

LEGISLATIVE COMMITTEE FILES 2001-2002 8672

10186 HOUSE HEALTH EDUCATION & SOCIAL SERVICES

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William J. Carter

Signature of Camera Operator

10/14/2003

Date

OVERVIEW

AK

SUICIDE

PREVENT

COUNCIL

DRAFT Alaska Suicide Prevention Council

APRIL 11, 2002 REPORT TO THE LEGISLATURE

THE PROBLEM

ALASKA YOUTH SPEAK

"If my problems are so small, why do I feel so bad?"

-- An Alaskan Youth

"Would anybody care or miss me if I died? Does my life matter?"

-- An Alaskan Youth

"I want to make a difference. How can I make a difference if I am dead?"

-- An Alaskan Youth



Tony Knowles Governor

Jay Livey Commissioner,
Department of
Health &
Social Services

SITKA YOUTH SHARE IDEAS ABOUT SUICIDE PREVENTION

The Council met at Mt. Edgecumbe High School on February 21, 2001 in order to hear from students and staff. The Council also reviewed videotaped interviews with students who had been suicidal.

The students openly shared their feelings and opinions about suicide prevention. Comments from this and other sources are highlighted throughout this report.

Common themes included the need to reduce stigma attached to seeking help and the difficulty in getting parents or other adults to understand or seek adequate help.

Sitka-based agencies noted that prevention programs are needed in younger grades to address the suicidal thinking seen in younger children.

Agencies also focused on the need for training and support for those in contact with youth: teachers, VPSOs, village-based providers, and those who work with survivors. ❧

COUNCIL RESPONSIBILITIES

SENATE BILL 198

In 2001, the passage of SB 198 established the Alaska Suicide Prevention Council, determined Council membership, and established Council responsibilities as outlined in the Alaska Statutes (AS 44.29.350).

The 15-member council -- four members of the Legislature and 11 appointed by governor -- is charged with "advising the legislature and the governor with respect to what actions can and should be taken to:

- (1) improve health and wellness throughout the state by reducing suicide and its effect on individuals, families and communities;
- (2) broaden the public's awareness of suicide and the risk factors related to suicide;
- (3) enhance suicide prevention services and programs throughout the state;
- (4) develop healthy communities through comprehensive collaborative community-based and faith-based approaches;
- (5) develop and implement a state suicide prevention plan;
- (6) strengthen existing and build new partnerships between public and private entities that will advance suicide prevention efforts in the state. ❧

COUNCIL PRIORITIES FOR FY '03

Since its members were appointed in the fall of 2001, the Council has held three meetings to organize its work plan. During the next year, the Council's central work priorities are:

- Establish a more clear, comprehensive and detailed picture of the problem of suicide in Alaska, including the part of the iceberg below the surface;
- Conduct listening sessions in which the general public, survivors, and professionals have an opportunity to provide information to the Council about suicide issues, prevention and treatment in local communities;
- Create a detailed Council work plan with the goal of implementing a comprehensive, coordinated Alaska State Suicide Prevention plan;
- Develop a statewide suicide prevention plan, using input from Alaskans, best practice data, and other state plans; and
- Inform the public about suicide, suicide prevention, and the Council's activities, emphasizing that suicide is a preventable public health problem and decreasing the stigma associated with seeking help.
- Establish an easily accessible Council office and website. ☞

Council activities accomplished or in process as of March, 2002:

- ✓ Coordinator hired
- ✓ Review of National Suicide Prevention Strategy and Alaska suicide data
- ✓ Preliminary inventory of Alaska suicide prevention activities
- ✓ Statewide solicitation of ideas and initiatives to address suicide prevention
- ✓ Initial listening session conducted in Sitka, February, 2002 ☞

FACTORS AFFECTING SUICIDE

Suicide is a complex behavior. It is more likely in individuals who have a high number of *risk factors* in the absence of *protective factors*. Researchers have identified a number of risk factors associated with a higher risk for suicide, along with protective factors that may reduce the likelihood of suicidal behavior. The importance of risk and protective factors vary by age, gender, and ethnicity.

Some risk factors can be reduced by interventions (such as treatment for depression). Risk factors that cannot be changed (such as a previous suicide attempt) can alert others to the heightened risk of suicide under stress.

RISK FACTORS for suicide completion include:

- ❖ Previous suicide attempts
- ❖ Mental disorders or co-occurring mental and alcohol or substance abuse disorders
- ❖ Family history of suicide
- ❖ Stressful life event or loss
- ❖ Easy access to lethal methods, especially guns
- ❖ Exposure to the suicidal behavior of others
- ❖ Incarceration (suicide in juvenile detention and correctional facilities runs four times greater than youth suicide overall)

PROTECTIVE FACTORS for suicide prevention include:

- ❖ Learned skills in:
 - ❖ problem solving;
 - ❖ impulse control;
 - ❖ conflict resolution; and
 - ❖ nonviolent handling of disputes
- ❖ Family and community support;
- ❖ Access to effective and appropriate mental health care
- ❖ Support for help-seeking
- ❖ Restricted access to highly lethal methods of suicide
- ❖ Cultural and religious beliefs that discourage suicide and support self-preservation instincts. ☞

OUT OF THE DARKNESS: AN ALASKAN PARTICIPATES IN A NATIONAL SUICIDE AWARENESS WALK

Over 1,900 walkers, including at least one Alaskan, have registered for "Out of the Darkness," the 26-mile overnight walk to bring greater awareness to the problem of suicide. The positive response reflects the increased concern about suicide in this country. It has also given a voice to the many family members and friends affected by suicide and depression every year.

The suicide awareness walk will take place August 17-18, 2002 in the Washington, D.C. area, culminating on the National Mall in front of the U.S. Capitol building. The event will begin with an opening ceremony at dusk, with participants walking through the night and ending with a closing ceremony at sunrise.

When former park ranger Brenda Bussard of Denali Park learned of *Out of the Darkness*, she knew she had to walk 'because I'm an Alaskan who's dedicated to eliminating the 'option' of suicide. Alaska thrives by the hands of rugged individualists who value triumph over hardship, self-reliance, and making-do. Not only can great distances separate our tiny communities, but our diverse cultures can further isolate us."

Her personal experience parallels that of many Alaskans. "Just deciding to seek mental health services can seem impossible, but once we have, the services we need are often not even available in our communities. Since untreated depression is the biggest cause of suicide, it's no wonder Alaska frequently has the highest suicide rate in the United States." ❧

"I'm lucky that even from the depths of the recurrent depressions I've faced, I've always known that I'd feel well again. For me, this knowledge steadily outweighs the likelihood that I'll also feel that badly again. For too many Alaskans the scale tips the other way; I'm walking Out of the Darkness for them and all those who love them.

As I train for the walk and raise money for AFSP, I'll be talking to people in my community and throughout the state. I hope I can inspire Alaskan communities to become stronger in their ability to prevent suicide, through the promotion of mental health services and the nurturing of social ties that leave no one behind."

-- Brenda Bussard
Denali Park

SUICIDE PREVENTION COUNCIL COORDINATOR HIRED

Suicide Prevention Council Coordinator Merry Carlson began work March 21, 2002 after selection by the Hiring Committee and approval of the Council. She shares her background below.

My interest in suicide prevention began in college as a psychology major and as a residential advisor, working with other students who were considering or had attempted suicide. After college, I was a crisis line worker in Vancouver, Washington.

Most recently, as the Deputy Director of Behavioral Health for the North Slope Borough, three of my programs served suicidal clients: Mental Health, Substance Abuse, and Children and Youth Services. Despite our local success of reducing suicide by 30% in 10 years, our communities are still very much affected by suicides, with Point Hope

experiencing two suicides in the past six months. One week before I was hired as the coordinator, we had two suicidal adolescents with no psychiatric beds available in the state. On a personal level, my 12-year old former foster daughter battles with suicidal ideation and has been in a treatment facility since June, 2001.

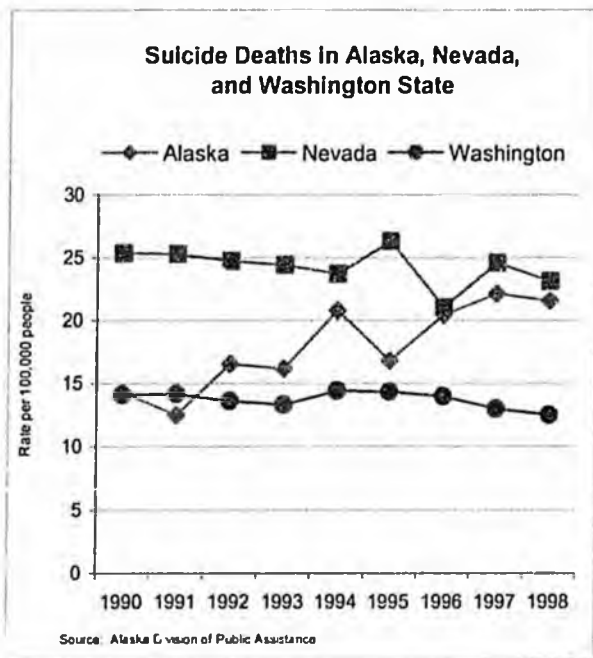
I will work diligently to decrease the suicide rate across the state through policy development, alliance building and integration and implementation of suicide prevention strategies, and other means as directed by the Council. ❧

For information on potential strategies and interventions on suicide prevention suggested by agencies across, the state, please see the article on page 8.

SCOPE OF THE PROBLEM: SUICIDES IN ALASKA

According to *In-Step*, the comprehensive integrated DHSS mental health plan for FY 2001-2006, more than 180 Alaskan communities were affected by suicide between 1990 and 1998, with at least one suicide in 50-60 communities.

Suicide was the fifth leading cause of death in the state and the ninth leading cause of death in the nation. Alaska averages 130 suicides per year, with a rate of 21.5 suicide deaths per 100,000 population in 1998, exceeded only by Nevada.

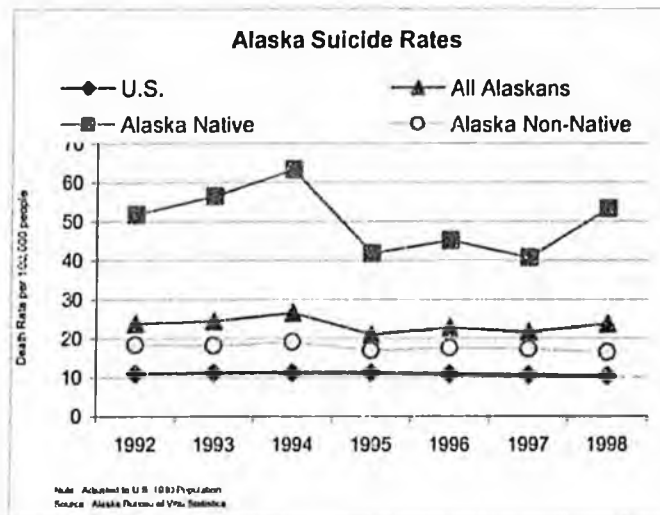


The rate of suicide in Alaska is consistently twice that of the United States. Among Alaska Natives, where the rate of suicide is more than four times that of the United States, and among young Alaskans aged 15-24 where the rate escalates to five times that of their national peers, the pain of suicide

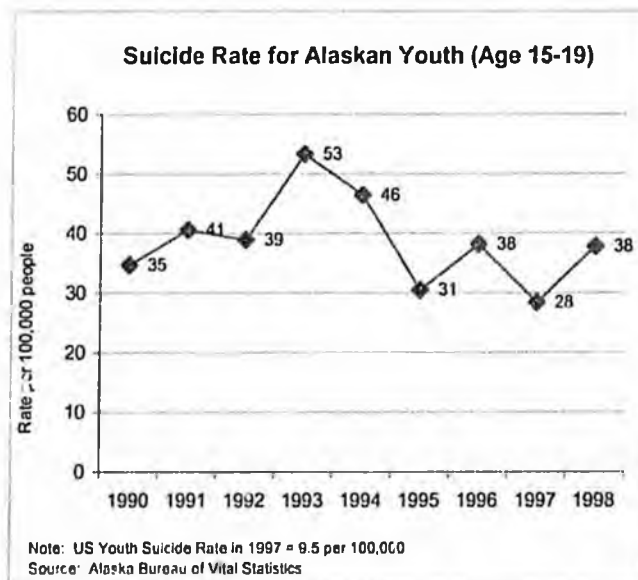
Surviving friends and loved ones suffer from the traumatic emotional effect of suicide. The impact is even greater in small villages because of the face-to-face nature of social relations and strong traditional values of interdependence. Everyone in the community is affected emotionally, physically, socially, politically, economically, and spiritually. Suicide attempts, like completed suicides, reflect the poor mental health of individuals and communities. — In-Step, 2001

is not just individual, but collective. Because of the smallness of even our largest cities, each suicide powerfully affects communities, particularly when a

region experiences an apparently inexplicable cluster of suicides and suicide attempts.



In 2000-2001 clusters of suicide in two quite different regions of the state caught the attention of the Governor and the Legislature. In 13 months the communities in the Matanuska Valley experienced the suicides of 11 young people and an additional 28 people were hospitalized for suicide attempts. In a similar timeframe, roughly 400 miles to the northwest in the Yukon-Koyukuk region, a similar phenomenon was taking place. There were 14 deaths among the 1,700 people living in the six villages of the region. Half of those deaths were by suicide, all but two by persons under 25. This exceeds the state average, where more than one-fourth of all suicides were committed by youth between the ages of 15 and 24.



The other high risk group is Alaska Native men, who, at the rate of 210 suicides per 100,000 people, committed about half the suicides statewide during the most recent five year period. Demographic patterns of suicide attempts reveal the need for prevention and early intervention focused on high risk groups. The rate of suicide attempts is higher for females than males in every age group, regardless of race. Alaska Natives are at higher risk of suicide attempts than are non-Natives and attempts are most common among youth and young adults between the ages of 10 and 39.

THE SOLUTION

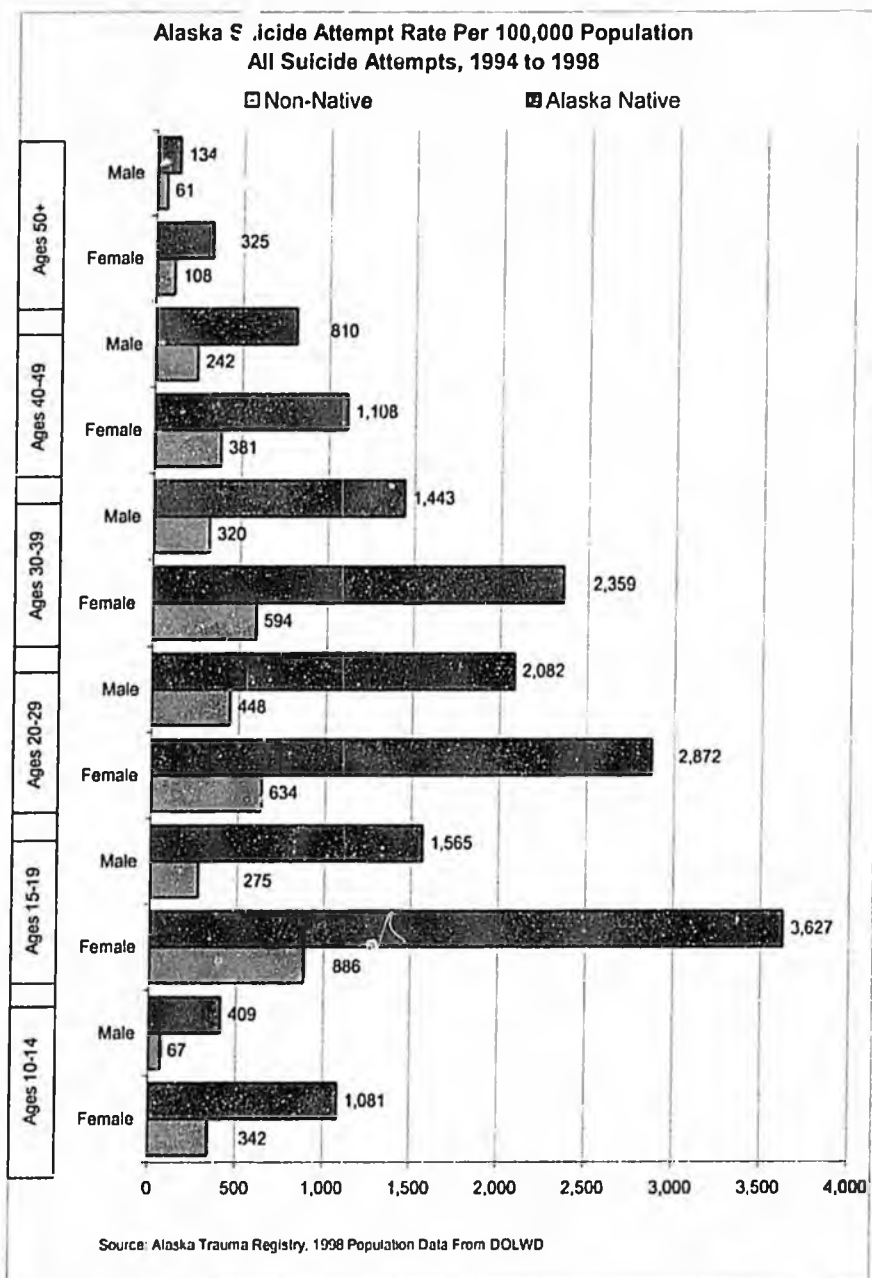
ALASKA YOUTH SPEAK

"Just be there."

"Be there for a friend."

"It helps to know people really care."

-- Alaskan Youth



"If alcohol comes before you, the child, you feel very small. My goal is to NOT be like my parents"

-- An Alaskan Youth

"My asking for help was the first step back."

-- An Alaskan Youth

Suggestions from students included:

- ✓ Treatment that is structured and has predictable consequences
- ✓ Educate the whole village
- ✓ Change attitudes
- ✓ Reduce the shame and stigma attached to getting help
- ✓ Weekly gatherings so kids can connect with elders
- ✓ Outdoor activities
- ✓ Trips

A PRELIMINARY INVENTORY & HISTORY OF ALASKA SUICIDE PREVENTION ACTIVITIES

COMMITTEE / REPORT / PROGRAM	RESULT / FINDINGS
1998 Senate Select Committee on Suicide Prevention, Senator Willy Hensley, Chair	Recommendations for community, school and agency programs to prevent suicide, which led to the development of the Community-Based Suicide Prevention Program (CBSPP) and the Peer Helper Program (see below). The Hensley report also spoke to the need for more accurate data about suicide and suicide attempts and in Alaska, and in the years since the report was issued the DHSS Bureau of Vital Statistics has maintained as accurate data as possible.
Community-Based Suicide Prevention Program (CBSPP), administered by the Division of Alcoholism and Drug Abuse	The CBSPP provides small grants to 40 – 60 villages annually to design and implement locally determined suicide prevention projects. A project evaluation indicated that villages that have maintained projects for three or more years have declining rates of suicide relative to other communities.
Peer Helper Program, originally begun as a distinct grant program	Identified and trained natural helpers to provide support and referral for their troubled peers. Peer or Natural Helper Program continue to operate in many high schools throughout Alaska. A lack of staff resources led to its incorporation into a more general substance abuse prevention grant program.
Department of Education & Early Development (DEED) crisis response and suicide containment plans	Crisis response and suicide containment plans are designed to reduce the likelihood of contagion, with one suicide triggering additional attempts. While plans still exist, technical assistance, monitoring and annual crisis response training supported by DEED, have diminished in the face of other priorities and limited staff time.
Rural Human Services System Project	Funds health corporations and other agencies to train and employ village-based counselors who provide village support and crisis intervention.
Division of Mental Health and Developmental Disabilities	Funded Community Mental Health Centers provide emergency mental health services, outpatient care, community interventions and outreach to outlying communities. They assist communities in mobilizing resources to help cope with the trauma following a suicide and provide 24 hour telephone access.
Department of Public Safety (DPS): Alaska State Troopers and Village Public Safety Officers	A study of the agencies that youth who committed suicide as young adults came in contact with prior to their deaths indicated these youth showed up more frequently in law enforcement records than in the records of mental health, DFYS or any other agency. However, training in DPS suicide prevention is limited and a great deal more could be done, especially for VPSOs.

Table continues on following page

ALASKA SUICIDE PREVENTION COUNCIL TIMELINE

2000-2001	March 2001	<i>May</i> July 20, 2001	Oct. 1, 2001	Nov. 12, 2001
<i>Suicide clusters in Matanuska and the Yukon-Koyukuk region lead to 18 suicides and 28 suicide attempts</i>	<i>DHSS Commissioner Karen Perdue requests budget support to support communities and examine Alaska's suicide prevention strategies</i>	<i>Passage of SB 198, "an act establishing the Statewide Suicide Prevention Council"</i>	<i>Governor Knowles announces all but one of his Council appointments (see back page for list of Council members)</i>	<i>First Council meeting held in Anchorage. Jay Livey, Commissioner, elected Chair, Agnes Sweetser of Galena elected Vice-Chair</i>

Division of Public Health Community Health and Emergency Medical Services Section (CHEMS)	CHEMS used federal funding to develop a screening tool for suicide risk. It supported an Alaskan Gatekeeper training program to teach a wide variety of people, particularly those who are most likely to come in contact with teens – those considered ‘first responders’ – to recognize and respond appropriately to the warning signs of suicide and depression. CHEMS or other support for these efforts has been difficult after the end of the federal grant.
Department of Corrections (DOC)	Mental health staff provides suicide prevention training to all correctional staff at 13 state correctional facilities and to contract jails throughout the state. The DOC Training Academy includes suicide prevention in the curriculum for correctional officers, probation officers and support staff. The DOC also provides a range of mental health treatment services, from screenings within 24 hours of arrest to inpatient treatment. There is an Inmate Substance Abuse Treatment (ISAT) Program in each of DOC’s institutions and the Pt Mackenzie Rehabilitation Center. For inmates at deemed at-risk, there are cells equipped with cameras to help ensure their safety.
Norton Sound Health Corporation	Operates a Mobile Adolescent Treatment team that focuses on providing crisis intervention to youth of the Bering Straits Region. Preliminary reports suggest the program is effectively providing support to youth where and when they need it.
Maniilaq Association	Works with Northwest Arctic villages to develop their own suicide prevention programs utilizing federal grant dollars.
Tanana Chiefs Council	has established a suicide prevention committee and plans a series of meetings to solicit ideas for suicide prevention. The villages of the Yukon-Koyukuk sub-region have begun their own suicide prevention effort beginning with a training in community readiness. Building on that training, Galena has begun work on a detailed suicide prevention plan for the community.
Alaska Federation of Natives	Utilizing federal substance abuse prevention funds for Alaskan suicide prevention.
National Alliance for the Mentally Ill	Promoting in-school screening of teens for depression and suicide.
Alaska Injury Prevention Center	Centers for Disease Control grant to look at and develop screening tools appropriate for use in school and clinical settings in Alaska.
Divisions of Family and Youth Services, Juvenile Justice, Public Health, and Alcoholism and Drug Abuse.	Programs in DHSS, while not specifically designed as suicide prevention programs, clearly play a role in the suicide prevention effort. All have programs and/or staff in roles in which they identify and assist troubled youth, adults, and families CS

ALASKA SUICIDE PREVENTION COUNCIL TIMELINE (continued)

Dec. 10., 2001	Jan. 24, 2002	Feb. 21, 2001	March 21, 2002	April 11, 2002
<i>Health corporations, substance abuse, mental health, and other agencies asked to provide ideas on suicide prevention</i>	<i>2nd Council meeting in Juneau. Subcommittee formed to hire Council Coordinator; reviewed current state suicide prevention efforts</i>	<i>3rd Council meeting in Sitka. Testimony taken from Mt. Edgecumbe students and local agencies</i>	<i>Suicide Prevention Council Coordinator, Merry Carlson, begins work</i>	<i>Third Council meeting scheduled for Juneau report to the Legislature CS</i>

COUNCIL RECOGNIZES VALUE IN FOLLOW-BACK STUDIES

Current suicide prevention efforts are based on our current understanding of the state of mind of a person at risk for suicide and our understanding of the relationship between the person and the community. Follow-back studies, sometimes called psychological autopsies or retrospective profiles, are designed to deepen our understanding and enable us to design more effective suicide prevention, intervention, and treatment programs.

A follow-back study is a thorough retrospective examination of the life history of a person who has died. It includes a review of information about the person from public agencies (including education, law enforcement, family services, and other human service agencies) and, with family consent, medical and psychiatric records.

The heart of the study, again with family consent, is a series of in-depth structured interviews with family, friends, and community members who had a close relationship with the deceased. These interviews generally occur

four to nine weeks following the suicide. Because these survivors often struggle to understand the dynamics of the suicide, family and friends are often very willing to participate in follow-back studies.

The Council has requested funding for Alaskan follow-back studies. With an Alaskan suicide rate that is twice that of the United States, with the rate for 15-24 year old males five times that of their national peers, it is imperative that Alaska conduct a series of follow-back studies to better understand the factors upon which the most effective prevention strategies should be based.

These studies require a team of at least two interviewers, with one member of the team of the same culture as the village involved in the study, who are well-trained to conduct the studies with sensitivity and respect. The cost to conduct a follow-back study is estimated to be \$4,000 per individual case study.

Follow-back studies contribute to more effective suicide prevention programs by:

- Increasing understanding of the dynamics of suicide at the individual level;
- Enabling the more accurate identification of groups and individuals at high risk;
- Identifying those who recognized the deceased had problems prior to the death (these individuals are potential gatekeepers who could be trained to better recognize signs of suicide and seek appropriate assistance);
- Identifying barriers that kept the deceased from getting help;
- Facilitating understanding, acceptance and healing among family members, friends and the community. Because unresolved grief appears to play a role in future suicidal behavior, this too contributes to suicide prevention. ☪

ALASKAN AGENCIES SUGGEST SUICIDE PREVENTION EFFORTS

On December 10, 2001, Council Chair Livey requested recommendations to the Council from human service providers, health administrators, and health corporation officers. Fourteen responses have been received to date. The following table summarizes strategies suggested by respondents. ☪

Models / Provider Training	Community Training / Outreach	Family Interventions / Council Changes
<ul style="list-style-type: none"> • Recognize the many reasons people attempt suicide, including alcohol use • Develop models that rely on strong local leadership • Resolve underlying issues that cause Native people to commit suicide • Village-driven, coordinated and sustained suicide prevention and intervention program • Involve tribal councils in training suicide prevention coordinators • Link village coordinators to regional mental health agencies; improve referral system • Consistent training standards 	<ul style="list-style-type: none"> • Formal crisis team in each village • Mobile adolescent treatment teams for village youth • Promote youth education in traditional values and spiritual practices • Encourage communities to celebrate life and living • Develop local community wellness committees like that in New Stuyahok • Educate communities about coping with grief and loss • Establish a statewide hotline • Improve screenings and referrals • Support peer helpers/asset building 	<p>Family Intervention:</p> <ul style="list-style-type: none"> • Work with families as a whole • Develop a residential family treatment center • Provide support for family members of people who complete suicide • Improve follow-up with people placed at high risk by the suicide of someone close to them <p>Council Changes:</p> <ul style="list-style-type: none"> • Add youth and Elders to Council • Train Council in wraparound process and gatekeeper training

MEMBERS OF THE ALASKA SUICIDE PREVENTION COUNCIL

- JAY LIVEY,** Commissioner of the Department of Health and Social Services
CHAIR
JUNEAU
- AGNES SWEETSIR,** A lifelong resident of Galena, Sweetsir is currently involved in leading suicide
VICE-CHAIR prevention efforts in her community and also serves on the State Advisory
GALENA Board on Alcoholism and Drug Abuse
- DANIEL BILL** Mental health clinician for Yukon Kuskowim Health Corporation Community
BETHEL Mental Health Center, Bill serves on the Alaska Mental Health Board
- SEN. RICK** Representative of the Chugiak and Matanuska Valley area in the Alaska State
HALFORD Legislature since 1978; currently the President of the Alaska State Senate
CHUGIAK
- NOELLE HARDT,** Director of Grants and Government Relations for the Boys and Girls Clubs of
ANCHORAGE Southcentral Alaska, a position she has held since 1998
- MIKE IRWIN** Chairman of Doyon, Ltd., Irwin also works with the First Alaskans
JUNEAU Foundation, which is conducting a study of suicide among Alaska Natives
- REP. MARY** Representative for Bethel in the Alaska State Legislature since 1998
KAPSNER
BETHEL
- JULIE KITKA** President of the Alaska Federation of Natives
ANCHORAGE
- SEN.** Representative for 93 communities throughout Alaska in the Alaska State
GEORGIANNA Legislature since 1996
LINCOLN
RAMPART
- THE RT. REV.** Episcopalian Bishop of Alaska and president of the Alaska Christian
MARK Conference, McDonald travels extensively throughout Alaska
MACDONALD
FAIRBANKS
- KAREN PERDUE** Former Commissioner of Health and Social Services, currently Associate Vice
FAIRBANKS President for Statewide Health Programs, University of Alaska
- REP. BRIAN** Representative of midtown Anchorage in the Alaska State Legislature since
PORTER 1992; Porter is currently Speaker of the Alaska House of Representatives
ANCHORAGE
- CAROL SEPPILU** A survivor of a teen-aged suicide attempt who has been instrumental in
NOME organizing a teen suicide prevention group in her region
- SUSAN SOULE** Program Manager of Treatment and Rural Services, Division of Alcoholism
ANCHORAGE and Drug Abuse, Department of Health and Social Services
- JEANINE SPARKS** Guidance counselor at Wasilla High School, Sparks has an extensive
EAGLE RIVER background in crisis counseling and working with adolescents at risk for suicide

My name is Carol Seppilu, I'm 19 years old, and I live in Nome but am originally from St. Lawrence Island. Two and half years ago I attempted suicide while I was under the influence of alcohol. This devastated my family, friends, and I because it was very preventable.

For two years now I've been working with many different people and in many different places on raising the awareness of suicide prevention. The reason why I do this is because I don't want others to go through what I've been going through for the past two years.

In my community and region I have been invited many times to make presentations about Suicide Prevention and about my experiences. I helped form a Suicide Prevention workshop in the Nome Beltz High School. There are a group of kids who volunteer to go to villages and talk about Suicide Prevention and right now they are still doing that, I think it's very successful.

I'm very grateful for this Suicide Prevention Council and I have great confidence in it. I hope that we will make a positive difference for our State of Alaska.



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William J. Carter

Signature of Camera Operator

10/14/2003

Date

OVERVIEW

ALASKANS

TOBACCO

FREE

KIDS



Alaskans for Tobacco-Free Kids

KEEPING THE PROMISE TO ALASKA'S CHILDREN

“Not since the polio vaccine have we had the opportunity to reduce death and disability in this country and to save lives and reduce suffering.”

Dr. David Satcher, MD, PhD
United States Surgeon General (February 2001)

Nothing Kills Like Tobacco

- Since Alaska joined the multi-state Tobacco Settlement in November 1998 approximately 1,500 additional Alaskans have died from tobacco-caused disease, more than one additional preventable death each day.
- Tobacco use is by far the leading cause of preventable death, killing half of all long-term users and many of these people die in middle age. Cigarette smoking is responsible for at least one third of *all* cancer deaths.
- Second-hand smoke causes disease and kills non-smokers making it the third leading cause of preventable death.
- Tobacco-caused disease is regarded as a “pediatric epidemic” because the average age of smoking initiation is 14.5 years – there are 14,000 young Alaskans alive today under the age of 18 will die from tobacco-caused disease unless a comprehensive tobacco use prevention program is funded and sustained.
- Overall smoking (1999 prevalence) among Alaskan adults (27.2%) is substantially higher than the national norm (22.7%). Smoking among Alaskan high school students (33.9%) is approximately the same as the national norm (34.8%).

Tobacco Prevention Programs Work!

- Research shows that comprehensive sustained tobacco use prevention and cessation programs are effective, save lives and reduce health care expenditures.
- California reduced adult smoking by twice the national rate. Massachusetts cut smoking among pregnant women by almost 50%. Florida reduced middle school youth smoking by 47%.
- Based on successful state programs, the national Centers for Disease Control and Prevention (CDC) has published best practices guidelines for all 50 states.

(See *Comprehensive Statewide Tobacco Prevention programs Effectively Reduce Tobacco Use*, National Center for Tobacco Free Kids.)

Comprehensive Tobacco Control for Alaska

- For Alaska, the CDC *Best Practices Guidelines* recommends \$16.5 million per year to fully fund a comprehensive statewide program and a *minimum* of \$8.1 million per year.
- Based on successful experience in other states, the statewide Alaska Tobacco Control Alliance (ATCA) has developed *The Alaska Tobacco Control Program - A Plan for the Future* calling for a minimum investment of \$8.1 million per year.
- The Alaska Tobacco Control Alliance is a statewide coalition of health related organizations and agencies with a common purpose of reducing tobacco caused disease and death.

Keeping The Alaskan Commitment

- Tobacco use costs Alaska over \$150 million per year in needless medical expenditures and Alaska receives approximately \$70 million per year from tobacco sources (\$49 million/year in tobacco taxes and about \$25 million/year in Settlement payments).
- During the 2001 session, the Alaska Legislature enacted HB 234 and established the Tobacco Use Education and Cessation Fund to be funded with 20% of the state's Tobacco Settlement payments.
- Consistent with HB 234, the administration's FY 03 budget would appropriate funds in the Tobacco Use Education and Cessation Fund (approximately \$7.4 million) for tobacco prevention/cessation.

Alaska's Pilot Tobacco Program – Early Evidence of Progress

- Starting in FY 01, Alaska funded a Pilot Tobacco Use Prevention and Cessation program with a small grant of Tobacco Settlement funds (\$1.4 million) to support two core elements of CDC recommended best practices (media counter-marketing and cessation demonstration projects).
- While this initial effort only supported a small portion of the CDC recommended minimum program for Alaska (\$8.1 million), research confirms initial evidence of program effectiveness.
- Alaska's media program was closely patterned after proven programs in Massachusetts and California, largely using media from other states available through CDC at low cost.
- Surveys to test the impact of counter-marketing before (December 2000) and after (July/September 2001) document statistically significant shifts in public knowledge, understanding and attitudes as well as show increased cessation behavior/quit attempts. (Hellenthal)
 - Knowledge that non-smokers can get fatal diseases from exposure to other people's cigarette smoke increased by 9.7% (from 60.8% to 66.7%).
 - Understanding that a pregnant woman can harm her unborn baby if she's exposed to second-hand smoke increased by 20.8% (from 47.5% to 57.4%).
 - The number of smokers reporting quit attempts increased 18.9% (from 54.6% to 64.8%).
- Pilot efforts have included a small number of community-based cessation demonstration projects in various parts of the state including Anchorage, Fairbanks, Bethel, Mat-Su, and Ketchikan with each project designed to address local needs.
- Demand for the Alaska "Quit Kit", an information/action guide for individuals seeking help in quitting their nicotine addiction that was initially developed under the program 1999, remained strong among health care providers and individuals with over 24,000 kits distributed in the last two years.

Building on Success – What Next?

- Efforts to date have enabled Alaska to initiate only a few parts of the comprehensive effort needed. As anticipated by HB 234, FY 03 efforts will build on initial success in order to increase the reach and impact of tobacco prevention and cessation efforts.
- Based on the national CDC best practices guidelines and the experience of other states, highlights of Alaska's tobacco control efforts include:
 - Cessation: Services to assist the vast majority of smokers who want to quit. Pilot programs have shown great need for cessation services among health care providers that otherwise cannot address this critical issue.
 - School-based Programs: FY 03 will initiate school-based efforts that have proven successful in other states. Examples include working with school districts in the development/dissemination of curriculums (K-12), other educational materials, training for teachers, and opportunities for parent and family involvement.
 - Community-based programs: Experience shows that local community involvement is an important aspect of program success. This element supports funding for local tobacco prevention and education efforts and includes a youth advocacy coordinator to effectively involve more young Alaskans in prevention efforts.
 - Counter-marketing: Successful counter-marketing efforts will be continued with additional emphasis on some high-risk populations (e.g., pregnant women) to offset the tobacco industry's advertising and marketing in Alaska estimated at \$18 million year.
 - Enforcement: Activities in this element include compliance checks to ensure that retailers are not selling illegally to children and associated enforcement actions.
 - Surveillance and Evaluation: Data collection to assess the current status of tobacco use in Alaska remains a critical priority. Of particular importance is the reestablishment of consistent youth data collection (e.g., YRBS). On-going program evaluation.

Conclusion

“As states contemplate increasing their tobacco control efforts, many have asked if such programs can make a difference. The evidence is clear: They can.”

Institute of Medicine
National Research Council (February 2000)

- Former Surgeon General Dr. C. Everett Koop, who served under both Republican and Democratic administrations, said that tobacco use prevention is “the most important public health issue of our time.”
- Last session, the Alaska Legislature took historic action to establish the Tobacco Use Education and Cessation Fund in order to allocate a small portion (20%) of the Tobacco Settlement payments to invest in program efforts that have been proven successful in other states.
- The public overwhelmingly supports using a substantial portion of the Tobacco Settlement funds to invest in tobacco use prevention and cessation.
- Even in times of tight budgets, in terms of public health priorities, there is *nothing* that kills like tobacco.
- Tens of thousands of Alaskan smokers want to quit their addiction and need help to succeed.
- Initial pilot program efforts funded to date, developed using CDC’s best practices guidelines, have shown success.
- We have the “vaccine” (tobacco prevention programs) to inoculate against needless and preventable tobacco-caused disease and death if only we will invest the resources to support comprehensive sustained tobacco control.
- There are 14,000 young Alaskans alive today under the age of 18 will die from tobacco-caused disease. The question is: how many of these Alaskan lives will we save?

CAMPAIGN For TOBACCO-FREE Kids[®]

Comprehensive Statewide Tobacco Prevention Programs Effectively Reduce Tobacco Use

There is considerable evidence that public education efforts, community and school-based programs, helping smokers quit, and strictly enforcing laws that establish smoke-free areas and restrict youth access to tobacco products can each significantly reduce tobacco use. Research and experience also shows that these individual elements are most effective when they are all integrated into a comprehensive program.¹ California, Massachusetts, Arizona, Florida, and Oregon have already followed this comprehensive approach with considerable success, and other states are following their lead.

The experiences in California, Massachusetts, Oregon, Florida, and other states establish the following key points:

- When adequately funded, comprehensive state tobacco prevention programs can quickly and substantially reduce tobacco use.
- State tobacco prevention programs must be insulated against the inevitable attempts by the tobacco industry to reduce program funding and otherwise interfere with the programs' successful operation.
- The programs' funding must be sustained over time both to protect initial tobacco use reductions and to achieve further cuts.

Program Success – California

In 1988, California voters approved Proposition 99, a ballot initiative that increased state cigarette taxes by 25 cents per pack, with 20 percent of the new revenues (over \$100 million per year) earmarked for health education against tobacco use. California launched its new Tobacco Control Program in Spring 1990. Despite increased levels of tobacco marketing and promotion, a major cigarette price cut in 1993, tobacco company interference with the program, and periodic cuts in funding, the program has still reduced tobacco use substantially.

- Since the passage of Proposition 99, cigarette consumption in California has declined by more than 58 percent, compared to just 33 percent for the country as a whole.² Even after the tobacco industry's successful efforts to reduce the state's tobacco prevention funding, cigarette consumption still declined more in California than in the rest of the country.³
- In the 10 years following the passage of Proposition 99, adult smoking in California declined at twice the rate it declined in the previous decade.⁴
- From 1994 to 2000, smoking among 12 to 17 year olds in California declined by 35 percent.⁵
- From 1988 to 2000, adult smoking in California decreased from 22.8 percent to 17.1 percent, resulting in over one million fewer smokers.⁶
- More than 1.3 million Californians have quit smoking because of the California Program.⁷
- While teenage smoking increased significantly throughout the country from 1990 to 1993, smoking among California teenagers remained constant.⁸ Similarly, from 1992 to 1994, the significant nationwide increase in youth smoking rates was slowed significantly in California as a result of the combined effect of the state's tax increase and a strong tobacco control program.⁹
- A study published in the *American Journal of Public Health* found that the California anti-tobacco media campaign reduced sales of cigarettes by 232 million packs between the third quarter of 1990

and the fourth quarter of 1992. This reduction was independent of the decreases in consumption brought about by the tax increase.¹⁰

- The proportion of California tobacco retailers who failed compliance checks for selling tobacco products to minors decreased from 52 percent in 1994 to 16.9 percent in 1999.¹¹
- The proportion of California's indoor workers exposed to secondhand smoke at work was cut in half, falling from 29 percent in 1990 to less than 12 percent in 1996.¹²
- The proportion of California children and adolescents exposed to secondhand smoke in the home decreased from 29 percent in 1992 to 13 percent in 1996.¹³

Program Success -- Massachusetts

In 1992, Massachusetts voters approved a referendum that increased the state cigarette tax by 25 cents per pack. Part of the new tax revenues was used to fund the Massachusetts Tobacco Control Program (MTCP), which began in 1993. As in California, despite some reductions in funding encouraged by the tobacco industry, the program has achieved considerable success. Data from 1999 demonstrate success in reducing tobacco use among both children and adults.

- Massachusetts cigarette consumption has declined by 32 percent between 1992 and 1999, compared to a decrease of just 8 percent in the rest of the country (excluding California).¹⁴
- From 1995 to 1999, current smoking among Massachusetts high school students was reduced by 15 percent (from 35.7% to 30.3%). Nationally, smoking among high school students was identical in 1995 and 1999 (34.8%).¹⁵
- Other surveys also show youth tobacco use declining at a faster rate in Massachusetts than nationally. Between 1996 and 1999, smoking among Massachusetts 8th and 10th graders declined by 40 percent and 27 percent, respectively. Nationally, the declines were just 17 percent among 8th graders and 16 percent among 10th graders. Among 12th graders, smoking in Massachusetts declined by 15 percent during this time period, while nationally, it actually increased by 2 percent.¹⁶
- Between 1993 and 1999, adult smoking prevalence dropped from 22.6 percent to 20.9 percent, resulting in 80,000 fewer smokers.¹⁷
- Those who smoke in Massachusetts are smoking less. From 1993 to 1999, the average number of cigarettes smoked by adult smokers declined nearly 20 percent from 19.7 cigarettes per day to 15.6 cigarettes per day.¹⁸
- Among Massachusetts smokers who try to quit, the success rate has increased from 17 percent in 1993 to 25 percent in 1997-1999.¹⁹
- Between 1990 and 1996, smoking among pregnant women in Massachusetts declined by almost 50 percent (from 25% to 13%).²⁰
- Since 1993, the use of spit (smokeless) tobacco by Massachusetts high school males has declined by over 50 percent (from 17.0% to 8.1%).²¹
- The proportion of state tobacco retailers found making illegal sales to youth during compliance checks has fallen from 48 to only 10 percent since the program began.²²
- The proportion of Massachusetts smokers who were advised to quit by their doctor increased from 46 percent in 1993 to 60 percent in 1998.²³

State Tobacco Prevention Programs Reduce Tobacco Use | 3

- An analysis of national data on youth smoking showed that, between 1992 and 1994, the national increase in youth smoking rates was slowed significantly in Massachusetts as a result of the combined effect of a tax increase and a strong tobacco control program.²⁴

Program Success -- Florida

With funding from its 1997 settlement with the tobacco industry, the state of Florida funded a comprehensive tobacco prevention modeled on the programs in California and Massachusetts but targeted at youth. This innovative program that actively involves youth in its design and implementation has produced early success.²⁵

- In the three years since the Florida program started in March of 1998, current smoking has declined by 47 percent (from 18.5% to 9.8%) among middle school students and by 30 percent (from 27.4% to 19.0%) among high school students, resulting in almost 75,000 fewer youth smokers.
- Similarly, the proportion of Florida middle school students who had EVER smoked a cigarette declined from 43.6 percent in 1998 to 32.1 percent in 2001, while the proportion of high school students who had ever smoked declined from 68.1 percent in 1998 to 53.7 percent in 2001.
- Conversely, the proportion of "committed never smokers" rose from 38.9 percent in 1998 to 53.6 percent in 2001 among middle school students and from 25 percent in 1998 to 41.8 percent in 2001 among high school students.

Unfortunately, despite its success the Florida legislature and governor have cut the funding for the program in every year since its inception. These cuts have begun to take their toll on the success of the program, especially among younger students, who are entering the most vulnerable years for starting to smoke, yet are not being exposed to the program at its full strength.

- For the first time since the program's inception, no statistically significant declines in smoking were observed among middle school students between 2000 and 2001.
- Even more foreboding, increases in smoking between 6th and 7th grades and between 7th and 8th grades reached record high levels in 2001.
- While the proportion of 6th and 7th graders who are "committed never smokers" increased steadily between 1998 and 2000, these proportions actually declined slightly in the 2001 survey.

Program Success -- Oregon

Using revenue from a tobacco tax increase, in 1997 Oregon implemented a Tobacco Prevention and Education Program (TEPP) modeled on the California and Massachusetts programs.

- Since Oregon began its program, tobacco consumption has decreased by 21 percent.²⁶
- Between 1996 and 2000, smoking declined by 41 percent among Oregon 8th graders and by 21 percent among Oregon 11th graders.²⁷
- From 1996 to 1999, adult smoking in Oregon decreased 9 percent (from 23.4 % to 21.4%), resulting in 50,000 fewer smokers.²⁸
- From 1996 and 1999, smoking by pregnant women dropped by 18 percent (from 17.7% to 14.5%).²⁹
- From 1996 to 1999, the proportion of Oregon retailers who sold tobacco to minors decreased by 54 percent (from 39% to 18%).³⁰

Program Success – Arizona

In 1994, Arizona voters passed the Tobacco Tax and Health Care Act, which increased the state sales tax on tobacco and funded a comprehensive Tobacco Education and Prevention Program. This program, launched in 1996, has significantly reduced smoking in Arizona, as outlined below.³¹

- From 1996 to 1999, adult smoking prevalence declined by 21 percent, from 23.1 to 18.3 percent.
- During this time period, some of the largest declines in smoking were among persons of low income (31.2% to 22.8%) and low education (29.3% to 16.2%), thus decreasing disturbing disparities in smoking rates.
- Arizona residents also reported an increased proportion of health care providers who asked about smoking and advised patients to stop (25.1% to 36.7%).

Program Success – Mississippi

Mississippi, the first state to file and settle its lawsuit against the tobacco companies, launched a youth-driven comprehensive tobacco prevention program in 1999. The results after two years of implementation are very promising.

- Between 1999 and 2001, smoking among public high school students has declined by 25 percent, from 31.5 percent to 23.6 percent.³²
- In that same time period the percentage of 9th graders who ever tried smoking declined from 74 percent to 63 percent.³³
- In just one year, between 1999 and 2000, smoking in Mississippi declined by 10 percent among public high school students and by 21 percent among public middle school students. The declines in smoking were even greater for African American students in Mississippi's public schools. Smoking declined by 31 percent among African American middle school students and by 20 percent among African American high school students.³⁴
- Youth involved in Frontline, Mississippi's teen advocacy group, helped enact state legislation banning all tobacco use on school grounds and at all school events.³⁵

Program Success – Early Indications of Success in Minnesota

With funding from its settlement with the tobacco industry, the Minnesota Department of Health created a youth tobacco prevention program in 2000. The program, called Target Market, includes advertising, public relations, and a grassroots movement among Minnesota kids to educate Minnesota teens about tobacco use and the targeting of kids by tobacco companies. After just one year, the program has had a significant impact on teen attitudes that are often precursors to changes in smoking behavior. There is also evidence that tobacco use among kids has declined in Minnesota.³⁶

- The proportion of Minnesota teens (12-17 year olds) who believe cigarette companies try to get young people to smoke increased from 52 percent in 2000 to 66 percent in 2001. Just as important, the proportion who think they can fight back against tobacco companies increased from 42 percent to 57 percent.
- The proportion of kids who are annoyed by tobacco companies targeting kids and who are angry about the money they make off kids also increased significantly between 2000 and 2001.
- The proportion of Minnesota teens who have ever used tobacco declined from 37 percent in 2000 to 32 percent in 2001.

- Pre and post survey results also found that the proportion of Minnesota teens who are committed never smokers increased 46 percent to 55 percent.

Program Success – An Experiment in Texas

Rather than using settlement money to fund a comprehensive statewide tobacco prevention program, the state of Texas decided to use a small portion of its tobacco settlement money to test tobacco prevention interventions of varying intensity and comprehensiveness across fourteen locations in the state. The experiment included fourteen combinations of three media campaign levels and five community program options to test which combinations were most effective. Not surprisingly, this experiment found that the largest effects on both youth prevention and adult cessation occurred in those areas that combined higher level media campaigns with community interventions.

- Among sixth graders, the target of the effort, tobacco use was reduced by 60 percent in the areas with high level media campaigns and multiple school/community efforts. In other areas with lower level media campaigns or fewer school/community efforts, the declines ranged from 24 percent to 44 percent.³⁷
- The adult program focused mainly on cessation rates of current smokers. The highest rate of cessation, nearly 14 percent, was in the area with high level media campaigns and cessation service delivery. There was less change (11 percent) in the area with a low level media campaign and cessation services. Areas that had media campaigns alone without cessation services and no media or cessation services had the lowest cessation rate (8 percent and 5 percent, respectively).³⁸

Program Success – Maine

In 1997, Maine increased its cigarette excise tax and used a portion of those funds to establish a comprehensive tobacco prevention program known as the Partnership for a Tobacco-Free Maine. Maine has subsequently augmented its program with proceeds from the 1998 state tobacco settlement, which also resulted in a further increase in cigarette prices (the state also raised cigarette taxes again in 2001, to \$1.00 per pack). As a result, Maine today is one of only five states that funds tobacco prevention programs at levels recommended by the CDC.

- Smoking among Maine's high school students declined a dramatic 36 percent since 1997, falling from 39.2 percent to 25 percent.³⁹
- Maine's program is also encouraging young smokers to quit. Between 1997 and 2001 the percentage of youth tobacco users who have tried to quit increased from 33 percent to 57 percent.⁴⁰

National Center for Tobacco-Free Kids. January 3, 2002

Related Campaign Fact Sheets (available at www.tobaccofreekids.org)

Public Education Campaigns Reduce Tobacco Use

Community Based Programs Reduce Tobacco Use

School Based Programs Reduce Tobacco Use

Treating Tobacco Addiction And Otherwise Helping People Quit Reduces Tobacco Use

Enforcing Laws Prohibiting Cigarette Sales to Kids Reduces Youth Smoking

Penalizing Kids for Buying, Possessing, or Smoking Cigarettes

Some Immediate Cost Savings From Reducing Tobacco Use in the USA: Fewer Heart Attacks & Strokes

¹ See, e.g., Institute of Medicine & National Research Council, *State Programs Can Reduce Tobacco Use*, National Academy of Sciences, 2000; U.S. Department of Human Services, *Reducing Tobacco Use: A Report of the Surgeon General*, 2000; Wakefield, M & Chaloupka, F, Effectiveness of comprehensive tobacco control programs in reducing teenage smoking in the USA, " *Tobacco Control* 9:177-186, Summer, 2000.

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- ⁴ *California's Tobacco Control Program: Preventing Tobacco Related Disease and Death*; Tobacco Control Section, California Department of Health Services, April 3, 1998.
- ⁵ *Current Tobacco Use and Statistics*; California Department of Health Services/Tobacco Control Section, April 25, 2001. <http://www.dhs.cahwnet.gov/ps/cdic/ccb/TCS/html/evaluation.htm>.
- ⁶ *Current Tobacco Use and Statistics*; California Department of Health Services/Tobacco Control Section, April 25, 2001. <http://www.dhs.cahwnet.gov/ps/cdic/ccb/TCS/html/evaluation.htm>.
- ⁷ *California's Tobacco Control Program: Preventing Tobacco Related Disease and Death*; Tobacco Control Section, California Department of Health Services, April 3, 1998.
- ⁸ Pierce, JP et al., *Tobacco Control in California; Who's Winning the War? An Evaluation of the Tobacco Control Program, 1989-1996*. La Jolla, CA: University of California, San Diego; 1998.
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- ¹⁰ Teh-Wei Hu, Hai-Yen Sung, Keeler TE. "Reducing Cigarette Consumption in California: Tobacco Taxes vs an Anti-Smoking Media Campaign." *Am J Public Health* 1995; 85(9):1218-1222.
- ¹¹ *California Tobacco Control Update*; CA Department of Health Services, Tobacco Control Section, August, 2000.
- ¹² Pierce, JP et al., *Tobacco Control in California; Who's Winning the War? An Evaluation of the Tobacco Control Program, 1989-1996*. La Jolla, CA: University of California, San Diego; 1998.
- ¹³ Pierce, JP et al., *Tobacco Control in California; Who's Winning the War? An Evaluation of the Tobacco Control Program, 1989-1996*. La Jolla, CA: University of California, San Diego; 1998.
- ¹⁴ Abt Associates Inc, "Independent Evaluation of the Massachusetts Tobacco Control Program, Sixth Annual Report - January 1994 to June 1999".
- ¹⁵ Youth Risk Behavior Survey: 1999.
- ¹⁶ MA Data: Health & Aridictions Research, June 2000. National data are from the Monitoring the Future Survey.
- ¹⁷ Abt Associate: Inc, "Independent Evaluation of the Massachusetts Tobacco Control Program, Sixth Annual Report - January 1994 to June 1999".
- ¹⁸ Abt Associates Inc, "Independent Evaluation of the Massachusetts Tobacco Control Program, Sixth Annual Report - January 1994 to June 1999".
- ¹⁹ Abt Associates Inc, "Independent Evaluation of the Massachusetts Tobacco Control Program, Sixth Annual Report - January 1994 to June 1999".
- ²⁰ Abt Associates Inc, "Independent Evaluation of the Massachusetts Tobacco Control Program, Sixth Annual Report - January 1994 to June 1998".
- ²¹ Massachusetts Youth Risk Behavior Survey: 1999.
- ²² Abt Associates Inc, "Independent Evaluation of the Massachusetts Tobacco Control Program, Sixth Annual Report - January 1994 to June 1999".
- ²³ *Independent Evaluation of the Massachusetts Tobacco Control Program: Fifth Annual Report, January 1994 to June 1998*. Abt Associates, Inc.
- ²⁴ Chaloupka, F & M Grossman, *National Bureau of Economic Research Working Paper, No. 5740, September 1996*.
- ²⁵ Florida Department of Health, *2001 Florida Youth Tobacco Survey*, Volume 4, Report 1; October 22, 2001.
- ²⁶ Oregon Tobacco Facts. Tobacco Prevention and Education Program; Oregon Health Division, April 2000.
- ²⁷ Oregon Health Division Press Release; Health Promotion & Chronic Disease Prevention Program, October, 2000.
- ²⁸ Oregon Tobacco Facts. Tobacco Prevention and Education Program; Oregon Health Division, April 2000.
- ²⁹ Oregon Tobacco Facts. Tobacco Prevention and Education Program; Oregon Health Division, April 2000.
- ³⁰ Oregon Tobacco Facts. Tobacco Prevention and Education Program; Oregon Health Division, April 2000.
- ³¹ CDC, "Tobacco use Among Adults - Arizona, 1996 - 1999," *MMWR* May 25, 2001; 50(20):402-406.
- ³² *Mississippi 2001 Youth Risk Behavior Survey*, Mississippi Department of Health, January 3, 2002, <http://www.msdh.state.ms.us/>.
- ³³ *Mississippi 2001 Youth Risk Behavior Survey*, Mississippi Department of Health, January 3, 2002, <http://www.msdh.state.ms.us/>.
- ³⁴ *Mississippi 2000 Youth Tobacco Survey*; Mississippi State Department of Health; Volume I, June 2000.
- ³⁵ *Clearing the Air: A Newsletter from the Partnership for a Health Mississippi*; August 2000
- ³⁶ Ergo International, *Target Market Campaign Evaluation: Pre/Post Research Results*, Prepared for the Minnesota Department of Health, August 2001.
- ³⁷ The University of Texas - Houston. *Texas Tobacco Prevention Initiative: Media Campaign and Community Program Effects Among Children and Adults*, January 2001.
- ³⁸ The University of Texas - Houston. *Texas Tobacco Prevention Initiative: Media Campaign and Community Program Effects Among Children and Adults*, January 2001.
- ³⁹ *Maine 2001 Youth Risk Behavior Survey*, Maine Department of Human Services, December 12, 2001.
- ⁴⁰ *Maine 2001 Youth Risk Behavior Survey*, Maine Department of Human Services, December 12, 2001.



RECORDS CERTIFICATION



I, the undersigned, an employee of the State of Alaska, do hereby certify that the microfilm images on this microform are accurate reproductions of the original records of the State of Alaska as accumulated during the regular course of business, and that it is the established policy and practice of this State to microfilm its records and to dispose of the original documents after microfilm reproductions have been made.

William J. Carter

Signature of Camera Operator

10/14/2003

Date

OVERVIEW
ASSISTED
LIVING

4/18/02

**DMHDD Assisted Living Homes as of April 16, 2002
687 Authorized residents in 201 Licensed Assisted Living Homes**

**Groups #1 and #2 are homes that are not required by AS 47.33 or 7 AAC 75 to be licensed by the state,
but once licensed are required to comply with state statutes and regulations**

	Group #1	Group #2	Group #3	Group #4	Group #5	Group #6
Type of Housing	One or Two Residents	One or Two Residents	Three to Five Residents	Three to Five Residents	Six or More Residents	Six or More Residents
Facility Owner	Private Business	Non-Profit Agency	Private Business	Non-Profit Agency	Private Business	Non-Profit Agency
Number of Beds/ALHs	118 Residents/74 ALHs	56/29 ALHs	132 Residents/36 ALHs	180 Residents/48 ALHs	171 Residents/11 ALHs	30 Residents/3 ALHs
Services Provided	As indicated in Residents Service Plan and agreed to by Provider (See Note 1)	As indicated in Residents Service Plan and agreed to by Provider (See Note 1)	As indicated in Residents Service Plan and agreed to by Provider (See Note 1)	As indicated in Residents Service Plan and agreed to by Provider (See Note 1)	As indicated in Residents Service Plan and agreed to by Provider (See Note 1)	As indicated in Residents Service Plan and agreed to by Provider (See Note 1)
Authorized Type of Clients/ALHs	111/70 DD, 4/2 DD/MH, 1/1 MH, & 2/1 DD/MH & ELDERLY	56/29 DD	73/22 DD, 51/12 DD/MH, & 8/2 DD/MH & ELDERLY	158/43 DD, 7/2 DD/MH, & 15/3 MH	9/1 MH, 162/10 DD/MH & ELDERLY	6/1 DD, 24/2 DD/MH
Care Givers per facility	As require to meet Residents Service needs as agreed to by Provider (See Note 2)	As require to meet Residents Service needs as agreed to by Provider (See Note 2)	As require to meet Residents Service needs as agreed to by Provider (See Note 2)	As require to meet Residents Service needs as agreed to by Provider (See Note 2)	As require to meet Residents Service needs as agreed to by Provider (See Note 2)	As require to meet Residents Service needs as agreed to by Provider (See Note 2)
Revenue Sources						
State						
Medicaid Subsidy						
Co-pay						
HUD						
Other						
Accountability						
Case Manager	Yes	Yes	Yes	Yes	Yes	Yes
Regular Audit						
Licensing Authority	DMHDD	DMHDD	DMHDD	DMHDD	DMHDD	DMHDD
Inspections	Annually	Annually	Annually	Annually	Annually	Annually
Billing Procedure						

- Notes:**
- Per AS 47.33 Services always include three meals a day plus a snack, and may include assistance with Activities of Daily living, Instrumental Activities of Daily Living, Personal Assistance, and Health Related Services as indicated in each resident's assisted living plan.
 - Per 7 AAC 75.210(d) The Assisted Living Home must have a sufficient number of care providers.. With adequate training to...meet the specific needs of residents as defined in the residents...assisted living plans.

Division of Senior Services
 Summary of Assisted Living Homes
 April 17, 2002

	Pvt. Owned Apartments	Small ALF (5 and Under)	Medium ALF (6 to 15)	Large ALF (Over 15)	Total Non-State ALF	Pioneers' Home System
Number of Facilities		104	20	8	132	6
Number of Residents	Approx 2200	445	180	245	870	608
Services Provided	None to HCBS	Meals, ADL's, IADL's (See note a)	Meals, ADL's, IADL's (See note a)	Meals, ADL's, IADL's (See note a)		Meals, ADL's, IADL's (See note a)
Authorized Type of Clients	60+ or 62+ and disabled	OA, APD, DD, MH (See note b)	OA, APD, DD, MH (See note b)	OA, APD, DD, MH (See note b)		65 Years and 1 yr resident
Staffing Requirements	None	As Required (See note c)	As Required (See note c)	As Required (See note c)		As Required (See note c)
Sources of Revenues						
Cost Per Mo. for Services (Note d)	Fair Mkt Rent	\$1835 Plus Room and Board	\$2276 Plus Room and Board	\$2551 Plus Room and Board		\$2-6000 Includes Room and Board
Sources of Revenue						
Private Pay	Yes	Yes	Yes	Yes		Yes
AHFC Section 8 (e)	Yes (30%)	Yes (30%)	Yes (30%)	Yes (30%)		No
HUD/USDA-RD (e)	Yes (30%)	No	No	No		No
State (See Note f)	N/A	N/A	N/A	N/A		Yes (60%)
General Relief (g)	No	\$1,825	\$1,825	\$1,825		No
Medicaid	No	Yes	Yes	Yes		No
LTC Insurance	No	Yes	Yes	Yes		No
Accountability						
Service Coordinators	Yes	No	No	No		No
Care Coordinators	Maybe	Yes	Yes	Yes		No
Case Managers	No	No	No	No		Yes
Annual Audit	Yes	No	No	No		Yes
Licensing Authority	None	Div Sr Svc	Div Sr Svc	Div Sr Svc		Div Sr Svc
Inspections	Annual	Annual	Annual	Annual		Annual
Billing Procedure	Monthly Lease	Bill Health First	Bill Health First	Bill Health First		Mo'ly Pymt

(a) As required under AS 47.33

(b) Older Alaskans, Adults with Physical Disabilities, Developmental Disabilities, Mental Health.

(c) By regulation, homes must have sufficient number of trained staff to meet specific needs of residents...

(d) Pioneers' Home residents contribute approximately 40% of annual cost. AL rates based on current regulations with Augmentation.

FY 01 average monthly cost of \$1921 for the OA Waiver and \$2608 for the APD Waiver

(e) Subsidy allows resident to pay only 30% of income towards rent.

(f) State funded senior residential facilities in Kotzebue and Tanana

(g) Currently 211 clients on GR

STATE OF ALASKA

DEPARTMENT OF ADMINISTRATION DIVISION OF SENIOR SERVICES

Assisted Living Licensing
Alaska Commission on Aging
• Nutrition & Transportation
• Senior Residential Services
• Senior Employment Services
• Home & Community Grants

Personal Care Attendant Program
Care Plan Counseling
Older Alaskan's Waiver
Adults with Physical Disabilities Waiver
Adult Protective Services
Information & Referral

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April 17, 2002

The Honorable Fred Dyson
House of Representatives
Alaska State Capitol
Juneau, AK 99801-1182

Dear Representative Dyson:

In your memorandum of April 10, 2002, you requested; 1) a summary of the accomplishments made through the Long Term Care Task Force and those items, if any that may require follow-up; 2) our position on issues that may require legislative authorization of future task forces; and 3) the existing status of assisted living options in Alaska. Each of these issues will be discussed below.

The Long-Term Task Force Report was issued in January 1999. There are 31 recommendations that fall into six categories and are discussed below.

Recommendation 1. The Task Force acknowledges and supports the effort of the Personal Care Attendant Design Team to redesign the personal care services delivery system and establish professional standards for personal care attendants.

This program serves adults with physical and mental disabilities and elderly Alaskans by providing personal care services in their own homes and communities. As a first phase, the division worked closely with stakeholders throughout the state, and in partnership with the Independent Living Centers, to develop a plan that allowed more consumer choice and direction in the provision/receipt of the services of the independent personal care program. Personal Care attendant regulations are covered under the Department of Health and Social Services regulations for Medicaid- the primary payor of personal care attendant services. Regulations for the Consumer-Directed Personal Care Services program were adopted October 1, 2001. As a second phase, the division began review of the agency-based personal care attendant program. Again these regulations are part of the Department of Health and Social Services regulations governing Medicaid. The two departments are finalizing the regulations for Agency-Based Personal Care Services and expect to have them out for public comment by early summer. Both of these regulations identify minimum standards for attendants, and increase the reimbursement for services levels payable under Medicaid. The revised regulations provide safeguards for recipients of personal care services, set minimum training and educational requirements

for providers, and through increase in the reimbursement rates attempt to attract and retain more individuals in this important field.

Additionally, based upon the work of the Design Team, the division was recently awarded a federal grant to further these efforts. The grant, Medicaid Community-Integrated Personal Assistance Services and Support Project will address: 1) Recruitment and Management of Personal Assistance Services; 2) Consumer Education and Support; 3) Provider Training and Technical Assistance; and, 4) Paraprofessional Staff Recruitment, Retention, and Training Efforts.

Recommendation 2. The Task Force recognizes the efforts of the Alaska Board of Nursing to address the issue of "delegation of nursing activities" and challenges all interested parties to actively participate in the Alaska Board of Nursing public hearing process when this issue is addressed.

The division of senior services attends meetings of the Alaska Board of Nursing concerning issues of delegation of nursing activities. HB276/SB283 currently under consideration by the legislature clarifies nursing delegation.

Recommendation 3. The Task Force recommends that legislation be drafted and introduced relating to the disclosure of licensing reports and licensing of home health agencies.

SB56, introduced in 1999 by S(HESS) "An act allowing the disclosure of reports with regard to inspection and investigations of certain health care facilities, home health agencies, hospice programs, and assisted living homes; authorizing the Department of Health and Social Services to license home health agencies; and providing for an effective date" was passed and became CH20, SLA99.

Recommendation 4. The Task Force supports an increased effort to train Assisted Living Administrators in proven small business practices and urges collaboration between the Department of Administration and the University of Alaska to provide this education.

The division of senior services provides quarterly "Public Forum" to assisted living administrators on topics relevant to the industry. In addition, the division has worked with the YWCA in Anchorage, which now provides a 14-week course entitled "Starting Your Own Assisted Living Home Business." This course covers all aspects of starting one's own business from developing a business plan, managing personnel to billing and invoicing for services. The division also provided a small grant to the Alaska Caregiver's Association to provide continuing education to assisted living providers.

In addition, the division of senior services has been working closely with the university on this issue and is on the Advisory Board for the newly created Gerontology Program. The program is designed to meet the needs of the state to advance the knowledge, training, education and applied research in the field of aging. This effort is to design and develop a curriculum that supports a minor, professional certification and paraprofessional certification in gerontology. Course work in this field will begin in Summer 2002.

Recommendation 5. The Task Force requests the Department of Administration review the current regulations governing assisted living homes, and through a public process, establish statewide standards for long-term care services provided in an assisted living home.

The Department of Administration, together with the Department of Health and Social Services, convened a stakeholders group to discuss a complete review of the assisted living regulations in 1999. Additionally public meetings were conducted in various locations around the state, and a questionnaire was developed to identify areas of existing regulations that needed attention in the rewrite process. At that time, the assisted living industry was approximately 5 years old, and the departments felt that enough experience had been gained that it was time to update the regulations based upon what was known to work and what were potential problems in the existing regulations. A variety of input was sought from providers, residents of assisted living homes, family members and guardians of residents of assisted living.

Regulations resulting from this process were subsequently broken down into three parts. The first part of the regulations were adopted in August, 2001. The second stage of the regulations were adopted on April 6, 2002. The regulations identify minimum standards for administrator education and experience (which also take into consideration the size of the facility, personnel experience, health and safety standards and nutritional standards). The final stage of the regulations cover the general relief program, and are expected to become final in mid-May of this year.

Recommendation 6. The Task Force urges the Department of Administration and the Division of Senior Services give serious consideration to the formal recommendations outlined in the report, *The Alaska Guardianship System*, and notify the legislature of any statutory changes necessary.

Upon receipt of the Alaska Guardianship System report, the Division of Senior Services convened a group of interested parties that included representatives from the Office of Public Advocacy, court visitors, the Disability Law Center, the Court, the Department of Health and Social Services, and family guardians. Recommendations were developed for legislative change and SB299 was introduced in 2000 to effect the recommendations of the committee. The legislation did not pass. Subsequently, Senate Bill 190 was introduced on April 11, 2001 by Senator Wilken with the same content as SB299 from the previous year and is entitled "An Act relating to guardianships, conservatorships, and protective orders..." This legislation is currently in Senate State Affairs.

In addition, a request was developed for funding for a special project to provide more family guardians education and support services. This project was funded by a grant to the Office of Public Advocacy through the Alaska Mental Health Trust Authority and is currently in its second year. Trainings have been held in locations throughout the state, materials have been developed to assist family guardians, and a special website has been developed to provide answers to frequently asked questions, make forms available and provide an easy e-mail access to an individual in the Office of Public Advocacy for answers to specific inquiries. Additional funding for public guardians to address the extraordinary caseload of the existing guardians in the Office of Public Advocacy has been requested every year since the publication of the Alaska Guardianship System report, based upon the reports findings that the Office of Public Advocacy was hampered in providing services due to the extreme caseloads of the public guardians. This funding was proposed in the Governor's budget, and received the endorsement of the Governor's Council on Disabilities and Special Education and the Alaska Mental Health Trust Authority. However, the legislature has failed to include additional funding for this activity in the operating budget.

Recommendation 7. The Task Force recommends that legislation be drafted and introduced to protect a vulnerable adult from a guardian, attorney-in-fact or surrogate decision-maker who may harm the vulnerable adult.

SB57 was introduced in 1999 entitled "An act relating to vulnerable adults; and providing for an effective date" to meet the intent of this recommendation. SB57 was passed and became CH21, SLA99.

Recommendation 8. The task force endorses the efforts of the Alaska State Hospital and Nursing Home Association, in conjunction with other training councils, to hold a statewide Workforce Development Summit.

An initial summit to address this issue was held in 1999. Since that time additional work has been done.

The most recent summit was held on April 16 and 17, 2002. The summit covered the challenges facing long-term care work force development, recruitment and retention issues, etc. One area that has been a barrier to workforce development and retention is the low pay scales offered to employees and lack of employer sponsored benefits such as health insurance.

This year legislation has been introduced to attempt to address the availability and affordability of health insurance coverage for individuals employed by non-profits and small businesses. **House Bill 315** was introduced on January 14, 2002 by Representative Rokeberg and is entitled "An Act allowing employers that are small businesses, small nonprofit organizations, or small associations for insurance purposes to join state employee insurance coverage as a group; and providing for an effective date." The bill was referred to State Affairs, Labor and Commerce and Finance. The bill is now in Labor and Commerce.

Recommendation 9. The Task Force encourages the University of Alaska to explore further development and expansion of its current curriculum to facilitate a career ladder for health care providers.

The division, Alaska State Hospital and Nursing Home Association and assisted living industry continue to pursue this recommendation. The division of senior services has been working closely with the university on this issue and is on the Advisory Board for the newly created Gerontology Program. The program is designed to meet the needs of the state to advance the knowledge, training, education and applied research in the field of aging. This effort is to design and develop a curriculum that supports a minor, professional certification and paraprofessional certification in gerontology. Course work in this field will begin in Summer 2002. The legislature recently heard from the ASHNA and the University of Alaska about the workforce shortages in health care and efforts being made to address worker development.

Recommendation 10. The task force encourages the Alaska Health Fair, Alaska Commission on Aging, AARP, and other related organizations to provide educational information on the importance of advance directives and encourage the use of advance directives in the provision of health care.

Senior organizations throughout the state have emphasized the need for and understanding of advance directives. The Common Ground conferences sponsored by the Alaska Commission on Aging and AARP have included specific breakout sessions regarding this subject area.

House Bill 197 was introduced on March 19, 2001 by Representative Hudson entitled "An Act relating to directives for personal health care services and for medical treatment." It was referred to

Health, Education and Social Services and Judiciary committees. The bill now has additional sponsors and is currently in Judiciary committee.

Recommendation 11. The Task Force recognized and supports Resolution 98-59, *In Support of Elder Care Facilities in Rural Alaska*, as adopted by the Alaska Federation of Natives 1998 Annual Convention.

The Division of Senior Services continues this support through its efforts of the Rural Long-Term Care Unit. Division staff have continued to work with rural communities, government and tribal entities and the various health corporations in an effort to develop assisted living and home and community based services in rural Alaska. Dillingham now has a new 15-unit assisted living facility where seniors and elders can remain in their own community or region and enjoy family support, native foods and traditions, etc. Prior to this development, senior and elders were have to move to large urban area skilled nursing facilities for this type of service. Funding for this project has been on-going through the Alaska Mental Health Trust Authority. In addition, the division of Senior Services has received a three year "Coming Home" grant through the Robert Wood Johnson Foundation to strengthen this effort. Much of the work of the division staff is with communities exploring the entire realm of long-term care services, from personal care attendant services to assisted living. The Administration on Aging has also funded a pilot project directed specifically at supporting the needs of individuals and family members experiencing need for increased support because of a family members Alzheimer's disease. This project is directed to identify needs and appropriate supports in small rural communities without a large health or social services infrastructure.

The Alaska Commission on Aging, with support from the Mental Health Trust Authority, holds a fall meeting each year in a rural location to better acquaint the commission members with the available infrastructure and future needs of the rural hub communities and their surrounding villages.

Recommendation 12. The Task Force supports the Indian Health Service's role in providing long-term care services and encourages the Department of Health and Social Services to aggressively pursue its rebuttal of the Health Care Financing Administration's interpretation of the Social Security Act.

The Department of Health and Social Services continues to pursue 100% federal match for Medicaid services to Alaska Natives. A national workgroup of Medicaid directors, sponsored by the American Public Human Services Association, works with federal officials on Indian Health policy issues. This issue has been brought before Congress and work continues with the National Indian Health Board to assure the language forwarding the 100% federal funding is supported by the NIHB and is included in the Indian Health Care Improvement Act reauthorization bill currently before Congress.

As noted above, the Division of Senior Services continues to work with regional native health corporations on assisted living and home and community based services. In addition, division staff sit on various committees and provide technical assistance to the Alaska Native Tribal Health Consortium. Additionally, division staff recently were invited to speak about efforts underway in Alaska at a national Indian Health Service Eldercare Roundtable concerning long-term care in Indian Country.

Recommendation 13. The Task Force recommends that legislation be drafted and introduced to establish a home and community-based services program for certain adults with long-term care needs.

SB58 was introduced by the S(HESS) committee in 1999. SB58 was "An act establishing an in-home and community-based services program for certain adults with long-term care needs; and providing for an effective date". The legislation created a fund that could be used to supplement an individual's income for obtaining long-term care services. This fund would be available to individuals who did not qualify for other public assistance because either their personal income exceeded Medicaid standards, or they did not meet the Medicaid level of care determination. This legislation received several hearings in both S(HESS) and S(FIN). The bill was never moved from Senate Finance due to concerns over the financial costs of the program to the State.

Recommendation 14. The Task Force requests the Departments of Administration and Health and Social Services review all options available to the state, including Medicaid, to support the long-term care needs of patients whose sole diagnosis is Alzheimer's Disease and Related Disorders.

The Department of Health and Social Services prepared information regarding options and costs of providing ADRD coverage through the Medicaid program. The Senate HESS committee held hearings in 2001 regarding these options. No expansion of the Medicaid program has been authorized. The Department of Administration, Pioneers' Home program continues to strengthen its program to meet the needs of individuals with advanced dementia.

Recommendation 15. The Task Force requests the Department of Health and Social Services conduct a review of Medicare patients' access to medical services within the state and, if warranted, explore options to increase their access to health care.

The Department of Health and Social Services purchases Medicare part B for recipients of Medicaid. In addition, the Division of Medical Assistance has recently employed a staff person to look specifically at the provision of Medicare paid services throughout Alaska. The Department continues to raise the issue of payment levels for Medicare services in Alaska. The federal officials are traveling to Alaska again in early summer to meet with state officials. This will continue to be a topic of discussion.

Recommendation 16. The Task Force supports an increase in the rate paid to assisted living home providers under the general relief assistance program and the recommendations of the Alaska Rate Study Report to be considered in determining the new rate structure.

Reimbursement to assisted living home providers in 1983 was at approximately \$34.50 a day for supportive and protective services. Legislation was passed that increased the rate to \$50, \$60 and \$70 over a three year period. On July 1, 2002, the rate increases to \$70.00 a day. Existing statutes identify the services to be provided by an assisted living home provider to a general relief recipient as "supportive and protective services." Supportive services is defined in AS 47.24.900 to include health needs. Medicaid will not pay for services paid for by another source. Accordingly, if a general relief client is being provided services the state Medicaid program can not be billed for the same services.

The Departments of Administration and Health and Social Services are close to finalization of regulations that define room and board versus supportive services (40% and 60%, respectively). Under the proposed regulations, an assisted living provider with a client that is only on the general relief program will receive 100% reimbursement (currently at \$60 a day). Once the regulations are finalized, and if the client is on both general relief and the state Medicaid Waiver program, the general relief program will only pay for room and board (40% of the total daily reimbursement). In this instance, the state Medicaid Waiver program will reimburse the assisted living provider for the service

component. Currently, DOA and DHSS have Medicaid reimbursement rates under review and anticipate moving to an "acuity-based" reimbursement methodology to better compensate assisted living providers for clients with extensive needs.

Recommendation 17. The Task Force urges continued support for Alaska Housing Finance Corporation's Senior Housing Office and its state planning grant program.

Prior to the formation of the Senior Housing Office and related loan and grant programs, development of senior housing living options were non-existent. In previous years, the Legislature has supported this office and program funding. The administration continues to support the efforts of this office. Without the efforts of this office and the funding provided through this program, new senior housing development will most likely halt and result in inappropriate and costly placement of Alaska's aging population into hospitals or skilled nursing facilities.

Recommendation 18. The task force requests the Alaska Commission on Aging coordinate and strengthen efforts to inform and educate all Alaskans on long-term care services available in Alaska.

The Alaska Commission on Aging continues to work with grantees to inform them of the home and community based services available through the Medicaid Waiver programs. Several grantees throughout the state are now enrolled as Medicaid providers and furnish services to senior citizens and adults with disabilities. Some of these services are adult day care, home delivered meals and transportation. Grants from the Alaska Commission on Aging are also used to support senior center information and referral programs and the Senior Voice. The Commission also prepares a monthly newsletter, conducts teleconferences throughout the legislative session to keep seniors current on issues under debate in the legislature, and holds a statewide conference every other year to bring providers and seniors from throughout the state together to discuss issues of long-term care. The Common Ground III conference held in 2002 focused specifically on the needs of caregivers.

Recommendation 19. The Task Force requests the Department of Administration establish a uniform and comprehensive screening and assessment tool to be used by all program administrators when an individual enters a nursing home or selects a Medicaid waiver program.

With funding from the Alaska Mental Health Trust Fund, the division has contracted with an administrator of an Alaskan nursing home to develop a comprehensive assessment tool. The contractor is working with hospitals and nursing homes to achieve this goal. Current activities include: 1) developing, testing, and implementing a preadmission screening tool which can be incorporated into the Medical Data Set; 2) identifying a reauthorization tool within the MDS that will provide all elements needed to evaluate a reauthorization request; and, 3) working with the Division of Medical Assistance, Licensing and Certification and this division to modify the current authorization timeframes to better coincide with MDS reporting timeframes and elimination of a physician signature on the preadmission screening tool. It is anticipated that this project will be completed in June 2003.

At the same time, the division has begun its data integration project with funding from the Alaska Mental Health Trust Fund. Appropriate servers and software has been purchased that can read the data from the screening and assessment tool, regardless of type, and convert this information to useful information for making level of care determinations for the Medicaid Waiver program. The comprehensive assessment tool is of equal importance to the division and the medical and nursing home industry in that it will simplify the number of assessments used and increase efficiencies.

Recommendation 20. The Task Force requests the Department of Administration evaluate a phased-in universal care plan counseling requirement for all Alaskans entering the long-term care system, regardless of their ability to pay.

The Division of Senior Services' Care Plan Counseling Program staff work closely with hospital discharge planners, nursing home providers and consumers with information on they types of services available to help prevent unnecessary institutionalization. The division was recently awarded a Nursing Home Transition grant from the Center for Medicaid and Medicare Services (formerly HCFA) to help people move out of nursing homes move and into a homelike environment with appropriate home and community based services.

Additionally, as mentioned earlier in Recommendation 1, the Medicaid Community-Integrated Personal Assistance Services and Support Project will address this recommendation.

Finally, the division operates the Alaska Medicare Information Counseling and Assistance Program. This program provides information to educate and assist the Alaskan population on the Medicare insurance program and other related home and community based services available in the State of Alaska. Together with division staff and 75 volunteers, there were 85 outreach events conducted for over 19,000 Alaskans.

Recommendation 21. The Task Force recommends that legislation be drafted and introduced to adopt the nursing home certificate of need recommendations developed by the *Legislative Working Group on Long-Term Care* (1997).

HB187 "An Act relating to Certificates of Need for Health Facilities" was passed by the legislature and became CH55 SLA99. This legislation embodied the recommendations of the Legislative Working Group on Long-Term Care. Regulations are pending to reflect this legislative change. Final adoption is expected later this summer

Recommendation 22. The Task Force requests the Departments of Health and Social Services and Administration monitor the success of long-term care programs offered by states which have consolidated their efforts and determine if consolidation would benefit the people of Alaska in the future.

The Department of Administration and the Department of Health and Social Services have worked over the past several years to consolidate all senior program services in the Department of Administration. The Adult Protective Services function, the Medicaid waiver administration for the CHOICE waiver for the elderly and the Adult with Physical Disabilities waiver, and the administration of the Personal Care Attendant services program were all transferred from DHSS in the consolidation of services.

Recommendation 23. The Task Force requests the Department of Health and Social Services seek out new opportunities for improved program coordination between Medicare and Medicaid and consider this relationship when developing state Medicaid policy.

The Department of Health and Social Services purchases Medicare part B premiums for recipients of Medicaid.

Recommendation 24. The Task Force requests the Department of Health and Social Services identify the necessary changes, either in regulation or in statute, to assure the Medicare program funds health care services provided to dual eligible patients.

The Department of Health and Social Services purchases Medicare part B premiums for recipients of Medicaid. This assures that services eligible for reimbursement under Medicare are paid for first from the federal program, before Medicaid reimbursement kicks in. The Division of Medical Assistance continues to monitor Medicare policy at the federal level to assure that the state policy for Medicaid is changed to reflect any changes in Medicare and avoid any cost-shifting from Medicare to Medicaid.

Recommendation 25. The Task Force requests the Department of Health and Social Services review the regulations that govern the Miller Trust program and propose recommended changes, if necessary.

The Department of Health and Social Services has this recommendation as part of a work plan. However, due to staff limitations this continues to be postponed while projects of higher priority are addressed.

Recommendation 26. The Task Force acknowledges and supports the four guiding principles of the American Health Care Association's *SecureCare* congressional proposal.

SecureCare is built upon four principles designed to solve the nation's long-term care crisis while preserving the safety net for American's poor elderly and persons with disabilities. The guiding principles are: 1) transform long-term care from welfare to health care; 2) coordinate long-term care private resources with Medicare and Social Security; 3) encourage personal and family responsibility for long-term care; and 4) maximize quality and control costs through market competition and consumer choice.

Recommendation 27. The Task Force supports the continued partnership with the Alaska Mental Health Trust Authority to help meet the long-term needs of Alaskans.

The administration concurs and continues to work collaboratively with the Alaska Mental Health Trust Authority and its beneficiary groups.

Recommendation 28. The Task Force recognizes and applauds the Public Employees' Retirement Board and the Teachers' Retirement Board effort to update the State of Alaska's Long-Term Care Plan and encourages consideration to expand the LTC Plan to include active employees.

The Division of Retirement and Benefits completed the new plan designs for retirees' long-term care insurance in 2000. Open enrollment was conducted and retirees were allowed to upgrade their LTC insurance program if they met certain basic underwriting requirements. Three plan design options are now available to retirees. The Department studied the possibility of expanding the SBS options for active state employees to include the purchase of long-term care insurance. However, the demographics in this market suggest that the majority of people do not seek long term care insurance until their mid-fifties. Because our retiree population is so young, the analysis suggested that the administration costs of expanding this coverage to active employees far out-weighted the potential increase in participation.

Recommendation 29. The Task Force requests the Division of Insurance compile relevant information on the need for and availability of long-term care insurance in Alaska and disseminate the information to the general public.

The Division of Insurance has materials available regarding Long Term Care Insurance availability in Alaska.

Recommendation 30. The Task Force recognizes the value of the information compiled and distributed by the Center for Long-Term Care Financing and encourages the continued association with the Center.

The Center's mission is to promote universal access to top-quality long-term care by encouraging private financing and discouraging welfare financing of long-term care for most Americans. The Center publishes, free of charge, a periodic on-line new service called "LTC Bullets" which covers the latest information and trends in long-term care financing.

Recommendation 31. The Task Force requests the Senate and House Health, Education and Social Services Committees, in consultation with the legislative leadership, strongly consider the creation of a new task force to continue the review and monitoring of long-term care in Alaska.

A second Long term Care Task Force was authorized by the legislature. The Task Force basically focused on progress in addressing the original task force recommendations.

Currently, the legislature has under consideration SB 306/HB 419 **Prescription Drug Assistance Task Force**. This legislation would create a task force to look at approaches used by other states to address the high cost of prescription drugs for seniors without insurance coverage.



RECORDS CERTIFICATION



I, the undersigned, an employee of the State of Alaska, do hereby certify that the microfilm images on this microform are accurate reproductions of the original records of the State of Alaska as accumulated during the regular course of business, and that it is the established policy and practice of this State to microfilm its records and to dispose of the original documents after microfilm reproductions have been made.

William J. Carter

Signature of Camera Operator

10/14/2003

Date


OVERVIEW

ASSOC.

ALASKA

SCHOOL

BOARDS



ASSOCIATION OF ALASKA SCHOOL BOARDS

Advocates for Alaska's Youth

February 26, 2001

Members of the Health, Education and Social Services Committee:

The Association of Alaska School Boards has initiated a comprehensive school improvement service called "QS2" (Quality Schools/Quality Students). The service is designed to assist school districts and their local communities in raising student achievement to meet or exceed state standards by linking a shared vision for education with successful practices.

Strategic Planning is the required first step and will engage a broad cross section of the public in each district. It is intended to bring about systemic change through emphasis on:

- Leadership
- Programs and staff
- Community and parent engagement
- Maximizing all available resources

AASB will work intensively with selected districts for a three year period, beginning with three districts, adding three more each year up to a total of nine.

AASB has been supported in this effort by the Department of Education, the state university system, the Northwest Regional Education Laboratory, the Alaska Staff Development Network, and Alaska business, industry and civic leaders.

The attached QS2 budget information is intended to demonstrate what we believe are reasonable estimates of the kind of financial resources required to bring school districts into alignment with the Alaska Quality Schools Initiative and the standards based education expectations set by the Legislature. Estimated costs for this service are based on various sizes of districts participating. We compute the average cost per district to be approximately \$220,000 per year, for a total average cost for three years of the service of \$660,000. This is a relatively modest investment considering the expected outcome. Sustaining the results will be far less costly once the initial work is done.

AASB is currently seeking grant assistance to support this service. However, we believe that what will be accomplished is totally in line with many of the recommendations made in the recent Education Adequacy Study and the Funding Task Force Report. We hope that this information will assist the Legislature in seeing the value of providing necessary financial resources through the foundation formula so that all districts are able to engage in focused systemic change to meet the increased expectations for education in Alaska.

AASB believes that QS2 can provide a comprehensive model for how that can happen.



AASB'S "QS2" SERVICE

QS2=Quality Schools / Quality Students

Vision: QS2 is a comprehensive school improvement service that will assist school districts and their local communities in raising student achievement to meet or exceed state standards by linking a shared vision for education with successful practices.

It will focus on the development of leadership, programs and staff, and community and parent engagement, by securing and coordinating a balance of local and statewide expertise and resources. QS2 requires long-term district commitment to sustained improvement.

Strategic planning is the essential first step for the QS2 Service; it provides the blueprint for a district to follow.

Strategic Planning is the umbrella over QS2

Leadership

- ◆ Board development-Board Standards
- ◆ Advisory Board Development
- ◆ Administrative Team & Skill Building
- ◆ Policy Development & Maintenance

Community & Parents

- ◆ Asset Building
- ◆ Community Engagement
- ◆ Local Entity Collaboration

Programs & Staff

- ◆ Content Standards / Curriculum Alignment / Instruction / Assessment
- ◆ Professional Development
- ◆ Program Evaluation
- ◆ Staff Evaluation – Teacher Standards
- ◆ Business Partnerships

Resources

- ◆ Lobbying Assistance
- ◆ Business Partnerships
- ◆ Coalition Building – State and local
- ◆ Grant Writing
- ◆ Financial Management

QS2 ACTIVITIES AND SUPPORT

Each QS2 district will have access to the following opportunities, programs and services, depending on their needs as identified through the district inventory and strategic plan:

LEADERSHIP

- *School Board Development based on Board Standards*
 - √ Conference Attendance – Annual Conference, Leadership Conference, Boardsmanship Academies, Legislative Fly-Ins
 - √ In-district Workshops – Standards based – Roles & Responsibilities, Board/Superintendent Relations, Teamwork, Board Self-Assessment for Continuous Improvement
- *Professional Development for Superintendents and Principals*
 - √ Statewide Leadership Institutes – annually
 - √ Distance Learning Leadership Programs – annually
 - √ In-district technical assistance
 - √ Mentoring

PROGRAMS & STAFF

- Professional Development for all administrators and teachers focused on a systemic reform process aligned with the Alaska Quality Schools Initiative. Instruction will cover:
 - √ Standards
 - √ Instructional Strategies tied to standards
 - √ Assessments aligned to standards
 - √ Reporting student results in meeting standards
 - √ Sustainability / continuous improvement

Support for each district will include:

- √ Eight days of on-site technical assistance
- √ Distance learning coursework for each administrator and teacher
- √ District team participation in a five-date state summer Quality Schools Institute
- √ Participation by all staff in a five-day in-district summer Quality Schools Institute

COMMUNITY & PARENT ENGAGEMENT

- Assistance to communities to increase awareness and empowerment for meaningful community engagement in the education process through:
 - √ Consulting assistance on Asset Building for entire communities
 - √ Assets Training of Presenters and Promoters for adults and teens
 - √ Dreams for Teens – “teens working to build assets in themselves and each other
 - √ Process of Community Engagement – a simulation tool for learning the dynamics of engagement

Support for each district will include:

- √ A community engagement specialist based in each district
- √ Technical assistance (personal coaching) provided to each CE specialist
- √ Consulting on creation of a resource map of each district
- √ Resources to support the work of the specialist
- √ Professional contact network with peers who are involved in similar activities

RESOURCE DEVELOPMENT

- Assistance in identifying additional human and financial resources at the local, state and national levels
- Technical assistance in building business partnerships
- Professional peer review in effective financial management
- Grant writing assistance

QS2 Budget	Yr 00 Planning	Yr 01 3 districts	Yr 02 6 districts	Yr 03 9 districts
QS2 Coordinator	20000	27500	77000	77000
District QS2 liaison One per district, half-time		82500	165000	247500
% AASB Salaries/overhead	57000	100000	100000	100000
AASB direct costs	59088			
Community Engagement Coordinator 1 per 3 districts		77000	154000	231000
District Community Engagement Liaison One per district, half-time		90000	180000	270000
Publications	27000	27000	27000	30000
Totals	163088	404000	703000	955500
Districts 1-3				
Inventory		32000		32000
Strategic Plan		66000	9000	9000
Leadership Training Programs/Staff Training		53000	53000	53000
Community Engagement		150000	157000	157000
		75000	75000	75000
Total		376000	294000	326000
Districts 4-6				
Inventory			32000	
Strategic Plan			66000	9000
Leadership Training Programs/Staff Training			53000	53000
Community Engagement			150000	157000
			75000	75000
Total			376000	294000
Districts 7-9				
Inventory				32000
Strategic Plan				66000
Leadership Training Programs/Staff Training				53000
Community Engagement				150000
				75000
Total				376000
Annual Totals	163,088	780,000	1,373,000	1,951,500



Who is AASB?

The Association of Alaska School Boards is a non-profit organization that serves as a source of assistance, information, and liaison for school boards and the districts they represent.

QS2 Partners

The QS2 service is being designed by the Association of Alaska School Boards with contributions and a broad base of support from education and community leaders throughout Alaska.

Partners include:

- ❖ Northwest Regional Education Laboratory;
 - ❖ John Holst, Alaska Superintendent of the Year;
 - ❖ Dr. Shirley Holloway, Commissioner of Education;
 - ❖ Jerry Covey, former Commissioner of Education;
 - ❖ Dr. Bruce Johnson, Deputy Commissioner of EED;
 - ❖ The University of Alaska;
- and Lions Club District 49A.

Endorsed by former Gov. Walter Hickel.

Costs

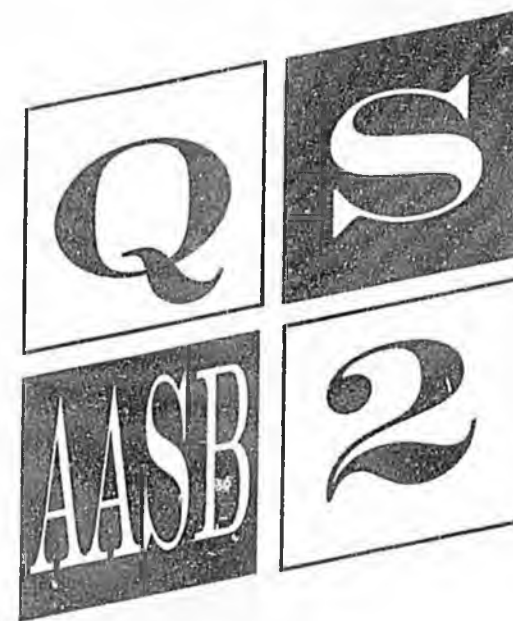
QS2 is available to districts ready to show a three year commitment to the full service, including Strategic Planning, AASB direct services and contracted services by education specialists. The cost will vary depending upon the needs of the individual district. AASB is seeking grant support and districts will be assisted with finding resources in addition to their own contribution of local human and financial resources.

310 West Elizabeth St.
Juneau, AK 99801-1810



Investing in Alaska's Future

QUALITY SCHOOLS / QUALITY STUDENTS



Comprehensive School Improvement:

Building on Sound Academics,
Applied Learning, and Strong Communities



Advocates for Alaska's Youth



Quality Schools / Quality Students

Comprehensive School Improvement

Bringing it all together

Education reform in Alaska takes many forms. Other state initiatives will be incorporated into QS2 goals:

Sound academics (through Alaska Student Performance Standards)

Applied learning (through the Business Education Compact, Career Pathways) and

Building strong communities (through programs like the Alaska Initiative for Community Engagement - Alaska ICE- and Asset Building model)

QS2 is a process to help bring all these efforts together under one umbrella. It's called QS2 - Quality Schools/Quality Students.

What is QS2?

QS2 is a comprehensive school improvement service that will assist school districts and their local communities in raising student achievement to meet or exceed state standards by linking a shared vision for education with successful practices.

It will focus on developing:

- ❖ Leadership
- ❖ Programs and Staff
- ❖ Community and Parent Engagement
- ❖ Resources

Services are currently being provided to several "demonstration districts." Additional districts will be selected to receive direct services in succeeding years.

All Alaskan districts will ultimately benefit, as a QS2 quarterly publication and website will be produced so that other districts may replicate the QS2 process for themselves.

How QS2 Works

District Inventory

QS2 consultants conduct an "inventory" from which a district will be able to identify priorities. The goal is to determine exactly how and what teachers, students, classrooms, and schools are trying to achieve.

The inventory is similar to a management review. The inventory team serves as visiting colleagues, not as evaluators. No individual in the school is being evaluated. Instead, the review team conducts in depth interviews to ascertain school strengths and weaknesses, how decisions are made within the schools, how the community is involved, what work has been done to meet state standards, and lots more.

Strategic Planning

Strategic planning is an essential step for the QS2 service to establish a vision for the district and develop an overall plan. Using the "inventory" a district will be able to identify priorities and track progress on strategic planning goals.

Implementing Best Practices

Areas identified as "in need of improvement" will be the basis of a customized plan of professional assistance and guidance. Assistance will be based on identified "best practices," provided by Alaskans identified as experts in their field and will occur in the district. QS2 is intended to provide measurable results and will be data driven.

Best Practices

QS2 Offers District Assistance & Training in the Following Areas

Leadership

- ❖ Board Development, Board Standards
- ❖ Advisory Board Development
- ❖ Administrative Team & Skill Building
- ❖ Policy Development & Maintenance

Programs and Staff

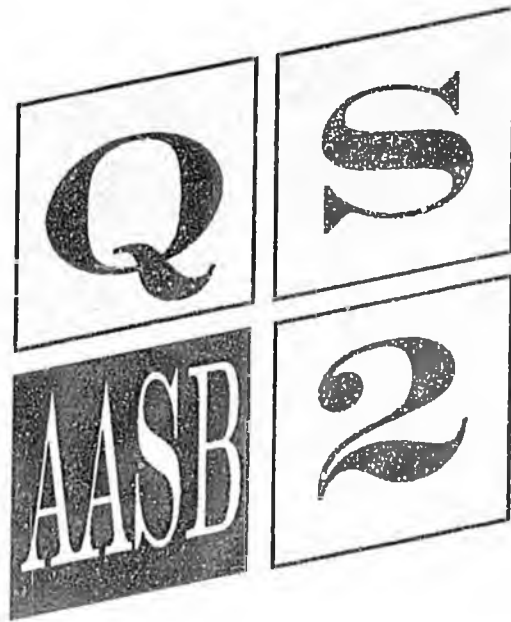
- ❖ Content Standards/Curriculum Alignment/Instruction/Assessment
- ❖ Professional Development
- ❖ Program Evaluation
- ❖ Staff Evaluation/Teacher Standards
- ❖ Business Partnerships

Community and Parents

- ❖ Asset Building
- ❖ Community Engagement
- ❖ Local Agency Collaboration

Resources

- ❖ Lobbying Assistance
- ❖ Business Partnerships
- ❖ Coalition Building-State and Local
- ❖ Grant Writing
- ❖ Financial Management



Association of Alaska School Boards
A Vision for the
Future

QS2=Quality Schools /
Quality Students

QS2 is a comprehensive school improvement service that will assist school districts and their local communities in raising student achievement to meet or exceed state standards by linking a shared vision for education with successful practices.

It will focus on the development of leadership, programs and staff, and community and parent engagement, by securing and coordinating a balance of local and statewide expertise and resources. QS2 requires long term district commitment to sustained improvement. Strategic planning is the essential first step for the QS2 Service. It provides the blueprint for a district to follow.



Looking Back...

<u>1950</u>		<u>2000</u>
60%	unskilled	15%
20%	professional	20%
20%	skilled	65%



Business Surveyed

What employers want:

1. Teamwork—cooperation
2. Interpersonal—responsibility & values
3. Communication
4. Competencies



Business Education Compact

Top educational issues...

1. Relevance
2. Practical application
(applied or experiential learning)
3. Multiple measures

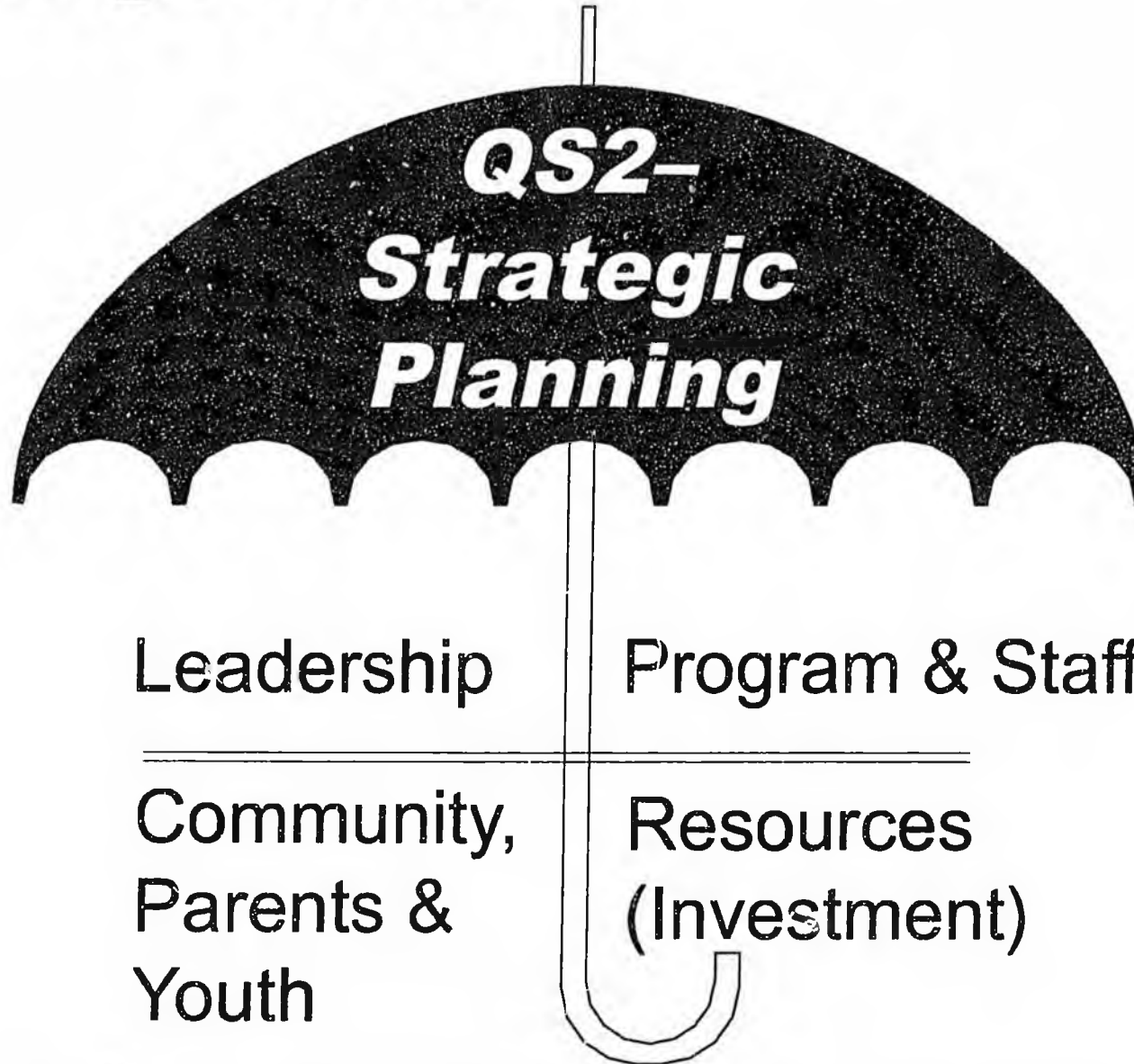


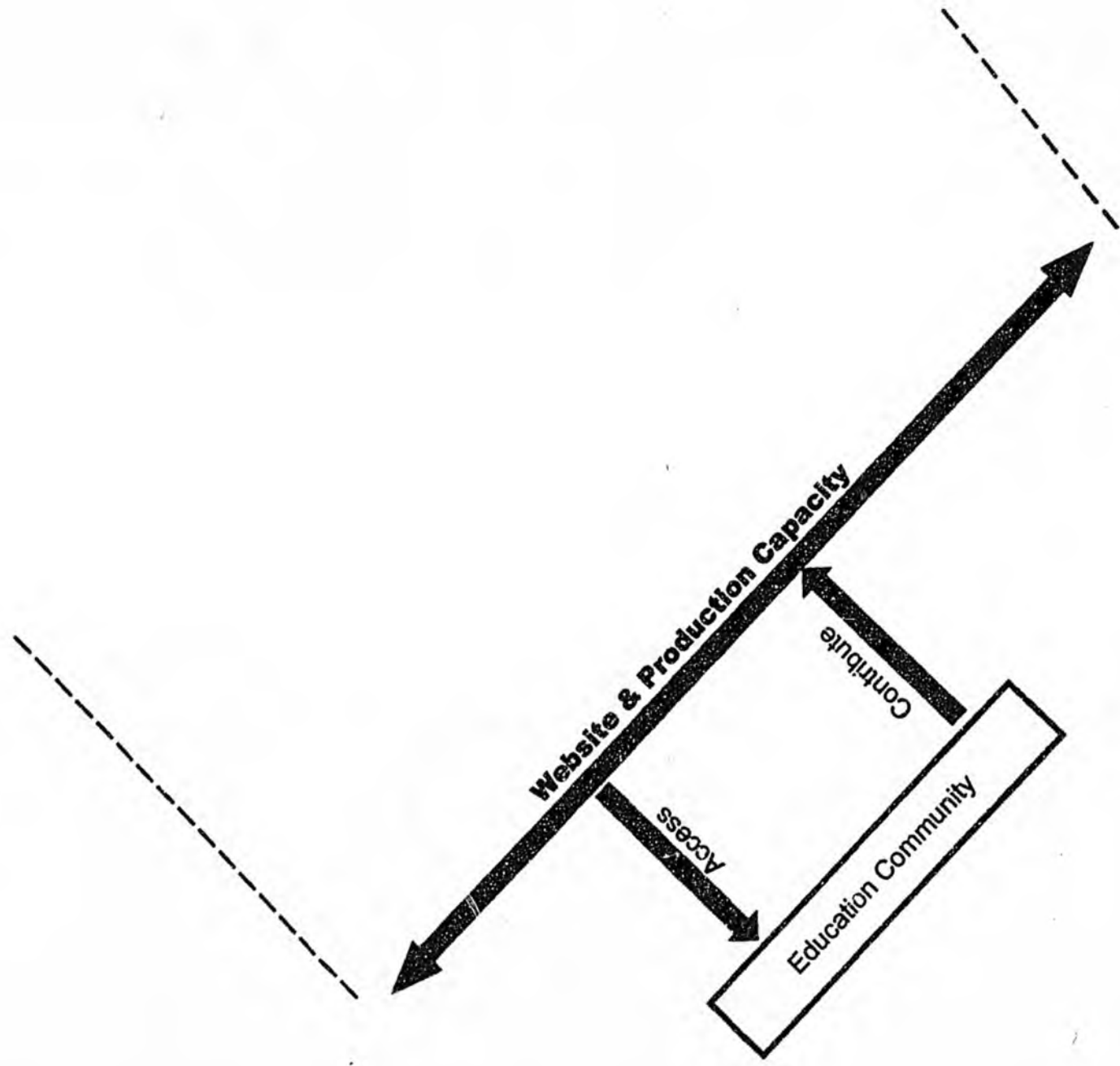
Creating Systemic Change

1. Academics (standards)
2. Business Education Compact (applied learning)
3. QS2—Quality Schools, Quality Students
(strategic leadership)
4. Alaska ICE (community engagement)
Alaska Initiative for Community Engagement



Looking Ahead...





Alpha Psi Community Engagement Association



Academics (Standards-HSCOE/Benchmarks)



Y E A R 1	Y E A R 2	Y E A R 3
District 1 District 2 District 3 \$700,000	District 4 District 5 District 6 \$1.2 million	
		District 7 District 8 District 9 \$1.8 million

Association of Alaska School Boards



***Backup
material***

Fiscal Agent

Association of Alaska School Boards is a 501(c)3 organization representing all of the local school boards in Alaska. Its membership is responsible for 100 percent of the students who attend Alaska's public schools.

Annual Cost : \$1,625,000

Budget outline, MOA's/letters of support, demonstration of in-kind services are available upon request.

Key Partners and Supporters

Association of Alaska School Boards, Alaska Department of Health and Social Services, Alaska Department of Education and Early Development, and the Anchorage School District.

Contact

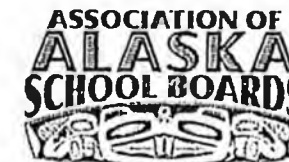
Carl Rose, Executive Director, Association of Alaska School Boards (907) 586-1083



for Community Engagement

Alaska - a model for the Nation.

Promoting the shared responsibility for Alaska's students to demonstrate academic success, civil behavior, racial tolerance and reduction of risk behaviors.



Budget Summary for AK-ICE	
Training and Technical Assistance: Salaries and benefits for one full-time coordinator and two full-time trainers and providers of ongoing technical assistance.	\$175,000 per year
Resources: Reprint 100,000 copies of the book <i>Helping Kids Succeed—Alaskan Style</i> , plus development and printing of promotional materials, video production, mailing costs, and community development tools.	\$400,000 per year
Media: Develop, produce, and run an extensive radio and print media campaign throughout Alaska.	\$400,000 per year
Coordination and facilitation: AASB will coordinate AK-ICE, secure and furnish office space, purchase telecommunications equipment, contract with consultants, manage financial resources, and oversee the quality of the initiative.	\$300,000 per year
Demonstration Sites: Award funding to three "greatest need" school districts for the salary/benefits of a local coordinator and to provide a yearly operational budget to cover the costs of travel, telecommunications, professional development, and office space.	\$350,000 per year
Annual Total	\$1,625,000

Purpose

The Alaska Initiative for Community Engagement (AK-ICE) will give Alaskans, at the local level, the information, tools, and assistance to become intentionally engaged in the shared responsibility for educating Alaska's children and youth. This initiative will result in higher numbers of students passing the Alaska High School! Qualifying Exam, and also reduce the number of Alaskan youth who consume alcohol, use illegal drugs, and tobacco.

Over ten years of national research, by the Search Institute (Minnesota), has shown the more *developmental assets* teenagers have the more likely they are to succeed in school, be racially tolerant, volunteer in their community, and not use alcohol, drugs or engage in early sexual activity. Vincent et al (1987) demonstrated the powerful effect of a coordinated school, parent, media and community based program in changing teenage risk behaviors.

After comparing national and Alaskan Assets data, Alaskans are concerned because too few Alaska high school youth have the number of *assets* necessary to excel in school and avoid health-compromising behaviors. Academic and social skills are difficult, if not impossible to develop in the school environment alone. The book, *Helping Kids Succeed - Alaskan Style*, based on the Search Institute Asset framework, provides clear evidence that youth development is best accomplished when all sectors (family, school, faith, health, business, arts and youth groups) engage in the social and academic development of a teenager.



Association of Alaska School Boards,
316 West 11th Street, Juneau, Alaska 99801-1510

Phone: (907) 586-1083
Email: aasb@aasb.org

Fax: (907) 586-2995
Web site: <http://www.aasb.org>

How

Student achievement will be increased through an integrated, four-strand approach utilizing the developmental asset framework. AK-ICE will promote the shared responsibility that parents, families, schools, and community members have to ensure their kids success in school and in life. We will identify and focus our services upon three "greatest need" school districts. These will then serve as demonstration sites for the entire state, with information being made available to both statewide and national audiences.

Training and Technical Assistance: A statewide coordinator and two trainers will develop, create, and deliver community presentations, youth/adult skill building workshops and provide specific technical assistance and follow-up to schools, school boards, parent and community groups. A minimum of 20 school sites and communities will be served per year.

Resources: Materials will be based on the book, *Helping Kids Succeed-Alaskan Style*. Promotional materials will be developed and distributed statewide: posters, pamphlets, business placards, bus signage, parent-child communication tools, a 1/2 hour video, and a reprint of the Alaskan assets book. Educational materials will be developed and distributed statewide: an experiential, assets based curriculum, a community development simulation tool, the Assets card game, and quarterly newsletter.

Media: A 4 year media saturation campaign will be developed to reinforce the "shared responsibility for academic success" message. Daily statewide radio spots, weekly newspaper columns and advertisements will be written, produced, and purchased to optimum effect.

Coordination: Facilitating, networking and resource sharing across communities. Coordinating an annual conference and administrating statewide communications. A list-serve and web-site will include local community contacts, downloadable parent exercises, teacher/classroom exercises, and other asset-based resources.

When / Where

To demonstrate and assure success, AK-ICE proposes a 5 year statewide project. It will build upon the grass root excitement and interest in *Helping Kids Succeed - Alaskan Style* that was begun by AASB and our many partners in 1995.



AASB'S "QS2" SERVICE

QS2=Quality Schools / Quality Students

Vision: QS2 is a comprehensive school improvement service that will assist school districts and their local communities in raising student achievement to meet or exceed state standards by linking a shared vision for education with successful practices.

It will focus on the development of leadership, programs and staff, and community and parent engagement, by securing and coordinating a balance of local and statewide expertise and resources. QS2 requires long-term district commitment to sustained improvement.

Strategic planning is the essential first step for the QS2 Service; it provides the blueprint for a district to follow.

Strategic Planning is the umbrella over QS2

Leadership

- ◆ Board development-Board Standards
- ◆ Advisory Board Development
- ◆ Administrative Team & Skill Building
- ◆ Policy Development & Maintenance

Community & Parents

- ◆ Asset Building
- ◆ Community Engagement
- ◆ Local Entity Collaboration

Programs & Staff

- ◆ Content Standards / Curriculum Alignment / Instruction / Assessment
- ◆ Professional Development
- ◆ Program Evaluation
- ◆ Staff Evaluation – Teacher Standards
- ◆ Business Partnerships

Resources

- ◆ Lobbying Assistance
- ◆ Business Partnerships
- ◆ Coalition Building – State and local
- ◆ Grant Writing
- ◆ Financial Management



“FAQ’S ABOUT QS2”

QS2 = Quality Schools / Quality Students

What is QS2 ?

- ◆ QS2 is intended to be a *comprehensive* school improvement service, beginning with Strategic Planning and addressing identified needs in four major quadrants:
 - Leadership
 - Programs & Staff
 - Community & Parent Engagement
 - Resources
- ◆ QS2 is *not* intended to simply be a clearinghouse for districts looking for miscellaneous assistance or a shotgun approach to improvement, but rather a means to help districts “holistically” meet the challenges of the Quality Schools Initiative

How will it work?

- ◆ QS2 Service will begin with Strategic Planning, to establish a vision for the district and develop an overall plan
- ◆ Assistance will be provided by Alaskans identified as “experts” in their field and will occur *in* the district, rather than having district staff go outside
- ◆ QS2 Service is intended to provide measurable results and will be data driven
 - A district “inventory” will be taken at beginning to collect baseline data
 - Evaluation will occur at the completion of the specified time, based on established evaluation criteria
- ◆ Improvement efforts will be based on identified “best practices”
- ◆ Areas identified as “in need of improvement” will be the basis for a customized plan of professional assistance and guidance
- ◆ Assistance is intended to help school boards, administrators, teachers, parents and communities become more effective in their respective roles in educating children and to build collaborative relationships

Who is QS2 designed to Serve?

- ◆ The first 3 “demonstration districts” will be Denali, Iditarod and St. Mary’s. After they are underway, other districts will be selected.
 - ◆ All Alaskan districts will ultimately benefit, as a QS2 publication and website will be produced which will share the QS2 template, tools and resources, so that other districts may learn how to replicate the QS2 model for themselves as the process evolves in the three demonstration districts.
 - ◆ QS2 is available only to districts ready to show long term commitment (3 years minimum) to contracting for the full service, including Strategic Planning
-

What will it cost?

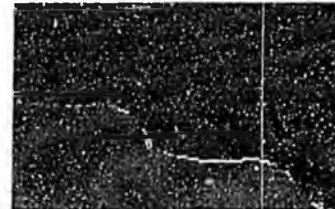
- ◆ The cost will vary depending upon the needs of the individual district. A fee schedule will be developed for different components of the program: Strategic Planning, AASB direct services, and contracted services by education specialists
 - ◆ AASB will be seeking grant support and districts will be assisted with finding additional resources to support the cost of the service, but districts must commit some district resources (human and financial) to demonstrate their commitment and "buy-in"
-

Who is developing QS2 Service?

- ◆ The Association of Alaska School Boards is the organization coordinating QS2
 - ◆ AASB is in a position to coordinate this kind of service thanks to good working relationships and credibility with school boards and superintendents, EED, major education associations and the University of Alaska
 - ◆ The core planning team for QS2 consists of:
 - *Carl Rose, Sharon Young, Joseph Reeves & Derek Peterson*
AASB Professional Staff
 - *John Holst,*
Sitka Superintendent and Alaska Superintendent of the Year
 - *Dr. Shirley Holloway,*
former Commissioner of Education and now UAA faculty
 - *Jerry Covey,*
former Commissioner of Education
 - *Dr. Bruce Johnson,*
Deputy Commissioner of EED
 - ◆ A more broad based planning group of 50 individuals representing business, industry, government, K-12 education, University of Alaska system, community leaders, and parents has helped shape the vision and expectation for QS2.
-

When will QS2 start?

- ◆ Three "demonstration districts" were selected in April 2000. Initial meetings with the school boards and superintendents in selected districts will occur in May.
- ◆ Strategic Planning will begin in the fall of 2000 and the delivery of identified services will begin during the 2000-2001 school year.



Employers, educators and community members working together to prepare Alaska's youth for work and lifelong learning.

AKBEC HOME PAGE

WHO ARE WE?

WHAT DO WE DO?

Dates to Remember

Seminar or Event

Why Should I Join the Compact?

Contact Us

Informative Links

Alaska's youth need strong skills and commitment to life-long learning to successfully participate in today's workforce.

To prepare our youth, we need a coherent system that connects employers, educators, parents, community members and students. This system must be locally driven by parents and the private sector.

Members of the Alaska Business Education Compact unite to build and sustain this system to successfully prepare our youth for their futures.

Please join the Alaska Business Education Compact today, and work with us to prepare Alaska's youth for work and lifelong learning.



WHAT DO WE DO?

Offering training and assistance

Building Connections

Sharing Information

Supporting School and Community

- Offer training and technical assistance for employers, educators and local partnerships to build their capacity to prepare youth for work and lifelong learning.

- Build connections among:
 - Students
 - Employers
 - K-12 education system
 - Post-secondary education system
 - Parents
 - Government agencies
 - Community organizations

- Share information on effective programs and best practices.
- Support school and community changes to better meet students' and employers' needs.

AKBEC HOME PAGE

WHO ARE WE?

WHAT DO WE DO?

Dates to Remember

Seminar or Event

Why Should I Join the Compact?

Contact Us

Informative Links

ALASKA CONTENT STANDARDS

EMPLOYABILITY



A student should be able to develop and be able to use employability skills in order to effectively make the transition from school to work and life-long learning.

A student who meets the content standard should:

- 1) develop and maintain a work ethic necessary for success in the workplace that includes honesty, integrity, dependability, punctuality, self discipline, initiative, reliability, accuracy, productivity, respect and perseverance;
- 2) understand how to apply skills and academic knowledge in a variety of work settings;
- 3) understand the process for seeking employment including resume development, application completion, interview skills and appropriate dress for work settings;
- 4) understand the process for developing self-employment opportunities including marketing studies, business plan development, and managing business finances;
- 5) understand how an individual job fits into the overall organization and how the organization fits into the overall economy;
- 6) understand the need for safe practices in workplaces, and;
- 7) understand employer and employee rights and responsibilities.



A student should be able to identify career interests and plan for career options.

A student who meets the content standard should:

- 1) identify and appreciate personal interests, aptitudes, abilities, and priorities;

- 2) identify possible career options, considering both employment and self employment and understand how changes in the workplace affect career choice;
- 3) use labor market information to identify occupational and economic trends and opportunities, and evaluate possible career options;
- 4) identify education and/or training needed for career options and advancement, and develop a career plan, and;
- 5) identify resources available to support education and training related to career possibilities.

A A A D

ENGLISH/LANGUAGE ARTS

- A** A student should be able to speak and write well for a variety of purposes and audiences
- B** A student should be a competent and thoughtful reader, listener, and viewer of literature, technical materials, and a variety of other information
- C** A student should be able to identify and select from multiple strategies in order to complete projects independently and cooperatively
- D** A student should be able to think logically and reflectively in order to present and explain positions based on relevant and reliable information.
- E** A student should understand and respect the perspectives of others in order to communicate effectively.

MATHEMATICS

- A student should understand mathematical facts, concepts, principles, and theories
- A student should understand and be able to select and use a variety of problem-solving strategies
- A student should understand and be able to form and use appropriate methods to define and explain mathematical relationships.
- A student should be able to use logic and reason to solve mathematical problems.
- A student should be able to apply mathematical concepts and processes to situations within and outside of school

SCIENCE

- A** A student should understand scientific facts, concepts, principles, and theories.
- B** A student should possess and understand the skills of scientific inquiry.
- C** A student should understand the nature and history of science.
- D** A student should be able to apply scientific knowledge and skills to make reasoned decisions about the use of science and scientific innovations

GEOGRAPHY

- A** A student should be able to make and use maps, globes, and graphs to gather, analyze, and report spatial (geographic) information
- B** A student should be able to utilize, analyze, and explain information about the human and physical features of places and regions
- C** A student should understand the dynamic and interactive natural forces that shape the earth's environments
- A student should understand and be able to interpret spatial (geographic) characteristics of human systems, including migration, movement, interactions of cultures, economic activities, settlement patterns, and political units in the state, nation, and world
- D** A student should understand and be able to evaluate how humans and physical environments interact.
- E** A student should be able to use geography to understand the world by interpreting the past, knowing the present, and preparing for the future

GOVERNMENT & CITIZENSHIP

- A** A student should know and understand how societies define authority, rights, and responsibilities through a governmental process.
- B** A student should understand the constitutional foundations of the American political system and the democratic ideals of this nation
- C** A student should understand the character of government of the state
- D** A student should understand the role of the United States in international affairs
- E** A student should have the knowledge and skills necessary to participate effectively as an informed and responsible citizen.
- F** A student should understand the economies of the United States and the state and their relationships to the global economy.
- G** A student should understand the impact of economic choices and be able to participate effectively in the local, state, national, and global economies.

HISTORY

- A student should understand that history is a record of human experiences that links the past to the present and the future.
- A student should understand historical themes through factual knowledge of time, places, ideas, institutions, cultures, people, and events
- A student should develop the skills and processes of historical inquiry.
- A student should be able to integrate historical knowledge with historical skill to effectively participate as a citizen and as a lifelong learner

SKILLS FOR A HEALTHY LIFE

- A** A student should be able to acquire a core knowledge related to well-being
- B** A student should be able to demonstrate responsibility for the student's well-being
- A student should understand how well-being is affected by relationships with others
- A student should be able to contribute to the well-being of families and communities

ARTS

- A** A student should be able to create and perform in the arts.
- B** A student should be able to understand the historical and contemporary role of the arts in Alaska, the nation, and the world.
- C** A student should be able to critique the student's art and the art of others.
- D** A student should be able to recognize beauty and meaning through the arts in the student's life

WORLD LANGUAGES

- A student should be able to communicate in two or more languages, one of which is English.
- A student should expand the student's knowledge of peoples and cultures through language study.
- A student should possess the language skills and cultural knowledge necessary to participate successfully in multilingual communities and the international marketplace

TECHNOLOGY

- A** A student should be able to operate technology-based tools
- B** A student should be able to use technology to locate, select, and manage information.
- C** A student should be able to use technology to explore ideas, solve problems, and derive meaning.
- D** A student should be able to use technology to express ideas and exchange information.
- E** A student should be able to use technology responsibly and understand its impact on individuals and society

**These standards are
general statements
of what Alaskans
want students to know
and be able to do
as a result of their
public schooling.
They were adopted by the
State Board of Education.**



Information 465-2800