

ALASKA LEGISLATURE COMMITTEE FILES 2001-2002 8672

10531 SENATE HEALTH EDUCATION & SOCIAL SERVICES

376

## PART I - COMMUNITY PRIORITIZATION FORMULA

Total Point Score For Each Community = Sum of the Following:

	<u>Maximum Points</u>
1. Facility Deficiency Score (FDS)	45
2. Health Status Score (HSS)	20
3. Isolation Score (IS)	10
4. Dependency Ratio Score (DRS)	10
5. Economic Status Score (ESS)	9
6. Trauma Registry Score (TRS)	5
7. Seasonal Population Score (SPS)	<u>1</u>
<b>TOTAL</b>	<b>100</b>

## FACILITY DEFICIENCY

This factor characterizes the physical condition of existing clinic facilities as well as the need for additional and/or new space. The basic assumption is that the ability to deliver quality health care services is affected by the quality of the facility or facilities that house the program. Physical condition was judged to be a function of the following:

- Available space compared to a recommended guideline
- Age of existing facilities
- Condition of basic building systems at existing facilities

### FACILITY DEFICIENCY SCORE

$$\text{Facility Deficiency Score (FDS)} = \frac{G - (E \times AF \times CF)}{G} \times (45)$$

**G** = Space Guideline from Table 8 in ARPCFNA Final Report

- |  |                             |
|--|-----------------------------|
| 1. For EMS Level I-IS or II-IS and Population = 20 – 100:  | <b>G<sub>1</sub> = 1535</b> |
| 2. For EMS Level I-IS or II-IS and Population = 101 – 500: | <b>G<sub>2</sub> = 1989</b> |
| 3. For EMS Level I-IS or II-IS and Population > 500:       | <b>G<sub>3</sub> = 2459</b> |

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|---|-----------------------------|
| 4. For EMS Level I-HI and Population = 20 – 100:  | <b>G<sub>4</sub> = 0</b>    |
| 5. For EMS Level I-HI and Population = 101 – 500: | <b>G<sub>5</sub> = 500</b>  |
| 6. For EMS Level I-HI and Population > 500:       | <b>G<sub>6</sub> = 1989</b> |

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|--|-----------------------------|
| 7. For EMS Level II - HI and Population = 101 – 500: | <b>G<sub>7</sub> = 1989</b> |
| 8. For EMS Level II - HI and Population > 500:       | <b>G<sub>8</sub> = 2459</b> |

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|-----------------------------------|-----------------------------|
| 9. For EMS Levels III and higher: | <b>G<sub>6</sub> = 2459</b> |
|-----------------------------------|-----------------------------|

**E = Existing Square Footage**

Existing space data is taken from one of the following sources.

- a. Response to F1 5 in the FNAQ
- b. IHS Facilities Database
- c. 1994 State Clinic Survey Database

If no data was available from any of these sources then E is set equal to G.  
If a community indicated in the FNAQ that they do not have a clinic and they need one, then E is set equal to 0.

**AF = Age Adjustment Factor** per the attached Age Factor Table

Age data is obtained from one of the following sources.

- a. DCED Database
- b. IHS Facilities Database
- c. 1994 State Clinic Survey Database

If no data is available, then AF is set equal to 1.0

**FACILITY  
AGE FACTOR TABLE**

Age (yrs)	Age Factor
< 10 yrs.	1.0
10 - 14	0.95
15 - 19	0.90
20 - 24	0.85
25 - 29	0.80
≥ 30	0.75

**CF = Condition Factor**

= Sum of points from attached Condition Factor Table divided by 26.

Total points derived based on responses to F3.1 through 3.8 in the FNAQ.

If no response to any of the above or if response = "Don't Know", then the response to F3.9 in the FNAQ is used. If there is no response to any of the above, then a default response of "Good" is used.

**FACILITY CONDITION FACTOR TABLE**

CATEGORY	GOOD	FAIR	POOR
Structural	4	2	1
Mechanical	4	2	1
Electrical	4	2	1
Fire & Life Safety	4	2	1
Floor Plan	4	2	1
Energy Management	2	1	0.5
Handicap Access	2	1	0.5
Site / Environmental	2	1	0.5
<i>Totals</i>	26	13	6.5

## **HEALTH STATUS**

This factor characterizes a community's health status based on the census area where the community is located. The overall factor is a combination of nine separate health status indicators that were selected to reflect differential conditions between the census areas. The indicators and the resultant overall factor reflect health status of the population as a whole, and the more specific requirements of various age groups. The nine health status indicators that have been included are:

- Fertility rate
- Percent of births to teens
- Post-neonatal mortality rate
- Age adjusted mortality rate
- Suicide death rate
- Unintentional injury death rate
- Homicide death rate
- Heart disease death rate
- Cancer death rates

This is a robust measure of health status due to the quantity and quality of vital statistics data. Differences within a given census area will be revealed with other community level measures (see Economic Distress, Dependency Ratio, Trauma Registry).

## **HEALTH STATUS SCORE**

The nine health status indicators are being provided by DHSS on a statewide average and census area basis for incorporation into the APCD. For each indicator, DHSS compares the rate for the census area to the state average, creating a "rate ratio" for each indicator. The "rate ratios" for each of the nine indicators are then summed up for each of the census areas. Once imported into the APCD, an overall score is generated for each community as follows.

1. Divide 20.00 by the census area with the highest aggregate rate ratio sum to determine the Health Status Scaling Factor (HSSF).

2. The sum of the rate ratios for each of the other census areas is then multiplied by the scaling factor to generate the Health Status Score (HSS) for that particular census area.
3. The score for each individual census area is assigned to each community within that census area.

## ISOLATION

The isolation factor is a measure of the inherent complications related to providing primary care services and managing a health program in an isolated setting. The assumption is that geographic isolation has a negative impact on both routine service delivery and emergent care.

### ISOLATION SCORE

The isolation score is based on each community's EMS category, and the FNAQ responses, which characterize the mode of travel to and from a given community. The distance from the community to the nearest hospital is also considered. Based on these variables, a community is assigned a score from 0 to 10. Points are assigned according to the table below.

1. Primary mode of travel is determined based on the response to P2.2 in the FNAQ. If the P2.2 response = "Other" then the mode is set equal to "Air or Water". If there is no response to P2.2, then the mode is assigned based on a review of the Economy and Transportation Section of the *Community Information Summary* in the DCED database.
2. Distance to nearest hospital is determined based on the following:
  - List of hospitals per the June 1998 Alaska Rural Health Plan.
  - Straight-line air miles to the nearest community with a hospital as calculated by a subroutine within the GIS application of the APCD.
3. All communities with an EMS level of III or higher are assigned an isolation score of 0, regardless of travel mode or distance to the nearest hospital.

**ISOLATION SCORING TABLE**

Distance To Nearest Hospital (miles)	EMS CATEGORY					
	ISOLATED I		ISOLATED II		HIGHWAY I	HIGHWAY II
	Primary Mode Of Travel To Next Level of Care					
	Air or Water	Motor Vehicle	Air or Water	Motor Vehicle	Motor Vehicle	Motor Vehicle
0 -100	7		4		1	0
101 - 200	8	2	5	2		
201 - 600	9	3	6	3		
> 600	10	4	7	4		

## DEPENDENCY RATIO

The Dependency Ratio (DR) was selected as the best indicator of demographic differences between communities with respect to health care needs. The DR is the sum of the elderly and youth population divided by the working age population. Elderly = people 65 or over, youth = people under 18, and working age population = people ages 18 - 64. This ratio is the most reliable measure available of the different levels of "need" in communities related to the age structure of the population. It also suggests possible economic stress on a community if there is a very small population of working age adults supporting a large population of youth and elderly people.

The data used to determine this ratio is taken from the 1990 census information. This factor can be updated in 2001 with 2000 Census information. Census area, population estimates of age groups indicate that the dependency ratios have shifted slightly in some of the census areas and boroughs but not a great deal over the last decade. Those that were very high have moderated somewhat.

Like the health status indicators, the DR in one community can be compared with a state or project average to get the relationship to the state norm and the new ratio can be used as an index or score.

## DEPENDENCY RATIO SCORE

DR data is being provided by DHSS on a community specific basis. Once imported into the APCD, a score is generated for each community as follows.

1. A statewide average DR or "ADR" is calculated using only the data for those communities meeting the baseline ARPCFNA Project criteria, i.e. only for those communities that received a FNAQ.

$$ADR = \frac{\sum \text{Youth} + \sum \text{Elderly}}{\sum \text{Working}}$$

2. A Dependency Ratio Index (DRI) is calculated for each community.
3. 
$$\text{DRI} = \frac{\text{Community DR}}{\text{ADR}}$$
4. Divide 10.00 by the highest individual DRI to determine the Dependency Ratio Scaling Factor (DRSF).
5. Multiply each individual DR Index by the DSF to determine the Dependency Ratio Score (DRS) for each community.

## ECONOMIC STATUS

The most readily available measure of economic status at the community level based on the research conducted under this project is the per capita income of the community at the time of the last census (1990). An update with the 2000 census data will be possible in 2001. Other economic measures were considered such as subsistence income but they did not significantly change the ranking of communities in relation to each other. Therefore, per capita income alone is being used to define the economic status factor.

### ECONOMIC STATUS SCORE

The State of Alaska, Division of Health and Social Services is providing per capita income (PCI) and population data for all communities in the state (based on 1990 census data). Once imported into the APCD, a score is generated for each community as follows.

1. A statewide average PCI or "APCI" is calculated using only the data for those communities meeting the baseline ARPCFNA Project criteria, i.e. only for those 288 communities that received a FNAQ.

$$APCI = \frac{\sum (PCI \times Pop)}{\sum Pop}$$

2. The following ratio is calculated for each community.

$$PCI \text{ Ratio} = \frac{APCI}{\text{Community PCI}}$$

3. Divide 9.00 by the highest individual Income Ratio to determine the Economic Scaling Factor (ESF).
4. Multiply each individual community income ratio by the ESF to determine the Economic Status Score (ESS) for each community.

## **TRAUMA REGISTRY**

The Trauma Registry factor offers an additional dimension of community level information related to demands on the local health care system. Trauma Registry data reports hospitalizations due to injuries (starting in 1993, poisonings were also included) by closest community of occurrence. Data is available beginning in 1991. Hospitalized injuries are assumed to be a proxy for the overall burden of injury occurrences in communities. The method of comparison for the community level data is similar to the vital statistics data on health status. Although in this case, the "rate" for a community is based on the occurrences which may be to nonresident workers, tourists or part-year residents or visitors, in relation to the resident population of the nearest community. Vital statistics data, in contrast, relate to the place of residence of the individual who is born or who dies, rather than the place of birth or death. Small communities in terms of resident population can have very high numbers of occurrences of serious injuries related to fishing, fish processing, extreme sports, etc. Thus, it is expected that places with a high frequency for the base population have a greater need for health service facilities than places of similar size that do not experience such high levels of serious injury.

## **TRAUMA REGISTRY SCORE**

Predicted and Trauma Registry data on hospitalizations for injuries by closest community of occurrence are being provided by DHSS on a community specific basis. The predicted values are calculated based on state averages in terms of per 100,000 resident population. The actual values are corrected Trauma Registry data. DHSS is also providing a trauma rate ratio (TRR) for each community that compares each community's actual value to the state average. Once imported into the APCD, a Trauma Registry Score (TRS) score is generated for each community based on the following table.

**TRAUMA REGISTRY SCORING TABLE**

<b>POINTS</b>	<b>TRAUMA RATE RATIO (TRR)</b>
1	$TRR < 1$
2	$1 \leq TRR < 2$
3	$2 \leq TRR < 3$
4	$3 \leq TRR < 4$
5	$TRR \geq 4$

## **SEASONAL POPULATION FLUCTUATION**

This factor is a measure of the demands on the local health care system as a result of an increase in a particular community's population --- due to seasonal or transient influences. The assumption is that seasonal increases in population related to industries such as tourism (high percentage of elderly clients) or fishing and logging (high accident rates) have a negative impact on both routine service delivery and emergent care.

### **SEASONAL POPULATION SCORE**

If the first response to P6.5 of the FNAQ = YES, then the Seasonal Population Score (SPP) = 1; otherwise, SPP = 0.

**APPENDIX XII**  
**PART I - PRIORITIZATION SUMMARY**

**PART I - FY 01 PRIORITIZATION SUMMARY**

Community (in alphabetical order)	Census Area	FNAQ Submitted by Sept. 1, 2000	FNAQ GI.1*	Existing Space (sf)	Pop.	EMS Level	Group
<i>75.00 - 85.00 Points</i>							
Alatna	YUKON-KOYUKUK	Y	B	0	34	1-Isolated	1
Arctic Village	YUKON-KOYUKUK	Y	D	1240	138	1-Isolated	1
Birch Creek	YUKON-KOYUKUK	Y	C	500	35	1-Isolated	1
Grayling	YUKON-KOYUKUK	Y	C	899	184	1-Isolated	1
Holy Cross	YUKON-KOYUKUK	Y	C	768	247	1-Isolated	1
Kaltag	YUKON-KOYUKUK	Y	E	117	254	1-Isolated	1
Kobuk	NORTHWEST ARCTIC	Y	C	805	94	1-Isolated	1
Lake Minchumina	YUKON-KOYUKUK	Y	B	0	38	1-Isolated	1
Minto	YUKON-KOYUKUK	Y	C	636	248	1-Isolated	1
Nikolai	YUKON-KOYUKUK	Y	C	576	105	1-Isolated	1
Nondalton	LAKE-PENINSULA	Y	D	100	224	1-Isolated	1
Nulato	YUKON-KOYUKUK	Y	C	0	381	1-Isolated	1
Ruby	YUKON-KOYUKUK	N		653	184	1-Isolated	1
Scammon Bay	WADE HAMPTON	Y	C	1020	484	1-Isolated	1
Shageluk	YUKON-KOYUKUK	Y	C	538	140	1-Isolated	1
Stevens Village	YUKON-KOYUKUK	Y	C	396	92	1-Isolated	1
Wiseman	YUKON-KOYUKUK	Y	B	0	20	1-Isolated	1
<i>70.00 - 74.99 Points</i>							
Alakanuk	WADE HAMPTON	Y	C	1344	659	1-Isolated	2
Allakaket	YUKON-KOYUKUK	N		437	204	1-Isolated	2
Ambler	NORTHWEST ARCTIC	Y	C	870	286	1-Isolated	2
Beaver	YUKON-KOYUKUK	N		480	126	1-Isolated	2
Buckland	NORTHWEST ARCTIC	Y	C	805	428	1-Isolated	2
Chalkyitsik	YUKON-KOYUKUK	Y	C	480	102	1-Isolated	2
Chignik Lake	LAKE-PENINSULA	Y	C	441	136	1-Isolated	2
Clark's Point	DILLINGHAM	Y	C	240	68	1-Isolated	2
Crooked Creek	BETHEL	Y	C	680	137	1-Isolated	2
Deering	NORTHWEST ARCTIC	Y	C	725	148	1-Isolated	2
Egegik	LAKE-PENINSULA	Y	C	400	117	1-Isolated	2
Elim	NOME	Y	C	737	306	1-Isolated	2
Evansville	YUKON-KOYUKUK	Y	D	720	24	1-Isolated	2
Game Creek	SKAGWAY-HOONAH-ANG	Y	E	108	50	1-Isolated	2
Hooper Bay	WADE HAMPTON	Y	C	1790	1028	1-Isolated	2
Hughes	YUKON-KOYUKUK	Y	C	896	80	1-Isolated	2
Huslia	YUKON-KOYUKUK	Y	C	832	272	1-Isolated	2
Kasigluk	BETHEL	Y	C	768	528	1-Isolated	2
Kiana	NORTHWEST ARCTIC	Y	C	780	398	1-Isolated	2
Kivalina	NORTHWEST ARCTIC	Y	C	930	366	1-Isolated	2
Lower Kalskag	BETHEL	Y	C	768	310	1-Isolated	2
Newtok	BETHEL	Y	C	442	284	1-Isolated	2
Noutak	NORTHWEST ARCTIC	Y	C	800	423	1-Isolated	2
Nunam Iqua (Sheldon Point)	WADE HAMPTON	Y	C	768	181	1-Isolated	2
Perryville	LAKE-PENINSULA	Y	C	600	102	1-Isolated	2
Pilot Station	WADE HAMPTON	Y	C	1200	54	1-Isolated	2
Port Alexander	WRANGELL-PETERSBG	Y	B	0	86	1-Isolated	2
Port Alsworth	LAKE-PENINSULA	Y	B	0	88	1-Isolated	2
Rampart	YUKON-KOYUKUK	Y	C	320	66	1-Isolated	2

**PART I - FY 01 PRIORITIZATION SUMMARY**

Community (in alphabetical order)	Census Area	FNAQ Submitted by Sept. 1, 2000	FNAQ G1.1*	Existing Space (sf)	Pop.	EMS Level	Group
Red Devil	BETHEL	Y	C	0	44	1-Isolated	2
Russian Mission	WADE HAMPTON	Y	C	1280	311	1-Isolated	2
Savoonga	NOME	Y	C	940	655	1-Isolated	2
Shungnak	NORTHWEST ARCTIC	Y	C	810	255	1-Isolated	2
Stebbins	NOME	Y	C	722	524	1-Isolated	2
Takotna	YUKON-KOYUKUK	Y	C	376	48	1-Isolated	2
Wales	NOME	Y	C	864	170	1-Isolated	2
<i>65.00 - 69.99 Points</i>							
Akhiok	KODIAK ISLAND	Y	D	315	101	1-Isolated	3
Cheformak	BETHEL	Y	C	960	416	1-Isolated	3
Chuathbaluk	BETHEL	Y	C	840	105	1-Isolated	3
Circle	YUKON-KOYUKUK	Y	C	480	89	1-Isolated	3
Covenant Life	HAINES BOROUGH	Y	B	0	67	1-Isolated	3
Eek	BETHEL	Y	C	729	281	1-Isolated	3
Elfin Cove	SKAGWAY-HOONAH-ANG	Y	B	0	50	1-Isolated	3
False Pass	ALEUTIANS EAST	Y	C	530	68	1-Isolated	3
Galena	YUKON-KOYUKUK	Y	D	2307	563	2-Isolated	3
Golovin	NOME	Y	D	1267	141	1-Isolated	3
Goodnews Bay	BETHEL	Y	C	600	256	1-Isolated	3
Igiugig	LAKE-PENINSULA	Y	C	854	62	1-Isolated	3
Iliamna	LAKE-PENINSULA	Y	C	750	93	1-Isolated	3
Karluk	KODIAK ISLAND	Y	C	392	41	1-Isolated	3
Kipnuk	BETHEL	Y	C	1536	573	1-Isolated	3
Kokhanok	LAKE-PENINSULA	Y	C	480	163	1-Isolated	3
Koyuk	NOME	Y	C	1110	280	1-Isolated	3
Koyukuk	YUKON-KOYUKUK	N		805	101	1-Isolated	3
Kwigillingok	BETHEL	Y	C	946	360	1-Isolated	3
Levelock	LAKE-PENINSULA	Y	C	912	131	1-Isolated	3
Lime Village	BETHEL	Y	C	480	62	1-Isolated	3
Mekoryuk	BETHEL	Y	C	966	193	1-Isolated	3
Meyers Chuck	PRINCE OF WALES	Y	B	0	30	1-Isolated	3
Mountain Village	WADE HAMPTON	Y	C	1656	766	1-Isolated	3
Newhalen	LAKE-PENINSULA	Y	C	440	178	1-Isolated	3
Nightmute	BETHEL	Y	C	910	230	1-Isolated	3
Nikolaevsk	KENAI PENINSULA	Y	B	0	488	Highway	3
Oscarville	BETHEL	Y	C	320	64	1-Isolated	3
Port Protection	PRINCE OF WALES	Y	B	0	50	1-Isolated	3
Shishmaref	NOME	Y	C	1879	556	1-Isolated	3
Sleetmute	BETHEL	Y	C	840	103	1-Isolated	3
Tazlina	VALDEZ-CORDOVA	Y	B	0	294	1-Isolated	3
Tetlin	SE FAIRBANKS	Y	C	480	89	1-Isolated	3
Tununak	BETHEL	Y	C	768	331	1-Isolated	3
Tyonek	KENAI PENINSULA	Y	D	800	160	1-Isolated	3
Venetie	YUKON-KOYUKUK	Y	C	1200	232	1-Isolated	3
White Mountain	NOME	Y	C	768	197	1-Isolated	3
<i>60.00 - 64.99 Points</i>							
Akiak	BETHEL	Y	C	1628	338	1-Isolated	4
Anchor Point	KENAI PENINSULA	Y	B	0	1227	Highway	4

**PART I - FY 01 PRIORITIZATION SUMMARY**

Community (in alphabetical order)	Census Area	FNAQ Submitted by Sept. 1, 2000	FNAQ G1.1*	Existing Space (sf)	Pop.	EMS Level	Group
Angoon	SKAGWAY-HOONAH-ANG	Y	C	1950	576	1-Isolated	4
Atka	ALEUTIANS WEST	Y	C	960	105	1-Isolated	4
Atmautluak	BETHEL	Y	C	768	296	1-Isolated	4
Chenegu Bay	VALDEZ-CORDOVA	Y	C	545	69	1-Isolated	4
Chickaloon	MATANUSKA-SUSITNA	Y	B	0	212	Highway	4
Chignik	LAKE-PENINSULA	Y	D	1200	103	2-Isolated	4
Chitina	VALDEZ-CORDOVA	Y	C	540	94	1-Isolated	4
Cooper Landing	KENAI PENINSULA	Y	B	0	285	Highway	4
Copper Center	VALDEZ-CORDOVA	Y	C	139.5	553	1-Isolated	4
Dot Lake	SE FAIRBANKS	Y	C	384	61	1-Isolated	4
Ekwok	DILLINGHAM	N		439	125	1-Isolated	4
Emmonak	WADE HAMPTON	Y	C	1792	818	1-Isolated	4
Gambell	NOME	Y	C	2587	668	1-Isolated	4
Gulkana	VALDEZ-CORDOVA	Y	D	50	90	1-Isolated	4
Hope	KENAI PENINSULA	Y	B	0	130	Highway	4
Ivanof Bay	LAKE-PENINSULA	N		576	29	1-Isolated	4
Knik	MATANUSKA-SUSITNA	Y	B	0	483	Highway	4
Koliganek	DILLINGHAM	Y	C	480	205	1-Isolated	4
Larsen Bay	KODIAK ISLAND	Y	C	615	137	1-Isolated	4
Little Diomedea	NOME	Y	C	768	136	1-Isolated	4
Manokotak	DILLINGHAM	Y	C	1120	399	1-Isolated	4
Marshall	WADE HAMPTON	Y	C	1632	318	1-Isolated	4
McGrath	YUKON-KOYUKUK	Y	C	1600	423	2-Isolated	4
Napaskiak	BETHEL	Y	C	960	406	1-Isolated	4
Nenana	YUKON-KOYUKUK	Y	C	513	435	Highway	4
Nikolski	ALEUTIANS WEST	Y	C	820	39	1-Isolated	4
Platinum	BETHEL	Y	C	427	43	1-Isolated	4
Port Graham	KENAI PENINSULA	Y	C	530	178	1-Isolated	4
Saint Mary's	WADE HAMPTON	Y	C	720	475	1-Isolated	4
Shaktoolik	NOME	Y	C	1792	218	1-Isolated	4
Stony River	BETHEL	Y	C	956	35	1-Isolated	4
Teller	NOME	Y	C	1472	266	1-Isolated	4
Tuntutuliak	BETHEL	Y	C	1440	350	1-Isolated	4
Twin Hills	DILLINGHAM	Y	C	725	76	1-Isolated	4
Wasilla	MATANUSKA-SUSITNA	Y	B	0	5213	Highway	4

*55.00 - 59.99 Points*

Akutan	ALEUTIANS EAST	Y	C	960	408	2-Isolated	5
Anvik	YUKON-KOYUKUK	Y	C	944	93	1-Isolated	5
Cold Bay	ALEUTIANS EAST	Y	C	1200	97	1-Isolated	5
Dry Creek	SE FAIRBANKS	Y	C	192	115	1-Isolated	5
Eagle	SE FAIRBANKS	Y	A	448	152	1-Isolated	5
Eklutna	ANCHORAGE	Y	D	360	434	5	5
Hyder	PRINCE OF WALES	Y	B	300	126	1-Isolated	5
Kotlik	WADE HAMPTON	Y	C	2400	579	1-Isolated	5
Kwethluk	BETHEL	Y	C	1792	714	1-Isolated	5
Manley Hot Springs	YUKON-KOYUKUK	N		488	88	1-Isolated	5
Napakiak	BETHEL	Y	C	1008	363	1-Isolated	5
New Stuyahok	DILLINGHAM	Y	C	800	475	1-Isolated	5

**PART I - FY 01 PRIORITIZATION SUMMARY**

Community (in alphabetical order)	Census Area	FNAQ Submitted by Sept. 1, 2000	FNAQ GI.1*	Existing Space (sf)	Pop.	EMS Level	Group
Nunapitchuk	BETHEL	Y	C	1679	471	1-Isolated	5
Pitka's Point	WADE HAMPTON	Y	C	1000	146	1-Isolated	5
Port Heiden	LAKE-PENINSULA	Y	C	710	125	1-Isolated	5
Saint Michael	NOME	Y	C	1800	381	1-Isolated	5
Skagway	SKAGWAY-HOONAH-ANG	Y	C	720	825	2-Isolated	5
Tanacross	SE FAIRBANKS	Y	C	710	86	1-Isolated	5
Tanana	YUKON-KOYUKUK	Y	C	4388	301	2-Isolated	5
Thorne Bay	PRINCE OF WALES	Y	C	1102	582	2-Isolated	5
Togiak	DILLINGHAM	Y	D	784	841	2-Isolated	5
Tuluksak	BETHEL	Y	C	1008	443	1-Isolated	5
<i>50.00 - 54.99 Points</i>							
Brevig Mission	NOME	Y	A	1260	279	1-Isolated	6
Cantwell	DENALI	Y	C	589	166	1-Isolated	6
Kake	WRANGELL-PETERSBG	Y	E	3300	745	1-Isolated	6
King Cove	ALEUTIANS EAST	Y	C	790	691	2-Isolated	6
King Salmon	BRISTOL BAY	Y	C	528	499	1-Isolated	6
Kongiganak	BETHEL	Y	C	960	359	1-Isolated	6
Naknek	BRISTOL BAY	Y	C	672	624	2-Isolated	6
Nelson Lagoon	ALEUTIANS EAST	Y	C	670	87	1-Isolated	6
Northway	SE FAIRBANKS	N		673	113	1-Isolated	6
Northway Junction	SE FAIRBANKS	N		673	116	1-Isolated	6
Old Harbor	KODIAK ISLAND	Y	C	784	276	1-Isolated	6
Pedro Bay	LAKE-PENINSULA	Y	C	800	36	1-Isolated	6
Port Lions	KODIAK ISLAND	Y	C	1655	243	1-Isolated	6
Quinhagak	BETHEL	Y	C	1160.55	595	1-Isolated	6
Saint George	ALEUTIANS WEST	Y	C	2100	173	2-Isolated	6
Unalakleet	NOME	Y	D	3202	805	2-Isolated	6
Upper Kalskag	BETHEL	Y	C	960	261	1-Isolated	6
Whittier	VALDEZ-CORDOVA	Y	C	900	280	2-Isolated	6
<i>45.00 - 49.99 Points</i>							
Atkasuk	NORTH SLOPE	Y	E	2623	274	1-Isolated	7
Chevak	WADE HAMPTON	Y	C	2816	763	1-Isolated	7
Chignik Lagoon	LAKE-PENINSULA	Y	C	1200	68	1-Isolated	7
Chistochina	VALDEZ-CORDOVA	Y	C	768	52	1-Isolated	7
Gustavus	SKAGWAY-HOONAH-ANG	Y	C	800	377	2-Isolated	7
Point Lay	NORTH SLOPE	Y	E	2623	217	1-Isolated	7
Sand Point	ALEUTIANS EAST	Y	D	2421	842	2-Isolated	7
Selawik	NORTHWEST ARCTIC	Y	C	2100	767	1-Isolated	7
South Naknek	BRISTOL BAY	Y	C	1045	132	1-Isolated	7
Tatitlek	VALDEZ-CORDOVA	Y	C	2532	105	1-Isolated	7
Toksook Bay	BETHEL	Y	C	1440	513	1-Isolated	7
Yakutat	YAKUTAT	Y	C	1200	729	2-Isolated	7
<i>40.00 - 44.99 Points</i>							
Akiachak	BETHEL	N		1791	560	1-Isolated	8
Aleknagik	DILLINGHAM	Y	D	400	244	Highway	8
Ouzinkie	KODIAK ISLAND	Y	C	1056	256	1-Isolated	8
Pilot Point	LAKE-PENINSULA	Y	C	5213	92	1-Isolated	8
Saxman	KETCHIKAN	Y	A	288	371	Highway	8

**PART I - FY 01 PRIORITIZATION SUMMARY**

Community (in alphabetical order)	Census Area	FNAQ Submitted by Sept. 1, 2000	FNAQ G1.1*	Existing Space (sf)	Pop.	EMS Level	Group
Seldovia	KENAI PENINSULA	Y	E	2376	284	2-Isolated	8
<i>35.00 - 39.99 Points</i>							
Craig	PRINCE OF WALES	Y	E	2800	2136	2-Isolated	9
Haines	HAINES BOROUGH	Y	E	6000	1775	2-Isolated	9
<i>30.00 - 34.99 Points</i>							
Anaktuvuk Pass	NORTH SLOPE	Y	E	4400	314	1-Isolated	10
Bettles	YUKON-KOYUKUK	N		0	35	1-Isolated	10
Fort Yukon	YUKON-KOYUKUK	Y	D	9620	570	2-Isolated	10
Kaktovik	NORTH SLOPE	Y	E	4400	259	1-Isolated	10
Mentasta Lake	VALDEZ-CORDOVA	Y	C	400	125	Highway	10
Noorvik	NORTHWEST ARCTIC	Y	C	2500	632	1-Isolated	10
Nuiqsut	NORTH SLOPE	N		4400	486	1-Isolated	10
Pelican	SKAGWAY-HOONAH-ANG	Y	C	1600	137	2-Isolated	1
Point Hope	NORTH SLOPE	Y	C	4000	794	1-Isolated	10
Talkeetna	MATANUSKA-SUSITNA	Y	E	3000	363	Highway	10
Tenakee Springs	SKAGWAY-HOONAH-ANG	Y	C	0	93	1-Isolated	10
Unalaska	ALEUTIANS WEST	Y	C	1796	4178	2-Isolated	10
<i>25.00 - 29.99 Points</i>							
Andreafsky	WADE HAMPTON	N		0	442	2-Isolated	11
Central	YUKON-KOYUKUK	Y		0	62	1-Isolated	11
Circle Hot Springs	YUKON-KOYUKUK	N		0	35	1-Isolated	11
Healy Lake	SE FAIRBANKS	N		0	61	1-Isolated	11
Nanwalek (English Bay)	KENAI PENINSULA	Y	D	1774	170	1-Isolated	11
Wainwright	NORTH SLOPE	N		4400	545	1-Isolated	11
<i>20.00 - 24.99 Points</i>							
Anderson	DENALI	Y	E	0	517	1-Isolated	12
Aniak	BETHEL	Y	C	6300	604	2-Isolated	12
Cube Cove	SKAGWAY-HOONAH-ANG	N		0	139	1-Isolated	12
Delta Junction	SE FAIRBANKS	Y	A	0	889	2-Isolated	12
Edna Bay	PRINCE OF WALES	Y	A	0	55	1-Isolated	12
Fox River	KENAI PENINSULA	N		0	439	Highway	12
Gakona	VALDEZ-CORDOVA	N		0	22	1-Isolated	12
Klawock	PRINCE OF WALES	Y	E	6772	673	2-Isolated	12
Klukwan	SKAGWAY-HOONAH-ANG	N		0	136	1-Isolated	12
Mosquito Lake	HAINES BOROUGH	N		0	94	1-Isolated	12
Point Baker	PRINCE OF WALES	N		0	51	1-Isolated	12
Port Clarence	NOME	N		0	22	1-Isolated	12
Prudhoe Bay	NORTH SLOPE	N		0	47	2-Isolated	12
Skwentna	MATANUSKA-SUSITNA	Y	A	0	72	1-Isolated	12
Tok	SE FAIRBANKS	Y	C	7780	1235	2-Isolated	12
Tonsina	VALDEZ-CORDOVA	N		0	47	1-Isolated	12
Willow	MATANUSKA-SUSITNA	Y	A	0	507	Highway	12
<i>15.00 - 19.99 Points</i>							
Adak	ALEUTIANS WEST	N		0	106	2-Isolated	13
Alcan	SE FAIRBANKS	N		0	23	1-Isolated	13
Big Delta	SE FAIRBANKS	N		0	511	2-Isolated	13
Big Lake	MATANUSKA-SUSITNA	Y	A	0	2162	Highway	13
Butte	MATANUSKA-SUSITNA	Y	A	0	2699	Highway	13

**PART I - FY 01 PRIORITIZATION SUMMARY**

Community (in alphabetical order)	Census Area	FNAQ Submitted by Sept. 1, 2000	FNAQ G1.1*	Existing Space (sf)	Pop.	EMS Level	Group
Chase	MATANUSKA-SUSITNA	Y	A	0	55	1-Isolated	13
Chiniak	KODIAK ISLAND	Y	A	0	75	1-Isolated	13
Clam Gulch	KENAI PENINSULA	N		0	113	Highway	13
Coffman Cove	PRINCE OF WALES	Y	A	0	228	1-Isolated	13
Cohoc	KENAI PENINSULA	N		0	602	Highway	13
Copperville	VALDEZ-CORDOVA	N		0	194	1-Isolated	13
Eyak	VALDEZ-CORDOVA	Y	C	0	162	Highway	13
Fritz Creek	KENAI PENINSULA	N		0	2097	Highway	13
Glennallen	VALDEZ-CORDOVA	N		0	494	2-Isolated	13
Halibut Cove	KENAI PENINSULA	N		0	71	1-Isolated	13
Happy Valley	KENAI PENINSULA	N		0	401	Highway	13
Healy	DENALI	Y	E	0	646	2-Isolated	13
Hobart Bay	SKAGWAY-HOONAH-ANG	N		0	48	1-Isolated	13
Hollis	PRINCE OF WALES	N		0	111	1-Isolated	13
Hoonah	SKAGWAY-HOONAH-ANG	N		2740	877	2-Isolated	13
Houston	MATANUSKA-SUSITNA	Y	A	0	836	Highway	13
Hydaburg	PRINCE OF WALES	Y	C	2967	369	1-Isolated	13
Jakolof Bay	KENAI PENINSULA	N		0	40	1-Isolated	13
Kasaan	PRINCE OF WALES	Y	C	0	48	1-Isolated	13
Kasilof	KENAI PENINSULA	N		0	548	Highway	13
Kenai	KENAI PENINSULA	N		3600	7005	Highway	13
Kenny Lake	VALDEZ-CORDOVA	N		0	507	1-Isolated	13
Kupreanof	WRANGELL-PETERSBG	N		0	24	1-Isolated	13
Lazy Mountain	MATANUSKA-SUSITNA	Y	A	0	1109	Highway	13
Lutak	HAINES BOROUGH	N		0	53	Highway	13
McCarthy	VALDEZ-CORDOVA	Y	A	0	37	Highway	13
Mendeltna	VALDEZ-CORDOVA	N		0	80	1-Isolated	13
Moose Pass	KENAI PENINSULA	Y	A	0	118	Highway	13
Nikiski	KENAI PENINSULA	N		0	3038	Highway	13
Ninilchik	KENAI PENINSULA	Y	C	3202	687	Highway	13
North Pole	FAIRBANKS NSB	Y	A	0	1616	Highway	13
Paxson	VALDEZ-CORDOVA	N		0	30	1-Isolated	13
Primrose	KENAI PENINSULA	N		0	62	Highway	13
Salcha	FAIRBANKS NSB	N		0	387	Highway	13
Slana	VALDEZ-CORDOVA	N		0	55	1-Isolated	13
Sutton	MATANUSKA-SUSITNA	N		0	470	Highway	13
Trapper Creek	MATANUSKA-SUSITNA	N		0	344	Highway	13
Whale Pass	PRINCE OF WALES	Y	A	0	62	1-Isolated	13
Whitestone Logging Camp	SKAGWAY-HOONAH-ANG	N		0	118	1-Isolated	13
<i>0.00 - 14.99</i>							
Alexander Creek	not a census designated place	Y	A	0	59	1-Isolated	14
College	FAIRBANKS NSB	N		0	12122	3	14
Crown Point	KENAI PENINSULA	N		0	91	Highway	14
Ester	FAIRBANKS NSB	N		0	240	Highway	14
Ferry	DENALI	N		0	74	1-Isolated	14
Fox	FAIRBANKS NSB	N		0	332	Highway	14
Harding Lake	FAIRBANKS NSB	N		0	30	1-Isolated	14
Kachemak	KENAI PENINSULA	N		0	419	Highway	14

**PART I - FY 01 PRIORITIZATION SUMMARY**

Community (in alphabetical order)	Census Area	FNAQ Submitted by Sept. 1, 2000	FNAQ G1.1*	Existing Space (sf)	Pop.	EMS Level	Group
Kalifornsky	KENAI PENINSULA	N		0	338	Highway	14
Lignite	DENALI	N		0	131	1-Isolated	14
McKinley Park	DENALI	N		0	169	1-Isolated	14
Meadow Lakes	MATANUSKA-SUSITNA	Y	A	0	5232	Highway	14
Moose Creek	FAIRBANKS NSB	N		0	677	Highway	14
Naukati Bay	PRINCE OF WALES	N		0	164	1-Isolated	14
Pleasant Valley	FAIRBANKS NSB	N		0	584	Highway	14
Ridgeway	KENAI PENINSULA	N		0	2382	Highway	14
Salamatof	KENAI PENINSULA	N		0	1122	Highway	14
Sterling	KENAI PENINSULA	N		0	6138	Highway	14
Two Rivers	FAIRBANKS NSB	N		0	660	Highway	14
Womens Bay	KODIAK ISLAND	Y	A	0	675	Highway	14

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**APPENDIX XIII**  
**PART II - CAPABILITY MEASUREMENT**

## PART II - CAPABILITY MEASUREMENT

Total Point Score = Sum of the Following:

	<u>Maximum Points</u>
1. Local Support For Project *	0
2. Site Availability and Control *	0
3. Utility Extension Plan *	0
4. Cost Share Score *	20
5. Service Delivery Plan Score *	10
6. Business Plan Score *	10
7. Existing Facility Deficiency Score	45
8. Comprehensive Facility Development Plan Score	5
9. Multi-use Facility Score	5
10. Project Management Plan Score	<u>5</u>
<b>TOTAL</b>	<b>100</b>

- \* Proposals must meet minimum standards with respect to items 1 – 6 in order to be considered for funding. Proposals that do not meet the minimum standards for these elements will be set aside and a recommendation made to the community that they seek technical assistance to develop more capability. If a proposal does meet the minimum standards for all six elements, then it will be further evaluated and points awarded based upon the quality of the submitted documentation.

### **LOCAL SUPPORT FOR PROJECT**

Have all the necessary resolutions of support from local and regional organizations been passed?      YES or NO

### **SITE AVAILABILITY AND CONTROL**

Is there legal control of the proposed project site?      YES or NO

### **UTILITY EXTENSION PLAN**

If utility and transportation extensions of greater than 150 feet are required to develop the proposed site, has funding been identified for this additional infrastructure?      YES or NO

## **COST SHARE**

Description: In accordance with the authorizing language for the Denali Commission, minimum project cost shares are required based upon the economic conditions in a community. Communities categorized as economically distressed have a required cost share of 50 percent and communities that are severely economically distressed have a required cost share of 20 percent. The Denali Commission will prepare a list of what the cost share requirement will be for each community eligible for rural primary care facility funding. If an applicant does not have the minimum cost share available, then the project will not be funded.

Evaluation: Proposals should identify the amount of community and other non-Denali Commission contributions that will be applied to the project. For cash contributions or other grants, specify whether funds are immediately available or whether they represent a future anticipated commitment (e.g. HUD CDBG). If a future commitment, indicate whether the project would be viable if those funds do not become available.

Proposals meeting the minimum criteria will be scored based on the extent of non-Denali Commission resources available for the project according to the following table. In-kind contributions other than land will not be considered as a part of the cost share.

Community Cost Share		Points
Economically Distressed Community (%)	Severely Distressed Community (%)	
50.00*	20.00*	0
51.25	22.00	1
52.50.	24.00	2
53.75	26.00	3
55.00	28.00	4
56.25	30.00	5
57.50	32.00	6
58.75	34.00	7
60.00	36.00	8
61.25	38.00	9
62.50	40.00	10
63.75	42.00	11
65.00	44.00	12
66.25	46.00	13
67.50	48.00	14
68.75	50.00	15
70.00	52.00	16
71.25	54.00	17
72.50	56.00	18
73.75	58.00	19
75.00	60.00	20

\*minimum requirements

## SERVICE DELIVERY PLAN

Description: It is essential that new or expanded primary care facilities provide services that match the needs of the community, and meet the health program goals as recommended in the Final Report. Proposals must include documentation showing that the completed facilities will have an open door policy and score at least 6 overall points on this criteria. Proposals that do not meet these requirements will not be funded.

Evaluation: Proposals should contain a comprehensive, written service delivery plan that addresses population served, services, staffing and operational policies. State whether the completed facility will fully meet accreditation requirements. The applicants' ARPCFNA questionnaire will be reviewed as background information in evaluating the service delivery plan. Points will be awarded based on the criteria summarized in the following table.

SERVICE DELIVERY PLAN ELEMENTS	POINTS
<b>Population Served</b> <ul style="list-style-type: none"> <li>• Identification of numbers of people served currently</li> <li>• Increases or changes in services anticipated with new / renovated facility</li> <li>• Population to be served in comparison to program and space guidelines presented in Final Report</li> </ul>	0 - 3
<b>Services</b> <ul style="list-style-type: none"> <li>• Services provided currently</li> <li>• Services to be provided with new/renovated facility</li> <li>• Services provided according to Final Report guidelines per facility size and population size</li> <li>• Level of service(s)</li> </ul>	0 - 3
<b>Staffing</b> <ul style="list-style-type: none"> <li>• Staff providing services currently</li> <li>• Staff anticipated in new/renovated facility</li> <li>• Staff employed compared to Final Report program guidelines</li> </ul>	0 - 2
<b>Service Delivery Policies and Agreements</b> <ul style="list-style-type: none"> <li>• Open door policy on seeing patients*</li> <li>• Referral agreements established</li> </ul>	0 - 2

\*minimum requirement

**BUSINESS PLAN**

Description: The capability to sustain a primary care clinic is dependent upon adequate funding and strong financial management practices. Proposals that do not score at least 6 points on this criteria will not be funded.

Evaluation: Proposals should contain a comprehensive, written business plan that addresses funding, operations, administration, and community support. The applicants' ARPCFNA questionnaire will be reviewed as background information in evaluating the proposed business plan. Points will be awarded based on the criteria summarized in the following table.

BUSINESS PLAN ELEMENTS	POINTS
<p><b>Funding Status</b></p> <ul style="list-style-type: none"> <li>• Cost share for new facility</li> <li>• Current financial status</li> <li>• Sources of revenue, funding / income for the clinic</li> <li>• Projection of sources of funds to operate the facility after it is built</li> <li>• Plans for long term financial sustainability</li> <li>• Billing for Medicaid, Medicare, Tricare, private insurance and other sources</li> </ul>	0 - 3
<p><b>Clinic Administration</b></p> <ul style="list-style-type: none"> <li>• The organization that will administer the funding for the new / renovated clinic</li> <li>• Projected administrative staff for new/renovated clinic</li> <li>• Policies and procedures manuals</li> <li>• Quality of care, quality assurance procedures</li> <li>• History of providing care efficiently and effectively</li> <li>• Board of directors or other oversight body</li> </ul>	0 - 3
<p><b>Facility Operations</b></p> <ul style="list-style-type: none"> <li>• Budget for operating the current facility</li> <li>• Projected budget for operating new / renovated facility</li> </ul>	0 - 2
<p><b>Community Support</b></p> <ul style="list-style-type: none"> <li>• Resolutions and other documents that indicate community support</li> <li>• No adverse competition is created with private practices in the community</li> <li>• Evidence of community support through participation on boards</li> <li>• Description of the sources and commitment of funding for the cost share</li> </ul>	0 - 2

## **EXISTING FACILITY DEFICIENCY**

Description: The condition of building systems (structural, mechanical, electrical), energy management issues, handicap access, site / environmental conditions, compliance with fire / life safety codes, and space / floor plan issues all impact the ability to provide quality care in any facility.

Evaluation: Existing facilities will be evaluated via an in depth, on-site code and condition survey. The resultant information will be used to update the Part I Facility Deficiency score. These surveys will be performed by architects and engineers (A&Es), licensed in the State of Alaska, who are fully knowledgeable about life/safety/building codes and compliance issues associated with rural primary care facilities. The Denali Commission, or its agent(s), will hire the A&Es to perform these surveys. With Commission approval, individual communities, and/or their representatives, may directly contract with A&E firms to collect the necessary information. On-site surveys completed by individual communities must follow guidelines developed by the Commission and the results submitted for review by the Commission or its agent.

If it is determined that the facility is in much better condition than indicated in the FNAQ, the Commission reserves the right to revise the community's Part I score. This could lead to the community and the proposal being eliminated from any further consideration for funding.

While the specific Part II scoring criteria have not yet been developed, it is anticipated that they will be very similar to the criteria used in Part I.

## **COMPREHENSIVE FACILITY DEVELOPMENT PLAN**

Description: The Denali Commission encourages community wide planning efforts. Since health clinics are an essential part of a community's overall infrastructure and services it is expected that proposed health facility projects would be addressed in existing community wide development plans.

Evaluation: Comprehensive community development plans that are submitted with a proposal will be reviewed to determine if the proposed project is consistent with the overall plan. A maximum of 5 points may be awarded based on this review.

## MULTI-USE FACILITY

Description: Combining appropriate, but separate, services and programs in one building can result in operation and maintenance efficiencies. For example, a structure that houses both a community washeteria and a clinic can save heating costs, as well as reducing the capital cost of water and sewer connections to the clinic space. Head Start and other health care related services are also good examples of services that might be co-located in the same building. Of course, joint occupancies must make operational sense and not create significant conflicts for any of the programs or uses.

Evaluation: If there is a joint use aspect of the project, the proposal should include a written description of the multi-use facility / campus concept and summarize how the combined use enhances the performance of the structure and the delivery of primary care services. Only the clinic portion of the multi-use structure is eligible for Commission primary care facility funding; the balance of the building must be paid for from other sources. Up to 5 points may be awarded for this element based on the following table. Points are not additive, i.e., proposals will be assigned to one of the following categories.

PROJECT DESCRIPTION	POINTS
No significant multi-use aspect to the project.	0
The clinic facility is located in a central campus area to take advantage of improved and/or lower cost utility service, and/or to generally improve community access to primary care services.	2
25 to 50 percent of the structure (square footage basis ) is occupied by other than the primary care clinic in an appropriate manner.	3
Over 50 percent of the structure is occupied by other than the primary care clinic in an appropriate manner.	5

## PROJECT MANAGEMENT PLAN

Description: Having a well organized management plan that addresses both design and construction phase activities is essential for the successful completion of a project. The Commission encourages the development of such written plans.

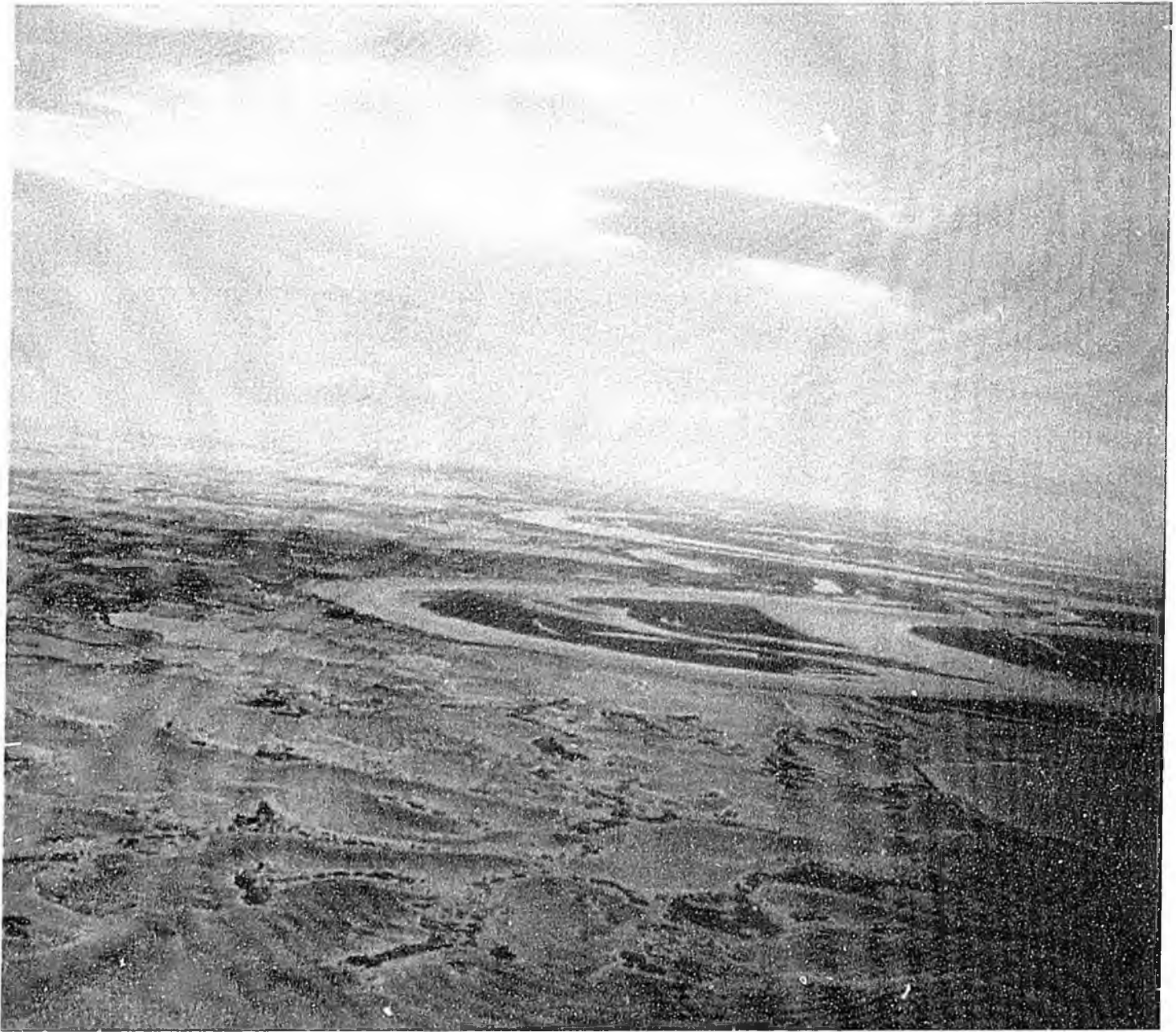
Evaluation: Proposals should include a project summary document with a scope of work (new facility, replacement facility, expansion of an existing facility, or modernization / renovation of an existing facility), overall budget, schedule, design drawings (if available), summary of proposed contracting procedures, and an outline of the management team that will coordinate the project. Also describe the standards used in developing the plans (e.g. the IHS Health Facilities Planning Manual, the AIA Guidelines for Construction and Equipment of Hospitals and Medical Facilities, etc.) and other construction standards that will be followed (e.g. Uniform Building Code). Provide environmental review documentation and approvals, permits, etc. if available. Project Management plans that are submitted with a proposal will be reviewed to determine how well organized the project is and the status of all relevant project documentation. A maximum of 5 points may be awarded based on this review.

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# Impacts of Health Care BRU Reallocations In Bush Alaska



Report to the Alaska State Legislature  
Yukon-Kuskokwim Health Corporation

April 4, 2001

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Yukon-Kuskokwim Health Corporation

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## SENATE FINANCE SUBCOMMITTEE PROPOSAL GRANT TRANSFERS & REDUCTIONS

The current Senate Finance Budget Subcommittee proposal (3/28/01) would eliminate the following grants:

• Human Services Community Matching Grants:	NOT ELIMINATED
• Maniilaq Designated Grants:	-\$3,045.3 (all GF)
• Norton Sound Designated Grants	-\$2,357.2 (all GF)
• SEARHC Designated Grants:	-\$ 565.7 (all GF)
• Kawerak Social Services:	-\$ 372.7 (all GF)
• Tanana Chiefs Conference Grants:	-\$1,255.1 (all GF)
• Tlingit-Haida Designated Grants:	-\$ 198.5 (all GF)
• Yukon Kuskokwim Health Corporation Grants:	-\$2,742.2 (all GF)
<b>TOTAL</b>	<b>-\$10,536.7</b>

All of these grants are for direct public health, substance abuse, mental health, social services or child protection services in their respective regions. These grant programs have existed in the state budget for almost 20 years and were established because of special circumstances or because of the lack of competition in these regions.

The budget proposal would transfer all of these grants to competitive grant programs such as Alcohol & Drug Abuse Grants or General Community Mental Health Grants. However, the transfer is not a net zero! The "transfer out" in elimination of these grants totals \$10.5 million in state general funds and the "transfer in" to competitive grants totals \$9.7 million in state general funds or a total cut of \$800 thousand (see attached). This is a CUT of 8% of the transferred amount.

**What does this mean for competitive grant programs? If these reductions are maintained and all of the designated grantees compete against existing grantees for fewer funds it means the following:**

- Family Preservation grants will have to be cut by \$148.4 a cut of 4%. These grants provide supports for safe and stable families to promote family reunification and provide such services as parenting classes.
- Community Health Grants would have to be cut by \$359.4 a cut of 8%. Normally these grants support health clinics, provide training and support local programs aimed at reducing youth smoking.
- Alcohol & Drug Abuse grants would have to be cut by \$326.0 a cut of 2%. These grants provide alcohol treatment and prevention funds statewide to a variety of non-profits.
- Community Mental Health grants would have to be cut by \$5.0 a cut of less than 1%. General Community Mental Health grants assist many mental health grantees in serving those that do not qualify for Medicaid or other insurance.

## PREFACE

### Why the Budget Request Unit makes sense

*Chris Bragg, Community Services Finance Administrator,  
Yukon-Kuskokwim Health Corporation.*

This health corporation provides almost 100 percent of the primary care, hospital, home care, mental health, and substance abuse services for the 25,000 people in an area of 80,000 square miles with no road access at all.

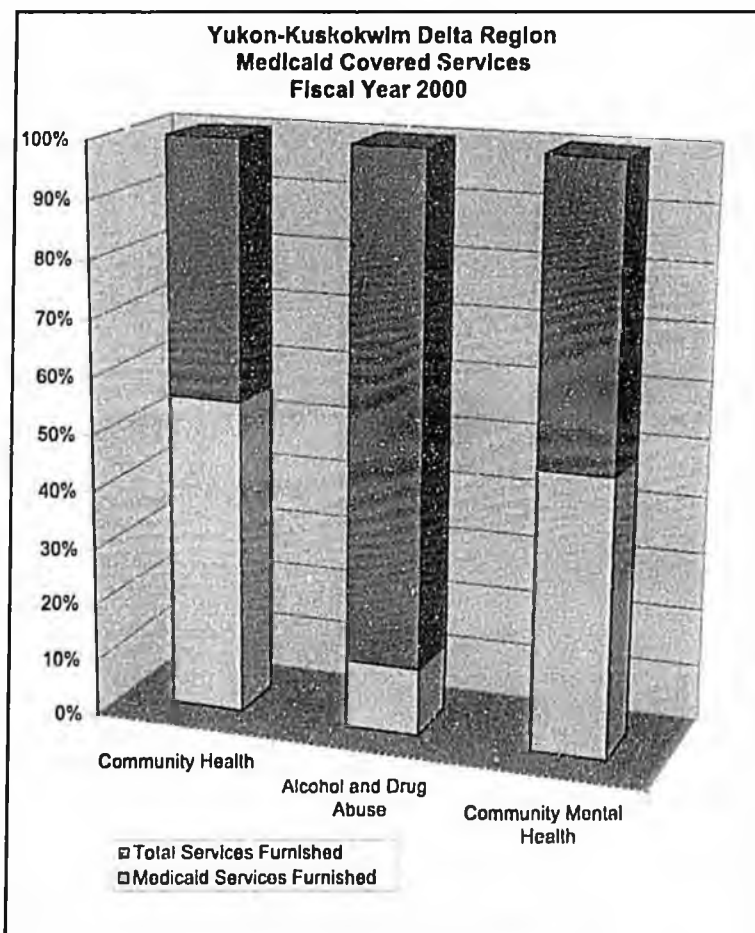
We enjoy the challenges of life here and have spent the last several years moving services from the hub community of Bethel to outlying villages for residents of the region to be able to access services as close to home as possible.

The state of Alaska has been a partner in this venture by providing resources through the BRU and other grant programs and helping to increase access to Medicaid coverage.

*Medicaid now pays for 55 percent of community health visits, 12 percent of alcohol and drug abuse visits, and 48 percent of community mental health visits.*

***BRU funds are key to providing service for the visits Medicaid doesn't cover:***

*45 percent of community health visits, 88 percent of alcohol and drug abuse visits, and 52 percent of community mental health visits.*



#### **The BRU at the Yukon-Kuskokwim Health Corporation funds portions of many important services**

- 80 percent of our Health Aide supervisor/instructors
- 80 percent of the EMS instructors for the region
- 50 percent of the region's Injury Prevention specialists
- 14 village based counselors (to serve 35 villages)
- 2 of 6 mental health clinicians
- Three days a week of Bethel Alcohol Safety Action Program services
- Residential crisis respite services
- Substance abuse treatment services.

At this point, our service area still does not have reasonable access to all necessary health services, and lacks sufficient funds to provide a complete package of basic services. The Yukon-Kuskokwim Health Corporation works diligently to obtain funds to supplement the BRU and increase the level of service available.

It should be noted that BRU recipients must meet the same requirements and standards as grantees who participate in the competitive process elsewhere. Legislative allocations to rural areas assure that citizens of these areas receive the services the state is required to provide. *It simply makes sense to eliminate the incredible administrative effort and cost associated with the competitive process in areas served by only one health provider.*

### **Eliminating BRU funds will have several undesirable results.**

**Grant reductions stemming from the elimination of BRUs and reallocation of only a portion of those BRU funds into the competitive grant process are bringing the state precariously close to non-compliance with maintenance of effort requirements for federal substance abuse block grant funds.** The state is at risk of losing federal funds for substance abuse, which will further reduce substance abuse funds available to all residents of the state.

Health corporations that receive BRUs also actively seek other funds, and the lack of BRU funds will directly and negatively impact their ability to receive additional federal funds for which they might otherwise qualify.

*Thus, the state will lose funds, all residents of the state will experience a reduction of services as state funds are lost, and residents of remote regions will lose services again as the health corporations' ability to obtain federal funding on their own is reduced due to the BRU elimination.*

**Reducing counseling services and bed days available, or closing residential facilities due to reduced funding, will require individuals experiencing mental health crisis to travel from this region to Alaska Psychiatric Institute (API), four hundred miles away. Individuals requiring residential substance abuse treatment will need to go to treatment facilities in Dillingham and Anchorage.** These communities now accept the occasional referral, as all treatment facilities do; they are by no means prepared to take on the patient load related to closing an entire facility.

Our Crisis Respite Center and Community Support Program between them divert 1,400 Alaska Psychiatric Institute patient days per year. At a cost of \$1,000 per day, this is equivalent to \$1,400,000 in hospital costs, and additional expense for transportation. Our residential substance abuse treatment program provides between 3,000 and 4,000 treatment days per year, and village based counselors provide treatment equivalent to many additional days. Eliminating funding for the facility and rural counselors will require care in Anchorage, which we estimate to cost \$1,125,000, plus transportation (if bed space is even available!)

**We would be able to offer only minimal Community Health Aide supervision outside of hospital based physicians.** Replacing Health Aide Supervisor/Instructors with physicians at triple the salary cost is not an effective solution to budget woes. Injury Prevention and Emergency Medical Services both save lives each year. Loss of these services will obviously decrease over time the number of children and adults who can swim enough to get to safety after a boat capsizes and decrease the number of people in villages who can make a difference in a life threatening emergency.

*You can't put a dollar value on loss of life, but you can put a dollar value on air ambulance costs, critical care unit days that result from serious injuries and delay in treatment due to lack of trained response personnel, and the cost of state custody of children without capable parents.*

*At least 30 percent of the patients now receiving treatment will not be able to participate in treatment farther away from home. Untreated mental illness and alcoholism, as we all know, have huge costs to the people involved and cost the state huge sums in law enforcement, corrections facilities, child protection, and medical expenses.*

## **BRU cuts will cost the State more, not less**

*Sandra Mironov, Behavioral Health Administrator, YKHC*

**To cut services in under-funded programs working to meet the needs of under-served communities doesn't add up.**

**To move the funding of the Budget Request Units to the competitive grant cycles in the State Divisions of Mental Health and Alcohol and Drug Abuse puts Rural communities at an unfair disadvantage.**

Funding for grant writers is not available and if it were available the expertise writing competitive grants just isn't there for the Bush providers. Currently, grants that are written have to be done by direct service providers. When providers have to write and submit grant proposals valuable time is lost to services. Again, the capacity to develop competitive grants is not available.

When dealing with large caseloads in under-funded programs it is nearly impossible to further burden service providers with another responsibility such as grant writing.

**Any loss of services to Bush communities will mean a direct shift of clients to urban areas of the State where services are available. Costs of transportation to get clients to services will increase dramatically. Services will revert to being provided on a crisis basis which makes them more costly than locally provided early intervention services. Thus, increased costs are shifted to the State to fund transportation and urban agencies providing services.**

**Finally, people will not seek treatment until they reach an emergency state because they do not want to leave their communities, families and culture. Forcing individuals into a foreign environment to obtain necessary care will significantly increase their risk for poor outcomes.**

*In an era when access to healthcare services are the hallmark of the provision of good care, any cuts to Budget Request Unit funding and any shift to move this funding from Budget Request Units to competitive grant cycles will deny some rural Alaskans access to essential care.*

*BRUs were established 20 years ago to meet the needs of under-served Alaskans. While some services are now available in the Bush communities, current BRU funding levels address only about one third of the level of the need.*

*The BRUs were designed to provide some funds for providers in largely rural areas where services would not be available without additional support.*



**Concerned citizens gather at the Bethel Legislative Information Office to testify in opposition to BRU cuts.**

## Alcoholism and Drug Abuse

**BEHAVIORAL HEALTH SERVICES****Regional Alcohol and Drug Abuse Services**

Current BRU request      \$293,383

**Community Support Program**

Current BRU request      \$402,086

*These portions of the YKHC BRU partially fund the Village Services component of the Behavioral Health Services.*

**Impacts of Proposed Cuts –**

- Only 22 of the more than 50 villages in the Y-K Delta have at least one counselor.  
Any funding cuts to this program result in villages no longer having counseling services available.
- Increased transportation costs to get people to Bethel or Anchorage for services.
- Increased out of village crisis calls due to no counselors available to assist village residents in times of life crisis.
- Loss of culturally competent services.

Master's level Village Clinicians provide required supervision to village-based counselors.

YKHC now employs 5 FTEs for Village Clinicians. Our BRU Community Support Program (CSP) funds pay for two thirds of one FTE for a Village Clinician.

Village Wellness Counselors provide immediate response to those in need. Interventions include crisis intervention, assessments, outpatient counseling and aftercare. Wellness counselors serve people close to home, eliminating the disruption and cost of frequent trips to Bethel. Populations served include all adults and children in the region who are displaying symptoms or behaviors which may be life-threatening to themselves or others, or creating disruption in their daily functioning.

Our BRU CSP funds pay for six Village Wellness Counselors. BRU Regional Alcohol and Drug Abuse funds pay for seven counselors.

Elder Counselors and Traditional Counselors work in coordination with Village Wellness Counselors to provide traditional counseling services and consultation to clients and their families.

Elder and traditional counselors receive this designation through recognition in their community and the State of Alaska for their life-long participation in helping their communities practice healthy lifestyles.

Our Budget Request Unit pays for three Elder Counselors.

**Testimony:**

Oscar Active, Village Services Field Supervisor

*I just got word that the legislature is thinking of cutting some money from the substance abuse fund. If that happens it will hurt the programs that are trying to help the people. That's like telling me to go and save a hundred people that are drowning with a little boat or skiff. We can only do so much with what little we have. What do I tell the people that I can't save right now; Hold on I'll make another trip? How many do you think will drown before I can come back? Or it's just like teaching someone how to fly and half way through his program I tell him I have no more money, you need to learn the rest your self. How far do you think he'll get before he crashes?*

## Testimony: Sandra Kleven Rural Human Services Coordinator, YKHC

*Over the course of the last 20 years, the Yukon-Kuskokwim Health Corporation has carefully nurtured the growth of village-based counselors. At present, 30 counselors serve the 54 villages of the Yukon-Kuskokwim Delta. Out in the Bering Sea on the Island of Mekoryuk, Sam Smith has worked for all of those 20 years meeting the needs of his people.*

*In Emmonak, Virginia Moore has been working for more than six years. In Alakanuk, Priscilla Edmund has just begun her career in human services. In Akiak, Andrew Jasper serves the people with many years experience and hard won expertise.*

*These counselors and others like them intervene when there is threat of suicide. They assist when those with mental illnesses experience episodes of acuity. They help families and individuals hurt by alcohol abuse. They help with healing and they help to promote the self-determination of Alaska's Native people.*

*With the BRU cut, positions will be eliminated. The impacts are many:*

- *Village residents will fly to Bethel to see counselors at great expense and inconvenience.*
- *We will lose trained village response to suicide threats.*
- *When the jobs are cut, village economies will be affected.*
- *Careers in human services will be interrupted.*
- *Academic progress will be halted as most village counselors are also students of the University of Alaska Fairbanks, College of Rural Alaska, Rural Human Services program and Human Services Technology.*
- *Village development will be affected because village counselors are "community" helpers, educating and organizing.*

*The village-based counselor program developed to replace the dependency on outside professionals. A constant stream of individuals hired from outside Alaska passed through our region. The average stay was usually two years. Some were excellent professionals, some were not, but eventually most were gone, taking with them skills honed in the region.*

*When we began to train local people the result was permanence. Locally recruited and trained counselors stay in the regions where they have homes and families. They make a permanent contribution to the well-being of the people. This "rooted in place" quality amplifies the impact when jobs are lost. When the counselor's job is taken away, the "counselor" is lost to the field. They are left struggling to find work among the small number of village jobs, perhaps as a school cook, janitor, or secretary. There are no alternative counseling jobs in villages.*

*Cutting the BRU moves us backwards and, worse, takes away something valuable and hard won. For 20 years, we have moved toward self-determination and culturally appropriate helping services, in a region that tops all statistical charts in measures of pain and suffering. Now we risk a major loss to a program that has demonstrated effectiveness. With this proposed cut the village counselors are undermined and the villages are left, once again, to silent struggles with trauma, hurt and loss—and the effort, 20 years in the making, to build a village based support system is decimated. When I think of the dedicated counselors who, by and large, work alone in their villages, I can't help but ask, who is going to tell them they have lost their jobs?*



Sandra Kleven.

## Phillips Ayagnirvik

Current BRU request \$604,937

### Impact of Proposed Cuts

- Immediate decrease in treatment days available.
- Increased transportation costs to access services in Anchorage or beyond.
- Increased wait times for the reduced treatment days available.
- Decreased motivation to enter treatment due to increased waits.
- Increased incidence in domestic violence and child abuse due to persons not entering treatment.
- Loss of culturally competent programming

Phillips Ayagnirvik is a residential treatment and recovery program for adults suffering from the disease of substance abuse.

Treatment services involve individual, group and family dynamics education. The program strives to develop culturally responsive individual treatment plans and activities that are proactive and emphasize relapse prevention.

90 percent of the Phillips Ayagnirvik operations money is funded by the Budget Request Unit.



*Phillips Ayagnirvik currently offers 4032 treatment days annually to the people of the Y-K Delta.*

## Bethel Alcohol Safety Action Program

Current BRU request \$ 35,000

### Impact of Proposed Cuts

- Decreased days ASAP assessments or case management are available.
- Increased burden on courts to case manage clients.
- Increased risk of repeat offenses while awaiting treatment services.

This program screens court referred clients and monitors treatment programs for compliance for clients who have current misdemeanor charges against them within the State of Alaska.

Our Budget Request unit currently funds one position for three days per week.

## Youth Substance Abuse

Current BRU request \$ 25,980

### Impact of Proposed Cuts –

- Decrease in counselor services to provide assessment and aftercare.
- Longer waits to get into treatment due to lack of counselors to do assessments and assist with processing treatment applications.
- Increased risk of relapse due to no aftercare services.

Youth may receive an assessment of their treatment needs in a village by a Village Wellness Counselor or in Bethel by either a Complex Care Manager or Assessor. If they are referred out of the region for treatment services, upon return home they will receive follow-up services from a Village Wellness Counselor or an Aftercare Counselor in Bethel.

Our Budget Request Unit funds 50 percent of one part-time counselor position.

*There are no residential treatment centers for YOUTH in need of substance abuse treatment in the Y-K Delta.*

## Community Mental Health

### Crisis Respite Center

Current BRU request      \$339,652

#### Impact of Proposed Cuts

- Decrease in days Crisis Respite Center could be operated.
- Hospital admission at API for five clients per day during all days of shut down.
- Loss of culturally competent programming.

Crisis Respite Center (CRC) is a program that provides emergency support services for individuals experiencing a life crisis so disruptive it cannot be managed in an outpatient setting.

CRC provides evaluation, treatment, and referral in a voluntary setting for those individuals needing to be monitored and protected. The program also works closely with the Alaska Psychiatric Institute (State Hospital) for treatment that is not available locally. *The alternative setting provided by the Crisis Respite Center, while ensuring the client's needs are met closer to their home community, can also ensure the client's needs are met in a culturally sensitive manner.*



The current Crisis Respite Center opened in 1998 (YKHC file photo).

*Populations served by CRC include all adults in the region who are displaying symptoms or behaviors which may be life threatening to themselves or others, or creating such disruption in their daily functioning that intensive interventions, including out of region or out of state placement, is imminent.*

**Our Budget Request Unit funds 90 percent of the operating budget of the CRC.**

### Testimony: Harry Nicholai

*When I was in oppression and didn't know where to turn to. There was the CRC waiting for me after I had spent two to three days in the ER at the hospital. There was lots and lots of peace and quiet and there were people there for me. People just being there helped me to regain confidence in myself. During the time that I spent at the Crisis Respite Center.*

*The Bethel Mental Health was there when I needed somewhere to live and when I had needed to get Teeth. They helped me and now with these new Teeth I have a more positive attitude for myself. I can now go forth with these positive helps that have happened for me through their influence in my life.*

*So, in my response to the question at hand: Should the Mental Health/recovery program working together to restore the lives of those that have been held in oppression by the addiction of Alcohol should be kept here in Bethel, because of its vicinity to those of the nearby villages.*

Harry Nicholai



Harry Nicholai

## Emergency Services

Current BRU request      \$127,635

### Impact of Proposed Cuts

- Decreased capacity to respond adequately to crisis calls.
- Complex Case Management availability would be lost.
- Increased risk of completed suicides due to response times increasing.

**Emergency On-Call Responders.** Emergency Services Clinicians (3) and Complex Care Managers (3) are available 24 hours a day to respond to behavioral health crises.

The Clinicians are Master's level prepared in Human Services with both experience and specialized training in the fields of Mental Health and Substance Abuse Treatment. The Complex Care Managers are experienced counselors whose specialty area is working in the field of Substance Abuse treatment. The Emergency On-Call Response Team is available 24 hours a day.

**Our Budget Request Unit funds 1.2 Clinicians for Emergency Services.**

### Testimony: Steven Jumbo

*My name is Steven Jumbo and I want to say a few things about API. Maybe lots of things. I was there the first time and I didn't like it. I missed my parents; my parents took me over, both of them. One thing I dislike about API is that they batter people around there. Many times I was locked up in the quiet room, completely out of harm's way because I was trying to hurt myself. I don't know how it is now-a-days. I haven't been there in ten years. I haven't been there in ten years because I have been getting support from YKHC program. Doctors in Bethel are significant, smart and reliable. In Bethel, I am in the big world. I can get my services in a place that is homey. I am not locked up. I am close to my home village. I can come and go as I please. Patients in API don't know what they're doing, they're locked up in there. They don't have any choices, they're stuck in a small world there. Please don't cut money for programs out here. People out here need them and benefit from them.*

*Sincerely,*

*Steven Jumbo*



Steven Jumbo.



People gather to offer testimony in Bethel in regards to proposed funding cuts.

## General Mental Health Services

Current BRU request \$ 38,027

### Impact of Proposed Cuts

- Fewer service eligibility determinations due to decrease in provider hours.
- Increased risk of crisis development due to lack of any early intervention services.

### Psychiatric Services

The Yukon Kuskokwim Health Corporation employs three psychiatrists on a part-time basis. They provide regional psychiatric services by holding specialty clinics in Bethel, as well as traveling to villages as often as 90 times per year to see clients closer to home. Further, YKHC employs a full time Mid-Level Practitioner located in Bethel to perform psychiatric interventions and medication management for clients region-wide.

### Psychological Services

YKHC employs a Licensed Clinical Psychologist who provides psychometrics and interpretive reports to assist in the provision of comprehensive diagnostics to specific clients in the region.

### Children's Specialty Diagnostic Services

Clinicians work directly with children to ensure appropriate diagnosis, particularly when multiple contributing factors (including abuse issues, FAS/FAE) must be considered.

### Outpatient Counseling Services

are available in the regional clinic as well to supplement services especially to Bethel residents.

**Our Budget Request Unit for General Mental Health Services currently funds 1/3 of a Mental Health Professional Clinician position.**

### Testimony: Sarren Fred Weston

*Dear Sirs:*

*I would appreciate it if mental health services would be conducted here in Bethel than in Anchorage. I prefer to speak to doctors in person than having to call them on the telephone or something. Having services here in Bethel keeps my medications up to date and current.*

*Sarren Fred Weston*



Sarren Fred Weston.

### Testimony: Rose Ashepak

*Hello,*

*My name is Rose Ashepak. We need more mental health counseling in Bethel. I think they need more anger management counseling. I am consumer of services. How would I get my medicine if they move it to Anchorage? It would be hard.*

*It is better to have a program here than in Anchorage. Other patients from villages might have a hard time.*

*Rose Ashepak*



Rose Ashepak.

# VILLAGE OPERATIONS

## Health Aide Training & Supervision

Current BRU request: \$615,500

*Supervision is an essential component of the Community Health Aide Program. Supervisor Instructors (SIs) help to assure the quality of village-level health care, monitor job performance, and provide guidance and support. This is critical due to the innate isolation of this rural program.*

The Health Aide's overall job performance is monitored by the field SI. The SI ensures that corporate policies are implemented and maintained, and that safety and compliance issues are met.

There are three critical components to field supervision:

- **Administrative:** Recruit and train health aides, evaluations, schedules, policies, regulatory compliance with CLIA, OSHA, JCAHO.
- **Clinical:** Post session learning needs, evaluations, quality assurance, medico-legal issues.
- **Psychosocial Support:** Critical incidence stress debriefing.



Health Aides meet with their Supervisor/Instructor in Mountain Village.

Since 1991, the need for field supervision has dramatically increased. There has been an increase in the number of people requiring supervision while the number of SIs has remained virtually the same.

Presently, the ratio of villages and health aides to field SIs is so high that none of the essential components of supervision is being well attended. SIs report that they are doing too many things, causing the quality of each to suffer. It is difficult to prioritize the choice between meeting mandatory federal regulatory standards, keeping up with the health aides' medical training and providing emotional support to a health aide who has just responded to an emergency. If there are not enough health aides to staff the clinic, the supervisor must go to work in the clinic, or the clinic is forced to close, leaving the village with only emergency response medical care.

The BRU currently funds eight SI positions. Each SI supervises 5 - 6 villages and 22 village-based health aides. A 25 percent reduction in funding would mean an increase of two villages and 10 or more persons to supervise.

*A cut in funding would be a devastating blow to the Community Health Aide Program's infrastructure. There are no variables to eliminate the distance and isolation that these health care providers practice under. Funding resources must be adequate so that those living in rural Bush Alaska may have safe, consistent health care.*

*An optimal number of Supervisor/Instructor visits to each clinic would be four per year. If each SI had four villages, this schedule would require a minimum of 16 weeks of travel per year.*

*In 1991 the CHAP In Crisis document stated that no SI should supervise more than 12 health aides. Presently, each SI supervises 22 - 26 health aides.*

## Testimony: Balassa Larson Supervisor / Instructor

*My name is Balassa Larson, I am one of the Supervisor/Instructors (SI's) for the village Health Aide Program on the Yukon-Kuskokwim Delta. Before I became a supervisor I was a Community Health Practitioner in the village of Oscarville for nine years. I have been an SI for five years now.*

*Community Health Aides provide primary care to whoever seeks their assistance, be it an emergency, acute or chronic illness. Health aides are the first responders the community looks up to when in need of health care. When the health aides need assistance they call their SI.*

*My role as a Supervisor/Instructor is to provide immediate supervision to village based CHAP. Supervision is a crucial component of the Community Health Aide Program. The YKHC Supervisor/Instructors supervise 47 villages with an approximate total of 200 health aides. We travel to our assigned villages at least twice a year to provide on-site observation. Without on-site observation we would not be able to assess the competency of health aides and evaluate their performance. Without knowing the competency of our health aides we would not be able to assure that quality health care is being delivered at the village level.*

*At present I am assigned to six villages and have direct responsibility for the clinical and managerial practice of 24 health aides. If there was a reduction in the BRU grant, our department would lose funding for two of our eight funded SI positions. I would be left to supervise eight or more village clinics and from 33 - 40 health aides. There are not enough hours in the day to perform all of the essential tasks it would take to do this.*



Balassa Larson.

## Emergency Medical Services (EMS)

Current BRU request: \$231,114

### Impact of Proposed Cuts

The BRU grant accounts for 80 percent of funds for the EMS Regional Training Center, which provides training for all the health aides in the Yukon-Kuskokwim Delta, as well as...

- CPR training for construction crews and fish processors
- 44-hour-long First Responder training for high school students
- Advanced courses for the fire departments in the region.

We are very careful with expenditures because we know that each person we can get training to will most likely need that training in the trauma-plagued life of rural village Alaska. The EMS system statewide is no different. We all work together to share our knowledge and equipment.

The proposed change to the funding of the BRU will impact us in two major ways.

1. We will be less sure of our funding and our funding amounts will be lower; we will not be able to establish the programs that require multi-year efforts.



Students learn how to perform the abdominal thrust choking prevention technique with EMS instructor Bill O'Brien.

Training is an activity that pays off very well in the long run, but is hard to demonstrate in the short run.

Many of our state dollars are magnified by a match to Federal dollars at a 3 to 1 ratio. A \$100,000 cut is actually a \$400,000 cut to the program.

If we suffered a 25% reduction in the BRU for EMS training in Bethel in this last year alone we would have 291 fewer people knowing CPR and Medic First Aid. We would have a dozen fewer advanced trained medical technicians.

## 2. Making the grant process competitive will undermine the statewide sharing among the EMS regions.

For instance, it is nearly impossible to compare the relative importance of a particular communication tool between Interior Alaska and Coastal Alaska. They use repeaters on mountains, we use VHF radios on snow machines.

*A reduction in funding would mean we will have to divert funds from active programs to additional administrative overhead.*



EMS trains all the health aides in the YK Delta in emergency response.

## Testimony: John Dickens

*I am an EMS Instructor with YKHC, a volunteer state certified Structural Firefighter, and an EMT2 with the Bethel Fire Dept. I am also a member of Bethel Search and Rescue and a sworn member of the Bethel Public Safety and Transportation Commission. I first became an EMT when I was 18. I went on to many years of active and reserve service in the US Coast Guard in Alaskan waters.*

*I must respectfully ask you to reconsider your attempt to cut the BRU Grant, to do so will literally be measured in large amounts of blood and tears. In my 30 years in Alaska I have never seen a greater need to support Emergency Medical Services and Injury Prevention, and all the other vital life or death activities that is the BRU than right now.*



Bethel Firefighters benefit from YKHC's EMS training.



John Dickens.

*So far this month I have responded to over 30 ambulance runs here in Bethel, everything from assaults involving deadly weapons, attempted suicides, to motor vehicle crashes. This month I helped teach over 130 7th and 8th graders CPR. I taught 11 Village Health Aides and one volunteer firefighter a 160-hour EMT course. Every one of my EMT students told me tales of trauma and sorrow that would freeze your blood! The people my partners and I train use the skills to save lives. Our office used to have six people, now we have four. By cutting the BRU Grant we will have only three instructors to serve over 25,000 people!*

*Try to imagine what it feels like to be a young woman treating a gunshot wound victim in the*

*bottom of an aluminum fishing boat, or a young mother doing CPR on her best friend's father while praying for the medevac aircraft to arrive. Please try and visualize yourself as a Village Health Aide doing an emergency childbirth at a clinic 100 miles from the nearest hospital. Or what it's like to have someone die in your arms because you lack the training to help him or her!*

*Please ask yourself, how your constituents would react if you told them that no EMS training is available. How would you feel if you or your loved ones suffered or perished because there were no trained responders in your area?*

*Times are hard and are going to get a whole lot harder. All Alaskans must realize that the days of easy money and spending are over! But the saving of human life and all the other actions that are funded by the BRU grant program must remain our highest priority.*

*As a boy raised in Alaska, I was imbued with a sense of duty to Alaska and her people. I remember the old Alaska. I am asking you to go back to your roots, and to the reasons you stay in this great land of ours. Please do not make our tough situation even worse by cutting the BRU grant. All Alaskans benefit from the work funded by the BRU Grant. The lives saved may be yours! Cut this grant and people will die, and the blood will be on your hands!*

## Injury Prevention

Current BRU request:       \$60,786

### Impact of Proposed Cuts

*Injuries are the leading cause of death for Alaska Natives between the ages of 1 and 44, and the third leading cause of death overall in the State. In the YK Delta, injuries are the second leading cause of death.*

Because injuries are such a serious public health problem in the YK Delta, injury prevention is a top priority for the Yukon Kuskokwim Health Corporation.

The Corporation Injury Prevention Program is in charge of reducing the incidence of injuries and continues to focus its efforts on the leading causes of injury death and hospitalization.

The main focus of our program is to develop intervention strategies and build Tribal capacity to reduce the incidence of injuries. *The Injury Prevention Program, in cooperation with other statewide programs, has witnessed a significant injury reduction.*

- The drowning rate to Alaska Natives has been reduced by 42%.
- Motor vehicle related deaths have declined by 20% in Alaska during 1990 and 1996.
- Unintentional injuries have declined by 27% overall.

The continued success of the Injury Prevention Program is very dependent on the continued availability of BRU funding.

The money from the BRU has allowed us to make these significant strides in the reduction of injury death and hospitalizations for our Alaskan Native communities and has allowed YKHC the resource to develop necessary infrastructure to maintain existing programs. Reducing the funding now will jeopardize the reduction of injury death that we have made to date.



Through programs that promote bicycle safety and other prevention efforts, YKHC's Injury Prevention Dept. has had an impact in reducing serious injuries in the region. Cuts in funds would jeopardize that progress.

**If the rate of death for our Native Alaskan children could be the same as that for all US children, we would have...**

- 59 Native Alaskan children still alive who died from drowning.
- 82 Native Alaskan children still alive who died from firearms.
- 29 Native Alaskan children still alive who died from fire.
- 73 Native Alaskan children still alive who died from suicide.

[CDC "State Injury Profile for Alaska," which is death data compiled by David Wallace for the years from 1985-1996]

To quote the former Surgeon General and Chairman, National SAFE KIDS Campaign, C. Everett Koop:

*"If a disease were killing our children in the proportions that injuries are, people would be outraged and demand that this killer be stopped."*

### Testimony: Tom Fazzini

*I am a Registered Environmental Health Specialist and the Injury Prevention Coordinator for YKHC. I am a LCDR in the Public Health Service. I have lived and worked in Bethel for five years and have lived in Alaska for seven. I am here to ask you to reconsider your proposal to cut the BRU Grant.*

*Our program has been a huge success in reducing injuries. The credit going to our field staff who travel to the villages and teach prevention based classes, and keep villages supplied with safety equipment such as float coats, snow machine helmets and the installation of smoke detectors.*

*It's imperative that the funding continue to keep our program functioning. Since funded with the BRU monies, our drowning has been reduced by 42 percent. Previously we averaged four snowmachine deaths per winter, in the past two seasons we have had one snow machine injury death. There have been 27 in the State this season.*

*With funding cuts our staff will be reduced by 50 percent, leaving one Injury Specialist to serve all 50 villages. I can guarantee, with reduced services there will be an increase in our injury deaths.*

*I urge you to reconsider. We must continue working towards building the necessary infrastructure to develop sustainable programs that will continue to reduce and eliminate injuries.*



A testament to ATV safety education: Elders wear their helmets.



U.S. Surgeon General Dr. David Satcher, left, visited the YK Delta March 2. Clinical Director Dr. Jane McClure, Human Resources Director Susan Chief, Native Hire Coordinator Ruth Richardson, and President/CEO Gene Peltola presented a souvenir gift of his visit to the region.

U.S. Surgeon General Dr. David Satcher took a half-day tour March 2 of the Yukon Kuskokwim Delta Regional Hospital and a village clinic. Though the trip was short, the doctor liked what he saw.

*"I've been the Surgeon General for three years and this is the first time that I have visited this region. I was determined to see how the Indian Health Service provided care to the people in the region.*

*"I was impressed with how the tribes have come together to bring health care to the Alaska Native people. I was also impressed with the challenges that patients have to endure to receive healthcare services and what the providers have to do to provide that care.*

*"I was also impressed with the community health aides who are trained to deliver health care. It is a very good model. In this country, one of our major weaknesses is dealing with community health. In what I have seen here and how the system has been adapted to the challenges in providing healthcare, we can come up with strategies for the whole system across the country.*

*"This trip was important because I saw first-hand how the patients and the providers get around in the area. It is an innovative model."*

—Dr. David Satcher, U.S. Surgeon General

#### **Acknowledgements.**

*Health Aide Supervision Impacts by Carol Odinzoff, RN, Director of Field Supervision for the Community Health Aide Program, Chair of the CHAP Directors statewide organization.*

*EMS Impacts by Curt Madison., Supervisor, Emergency Medical Services Regional Training Center (Bethel)*

*Injury Prevention Impacts by Dana Lee Hall, Registered Pharmacist, Director of Community Health & Wellness at YKHC, currently serving on Active Duty with the Public Health Service.*

*Layout by Michael Faubion, YKHC Media Services.*

*Thank you to Ted Horner, Delta Discovery. Also to Sandra Kleven, Dana Hall, John Dickens, and Rose Henderson for photos.*

*YKHC's Hospital, Behavioral Health and Home Care programs were surveyed by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) in September.*

*We received full accreditation with commendation through 2003.*



**This was the first JCAHO survey for Behavioral Health and Home Care. Home Care passed after their first survey, which rarely occurs, and Behavioral Health performed exceptionally well, receiving a score of 96.**

ALBERT B. CUANZON  
789-5810

**YKHC**  
**MEDIA**  
**SERVICES**

**SB**

**1**

**SENATE COMMITTEE REPORT  
First Committee of Referral**

DATE: 1/8/01

*3/15/01*

FURTHER: HES  
Finance

Date of 5-Day Notice: \_\_\_\_\_  
(in accordance with Uniform Rule 23)

DATE TURNED *1/08/01*  
IN TO OFFICE: \_\_\_\_\_

Community and Regional Affairs Committee considered

SENATE BILL NO. 1

"An Act relating to the base student allocation used in the formula for state funding of public education; and providing for an effective date."

and recommends:

- be replaced with \_\_\_\_\_ CS \_\_\_\_\_ (\_\_\_\_\_)
- adopt previous \_\_\_\_\_ CS \_\_\_\_\_ (\_\_\_\_\_)
- attached amendment(s)
- adopt Letter of Intent by \_\_\_\_\_ Committee
- further referral to \_\_\_\_\_ Committee

**Senate Bill:**

- same title
- new title

**House Bill:**

- same title
- technical title
- new: SCR # \_\_\_\_\_

**NEW FISCAL NOTE(S):**

Department	Date	Fiscal	Zero	FN#
DEED		✓		

**PREVIOUS FISCAL NOTE(S):**

Department	Date	Fiscal	Zero	FN#

APPROPRIATION - no fiscal note

SIGNATURES AND RECOMMENDATIONS:	DO PASS	DO NOT PASS	NO REC	AMEND
<i>[Signature]</i>			✓	
<i>[Signature]</i>			✓	
<i>[Signature]</i>	✓			
<i>[Signature]</i>			✓	
<i>[Signature]</i>				
CHAIR: <i>[Signature]</i>	✓			

# FISCAL NOTE

**STATE OF ALASKA**  
**2001 LEGISLATIVE SESSION**

Fiscal Note Number: 1  
 Bill Version: SB 1  
 (S) Publish Date: 3/20/01

Revision Date/Time (Note if correction): \_\_\_\_\_ Dept. Affected: DEED  
 Title: An Act relating to the base student allocation BRU: K-12 Support  
used in the formula for state funding of public education; ... Component: Foundation Program  
 Sponsor: Senator Gary Wilken  
 Requester: Senate CRA Component Number: 141

**Expenditures/Revenues** (Thousands of Dollars)

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

OPERATING EXPENDITURES	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims	28,945.0	28,945.0	28,945.0	28,945.0	28,945.0	28,945.0
Miscellaneous						
<b>TOTAL OPERATING</b>	<b>28,945.0</b>	<b>28,945.0</b>	<b>28,945.0</b>	<b>28,945.0</b>	<b>28,945.0</b>	<b>28,945.0</b>

<b>CAPITAL EXPENDITURES</b>						
-----------------------------	--	--	--	--	--	--

<b>CHANGE IN REVENUES ( )</b>						
-------------------------------	--	--	--	--	--	--

**FUND SOURCE** (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF	28,945.0	28,945.0	28,945.0	28,945.0	28,945.0	28,945.0
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type)						
<b>TOTAL</b>	<b>28,945.0</b>	<b>28,945.0</b>	<b>28,945.0</b>	<b>28,945.0</b>	<b>28,945.0</b>	<b>28,945.0</b>

Estimate of any current year (FY2001) cost: 0.0

Check this box (X) if funding for this bill is included in the Governor's FY 2002 budget proposal:

**POSITIONS**

Full-time						
Part-time						
Temporary						

**ANALYSIS:** (Attach a separate page if necessary)

Senate Bill 1 amends AS 14.17.470 to increase the base student allocation from \$3,940 to \$4,085, effective July 1, 2001. As a result there would be an increase in State Aid totalling \$28,944,979. Also the Funding Floor erodes faster and would eliminate four districts from the floor.

Prepared by: Eddy Jeans Phone 465-8679  
 Division: DEED/ESS Date/Time 1/8/01 12:00 AM  
 Approved by: Commissioner Holloway Date 3/30/01  
 Agency: Education & Early Development

For distribution information, call the Governor's Legislative Office

DISTRICT	FY 02 District Adjusted ADM	Current Basic Need at \$3940	SB_1 revision \$4085 Basic Need for FY02	Increase in State Aid	Funding Floor Difference	Total Entitlement Difference
Alaska Gateway	1,172.57	4,619,926	4,789,948	170,022	(43,009)	127,013
Aleutian Region	310.25	1,222,385	1,267,371	44,986	(17,994)	26,992
Aleutians East Borough	946.76	3,730,234	3,867,515	137,281	0	137,281
Anchorage	67,080.62	264,297,643	274,024,333	9,726,690	0	9,726,690
Annette Island	616.62	2,429,483	2,518,893	89,410	0	89,410
Bering Strait	5,374.67	21,176,200	21,955,527	779,327	0	779,327
Bristol Bay Borough	597.46	2,353,992	2,440,624	86,632	0	86,632
Chatham	617.88	2,434,447	2,524,040	89,593	0	89,593
Chugach	314.78	1,240,233	1,285,876	45,643	(18,257)	27,386
Copper River	1,379.03	5,433,378	5,633,338	199,960	(15,984)	183,976
Cordova	832.94	3,281,784	3,402,560	120,776	(47,151)	73,625
Craig	905.80	3,568,852	3,700,193	131,341	0	131,341
Delta/Greely	1,032.16	4,066,710	4,216,374	149,664	0	149,664
Denali Borough	736.62	2,902,283	3,009,093	106,810	0	106,810
Dillingham	1,153.20	4,543,608	4,710,822	167,214	(66,885)	100,329
Fairbanks N. Star Borough	22,082.69	87,005,799	90,207,789	3,201,990	0	3,201,990
Galena	3,213.05	12,659,417	13,125,309	465,892	(186,357)	279,535
Haines Borough	693.76	2,733,414	2,834,010	100,596	(7,573)	93,023
Hoonah	481.46	1,896,952	1,966,764	69,812	(27,925)	41,887
Hydaburg	224.02	882,639	915,122	32,483	0	32,483
Iditarod Area	1,397.03	5,504,298	5,706,868	202,570	(81,028)	121,542
Juneau Borough	7,825.09	30,830,855	31,965,493	1,134,638	0	1,134,638
Kake	326.91	1,288,025	1,335,427	47,402	(12,369)	35,033
Kashunamiut	781.14	3,077,692	3,190,957	113,265	0	113,265
Kenai Peninsula Borough	14,826.33	58,415,740	60,565,558	2,149,818	0	2,149,818
Ketchikan Gateway Borough	3,543.70	13,962,178	14,476,015	513,837	0	513,837
Klawock	431.54	1,700,268	1,762,841	62,573	(25,029)	37,544
Kodiak Island Borough	4,639.24	18,278,606	18,951,295	672,689	0	672,689
Kuspuk	1,495.95	5,894,043	6,110,956	216,913	(65,720)	151,193
Lake & Peninsula Borough	1,633.22	6,434,887	6,671,704	236,817	(94,727)	142,090
Lower Kuskokwim	9,891.38	38,972,037	40,406,287	1,434,250	(573,700)	860,550
Lower Yukon	5,233.56	20,620,226	21,379,093	758,867	0	758,867
Mat-Su Borough	18,876.41	74,373,055	77,110,135	2,737,080	0	2,737,080
Nenana	1,550.06	6,107,236	6,331,995	224,759	0	224,759
Nome	1,444.62	5,691,803	5,901,273	209,470	(76,034)	133,436
North Slope Borough	5,207.59	20,517,905	21,273,005	755,100	0	755,100
Northwest Arctic Borough	5,984.44	23,578,694	24,446,437	867,743	0	867,743
Pelican	68.82	271,151	281,130	9,979	(3,992)	5,987
Petersburg	1,022.16	4,027,310	4,175,524	148,214	0	148,214
Pribilof	424.44	1,672,294	1,733,837	61,543	(14,325)	47,218
Sitka Borough	2,285.30	9,004,082	9,335,451	331,369	0	331,369
Skagway	309.09	1,217,815	1,262,633	44,818	(17,927)	26,891
Southeast Island	691.71	2,725,337	2,825,635	100,298	(40,119)	60,179
Southwest Region	2,211.33	8,712,640	9,033,283	320,643	0	320,643
St. Mary's	419.25	1,651,845	1,712,636	60,791	(24,316)	36,475
Tanana	331.94	1,307,844	1,355,975	48,131	0	48,131
Unalaska	734.65	2,894,521	3,001,045	106,524	(42,594)	63,930
Valdez	1,439.12	5,670,133	5,878,805	208,672	(56,425)	152,247
Wrangell	749.87	2,954,488	3,063,219	108,731	0	108,731
Yakutat	369.84	1,457,170	1,510,796	53,626	(16,975)	36,651
Yukon Flats	1,145.11	4,511,733	4,677,774	166,041	(66,416)	99,625
Yukon/Koyukuk	1,577.72	6,216,217	6,444,986	228,769	0	228,769
Yupit	1,223.78	4,821,693	4,999,141	177,448	(70,979)	106,469
Alyeska Central School *	1,036.80	4,321,392	4,480,428	159,036	0	159,036
Mt. Edgecumbe High School	484.44	1,908,694	1,978,937	70,243	0	70,243
		26,096.100	0			
<b>TOTAL</b>	<b>211,439.9</b>	<b>859,169,386</b>	<b>863,732,073</b>	<b>30,658,789</b>	<b>(1,713,810)</b>	<b>28,944,979</b>

## GARY WILKEN

SENATOR  
Districts 29 & 30  
West Fairbanks

### Senate Standing Committees

Member: Finance  
Member: Health, Education, &  
Social Services (HESS)  
Member: Legislative Budget & Audit  
Member: State Affairs



During Session:  
State Capitol Building  
Juneau, Alaska 99801-1182  
Tel: (907) 451-5501 (in Fbks area)  
Tel: (907) 465-3709 (outside Fbks)  
Fax: (907) 465-4714  
Website: [www.garywilken.com](http://www.garywilken.com)  
E-Mail: [Senator\\_Gary\\_Wilken@legis.state.ak.us](mailto:Senator_Gary_Wilken@legis.state.ak.us)

Interim:  
1851 Fox Ave  
Fairbanks, Alaska 99701  
Tel: (907) 451-5501  
Fax: (907) 451-0438

## SPONSOR STATEMENT

### Senate Bill 1 Foundation Formula Increase

The State of Alaska's Public Education Funding Formula is based on a specific dollar amount per student. The base student allocation was established in 1998 (FY99) as \$3,940 per student and has not been increased since that time. Senate Bill 1 increases this allocation by \$145.00, increasing the per student dollar to \$4,085.

During the past 14 years, inflation has had an impact on public school funding and the purchasing power of the General Fund (GF) education dollars has slowly eroded over time. Although the State's contribution to the 53 school districts has increased 54% since FY88, the effect of annual inflation, as well as an increase in student enrollment has negated this growth, and indeed the purchasing power of the student dollar has been diminished.

The public school foundation program has lost 13.9% on a student dollar basis since FY88 due to the cumulative effect of annual inflation. Senate Bill 1 proposes to recoup this loss over a five-year time span. A 3.68% increase in the student dollar is recognized and the base student allocation in the public school funding formula is raised by \$144.99 or \$145.00. This amount was calculated as follows:

13.9%	Total loss of the per Student Dollar due to inflation since FY88
-----	
2.78%	This total loss divided by 5 for the suggestion of a 5-Year plan to restore the loss
+ .9%	Plus the inflation rate for FY01 in Anchorage, Alaska
3.68%	Total increase of the Student Dollar as proposed in SB 1

Supporters of a world class educational system for Alaska must agree that, while at the same time inflation is eroding the purchasing power of the student dollar,

**Sponsor Statement for Senate Bill 1  
Foundation Formula Increase**

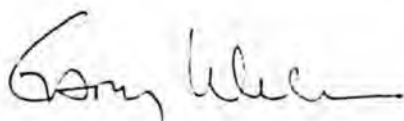
we Alaskans are asking our public schools to take on more and more responsibility in three general areas. First, many parents today regularly drop off their children at school early in the morning and pick them up after work. School personnel today provide not only classroom instruction for these students but also offer the emotional, social, and moral support needed before and after regular school hours at a level unheard of a generation or two ago. The increased time that a child spends at school naturally increases the responsibility of the local teachers and administrators.

Secondly, as performance standards and the corresponding assessments become a reality and are accepted as common place, each neighborhood school and classroom will be held more accountable for student learning. Children who need extra innovative instruction to master these standards will be identified and teachers will offer appropriate remedial learning opportunities. The added tutoring sessions necessary for some students may be offered within the regular school day or during a Saturday or summer school program. This added accountability is a step in the right direction, but it does have substantial impact on the financial resources of our local school districts.

Lastly, classroom teachers are on the frontline with our children and must be held accountable for their learning and performance. Alaska's young people deserve to be taught by the very best teachers possible. Alaska's school districts are faced with the responsibility of recruiting and retaining a highly qualified work force at a time when teachers are in short supply. This is not an easy task and, in some cases, the remoteness and isolation of an individual school make a difficult task even more difficult. The State has an obligation to provide adequate funding to all public school districts so that all school districts can hire and retain quality teachers.

Public education is faced with the unenviable position - greater responsibility with a reduction in the purchasing power of the student dollar. Alaska cannot continue to ask its 53 school districts to meet all these additional responsibilities with a dwindling budget, therefore additional funding is a necessity. The increase of \$145.00 per student as provided in Senate Bill 1 will assist our local school districts to meet, and hopefully exceed, the public's expectations and demands.

Please join me in endorsing Senate Bill 1.



# Growth in the School Funding Formula

## Comparison of Enrollment, Inflation, and Dollars

Fiscal Year	ADM <sup>1</sup>	ADM Inc.	Foundation Program <sup>2</sup>	Foundation Increase	Per Student	Student Increase	Inflation Change <sup>3</sup>	Per Student Inflation Adj.
FY88	101,142		\$437,438,400		\$4,325		0.4%	
FY89	101,442	0.3%	\$456,496,100	4.4%	\$4,500	4.0%	1.5%	\$4,342
FY90	104,035	2.6%	\$490,393,600	7.4%	\$4,714	4.7%	4.4%	\$4,533
FY91	108,168	4.0%	\$526,382,600	7.3%	\$4,866	3.2%	6.2%	\$4,814
FY92	113,348	4.8%	\$560,353,400	6.5%	\$4,944	1.6%	3.4%	\$4,978
FY93	116,652	2.9%	\$612,698,600	9.3%	\$5,252	6.2%	3.4%	\$5,147
FY94	119,673	2.6%	\$610,598,400	-0.3%	\$5,102	-2.9%	2.5%	\$5,276
FY95	120,752	0.9%	\$627,449,500	2.8%	\$5,196	1.8%	2.6%	\$5,413
FY96	122,897	1.8%	\$639,723,100	2.0%	\$5,205	0.2%	2.7%	\$5,559
FY97	124,545	1.3%	\$643,785,700	0.6%	\$5,169	-0.7%	2.3%	\$5,687
FY98	127,677	2.5%	\$652,353,800	1.3%	\$5,109	-1.2%	1.5%	\$5,773
FY99	129,968	1.8%	\$672,916,800	3.2%	\$5,178	1.3%	1.2%	\$5,842
FY00	129,948	0.0%	\$672,308,712	-0.1%	\$5,174	-0.1%	0.9%	\$5,894

### Percent of Change FY88 to FY00:

ADM	28.5%
Foundation Program	53.7%
Dollar Per Student	19.6%

### Summary of the Impact of Inflation:

Total Inflation FY88-FY00	33.0%
Loss of Per Student Dollar Due to Inflation	13.9%

1 ADM Totals do not include the Average Daily Membership for State ACS or Mt. Edgecumbe.

2 Foundation Program is the Actual Total Expenditures for the Foundation Program. It does not include State ACS or Mt. Edgecumbe. FY00 Foundation Program is the Authorized Amount.

3 Information as presented by the Department of Labor and Workforce Development (Mr. John Boucher.)

By: Karen Parr  
Eileen Cummings  
Bonnie Williams  
Torie Foote  
Nancy Webb  
Rick Solle  
Dave Veazey  
Jim Holm  
Guy Sattley  
Tim Beck  
Garry Hutchison  
Introduces: 03/08/01  
Adopted: 03/08/01

RESOLUTION NO. 2001 -13

A RESOLUTION SUPPORTING SENATE BILL 1, AN ACT RELATING TO THE BASE STUDENT ALLOCATION USED IN THE FORMULA FOR STATE FUNDING OF PUBLIC EDUCATION.

WHEREAS, the State of Alaska's Public Education Funding Formula is based on a specific dollar amount per student; and

WHEREAS, the public school foundation program has lost 13.9% on a student dollar basis since FY88 due to the cumulative effect of annual inflation; and

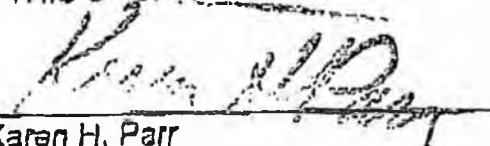
WHEREAS, Senate Bill 1 proposes to recoup this loss over a five year time span increasing the per student allocation by \$145 and adding over \$30 million to help fund Alaska schools; and

WHEREAS, proposals to give schools a one-shot supplement for this year instead, do not solve the problem of stable, equitable funding for school districts.

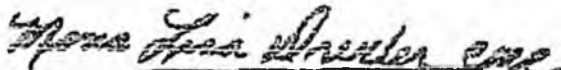
NOW, THEREFORE, BE IT RESOLVED that the Assembly of the Fairbanks North Star Borough fully supports Senate Bill 1 and recognizes that increased funding will assist school districts in meeting, and hopefully exceeding, the publics' expectations and demands for solid public education.

BE IT FURTHER RESOLVED that copies of this resolution be sent to the Alaska State Legislature and the Honorable Tony Knowles, Governor, State of Alaska.

PASSED AND APPROVED THIS 8<sup>th</sup> OF MARCH 2001.

  
Karen H. Parr  
Presiding Officer

ATTEST:

  
Mona Lisa Drexler, CMC  
Municipal Borough Clerk

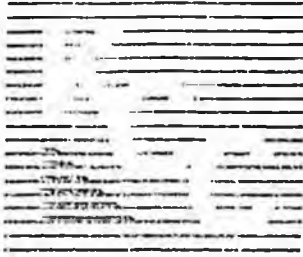
Ayes: Williams, Webb, Foote, Sattley, Beck, Cummings, Hutchison, Holm, Solle, Veazey, Parr  
Noes: None

RESOLUTION NO. 2001-13

Page 2 of 2

P.2/3

MAR 12 '01 11:28AM FNFB CLERK'S OFFICE



**KODIAK  
CHAMBER  
OF COMMERCE**

P. O. Box 1485, Kodiak Alaska 99615

(907) 486-5557

FAX: (907) 486-7605

Senator Gary Wilken  
Alaska State Legislature  
State Capitol, Room 514  
Juneau, AK 99801-1182

March 02, 2001

Dear Senator Wilken,


The Board of Directors of the Kodiak Chamber of Commerce has voted to endorse and support your efforts to increase the level of state funding provided for education. Your proposed changes included in Senate Bill 1 to the base student allocation used in the formula for state funding for public education are right on target. You are to be commended for attempting to address this serious funding issue.

In Kodiak, the local contribution for education has risen from \$2,715,080 for Fiscal Year (FY) 1990 to \$6,679,085 in FY 2001. This represents a 246 percent increase in the local contribution. During that same time-period funding from the State of Alaska went from \$11,935,591 in FY 1990 to \$14,275,412 in FY2001. This represents a 20 percent increase in state funding. During this same time frame, inflation grew at a rate of approximately 33 percent. Consequently, funding for education has grown from 44% of the local general fund budget in FY 1991 to 67% of the general fund budget in FY 2000. All the while, funding for other general fund activities has been decreasing. As you can see from these numbers, the issue of funding for our education system is critical not only to the Kodiak community but to all communities in Alaska.

As the marketplace and job opportunities become ever more technical, we must be able to provide a strong educational foundation for our graduating students. The changes proposed by your bill go a long way in accomplishing this goal. Please know that the Kodiak Chamber of Commerce, its Board of Directors and our membership appreciate the efforts undertaken by you and your fellow legislators. We are working diligently to carry this message to our community. We are letting everyone in Kodiak know how important it is, that we support you in getting this bill passed.

The work you are doing on increasing the funding for education is genuinely appreciated.

Sincerely,



Darren J. Franz  
President

**Dedicated to Kodiak's Future**

Introduced by: Manager Jensen  
Requested by: Assembly  
Drafted by: Manager Jensen  
Introduced: 02/01/2001  
Adopted: 02/01/2001

KODIAK ISLAND BOROUGH  
RESOLUTION NO. 2001-03

A RESOLUTION OF THE ASSEMBLY OF THE KODIAK ISLAND BOROUGH  
URGING THE TWENTY-SECOND ALASKA STATE LEGISLATURE TO INCREASE THE  
EDUCATIONAL FORMULA FUNDING

WHEREAS, Article VII Section 1 of the Constitution of the State of Alaska states that the legislature shall establish and maintain a system of public schools; and

WHEREAS, provisions of Alaska Statutes Title 14 address financing of public schools through distribution of funds to school districts in the state foundation formula which has not been adjusted to adequately keep pace with annual cost of living and inflation adjustments; and

WHEREAS, the Twenty-Second Alaska State legislature has two bills filed, Senate Bill 1 relating to an increase in the base student allocation and Senate Bill 42 requiring annual inflation adjustments to the State foundation formula. Both Bills properly address school funding and future financing of public schools;

NOW, THEREFORE, BE IT RESOLVED THAT THE KODIAK ISLAND BOROUGH ASSEMBLY unanimously urges the Twenty-Second legislature to adopt Senate Bill 1 and Senate Bill 42.

ADOPTED BY THE ASSEMBLY OF THE KODIAK ISLAND BOROUGH  
THIS FIRST DAY OF FEBRUARY, 2001



ATTEST:

*Judith A. Nielsen*  
Judith A. Nielsen, CMC, Borough Clerk

KODIAK ISLAND BOROUGH

*Robin Heinrichs*  
Robin Heinrichs, Borough Deputy Mayor

**SB**

**2**

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POOR  
ORIGINAL  
COPIES

# SENATE COMMITTEE REPORT First Committee of Referral

DATE 1/8/01

FURTHER: Finance

Date of 5-Day Notice: 02/01/01  
(in accordance with Uniform Rule 23)

DATE TURNED  
IN TO OFFICE: \_\_\_\_\_

Health, Education and Social Services Committee considered  SENATE BILL NO. 2

"An Act relating to reimbursement of municipal bonds for school construction; and providing for an effective date."

and recommends:

- be replaced with \_\_\_\_\_ CS \_\_\_\_\_ (\_\_\_\_\_)
- adopt previous \_\_\_\_\_ CS \_\_\_\_\_ (\_\_\_\_\_)
- attached amendment(s)
- adopt Letter of Intent by \_\_\_\_\_ Committee
- further referral to \_\_\_\_\_ Committee

**Senate Bill:**

- same title
- new title

**House Bill:**

- same title
- technical title
- new: SCR # \_\_\_\_\_

**NEW FISCAL NOTE(S):**

Department	Date	Fiscal	Zero	FN#
Education & Early Dev	2/5/01		✓	

**PREVIOUS FISCAL NOTE(S):**

Department	Date	Fiscal	Zero	FN#

APPROPRIATION - no fiscal note

SIGNATURES AND RECOMMENDATIONS:	Do PASS	Do Not PASS	NO REC	AMEND
<i>Chris D. Johnson</i>	✓			
<i>George Land</i>	✓			
<i>Gene White</i>	✓			
<i>Betty Davis</i>	✓			
CHAIR: <i>Lyle Green</i>	✓			

# FISCAL NOTE

**STATE OF ALASKA**  
**2001 LEGISLATIVE SESSION**

Fiscal Note Number: \_\_\_\_\_  
Bill Version: SB2  
( ) Publish Date: \_\_\_\_\_

Revision Date/Time (Note if correction): \_\_\_\_\_ Dept. Affected: Education & Early Dev.  
Title: An act relating to reimbursement of BRU: School Debt Reimbursement  
municipal bonds for school construction... Component: School Debt Reimbursement  
Sponsor: Senator Torgerson  
Requester: Senate HESS Component Number: 153

**Expenditures/Revenues** (Thousands of Dollars)

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

OPERATING EXPENDITURES	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims	0.0	0.0	0.0	0.0	0.0	0.0
Miscellaneous						
<b>TOTAL OPERATING</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

<b>CAPITAL EXPENDITURES</b>						
-----------------------------	--	--	--	--	--	--

<b>CHANGE IN REVENUES ( )</b>						
-------------------------------	--	--	--	--	--	--

**FUND SOURCE** (Thousands of Dollars)

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

Estimate of any current year (FY2001) cost: 0.0

**POSITIONS**

Full-time						
Part-time						
Temporary						

**ANALYSIS:** (Attach a separate page if necessary)

This Bill would amend AS 14.11.100(a)(10) & (j) and would remove the requirement that school construction projects be approved by the Department of Education and Early Development before being approved by the local voters. The Bill would also remove the requirement for municipalities to include on the ballot language detailing the costs shared by the State and Municipality and the potential impact to the tax payers of the municipality. This Bill would set the effective date retroactively to July 1, 2000.

Prepared by: Eddy Jeans, School Finance Manager Phone 465-8679  
Division: Education Support Services Date/Time 2/5/01 12:00 AM  
Approved by: Bruce Johnson, Deputy Commissioner of Education Date 2/5/01  
Agency: Education & Early Development

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# ALASKA STATE LEGISLATURE

## SENATOR JOHN TORGERSON

CHAIR, SENATE RESOURCES COMMITTEE

CHAIR, SENATE COMMUNITY AND REGIONAL AFFAIRS COMMITTEE

Session:

State Capitol, Room 427, Juneau, AK 99801  
Telephone 907/465-2828 Fax 907/465-4779

District:

45457 Kenai Spur Hwy.; Suite 101B, Soldotna, AK 99669  
Telephone 907/260-3042 Fax 907/260-3044

## SB 2 – MUNICIPAL SCHOOL BOND REIMBURSEMENT

### Sponsor Statement

During the 21<sup>st</sup> Legislative Session, HB 281 passed, which provided for bond reimbursement for various purposes, including municipal school construction. Unfortunately, there was a verbiage problem with the timeframe in the existing statute that was not brought to the attention of the Legislature by the Department of Education.

That timeframe resulted in the ineligibility of some school construction projects that had been approved by the voters. This bill remedies that problem by deleting the timeframe reference.

I urge your support for this bill, which corrects an inadvertent time frame error in the previous legislation.

JT/mj; SB 2 (S-HESS) Sp St

### BACK-UP INFORMATION

#### REPRESENTING THE KENAI PENINSULA

*Anchor Point Bear Creek Clam Gulch Cooper Landing Crown Point Fritz Creek Happy Valley Halibut Cove  
Homer Hope Kachemak City Kachemak Selo Kasilof Lowell Point Moose Pass Nanwalek Nikolaevsk  
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Thursday, May 25, 2000

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Section: Nation

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## SCHOOL REPAYMENT BILL FLAWED, OFFICIAL SAYS

By Rosemary Shinohara, Daily News Reporter

The Alaska Legislature voted to take care of 70 percent of the construction bond debt for many city and borough school districts this year -- including \$78 million in projects Anchorage voters approved in April.

But a state finance expert said Wednesday that the legislation is flawed and can't be used to pay off this year's projects.

The bill is meant to cover projects approved by local voters from 1998 to 2004. To work, it would have had to suspend state law that sets out what districts must do in advance of a bond election to qualify for state reimbursement -- such as list the 70-30 split for state and local payments on the ballot. It didn't do that, said Eddy Jeans, finance manager for the state Department of Education. The news took legislators and Anchorage School District officials by surprise.

"You're kidding," said Anchorage Superintendent Bob Christal. "That's new news."

"That's interesting," said Sen. John Torgerson, R-Kenai, who was among key legislators drafting the school construction bill. "It's strange they didn't mention anything when we were debating the bill."

Torgerson later checked with legislative legal advisers and confirmed that the problem exists. "It's a technicality, but it's enough" to stop Anchorage and other districts from collecting state money to pay off debt this year, he said. He plans to begin work immediately on a bill for the 2001 Legislature to make the money available retroactively.

The bill includes \$92.9 million in state grants to replace five rural schools and build an elementary school addition in Kake. It includes state reimbursement for up to \$151 million worth of projects in 12 identified cities and boroughs, at the rate of 70 percent.

Local taxes would pay for the other 30 percent.

Anchorage's share of debt reimbursement would cover \$77.9 million in projects, for which the state would lay out \$54.5 million. The projects approved by Anchorage voters this year include

renovations to Chugiak, East, Bartlett and Service high schools and Wendler Middle School, and replacement of Denali Elementary.

Voters agreed to repay 100 percent of the costs, but Christal said the district wanted to use state reimbursement if it's available.

The Legislature debated various means of school construction funding and only agreed to this plan, a version of House Bill 281, in the final days of the session.

Sen. Gary Wilken, R-Fairbanks, said the HB 281 backers specifically attempted to set the debt reimbursement date back to 1998 because voters in the Matanuska-Susitna Borough have approved bonds that could be eligible for state reimbursement.

Gov. Tony Knowles had proposed the state spend more. His plan called for \$510 million for school construction and maintenance over the next three years. The state would pay for it through a combination of revenue bonds, proceeds from the national tobacco settlement, and general funds.

HB 281 has not yet reached his desk for signature, said Bob King, Knowles' press secretary. But Knowles made it clear during the session he was disappointed the Legislature didn't fund more maintenance projects in Bush schools. "He's pleased they funded the school needs that they did, but we don't think it went far enough," King said.

State Department of Education officials testified against the bill that finally passed because it didn't follow the state priority list for funding projects, which includes more rural projects and fewer in urban areas.

The school construction legislation came together under the shadow of a court ruling last year that Alaska is violating the state constitution and federal civil rights law by providing inadequate school buildings for rural students.

The plaintiffs in that lawsuit -- rural school districts and parents -- were attempting to achieve a settlement during the session. But they, too, left the session unsatisfied, said Don Evans, chief executive for the Southwest Region School District, and a representative of the plaintiffs.

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## Northwest Arctic Borough School District

P.O. Box 51 • Kotzebue, Alaska 99752 • Phone (907) 442-3472 • Fax (907) 442-2392

January 31, 2001

*Leading the Way*

The Honorable Senator John Torgerson  
Chairman, Community Regional Affairs Committee  
Senate  
State Capital  
Juneau, Alaska 99801-1182

RE: Letter of Support for SB2

Dear Senator Torgerson:

The Northwest Arctic Borough School District (NWABSD) wishes to go on record in support of SB2; An Act Relating to Reimbursement of Municipal Bonds for School Construction; and Providing for an Effective Date. Additionally, on behalf of the School District, I wish to express my appreciation to you for introducing this legislation.

The NWABSD has a School construction project in the community of Selawik that is positively effected by your changes in this bill. We need the reference to prior approval by the Commissioner prior to Bond election to be replaced. This seems to be what Section 2. AS 14.11.100 Subsection 1 - 4 does. Thank you again for finding an expeditious solution to this matter.

Sincerely,

A handwritten signature in cursive script that reads "Charles F. Mason".

Charles F. Mason,  
Chief Executive Officer

cc: Senator Don Olson  
Representative Reggie Joulc  
Commissioner Shirley Holloway, DEED  
Mr. Eddie Jeans, DEED

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## Anchorage School District

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(907) 742-1000

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### SUPERINTENDENT

Dob Christal

February 1, 2001

Dear Senator Torgerson:

On behalf of the voters of Anchorage and the Anchorage School District, I wish to thank you for sponsoring SB 2, "An act relating to reimbursement of municipal bonds for school construction."

The passage of this bill will enable the Anchorage School District to seek State debt reimbursement eligibility under HB 281 for projects passed by the voters of Anchorage in April 2000.

### Pertinent Information

House Bill 281 approved by the Legislature during the last session provides for 70 percent debt reimbursement for bonds authorized by voters after June 30, 1998. Based on student enrollment, Anchorage School District is eligible for debt reimbursement on \$77.897 million of projects approved by voters after June 30, 1998 and until July 1, 2004. Anchorage voters approved \$77.9 million of projects on Proposition 13 in April 2000.

Even though the voters approved the bonds during the specified time period, projects contained in Proposition 13 are currently not eligible for debt reimbursement. As in prior bills that have provided debt reimbursement on projects approved by voters prior to the legislation, HB 281 did not contain language that allowed certain requirements to be waived. These requirements apply only if State debt reimbursement is applicable. In this case, the specific projects had not received prior approval by the Department of Education and Early Development (DEE) before being placed on the ballot. Certain required ballot language, such as estimated total interest and estimated total amounts that will be paid by the State and by the municipality, were not on the ballot because based on Bond Counsel's direction the percentage of State debt reimbursement was not known at that time.

Proposition 13 ballot language states: "There is currently no program for State reimbursement to Anchorage for payment of principal and interest on these bonds. If legislation were enacted to establish such a program, Anchorage would seek reimbursement pursuant to the terms of the legislation."

The changes to statute provided in SB 2 will enable the Anchorage School District to seek reimbursement for bond projects passed by voters last April.

Again, thank you for your sponsorship of this bill.

Sincerely,



Carol Comcau  
Superintendent



# ALASKA STATE LEGISLATURE

**SENATOR JOHN TORGERSON**

CHAIR, SENATE RESOURCES COMMITTEE

CHAIR, SENATE COMMUNITY AND REGIONAL AFFAIRS COMMITTEE

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45457 Kenai Spur Hwy.; Suite 101B, Soldotna, AK 99669  
Telephone 907/260-3042 Fax 907/260-3044

DATE: January 26, 2001

TO: Senator Lyda Green, Chair  
Senate HESS Committee

FROM: Senator John Torgerson 

RE: Hearing on SB 2

---

I would appreciate your scheduling a hearing on SB 2 – An Act Relating to Reimbursement of municipal bonds for school construction.

As you probably recall, last session HB 281 passed, which provided for bond reimbursement for various purposes, including municipal school construction. Unfortunately, there was a verbiage problem with the timeframe in the existing statute that was not brought to the attention of the Legislature by the Department of Education.

That timeframe resulted in the ineligibility Anchorage's school construction projects that had been approved by the voters last spring. This bill remedies that problem by deleting the timeframe reference.

I will of course provide a sponsor statement and other information you require. Thank you for your time and consideration.

**REPRESENTING THE KENAI PENINSULA**

*Anchor Point Bear Creek Clam Gulch Cooper Landing Crown Point Fritz Creek Happy Valley Halibut Cove  
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