

ALASKA LEGISLATURE COMMITTEE FILES 1991-1992 8672

7433 SENATE HEALTH EDUCATION & SOCIAL SERVICES

S B

4 4 6

FISCAL NOTE

STATE OF ALASKA
1992 LEGISLATIVE SESSION

BILL NO. SB 446

Revision Date: _____

Department Affected: Education

Title: An Act amending the formula providing state aid for education.

BRU: K-12

Sponsor: (S) HESS

Component: Foundation

Requestor: (S) HESS

COMPONENT SERIAL NO.

	1	4	1
--	---	---	---

Expenditures/Revenues: (Thousands of Dollars)

OPERATING	FY 93	FY 94	FY 95	FY 96	FY 97	FY 98
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS	3,374.4	3,374.4	3,374.4	3,374.4	3,374.4	3,374.4
MISCELLANEOUS						
TOTAL OPERATING	3,374.4	3,374.4	3,374.4	3,374.4	3,374.4	3,374.4

CAPITAL						
---------	--	--	--	--	--	--

REVENUE FUND SOURCE:						
----------------------	--	--	--	--	--	--

FUNDING: (Thousands of Dollars)

GENERAL FUND	3,374.4	3,374.4	3,374.4	3,374.4	3,374.4	3,374.4
FEDERAL FUNDS						
OTHER FUND SOURCE:						
TOTAL	3,374.4	3,374.4	3,374.4	3,374.4	3,374.4	3,374.4

POSITIONS:

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

Estimate of current year impact: _____

ANALYSIS: (Attach a separate page if necessary.)

The increased cost is projected over the FY93 full entitlement projection of \$574,938,100. The foundation program is currently under funded in the Governor's budget by \$22,357,600. An FY93 budget amendment is being submitted to OMB for this amount. Analysis is based on \$60,000 unit value.

See attached

Prepared by: Eddy Jeans/Bill Wright

Phone: 465-2865

Division: Educational Finance and Support Services

Date: 2-27-92

Approved by Commissioner: *Jerry Covey*

Date: 2-28-92

Agency: Education

ALASKA DEPARTMENT OF EDUCATION
 FY93 PROJECTED FOUNDATION ENTITLEMENTS AS AMENDED BY SB446.

UNIT AT \$60,000 SINGLE SITE UNITS UNDER 800 ADM

ADAK	\$237,000
ALASKA GATEWAY	0
ALEUTIAN REGION	58,800
ALEUTIANS EAST	0
ANCHORAGE	0
ANNETTE ISLANDS	168,000
BERING STRAIT	0
BRISTOL BAY	0
CHATHAM	0
CHUGACH	0
COPPER RIVER	0
CORDOVA	198,600
CRAIG	158,400
DELTA/GREELY	0
DILLINGHAM	195,600
FAIRBANKS	0
GALENA	156,000
HAINES	0
HCONAH	163,200
HYDABURG	103,800
IDITAROD	0
JUNEAU	0
KAKE	132,000
KASHUNAMIUT	190,200
KENAI	0
KETCHIKAN	0
KLAWOCK	150,600
KODIAK	0
KUSPUK	0
LAKE AND PENINSULA	0
LOWER KUSKOKWIM	0
LOWER YUKON	0
MAT-SU	0
NENANA	158,400
NOOME	274,200
NORTH SLOPE	0
NORTHWEST ARCTIC	0
PELICAN	58,200
PETERSBURG	193,200
PRIBILOF	0
RAILBELT	0
SITKA	0
SKAGWAY	113,400
SOUTHEAST	0
SOUTHWEST	0
ST. MARY'S	119,400
TANANA	115,200
UNALASKA	171,600
VALDEZ	0
WRANGELL	145,800
YAKUTAT	112,800
YUKON FLATS	0
YUKON KOYUKUK	0
YUPIIT	0
SUB - TOTALS	3,374,400
STATE CORR STUDY	0
MT. EDGE CUMBE SCHOOL	0
VALDEZ CONTRACT	0
4 MILL PHASE-IN (SUBSIDY)	0
PL81-874 PASS THRU	0
EST. PRIOR YEAR ADJ	0
FY93 EST. INCREASES	\$3,374,400

Adds a single site district table to increase K-12 units by the following formula: 1-250 ADM = 12%, 251-525 ADM = 8%, 526-800 = 6%.

Small Single Site School District Funding

Issue

To revise Title 13, Chapter 17 Public School Foundation Program to include an increase for schools with one funding community (site) and 1,000 or fewer average daily membership (ADM).

Background

The present public funding act was passed in the 1987 Legislative Session. During the Legislative hearings there was much discussion concerning the adequacy of the funding formula for small single site school districts i.e. districts of up to 1,000 (750, 525, 100-525) in enrollment that were a single funding community. No one was sure of the impact of the new formula on these districts and an appropriation of two million dollars was made to the State Department of Education to address unique and emergency circumstances substantiated by school districts to the Department. Subsequent fiscal year appropriations were made to the Department for specific school districts, the majority of which were single site school districts.

A review of testimony on HB 126, and the discussions in subsequent years on supplemental appropriations for single site school districts, shows that the Legislature believes there is a need for some adjustment in the foundation program for single site school districts. Certainly the passage of supplementals for FY90, 91 and 92 shows there is a continuing need for additional support to single site districts. The major questions concerning the issue are: what size districts should receive additional support, how much support, and how to incorporate the adjustments into the foundation program?

Analysis

There has been general agreement that single site districts as large as the Nome School District need some adjustment. For purposes of analysis single site school districts of 1000 or fewer in ADM will be divided into three groups, i.e. districts of 1-250 ADM, 251-525 ADM and 526-1,000 ADM. These groups are selected for analysis because they generally follow breakpoints in the present formula for K-12 instructional units. These districts were analyzed on a per ADM basis for changes that have occurred in state funding, local effort, P.L. 81-874 funds, fund balances, property values, supplemental support and pupil teacher ratios (PTR) since FY86. FY86 was selected as the base year because it had the highest state support for public education in the history of the State. The Aleutian Region REAA and the schools in the Aleutian East Borough were excluded from the analysis because of a lack of comparable data, and the North Slope Borough and Valdez City districts were excluded because of extremely high local property values.

Analysis (continued)

The procedure that was used for analysis purposes was to:

- accumulate the changes in each area listed above incorporating the changes required by the FY88 Foundation Act, and
- dividing the cumulative changes per ADM by the K-12 instructional unit basic need for FY91.

This determined the percentage of gain or loss by group as if there had been no supplemental support, allowing a comparison between what has been appropriated for supplementals and what the analysis shows as needed.

Findings

1. Single site school districts of 1-250 had a loss of 19.96%.
2. Single site districts of 251-525 had a loss of 10.00%.
3. Single site districts of 526-1000 had a loss of 5.06%.
4. The rest of the school districts as a group had a loss of 1.87%.
5. The data would suggest that single site school districts of 1-250 should receive an additional 18.09% (19.96% - 1.87%) of K-12 units, single site districts of 251-525 an addition of 8.13%, and single site districts of 526-1,000 an addition of 3.19%.
6. However, the 1-250 group of single site school districts received about a 4.50% more in supplemental support and exceeded the required 4 mill local effort by about 1 mill more than the other two groups, yielding about another 1.5% advantage, leaving that group at about a 12% adjusted loss. The 526-1,000 group of single site school districts started with a significantly higher pupil teacher ratio and increased it by almost one-fifth, which means that the group cut their programs beyond what the other groups did, reflecting about a 3% lower loss than they should have, had they received a higher level of supplemental support.

Recommendation

The above analysis and findings support the following recommendation for increased support to single site school districts of 1,000 or fewer in ADM except Valdez, which receives a considerable state support break because of the 35% rule.

ADM	Percent of K-12 Units
1-250	12
251-525	8
526-1000	6

REVISED 2/6/92

Small Single Site School District Funding Proposal

Fiscal Note*

SCHOOL DISTRICT	PROJECTED FY 93 ADM	PROJECTED FY93 K-12 UNITS	ADJUSTMENT FACTOR	INCREASED UNITS	AREA DIFFERENTIAL	SMALL SINGLE SITE PROPOSAL
Galena	160	16.67	12.00%	2.00	1.30	\$156,031
Hoonah	225	21.00	12.00%	2.52	1.08	\$163,296
Hydaburg	120	14.00	12.00%	1.68	1.03	\$103,824
Kake	178	17.87	12.00%	2.14	1.03	\$132,524
Kashunamiut	208	19.87	12.00%	2.38	1.33	\$190,275
Klawock	215	20.33	12.00%	2.44	1.03	\$150,767
Nenana	185	18.33	12.00%	2.20	1.20	\$158,371
Pelican	48.2	7.53	12.00%	0.90	1.08	\$58,553
Skagway	135	15.00	12.00%	1.80	1.05	\$113,400
St. Mary's	105.5	12.79	12.00%	1.38	1.30	\$107,640
Tanana	100	12.33	12.00%	1.48	1.30	\$115,409
Yakutat	127	14.47	12.00%	1.74	1.08	\$112,519
Annette Island	420	34.00	8.00%	2.72	1.03	\$168,096
Cordova	478.75	37.22	8.00%	2.98	1.11	\$198,308
Craig	390	32.00	8.00%	2.56	1.03	\$158,208
Unalaska	332	28.13	8.00%	2.25	1.27	\$171,480
Adak	718	51.91	6.00%	3.11	1.27	\$237,333
Dillingham	553	42.91	6.00%	2.57	1.27	\$195,834
Nome	773	56.88	6.00%	3.41	1.34	\$274,389
Petersburg	722	53.70	6.00%	3.22	1.00	\$193,320
Wrangell	527	40.55	6.00%	2.43	1.00	\$145,800
TOTAL	6720.48	567.49		49.60		\$3,305,377

*The fiscal note is for \$3,305,377. However, when the FY 92 small school supplemental (HB 5: \$2,131,200 and the Petersburg and Wrangell FY91 supplementals HB 15: \$372,600, TOTAL \$2,503,800) are considered, the increase is \$801,577.

Proposed Legislative Wording

* Sec. ____ AS 14.17.041 is amended by adding a new subsection to read: (e) A district with an ADM of 1,000 or less that consists of one funding community and whose property evaluation per ADM is less than \$1,000,000.00 shall increase the elementary and secondary instructional units to which it is entitled under (a) or (b) of this section by a percentage determined under the following table:

District ADM	Percentage
1-250	1.12
251-525	1.08
526-1000	1.06

Small Single Site School Districts

Funding Analysis

TABLE I

Sch Dist. Size in ADM	A ACTUAL FY91 ADM	B AV. SUPP. PER ADM	C FY90 LOCAL EFF ≥ 4 MILLS PER ADM	D ADJ LOC EFF CNG PER ADM	E F90-F86 FND BAL PER ADM	F F88-91 LO EF/ADM CNG @ 4 MIL	G ST FND/ADM F85-F91	H PL874/ADM F88-F91	I C&D PL874 ADJUST/ADM
Total ADM 1-250	2046.1	500	517	-420	-986	-35	-1766	-209	802
Total ADM 251-525	2095.45	142	430	-235	-325	3	-928	532	200
Total ADM 526-1000	2171.15	116	331	-47	-512	-33	-1014	1022	46
Total Other Districts	99321.25		646	-22	-102	-618	123	212	56

TABLE II

Sch Dist. Size in ADM	J CUM CNGS/ADM	K CUM CNGS/ADM PER YEAR	L F91 K-12 BASIC ND PER ADM	M CUM CNG AS % OF F91 BN INC SUPP	N AV SUPP AS % OF F91 BN	O CUM % CNG WITHOUT SUPP	P CNG LOC EFF C&B ≥ 4 MILLS IN F90
Total ADM 1-250	-2613	-523	7226	-7.23%	-6.92%	-14.15%	-5.81%
Total ADM 251-525	-754	-151	5284	-2.85%	-2.69%	-5.55%	-4.45%
Total ADM 526-1000	-537	-107	5343	-2.01%	-2.17%	-4.18%	-0.88%
Total Other Districts	-351	-70	4913	-1.43%	0.00%	-1.43%	-0.44%

TABLE III

Sch Dist. Size in ADM	Q GRAND TOTAL % CNG/ADM	R ONE MILL PER ADM	S LOCAL MILL EFFORT ≥ 4 MILLS	T PTR F86	U PTR F90	V % INC PTR F90VS85
Total ADM 1-250	-19.96%	151	3.43	7.13	8.96	25.66%
Total ADM 251-525	-10.00%	187	2.30	9.59	10.92	13.83%
Total ADM 526-1000	-5.06%	138	2.39	11.62	13.82	18.90%
Total Other Districts	-1.87%	219	2.94	13.05	13.73	5.25%

Column Explanation Tables I-III

School District Size In ADM:

Total ADM 1-250 : Is single site school districts with average daily memberships (ADM) of 1-250.

Total ADM 251-525: Is single site school districts of 251-525 ADM.

Total ADM 526-1000: Is single site school districts of 526-1000 ADM.

Total Other Districts: Is all other school districts except Valdez, North Slope , Aleutian East and Aleutian Region as noted in the analysis section of the report.

Column A: Actual FY 91 ADM: Foundation ADM for fiscal year 1991

Column B: Average Supplementals Per ADM: Total supplemental support FY 86-91 divided by the number of supplementals received divided the FY 91 ADM.

Column C: F 90 Local Effort Greater Than 4 Mills Per ADM: Shows the per ADM local effort of school districts greater than the 4 mills required by the foundation act in effect in FY 88.

Column D: Adjusted Local Effort Change Per ADM: Shows the difference in local effort per ADM in FY 86 minus FY 90. This represents the local effort change made by school districts over the 5 year period FY 86- FY90. Negative represents more local effort and positive less local effort.

Column E: F 90- F 86 Fund Balance Per ADM: Shows the loss(-) or gain (+) in fund balance per ADM between FY 86 and FY 90.

Column F: FY 88_FY91 Local Effort Per ADM change at 4 Mills: Shows the increase (-) or decrease (+) in required local effort resulting from the change in local property valuations per ADM between FY 88 and FY 90. That is the change in state foundation funding (Column G) would have been greater or lesser had the property values remained the same.

Column G: State Foundation Per ADM FY 86 less FY 91: Shows the loss (-) or gain (+) in state foundation payments per ADM between FY 86 and FY 91. Columns F, H and I are adjustments to this number for required local effort (F) and P. L. 874 (H,I).

Column H: P. L. 874 per ADM FY 88 less FY 91: Shows the gain (-) or loss (+) in P. L. 874 from FY 88 to FY 91. A gain reduced state aid and a loss increased state aid compared to no change.

Column I: City and Borough P. L. 874 payments that were first taken into consideration in FY 88 and which adjusts positively to the foundation change (Column G). That is the loss in state funds for city and borough school districts due to the 874 payments was an intentional adjustment and should show as a reduction in the change in Column G.

Column J: Cumulative Changes Per ADM: Shows the net result of the changes in Columns D through I.

Column K: Cumulative Changes Per ADM Per Year: Column J divided by the five years FY 86 through FY 90 to get the average change to apply to FY 91 K-12 Basic Need.

Column L: FY 91 K-12 Basic Need Per ADM: Shows the FY 91 dollars per ADM that represents the amount of K-12 Basic Need. This is the number that the changes from FY 86 to FY 91 are compared to determine the needed percent change in the K-12 Instructional Units for the single site school districts.

Column M: Cumulative Changes AS A Percent Of FY 91 Basic Need Including Supplementals: Shows the average adjusted changes per year brought about by changes in local effort up to 4 mills, change in fund balance, change in P. L. 874 and state foundation change. It also includes the supplemental support shown in Column B which when relating to foundation payments must be adjusted out to show how districts foundation payments are affected without the supplementals.

Column N: Average Supplemental AS A Percent Of FY 91 Basic Need: Shows the effects of not having the supplementals in Column B.

Column O: Cumulative Percent Change Without The Supplemental: Shows the sum of Columns M and O.

Column P: Change In Local Effort With City And Borough's Local Effort Greater Than 4 Mills In FY 90 FY86 Less FY 90: Shows the local effort increase (-) above 4 mills in FY 90.

Column Q: Grand Total Percent Change Per ADM: Shows the total changes as a percent of FY 91 K-12 Basic Need.

Column R: One Mill Per ADM: Shows the dollars per ADM generated by one mill.

Column S: Local Mill Effort Greater Than 4 Mills.

Column T: PTR FY 86: Shows the pupil teacher ratio for FY 86.

Column U: PTR FY 90: Shows the pupil teacher ratio for FY 90.

Column V: Percent Increase In PTR FY 90 Verses FY 86.



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

• ALASKA COUNCIL OF SCHOOL ADMINISTRATORS •
326 Fourth St., Suite 408, Juneau, AK 99801-1101 (907) 586-9702 FAX (907) 586-5879

POSITION STATEMENT

SENATE BILL NO. 446

"An Act amending the formula providing state aid for education; and providing for an effective date."

The Alaska Council of School Administrators is in support of SB 446 providing that the proper appropriation be made to fund the single funding community formula changes.

The single site issue has been before the legislature for the past five years with proposed fixes and justification for the need to adjust the formula each year. The legislature has continued to provide annual adjustments which is evidence of an admission of the fact that there is a recognition of the need to make a permanent foundation formula change.

It is our belief that this issue must be resolved now. To wait for a recommendation for an over haul of the foundation formula program could mean continuing to meet the needs of the single sites on a year by year process which we find to be unacceptable. We strongly recommend this issue be resolved with the adequate appropriation to fund the formula.

S B

4 4 7

FISCAL NOTE

STATE OF ALASKA
1992 LEGISLATIVE SESSION

BILL NO. SB 447

Revision Date: _____
Title: An Act relating to earthquake safety plans and procedures in public and private schools.
Sponsor: (S) HESS
Requestor: (S) HESS

Department Affected: Education
BRU: Educational Finance and Support Services
Component: CIP Overhead and associated costs

COMPONENT SERIAL NO.

	1	5	6
--	---	---	---

Expenditures/Revenues: (Thousands of Dollars)

OPERATING	FY 93	FY 94	FY 95	FY 96	FY 97	FY 98
PERSONAL SERVICES						
TRAVEL	3.0	0	0	0	0	0
CONTRACTUAL	10.0	2.0	0	0	0	0
SUPPLIES	0.5	0.5	0	0	0	0
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	13.5	2.5	0	0	0	0

CAPITAL						
----------------	--	--	--	--	--	--

REVENUE FUND SOURCE:	GF	GF				
-----------------------------	----	----	--	--	--	--

FUNDING: (Thousands of Dollars)

GENERAL FUND	13.5	2.5	0	0	0	0
FEDERAL FUNDS						
OTHER FUND SOURCE:						
TOTAL	13.5	2.5	0	0	0	0

POSITIONS:

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

Estimate of current year impact: _____

ANALYSIS: (Attach a separate page if necessary.)

See attached.

Prepared by: James E. Tozer
Division: Educational Finance and Support Services

Phone: 465-2865
Date: 3-5-92

Approved by Commissioner: *Mark Maden*
Agency: Education

for Jerry Covey
Date: 3-5-92

1) This bill would insure that public and private schools have an operational plan in place to react to and respond to earthquakes. This plan could also be used in other disasters, i.e. floods. The costs to the State is minimal.

The funds needed to implement this statute will be used as follows:

Travel	Travel to and from public hearings and/or state board meetings
Contractual	Advertising for public comment on the adoption of proposed regulations
Supplies	Cost of materials to send to districts regarding planning and development of procedures

Note: This fiscal note assumes that the Department of Education is not responsible for enforcing section 14.45.100 as it relates to this bill.

*John And
Ann, Earthquake
Institute*

SENATE BILL NO. 447

**IN THE LEGISLATURE OF THE STATE OF ALASKA
SEVENTEENTH LEGISLATURE - SECOND SESSION**

BY THE SENATE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

**Introduced: 3/4/92
Referred: HES, Finance**

A BILL

FOR AN ACT ENTITLED

**1 "An Act relating to earthquake safety plans and procedures in public and private schools;
2 and providing for an effective date."**

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

4 * Section 1. AS 14.33 is amended by adding new sections to read:

5 ARTICLE 2. EARTHQUAKE EMERGENCY PLAN AND PROCEDURES.

**6 Sec. 14.33.100. REQUIRED EARTHQUAKE EMERGENCY PLAN AND
7 PROCEDURES. (a) The governing body of a district shall provide for and require each public
8 school in the district to establish an earthquake emergency plan and implement emergency
9 earthquake procedures. In this subsection, "district" has the meaning given in AS 14.17.250.**

**10 (b) The chief administrator of a religious or other private school shall establish an
11 earthquake emergency plan and implement earthquake emergency procedures in the school. The
12 Department of Military and Veterans' Affairs shall cooperate with private schools in providing
13 technical assistance in developing an earthquake emergency program. A religious or other private
14 school is exempt from the requirements of this subsection if the school has an average daily**

1 enrollment of less than 50 students in October and February of each school year. A private
2 school exempt under this subsection is encouraged to initiate and conduct earthquake safety
3 emergency drills and to develop plans suitable to the school.

4 (c) The board, in consultation with the Department of Military and Veterans' Affairs,
5 shall by regulation prescribe the elements of an earthquake emergency plan and earthquake
6 emergency procedures, including building safety, student and staff safety, and a required
7 educational program.

8 * Sec. 2. AS 14.45.100 is amended to read:

9 Sec. 14.45.100. EXEMPTION. A religious or other private school that complies with
10 AS 14.45.100 - 14.45.130 is exempt from other provisions of law and regulations relating to
11 education except law and regulations relating to physical health, fire safety, earthquake
12 emergency plans and procedures, sanitation, immunization, and physical examinations.

13 * Sec. 3. This Act takes effect July 1, 1993.

DMVA
ALASKA DIVISION OF EMERGENCY SERVICES

Earthquake Safety: Alaska Schools
(HB 556/SB 447)

The State of Alaska is located in the most seismically active region of the nation; Alaska has no mandatory earthquake safety program statewide in our schools, ergo earthquake safety in school districts is without uniformity or standardization, or in many cases does not exist at all. It is inevitable that Alaska will experience more earthquakes and it only makes sense to protect our most valuable resource--our children.

A 1988 survey (by DMVA/ADES) of Alaska school districts revealed illuminating results:

- * 82% return of survey (45 out of 55 school districts);
- * 24 school districts had no written emergency operations plan to deal with disasters, much less earthquakes;
- * 32 school districts did not conduct earthquake drills;
- * 33 school districts requested earthquake awareness training;
- * 23 school districts requested additional assistance including teacher-in-service training.

Our safety objectives are the same for schools as they are for individuals, government agencies and private enterprise. Because schools can only release a student to an authorized parent or guardian, they should be prepared to sustain themselves and take care of students for 72 hours. Additionally, they should be prepared to take care of their injured and dead. Schools should not expect immediate help from emergency responders.

The legislation as originally proposed by this department was very simple and straight forward. The statute would require: (a) A school building disaster plan; (b) A drop procedure with practices at least once a quarter in elementary schools and at least once a semester in secondary schools; (c) Protective measures to be taken before, during and following an earthquake; (d) A program to ensure that students and, both the certificated and the classified staff are aware of, and properly trained in, the earthquake emergency procedure. Over the past three years, we have developed a training course and materials that accomplishes most of the objectives of this legislation. Based upon our experience, the proposed program can be accomplished

with a minimal outlay of funds by the State, the school districts and the schools.

ADES is the only agency in the State that has a full-time staff (two-persons at this time) with a primary responsibility for earthquake safety and preparedness. The Division's Earthquake Preparedness (EP) Program contracts annually with the Federal Emergency Management Agency (FEMA) for 50/50 matching funds under the National Earthquake Hazard Reduction Program (NEHRP). The State's program is viewed as one of the best in the nation and is frequently used as a model. The Division is represented and plays an active role on a number of regional and national earthquake related boards and committees including education.

Each year, more and more of the EP Program contract has targeted schools. More than 500 teachers and principals have been trained in our 3-hour teacher-in-service programs. Another 120 teachers have received training in "Quake & Shake" graduate course in education that we developed in cooperation with the Anchorage School District. We have put another 200 or more people through portions of this program at meetings, seminars and workshops. This does not even take into consideration the training being done by other preparedness officials and the American Red Cross.

The proposed earthquake safety program for schools is relatively simple to implement and it can save lives. By comparison, the State of New York's school disaster program has very specific and detailed criteria which places a very heavy burden on the school districts. New York's strong legislation was imposed after a major disaster in which nine children lost their lives.

Attached are some materials that you might find interesting:

- * Opinion column, "Taking a Stand: State disaster exercise prepares us for inevitable earthquake" by Maj. Gen. Hugh L. Cox from Anchorage Times of Feb. 24, 1992;
- * Excerpts from "Guidebook for Developing a School Earthquake Safety Program" (FEMA 88);
- * Copy of "Coping with Children's Reactions to Earthquakes and Other Disasters" (FEMA 48);
- * Excerpts from "School Emergency Preparedness" from New York State Disaster Preparedness Commission, October 1991;
- * Letter from FEMA to serve on committee for National Earthquake Education Program.



Federal Emergency Management Agency

Washington, D.C. 20472

February 21, 1992

Mike Webb
Earthquake Program
Alaska Division of Emergency
Services
P.O. Box 5750, Suite B-210
Fort Richardson, AK 99505-5750

Dear Mike:

I am happy to confirm your participation on the Educational Steering Committee of the National Earthquake Hazards Reduction Program (NEHRP). The Federal Emergency Management Agency (FEMA) is establishing this committee to support its responsibility under Public Law 101-614, Section 5 (b)(2), which requires the Director of FEMA to:

[P]repare and execute, in conjunction with the Program agencies, the Department of Education, other Federal agencies, and private sector groups, a comprehensive earthquake education and public awareness program, to include development of materials and their wide dissemination to schools and the general public.

In accord with the 5-Year Plan for NEHRP, the Committee's primary objective is to produce a Plan of Action for a National Earthquake Education Program (NEEP) before the end of this fiscal year (September 30). The Steering Committee will meet on three occasions to direct the design and development of the Action Plan.

We will hold our first meeting on Monday, March 23 (from 8:30 a.m. to 4:30 p.m.), at the Crescent Hotel, 2620 W. Dunlap Avenue (adjacent to I-17) in Phoenix. We reserved lodging for you on the nights of March 21, 22, and 23. If you need to change these accommodations, contact the hotel at (602) 943-8200. We will reimburse you for travel and per diem (see enclosed memo).

The purpose of the March 23 Workshop is to solicit feedback on program vision and planning process from Committee members. Neither the legislation nor the legislative history of P.L. 101-614 provides parameters for a NEEP. The Steering Committee has considerable latitude! At this stage, there are no limitations on the NEEP or the target audiences it may serve.

Here are some questions I'd like the Committee to consider:

How do you envision a National Earthquake Education Program?

What are your views on the planning assumptions and parameters of this project?

What's out there? What are your suggestions for obtaining and compiling information from Federal agencies, States, and professional associations concerning their earthquake education activities?

How might we identify appropriate points of contact within Federal agencies, States, and professional associations?

How might we reach representatives of various groups within the Natural Hazards Research and Applications community to determine their interest/role in this project?

What are your expectations concerning the outcome of the start-up meeting?

Since your travel plans will permit our meeting prior to the March 23 event, I'll be sending along some topics for our March 21 discussion. In both cases, please feel free to call or fax your suggestions.

I look forward to hearing from you.

Sincerely,

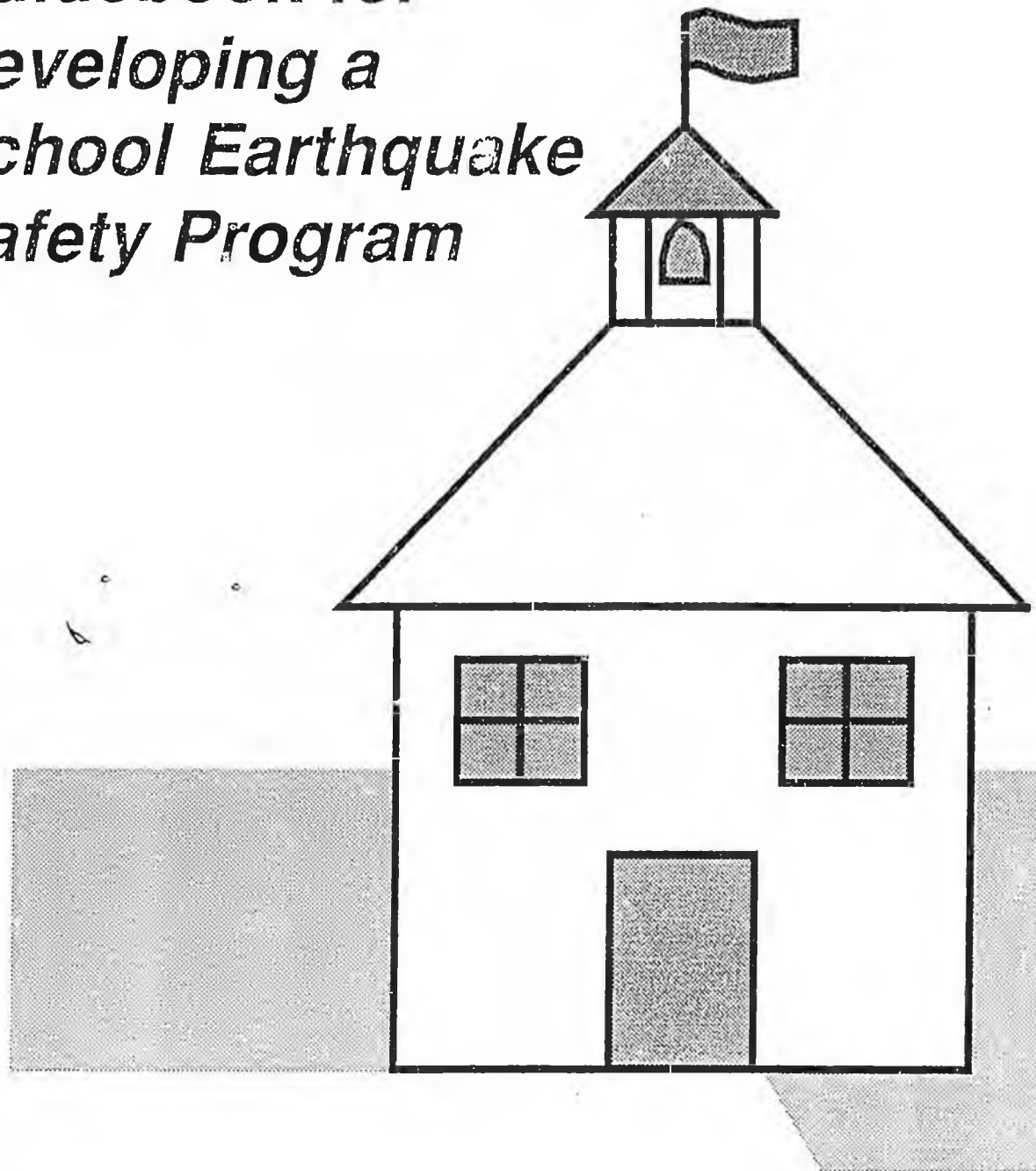


Marilyn P. MacCabe, Manager
Earthquake Education Program
(202) 646-2812, 3104 (FAX)

Enclosure

NEHRP 5-Year Plan

*Guidebook for
Developing a
School Earthquake
Safety Program*



CONTENTS

Section	Page
1. INTRODUCTION	1
2. THE PLANNING PROCESS	3
3. HAZARD IDENTIFICATION	11
— In classrooms	14
— Throughout school buildings	16
— Along building evacuation routes	16
— In neighborhood	19
— In community	19
4. EARTHQUAKE DRILLS	21
— What to expect	22
— Response guidelines	23
— Teacher/student preparations	24
— Classroom drill	25
— Evacuation	26
— Evaluation	27
5. IMMEDIATE RESPONSE AND CARE REQUIREMENTS	29
— First-hour priorities	30
— Staff skills and training requirements	30
— Procedures, roles, and responsibilities	35
6. COMMUNICATION	37
— On-site needs	38
— Off-site communication resources	38
— Emergency information to parents	39
7. POST-EARTHQUAKE SHELTER PLANNING	43
— Planning assumptions	44
— Short-term care and shelter requirements	46
— Long-term care and shelter requirements	48

Introduction

This guidebook is designed to assist the school community of principal, teachers, staff, parents, and students to develop and tailor an earthquake safety program for their school.

An earthquake safety program involves more than preparing a response plan. It is an ongoing activity that includes identifying the hazards in your school; conducting earthquake drills; and involving teachers, parents, and students in developing a plan for providing students with care and shelter until they can be reunited with their parents. An effective program also includes training and exercises, as well as classroom discussions and activities to help students understand the importance of taking quake-safe actions.

The need for an individual school earthquake safety program and an effective earthquake response plan is based on the following assumptions:

- A major earthquake can occur without warning and could occur during school hours.
- This event would cause widespread damage resulting from ground shaking and other hazards triggered by the earthquake (e.g., fires and the release of toxic materials).
- Transportation routes, telephone communications, and other utility services would be disrupted.
- Medical, fire, and rescue personnel would be severely overtaxed and would not be able to respond to every school within the affected area for several hours.

Individual school communities should prepare to be self-sufficient — capable of relying on their own resources to protect and care for the school population until outside help is available. The guidebook provides the foundation for developing this capability. It is intended to be used by the school principal and a committee of teachers, parents, and students as a guide and workbook for developing action plans for their school's earthquake safety program.

Because earthquakes occur less frequently than other disasters, the extra time it takes to plan for this event is often weighed against the "odds" that it will not occur in this decade, or that it will not happen while school is in session. Although many planning issues in this guidebook apply only to earthquakes, most also apply to other hazards such as fires, floods, hurricanes, and tornadoes. Therefore, the extra time you spend on earthquake planning is also time well spent in enhancing your general emergency plans.

Steps leading to the creation of action plans are outlined in **Section 2, The Planning Process**. Each remaining section of the guidebook addresses a specific program area:

Section 3, Hazard Identification, focuses on how to estimate the potential impact of a major earthquake on your city, town, school, and classrooms, and how to identify hazards you can eliminate, reduce, or only anticipate.

Section 4, Earthquake Drills, discusses immediate dangers to expect and to avoid during an earthquake, the importance of earthquake drills, and appropriate protective measures to take.

Section 5, Immediate Response and Care Requirements, assumes that principals, teachers, and other staff members will be required to carry out first aid, search and rescue, fire control, and other first-hour priority actions without assistance from emergency response personnel.

Section 6, Communication, addresses the need to develop alternative plans for communicating when electrical power and telephone services are disrupted. The section also includes suggestions for conveying emergency information to parents.

Section 7, Post-Earthquake Shelter Planning, considers the aftermath of a major earthquake and the extraordinary responsibilities you may have to assume to care for and shelter the student population beyond the normal dismissal hour.

The Guidebook supplement, (FEMA 88a) **Earthquake Safety Activities for Children**, is designed to help classroom teachers prepare their students to cope safely with earthquakes. The supplement contains excerpts from (FEMA 159) **EARTHQUAKES - A Teacher's Package for K-6**, developed for FEMA by the National Science Teachers Association.

The Planning Process

The planning approach described in this section is one way to work toward developing action plans for your earthquake safety program. The best way to proceed, however, is your way. Consider the steps in this section as suggestions to help you get started. These steps cover:

- How to generate interest and recruit support.
- How to divide your planning program into manageable components.
- How to get started.

Take one step at a time. As you move forward, each action you take to increase the earthquake safety of your school's population will be worthwhile. Benefits derived from your efforts will extend beyond the school setting into the home and community. The preparations learned and practiced by staff members, students, and parents will help these individuals cope more effectively — no matter when or where an unpredictable emergency occurs.

STEP ONE: Generate Interest.

If an earthquake took place during school hours, would administrators, teachers, students, and parents know how to react appropriately? Or would there be uncertainty, confusion, and needless injuries?

The following assumptions and the problems they are likely to cause reflect the current state of preparedness at most schools in high or moderate earthquake risk areas. This account is offered to help you generate interest in the need to prepare all members of the school community to cope safely and effectively during and following an earthquake.

Emergency Planning

In many communities, emergency response plans are prepared on the assumption that schools will look after themselves. In these same communities, school plans are generally developed on the assumption that essential services and emergency assistance will be provided by community agencies. Earthquake plans, as well as plans for other potential disasters, are often based on the assumption that water, gas, electricity, food supplies, communication systems, and transportation systems will remain available and operative.

Little effective attention has been given to the necessity for self-sufficiency and the state of isolation that could realistically confront schools in case of a major earthquake.

Teacher Training

It is generally unclear just what teachers are expected to do in an earthquake emergency, and teachers are untrained for some of the responsibilities most often expected of them. For example, it is assumed that teachers will give first aid in an emergency, but few teachers are trained in first aid and there is usually no requirement for such training. Further, teachers are not systematically briefed on the many problems that must be dealt with in case of an earthquake, nor on the special needs of children on such occasions.

It is often assumed that teachers will stay with their students in an emergency until parents arrive. Some parents, however, may not be able to reach the school for many hours. From the first hour following an earthquake, teachers will be torn between responsibilities toward their students and concern for their own families.

Student Education

There is little evidence of programs for training children to understand and deal with the earthquake hazard at school, at home, and in the community. The defense that some children are frightened by thinking about earthquake danger could just as well be made against educating children for fire safety.

Parent Education

The respective responsibilities and authorities of school personnel and parents in the case of an emergency are rarely addressed. Too often, school emergency plans provide, and/or parents assume that students will be dismissed.

When moderate earthquakes have occurred during school hours, major problems were created by anxious parents telephoning schools and flooding areas in autos seeking to remove their children. In many instances, traffic jams were so bad that no emergency vehicles could reach the schools.

Fortunately, in many cases following these actual events, school administrators directed that no student be allowed to venture home alone. Throughout one school district, there were reports of home damage, leaking gas, broken water pipes, and downed power lines. To send students home would have forced some 12,000 children onto the city streets. Approximately 54 percent of these children would have been sent to homes where both parents were at work, many at a considerable distance from home. Children as young as age five would have been alone and in severe danger.

These and similar concerns reflecting your own state of earthquake preparedness, as well as your expectations of what could be accomplished, might be raised at faculty meetings, at district-level conferences with principals, safety officers, or board members, and at parent-teacher meetings at your school.

Once you've generated interest, keep it positive and active. With time and patience, interest should evolve into concern and ultimately, into action.

STEP TWO: Recruit support

At the initial stage of your planning effort, form an earthquake safety committee to recommend the course for your program and to get the program moving

Members of this committee might include:

- The principal;
- The assistant principal or head teacher;
- Teachers with current first aid/CPR training certificates;
- School secretary, nurse, custodian;
- Parent representatives; and
- Student representatives (from upper grades in an elementary school)

As you go through this guidebook and begin to develop an action plan for your program, don't hesitate to call on some experts for more information and advice. Eventually, you'll have your own support network, which might include:

- Local emergency services officials (e.g., fire, police, city emergency managers);
- Community American Red Cross chapter representatives;
- Experts on geology, structural engineering, and architecture at your local college or university or in private practice;
- School district and/or city building inspectors;
- Members of local environmental groups, civic organizations, and retirement associations;
- Community/neighborhood representatives with special skills (e.g., ham radio operators, building engineers, doctors, nurses, and medical paraprofessionals); and
- Safety experts in business and industry.

STEP THREE: Divide your planning activity into manageable components.

The components of your school's earthquake safety program should reflect plans and activities that will meet your expectations of what could be accomplished over a period of several years.

Figure 1 is a list of possible program components that you may want to consider. Several of these components can be further divided into planning units as shown under **EARTHQUAKE RESPONSE PLAN.**

- HAZARD IDENTIFICATION
- EARTHQUAKE DRILLS
- EARTHQUAKE RESPONSE PLAN
 - A chain of command.
 - A set of procedures for:
 - Post-earthquake building evacuation;
 - Student and staff safety (search and rescue, first aid, and record keeping);
 - Building security (fire control, utilities check, damage assessment); and
 - Communication (on- and off-site).
 - Staff roles and responsibilities.
 - Simple lists of specific actions to be taken by all staff members during and immediately following an earthquake.
- EARTHQUAKE EDUCATION
- TRAINING PROGRAMS
- HAZARD REDUCTION PROJECTS
- SHELTER PLANS
- EQUIPMENT AND SUPPLIES

Figure 1. SUGGESTED PROGRAM COMPONENTS

STEP FOUR: Get Started

The following STEP-BY-STEP CHECKLIST is an outline of the planning steps covered in Sections 3 to 7.

- (a) Use the Checklist to estimate WHAT could be accomplished during your first year of planning by selecting two or more steps from two or more sections.
- (b) Decide WHO (individual or subcommittee) will take each step.
- (c) Add a manageable deadline WHEN each step will be completed.
- (d) At the end of your first year, use the Checklist again to chart your progress and project future year plans.

Step-by-Step Checklist		
SECTION 3: HAZARD IDENTIFICATION		
WHAT	WHO	WHEN
<input type="checkbox"/> STEP ONE: Obtain or draw a map of the school and school grounds.	_____	_____
<input type="checkbox"/> STEP TWO: Identify potential earthquake hazards in classrooms.	_____	_____
<input type="checkbox"/> STEP THREE: Identify earthquake (and other hazards throughout school buildings).	_____	_____
<input type="checkbox"/> STEP FOUR: Identify potential hazards along building evacuation routes.	_____	_____
<input type="checkbox"/> STEP FIVE: Identify potential hazards in the neighborhood surrounding your school.	_____	_____
<input type="checkbox"/> STEP SIX: Determine the vulnerability of your community to earthquake effects.	_____	_____

SECTION 4: EARTHQUAKE DRILLS

WHAT	WHO	WHEN
<input type="checkbox"/> STEP ONE: Hold a staff meeting to discuss earthquake dangers and response actions.	_____	_____
<input type="checkbox"/> STEP TWO: Hold a special meeting or workshop with teachers to discuss student preparation activities.	_____	_____
<input type="checkbox"/> STEP THREE: Develop procedures for holding classroom earthquake drills.	_____	_____
<input type="checkbox"/> STEP FOUR: Determine and discuss procedures for evacuating the building.	_____	_____
<input type="checkbox"/> STEP FIVE: Plan for the unexpected.	_____	_____
<input type="checkbox"/> STEP SIX: Designate an outdoor evacuation assembly area.	_____	_____
<input type="checkbox"/> STEP SEVEN: Practice and evaluate the effectiveness of your earthquake drills.	_____	_____

SECTION 5: IMMEDIATE RESPONSE AND CARE REQUIREMENTS

WHAT	WHO	WHEN
<input type="checkbox"/> STEP ONE: Anticipate first-hour priorities.	_____	_____
<input type="checkbox"/> STEP TWO: Assess staff skills and identify training requirements.	_____	_____
<input type="checkbox"/> STEP THREE: Develop procedures and assign roles and responsibilities.	_____	_____
<input type="checkbox"/> STEP FOUR: Prepare simple response checklists for each staff member.	_____	_____
<input type="checkbox"/> STEP FIVE: Discuss and coordinate your plan with school district and local emergency services officials.	_____	_____
<input type="checkbox"/> STEP SIX: Inform parents of your earthquake response plan and their role in an emergency (see Section 6).	_____	_____
<input type="checkbox"/> STEP SEVEN: Discuss your earthquake response plan with students.	_____	_____
<input type="checkbox"/> STEP EIGHT: Exercise your response plan.	_____	_____

SECTION 6: COMMUNICATION

WHAT	WHO	WHEN
<input type="checkbox"/> STEP ONE: Determine on-site communication needs.	_____	_____
<input type="checkbox"/> STEP TWO: Determine off-site communication resources and develop reporting procedures.	_____	_____
<input type="checkbox"/> STEP THREE: Submit a copy of your communication plan to your school district and local emergency response offices.	_____	_____
<input type="checkbox"/> STEP FOUR: Develop procedures for conveying emergency information to parents.	_____	_____

SECTION 7: POST-EARTHQUAKE SHELTER PLANNING

WHAT	WHO	WHEN
<input type="checkbox"/> STEP ONE: Develop a list of care and shelter planning assumptions.	_____	_____
<input type="checkbox"/> STEP TWO: Estimate the number of students requiring care and shelter.	_____	_____
<input type="checkbox"/> STEP THREE: Determine short-term care and shelter requirements.	_____	_____
<input type="checkbox"/> STEP FOUR: Identify additional requirements for long-term care and shelter.	_____	_____

Earthquake Drills

Because earthquakes strike without warning, life-protecting actions must be taken immediately at the first indication of ground shaking. There will not be time to think through what to do. Therefore, of all earthquake preparedness measures, earthquake drills are the most important. Their purpose is to help students (and staff) learn how to REACT immediately and appropriately.

The essential components of earthquake drills are classroom discussions, demonstrations, and exercises designed to help students learn and practice WHERE to seek shelter and HOW to protect their heads and bodies from falling objects (e.g., debris from ceilings, light fixtures, and shattered glass).

Effective earthquake drills simulate (1) actions to be taken during an actual earthquake and (2) actions to be taken after the ground shaking stops. Building evacuation following an earthquake is imperative due to the potential danger of fires or explosions.

This section will help you determine:

- What dangers to expect during an earthquake.
- What quake-safe actions to take during an earthquake.
- How to conduct classroom drills.
- How to develop procedures for evacuating the school building after an earthquake.
- How to practice and evaluate the effectiveness of your earthquake drills.

The companion to this section is the Guidebook supplement, Earthquake Safety Activities for Children. The supplement is designed for classroom teachers and covers both physical and psychological preparedness through student activities and simulation exercises.

STEP ONE: Hold a staff meeting to discuss earthquake dangers and earthquake response actions.

This step is intended to help you emphasize the need for earthquake safety planning to all school staff members—teachers, secretaries, custodians, and other support personnel. (You may wish to let classroom teachers know that you will hold another meeting with them to discuss student earthquake safety.)

At this meeting, give staff an opportunity to express and discuss their concerns about personal safety. Encourage them to prepare their families to cope safely and effectively during and following an earthquake, especially if family members are separated when this event occurs.

What to Expect During an Earthquake

The first indication of a damaging earthquake may be a gentle shaking. You may notice the swaying of hanging plants and light fixtures, or hear objects wobbling on shelves. Or, you may be jarred first by a violent jolt (similar to a sonic boom). Or, you may hear a low (and perhaps very loud) rumbling noise. A second or two later, you'll really feel the shaking; and by this time, you'll find it very difficult to move from one place to another.

It's important to take "quake-safe" action at the first indication of ground shaking. Don't wait until you are certain an earthquake is occurring. As the ground shaking grows stronger, danger increases. For example:

- Free-standing cabinets and bookshelves are likely to topple. Wall-mounted objects (such as clocks and artwork) may shake loose and fly across the room.
- Suspended ceiling components may pop out, bringing light fixtures, mechanical diffusers, sprinkler heads, and other components down with them.
- Door frames may be bent by moving walls and may jam the doors shut. Moving walls may bend window frames, causing glass to shatter and sending dangerous shards into the room.

The noise that accompanies an earthquake cannot cause physical harm. However, it may cause considerable emotional stress—especially if you're not prepared to expect the noisy clamor of moving and falling objects, shattering glass, wailing fire alarms, banging doors, and creaking walls. The noise will be frightening, but a little less so if it is anticipated.

Earthquake Response Guidelines

During a major or moderate earthquake, the greatest immediate hazard to people in or near a building is the danger of being hit by falling objects. During the ground shaking, the school population is safest finding immediate shelter under desks, tables, or counters.

If INDOORS:

Stay inside; move away from windows, shelves, and heavy objects and furniture that may fall. Take cover under a table or desk, or in a strong doorway.

Although doorways have traditionally been regarded as safe locations, it's important to anticipate that doors may slam shut during an earthquake.

In halls, stairways, or other areas where no cover is available, move to an interior wall. Turn away from windows, kneel alongside wall, bend head close to knees, cover sides of head with elbows, and clasp hands firmly behind neck.

In library, immediately move away from windows and bookshelves, and take appropriate cover.

In laboratories and kitchens, all burners should be extinguished (if possible) before taking cover. Stay clear of hazardous chemicals that may spill.

There are no uniform guidelines for protecting students in other areas inside school buildings (e.g., gymnasium and auditorium). **DETERMINE PROCEDURES FOR YOUR SCHOOL WITH ADVICE FROM EXPERTS (structural engineers and fire officials.)**

IF OUTDOORS:

Move to an open space, away from buildings and overhead power lines. Lie down or crouch low to the ground (legs will not be steady). Keep looking around to be aware of dangers that may demand movement.

On the school bus, stop the bus away from power lines, bridges, overpasses, and buildings. Students should remain in their seats and hold on.

Indoors or outdoors, when an earthquake occurs:

TAKE ACTION AT THE FIRST INDICATION OF GROUND SHAKING.

STEP TWO: Hold a special meeting or workshop with teachers to discuss student preparation activities.

Give each K-6 grade classroom teacher a copy of the Guidebook supplement, **Earthquake Safety Activities for Children** to review and discuss. The supplement contains information on earthquake dangers and response actions, along with several classroom activities and earthquake simulation exercises. The activities and exercises are designed to reduce anxiety and increase students' confidence in their ability to cope in an emergency.

An earthquake may not occur during the childhood of your students. However, the earthquake safety lessons they learn at school will stay with them. If other priorities limit the scope of your earthquake safety program and the most you can do is conduct earthquake drills, you will make a difference.

STEP THREE: Develop procedures for holding classroom earthquake drills.

The following earthquake drill is an example of standard response actions to take in classrooms. The complete earthquake drill includes post-earthquake building evacuation to a safe, open-space area. In the event of an actual earthquake, building evacuation takes place after the ground stops shaking.

Sample Classroom Earthquake Drill

Objective: During an earthquake drill or at the first sign of ground shaking, students demonstrate their ability to react immediately and appropriately.

DROP AND COVER

TURN AWAY FROM WINDOWS

STAY UNDER SHELTER UNTIL SHAKING STOPS

LISTEN FOR INSTRUCTIONS

Following the teacher's command, students will:

1. Immediately **TAKE COVER** under desks or tables, and **TURN AWAY** from windows.
2. Remain in sheltered position for at least 60 seconds.
3. Be silent and listen to instructions.

During the earthquake drill, teachers will:

1. Take cover.
2. Talk calmly to students.
3. Review procedure for evacuating classroom.

STEP FOUR: Determine and discuss procedures for evacuating building.

Building evacuation following an earthquake is IMPERATIVE due to the possibility of secondary hazards, such as explosions and fires.

Through repeated fire drills, your students undoubtedly have demonstrated their ability to exit the school building in a quick and orderly manner. Building evacuation following an earthquake should also be quick and orderly. It is, however, difficult to estimate how long it will take or how hard it will be for students to maneuver through the debris that might have fallen in their path to safety.

Because surprises lead to confusion and anxiety, students and staff should be told what to expect and how to navigate safely. To emphasize that evacuation takes place only after ground shaking ceases, building evacuation should be practiced as an extension of classroom "drop-and-cover" drills.

- _____ Have you determined who will give the command to evacuate building?
- _____ Have you determined how the evacuation command will be given if PA system is not working?
- _____ Do classrooms exit into an enclosed common hallway?
An aftershock may occur while students are evacuating through a crowded hallway. Discuss advantages and disadvantages of sequentially evacuating classes through hallway. Occasionally practice "drop-and-cover" along evacuation routes.
- _____ Does your post-earthquake building evacuation route coincide with the route used during fire drills? If not, discuss this with the Fire Department.
- _____ Have you identified potential hazards along building evacuation route? (See Section 5, Hazard Identification.)

STEP FIVE: Plan for the Unexpected.

Identify all possible emergencies you might have to handle during an earthquake evacuation and generate alternative response procedures. For example, discuss what to do if:

-
- The power fails.
 - The door jams.
 - An alternate exit route must be sought.
 - Hallway and stairway are littered with debris. (Do your fire drills occasionally simulate blocked corridors?)
 - An aftershock occurs.
 - There's smoke in the hallway.
 - Students are injured and cannot be moved.

STEP SIX: Designate outdoor evacuation assembly area.

Locate a safe assembly area on the school site map.

_____ Is this area away from buildings and overhead power lines?

_____ Is this area away from underground gas and sewer lines?

_____ Does your outdoor, post-earthquake assembly area coincide with fire drill assembly area?

If you answered no to the last question, discuss this with the Fire Department. Both earthquake and fire drill evacuation routes and outdoor assembly areas should be the same to avoid confusion.

However, if you answered no to the first two questions, you should consider an alternative open-space area if the earthquake causes extensive damage (or you suspect potential danger).

STEP SEVEN: Evaluate the effectiveness of your earthquake drills.

Use the following checklist to assess the effectiveness of your current earthquake drill procedures. If you have not, as yet, initiated earthquake drills in your school, use the checklist as a guide for developing and conducting meaningful earthquake drills.

Earthquake Drill Evaluation

- _____ Are all students and staff familiar with the "drop-and-cover" procedure?
- _____ Have all students demonstrated their ability to take immediate and correct actions?
- _____ Do teachers take cover with students during drills?
- _____ Is there sufficient shelter space under tables, desks, and counters for all students?
- _____ Do all students know how to protect themselves if no shelter is available?
- _____ Are teachers and students prepared to remain in quake-safe positions for up to 60 seconds?
- _____ Are students encouraged to be silent during drills?
- _____ Are teachers prepared to maintain relative calm and reassure their students?
- _____ Are students evacuated from classrooms to a safe outdoor area following a simulated earthquake?
- _____ Does your post-earthquake building evacuation procedure consider the very real possibility that strong aftershocks may occur within minutes after the main event?
- _____ Do teachers remember to take class roster and response checklists to outdoor assembly area during earthquake drills?
- _____ Have maintenance staff and all others assigned earthquake response duties practiced their roles during your earthquake drills?
- _____ Have students been given ample opportunity to discuss their fears and concerns about earthquakes?
- _____ Have students been instructed on how they can help each other?
- _____ Are earthquake drills viewed as an opportunity to discuss earthquake preparedness in the home?
- _____ Have parents been informed about your earthquake safety procedures?
- _____ Have teachers and other staff members been encouraged to prepare their families to cope effectively during and after an earthquake?

SCHOOL EMERGENCY PREPAREDNESS

A Summary of Emergency Preparedness Activities Implemented by the
Disaster Preparedness Commission

New York State Disaster Preparedness Commission

October 1991

C O N T E N T S

Executive Summary.....i
I. Introduction.....1
II. Highlights of Activities.....3
III. Current Status.....7
IV. Conclusions.....11
V. Recommendations.....13

Appendices:

1. Map of New York State BOCES
2. Emergency Plans Reviewed by the School Emergency Preparedness Working Group
3. BOCES Emergency Planning Survey
4. BOCES Emergency Notification Survey
5. Survey of County Emergency Management Offices on School Emergency Planning
6. DPC Agency Comments on School Emergency Preparedness Report

Attachments:

1. Section 155.13 of the Commissioner of Education's Regulations
2. "Planning Manual and Guidelines for School Emergency/ Disaster Preparedness Plans"
3. "Checklist for School Emergency Plans"
4. "Exercising School Emergency Plans"

EXECUTIVE SUMMARY

The devastating loss of the lives of nine children due to a wall collapse at the East Coldenham School, in Orange County, on November 16, 1989 tragically spotlighted the need for improved emergency preparedness in schools. Beginning in the mid-1980's, the Chairman of the Disaster Preparedness Commission (DPC) and the Commissioner of the State Education Department (SED) indicated that this is an issue of vital concern. This concern culminated in the issuance of Section 155.13 of the Commissioner of Education's Regulations, effective April 7, 1989, which strengthened the emergency management ties between education agencies and other local government entities and required local school districts and Boards of Cooperative Educational Services (BOCES) to have emergency plans developed by October 1, 1990.

The East Coldenham disaster heightened public awareness of the importance of school emergency preparedness. In response to this terrible tragedy, the DPC Chairman authorized the State Emergency Management Office (SEMO) to form a Working Group, in conjunction with the Education Department, to implement the DPC's school safety initiative.

Since March 1990, the School Emergency Preparedness Working Group has initiated a number of emergency readiness and response activities. These included: the conduct of meetings among SED, SEMO and other DPC member agencies; the update of SED's Emergency Planning Manual; the development of a checklist for school emergency plans; the presentation of a series of seminars on school emergency preparedness; the initiation of two school emergency planning pilot projects; the conduct of surveys of BOCES safety and health managers; review and comment on school plans submitted by local school or BOCES districts; the development of a brochure on conducting tests of school emergency plans; and the establishment of a school exercise pilot project. Presently, a videotape on conducting school emergency drills is in production.

Four surveys of BOCES safety and health managers were conducted between July 1990 and June 1991. The responses to these surveys have been analyzed by the Working Group and helped to form the basis for a series of conclusions and recommendations.

Among the conclusions reached are:

- At least 10% of the school districts risk losing critical funding administered by the Education Department because they have not completed and tested emergency plans.
- The adequacy of school emergency plans cannot be affirmed, with confidence, by the State.
- The involvement of private educational facilities in the emergency planning process is not uniformly high.
- While New York City is exempted from the SED regulation, school officials there have shown interest in increasing their focus on emergency management.

- The American Red Cross has encountered difficulties in formalizing emergency shelter agreements with some school district leaders.
- The present school emergency warning system often requires a minimum of one hour to convey urgent information from the National Weather Service to potentially affected schools.
- The degree of involvement among BOCES districts as emergency response coordinators for the education network varies from region to region.
- Many schools have no formal procedures with local public safety agencies regarding emergency warnings.
- A majority of school drills occur without the participation of local governments and emergency services groups.

The Working Group recognizes that, in these financially trying times it may be difficult for school districts to commit funds to non-classroom activities. Nevertheless, for the sake of students and school employees alike, school safety must remain a priority.

The Working Group makes a number of recommendations involving the Disaster Preparedness Commission, the State Education Department, the State Emergency Management Office, local school districts and local emergency management offices. They are:

A. Disaster Preparedness Commission:

1. The DPC should continue to monitor school emergency management issues.
2. The DPC should continue to encourage the active participation of State agencies in school emergency management activities.

B. State Education Department:

1. Given the scope of the Commissioner's regulation, the Education Department should expand its level of emergency management services to school districts and should dedicate staff, full time, to emergency management.
2. The Education Department should more actively monitor the status of school emergency management activities statewide.
3. The BOCES districts should be encouraged to implement innovative methods of assuring efficient emergency warnings to schools.
4. The Commissioner of Education's Regulations should be amended to require that BOCES and school district emergency plans be submitted to and reviewed by the State.

C. State Emergency Management Office:

1. SEMO should continue to work with the State Education Department to assist in the training of SED personnel in all aspects of emergency management.
2. SEMO should take steps to ensure that local emergency management offices fully participate in the school planning and training effort.

D. Local School Districts:

1. Each school district must ensure that it has complied with all provisions of Section 155.13 of the Commissioner of Education's Regulations.
2. A special effort should be made to ensure that effective emergency notification procedures exist for all school districts and individual schools.
3. School district officials should fully integrate those private schools within their boundaries into the district's emergency management activities.
4. Municipal and local emergency officials should concur in and receive copies of school district emergency plans.
5. School districts should have their emergency plans reviewed by State or local emergency management officials.

E. Local Emergency Management Offices:

1. Local emergency management offices should be fully involved in the emergency management activities of all school districts within their jurisdictions.

I.

I N T R O D U C T I O N

The tragic collapse of a wall at the East Coldenham School in Orange County on November 16, 1989, killing nine children, focused attention on the subject of school safety and the necessity of integrating the emergency response capabilities of education agencies and local municipalities. Pictures of the incident disseminated by the media portrayed the horror of frightened children, grieving parents, and stunned emergency responders. Sad and predictable questions of "Why did it happen?" and "Could the tragedy have been avoided?" continue to haunt residents of that community.

At the time of the disaster in East Coldenham, New York's school districts and local emergency services groups were beginning the process of complying with a comprehensive State Education Department (SED) regulation on school emergency management. Effective April 7, 1989, Section 155.13 of the Regulations of the Commissioner of Education (Attachment 1) placed new requirements on the state's 41 Boards of Cooperative Educational Services (BOCES) (Appendix 1) and the more than 700 local school districts*. The regulation mandated: the development of emergency plans, in consultation with host municipal governments and local emergency response agencies, by October 1, 1990; cooperation with appropriate government agencies in developing agreements for the use of school-owned facilities and vehicles during emergencies; relinquishing control of facilities and other resources to the State and county in accordance with county emergency plans; conducting annual drills on elements of emergency procedures; and the incorporation of non-public schools into district emergency response structures.

Section 155.13 had its origins in the mid-1980's, when then-Education Commissioner Gordon Ambach and Disaster Preparedness Commission (DPC) Chairman David Axelrod jointly initiated discussions on the need for improved school emergency preparedness. Major crisis situations, such as Hurricane Gloria in 1985, further underscored the need for better planning and stronger emergency management ties between education and other government agencies. Finally, in early 1989, the Board of Regents' passage of the emergency management regulation affirmed Commissioner Thomas Sobol's concern for an improved level of school emergency readiness and his commitment to integrating his agency's efforts with those of the DPC.

As the Education Department began the task of implementing the new regulation, it became apparent that the expertise of the DPC, and the relationships of its member agencies with local public safety organizations, would be required. The catastrophe at the East Coldenham School reinforced the need for a multi-agency effort in support of SED. On the heels of the Commission's January 1990 report on the East Coldenham disaster, DPC Chairman Axelrod authorized the State Emergency Management Office (SEMO) to form a Working Group, in conjunction with the Education Department, to assist the State's education community, county and municipal governments, and local emergency services providers in improving the level of school emergency preparedness.

*New York City schools, exempt from this regulation, are required to develop emergency plans under City Board of Education policy.

Beginning in March 1990, a team of seven SEMO staff members was assigned on a part-time basis to implement the DPC's school safety initiative. Since then, the Working Group has been active in a number of emergency planning, training and response activities. It has consulted with and implemented the recommendations of DPC-member agencies, Federal and local government managers, education officials, and representatives of private associations. It has truly been a collegial effort.

OPINION

TAKING A STAND

State disaster exercise prepares us for the inevitable earthquake

I'm sure that many people who read this column were living in Alaska in 1964, when we experienced the biggest earthquake on record to ever hit the North American continent. I was living in Anchorage at the time and I will never forget it. But of even more concern to me is that we're overdue for another real shaker. And that leads me to the purpose of this piece which is to tell about an upcoming disaster exercise called Shaker III.

Shaker III is an exercise of our ability to respond to potentially catastrophic earthquakes that have high potential for loss of life and property. When I say "our ability," I'm speaking about local government, business, state and federal agency ability to react to these occurrences.

My department, the Alaska Department of Military and Veterans Affairs (DMVA), that includes Emergency Services, has designed exercise Shaker III to exercise the State of Alaska Emergency Plan, the Federal Response Plan and relevant local government and private sector plans.

Shaker III will begin in early March with notifications to the exercise players that a simulated earthquake of 8.5 on the Richter scale has occurred in Southcentral Alaska and that major damage has occurred on the Kenai Peninsula and surrounding area.

This simulated notification will cause emergency operations centers to be activated in many areas of the state to begin



Hugh L. Cox

disaster assessment and simulated response to loss of life and injury.

Upon notification of the magnitude of the earthquake, the state Emergency Operations Center will be activated by the DMVA's Division of Emergency Services and will be the focal point for state and federal support to local government in coping with the disaster.

The exercise will last for almost three days and the players will respond to requests for assistance while exercising the vital emergency communications capabilities and cataloging available emergency resources.

The bottom line is Shaker III is meant to realistically exercise most levels of emergency response so that we maximize "our" capability to minimize loss of Alaskan life and property. It is a preparedness

exercise to make sure we're ready when the real shaker occurs.

It needs to be said that the front line of defense against disasters is local government and its emergency infrastructure. When a disaster occurs, they are the first responders and they are in charge. If the disaster is such that it overwhelms the local capability to cope, then the state will respond upon request with appropriate support. Additionally, there are provisions to bring in federal support if needed, and that is an option that would undoubtedly be exercised in the event of a major earthquake.

You will note that I say "when" the real shaker occurs. There is no doubt as to whether one will occur, just when. John N. Davies, state seismologist for Alaska in an article in the Northern Engineer says: "Approximately 11 percent of the world's earthquakes occur in Alaska." He also notes that of the 10 largest earthquakes in the world since 1904, three have occurred in Alaska. This quote is not meant to alarm but to underline the seriousness of the threat and the potential for serious damage.

Alaskans should be ever-mindful and aware that the potential is high and precaution is advised. But we should be comforted by the mere fact that exercise Shaker III will occur, so that local, state and federal entities are prepared to help and reconstitute needed support infrastructure.

Most people will not even be aware

that Shaker III is taking place. The activity will mostly be confined to the respective emergency operations center from Cordova, to Kodiak, to the Valley, to the Kenai, in the facilities predesignated for emergency response.

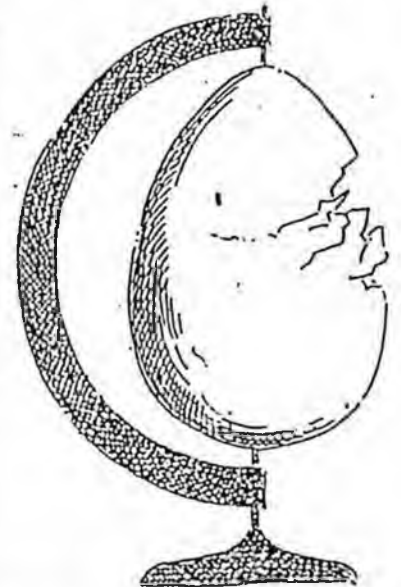
The Anchorage Municipality, Kenai Borough including Seward, Kodiak Borough, Mat-Su Borough and other Emergency Operations Centers, will be beneficiaries of activity as they assess, communicate and simulate response to the scripted events.

The news media is expected to cover the exercise and serve its rightful function in reporting the simulated events of the exercises. So we should not expect to hear sirens blowing and emergency vehicle traffic that would characterize a real event.

The State Emergency Operations Center will likewise be very busy in reacting to requests for whatever assistance may be required.

By Alaskans knowing about Shaker III, my hope is that they will be assured that local authorities and the state are concerned about being prepared for an earthquake of the magnitude of the one in 1964. And by knowing that we are exercising our preparedness, they will be comforted by the fact that we care and we're here to serve.

As a side benefit, it is enhancing the awareness that we are vulnerable and should individually be prepared. Local government offices have reading materi-



als that advise individuals and families on what to do and how to prepare for the consequences of an earthquake.

I commend the reading of those materials to all, because the real shaker is sometime in our future.

Atty. Gen. Hugh L. Cox III is commissioner of the Department of Military and Veterans Affairs. Opinions expressed in Taking a Stand do not necessarily reflect the editorial position of The Anchorage Times.

COPING WITH CHILDREN'S REACTIONS TO EARTHQUAKES AND OTHER DISASTERS



This pamphlet has been prepared to help parents deal with children's fears and anxieties following a disaster. When we use the word "parents" here and throughout the pamphlet, we are also including teachers and other adults having responsibility for the child.



For more information on Earthquake Preparedness please contact your local Office of Emergency Management or local Red Cross. Or, contact the Division of Emergency Services, Earthquake Program, P.O. Box 5750, Fort Richardson, Alaska 99505-5750.

This manuscript was developed by
SAN FERNANDO VALLEY CHILD GUIDANCE CLINIC
9650 Zelzah Avenue, Northridge, California 91325



American
Red Cross 

THE EARTHQUAKE

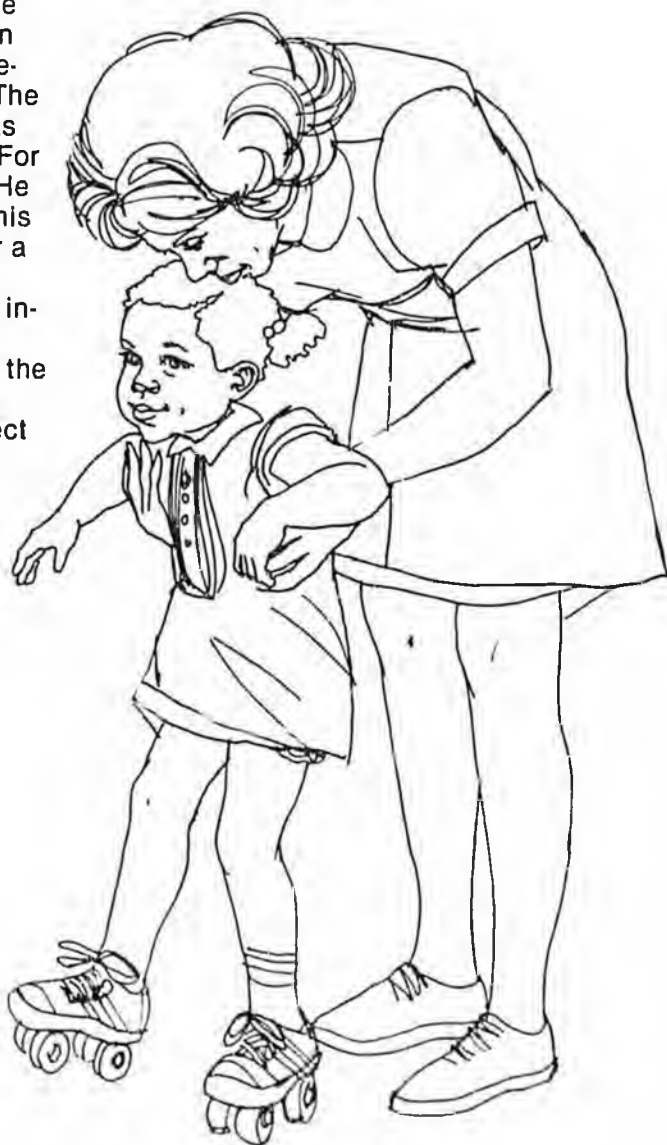
The February 1971 earthquake was one of the most dramatic and unpredictable events that had ever occurred to many children in the Los Angeles area. They were awakened at 5:59 a.m. by a frightening shaking of the earth, their beds rocking—sometimes moving across the room, furniture tumbling over, walls rattling, toys falling off the shelves. In many instances they saw their parents upset and frightened and perhaps clutching them.

An earthquake is a "natural disaster." Other such events are fire, flood, or tornadoes. These are traumatic or frightening events that may occur in some children's lives. These events result in families having to leave their homes and familiar surroundings. A child does not usually understand such events and feels confused, anxious, and frightened.

In the concern for the physical safety of the child and family, attention to and awareness of the emotional consequences to the child are frequently neglected. We cannot control these events. However, they need not result in permanent emotional damage to the child.

UNDERSTANDING THE CHILD

The course of growing up for the average child consists of certain regularities. For most school age children regularity involves the presence of parents, awakening in the morning, preparing for school, meeting with the same teacher, the same children, playing with friends, sleeping in his own bed, essentially being able to depend on a series of predictable events. The child expects a dependability from adults and certainly from the forces of nature. For the pre-schooler life is much the same. He spends his day within the familiarity of his world, be it at home, with babysitters, or a nursery school, etc. His family remains more or less constant. When there is an interruption in this natural flow of life, the child experiences anxiety and fear. How the adults help the child to resolve these "problem times" may have a lasting effect on the child.



FEAR AND ANXIETY

Fear is a normal reaction to any danger which threatens life or well-being.

What is a child afraid of after a disaster?

He is afraid of recurrence, or injury, or death.

He is afraid of being separated from his family.

He is afraid of being left alone.

Parents should recognize, however, that there are fears that stem from within the child, his imagination or his fantasies, as well as those fears that are stimulated by a real event. Even after the event has passed, his anxiety will sometimes remain. The child may not be able to describe his anxious feelings. Even though he is intensely afraid, he may be genuinely unable to give an explanation that makes rational sense.

The child, who is dependent on adults for love, care, security—even food, fears most the loss of his parents and being left alone. In a disaster, even the child who is usually competent and unafraid may react with fear and considerable anxiety to an event which threatens the family. Since adults also react emotionally with normal and natural fear to disaster, the child becomes terrified, taking parental fears as a proof that the danger is real. A child having less experience in distinguishing a real threat is likely to be plagued by fears with no basis in reality. It is important to note that fantasied danger can be as real and threatening as "real danger."

A child experiences similar fear in other situations; for example, when parents separate, or divorce, when a child goes to the hospital or when there is a death in the family. *Parents all recognize these more familiar fears and attempt to deal with them.*

In natural disasters like fires, floods, tornadoes, or earthquakes, our first concern is with and our first attention goes to physical safety. This is as it should be.

However, parents tend to ignore the emotional needs of the child once they are relieved that nothing "serious" has happened to members of the family.

When there has been no physical injury, they may be surprised about the persistence of the child's fears. They may even feel resentment, particularly if the child's behavior disrupts or interferes with the daily routine of the family.

One must recognize that a child who is afraid is afraid!

He is not trying to make life more difficult for himself or his parents. His fear is uncomfortable to him. He would like nothing better than to be rid of his fears. If the child feels that parents are not understanding of his fear, he feels ashamed, rejected, unloved and consequently, even *more* afraid.

A first step for parents is to understand the kinds of fear and anxiety a child experiences.

Parental understanding and helpful intervention can reduce the severity of fears and can prevent more serious problems from developing. This is not a new role; parents routinely and effectively help children cope with fears encountered in day-to-day situations. However, when an unusual situation occurs, the ability of some parents to reassure their child, particularly when they themselves have been frightened, may be impaired. The child feels even more fearful or anxious when suddenly he is unable to turn to the adults for reassurance.



ADVICE TO PARENTS

What can parents do to help their child?

It is of great importance for the family to remain together.

Being together with the family provides immediate reassurance to a child. Fears of being abandoned and unprotected are immediately alleviated. For example, immediately after a disaster parents should not leave the child in a "safe" place while they themselves go elsewhere to inspect possible damage. They should not leave the child alone in the evacuation center while they go back to the damaged area; they should not leave the child to go shopping, but should take him along. With no opportunity to experience the fear of being left alone, the child is less likely to develop clinging behavior.

The child needs reassurance by the parents' words as well as their actions!

"We are all together and nothing has happened to us."

"You don't have to worry, we will look after you."

Realistically, parents are also experiencing fear. However, they have the maturity to cope with the stresses upon them. A demonstration of strength should be apparent to the child who will feel more secure and reassured; however, it will not harm the child to let him know that you are also afraid. As a matter of fact, it is good to put these feelings into words. This sharing will encourage him to talk about his own feelings or fears. Communication is most helpful in reducing the child's anxiety and, for that matter, the adult's anxiety. The child may then express some fears which are not real and the parents will have an opportunity to explore these fears and reassure the child.

Listen to what the child tells you about his fears.

Listen when he tells about how he feels, what he thinks of what has happened.

Explain to the child, as well as you can, about the disaster (the fear-inducing event), about the known facts and, again, listen to him.

A child may express his fears in play or in actions. If these are unrealistic, explain and reassure him. You may have to repeat yourself many times. Don't stop explaining just because you have told him this once before.

Encourage him to talk.

The silent child needs to be encouraged to talk. His difficulty in expressing himself may be very frustrating to the parents. It can be helpful to include other members of the family, neighbors, and their children in a talk about reactions to the disaster. Through the sharing of common experiences, fears are further reduced. It is essential that an attempt should be made to provide an atmosphere of acceptance where a child will feel free to talk about his fears (be it at home or at school). Adults are often reluctant to encourage the child to talk about fears and anxieties. They believe that this will only increase the fears and anxieties. Also, parents may feel helpless in reassuring the child, and may be afraid of actually harming the child by continued discussions. Statements like, "I know you are afraid," or, "It is a scary feeling," are helpful and should be used. Being told it is normal and natural to be afraid is also reassuring.



A child's fears do not need to completely disrupt his and the family's activities.

It is apparent that there will be important concerns and things to do after a disaster: checking on the damage, cleaning up broken glass or fallen furniture. A child can and should be included in these activities. It is actually reassuring for a child if he is involved with the parent in these jobs. It is reassuring to see progress being made in bringing the house back to order and the routine of the household resumed: meals prepared, dishes washed, beds made, playmates coming over. For the parents of a very young child, the task is more difficult. Such a child may need more physical care, more holding; and this makes it harder for parents to attend to the other things that should be done. Unfortunately, there is no short-cut. If the child's needs are not met, the problem will persist for a longer period.

SETTLING DOWN

When things begin to settle down, after the "excitement" of the event has passed, some degree of lethargy may set in for both the parents and children. It is very important that parents make a deliberate effort to avoid inactivity and to get back to routine.

Parents should indicate to the child that they are maintaining control: they should be understanding but firm, supportive and make decisions for the child.

Parents may become appropriately more permissive, but discipline has to be maintained. If the family is evacuated, there will be a delay in a return to normal. Planned activities in such centers will increase the morale of all and prevent immobilization of the child's own resources.

BEDTIME PROBLEMS

The most frequently reported problem that parents encounter with their children occurs at bedtime.

The child may refuse to go to his room to sleep by himself. When he does go to bed, he may have difficulty falling asleep. He may wake up often during the night; he may have nightmares.

Parents question if they should make changes. Should they allow the child to sleep in the parents' bed, or in their bedroom or in another child's bed, or should the parent sleep in their child's room? It is necessary to become somewhat flexible. Bedtime may be delayed when the child is more anxious or wants to talk longer, but a limit should be set.

It is natural for a child to want to be close to his parents, and for the parents to want to have the child near them.



Some children, who are more anxious than others, can be allowed to move into a room with another child, or sleep on a mattress in the parents' bedroom. For another child it may be sufficient for the parent, at bedtime, to spend a little extra time in the child's bedroom reassuring him. All such arrangements, however, should return to normal after a few days. The parents and the child together should agree on the day for the return to his own bed (ideally not longer than 3-4 days hence) and the parents should abide by the decision. It is important for the child's independence that the parent be firm about his commitment.

Parents should also be aware of their own fears and their own uncertainty and of the effect these have upon the child.

If parents question—Is it going to be safe there? Will he be frightened?—they contribute to the child's continuing fear and his inability to go back to his room. Reassurance with firmness is an effective approach. Getting angry at the child, punishing, spanking, or shouting at him will rarely help. If the child comes out of his room, calmly return him to it and reassure him of your presence nearby. It may be helpful to leave a nightlight on in the room, or in the hall, and leave his door ajar. Spending more time with the child during the day will make him feel more secure in the evening and at night.

SPECIFIC FEARS

Following a traumatic event, such as a natural disaster, irrational fears may develop in which some particular thing or situation evokes great anxiety to the point of panic, and is, therefore, strongly avoided. The child may become afraid of beds, his house, or darkness. A younger child may explain that imaginary monsters are threatening him. An older child may be afraid to go to school or even to leave his home. Reassurance to the younger child regarding monsters can be done by words, explanations, pointing out to the child the difference between his fantasy and reality. With school phobias (refusal to go to school), it is essential to see to it that the child gets to school. In this instance, firmness is necessary and the child should know that you do expect him to attend school. The teacher or the school counselor can be of help to you.

REGRESSIVE BEHAVIOR

A child may sometimes revert to "childish" behavior which he has outgrown. Wetting his bed, clinging to the parents, thumb sucking, and other problems may occur temporarily, and should not alarm parents. They are normally of short duration. These behaviors are only signs of the child's anxiety, and parents' acceptance will reassure the child and shorten the duration of such behaviors. When parents over-react to these behavior patterns (become over-concerned, punish, or nag the child) these symptoms will persist much longer.

Children respond to praise, and parents should make a deliberate effort not to focus upon the child's immature behavior.

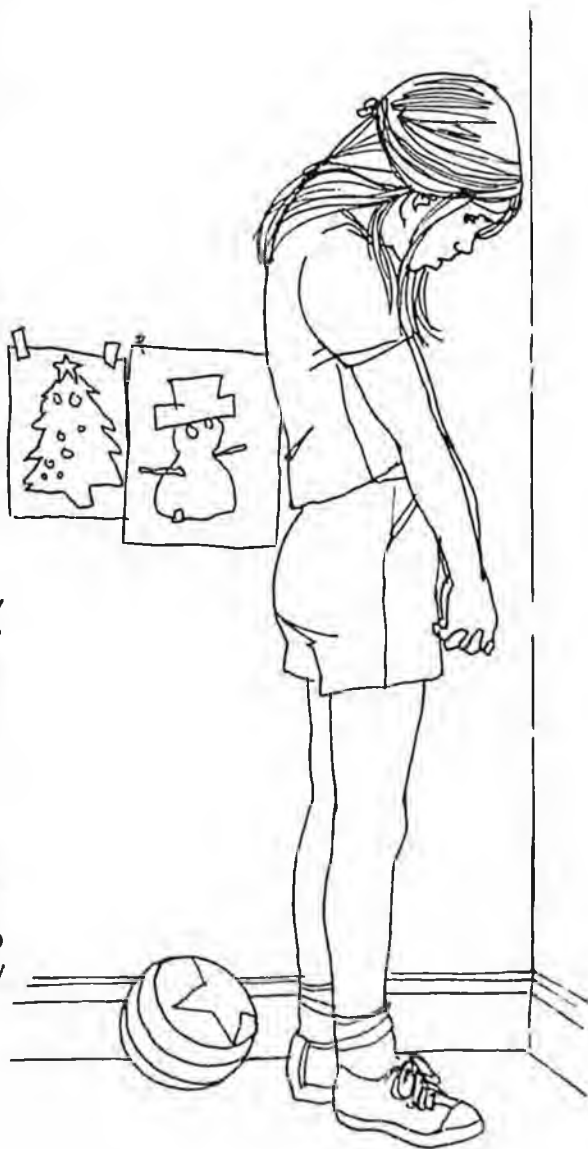
HOW CAN THE PARENTS RECOGNIZE WHEN TO SEEK PROFESSIONAL HELP?

Most parents are capable of helping their child overcome fears and anxiety. However, it is not a sign of failure if the parents find that they are unable to help their child by themselves. A telephone call to a pediatrician, family physician, the local mental health center or clinic could be helpful. In some cases, advice can be given on the telephone. In other instances, parents will be counseled to bring their child for an interview. In cases of severe anxiety, early action will result in a return to normal. Parents will recognize rather soon whether or not their attempts to help their child have been successful.

If the sleeping problem continues for more than a few nights, if the clinging behavior does not diminish, if the fears become worse, it is time to ask for professional advice.

Mental health professionals are specially trained to help people in distress. They can help parents cope with and understand the unusual reactions of their child. By talking to the parents and child either individually or in groups, a child's fears can be overcome more easily.

Some parents are reluctant to consider seeking the help of a mental health professional or a clinic. However, more and more people are becoming aware that there is no stigma attached to seeking help. It is a way to avoid severe problems.



No portion of this pamphlet may be reprinted or reproduced without permission from the San Fernando Valley Child Guidance Clinic.

S B

4 5 1

FISCAL NOTE

STATE OF ALASKA
1992 LEGISLATIVE SESSION

BILL NO. SB 451

Revision Date: _____ Dept. Affected Health & Social Services
 Title: An Act Providing Medicaid Coverage BRU: Alcohol & Drug Abuse Services
for pregnant women... Component: Administration
 Sponsor: Senate HESS
 Requestor: _____ COMPONENT SERIAL NO. 302

Expenditures/Revenues

(Thousands of Dollars)

OPERATING	FY93	FY94	FY95	FY96	FY97	FY98
PERSONAL SERVICES	45.4	47.1	48.9	50.7	52.6	54.6
TRAVEL	5.0	5.5	6.0	6.6	7.2	7.8
CONTRACTUAL	5.0	5.3	5.7	6.0	6.2	6.5
SUPPLIES	1.0	1.1	1.2	1.3	1.4	1.5
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	56.4	59.0	61.8	64.6	67.4	70.4
CAPITAL						
REVENUE						

FUNDING:

(Thousands of Dollars)

GENERAL FUND	28.2	29.5	30.9	32.3	33.7	35.2
FEDERAL FUNDS						
OTHER	28.2	29.5	30.9	32.3	33.7	35.2
TOTAL	56.4	59.0	61.8	64.6	67.4	70.4

POSITIONS:

FULL-TIME	1.0	1.0	1.0	1.0	1.0	1.0
PART-TIME:						
TEMPORARY						

Estimate of current year impact:

ANALYSIS: (Attach a separate page if necessary)

See attached analysis

Prepared by: Suzanne W. Perry *SB*
 Division: Alcoholism & Drug Abuse

Phone: 465-2071
 Date: March 20, 1992

Approved by: Commissioner: Theodore A. Mala, MD, MPH
 Agency: Department of Health and Social Services *[Signature]*

Date: March 20, 1992

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

Fiscal Note

STATE OF ALASKA
1992 LEGISLATIVE SESSION

BILL NO. SB 451

Revision Date: _____ Dept. Affected Health & Social Services
 Title: An Act Providing Medicaid Coverage BRU: Alcohol & Drug Abuse Services
for pregnant women... Component: Alcohol & Drug Abuse Grants
 Sponsor: Senate HESS
 Requestor: _____ COMPONENT SERIAL NO. 1239

Expenditures/Revenues (Thousands of Dollars)

OPERATING	FY93	FY94	FY95	FY96	FY97	FY98
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS	<38.1>	<83.8>	<92.2>	<101.4>	<111.6>	<122.7>
MISCELLANEOUS						
TOTAL OPERATING	<38.1>	<83.8>	<92.2>	<101.4>	<111.6>	<122.7>
CAPITAL						
REVENUE						

FUNDING: (Thousands of Dollars)

GENERAL FUND	<38.1>	<83.8>	<92.2>	<101.4>	<111.6>	<122.7>
FEDERAL FUNDS						
OTHER						
TOTAL	<38.1>	<83.8>	<92.2>	<101.4>	<111.6>	<122.7>

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

Estimate of current year impact:

ANALYSIS: (Attach a separate page if necessary)

See attached analysis

Prepared by: Suzanne Perry *SP*
 Division: Alcoholism & Drug Abuse
 Approved by Commissioner: Theodore A. Mala, MD, MPH
 Agency: Department of Health and Social Services *T. Mala*

Phone: 465-2071
 Date: March 20, 1992
 Date: March 20, 1992

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

SB 451
Fiscal Note Analysis

There are two primary treatment facilities which regularly treat pregnant women. There is one treatment center which is exclusively for pregnant women, and there is one post-treatment (half-way house) facility for substance abusing women.

The costs of treatment in these facilities are as follows:

1. Juneau Recovery Unit (co-ed facility) \$231/bed/day
(specialized hospital), average length of stay 90 days
2. Reflections \$96/bed/day
This is a 12 bed women's only facility. Pregnant women get priority. Average length of stay 90 days
3. Dena A Coy \$125/bed/day
This is a pregnant women's only 18 bed facility. Average length of stay 200 days (This facility is primarily IHS funded. This refinancing effort would not alter the amount of federal IHS funds)
4. New Dawn (Alaska Women's Resource Center) \$70/bed/day
This is a 10 bed women's only halfway house or post-treatment facility. Pregnant women get priority if they refuse Dena A Coy or are not accepted for some reason. Average length of stay 120 days.

The average cost is \$130/bed/day if all facilities are included. If only the primary treatment facilities are included, the average cost is \$150/bed/day.

As medicaid will not pay for room and board costs, we estimate treatment costs to be 70% of the total cost. Therefore, of a total cost of \$150/bed/day, \$105 would be medicaid reimbursable.

The assumptions which were used to develop the fiscal impact on grants include the following:

FY 93 -- six months of regulation development, and program training followed by six months of actual client activity.

-- It is estimated that each year would see a 10% increase over the initial year.

-- JRU saw 3 pregnant women during the year with each remaining in treatment for 90 days, their cost would be \$43.7.

-- Reflections saw 6 pregnant women during the year with each remaining in treatment for 90 days, their cost would be \$24.2.

-- Dena A Coy saw 6 pregnant women during the year with each remaining in treatment for 200 days, their cost would be \$105.0.

-- New Dawn (AWRC) saw 6 pregnant women during the year with each remaining in treatment for 120 days, their cost would be \$17.6.

The Division of Alcoholism and Drug Abuse recently began collecting information on pregnancy status of women. It is not possible to determine from available information how many of these women were medicaid eligible.

Substance abuse treatment for pregnant women is a relatively new approach, and targeting medicaid eligible women has not historically been done.

During the transition period, one full year after the regulations are effective, it is anticipated that treatment centers would be required to hire and train additional staff to handle medicaid billings. While this staff would not necessarily be full time, it is anticipated that a part-time person would be necessary. Therefore, a retention of 20% of grant funds would be required. That is, for each \$100 of medicaid to be reimbursed, \$20 of grant funds would not be supplanted, but would be retained.

It is also anticipated that the Division of Alcoholism and Drug Abuse would require a staff specialist in medicaid to assist programs with this effort. This position would be located in Anchorage as three out of four of the programs currently seeing pregnant women are located in Anchorage. This position would be an Administrative Assistant II at a range 14. This position would be able to provide written and on-site technical assistance to all programs seeing pregnant women. The current COLA of 3.6% was used for salaries and 5% used for other costs after FY '93. A figure of \$5.0 was used for travel as this is one half of the travel normally required of a Health Facilities Surveyor. It is anticipated that there would be several trips to Juneau, Fairbanks, and perhaps Bethel to assist programs. Contractual and supplies are standard figures used by the Division for budgeting purposes.

It is anticipated that this position would be Medicaid funded.

FISCAL NOTE

**STATE OF ALASKA
1992 LEGISLATIVE SESSION**

BILL NO. SB NO. 451

Revision Date: _____ Department Affected: DH&SS
 Title: An act relating to Medicaid coverage for BRU: Medicaid
for pregnant women... Component: Medicaid Non-Facilities

Sponsor: Senate HESS
 Requestor: _____ COMPONENT SERIAL NO.

0	2	2	9
---	---	---	---

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 93	FY 94	FY 95	FY 96	FY 97	FY 98
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL	53.5	35.7	37.7	39.8	42.0	44.3
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS	95.3	209.6	230.1	253.1	278.4	306.2
MISCELLANEOUS						
TOTAL OPERATING	148.8	245.3	267.8	292.9	320.4	350.5

CAPITAL						
----------------	--	--	--	--	--	--

REVENUE FUND SOURCE:						
-----------------------------	--	--	--	--	--	--

FUNDING (Thousands of Dollars)

GENERAL FUNDS	5.8	22.5	24.5	27.0	29.7	32.7
FEDERAL FUNDS	94.9	139.0	151.1	164.5	179.1	195.1
OTHER FUND SOURCE: IA	38.1	83.8	92.2	101.4	111.6	122.7
TOTAL	148.8	245.3	267.8	292.9	320.4	350.5

POSITIONS:

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

Estimate of current year impact:

ANALYSIS: (Attach a separate page if necessary.)
 Three Fiscal notes relate to SB 451. See attached analysis.

Prepared by: Kimberly Busch, Director *Kimberly B. Busch* Phone: 465-3355
 Division: Medical Assistance Date: 3-24-92
 Approved by Commissioner: Theodore A. Mala *T. Mala*
 Agency: Department of Health and Social Services Date: 3/24/92

Distribution (by Preparer: Leg. Fin., Legislative Sponsor, Requestor, OMB/DBR, Gov. Legis. Ofc., & Impacted Agency(ies))

FISCAL NOTE ANALYSIS
SB NO. 451

Substance Abuse Rehabilitation Services for Pregnant Women

SB 451 provides rehabilitative services to approved grantees of the Division of Alcoholism and Drug Abuse, and does not to open those service to the private sector at this time. Initially, this services will cover treatment services (not room and board costs) for Medicaid-eligible pregnant women in all of the 4 grantee residential programs that accept or specialize in pregnant women services.

FY 93 costs include one-time system contractual costs for establishing a new service in the Medicaid Management Information System, report modifications, and providers' manuals and training for a total of \$22.5 (75% federal, 25% state general fund match). Contractual costs-also include an RSA with the Division of Alcoholism and Drug Abuse for the 50% federal matching funds for a position in that division (CF DADA fiscal notes).

Because of the need to modify the system, promulgate regulations, and train providers, a start date of 1/1/93 is assumed for this service. FY 93 costs are estimated to pay for rehabilitative services during 2190 resident days, at a total cost of \$95.3 (50% federal, 50% state general fund match).

FY 94 costs are computed at FY 93 x 2 (for a full 12 months) plus a 10% growth in service as capacity grows in residential treatment facilities and as other grantees offering some pregnant women outpatient therapy services enroll as providers. FY 95 and forward, we assume a 10% growth rate.

Contractual costs for claims processing, at \$6.23 per claim, are estimated at \$2.8 for FY 93, \$6.2 for FY 94, and increasing at 10% per year thereafter. Costs are 75% federal, 25% state general fund.

COSTS	FY 93	FY 94	FY 95	FY 96	FY 97	FY 98
Contractual-DADA	28.2	29.5	30.9	32.3	33.7	35.2
Contractual-Claims	25.3	6.2	6.8	7.5	8.3	9.1
Grants/Claims	95.3	209.6	230.1	253.1	278.4	306.2
Total	148.8	245.3	267.8	292.9	320.4	350.5
REVENUE						
Federal	94.9	139.0	151.1	164.5	179.1	195.1
IA-DADA	38.1	83.8	92.2	101.4	111.6	122.7
New Med. SGFM	15.8	22.5	24.5	27.0	29.7	32.7
Total	148.8	245.3	267.8	292.9	320.4	350.5

"New Medicaid SGFM" is the total net new cost to the State of SB No. 451.

FISCAL NOTE ANALYSIS
SB NO. 451

The potential fiscal advantage to the grants system in DADA is the difference between the Medicaid payments the system receives (grants/claims amount), minus the transferred funds from DADA:

	FY 93	FY 94	FY 95	FY 96	FY 97	FY 98
Medicaid Payment	95.3	209.6	230.1	253.1	278.4	306.2
Minus IA	38.1	83.8	92.2	101.4	111.6	122.7
Potential Advantage	57.2	125.8	137.9	151.7	166.8	183.5

SENATE BILL NO. 451

IN THE LEGISLATURE OF THE STATE OF ALASKA

SEVENTEENTH LEGISLATURE - SECOND SESSION

BY THE SENATE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

Introduced: 3/18/92
Referred: HES, Finance

A BILL

FOR AN ACT ENTITLED

1 "An Act relating to Medicaid coverage for pregnant women; reordering the priorities
2 granted to optional services under the Medicaid program; and providing for an effective
3 date."

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

5 * Section 1. AS 47.07.030(b) is amended to read:

6 (b) In addition to the mandatory services specified in (a) of this section, the department
7 may offer only the following optional services: case management and nutrition services for
8 pregnant women; substance abuse rehabilitative services for pregnant women; personal care
9 services in a recipient's home; emergency hospital services; long-term care noninstitutional
10 services; medical supplies and equipment; clinic services; inpatient psychiatric facility services
11 for individuals age 65 or older and individuals under age 21; psychologists' services; clinical
12 social workers' services; prescribed drugs; physical therapy; occupational therapy; chiropractic
13 services; low-dose mammography screening, as defined in AS 21.42.375(e); treatment of speech,
14 hearing, and language disorders; adult dental services; prosthetic devices and eyeglasses;

1 optometrists' services; intermediate care facility services, including intermediate care facility
2 services for the mentally retarded; skilled nursing facility services for individuals under age 21;
3 and reasonable transportation to and from the point of medical care.

4 * Sec. 2. AS 47.07.035 is amended to read:

5 Sec. 47.07.035. PRIORITY OF MEDICAL ASSISTANCE. If the department finds that
6 the cost of medical assistance for all persons eligible under this chapter will exceed the amount
7 allocated in the state budget for that assistance for the fiscal year, the department shall eliminate
8 coverage for optional medical services and optionally eligible groups of individuals in the
9 following order:

- 10 (1) clinical social workers' services;
11 (2) psychologists' services;
12 (3) chiropractic services;
13 (4) adult dental services;
14 (5) emergency hospital services;
15 (6) treatment of speech, hearing, and language disorders;
16 (7) optometrists' services and eyeglasses;
17 (8) occupational therapy;
18 (9) mammography screening;
19 (10) prosthetic devices;
20 (11) medical supplies and equipment;
21 (12) clinic services;
22 (13) nutritional services for pregnant women;
23 ~~proposed~~ (14) case management services for pregnant women;
24 (15) substance abuse rehabilitative services for pregnant women;
25 (16) physical therapy;
26 (17) [(14)] personal care services in a recipient's home;
27 (18) [(15)] prescribed drugs;
28 (19) [(16)] long-term care noninstitutional services;
29 (20) [(17)] inpatient psychiatric facility services;
30 (21) [(18)] intermediate care facility services for the mentally retarded;
31 (22) [(19)] intermediate care facility services;

*dollar figure
volume.*

*000711
000*

1 (23) [(20)] individuals under age 21 who are not eligible for benefits under the
2 federal aid to families with dependent children program because they are not deprived of one or
3 more of their natural or adoptive parents;

4 (24) [(21)] skilled nursing facility services for persons under age 21;

5 (25) [(22)] aged, blind, and disabled individuals who, because they do not meet
6 the income requirements, do not receive supplemental security income under Title XVI of the
7 Social Security Act, but who are eligible, or would be eligible if they were not in a skilled
8 nursing facility or intermediate care facility, to receive an optional state supplementary payment;

9 (26) [(23)] individuals in a hospital, skilled nursing facility, or intermediate care
10 facility whose income while in the facility does not exceed 300 percent of the supplemental
11 security income benefit rate under Title XVI of the Social Security Act, but who, because of
12 income, are not eligible for the optional state supplementary payment;

13 (27) [(24)] individuals under age 21 under supervision of the department, for
14 whom maintenance is being paid in whole or in part from public money and who are in foster
15 homes or private child-care institutions.

16 * Sec. 3. AS 47.07.900 is amended by adding a new paragraph to read:

17 (13) "substance abuse rehabilitative services" means services provided by

18 (A) a drug or alcohol treatment center that is funded with a grant under
19 AS 47.30.475; or

20 (B) an outpatient community mental health clinic that has a contract to
21 provide community mental health services under AS 47.30.520 - 47.30.620.

22 * Sec. 4. This Act takes effect July 1, 1992.

POSITION PAPER
SENATE BILL NO. 451

"An Act relating to Medicaid coverage for pregnant women and infants; and reordering the priorities granted to optional services under the Medicaid program; and providing for an effective date."

Analysis:

Section 1 of SB No. 451 would amend AS 47.07.030(b) to add an optional service to Alaska's Medicaid program: substance abuse rehabilitative services for pregnant women.

Section 2 of SB No. 451 would amend 47.07.035 to place case management services and nutritional services for pregnant women 13, and 14, respectively in the list of optional services and optional eligible groups to be deleted in the event that the Medicaid appropriation is insufficient to fund some or all optional services. (Those two services were added to AS 47.07.030 in 1988, but they were not placed in the priority listing of AS 47.07.035 at that time.)

Section 2 would also place substance abuse rehabilitative services for pregnant women as #15 in the priority list of AS 47.07.035. Section 3 amends AS 47.07.900, Definitions, to restrict those services to grantees of the Department in drug and alcohol treatment services and in community mental health centers.

Discussion

Substance abuse rehabilitation services would provide Medicaid reimbursement for some of the therapies and training provided pregnant women through the Division of Alcoholism and Drug Abuse grantees' programs. However, federal restrictions on these services would not allow reimbursement for all treatment activities in these programs. Also, Medicaid federal regulations prevent us from paying for the cost of room and board in residential treatment programs, even though such programs are a most effective way of treating substance-abusing pregnant women.

Our experience with delivering case management services to pregnant women indicates that there is a very substantial need for substance abuse services for them, and there are currently very few services.

SB No. 451 clearly restricts this service to grantees, and it does not open it to private sector participation at this time. We support the restriction. The existing Medicaid services options do not allow for any Medicaid reimbursement of Division of Alcoholism and Drug Abuse services. Adding this new service will allow us to begin to introduce Medicaid federal matching funds into alcoholism and substance abuse services. This kind of refinancing is a key strategy this Department wants to employ as a way of protecting essential programs in the face of declining state revenues.

In the past, and currently, community mental health centers have not usually served pregnant women with the rehabilitation services proposed by this bill. We do not believe the inclusion of community mental health clinics in Section 3 is necessary; it could be deleted without any effects on Medicaid clients.

The Department concurs in the proposed placement of rehabilitation services and case management in the priority listing of AS 47.07.035. However, nutritional services are performed by a tiny number of private registered dietitians who serve pregnant women who have severe nutritional risking factors such as gestational diabetes. Because of Alaska's shortage of dietitians, we do not expect billing for this service to exceed \$20,000 this year. Because of the small number of our clients who would be affected if this service were deleted, and because of the prospects clients have to obtain nutritional help from their physicians, we would argue for a placement of this service at or near the top of the priority list.

Position

We believe SB No. 451 proposes an essential service addition to Medicaid, and that it does so with an intent and cost that is realistic in light of the State's very bleak revenue outlook. We believe it is both cost effective and sound public policy to support services for substance-abusing pregnant women to the maximum extent possible.

We support the passage of this bill.

Recommended by: Kimberly B Busch Date: 3-23-92

Kimberly B. Busch
Director
Division of Medical Assistance

Approved by: Theodore A Mala Date: 3/24/92

Theodore A. Mala, MD, MPH
Commissioner

S B

4 5 2

FISCAL NOTE

STATE OF ALASKA
1992 LEGISLATIVE SESSION

SB 452

Revision Date: _____ Dept. Affected Health & Social Services
 Title: An Act Providing Medicaid Coverage BRU: Alcohol & Drug Abuse Services
for rehabilitation & case management Component: Alcohol & Drug Abuse Grants
 Sponsor: Senate HESS
 Requestor: _____ COMPONENT SERIAL NO. 1239

Expenditures/Revenues

(Thousands of Dollars)

OPERATING	FY93	FY94	FY95	FY96	FY97	FY98
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS	<118.5>	<260.7>	<286.8>	<315.4>	<346.9>	<381.7>
MISCELLANEOUS						
TOTAL OPERATING	<118.5>	<260.7>	<286.8>	<315.4>	<346.9>	<381.7>
CAPITAL						
REVENUE						

FUNDING:

(Thousands of Dollars)

GENERAL FUND	<118.5>	<260.7>	<286.8>	<315.4>	<346.9>	<381.7>
FEDERAL FUNDS						
OTHER						
TOTAL	<118.5>	<260.7>	<286.8>	<315.4>	<346.9>	<381.7>

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

Estimate of current year impact:

ANALYSIS: (Attach a separate page if necessary)

SEE ATTACHED ANALYSIS

Prepared by: Suzanne Perry Phone: 465-2071
 Division: Alcoholism & Drug Abuse Date: March 20, 1992

Approved by Commissioner: Theodore A. Ma'a, MD, MPH Date: March 20, 1992
 Agency: Department of Health and Social Services

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

FISCAL NOTE

STATE OF ALASKA
1992 LEGISLATIVE SESSION

BILL NO. SB 452

Revision Date: _____ Dept. Affected Health & Social Services
 Title: An Act Providing Medicaid Coverage BRU: Alcohol & Drug Abuse Services
for rehabilitation & case management Component: Administration
 Sponsor: Senate HESS
 Requestor: _____ COMPONENT SERIAL NO. 0302

Expenditures/Revenues (Thousands of Dollars)

OPERATING	FY93	FY94	FY95	FY96	FY97	FY98
PERSONAL SERVICES	54.8	56.8	59.7	62.6	65.8	69.0
TRAVEL	10.0	10.5	11.0	11.6	12.2	12.8
CONTRACTUAL	5.0	5.3	5.7	5.9	6.2	6.5
SUPPLIES	1.0	1.1	1.2	1.3	1.4	1.5
EQUIPMENT	7.0	0.0	0.0	0.0	0.0	0.0
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	77.8	73.7	77.6	81.4	85.6	89.8

CAPITAL						
---------	--	--	--	--	--	--

REVENUE						
---------	--	--	--	--	--	--

FUNDING: (Thousands of Dollars)

GENERAL FUND	38.9	36.9	38.8	40.7	42.8	44.9
FEDERAL FUNDS						
OTHER (interagency)	38.9	36.0	38.8	40.7	42.8	44.9
TOTAL	77.8	73.7	77.6	81.4	85.6	89.8

POSITIONS:

FULL-TIME	1.0	1.0	1.0	1.0	1.0	1.0
PART-TIME						
TEMPORARY						

Estimate of current year impact:

ANALYSIS: (Attach a separate page if necessary)

SEE ATTACHED ANALYSIS

Prepared by: Suzanne Perry
 Division: Alcoholism & Drug Abuse

Phone: 465-2071
 Date: March 20, 1992

Approved by Commissioner: Theodore A. Mala MD, MPH
 Agency: Department of Health and Social Services

Date: March 20, 1992

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

ANALYSIS (cont.):

Section 1 amends AS 47.07.030(b) to include rehabilitation services for substance abusers and chronically mentally ill adults, targeted case management services for substance abusers and chronically mentally ill adults as well as those severely emotionally disturbed persons under 21 years of age as optional services to be paid for by Medicaid.

Section 2 prioritizes these additional services. Targeted case management services is the twelfth (12) service to be discontinued if a shortage of funds occurs, and rehabilitation services for substance abusers and chronically mentally ill adults is the thirteenth (13) service to be discontinued if a shortage of funds occurs.

There are 18 residential primary treatment facilities. Of these, there are two residential facilities which regularly treat pregnant women. There is one treatment center which is exclusively for pregnant women, and there is one post-treatment (half-way house) facility for substance abusing women.

The costs of treatment in these facilities varies from a high of \$231/bed/day to a low of \$96/bed/day.

The average cost is \$150/bed/day for the primary treatment facilities.

As medicaid will not pay for room and board costs, we estimate treatment costs to be 70% of the total cost. Therefore, of a total cost of \$150/bed/day, \$105 would be medicaid reimbursable.

Outpatient costs average \$50/hour. Outpatient charges include individual counseling and case management which is termed aftercare by the substance abuse field.

The assumptions which were used to develop the fiscal impact on grants include the following:

FY 93 – six months of regulation development, and program training followed by six months of actual client activity.

Figures are based on 75 clients requiring 25 hours of outpatient care at \$50/hr, with 50 hours of group counseling at \$30/hr with 30 hours of aftercare (casemanagement) at \$50/hr. Additionally, 25 clients would require 90 days of residential care at \$105/day followed by 30 days of aftercare (casemanagement).

During the first six months of FY 92, for all programs there were 100 admissions which appear to be medicaid eligible clients. As intake information is gathered for client profile purposes and not for eligibility criteria, it is difficult to determine whether these clients are actually medicaid eligible. The formula which was used is:

75 clients X 25 OP hours X \$50 =	\$ 93,750
75 clients X 50 GP hrs X \$30 =	\$112,500
75 clients X 30 Aftercare hrs X \$50 =	\$112,500
25 clients X 90 days resid. X \$105 =	\$ 236,250
25 clients X 50 days Aftercare X \$50 =	\$ 37,500
Total	\$592,500

During the first year, clients would be seen for a six month period due to initial start up activities. Therefore, medicaid eligible costs would be one half of \$592,500 or \$296,250. One half of these costs would be reimbursable by medicaid or \$148,125. Of this, 20% general fund would be retained and not be replaced. Therefore the total amount to be refinanced by medicaid in year one would be \$148,125 X .80 = \$118,500.

It is estimated that each year would see a 10% increase over the initial year.

For each subsequent year, a 10 % growth factor was taken on a full year. Therefore, for FY 94, the calculation was: $\$592,500 \times 10\% = \$651,750$; one half medicaid match = $\$325,875 \times 80\% = \$260,700$.

The vast majority of all clients seen are single persons with no children in the household with incomes under \$10,000/year.

The Division of Alcoholism and Drug Abuse recently began collecting information on pregnancy status of women. It is not possible to determine from available information how many of these women were medicaid eligible. During the first six months of FY 92, there were 5 pregnant women in treatment. There were an additional 12 women seen at the pregnant women's treatment center.

It is also anticipated that the Division of Alcoholism and Drug Abuse would require a staff specialist in medicaid to assist programs with this effort. This position would be located in Juneau.

This position would be a Health Program Specialist at a range 17. This position would be able to provide written and on-site technical assistance to all programs regarding medicaid. The current COLA of 3.6% was used for salaries and 5% used for other costs after FY '93. Travel costs were based on the average travel (\$10.0) for a Health Facilities Surveyor with a full survey load. Travel throughout the entire state would be required to assist programs in obtaining capability to participate in medicaid. Contractual (\$5.0) and supplies (\$1.0) are a standard figures used by the division for these costs; and equipment (\$7.0) is based on equipment and computer workstations that are required for a new position. No additional office space is anticipated.

It is anticipated that this position would be Medicaid funded. Therefore, one half of the costs of this position would be paid through an RSA from medicaid.

FISCAL NOTE

**STATE OF ALASKA
1992 LEGISLATIVE SESSION**

BILL NO. SB No. 452

Revision Date: _____
Title: An Act providing for Medicaid Coverage
for

Department Affected: Health and Social Services
BRU: Medicaid
Component: Medicaid Non-Facility

Sponsor: Senate HESS

Requestor: _____ COMPONENT SERIAL NO.

0	2	2	9
---	---	---	---

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 93	FY 94	FY 95	FY 96	FY 97	FY 98
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL	161.9	112.4	121.9	132.1	143.4	155.6
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS	1,736.3	2,235.9	2,459.5	2,705.5	2,976.1	3,273.7
MISCELLANEOUS						
TOTAL OPERATING	1,898.2	2,348.3	2,581.4	2,837.6	3,119.5	3,429.3

CAPITAL						
---------	--	--	--	--	--	--

REVENUE FUND SOURCE:						
----------------------	--	--	--	--	--	--

FUNDING (Thousands of Dollars)

GENERAL FUNDS	223.7	260.9	286.1	313.7	344.2	377.5
FEDERAL FUNDS	980.0	1,193.1	1,311.5	1,441.8	1,585.0	1,742.4
OTHER FUND SOURCE: IA	694.5	894.3	983.8	1,082.1	1,190.3	1,309.4
TOTAL	1,898.2	2,348.3	2,581.4	2,837.6	3,119.5	3,429.3

POSITIONS:

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

Estimate of current year impact:

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

Prepared by: Kimberly B. Busch *Kimberly B. Busch* Phone: 465-3355

Division: Medical Assistance Date: 3-24-92

Approved by Commissioner: Theodore A. Mala, MD, MPH *[Signature]*

Agency: Department of Health and Social Services Date: 3/27/92

Distribution (by Preparer: Leg. Fin., Legislative Sponsor, Requestor, OMB/DBR, Gov. Legis. Ofc., & Impacted Agency(ies))

FISCAL NOTE ANALYSIS
SB NO. 452

1. Division of Alcoholism and Drug Abuse, Rehabilitation Services and Targeted Case Management Services. See related Fiscal Notes (2). (FY 93: Start Date of 7/1/92 for position, 1/1/93 for services.)

	<u>FY 93</u>	<u>FY 94</u>	
Benefit Cost	296.3	651.9	
Claims Cost	49.7	33.0	
RSA/Contractual	<u>38.9</u>	<u>36.9</u>	(for Position in DADA)
TOTAL COST	384.9	721.8	
Fed Match	224.4	387.7	
GF (RSA-DADA)	118.5	260.7	
GF (Medicaid)	<u>42.0</u>	<u>73.4</u>	
TOTAL REVENUE	384.9	721.8	

FY 93 contains one-time start-up contractual costs for the Medicaid Management Information system, consisting of 34.7 for new service modules, new edits, billing, billing system manuals and training, and new reports design. 15.0 is for processing new claims, at \$6.23 per claim. FY 94 costs for claim processing are 33.0. Contractual costs also include an RSA with the Division of Alcoholism and Drug Abuse (DADA) for the Federal (50%) matching funds for a position in that Division.

FY 94 costs for benefits are the costs for FY 93, doubled, plus 10% growth in number of recipients enrolled. A similar 10% growth is assumed for FY 95 and following for claims processing costs.

2. Division of Mental Health and Developmental Disabilities, Rehabilitation Services and Targeted Case Management Services. See related Fiscal Note.

(Start date of 7/1/92 assumed)

	<u>FY 93</u>	<u>FY 94</u>	
Benefit Cost	1,440.0	1,584.0	
System Cost	<u>73.3</u>	<u>42.5</u>	
TOTAL COST	1,513.3	1,626.5	
RSA from DMHDD	576.0	633.6	
Fed match	775.0	823.9	
New Medicaid SGFM	<u>162.3</u>	<u>169.0</u>	
TOTAL REVENUE	1,513.3	1,626.5	

FY 93 contains one-time start-up contractual costs for the Medicaid Management Information System, consisting of 34.7 for new service modules, new edits, billing system manual and training, and new reports and existing reports redesign. Claims processing costs, at \$6.23 per claim, (6,200) are estimated to be 38.6. FY 94 and following, a 10% annual increase in claims cost are estimated. System costs are 75% federal; benefits costs are 50% Fed, 50% SGFM.

Benefits cost for FY 94 and following are FY 93 costs increased by 10% annually for recipient and utilization increases.

In FY 94, the first full year of operation of this measure, the state will receive 1,211.6 in new federal funds. Grantees will be advantaged as follows:

Receive 2,235.9	New Medicaid Payments
Give up <u>894.3</u>	State Grant Funds
1,341.6	Advantage to Grantees

FISCAL NOTE

**STATE OF ALASKA
1992 LEGISLATIVE SESSION**

BILL NO. SB452

Revision Date: _____ Department Affected: Health & Social Services

Title: An Act Providing for Medicaid Coverage BRU: Community Mental Health Grants

Component: Services to CMI, Services to SED Youth

Sponsor: Senate Hess 0800

Requestor: _____ COMPONENT SERIAL NO.

1	4	3	6
---	---	---	---

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 93	FY 94	FY 95	FY 96	FY 97	FY 98
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS	(576.0)	(633.6)	(697.0)	(766.7)	(843.4)	(927.7)
MISCELLANEOUS						
TOTAL OPERATING	(576.0)	(633.6)	(697.0)	(766.7)	(843.4)	(927.7)

CAPITAL						
---------	--	--	--	--	--	--

REVENUE FUND SOURCE:						
----------------------	--	--	--	--	--	--

FUNDING (Thousands of Dollars)

GENERAL FUNDS	(576.0)	(633.6)	(697.0)	(766.7)	(843.4)	(927.7)
FEDERAL FUNDS						
OTHER FUND SOURCE:						
TOTAL	(576.0)	(633.6)	(697.0)	(766.7)	(843.4)	(927.7)

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY:						

Estimate of current year impact:

ANALYSIS: (Attach a separate page if necessary.)

Prepared by: Margaret Lowe, M.Ed., Ed.S. *Margaret Lowe* Phone: (907)465-3370

Division: Division of Mental Health & Developmental Disabilities Date: 3/19/92

Approved by Commissioner:  Theodore A. Mala, MD, MPH

Agency: Health & Social Services Date: 3/19/92

Distribution (by Preparer: Leg. Fin., Legislative Sponsor, Requestor, OMB/DBR, Gov. Legis. Ofc., & Impacted Agency(ies))

Division of Mental Health and Developmental Disabilities
Fiscal Note Analysis
SB No. 452

Community Mental Health Clinics (CMHC) are currently billing Medicaid for clinic services. While the clinic option would remain in place and be used by private sector physician mental health clinics, we assume those clinic services currently billed by CMHCs would move to the rehabilitation services category. CMHC would also bill for some services allowed under the rehabilitation option but not under the clinic option, such as home-based therapy and therapies not delivered in the clinic. Targeted case management services now being provided but not billed will become billable.

For FY93, we anticipate total rehabilitation services billings of 2,706.2 (60,138 hours at \$45.00/hour) and total case management billings of 3,589.4 (102,553 hours at \$35.00/hour), for a total of 6,295.6. Until extensive discussions have been held with Federal Medicaid program authorities to precisely define each matchable rehabilitation and case management service and each CMHC can assess how best to reallocate staff to offer these matchable services, it is difficult to assess how much of this total will represent new Medicaid costs for services not now being billed under the clinic services option. Also, it is difficult to quantify the offsetting savings that will result from moving away from the clinic option, since home and community based services can be accomplished less expensively and are often more effective, so fewer service hours may be required to reach treatment goals.

However, we estimate that only 1,440.0 of these services will be new services for Medicaid purposes, 720.0 federal funds, 720.0 state general funds match. We propose to R.S.A. 80% of this amount, 576.0 from CMHC Grants to the Division of Medical Assistance, Medicaid Non-Facility, for matching purposes. The 20% to be retained by grantees will be used initially to staff for additional Medicaid billing effort, to transition from grant funding for fee-for-services funding, to accomplish staff changes and training; and for systems changes.

The interagency transfer to Medicaid is proposed to come from the following components: Services to Severely Emotionally Disturbed Youth - 192.0
Services to the Chronically Mentally Ill - 384.0

These FY93 transfer amounts are 1/3 and 2/3 of the FY93 total, respectively, FY94 and following, this same ratio applies.

FY94 and following, a 10% annual increase in this grant decrease/transfer is assumed, largely for caseload growth in the numbers of eligible persons receiving the services.

Alaska State Legislature

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




P.O. BOX V
ROOM 427
STATE CAPITOL
JUNEAU, ALASKA 99811
(907) 485-3782

Senate Committee on Health, Education and Social Services

MEMORANDUM

March 23, 1992

TO: All Members
Senate Health, Education & Social Services Committee

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

RE: SB 451 "An Act relating to Medicaid coverage for pregnant women; reordering the priorities granted to optional services under the Medicaid program; and providing for an effective date."

SB 452 "An Act providing for Medicaid coverage for certain rehabilitation and case managements services; reordering the priorities given to optional services under the Medicaid program; and providing for an effective date."

In the course of discussions on Medicaid with the Department of Health and Social Services, they noted that SB 451 and SB 452 would be helpful to them in refinancing of Medicaid.

Senate Bill 451 is the same as CSHB 498(HES) and SB 452 is the same as CSSSHB 545(HES). Materials in the packets may refer to the respective house bill numbers.

ALASKA STATE LEGISLATURE

Office of Majority Whip

3111 C STREET, SUITE 508
ANCHORAGE AK 99503
(907) 561-2039

PO BOX V
JUNEAU AK 99811
(907) 465-3875/4894



VICE CHAIR
HEALTH, EDUCATION
& SOCIAL SERVICES

COMMUNITY AND
REGIONAL AFFAIRS

INTERNATIONAL TRADE
AND TOURISM

CHAIR
CHILDREN'S CAUCUS

REPRESENTATIVE BETTYE DAVIS

DISTRICT 14 SEAT B • EAST ANCHORAGE • MULDOON

S P O N S O R S T A T E M E N T

I appreciate the committee members hearing CCSSHB 545. CCSSHB 545 if adopted would provide Medicaid coverage for certain rehabilitation and case management services, an reorder the priorities given to optional services.

As you may know medicaid is a federal grant-in-aid program that is administered and partially funded by the State. Authorized by Title XIX of the Social Security Act, its purpose is to provide medical assistance to needy individuals.

Medicaid has become the largest funding source of public mental health services. Here in Alaska Medicaid dollars have been used to fund existing and traditional mental health services, rather than using the money to expand effective community services.

In January, the final Medicaid regulation for adult mental health services were approved. Some confusion remains regarding the broad scope of services that would be reimbursed by Medicaid. Alaska has, by statute, clinic option. This option has a number of serious limitations for services to severely mentally ill adults, particularly with regard to services provided in residential facilities. Under a clinic option, Medicaid cannot reimburse for services provided in a residential facility.

The new state regulations did not address this issue, as it was beyond the scope of the regulations. The regulations are intended to delineate options and procedures that are understood to be under clinic option.

The two key differences between rehabilitation and clinic services are as follows.

1. Clinic services must be offered in a clinic, but rehabilitation services can be provided anywhere they are appropriate or necessary; and
2. Clinics must be supervised by a physician who usually needs to be on-site, but rehabilitation services can be supervised by any qualified professional.