTIMATED FY92 FOUNDATION	GREATER OF COLUMN B OR \$10,000
ADAK	\$10,867	\$10,867
ALASKA GATEWAY	21,734	21,734
ALEUTIAN REGION	3,402	10,000
ALEUTIANS EAST	14,583	14,583
ANCHORAGE	810,750	810,750
ANNETTE ISLANDS	6,527	10,000
BERING STRAIT	63,597	63,597
BRISTOL BAY	8,316	10,000
CHATHAM	12,785	12,785
CHUGACH	7,109	10,000
COPPER RIVER	25,437	25,437
CORDOVA	11,328	11,328
CRAIG	10,695	10,695
DELTA/GREELY	21,224	21,224
DILLINGHAM	14,580	14,580
FAIRBANKS	301,188	301,188
GALENA	6,013	10,000
HAINES	11,292	11,292
HOONAH	7,029	10,000
HYDABURG	4,909	10,000
IDITAROD	21,931	21,931
JUNEAU	103,135	103,135
KAKE	5,180	10,000
KASHUNAMIUT	6,953	10,000
KENAI	196,680	196,680
KETCHIKAN	51,890	51,890
KLAWOCK	6,452	10,000
KODIAK	59,838	59,838
KUSPUK	23,421	23,421
LAKE AND PENN.	27,370	27,370
LOWER KUSKOKWIM	138,819	138,819
LOWER YUKON	49,542	49,542
MATSU	214,972	214,972
NENANA	7,520	10,000
NOME	24,567	24,567
NORTH SLOPE	40,289	40,289
NORTHWEST ARCTIC	57,323	57,323
PELICAN	2,807	10,000
PETERSBURG	15,257	15,257
PRIBILOF	7,078	10,000
RAILBELT	15,069	15,069
SITKA	31,526	31,526
SKAGWAY	4,114	10,000
SOUTHEAST	25,481	25,481
SOUTHWEST	25,147	25,147
ST MARY'S	6,521	10,000
TANANA	5,843	10,000
UNALASKA	8,343	10,000
VALDEZ	13,496	13,496
WRANGELL	13,019	13,019
YAKUTAT	5,787	10,000
YUKON FLATS	23,944	23,944
YUKON/KOYUKUK	27,107	27,107
YUPIIT	17,519	17,519
TOTALS	\$2,657,305	\$2,727,402

Alaska State Legislature

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During Session:
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Senator Drue Pearce
District G

MEMORANDUM

SUBJECT: Establishing a Grant Program for Child Care in Public Schools (CS for SB 173)

TO: Senator Arliss Sturgulewski, Chair
Health Education & Social Services Committee

FROM: Senator Drue Pearce *Drue Pearce*

DATE: April 12, 1991

The following is a sectional analysis of CS for SB 173:

Section 1. Amends AS 14 to add a new chapter dealing with school child care programs.

Sec 14.37.020. Creates a child care grant fund as an account in the general fund. This fund will provide grants to implement child care programs for children of students in school districts by money received through legislative appropriations. The money will be used for planning, training, and operations of the programs.

Sec. 14.37.020 (a) allows districts operating school child care programs to receive an annual grant of 1/2 of 1 percent of foundation support or \$10,000, whichever is more.

In (b) of this section the school child care program is able to collect grants from the district equal to the amount allocated from the account established in 14.37.020. of this chapter.

(c) explains that when a district offers matching fiscal support they may do so in cash or in kind. The cash may be derived at the discretion of the district, but the in kind support must be limited to something directly impacting the school child care program. If the appropriations are insufficient in a fiscal year, the department shall award the grants on a pro rata basis.

Sec. 14.37.030. Outlines the requirements of applications for the school child care grants to include a comprehensive plan for program operation and a provision for a child care advisory council.

Sec. 14.37.040. Provides authority to the Commissioner of Health & Social Services to make the approvals on applications and suggests that the Commissioner solicit advice from the Alaska Commission on Children and Youth.

Sec. 14.37.050. Allows the school districts to request and receive assistance from the department in developing and submitting an application.

Sec. 14.37.070.

(1) Defines "district" as a state public school system.

(2) Defines "school child care program" as a program at or near the school, in which the district can provide for or contract out child care services for the children of students, children of school district employees, children who have parents in post-secondary education, and other children.

Section 2. This act would take effect July 1, 1991.

Alaska State Legislature

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*Carl Pearson 8/12
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more community*

During Session:
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Senator Drue Pearce
District G

MEMORANDUM

TO: Senator Arliss Sturgulewski, Chair
Health Education & Social Services Committee

FROM: Senator Drue Pearce *DP*

DATE: April 12, 1991

RE: Sponsor Statement on CS for SB 173

The primary objective of this legislation is to provide child care in or near public schools for the children of students, school employees, or post-secondary students. The crises in day certainly poses a serious challenge to families, the foundation of our state. Teen mothers are especially prone to fighting the battle of trying to attain quality day care while continuing with their education. Education is the most effective way of providing teens with the security of having options, and that is what this bill would provide.

The legislation will provide school districts with a grant of one-half of one percent of its public school foundation support or \$10,000, whichever ever is more. This is an incentive for the school to solicit other cash or in kind grants from the community in order to support and expand such programs.

The individual school districts would be able to administer the child care programs or contract out the duties. The program will be limited to children under the age of three as infant care is the very difficult to access. This legislation is intended to always give the children of students preference in the space available for day care.

Some object to day care in public schools because they feel it may make parenting look attractive. But in actuality, many teen pregnancy experts feel that it actually may work as a deterrent. If used in conjunction with health education classes, the reality of parenting may be more effectively communicated. It costs too much to the moral and financial stability of our society to continue shunning young women as punishment for becoming pregnant. Without a basic education and plan for the future society will continue paying for the problem through welfare service.

Sending a negative message by ignoring teen parents needs will only reinforce the negative self image that adolescent parents invariably have. If we are to ever break this vicious cycle in which teen pregnancy is intertwined, it will have to begin with providing positive support in the academic world. Day care in public schools will serve as a foundation for such support.

RECOMMENDATION:

Implement day care centers in local schools or at coordinated sites.

Issue

Access to affordable child care in the state of Alaska is extremely limited, especially for infants. Adolescent mothers who desire to complete high school are often prevented from doing so by the lack of affordable, accessible, and acceptable child care services.

In spite of the second highest rate of adolescent pregnancy and the ninth highest birth rate in the nation, Alaskan schools have done little to address the needs of adolescent mothers. Professional attitudes, apathy, and demand on limited resources have prevented the development of drop-out prevention programs such as in-school child care.

The Task Force recommends that a financial incentives program be developed which would encourage the establishment of in-school child care where a need for such services exists.

Implementation

A grant pool should be established within the Department of Education to provide incentive grants for locally developed programs providing in-school child care. Grant applications could be reviewed by appropriate inter-departmental personnel, or a combination of the Governor's Interim Commission on Children and Youth and department personnel.

Regulations and grant application content should be developed encouraging the expansion of existing high school programs (i.e., home economics child care classes) in such a way as to minimize the need for extensive additional financial resources and allow for practical local options.

Cost

The amount made available in the grant pool could vary widely. It needs to be "new" money as the existent demands on DOE funds are extensive and are intensified by other recommendations in this report.

A \$300,000 grant with preference given to \$25,000 to \$50,000 local grant requests would provide a reasonable start at encouraging programs statewide.

Benefits

The establishment of in-school availability of child care would remove a significant barrier to completion of high school education by adolescent parents. The benefit to the state is the reduced likelihood of a continuance of both the parents' and the child's dependence on public assistance as a result of lack of education. Inclusion of the parents and possibly other students in the child care program would provide substantive opportunities for meaningful parenting education.

School is a safe, familial place. To an adolescent mother who has just gone through the trauma of pregnancy and birth, a school setting may be the most likely setting for reconstruction of her life and goals.

Completing a high school education along with the job/career counseling offered by most schools, and learning better parenting skills, provides an opportunity to break both a cycle of poverty and inadequate parenting.

Addressing the needs of adolescent mothers benefits both the mother and the child, as well as the human and financial resources of Alaska.

SB

174

FISCAL NOTE

STATE OF ALASKA
1991 LEGISLATIVE SESSION

BILL NO. SB 174

Revision Date: _____ Department Affected: Education
 Title: State Aid for School Health BRU: K-12 Support
Clinics Component: Foundation
 Sponsor: Pearce
 Requestor: Pearce COMPONENT SERIAL NO.

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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	47,475.6	47,475.6	47,475.6	47,475.6	47,475.6	47,475.6
MISCELLANEOUS						
TOTAL OPERATING	47,475.6	47,475.6	47,475.6	47,475.6	47,475.6	47,475.6

CAPITAL						
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REVENUE						
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FUNDING: (Thousands of Dollars)

GENERAL FUND	47,475.6	47,475.6	47,475.6	47,475.6	47,475.6	47,475.6
FEDERAL FUNDS						
OTHER						
TOTAL	47,475.6	47,475.6	47,475.6	47,475.6	47,475.6	47,475.6

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

Estimate of current year impact: None

ANALYSIS: (Attach a separate page if necessary.)

Prepared By: Mary Hakala Phone: 465-2800
 Division: Commissioner's Office Date: 4/10/91
 Approved by Commissioner: Steve Hole Acting Commissioner
 Agency: Education Date: 4/10/91

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

ALASKA DEPARTMENT OF EDUCATION
 FY92 FOUNDATION PROGRAM AS AMENDED BY SB174
 PREPARED 3/21/91

BASED ON A \$60,000 UNIT VALUE

	SB 174 HEALTH CLINIC UNITS	AREA DIFF.	ADJUSTED UNITS	INCREASED ENTITLEMENT DUE TO HEALTH CLINIC UNITS
ADAK	4.00	1.27	5.08	\$304,800
ALASKA GATEWAY	15.50	1.19	18.45	\$1,107,000
ALEUTIAN REGION	3.00	1.31	3.93	\$235,800
ALEUTIANS EAST	14.00	1.31	18.34	\$1,100,400
ANCHORAGE	11.00	1.00	11.00	\$660,000
ANNETTE ISLANDS	3.00	1.03	3.09	\$185,400
BERING STRAIT	38.50	1.39	53.52	\$3,211,200
BRISTOL BAY	5.00	1.27	6.35	\$381,000
CHATHAM	14.50	1.03	14.94	\$896,400
CHUGACH	7.50	1.14	8.55	\$513,000
COPPER RIVER	16.00	1.14	18.24	\$1,094,400
CORDOVA	3.00	1.11	3.33	\$199,800
CRAIG	3.00	1.03	3.09	\$185,400
DELTA/GREELY	4.00	1.16	4.54	\$278,400
DILLINGHAM	3.00	1.27	3.81	\$228,600
FAIRBANKS	17.50	1.04	18.20	\$1,092,000
GALENA	3.00	1.30	3.90	\$234,000
HAINES	6.00	1.05	6.30	\$378,000
HOONAH	3.00	1.08	3.24	\$194,400
HYDABURG	3.00	1.03	3.09	\$185,400
IDITAROD	18.00	1.33	23.94	\$1,436,400
JUNEAU	4.00	1.00	4.00	\$240,000
KAKE	3.00	1.03	3.09	\$185,400
KASHUNAMIUT	3.00	1.33	3.99	\$239,400
KENAI	62.50	1.00	62.50	\$3,750,000
KETCHIKAN	4.00	1.00	4.00	\$240,000
KLAWOCK	3.00	1.03	3.09	\$185,400
KODIAK	21.50	1.09	23.44	\$1,406,400
KUSPUK	17.00	1.33	22.61	\$1,356,600
LAKE AND PENINSULA	28.00	1.31	36.68	\$2,200,800
LOWER KUSKOKWIM	33.00	1.42	46.86	\$2,811,600
LOWER YUKON	30.00	1.35	40.50	\$2,430,000
MAT-SU	37.00	1.00	37.00	\$2,220,000
NENANA	3.00	1.20	3.60	\$216,000
NOME	4.00	1.34	5.36	\$321,600
NORTH SLOPE	21.50	1.45	31.18	\$1,870,800
NORTHWEST ARCTIC	29.50	1.45	42.78	\$2,566,800
PELICAN	2.00	1.08	2.16	\$129,600
PETERSBURG	4.00	1.00	4.00	\$240,000
PRIBILOF	5.00	1.30	6.50	\$390,000
RAILBELT	8.00	1.23	9.84	\$590,400
SITKA	4.00	1.00	4.00	\$240,000
SKAGWAY	3.00	1.05	3.15	\$189,000
SOUTHEAST	34.00	1.04	35.36	\$2,121,600
SOUTHWEST	17.50	1.31	22.93	\$1,375,800
ST. MARY'S	3.00	1.30	3.90	\$234,000
TANANA	3.00	1.30	3.90	\$234,000
UNALASKA	3.00	1.27	3.81	\$228,600
VALDEZ	4.00	1.11	4.44	\$266,400
WRANGELL	4.00	1.00	4.00	\$240,000
YAKUTAT	3.00	1.08	3.24	\$194,400
YUKON FLATS	22.50	1.46	32.85	\$1,971,000
YUKON/KOYUKUK	22.00	1.34	29.48	\$1,768,800
YUPIIT	8.50	1.41	11.99	\$719,400
TOTALS	650.00		791.26	\$47,475,600

Alaska State Legislature

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During Session:
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Senator Drue Pearce
District G

MEMORANDUM

TO: Senator Arliss Sturgulewski, Chair
Health Education & Social Services Committee

FROM: Senator Drue Pearce *DP*

DATE: April 12, 1991

RE: Sponsor Statement for SB 174

As a result of budget cuts and continuing the same level of funding for education, districts trying to accommodate lack of money have done away with on site health professionals. It is very difficult to ensure the good health of our youth without health clinics to provide students with medical services. The school age population is the most unserved in terms of health services, which is sobering considering the high percentage of youth in Alaska population.

This bill sets up a table for funding onsite health clinics based on adding clinics as a special unit of the foundation formula. With the table as it is, the funds would completely fund the clinics. This is a concept that many states have turned into an integral part of improving the quality of life for children.

In our geographically diverse state, these medical services would serve as the primary source of medical attention in some areas. The need for such services is obvious and necessary.

Thank you.

Alaska State Legislature

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During Session:
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Senator Drue Pearce
District G

MEMORANDUM

SUBJECT: Relating to State Aid for School Health Clinics
(SB 174)

TO: Senator Arliss Sturgulewski, Chair
Health Education & Social Services Committee

FROM: Senator Drue Pearce *Drue Pearce*

DATE: April 12, 1991

The following is a sectional analysis of SB 174:

Section 1. This amends AS 14.17.031 to add extra instructional units to school districts for implementing operation health clinics within the school.

Section 2. Creates Sec. 14.17.049 which sets up the amount of instructional units allotted to school districts based on average daily membership.

It would be left up to the individual districts to decide the services the health clinics would provide. These decisions would be subject to approval by the Department of Education.

RECOMMENDATION:

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

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.

S B

175

REQUEST: FISCAL NOTE

Revision Date: _____ Agency Affect: Health & Social Services
 Title: Health care services BRU: State Health Services
for adolescents
 Sponsor: Pearce, Zharoff Components: Maternal, Child & Family Health
 Requester: Senate HES

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 91	FY 92	FY 93	FY 94	FY 95	FY 96
Personal Services		29.1	29.1	29.1	29.1	29.1
Travel						
Contractual		470.1	470.1	470.1	470.1	470.1
Supplies						
Equipment						
Land & Structures						
Grants, Claims						
Miscellaneous						
TOTAL OPERATING	0.0	499.2	499.2	499.2	499.2	499.2

CAPITAL	0.0	0.0	0.0	0.0	0.0	0.0
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REVENUE	0.0	0.0	0.0	0.0	0.0	0.0
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FUNDING: (Thousands of Dollars)

General Funds	0.0	499.2	499.2	499.2	499.2	499.2
Federal Funds						
Other						
TOTAL	0.0	499.2	499.2	499.2	499.2	499.2

POSITIONS

Full-Time		0	0	0	0	0
Part-Time		1	1	1	1	1
Temporary		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: 04/11/91

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

Date: _____

Distribution (by preparer):

Legislative Finance, Legislative Sponsor, Requester,
 Office of Management & Budget, Impacted Agency(ies)

Alaska State Legislature

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During Session:
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Senator Drue Pearce
District G

*How does this
line feel w/ P.H.S.*

MEMORANDUM

TO: Senator Arliss Sturgulewski, Chair
Health Education & Social Services Committee

FROM: Senator Drue Pearce *Drue Pearce*

DATE: April 16, 1991

RE: Sponsor Statement on SB 175

The intention of this legislation is to provide young people who live in rural and isolated communities to have more frequent and comprehensive access to health services. The specific focus of these services would be to provide prenatal, family planning, and clinical services to adolescent parents and their children.

In many communities medical visits by health professionals are infrequent at best. The traveling health aides and nurse practitioners that currently serve rural communities are unable to supply adolescents with prenatal, family planning, or other clinical services that are imperative to ensuring the well being of our youth. This bill would provide services to adolescents who would normally not receive any assistance.

If a community has a population over 2,000, clinical services must be made available on at least a monthly basis. A population under 2,000 requires semiannual visits. The focus of these visits will be making available prenatal, family planning, and clinical services for adolescents. Through this legislation, the availability of these services would be publicized by the department or contractor in a non-threatening manner to the adolescents who would utilize them.

Without these services, many adolescents would not have access to the assistance necessary for preventing teen pregnancy and promoting healthy living. This legislation would provide services that are desperately needed by the youth of our state. I hope that you will share in my support for these much needed services.

Thank you.

Alaska State Legislature

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During Session:
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Senator Drue Pearce
District G

MEMORANDUM

SUBJECT: Relating to Health Care Services for Adolescents
(SB 175)

TO: Senator Arliss Strugulewski, Chair
Health Education & Social Services Committee

FROM: Senator Drue Pearce *DP*

DATE: April 12, 1991

The following is a section analysis of SB 175:

Section 1. Amends chapter 47 by adding a new chapter dealing with services and programs relating to adolescents.

Sec.47.18.010. Requires the Department of Health and Social Services to coordinate the delivery of services under laws pertaining to prenatal, family planning and clinical services to adolescents. This coordination should maximize adolescents accessibility to programs providing prenatal care and clinical services.

Sec.47.18.020. Requires the department to make prenatal, family planning, and clinical services available to adolescents monthly for communities with a population over 2,000 and semiannually in communities with a population of not more than 2,000.

Sec.47.18.030. Requires that the department or contractor publicize the availability of prenatal, family planning and clinical services this legislation provides.

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

Summary

SB 175 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.

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.

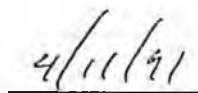
Position

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

Date



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

Date

RECOMMENDATION:

Mandate that the Department of Health and Social Services coordinate the delivery of clinical, family planning, and prenatal care services to adolescents in all communities of the state.

Issue

Many Alaskan communities currently lack clinical, family planning, and prenatal care services. Without these services, adolescents are often unable to receive needed education, contraceptives and care. While family planning counseling may be provided, the care providers are frequently not able to prescribe or provide contraceptives.

Implementation

- 1) In small rural villages itinerant medical care currently exists on a semiannual basis. These services must be augmented to include: an outreach component to encourage adolescents to visit the provider; and, provide educational information in a non-threatening and positive environment. This could be accomplished by the addition of health educator services to physician care or in a more cost efficient manner by utilizing mid-level practitioners who are competent in clinical, educational, and outreach services. Since the target population is adolescent girls, a female clinician would be the most appropriate service provider.
- 2) In larger rural communities, clinicians employed or contracted by the state should visit a minimum of once per month throughout the year, providing outreach and clinical services.
- 3) Urban communities should receive augmentation of current services as needed. This need would be assessed by the Maternal Child and Family Health Section of the Department of Health and Social Services.
- 4) The Section of Maternal/Child and Family Health shall facilitate the coordination between all existing providers.

4) Districts' programs will include specific ways to assist parents and other members of the community to participate in health and personal safety education.

5) Parents or guardians will have the option to exempt their child from part or all of the reproductive health portions of the curriculum. If exercising this option, the parent or guardian must make arrangements for the student to acquire the knowledge in some other way. All students will be required to pass an examination on this portion of the curriculum.

6) An in-service program which includes age-appropriate information about student pregnancy, student health issues and local community health resources shall be required. In addition, training and periodic staff development for administrators and teachers will be provided.

7) A transition period for implementing the health curriculum in schools will be determined by the State Board of Education.

Cost

Funding for the implementation of this recommendation could be accomplished through: 1) local district funds; 2) increased foundation funding; 3) increased categorical funding; or 4) a combination of any of the three.

Benefits

In the short term, a required K-12 sequential, comprehensive, health education program in schools will maximize the likelihood for youth to acquire the knowledge and skills necessary for living healthy, stable lives. When given the opportunity to learn about health with peers in school, especially when combined with interaction with parents and/or other caring adults, more young people will be able to recognize and effectively deal with the circumstances in their lives which could lead to early pregnancy and related consequences. In addition, this is an opportunity for adults to become more involved and informed about children's issues and to develop their own skills in guiding youth.

The expected long term benefits of implementing this recommendation include a reduction of adolescent births (and adolescent pregnancies, although this cannot be adequately measured), more positive outcomes of adolescent pregnancies, and a population of future adults better prepared to contribute to the society in which they live.

S B

176

FISCAL NOTE

STATE OF ALASKA
1991 LEGISLATIVE SESSION

BILL NOCS SB 176

Revision Date: _____ Department Affected: Education
 Title: Health Education BRU: Educational Program Support
 Component: Basic Education and Instructional Improvement
 Sponsor: Pearce
 Requestor: Pearce COMPONENT SERIAL NO.

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Expenditures/Revenues: (Thousands of Dollars)

OPERATING	FY 92	FY 93	FY 94	FY 95	FY 96	FY 97
PERSONAL SERVICES	59.1	59.1	59.1	59.1	59.1	59.1
TRAVEL	4.1	4.1	4.1	4.1	4.1	4.1
CONTRACTUAL	59.0	59.0	59.0	59.0	59.0	59.0
SUPPLIES	.5	.5	.5	.5	.5	.5
EQUIPMENT	5.0					
LAND & STRUCTURES						
GRANTS, CLAIMS	100.0	100.0	100.0	100.0	100.0	100.0
MISCELLANEOUS						
TOTAL OPERATING	227.7	222.7	222.7	222.7	222.7	222.7

CAPITAL						
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REVENUE						
---------	--	--	--	--	--	--

FUNDING: (Thousands of Dollars)

GENERAL FUND	227.7	222.7	222.7	222.7	222.7	222.7
FEDERAL FUNDS						
OTHER						
TOTAL	227.7	222.7	222.7	222.7	222.7	222.7

POSITIONS:

FULL-TIME	1	1	1	1	1	1
PART-TIME						
TEMPORARY						

Estimate of current year impact: None

ANALYSIS: (Attach a separate page if necessary.)

This fiscal analysis assumes the deletion of Section 6 requirements for tracking students as a means of evaluating the effectiveness of health education programs.

Prepared By: Mary Hakala Phone: 465-2300
 Division: Commissioner's Office Date: 4/10/91
 Approved by Commissioner: Steve Holes Acting Commissioner
 Agency: Education Date: 4/10/91

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

Narrative Outline - Fiscal Note for CS SB 176

YEAR I:

100 \$59,070. 1 FTE Health Education Specialist II

200 \$4,100. 5 trips for technical assistance & training

300 \$ 59,000.

Phone/postage/xerox (1.000.)

Fiscal Management/accounting (8.000.)

Staff Development Program:

Local school inservices - training fees and expenses for experts to provide local assistance in comprehensive health and wellness through the Talent Bank (8.000.)

Five-day summer teacher training for elementary teachers - training fees, materials (20,000.) (Based on actual costs for the "Growing Healthy" teacher trainings.)

Audioconference to provide technical assistance to schools (1.000.)

Alaska Staff Development Network Summer Academies.

Anchorage/Fairbanks/Juneau - training/consultant fees for all three sessions with an emphasis on secondary teachers (15.000.)

Resource materials, curriculum/activity guides (6.000.)

400 \$500. Supplies

500 \$5,000. Word Processor (year 1 only)

700 \$100,000. Incentive mini-grants for staff development and training - teacher release time, travel, program revision/implementation.

Total \$227,700.

FISCAL NOTE

STATE OF ALASKA
1991 LEGISLATIVE SESSION

BILL NO. SB 176

Revision Date: _____ Department Affected: Education
 Title: Health Education BRU: Educational Program Support
 Component: Basic Education and Instructional Improvement
 Sponsor: Pearce
 Requestor: Pearce COMPONENT SERIAL NO.

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Expenditures/Revenues: (Thousands of Dollars)

OPERATING	FY 92	FY 93	FY 94	FY 95	FY 96	FY 97
PERSONAL SERVICES	59.1	59.1	59.1	59.1	59.1	59.1
TRAVEL	4.1	4.1	4.1	4.1	4.1	4.1
CONTRACTUAL	59.0	59.0	59.0	59.0	59.0	59.0
SUPPLIES	.5	.5	.5	.5	.5	.5
EQUIPMENT	5.0					
LAND & STRUCTURES						
GRANTS, CLAIMS	100.0	100.0	100.0	100.0	100.0	100.0
MISCELLANEOUS						
TOTAL OPERATING	327.7	322.7	322.7	322.7	322.7	322.7

CAPITAL						
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REVENUE						
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FUNDING: (Thousands of Dollars)

GENERAL FUND	327.7	322.7	322.7	322.7	322.7	322.7
FEDERAL FUNDS						
OTHER						
TOTAL	327.7	322.7	322.7	322.7	322.7	322.7

POSITIONS:

FULL-TIME	1	1	1	1	1	1
PART-TIME						
TEMPORARY						

Estimate of current year impact: None

ANALYSIS: (Attach a separate page if necessary.)

This fiscal analysis assumes the need to develop a student tracking system which would be necessary under Section 6 of the bill.

Prepared By: Mary Hakala Phone: 465-2800
 Division: Commissioner's Office Date: 4/10/91
 Approved by Commissioner: Steve Hakala, Acting Commissioner
 Agency: Education Date: 4/10/91

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

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Five-day summer teacher training for elementary teachers - training fees, materials (20,000.) (Based on actual costs for the "Growing Healthy" teacher trainings.)

Audioconference to provide technical assistance to schools (1,000.)

Alaska Staff Development Network Summer Academies, Anchorage/Fairbanks/Juneau - training/consultant fees for all three sessions with an emphasis on secondary teachers (15,000.)

Resource materials, curriculum/activity guides (6,000.)

Evaluation development & implementation - formative & summative (100,000.)

400 \$500. Supplies

500 \$5,000. Word Processor (year 1 only)

700 \$100,000. Incentive mini-grants for staff development and training - teacher release time, travel, program revision/implementation.

Total \$327,700.

Alaska State Legislature

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During Session:
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Senator Drue Pearce
District G

MEMORANDUM

TO: Senator Arliss Sturgulewski, Chair
Health Education & Social Services Committee

FROM: Senator Drue Pearce *Drue Pearce*

DATE: April 15, 1991

RE: Sponsor Statement on the CS for SB 176

The fundamental intention of this legislation is to provide students throughout their entire public education with comprehensive and sequential instruction in health education. The objective is to provide and reinforce students with accurate information about healthy living, so they will be able to embrace healthy lifestyles. By mandating school districts to structure a curriculum throughout K-12, we will ensure that our children receive the information that is necessary to avoid the dangers that exist in our society.

It is also the intent of this legislation to allow the entire community to have input into the development of the health education curriculum. The bill allows for the establishment of advisory committees which encourages the involvement of parents and other interested community members.

Although this legislation provides for flexibility, there are subjects outlined in this legislation that must be included and addressed within the curriculum. Parents who feel that the information included in the proposed curriculum dealing with reproductive health is objectionable, may exempt their children from this portion of the instruction.

If we hope to secure the future of our children, continuous comprehensive health education is essential. Information is the only way to combat the whole array of problems facing the youth of today. The age-old belief of leaving this type of education in the home, is no longer able to equip children with the necessary defenses. It is our responsibility and obligation to provide this information.

Thank you.

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Senator Drue Pearce
District G

MEMORANDUM

SUBJECT: Comprehensive Health Education for K-12
(CS for SB 176)

TO: Senator Arliss Sturgulewski, Chair
Health Education & Social Services Committee

FROM: Senator Drue Pearce *Drue Pearce*

DATE: April 12, 1991

The following is a sectional analysis of CS for SB 176:

Section 1. This purpose section explains that the objective of this legislation is to develop an educational program to help society learn responsible behavior by grasping a comprehensive understanding of health principles. Also in this section, to support the primary purpose, is the coordination of government agencies in the development of this education and an encouragement to the University of Alaska to add a health education course to the core education curriculum.

Section 2. Amends Sec.14.08.115. to include a suggestion of establishing health education curriculum advisory committees to the currently required advisory school boards.

Subsection (a) Gives the option to regional school boards to establish advisory health education curriculum advisory committees.

Subsection (b) is amended to allow the advisory committees established in (a) to advise the regional school board on the health education curriculum.

Section 3. Amends Sec.14.12.035. to allow for the establishment of advisory committees in borough school districts.

Section 4. Amends current AS 14.30.360. to expand the requirements relating to students and educational programs, specifically the health education program standards, to include the new Sec.14.30.360.-Sec.14.30.380. which are new subsections dealing with health education and created by this legislation.

Section 5. Requires the board to develop curriculum guidelines for health education programs and to make them available to school districts. The board should consider and distribute to school district the programs of other states.

Section 6. Creates Sec.14.30.362. which outlines the required health education program.

Subsection (a) requires school districts to provide comprehensive health instruction covering the subjects of community health, consumer health, family health and human sexuality, reproductive health, human growth and development, nutritional health, personal health and physical fitness, prevention and control of diseases including AIDS, substance abuse, dental health, mental health and suicide prevention.

Subsection (b) requires the governing body to establish a health education advisory board. The health education program should also develop specific methods to encourage parental and community participation in curriculum development.

Subsection (c) requires students to take an examination after receiving instruction in health education.

Sec.14.30.364. Requires the department to provide funding and appropriate staff activities to ensure the education personnel are well trained. The staff development program must include age appropriate information about teen pregnancy, health issues, and health resources.

Sec.14.30.366. (a) requires school principals to develop a method of notifying parents about the content of the materials used in health education. This notice must be provided sufficiently in advance of the course to allow the parents the ability to exempt their children.

Subsection (b) requires the principal to exempt the child in a non-embarrassing fashion after a parent requests their child removal.

Section 7. Amends AS 14.30.370 which is statute that evaluates the current health education programs through physical and dental examination the students undergo through 14.30.070 and 14.30.380.

Section 8. Adds a new section to article 4 of AS 14.30. which defines the terms used in the other new sections this bill creates. "Comprehensive health education" means health education

in a school setting to maintain reinforce and enhance health attitudes, responsible behavior, good health and maintenance and disease prevention. This education must be done in an age appropriate, sequential way. "Reproductive health education," means instruction in human physiology, conception, prenatal care and development, fetal alcohol syndrome, childbirth, and postnatal care.

Section 9. Provides for a transition period in which each school district shall begin development of the comprehensive health education program required above by July 1, 1992 and shall have this in place by August 1, 1994.

RECOMMENDATION:

Require that each school district provide comprehensive, sequential, age-appropriate, culturally relevant, school health education in grades K-12.

Issue

Currently, Alaska Statutes encourage, but do not require, public school health and personal safety education. Although most school districts in the state report that they do have a "program" in health education, the instruction in many cases tends to be sporadic, incomplete, culturally insensitive, and/or taught by teachers lacking appropriate training in health education. Often, reproductive health issues are omitted altogether. In general, youth have no opportunity to become informed about inter-related health issues, nor to learn skills to enhance their health and prevent a variety of self-defeating events, including adolescent pregnancy.

Implementation

- 1) The health education curriculum guidelines will be established by the State Board of Education, but the specific curriculum will be developed by each school district.
- 2) Each school district must establish a health education advisory committee.
- 3) Regardless of specific curriculum, the following topics will be addressed:
 - a) community health
 - b) consumer health
 - c) dental health
 - d) family health and human sexuality
 - e) human growth and development
 - f) mental and emotional health, including suicide prevention
 - g) nutrition
 - h) personal health and physical fitness
 - i) prevention and control of diseases
 - j) safety first aid and injury control
 - k) substance use and abuse, including alcohol and drug related birth defects



NEA-ALASKA

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FAIRBANKS REGIONAL OFFICE

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FAX: (907) 456-2159

March 29, 1991

To: **Senator Sturgulewski, Chair
Members, Senate HESS Committee**

Re: **SB 176; "An Act relating to health education."**

NEA-Alaska supports and strongly encourages your favorable consideration of SB 176. We commend the sponsor for her attention to this critical issue.

While we are generally resistant to curriculum mandates which derive from the Legislature since program and policy are more appropriately the responsibility of the state board of education, quality health education is so vitally important to the future of every child. It is also in the long term public interest of everyone in Alaska.

The program components which are referenced in Section 5 of the bill are all essential. Many are "traditional responsibilities" of the family but an ever changing society is creating the need that public education place more emphasis on them.

More and more young people come from dysfunctional families and/or circumstances of disadvantage which means that this kind of information will, in many instances, be totally missing in their formative years. We have an obligation to make sure they have the opportunity to know and fully understand the circumstances which impact their daily lives.

This legislation appropriately "protects" the interests of parents who prefer a different option for the health education of their children. The provision for a curriculum advisory committee enhances the probability that the actual curriculum will truly reflect the attitudes and mores of the local community.

We encourage that the Committee recommend that additional financial and human resources be available to school districts as they implement these curriculum requirements over the long term.

Thank you for your consideration of our position and recommendations.

Respectfully submitted,

Bob Manners
Executive Director

Don Oberg
President

cc: **Senator Pearce**

CORRECTION

**THIS DOCUMENT
HAS BEEN REPHOTOGRAPHED
TO ASSURE LEGIBILITY**

RECOMMENDATION:

Require that each school district provide comprehensive, sequential, age-appropriate, culturally relevant, school health education in grades K-12.

Issue

Currently, Alaska Statutes encourage, but do not require, public school health and personal safety education. Although most school districts in the state report that they do have a "program" in health education, the instruction in many cases tends to be sporadic, incomplete, culturally insensitive, and/or taught by teachers lacking appropriate training in health education. Often, reproductive health issues are omitted altogether. In general, youth have no opportunity to become informed about inter-related health issues, nor to learn skills to enhance their health and prevent a variety of self-defeating events, including adolescent pregnancy.

Implementation

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4) Districts' programs will include specific ways to assist parents and other members of the community to participate in health and personal safety education.

5) Parents or guardians will have the option to exempt their child from part or all of the reproductive health portions of the curriculum. If exercising this option, the parent or guardian must make arrangements for the student to acquire the knowledge in some other way. All students will be required to pass an examination on this portion of the curriculum.

6) An in-service program which includes age-appropriate information about student pregnancy, student health issues and local community health resources shall be required. In addition, training and periodic staff development for administrators and teachers will be provided.

7) A transition period for implementing the health curriculum in schools will be determined by the State Board of Education.

Cost

Funding for the implementation of this recommendation could be accomplished through: 1) local district funds; 2) increased foundation funding; 3) increased categorical funding; or 4) a combination of any of the three.

Benefits

In the short term, a required K-12 sequential, comprehensive, health education program in schools will maximize the likelihood for youth to acquire the knowledge and skills necessary for living healthy, stable lives. When given the opportunity to learn about health with peers in school, especially when combined with interaction with parents and/or other caring adults, more young people will be able to recognize and effectively deal with the circumstances in their lives which could lead to early pregnancy and related consequences. In addition, this is an opportunity for adults to become more involved and informed about children's issues and to develop their own skills in guiding youth.

The expected long term benefits of implementing this recommendation include a reduction of adolescent births (and adolescent pregnancies, although this cannot be adequately measured), more positive outcomes of adolescent pregnancies, and a population of future adults better prepared to contribute to the society in which they live.



NEA-ALASKA

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Members, Senate HESS Committee**

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The program components which are referenced in Section 5 of the bill are all essential. Many are "traditional responsibilities" of the family but an ever changing society is creating the need that public education place more emphasis on them.

More and more young people come from dysfunctional families and/or circumstances of disadvantage which means that this kind of information will, in many instances, be totally missing in their formative years. We have an obligation to make sure they have the opportunity to know and fully understand the circumstances which impact their daily lives.

This legislation appropriately "protects" the interests of parents who prefer a different option for the health education of their children. The provision for a curriculum advisory committee enhances the probability that the actual curriculum will truly reflect the attitudes and mores of the local community.

We encourage that the Committee recommend that additional financial and human resources be available to school districts as they impiement these curriculum requirements over the long term.

Thank you for your consideration of our position and recommendations.

Respectfully submitted,

Bob Manners
Executive Director

Don Oberg
President

cc: **Senator Pearce**

SB

184

Alaska State Legislature

Senator Drue Pearce, Chair
Senator Virginia Collins, Vice Chair
Senator Dick Ellason
Senator Rick Halford
Senator Jay Kerttula



SENATE LABOR AND COMMERCE COMMITTEE

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SENATE LABOR & COMMERCE COMMITTEE

LETTER OF INTENT

CSSB 184 (L&C)

THE SENATE LABOR & COMMERCE COMMITTEE IS CONCERNED ABOUT THE IMPACT OF THE CORRECTIONAL INDUSTRIES PROGRAM ON EXISTING PRIVATE SECTOR BUSINESSES. IT IS THE INTENT OF THE COMMITTEE TO MEET WITH CORRECTIONAL INDUSTRIES REPRESENTATIVES AND THE CORRECTIONAL INDUSTRIES COMMISSION DURING THE INTERIM TO ASCERTAIN COMPLIANCE WITH THE LEGISLATIVE INTENT OF ONLY INSTITUTING PROGRAMS THAT HAVE A MINIMAL IMPACT ON THE PRIVATE SECTOR. FURTHER, THE CORRECTIONAL INDUSTRIES PROGRAM SHOULD CONTRACT WITH ALASKA PRIVATE ENTERPRISE TO WHOLESALE AND RETAIL THE PRODUCTS IT MANUFACTURES.

FISCAL NOTE

STATE OF ALASKA
1991 LEGISLATIVE SESSION

BILL NO. C S S B 184(L&C)

Revision Date: April 23, 1991 Department Affected: Corrections
 Title: "AN ACT relating to prison industries." BRU: Statewide Operations
 Component: Industries Product Cost
 Sponsor: Senator Duncan
 Requestor: Senate Labor & Commerce Comm. COMPONENT SERIAL NO.

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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	2.0	2.0	2.0	2.0	2.0	2.0
CONTRACTUAL	.3	.3	.3	.3	.3	.3
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	2.3	2.3	2.3	2.3	2.3	2.3

CAPITAL	-0-	-0-	-0-	-0-	-0-	-0-
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REVENUE	-0-	-0-	-0-	-0-	-0-	-0-
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FUNDING: (Thousands of Dollars)

GENERAL FUND						
FEDERAL FUNDS						
OTHER <u>Corr. Ind. Fund</u>	2.3	2.3	2.3	2.3	2.3	2.3
TOTAL	2.3	2.3	2.3	2.3	2.3	2.3

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

Estimate of current year impact: _____

ANALYSIS: (Attach a separate page if necessary.)

Prepared By: William Ladwig, Admin. Officer Phone: (907) 465-3376

Division: Administrative Services Date: 04/23/91

Approved by Commissioner: *Henry W. Johnson*

Agency: Department of Corrections Date: 04/23/91

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

RF

Alaska State Legislature

SENATOR ARLISS STURGULEWSKI, Chairman
SENATOR PAUL FISCHER, Vice Chairman
SENATOR SAM COTTEN
SENATOR LYMAN HOFFMAN
SENATOR CURT MENARD



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Senate Committee on
Health, Education and Social Services

Place in file.

MEMORANDUM

March 27, 1991

TO: Senator Dick Eliason
Senate President

FROM: Senator Arliss Sturgulewski, Chairman
Health, Education & Social Services Committee

RE: Senate Bill 184 "An Act relating to correctional
industries."

Normally the referral of legislation dealing with the Department of Corrections comes to the Senate Health, Education & Social Services (HESS) Committee. Senate Bill 184 was referred to the Labor & Commerce Committee and the Finance Committee, but not to the HESS Committee. Correctional industries is an important part of the corrections program. I would appreciate an additional referral of Senate Bill 184 to the HESS Committee so that we could evaluate the program's aspects.

Sunset - 2 yrs
Bd - subject to
disclosure

ALASKA
CORRECTIONAL
INDUSTRIES

State of Alaska | Department of Corrections

May 3

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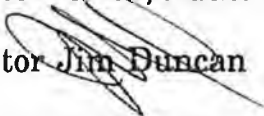
Alaska State Legislature

SENATOR JIM DUNCAN

P. O. BOX V JUNEAU, ALASKA 99811-3100
(907) 465-4766

COMMITTEES:
VICE CHAIR —
FINANCE
VICE CHAIR —
STATE AFFAIRS
RULES
BUDGET & AUDIT
ETHICS REFORM

To: Senator Arliss Sturgulewski
Chair
Senate Health, Education and Social Services Committee

From: Senator  Jim Duncan

Subject: Hearing for Senate Bill 184

Date: April 30, 1991

I request the earliest possible hearing for Senate Bill 184, An act relating to correctional industries.

Senate Bill 184 is an attempt to address concerns by private enterprise in our state with the Correctional Industries Program.

As you are aware the Senate Labor and Commerce Committee made a number of changes in its committee substitute as the result of the working group meeting in which you participated.

Section 1 amends 33.32.070(a) and adds an additional business representative to the commission. The seats are designated as manufacturing and retail and wholesale marketing and a stipulation is included that these representatives be associated with businesses impacted by the correctional industries program.

Section 2 amends AS 33.32.080(b) to add new language requiring the Commission to conduct a public hearing before it enters into a new industry or expands an existing industry.

Section 3 includes the sunset provisions incorporated from SB 227 sponsored by Senator Kerttula. The committee adopted an amendment to extend the life of the commission until July 1, 1993 rather than July 1, 1995.

The committee also amended the legislation in Section 4 to make commission members subject to the state's conflict of interest laws as outlined in AS 39.50.

Section 5 calls for an immediate effective date.

The Labor and Commerce Committee also adopted intent language stating that it intends to meet with the Correctional Industry Commission and its representatives during the interim "...to ascertain compliance with the legislative intent of only instituting programs that have a minimal impact on the private sector." The intent section also calls on Correctional Industries to contract with Alaska private enterprise for the retail and wholesale of products it manufactures.

Current law directs the Department of Corrections to establish programs which have a "minimal negative impact on existing private industry or labor force in the state." I feel the Correctional Industries Commission has not properly gauged the impact of its' programs on Alaska's private enterprise or labor force. I have specific concerns about the furniture manufacturing program. Appeals to the Department of Corrections and the Commission to review the impact of this program have been unsuccessful. This program has been expanded since its initiation several years ago. It is not clear if the Commission ever took steps to properly gauge the impact on private enterprise when it decided to expand this program.

In my dealings with the Department of Corrections over the past several months concerning this problem, it appears the main justification for the furniture manufacturing program is that it is working in other states. I agree that this program may work in areas with larger populations and diversified economies. Such a program may truly have a minimal negative impact in those areas, but not in Alaska. Alaska's economy is not nearly as sophisticated. Private business relies very heavily on state government. I do not feel the impact of this program in states such as California and Arizona can be applied to Alaska. The situations are very different and I don't believe this difference has been properly gauged in our state.

If it is impossible to schedule a hearing as soon as possible, I would request your consideration for waiving this measure from your committee.

Your favorable consideration of my request is appreciated.

STATE OF ALASKA
Department of Corrections
LEGISLATIVE POSITION PAPER
Lloyd Hames, Commissioner

P.O. Box 'T', Juneau, AK 99811-2000 (907) 466-8876

Carl Nickel, Legislative Liaison

CSSB 184 L&C- "An act relating to correctional industries"

The Department of Corrections supports the passage of CSSB 184 L&C.

The bill provides additional clarification on the public hearing responsibilities of the Correctional Industries Commission when examining new markets for the correctional industries program. The new commission member added to the Correctional Industries Commission will further represent the private sector's business interests in reviewing the program's operations. These additional statute requirements will provide direction to the Correctional Industries Commission and serve to more fully evaluate any impact the correctional industries program might have on an existing private industry or labor force in the state.

Most importantly, the bill will extend the sunset of Alaska Correctional Industries allowing for the continued employment of the program's current 160 inmate employees and efficient utilization of existing manufacturing resources within the department's eight operating industries. The program will continue in its operations to maximize the dollars spent and recycled within Alaska's economy through generation of our Alaskan manufactured products.

FISCAL NOTE:

ZERO
ATTACHED

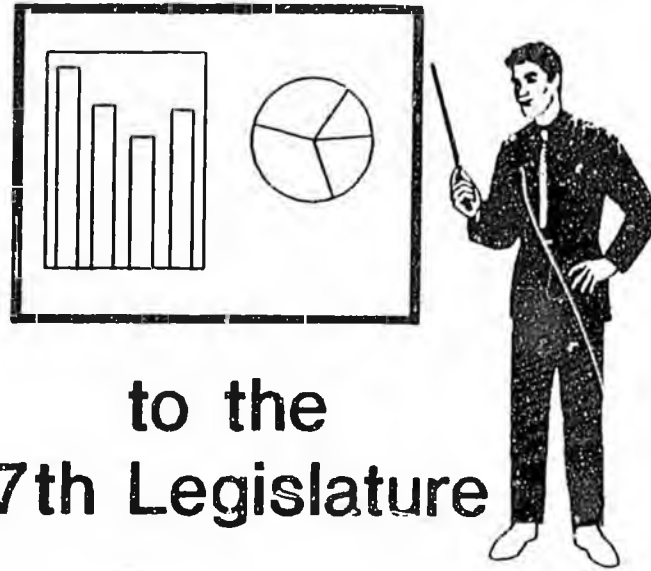
APPROVED: _____

Lloyd Hames
Commissioner

DATE: 1/23/91

SENATE BILL 184

ALASKA CORRECTIONAL INDUSTRIES Presentation



to the
17th Legislature

Lloyd Hames, Commissioner
Rich Bentson, Director
Wally Roman, General Manager

FY92

