

ALASKA LEGISLATURE COMMITTEE FILES 1997-1998 00/2

9510 SENATE HEALTH EDUCATION & SOCIAL SERVICES

148

Conclusion

The disparity between mental illness and other conditions in health insurance coverage is unfair, outdated and unreasonable. There is solid documentation of the high cost to the American economy of mental health disorders: over \$130 billion a year in lost productivity, absenteeism, disability and early death. Yet opponents continue to predict high utilization rates and soaring premium costs as outcomes of a parity mandate. The experience to date of the two states with legislation much like the Domenici-Wellstone parity amendment clearly indicates that their predictions grossly distort what actually occurs.

National mental health policy should be based not on hyperbole but on available evidence—and now evidence *is* available about the impact of mental health parity. Congress, insurers and businesses would do well to look more closely at Minnesota and Maryland to understand how mental health care can be covered for all Americans without the unjustified discrimination in most current health insurance plans.

Resources in Maryland: Paul Gentile, Maryland Health Resources Planning Commission
410/764-3255

Linda Raines, Mental Health Association of Maryland
410/235-1178

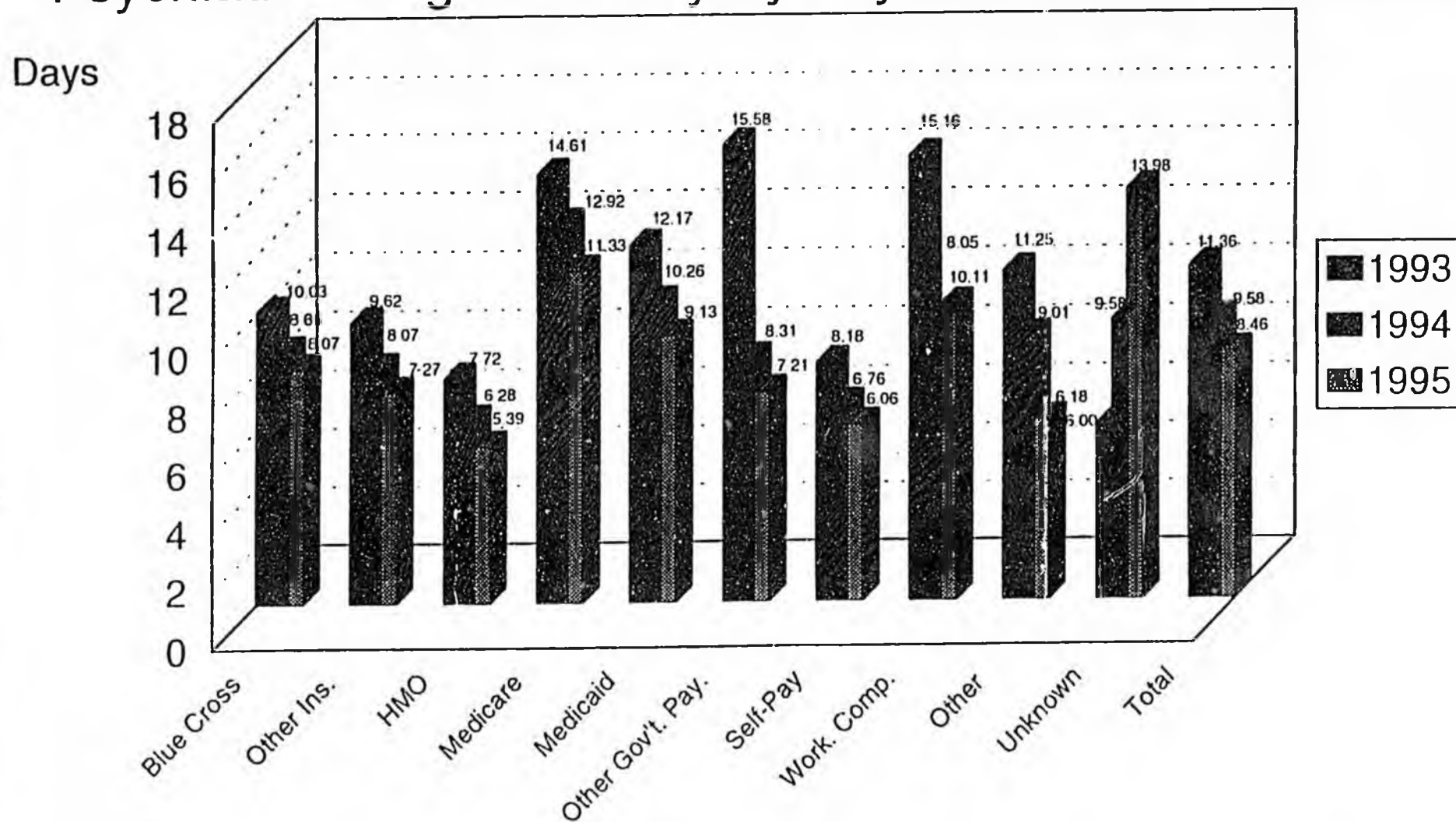
Resources in Minnesota: Ron Brand, Minnesota Association of Community Mental Health Programs
612/642-1903

Kathy Kelso, Mental Health Association of Minnesota
612/331-6840

For more information: Chris Koyanagi or Lee Carty
Bazelon Center for Mental Health Law
1101 15th Street NW, Suite 1212
202/467-5730 or bazelon@nicom.com

Maryland Acute General Hospital Psychiatric Units

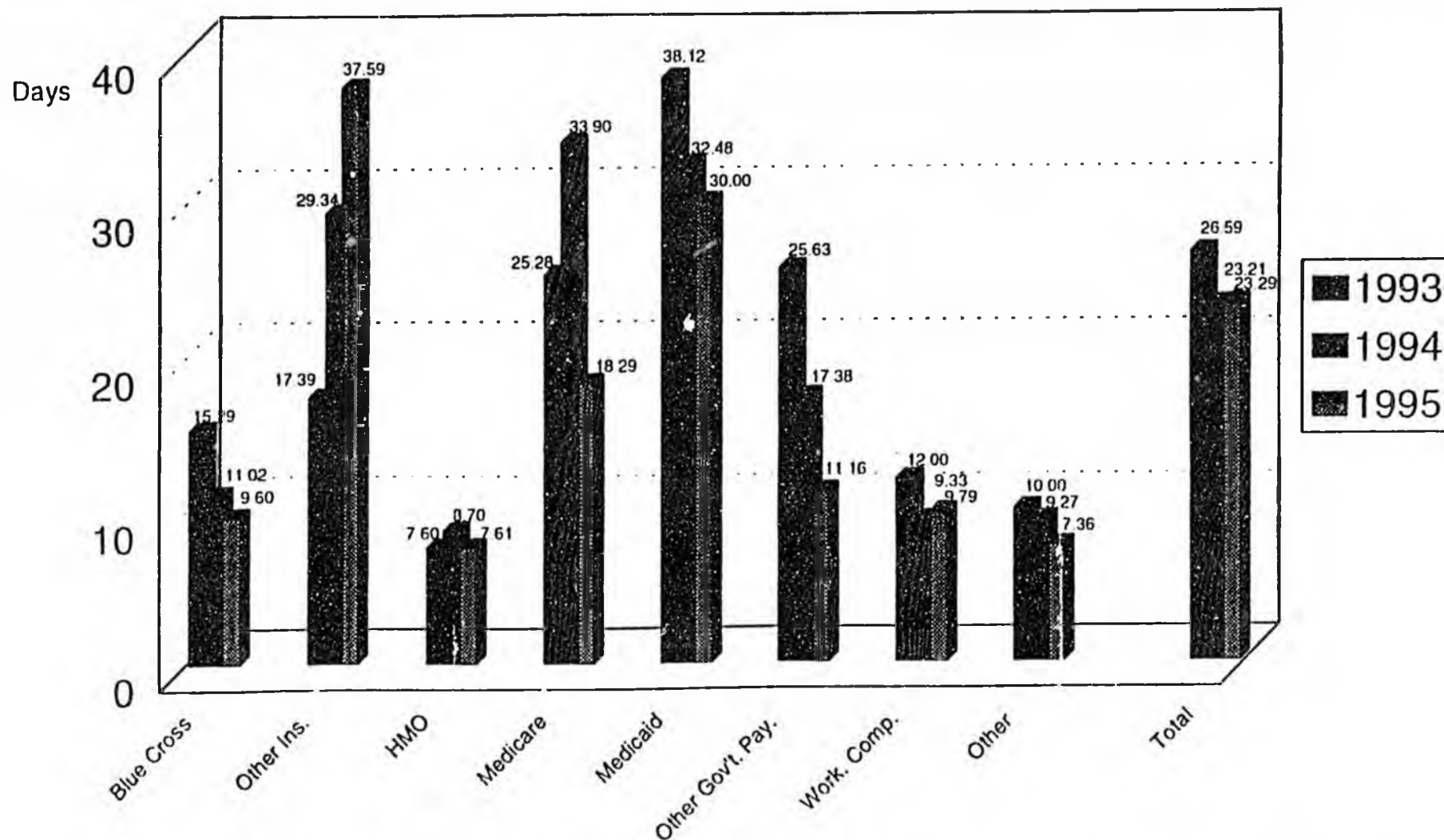
Psychiatric Lengths of Stay By Payor Source CY 1993-1995



Source: Paul Gentile, Maryland Health Resources Planning Commission, May, 1996

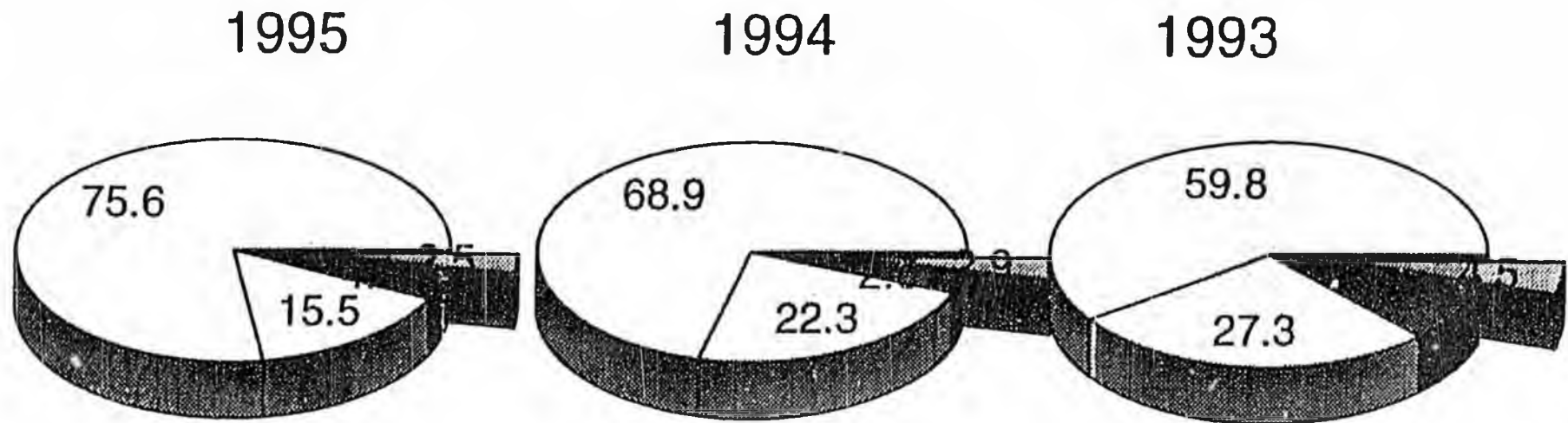
Maryland Private Psychiatric Hospitals

Average Length of Stay By Payor Source CY 1993-CY 1995



Source: Paul Gentile, Maryland Health Resources Planning Commission, May 1996

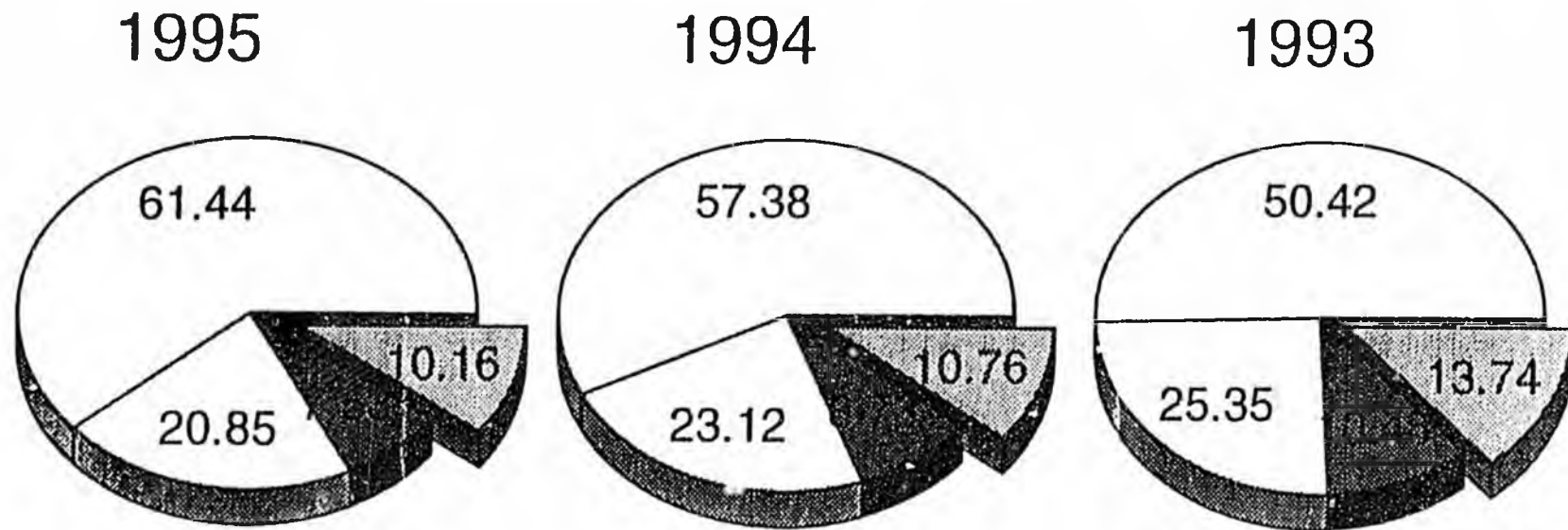
Maryland Acute General Hospitals Psychiatric Discharges
 Frequency Distribution Percentage By Length of Stay,
 1993-1995



<10 Days
 11-20 Days
 21-30 Days
 >31 Days

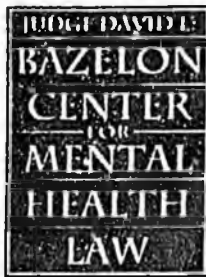
Source: Paul Gentile, Maryland Health Resources Planning Commission

Maryland Private Psychiatric Hospitals Discharge Frequency Distribution Percentage By Length of Stay, 1993-1995



<10 Days
 11-20 Days
 21-30 Days
 >31 Days

Source: Paul Gentile, Maryland Health Resources Planning Commission



EQUAL TREATMENT OF MENTAL HEALTH SERVICES IN HEALTH PLANS

Facts About the Domenici-Wellstone Amendment to Senate Bill S.1028

What the Senate's Amendment Says

- The Senate amendment simply prohibits insurers from limiting coverage because a person needs mental health services.
- It requires health plans to cover mental health services without any arbitrary treatment limitations or financial requirements that are not imposed on coverage for services to treat other health conditions.
- It allows plans to restrict all coverage to medically necessary services.

What the Amendment Does Not Say

- It does *not* mandate any specific benefits.
- It does *not* dictate how insurers should achieve parity between coverage for mental and physical conditions.

Fair Coverage of Mental Illness Is Cost-Effective and Long Overdue.

- Eliminating discriminatory limits on mental health care that do not apply to physical health care encourages treatment based entirely on medical necessity and appropriateness.
- It corrects current inefficiencies in service delivery that are driven by benefit design (such as overutilization of hospital care) and promotes delivery of the best available care.
- Mental health disorders cost the American economy over \$130 billion a year in lost productivity, absenteeism, disability and early death.¹ The Senate amendment can cut these losses by enabling many employees to receive services they need through private coverage, instead of being forced to quit their jobs so they can qualify for public benefits.
- Opponents are misinformed about mental illness and the treatments now available—vastly improved in the last two decades. The efficacy of treatment for mental illness is now as well established as treatments for many physical disorders, and the costs as easily controlled.

Parity in Mental Health Coverage Is Affordable

- The Congressional Budget Office (CBO) estimates the cost of mental health parity as a mere 1.6% increase in employer premium costs. CBO and others also estimate that the amendment will lower public health program costs, including Medicaid.
- Many large employers, managed care organizations and public programs (e.g., Medicaid) have already switched from arbitrary caps on mental health treatment to individualized services, ensuring that those who need care can receive it—and receive it in the most effective and often least costly setting—without providing unlimited care to all who seek it.
- Managed care controls the potential for abuse of mental health benefits without the enormous pain of arbitrary ceilings. In 1995, 69% of firms with 1,000 or more employees had a managed mental health program. Of small firms, 28% had managed mental health care.
- Companies and states using a managed care approach have saved 40-50% in claims costs after removing day and visit limits.² These firms actively encourage employees to seek treatment as soon as possible because it makes good economic sense.
- Without arbitrary limits, people can continue using less expensive mental health services, often avoiding costly hospitalization. Sterling-Winthrop, for example, reports a 50% increase in utilization rates due to expanded mental health outpatient care, but an overall drop in costs for mental health claims.

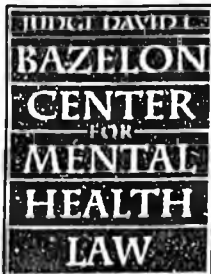
Parity in Mental Health Coverage Is Supported by Voters

- The American public overwhelmingly agrees with the amendment's purpose. A 1994 national poll by Mellman-Lazarus-Lake and Research Strategy Management, Inc. found that 78% of voters believe it is important to cover mental health problems to the same extent as physical problems. A majority oppose arbitrary limits on either outpatient care (53%) or hospital care (63%).
- In an October 1993 survey for *Parade Magazine*, 87% of respondents said medical plans should provide the same coverage for seeing a psychiatrist as for seeing other doctors.

Members of Congress should support the Senate amendment to S.1028 requiring that health plans treat mental illness no differently than other health care.

1. Rice et al., *The Economic Costs of Alcohol and Drug Abuse and Mental Illness: 1985*. U. S. Department of Health and Human Services, Alcohol, Drug Abuse and Mental Health Administration (1990).

2. Frank et al., "Risk Contracts in Managed Mental Health Care," *Health Affairs* (Fall 1995).



Three new publications on

MANAGED MENTAL HEALTH CARE

➤ Is "managed care" of public mental health services only an attempt to rationalize major spending cuts?

➤ Or could it enable the public mental health care system to develop successful, widespread organized systems of care?

➤ How can state mental health policy officials achieve the cost efficiency they want while ensuring consumers' access to services they need and want?

New books by the leading legal advocacy organization in the mental health field offer recommendations for merging the economic advantages of managed care with the strengths of a good public mental health system.

Managing Managed Care for Publicly Financed Mental Health Services

Prospects and pitfalls of a managed care approach to financing and delivering public-sector mental health services. Offers recommendations for laws, regulations, contracts and policies. In lay language, featuring checklists for policy development and implementation. 54 pp., Nov. 1995. \$9.40 (orders of 10 or more, \$7.30 each). R-2

Mental Health Managed Care: Survey of the States

Analysis of 52 Medicaid waivers in 43 states and survey of officials, advocates, consumers and families, focusing on state plans' structure, benefit design, consumer and quality issues, and financing. 38 pp., April 1996. \$6 each (no additional shipping charge). R-3

Buying in the Public Interest

Analysis by leading academics to encourage integration of public-sector values and principles in state managed care plans. Includes comprehensive benefit design for a cost-efficient system, recommendations for financing and performance standards. June 1996 publication. \$20 (call for discount on 6 or more in same order). R-4

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National
Mental Health
Association

WORKING TOGETHER FOR NONDISCRIMINATORY HEALTH INSURANCE

Drafting State Legislation on Nondiscriminatory Coverage of Mental Health and Substance Abuse in Insurance Policies and Health Plans

This fact sheet has been developed by the Judge David L. Bazelon Center for Mental Health Law and the National Mental Health Association to assist state advocates in developing an appropriate legislative proposal to eliminate discriminatory provisions in health insurance policies and health plans regulated by the state.

FIRST STEP: ASSESS EXISTING LAWS

Federal legislation enacted in 1996 will shortly go into effect, protecting individuals in group health plans against certain arbitrary and discriminatory practices with respect to mental health coverage. Under Public Law 104-204,¹ if a group health plan does not include an aggregate lifetime limit on other benefits, the plan may not impose lifetime limits on mental health benefits, and if the plan does have a lifetime limit on other coverage, it must either apply the same limit to mental health coverage or combine mental health and other medical and surgical benefits under a single lifetime limit. The same requirements are also made with respect to annual reimbursement limits for covered mental health services.

This law thus addresses the problem of discriminatory policies with respect to overall lifetime limits and annual reimbursement limits, such as limits of \$1,000 with respect to payment for outpatient visits. Since federal law already addresses those issues, it is not necessary for state legislation to do so.

Secondly, states should focus on improving their existing schemes. Legislation prohibiting discrimination in insurance should build upon current state laws. Some states have enacted laws requiring health plans to include mental health and/or substance abuse coverage and require that

¹ Known as the Kennedy-Kassebaum health reform law, this legislation is codified at 42 USC § 300gg-5; 110 STAT 2947-2950. PL 104-204 amended Subpart B of part 7 of subtitle B of title I of the Employee Retirement Income Security Act of 1974 (ERISA).

individuals be offered a plan that includes a specific mental health and/or substance abuse benefit. These laws lay the groundwork for a nondiscrimination legislation.

DRAFTING THE LEGISLATION

1) Scope of Proposal

States have the authority to regulate individual and group health insurance plans and health benefits of certain entities operating within the state, such as health maintenance organizations. States do not have the authority to regulate the health benefits offered by companies that self-insure. This authority has been pre-empted by the federal government under ERISA.

Legislation to prohibit discrimination against mental health and substance abuse coverage in health plans should be constructed so as to protect as many state residents as possible. The exact language for such coverage will vary, depending on terms used with the state and the structure of the state's regulatory system.

In drafting language to define the scope of the legislation, states should, at a minimum, cover all group or blanket health insurance and accident insurance plans and health maintenance organizations and other managed care plans in the state. Coverage for individual as well as group health plans should also be considered, since this will significantly increase the scope and effectiveness of the state legislation.

Examples of language from other laws can provide guidance to legislative drafters of state reforms.

- a) Maryland's parity law covers a wide range of group and individual plans and the state's statutory definition includes:

hospital or major medical contracts or certificates delivered or issued for delivery in the State by insurers, nonprofit health service plans or health maintenance organizations on a group or individual basis and which provides coverage for health care...(MD)

- b) The federal legislation is limited to group plans and plans that are offered in connection with such plans, such as under COBRA:

group health plan (or health insurance coverage offered in connection with such a plan) that provides both medical and surgical benefits and mental health benefits...(Federal)

- c) A more simple approach is taken in Minnesota and New Hampshire:

All health plans, as defined in section (of state law), that provide coverage for mental health or chemical dependency services...(MN)

any policy of group or blanket accident or health insurance and each hospital service corporation, medical service corporation and health maintenance organization providing benefits for disease or sickness...(NH)

2) Requirements on Plans

Given that the federal law (see above) protects against lifetime caps and annual reimbursement limits in group plans, state laws need not duplicate these protections. States can therefore focus on protecting individuals from annual day and visit limits and financial obligations, such as deductibles, co-payments and out-of-network charges.

Language to prohibit discrimination with respect to *day and visit limits* should be explicit.

a) Minnesota has broad language with respect to benefits, and could be edited (as shown in parentheses) so as to address day and visit limits specifically:

(annual day and visit) service limitations for (mental health and substance abuse) services...must not...be more restrictive than those requirements and limitations for...medical services.

b) Maryland law addresses the problem that plans may also have limitations on some medical services, however, its wording is not as clear in other respects as the Minnesota law. Maryland requires that plans:

may not discriminate against any person with a mental illness by failing to provide benefits for treatment and diagnosis of mental illness under the same terms and conditions that apply to the majority of comparable benefits available under the contract or certificate or any other type of health care.

Language with respect to discriminatory *cost-sharing* should be comprehensive:

a) The Minnesota statute is clear:

cost-sharing requirements...for... mental health and chemical dependency services...must not place a greater financial burden on the insured or enrollee...than those requirements for...medical services.

b) Another approach is to require the same terms and conditions apply to mental health services as apply with respect to other health benefits Maryland addressed the issue by requiring (material in parentheses is added for clarity):

benefits for illnesses covered by this section and the benefits for physical illnesses covered under a contract or policy shall have the same terms and conditions (with respect to deductibles, co-payments and out-of-network charges)

3) Covered Services

States that have already addressed the need for health plans to include mental health and/or substance abuse treatment through mandatory coverage laws should reference those statutes.

Although these laws do not require the full array of mental health and substance abuse services typically provided through the public sector and essential to those with the most serious disorders, they do provide a minimum package of services. Typically such laws require coverage of inpatient hospital care, outpatient treatment and partial hospitalization, reflecting the standard service array used by a working population. Other state systems will, of course, still be necessary to provide the more comprehensive array of services needed by adults with serious mental illness and children with serious emotional disorders.

States with laws *mandating* coverage, states with laws mandating the *offering* of policies with coverage and states with *no such laws* will need to address the issue of covered services differently.

In states with mandated minimum benefit laws, the state's nondiscrimination legislation should refer specifically to the services that are mandated to be covered under current state law. In this manner, the specific services (i.e. inpatient hospitalization, partial hospitalization, outpatient services, etc.) will continue to be required in all health plans, but now there will also be prohibitions on arbitrary limits in covered days/visits or financial requirements for mental health and/or substance abuse services.

In states with laws mandating the offering of mental health and/or substance abuse services, the nondiscrimination legislation should refer specifically to the services that are required to be offered. Thus, individuals will be given the option to purchase coverage that protects them for mental health and substance treatment costs and that includes at least a minimum range of services. Without this reference, plans might design insurance options that cover, for example, only inpatient hospital services and physician services and argue that this represents nondiscriminatory benefits because other services, such as partial hospitalization or services of other mental health professionals, are not furnished with respect to other illnesses.

In states with no legislation concerning minimum mental health and/or substance benefit packages, states should include a requirement that a defined minimum array of services be at least offered to state residents by the health plans operating in the state. Without this language, plans in these states will be able to avoid the nondiscrimination provisions entirely, simply by dropping their mental health coverage.

December 1996

Parity in Benefit Design: Existing Law

Below are the parity requirements used in 7 states (ME, MD, MN, NC, NH, RI, TX) and the recent national government mandate (DW: Domenici/Wellstone amendment).

1. Requirements apply only to designated diagnoses:
4: ME, NH, RI, TX
2. Requirements apply to all contracts which provide mental health benefits:
2: ME, DW (private sector only)
3. Requirements apply to all contracts which provide healthcare benefits:
3: MD, NC, TX
4. MH coverage must not be more restrictive than requirements and limitations imposed on physical illness:
5: MN, NH, NC, RI, TX
5. MH coverage must use the same durational limits, amount limits, deductibles, and coinsurance as physical illness coverage:
2: NC, RI
6. Requirements apply only to the application of lifetime and annual financial caps:
1: DW
7. Policies must not place a greater financial burden on the uninsured person or enrollee:
1: MN
8. Medical necessity criteria must be the same for mental illness and physical illness:
1: ME
9. Medical necessity criteria may be collected to determine whether they are consistent with other illnesses:
1: RI
10. Requirements apply to addiction disorders:
2: MD, NC

Information provided by the American Managed Behavioral Healthcare Association.

E. Clarke Ross, D.P.A., Executive Director

700 Thirteenth Street, NW, Suite 950, Washington, DC 20005.

Phone: (202) 434-4565 Fax: (202) 434-4564

*For more information contact Parity Center for
Mental Health - - address*

The Brain Injury Association, Inc.
1776 Massachusetts Ave., NW, Ste. 100
Washington, DC 20036
(202) 296-6443 or Fax: (202) 296-8850

MEMORANDUM

Date: February 20, 1997
To: Richard Warrington--Alaska Head Injury Foundation
From: Cheryl Norman *Cheryl*
Subject: TBI Act!!

Attached is a copy of the TBI Act. As you will see, any funds appropriated under the act by the Federal Government are disbursed to state governments. No funds are provided directly to the Brain Injury Association or any of its state affiliate. The U.S. Department of Health and Human Services will Publish a notice in the Federal Register describing how state governments can apply for the money. When the notice appears, BIA will send a copy to you. BIA is working to fill the staff position which handles all legislative matters. When that person is hired, an announcement will appear in the Staff Memo which is mailed to you at the end of every month.

TRAUMATIC BRAIN INJURY ACT BECAME LAW IN 1996

Congress Passes Traumatic Brain Injury Act

On July 12, 1996, the Senate passed language identical to the House passed version of the Traumatic Brain Injury Act. The House of Representatives had passed the bill on July 9. The TBI Act authorizes the federal government to spend \$24.5 million over the next three years on:

- Grants to states to develop model treatment programs.
- Funds for the Centers for Disease Control and Prevention to study the incidence of brain injury.
- Funds for agencies in the Department of Health and Human Services to research into prevention, treatment and rehabilitation of brain injury.
- Funds for the National Institutes of Health to host a national conference, gathering all the experts in the field of brain injury.

After a 5 -year process, not a single legislator voted against the Traumatic Brain Injury Act in 1996. In fact, a number of legislators were instrumental in passing the TBI Act. Jim Greenwood of Pennsylvania ushered this legislation through the House and consistently worked with the Senate to keep that chamber on track. Other legislators who played pivotal roles include Senators Orrin Hatch of Utah and Ted Kennedy of Massachusetts, and Congressman Frank Pallone of New Jersey.

President Hosts Signing Ceremony For The Traumatic Brain Injury Act

On July 29, President Clinton hosted a signing ceremony, recognizing the importance of people with brain injury and their families. By passing and signing this legislation, the federal government has taken proactive efforts to resolve problems associated with brain injury. Christopher Reeve, Gary Busey, Jim Brady and Frank Gifford made phone calls to the White House to convince the President that this signing ceremony was important to millions of Americans -- individuals with brain injury and their family members. In addition to BIA President Dr. George Zitnay, Vice Chairman Jim Brady and Chairman Martin Foil, top federal agency officials and ranking members of Congress were present at the ceremony.

Congress Appropriates Funds for the Traumatic Brain Injury Act

On September 30, 1996, Congress appropriated funds to support the Traumatic Brain Injury Act for fiscal year 1997:

- \$2,600,000 for the Centers for Disease Control to study the incidence of brain injury and fund education/prevention initiatives
- \$2,857,000 for the Health Resources and Services Administration to implement model demonstration projects at the state level
- A directive to the National Institutes of Health to organize a national consensus conference and produce a white paper on brain injury in the United States

Public Law 104-166
104th Congress

An Act

To amend the Public Health Service Act to provide for the conduct of expanded studies and the establishment of innovative programs with respect to traumatic brain injury, and for other purposes.

July 29, 1996
[H.R. 248]

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. PROGRAMS OF CENTERS FOR DISEASE CONTROL AND PREVENTION.

Part J of title III of the Public Health Service Act (42 U.S.C. 280b et seq.) is amended by inserting after section 393 the following section:

“PREVENTION OF TRAUMATIC BRAIN INJURY

“SEC. 393A. (a) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, may carry out projects to reduce the incidence of traumatic brain injury. Such projects may be carried out by the Secretary directly or through awards of grants or contracts to public or nonprofit private entities. The Secretary may directly or through such awards provide technical assistance with respect to the planning, development, and operation of such projects. 42 USC 280b-1b.

“(b) CERTAIN ACTIVITIES.—Activities under subsection (a) may include—

“(1) the conduct of research into identifying effective strategies for the prevention of traumatic brain injury; and

“(2) the implementation of public information and education programs for the prevention of such injury and for broadening the awareness of the public concerning the public health consequences of such injury.

“(c) COORDINATION OF ACTIVITIES.—The Secretary shall ensure that activities under this section are coordinated as appropriate with other agencies of the Public Health Service that carry out activities regarding traumatic brain injury.

“(d) DEFINITION.—For purposes of this section, the term ‘traumatic brain injury’ means an acquired injury to the brain. Such term does not include brain dysfunction caused by congenital or degenerative disorders, nor birth trauma, but may include brain injuries caused by anoxia due to near drowning. The Secretary may revise the definition of such term as the Secretary determines necessary.”

SEC. 2. PROGRAMS OF NATIONAL INSTITUTES OF HEALTH.

Section 1251 of the Public Health Service Act (42 U.S.C. 300d-61) is amended—

(1) in subsection (d)—

(A) in paragraph (2), by striking "and" after the semicolon at the end;

(B) in paragraph (3), by striking the period and inserting "; and"; and

(C) by adding at the end the following paragraph:
 "(4) the authority to make awards of grants or contracts to public or nonprofit private entities for the conduct of basic and applied research regarding traumatic brain injury, which research may include—

"(A) the development of new methods and modalities for the more effective diagnosis, measurement of degree of injury, post-injury monitoring and prognostic assessment of head injury for acute, subacute and later phases of care;

"(B) the development, modification and evaluation of therapies that retard, prevent or reverse brain damage after acute head injury, that arrest further deterioration following injury and that provide the restitution of function for individuals with long-term injuries;

"(C) the development of research on a continuum of care from acute care through rehabilitation, designed, to the extent practicable, to integrate rehabilitation and long-term outcome evaluation with acute care research; and

"(D) the development of programs that increase the participation of academic centers of excellence in head injury treatment and rehabilitation research and training.";

and

(2) in subsection (h), by adding at the end the following paragraph:

"(4) The term 'traumatic brain injury' means an acquired injury to the brain. Such term does not include brain dysfunction caused by congenital or degenerative disorders, nor birth trauma, but may include brain injuries caused by anoxia due to near drowning. The Secretary may revise the definition of such term as the Secretary determines necessary."

SEC. 3. PROGRAMS OF HEALTH RESOURCES AND SERVICES ADMINISTRATION.

Part E of title XII of the Public Health Service Act (42 U.S.C. 300d-51 et seq.) is amended by adding at the end the following section:

42 USC 300d-52. *SEC. 1252. STATE GRANTS FOR DEMONSTRATION PROJECTS REGARDING TRAUMATIC BRAIN INJURY.

"(a) IN GENERAL.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, may make grants to States for the purpose of carrying out demonstration projects to improve access to health and other services regarding traumatic brain injury.

"(b) STATE ADVISORY BOARD.—

"(1) IN GENERAL.—The Secretary may make a grant under subsection (a) only if the State involved agrees to establish an advisory board within the appropriate health department of the State or within another department as designated by the chief executive officer of the State.

"(2) FUNCTIONS.—An advisory board established under paragraph (1) shall advise and make recommendations to the

State on ways to improve services coordination regarding traumatic brain injury. Such advisory boards shall encourage citizen participation through the establishment of public hearings and other types of community outreach programs. In developing recommendations under this paragraph, such boards shall consult with Federal, State, and local governmental agencies and with citizens groups and other private entities.

"13. COMPOSITION.—An advisory board established under paragraph (1) shall be composed of—

"A representatives of—

- "(i) the corresponding State agencies involved;
- "(ii) public and nonprofit private health related organizations;
- "(iii) other disability advisory or planning groups within the State;
- "(iv) members of an organization or foundation representing traumatic brain injury survivors in that State; and
- "(v) injury control programs at the State or local level if such programs exist; and

"B a substantial number of individuals who are survivors of traumatic brain injury, or the family members of such individuals.

"(c) MATCHING FUNDS.—

"(1) IN GENERAL.—With respect to the costs to be incurred by a State in carrying out the purpose described in subsection (a), the Secretary may make a grant under such subsection only if the State agrees to make available, in cash, non-Federal contributions toward such costs in an amount that is not less than \$1 for each \$2 of Federal funds provided under the grant.

"(2) DETERMINATION OF AMOUNT CONTRIBUTED.—In determining the amount of non-Federal contributions in cash that a State has provided pursuant to paragraph (1), the Secretary may not include any amounts provided to the State by the Federal Government.

"(d) APPLICATION FOR GRANT.—The Secretary may make a grant under subsection (a) only if an application for the grant is submitted to the Secretary and the application is in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out this section.

"(e) COORDINATION OF ACTIVITIES.—The Secretary shall ensure that activities under this section are coordinated as appropriate with other agencies of the Public Health Service that carry out activities regarding traumatic brain injury.

"(f) REPORT.—Not later than 2 years after the date of the enactment of this section, the Secretary shall submit to the Committee on Commerce of the House of Representatives, and to the Committee on Labor and Human Resources of the Senate, a report describing the findings and results of the programs established under this section, including measures of outcomes and consumer and surrogate satisfaction.

"3. DEFINITION.—For purposes of this section, the term 'traumatic brain injury' means an acquired injury to the brain. Such term does not include brain dysfunction caused by congenital or degenerative disorders, nor birth trauma, but may include brain injuries caused by anoxia due to near drowning. The Secretary

(b) **CONSENSUS CONFERENCE.**—The Secretary, acting through the Director of the National Center for Medical Rehabilitation Research within the National Institute for Child Health and Human Development, shall conduct a national consensus conference on managing traumatic brain injury and related rehabilitation concerns.

(c) **DEFINITION.**—For purposes of this section, the term “traumatic brain injury” means an acquired injury to the brain. Such term does not include brain dysfunction caused by congenital or degenerative disorders, nor birth trauma, but may include brain injuries caused by anoxia due to near drowning. The Secretary may revise the definition of such term as the Secretary determines necessary.

(d) **AUTHORIZATIONS OF APPROPRIATIONS.**—For the purpose of carrying out subsection (a)(1)(A), there is authorized to be appropriated \$3,000,000 for each of the fiscal years 1997 through 1999. For the purpose of carrying out the other provisions of this section, there is authorized to be appropriated an aggregate \$500,000 for the fiscal years 1997 through 1999. Amounts appropriated for such other provisions remain available until expended.

SEC. 5. TECHNICAL AMENDMENTS.

Title XXVI of the Public Health Service Act (42 U.S.C. 300ff-11 et seq.), as amended by Public Law 104-146 (the Ryan White CARE Act Amendments of 1996), is amended—

(1) in section 2626—

(A) in subsection (d), in the first sentence, by striking “(1) through (5)” and inserting “(1) through (4)”; and

(B) in subsection (f), in the matter preceding paragraph (1), by striking “(1) through (5)” and inserting “(1) through (4)”; and

(2) in section 2692—

(A) in subsection (a)(1)(A)—

(i) by striking “title XXVI programs” and inserting “programs under this title”; and

(ii) by striking “infection and”; and

(B) by striking subsection (c) and all that follows and inserting the following:

Ante, p. 1369.

Ante, p. 1363.

“(c) AUTHORIZATION OF APPROPRIATIONS.—

“(1) SCHOOLS; CENTERS.—For the purpose of grants under subsection (a), there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 1996 through 2000.

“(2) DENTAL SCHOOLS.—For the purpose of grants under subsection (b), there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 1996 through 2000.”.

Approved July 29, 1996.

LEGISLATIVE HISTORY—H.R. 248:

HOUSE REPORTS: No. 104-652 (Comm. on Commerce).

CONGRESSIONAL RECORD, Vol. 142 (1996):

July 9, considered and passed House.

July 12, considered and passed Senate.

○

TRAUMATIC BRAIN INJURY FACTS AND FIGURES

The Traumatic Brain Injury Model Systems National Data Center

April, 1996

Introduction

In 1987, the U.S. Department of Education, National Institute on Disability and Rehabilitation Research (NIDRR) provided funding to establish the Traumatic Brain Injury (TBI) Model Systems of Care. These research and demonstration projects focus primarily on: 1) developing and demonstrating a model system of care for persons with TBI, stressing continuity and comprehensiveness of care; and 2) maintaining a standardized national database for innovative analyses of TBI treatment and outcomes.

The TBI Model Systems (TBIMS) Project is a prospective, longitudinal multi-center study which examines the course of recovery and outcomes following TBI. Each center provides a coordinated system of emergency care, acute neurotrauma management, comprehensive inpatient rehabilitation and long-term interdisciplinary follow-up services.

Currently there are four TBIMS centers funded through 1997: Medical College of Virginia (Richmond), Wayne State University/Rehabilitation Institute of Michigan (Detroit), The Institute for Rehabilitation and Research (Houston), and Santa Clara Valley Medical Center (San Jose). Wayne State University/Rehabilitation Institute of Michigan is the current site of the TBIMS National Data Center.

The June, 1993 issue of the *Journal of Head Trauma Rehabilitation* was dedicated to a description of the TBIMS and initial research findings from the National Database. The TBIMS National Database Syllabus contains detailed information about the database and is available through the TBIMS National Data Center.

Variables originally included in the database were selected to address six major research and demonstration issues: 1) demographic characteristics of the population; 2) causes of injury; 3) nature of diagnoses including the severity of injury, impairment and disability; 4) the types of services/treatments provided; 5) the "costs" of treatment; and 6) measurement and prediction of outcomes including impairment, disability and handicap. The TBIMS National Database includes key variables to reflect these characteristics, including a set of measures designed to assess impairment, disability and handicap.

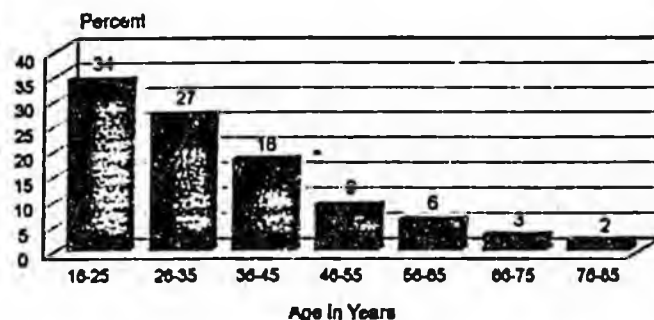
TBI is defined as damage to brain tissue caused by an external mechanical force as evidenced by: loss of consciousness due to brain trauma, post traumatic amnesia, skull fracture, or objective neurological findings that can be reasonably attributed to TBI on physical examination or mental status examination. Subjects included in the study, in addition, must: 1) be at least 16 years of age; 2) arrive at the acute care hospital emergency department within 24 hours of injury; 3) receive both acute hospital care and inpatient rehabilitation within the defined Model System; and 4) give informed consent.

Information contained in the database is collected continuously during initial hospitalization, including acute care and inpatient rehabilitation. In addition, information is collected annually thereafter, on the anniversary of injury, reflecting patient status at that time, as well as during the preceding year. The database currently contains approximately 370 variables to describe the initial hospitalization period, and approximately 240 variables relevant to the follow-up period.

Results

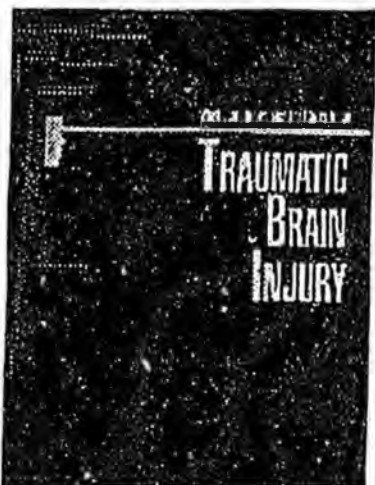
The database currently contains information on 660 individuals discharged from the four active TBIMS between March, 1989 and September, 1995; with annual follow-up information extending, thus far, to six years post-injury on the earliest cases. The majority of individuals were between the ages of 16 and 35 years at the time of injury (61%), with an average age of 35 years and a range of 16 to 92 years (Fig. 1).

Figure 1 - Age at Injury



Approximately three-fourths (77%) of the cases are males. More than half (51%) are White, 38% are African American, and 11% are of other races. Most were single at the time of injury (57%); 23% were married, 13% were divorced, 4% were separated and 3% were widowed.

At the time of injury, only half (50%) of the individuals were employed, 30% were unemployed, 11% were students, and 10% were either retired, homemakers or other. Of those individuals who were employed at the time of injury, half were in precision production/craft/repair occupations (24%) or machine operator/fabricator/laborer occupations (26%); and 12% were in managerial/professional specialty occupations (Fig. 2).



What Legislators Need To know About Traumatic Brain Injury

Executive Summary

© National Conference of State Legislatures

Each year, 2 million Americans sustain traumatic brain injuries from automobile crashes, falls, recreation injuries, assaults and violence. These injuries are the leading cause of death and disability in children and young adults in the United States. Of those who suffer traumatic brain injuries, 75,000 to 100,000 will die, and 70,000 to 90,000 must live the remainder of their lives with severe disabilities. The highest rate of injury is suffered by young males.

Brain injury has dramatic repercussions for the injured and their families. People with brain injuries have trouble with short-term memory, concentration, judgment and organization. Many have substance abuse problems that may have existed before the injury or were acquired afterwards as a way to escape the difficulties of their lives. Divorce is common among married people who sustain brain injuries, and many lose their friends. People with serious brain injuries may need constant supervision and help in managing money, doing household chores, and sometimes bathing and dressing. Because the injuries are not always visible, people with brain injuries may have trouble qualifying for federal and state programs.

Families provide the majority of care for people with brain injuries. Many exhaust their family resources or have to give up jobs to care for a family member full time. The psychological and financial stress is overwhelming as families struggle to provide care with little or no help from existing state service systems.

Today, more and more people survive brain injuries, thanks to advances in medicine and trauma care. The for-profit brain injury rehabilitation industry has grown rapidly in the last 10 years until it is now generating an estimated \$10 billion a year in gross revenues.

However, state services have lagged far behind for people with brain injuries who are not insured, have exhausted their benefits, or have left the rehabilitation centers to live with their families or in the community. Today, only one in 20 people with traumatic brain injuries receives the rehabilitation services needed.

People with brain injuries, like everyone else, want good relationships with friends and family, respect and dignity, opportunities to develop and exercise competence, and opportunities to contribute to community life and make choices about their futures. The growing advocacy movement is demanding that people with traumatic brain injuries be able to control their lives and the services they receive. Increasingly, legislators will be asked to set policies based on these values and create cost-effective systems of care.

Though some forward-looking states are providing services targeted at the special needs of people with brain injuries, in other states services are fragmented and inefficient. Many state bureaucracies

have no central home for people with traumatic brain injuries. Services are spread over many departments, including health, mental health, education and social services, to name a few. This causes problems for the people with brain injuries and their families who have to go from department to department, trying to patch together services. It also causes problems for states as they look to developing policies that would more appropriately meet the needs of people with traumatic brain injuries.

States are trying to improve service delivery by establishing state councils, creating a lead agency for people with traumatic brain injuries, and offering case management to control costs by ensuring that people get the most appropriate services. States are paying for services through traditional sources of financing such as Medicaid, vocational rehabilitation funds and state general revenues. States are also making use of more innovative financing ideas, such as dedicated funding streams drawn from fees on motor vehicle violations, including speeding, drunk driving and seat belt violations. Other states are writing Medicaid home- and community-based waivers targeted at people with traumatic brain injuries.

States can reduce the catastrophic costs of brain injury through prevention programs. Brain injury, unlike other illnesses, can be prevented in many instances. States can help prevent the incidence and severity of brain injury by passing and rigorously enforcing laws requiring seat belts, child restraints and helmets for motorcycle riders. States and localities can also launch educational campaigns to increase the use of helmets by bicycle riders and in other sports.

This publication is intended to provide legislators with the background information to help them make informed public policy decisions about systems of care for people with traumatic brain injuries in their states. The booklet is in a question and answer format and is organized as follows:

- The first two questions define traumatic brain injury and its impact on people with brain injuries and their families. They raise issues of interest to legislators, including the high cost to society, the high cost of inappropriate care, the inability of existing service systems to meet the needs, aging caregivers, the growth of advocacy movements, federal legislation that will elevate brain injury to the national agenda, and the availability of data.
- Questions 3 and 4 outline services needed by people with brain injuries and available federal assistance.
- Questions 5 and 6 look at private insurance coverage for people with traumatic brain injuries and public/private options that might be used to support services, including publicly subsidized health insurance, state-financed catastrophic health insurance, catastrophic riders to insurance policies, preferred provider organizations targeted at people with disabilities, state high-risk pools and self-sufficiency trusts.
- Questions 7 and 8 look at state service delivery and financing of services for people with traumatic brain injuries.
- Prevention efforts are addressed in Question 9, including mandatory seat belt laws, mandatory helmet laws for motorcycle riders and other strategies.
- Question 10 presents innovative approaches by state and nonprofit agencies, including statewide programs, home- and community-based services, housing, jobs education, and central registries.

FACTS ABOUT TRAUMATIC BRAIN INJURY

- * A Conservative estimate puts the number of traumatic brain injuries over 2 million per year, with 500,000 severe enough to require hospital admission.
- * Every 16 seconds someone receives a head injury in the U.S.; every five minutes, one of these people will die and another will become permanently disabled.
- * Traumatic Brain Injury (TBI) is the leader killer and cause of disability in children and young adults.
- * Each year 75,000 to 100,000 Americans will die as a result of a TBI. Most deaths occur at time of injury or within the first two hours of hospitalization.
- * Of those who survive, each year approximately 70,000 to 90,000 will endure lifelong debilitating loss of function. An additional 2,000 will exist in a persistent vegetative state.
- * Young men between ages of 15 to 35 have the highest rate of injury. Males are more likely to suffer serious head injuries than females.

CAUSES

- * Motor vehicle accidents causes over-half of all traumatic brain injuries; Assaults and violence accounting for 30%; falls account for 10%, sports and recreation is 4%.
- * Child abuse accounts for 64% of infant head injuries.
- * Each year in the U.S. 50,000 children sustain bicycle related head injuries, and of these over 400 die.

CONSEQUENCES

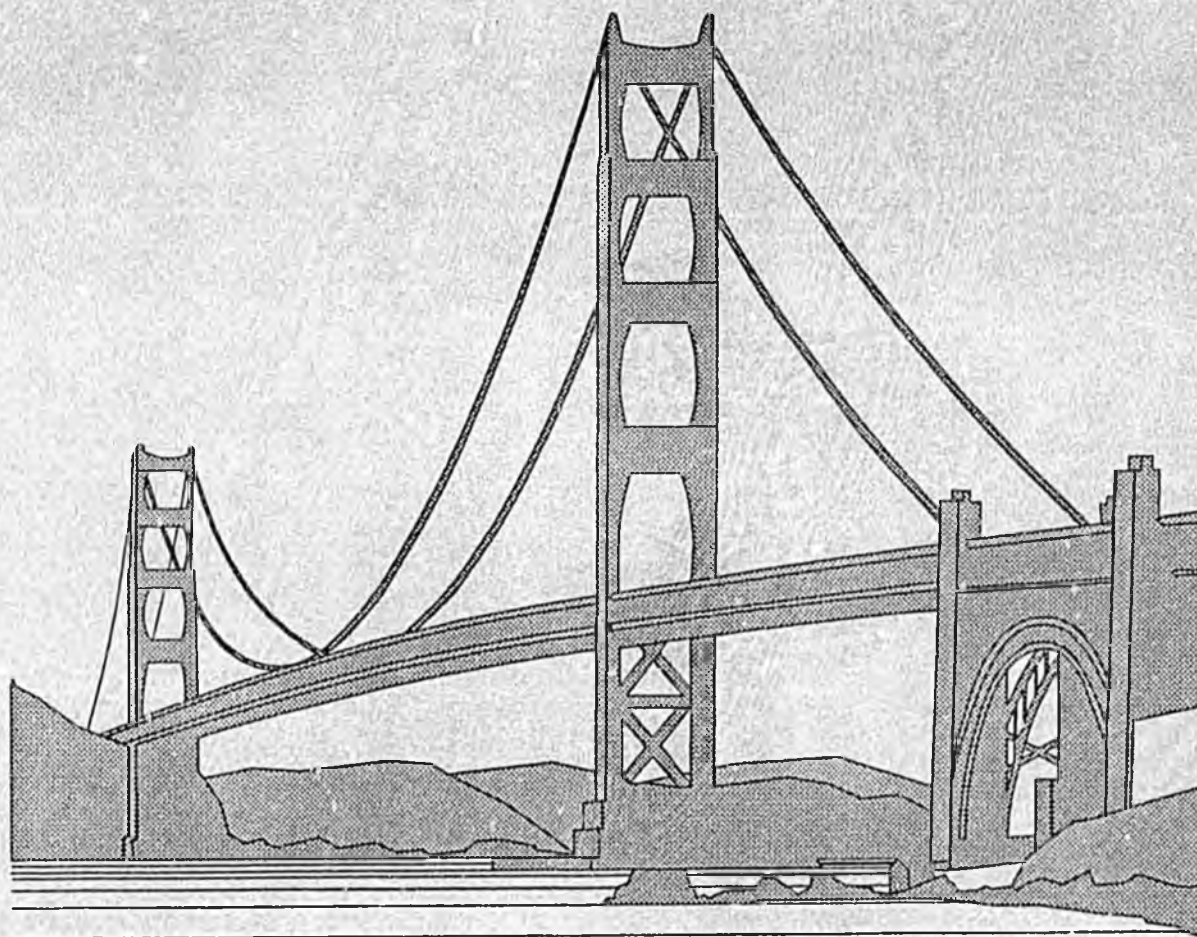
- * Physical: impairments of speech, vision and hearing loss, headaches, muscle spasticity, paralysis, and seizure disorders.
- * Cognitive: Memory deficits (short and long term), limited concentration, impaired perception and communication, difficulties with reading, writing, planning and judgement.
- * Psycho-Social-Behavioral-Emotional impairments: Fatigue, mood swings, denial, anxiety, depression, lowered self-esteem, sexual dysfunction, lack of motivation, problems with interpersonal skills, inability to self-monitor, difficulty with emotional control, inability to cope, agitation, excessive laughing or crying and difficulty in relating to others.

COSTS

- * The economic cost alone approach \$25 billion per year.
- * A survivor of a severe brain injury typically faces 5 to 10 years of intensive services; estimated lifetime cost can exceed \$4 million.

SOURCE: Interagency Head Injury Task Force Reports, National Institute of Neurological Disorders and Stroke, National Institutes of Health, Bethesda, MD.

Building Bridges Campaign for Mental Health



FY98 Legislative Priorities

MISSION STATEMENT OF THE BUILDING BRIDGES CAMPAIGN FOR MENTAL HEALTH

- ★ Empower mental health consumers, their families, providers and advocates.
- ★ Turn awareness into action for Alaska's mentally ill and emotionally disturbed citizens.
- ★ Increase state funding for community based services and programs serving persons experiencing mental and emotional illnesses.
- ★ Facilitate a grass roots effort to positively affect the legislative and other public policy decision making processes.
- ★ Increase cohesiveness within Alaska's mental health community.
- ★ Advance principles of Life Domains and coordinate with other advocacy efforts in Alaska.

BRIDGES c/o MHA in Alaska ● 4050 Lake Otis Parkway, Suite 202
Anchorage, Alaska 99508-5221
Tel 907-563-0880 ● Fax 907-563-0881 ● Toll Free 1-800-478-0880
Email mhaa@alaska.net



Dear

The Building Bridges Campaign is pleased to present to you a copy of our FY98 legislative priorities.

Building Bridges signifies the need of people with mental and emotional illnesses to have bridges to their families and communities. Lack of treatment and support results in isolation and dysfunction. With bridges of treatment and support, full community participation, contribution, and responsibility are possible.

On March 18th, 19th and 20th, the Building Bridges group (family members, consumers, service providers, and friends) will come together in Juneau. The purpose is raising public, legislative, and administrative awareness regarding mental health and the needs of those who experience mental and emotional illnesses.

We appreciate the support the Alaska legislature has provided for development of a mental health service system over the past several years. Through your support we have made significant progress in establishing services for some of the groups who suffer mental illness. Unfortunately, our system is still lacking critical elements.

We ask for your support. We must stabilize the service system that is already in place in our communities. Also, ways must be found to continue the development of necessary services. The Building Bridges Campaign endorses the Alaska Mental Health Board's Shared Vision Plan and FY98 Funding Recommendations for Alaska's Comprehensive Mental Health program. The portions of the Board's recommendations which were prioritized by Building Bridges are presented to you in this booklet.

We thank you for your time and for the opportunity to meet with you and your staff.

Respectfully,

Building Bridges

Building Bridges Campaign



Who are we?

The Building Bridges Campaign is a rural and urban group of consumers, family members, and providers. We suffer from and/or provide services for people who experience mental and emotional illnesses. The people we are advocating for have inadequate resources to obtain adequate mental health care.

What do we want?

The Building Bridges Campaign wants mental health care which is:



Affordable



Accessible



Within our Community



High Quality

What is my stake in this?

The pain and loss for our children, family, friends, and neighbors is real and **unrelenting**. We have come forward to share our experiences with you.

What am I asking from you?

I need ***your help and your leadership to ensure adequate mental health care*** for Alaskans.

Specifically, we ask your support for:



A fully developed system of mental health care



Community mental health program grants



Medicaid program funding

Building Bridges Campaign

When people are unable to receive adequate community mental health care, the results are felt in other areas of the community.

When Community Care is not available to:

Care is Provided by:

People who are in crisis

*Emergency Rooms
Hospitals*

People with mental illness

*Alaska Psychiatric Hospital
Correctional Facilities
Private Hospitals*

Children with Emotional Disturbance

*Private Hospitals
Public Institutions*

People with Alzheimer's and Related Disorders, or Seniors with Mental Illness

*Public Institutions
Private Hospitals
Nursing Homes*

Adults with Emotional Problems

*Physicians
Correctional Facilities*

The results of inadequate community mental health services are inappropriate and more expensive treatment.

Legislative Concerns

Education Regarding Mental Illness



People are not mentally ill or emotionally troubled by choice.



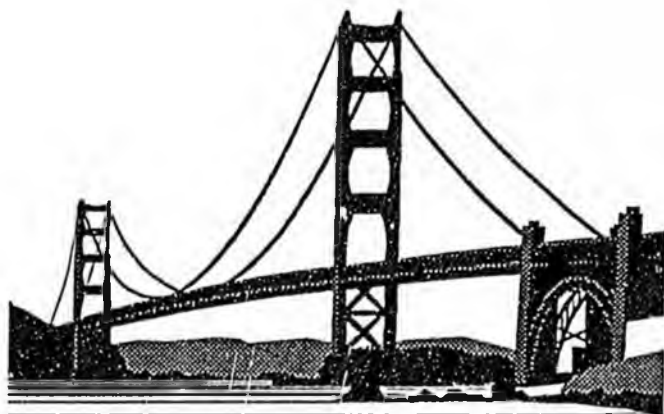
Treatment for mental illness and emotional disturbance works.



Community treatment works better and costs less and is preferred by the people receiving service.

FY98 Budget

The primary support for mental health services to people without enough money to pay their own way comes from state grants and Medicaid. Both sources are necessary to continue successful community treatment.



CORRECTION

THE FOLLOWING DOCUMENT(S)
HAVE BEEN REFILMED TO
ASSURE LEGIBILITY OR PAGINATION



Rev. 6/98

Central Microfilm Services
Department of Education
State of Alaska

Legislative Concerns

Education Regarding Mental Illness



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FY98 Budget

The primary support for mental health services to people without enough money to pay their own way comes from state grants and Medicaid. Both sources are necessary to continue successful community treatment.

FY98 Budget Priorities

Building Bridges endorses the following budget recommendations for protection of base budget and for budget increments.

The increments proposed are taken from the Alaska Mental Health Board's FY98 Budget Recommendations, dated July 31, 1996.



**The Building Bridges group supports
the following levels of priority:**

The *first* level is for no cuts to the mental health system
in either grants or Medicaid budgets.

The *second* level is for increases of service capacity.

**FY98 Priorities
Summary by Budget Request Unit**

DMHDD Mental Health Services Grants

First Level = No Cuts

Funding at Base Budget Levels \$26,689.1

General Community
Mental Health \$ 888.4

Psychiatric
Emergency Services \$6,777.4

Chronically Mentally
III \$10,918.7

Seriously Emotionally
Disturbed Youth \$ 5,789.8

Native Assoc. BRU's \$ 2,267.0



Second Level

**FY98 Alaska Mental Health
Board's Recommended
Proposed Increments \$8,736.3**

Supporters of the BUILDING BRIDGES Campaign for Mental Health

Northern Region

Copper River Mental Health Center
Fairbanks Community Mental Health Center
Family Centered Services of Alaska
Four Rivers Counseling Center
Maniilaq Counseling Services
North Slope Borough Community Counseling Center
Norton Sound Community Mental Health Center
Railbelt Mental Health & Addictions Program
Tanana Chiefs Conference Mental Health & Alcohol Program
Tok Area Mental Health Center
Yukon Flats Care Center
Yukon-Koyukuk Mental Health & Alcohol Program
Yukon-Tanana Community Mental Health & Substance Abuse Program

Southeast Region

COHO Mental Health Services, Inc.
Community Connections
Gateway Center for Human Services
Islands Counseling Services
Juneau Alliance for the Mentally Ill
Juneau Community Mental Health Center
Juneau Youth Services, Inc.
Lyn Canal Counseling Center
Petersburg Mental Health Services, Inc.
SEARCH-Behavioral Health Services Division
Sound Alternatives
Wrangell Mental Health Services, Inc.

Southcentral Region

Aleutians East Health Department
Alaska Specialized Education & Training Services
Anchorage Center for Families
Bethel Community Services
Bristol Bay Area Health Corporation
Central Peninsula Counseling Services
Kodiak Island Borough Mental Health Center
Life Quest
Seward Life Action Council
South Peninsula Community Mental Health Center
Southcentral Foundation
Southcentral Counseling Center
The ARC of Anchorage
Yukon Kuskokwim Health Corporation
Community Mental Health Center
Valdez Counseling Center

Statewide Advocacy Organizations

Alaska Alliance for the Mentally Ill
Mental Health Association in Alaska
Mental Health Consumers of Alaska
Disability Law Center of Alaska

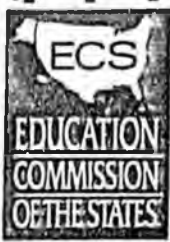
PRESENT.:

EARLY

CHILDHOOD

BRAIN

DEVELOP...



Education Commission
of the States
707 17th Street, Suite 2700
Denver, Colorado 80202-3427
303-299-3600
FAX: 303-296-8332
e-mail: ecs@ecs.org
<http://www.ecs.org>

The mission of the Education Commission of the States is to help state leaders develop and carry out policies that promote improved performance of the education system as reflected in increased learning by all citizens.

TO: ECS Commissioners

FROM: Frank Newman

DATE: December 5, 1997

SUBJECT: The Implications For Education Policy That Flow From the New Neurological Research.

Recently, ECS and the Dana Foundation brought together neurological scientists, cognitive psychologists, education researchers and policymakers to address the implications for education policy of the new research about how the brain and central nervous system develop. The report [Bridging the Gap Between Neuroscience and Education](#) summarized that meeting. Subsequently, we have been meeting with policymakers, state by state, to explore how this research could be put to use. The following are some observations and a first effort to define the areas where education policy will be affected.

What does the new research tell us?

- ◆ Contrary to the widely held view in education, infants are not born with their brain and central nervous system hard-wired, nor can their intelligence be described by a pre-set I.Q. arranged along a bell-curve. About one-third of the wiring of the brain is completed by birth. Each infant has a huge number of potential synapses (brain connections) that can be made — more than can ever be used. Then, based on the experience the infant encounters, the brain begins the process of forming the synapses for language acquisition, vision, feeling, etc. The brain at birth is not a computer waiting to be filled with more and more information. It is, rather, a partially completed computer. The experiences the child encounters both help build the brain and fill it with information.

Depending on the quality and quantity of experience or stimulation that an infant undergoes, more or less effective brain connections are made. At a relatively early age, the opportunity to make brain connections begins to diminish as the brain prunes the potential connections that are not needed. In most people, more than half of the potential brain connections are never made. Genetics are important, but experiences set the formation and scope of the brain and the central nervous system. As Ron Kotulak, the Pulitzer Prize winning author of [Inside the Brain](#), put it "genes...establish the framework of the brain but then the environment takes over..."

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Frank Newman

- ♦ Stimulation is essential. A stimulating environment can be created by reading to the infant, talking to the infant, singing to the infant, playing with the infant, etc. This has a significant impact. With rich stimulation more synapses are connected. With a sterile environment far less are connected. This has a major effect on the cognitive capacity of the infant and ultimately, its intelligence. By skillful stimulation, it is possible to improve an infant's capacity to learn by a significant amount.
- ♦ Early experience matters the most. One can always learn to use the brain better, but expanding the number of synapses is harder and harder. By age 6 months, the opportunity for making some brain connections has past. Even age 3 or 4 is late for many things, including the connections used in language acquisition. There are windows of opportunity associated with the chance to make certain kinds of brain connections (e.g. language or vision). While there is still the chance to make more brain connections or to elaborate the neural connections outside these windows, it takes enormously more work. The capacity for language acquisition is developed early. This is even more the case in the case of vision; synaptic connections come very early and once that window is past, synapses cannot be made for this purpose. Use it or lose it.
- ♦ Repetition helps. Reading the same book over and over again, speaking to a child repeatedly, singing the same songs matters. Repetition allows recognition by the child of the patterns of language. The child is building the connections and the understandings that set the basis for language.
- ♦ External influences can also damage the brain and central nervous system during their development and therefore, reduce the cognitive ability or the I.Q. of the infant. In pregnancy this includes smoking, drugs, alcohol, sexually transmitted disease, malnutrition and pre-term birth. In early infancy it includes lead poisoning, malnutrition and child abuse. These can result in losses up to ten or twelve I.Q. points among otherwise normal infants and substantially more in infants with serious disabilities such as fetal alcohol syndrome.
- ♦ Potentially the most important finding is that scientists have learned a great deal and still see much to learn from brain scans that diagnose malfunctioning of the brain with such problems as difficulty in learning to read. They are also creating new modes of treatment for such conditions — modes that offer the opportunity to avoid learning disabilities by action taken during the early years of life.
- ♦ Perhaps the most substantial — and still experimental — finding is that scientists can now identify the type of intelligence (i.e. Howard Gardner) being used by a child to solve problems. Over the next decade, there is the possibility that they will be able to suggest techniques by which we can help students learn to use differing and multiple types of intelligence.

Clearly the goal is to encourage those conditions that help insure that each child develops its intellectual capacity to the fullest.

Where can state policy could make a difference?

- ◆ States and school districts need to disseminate information to the public about the development of the brain and the growth and stimulation of intellect and personality to parents and professionals.
- ◆ States and districts can organize efforts to stop the damage to infant cognitive capacity from preventable causes.
- ◆ States can help create or support skillful programs that encourage families to stimulate every infant. These help the most when there is a focus on those infants least likely to receive the optimal stimulation, most often children in poverty. There are already a number of such programs that are often state-supported such as Parents As Teachers, Healthy Start, HIPPI, or Success By Six.
- ◆ States need to address how to improve the quality of those who provide day-care or even Head Start. While it is now clear that these people are in a position to substantially influence the intellectual development of the young, they are often our least well educated and trained people.
- ◆ States need to consider whether they should continue to build down from kindergarten by adding 4 year old kindergarten as well as Early Head Start, or whether they should build up from the first year, now that it is clear that the first year is by far the most important, or both.
- ◆ Education systems need to begin to think about transforming their approach to learning. For example, brain research has a great deal to add to the phonics/whole language debate, as well as a growing array of pedagogical issues.
- ◆ Schools need to teach young students (middle school) about brain development and biology so that they understand the urgency of these issues.
- ◆ Teacher education and professional development programs need to be reshaped, as well as teacher certification, in light of these advances.
- ◆ Parent/teacher collaboration is even more important than had been realized. Policies that encourage parental involvement need strengthening.

- ◆ Probably the most powerful issue that states need to consider is the transformation of their approach to special education. The emphasis needs to shift to prevention. Can early analysis of children and new techniques train children so that they do not end up in special education? Should states shift resources to much earlier periods of life? Must all special education staff be re-trained?
- ◆ States need to re-examine who has the responsibility for the early years of an infant's life — the responsibility beyond that of the family. The Department of Education is responsible for those in kindergarten and beyond. In the federal government, HHS is responsible for Head Start and this is true for many state agencies as well. Who, then, is responsible for the intellectual development in first years of life?
- ◆ These findings raise question of the re-allocation of resources even beyond the re-allocation necessary in special education.

As exciting as the implications of these research breakthroughs are, there is a disturbing side. As the realization of the importance of early stimulation — and avoiding damaging the intellectual development in pregnancy and birth — spreads, middle class parents will be the ones to get the word and respond. But it is children in poverty neighborhoods who suffer disproportionate intellectual damage in birth and early infancy, and who are likely to get the least stimulation early in life. Children from poverty families are more likely to be in day care settings with the least well trained care givers.

Consequently, an essential policy goal must be to enhance the intellectual start in life of those most at risk. ECS has been working with a set of states to help urban school systems improve. Nothing would help these schools succeed as much as a determined effort to raise the cognitive capacity of those children most at risk in their first years, so that children arrive at the schoolhouse door ready to learn.

There are other dangers as well. As the discussion about this research spreads in the popular media, there will be, typically, proposals for simplistic or overdone solutions. Stimulation is important, but it needs to be appropriate, caring stimulation.

Also, since the allocation of resources is involved, there is the danger of competition rather than cooperation among organizations and agencies.

The research is still so new and the development of policy so early that the most effective ways to address each of these issues are still unclear. What is already clear is that these issues will need to be addressed.

**PRESENT:
EDUCATION
TECHNOLO-
GY BY ALAN
NOVEMBER**

Alan C. November is a nationally renowned author and keynote speaker who moves his audiences to extend their visions of what learning environments can be. His expertise extends to video production, grant writing workshops, and leadership institutes. Alan helped pioneer the special role of children as important community problem-solvers by using technology as a tool.



As one of five educators nationwide to be chosen as the first Christa McAuliffe Educators in 1988, Alan has had the opportunity to meet with education leaders across the country to examine the role of technology in restructuring K-12 education.

Much of Alan's consulting work and writing involves the management of educational technology as a catalyst for restructuring schools, including curriculum, teacher training, and school/business partnerships. His work includes market analysis for clients such as Apple Computer Corporation and Prodigy Services.

You can find his monthly grantwriting column in Electronic Learning.

Education:

- Harvard University, Graduate School of Education
 - Masters in Education, 1979
- University of Massachusetts, Amherst, Massachusetts
 - Bachelor of Science, 1974, Magna Cum Laude
- Edinburgh University, Scotland
 - Special Student, City Planning

Professional History:

- Senior Partner, Educational Renaissance Planners; 1994 - present
- Lexington Public Schools; 1978 - 1985
- Evanston, Illinois Lexington, Massachusetts Director, Alternative High School District Technology Consultant; 1990 - 1994
- Teacher: Psychology, Computers Glenbrook High Schools Northbrook, Illinois Roxbury High School; 1975 - 1976
- Boston, Massachusetts Wellesley Public Schools; 1985 - 1990
- Teacher: Chemistry and Biology Wellesley, Massachusetts Computer Coordinator K-12

Consulting:

- Schools and Colleges: This work involves integrating technology across the curriculum, staff development, and long-range planning and community coalition building.
- Industry: This work includes marketing analysis, video production, and school-business partnerships. Partial Client List: Apple, IBM, DEC, Prodigy, GTE, Council of Great Lakes Governors, George Lucas Education Foundation, Ameritech, AT&T, Bell South, Harvard Principal Center, and Canadian Center for Creative Technology

Keynotes and Presentations:

- Keynotes and workshops in 40 states, Canada, Scotland, England, and Israel

Publications:

- Kurshan, November & Morse, Computer Literacy Through Applications, Glencoe McGraw Hill MacMillan, 1993
- Kurshan, November & Stone, Computer Literacy Through Applications, Houghton Mifflin, 1985 (200,000 sales)
- Columnist for Electronic Learning, 1990-1995
- Numerous articles on the emerging roles of teachers and students and restructuring with technology.

Honors:

- 1988 First annual Christa McAuliffe Educator, National Foundation for the Improvement of Education, Washington, D.C.
- 1987-1989 President of Massachusetts Computer Using Educators
- 1989-1991 Board Member of the International Council for Technology in Education, University of Oregon, Eugene, Oregon
- 1991-1994 Apple Teaching Fellow, Central Operations, Apple Computer Corporation
- 1992-1995 Key designer, Pioneering Partners, award winning coalition of educators, government leaders and business leaders, sponsored by the Council of Great Lakes Governors

Partial Client List

ASCD
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National Institute of Canada
NYNEX
Apple
IBM
Bell South
Educational Resources
Oklahoma Senate
New York City Schools
Ameritech
DEC
Disney
George Lucas Education Foundation
AT&T
Harvard Principal's Center
Council of Great Lakes Governors
Wayne County ISD (MI)

Professional Development Services



Alan's sessions have been described as thought provoking, creative, humorous and motivating. One teacher recently wrote, " I now really see and feel that the technology is just a machine for a much bigger idea and not my enemy. He really makes me think about things in new ways." The concepts of when, where, with whom, how, and why people learn are shifting out of the school building to across our communities. Imagine a community that can unite its information resources of schools, libraries, hospitals, higher education, senior citizens, businesses, and local government agencies into one vision of responsible and equitable access. Now is the time to plan well. These are just a few of the ideas that are introduced in Alan's sessions as he leads participants to think deeper about the role of information and communication technologies in preparing young people and learners of all ages for the future.

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The Council of Great Lakes Governors

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**Chairman, Governor Tom Ridge, Welcomes You to the
High Performance Heartland.**



The Council of Great Lakes Governors is a private, non-profit organization devoted to working cooperatively on public policy issues common to its eight member states: Illinois, Indiana, Michigan, Minnesota, New York, Ohio, Pennsylvania, and Wisconsin. Since its establishment in 1983, the Council has served as a vehicle for actively addressing the many issues that arise as a result of the Great Lakes Governors collective responsibility for both the world's largest source of fresh water and the industrial heartland of North America.

For more information please contact us at:

Council of Great Lakes Governors
35 East Wacker Drive, Suite 1850
Chicago, IL 60601
phone: (312) 407-0177
fax: (312) 407-0038
Naureen Rana

<http://www.cglg.org>

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Updated: March 17, 1997

This site designed by:



Educational Renaissance Planners

Alan November
Senior Partner

Educational Renaissance Planners was founded by Alan November to promote the effective use of information and communication technologies that support and enhance learning for children and communities. ER Planners includes a team of researchers, writers, and educational leaders who bring a variety of work and educational experiences, skills, and knowledge together.

ER Planners hope this site will be a rich source of ideas, resources, and information about learning and technology. The site will also be very useful for learning more about the services and programs provided by Educational Renaissance Planners.



Professional Development Services

Includes keynote addresses, workshops, and community and school planning services



Upcoming Events

Use this information to learn about upcoming conferences or to coordinate a booking in your region.

Ideas About Learning and Technology

Access articles, workshop handouts, and recommended reading and resource lists.

Kids Make a Difference

Check this area to see how children are solving community based problems and please add examples from your community.

Drop a note to the ER Planners.

ED.

WEEK:

REPORT

CARD

FOR AK.

TONY KNOWLES, GOVERNOR

DEPARTMENT OF EDUCATION
OFFICE OF THE COMMISSIONER

GOLDBELT PLACE
801 WEST 10TH STREET, SUITE 200
JUNEAU, ALASKA 99801-1894

(907) 465-2800
FAX (907) 465-4156

February 17, 1998

The Honorable Gary Wilken, Chair
Senate HES Committee
State Capitol, Room 510
Juneau, AK 99801-1182

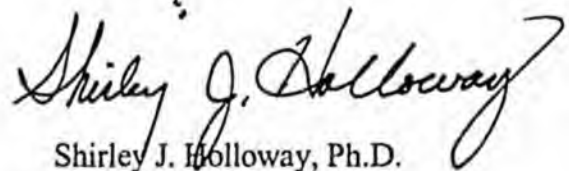
The Honorable Con Bunde, Chair
House HES Committee
State Capitol, Room 104
Juneau, AK 99801-1182

Dear Senator Wilken and Representative Bunde:

At your request, the Department of Education submits the following briefing on *Education Week's* Quality Counts report. This briefing is a technical analysis of the grades *Education Week* gave Alaska regarding our educational system. Additionally, I have provided a letter from Jay Chambers, the developer of the cost index used in *Education Week's* analysis, regarding the report's equity test.

Thank you for the opportunity to present our analysis of this report. I hope it leads to an informed discussion on education in Alaska.

Sincerely,



Shirley J. Holloway, Ph.D.
Commissioner

cc: Senate and House HES Committee Members

Senator Mike Miller

Representative Gail Phillips

State Board of Education

TO: Shirley Holloway, Commissioner of Education

FROM: Bill McDiarmid, Director, Institute of Social and Economic Research

RE: The validity of *Quality Counts*' evaluations of public education in Alaska

I believe I mentioned most of the issues below to Gretchen Gass on the telephone. Perhaps what is most disturbing about these data is not that some of the indicators are inappropriate or misleading, which they are; rather, it is the precipitous decline in resources documented here, however crudely. At a time when 44 other states are increasing support of public schools, Alaska leads the nation in the ignominious category of defunding schools. Even states such as New Mexico, in which a quarter of families are below the poverty line, have increased educational spending by 33% between 1986 and 1996.

Many of the areas in which the State is not measuring up can only be redressed by an infusion of resources. For instance, the lack of resources for professional development is distressing - and accounts in large part for Alaska's poor showing in the "Teacher Quality" category. Kentucky, a far poorer state than Alaska, distributes \$24 per pupil to each district for professional development - \$16 of which is controlled directly by teachers through a professional development committee.

At the same time, the quality of the data on which these evaluations are based strike me as crude and, at times, downright misleading. I would examine them very thoroughly before using them as the basis for any policy decisions. Here are a few specific points that occurred to me as I studied the data and the sources for the data:

1. **What is the appropriate comparison group for Alaska?** In the *Quality Counts* (QC) data, Alaska is compared against the other 49 states. How appropriate is it to compare Alaska's situation and performance to states such as California, New York, Florida, Wisconsin, or Connecticut? How many of these states must serve schools at such great distances? How many face comparable costs to deliver services?

A more appropriate group may be the large, sparsely populated Western states - Idaho, Montana, and Wyoming. When compared to these states, Alaska spending on education for every \$1000 of state wealth is less than Montana's, greater than Idaho's and Wyoming's. As for the dollar gap between districts at the 5th and 95th percentile in spending, again Alaska shows a much narrower gap than does Montana (\$6,701 to \$10,858) although wider than Idaho's or Wyoming's. As for student achievement, only Montana had greater proportions of 4th and 8th graders achieve at the proficiency level on the 1996 NAEP mathematics than Alaska.

2. **The indicators are pretty crude - and few states show up well:** On the "Teacher Quality" set of indicators, only one state received an "A" and six others received a grade of "B." Forty three states received a grade of "C" or lower, including 15 states that received "Ds," Alaska among them. As for "School Climate," no state received an "A." Alaska actually ranked among the top 16 states, despite a grade of "C-." On the allocation of educational resources to instruction, 44 states received grades of "C" or lower while on the equity of such allocations, 39 received a "C" or lower.

In other words, states are being held to very high standards on many of the indicators, standards that largely ignore the demographic, geographic, political, social, and economic realities that many states face. In a number of states, Alaska among them, investment in public education is insufficient for these states to make significant progress.

3. **When looked at together, some of the categories don't make sense.** When we look at the student achievement category, Alaska, based on results from the 1996 NAEP, fares pretty well: Our 8th graders ranked 9th in the percentage who achieved at the proficiency level in mathematics and 16th in the proportion who achieved proficiency level in science. Yet, the state received an overall grade of "D+" on "Standards and Assessment." This should raise questions about the relationship between these indicators of "standards and assessment," on the one hand, and student achievement, on the other. Apparently, some Alaskan educators are doing well by their students but this doesn't seem to be reflected in some of the other

Post-It* Fax Note	7671	Date	2/17	# of pages	2
Shirley Holloway		From	Bill McDiarmid		
Director of Education		Co.	1005		
Phone #					
Fax #					

indicators. No one at *Education Week* seems to have stepped back from the data, looked across a state's performance in the various categories, and asked, "Now, does this make sense? Does it make sense to say that students are doing well but that teacher quality is low?"

4. **How appropriate to the circumstances in Alaska are items designed for a national population of schools and educators?** A number of indicators in QC rely on national databases from surveys such as the Schools and Staffing Survey conducted at intervals by the National Center for Educational Statistics (NCES). Items on such surveys are designed for conditions and situations that are typical in the Lower 48. Moreover, NCES derives what they term a "cost of education" index from such data, the index that is the basis of for several categories in the "Resources" section. But we know little about how accurately this index accounts for the cost of delivering education in Alaska, particularly in remote areas. Does such an index take into account the cost of flying a Special Education teacher to several schools each week to ensure that mandated services are delivered to a target population of students? Without more information on how such critical data was obtained and how such "indices" are constructed, these various indicators constitute a shaky basis for making judgments about Alaskan schools and teachers.

5. **Some indicators are derived from the judgments of other organizations that have their own agendas.** *Education Week*, in assembling QC, relied on a number of other organizations for data and, in some cases, "evaluations." The most egregious example of relying on the evaluation of another organization is the wholesale adoption of the judgments of the Center for Education Reform on the "strength" of various states' charter school regulation. The Center is pushing its own vision of charter schools. States that limited the number of chartering authorities, the number of charter schools that could be started, and charter schools' exemption from state school regulations and collective bargaining agreements do not meet the Center's ideal for charter school legislation and, consequently, fair poorly. Even so - and you would not know this from QC - Alaska fell just 4.3 points shy of "stronger" law status on the Center's 50-point scale. The real issue is how well charter legislation serves Alaskan students, their families, and the common weal - not how well they measure up in the eyes of charter school proponents.

6. **To raise "Teacher Quality" results, would require an investment of resources.** A number of indicators on which Alaska does not show up well are directions in which the state might consider moving were resources available. Classroom-based assessments of new teacher performance is, for instance, a promising practice. Yet, to mount such assessments in the state would require resources -- for travel, training, and personnel - that are not available. Similarly, first-year induction programs are promising but to be done right require considerable resources - again for travel, training, and personnel.

However, undertaking any of these practices in isolation is unlikely to produce significant improvements. What we have learned is that piecemeal approaches to improving teacher quality are window-dressing. What is required is a systemic approach. This would involve examining the entire system of teacher development - from preservice through inservice - and bringing the various parts of the system into alignment. Without a substantial increase in resources, such an effort seems unlikely. Yet without such an effort, Alaska will continue to rank poorly on this dimension of quality.



UNIVERSITY OF ALASKA ANCHORAGE

5211 Providence Drive
Anchorage, Alaska 99508-8180



COLLEGE OF BUSINESS AND PUBLIC POLICY
Division of Economics and Public Policy

INSTITUTE OF SOCIAL AND
ECONOMIC RESEARCH
(907) 786-7710 FAX (907) 786-7739
Email: ayisur@uaa.alaska.edu

February 17, 1998

TO: Senator Gary Wilton, Chair, Senate HESS Committee
Representative Con Bunde, Chair, House HESS Committee

FROM: Bill McDiarmid, Director, Institute of Social and Economic Research

RE: The validity of *Quality Counts*' evaluations of public education in Alaska

Commissioner Shirley Holloway asked me to review *Education Week*'s evaluation of Alaskan education that appeared in the publication, *Quality Counts* (January 8, 1998). Perhaps what is most disturbing about these data is not that some of the indicators are inappropriate or misleading, which they often are; rather, it is the precipitous decline in resources documented here, however crudely. At a time when 44 other states are increasing support of public schools, Alaska leads the nation in the ignominious category of defunding schools. Even states such as New Mexico, in which a quarter of families are below the poverty line, have increased educational spending by 33% between 1986 and 1996.

Many of the areas in which the State is not measuring up can only be redressed by an infusion of resources. For instance, the lack of resources for professional development is distressing — and accounts in large part for Alaska's poor showing in the "Teacher Quality" category. Kentucky, a far poorer state than Alaska, distributes \$24 per pupil to each district for professional development — \$16 of which is controlled directly by teachers through a professional development committee.

At the same time, the quality of the data on which these evaluations are based strike me as crude and, at times, downright misleading. I would examine them very thoroughly before using them as the basis for any policy decisions. I would feel far more comfortable with data collected and analyzed in Alaska using instruments and approaches that take into account the unique circumstances that Alaskan schools and educators face. Here are a few specific points that occurred to me as I studied the data and the sources for the data:

1. What is the appropriate comparison group for Alaska? In the *Quality Counts* (QC) data, Alaska is compared against the other 49 states. How appropriate is it to compare Alaska's situation and performance to states such as California, New York, Florida, Wisconsin, or Connecticut? How many of these states must serve schools at such great distances? How many face comparable costs to deliver services? How many face the challenges posed by schools in extremely remote locations?

A more appropriate group may be the large, sparsely populated Western states -- Idaho, Montana, and Wyoming. When compared to these states, Alaskan's spending on education for every \$1000 of state wealth is less than Montana's, greater than Idaho's and Wyoming's. As for the dollar gap between districts at the 5th and 95th percentile in spending, again Alaska shows a much narrower gap than does Montana (\$6,701 to \$10,858) although wider than Idaho's or Wyoming's. As for student achievement, only Montana had greater proportions of 4th and 8th graders achieve at the proficiency level on the 1996 NAEP mathematics than Alaska.

2. The indicators are pretty crude — and few states show up well: On the "Teacher Quality" set of indicators, only one state received an "A" and six others received a grade of "B." Forty-three

states received a grade of "C" or lower, including 15 states that received "Ds." Alaska among them. As for "School Climate," no state received an "A." Alaska actually ranked among the top 16 states, despite a grade of "C-." On the allocation of educational resources to instruction, 44 states received grades of "C" or lower while on the equity of such allocations, 39 received a "C" or lower.

In other words, states are being held to standards that may be, for some, unrealistic, standards that largely ignore the demographic, geographic, political, social, and economic realities that many states face. In a number of states, Alaska among them, investment in public education is insufficient for these states to make significant progress on several key indicators. If we continue to defund schools, we are destined to remain at or near the bottom of many categories.

3. When looked at together, some of the categories don't make sense. When we look at the student achievement category, Alaska, based on results from the 1996 NAEP, fares pretty well: Our 8th graders ranked 9th in the percentage who achieved at the proficiency level in mathematics and 16th in the proportion who achieved proficiency level in science. Yet, the state received overall grades of "D1" on "Standards and Assessment" and "Teacher Quality." This should raise questions about the relationship between the measures of "standards and assessment" and "teacher quality," on the one hand, and student achievement, on the other. Apparently, some Alaskan educators are doing well by their students but this doesn't seem to be reflected in some of the other indicators. No one at *Education Week* seems to have stepped back from the data, looked across a state's performance in the various categories, and asked, "Now, does this make sense? Does it make sense to say that students are doing well but then to claim that 'teacher quality' is low? Are our measures of 'teacher quality' valid?"

4. How appropriate to the circumstances in Alaska are items designed for a national population of schools and educators? A number of indicators in QC rely on national databases from surveys such as the Schools and Staffing Survey conducted at intervals by the National Center for Educational Statistics (NCES). Items on such surveys are designed for conditions and situations that are typical in the Lower 48. Moreover, NCES derives what they term a "cost of education" index from such data, the index that is the basis of for several categories in the "Resources" section. But we know little about how accurately this index accounts for the cost of delivering education in Alaska, particularly in remote areas. Does such an index take into account the cost of flying a Special Education teacher to several schools each week to ensure that mandated services are delivered to a target population of students? Without more information on how such critical data were obtained and how such "indices" are constructed, these various indicators constitute a shaky basis for making judgments about Alaskan schools and teachers.

5. Some indicators are derived from the judgments of other organizations that have their own agendas. *Education Week*, in assembling QC, relied on a number of other organizations for data and, in some cases, evaluations. The most egregious example of relying on the evaluation of another organization is the wholesale adoption of the judgments of the Center for Education Reform on the "strength" of various states' charter school regulation. The Center is pushing its own vision of charter schools. States that limited the number of chartering authorities, the number of charter schools that could be started, and charter schools' exemption from state school regulations and collective bargaining agreements do not meet the Center's ideal for charter school legislation and, consequently, fair poorly. Even so — and you would not know this from QC — Alaska fell just 4.3 points shy of "stronger" law status on the Center's 50-point scale. Isn't the real issue how well charter legislation serves Alaskan students, their families, and the common weal — not how well they measure up in the eyes of charter school proponents?

6. To raise "Teacher Quality" results, would require an investment of resources. A number of indicators on which Alaska does not show up well are directions in which the state might consider moving were resources available. Classroom-based assessments of new teacher performance is, for instance, a promising practice. Yet, to mount such assessments in the state would require

resources -- for travel, training, and personnel — that are not available. Similarly, first-year induction programs are promising but to be done right require considerable resources — again, for travel, training, and personnel.

However, undertaking any of these practices in isolation is unlikely to produce significant improvements. What we have learned from the history of school reform is that piecemeal approaches to improving teacher quality are window-dressing. What is required is a systemic approach. This would involve examining the entire system of teacher development — from preservice through inservice — and bringing the various parts of the system into alignment. With modest support from the National Commission on Teaching and America's Future and matching state money, at least a dozen states have undertaken to do just this. Without a substantial increase in resources in Alaska, such an effort seems unlikely. Yet without such an effort, Alaska will continue to rank poorly on this dimension of quality.

In sum, I urge you and your colleagues to approach the judgments and evaluations offered in *Quality Counts* with extreme caution. We need to collect and analyze our own data on the condition of our educational system. At the same time, the report does focus attention on the lack of resources available to state and local policy makers and educators who would like to bring greater alignment to the system as a whole.



If you have your images turned off, you may be missing several important links.

State Indicators

BY CRAIG D. JERALD, BRIDGET K. CURRAN
& LYNN OLSON

Quality Counts is based on the assumption that, in education, some things matter more than others. In particular, we have focused on efforts in the states to:

Raise student achievement;
Set standards for what their students should know and be able to do;
Prepare teachers who can teach to those standards;
Create schools and classrooms that are conducive to learning; and
Distribute money for schools equitably and adequately, and use it wisely.

Our state indicators are divided into five sections, one for achievement, and four additional categories that are important for a high-quality education system: standards and assessments, quality of teaching, school climate, and resources.

This year, as last, states earned a solid C for their efforts. But they are pushing ahead. Many states are now working to align their standards with their assessments, strengthen their accountability systems, introduce more options for K-12 students, and improve the preparation and licensure of new teachers.

We've also taken a number of steps to improve the indicators in *Quality Counts*.

The most important change is the addition of the first attempt to grade states on the rigor of their standards in English and mathematics, an analysis conducted for *Quality Counts* by the Council for Basic Education, a Washington-based nonprofit group that works to promote a curriculum strong in the basic subjects for all children. Next year, *Quality Counts* will also grade state standards in science and social studies.

Although states have expended a lot of time and energy setting standards for what students should know and be able to do, those standards will do little to enhance student achievement unless they are rigorous.

See our tables on students' NAEP scores, including 4th grade math, 1996, 8th grade math, 1996, 8th grade science, 1996, and additional achievement data, such as number of students in AP courses.

Achievement. All students achieving at high levels and engaged in high-level academic work. *Quality Counts '98* includes new data on how students in participating states performed on the 1996 mathematics and science exams of the National Assessment of Educational Progress.

Seven states—Colorado, Connecticut, Indiana, North Carolina, Tennessee, Texas, and West Virginia—made significant gains in the percentage of 4th graders who scored at the "proficient" level or above on the 1996 math test, compared with 1992. Texas, with a whopping 10-point gain, landed among the top five states.

Many of the states that improved the most on the national assessment also earned high grades on our measures of educational quality, such as North Carolina, Texas, and West Virginia.

In addition, states made important strides in increasing the percentage of their 8th graders who take algebra, which jumped from about 19 percent in 1992—the last time NAEP collected such information—to 25 percent in 1996.

Finally, we have included a new column on the annual dropout rate in grades 9-12 for the 29 states that now report such data using a common definition developed by the National Center for Education Statistics.

How we graded the states: We graded states in four categories: standards and assessments, teaching, school climate, and resources. States are ranked on each table according to the overall grade each received in that category. In the case of ties, states are ranked alphabetically.

To arrive at the grades in each category, we grouped the indicators by topic. And we allowed each topic to count for a certain percentage of the grade. The columns within a given topic were usually given equal weight. Exceptions are noted in the sources and notes for each table.

For achievement, we ranked states according to the percentage of their students who reached the "proficient" level in math and science on the 1996 NAEP.

Standards and Assessments. High standards for all children and assessments aligned with those standards.

This continued to be an incredibly active area for state policymaking. Seven more states completed the process of adopting standards in the core subjects in 1997, bringing the total to 38. Iowa is now the only state that is not working on statewide academic standards.

See our tables on high standards and assessments. They measure states' standards, assessments, and accountability.

Moving beyond the question of whether a state has adopted standards, *Quality Counts* for the first time this year evaluates whether those standards in English and mathematics are rigorous, clear, and specific enough to form a core curriculum.

The Council for Basic Education devised the ratings for rigor especially for *Quality Counts*.

The CBE looked at whether the expectations for student learning are high by benchmarking each state's math and English standards against the best documents available at the national and state levels.

In math, the CBE looked at the standards set by the National Council of Teachers of Mathematics, the National Assessment of Educational Progress, and selected states, and then compared those with the standards in each state to see whether they required students to master the same content and skills.

In English/language arts, the CBE compared standards with those developed by the New Standards project and selected states. The CBE reviewed only state documents that had been adopted by state boards of education or were expected to gain approval by January 1998.

The judgments on clarity and specificity were provided by the American Federation of Teachers. To judge whether standards were clear and specific enough to form the basis for a common core curriculum for all students, the national teachers' union looked at whether the standards documents were detailed, comprehensive, and firmly rooted in the content of the subject area.

To obtain better and more recent data than have been available until now, *Quality Counts* also surveyed the assessment directors in all 50 states to find out how they will measure student performance in 1997-98 and in what subjects their tests are actually aligned with their standards.

Finally, we refined the ratings of state accountability systems. This year, states received credit for having an accountability system only if it was based on indicators of student performance and not just on "process" measures such as how many textbooks are in the school library. Based on this revised definition, a total of 32 states now have accountability systems that provide rewards or sanctions for schools based, in part, on test scores.

See our tables on **teacher quality, including performance-based licensing systems, teacher incentives to seek National Board Certification, professional development efforts, and teacher education.**

Teaching Quality. Teachers with the knowledge and skills to teach to higher standards.

If students are to learn at high levels, they need teachers with the knowledge and skills to take them there. This year, Quality Counts focuses on states' efforts to set standards for licensing teachers that are linked to their standards for student achievement. We also looked at

whether states are beginning to license teachers based on their demonstrated knowledge and skills, instead of their completion of education courses. Twenty states now have standards for what new teachers should know and be able to do. Sixteen states are working to create rigorous new tests for teachers through the Interstate New Teacher Assessment and Support Consortium. And eight states have developed their own assessments.

This year, we also include the number of teachers in each state who have been certified by the National Board for Professional Teaching Standards, the best available evaluation of experienced teachers. And we looked at whether states are providing time and money for teachers to participate in professional development once they are licensed.

School Climate. Schools organized and operated in a manner most conducive to teaching and learning.

See our tables on **school climate. They measure class size and student engagement, parent involvement and school size, and school autonomy.**

Last year, most of our measures of school climate came from the federal government's Schools and Staffing Survey, which collects data from teachers, principals, and educational administrators nationwide. This is the best source of information on the characteristics of teachers and schools, but the survey is not being conducted again until 1999.

To provide new information, *Quality Counts '98* includes data from the National Assessment of Educational Progress, which collects information on selected characteristics of schools that participate in the federally sponsored test. Although we still look at such issues as class size and student engagement, the sources of the information are different and the numbers therefore are not comparable with last year's. On the plus side, we've added new data about parent involvement in schools, an important aspect of effective schooling.

This year, *Quality Counts* also grades states based on whether they allow charter schools—publicly financed schools that operate free from most state rules and regulations.

We decided to grade states on this question because research suggests

that parents and students like charter schools and that such schools are spurring changes in public school systems.

We've also added a measure of whether states' charter school laws are strong or weak, developed by the Washington-based Center for Education Reform, a nonprofit organization that promotes increased choices in education. Although four more states enacted charter school laws in 1997, only two of those were rated strong pieces of legislation.

See our tables on resources, including adequacy, allocation and equitable distribution, comparisons of per-pupil expenditure, and additional measures, including condition of buildings.

Resources. Are they adequate, distributed equitably, and focused on learning?

All the data on education spending have been updated by at least one year. But the numbers are still not as recent as we would like, given the rapidity with which states are changing their school finance formulas. The time lag stems from the time it takes for the federal government to collect data from more than 15,000 separate school districts and then verify those data and compile them nationally.

The grade for allocation of resources this year is based solely on the percent of education expenditures spent on instruction. Last year, we used two additional measures, one of which has not been updated and the other of which is no longer available.

Last year, *Quality Counts* used a report from the U.S. General Accounting Office to measure the equity of state's educational funding. This year, *Education Week* conducted its own analysis of spending data from more than 14,000 districts. The data come from the U.S. Census Bureau's F-33 Survey of School District Revenue and Spending. Our analysis attempts to factor out acceptable sources of variation in spending between districts by:

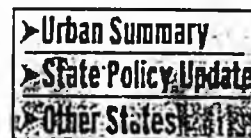
Adjusting each district's spending for regional differences in the cost of educational supplies and services using the National Center for Education Statistics' "cost of education index";
 Giving more weight to poor and special education students, who cost more to educate and often receive supplemental funding; and
 Excluding districts with fewer than 200 students because their small size leads to higher administrative costs per student.

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REPORT CARD ALASKA



Click on the terms for more information about our indicators; click on grades to see the data behind them.

	1992	1996		1997	1998
<u>Student Achievement</u> (NAEP scores out of 100%)			<u>Standards and Assessments:</u>	C+	D+
Proficient in science, 8th grade:		<u>31%</u>	<u>Quality of Teaching:</u>	C	D+
Proficient in math, 8th grade:	?	<u>30%</u>	<u>School Climate:</u>	C	C-
URBAN CHALLENGE			<u>Resources</u>		
Disadvantaged Schools (NAEP scores out of 100%)			Adequacy:	C+	D-
Below basic in reading, 4th grade:		<u>?</u>	Equity:	D+	F
Below basic in math, 8th grade:		<u>N/S</u>	Allocation:	F	F

NOTE: The grades on school climate are not comparable from one year to the next because the data sources have changed.

? indicates the state did not participate in national assessment, survey, or data collection.

N/S indicates no schools in sample were disadvantaged.

COMMENT: Alaska has adopted voluntary academic standards, but they are not clear or rigorous. And the state does not have any tests that are aligned with its standards. On the other hand, it is one of the few states in which urban students score as well as or better than nonurban students on national tests. Now, the state is struggling to fix a finance formula that must balance the vastly different needs of its urban and rural populations.

AN URBAN SNAPSHOT

Anchorage

- 42% of state's population
- 39% of state's children
- 32% of state's poor children
- 0% of state's children living in extremely impoverished neighborhoods
- 38% of state's public school students
- 29% of state's free-lunch students
- 32% of state's minority students
- 38% of state's Spring 1994 graduates
- 27% of state's FY 1994 education spending

This report card is part of Quality Counts '98, a special report from Education Week on the Web.

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Alaska Data

This table shows Alaska's scores in our five major areas.

- Contents
- The Challenges
- The Solutions
- State by State
- Order

- [Student Achievement](#)
- [School Climate](#)
- [Standards & Assessments](#)
- [Resources](#)
- [Quality of Teaching](#)



See this state's [urban data table](#) for more education data, broken out by urban and nonurban districts.

Student Achievement

For more information about these measures, see our 50-state [Student Achievement](#) data table.

? = State did not participate in national assessment, survey, or data collection.
 + = A statistically significant improvement from 1992.
 All figures are in percents.

	Alaska
4th graders "proficient" in math, NAEP 1996	21
4th graders "basic" in math, NAEP 1996	44
4th graders below "basic" in math, NAEP 1996	35
8th graders "proficient" in math, NAEP 1996	30
8th graders "basic" in math, NAEP 1996	38
8th graders below "basic" in math, NAEP 1996	32
4th graders who scored at least at "proficient" level on 1996 NAEP science exam	31
8th graders "basic" in science, NAEP 1996	34
8th graders below "basic" in science, NAEP 1996	35
4th graders at least at "proficient" level on NAEP reading test, 1994	?
Public high schools offering Advanced Placement courses, 1997	12
8th graders taking algebra, 1996	27
Students taking upper-level math, 1996	?
Students taking upper-level science, 1996	?
16- to 19-year-olds not in school, not graduated, 1994	7
9th to 12th graders who dropped out, 1994-95	2

H.S. grads in two- or four-year college, 1994

37

Standards & Assessments

For more information about these measures, see our 50-state [Standards & Assessments](#) data table.

Port = Portfolio assessment

Perf = Performance assessment

CRT = Criterion-referenced test

NRT = Norm-referenced test

Wr = Writing assessment

+ indicates progress toward adopting standards since last year.

* indicates draft document was reviewed.

** indicates document was not available for review.

*** indicates evaluation was based on document that state plans to replace with newer standards.

	Alaska
Score	69
Grade	D+
State has adopted standards in core subjects, Dec. 1997	yes
Rigor of math standards, Dec. 1997	D-
Clarity of math standards, July 1996	C
Rigor of English standards, Dec. 1997	D-
Clarity of English standards, July 1996	D
How state measures performance, 1997-98	NRT, Wr
Subjects tested using assessments aligned to standards, 1997-98	none
Mastery of standards linked to graduation/promotion, July 1997	yes
Schools and/or districts held accountable for student performance through public reporting	
Schools and/or districts held accountable for student performance through rewards	
Schools and/or districts held accountable for student performance through sanctions	
Will state participate in next NAEP? (1998)	no

Quality of Teaching

For more information about these measures, see our 50-state [Quality of Teaching](#) data table.

? = State did not participate in national assessment, survey, or data collection.

	Alaska
Score	67
Grade	D+
State has standards for new teachers, Dec. 1997	yes
State has assessment for new teachers, 1997	no
State requires evaluation of new teachers' classroom performance, 1997	no
State participates in INTASC, 1997	yes
State contributes to INTASC's new teacher assessments, 1997	yes
State requires and funds new teacher induction, 1997	no
State has established independent professional-standards board, 1997	no
State provides incentives for teachers to seek national board certification through license portability, 1997	
State provides incentives for teachers to seek national board certification through license renewal, 1997	
State provides incentives for teachers to seek national board certification through fee supports, 1997	
State provides incentives for teachers to seek national board certification through pay supplement, 1997	
Number of national board-certified teachers, 1997	5
% of secondary teachers who hold degree in subject they teach, 1994	64
% 8th graders whose math teachers had 16 or more hours of professional development in math	31
Provides time for professional development, 1996	no
Provides funds for professional development, 1996	yes
Requires academic major for secondary teacher certification, 1997	no
Requires alignment of teacher education program with K-12 content standards, 1997	no
% new teacher graduates from NCATE-accredited institutions.	

1996	
Required weeks of student teaching, 1997	12

School Climate

This table shows Alaska's scores in our School Climate category. For more information about these measures, see our 50-state [School Climate](#) data table.

? = State did not participate in national assessment, survey, or data collection, and grade could not be calculated due to lack of data.

n/a = not applicable.

+ = new charter school law.

	Alaska	
Score	70	
Grade	C	
% 4th graders in classes of 25 or fewer, 1996	64	
% of secondary in math classes of 25 or fewer students, 1996	53	
% 8th graders in schools reporting that...	absenteeism is not a problem, 1996	30
	tardiness is not a problem, 1996	30
	classroom misbehavior is not a problem, 1996	64
% 8th graders in schools reporting that...	lack of parent involvement is not a problem, 1996	55
	more than half parents attend open house or back-to-school night, 1996	79
	more than half parents attend parent-teacher conferences, 1996	78
State permits site-based management, Oct. 1997	yes	
Statewide open-enrollment program, Sept. 1997	no	
State law allows charter schools, Sept. 1997	yes	
Strength of charter school legislation, Sept. 1997	Weak	
State grants waivers of education regulations, Oct. 1997	yes	
% high school students in schools of 900 or fewer students, 1996	41	
% elem. students in schools of 350 or fewer students, 1996	18	

Resources

This table shows Alaska's scores in our Resources categories. For more information about these measures, see our 50-state [Resources](#) data table.

? = State did not participate in national assessment, survey, or data collection.

	Alaska
Adequacy score	60
Adequacy grade	D-
Spending per student, adjusted for regional costs, 1996	\$6,040
% change in inflation-adjusted spending per student, 1986-1996	-25
% total taxable resources spent on education, 1995	4.7
Allocation grade	F
% annual expenditures spent on instruction, 1995	56.3
Equity grade	F
Relative inequity in spending per student among districts, 1994	30.1%
Unadjusted education spending per student, 1996	\$8,238
Education spending for every \$1,000 in state wealth (gross state product), 1995	\$47.41
Dollar gap between districts at 5th and 95th percentiles in spending, 1994	\$6,701
Average teacher salary, adjusted for cost of living, 1996	\$36,422
Teachers as percentage of total staff, 1996	49
Students per multimedia computer, 1997	16
% computer-intensive schools, 1997	81
% schools reporting at least one building in inadequate condition, 1994	45

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EDUCATION WEEK

Quality Counts 1998

Contents

The Challenges

The Solutions

State-by-State

Order

Urban Data for Alaska

This table shows Alaska's urban and district scores in seven areas:

- Achievement
- Poverty and Achievement
- Teaching, Climate, and Class Size
- Child Poverty and Race
- Student Characteristics
- School Size, Spending, and Dropout Rates
- Standards and Accountability



See this state's [corresponding data](#) on our five indicators.

All figures in percents. States with significant urban centers are ranked by percent of students at NAEP "basic" level or higher.

Achievement

"Urban" refers to a school district in which 75% or more of the households served are within the central city of a metropolitan area.

- ? = state did not participate in national assessment
- n/d = no district in sample met the "urban" definition
- * = interpret with caution due to small sample size

	Alaska
Reading: 4th graders, 1994, in urban districts	?
... in nonurban districts	?
Mathematics: 8th graders, 1996, in urban districts	70
... in nonurban districts	66
Science: 8th graders, 1996, in urban districts	67
... in nonurban districts	63

Poverty and Achievement

"Urban" refers to a school district in which 75% or more of the households served are within the central city of a metropolitan area. "High-poverty" refers to a school where more than half the students are poor enough to qualify for free or reduced-price lunches.

"Algebra class" refers to an algebra or integrated-mathematics course.

- ? = state did not participate in national assessment.
- n/d = no district in sample met the "urban" definition.
- n/s = no school in sample met the "high-poverty" definition.
- * Interpret with caution due to small sample size.

	Alaska
Reading: 4th graders, 1994, in urban districts: High-poverty schools	?
... in urban districts: All other schools	?
... in nonurban districts: High-poverty schools	?
... in nonurban districts: All other schools	?
Mathematics: 8th graders, 1996, in urban districts: High-poverty schools	n/s
... in urban districts: All other schools	79
... in nonurban districts: High-poverty schools	36*
... in nonurban districts: All other schools	72
Science: 8th graders, 1996, in urban districts: High-poverty schools	n/s
... in urban districts: All other schools	68
... in nonurban districts: High-poverty schools	21
... in nonurban districts: All other schools	70
Algebra: 8th graders in urban districts: Taking an algebra class	25
.. and scoring at least "basic"	98
Algebra: 8th graders in nonurban districts: Taking an algebra class	29
.. and scoring at least "basic"	88

Teaching, Climate, and Class Size

"Urban" refers to a school district in which 75% or more of the households served are within the central city of a metropolitan area.

n/d = no district in sample met the "urban" definition.

* Interpret with caution due to small sample size.

	Alaska
Teacher Qualifications: Teachers with no license, or only an emergency or temporary license, urban districts	1
... in nonurban districts	3
... Secondary classes taught by teachers without at least a college minor in their subjects, urban districts	26
... in nonurban districts	31
Class Size: Elementary teachers with class sizes of fewer than 25 students, urban districts	56
... in nonurban districts	73
... Secondary teachers with fewer than 30 students per day, urban districts	8
... in nonurban districts	32
Climate: Teachers who report that physical conflicts among students are a serious or moderate problem, urban districts	48
... in nonurban districts	28
... Teachers who report that student weapons possession is a serious or moderate problem, urban districts	22
... in nonurban districts	4
... Principals who report a great deal of control over hiring, urban districts	91
... in nonurban districts	77

Child Poverty and Race

All figures in percents. States with significant urban centers are ranked by percent of students at NAEP "basic" level or higher.

more information about these measures, see our 50-state [Child Poverty and Race](#) data table.

Because the 1990 U.S. Census considered "Hispanic" to be an ethnic rather than racial category, black children may also be Hispanic, and vice versa. An "extremely impoverished neighborhood" refers to a census tract in which at least 40% of the residents are poor.

n/a = not applicable.

* In addition to city data, these tables provide a separate listing of county-level data because these cities are part of countywide districts.

City	Anchorage
State	AK
Children who are poor: in the city	9
... in the state	11
Children who are black in the city	8
... in the state	4
Children who are Hispanic in the city	5
... in the state	4
Children living in poor neighborhoods in the city	0
... in the state	1
... city's share of state	0
... state's share of nation	0.04
... who are Black	n/a
... who are Hispanic	n/a

Student Characteristics

* Free lunch* does not include reduced-price lunch.

n/a = data not available

City	Anchorage
State	AK
Students poor enough to be eligible for free lunch (1995): in the district	14
... in the state	19
Minority students (1995): in the district	30
... in the state	35
Special education students (individual education plan) (1995): in the district	14.2
... in the state	13.8

School Size, Spending, and Dropout Rates

n/a = not available

* = weighted average

City	Anchorage
State	AK
School Size: % high school students in schools enrolling 900 or fewer students (1995): in the district	9
... in the state	50
Spending: 1993-94 expenditure per student, adjusted for regional costs and special student needs: in the district	\$3,761
... in the state	\$4,850
Dropout Rates: % students in grades 9-12 who dropped out of school in 1993-94: District	n/a
... in the state	n/a
% change in the district's class of 1994 enrollment from freshman year to spring 1994 graduation	-21
% change in the district's total high school enrollment during the same period	11

Standards and Accountability

Parentheses indicate that the district does not have the program or policy but the state does.

* = both the district and the state have the policy or program.

** = the district has teacher evaluation program, but evaluation is not based on student performance.

NR No response

n/a Not applicable

Not yet District is in process of developing policy

W Examples of student work

Gr Grades

Pr Projects, exhibitions, or demonstrations

Inf Publishes report on performance

Imp Takes steps to improve low-performing schools

Cat Identifies schools by performance categories

Rew Recognizes or rewards high-performing schools

City	Anchorage
State	AK
Has the district adopted academic standards?	Not Yet
District requires students to master standards to graduate	N/A
How does district measure whether students have mastered standards?	N/A
Does district hold itself accountable for student performance?	Inf
Does district hold its schools accountable for student performance?	Inf, Imp"
Does district hold its teachers accountable for student performance?	Yes**

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Analysis of
Education Week's Quality Counts Report

February 18, 1998

Department of Education

Overview

◆ Who graded us?

- ❖ *Education Week*, a weekly newspaper covering K-12 federal and state education topics. *Education Week* contracted out some of the analysis.

◆ What is *Education Week's* purpose of this report?

"To provide an annual evaluation of the condition of education and the progress of education reform in the 50 states."

-Craig Jerald, Education Week

◆ How does this report differ from last year's *Education Week* report?

"This second report sought to improve indicators for assessing the quality of state education systems by adding external reviews, gathering better data, and incorporating higher evaluation standards."

-Craig Jerald, Education Week

Overview

◆ What was graded?

- ❖ Grades were not based on student performance
- ❖ Grades were based on four areas
 - ◆ Student Standards and Assessments
 - ◆ Teachers Ability to Teach to High Standards
 - ◆ Schools Conducive to Teaching and Learning
 - ◆ Financial Resources for Education

◆ What information was evaluated?

- ❖ The information evaluated came from the AKDOE, national sources, and reports from non-governmental agencies.

◆ Was *Education Week* accurate?

- ❖ Yes and No. This presentation will lay forth where we believe *Education Week* was accurate and where we disagree with their analysis.

Four Areas of Analysis

- Student Standards and Assessments**
- Teachers Ability to Teach to High Standards
- Schools Conducive to Teaching and Learning
- Financial Resources for Education

Student Standards and Assessment

- ◆ Highest Grade: A
- ◆ Alaska's Grade: D+
- ◆ Alaska's Ranking: 44 out of 50 states

- ◆ Based on three categories

1. Standards	50 percent
2. Assessment	30 percent
3. Accountability	20 percent

Student Standards and Assessment

1. Standards (50 percent of grade)

Grade: C-

◆ Evaluation basis

- ❖ Whether a state has student standards
- ❖ Quality of reading and mathematics standards

◆ Alaska given credit for

- ❖ State has student standards

◆ Alaska lost credit for

- ❖ Clear and Specific Standards—Evaluated by American Federation of Teachers
 - ◆ Reading: Grade D
 - ◆ Math: Grade C
- ❖ Rigorous Standards—Evaluated by Council of Basic Education
 - ◆ Reading and Math: Grade D

Student Standards and Assessment

1. Standards (50 percent of grade)

Grade: C-

◆ **The Department disagrees with *Education Week***

The Department disagrees given Education Week had an incomplete, draft copy of our standards.

Student Standards and Assessment

2. Assessment (30 percent of grade)

Grade: F

◆ Evaluation basis

- ❖ Implementation of two types of assessment
 - ◆ Norm-referenced: compares a student with other students taking the same test
 - ◆ Criterion-referenced: compares a student with a set of criteria
- ❖ Whether assessments are tied to standards

◆ Alaska given credit for

- ❖ State administers the California Achievement Test (CAT5), a norm-referenced assessment
- ❖ State has a writing assessment

◆ Alaska lost credit for

- ❖ No criterion-referenced assessments
- ❖ Assessments are not tied to standards

Student Standards and Assessment

2. Assessment (30 percent of grade)

Grade: F

◆ The Department agrees and disagrees with *Education Week*

The Department agrees Alaska does not have a comprehensive assessment system based on norm-referenced and criterion-referenced assessments, which are tied to standards.

The Department disagrees Alaska does not have any assessments tied to standards. The Department's writing assessment is tied to standards.