

ALASKA LEGISLATURE COMMITTEE FILES 1999-2000 8672

9810 HOUSE HEALTH EDUCATION & SOCIAL SERVICES

47.35.047 Notice of Changes	
(a) Change of mail address: 14 days prior	
(b) Knowledge of criminal incident by adult in house: within 24 hours	
(d) Capacity: 20 days prior	
(e) Sale of facility: within 24 hours	
(f) Location change: 30 days prior	
50.140 Reports	
(a) 30 days prior report planned changes to licensing rep:	Have changes been reported?
(1) Change in operator including marriage or divorce of a foster parent	
(2) Name change of the operator	
(3) Name of the foster home	
(5) Change in age or sex of the children served	
(6) Deletion or addition of a specialization	
(7) Addition of an adult member to the household for 45 days or longer	Use narrative to document change. Do the new household member(s) meet qualifications? (See 50.210)
(b) Immediately report to the licensing representative:	
(1) Death of a child in care	
(2) Serious injury or illness of a child requiring medical attention outside the home	
(3) Fire or other disaster	
(4) An unplanned change of item (a)	
(5) Planned or emergency absence of foster parent exceeding 72 hours and confirmation or revision of the plan for supervision of children by a responsible adult	
(c) Immediately report to placement worker:	
(1) Death of a child in care	
(2) Attempted or threatened suicide of a child in care	
(3) Life-threatening illness or hospitalization of a child in care	
(4) Unapproved absence of child for over 10 hours	
(d) First working day report to the placement worker:	
(1) Pregnancy of a child in care	
(2) Severe distress/depression of a child in care	
(3) Violation of probation by a child in care	
(4) Allegations of criminal conduct by a child in care	
(e) If a child has no placement worker, reports are to be given to DFYS	
*.415(f) Absence from the foster home exceeding 72 hours must be approved by the placement worker	Any absences?
*.415(g) 14 days advance approval from the placement worker for trips outside the State	Any trips outside?
*.415(h) Advance approval from the placement worker for in-State trips over 72 hours	Any trips in-State?

Article 3 - Personnel

50.200 Qualifications of Foster Parent		
(a) Applicants must:		Evaluation based on background, experience, references, interviews, observation. Renewals also based on agency contact, observation by placement workers and any complaints
Be 21 years of age		
(b) Be of good character and reputation		
Understand child development		
Have ability to care for children		
Have skills to work with children, family, agency staff, and other community resources		
(g) Three positive references on file		
Received directly from the reference		
Attest to the person's ability to work with children and act as a positive role model		
50.210 Qualifications ... of persons having regular contact with children in foster home		
(a) Adults and caregivers must be responsible individuals of reputable character who use sound judgment		
(b) Caregiver is able to deal with frustration and conflict and has ability to work with children who express themselves negatively		
(c) May <u>not</u> work, volunteer, reside in home or have direct access if:		Any direct access situations?
(1) Prior substantiated CPS report of child abuse or neglect		Discuss in narrative any negative information.
(2) Physical, health, mental health, or behavioral problem that poses a significant risk to children in care.		
(3) Domestic violence, alcohol, or other substance abuse problem		
(4) Was the subject of prior adverse licensing action		
(5) Within the last 10 years, under indictment, or convicted of a crime of assault, reckless endangerment, misconduct involving a controlled substance, or perjury; or at any time, under indictment or convicted of a serious offense including a felony, a crime involving domestic violence, or a sexual offense		
(d) Evaluation from a probation, health or mental health professional requested/obtained to determine if free from problems detrimental to children		If requested, discuss in narrative.
(e) Persons having regular contact may not abuse a child, engage in any exploitive or sexual act with a child or have a romantic relationship with a child		Any incidents?
(f) Review (for foster parents, all adult members of the household, and any adult with direct access)		
Child protection records		
Previous licensing records		
Criminal justice records		
(g) Submit two fingerprint cards for each adult residing in the home or adults having direct access to the residence		If unable to provide fingerprint cards at this time, when will this be completed?

(j) Caregiver is able to provide positive guidance, age appropriate learning & social experiences, prevent exposure to high risk activities, use strategies to prevent aggressive behavior and to de-escalate volatile situations, and act as a positive role model	
50.220 Caregiver Age Requirement	
(b) Caregiver is at least 21 years of age if children 15 or older; at least 18 years of age if children 14 or younger	
(c) A baby-sitter for short absence of foster parent (6 hours or less) must be at least 14 years of age	
* 50.250 & .030 Orientation and Training	
(c) Training has been documented	
(g) One-parent home completes 10 hours training annually Two-parent home completes 15 hours training annually with each parent receiving a minimum of 5 hours.	
In addition, applicant attended orientation/preservice training if required by the agency	
(i) Any hours exceeding 6 toward orientation and pre-service training may count toward the required training under (g) of this section.	

Submitted to Alaska Foster Parent Training Center for credit?

Date attended:
or AFPTC self-study completed:

Article 4 - Admission and Discharge

50.300 Admission	
(a) At or before a child's admission, foster parent obtained from parent or placement worker emergency information and authorization for emergency medical care	
(b) A foster home only admits children within age range, capacity, and any other conditions of license	
* (c) A foster home admitting an adult for care requires a consent form & develops a plan of care with the referring agency & placement worker for each child that	
(1) Ensures the health and safety of children as well as adult seeking services	
(2) Is approved by the licensing representative	
* (d) A foster home may not admit a child for day care except on approval of a variance that ensures	
(1) Fire code is met	
(2) Needs of foster children are primary	
(e) A foster home may admit a child from only one agency unless the licensing representative of that agency gives prior approval for the placement of a child from another agency	
(f) Signed foster care agreement for each child	
* (g) Plan of care developed for child including reasonable accommodations for care of special needs child and independent living skills for a child aged 16 or older	
(i) If home admits children with significant medical needs: Ensure a plan of care for the child	

Ensure availability of medical personnel to perform prescribed services	
.340 Discharge	
(d) An emergency discharge is limited to situations where the child may endanger the health or safety of another child in the home	
*(e) Provide suitable clothing and send personal possessions and money with the child at discharge	
(f) The child's personal records are sent through the placement worker	

Article 5 - Care and Services

50.400 Supervision of Children		
(a) A foster home shall ensure the children in its care will receive responsible supervision appropriate to their age and developmental needs. The plan of supervision must include supervision of children by a responsible person during the foster parent's absence.		
(g) & .210 (j) (3) Prevent exposure to individuals, animals, and situations known to be a danger.		List any hazards near home and foster parent plan to minimize risk:
May not expose a child to high-risk activities such as a young child riding an all-terrain vehicle or snow machine or a child of any age riding 3 wheelers; boating without a life vest, or in dangerous water conditions; or participating in an airborne activity such as hang gliding		
(i) The placement worker must obtain advance permission from the child's parent for participation in risk activities not usual for the community and to participate in other activities of moderate risk such as operation of a vehicle, contact sports, adventure activities, or handling of a firearm		
50.415 Supervision of Children in Foster Homes		
(a) First year of license, no more than 2 unrelated children		License
(b) No more than 6 children total in a foster home, of those		Capacity: <input type="text"/> Ages: <input type="text"/>
(1) No more than 2 children under 30 months		
(2) No more than 3 unrelated children after the first licensed year		
(e) The division will establish the number of children for whom a home is licensed on a case by case basis		
50.420 Program for Young Children in Foster Home (0 through 8 years)		
(a) Program promotes child's growth		
(1) Schedule & daily plan of activities for each age group		
Balances quiet and active, group and individual activities		Typical daily schedule does not have to be written (See 50.420 (a) (1) (B))
Adequate time for meals, snacks, sleep, toileting, indoor/outdoor play		
(2) Opportunities for self-expression/ imaginative play		

(3) Vigorous physical activity	
(4) Fosters independence	
(5) Provides intellectual and social development through games, toys, books, crafts, puzzles, crayons, blocks, infant toys, etc.	
(6) Television and video cassette viewing shall be limited to 1 hour per 4 hours of care or 4 hours in a 24-hour period	
Limited to programs for interest and benefit of child	
(b) If infants and toddlers are in care:	
(1) Periodic adult contact when awake in crib and swing (minimum of every 15 minutes)	
(2) Consistent caregiver, to extent possible	
(3) Frequent verbal contact	
(4) Physical contact through being held, rocked, played with, bathed, dressed, and carried	
(5) Allowed under supervision to explore and learn on their own outside playpen or other restraining devices	
.400(g)(1) Infant walkers are prohibited	
50.430 Program in Foster Homes (Children of Any Age)	
* (a) Demonstrates respect for child's family and works with the child's family as indicated in the plan of care	
(b) Recognizes, encourages, and supports the religious, ethnic, cultural heritage and language of birth parents	
Children age 9 or older are allowed to make preference choices	
(c) Provides structure and activities to promote physical, social, intellectual, spiritual, emotional development, and good health habits	
* .540 (a) Variety and use of materials, toys, and equipment are appropriate for needs; enough available to avoid competition; stored safely; accessible to children	
(d) Treats foster children equitably with own children	
(e) Chores appropriate to child's age, shared equitably and do not interfere with necessary recreation	
(f) Money earned, received as a gift, allowance or other sources will be foster child's own property	
Assists a child with funds in excess of \$200 to establish a personal bank account	
Does not borrow or spend foster child's money	
(g) Limits amount of money in child's possession if in the child's best interest	
(h) Allows the child to acquire personal belongings	
Personal belongings go with the child at discharge	
* (i) Provides each child with their own clean, well fitting attractive, seasonal clothing appropriate to age, sex, individual need and comparable in quality to the other children in the community	
(j) Takes part in the selection and arrangements for education with child's parents, if appropriate	

Sample of materials in foster home

Are materials appropriate to the age for which the license is requested?

Does foster parent provide allowance?

50.435 Behavior Guidance	
(a) Helps develop age appropriate behavior that fosters constructive relationships and ability to deal with life	Examples:
(b) Provides positive reinforcement, redirection, sets realistic expectations and clear consistent limits	Describe methods used:
(c) May not use discipline or behavior management that is cruel, humiliating or otherwise damaging to a child	
.210 (j) A caregiver must:	
(1) Support behavior with positive guidance and set clear limits	Example:
(2) Provide age-appropriate learning and social experiences	Example:
(4) Use strategies to prevent aggressive behavior	
(5) Act as a positive role model	
50.435	
(d) A child in care may not be:	
(1) Removed from the other children for more than 10 minutes, if a young child	
(2) Disciplined in association with food or rest	
(3) Punished for bedwetting or actions in regard to toileting or toilet training	
(4) Subjected to discipline administered by another child	
(5) Deprived of family contacts, mail, clothing, medical care, therapeutic activities designated in the child's plan of care, or contact with the child's placement worker or legal representative	
(6) Subjected to verbal abuse, derogatory remarks about the child/child's family, or to threats to expel the child from the facility	
(7) Placed in a locked room	
(8) Physically restrained, except to protect child or others from injury, or protect property. Only passive restraint may be used	
(9) No mechanical restraints except for protective devices such as seatbelts	
(10) No chemical restraints except on order of physician	
(f) No form of corporal punishment used on children	
50.440 Medication	
A foster home only administers medication if:	
(2) Prescriptions and special medical procedures are authorized by a physician	
(3) (A)(B) Prescriptions are in original container or medicine sets filled by a medical professional	
(4) Over the counter drugs (non-aspirin products, vitamins, sunscreen, etc.) given only at dose specified on manufacturer's label, unless written instructions from a doctor	
(6) Unused medication is discarded	
50.445 Reducing the Spread of Disease	

(a) Reduce risk against the spread of contagious or infectious diseases by:	
(1) Seeking and complying with current medical and sanitation advice	
(2) Adopting universal precautions for: handling blood, bodily fluids, open lesions and disinfecting surfaces	
(3) Training staff, if any, in precautions	
(b) Caregivers wash hands before food service; after toileting; after assisting a child with toileting/diapers; handling a pet or other animal; and contact with bodily fluids.	
(c) Caregivers encourage children to wash hands as above	
50.455 Health in Foster Homes	
(a) Evidence of immunization or shots initiated within 30 days of placement	Immunization records reviewed:
(b) Facility obtains health information at time of placement:	
(1) Date and provider of last physical exam	
(2) Any health problems	
(3) Immunization history	
* (c) Arrange an exam within 30 days if child is	Exam done?
Over 3 yrs and has not seen a doctor in the past year	
Under 3 yrs and has not seen a doctor in the past 3 months	
Provide continuing medical and dental services according to EPSDT schedule	
* (d) Children 3 years and older receive a dental examination at least yearly and dental treatment as needed	Exam done?
(e) A foster home may not have human immunodeficiency virus & acquired immune deficiency testing done on a child in care	
50.460 Nutrition	
(a) Snacks and meals meet food program requirements	
(e) Attempt to provide food reflecting ethnic background of children, including food provided by child's family	
(f) Obtain information and plan meals reflecting any food allergies or special dietary needs	
(g) Never deny a meal or snack, force food, or coerce a child to eat	

Article 6 - Environment

50.510 Life and Fire Safety		<i>Required for FGH with 6 - 8 children in home.</i>
(c) Worker may request a fire inspection, if necessary		Fire inspection requested?
(d) Emergency evacuation plan approved by licensing:		
(1) Achieves evacuation in 150 seconds		
(2) Provides for evacuation of children under 30 months, children with limited mobility, or children who may otherwise need assistance in emergencies		
(e) Monthly drills documented (may be postponed due to severe weather). Drills every 3 mos if children over 12		Dates of last 3 fire drills:

yrs & in care for 3 months	
(f) A foster home must have	
(1) At least 2 means of emergency escape remote from each other; unobstructed; one is an exterior door	
(2) At least 1 exit from basement directly to outside at or near ground level if children occupy basement	
(3) At least 1 operable window in each child's sleeping room that meets requirements of (h) (1)-(3) of this section and provides direct access to outside	
(g) No more than 6 children, including related children, if single family dwelling with only 1 exterior door	
(h) A window designated as one emergency escape must be operable, and	
(1) The finished sill height may not exceed 48 inches above the floor;	
(2) The net clear openable area must be a minimum of 5.7 square feet, with a minimum net clear openable height dimension of 24 inches;	
(3) The minimum net clear openable width dimension must be 20 inches.	
(i) Foster home must be free of fire hazards and must	
(1) Have at least one AC primary power or battery powered smoke detection device on each level	
Have at least one fully charged 2A:10BC (or larger) fire extinguisher strategically located on each level	
(2) Store flammable or combustible liquids out of reach of young children; containers have tight fitting lids	
(3) Heating appliances installed and maintained in safe and serviceable manner, including:	
(A) Vented to the outside if fuel burning; and	
(B) Not located in corridors or exit ways at any time, or in sleeping quarters during sleeping hours, unless no separate sleeping area	
50.520 Environmental Health and Safety	
(b) Worker may request environmental health inspection	
(c) Home must have ample supply of potable water from one of the following sources:	
(1) Community water supply	<input type="checkbox"/>
(2) (A) (B) Rain catchment system is disinfected; stored off the floor; and poured or dispensed by a faucet	<input type="checkbox"/>
(3) Surface water with acceptable filtration system and is continuously disinfected	<input type="checkbox"/>
(4) Well water passes laboratory test for bacteria	<input type="checkbox"/>
(5) Well with a casing that extends 12 or more inches above the ground with sanitary seal and is at least 100 feet from sewer system	<input type="checkbox"/>
(d) Precautions taken to assure the home (both inside and outside) is free of hazards that cause injury or disease	

Describe exits and access:

Describe window:

Smoke detector tested by worker?

Inspection requested?

Check type of water supply.

(1) Maintained in a clean and sanitary condition	
(2) Sanitary facilities for care, storage, refrigeration and preparation of food	
(3) Hot water not above 120 degrees in homes caring for young children (ages 0 through 8 years)	
(4) Cleaners, medicines and harmful substances inaccessible to young children	Cleaners stored: Medicines stored:
(5) Furniture and equipment is durable, safe, and in good repair	
(6) Proper sewage disposal with no overflow	
(7) Refuse stored in containers with tight lids	
(8) Sanitary toileting facilities	
(9) Safe and sanitary equipment/supplies for diapering and toileting of babies/toddlers	
(e) Label bottles and pacifiers if more than one child uses. Disinfect in dishwasher or boil at least 5 minutes	
(f) Firearms are unloaded and ammunition stored separately; both inaccessible to children	Location of firearms: Location of Ammo:
(g) A foster home must submit an acceptable firearm safety instruction plan to the licensing representative before a child is allowed to handle a firearm	Firearm Safety Instruction Plan covered in Plan for Foster Care (06-9371)
(i) No smoking in a room with children under 30 months; if plan protects older children from second-hand smoke, smoking allowed in same room	Plan submitted?
(j) Use child-proof cover caps in all electrical outlets accessible to children under 5	
50.530 Space	
(a) Enough indoor and outdoor space to meet needs of children served	
50.540 Equipment and Supplies	
(a) Variety and use of materials toys and equipment is appropriate for needs; enough available to avoid competition; stored safely; accessible to children	
(d) Home has phone or message phone, unless phones are not readily available in the community	
(g) Beds, cribs, bedding and sleeping space for each child. Own bed/crib except young children of the same sex may share a double bed	

Article 7 - Specializations

50.600 Approval of Specializations		
Facility meets requirements for Division approval of Specializations(s)		
50.610 Emergency Shelter Care in Foster Homes		
(a) Specialization for emergency shelter care, including respite care, has been approved	<input type="checkbox"/> ES Only	<input type="checkbox"/> Combined Care
(b) May provide emergency shelter care in combination with regular foster care		
(c) At admission, foster home conducts a brief health review of the child using DFYS Form 06-9372	Has facility been provided with a supply of health assessment forms?	
Secures necessary medical or dental treatment		
(d) A home that provides emergency shelter care must have one foster parent generally available	Parent available:	
50.630 Boarding Care in Foster Homes		
Department approves specialization in boarding care		
An applicant for a foster care license for the sole purpose of providing only boarding care is exempt from certain requirements of this chapter (marked with *)		See Section 7AAC50.630 for exemptions.
50.640 Supervised Transition Living in Foster Homes		
(a) Foster home representing a specialization in supervised transition living has a division approved specialization		
(b) The foster home provides or arranges services to prepare and make the transition to independence		
(c) Services address child's need for:		
(1) Establishing or strengthening family ties		
(2) Life skills training, including money management, and obtaining and maintaining a residence		
(3) Education with regard to human sexuality		
(4) Vocational or other training		
(5) Housing during transition to independence		
(6) Legal services		
(7) Arrangements for aftercare services, socialization, cultural/religious and recreational activities		
(d) Assist child in obtaining documents such as birth certificates, social security card, drivers license, education records, medical or other health eligibility documentation and records, job resume, references		
(e) Teach basic skills for negotiating with community institutions, such as banking, health care, employment, education, and recreation		
(f) Before discharge assure that basic resources are in place		
(g) Give at least 30 days notice to the child if services stop		
50.645 Care for Pregnant and Parenting Adolescents		
(a) Dept. approves specialization in care of pregnant and parenting adolescents.		

G. Note background information relevant to the assessment of the family. Discuss any domestic violence/criminal history, child protection concern, physical or mental health concerns regarding any member of the household and assess risk to child in placement:

H. Special skills of this family (i.e.: languages including sign language, medical training, cultural, etc.):

I. Summary of family strengths:

J. Summary of family limitations/need for support:

K. Placement preferences:

L. Worker recommendations:

To Rep. Fred Dyson

From :Rebecca and Ross Clement
POBox 111362
Anchorage, Alaska 99511

Reference: House Bill No 175

Please support House Bill # 175. It is important as tax payers,whose taxes support foster homes that we be advised when a license to operate in our neighborhood is appllied for. The community council is an effective way of advising the neighborhood of possible group homes. Please support this bill.

Rebecca and Ross Clement

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04/08/1999 19:05 9873455.25

Public Opinion Message

Anchorage Legislative Information Office (LIO)
710 West 4th Avenue, Suite 200 • Anchorage, AK 99501 Phone: 286-0111 (Mail: 286-0220)

call fax

This form must be completely filled out. You may phone, fax, or deliver your POM to any LIO.

From: Please PRINT the information below. This form must be signed by the sender.

Mr. Mr. Mrs. Mr	First name GARY	Initials	Last name HOFF	City, St., Zip
Residence street address (if different from mailing address) 820 Harbor Circle				Zip code 99515
Home telephone number 907-345-8334	E-mail address (if applicable) Oceanview Community Council		Signature Jenny Hoff	Date

To: Put a ✓ in the appropriate box(es).

Committee	House members	Senate members
<input type="checkbox"/> H or S	<input type="checkbox"/> Austerman (aue)	<input type="checkbox"/> Adams (ada)
<input type="checkbox"/> Community & Regional Affairs (cra)	<input type="checkbox"/> Barnes (bar)	<input type="checkbox"/> Denley (den)
<input type="checkbox"/> Finance (fin)	<input type="checkbox"/> Merkwitz (mer)	<input type="checkbox"/> Ellis (eli)
<input checked="" type="checkbox"/> Health, Ed., & Social Services (hes)	<input checked="" type="checkbox"/> Brice (bri)	<input type="checkbox"/> Egan (ega)
<input type="checkbox"/> Judiciary (jud)	<input type="checkbox"/> Burde (bur)	<input type="checkbox"/> Green (gre)
<input type="checkbox"/> Labor & Commerce (lao)	<input type="checkbox"/> Clarna (cla)	<input type="checkbox"/> Hallor (hal)
<input type="checkbox"/> Resources (res)	<input checked="" type="checkbox"/> Coghli (cog)	<input type="checkbox"/> Hoffman (hof)
<input type="checkbox"/> Rules (rul)	<input type="checkbox"/> Cowdry (cow)	<input type="checkbox"/> Kelly, P. (rep)
<input type="checkbox"/> State Affairs (sta)	<input type="checkbox"/> Craft (cra)	<input type="checkbox"/> Kelly, T. (rep)
<input type="checkbox"/> Transportation (tra)	<input type="checkbox"/> Davie (dav)	<input type="checkbox"/> Leman (lem)
<input type="checkbox"/> Other:	<input type="checkbox"/> Davis (dav)	<input type="checkbox"/> Lincoln (lin)
<input type="checkbox"/> Other:	<input checked="" type="checkbox"/> Dyan (dya)	<input type="checkbox"/> Mackle (mak)
	<input checked="" type="checkbox"/> Foster (fos)	<input type="checkbox"/> Miller (mil)
	<input type="checkbox"/> Green (gre)	<input type="checkbox"/> Parnell (par)
	<input checked="" type="checkbox"/> Gruesendorf (gre)	<input type="checkbox"/> Pearce (par)
	<input type="checkbox"/> Harbo (har)	<input type="checkbox"/> Phillips, P. (sen)
	<input type="checkbox"/> Harris (har)	<input type="checkbox"/> Sanders (san)
	<input type="checkbox"/> Hudson (hud)	<input type="checkbox"/> Smalley (smi)
	<input type="checkbox"/> James (jam)	<input type="checkbox"/> Threlkeld (thr)
	<input type="checkbox"/> Joule (jou)	<input type="checkbox"/> Whitaker (whi)
		<input type="checkbox"/> Williams (wil)

Subject: Fill out the boxes below OR enter a Subject.

HB or SB HB	Bill number 175	and check one:	<input checked="" type="checkbox"/> Support	<input type="checkbox"/> Oppose	<input type="checkbox"/> Amend	<input type="checkbox"/> OR enter a general Subject: (LIO staff may modify):
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Message: Your PRINTED message cannot exceed 50 words or contain an / vulgar language.

We	Need	this	Bill	
Our	Community	Council	has	worked
hard	researching	Group	Foster	Homas
	Notices	should	be	required.
Strongly	large	passage	of	HR 175
	Foster	Homas	are	needed
but	the	Public	has	concerns
that	must	be	addressed.	We
provide	notice	for	many	things
include	Foster	Homas	.	PASS.

04/08/1999 08:03 9073455125

FASE 03

Public Opinion Message

Anchorage Legislative Information Office (LIO)
 718 West 4th Avenue, Suite 200 • Anchorage, AK 99501 Phone: 859-0111 Fax: 269-0228

This form must be completely filled out. You may phone, fax, or deliver your PDM to any LIO.

From: Please PRINT the information below. This form must be signed by the sender.

No. Mr. (Mrs.)	First name	M.I.	Last name	Jr., Sr., etc.
	Mary Kay		Swartz	
Mailing address				Zip code
12530 Hansa Rose Cr Anch AK 99515				99515
Residence (home) address if different from mailing address				Zip code
same as above				
City/area telephone number	Group affiliation (if applicable)		Signature	Date
3490908			Mary Kay Swartz	4/9/99

To: Put a ✓ in the appropriate box(es).

Committees		House members		Senate members	
<input type="checkbox"/>	Community & Regional Affairs (cra)	<input type="checkbox"/>	Auelerman (aue)	<input type="checkbox"/>	Adams (ada)
<input type="checkbox"/>	Finance (fin)	<input type="checkbox"/>	Barnes (bar)	<input type="checkbox"/>	Donley (don)
<input checked="" type="checkbox"/>	Health, Ed., & Social Services (hes)	<input checked="" type="checkbox"/>	Berkowitz (ber)	<input type="checkbox"/>	Elli (ell)
<input type="checkbox"/>	Judiciary (jud)	<input type="checkbox"/>	Brice (bri)	<input type="checkbox"/>	Ellen (eli)
<input type="checkbox"/>	Labor & Commerce (lco)	<input type="checkbox"/>	Bunde (bun)	<input type="checkbox"/>	Green (gre)
<input type="checkbox"/>	Resources (res)	<input checked="" type="checkbox"/>	Cisano (cisa)	<input type="checkbox"/>	Harrod (har)
<input type="checkbox"/>	Rules (ru)	<input checked="" type="checkbox"/>	Coghill (cog)	<input type="checkbox"/>	Hoffman (hof)
<input type="checkbox"/>	State Affairs (sta)	<input type="checkbox"/>	Cowdery (cow)	<input checked="" type="checkbox"/>	Kelly, P. (kep)
<input type="checkbox"/>	Transportation (tra)	<input type="checkbox"/>	Graft (gra)	<input type="checkbox"/>	Kelly, T. (ket)
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Davis (dav)	<input type="checkbox"/>	Laman (lam)
<input type="checkbox"/>	Other:	<input checked="" type="checkbox"/>	Davis (dag)	<input type="checkbox"/>	Linnick (lin)
		<input checked="" type="checkbox"/>	Dyeon (dye)	<input type="checkbox"/>	Mackie (mak)
		<input checked="" type="checkbox"/>	Foster (fos)	<input type="checkbox"/>	Milner (mil)
		<input checked="" type="checkbox"/>	Green (grn)	<input type="checkbox"/>	Parnell (par)
		<input checked="" type="checkbox"/>	Gruesendorf (gre)	<input type="checkbox"/>	Pearce (pea)
		<input type="checkbox"/>	Hellers (hel)	<input type="checkbox"/>	Phillips, R. (phu)
		<input type="checkbox"/>	Harris (har)	<input type="checkbox"/>	Taylor (tay)
		<input type="checkbox"/>	Hudson (hud)	<input type="checkbox"/>	Torgerson (tor)
		<input type="checkbox"/>	James (jam)	<input checked="" type="checkbox"/>	Ward (war)
		<input type="checkbox"/>	Joule (jou)	<input type="checkbox"/>	Wilken (wik)

Subject: Fill out the boxes below OR enter a Subject.

HB or SB	Bill number	and check one:	<input checked="" type="checkbox"/> Support	<input type="checkbox"/> Oppose	<input type="checkbox"/> Attend	OR enter a general Subject. (LIO staff may modify):
HB	175					

Message: Your PRINTED message cannot exceed 50 words or contain any vulgar language.

I	Support	HB 175	We	want	1
to	be	informed	thru	community	10
councils					11
					20
					28
					30
					38
					40
					41
					49

Public Opinion Message

Anchorage Legislative Information Office (LIO)
715 West 4th Avenue, Suite 200 • Anchorage, AK 99501 • Phone: 269-0111 Fax: 269-0220

This form must be completely filled out. You may phone, fax, or deliver your POM to any LIO.

From: Please PRINT the information below. This form must be signed by the sender.

Mr./Ms./Mx...	First name JOHN	MI. C	Last name SWARTZ	St., Dr., P.O.
Meeting address 12530 HANSA ROSE CIR	City ANCHORAGE			Zip code 99515
Reference (street) address if different from mailing address				Zip code
City/State telephone number 349-0906	Group affiliation (if applicable)	Signature <i>[Handwritten Signature]</i>	Date 4-9-99	

To: Put a in the appropriate box(es).

Committees		House members		Senate members	
<input type="checkbox"/> Herb	Community & Regional Affairs (ora)	<input type="checkbox"/>	Auelerman (aue)	<input type="checkbox"/>	Adams (ada)
<input type="checkbox"/>	Finance (fin)	<input type="checkbox"/>	Barnes (bar)	<input checked="" type="checkbox"/>	Donlay (don)
<input checked="" type="checkbox"/>	Health, Ed., & Social Services (hea)	<input checked="" type="checkbox"/>	Berkowitz (bur)	<input type="checkbox"/>	Ellis (ell)
<input type="checkbox"/>	Judiciary (jud)	<input type="checkbox"/>	Brice (bri)	<input type="checkbox"/>	Ellen (ell)
<input type="checkbox"/>	Labor & Commerce (l&c)	<input type="checkbox"/>	Bunde (bun)	<input type="checkbox"/>	Green (gre)
<input type="checkbox"/>	Resources (res)	<input checked="" type="checkbox"/>	Cleane (cle)	<input type="checkbox"/>	Helford (hel)
<input type="checkbox"/>	Rules (rle)	<input type="checkbox"/>	Coghil (cog)	<input checked="" type="checkbox"/>	Hettman (het)
<input type="checkbox"/>	State Affairs (sta)	<input type="checkbox"/>	Cowdery (cay)	<input type="checkbox"/>	Kelly, F. (kep)
<input type="checkbox"/>	Transportation (tra)	<input type="checkbox"/>	Cran (ora)	<input type="checkbox"/>	Kelly, T. (ket)
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Davis (dav)	<input type="checkbox"/>	Leman (len)
<input type="checkbox"/>	Other:	<input checked="" type="checkbox"/>	Davis (dag)	<input type="checkbox"/>	Lincoln (lin)
		<input checked="" type="checkbox"/>	Dyson (dys)	<input type="checkbox"/>	Mackie (mak)
		<input checked="" type="checkbox"/>	Feiler (fev)	<input type="checkbox"/>	Miller (mil)
		<input type="checkbox"/>	Green (grn)	<input type="checkbox"/>	Parnell (par)
		<input type="checkbox"/>	Grasendorf (gra)	<input type="checkbox"/>	Pearce (per)
		<input type="checkbox"/>	Heider (hea)	<input type="checkbox"/>	Phillips, R. (phi)
		<input type="checkbox"/>	Harris (har)	<input type="checkbox"/>	Taylor (tay)
		<input type="checkbox"/>	Hudson (hud)	<input checked="" type="checkbox"/>	Torgerson (tor)
		<input type="checkbox"/>	James (jam)	<input type="checkbox"/>	Ward (war)
		<input type="checkbox"/>	Joule (jou)	<input type="checkbox"/>	Wilken (wik)

Subject: Fill out the boxes below **OR** enter a Subject.

HB or SB HB	Bill number 175	and check one:	<input checked="" type="checkbox"/> Support	<input type="checkbox"/> Oppose	<input type="checkbox"/> Amend	OR enter a general Subject (LIO staff may modify):
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Message: Your PRINTED message cannot exceed 50 words or contain any vulgar language.

I	SUPPORT	HB 175	WE	WANT	
-10	BE	INFORMED	THRU	COMMUNITY	10
COUNCILS					18
					26
					34
					42
					50
					58
					66

Oceanview/Old Seward Community Council

P.O. Box 110045
Anchorage AK, 99511

14 September 1998

Commissioner Karen Perdue
350 Main Street, Room 204
P.O. Box 11061
Juneau, AK 99811-0601

Dear Commissioner Perdue

In April 1998 neighbors on Bree Avenue in Anchorage learned a Group Foster Home for emotionally disturbed children was established on their quiet residential street. The establishment of this home and the associated problems that have arrived with it have the immediate neighbors extremely concerned. Personnel on Bree Avenue and Pacific View, another connecting street, have worked with DFYS, Representative Joe Green, Assemblyman Bob Bell of Anchorage, and the foster care provider Mr. John Vogt. The Oceanview/Old Seward Community Council has provided a forum to bring the interested parties together and formed a committee to review the impact of the Group Foster Home on the neighborhood. Mr. Vogt is on the committee. More questions have surfaced than have been answered through these avenues.

The impact of the Group Foster Home on the neighborhood has been significant. Previously parents felt free to let their children go across the street to Johns Park to play. They no longer can do that because they fear for the safety of their children from the emotionally disturbed children and the increased traffic to the Group Foster Home. They report that many of the persons visiting the Group Foster Home, which includes the enormous number of social workers and others associated with the State of Alaska have no regard for the 25-MPH speed limit. Also the visitors to the Group Foster Home park in the tightly crowded street causing a hazard to traffic. So far the Group Foster Home has had at least three police calls. One of those calls, July 6, 1998, was very serious as one of the foster children held the care provider and police at bay with a knife. Luckily it was at night when young children were not out and could have potentially been involved. Because of the laws regarding juveniles, we do not know what the other police calls involved.

There can be incidents involving the police in any neighborhood, however, having a foster home with 6 or 7 emotionally disturbed children increases the potential for problems significantly. No one in our community council denies that foster homes are not necessary. However does grouping 6 or more disturbed children with a non married man provide a role model home life?

The Oceanview/Old Seward Community Council is available to discuss and work this serious situation. Our point of contact is Gary Hoff, 345-8334 (H) or 552-8132 (W), email:gopherrr@alaska.net. Our next meeting is scheduled for 14 October 1998. We request any information that you may have as a final or partial reply to this letter prior to the meeting.

Sincerely

SIGNED
B.K. Powell
President

1 Attachment
Extract

cc:

✓ Rep Joe Green
Mr. Bob Bell
Ms Pat Abney
Ms Fay Von Gemmingen
Ms Kathleen Plunkett
Federation of Community Councils
Chief Duane Udland

We request that you review this situation, looking at the following areas:

A. Are the DFYS regulations reviewed on a continuing basis to ensure they are in step with today, not when they were written? Children and needs change over the years.

B. Does this particular foster care provider meet the Foster Family qualifications? (See attachment 1, which is extracted from the Foster Care Handbook)

C. Is the amount of foster care provider training for this type of home sufficient? Special Education teachers that we have contacted do not think the minimum number of hours (ten) or type of training is close to sufficient.

D. Is DFYS meeting their mission statement, which states in part "...while providing community protection"? Does the neighborhood have a safe and secure community? The potential for an unsafe neighborhood has increased significantly on Bree Avenue.

E. Is DFYS properly notifying neighborhood residents of Group Foster Homes? The state and municipality normally notify neighborhoods when a change will affect the residents. Group Foster Homes are significant changes to a community. In this case neighbors found out through fortuity.

F. Is Mr. Russ Webb of DFYS reviewing the Group Foster Home regulations and requirements as promised on May 4, 1998 to Rep Joe Green and the concerned neighbors?

G. Did DFYS take into consideration that the Group Foster Home was placed next to a city park?

H. Will violent or sex offenders be placed in this neighborhood Group Foster Home?

I. Does using square footage in a home to determine the number of children placed make sense? The home on Bree Avenue could have 17 occupants. We know the DFYS regulations do not allow that many, but, even six or seven may be to many. Especially with an unmarried individual.

J. What is the legal mission of the Citizens Foster Care Review Board? What is the current status of the Citizen Foster Care Review Board and is it capable of fulfilling its legal mission?

SUPPORT HOUSE BILL #175

DATE: April 9, 1999
 TO: Rep. Fred Dyson 465-4587
 FROM: Ev Irvin 345-5125

I support HB 175 and amendments for specifying number of kids in care (supplied on license) and what types of kids. It is basic information neighborhoods deserve to be made aware and make appropriate family choices, group homes do impact neighborhoods.

1 year ago, our neighborhood knew little of the foster care system. 1 year of research included learning who to ask questions of and even how to ask questions. We hit brick walls until Assemblypersons, our Community Council and Rep. Green opened dialogue and held meetings asking questions for their constituents. Should getting information be this difficult for citizens?

People or organizations we've talked to or met with:

- * Alternative Community Mental Health
- * DFYS Gwen McAlpin, Licensing Supervisor
 Steve McComb, Acting Regional Director
 Karl Brimmer, DHSS
 Russ Webb, DHSS
 Leonard Abel, Mental Health Services Program Mgr.
 Derrill Johnson, DDS Program Mgr.
 James Steele, Regional Acting Director
- * Dept. of Health and Developmental Disabilities
- * Foster Care Review Panel
- * Anchorage Police Department
- * A probation officer
- * Muni Planning & Health Depts.
- * Various Assemblypersons
- * Jeff Jessie, MHA Director
- * Old Seward/Oceanview Community Council
- * Rep. Pete Kelly-Fairbanks
- * Rep. Joe Green-Anchorage

1 year of phone calls and meetings resulted in HB 175. I encourage support of HB 175 and asking the following 4 questions. 1) Will non-profit agencies be privatized? 2) Are foster group homes mentioned in the new level of care system? 3) If privatized, will the non-profit agencies manage foster group homes or whom will? 4) Who will the public ask questions of? We still don't know the answers to these.

The public needs a systems approach--a feedback system such as Rep. Kempen suggested during testimony 4/8/99.

Rachel Faralan
P.O. Box 771814
Eagle River, Alaska 99577
(907) 694-7644

April 8, 1999

Representative Fred Dyson
Alaska State House of Representatives
Alaska State Capitol Building
Juneau, Alaska 99801

Mr. Dyson,

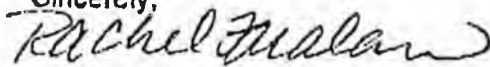
I am a proud Eagle River resident and I thank you for your representation in the House for our neighborhood. I want to talk to you, however, about an alarming House bill that has been put forth recently:

HB 175: This bill concerns me for the following reasons:

1. The direction of fair treatment to children:
 - a. We, as a nation, have not moved very far away from children being locked up in asylums and orphanages. Won't this bill move us backward from the positive direction we have been moving?
 - b. Children should NOT be treated like adult registered sex offenders and have to give up their confidentiality before they move into a neighborhood. The next thing we will be doing is publishing their names and histories on the Internet.
2. Confidentiality
 - a. Children have a right to not be known in their neighborhoods as foster children. They have no part in their position in a foster home and should not have to be subjected to the neighborhood council knowing who they are and knowing that they are living in a foster home.
 - b. Children may be subjected to unfair treatment in a neighborhood, as we have seen, if their position in life were to be divulged to the entire area.
3. Not enough foster homes
 - a. I am aware that people in Ocean View and other prestigious neighborhoods are concerned about high numbers of foster children in one home, but as a person who works in the social services field, what are we supposed to do? We do not have enough places to place all of these children. Many children spend weeks and weeks living in Laurel Shelter and Intermission crisis nursery because we have no homes for them.
 1. Perhaps what this bill should state is that if people do not want high numbers of children in one foster homes...than they should take one or two of these poor children into their homes.

Mr. Dyson, I have worked with these foster children, the natural families, and the foster families for a long time. It just sickens me to think that we still have to fight for their rights to fair treatment in this modern society. Please stop this bill from passing.

Sincerely,



Rachel Faralan

HEB

162

FISCAL NOTE

STATE OF ALASKA
1999 LEGISLATIVE SESSION

BILL NO. HB 162

Revision Date: _____ Dept. Affected: Health and Social Services
 Title: Mental Health Evaluation and Treatment and BRU: Community Mental Health Grants
confidential mental health records Component: Designated Evaluation and Treatment
 Sponsor: Representative Kemplen COMPONENT SERIAL NO. 1014
 Requestor: House (HESS) See also (SN#): _____

Expenditures/Revenues:

(Thousands of Dollars)

OPERATING	FY00	FY01	FY02	FY03	FY04	FY05
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL		150.0	150.0	150.0	150.0	150.0
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS		1,544.7	2,641.7	2,641.7	2,641.7	2,641.7
MISCELLANEOUS						
TOTAL OPERATING	0.0	1,694.7	2,791.7	2,791.7	2,791.7	2,791.7

CAPITAL EXPENDITURES						
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CHANGES IN REVENUES ()						
-------------------------	--	--	--	--	--	--

FUND SOURCE

(Thousands of Dollars)

1002 Federal Receipts		1,544.7				
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health		150.0	2,791.7	2,791.7	2,791.7	2,791.7
Other (please specify)						
TOTAL	0.0	1,694.7	2,791.7	2,791.7	2,791.7	2,791.7

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

Estimate of any current year (FY99) cost: \$0.0

ANALYSIS: (Attach a separate page if necessary)

Fiscal Assumptions:

HB 162 serves two functions: It clarifies the client eligibility for Designated Evaluation and Treatment (DET) Services and establishes procedures for determining that eligibility, processing applications, and paying claims; it also creates an entitlement to those services for eligible clients.

These clarifications are necessary due to a current lawsuit related to these services and due to the downsizing of the Alaska Psychiatric Institute (API). The plaintiff in the current litigation requests that the court interpret current statutes to mean that the department must determine every patient's ability to pay; and, that if it is detrimental to the patient's rehabilitation, the department has to relieve the patient of their obligation to pay. If the court agreed with this interpretation, the department would pay for a far greater number of people than are currently eligible for this program. Additionally, the downsizing of API will require that these services be provided in Anchorage beyond those currently provided in other communities throughout Alaska. This necessary expansion will require explicit eligibility and payment procedures to maintain consistent administration of the program.

Prepared by: Leonard Abel, Ph.D./Gina Macdonald
 Division: Mental Health and DD
 Approved by Commissioner: Karen Perdue, Commissioner
 Agency: Department of Health & Social Services

Phone: 907-465-3370
 Date: 03/31/99
 Date: 4/6/99

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ANALYSIS (cont.):

As stated above, current plans to downsize API require that private hospitals in Anchorage provide some inpatient psychiatric services through the Designated Evaluation and Treatment program. This results in impending additional costs regardless of legislation. The lawsuit also has implications for undetermined costs as eligibility for the program could be determined (and possibly expanded) through the courts. This legislation will allow reasonable expansion of the program while establishing program controls through setting clear criteria and formalizing payment procedures. New costs to the program will be covered transitionally by federal grant funds in FY 2000. An increment will be required to enable this program to become an entitlement beginning FY 2001.

Existing Program

There is \$1046.3 GF/MH in the base for the DET program. These funds provide a limited amount of 72-hour psychiatric evaluations in eight hospitals in Alaska, up to 30 days of psychiatric treatment in two hospitals, physicians' services, and transportation to the hospitals. In addition, it pays for enhanced detoxification at two facilities for persons who are intoxicated and expressing suicidal ideation. Historically, client eligibility for this program has been budget driven. The definition of an eligible client was chosen so that all eligible clients could be served within the existing budget. The law suit has demanded that, among other things, the definition of eligibility be expanded to a larger population.

Eligibility Expansion

Payment for DET services will be expanded to all persons who are a danger to themselves or others or gravely disabled due to a mental illness, who are at or below 185% of the federal poverty guidelines, and who have no other source of payment.

The FY2000 Governor's Budget includes a request of \$1097.0 in federal receipt authority for a Substance Abuse and Mental Health Services Administration (SAMSHA) grant as a part of the Community Mental Health/API 2000 project. Prior experience with a larger population indicated that the expanded eligibility would result in increased cost of at least \$300.0. Part of the SAMSHA federal grant will cover these increased costs and another portion would allow limited expansion of the current program. The total cost of these changes is \$582.1. None of these costs are reflected in the fiscal note, but are critical to its understanding. Hospital costs are based on a rate of \$930 per day, and detox costs are based on a cost of \$275 per day.

Community Mental Health/API 2000 (related to downsizing API)

The Community Mental Health/API 2000 project depends upon a fully functional DET program. The current DET program operates outside of Anchorage. For the Community Mental Health/API 2000 project related to the downsizing of the Alaska Psychiatric Institute to work, the DET program must include Anchorage hospitals. The final portion of the \$1097.0 in the FY2000 Governor's Budget, \$514.9, expands DET services to Anchorage. Services in Anchorage will not begin until the last quarter of FY 2000 as they will coincide with the adjustment of the emergency service system to accommodate a smaller API. The annualized cost in Anchorage assumes the passage of HB 162 that establishes the entitlement and clarifies procedures by which the department pays for these services.

DET Payments

	<u>FY99</u>	<u>FY00</u>	<u>FY01</u>	<u>FY02</u>
GF/MH				
Base	1,046.3	1,046.3	1,046.3	1,046.3
SB97	0.0	0.0	0.0	2,641.7
Federal (SAMSHA)				
Governor's FY2000 Req	0.0	1,097.0	1,097.0	0.0
SB97	0.0	0.0	1,544.7	0.0
	<u>1,046.3</u>	<u>2,143.3</u>	<u>3,688.0</u>	<u>3,688.0</u>
DET Eligibility Determination	0.0	0.0	150.0	150.0
DET Program Total	1,046.3	2,143.3	3,838.0	3,838.0

ANALYSIS (cont.):**Costs of Expansion**

For FY2001, the costs in the Grants/Claims line reflect the cost of annualized DET services in Anchorage. These costs are directly related to the passage of HB 162. The costs assume full implementation of the new definition of eligibility, and serving all eligible clients as an entitlement. In addition, there is a related cost of \$150.0 in GF/MH funds for the purchase of eligibility determination. A more complex eligibility process will be necessary, based on the procedures used by the DHSS Division of Public Assistance to process welfare applications. The cost assumes a large volume of applications. The costs in the "Contractual" line will be necessary to process the applications and pay the cost of processing the bills. For FY2001, all new costs are funded through federal receipts.

The expansion of DET services to Anchorage will purchase an additional 2,984.8 bed days per year, or an average of 8.2 DET patients per day. The eligibility expansion is projected to require an additional 843.6 bed days per year or an average additional 2.3 patients per day.

The costs in FY2002 and beyond are all GF/MH due to the SAMSHA grant expiration.

If HB 162 does not pass, the FY2000 funds in the Governor's Budget would cover the anticipated service demands of the new eligibility definition outside of Anchorage, and permit limited services to remain in Anchorage indefinitely. However, there would not be sufficient funds to meet the demand to allow the Community Mental Health/API 2000 project to work. Services would be suspended at the point funds were exhausted, probably in mid-spring of FY2001. The department could anticipate additional litigation regarding the responsibility of the department to pay for these services. Court action could include further expansion of the definition of the population eligible to receive services under this program.

HOUSE COMMITTEE REPORT

(7)

Date Referred to Committee: March 26, 1999

FURTHER REFERRALS:

Judiciary
Finance

Date of Committee Action: 4/29/99

The HEALTH, EDUCATION AND SOCIAL SERVICES Committee considered:

HB 162

HOUSE BILL NO. 162

MENTAL HEALTH; RECORDS; TREATMENT

"An Act relating to confidential mental health records; relating to mental health services and programs; relating to liability for payment for mental health evaluation and treatment services; and providing for an effective date."

recommends it be replaced with the following committee substitute CSHB 162 (HES) the same title a new title

additional referral to _____ Committee
 attached amendment(s)

ADOPTS: _____ Letter of Intent

ATTACHES NEW FISCAL NOTE(S): (Dept) _____ APPROVES PREVIOUS: (Dept/Date) _____
 fiscal note(s) HSS fiscal note(s) _____
 zero fiscal note(s) _____ zero fiscal note(s) _____

SIGNING WITH RECOMMENDATIONS	DP	DNP	NR	AM
<i>Paul Ryan</i>			<input checked="" type="checkbox"/>	
<i>Frank ...</i>			<input checked="" type="checkbox"/>	
<i>John ...</i>			<input checked="" type="checkbox"/>	
<i>John ...</i>	<input checked="" type="checkbox"/>			
<i>Ken ...</i>			<input checked="" type="checkbox"/>	

CHAIR'S SIGNATURE *Paul Ryan* *John ...*

ALASKA STATE LEGISLATURE



REPRESENTATIVE ALLEN KEMPLER

Sectional Analysis

CS HB 162()

"An Act relating to mental health services and programs; relating to liability for payment for mental health evaluation and treatment services; and providing for an effective date."

***Section 1.** Repeals the original language by replacing it with new language that follows:

(a) States that a patient that is admitted under statutes of admittance (AS 47.30.670 - 47.30.915) to a mental health facility shall make arrangements to pay for treatment or provide information to help determine financial eligibility for mental health benefits. The patient's spouse or legal guardian, the third-party responsible, would be expected also make arrangements to pay or provide financial information to determine eligibility for benefits. Charges accumulated during treatment may not exceed actual cost for care. The department may not bill itself or bill an individual for charges if the patient has received services and is eligible for benefits.

(b) The treatment facility or the department shall determine whether the patient or the third-party responsible can make financial contributions to pay for treatment of the patient; or, the department and/or facility shall determine whether the patient or the third-party responsible are eligible for benefits.

(c) If a patient or the third-party responsible has failed to provide the information to determine the benefit eligibility, the department shall ask the patient or the third-party responsible to pay for the costs of patient's treatment.

(d) If the patient is hospitalized at a mental health facility, the patient or the third-party responsible may apply for assistance to pay for the costs of the a patient's treatment.

(e) The department may charge for the patient's treatment and accept money or property for reimbursement of the patient's treatment.

(f) Money paid for treatment by the patient or on behalf of the patient shall be deposited into the General Fund.

***Section 2.** AS 47.30.915(4) This statute refers to the definition of designated treatment facility is amended by adding the words "treatment facilities" It is further amended defining mentally ill persons as those individuals entering treatment facilities under statutes of admittance for mental health.

***Section 3.** AS 47 is amended by adding a new chapter numbered 31 relating to the **Mental Health Treatment Assistance Program**. With the following sections:

Sec. 47.31.005. **Applicability.** Describes the applicability of a patient as one who has received services at a non state-operated facility.

Sec. 47.31.010. **Eligibility for Assistance.** Defines the eligibility for financial assistance of mental health treatment.

Sec. 47.31.015. **Application for Assistance.** Describes the process of application for financial assistance for mental health treatment.

Sec. 47.31.020. **Decision on Eligibility.** Describes the decision on eligibility and the department will issue a decision within 30 days.

Sec. 47.31.025. **Eligible Services; rates.** States that the department will determine the type and level of services for which assistance is available. A facility will be reimbursed by the department at a rate equivalent to the Medicaid rate.

Sec. 47.31.030. **Payment.** Determines the method of payment from the department to the facility for the treatment of the patient

Sec. 47.31.035. **Appeals.** Describes the process of appeal. Patient or patient's legal representative must submit an appeal within 30 days after notice of denial of eligibility and the commissioner or commissioner's designee shall offer a decision within 90 days or if additional information is needed the time frame will be 180 days for a given decision on appeals.

Sec. 47. 31.900. **Regulations.** The department shall, after consultation with the Alaska Mental Health Trust Authority, adopt regulation for this chapter.

Sec. 47.31.990. **Definitions.** Defines and lists the words used in this chapter that may used out of context.

***Section 4.** This legislation or act is applied to expenses incurred for mental health services after enactment only. Charges incurred by the department or a mental health facility prior to this action would not be applicable in relation to this act.

***Section 5.** The act takes effect immediately under AS 01.10.070(c).

ALASKA STATE LEGISLATURE



REPRESENTATIVE ALLEN KEMPLER

Sponsor Statement

CS HB 162()

"An Act relating to mental health services and program; relating to liability for payment for mental health evaluation and treatment services; and providing for an effective date."

Currently, the Department of Health and Social Services (DHSS) reimburses private community hospitals to provide emergency mental health inpatient evaluation and treatment services in Alaska. Hospitals designated as evaluation and treatment facilities provide services to individuals that are at risk of harming themselves or others; or those individuals are severely impaired by symptoms of mental health. Often, these individuals suffer from severe psychiatric disorders and need intensive inpatient mental health services.

DHSS through HB 162 is seeking to clarify the state's responsibility for payment for services and the responsibility of the state to determine the ability of patients to pay for those services.

HB 162 has three important features: (1.) HB 162 clarifies client eligibility for mental health services. (2.) Additionally, the legislation establishes procedures for determining eligibility, processing applications, and paying claims. (3.) HB 162 offers a conduit for mental health services to eligible clients through a community-based program.

While the Alaska Psychiatric Institute (API) looks to downsize by maximizing effective discharge planning and minimizing costly transportation to Anchorage, legislation was necessary to provide private community-based Mental Health Facilities with repayment for indigent care. This privatization of service delivery will allow us to decrease the size of our state psychiatric hospital while maintaining inpatient psychiatric services. API 2000 requires that DHSS increase the capacity of community-based services for designated evaluation and treatment, in order to accommodate this downsize.

A patient is determined to meet statutory criteria for mental health if that person is "suffering from a mental illness, and as a result is likely to cause serious harm to themselves or others, or is gravely disabled," whether admitted on a voluntary or involuntary status; and, the patient's gross monthly household income falls below 185 percent of federal poverty guideline.

The API 2000 downsizing depends upon a fully functional community-based mental health program throughout the state including an expansion to Anchorage. HB 162 provides adequate funding for evaluation and treatment services for a community-based program. Community-based hospitals are then more likely to develop and continue mental health services.

SESSION
STATE CAPITOL
JUNEAU, ALASKA 99801-1182
(907) 465-2435
(907) 465-6615 FAX
1-800-550-2435

INTERIM
710 W. 4TH AVENUE
ANCHORAGE, ALASKA 99501
(907) 258-8100

CS FOR HOUSE BILL NO. 162()
IN THE LEGISLATURE OF THE STATE OF ALASKA
TWENTY-FIRST LEGISLATURE - FIRST SESSION

BY

Offered:
Referred:

Sponsor(s): REPRESENTATIVE KEMPLEN

A BILL

FOR AN ACT ENTITLED

1 "An Act relating to mental health services and programs; relating to liability for
2 payment for mental health evaluation and treatment services; and providing for
3 an effective date."

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

5 * Section 1. AS 47.30.910 is repealed and reenacted to read:

6 Sec. 47.30.910. Liability for expense of placement in a facility. (a) A
7 patient, the patient's spouse, or the patient's parent if the patient is under 18 years of
8 age shall pay the charges for the care, transportation, and treatment of the patient when
9 the patient is hospitalized under AS 47.30.670 - 47.30.915 at a state-operated facility,
10 an evaluation facility, or a designated treatment facility providing services under
11 AS 47.30.670 - 47.30.915. The patient, the patient's spouse, or the patient's parent if
12 the patient is under 18 years of age shall make arrangements with a state-operated
13 facility, an evaluation facility, or a designated treatment facility for payment of
14 charges, including providing income information necessary to determine eligibility for

1 benefits under AS 47.31. Charges assessed for services provided under AS 47.30.670 -
2 47.30.915 when a patient is hospitalized at a state-operated facility may not exceed the
3 actual cost of care and treatment. The department may, when assessing charges for
4 services provided at a state-operated facility, consider the ability to pay of a patient,
5 a patient's spouse, or a patient's parent if the patient is under 18 years of age. In order
6 to impose liability for a patient's cost of care at a state-operated facility, the department
7 shall issue an order for payment within six months after the date on which the charge
8 was incurred. The order remains in effect unless modified by subsequent court order
9 or department order. The department may not impose liability for a patient's cost of
10 care at a state-operated facility if the patient would otherwise meet the eligibility
11 criteria, other than location of service, in AS 47.31.010.

12 (b) The department, the evaluation facility, or a designated treatment facility
13 shall make reasonable efforts to determine whether the patient, the patient's spouse, or
14 the patient's parent if the patient is under 18 years of age has a third-party payor or has
15 the available means to substantially contribute to the payment of charges, or whether
16 the patient is eligible for assistance under AS 47.31.

17 (c) If a patient is hospitalized at a state-operated facility and the patient, the
18 patient's spouse, or the patient's parent if the patient is under 18 years of age fails to
19 provide to the department information necessary to determine whether there is a third-
20 party payor or available means to substantially contribute to the payment of charges,
21 or whether the patient would, if not hospitalized at a state-operated facility, be eligible
22 for assistance under AS 47.31, the department may issue an administrative order
23 imposing full liability for the patient's actual cost of care on the patient, the patient's
24 spouse, or the patient's parent if the patient is under 18 years of age. The order
25 remains in effect unless modified by subsequent court order or department order.

26 (d) If a person who is hospitalized under AS 47.30.670 - 47.30.915 at an
27 evaluation facility or a designated treatment facility cannot pay or substantially
28 contribute to the payment of charges described under this section, the patient may
29 apply for assistance under AS 47.31.

30 (e) The department may charge or accept money or property from a person for
31 the care or treatment of a patient at a state-operated facility.

1 (f) Money paid by the patient or on the patient's behalf to the department
2 under this section shall be deposited in the general fund.

3 * Sec. 2. AS 47.30.915(4) is amended to read:

4 (4) "designated treatment facility" or "treatment facility" means a
5 hospital, clinic, institution, center, or other health care facility that has been designated
6 by the department for the treatment or rehabilitation of mentally ill persons under
7 AS 47.30.670 - 47.30.915 [AND FOR THE RECEIPT OF THESE PERSONS BY
8 COURT-ORDERED COMMITMENT,] but does not include correctional institutions;

9 * Sec. 3. AS 47 is amended by adding a new chapter to read:

10 **Chapter 31. Mental Health Treatment Assistance Program.**

11 **Sec. 47.31.005. Applicability.** This chapter applies only to those patients who
12 have received evaluation or treatment at an evaluation facility or a designated treatment
13 facility that is not a state-operated hospital.

14 **Sec. 47.31.010. Eligibility for assistance.** (a) The department shall provide
15 financial assistance under this chapter to a patient who

16 (1) does not have the available means to pay or substantially contribute
17 to the payment of charges assessed by a facility;

18 (2) has no other third party to pay for the evaluation or treatment
19 provided under AS 47.30; and

20 (3) meets the criteria in this chapter.

21 (b) To be eligible for assistance under this chapter, a patient must have

22 (1) been admitted for inpatient evaluation or treatment at an evaluation
23 facility or a designated treatment facility other than a state-operated hospital after
24 either

25 (A) an involuntary commitment under AS 47.30.700 -
26 47.30.915; or

27 (B) a voluntary admission chosen by the patient after a
28 determination by the patient's treating physician that the patient meets the
29 involuntary commitment criteria in AS 47.30.700 - 47.30.915 and that
30 involuntary commitment proceedings would be initiated if the patient did not
31 choose to be admitted voluntarily; and

1 (2) a gross monthly household income that does not exceed 185 percent
2 of the federal poverty guideline for this state for the calendar month in which service
3 was provided.

4 **Sec. 47.31.015. Application for assistance.** (a) To receive assistance under
5 this chapter, a patient or a patient's legal representative must apply in writing on a
6 form provided by the department. A patient must apply for assistance within 180 days
7 after the date of discharge from the facility.

8 (b) A patient is considered to have applied for assistance under (a) of this
9 section if the evaluation facility or designated treatment facility notifies the department
10 on a form provided by the department that there is good cause to believe that the
11 patient would be eligible for assistance under this chapter and

12 (1) the patient, the patient's spouse, or the patient's parent if the patient
13 is under 18 years of age failed within 150 days after the date of discharge from the
14 facility to make arrangements to pay the evaluation facility or designated treatment
15 facility; or

16 (2) the patient lacks the mental capacity to apply for benefits under this
17 chapter.

18 (c) A patient who applies or is considered to have applied for assistance under
19 this chapter, the patient's spouse, the patient's parent if the patient is under 18 years
20 of age, or a person in the patient's household shall release records and information to
21 the department necessary to verify eligibility for the assistance.

22 (d) If a patient, the patient's spouse, the patient's parent if the patient is under
23 18 years of age, or a person in the patient's household fails to provide records and
24 information to the department necessary to verify eligibility, the department may issue
25 an administrative order imposing full liability for the patient's cost of care and
26 treatment to the evaluation facility or designated treatment facility.

27 **Sec. 47.31.020. Decision on eligibility.** (a) Within 30 days after receiving
28 a complete application, the department shall give notice in writing of an eligibility
29 determination to the patient or the patient's legal representative. If the patient is found
30 ineligible, the notice must contain the reason for the denial and an explanation of the
31 patient's right to an administrative appeal of the denial.

1 (b) The department shall provide a copy of the notice of eligibility or
2 ineligibility to the facility at which the patient was treated.

3 **Sec. 47.31.025. Eligible services; rates.** The department shall identify the
4 type and level of services for which assistance is available under this chapter. An
5 evaluation facility or a designated treatment facility shall be reimbursed at a rate
6 established by the department that is equivalent to the Medicaid rate for that facility
7 at the time service was rendered as determined under AS 47.07.070.

8 **Sec. 47.31.030. Payment.** If the department determines that a patient is
9 eligible for assistance under this chapter, the department shall provide for payment of
10 assistance directly to the facility. By endorsing the check received from the
11 department or authorizing the endorsement by the facility's agent, the facility certifies
12 that the claim for which the check is payment is true and accurate unless written notice
13 of an error is sent to the department by the facility within 30 days after the date the
14 check is presented by the facility for payment.

15 **Sec. 47.31.035. Appeals.** (a) A patient or the patient's legal representative
16 may appeal a denial of assistance by sending written notice of objection to the
17 department within 30 days after the date of the notice of denial. The written notice
18 of objection must include an explanation of the reasons for the objection and may
19 include documentation supporting the objection. AS 44.62 (Administrative Procedure
20 Act) does not apply to the appeal.

21 (b) The commissioner or the commissioner's designee shall review the notice
22 of objection and issue a decision within 90 days after its receipt. The commissioner
23 or the commissioner's designee may request additional information on the appeal from
24 either the patient, the evaluation facility or designated treatment facility, or department
25 staff. A request for additional information suspends the time period for the appeal
26 until the department determines that the additional information has been received. If
27 more than 180 days have passed from the date of submission of a notice of appeal and
28 the additional information requested by the commissioner or the commissioner's
29 designee has not been received from a patient, the evaluation facility, the designated
30 treatment facility, or the department, the appeal shall be considered denied.

31 (c) The decision on the appeal under (b) of this section, including an appeal

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denied for failure to submit additional information, is a final agency decision and may be appealed to the superior court under the Alaska Rules of Appellate Procedure.

Sec. 47.31.900. Regulations. The department shall, after consultation with the Alaska Mental Health Trust Authority, adopt regulations to interpret or implement this chapter.

Sec. 47.31.990. Definitions. In this chapter, unless the context otherwise requires,

(1) "commissioner" means the commissioner of health and social services;

(2) "department" means the Department of Health and Social Services;

(3) "designated treatment facility" has the meaning given in AS 47.30.915;

(4) "evaluation facility" means a health care facility that has been designated by the department to perform the evaluations described in AS 47.30.670 - 47.30.915, including a facility licensed under AS 18.20.020 or operated by the federal government;

(5) "gross monthly household income" means all earned or unearned income from any source of a member of the patient's household;

(6) "household" means a patient and each person

(A) residing with the patient; and

(B) related to the patient by marriage or other legal relationship giving rise to a duty of support and maintenance;

(7) "mental illness" has the meaning given in AS 47.30.915.

* **Sec. 4. APPLICABILITY.** This Act applies to expenses incurred for mental health services received on or after the effective date of this Act.

* **Sec. 5.** This Act takes effect immediately under AS 01.10.070(c).



April 29, 1999

By hand delivery

Rep. John Coghill, Jr.
Chair, HESS Committee
Alaska Legislature
Capitol Room 416
Juneau, Alaska

Rep. Fred Dyson
Vice Chair, HESS Committee
Alaska Legislature
Capitol Room 104
Juneau, Alaska

JUNEAU

230 South Franklin
Suite 209
Juneau, AK 99801
(907) 586-1627
FAX (907) 586-1066

Re: **HB 162 / CSSB 97: Liability for involuntary / voluntary-in-lieu mental health admissions**

Dear Representatives Coghill and Dyson:

Attached please find my detailed testimony regarding HB 162 and its companion bill, CSSB 97 (HESS). These bills offer a potential to resolve continuing litigation between the Disability Law Center and the Department regarding the interpretation of AS 47.30.910. In so doing, these bills will:

- ◆ clarify that persons who are admitted on a voluntary-in-lieu basis are eligible for financial relief on the same footing as those who are involuntarily admitted,
- ◆ refine and more clearly state the criteria for financial relief, by establishing an eligibility cap of 185% of the household income of the patient
- ◆ provide a clear and efficient mechanism for funding the privatization of involuntary / voluntary-in-lieu mental health evaluations and treatment

Passage of a bill this legislative session is viewed by many as essential to help implement API 2000, a plan for decreasing the size of the Alaska Psychiatric Institute (API) by replacing the beds of that centralized, state-owned facility with local, privately-owned hospital beds for acute mental health evaluation and treatment. There are a number of reasons why the concepts in these bills should be implemented as a part of the API 2000 plan:

- 1) with the phase-out of federal disproportionate share ("DSH") funding, API faces a funding crisis in the very near term unless it is down-sized
- 2) privatizing the involuntary / voluntary-in-lieu admissions will allow billing for Medicaid dollars, which will result in ultimate savings to the state. The federal government pays 60 cents of every Medicaid dollar. API cannot bill Medicaid for its services, while private facilities can

MEMBER OF THE
NATIONAL
ASSOCIATION OF
PROTECTION &
ADVOCACY
SYSTEMS

Reps. John Coghill, Jr. and Fred Dyson

Re: HB 162 / CSSB 97: Liability for involuntary / voluntary-in-lieu mental health admissions

April 29, 1999

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- 3) consumers and their families need and want decentralized, community-based evaluation and treatment
- 4) federal SAMSHA dollars are available to implement this privatization effort in the near-term

The current form of HB 162 and CSSB 97 (HESS) have not quite reached full consensus, but we are getting closer. I urge your favorable consideration of the concepts embraced in these bills, and I commit to work with the Committee, bill sponsors, the Administration, providers, and consumers to reach a bill that all can support.

Very truly yours,



Robert B. Briggs
Staff attorney

cc: (w/ encl.)

Rep. J. Allen Kemplen
Other members of the House HESS Committee
Sen. Pete Kelly
Elmer Lindstrom, DHSS
Gina MacDonald, DHSS, DMHDD
Shannon O'Fallon, Dept. of Law
Pat Clasby, for ASHNA
Walter Majoros, AMHB
Jeff Jessee, exec. dir., AMHTA
Robin Henry, AKAMI
Kate Gundunas, SAIL
Rick Tessandore, exec. dir., Steve Essley, DLC - Anchorage client C.D.



DISABILITY
LAW CENTER
OF ALASKA

Statement of Robert B. Briggs
Staff Attorney, Disability Law Center of Alaska, Inc.

Testimony before the House HESS Committee
April 29, 1999

Hearing on H.B. 162:
Liability for Involuntary/Voluntary-in-Lieu Mental Health Treatment

Mr. Chairmen Coghill and Dyson, Representative Kemplen, and other members of the HESS Committee, thank you for this opportunity to testify regarding House Bill 162. It is a bill of importance to people who have serious mental disabilities, and their families.

I am the staff attorney for the Juneau office of the Disability Law Center of Alaska, Inc., which is a non-profit corporation with four offices statewide, in Anchorage, Fairbanks, and Bethel as well as Juneau. The Disability Law Center provides legal representation for persons with disabilities, in legal matters relating to their disability. We also work to effect systems change for persons with disabilities, in administrative and legislative matters.

Involuntary mental health admissions serve an important State public purpose. Persons are hospitalized who are gravely disabled, or who present a danger to themselves or others. Hospitalization provides the opportunity for stabilization, reduction in acuity, and linkage with outpatient services on discharge that will reduce further costs to society. Existing AS 47.30.910 recognizes this State purpose by stating that those who lack the ability to pay for a mental health hospitalization under AS 47.300.660 -- 47.30.910 shall be relieved of liability for costs of evaluation and treatment, if they lack the ability to pay the costs of hospitalization.

The Disability Law Center represents a client who has sued the Department (actually, a cross-suit in response to a bill collection action initiated by Bartlett Regional Hospital) for failure to adopt regulations to implement existing AS 47.30.910.¹ A settlement was reached in September 1998 by which the Department pledged to issue the sought-after regulations on March 1, 1999. Action on HB 162 or its companion SB 97 may serve to moot our litigation, depending upon the outcome of the final legislation.

¹ *Bartlett Reg. Hosp. v. C.D. v. State of Alaska*, No. 1JU 97-2717 CIV (Alaska Sup'r Ct., 1st Jud. Dist.).

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Statement of Robert B. Briggs, Disability Law Center of Alaska, Inc.
Testimony before the House HESS Committee
Re: IIB 162: Liability for Involuntary / Voluntary-in-Lieu Mental Health Treatment
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A. H.B. 162 (or its companion, SB 97) will clarify eligibility for relief for "voluntary-in-lieu" admissions

A central issue of our litigation with the Department is whether the mandate for relief from liability for those lacking the ability to pay for mental health hospitalizations applies to those persons voluntarily admitted in lieu of an involuntary admission, or what I will refer to as "voluntary-in-lieu" admissions.² The Department has in the past provided financial relief for some voluntary admissions, while stating its interpretation that AS 47.30.910 does not provide a mandate to apply to all voluntary-in-lieu admissions. This position by the Department, to us, presents a problem of equal protection under the law. Generally speaking, it has been said by courts that if legislation "fails to include and affect alike all persons of the same class, and extends immunities or privileges to one portion and denies them to others of like kind, by unreasonable or arbitrary subclassification, it comes within the constitutional prohibition against class legislation [under the equal protection clause]."³

HB 162 (as well as its companion, SB 97) would make plain that a specified class of persons – those with household incomes under 185% of the poverty line – would be eligible to apply for relief from liability for the charges of both involuntary evaluation or treatment, and for voluntary-in-lieu evaluation or treatment.

From the perspective of the mental health disability community, HB 162 and its companion SB 97 present a trade-off: the current statute, the State argues, does not permit relief from liability for those voluntarily admitted. We disagree with the State's interpretation of the current text of AS 47.30.910, pointing to the text of the statute, the context of other related statutes, and to past practices of the Department in relieving persons from liability for voluntary admissions. We also think that distinction between those involuntarily admitted, and those admitted on a voluntary-in-lieu basis, cannot be constitutionally drawn and is arbitrary. Passage of HB 162 (or SB 97, in its current form) would resolve this legal dispute, and avoid uncertainty as to the outcome of litigation.

HB 162 (and its companion, SB 97) is a retraction from the current level of relief provided by AS 47.30.910. The existing statute requires relief from liability based on a

² As I use the term, a "voluntary-in-lieu" admission is one where the treating physician has expressed an intent to seek involuntary hospitalization if the patient does not agree to a voluntary admission, the patient otherwise meets the involuntary commitment criteria, and the patient (or for a minor, the patient's responsible parent) does agree to a voluntary admission.

³ *Miller v. State, Dep't of Revenue*, 18 Mich. App. 145, 171 N.W. 2d 3 at 6, quoting *People v. Chapman*, 301 Mich. 584, 4 N.W.2d 18, 24 (1942).

Statement of Robert B. Briggs, Disability Law Center of Alaska, Inc.
Testimony before the House HESS Committee
Re: HB 162: Liability for Involuntary / Voluntary-in-Lieu Mental Health Treatment
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determination of the liable person's ability to pay, *without any income cap*. Thus we believe under the existing statute persons of modest means should be able to obtain relief from mental health commitment bills that might otherwise exhaust their income and resources. HB 162/SB 97 would change this by placing an income cap of 185% of the poverty line.⁴

Thus a significant percentage of the so-called "working poor" – those with incomes under 200% of the poverty line – will lose the right to obtain relief even if they lack the ability to pay for an outstanding mental health commitment charge. The Center on Budget and Policy Priorities issued a study showing that in the mid-1990s, 34.5% of Alaskans with incomes under 200% of the federal poverty guidelines went without health insurance, altogether 12,000 out of an estimated 34,000 Alaskans described as among the working poor.⁵ As Alaska continues the trend toward growth in the visitor industry and other seasonal, temporary jobs, while losing valuable jobs in the oil and gas, timber, and government sectors, these numbers of uninsured working poor will likely increase.

In the current fiscal crisis, I don't expect that expansion of HB 162/SB 97 to those with household incomes under 200% of the poverty line will result in an acceptable fiscal note. However, I urge you to remember this issue, and will continue my advocacy on this issue as the fiscal climate improves.

By endorsing the concept of SB 97/HB 162, the community of mental health consumers are getting greater certainty about exactly who will be eligible for relief, and the amount of relief per person is likely to be greater, but the persons who will benefit is reduced. SB 97/HB 162 do not really eliminate the concept of "ability to pay," since language in the bills now limit eligibility to those who cannot "pay or contribute to the payment" of the expenses of hospitalization under AS 47.30.670 – 47.30.910. Regulations will still be required for the Department to refine how, as a practical matter, it will be determined whether someone lacks the ability to pay or contribute.

However, Alaskans need to assure a reliable revenue source for this state service. API 2000 is essentially privatizing the function of evaluation and treatment under AS 47.30.670 –

⁴ The current form of both SB 97 and HB 162 do not identify the specific poverty guideline to be used to determine eligibility. This ambiguity should be clarified in the bill. We suggest reference to the federal poverty guideline which is published annually in the Federal Register. *see, e.g.*, 64 Fed. Reg. 13,428-430 (Mar. 18, 1999), *reprinted at* <http://aspe.os.dhhs.gov/poverty/99poverty.htm>, or another poverty measure that is specifically identified by the Department.

⁵ J. Guyer and C. Mann, *Employed But Not Insured: a State-by-State Analysis of the Number of Low-Income Working Parents Who Lack Health Insurance*, CENTER FOR BUDGET AND POLICY PRIORITIES, at page 5, Table 1 (Feb. 9, 1999), *reprinted at* <http://www.cbpp.org/2-9-99mcaid.htm>.

Statement of Robert B. Briggs, Disability Law Center of Alaska, Inc.
Testimony before the House HESS Committee
Re: HB 162: Liability for Involuntary / Voluntary-in-Lieu Mental Health Treatment
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47.30.910. It is the understanding of all involved in the negotiations over SB 97 and its companion HB 162 that for those persons whose income is under 185% of the poverty level, the Department will be paying for the cost of evaluation and treatment in nearly all cases. Otherwise, without a reliable revenue stream, it is likely that hospitals will decline to perform the functions of evaluation and treatment under AS 47.30.670 – 47.30.910, and thereby jeopardize an essential component of API 2000, a system of locally-based evaluation and treatment facilities available to all Alaskans.

B. Removal of cap on charges by private facilities

In existing AS 47.30.910, there is language that is in effect a cap on charges that may be imposed under AS 47.30.660 – 47.30.910:

Charges assessed after an order for commitment for treatment is issued and charges assessed when a patient is hospitalized at a facility operated by the department, or under a contract for services with the department, may not exceed the actual cost of the care and treatment.⁶

This cap serves an important purpose, because unlike any other type of health care, the services delivered under AS 47.30.670 – 47.30.910 are involuntarily imposed, or imposed under a threat of compulsion.

It may be argued that it violates equal protection under the law to permit a private facility, as an agent of the State, to involuntarily hospitalize an individual, and at the same time charge the individual without limit for the cost of the hospitalization.⁷ No other Alaskan citizen is subject to such a compulsory, uncontrolled health care expense.

⁶ AS 47.30.910. The term "actual cost of care and treatment" is a term defined in AS 47.30.910(b) as either a rate agreed to in a contract with the department, or in the absence of a contract, a rate determined by the department.

⁷ Cases differ throughout the country on the constitutionality of imposing the costs of involuntary mental health commitment on the individual or the individual's family. We have found no U.S. Supreme Court or Alaska Supreme Court case dealing with the question. Individual state cases turn on the peculiarities of each state's constitution and body of judicial interpretations, and so a particular case may or may not be persuasive in the answer given by the United States Supreme Court or the Alaska Supreme Court. *See, e.g., Levine v. State Dep't of Inst. & Agencies*, 160 N.J. Super. 591, 390 A.2d 699, 701 (N.J. App. 1978)(liability for cost of commitment of developmental disabled person to state institution not unconstitutional where liability based on ability to pay); *Hospital Services, Inc. v. Brooks*, 229 N.W. 2d 69 (N.D. 1975)(liability of adult son for costs of commitment of his mother held to violate equal protection; costs of state function should be borne by the state), *citing and following Dep't of Mental Hygiene v. Kirchner*, 60 Cal.2d 716, 36 Cal.Rptr. 488, 490, 388 P.2d 720, 722 (1964)(same holding); *Miller v. State, Dep't of Revenue*, 18 Mich. App. 145, 171 N.W.2d 3, 6-7 (Mich. App. 1969)(liability

Statement of Robert B. Briggs, Disability Law Center of Alaska, Inc.
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I have been engaged in discussion and research on what other legal constraints exist that, as a practical matter, may prevent a private facility from charging exorbitant rates for evaluation and treatment under AS 47.30.670 – 47.30.910. If it can be demonstrated that other practical restraints, such as Medicaid or Medicare regulations, or the effect of such regulations, prevent differential rates being charged to persons hospitalized involuntarily or voluntarily-in-lieu, then I think it is justifiable for a revision of AS 47.30.910 to include removal of the cap on charges that private facilities may make.

However, if in practice it turns out that facilities do engage in differential billing practices and make exorbitant charges for services delivered under AS 47.30.670 – 47.30.910, then I would recommend a patient or patient's family adversely affected should consider a constitutional challenge to the statute, since I consider it an open legal question whether it is constitutional at all to impose upon an individual or an individual's family the cost of a state function such as involuntary or voluntary-in-lieu hospitalization.

My research is continuing and not yet complete on the issue of what other practical constraints prevent private facilities from charging differential and exorbitant rates for involuntary and voluntary-in-lieu mental health hospitalizations. However, I expect to be able to build consensus within the community of advocates for persons with mental disabilities for agreement to the removal of the cost cap in current AS 47.30.910, to the extent the cap poses an impediment to implementation of the vision of API 2000 of a decentralized, community-based system of emergency mental health evaluation and treatment. I certainly commit to you that I will work to build such a consensus.

Statement of Robert B. Briggs, Disability Law Center of Alaska, Inc.
Testimony before the House HESS Committee
Re: HB 162: Liability for Involuntary / Voluntary-in-Lieu Mental Health Treatment
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Conclusion

In summary, I believe the basic purposes of HB 162 / SB 97 are to:

- * clarify that persons who are admitted on a voluntary-in-lieu basis are eligible for financial relief on the same footing as those who are involuntarily admitted, and
- * refine and more clearly state the criteria for financial relief
- * provide a clear and efficient mechanism for state compensation to private facilities taking on the role of performing the state function of community-based evaluation and treatment, for that portion of the population that is most likely to lack the means to pay the cost of care

These are good public policy goals, and will ultimately benefit persons with serious mental disabilities, and their families. We know that to implement API 2000 will require consensus among the Legislature, consumers, providers, and the Administration. We are close to that. I remain committed to continue the effort to develop a bill that reaches such a consensus.

ALASKA STATE

HOSPITAL & NURSING HOME

ASSOCIATION

APR 27 1999

April 27, 1999

Representative J. Allen Kemplen
House Health, Education, and Social Services Committee
State Capitol Building, Room 112
Juneau, AK 99801-1182

Dear Representative Kemplen:

On April 29, 1999, the Health Education and Social Services Committee will be hearing HB162. The bill clarifies the reimbursement policy for psychiatric treatment of indigent individuals at local hospitals.

On behalf of the Alaska Association of Hospitals and Nursing Homes, I am writing in support of HB162. Alaska has moved forward during the last decade by providing care for the mentally ill in settings that are less restrictive and closer to the patients' homes. Alaska has initiated development of local hospitalization through the Designated Evaluation and Treatment Program (DET). Access to local hospitalization, for treatment of acute, short-term episodes, is required to provide care for the mentally ill individuals within our communities. The proposed downsizing of the state hospital also makes ensuring access to local hospitals critical.

HB162 clarifies the existing DET program and provides safeguards to both the mentally ill and local health facilities. A predictable and reliable funding source is necessary to provide a safety-net for those individuals who formerly would have been admitted to API.

Thank you for your consideration of our letter of support.

Sincerely Yours,

Laraine

Laraine Derr
President/CEO

426 Main Street

~~XXXXXXXXXXXX~~ JUNEAU, AK 99801 • (907) 586-1790 • FAX (907) 463-3573

1-LS0761\G
Lauterbach
4/28/99

CS FOR HOUSE BILL NO. 162()

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTY-FIRST LEGISLATURE - FIRST SESSION

BY

Offered:

Referred:

Sponsor(s): REPRESENTATIVE KEMPLER

A BILL

FOR AN ACT ENTITLED

1 "An Act relating to mental health services and programs; relating to liability for
2 payment for mental health evaluation and treatment services; and providing for
3 an effective date."

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

5 * **Section 1.** AS 47.30.910 is repealed and reenacted to read:

6 **Sec. 47.30.910. Liability for expense of placement in a facility.** (a) A
7 patient, the patient's spouse, or the patient's parent if the patient is under 18 years of
8 age shall pay or contribute to the payment of charges for the care, transportation, and
9 treatment of the patient when the patient is hospitalized under AS 47.30.670 -
10 47.30.915 at a state-operated facility, an evaluation facility, or a designated treatment
11 facility providing services under AS 47.30.670 - 47.30.915. The patient, the patient's
12 spouse, or the patient's parent if the patient is under 18 years of age shall make
13 arrangements with a state-operated facility, an evaluation facility, or a designated
14 treatment facility for payment of charges, including providing income information

1 necessary to determine eligibility for benefits under AS 47.31. Charges assessed for
2 services provided under AS 47.30.670 - 47.30.915 when a patient is hospitalized at a
3 state-operated facility may not exceed the actual cost of care and treatment. In order
4 to impose liability for a patient's cost of care at a state-operated facility, the department
5 shall issue an order for payment within six months after the date on which the charge
6 was incurred. The order remains in effect unless modified by subsequent court order
7 or department order. The department may not impose liability for a patient's cost of
8 care at a state-operated facility if the patient would otherwise meet the eligibility
9 criteria, other than location of service, in AS 47.31.010.

10 (b) The department, the evaluation facility, or a designated treatment facility
11 shall make reasonable efforts to determine whether the patient, the patient's spouse, or
12 the patient's parent if the patient is under 18 years of age has a third-party payor or has
13 the available means to substantially contribute to the payment of charges, or whether
14 the patient is eligible for assistance under AS 47.31.

15 (c) If a patient is hospitalized at a state-operated facility and the patient, the
16 patient's spouse, or the patient's parent if the patient is under 18 years of age fails to
17 provide to the department information necessary to determine whether there is a third-
18 party payor or available means to substantially contribute to the payment of charges,
19 or whether the patient would, if not hospitalized at a state-operated facility, be eligible
20 for assistance under AS 47.31, the department may issue an administrative order
21 imposing full liability for the patient's actual cost of care on the patient, the patient's
22 spouse, or the patient's parent if the patient is under 18 years of age. The order
23 remains in effect unless modified by subsequent court order or department order.

24 (d) If a person who is hospitalized under AS 47.30.670 - 47.30.915 at an
25 evaluation facility or a designated treatment facility cannot pay or substantially
26 contribute to the payment of charges described under this section, the patient may
27 apply for assistance under AS 47.31.

28 (e) The department may charge or accept money or property from a person for
29 the care or treatment of a patient at a state-operated facility.

30 (f) Money paid by the patient or on the patient's behalf to the department
31 under this section shall be deposited in the general fund.

1 * Sec. 2. AS 47.30.915(4) is amended to read:

2 (4) "designated treatment facility" or "treatment facility" means a
3 hospital, clinic, institution, center, or other health care facility that has been designated
4 by the department for the treatment or rehabilitation of mentally ill persons under
5 AS 47.30.670 - 47.30.915 [AND FOR THE RECEIPT OF THESE PERSONS BY
6 COURT-ORDERED COMMITMENT,] but does not include correctional institutions;

7 * Sec. 3. AS 47 is amended by adding a new chapter to read:

8 **Chapter 31. Mental Health Treatment Assistance Program.**

9 **Sec. 47.31.005. Applicability.** This chapter applies only to those patients who
10 have received evaluation or treatment at an evaluation facility or a designated treatment
11 facility that is not a state-operated hospital.

12 **Sec. 47.31.010. Eligibility for assistance.** (a) The department shall provide
13 financial assistance under this chapter to a patient who

14 (1) does not have the available means to pay or substantially contribute
15 to the payment of charges assessed by a facility;

16 (2) has no other third party to pay for the evaluation or treatment
17 provided under AS 47.30; and

18 (3) meets the criteria in this chapter.

19 (b) To be eligible for assistance under this chapter, a patient must have

20 (1) been admitted for inpatient evaluation or treatment at an evaluation
21 facility or a designated treatment facility other than a state-operated hospital after
22 either

23 (A) an involuntary commitment under AS 47.30.700 -
24 47.30.915; or

25 (B) a voluntary admission chosen by the patient after a
26 determination by the patient's treating physician that the patient meets the
27 involuntary commitment criteria in AS 47.30.700 - 47.30.915 and that
28 involuntary commitment proceedings would be initiated if the patient did not
29 choose to be admitted voluntarily; and

30 (2) a gross monthly household income that does not exceed 185 percent
31 of the federal poverty guideline for this state for the calendar month in which service

1 was provided.

2 **Sec. 47.31.015. Application for assistance.** (a) To receive assistance under
3 this chapter, a patient or a patient's legal representative must apply in writing on a
4 form provided by the department. A patient must apply for assistance within 180 days
5 after the date of discharge from the facility.

6 (b) A patient is considered to have applied for assistance under (a) of this
7 section if the evaluation facility or designated treatment facility notifies the department
8 on a form provided by the department that

9 (1) the patient, the patient's spouse, or the patient's parent if the patient
10 is under 18 years of age failed within 150 days after the date of discharge from the
11 facility to make arrangements to pay the evaluation facility or designated treatment
12 facility;

13 (2) the patient lacks the mental capacity to apply for benefits under this
14 chapter; or

15 (3) there is good cause to believe that the patient would be eligible for
16 assistance under this chapter.

17 (c) A patient who applies or is considered to have applied for assistance under
18 this chapter, the patient's spouse, the patient's parent if the patient is under 18 years
19 of age, or a person in the patient's household shall release records and information to
20 the department necessary to verify eligibility for the assistance.

21 (d) If a patient, the patient's spouse, the patient's parent if the patient is under
22 18 years of age, or a person in the patient's household fails to provide records and
23 information to the department necessary to verify eligibility, the department may issue
24 an administrative order imposing full liability for the patient's cost of care and
25 treatment to the evaluation facility or designated treatment facility.

26 **Sec. 47.31.020. Decision on eligibility.** (a) Within 30 days after receiving
27 a complete application, the department shall give notice in writing of an eligibility
28 determination to the patient or the patient's legal representative. If the patient is found
29 ineligible, the notice must contain the reason for the denial and an explanation of the
30 patient's right to an administrative appeal of the denial.

31 (b) The department shall provide a copy of the notice of eligibility or

1 ineligibility to the facility at which the patient was treated.

2 **Sec. 47.31.025. Eligible services; rates.** The department shall identify the
3 type and level of services for which assistance is available under this chapter. An
4 evaluation facility or a designated treatment facility shall be reimbursed at a rate
5 established by the department that is equivalent to the Medicaid rate for that facility
6 at the time service was rendered as determined under AS 47.07.070.

7 **Sec. 47.31.030. Payment.** If the department determines that a patient is
8 eligible for assistance under this chapter, the department shall provide for payment of
9 assistance directly to the facility. By endorsing the check received from the
10 department or authorizing the endorsement by the facility's agent, the facility certifies
11 that the claim for which the check is payment is true and accurate unless written notice
12 of an error is sent to the department by the facility within 30 days after the date the
13 check is presented by the facility for payment.

14 **Sec. 47.31.035. Appeals.** (a) A patient or the patient's legal representative
15 may appeal a denial of assistance by sending written notice of objection to the
16 department within 30 days after the date of the notice of denial. The written notice
17 of objection must include an explanation of the reasons for the objection and may
18 include documentation supporting the objection. AS 44.62 (Administrative Procedure
19 Act) does not apply to the appeal.

20 (b) The commissioner or the commissioner's designee shall review the notice
21 of objection and issue a decision within 90 days after its receipt. The commissioner
22 or the commissioner's designee may request additional information on the appeal from
23 either the patient, the evaluation facility or designated treatment facility, or department
24 staff. A request for additional information suspends the time period for the appeal
25 until the department determines that the additional information has been received. If
26 more than 180 days have passed from the date of submission of a notice of appeal and
27 the additional information requested by the commissioner or the commissioner's
28 designee has not been received from a patient, the evaluation facility, the designated
29 treatment facility, or the department, the appeal shall be considered denied.

30 (c) The decision on the appeal under (b) of this section, including an appeal
31 denied for failure to submit additional information, is a final agency decision and may

1 be appealed to the superior court under the Alaska Rules of Appellate Procedure.

2 **Sec. 47.31.900. Regulations.** The department shall, after consultation with the
3 Alaska Mental Health Trust Authority, adopt regulations to interpret or implement this
4 chapter.

5 **Sec. 47.31.990. Definitions.** In this chapter, unless the context otherwise
6 requires,

7 (1) "commissioner" means the commissioner of health and social
8 services;

9 (2) "department" means the Department of Health and Social Services;

10 (3) "designated treatment facility" has the meaning given in
11 AS 47.30.915;

12 (4) "evaluation facility" means a health care facility that has been
13 designated by the department to perform the evaluations described in AS 47.30.670 -
14 47.30.915, including a facility licensed under AS 18.20.020 or operated by the federal
15 government;

16 (5) "gross monthly household income" means all earned or unearned
17 income from any source of a member of the patient's household;

18 (6) "household" means a patient and each person

19 (A) residing with the patient; and

20 (B) related to the patient by marriage or other legal relationship
21 giving rise to a duty of support and maintenance;

22 (7) "mental illness" has the meaning given in AS 47.30.915.

23 * **Sec. 4. APPLICABILITY.** This Act applies to expenses incurred for mental health
24 services received on or after the effective date of this Act.

25 * **Sec. 5.** This Act takes effect immediately under AS 01.10.070(c).

HB

165

House Bill 165

Co-Chairman Coghill and members of House HESS. For the record, I am Bruce Johnson, Director of the Division of Teaching and Learning within the Department of Education.

Thank you for the opportunity to outline the Department's support for the Committee Substitute for HB 165.

First, we believe that it is important that all Alaskan students are provided the protection that may come from proactive planning in each school community. Therefore, a requirement that directs each school in the State to develop a School Crisis Plan in conjunction with key community members is a good idea.

Given Alaska's extreme diversity, we appreciate the work that has been done in drafting the Committee Substitute. The modifications to the bill more clearly honors the latitude that is necessary to afforded each school the task of identifying the appropriate members of the planning team consistent with the services available in a particular community. The Department is also supportive of the content sections of the plan remaining sufficiently broad to allow community and school flexibility, while ensuring the safety of the students.

We look forward to working with Representative Kapsner and others with this incremental approach to planning in advance for potential crises in our schools. Thank you.

(7)

HOUSE COMMITTEE REPORT

Date Referred to Committee: April 21, 1999

FURTHER REFERRALS:

Finance

Date of Committee Action: 4/27/99

The HEALTH, EDUCATION AND SOCIAL SERVICES Committee considered:

HB 165

HOUSE BILL NO. 165

SCHOOL SAFETY PLAN

"An Act relating to school crisis response planning."

recommends it be replaced with the following committee substitute CSHB 165 (HES) the same title a new title

additional referral to _____ Committee
 attached amendment(s)

ADOPTS: _____ Letter of Intent

ATTACHES NEW FISCAL NOTE(S): _____ (Dept)

APPROVES PREVIOUS: _____ (Dep/Date)

fiscal note(s) _____

fiscal note(s) _____

zero fiscal note(s) _____

zero fiscal note(s) DIF

SIGNING WITH RECOMMENDATIONS	DP	DNP	NR	AM
<i>[Signature]</i>	✓			
<i>[Signature]</i>	✓			
<i>[Signature]</i>	✓			
<i>[Signature]</i>	✓			
<i>[Signature]</i>	✓			

CHAIR'S SIGNATURE *[Signature]* *[Signature]*

FISCAL NOTE

No: 2

STATE OF ALASKA
1999 LEGISLATIVE SESSION

Bill Version: HB 165

(H) Publish Date: 4/21/99

Revision Date/Time (Note if correction) _____ Dept. Affected Education
 Title An Act relating to school crisis BRU _____
response planning Component _____
 Sponsor Rep. Kapsner _____
 Requester House MLV Component Serial No. _____

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL EXPENDITURES						
-----------------------------	--	--	--	--	--	--

CHANGE IN REVENUES ()						
-------------------------------	--	--	--	--	--	--

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type)						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY99) cost: _____

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

Costs associated with implementing school crisis response planning will be incurred by schools and/or school districts. The Department of Education would not be subject to increased costs as a result of HB 165.

Prepared by Bruce Johnson *PJ* Phone 465-8689
 Division Teaching and Learning Support Date/Time 4/13/99 2:16 PM
 Approved by Commissioner: Richard S. Cross *[Signature]* Date 4.16.99
 Agency Department of Education

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FISCAL NOTE

No: 1

STATE OF ALASKA
1999 LEGISLATIVE SESSION

Bill Version: HB 165
 Bill (H) Publish Date: 4/21/99

Revision Date: _____ Dept Affected: Military & Veterans Affairs
 Title: An Act relating to school crisis response BRU: Disaster Planning & Control
planning. Component: Disaster Planning & Control
 Sponsor: Rep Kapsner
 Requestor: House Committee on Military & Vet Affairs Component Serial No. #1808

Expenditures/Revenues (Inflation not included unless otherwise noted below) (Thousands of Dollars)

OPERATING EXPENDITURES	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0
CAPITAL EXPENDITURES	0.0	0.0	0.0	0.0	0.0	0.0
CHANGE IN REVENUES (fund code)	0.0	0.0	0.0	0.0	0.0	0.0

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type)						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY99) cost: \$ none

POSITIONS

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

ANALYSIS: (Attach a separate page if necessary)

While not specifically tasked in the proposed bill, it is implied that the Department of Military and Veterans Affairs/Division of Emergency Services, as the State's primary agency dealing with natural disasters, would be tasked or requested to provide planning and training assistance to the Department of Education and school districts. This assistance would be provided as part of the regular duties of the Division of Emergency Services.

Prepared by: Jim Butchart, Plans and Preparedness Manager Phone: 907) 428-7000
 Division: Emergency Services Date: 13-Apr-99
 Approved by Commissioner: [Signature] Date: 4/14/99
 Agency: Military & Veterans Affairs

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Representative Mary Sattler Kapsner

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E-Mail: Representative Mary_Kapsner@legis.state.ak.us

House District 39

Lower Kuskoowik and Upper Bristol Bay

Resources Committee
Fisheries Committee
Regulation Review Committee

Akiachak

Akiak

Aleknagik

Atmautluak

Bethel

Chefornak

Clarks Point

Dillingham

Eek

Ekuk

Ekwook

Goodnews Bay

Kasigluk

Kipnuk

Koliganek

Kongiganak

Kwethluk

Kwigillingok

Manokotak

Napakiak

Napaskiak

New Stuyahok

Nunapitchuk

Oscarville

Platinum

Portage Creek

Quinhagak

Togiak

Tuntutuliak

Twin Hills

MEMORANDUM

TO: ✓ Representative Fred Dyson, Co-Chair
Representative John Coghill, Co-Chair
House Health, Education and Social Services Committee

FROM: Representative Mary Sattler Kapsner *Rep Kapsner / pj*

DATE: April 24, 1999

RE: House Bill 165 – School Crisis Planning

Since the introduction of House Bill 165 my office has had many conversations with educators and others working in the area of school crisis planning. A number of suggestions have been made that I believe will improve the ability of schools across the state to implement the legislation. I have had a blank committee substitute prepared for your consideration. Changes in the CS are as follows:

Page 1, lines 7 – 13, relating to the composition of the crisis response team.

The CS divides the membership of the committee into two components—those who shall serve and those who may serve.

The team shall consist of the principal, one certified staff (a teacher) and one classified staff (i.e., secretary), and one parent.

The team may include a school board or advisory board members, school counselor, law enforcement representative, and a student.

This change recognizes the diversity of resources among schools around the state. We expect that a school counselor would be involved in a crisis response plan, but if counseling services are provided on an itinerant basis and a counselor is unavailable for the work of the committee, work will proceed. We expect that the appropriate board or advisory board will be involved in crisis planning, but placing the designation in a permissive rather than mandatory status should alleviate concerns of larger districts that don't have a site specific advisory board.

Representative Fred Dyson
Representative John Coghill
April 24, 1999
Page 2

Page 2, lines 7-8, adds "or faculty"

Adding faculty to the section that requires protocols for responding to immediate physical harm recognizes that there may be circumstances where everyone in the building may be in harm's way, not just the students.

Page 2, line 9, removes subsection (5) related to "other policies . . ."

This language actually doesn't make sense because it falls under the requirement of the components the plan *must* include. School specific plans will, of course, include other policies as appropriate.

Page 2, lines 17-23, makes changes in requirements for updating the plan.

The plan must be reviewed annually and updated as appropriate. Specific language requiring update every three years has been removed. A copy of the plan must be on file in the district office. The requirement that the plan be submitted to the Department of Education has been removed.

Page 2, line 24, removes the specific time requirement for annually training in crisis response.

Feedback on what the appropriate level of training may be for inservice on school crisis has been varied. Some suggest that initial staff training may be two days and in subsequent years a much smaller amount of time would be required. The goal of the bill is that every adult be engaged in the discussions of how to respond to a crisis at that school site. With the requirement that that the plan must be reviewed annually I am hopeful that this will be accomplished without a specific time mandate.

Thank you for your consideration of House Bill 165 and these proposed changes. If you have any questions or further suggestions please let me know.

1-LS0506V
Ford
4/22/99

CS FOR HOUSE BILL NO. 165()
IN THE LEGISLATURE OF THE STATE OF ALASKA
TWENTY-FIRST LEGISLATURE - FIRST SESSION

BY

Offered:
Referred:

Sponsor(s): REPRESENTATIVES KAPSNER, Cissna, Davies, Dyson, Joule, Kerttula, Morgan, Phillips, Smalley, Croft

A BILL

FOR AN ACT ENTITLED

1 "An Act relating to school crisis response planning."

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

3 * Section 1. AS 14.33 is amended by adding a new section to read:

4 Article 2. Required School Crisis Response Planning.

5 Sec. 14.33.100. Required school crisis response planning. (a) Each district
6 shall develop a model school crisis response plan for use by each school in the district.
7 Each school in a district shall develop a school specific crisis response plan. Each
8 school shall form a crisis response team consisting of the principal, one certified and
9 one classified member of the school staff, and one parent whose child attends the
10 school. The crisis response team may include one member of the governing board or
11 advisory school board, a school counselor, a member from local law enforcement
12 authorities, and one student in grade 10 or higher if the school has those grades. The
13 district and each school within the district shall consult with local social services
14 agencies and local law enforcement authorities when developing the school crisis
15 response plan.

1 (b) A school specific crisis response plan must meet standards as determined
2 by the department by regulation. A school specific crisis response plan must include:

- 3 (1) the person in charge and a designated substitute;
4 (2) the names of the crisis response team members and their specific
5 job functions relating to a crisis;
6 (3) a communication plan;
7 (4) protocols for responding to immediate physical harm of students or
8 faculty and to traumatic events, including the period after the events have concluded;
9 (5) disaster and emergency procedures to respond to earthquakes, fire,
10 flood, explosions, or other events or conditions in which death or serious injury is
11 likely;
12 (6) crisis procedures for safe entrance to and exit from the school by
13 students, parents, and employees, including an evacuation and lock down plan; and
14 (7) crisis policies for enforcing school discipline and maintaining a safe
15 and orderly environment.

16 (c) Each district shall annually review and update as appropriate each school's
17 crisis response plan. A copy of each school's crisis response plan, as annually updated,
18 shall be retained by the district and a copy provided to each local agency that has a
19 role in the plan. Notice of completion of the annual review and update and the
20 location of a school's crisis response plan shall be posted at each school in the district.
21 A school crisis response plan shall be printed and available for inspection by the
22 public.

23 (d) Each district shall annually provide to each district employee training in
24 crisis response, including evacuation and lock down drills.

25 (e) In this section,

- 26 (1) "crisis" includes a traumatic event or condition that creates distress,
27 hardship, fear, or grief;
28 (2) "district" has the meaning given in AS 14.17.990.

29 * Sec. 2. TRANSITION. A city or borough school district or regional educational
30 attendance area shall complete the initial model school crisis response plan required by
31 AS 14.33.100, added by sec. 1 of this Act, on or before July 1, 2000. A school in a city or

1 borough school district or regional educational attendance area shall complete the initial school
2 specific crisis response plan required by AS 14.33.100, added by sec. 1 of this Act, on or
3 before December 31, 2000.

Mat-Su Borough School District Emergency Procedures

FOR HELP:

Use intercom to contact office
Call (Principal's Office)
Call 911

Bomb Threat				Exposure to BloodBorne Pathogens/Body Fluids	Evacuation
Visitors In Building	Gangs/Group Violence			Hostage/Weapons Situation (Violence)	Suspected Drugs/ Alcohol/Weapons
	Campus Closure	Lock Down Procedures	Break-In Procedures		

Additional Information

<http://ide.mat-su.k12.ak.us/emrplan/proceed.htm>

HOSTAGE/WEAPONS SITUATION (VIOLENCE)

Immediately report situation to office or call 911.
 Move students to a safe area away from crisis area.
 Lock doors and windows.
 Account for students.
 Wait for instructions.

If Taken Hostage:

Get word to office, if possible (via code word to passerby).
 Remove students from area, if possible.
Do not try to disarm gunman.
 Keep calm. Follow gunman's instructions.
 Direct students to be quiet and to sit away from gunman, windows, and exits.
 Be aware police may be able to hear what is taking place and may enter room at any time.
 Follow police instructions.

HOSTAGE/WEAPON SITUATION Page 1				
	ADMINISTRATOR	TEACHERS-ED. ASSTS.	CUSTODIANS-I TEAM	CRISIS AREA
PREVENTION	CONDUCT PERIODIC DRILLS, OBTAIN PARENTAL RELEASE INSTRUCTIONS	TEACH STUDENTS: Go to nearest safe classroom FOLLOW DIRECTIONS		
	DEVELOP GUNMAN/HOSTAGE CODE, INFORM ADULTS RE STOCKHOLM SYNDROME	REPORT ALL UNIDENTIFIED VISITORS TO OFFICE	REPORT ALL UNIDENTIFIED VISITORS TO OFFICE	
INTERVENTION	ANNOUNCE SEEK SHELTER & OFF LIMITS AREA	IMMEDIATELY REPORT INCIDENT TO OFFICE		IF POSSIBLE, GET WORD TO OFFICE (CODE WORDS TO PASSERBY)
	CALL 911	MOVE STUDENTS AWAY FROM AREA	I TEAM: NOTIFY TEACHERS, CLEAR ASSIGNED AREAS OF STUDENTS	DO NOT TRY TO DISARM IF POSSIBLE REMOVE STUDENTS FROM AREA

	CALL???????? TAKE NECESSARY ACTION TO INSURE SAFETY	STAY CALM FOLLOW SEEK SHELTER PROCEUDRES	BOTH: REPORT TO OFFICE/COMMAND CENTER	KEEP CALM FOLLOW GUNMAN'S INSTRUCTION
	HAVE SECRETARIES LIMIT INCOMING CALLS	REMAIN IN CLASSROOMS LOCK DOORS & WINDOWS	CUSTODIANS: AVOID CRISIS AREA, BRING BUILDING MAPS TO OFFICE	DIRECT STUDENTS TO SIT DOWN AND BE QUIET
	FOLLOW POLICE INSTRUCTIONS	TAKE COVER IF NEEDED ACCOUNT FOR STUDENTS WAIT FOR INSTRUCTIONS	CUSTODIANS: FOLLOW POLICE DIRECTIONS (ex. help control traffic)	BE AWARE POLICE MAY BE ABLE TO HEAR WHAT IS HAPPENING
			I TEAM: COMMUNICATION DUTIES-STUDENTS, PARENTS, MEDICAL	MOVE STUDENTS AWAY FROM GUNMAN

HOSTAGE/WEAPON SITUATION Page 2

ADMINISTRATOR	TEACHERS-ED. ASSTS.	STUDENTS	CRISIS AREA
CONSULT WITH POLICE AND ?????			IF APPROPRIATE, BUILD ON POSITIVE ASPECT OF STOCKHOLM SYNDROME
SUPERINTENDENT OR PRINCIPAL MAY REQUEST DISTRICT ??? HELP			FOLLOW POLICE INSTRUCTIONS
ANNOUNCE EVACUATION, CLOSURE OR CONTINUE CLASSES	REPORT TO OFFICE NAMES OF MISSING STUDENTS		REMAIN AFTER CRISIS RESOLVED TO ANSWER POLICE QUESTIONS
ADMINISTER ORDERLY RELEASE OF STUDENTS IF APPROPRIATE	PERFORM ASSIGNED STUDENT RELEASE DUTIES IF APPROPRIATE	FOLLOW TEACHER/POLICE INSTRUCTIONS	
FOLLOW CHS POST/VENTION PLAN			

POSTVENTION	FOLLOW UP POSTVENTION PLAN APPROPRIATE							
	GIVE WRITTEN REPORT TO SUPERINTENDENT							
	TAKE APPROPRIATE DISCIPLINARY MEASURES							
	REQUEST DISTRICT DEBRIEFING TEAM IF APPROPRIATE							

[Return to Emergency Procedures](#)

Page maintained by Chuck Loosli. Created: 3/25/97 Updated: 3/25/97

BOMB THREAT

1. Intercom the following message to teachers: Teachers, please sweep your rooms. The custodians need help. (Announced via intercom or other appropriate methods)
2. Teachers visually check their rooms/areas. If anything is out of place such as an unidentified package or a suspicious looking article, notify administrators.
3. If your class is in apparent or possible danger, go to the library or the commons. Take a "field trip" away from the problem.
4. Do not alarm students. Do not panic.
5. Evacuation of the building should be an administrative decision. Use common sense.

BOMB THREAT									
		ADMINISTRATORS		RECEIVER OF CALL		TEACHERS-ED. ASSTS.		CUSTODIANS-I TEAM	
PREVENTION		POST BOMB THREAT REPORT FORMS AT EACH LISTED TELEPHONE				POST EVACUATION MAP IN ROOM		MAINTAIN EVACUATION ALARMS	
		PREPARE BUILDING SWEEP PLAN							
INTERVENTION				KEEP CALLER ON LINE ASK CHECK SHEET QUESTIONS					
		CALL 911 SUPERINTENDENT ??????????????		REPORT TO PRINCIPAL		DO NOT TOUCH LIGHT SWITCHES, DESKS, LOCKERS			

			NOTIFY FACULTY & DIRECT EVACUATION IF DEEMED NECESSARY		FOLLOW PRINCIPAL DIRECTIONS		LEAVE DOORS AND WINDOWS OPEN FOLLOW OFFICE DIRECTIONS		REPORT TO COMMAND POST FOR POSSIBLE SWEEP DIRECTIONS
			IMPLEMENT BUILDING SWEEP W/POLICE				STAY WITH STUDENTS		
			DIRECT STUDENTS TO RETURN TO BUILDING WHEN SAFE						
POSTVENTION			WRITTEN REPORT TO SUPT. TAKE DISCIPLINARY ACTION IF INDICATED						

Return to [Emergency Procedures](#)

Page maintained by Chuck Loosli. Created: 3/21/97 Updated: 3/24/97

EARTHQUAKE

Earthquake Preparedness Handbook

Remain calm.
 Stay indoors or outdoors, wherever you are, until tremors stop.
 Stop, drop, and cover.
 Take cover under desks, tables, against inside wall or under doorways.
 Stay alert for possible aftershocks.

If gas is smelled, move everyone out immediately.

Evacuation: Exit building through nearest safe exit.
 Avoid downed power lines and open gas lines.
 Move out of fire lanes.

Teachers: Follow students out and stay with students.
 Take student rosters, paper and pencil.
 Take roll to determine students missing.
 Report missing students to I Team member wearing emergency vests

Unattached students report to I Team member wearing emergency vests
Wait for further instructions.

EARTHQUAKE

EARTHQUAKE									
		ADMINISTRATORS		TEACHERS		CUSTODIANS		I TEAMS	
PREVENTION		ADVISE EMPLOYEES OF EARTHQUAKE PROCEDURES		ADVISE STUDENTS RE: EARTHQUAKE PROCEDURES					
INTERVENTION		STAY CALM STAY WHERE YOU ARE		STAY CALM STAY WHERE YOU ARE UNTIL TREMORS STOP		STAY CALM STAY WHERE YOU ARE UNTIL TREMORS STOP		STAY CALM STAY WHERE YOU ARE UNTIL TREMORS STOP	
		TAKE COVER INSIDE WALLS UNDER DESKS, ARMS AROUND HEAD		TAKE COVER INSIDE WALLS, UNDER DESKS, ARMS AROUND HEAD		TAKE COVER		TAKE COVER	
				IF SMELL GAS, OPEN W. . . N, MOVE STUDENTS OUTSIDE		TURN OFF GAS LINES UNTIL		REPORT TO COMMAND POST	

		MOVE STUDENTS OUTSIDE, REPORT	SAFETY DETERMINED	FOLLOW INSTRUCTIONS
	SIGNAL EVACUATION IF NEEDED CALL 911	EVACUATE BUILDING, AVOID DOWNED POWER LINES OR OPEN GAS LINES	CHECK FOR DAMAGE (GAS, WATER, ELECTRICAL, SEWER, STRUCTURAL)	PROVIDE COMMUNICATIONS HELP FOR COMMAND POST
	SET UP COMMAND POST	REPORT INJURIES AND DAMAGE TO I TEAM OR COMMAND POST	REPORT DAMAGE TO COMMAND POST	
POSTVENTION	FOLLOW POSTVENTION PLAN IF NEEDED			

Return to [Emergency Procedures](#)

Page maintained by Chuck Loosli. Created: 3/21/97 Updated: 10/20/97

LOCKDOWN PROCEDURE

Lock down will be a term used at this school to refer to a situation which calls for the isolation of faculty and students from a potentially violent environment.

The Principal's office will be identified as the central control center in all emergency situations. A second and third area will be designated by the building administrator.

1. Staff will be notified via an all call to "LOCK DOWN" repeat "LOCK DOWN IMMEDIATELY".
 - a. Staff, go to your doors and lock them--- Admit no one except an administrator. Remain in your secure area until further notice is given.
 - b. Keep students in a secure area until further notice, disregard any bells.
 - c. If the situation warrants a building evacuation, staff members will be notified as to the process and nearest safe exit.
_____ is the alternate evacuation center.

(Fill in for your school)

At the Elementary level schools bring any students into your classroom seen at the time of the lock down.

REMEMBER, YOUR PRIMARY RESPONSIBILITY IS THE SAFETY OF YOUR STUDENTS AND YOURSELF. DO NOT PUT EITHER IN JEOPARDY.

Return to [Emergency Procedures](#)

Page maintained by Chuck Loosli. Created: 3/25/97 Updated: 3/25/97

Representative Mary Sattler Kapsner

State Capitol • Juneau, Alaska 99801-1182

Phone: (907) 465-4942 • Fax: (907) 465-4589

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House District 39

Lower Kuskokwim and Upper Bristol Bay

Resources Committee
Fisheries Committee
Regulation Review Committee

Akiachak

Akiak

Aleknagik

Atmautluak

Bethel

Chefornak

Clarks Point

Dillingham

Eek

Ekuk

Ekwook

Goodnews Bay

Kasigluk

Kipnuk

Koliganek

Kongiganak

Kwethluk

Kwigillingok

Manokotak

Napakiaik

Napaskiak

New Stuyahok

Nunapitchuk

Oscarville

Platinum

Portage Creek

Quinhagak

Togiak

Tuntutuliak

Twin Hills

House Bill 165 School Crisis Response Planning

Sponsor Statement

In February of 1997 gunfire exploded in the hallways of the Bethel Regional High School, ending the lives of principal Ron Edwards and promising athlete Josh Palacios. The actions that took place immediately following this tragedy still haunt the residents of Bethel with questions such as, "Should we have . . . ?" and "Why didn't we . . . ?"

I sincerely hope that no other school or community will experience this type of trauma and the pain that accompanies it. If, however, a crisis which affects the life, health and emotional well-being of students does happen, schools must be prepared to respond. Some schools in Alaska have planned for such crises. Others have not. House Bill 165 would make sure that every school does so.

HB 165 adds a new section to the education statutes requiring each school to develop a site specific crisis response plan. The Department of Education would provide standards. Each school district would develop a template for use by their schools. But the real work would be done at each school, with the involvement of those individuals at the school who will respond to the tragedy.

HB 165 has had valuable input from numerous individuals and organizations involved in school safety issues. In fact, it became obvious early in my work on this bill, that school safety is a multifaceted issue. As communities and schools work on wide range of safety issues on an ongoing basis, HB 165 targets one critical component: It asks each school to engage in the forethought and planning to be prepared to meet the needs of students in times of tragedy and crisis.



Lower Kuskokwim School District

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907-543-4968
FAX: 907-543-4911

April 7, 1999

Representative Mary-Sattler-Kapsner
State Capitol
Juneau, Alaska 99801-1182

Dear Representative Mary Sattler-Kapsner:

This letter is written in support of House Bill 165 and Senate Bill 125, requiring each school district to develop a model school crisis response plan for use by each school in the district.

A Safe School Plan simply stated, is to create a place where teachers can instruct and students can receive a high education without the threat of violence. As a school district we are in support of schools developing actions and strategies to implement safe school plans. These plans work best when they are generated not only by school staff, but also by parents, students, and representatives from community groups and agencies. Although every school plan for a "safe school" may look different, the key is developing a consensus about what everyone wants the school to be like, and the rules that everyone is willing to uphold to make this happen.

The eight principles of safe school planning: 1. School safety is a personal experience; 2. School safety threats and risks have multiple causes; 3. School safety threats and risks fall on a continuum; 4. School safety planning is comprehensive; 5. School safety planning involves everyone; 6. School safety planning is ongoing; 7. School safety planning is a problem solving process; 8. Strive for the ideal and do what is possible.

Thank you for addressing the eight principles of safe school planning in these two bills being proposed to the Twenty-First Alaska Legislature.

Sincerely,

William Ferguson, Superintendent

KEEP SCHOOLS SAFE

MISSION

SAFE SCHOOL PLAN

Lower Kuskokwim School District
Kent Harding

Basic Points

- **Crisis Management Plan**
An effective emergency plan should involve all school personnel, law enforcement, fire and medical rescue personnel, emergency management personnel, school district personnel, and any other persons essential to resolving any possible crisis.
- **Student Participation**
Student involvement is essential in solving and preventing violent acts on school campuses.
- **Parent participation**
Parents should be encouraged to participate as volunteers for all school functions.
- **Partnership between the school and local law enforcement**
Law enforcement and school officials should work together to ensure the safety of the school environment.
- **Crime prevention through environmental design**
Conduct an annual safety assessment of the school facility to provide an up-to-date detailed diagram of the school for all emergency personnel prior to the beginning of school each year.
- **Drug and alcohol prevention programs**
Utilize the programs available for drug and alcohol prevention.
- **School crime reporting and tracking mechanism**
Develop a method to report, track and monitor any crime committed on school campuses.
- **School Security**
Supervision of the students and the campuses as a whole is an essential component to ensuring a safe school.
- **Training of school personnel**
Annual in-service training is recommended prior to the beginning of school and throughout the course of the school year.
- **Concise discipline code for all students**
Firm, fair, consistent, but flexible enforcement of all school rules, policies and attendance requirements.

In the year since the highly publicized shootings at schools in Arkansas, Oregon, and Pennsylvania, NEA members nationwide have been working to create schools where all students feel safe.

Safe Schools

On April 24, students and staff in Pennsylvania schools will observe a moment of silence in memory of John Gillette, the Edinboro teacher gunned down by a student at a school dance on that day one year ago.

Gillette's death was just one in a spate of school shootings last spring that left the country reeling.

In March, four girls and a teacher were shot to death by two boys at Westside Middle School in Jonesboro, Arkansas. And, last May a 15-year-old opened fire on his peers in the cafeteria

at Thurston High School in Springfield, Oregon, killing two and wounding 22.

Schools, overall, continue to be among the safest places for kids, but sudden acts of violence can leave teachers, parents, and communities anxious, vulnerable, and unsure about how to keep their children safe.

This is the story of how one school community, stunned by violence three years ago, has regained safety and security.

IN MOSES LAKE, WASHINGTON

A Family Heals

Peggy McNutt was profoundly affected by the tragic murder of two students and a teacher at Frontier Middle School in Moses Lake, Washington, three years ago.

Her son Cory, now an 18-year-old high school senior, witnessed the deaths first-hand when he and other students were held hostage.

At the time of the shooting, McNutt was president of the Moses Lake Education Association and a second grade teacher at Discover Elementary School.

McNutt spoke recently to *NEA Today's* Karen Gutoff about how the shooting affected her as a parent, teacher, and Association president.

What was your reaction when you heard about the shooting?

I remember vividly. It was 2:30, and we were just finishing an assembly. The PE coordinator at Cory's school called and said, "Cory needs you. He's okay, but you need to come down to the school right away." I quickly got someone to cover my class, and I left.

It was cold and snowing, and when I got there, some kids were outside without coats on. There were ambulances and police cars everywhere.

I ran into a local minister who said, "There's been a shooting!" He told me a teacher was dead, and a couple of students were, too. He didn't know any names at that point.

I didn't know if Cory was safe. The students had been taken to the gym. People were milling around in tears, with blank looks on their faces. I was just focused on finding Cory. I walked a bit, finally saw him. I just gave him a big hug. We were both pretty dazed.

How was Cory affected?

The two months after the shooting were really rough on Cory. He still says there are pictures he'll never forget, and he remembers the sounds of his friends dying.

Cory went to all the memorial services and the counseling sessions. But after the shooting, he would go to school, come home, and sleep. He'd wake up at 6 or 7 in the evening and would be awake all night.

He also had terrible survivor's guilt. He felt guilty about his classmates dying and often wondered if he could have saved everyone. He felt especially guilty about the girl Natalie who was injured. Just minutes before the shooting, she asked if he would switch seats



Teacher Peggy McNutt and her son Cory (at right, in front of Frontier Middle School) deal with the aftermath of violence.

to testify in the criminal trial. Even now there are civil suits pending and he has to do depositions and testify again.

What helped students and teachers most after the shooting?

Kids said they really appreciated getting letters and cards from students at other schools. We got letters from teachers and their students, from state Associations and the NEA.

People sent money we used to buy pizza for the kids. We were able to buy a laptop for the girl injured in the shooting, so she

could work from home. The Washington Education Association helped us find guardian angel pins for the students, which they really

loved. Kids will wear t-shirts that say "In Remembrance." It gives them a way to remember their friends.

How vulnerable did you feel as an educator going back into your own classroom?

Every school set up a crisis plan after the shooting. If there was a problem, you'd hear a short blast of an air horn on the loudspeaker, and you had to

with her so she could sharpen her pencils. So he would have been sitting in her seat when the shooting started.

I thank God every day that I still have him. I realize how close I came to losing him.

What has been the hardest part of the healing process?

It's a never-ending process. Cory had to be tested for hepatitis B, then he had



After last year's shooting in Jonesboro, Arkansas, a police officer helps a mother and her son to safety.

A Tim Scamman/The Commercial Appeal/AP Wire Photo

... A School Rebuilds

lock your doors and take cover. Our school even bought a cell phone to help with communication.

We take all threats very seriously now. Last year, one of my second graders made a threat about going home and getting a gun. That student was removed from school for a week and received counseling.

In my class, we talk a lot about the things we need to do to be safe and the proper way to treat each other.

How did you handle your duties as Association president during this crisis?

It was tough, but you do what you have to do. I called the Association's executive board together, and we brainstormed ways to make things better for teachers at Frontier Middle. We bought books on surviving loss and put them in the lounge, and we brought food.

We arranged for subs so that teachers from elementary schools, who were familiar to the students, could come to Frontier and talk to the kids.

What needs to happen to prevent violence in schools?

I think Cory said it best after the shooting. He said, "Mom, it's a society problem, not just a problem with kids."

We keep asking for volunteers in the school, but parents are all busy.

We have so many students in these schools and so few adults. What parent takes care of 25 kids? As long as that's true, kids will get lost in the shuffle.

In February 1996, a troubled 14-year-old at Frontier Middle School in Moses Lake, Washington, terrorized classmates by brandishing a gun in math class, then killing teacher Leona Calmes and two 14-year-old classmates. Most of the students who witnessed the shooting have gone on to high school, and the shooting is no longer a topic of daily conversation. But security changes made since then have left visual reminders of the event—and have helped restore a sense of safety and security.

■ Redesigned Space

After the Moses Lake shooting, security quickly became the guiding issue for a school renovation project already underway.

Hallways were widened to eliminate any nooks and crannies where students could hide or loiter.

Like mall bathrooms, rest rooms were designed without doors. Parts of the bathroom are now visible from the

outside. For example, the central sink is near the outside of the rest room, so staff can see what's going on inside.

■ Surveillance Cameras

Video cameras have been placed in the hallways at Frontier. The cameras are set up to show what's going on in different parts of the school, especially the cafeteria where there are a lot of students and not as many teachers.

■ IDs and Access

School staff now wear badges, so those not wearing them will be easier to identify as strangers. And only one main entrance is open during the day.

"All doors are locked during the day except one main entrance right by the office," says Don Lindgren, a physical education teacher at Frontier. "Visitors must walk by the school secretary to get in, and they have to wear a visitor's pass." Lindgren says staff are now quick to question anyone without a pass.

■ Security guards

Two security guards walk the halls, monitoring traffic and making sure kids don't loiter. They use walkie-talkies to alert each other to trouble spots.

Lindgren says the security officers quickly become aware who the troubled students are and often build relationships with those students. By fostering relationships with the kids, the guards are often alerted to trouble before it happens.

■ Lockdown Drill

Twice a year, a siren prompts teachers and students to lock doors and windows, retreat to a designated room, and stay put until they get the all-clear sign.

■ Reconfigured Middle School

The year after the shooting, ninth graders were moved out of Frontier Middle School and placed in the high school. The seventh and eighth graders at the middle school level will soon be joined by sixth graders.

Mike Himes, president of the Moses Lake Education Association, says changing the middle school structure has been one of the single best security improvements in the district.

"Ninth graders were more likely to drink and date. The seventh and eighth graders would try to do the things the ninth graders were doing. By moving the ninth graders to the high school, we eliminated some of that peer pressure."

—Karen Gutloff



One Year Later

Facing Tragedy...

School communities in Pennsylvania, Oregon, and Arkansas came face to face with violence last spring. One year later, parents, educators, and neighbors are still struggling to find ways of restoring safety in the schools.

Edinboro, Pennsylvania

In the past year, school administrators, teachers, parents, clergy, university, and Pennsylvania State Education Association representatives have formed a community coalition.

The coalition has funded anger management workshops and curriculum for school staff and created a new student conduct handbook. The group is creating a list of recommendations on dealing with school violence.

To tighten security at James W. Parker Middle School, where teacher John Gillette was killed, school staff now wear identification badges, and cars in the school parking lot sport windshield tags identifying them as staff cars. All school doors are locked during the day except a main entrance.

Jonesboro, Arkansas

Wilma Maiers, UniServ director for the Arkansas Education Association, calls the district's response to the incident

"relatively low-key."

"I think part of the reason is the feeling that there really wasn't anything that could have been done at the school to prevent the shooting in the first place," says Maiers.

But some small changes have been made, including the installation of a fence around the middle school campus. Some surrounding districts, Maiers says, hired local police to patrol

their campuses. One district hired two new social workers and provided conflict resolution training for teachers.

Meanwhile, state lawmakers are debating several proposals that would make guns less accessible to kids.

Springfield, Oregon

The Springfield school district is considering providing school staff with information about students who have a violent history or criminal record. But the proposed change in policy has been tabled, pending concerns about student confidentiality.



Preventing Tragedy

This winter, NEA brought representatives from 30 education and child care organizations together to answer the question, "What can we do to make schools safer?"

The groups—including the PTA, School Nurses Association, American Federation of Teachers, and Association of Secondary School Principals—are now creating a manual of model school safety programs.

NEA staffer LaMar Haynes, meanwhile, has taken the helm of the Safe Schools Coalition, a national school violence prevention group.

And, around the country, NEA affiliates and members are working to create effective school safety programs.

A few examples:

Buffalo, New York: There were more than two dozen student assaults against teachers in Buffalo schools last year.

The Buffalo Teachers Federation has gone into action to crack down on violence against school staff by:

- Tracking all assaults and going public with the incidents to pressure district officials to take action.

- Revising the district's code of conduct for students.

- Working with judges and states attorneys to ensure that students aren't allowed to return to a school after they've assaulted someone.

- Pushing for more security officers in high schools.

Contact Phil Rumore, president, Buffalo Teachers Federation, at 716/881-6678.

Milwaukee, Wisconsin: J.W. Riley Elementary School in Milwaukee has an extensive communication plan to protect staff and students when violence breaks out in the school.

"If classrooms hear a PA announcement that art, music, and phys ed are

cancelled, everyone goes to the nearest classroom, and the door is locked until trouble subsides," explains Phyllis Deal, a paraprofessional at the school.

Contact Phyllis Deal, paraprofessional, at 414/645-6396.

Ann Arbor, Michigan: Staff at Pioneer High School launched a crack-down on youth gangs and student violence four years ago by taking the following measures:

- Establishing an emergency response/crisis committee of seven school staffers who meet regularly to deal with fights, drugs, bomb threats, and other safety issues.

- Having community assistants from the paraprofessional ranks monitor the hallways, looking for early signs of any trouble. The paraprofessionals also serve as academic partners, assigned to work with at-risk middle schoolers.

- Rewarding students who report signs of trouble with CDs, movie certificates, books, or restaurant coupons.

Contact Percy Brown, student support specialist, at 734/994-2130.

Resources

■ NEA has a free packet of information on school safety, including the *Safe Schools Manual* and *School Violence: Perceptions and Solutions*. For copies, contact Richard Verdugo at NEA, 1201 16th St., N.W., Washington, DC 20036-3290. E-mail: rverdugo@nea.org. On the Web: www.nea.org/publications.



■ The National Crime Prevention Council has two free resources: *Stopping School Violence* and *Making Children, Families, and Communities Safe From Violence*. On the Web: www.nccpc.org. Call 800/AE-PREVENT.

■ *Early Warning, Timely Response: A Guide to Safe Schools*, published by the Departments of Justice and Education, helps school communities develop crisis response plans. On the Web: www.ed.gov/offices/OESERS/OSEP/earlywrn.html. For a free copy, call 877/433-7827.

■ *Hands Without Guns Initial Workshop Guideline* is a youth workshop guide for teachers. On the Web: www.handswithoutguns.org/wksp1.html. Or call Joshua Horwitz, 202/544-2637.

■ The Safe Schools Coalition is a nonprofit, all-volunteer organization that works to reduce violence and promote health and safety in schools. For a list of materials and upcoming conferences, contact Edsel Erickson at 941/778-6652. Or visit the Web at www.ed.mtu.edu/safe.



■ *A National Action Plan on School Violence and Kids from 2:00 to 8:00 PM* is a free booklet that includes proposals adopted at a recent national summit of mayors, police chiefs, educators, students, park recreation officials, and health experts. For a copy, write to Ed Somers, U.S. Conference of Mayors, 1620 I St., N.W., Washington, DC 20006. Or call 202/293-7330.

LEGAL SERVICES

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MEMORANDUM

March 31, 1999

SUBJECT: Sectional Summary of HB 165

TO: Representative Mary Kapsner
Attn: Pat Jackson

FROM: Michael F. Ford
Legislative Counsel 

You have requested a sectional summary of the above-described bill.

As a preliminary matter, note that a sectional summary of a bill should not be considered an authoritative interpretation of the bill and the bill itself is the best statement of its contents. If you would like an interpretation of the bill as it may apply to a particular set of circumstances, please advise.

Section 1. Requires each school district to develop a model school crisis response plan and each school in a school district to develop a crisis response plan. Requires that each school form a crisis response team. Requires that a crisis response plan include certain specified elements, that the plan be annually reviewed and updated, and that district employees receive crisis response training.

Section 2. Requires that an initial model crisis response plan be completed by July 1, 2000, and that an initial school crisis response plan be completed by December 31, 2000.

MFF:jdr
99-176.jdr

SECTIONAL ANALYSIS